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110th Congress, 2d Session – – – – – – – – – – – – – – House Document 110–98

NATIONAL DRUG CONTROL STRATEGY 2008 ANNUAL REPORT

MESSAGE

FROM

THE PRESIDENT OF THE UNITED STATES

TRANSMITTING

THE ADMINISTRATION'S 2008 NATIONAL DRUG CONTROL STRATEGY, PURSUANT TO 21 U.S.C. 1504

MARCH 4, 2008.—Message and accompanying papers referred to the Committees on Armed Services, Education and Labor, Energy and Commerce, Foreign Affairs, Homeland Security, the Judiciary, Natural Resources, Oversight and Government Reform, Small Business, Transportation and Infrastructure, Veterans' Affairs, and Ways and Means and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

69–011 WASHINGTON : 2008

National Drug Control Strategy

2008 Annual Report

TO THE CONGRESS OF THE UNITED STATES:

I am pleased to transmit the 2008 National Drug Control Strategy, consistent with the provisions of section 201 of the Office of National Drug Control Policy Reauthorization Act of 2006.

My Administration published its first National Drug Control Strategy in 2002, inspired by a great moral imperative: we must reduce illegal drug use because, over time, drugs rob men, women, and children of their dignity and of their character. Thanks to bipartisan support in the Congress; the work of Federal, State, local, and tribal officials; and the efforts of ordinary citizens, 6 years later fewer Americans know the sorrow of addiction.

We have learned much about the nature of drug use and drug markets, and have demonstrated what can be achieved with a balanced strategy that puts resources where they are needed most. Prevention programs are reaching Americans in their communities, schools, workplaces, and through the media, contributing to a 24 percent decline in youth drug use since 2001. Today, approximately 860,000 fewer young people are using drugs than in 2001. We have expanded access to treatment in public health settings, the criminal justice system, and in sectors of society where resources are limited. The Access to Recovery program alone has extended treatment services to an additional 190,000 Americans, exceeding its 3-year goal. We have seized unprecedented amounts of illegal drugs and have denied drug traffickers and terrorists the profits they need to conduct their deadly work. During the first three quarters of 2007 we saw significant disruptions in the cocaine and methamphetamine markets, with prices rising by 44 percent and 73 percent, and purities falling by 15 percent and 31 percent, respectively.

These results do not mean that our work is done. Rather, they provide a charter for future efforts. By pursuing a balanced strategy that addresses the epidemiology of drug use and the economics of drug availability, we can further reduce drug use in America.

I thank the Congress for its support and ask that it continue this noble work on behalf of the American people.

GEORGE W. BUSH.

THE WHITE HOUSE, *March 3, 2008.*

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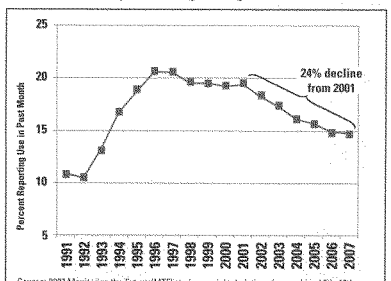
Introduction

A Turning Point

Six years ago our country faced an increasing problem with drug abuse. On February 12, 2002, the President addressed the Nation, noting that "more than 50 percent of our high school seniors have said that they've experimented with illegal drugs at least once prior to graduation." Further, a full 25 percent of high school seniors had reported using illegal drugs in the past month. It was clear that after declines in youth drug use throughout the 1980s and early 1990s, drug use in the United States had rebounded.

In response to these negative trends, the President announced the release of his Administration's first *National Drug Control Strategy*, a balanced approach to reducing drug use in America focusing on stopping use before it starts, healing America's drug users, and disrupting the market for illegal drugs. The Strategy would pursue ambitious goals: a 10 percent reduction in youth drug use in 2 years and a 25 percent reduction in youth drug use over 5 years. As Figure 1 clearly demonstrates, the President's announcement marked a turning point. Results from the *Monitoring the Future Study* for calendar year 2002 would reveal a downturn in youth drug use after a decade in which rates of use had risen and remained at high levels.

Figure 1.
Current Use of Any Illicit Drug Among Youth



Source: 2007 Monitoring the Future (MTF) study, special tabulations for combined 8th, 10th, and 12th graders (December 2007).

Six years later, this decline in youth drug use continues, at a rate almost precisely consistent with the Administration's goals. These trends are even more striking when viewed by specific drug. As illustrated in Figure 2, past month drug use among youth has decreased across the board. The declines in youth alcohol and tobacco use, combined with sharp declines in illegal drug use, are particularly meaningful as they demonstrate a broad shift in youth attitudes and behavior.

The *Monitoring the Future Study* is not the only instrument indicating significant declines in drug use among Americans. Data collected through workplace drug testing show similar declines in the adult workforce, providing further evidence of a cultural shift away from drug use. As shown in Figure 3, the percentage of workers testing positive for marijuana declined by 34 percent from January 2000 to December 2006. Methamphetamine use among workers is declining after a significant increase during the first half of the decade, falling by

Figure 2.
Percent Reporting Past Month Use

	2001	2007	Change as a % of 2001
Any Illicit Drug	**19.4%**	**14.8%**	**-24***
Marijuana	16.6%	12.4%	-25*
MDMA (Ectasy)	2.4%	1.1%	-54*
LSD	1.5%	0.6%	-60*
Amphetamines	4.7%	3.2%	-32*
Inhalants	2.8%	2.6%	-7
Methampetamine	1.4%	0.5%	-64*
Steroids	0.9%	0.6%	-33*
Cocaine	1.5%	1.4%	-7
Heroin	0.4%	0.4%	0
Alcohol	35.5%	30.1%	-15*
Cigarettes	20.2%	13.6%	-33*

* Denotes statistically significant change from 2001.

Note: Past month use, 8th, 10th, and 12th grades combined; percent change calculated from figures having more precision than shown.

Source: *2007 Monitoring the Future* (MTF) study, special tabulations for combined 8th, 10th, and 12th graders (December 2007).

45 percent between 2004 and 2006. Perhaps most remarkably, overall drug test positives, as measured by Quest Diagnostics' Drug Testing Index, show the lowest levels of drug use in the adult workforce since 1988.

Improved Understanding Has Yielded Results

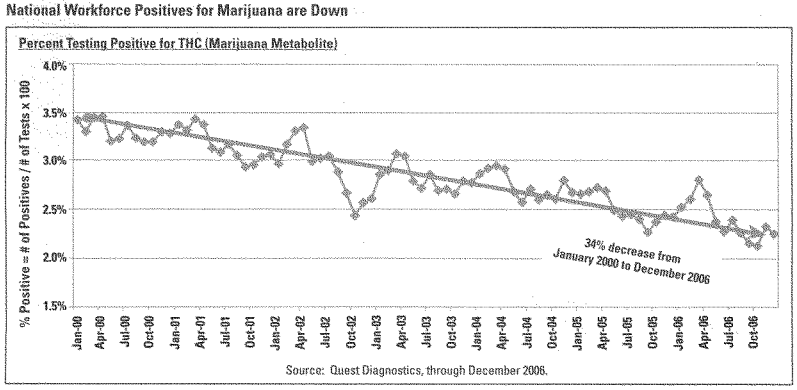
These trends show that when we push back against illicit drug use we can indeed make the problem smaller. And when this particular problem becomes smaller, the real-world result is that hundreds of thousands of people are spared from addiction and lives are saved. Improving our understanding of drug use and drug markets has been essential to the *National Drug Control Strategy* over the past 6 years. This Administration has significantly advanced the understanding of the illegal drug phenomenon, while concentrating resources where research demonstrates that they will have the greatest impact. For example, we know that adolescence is a critical period in determining an individual's risk for drug dependence later in life. Research indicates that those who initiate drug use at an early age are significantly more likely to develop substance abuse or dependence as an adult than those who initiate drug use later in life. By ensuring that prevention messages reach young people, by screening for those with substance problems and intervening, and by making it more difficult and costly for young people to obtain drugs, we can ensure that this generation will experience lower rates of addiction throughout the rest of their lives.

We have certainly seen that the reverse is true. One of the more disturbing data trends identified in the past several years is a dramatic rise in current drug use among adults aged 50-54 (see Figure 4). This trend does not necessarily mean that people are taking up drug use as they enter middle age, but rather that a segment of the population that experienced high rates of drug use in their youth continue to carry high rates of use with them as they get older. While drug use is a burden that the baby boomer generation has borne into middle age, the generation coming of age today will benefit from comparatively lower rates of drug use for the rest of their lives.

The importance of youth prevention leads to another fundamental insight: drug control efforts must aggressively target marijuana. Aside from the misuse of prescription drugs, marijuana is the drug most frequently cited by new initiates of illicit drug use. This means that when young people try illegal drugs for the first time, the odds are that they are trying marijuana. The association of early marijuana use with addiction to other drugs later in life offers a compelling case to focus on marijuana prevention during the critical and vulnerable adolescent period. Data on youth drug use supports this approach: since 2001, youth use of marijuana has declined by 25 percent, while youth use of any illicit drug has declined by 24 percent—remarkably similar trends.

Beyond the strategic importance of targeting youth marijuana use in order to reduce youth drug use in general, there are also compelling health reasons to focus

Figure 3.
National Workforce Positives for Marijuana are Down

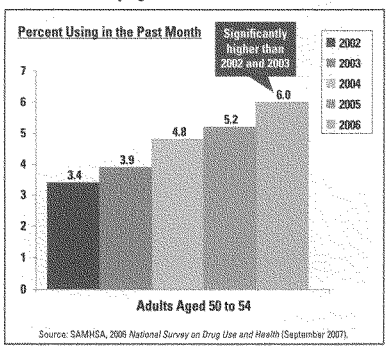


Source: Quest Diagnostics, through December 2006.

on marijuana. For far too long marijuana has represented a "blind spot" in our society. Notions carried over from the 1960s and 1970s—and perpetuated by popular culture—have characterized marijuana as a "soft," or relatively harmless, drug. This view was not accurate in the past, and it is certainly not true today. It is now well-accepted that marijuana is addictive and that it can induce compulsive drug-seeking behavior and psychological withdrawal symptoms, as do other addictive drugs such as cocaine or heroin. One out of every four past-year marijuana users between the ages of 12 and 17 display the characteristics for abuse or dependency, now surpassing alcohol and tobacco. The record-high average potency of marijuana today—two to three times the potency of marijuana during the 1980s—further increases the danger to marijuana users. As shown in Figure 5, increasing marijuana potencies have coincided with drastic increases in emergency room visits involving marijuana—a nearly 200 percent increase since the mid-1990s. This is a particular hazard to young people, who have been shown to be the most vulnerable to marijuana's detrimental effects on health. Because their brains are still developing, young people who use marijuana regularly are especially vulnerable to the drug's effects on their brains. Recent research has shown that regular marijuana use is associated with increased risk for long-term mental health problems, including psychosis and schizophrenia. The dangers of marijuana make it all the more important to maintain the gains we have made and further reduce its use.

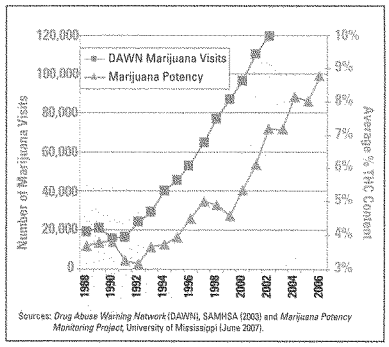
This Administration's efforts to improve our understanding of drug use and availability have guided us toward focused, evidence-based approaches that have yielded broad declines in drug use, especially among adolescents. However, data has also alerted us to a rising and troubling threat: the abuse of prescription drugs. The only major category of illegal drug use to have risen since 2002, prescription drug abuse poses a particular challenge, as these substances are widely available to treat legitimate medical conditions and can often be obtained within the home. These medications are both a blessing to those with chronic illness and a challenge for those who are at risk for substance abuse. Opioid pain-killers are the most widely abused drugs in this category. The 2006 *National Survey on Drug Use and Health* shows that 71 percent of those abusing prescription pain relievers in the past year obtained them from friends or family; the vast majority received them for free. The threat posed to young people by this ease of access is clearly illustrated in Figure 6, which shows that initiation of illegal drug use via prescription pain relievers is now roughly even with that of marijuana. The Administration is aggressively confronting this challenge, raising awareness of the dangers of prescription drug abuse through the National Youth Anti-Drug Media Campaign; supporting random student drug testing programs; educating families, medical professionals, and school officials; investigating illegal online pharmacies, and by supporting State-level Prescription Drug Monitoring Programs (PDMPs).

Figure 4.
Baby Boomers are Carrying Higher Rates of Drug Use with Them as They Age



Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).

Figure 5.
Marijuana Potency and DAWN Emergency Department Visits



Sources: *Drug Abuse Warning Network* (DAWN), SAMHSA (2003) and *Marijuana Potency Monitoring Project*, University of Mississippi (June 2007).

Moving Forward: Challenge and Hope

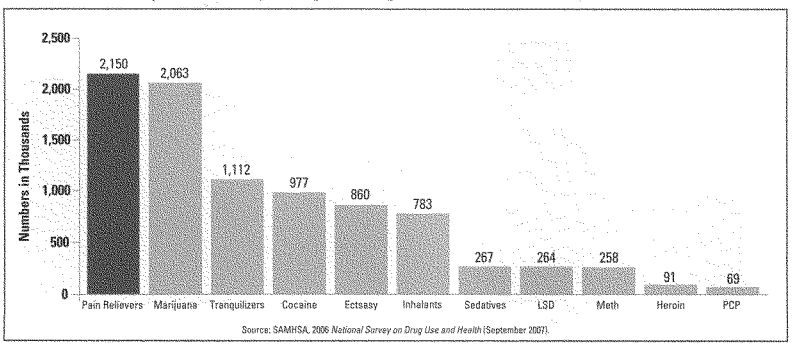
By addressing the epidemiology of drug use and the economics of drug markets, the *National Drug Control Strategy* has produced measurable results for the American people. But significant challenges remain, such as the continuing threat posed by the abuse of pharmaceuticals and other synthetic drugs. With tools that have proven effective, we will rise to these challenges and seek to achieve a further 10 percent reduction in youth drug use in 2008, using 2006 as the baseline. This effort will continue to be guided by the three National Priorities set by the President in 2002:

- Stopping Drug Use Before It Starts
- Intervening and Healing America's Drug Users
- Disrupting the Market for Illegal Drugs

Chapter 1 addresses the prevention priority, stopping drug use before it starts, and details efforts to expand and amplify the cultural shift away from drug use, especially among young people. Through a robust National Youth Anti-Drug Media Campaign; the work of community coalitions throughout the country; State-level prescription drug monitoring programs; and drug testing in schools, sports, and workplaces, American attitudes are turning against drug use. Millions of people, especially youth, are receiving the tools and support to help them make healthy decisions and reject drug use. In 2008, the Administration will strengthen these efforts by helping to expand random student drug testing programs to hundreds of additional schools and by encouraging all 50 States to adopt prescription drug monitoring programs.

Chapter 2 details efforts to implement the treatment priority, intervening and healing those who have already succumbed to drug use and addiction. The vast majority of those who abuse or are dependent on illegal drugs do not realize that they need help. This Administration has greatly expanded the reach of treatment services, using the tools available in our systems of public health and criminal justice to help people in need achieve and maintain recovery. In healthcare settings, screening and brief intervention services help to identify and treat those with substance abuse problems who otherwise may not have received help. With the adoption this year of reimbursable healthcare codes for substance abuse, these services can now be mainstreamed into healthcare systems, and this year the Administration will pursue the goal of establishing screening and brief intervention services at a total of 15 Level 1 Trauma Centers in major U.S. cities. In the criminal justice system, Drug Courts are putting nonviolent offenders with drug problems in treatment programs instead of jails. In addition, the Access to Recovery Program is breaking down barriers to treatment by providing vouchers that pay for treatment and recovery support services from a range of providers, including community- or

Figure 6.
Past Year Initiates for Specific Illicit Drugs Among Persons Aged 12 or Older, 2006



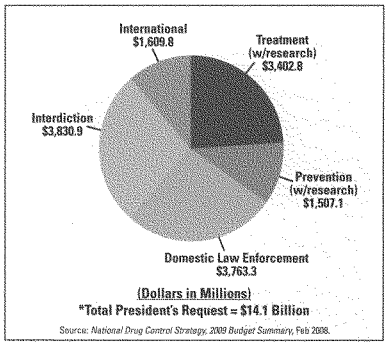
Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).

faith-based providers. Chapter 2 also includes a discussion of the progress made during this Administration in understanding the science of addiction—knowledge that promises to help future generations realize the hope and renewal of recovery.

Chapter 3 focuses on U.S. initiatives to disrupt the market for illicit drugs—our supply reduction effort. As prevention and treatment programs reduce the demand for drugs and the size of the drug-using market in the United States, the efforts of Federal, State, local, tribal, foreign, and international law enforcement agencies can serve to further destabilize the business of drug producers and traffickers, reducing the scale and impeding the flow of drug profits to the criminal organizations and terrorist groups that benefit from them. Throughout history, successful market disruption efforts have been accompanied by lower rates of use, from the destruction of the French Connection in the 1970s to the recent reports of cocaine shortages in 38 U.S. cities. Through cooperation with international organizations; the work of courageous allies in Colombia, Mexico, and Afghanistan; improved border security; enhanced intelligence; record-setting interdictions on the high seas; and the targeting of precursor chemicals and criminal finances, market disruption promises to further reduce not only the number of Americans who experience the sorrow of addiction but also the number of innocent people around the world who are victimized by organized crime and terrorism. In 2008, the Administration will place special emphasis on reducing the diversion of prescription drugs and methamphetamine precursors, reducing Andean cocaine production and Afghan opium poppy cultivation, stemming the flow of illegal drugs across the Southwest Border, and combating the domestic production and use of marijuana.

When the President released the Administration's first *Strategy* in 2002, he stated that "by moving aggressively, without hesitation or apology, in all three of these areas we can make an enormous difference in America." History has borne out this statement. What was once an escalating drug problem has been turned around.

Figure 7.
Federal Drug Control Spending by Function, FY09*



Chapter 1

Stopping Drug Use Before It Starts

Deterring Drug Use by Changing Attitudes

The goal of prevention is to stop substance use before it ever begins. Believing not only in this mission but in our ability to achieve it, this Administration outlined a strategy 6 years ago that called upon multiple sectors of society—parents, schools, employers, communities, and the media—to help Americans, and youth in particular, take a stand against drugs.

In his Recovery Month Proclamation of September 2007, the President reiterated his Administration's continued commitment to help our "Nation's young people make healthy choices throughout their lives and to encourage community- and family-based approaches to the challenges and risks facing today's youth."

Focusing on youth is effective and will yield results for decades to come. Prevention efforts involve many players and are most successful when messages from parents, the school, the community, and State and Federal partners are consistent: young people should not use drugs. In an age when most young people get their information from friends, the media, or the Internet, reliable and accurate information can help keep youth away from these dangerous substances and avoid the lasting consequences that drugs can have on their lives.

Local communities play an essential role in preventing youth drug use and influencing youth attitudes. Community-driven solutions to substance abuse provide a foundation for State and Federal anti-drug efforts. To augment the important work of the community, the Administration encourages schools and workplaces to adopt random drug testing programs.

Random Testing to Prevent Substance Abuse

Random testing gives students a powerful incentive to abstain from drug use. In schools today, most students who begin using drugs are not targeted by an unknown drug dealer. The spread of drug use throughout a school often closely mirrors the way a disease is spread—from student-to-student contact, multiplying rapidly as more and more students are affected. Random testing can provide young people with a reason never to start using drugs, protecting them during a time when they are the most vulnerable to peer pressure and the adverse health effects of drug use. Increasing numbers of employers, including the Federal Government, are randomly testing their workforces for drug use; students coming from schools with a random drug testing program will be familiar with the goals of such programs and will know the benefits of a drug-free lifestyle.

In addition to acting as a powerful deterrent and early warning signal for drug use, random testing programs are also flexible enough to respond to emerging drug trends, such as the abuse of prescription drugs—America's biggest drug problem after marijuana. By adapting test panels to reflect current usage patterns, testing programs can easily respond to new drug threats.

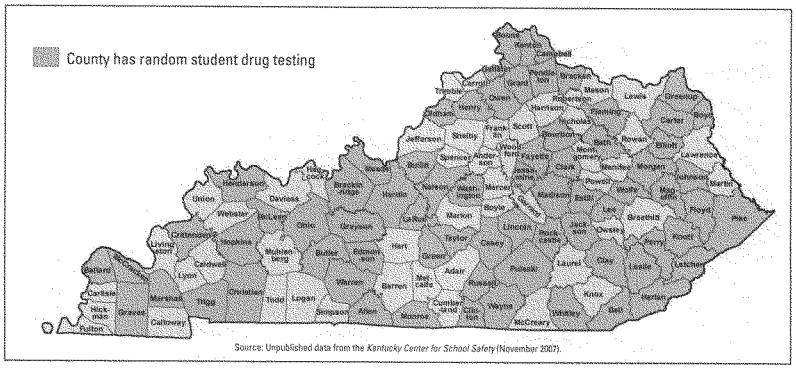
By addressing the continuum of drug use from pre-initiation to drug dependency, random testing can stop the pipeline to addiction, help create a culture of disapproval toward drugs, and contribute to safer school and work environments. Random testing was first used in the military and in the workplace with great success. The ability of schools to tap into random testing's tremendous prevention power was affirmed by the Supreme Court in landmark cases in 1995 and 2002.

Federal support for school-based random student drug testing was announced by the President in his 2004 State of the Union address. To date, more than 80 school districts have received Federal funds through U.S. Department of Education grants to help develop or maintain random testing programs in more than 400 schools.

Across America, hundreds of schools have implemented random testing programs using other funding sources. In fact, the Centers for Disease Control's 2006 School Health Policies and Programs Study (SHPPS) found that nationwide, of the 25.5 percent of districts containing middle or high schools that had adopted a student drug testing policy, over half conducted random drug testing

among members of a specific group of students and more than a third had voluntary drug testing for all students. Encouragingly, the same survey reported that 72.2 percent of middle and high schools provided alcohol- or other drug-use treatment at school through health services or mental health and social services staff, and 34.9 percent made arrangements for treatment through organizations or professionals outside the school.

Figure 8.
Counties with Random Student Drug Testing in Kentucky as of October 2007



Source: Unpublished data from the *Kentucky Center for School Safety* (November 2007).

Pulaski County Schools, Kentucky

In 2005, the Pulaski County School District in Kentucky was awarded a grant by the U.S. Department of Education's Office of Safe and Drug-Free Schools to facilitate random drug testing. The grant enabled the district to collaborate with the Kentucky Office of Drug Control Policy, Kentucky Agency for Substance Abuse Policy (KY-ASAP) Regional Prevention Center, Kentucky School Board Association, local community coalitions, and the local school board to develop policies and procedures clarifying the district's goals to reduce drug use and incorporating a comprehensive random drug testing program.

Pulaski County Schools' random drug testing program is mandatory for student athletes and participants in competitive extracurricular programs and is also open to volunteers. Student drivers are tested using other funding sources. The program provides graduated consequences for students who test positive and, in keeping with a supportive philosophy, provides an opportunity for students to self-report and seek help before being tested. Full-time substance abuse counselors, provided through *Operation Unlawful Narcotics Investigations, Treatment, and Education (UNITE)*, give students the individual support needed to become drug-free and stay that way. *Operation UNITE* works to rid communities of illegal drug use through undercover narcotics investigations, coordinated treatment for substance abusers, support to families and friends of substance abusers, and public education about the dangers of using drugs.

The comprehensive random drug testing program, which includes prevention and student assistance programming, is producing encouraging results. Of the 4,091 students enrolled in middle and high schools, 2,354 (57.5 percent) of the students volunteered to participate in the random drug testing program, in addition to the mandatory participants who are involved in extracurricular activities.

Drugged Driving

While the consequences of drunk driving have been well-known for decades, the phenomenon of drugged driving has received limited attention. According to a national survey, in 2006 over 10 million Americans reported driving under the influence in the past year. Drug-impaired driving is highest among young adults, with 11 percent of drivers between the ages of 18 and 25 reporting having driven under the influence of an illegal drug in 2006.

America already loses far too many lives to drivers who are under the influence of alcohol. Public awareness must be focused on drugged driving and its role in the deaths of innocent people. Over the past several years the National Youth Anti-Drug Media Campaign has spent over $10 million on drugged driving initiatives such as the development of a driver safety kit for teens and parents, teen posters for display in Driver's Education classrooms and Departments of Motor Vehicles, and Web content including an interactive quiz for parents and teens to test their knowledge about the risks of drugged driving.

The U.S. Department of Education guidelines for random student drug testing help schools achieve three goals: to deter students from initiating drug use, to identify students who have just begun to use drugs and to assist them to stop before a dependency begins, and to identify students with a dependency so that they may be referred to appropriate treatment. Mechanisms to ensure confidentiality are critical to the integrity of the program. Further, effective random student drug testing programs are nonpunitive in nature and dedicated to preventing and treating youth drug use, rather than punishing young drug users.

U.S. Department of Education grantees, as well as public and nonpublic schools with non-Federally funded random testing programs, have seen declines in positive test rates, suggesting reductions in drug use.

In addition to making funds available to schools interested in adopting random student drug testing, Federal agencies have partnered to offer regional summits on the development and operation of effective, balanced random testing programs. For 2008, summits are planned in Indianapolis, Indiana; Jacksonville, Florida; Albuquerque, New Mexico; and Oklahoma City, Oklahoma. States and local communities are also planning summits. Comprehensive and timely resources on program development and management are provided by government partners through a Web site, www.randomstudentdrugtesting.org.

Testing not only protects young people in school and on the playing fields, but off campus as well. In 2006, 11 percent of high school students surveyed reported driving after smoking marijuana (within two weeks of the survey) and 12 percent reported driving after drinking alcohol. The numbers suggest that drugged driving among teens is approaching the levels of drunk driving. By alerting parents to their teen's drug use, testing can help protect young drivers—and all who share the road with them.

Combating Doping in Sports

Doping is the use of a substance that artificially enhances athletic performance. These substances often pose a significant risk to the health and well-being of athletes. The use of performance-enhancing drugs undermines the ideals of sports and devalues and debases the rewards of competition. Despite the range of health risks and ethical implications, many athletes at both the professional and amateur levels use these dangerous substances.

The President stated his commitment to fighting doping in sports in his 2004 State of the Union Address, and the Administration has aggressively pursued education campaigns, research, and drug testing with meaningful sanctions, as well as cooperation among domestic and international partners both public and private. These efforts have coincided with a decline in the number of young people using performance-enhancing drugs. According to a national survey, use of steroids among 8th, 10th, and 12th graders combined is down from 2001 by 40 percent, 42 percent, and 22 percent for lifetime, past year, and past month use, respectively.

One of the most effective ways to combat doping is by supporting and working collaboratively with the World Anti-Doping Agency (WADA). WADA was established to harmonize and coordinate an effective international program to detect, deter, and prevent doping. The United States plays a leadership role in WADA, serving on WADA's governing board and on many working committees. The United States is the largest funder of the organization and was also recently elected to represent the entire 41-nation region of the Americas on WADA's Executive Committee.

The most important initiative in WADA's 8-year history is the development of the World Anti-Doping Code. The Code sets forth the procedural ground rules and list of banned substances that govern drug testing in Olympic sports. The Code is founded on the principle that doping is not only cheating but also poses a grave threat to an athlete's health and safety. Consequently, the list of banned substances includes anabolic agents, narcotics, and growth hormones, as well as stimulants and illicit drugs such as cocaine and marijuana. In the 3 years since it was implemented, the Code has been recognized globally as an effective tool for creating a level playing field in Olympic competition, regardless of a nation's domestic policies on drug use. An updated version of the Code was approved in Madrid, Spain at the 3rd World Conference on Drugs in Sport in November 2007.

The entry into force in 2007 of an International Convention Against Doping in Sport also marked a historic milestone in the fight against doping. Drafted under the auspices of the United Nations Education, Scientific and Cultural Organization (UNESCO) and with significant leadership from the United States, the Convention sets forth the commitment of governments worldwide to emphasize international cooperation and to give priority to anti-doping efforts. The Convention has already been ratified by more than 70 nations. The ratification process in the United States continues to progress rapidly. While the Convention does not alter the manner in which sports operate and are regulated in the United States, ratification of this international document sends a clear message about our commitment to eliminate doping in sports.

The Federal Government has also realized success in disrupting the criminal trafficking of performance-enhancing drugs. A number of highly publicized steroid trafficking cases demonstrate how Federal and State law enforcement agencies are collaborating with sports authorities and foreign governments and placing an increased emphasis on disrupting the trafficking of anabolic steroids and other performance-enhancing drugs.

For example, United States law enforcement officials recently announced the culmination of *Operation Raw Deal*, an international case targeting the global underground trade of anabolic steroids, human growth hormone, and counterfeit prescription drugs. The investigation, led by the Drug Enforcement Administration (DEA), represented the largest steroid enforcement action in United States history and took place in conjunction with enforcement operations in nine countries. It resulted in 143 Federal search warrants, 124 arrests nationwide, and the seizure of 56 steroid labs across the United States. In total, 11.4 million steroid dosage units were seized, as well as 242 kilograms of raw steroid powder of Chinese origin. The scope of this investigation demonstrates the effectiveness of government authorities working collaboratively with anti-doping organizations to combat the scourge of drug use in sports and beyond.

The general public is becoming less tolerant of doping and is more aware of and concerned about its consequences. People understand that what happens at the elite level of sport often has a trickle-down effect on children, who want to emulate sports stars. In 2007, New Jersey, Florida, and Texas established random steroid testing programs specifically tailored to high school athletes. These programs will complement the broad-based education and prevention efforts of the United States Anti-Doping Agency.

A Proven Prevention Tool: The United States Military's Experience With Drug Testing

In June 1971, responding to a report that approximately 42 percent of U.S. Military personnel in Vietnam had used illegal drugs at least once, the Department of Defense (DoD) began testing all service members for drug use. A DoD survey of behavior among military personnel about a decade later showed that nearly 28 percent of service members had used an illegal drug in the past 30 days and that the rate was greater than 38 percent in some units. The DoD drug testing program was revised and expanded in 1983, following an investigation that revealed illegal drug use might have been a contributing factor in a 1981 aircraft carrier accident that resulted in 14 fatalities and the damage or destruction of 18 planes.

The DoD now maintains an aggressive drug demand reduction program. Military drug testing laboratories have adopted, and in some cases developed, state-of-the-art analytical technology, while military officials have worked to craft and execute better drug reduction policies, including 100-percent random testing for Active Duty, Guard, Reserve, and DoD civilian personnel; required mandatory testing of all military applicants; and adapting tests to meet new drug threats. The result has been a more effective drug testing program.

In the more than 25 years since the military began random testing of service members for drug use, positive use rates have dropped from nearly 30 percent to less than 2 percent. Despite the recent demands of combat deployment, the Armed Services have maintained a high rate of drug testing in the combat theaters. Data from the DoD Defense Manpower Database Center shows that the drug positive rate in deployed military members is now below 0.5 percent.

Drug-Free Workplace

America's businesses pay a high price for alcohol and drug abuse. Of the Nation's current illicit drug users age 18 or over, approximately 75 percent (13.4 million people) were employed in 2006. Studies have shown that alcohol and drug abuse can lead to lost productivity, costing employers thousands of dollars. Substance abuse also negatively affects morale and illness rates.

The good news is that employers are protecting their businesses from substance abuse by implementing drug-free workplace programs. Successful programs often include policy statements, training for supervisors about their role in enforcing the policy, education for employees about the dangers of substance abuse, support for individuals who seek help for substance abuse problems, and testing for drug use.

Maintaining a drug-free workplace improves worker productivity, safety, and health. For the employer, the benefits of maintaining a drug-free workplace and workforce include decreased tardiness and absenteeism. From a risk-management perspective, decreasing onsite accidents and damages to company property provide a tangible benefit in reduced insurance premiums, liability claims, and legal fees.

Drug-free workplace programs are effective. In one study, nearly a third of current illicit drug users said they would be less likely to work for employers who conducted random drug testing. Another study showed construction companies that tested for use experienced a 51 percent reduction in injury rates within 2 years of implementing their drug testing programs.

Many workplace policies include provisions that authorize testing when there is suspicion of substance abuse, particularly onsite or during work hours, and provide subsequent punitive sanctions such as suspension or termination. Pre-employment testing discourages drug users from applying for jobs that test, and random drug testing serves as a deterrent to drug use during the term of employment. Together, they send a clear message that employers do not tolerate drug use on or off the jobsite.

Federal agencies such as the U.S. Department of Health and Human Services (HHS), the U.S. Department of Labor (DoL), and the U.S. Department of Transportation (DoT) encourage the adoption of drug-free workplace programs in both the private and public sectors and will continue to advocate for random testing of employees.

Among other initiatives, the Substance Abuse and Mental Health Services Administration (SAMHSA) Division of Workplace Programs manages a drug-free workplace Web site, which provides multimedia presentations, e-briefings, best practices, how-to guides, fact sheets, research, and information on training and technical assistance for employers, employees, and their families.

The DoL's Working Partners for an Alcohol- and Drug-Free Workplace promotes drug-free workplace programs by maintaining a comprehensive Web site (www.dol.gov/workingpartners), coordinating the Drug-Free Workplace Alliance, and leading Drug-Free Work Week each year. The Working Partners Web site raises awareness about the impact of drugs and alcohol on the workplace and helps organizations implement drug-free workplace programs by providing online policy development tools, resource directories, and educational materials.

The Drug-Free Workplace Alliance agreement, signed by Secretary of Labor Elaine L. Chao in 2004, is a cooperative initiative with labor unions and employer associations to improve worker safety and health through drug-free workplace programs. Focused on the construction industry, Alliance activities center on developing training and education programs, disseminating drug-free workplace tools and assistance, and promoting a national dialogue on workplace safety and health by raising awareness of drug-free workplaces.

National Drug-Free Work Week, an annual public awareness campaign spearheaded by the Alliance, highlights the importance of working drug-free, as well as workplace safety and health in all industries. During Drug-Free Work Week 2007, Alliance members distributed materials to members, published articles in member publications, and helped facilitate local-level training and educational activities. The Administration supports this campaign and encourages companies throughout the year to ensure

the safety and health of their employees by implementing drug-free workplace programs that include random workplace drug testing.

In the late 1980s, an office was established within DoT to advise the Secretary and DoT officials on drug enforcement and drug testing issues. The role of the office was expanded with the 1991 Omnibus Transportation Employee Testing Act. Today, the Office of Drug & Alcohol Policy & Compliance (ODAPC) regulates how drug and alcohol tests are conducted and what procedures are used within the transportation industries for the ultimate safety and protection of the traveling public. Roughly 12.1 million people performing safety-sensitive transportation jobs are covered by DoT regulations, which govern drug and alcohol testing for pre-employment, on-the-job performance, post-accident, and job reentry after failing a test. Other functions of the ODAPC are to coordinate Federal drug and alcohol policies, provide assistance to other countries developing similar regulations, and harmonize drug and alcohol testing regulations with Canada and Mexico in accordance with the North American Free Trade Agreement.

International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers

The International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers (Ironworkers International), is a major labor union representing more than 100,000 journeymen and apprentices in the United States and Canada.

As a founding member of the Drug-Free Workplace Alliance, Ironworkers International has been improving worker health and safety by encouraging alcohol- and drug-free workplaces throughout the industry. The organization's formal program is built around a comprehensive drug testing policy designed to provide a prequalified, drug-free workforce to contractors.

"Iron work is the fourth most dangerous job in the world and the number one most dangerous job in the construction industry," says Frank Migliaccio, executive director of safety and health at Ironworkers International. "We don't need to make it any more dangerous by adding drug and alcohol use into the mix."

In 2004, Ironworkers International partnered with the Ironworker Management Progressive Action Cooperative Trust (IMPACT) to develop the union's drug-free workplace program. After a year of development and program testing, the Ironworkers launched the National Substance Abuse Program in January 2005. Modeled after a successful program used by the International Brotherhood of Boilermakers, IMPACT's National Substance Abuse Program creates a pool of pretested ironworkers who are prequalified to work on job sites that have substance abuse testing requirements. The program also provides an online database that contractors can access to verify the drug testing status of potential new hires.

The IMPACT program involves pre-employment, annual, random, for cause, and post-accident drug testing. IMPACT contracts with independent drug testing service providers, which coordinate all program testing. All workers are tested a minimum of once a year, with 25 percent tested randomly throughout the year. Tests are performed to detect evidence of use of any one of 10 drugs, using pre-established cutoff levels consistent with HHS standards. Further, a Medical Review Officer interview is conducted for each laboratory positive, and participants have the option to request a reanalysis of their original specimen within 72 hours of a positive result.

If workers test positive for drug use, they are deemed "Not Fit for Duty" and prescribed a regimen of rehabilitation and frequent retesting. After they complete their prescribed rehabilitation program, they are subject to accelerated random testing for 1 year as a condition of further employment—which means they will be tested a minimum of four times a year at unannounced times.

Ironworkers International, which has been promoting workers' rights since 1896, is composed of more than 200 local unions and affiliates, many of which have adopted and embraced the IMPACT National Substance Abuse Program.

Community Partnerships to Protect Youth

Random testing programs protect people of all ages by providing incentives to discourage illicit drug use and by identifying those with substance abuse problems. Community-based prevention activities such as the work of anti-drug coalitions complement the testing framework.

In his 2005 State of the Union Address, the President announced a broad effort to engage all Americans in helping young people become healthy adults and asked First Lady Laura Bush to spearhead this important effort, which became known as the Helping America's Youth initiative. For the past 2 years, Mrs. Bush has been leading this nationwide effort to raise awareness about the challenges facing our youth and to motivate caring adults to connect with youth in three key areas: family, school, and community.

Mrs. Bush is working with State and local partners to host numerous regional conferences throughout the United States. This past year, Mrs. Bush led efforts to train and inform community leaders at regional forums

Calloway County Alliance for Substance Abuse Prevention, Murray, Kentucky

Calloway County Alliance for Substance Abuse Prevention (CC-ASAP) was first formed in Murray, Kentucky, in 2001, and by 2003 had successfully competed for a DFC grant. With a focus on involving and organizing its community to prevent youth alcohol and drug use, CC-ASAP is making a difference in Kentucky.

The Murray community is seeing dramatic progress: tobacco use is down in all grades surveyed from 2002 to 2006, past-year use of tobacco among 10th graders has dropped 14 percent, and past-month marijuana use among 10th graders has dropped 47 percent from 2002 to 2006. Furthermore, in 2002, 76 percent of 12th graders believed that their parents disapproved of youth tobacco use. In 2006, the percentage increased to 90.

These dramatic results are a great example of how coalitions help communities protect youth from dangerous substances. The CC-ASAP coalition functions as the hub for strategic planning using locally collected data and resources to determine the specific needs of their community. By forging partnerships with other coalitions to form long-term strategies to reduce substance abuse among youth and, over time, adults, CC-ASAP is not only serving the needs of Murray, but spreading its success to neighboring communities.

As an umbrella organization, CC-ASAP collaborates with more than 100 local partners, individuals, and organizations and offers resources, training, data, oversight, and strategic planning to help the community target specific areas of drug abuse. CC-ASAP works closely with the Coalition for Clean Air Murray to develop initiatives for a smoke-free community. In an area where tobacco is a major industry, CC-ASAP has been dedicated to educating the community on the dangers of tobacco and secondhand smoke, especially to children. The community response has been overwhelmingly positive. In 2002, only one restaurant in the county was voluntarily smoke-free. Today, there are 30 restaurants and businesses with smoke-free policies. Through education and persistence, there has been a shift in Calloway County toward a healthier and smoke-free social environment.

In 2007, as part of their commitment to educate the citizens and professionals in Calloway County on the importance of a drug-free environment, CC-ASAP invited several key experts to address the medical and educational community. CC-ASAP is also hosting a symposium on how students obtain drugs through the Internet. These fora greatly enhance CC-ASAP's ability to develop and implement its vision for the community.

Through the involvement and dedication of CC-ASAP, Calloway County has witnessed remarkable changes in substance abuse in their community. New targets for the coming year include an initiative to address prescription drug abuse. Activities include a media campaign, parental education, the development with pharmacists (two of whom are members of CC-ASAP), of strategies to combat over-the-counter and prescription drug abuse, and extensive training in Generation Rx, a prevention curriculum developed by the State for grades 6–12.

held in Nashville, Tennessee; St. Paul, Minnesota; and Dallas, Texas, with others planned for 2008. These conferences provide training for community leaders to help them understand the models for community mobilization that are working elsewhere. The conferences also include a speaker series on the current status of America's youth, as well as successful methods for helping to make a difference in their lives. As the Helping America's Youth initiative continues to grow, so do the resources it makes available for parents and communities.

The Web site www.helpingamericasyouth.gov is a constantly expanding and improving one-stop center for information about the initiative, offering publications and resources for adults; video footage of previous conferences; and access to the Helping America's Youth online planning tool, the "Community Guide to Helping America's Youth." The Community Guide helps communities form successful partnerships and assess their needs and resources and links them to effective local programs.

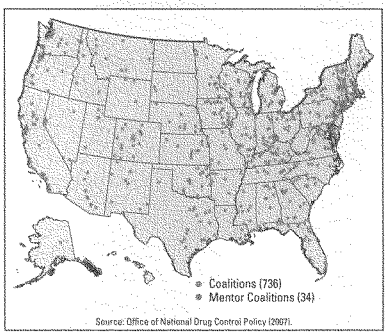
The Drug Free Communities Support Program

Recognizing that local problems require local solutions, ONDCP, in partnership with SAMHSA, administers the Drug Free Communities Support Program (DFC), an innovative grant program to reduce youth substance abuse. Unique in its ability to provide Federal funding directly to local community organizations, DFC currently supports 736 grassroots community coalitions in 49 States, the District of Columbia, Puerto Rico, and the United States Virgin Islands with grants up to $100,000 per year for up to 5 years. Since 1997, an estimated $450 million has been awarded to prevent youth drug use. The DFC program involves more than 10,000 community volunteers, all working together to save young lives.

By supporting the development of local drug-free community coalitions, the Administration works with parents, youth, community leaders, clergy, educators, law enforcement, employers, and others to plan and implement an appropriate and sustainable response to local drug challenges. Some communities find prescription drug abuse is on the rise, while others may be plagued with methamphetamine. Understanding that there is no one-size-fits-all approach to protecting youth and strengthening communities to prevent drug use, DFC promotes creative community solutions. In order to qualify for Federal DFC funding, each community coalition must secure a dollar-for-dollar match for funds provided through DFC. This outward demonstration of community commitment to drug prevention helps ensure sustainability of local prevention programming beyond the 5-year Federal funding cycle.

In addition to the basic DFC grant program, successful coalitions may also qualify to "mentor" new and emerging community groups. The purpose of the DFC mentoring program is to allow leaders in mentor communities to network with their counterparts in the target or "mentee" community, in order to create a drug-free community coalition capable of effectively competing for a DFC grant award. Locations of FY07 DFC grantees are shown in Figure 9.

Figure 9.
Drug Free Communities Program FY07 Grantees



Source: Office of National Drug Control Policy (2007).

Among the 2007 DFC grantees, 38 percent represent communities in economically disadvantaged areas, 23 percent represent urban areas, 41 percent represent suburban areas, and 34 percent represent rural areas. In 2007, special outreach to Native American communities was conducted to assist Native American coalitions in combating substance abuse in their communities. As a result, the program nearly doubled its total number of grantees serving Native American communities. Now constituting 8 percent of the total grants, coalitions focusing on Native American communities represented the largest demographic increase in program participation in 2007.

Through the annual collection of Government Performance Results Act (GPRA) measures from each of the DFC grantees, the program is proving its ability to effectively mobilize community leaders to push back against local drug problems and achieve measurable results from their efforts. Moreover, through an increased focus on training and technical assistance to create sustainable environmental change, DFC grantees continue to improve their ability to prevent youth drug use.

Educating Youth About the Dangers of Drug Use

Educating youth about the dangers of drug use is a fundamental component of our efforts to stop substance abuse before it begins. The Substance Abuse Prevention and Treatment (SAPT) Block Grant provides Federal funding to support State and local substance abuse prevention and treatment programs. Twenty percent of the grant must be used for prevention activities. Education and information dissemination are among the required prevention strategies.

Analyses of expenditure information reported in the FY07 Block Grant applications for 60 States, Jurisdictions, and Territories show that applicants indicated they planned to spend 38.4 percent of their Prevention Set-Aside FY07 funds on education strategies and 13.6 percent on information dissemination strategies.

SAPT-Funded Prevention Strategies

- *Alabama* has implemented several family strengthening programs that target the children of substance abusers and other families in which children and youth are at risk for abuse, neglect, delinquency, suicide, substance abuse, and mental health problems. The family-based prevention programs address parent training, conflict resolution, problem solving, character education, self-esteem building, self-understanding, setting and achieving goals, and building healthy family relationships and strong communication skills.
- *Oregon's* education strategies include a focus on parenting and family management, mentoring and peer-leader/peer-helper programs, and ongoing classroom presentations. The objectives of their strategies are to increase the skills of parents and peer helpers in setting appropriate rules, guidelines, and boundaries and to assist youth to develop skills that will aid in resisting alcohol and drug use.
- *Minnesota* funds statewide information clearinghouses focused on the general population as well as specific populations including the Minnesota Prevention Resource Center (MPRC); the South East Asian Prevention Intervention Network (SEAPIN); Chicanos Latinos Unidos en Servicio (CLUES Chicano/Latino Resource Center); the African American Family Services Prevention Resource Center; and the Minnesota Indian Women's Resource Center. These centers develop or procure culturally sensitive materials such as resource directories, media campaigns, brochures and other print materials, public service announcements, and video presentations. Information dissemination activities are directed toward the general public, educators, and community leadership organizations and agencies.
- *Puerto Rico* developed the prevention campaign: "Haz de tus hijos tu mejor proyecto de vida" ("Turn your children into your best life's project"). The second phase of the mass media campaign emphasized the development of positive parenting skills and the identification of risk and protective factors related to substance abuse. The campaign included workshops, conferences, and symposiums for the parents. A documentary bearing the name of the campaign was prepared for these workshops. Human behavior professionals and experts on family issues were used to present themes about positive parenting and substance abuse prevention to the parents. Other materials were prepared for the campaign and given to the participants in the workshops, including an educational pamphlet, a set of three (3) posters, and a bumper sticker with the campaign slogan. During FY04, a total of 76 videos, 47,080 pamphlets, 31,750 posters, and 58,000 bumper stickers were distributed among the Regional Prevention Centers and to professionals involved in other prevention projects in Puerto Rico.

The National Youth Anti-Drug Media Campaign

Another feature integral to grassroots education and awareness is the work of the National Youth Anti-Drug Media Campaign. The National Youth Anti-Drug Media Campaign is a social marketing effort designed to prevent and reduce youth illicit drug use by increasing awareness of the consequences of drugs, changing youth attitudes toward drug use, and motivating adults to employ effective anti-drug strategies. The Campaign's contribution to the national prevention effort is to establish and reinforce pervasive anti-drug values.

The Campaign pursues the complementary goals of increasing the perception of risk and disapproval of drug use among teens, while encouraging parental involvement and monitoring, by integrating national paid advertising with public communications outreach to deliver clear, consistent, and credible anti-drug messages to impact its target audiences. Approximately 74 percent of the Campaign's funding is allocated to purchase advertising time and space in youth, adult, and ethnic media outlets, including national and cable TV, radio, newspapers and other publications, out-of-home media (such as movies), and the Internet. Most of the advertising is created by the Partnership for a Drug-Free America, one of the Nation's most creative and effective advertising agencies.

The Media Campaign targets 12 to 17 year-olds with the key audience being 14 to 16 year-olds. The teen brand "Above the Influence" inspires teens to reject negative influences, specifically drug use, by appealing to their sense of individuality and independence. All television advertisements are subject to a rigorous process of qualitative and quantitative testing, ensuring, before they are ever broadcast, that the advertisements are credible and have the intended effect on awareness, attitudes, and behaviors.

Media Campaign Anti-Methamphetamine Efforts

In 2007, the National Youth Anti-Drug Media Campaign launched a comprehensive Anti-Meth Campaign with targeted online, print, radio, and television advertising. The Campaign highlighted the danger methamphetamine poses to individuals, families, and communities and delivered a message of hope by focusing on stories from those in recovery as well as community leaders who are making progress in the fight against methamphetamine.

Though data trends show that the number of methamphetamine labs in the United States is declining, there is more work to be done. The Anti-Meth Campaign included three "Open Letter" print advertisements, which highlighted the effectiveness of methamphetamine treatment and community involvement and dispelled myths about the drug and who is using it. In addition to the "Open Letters," the Anti-Meth Campaign included a powerful photo exhibit entitled "Life After Meth," which featured a collection of moving testimonials and portraits of former methamphetamine users, law enforcement officials, and treatment providers. Elements of the collection are available for download by communities to use in local banner and radio advertisements at www.methresources.gov.

The paid portion of the Anti-Meth Campaign included targeted multiple-media advertising in eight States with especially high methamphetamine prevalence and treatment admission rates. The campaign in these States will continue through March 2008, thanks in large part to the public- and private-sector partners who have contributed resources to assist in this Campaign. Also in 2008, the results of a multiyear collaboration with the Departments of the Interior and of Health and Human Services as well as the Partnership for a Drug-Free America and the National Congress of American Indians will culminate with the release of a new public awareness advertising campaign targeting methamphetamine use in Native American communities.

Recovery from methamphetamine addiction is possible. As methamphetamine use declines, greater emphasis must be placed on the availability of treatment to ensure that individuals, families, and communities ravaged by methamphetamine can be successful at recovery.

Because teens report receiving far more pro-drug messages than anti-drug messages, the National Youth Anti-Drug Media Campaign works to refute pervasive myths and to counter pro-drug messages, including those extolled by drug legalization advocates, popular culture, and the Internet. The growing number of social networking sites and blogs, along with the presence of e-mail spam promoting illegal online pharmacies, increasingly expose teens to pro-drug information and to misinformation about the consequences of drug use. The Campaign provides information about the true dangers of abusing drugs and can combat the normalization of drug use, especially among youth. The Administration has proposed $100 million for the Campaign to continue this vital mission in FY09.

Since 2002, the Campaign's primary focus has been on marijuana—a policy decision driven by a public health goal: delay onset of use of the first drugs of abuse (marijuana, tobacco, and alcohol) to reduce drug problems of any kind during teen years and into adulthood.

Marijuana continues to be the most prevalent and widely used illicit drug among youth, representing 88 percent of all lifetime teen illicit drug use. The Campaign's focus on marijuana is also consistent with HHS's Healthy People 2010 goals for the Nation, which includes reducing substance abuse and improving adolescent perception of the serious risks associated with drug use.

By focusing on marijuana and on the negative social consequences of drug use, the Campaign has significantly contributed to the overall reduction of teen marijuana use by 25 percent since 2001.

Still, young people are vulnerable to other drug challenges. Against the overall backdrop of declining drug use, there is new evidence of troubling trends regarding the abuse of prescription drugs among young people. In 2008, the Campaign will address this emerging drug threat by implementing a national campaign to inform parents about the risky and growing abuse of prescription drugs by young people. It will also continue its campaign to reduce the demand for methamphetamine in at-risk regions of the country.

Because teens largely access prescription drugs from family and friends, the Campaign will focus on educating parents on how they can limit diversion and reduce abuse of these powerful medicines. In addition to reaching parents through high-profile television, print, and Internet advertising, the Campaign will also target health and education professionals.

Among other measures, the Campaign will urge parents and other adults to safeguard drugs at home by monitoring quantities, controlling access, and setting clear rules for teens about all drug use, including the importance of following the provider's advice and dosages, properly concealing and disposing of old or unused drugs in the trash, and asking friends and family to safeguard their drugs.

Fighting Pharmaceutical Diversion and Preventing Addiction

Prescription drug abuse has emerged as a new drug threat that requires a concerted response from every sector of our society. The trends are clear. In 2006, the latest year for which data are available, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. Admissions to treatment facilities for addiction to prescription drugs have risen steeply since the mid-1990s and now rank third among youth, behind marijuana and alcohol. Admissions to emergency departments for overdoses have also escalated in a similar timeframe. Abuse of opioid painkillers is of particular concern, because of the large number of users, the high addictive potential, and the potential to induce overdose or death.

A number of factors may contribute to the increased abuse of prescription drugs: many mistakenly believe that prescription drugs are safer to abuse than illicit street drugs; prescription drugs are relatively easy to obtain from friends and family; and many people are not aware of the potentially serious consequences of using prescription drugs nonmedically.

The Federal Government has taken steps to address this growing problem. Existing prevention programs such as the National Youth Anti-Drug Media Campaign and random student drug testing are enhancing awareness of the dangers of abusing prescription drugs and helping to identify young abusers who need help.

Other initiatives include collaborations among various Federal agencies. SAMHSA has begun point-of-purchase messaging targeted to prescription drugs that have high abuse potentials. Information about a drug's potential for diversion and abuse is listed on the reverse side of the information patients receive when picking up their prescription. During fall 2007, this pilot program was tested through 6,300 pharmacies nationwide.

The Medical Marijuana Movement: Manipulation, Not Medicine

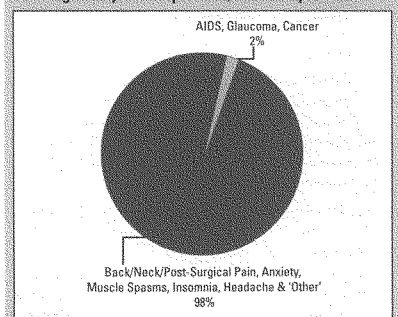
The Food and Drug Administration (FDA) is charged with testing and approving the safety and effectiveness of new medications before they are sold on the open market. The FDA has determined that the smoked form of marijuana is not an approved medicine. While smoked marijuana may allow patients to temporarily feel better, the medical community makes an important distinction between these feelings and the controlled delivery of pure pharmaceutical medication. In 1996, California became the first State to allow the use of marijuana for medical purposes. California's Proposition 215, also known as the Compassionate Use Act of 1996, was intended to ensure that "seriously ill" residents of the State had access to marijuana for medical purposes, and to encourage Federal and State governments to take steps toward ensuring the safe and affordable distribution of the drug to patients in need.

California now has more than 12,000 registered medical marijuana cardholders and an estimated 310 medical marijuana dispensaries. The quantity of medical marijuana moving through each dispensary is staggering: conservative estimates suggest at least 500 pounds of marijuana per year per dispensary. This means 155,000 pounds of marijuana moved for "medical" purposes or 12.29 pounds of marijuana per registered patient. As approximately 1,200 marijuana cigarettes can be made per pound, each user would be provided with 14,734 marijuana cigarettes per year, or 41 marijuana cigarettes a day.

Many counties and cities in California are beginning to recognize the negative impact that dispensaries are having on their communities and are passing local ordinances that do not allow them. For example, the San Diego Police Department has received numerous citizen complaints regarding every dispensary operating in San Diego County. Typical complaints include:

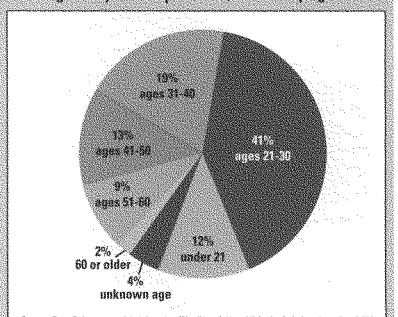
- High levels of traffic to and from the dispensaries
- People loitering in the parking lot of the dispensaries
- People smoking marijuana in the parking lot of the dispensaries
- Vandalism near dispensaries
- Threats made by dispensary employees to employees of other businesses

Figure 10.
San Diego Marijuana Dispenaries, Patients by Ailment



Source: Drug Enforcement Administration (San Diego). Unpublished tabulations based on 3,636 dispensary records seized from October 2005 through July 2006.

Figure 11.
San Diego Marijuana Dispensaries, Patients by Age



Source: Drug Enforcement Administration (San Diego). Unpublished tabulations based on 3,636 dispensary records seized from October 2005 through July 2006.

The Medical Marijuana Movement: Manipulation, Not Medicine *(continued)*

An analysis of 3,636 patient records seized at several dispensaries in San Diego show that half the customers purchasing marijuana from October 2005 through July 2006 were between the ages of 17 and 30, and only 2.05 percent of customers obtained physician recommendations for medical conditions such as glaucoma or cancer.

Many of the organizations that are supporting medical marijuana efforts have been trying to legalize marijuana and other drugs for over 20 years. The leaders of these organizations are by and large not from the medical community and are exploiting the terminally ill to reach their objective of legalizing illicit drugs (see Figures 10 and 11).

Proponents of medical marijuana legislation or ballot initiatives have generally offered testimonials, not scientific data, that smoked marijuana helps patients suffering from AIDS, cancer, and other painful diseases to "feel better." The same report could be made by people, be they ill or healthy, who consume heroin or cocaine. But these claims are not, and never should be, the primary test for declaring a substance a recognized medication. The medical community routinely prescribes drugs with standardized modes of administration that are safe and have been shown to be effective at treating the ailments that marijuana proponents claim are relieved by smoking marijuana. Bioresearch and medical judgment, not the drug legalization lobby, should determine the safety and effectiveness of drugs in America.

Raising awareness with parents and relatives, as well as school and medical professionals, is essential to stem the tide of prescription drug abuse by teens. When responsible adults learn that the potential for abuse of prescription drugs is high, they can respond and prevent it. Prevention is a powerful tool, and adults are able to have a significant impact on the diversion occurring in their own homes merely by monitoring and controlling access to medications.

The Internet is another source of prescription drug diversion. Rogue online pharmacies provide controlled substances to individuals who either abuse the drugs themselves or sell them to others. To cut off this illicit source, the Administration has worked with Congress on legislation to stem the flow of controlled substances without a proper prescription and advocates a commonsense approach for the sale of controlled substances online. Unless certain exceptions apply, a face-to-face meeting is required in order for a licensed medical professional to dispense a controlled substance. With the abuse of prescription drugs at high levels, each step taken to prevent diversion is meaningful.

Several major cases have been brought against online pharmacies. In August 2007, Affpower, a business that allegedly generated more than $126 million in gross sales from the illegal sale of prescription drugs, was indicted on 313 counts, as were 18 individuals. Also in August 2007, the owner of Xpress Pharmacy Direct was sentenced to 360 months in Federal prison for operating an illegal online pharmacy. Through spam email and Web sites, Xpress Pharmacy Direct drove Web traffic to its site, which sold controlled drugs, like those containing hydrocodone, to individuals who did not have a legitimate prescription.

The Food and Drug Administration's (FDA) Office of New Drugs and Center for Drug Evaluation and Research assesses new drugs for abuse potential and works with industry representatives to provide guidance in drug development.

The pharmaceutical industry has also played a role in helping address prescription drug abuse. When used properly and under a physician's care, prescription drugs can be beneficial to those with legitimate medical needs.

However, recent trend analysis indicates that the diversion and abuse of prescription drugs is increasing. The pharmaceutical industry has responded. Many companies have undertaken research and development for abuse-resistant prescription drugs and have partnered with Federal agencies to assist in the promulgation of proper disposal guidelines for prescription drugs.

The help of the pharmaceutical industry has also been invaluable in many of the Drug Enforcement Administration's (DEA) prescription drug diversion investigations. In a recent case brought by the DEA with cooperation from the Federal Bureau of Investigation (FBI) and the Northern New Jersey High Intensity Drug Trafficking Area Task Force, a New Jersey doctor was found guilty of conspiracy to distribute oxycodone, the powerful painkiller contained in pills such as OxyContin and Percocet. During the course of the investigation, two informants and an undercover agent bought almost 100 prescriptions for painkillers, which the doctor issued under false names and after coaching one of the informants for a specific diagnosis. Other participants in the scheme were also arrested, such as "patients" who purchased prescriptions from the doctor and then sold the pills for profit in Newark and surrounding areas.

The Ohio Prescription Monitoring Program: Improving Control and Improving Care

In 2000, authorities in Ohio began to notice an influx of individuals from bordering States with the apparent purpose of doctor shopping (obtaining prescriptions from multiple physicians for the purpose of obtaining a larger than normal supply). It soon became clear that these individuals were overwhelmingly coming from States with electronic prescription drug monitoring programs. For example, in one prescription drug diversion case in central Ohio, it was noted that 86 percent of the patients involved were from Kentucky, a State with an established electronic prescription monitoring program. Only 7 percent were from Ohio. The Kentucky prescription monitoring program provided patient prescription information to physicians, and authorities believed that Kentucky residents engaged in doctor shopping were seeking to avoid detection by traveling to Ohio.

In 2002, the Ohio Compassionate Care Task Force convened to consider issues relating to chronic pain and terminal illness. The Task Force recommended that the State Board of Pharmacy establish and maintain a statewide computerized prescription monitoring program to be used by healthcare professionals to minimize inappropriate conduct by patients and to promote quality healthcare.

In 2005, Ohio Governor Bob Taft signed HB 377, authorizing the creation of an innovative prescription monitoring program. By October 2006, the Ohio Automated Rx Reporting System (OARRS) began allowing physicians and pharmacists to request patient prescription history reports.

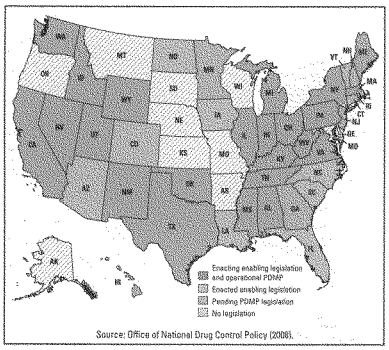
OARRS is now available via a secure web site 24 hours a day, 7 days a week, with physicians and pharmacists usually receiving their reports in less than 60 seconds. Nearly 4,000 prescribers, pharmacists, and law enforcement officers have registered with OARRS and have been vetted to receive data from the database containing nearly 30 million prescription records. Prescribers request 79 percent of the reports, pharmacists request 17 percent, and law enforcement (including regulatory agencies) represent 4 percent of requests.

Contrary to the predictions of early critics who were concerned that the program would cause prescribers to write fewer prescriptions, the number of prescriptions dispensed by Ohio pharmacies continues to rise every quarter. In fact, physicians say they now feel more comfortable prescribing controlled substances to patients because they can validate the patient's verbal drug history by requesting an OARRS report.

Looking ahead, Ohio and Kentucky are working on a pilot project, funded by the Department of Justice's Bureau of Justice Assistance, to make it easier for physicians in one State to exchange information with physicians in another. In many cases, patient care will be enhanced by making data from multiple States available with one request. After the pilot proves the technological feasibility of this data-sharing, Ohio plans to work with Kentucky and other States to create a fully functioning technical resource to improve access to prescription information.

States have made critical contributions to combat prescription drug diversion through implementation of Prescription Drug Monitoring Programs (PDMPs). PDMPs track controlled substances and are implemented at the State level. At the end of 2007, 35 States had enacted enabling legislation to create or had already created PDMPs. Federal assistance for PDMPs is also available. States may apply to the Department of Justice for Federal grant funding to set up PDMPs. In many cases, members of both the law enforcement and medical communities may access a State's database, providing important safeguards to pharmacists at the point of sale to prevent prescription fraud and doctor-shopping.

Figure 12.
Prescription Drug Monitoring Program Status as of January 2008



Source: Office of National Drug Control Policy (2008).

Extreme Ecstasy: The Rising Threat from MDMA (Ecstasy) and Methamphetamine Mixtures

Recent lab analyses, both in the United States and Canada, have found that a significant percentage of samples of seized MDMA (Methylenedioxymethamphetamine, commonly known as Ecstasy) contain methamphetamine. MDMA is a dangerous drug in and of itself—and can be fatal. It becomes even more dangerous when mixed with methamphetamine and consumed by unknowing, often young, individuals. Further, although MDMA use is still far below the peak levels of 2003, consumption of the drug has begun to rebound.

Just a few short years ago much of the MDMA consumed in the United States was produced in Europe. However, exports of MDMA from the Netherlands and Belgium to the United States have decreased dramatically as a result of effective law enforcement cooperation with U.S. agencies. Demand for the drug also decreased after a widespread education campaign was undertaken to warn users of the dangers of MDMA. Unfortunately, Asian organized criminal groups based in Canada have stepped in to fill the void. These groups have become major producers of synthetic drugs, including MDMA, for both the Canadian and U.S. markets. Canadian-based Asian organized criminal groups often smuggle the drug across the border with shipments of a more traditional Canadian import—high potency marijuana.

In 2006, 1,234 of 2,237 MDMA samples (55 percent) analyzed by DEA contained methamphetamine. A similar trend was found in the first half of 2007. It is likely that traffickers are adding methamphetamine to MDMA intentionally to increase profits and the potential for addiction. Regardless of their intent, traffickers are marketing a new and dangerous substance to our youth. In response, Federal law enforcement agencies have been working with the Royal Canadian Mounted Police to put greater pressure on Canadian Ecstasy producers through increased intelligence sharing and coordinated enforcement operations such as *Operations Candy Box*, *Sweet Tooth*, *Triple Play*, and *Polar Express*. U.S. and Canadian law enforcement agencies are also enhancing their coordination through the National Methamphetamine and Chemicals Initiative (NMCI), which has become an unparalleled mechanism for enhancing law enforcement efforts aimed at all synthetic drugs and, increasingly, pharmaceutical diversion. As with the battle waged against MDMA several years ago, public education is a key component to alert potential users to this dangerous new form of the drug.

Chapter 2

Intervening and Healing America's Drug Users

From Screening to Recovery Support: A Continuum of Care

Despite recent reductions in drug use, Americans continue to drink to excess, abuse prescription drugs, and use illegal drugs. Many Americans have some experience with substance abuse and its devastating effects on the individual, the family, and the community.

For the thousands of Americans already suffering from substance use disorders, Federal initiatives such as the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Prevention and Treatment Block Grant and discretionary grant programs, and researched sponsored by the National Institute on Drug Abuse (NIDA) support State and community efforts to deliver the treatment services needed to achieve and maintain recovery.

Recognizing that addiction to substances is a treatable disease and that recovery is possible, the Administration has supported innovative and effective programs designed to help expand treatment options, enhance treatment delivery, and improve treatment outcomes. By screening for substance use in the medical system, more Americans who are in need of interventions or treatment are receiving services. Identifying substance use early may also stop the disease from progressing to addiction and reduce the need for intense treatment—a costly and complex process involving long-term interaction with counselors, agencies, and professional services. Through the President's Access to Recovery Program, approximately $400 million in Federal funds have delivered a comprehensive spectrum of services tailored to the individual, including recovery support services.

Detecting Drug Use Early Saves Lives

Today, there are more than 20 million Americans who meet the medical definition of abuse or addiction to alcohol and illicit drugs. This means nearly 10 percent of the U.S. population over age 12 has a diagnosable substance abuse disorder. Yet the vast majority of these people—more than 94 percent—do not realize they need help and have not sought treatment or other professional care.

Although a significant number of drug users fit the medical profile of an addict, most users fall into a much broader category of people whose use has not yet progressed to addiction. For many of these users, an accident or serious trauma may be just around the corner.

An often overlooked group of people with undiagnosed drug problems are those who abuse prescription drugs. Many do so in the erroneous belief that prescribed medications are safe even if used for unintended purposes and outside the boundaries and directions of a doctor's prescription.

Health professionals hold a key to increasing awareness and bringing help to millions of Americans with drug and alcohol problems. It is estimated that 180 million Americans age 18 or older see a healthcare provider at least once a year. These visits provide a very valuable opportunity for drug and alcohol screening. With a few carefully worded questions using an evidence-based questionnaire, healthcare providers can learn a great deal about whether a patient is at risk for problems related to substance abuse.

Verbal screening is a simple diagnostic tool, administered as a questionnaire through personal interviews or self-reporting. It can be incorporated into routine practice in medical settings. If the score on the screen test exceeds a

Screening Tools for Drug Use

A number of standard screening tools have been developed for use by healthcare professionals. They are designed to help doctors and counselors determine the full spectrum of drug use. Patients are asked to answer "yes" or "no" to a list of questions, which may include the following:

- Have you used drugs other than those required for medical reasons?
- Have you abused prescription drugs?
- Have you lost friends because of your drug use?
- Have you gone to anyone for help for a drug problem?

certain value, suggesting a likely substance abuse problem, the provider decides the level of intensity for follow-up assistance. For a score showing moderate risk, a "brief intervention" may be the most appropriate response.

Brief interventions are nonjudgmental motivational conversations between providers and patients. The purpose is to increase patients' insight into their substance abuse and its consequences, and to provide patients with a workable strategy for reducing or stopping their drug use. Sometimes a meaningful discussion with a healthcare provider is all it takes to convince a patient to stop using drugs. Other times, a brief intervention is the first in as many as six follow-up sessions aimed at modifying the patient's risky behavior. If a score falls in the range consistent with addiction, the patient is referred to specialty treatment for a more extensive and longer period of care.

Screening and Brief Intervention

In 2003, the Federal Government began providing funding to support screening and brief intervention programs in States and tribal communities through Screening, Brief Intervention, and Referral to Treatment (SBIRT) cooperative agreements administered by SAMHSA. As of December 2007, more than 577,436 clients in 11 States had been screened. Approximately 23 percent received a score that triggered the need for further assistance. Of this number, 15.9 percent received a brief intervention, 3.1 percent received brief drug treatment, and only 3.6 percent required referral to specialized drug treatment programs. Outcome measures from the Federal program reveal that screening and brief intervention helps reduce substance abuse and related consequences, including emergency room and trauma center visits and deaths. Screening and brief interventions also increase the percentage of people who enter specialized treatment; have a positive impact on factors that enhance overall health, including improvements in general and mental health, employment, housing, and a reduction in arrests; and may provide a shield from further drug use. Federal program outcomes indicate that these results persist even 6 months after a brief intervention. Moreover, cost-benefit analyses of Federal programs have demonstrated net healthcare cost savings from screening and brief interventions.

Federal funds provided by SAMHSA are also helping colleges and universities identify young adults at risk for substance use and mental health disorders. Since 2005, Targeted Capacity Expansion Campus Screening and Brief Intervention (TCE-SBI) grants have been awarded to 12 colleges and universities. Grantees vary widely in setting, population, and operational model. For example, Bristol Community College (BCC) in Fall River, Massachusetts, chose to add questions from a mental health screening tool to their drug and alcohol campus outreach efforts. BCC is a public community commuter college with a student population of approximately 21,000. Residents from Fall River are admitted to publicly funded treatment programs at double the average rate for other Massachusetts communities. Students with positive screens receive a brief intervention. Students assessed as needing more intensive treatment or treatment for behavioral or health issues are referred to appropriate resources.

Prescription Drug Abuse Goes to College

Although studies suggest that abuse of most substances is declining, past month nonmedical use of any prescription drug with abuse potential by 18 to 25 year-olds increased significantly from 2002 to 2007. The primary self-reported motives for college students to abuse prescription drugs are to help with concentration, to increase alertness, and to get high. Of even greater concern, the majority of young adults (about two-thirds) generally abuse prescription drugs in conjunction with alcohol and illegal drugs, significantly increasing the risk of serious physical harm.

Mainstreaming preventive screening and interventions for substance abuse in medical and other healthcare settings serves to destigmatize substance abuse and provides an opportunity for healthcare professionals to raise awareness about substance use and its potential health impacts.

SAMHSA and other Federal agencies, national organizations such as the National Association of State Alcohol/Drug Abuse Directors, and experts in the field are partnering to encourage healthcare professionals to incorporate screening and brief interventions for illicit and prescription drug abuse in a wide range of medical settings and to educate medical professionals about substance abuse issues.

Screening, Brief Intervention, and Referral to Treatment in Cook Inlet, Alaska

The Cook Inlet Tribal Council (CITC) in Anchorage, Alaska, developed Connections Screening, Brief Intervention, and Referral to Treatment (Connections SBIRT) in partnership with the Southcentral Foundation (SCF) in response to a growing substance abuse problem in the region. Statewide, 48 percent of the substance abuse treatment beds were occupied by Alaskan Natives, even though this ethnic group represents only 19 percent of the overall Alaskan population.

Funded by a 5-year grant by SAMHSA's Center for Substance Abuse Treatment (CSAT), Connections SBIRT aims to provide intervention for adults and adolescents in both traditional healthcare settings and community locations throughout the area.

Connections SBIRT is a screening system used by healthcare professionals to detect substance abuse issues and enable the individual to receive help before the onset of a more serious addiction concern. The assessment, developed by CITC over a 9-year period of working with the Alaskan Native population in the Cook Inlet, poses appropriate questions and treatment options for the indigenous cultural environment. Depending on the stage of the substance use, the program also provides brief interventions, brief treatment, and referrals to specialized treatment.

Program outcomes are impressive. As of November 13, 2007, of the 20,990 clients who received services, 15,922 individuals were screened and received feedback. Of these, approximately 15 percent received a brief intervention, brief treatment, or referral to specialized treatment. A 6-month follow-up of those who received services shows a 41 percent increase in abstinence rates.

CITC has shared its many accomplishments with the greater Native American community, such as the Cherokee Nation in Oklahoma, and presented results to a variety of overseas audiences. Connections SBIRT not only positively influences its own community, but has also served as a role model for communities at home and abroad.

These grants identify the specific substance abuse problems and associated mental health issues on a given campus so that schools can be responsive to the needs of their students. Like random student drug testing, screening can also be used to identify students who abuse prescription drugs, a growing problem in this age group. The models created through the TCE-SBI grants are replicable and could have a significant impact on the mental and physical well-being of the Nation's young adults.

Medical Education on Substance Abuse

In December 2004, the Office of National Drug Control Policy (ONDCP) hosted a Leadership Conference on Medical Education in Substance Abuse. The conference brought together leaders of private sector organizations, Federal agencies, organized medicine, and licensure and certification bodies to discuss ways to enhance the training of physicians in the prevention, diagnosis, and management of alcohol and drug use disorders, including prescription drug abuse.

Cosponsored by SAMHSA's Center for Substance Abuse Treatment, as well as the National Institute on Alcohol Abuse and Alcoholism and NIDA, the conferences addressed such topics as how to increase the limited training physicians receive in the diagnosis, management, and underlying science of addiction; how to overcome physicians' attitudes about substance use disorders and the patients who have them; and the effectiveness of treatment protocols. Conference participants identified several evidence-based strategies to address these issues, including the development of educational programs and clinical protocols and guidelines.

A second Leadership Conference, held in 2006, reviewed progress made in reaching the objectives of the first conference and focused attention on two key priorities: Engaging the medical community in screening and brief interventions, and the prevalence of prescription drug abuse. This highly successful conference gave rise to a series of recommendations on the medical response needed to adopt screening and brief intervention as preventive medicine and to address prescription drug abuse.

In January 2008, ONDCP hosted a third Leadership Conference to address sustainability and institutionalization of screening and brief interventions and the promotion and adoption of new healthcare codes for these procedures.

Developments in reimbursement procedures are some of the greatest successes to come out of these collaborations. In January 2007, the Centers for Medicaid and Medicare Services (CMS) adopted new Healthcare Common Procedure Coding System (HCPCS) procedural codes for Medicaid Services for screening and brief interventions. These codes make it possible for State Medicaid plans to reimburse medical claims for these services. CMS is educating States on the value of offering these services. CMS also announced reimbursable "G" codes for alcohol and drug assessment and brief intervention.

The American Medical Association Board also adopted codes for screening and brief intervention, which became effective in January 2008. The National Association of Letter Carriers Health Benefit Plan approved the coding for these services and accepts the HCPCS codes as a covered expense for eligible employees enrolled in their plan.

Support for screening and brief intervention within the medical community reflects an increasing awareness of the importance of addressing substance use. In 2007, the Accreditation Council for Continuing Medical Education, the organization that accredits providers of continuing medical education (CME) courses in the United States, used the concept of screening and brief intervention to illustrate their new CME requirements. Moreover, the Federation of State Medical Boards and the American Medical Association have adopted policies aimed at educating medical professionals on screening and brief interventions and on prescription drug abuse.

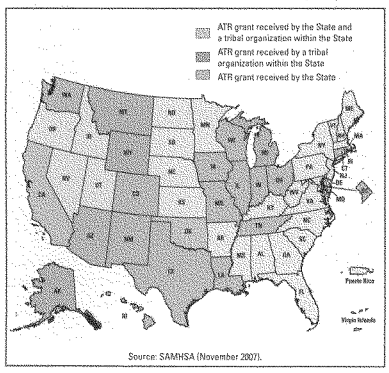
Screening is also an integral component of the U.S. Department of Veterans Affairs (VA) Health System. The Indian Health Service has initiated a program to instruct all its healthcare centers on screening and brief interventions.

Nationwide adoption of screening and brief interventions, in a range of healthcare settings, can help us better understand substance abuse, how it is treated, and how treatment services are delivered.

Breaking the Cycle of Addiction: Maintaining Recovery

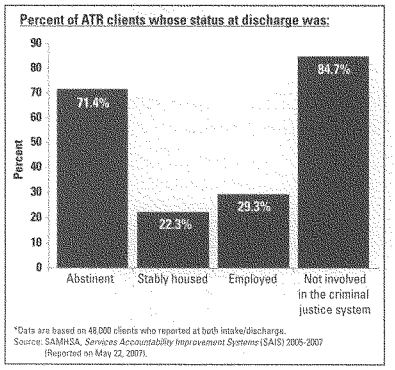
Screening helps identify a large group of Americans at risk for substance abuse disorders, particularly those who are unaware of or reluctant to acknowledge the consequences of their drug using behavior. For those who are referred to specialized treatment services as a result of screening, involvement with the criminal justice system, or their own initiative, the Administration has engaged in targeted efforts to provide services to underserved populations and to increase the number of treatment slots, providers, and modalities.

Figure 13.
States with Access to Recovery Grants as of September 2007



Source: SAMHSA (November 2007).

Figure 14.
ATR Client Outcomes 2005-2007



*Data are based on 48,000 clients who reported at both intake/discharge.
Source: SAMHSA, *Services Accountability Improvement Systems* (SAIS) 2005-2007 (Reported on May 22, 2007).

Concerned about treatment for Americans whose "fight against drugs is a fight for their own lives," the President launched Access to Recovery (ATR) in his 2003 State of the Union address. Starting in 2004, Congress appropriated approximately $98 million per year over 3 years for the first ATR grants in 14 States and 1 tribal organization.

ATR expands substance abuse treatment capacity, promotes choices in both recovery paths and services, increases the number and types of providers, uses voucher systems to allow clients to play a more significant role in the development of their treatment plans, and links clinical treatment with important recovery support services such as childcare, transportation, and mentoring. As of September 30, 2007, more than 190,000 people with substance use disorders have received clinical treatment and/or recovery support services through ATR, exceeding the 3-year target of 125,000. Approximately 65 percent of the clients for whom status and discharge data are available have received recovery support services, which, though critical for recovery, are not typically funded through the Substance Abuse Prevention and Treatment (SAPT) block grant.

The SAMHSA-administered grant program allows States and tribal organizations to tailor programs to meet their primary treatment needs. In Texas, ATR has been used to target the State's criminal justice population, which generally has been underserved in the area of drug treatment services. Tennessee has used its ATR funds to target those whose primary addiction is methamphetamine. The voucher component of the program, which affords individuals an unprecedented degree of flexibility to choose

The Next Door, Nashville, Tennessee

The Tennessee Department of Health's ATR program, originally designed and funded to treat 8,250 patients in 3 years, has treated more than 13,000 Tennesseans struggling with addiction.

"The help of providers statewide has allowed ATR to reach more people than we ever anticipated, with the result of fewer Tennesseans struggling with addiction," said Health Commissioner Kenneth S. Robinson, M.D.

One of those providers is The Next Door, a faith-based organization located in Nashville. The program of transitional living, mentoring, and life skills classes was designed to assist women recently released from prison with their physical, spiritual, emotional, and daily living needs. Statistics show that approximately 60 percent of female ex-offenders in middle Tennessee will return to prison within the first year of their release. The mission of The Next Door is to break that cycle.

Since May 2004, more than 350 women have gone through a 6-month curriculum designed to prepare them for independent living and establish and maintain stable families. The facility provides a safe and secure environment for up to 52 participants who are referred from incarceration, rehabilitation centers, drug courts, or are homeless. Program participants establish a life plan; receive a mentor, case manager, group counseling, onsite job skills, and computer and General Equivalency Degree training; and find employment.

In June 2007, U.S. Drug Czar John Walters and Nashville Mayor Bill Purcell joined Ms. Ramie Siler and others to celebrate the opening of The Next Door's Freedom Recovery Community, which offers longer-term, affordable housing and services for women and their children in a building once plagued by drug activity. Ms. Siler, who went through drug rehabilitation at this program and has now become a full-time case manager at the center, spoke at the event about her experiences in drug treatment. She said, as reported in *The Tennessean* (May 28, 2007), "The Next Door made my future happen. They helped me to restore my life."

"Access to Recovery has been a catalyst for transformation in the lives of our residents. It is awe-inspiring to watch a woman realize that there is hope from her past life of addiction," said Linda Leathers, executive director of The Next Door. "She begins to look to the future with promise. Access to Recovery assists her to believe again that life can be different."

among eligible clinical treatment and recovery support providers, empowers Americans to be active in their recovery and may contribute to higher treatment retention and completion rates.

As a result of ATR, States and tribal organizations have expanded the number of providers of treatment and recovery support services. Faith-based organizations, which generally do not receive funding from State governments for substance abuse treatment, have received approximately 32 percent of the ATR dollars. These organizations offer a unique and compassionate approach to people in need.

In 2007, with continued funding for the ATR program, the Administration announced new grants, which expanded the number of grantees to 24. Funds for FY07 grants total $98 million, of which $25 million is targeted to methamphetamine. The new 3-year target for clients served is 160,000. These grants will continue to transform and expand the treatment system, helping Americans struggling with addiction rebuild their lives.

Treatment for Co-occurring Disorders

Co-occurring substance abuse and mental health disorders are more common than most professional counselors, medical personnel, or the general public realize. Providers typically report 50-75 percent of patients in substance abuse treatment programs suffer a co-occurring mental illness, while 20-25 percent of those treated in mental health settings have a co-occurring substance abuse problem. Often, individuals with co-occurring disorders receive sequential or parallel treatment from the traditionally separate substance abuse and mental health service systems. Many do not receive treatment of any kind.

Studies of mental health and substance abuse have demonstrated that integrated treatment is successful in retaining individuals with co-occurring disorders in treatment, reducing substance abuse disorders, and ameliorating symptoms of mental disorders.

In response to the President's New Freedom Commission Report on Mental Health, which recommends screening for co-occurring mental and substance use disorders and linking integrated treatment strategies, the VA is required to annually screen for depression, post-traumatic stress disorder, and substance abuse and to develop screening instruments that can be self-administered.

Since March 2003, the VA Medical Center in Philadelphia and its clinics can refer patients who screen positive for depression to a Behavioral Health Lab (BHL) for further assessment. There are BHLs in approximately 30 VA medical sites, with plans to expand. Assessments include an evaluation of alcohol and drug use and a diagnosis of current psychiatric disorders and severity ratings. Patients identified as having severe mental health or substance use problems are automatically referred for care.

Marijuana and Mental Health

Although marijuana use is declining among teens, it is still the most commonly used illegal drug in the United States. New research indicates that marijuana use is associated with an increased risk of mental health problems such as depression, suicidal tendencies, and schizophrenia. One in four people may have genes that could make marijuana five times more likely to trigger psychotic disorders.

A long-term analysis of marijuana potency conducted by NIDA has also revealed that the strength of marijuana has increased substantially over the past two decades. According to the latest data from marijuana samples, the average amount of Delta-9-Tetrahydrocannabinol, or THC, in seized samples has more than doubled since 1983. The increase in potency may be leading to an increase in marijuana treatment admissions and may worsen the mental health implications of marijuana use. The Treatment Episode Data Set (TEDS) reports a 164 percent increase in marijuana admissions since 1992, and the Drug Abuse Warning Network (DAWN) has found that emergency room mentions of marijuana increased nationally from 45,000 in 1995 to 119,000 in 2002.

Scientists, doctors, educators, counselors, prevention and treatment experts, and others are working to expose the harmful physical, mental, and behavioral changes associated with marijuana use.

United Community Center (UCC), Milwaukee, Wisconsin

For the past 3 years, Access to Recovery has been funding Milwaukee County's Wisconsin Supports Everyone's Recovery Choice (WISER Choice) program, which places special emphasis on families with children and on targeted criminal justice populations. One of WISER Choice's providers is the Centro de la Comunidad Unida/United Community Center (UCC).

Established in 1970, UCC reaches out to Milwaukee's South Side Hispanic population and provides residential treatment for people with substance abuse problems. Programs in the areas of education, cultural arts, recreation, health and human services, and community development serve approximately 20,000 individuals per year. UCC helps clients achieve their potential by focusing on cultural heritage as a means of strengthening personal development.

"It is one of the best models of community development and intergenerational partnership," says Libby Burmaster, state superintendent of public instruction, as reported in *The Capital Times* (September 6, 2007). "It is not unusual for children to walk down a hall and get after-school tutoring from a senior citizen, or to see four generations of a family going in four directions at the facility."

UCC founded its Human Services Department in 1979 in response to increasing demands for bilingual and culturally competent programs for Hispanics and others struggling with alcohol and drug abuse problems. Ricardo Diaz, executive director of UCC, says, "The agency has grown as a result of some practical solutions to real and perceived social problems. With growth has come vitality, a can-do attitude. There is great interest in family, and keeping family together."

SAMHSA recently awarded Wisconsin approximately $14.5 million over 3 years to continue its highly successful Access to Recovery program in Milwaukee County. Objectives include increasing by 38 percent the number of clients served. Additionally, the scope of the criminal justice population served will include the entire corrections continuum.

As they implement this intervention, the BHL affords an opportunity to educate primary care practitioners on detection and treatment of depression and other psychiatric disorders.

The BHL model is a particularly valuable tool for helping veterans gain access to care for misuse of prescription drugs or abuse of illicit drugs. This broad-based approach provides a practical, low-cost method of assessing, monitoring, and treating patients identified in primary care as having mental health and substance abuse needs.

A Chance to Heal: Treating Substance Abusing Offenders

For many Americans, substance abuse can lead to involvement in the criminal justice system. With 32 percent of State prisoners and 26 percent of Federal prisoners reporting in 2004 that they had committed their crimes while under the influence of drugs, connecting offenders with substance abuse treatment through drug courts, during incarceration, or after release back into the community is an important component of the Nation's strategy to heal drug users.

For nonviolent drug offenders whose underlying problem is substance use, drug treatment courts combine the power of the justice system with effective treatment services to break the cycle of criminal behavior, alcohol and drug use, child abuse and neglect, and incarceration. A decade of drug court research indicates that it reduces crime by lowering rearrest and conviction rates, improving substance abuse treatment outcomes, and reuniting families, while also producing measurable cost benefits.

A recent study in Suffolk County, Massachusetts, found that drug court participants were 13 percent less likely to be rearrested, 34 percent less likely to be re-convicted, and 24 percent less likely to be reincarcerated compared to probationers.

In line with their effects on crime rates, drug courts have proven to be cost-effective. One analysis in Washington State concluded that drug courts cost an average of $4,333 per client, but save $4,705 for taxpayers and $4,395 for potential crime victims, thus yielding a net cost-benefit of $4,767 per client. An analysis in California concluded that drug courts cost an average of about $3,000 per client but save an average of $11,000 per client over the long term.

Lessons from California's Drug Courts and Proposition 36

Communities across the Nation know through experience that drug treatment courts work. Positive incentives, such as treatment and counseling services for substance abuse, are important motivators for participation in these drug courts. When these incentives are combined with the monitoring of drug consumption via drug tests and the potential for sanctions if drug use resumes, rates of recidivism are sharply reduced. Although this "tough love" approach has repeatedly proven to be successful, some treatment programs fail to use all the tools available to them and thus neglect to help as many struggling drug addicts as they could.

Under Proposition 36 in California, a citizen-passed statewide referendum, many people in need received and benefited from treatment. However, the program could have made an even greater impact if reasonable sanctions and better accountability were built into the system. Unfortunately, 25 percent of those criminal offenders referred for services under Proposition 36 never showed up to begin their treatment. Further, the recidivism rate for those who did complete a course of treatment was disappointing. The overall success rate for drug treatment under Proposition 36—defined as the percentage of participants who showed up for treatment and did not recidivate for at least 30 months—was just 14 percent. In contrast, California's drug courts had a success rate of 42 percent—three times better than under Proposition 36, using a much tougher standard of 48 months without an arrest for any offense.

These results suggest that reasonable sanctions and accountability, like those provided by drug courts, are key to the successful treatment of offenders with substance abuse problems. California voters, including the drug legalization advocates who promoted Proposition 36, may wish to reconsider how they can most effectively and compassionately assist those struggling with substance abuse in their State. Of course, even under drug treatment courts recidivism is considerable, demonstrating the tremendous difficulty many individuals have in breaking the cycle of drug abuse and criminal behavior. These citizens, many with long-term addiction problems that have caused terrible consequences for them and their families, deserve the very best help the Nation can provide. Drug treatment courts and similar balanced approaches have already provided this kind of help to many throughout our Nation.

Since 1995, the Office of Justice Programs at the U.S. Department of Justice has provided grants to fund the planning, implementation, and enhancement of juvenile, adult, family and tribal drug treatment courts across the country. There are currently more than 2,000 such courts in operation, with more in development. With the number of treatment drug courts sometimes outpacing treatment capacity, Federal resources provided through SAMHSA/CSAT Family and Juvenile Treatment Drug Courts grants help close the treatment gap by supporting the efforts of treatment drug courts to expand and/or enhance treatment services. The Family and Juvenile Treatment Drug Courts program began in FY02 and continues today.

In order to coordinate Federal criminal justice treatment initiatives such as drug courts, SAMHSA and the Department of Justice, Bureau of Justice Assistance (BJA), have established interagency agreements and memoranda of understanding and have held joint information exchanges to eliminate duplication and increase technical assistance and training efforts as well as utilize the expertise of the National Association of Drug Court Professionals (NADCP) and the National Drug Court Institute (NDCI). SAMHSA, BJA, and NDCI are also helping to raise awareness of the drug court model, increase the number of non-Federally supported drug courts, and promote the routine implementation of evidence-based practices that can standardize treatment protocols and improve treatment outcomes.

Recognizing the success of drug treatment courts in addressing the chronic, acute, and long-term effects of drug abuse, the Administration requested resources in FY08 for drug courts within overall funding for SAMHSA's criminal justice activities. This funding would increase treatment capacity by supporting treatment and wrap-around services, case management, drug testing, and program coordination, which are vital for the recovering drug user.

The drug treatment court approach is being adopted by nations around the world to effectively deliver drug treatment for those under criminal justice supervision. To date, 10 other countries have instituted drug courts, and several more plan to establish them. Every year, the number of international participants who attend the NADCP's Annual Training Conference increases. In 2006, the June meeting, held in Washington, D.C., included representatives from England, Ireland, Scotland, Chile, the British Virgin Islands, Canada, the Organization of American States/Inter-American Drug Abuse Control Commission (CICAD), and the United Nations Office on Drugs and Crime. ONDCP is working with partners around the world to further broaden international participation in 2008.

To disseminate research findings related to treating the addicted offender and to begin to effect system wide change, in July 2006 NIDA released a publication titled *Principles of Drug Abuse Treatment for Criminal Justice Populations.* The publication advances the concept of addiction as a brain disease and the importance of treating it as such, emphasizing the need for customized strategies that include behavioral therapies, medication, and consideration of other mental and physical illnesses. The key message is that treatment works, reducing drug abuse, criminal recidivism, and relapses to addiction.

Yellowstone County Family Drug Treatment Court, Montana

In 2001, Yellowstone County, Montana established the Yellowstone County Family Drug Treatment Court (YCFDTC). A voluntary program that bridges the gap between traditional child welfare, the court systems, and treatment, YCFDTC works with up to 20 nonviolent drug or alcohol addicted parents and their children.

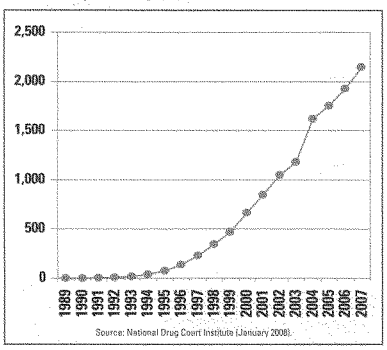
YCFDTC requires parents to examine their path to addiction and to take a hard look at the consequences of their actions on themselves, the community, and most importantly, their children. A highly structured, four-phase treatment program, YCFDTC involves self-help programs, group and individual treatment and counseling programs, frequent random drug testing, parenting programs, life skills training, and regular interaction with the judge and case management team. Although designed to last at least 12 months, there is no "automatic" graduation from YCFDTC; the average treatment period is 16.25 months.

Clients actively participate in programs that will change the way they live and teach them to take responsibility for their choices. As Judge Susan P. Watters often tells clients: "We want you to succeed and we will be there to support you and hold you accountable. But you are the one who has to make the changes and do the hard work. We cannot do that for you."

Experience with methamphetamine abusers has shown that recovery can be achieved by focusing on sobriety, pharmacological intervention for any associated depression and anxiety that appear with sobriety, and the establishment of routines. About 8 months into the program, YCFDTC can begin to target issues such as education, jobs, and formalized parenting skills. Clients are drug-tested at a high rate – around 20 times per month on a random schedule – and receive cognitive rehabilitation as needed. Children are provided services to address their developmental needs, and after 12 months the majority are developmentally back on track.

To graduate and regain custody of their children, clients must take certain positive steps to become drug-free and learn how to be safe, nurturing parents. On average, children are returned to their parents' custody ten months after entering YCFDTC. Even after graduation from the program, parents are monitored for a minimum of 3 months to ensure they are providing adequate care for their children, and graduates are encouraged to stay in contact with team members for post-graduate services. The successes of YCFDTC parents and children is proof positive that with proper support, complete recovery from drug abuse—including methamphetamine abuse—is achievable.

Figure 15.
The Number of Drug Courts Continues to Increase Nationwide (1989-2007)



Source: National Drug Court Institute (January 2008).

Understanding Addiction

NIDA plays a critical role in helping to shape effective, evidence-based prevention and treatment strategies. In support of this effort, the Administration has requested nearly $6 billion from Congress since FY03. In that time, much progress has been made in understanding how drugs of abuse affect the brain and behavior, including the roles played by genetics, environment, age, gender, and other factors. Understanding these roles can assist in devising more effective prevention and treatment strategies.

Neuroscientists have been testing and improving new approaches to harness the power of genetics to understand, prevent, and treat addiction. Investigators from the NIDA Intramural Research Program have shown the effectiveness of using a powerful method of identifying genes to determine a person's predisposition to substance abuse and addiction.

Methamphetamine: Research for Recovery

Methamphetamine continues to plague communities across the country. However, as a result of the experience of people in recovery, we now have a better understanding of the consequences of methamphetamine abuse as well as how to prevent and treat it.

NIDA researchers recently demonstrated that universal drug abuse prevention programs focusing on strengthening families and enhancing life skills can significantly reduce methamphetamine abuse among rural youth, even 6 years after the intervention occurred.

For those in the grip of methamphetamine addiction, NIDA is also pursuing therapeutic approaches, including both medications and behavioral treatments. A recent study through NIDA's National Drug Abuse Clinical Trials Network (CTN) showed that a behavioral treatment known as Motivational Incentives for Enhancing Drug Abuse Recovery (MIEDAR) is effective in retaining patients in treatment and achieving sustained abstinence from methamphetamine abuse. Building on the positive outcomes and lessons learned from this study, NIDA (through its collaborative Blending Initiative with SAMHSA) recently released a toolkit titled Promoting Awareness of Motivational Incentives, which includes a video, presentations, sample materials, and additional resources to inform practitioners about successful approaches in the use of motivational incentives.

Other evidence-based practices identified by NIDA and SAMHSA as effective for treating methamphetamine dependence include the Matrix Model, Community Reinforcement, and Day Treatment with Abstinence Contingency Management. These models recognize the importance of retention and capitalize on the hope and resiliency of the individual in a non-judgmental manner.

Results from screenings of DNA samples of heavy substance abusers revealed that as many as 38 genes may play a role. Identifying candidate genes for vulnerability to drug abuse provides scientists with new insight into how people may be biologically vulnerable to addiction.

NIDA-supported research is also contributing to advances in treatment. Key discoveries about the safety and efficacy of medications such as buprenorphine to treat opiate addiction have helped thousands of heroin users reduce the urge to use opiates. Research on how marijuana affects the brain and the body has led to a better understanding of the drug's dangers, as well as the development of synthetic chemicals with the therapeutic potential to target the areas of the brain and body affected by THC, the most active component of marijuana.

Drugs of abuse exert powerful influences over human behavior through their actions on the brain. An approach that prevents a drug from entering the brain could have tremendous potential to treat addiction. Immunization could achieve this goal by chemically "locking up" drugs while they are in the bloodstream, thereby blocking entry into the brain. Seven years ago, NIDA embraced this concept and decided to support a nicotine vaccine effort in collaboration with a pharmaceutical company. Early studies show it to be safe and capable of generating antibodies that block nicotine's entry into the brain. Current results show that the vaccine helped prevent smoking relapse for up to 2 months in about a quarter of the study participants.

The same approach has been undertaken for cocaine addiction, with a small clinical trial suggesting its safety and promise. NIDA is also supporting the potential development of vaccines for methamphetamine addiction. NIDA's support of this research is part of the Administration's continuing commitment to encourage innovative research that could have a significant impact on the Nation's health.

Preface to Chapter 3

The National Security Strategy: Tackling Transnational Threats

For more than 20 years, the United States has viewed the global drug trade as a serious threat to our national security because of its capacity to destabilize democratic and friendly governments, undermine U.S. foreign policy objectives, and generate violence and human suffering on a scale that constitutes a public security threat.

Over the years, the drug trade has grown more sophisticated and complex. It has evolved in such a way that its infrastructure—including its profits, alliances, organizations, and criminal methods – help facilitate and reinforce other systemic transnational threats, such as arms and human trafficking, money laundering and illicit financial flows, and gangs. The drug trade also serves as a critical source of revenue for some terrorist groups and insurgencies. Further, the drug trade plays a critical destabilizing role in a number of regions of strategic importance to the United States:

- In Colombia, all fronts of the Revolutionary Armed Forces of Colombia (FARC) are involved in the drug trade at some level, which includes controlling cocaine production, securing labs and airstrips, and at times cooperating with other organizations to transport multi-ton quantities of cocaine from Colombia through transit countries such as Venezuela to the United States and Europe.
- In Afghanistan, the Taliban continues to leverage its role in that nation's $3 billion opium trade in order to finance insurgent and terrorist activities;
- In West Africa, weak governance and enforcement structures have permitted an explosion of drug trafficking, particularly in Guinea-Bissau, which could fuel wide regional instability; and
- Venezuela—due to government ineffectiveness, inattention, and corruption—has evolved into a major hub for cocaine trafficking, and also provides a dangerously permissive environment for narcotic, criminal, and terrorist activities by the FARC and the National Liberation Army.

Since 9/11, our international drug control and related national security goals have been to: reduce the flow of illicit drugs into the United States; disrupt and dismantle major drug trafficking organizations; strengthen the democratic and law enforcement institutions of partner nations threatened by illegal drugs; and reduce the underlying financial and other support that drug trafficking provides to international terrorist organizations. In a post-9/11 world, U.S. counterdrug efforts serve dual purposes, protecting Americans from drug trafficking and abuse while also strengthening and reinforcing our national security. The tools, expertise, authorities, and capabilities that have been used to successfully dismantle international drug organizations and their cells can be used to confront a wide range of transnational threats and help the United States achieve broader national security objectives.

In 2008, the United States will embark on a historic security partnership with Mexico and Central America. This partnership, forged during President Bush's trip to Latin America in March 2007, aims to build a framework for regional security from the U.S. Southwest border to Panama. This framework for regional security will seek to produce a safer and more secure hemisphere, break the power and impunity of the drug organizations and gangs that threaten the region, and prevent the spread of illicit drugs and transnational and terrorist threats toward the United States.

The National Drug Control Strategy will complement and support the National Security Strategy of the United States by focusing on several key priorities:

- Focus U.S. action in areas where the illicit drug trade has converged or may converge with other transnational threats with severe implications for U.S. national security.
- Deny drug traffickers, narco-terrorists, and their criminal associates their illicit profits and access to the U.S. and international banking systems.
- Strengthen U.S. capabilities to identify and target the links between drug trafficking and other national security threats and to anticipate future drug-related national security threats.
- Disrupt the flow of drugs to the United States and through other strategic areas by building new and stronger bilateral and multilateral partnerships.

Chapter 3

Disrupting the Market for Illegal Drugs

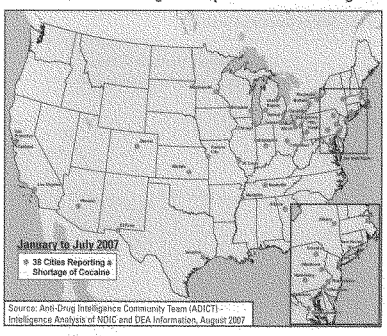
In the 2002 National Drug Control Strategy, this Administration articulated a clear plan to reduce the supply of illegal drugs in America, based on the insight that "the drug trade is in fact a vast market, one that faces numerous and often overlooked obstacles that may be used as pressure points." These pressure points exist all along the illegal drug supply chain, where traffickers undertake such challenging tasks as overseeing extensive drug crop cultivation operations, importing thousands of tons of essential precursor chemicals, moving finished drugs over thousands of miles and numerous national borders, distributing the product in a foreign country, and covertly repatriating billions of dollars in illegal profit. This Administration has aggressively attacked these pressure points, and as a result we have seen that drug trafficking does indeed operate like a business, with traffickers and users alike clearly responding to market forces such as changes in price and purity, risk and reward.

By altering these market forces, law enforcement has made it more likely that those who have not used illicit drugs will never initiate use, that current drug users will seek help, and that drug dealers will face greater risks and reap smaller profits. For example, when domestic law enforcement efforts dismantled the world's largest LSD production organization in 2000, the reported rate of past-year LSD use by young people plummeted—a drop of over two-thirds from 2002 to 2006. Similarly, between 2002 and 2006 dedicated Federal, State, and local efforts to tighten controls on methamphetamine's key ingredients contributed to a 60 percent decline in the number of superlab and small toxic lab seizures and a 26 percent decrease in past-year methamphetamine use among the Nation's youth.

Internationally, the disruption of several major MDMA (Ecstasy) trafficking organizations in Europe led to an 80 percent decline in U.S. seizures of MDMA tablets from abroad between 2001 and 2004 and a nearly 50 percent drop in the rate of past-year use among young people between 2002 and 2006. Aggressive eradication reduced Colombian opium poppy cultivation by 68 percent from 2001 to 2004 and combined with increased seizures to yield a 22 percent decrease in the retail purity of Colombian heroin and a 33 percent increase in the retail price from 2003 to 2004. This progress continues, with eradication teams in Colombia now reporting difficulty in locating any significant concentrations of opium poppy and with poppy cultivation falling to the lowest levels since surveys began in 1996.

Most recently, domestic and international law enforcement efforts have combined to yield a historic cocaine shortage on U.S. streets. Law enforcement reporting and interagency analysis coordinated by the National Drug Intelligence Center (NDIC) indicate that 38 cities with large cocaine markets experienced sustained cocaine shortages between January and September 2007, a period in which Drug Enforcement Administration (DEA) reports indicated a 44 percent climb in the price per pure gram of cocaine. This cocaine shortage affected more areas of the United States for a longer period of time than any previously recorded disruption of the U.S. cocaine market.

Figure 16.
Law Enforcement Intelligence Reports Cocaine Shortages



NDIC analysis of workplace drug testing data and emergency room data indicates that this sustained cocaine shortage was attended by reduced cocaine use during the first half of 2007. The national rates of positive

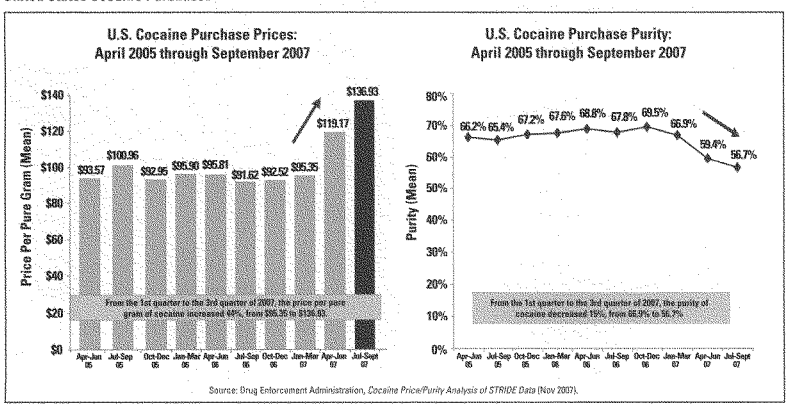
workplace drug tests for cocaine use were 21 percent lower during the second quarter of 2007 than during the second quarter of 2006. Among the 30 cities for which more focused workplace drug testing data is available, 26 experienced significant decreases in the rates of positive workplace drug tests for cocaine during the second quarter of 2007 in comparison to data from the same period of 2006.

Further evidence of the impact of the cocaine shortage can be found in reports from the Substance Abuse and Mental Health Administration's (SAMHSA's) Drug Abuse Warning Network (DAWN), which provides emergency room admissions data for 10 of the 38 cities where cocaine shortages were observed. In 9 of those 10 cities, the percentage of drug-related emergency department (ED) visits involving cocaine was lower during the second quarter of 2007 than during the same period of 2006.

Additional intelligence community analysis indicates that the cocaine shortage is most likely the cumulative result of interdiction and organizational attack efforts in the source zone, the transit zone, and Mexico. Dedicated efforts by the Government of Colombia, massive seizures of cocaine in transit, and aggressive Mexican and U.S. law enforcement efforts targeting large Mexican drug trafficking organizations have combined to disrupt the flow of cocaine and other illicit drugs into the United States. With the lessons learned from this historic cocaine shortage, and with the continued partnership of the Mexican Government, U.S. law enforcement agencies are taking action to leverage this unprecedented opportunity to expand international cooperation and aggressively attack the cocaine market.

The Administration's first *National Drug Control Strategy* was based on a simple truth: when we push against the drug problem, it recedes. As illustrated in the examples above, we have pushed back hard—and the drug problem has indeed receded. However, there is still much more work to do. Cocaine, marijuana, heroin, and methamphetamine and other synthetic drugs continue to pose a serious challenge. Likewise, rising threats, such as pharmaceutical diversion, domestic indoor marijuana cultivation, and the previously discussed marketing of MDMA/methamphetamine mixtures all require an aggressive response. Drug trafficking organizations continue to undermine stability, sovereignty, and democracy wherever they operate in the world. With solid results behind it, this *Strategy* seeks to consolidate our gains and address the challenges that remain.

Figure 17.
United States Cocaine Purchases



Source: Drug Enforcement Administration, *Cocaine Price/Purity Analysis of STRIDE Data* (Nov 2007).

The Vital Role of State and Local Law Enforcement

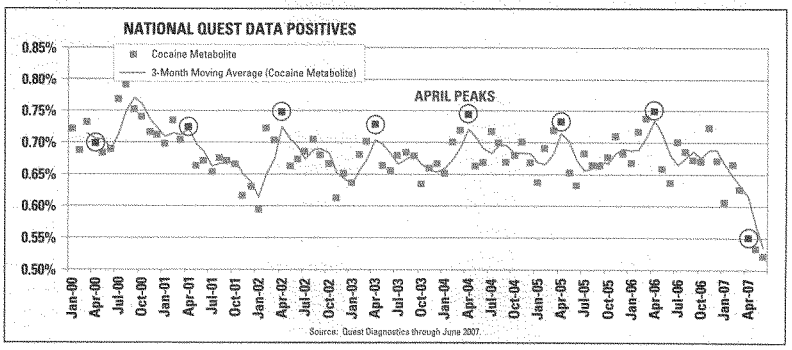
The success of the market disruption efforts described previously is due in large part to the tireless work of the 732,000 sworn State and local law enforcement officers throughout our Nation. However, with almost 18,000 distinct State and local law enforcement agencies operating throughout the country, effective coordination is often a challenge. The seams between agencies and jurisdictions often create vulnerabilities that criminals can exploit. Federally-supported task forces, such as those funded through the Office of National Drug Control Policy's (ONDCP's) High Intensity Drug Trafficking Areas (HIDTA) program and the Department of Justice's Organized Crime Drug Enforcement Task Force (OCDETF) initiative have helped to close these gaps by facilitating cooperation among all law enforcement agencies. The HIDTA program provides additional Federal resources to State and local law enforcement agencies in those areas of the country designated as exhibiting serious drug trafficking problems. Participating agencies, as a condition to joining the program, must agree to work together in multi-agency initiatives, share intelligence and information, and provide data to measure their performance. Law enforcement organizations that participate in HIDTAs assess drug trafficking problems and design specific initiatives to combat drug crime and disrupt money laundering activities.

In total, there are 28 HIDTAs and five Southwest Border Regions. In 2006, the HIDTA program provided over $224 million in support to law enforcement in 43 States, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia.

The HIDTA program has recently been expanding its engagement with law enforcement on Native American lands. Over $1 million has been provided to law enforcement agencies to use within tribal areas. As part of this support, ONDCP's Office of State, Local, and Tribal Affairs hosted the first annual Native American Methamphetamine Conference in August 2007. This event was attended by approximately 300 tribal representatives, as well as Federal, State, and local law enforcement officials. Further efforts within tribal areas will be guided by a specialized drug threat assessment that NDIC will publish in April 2008.

The OCDETF program, which is the centerpiece of the Department of Justice's long-term drug control strategy, plays a critical role in bringing Federal, State, and local law enforcement agencies together to conduct coordinated nationwide investigations and prosecutions, targeting the infrastructures of the most significant drug trafficking organizations and money laundering networks. Participation is broad, with a membership that includes DEA, U.S. Immigration and Customs Enforcement (ICE), the Federal Bureau of Investigation (FBI), the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), the U.S.

Figure 18.
National Workforce: Percentage Testing Positive for Cocaine



Marshals Service (USMS), the Internal Revenue Service (IRS), and the U.S. Coast Guard—working in cooperation with the Department of Justice's Criminal Division, the Tax Division, the 93 U.S. Attorney's Offices, as well as with State and local law enforcement. One of the key features of the program is the OCDETF Fusion Center (OFC)—a comprehensive data center housing all drug and related financial intelligence information from OCDETF's investigative agencies, NDIC, the Financial Crimes Enforcement Network (FinCEN), and others. State and local law enforcement play a critical role in these multijurisdictional investigations, with more than 700 State and local departments nationwide participating in approximately 90 percent of all OCDETF investigations each year.

In addition to increasing investigative resources through multiagency taskforces, the Federal Government supports State and local law enforcement by expanding access to law enforcement information and intelligence. NDIC, in support of the the HIDTA and OCDETF programs, produces detailed regional and market-based reports highlighting significant drug trafficking trends and challenges for use by Federal, State, and local law enforcement officials and policymakers. DEA, in cooperation with its Federal partners, is working to make the El Paso Intelligence Center (EPIC) more useful to State, local, and tribal police counterparts. Through the Open Connectivity Project (OCP), EPIC is enhancing its capacity to rapidly share information around the Nation on drug trafficking, alien smuggling, weapons trafficking, and terrorism through the use of secure web technology. Moreover, the Open Connectivity Project's National Seizure System will include drug, clandestine laboratory, and bulk currency seizure information reported electronically to EPIC by Federal, State, local, and tribal law enforcement agencies.

The Department of Homeland Security (DHS) also provides technical support to enhance information sharing with State and local law enforcement partners. These efforts include the deployment of the Homeland Secure Data Network to facilitate the communication and exchange of classified and sensitive law enforcement information between Federal, State, and local agencies. The Homeland Security State and Local Intelligence Community of Interest, established by the DHS Office of Intelligence and Analysis, provides weekly threat teleconferences and use of a dedicated secure portal for sharing homeland security information among intelligence analysts at the Federal, State, and local levels. To facilitate access and use of these systems, DHS is processing security clearances for increasing numbers of State and local partners. The DHS Office of Intelligence and Analysis is also deploying personnel to locations across the country to maximize the exchange of law enforcement reporting and other information.

Connecting State and Local Law Enforcement

ONDCP is working with the Department of Defense to promote more effective data-sharing and collaboration among Federal, State, local, and tribal law enforcement agencies, the military, and intelligence agencies through the Secret Internet Protocol Router Network (SIPRNET), a classified network managed by the Defense Information Systems Agency. Using the SIPRNET, National Guard analysts at 32 HIDTA facilities assist Federal, State, local, and tribal law enforcement agencies around the country.

To facilitate collaboration and information sharing, analysts will use an intelligence collection and requirement management process to request information from law enforcement, military, and intelligence agencies. Classified reports are edited to remove sensitive but unessential information on sources and methods, allowing it to be disseminated to State, local, and tribal law enforcement officers. Through this initiative, State, local, and tribal law enforcement agencies, and thus the entire Nation, will be able to fully benefit from the wide array of information collected by Federal, State, and local law enforcement, the military, and intelligence agencies.

Taking Drugs Off America's Roadways

Federal, State, local, and tribal law enforcement agencies are also working together to attack a significant component of the drug supply chain—the transportation of massive quantities of illicit drugs and cash on our Nation's roads and highways. In eight of its nine regions, the OCDETF program has established and supported regional strategic initiatives targeting the movement of drugs on

Shutting Down Open-Air Drug Markets

State, local, and tribal law enforcement efforts to deal with open-air drug distribution markets are critical to the fight against drugs and other threats in America's communities. Dealers often operate in residential neighborhoods where children play and go to school. Drug dealers bring with them violent gang activity, property destruction, graffiti, drive-by shootings, robberies, and juvenile delinquency. Buildings, houses, and lots are left vacant and neglected by those who flee the violence. Those left behind live in fear of retaliation if they try to work with law enforcement. Daily life for any child living in such an environment is dangerous and sometimes tragic.

Shutting down open-air drug markets drives down crime rates, reduces local drug availability, and often allows law enforcement to "move up the chain" to disrupt drug trafficking organizations and distribution cells. Also, many street-level drug dealers are chronic heavy drug users themselves—their arrest can result in court-ordered drug treatment and a chance to break free from drug addiction. Such programs of coerced drug treatment, either in one of the more than 2,000 drug courts or in other court approved programs, have proven to be just as effective as voluntary treatment entry.

One example of the successful disruption of open-air drug markets can be found in the experience of the Kansas City Missouri Police Department Street Narcotics Unit (SNU). The Kansas City Missouri Police Department formed the SNU in 1989 to reduce the street-level drug sales that severely impacted the quality of life in the community. In 2006, the Department received an abnormally high number of community complaints about open-air drug sales in an eastern Kansas City neighborhood. Residents feared leaving their homes due to the drug activity and associated violence. The Unit conducted numerous undercover narcotics purchases and secured search warrants for several residences thought to contain large amounts of drugs. Numerous case files were assembled on entry-level drug sellers and the bulk of them were taken down at the same time maximizing the disruption of the open-air market. Several of those arrested, many of whom were illegal aliens, cooperated with law enforcement, leading to Federal charges against higher level suppliers. The investigation revealed that Kansas City was a hub for the regional distribution of narcotics from Mexico. After the completion of this operation, the quality of life in the neighborhood sharply improved and the number of community complaints dropped off significantly.

our highways. These initiatives focus Federal, State, and local resources on effectively responding to and investigating narcotics and bulk cash currency seizures. OCDETF recognizes that State and local law enforcement agencies, which encounter the vast majority of currency seizures on the highways, lack the resources necessary to conduct follow-up investigations that will lead to the identification and prosecution of major drug organizations. The goal of OCDETF's Highway Interdiction Strategic Initiatives is to develop a concerted multi-regional effort, involving Federal, State, and local authorities, to enable prosecution of targets on the Department of Justice's consolidated priority organization target (CPOT) and regional priority organization target (RPOT) lists. These Strategic Initiatives coordinate information sharing among Federal, State, and local law enforcement; exploit leads from bulk currency and narcotics seizures to develop prosecutable cases; conduct training regarding proper, lawful highway interdictions; engage in outreach with smaller police departments to raise awareness about highway interdictions of narcotics and bulk cash; and share information across regions, districts, states, and other locales.

Through *Operations Pipeline, Convoy and Jetway*, DEA personnel train Federal, State, local, and tribal law enforcement officials in techniques to detect concealed drugs, money, weapons, and indicators of illegal activity that they may encounter during traffic enforcement duties or in airports, train stations, and bus terminals. Armed with this specialized knowledge, police officers are able to make substantial drug, money, weapons, and illegal alien smuggling arrests.

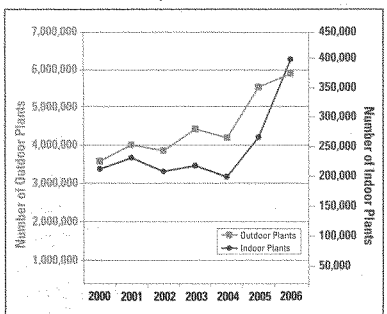
In addition to DEA's efforts, the Department of Transportation (DoT) actively supports the effort to disrupt the movement of drugs on our roads through its Drug Interdiction Assistance Program. This initiative provides links to national databases on suspect drivers and vehicles.

The program also provides training and technical assistance to more than 7,500 Federal, State, local, and tribal agencies each year on drug smuggling trends, bulk drug movement detection, and commercial vehicle assessment.

Building upon the highway interdiction training and operations programs of DEA and DoT, ONDCP initiated the Domestic Highway Enforcement (DHE) strategy through the HIDTA program in 2006. The DHE initiative supports the coordinated highway interdiction operations of Federal, State, local, and tribal law enforcement agencies by establishing Regional Coordinating Committees that are responsible for planning and overseeing operations within their respective areas. National DHE meetings are also held to coordinate broader planning and training activities. EPIC is supporting this initiative by providing a central location for the reporting of seizures and by disseminating intelligence to support those in the field.

Collectively, these strategic initiatives and training programs are forcing drug traffickers and money couriers to pay a price for smuggling contraband over domestic roads and highways. A traffic stop performed by officers of the Colorado State Patrol last year illustrates how these local actions can have a broader law enforcement impact. Two men driving a pickup truck containing 461 pounds of marijuana were stopped on an interstate in Logan County, Colorado. The details of the arrests were passed to DEA, which determined that the driver of the vehicle was a courier connected to OCDETF/DEA investigations in Phoenix, Arizona; Yakima, Washington; and Fargo, North Dakota. Thus, the Logan County traffic stop substantially strengthened key priority cases. In a similar example, a traffic stop in Texas that resulted in the seizure of $149,000 led to an ICE investigation that eventually identified the head of an organization responsible for transporting bulk currency from the United States to Mexico for at least three Mexican cartels. As a result of information provided by ICE during the course of this investigation, Mexican authorities were able to initiate the first money laundering wire intercept in Mexico. Pursuant to the joint Mexican and U.S. investigation, 14 subjects were arrested including 12 Mexican nationals. In this way, highway interdiction programs make a vital contribution to the disruption of major drug trafficking organizations both domestically and internationally.

Figure 19.
Outdoor and Indoor Marijuana Eradication, 2000-2006



Source: Department of the Interior, U.S. Forest Service, and Drug Enforcement Administration, unpublished data (November 2007).

Targeting Marijuana Cultivation in the United States

Due to its high rate of use and low cost of production relative to other drugs, marijuana remains one of the most profitable products for drug trafficking organizations. While the bulk of the marijuana consumed in the United States is produced in Mexico, Mexican criminal organizations have recognized the increased profit potential of moving their production operations to the United States, reducing the expense of transportation and the threat of seizure during risky border crossings. Additionally, Mexican traffickers operating within the United States generally attempt to cultivate a higher quality marijuana than they do in Mexico. This domestically produced sinsemilla (a higher-potency marijuana) can fetch 5 to 10 times the wholesale price of conventional Mexican marijuana.

Outdoor marijuana cultivation in the United States is generally concentrated in the remote national parks and forests of seven states—California, Kentucky, Hawaii, Washington, Oregon, Tennessee, and West Virginia. Of the over 6.8 million marijuana plants eradicated in the United States in 2007, close to 4.7 million of them were eradicated outdoors in California, including 2.6 million plants eradicated from California's Federal lands. Ongoing criminal investigations indicate that drug trafficking organizations headquartered in Mexico continue to supply workers, many of whom are illegal aliens, to tend marijuana fields in California. Overall, in the past 3 years more than 80 percent of the marijuana eradicated from Federal and state lands has come from California and Kentucky.

Marijuana cultivation on public lands has created a litany of problems. An increasing number of unsuspecting campers, fishermen, hikers, hunters, and forest and park officials have been intimidated, threatened, or even physically harmed when they neared marijuana cultivation sites. To establish and maintain a marijuana field, traffickers must clear cut native plants and trees; poach and hunt wildlife; devastate the soil with insecticides, herbicides, pesticides, and fertilizers; and divert natural waterways like springs, streams, and creeks. According to the National Park Service, 10 acres of forest are damaged for every acre planted with marijuana, with an estimated cost of $11,000 per acre to repair and restore land that has been contaminated with the toxic chemicals, fertilizers, irrigation tubing, and pipes associated with marijuana cultivation. Federal, State, and local law enforcement agencies are adjusting strategies to disrupt these large-scale, outdoor marijuana cultivation operations. The Domestic Cannabis Eradication/Suppression Program (DCE/SP) is now working with ONDCP and Federal land management agencies to target the Mexican drug trafficking organizations that have grown to dominate marijuana cultivation on America's public lands. Based on the success in 2007 of *Operation Alesia*, led by the Shasta County Sherriff's Office in conjunction with the California National Guard's Counterdrug Task Force, and *Operation Green Acres*, led by DEA, the primary focus of enforcement operations is no longer just the number of plants eradicated. The new approach uses multiagency task forces to identify areas of operations and then eradicate plants and arrest and prosecute those involved in the illicit business. Reclaiming and restoring marijuana cultivation sites is also part of the mission, with the ultimate goal being the elimination of this harmful illegal practice from America's private and public lands.

In response to interagency efforts targeting marijuana grown outdoors, law enforcement reporting indicates that many traffickers are shifting their cultivation efforts indoors, where the risk of detection is lower and the quality and quantity of harvests are higher. Several Asian drug trafficking organizations are setting up indoor marijuana grow operations in states near the Northern border, including Washington, Oregon, California, and New Hampshire, and in other states such as Colorado, Pennsylvania, and Texas. Cuban drug trafficking organizations also appear to be extending their indoor grow operations from Florida to Georgia and North Carolina.

The United States and Canada: Tackling the Cross-Border Drug Trade

The increasing role of Canada-based Asian criminal organizations in drug trafficking, in particular the cultivation and trafficking of high-potency marijuana, has made them a priority for law enforcement agencies on both sides of the U.S.-Canadian border. In an internationally coordinated effort, U.S. Immigration and Customs Enforcement (ICE) officials recently led a joint OCDETF investigation with authorities from the Royal Canadian Mounted Police (RCMP), Canada Border Services Agency, Ontario Provincial Police, Toronto Police Service, Peel Regional Police, Canada Revenue Agency, DEA, and State and local law enforcement in Houston, Dallas, Los Angeles, Seattle, St. Paul, and Orange County, California. *Operation Tien Can* targeted the Nguyen Vo criminal organization, an international Vietnamese money laundering and drug smuggling organization operating in the United States and Canada, as well as in Mexico and Vietnam. This organization, based out of Toronto, was utilizing multiple couriers to pick-up and deliver bulk drug proceeds throughout the United States.

In September 2007, ICE agents arrested 25 members of the Nguyen Vo money laundering and drug smuggling organization in the United States and Canada. Agents also executed federal search warrants in Los Angeles, Orange County, California; Houston; Dallas; Minneapolis; Davenport, Iowa; and Cedar Rapids, Iowa; and were present while the RCMP executed arrest and search warrants in Toronto, Canada. Ultimately, this 10-month investigation led by the ICE office in Houston and the RCMP's Integrated Proceeds of Crime Unit in Toronto, Canada, resulted in the complete dismantling of the Nguyen Vo organization and the arrest of Nguyen Vo and Helen Tran, the group's leaders. In addition, *Operation Tien Can* resulted in the seizure of approximately $7.8 million in U.S. currency, $305,000 in Canadian currency, 85 kilograms of cocaine, and 803 pounds of marijuana.

This surge in indoor marijuana cultivation is reflected in a 70 percent increase in indoor plant eradication between 2005 and 2006.

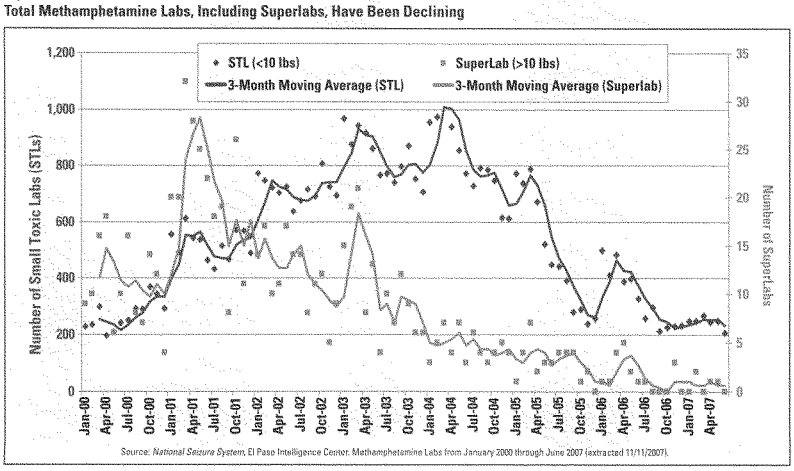
Although some of these domestic marijuana grow operations are small in scale, many now have the mark of organized crime. For example, as noted by NDIC in their 2007 Houston HIDTA Drug Market Analysis, an indoor cannabis grow was found in 2006 in a house in Montrose, a neighborhood of Houston, Texas. The grow operation contained approximately 1,000 cannabis plants worth an estimated $4 million, as well as hydroponic equipment, a watering system, fertilizer, and insecticide. Every room in the house was used for marijuana cultivation. Federal, State, and local law enforcement are working aggressively to counter this rising threat.

Methamphetamine and Synthetic Drugs

The disruption of the cocaine market discussed at the beginning of this chapter is not the only indication that the drug supply chain has come under increasing pressure. According to DEA analysis, the price per pure gram of methamphetamine also increased during the first three quarters of 2007, rising from $141 to $244, or an increase of 73 percent. At the same time the average purity of methamphetamine in the U.S. market dropped by 31 percent, from 56.9 percent to 39.1 percent. These price and purity trends, along with consistent declines in methamphetamine lab seizure incidents, indicate that a significant disruption is occurring in the U.S. methamphetamine market.

The *Synthetic Drug Control Strategy*, released by the Administration in 2006, established the goal of reducing methamphetamine abuse by 15 percent, reducing prescription drug abuse by 15 percent, and reducing domestic methamphetamine laboratory incidents (seizures of methamphetamine labs, lab equipment, or lab waste) by 25 percent, all by the end of 2008 using 2005 data as a baseline. Thanks to the enactment of chemical control laws at the State, then Federal, levels; the outstanding efforts of State, local, and tribal law enforcement; and initiatives in chemical source, transit, and producing countries, methamphetamine laboratory incidents recorded in EPIC's database declined by 48 percent by the end of 2006—almost twice the established goal and 2 years ahead of schedule.

Figure 20.
Total Methamphetamine Labs, Including Superlabs, Have Been Declining



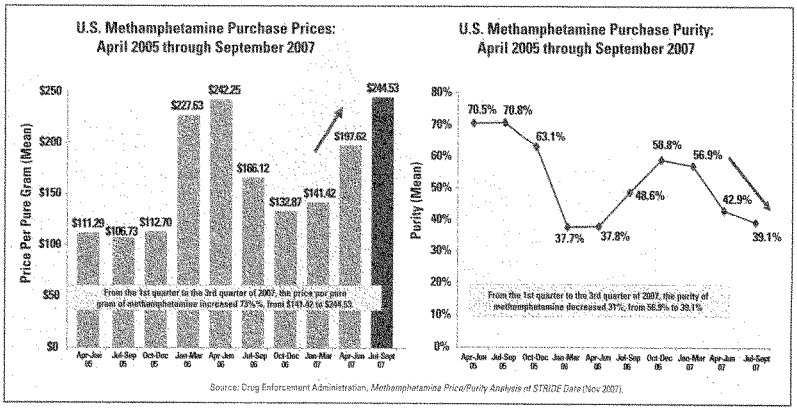
Source: *National Seizure System*, El Paso Intelligence Center. Methamphetamine Labs from January 2000 through June 2007 (extracted 11/11/2007).

The Combat Methamphetamine Epidemic Act (CMEA) of 2006 established stricter national controls for the sale of products containing ephedrine and pseudoephedrine and has proven to be a valuable tool. The Act's retail sales restrictions, stronger criminal penalties, and provisions for enhanced international enforcement have directly contributed to the sharp reduction in domestic methamphetamine production. The number of small toxic labs (STLs) that can surreptitiously expose children and other innocent bystanders to highly toxic chemicals has been greatly reduced and domestic superlabs (defined as capable of producing 10 or more pounds of methamphetamine per production cycle) are now far less common.

Law enforcement efforts, the CMEA, and tightened precursor chemical restrictions in Canada contributed to a significant decline in methamphetamine production in the United States. However, this progress has caused production to shift to Mexico. Mexico's Federal Commission for the Protection Against Sanitary Risk (La Comisión Federal para la Protección contra Riesgos Sanitarios, or COFEPRIS) has responded to this threat by taking stringent steps to counter chemical precursor diversion. Previously, COFEPRIS placed restrictions on chemical importers, limited imports to only three ports, and required that pseudoephedrine in transit be kept under guard. The Government of Mexico has recently gone even further, announcing last year that as of January 2008 the importation of pseudoephedrine and ephedrine would be banned completely. Sellers of pseudoephedrine products must deplete their remaining supplies by 2009, after which use of these products will be illegal in Mexico. Until then, consumers will need a doctor's prescription to obtain these drug products. These new policies represent bold moves that promise to significantly disrupt the methamphetamine trade in the years ahead.

DEA and other agencies have concentrated their efforts on stemming the flow of methamphetamine from Mexico and have built relationships with Mexican law enforcement and intelligence counterparts. This bilateral effort, along with Mexico's restrictions on precursor imports, has already disrupted the flow of methamphetamine across the border, particularly since the July 2007 arrest of Zhenli Ye Gon (see "Attacking Profits From Methamphetamine Production.") Nonetheless, methamphetamine continues to ravage far too many communities across the country, and law enforcement agencies must stand ready to confront new sources of methamphetamine as traditional sources come under increasing pressure. For example, despite the committed efforts of the Royal Canadian Mounted Police, Canada may be reemerging as a source country for methamphetamine. After implementing tighter import controls in 2003, Canada ceased to be

Figure 22.
United States Methamphetamine Purchases



Source: Drug Enforcement Administration, *Methamphetamine Price/Purity Analysis of STRIDE Data* (Nov 2007).

Attacking Profits From Methamphetamine Production

In March 2006, DEA and the Government of Mexico initiated a bilateral investigation that would contribute to the disruption of the flow of Mexican methamphetamine into the United States. Working in partnership with the Mexican Attorney General's Office, joint investigative efforts were focused on a pharmaceutical company based in Mexico City and its president, Zhenli Ye Gon, a dual Mexican-Chinese national. An initial assessment indicated that the company was supplying precursor chemicals to Mexican methamphetamine trafficking organizations, including CPOT Joaquin "El Chapo" Guzman-Loera's Sinaloa Cartel. In December 2006, Mexican authorities at the seaport of Lázaro Cárdenas seized 19.5 metric tons of a pseudoephedrine derivative destined for the company in question. Investigations by DEA Country Offices in Mexico City, Hong Kong, and Beijing revealed that China was the point of origin of the pseudoephedrine product. Subsequently, in March 2007, search warrants for the company's headquarters, manufacturing plants, and Zhenli Ye Gon's Mexico City residence were executed. As a result of the warrants, a world-recordbreaking $207 million in currency was seized from Ye Gon's residence. In July 2007, DEA, with the assistance of the Montgomery County, Maryland, police, arrested Ye Gon, who was subsequently indicted by a grand jury for conspiracy and aiding and abetting in the manufacture and distribution of methamphetamine. To date, nine additional individuals have been arrested in connection with the trafficking activities of Ye Gon. DEA believes that Mexican methamphetamine organizations have yet to recover from the substantial impact of these arrests and the recordbreaking cash seizure.

$207 Million in Currency Seized from Zhenli Ye Gon's Mexico City Residence, March 2007

a major source of bulk pseudoephedrine for U.S. domestic labs. However, the production of methamphetamine is now increasing in Canada. Clandestine producers acquire pseudoephedrine through brokers in Asia. As the pressure on the U.S. methamphetamine market increases, Canadian producers may be tempted to expand their exports to the United States. Law enforcement agencies in the Great Lakes, New York/New Jersey, and New England regions are reporting an increased availability of Canada-produced methamphetamine, particularly in a tablet form that is sometimes sold as MDMA to unsuspecting buyers.

Taking the Fight Against Methamphetamine Global

The battle against methamphetamine includes a global campaign to prevent the diversion of precursor chemicals by all producing, transit, and consmer nations. International cooperation has shown promising results. Two international entities have played a crucial role in this effort: the United Nations (U.N.) Commission on Narcotic Drugs (CND) and the International Narcotics Control Board (INCB). The CND is the central policymaking body within the U.N. system dealing with drug-related matters. The INCB is a quasi-judicial independent body that monitors the implementation of the three U.N. international drug control conventions.

Building on the passage of a United States-sponsored 2006 CND resolution that requested governments to provide an annual estimate of licit precursor requirements and to track the export and import of such precursors, the United States in 2007 supported a resolution drafted by the European Union that asks countries to take measures to strengthen oversight over pseudoephedrine derivatives and other precursor alternatives. The INCB Secretariat's program to monitor licit shipments of precursor chemicals through its Pre-Export Notification (PEN) online system has been further strengthened by the availability of these national licit estimates. The INCB can use these estimates to evaluate whether a chemical shipment appears to exceed legitimate commercial needs. Armed with this data, the INCB can work with the relevant countries to block shipments of chemicals before they are diverted to methamphetamine production.

Additionally, the INCB sponsors the Project Prism Task Force which assists countries in developing and implementing operating procedures to more effectively control and monitor the trade in precursors. In 2007, Project Prism initiated *Operation Crystal Flow*, which focused on monitoring the shipment of precursors between the Americas, Africa, and West Asia and identified 35 suspicious shipments and stopped the diversion of 53 tons of precursor chemicals. Current intelligence suggests that drug trafficking organizations have made a concerted effort to establish contacts in Africa, the Middle East, and Asia to evade law enforcement and continue obtaining and transshipping precursor chemicals.

Asian-based transnational criminal organizations have become increasingly influential in methamphetamine trafficking. In fact, the emerging prominence of these ethnic-based Asian drug trafficking organizations is evident from the inclusion of two such targets on the Department of Justice's list of the 48 most significant drug trafficking and money laundering organizations—the CPOT List. Asian nations dominate the production of precursor chemicals used in methamphetamine production, and the advent of industrial-scale methamphetamine production facilities—"mega labs"—in Asia and the Pacific is a serious concern. Additionally, Asian trafficking networks are responsible for significant money laundering operations. These illegal financial networks have been connected to South and Central American drug trafficking organizations, and could potentially be exploited by international terrorists or regional insurgencies.

Joint Interagency Task Force (JIATF) West, which supports counternarcotics efforts in the Pacific, is cooperatively addressing these challenges with U.S. law enforcement through a multifaceted campaign against transnational crime in the region. This campaign includes working with host nations to conduct operations to detect and disrupt criminal networks, developing host nation law enforcement capabilities to conduct organizational attacks, and enhancing regional cooperation.

While significant headway has been made in the campaign to stop the diversion of methamphetamine precursor chemicals, there is still much work that needs to be done. International criminal networks have unfortunately benefited from the increased connectivity and ease of communication provided by globalization and have expanded the number of countries used as transit sites for precursors. Continued and persistent efforts using multilateral, regional, and bilateral approaches are essential to successfully block the illicit diversion of methamphetamine precursors.

CHAPTER 3

Stemming the Flow of Drugs Across the Southwest Border

Over the years increasing pressure in western hemisphere coca and opium growing regions and on the high seas has made direct transportation of drugs from their source to the U.S. mainland far more difficult. As a result, traffickers have resorted to abbreviated transit zone movements, with drug loads making landfall in Central America or Mexico for subsequent overland entry to the United States via the Southwest Border. Today, the vast majority of the cocaine, heroin, methamphetamine, and marijuana available in the United States enters the country through the border with Mexico. To respond to this threat, and to contribute to broader homeland security efforts, the Administration is continuing to pursue a coordinated *National Southwest Border Counternarcotics Strategy*.

This *Southwest Border Strategy* aims to improve Federal counterdrug efforts in the following areas: intelligence collection and information sharing, interdiction at and between ports of entry, aerial surveillance and interdiction of smuggling aircraft, investigations and prosecutions, countering financial crime, and cooperation with Mexico. Significant progress has already been made in the implementation of the *Strategy*, including enhancements in information sharing, advanced targeting at ports of entry, interdiction between ports of entry, air capabilities, financial investigations, and continued support for Mexico's counternarcotics programs and policies. Indeed, the declines in drug availability being reported by cities across the United States are likely attributable to the combined impact of the courageous actions taken by the Mexican Government, the pressure applied in the source and transit zones, and stronger border enforcement.

The *Southwest Border Strategy* is moving forward in coordination with broader homeland security initiatives that promise to reduce the availability of drugs in the United States. The Department of Homeland Security's *Secure Border Initiative* is a comprehensive multiyear plan to secure America's borders. The enhancements to border security personnel, infrastructure, and surveillance technology being implemented under SBI are already yielding results. In FY07, the Border Patrol seized over 1.2 million pounds of marijuana in Arizona, where many of the first enhancements under the *Secure Border Initiative* are concentrated. This constitutes an increase of over 38 percent compared to FY06.

Enhanced border security, matched by Mexico's dedicated fight against drug trafficking organizations, has made a significant impact on drug availability in the United States. However, our experience in the transit zone has taught us that the greatest market disruptions occur when targeted intelligence is used by law enforcement agencies against trafficking organizations. To improve our understanding of the organizations that facilitate trafficking across the border, EPIC has developed "Gatekeeper" assessments based on intelligence and debriefings from confidential sources. Gatekeepers are individuals who control geographically specific corridors, or "plazas," along the U.S.-Mexico border and utilize political, social, and family connections to facilitate smuggling of all kinds. The EPIC assessments provide a consolidated publication detailing the Gatekeepers and their organizations and provide a tactical tool for law enforcement entities involved in the investigation of cross-border smuggling activities along the entire border. OCDETF's Gatekeeper Strategic Initiative combines the statutory expertise and authorities of DEA, FBI, USMS, IRS, ICE, ATF and the Border Patrol in a coordinated, multi-agency attack on these facilitators.

Over the past 2 years several major Gatekeepers have been arrested, significantly disrupting drug trafficking operations at key ports of entry. With this combination of enhanced border security and smart law enforcement, we can expect to see continued progress in the fight against drug trafficking and other threats to our border with Mexico.

Working With Mexico and Central America

At the North American Leaders Summit in August 2007 the President highlighted the intent of the United States to work in close partnership with Mexico to combat the illegal drug business that threatens both nations: "I would not be committed to dealing with this if I wasn't convinced that President Calderón had the will and the desire to protect his people from narcotraffickers. He has shown great leadership and great strength of character . . . ."

The Merida Initiative, a multiyear security cooperation program, is designed to enhance U.S., Mexican, and Central American enforcement capabilities while also expanding regional cooperation. All countries in the region, including the United States, have a shared respon-

sibility for combating the common problem of crime and violence. We have far-reaching geographic, economic, and demographic links to Mexico and Central America and a compelling national security interest in helping these nations succeed in addressing the challenges they face.

Drug trafficking and associated violence cannot be dealt with in isolation. The Merida Initiative is truly a regional effort, with support going to Mexico and its Central American neighbors in the form of hardware, inspection equipment, information technology, training, capacity building, institutional reform, and drug demand reduction initiatives. This support will complement ongoing efforts by entities such as the Organization of American States Inter-American Drug Abuse Control Commission (OAS/CICAD) to help countries in the hemisphere build their counterdrug capabilities and institutions. The Central America portion of the package seeks to address citizen insecurity by more effectively addressing criminal gangs, modernizing and professionalizing police forces, and reforming the judicial sector.

The gang problem in Central America is an issue of growing concern for the United States and its regional partners. It is known that these gangs sometimes act as enforcers for drug trafficking organizations, even receiving payments in the form of drugs. To address the proliferation of gangs and gang violence, the Central American portion of the Merida Initiative will employ all five elements of the U.S. Strategy to Combat Criminal Gangs from Central America and Mexico: diplomacy, repatriation, law enforcement, capacity enhancement, and prevention.

Mexico has already taken bold action against the drug threat. Mexican President Felipe Calderón made his intentions clear shortly after taking office in December 2006 with the unprecedented extradition of more than a dozen major drug traffickers and other criminals, including CPOT Osiel Cárdenas Guillén, the notorious leader of the violent Gulf Cartel. This breakthrough in bilateral judicial cooperation continued throughout 2007, with a record 83 extraditions by year's end, far surpassing the previous record of 63 for the entire calendar year of 2006.

President Calderón's battle against drug trafficking organizations has not been limited to the courtroom. The Government of Mexico has employed forces from seven government agencies, spending in excess of $2.5 billion in 2007 (a 24 percent increase over spending levels in 2006) to improve security and reduce drug-related violence. Mexico has deployed more than 12,000 military troops to over a dozen Mexican States. Anticorruption initiatives and institutional reforms by the Mexican Government have enhanced the DEA's ability to share sensitive information and conduct joint investigations. This has contributed to an impressive string of law enforcement achievements, such as the arrest of leading figures in the Tijuana, Gulf, and Sinaloa Cartels. DEA's *Operation Doble Via*, which ran from May to September 2007, proved to be an excellent example of the enhanced cooperation between U.S. and Mexican law enforcement. The operation focused on the flow of money and weapons south into Mexico and the flow of illicit drugs north into the United States, specifically targeting the operations of the Gulf Cartel and its enforcement arm, the Zetas. Joint operations on both sides of the border caused traffickers to hold or redirect the movement of drugs and money, thus allowing law enforcement to intercept and make arrests.

It is essential that the United States does all that it can to partner with Mexico as it aggressively counters the drug trafficking threat. The United States Government recognizes the role that weapons purchased in the United States often play in the narcoviolence that has been plaguing Mexico. In an effort to stem the flow of weapons being smuggled illegally to Mexico and used by drug trafficking organizations, ICE implemented *Operation Lower Receiver*. This initiative will utilize the investigative strengths of the Border Enforcement Security Task Forces (BESTs) and Mexican representatives assigned to them to identify and prosecute those who attempt to illegally export weapons to Mexico. The ATF is working with Mexican authorities to enhance the use of ATF's eTrace program in Mexico, which allows investigators to electronically trace firearms recovered at crime scenes. Cooperation through eTrace greatly facilitates the interdiction of arms smuggled into Mexico and will strengthen investigations into the sources of illegal weapons.

Operation Imperial Emperor: Taking Down a Top Target

Through an international collaborative effort, DEA's Special Operations Division and 18 DEA Domestic Field Divisions transformed a single wire intercept investigation in Imperial County, California, into 160 investigations, involving 910 domestic and 18 foreign intercepts. This OCDETF investigation, dubbed *Operation Imperial Emperor*, targeted Mexican Consolidated Priority Organization Target (CPOT) Victor Emilio Cázares-Salazar, who is charged with being responsible for smuggling large quantities of cocaine and methamphetamine into the United States. His sister, CPOT Blanca Margarita Cázares-Salazar, also a member of the organization, is charged with being responsible for laundering millions of dollars in drug proceeds through the Mexican financial system. The Cázares-Salazars are also closely aligned with the Joaquín "El Chapo" Guzmán-Loera and Ismael "El Mayo" Zambada-García trafficking organizations.

During the course of this collaborative effort, working in partnership with law enforcement agencies in the United States, Mexico, the Dominican Republic, and Canada, investigators were able to identify the infrastructure of Cázares-Salazar's organization and the scope of its international trafficking activities. In 2007, after exploiting almost every investigative lead, in excess of 150 search warrants were executed in the United States and Mexico, over 500 individuals were arrested, and $53.2 million was seized. For more than 2 years, the Cázares-Salazar drug trafficking organization smuggled 5 tons of cocaine and 400 pounds of methamphetamine per month into the United States from Mexico.

Victor Emilio Cázares-Salazar was indicted in February 2007 in the Southern District of California for engaging in a continuing criminal enterprise. In June 2007, Cázares-Salazar was designated by the President as a Financial Kingpin under the Foreign Narcotics Kingpin Designation Act. A provisional arrest warrant was also issued for Cázares-Salazar, who remains a fugitive in Mexico. In October 2007, members of the Mexican Government initiated forfeiture proceedings against three properties controlled by Cázares-Salazar in the Mexican State of Sinaloa that are valued in excess of $5 million. As a result of *Operation Imperial Emperor*, this massive drug trafficking organization has been significantly disrupted.

Transit Zone Interdiction

Last year's *National Drug Control Strategy* set an aggressive 40 percent interdiction goal for calendar year 2007, as measured against the Consolidated Counterdrug Database (CCDB) estimate of all cocaine movement through the transit zone toward the United States during the prior fiscal year (October 1, 2005 through September 30, 2006).[1] The FY06 CCDB total documented movement was 912 metric tons, making the 2007 interdiction target 365 metric tons. In aggregate, U.S. and allied interdictors removed a total of 299 metric tons of cocaine (preliminary data as of January 2008), or 82 percent of the 2007 calendar year target. Going forward, to better align the annual transit zone interdiction goal with the Federal budget process, the goal will apply to the current fiscal year rather than the calendar year. Since the FY07 CCDB total documented movement through the transit zone to secondary transshipment countries (such as Mexico, Central American countries, and the Caribbean) was 1,265 metric tons, the 2008 fiscal year 40 percent interdiction goal would be 506 metric tons. However, acknowledging the 2-year gap between establishment of the national goal and any opportunity to request needed increases in capability and capacity through the federal budget process, the Administration is pursuing an incremental approach to the accomplishment of the goal. Therefore, the national interdiction target for FY08 is 25 percent of the total movement documented in FY07: 316 metric tons.

In 2007, U.S. and allied counterdrug forces leveraged lessons-learned and continued to optimize the use of existing resources against an ever-evolving threat. U.S. Customs and Border Protection's P-3 fleet continued to provide yeoman service despite the demands of its service life extension program. Moreover, the Coast Guard realized yet another successive year of record seizures while also breaking its own all time single-event record by

[1] It is important to note that the CCDB estimate of all cocaine flow toward the United States is a conservative benchmark, as it reflects only the cocaine movement that interagency operators and analysts are aware of and as such does not represent the total flow.

seizing 15.2 metric tons of cocaine from the Panamanian Motor Vessel GATUN in the Eastern Pacific in March 2007. Likewise, while PANEX North, PANEX South, and Department of Defense and allied maritime patrol aircraft continued to serve as key interdiction enablers, JIATF South reprised its role as the interagency model for national and international cooperation and collaboration in the transit zone and beyond.

In 2007, DEA continued to work with its interagency and international partners to implement *Operation All Inclusive*, a series of maritime and land-based interdiction operations in the Caribbean, Eastern Pacific, Central America, and Mexico. Part of DEA's large-scale Drug Flow Attack Strategy, *Operation All Inclusive* utilizes intensive intelligence-based planning. In 2007 wire intercepts and other sources confirmed that the operation was vastly complicating trafficker operations. As smuggling routes and times changed, *Operation All Inclusive* partners adjusted accordingly, resulting in a significant increase in arrests and seizures compared to the two previous phases of the operation (2005 and 2006).

Due to the continued effectiveness of U.S. and allied interdiction efforts in the transit zone, drug traffickers are attempting to use new and innovative methods to transport drugs to the United States, including the development and enhancement of low-profile and semi-submersible vessels. The production quality and operational capabilities of these vessels steadily improved, allowing traffickers to move more product with greater stealth. The distances these vessels can travel without support are allowing traffickers greater flexibility when planning potential drop locations. Success in disabling go-fast vessels in the Eastern Pacific via armed helicopters has driven the flow back to the littorals of Central American countries where law enforcement capabilities are still being established. Bilateral agreements and joint operational procedures remain valuable interdiction enablers as partner nation capabilities continue to evolve.

In 2007, interdiction efforts in the transit zone complemented efforts in the source zone, in Mexico, on the Southwest Border, and in U.S. State, local, and tribal jurisdictions to create the unprecedented disruption in the U.S cocaine market that has been identified through analyses of drug price, purity, and other data. However, traffickers continue to move cocaine to the United States and to the growing markets in Europe. By pursuing the ultimate goal of a 40 percent removal rate, beginning with an incremental goal for 2008 of 25 percent (316 metric tons), U.S. forces in the transit zone will do their part to ensure that this disruption continues.

Attacking Trafficker Finances

U.S. efforts to seize or freeze the assets and proceeds of illicit drug traffickers directly target the core motive of their criminal activity. Revenues from drug transactions in the United States primarily depart the country through the smuggling of large sums of cash across our borders, with an estimated $15–20 billion in bulk cash smuggled annually across the border with Mexico.

DEA plays a key role in interagency efforts to target the illicit drug-related movement of bulk cash across the Southwest Border. EPIC serves as a central repository for bulk cash seizure information and provides initial analysis linking seizures to major drug trafficking organizations. DEA has partnered with other Federal agencies on successful bulk seizure programs—including ICE, U.S. Customs and Border Protection (CBP), FBI, and the IRS Criminal Investigation Division. The United States also assists other governments in developing their capabilities to interdict cash couriers through training and technical assistance programs funded by the Department of State and implemented by international organizations such as OAS/CICAD.

Bulk cash discoveries often lead to fruitful follow-on investigations targeting associated drug trafficking organizations and their wider financial networks. One notable example is DEA's Money Trail Initiative, which in addition to yielding more than $157 million in currency and $23 million in other assets since its inception in 2005, has also resulted in the seizure of over 15 metric tons of cocaine, 550 kilograms of methamphetamine, and 35 kilograms of heroin.

To combat the increasing use of bulk currency smuggling by criminal organizations, ICE and CBP developed a joint strategic initiative called *Operation Firewall* that began in August 2005. In FY07, *Operation Firewall* resulted in the seizure of over $49 million in bulk currency. Since its inception *Operation Firewall* has led to the seizure of over $106 million, of which over $45 million were seized outside of the United States.

U.S. efforts to deny drug traffickers their illicit proceeds extend to domestic efforts by ICE and the Treasury Department's Office of Foreign Assets Control (OFAC)

Improving Intelligence to Combat Drugs

Expansion of the DEA Intelligence Program

DEA has confidential sources and other global resources that can provide a wide range of valuable information. DEA works to ensure that national security information (such as information related to weapons of mass destruction and terrorism) obtained in the course of its drug law enforcement mission is expeditiously shared. In February 2006, the Office of National Security Intelligence was established within the DEA Intelligence Division to proactively provide intelligence reporting to the Intelligence Community as well as to respond to specific requests for information. In addition, due to the synergy of intelligence efforts performed at EPIC, the multiagency Special Operations Division, and DEA's Office of Special Intelligence, DEA's intelligence efforts will continue to contribute to the security of our Nation.

Anti-Drug Intelligence Community Team (ADICT)

The Anti-Drug Intelligence Community Team (ADICT) is a partnership of 13 counter-drug Intelligence Community agencies designed to drive action on analysis, collection, and operational issues directly related to U.S. counterdrug priorities. Since its founding in 2006, ADICT has undertaken several studies on various aspects of the drug trade that make use of each member agency's analytic and operational strengths. ADICT's rapid responses to requests for information, such as assessments of containerized drug shipments and reports on the availability of cocaine in the United States, have proven extremely useful to policymakers.

The National Drug Intelligence Center (NDIC)

The National Drug Intelligence Center provides strategic drug-related intelligence, document and computer exploitation support, and training assistance in order to reduce the adverse effects of drug trafficking, drug abuse, and other drug-related criminal activity. NDIC intelligence products provide national-level policy makers and the Intelligence Community with timely reports of the threat posed by illicit drugs in the United States. NDIC also partners with the Department of Homeland Security Office of Counternarcotics Enforcement to provide critical intelligence on the nexus between drug trafficking and terrorism. In May 2007, NDIC began producing a series of Situation Reports highlighting the cocaine shortage being reported in 38 individual cities throughout the United States.

Employing "Strategic Network Attack" To Disrupt Illicit Drug Networks

Advanced communication technologies assist drug trafficking organizations in forming large networks that are resistant to conventional enforcement. Strategies designed to disrupt "hierarchical organizations" are often insufficient to disrupt national and transnational drug networks that are comprised of geographically dispersed groups. To contend with these highly adaptable criminal networks, ONDCP is helping agency analysts, data managers, and decision makers apply network analysis techniques and computational tools to visualize network structures and identify vulnerabilities. These techniques and tools will allow analysts to examine drug transit routes, processes, and various forms of networks. Computerized network tools will accelerate and facilitate intelligence production, collaboration, and sharing among analysts and agencies, and facilitate the destruction of these illicit drug trafficking organizations.

Fusing Border Intelligence at the Department of Homeland Security

A huge volume of information on border threats is taken in by DHS agents, partner agencies, and sources every day. Within the DHS Office of Intelligence and Analysis (I&A), it is the job of the Border Security Branch to rapidly process this vast pool of information and produce intelligence products that analyze and prioritize threats to the country's land and maritime borders. The Branch, which is rapidly expanding to address critical threats to homeland security, fuses tactical DHS component information with national intelligence. These analytic efforts, in collaboration with other DHS component agencies, often identify new targets or information for future collection. As a result, I&A can analyze the interrelated and evolving dynamics between drug trafficking and other border threats and disseminate useful information to Federal, State, local, and tribal officials.

to block illicit access to the U.S. financial system and the financial services industry. In 2006, ICE launched an initiative to put unlicensed money services businesses out of business, which to date has resulted in the identification of over 420 unlicensed money services businesses and in the seizure of nearly $1 million in currency and other assets. With support from the Departments of State and Treasury, ICE has also started Trade Transparency Units with foreign trade partners to facilitate the exchange of trade information and enhance cooperative, international investigative efforts to identify and eliminate trade-based money laundering systems such as the black-market peso exchange, which facilitate the illegal movement of criminal proceeds across international borders disguised as trade. OFAC has figured prominently in the dismantlement of Colombia's most notorious drug cartels, and is currently accelerating its initiatives focused on Mexican drug cartels. Based on OFAC's efforts, the President designated Mexico's Gulf Cartel and Mexican national Victor Emilio Cazares Salazar as significant narcotics traffickers in 2007. In addition, OFAC effectively tracked the financial trail of Mexican Kingpin and U.S. fugitive Ismael Zambada Garcia. This interagency investigation resulted in the designation of assets associated with 18 individuals and companies that acted or assisted in the laundering of Zambada Garcia's drug-related proceeds.

Progress and Challenges in the Andean Ridge

Since Plan Colombia began in 2000, the United States has pursued a comprehensive strategy to attack the production and distribution of cocaine and heroin from Colombia. Eradication, interdiction, and organizational

The Europe-Africa Cocaine Connection

Cocaine trafficking to Europe has increased significantly over the past 3 years. While the majority of the cocaine seized in Europe in 2006 was seized in Spain (50 metric tons) and Portugal (34.4 metric tons), there has been an increase in the number of large seizures through nontraditional ports. Nigerian cocaine traffickers continue to operate in South America, primarily in Brazil, Colombia, and Peru, transporting multikilogram quantities of cocaine through the Caribbean to Africa and on to Europe. Colombian drug trafficking groups are partnering with local criminal organizations to exploit areas that lack law enforcement resources and are vulnerable to corruption. African seaports often lack sufficient numbers of trained inspectors, complicating the task of reviewing the high number of containers that pass through West African nations. These same challenges have also made Africa vulnerable to heroin trafficking and the transshipment of methamphetamine precursor chemicals.

Cocaine consumption in Europe, which traditionally has been lower than consumption levels in the United States, is now on the rise. Antonio Maria Costa, the Executive Director of the United Nation's Office on Drugs and Crime, described the challenge in a November 2007 speech: "We all know that a growing number of Europeans use cocaine. . . . The proportion of people in the U.K. taking cocaine has doubled in the last 10 years, from 1.3 per cent in 1998 to 2.6 per cent this year." This level of use is, for the first time, comparable to rates of cocaine consumption in the United States. European rates of cocaine use are also significant in Spain, Italy, Denmark, and Germany. Rising cocaine use in Europe is increasing the strain on existing treatment, prevention, and law enforcement systems throughout the EU and also poses a challenge to nations on the cocaine transshipment route, such as those in West Africa. Fortunately, EU member states are taking action to address this serious threat.

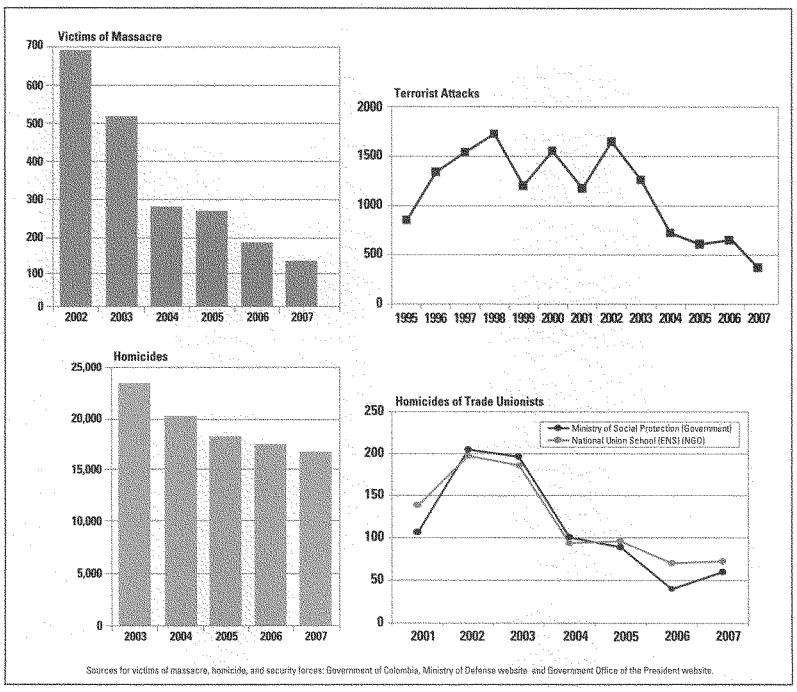
The EU nations of France, Ireland, Italy, the Netherlands, Portugal, Spain, and the United Kingdom opened the Multinational Maritime Analysis Operations Center (MAOC), modeled after the U.S. Joint Interagency Task Force (JIATF) last year. The MAOC will coordinate assets from participating countries to perform maritime interdictions focusing on noncommercial vessels suspected of narcotics trafficking between South America and Europe. Since its April 2007 initiation, MAOC has coordinated eight multinational investigations that have led to the seizure of approximately 20 MT of cocaine. The United States will continue to work closely with both Europe and Africa to disrupt cocaine shipments which, if not detected, further enrich the world's most powerful drug trafficking organizations.

attack have facilitated progress in alternative development, judicial reform, and the establishment of democratic institutions, effectively expanding the State's authority into areas previously controlled by criminal narcoterrorist groups.

Aerial eradication remains central to the strategy for destroying coca before it can be turned into cocaine and marketed by traffickers or terrorists such as the Revolutionary Armed Forces of Colombia (Fuerzas Armadas Revolucionarias de Colombia, or FARC). As aerial eradication increased from 2001 to 2003, drug growers were placed on the defensive, shrinking the size of their plots, dispersing them, pruning and replanting seedlings, and, finally, moving further into the eastern regions of Colombia. The Government of Colombia maintained pressure on the cultivators, adapting to their changing tactics, improving intelligence, protecting spray platforms, and staying in key cultivation areas for longer periods of time. Over this same period, the Government of Colombia also increased its capacity for manual eradication, from 1,700 hectares of coca in 2001 to over 65,000 hectares in 2007.

Interdiction efforts also continued to put pressure on the illicit drug industry in Colombia in 2007, with the seizure of near record amounts of cocaine and the disman-

Figure 23.
The Impact of Plan Colombia



tling of an increasing number of cocaine hydrochloride (HCl) laboratories (more than 240 compared to 205 in 2006, according to the Government of Colombia.)

Through targeted intelligence and strengthened coastal maritime forces, Colombia has more effective control over the hundreds of miles of its Caribbean coastline, which just a few years ago served as the staging point for daily go-fast departures. As a result, traffickers have increased their flow to the east, out through Venezuela, and to the southwest through Nariño and the Pacific Coast. Increased cooperation with Colombia and Ecuador is improving the interdiction of illicit drugs moving via fishing vessels that venture far out into the Pacific Ocean before turning north toward Mexico. The increased cooperation has resulted in increased seizures inside Colombia and within its territorial waters—over 170 metric tons of coca base and cocaine HCl in 2007, according to the Government of Colombia's Directorate of Dangerous Drugs (DNE).

Initiatives targeting Colombian drug trafficking organizations proved exceptionally successful in 2007. Results included the extradition of over 164 traffickers from Colombia to the United States, including several kingpins from the North Valley Cartel, such as Luis Hernando Gomez-Bustamante, a.k.a. Rasguño. Colombian authorities captured notorious drug trafficker Diego León Montoya Sánchez (a.k.a. Don Diego), one of the FBI's 10 most wanted people in the world. Brazilian authorities captured another key North Valley Cartel leader, drug trafficker Juan Carlos Ramirez Abadia, a.k.a Chupeta, who is waiting extradition. Significant gains were also made against the FARC in 2007. Colombian security forces killed FARC commander Tomás Molina Caracas (a.k.a. Negro Acacio) during a military raid near the border with Venezuela. Molina was one of 50 FARC commanders indicted by the U.S. Government in March 2006 for allegedly running Colombia's largest cocaine smuggling organization. A former high-level leader of the FARC, Juvenal Ovidio Ricardo Palmera Pineda (a.k.a. Simón Trinidad), was convicted in United States Federal court of a hostage-taking conspiracy and was sentenced to 60 years. Also, a former narcotics trafficker and finance officer of the FARC, Omaira/Nayibe Rojas Cabrera (a.k.a. Sonia) was convicted of cocaine trafficking and sentenced to more than 16 years imprisonment. Desertions from the FARC are also up, with almost 2,500 deserting in 2007 compared to 1,558 in 2006.

The Government of Colombia increased its capacity to control national territory by standing up additional rural police forces (up to 65 companies of Carabineros), 2 more mobile brigades, and by purchasing more Blackhawk helicopters to provide additional mobility to its forces. The expanded government presence throughout the country has been instrumental in reclaiming key illicit cultivation areas from the FARC and other drug trafficking organizations. By moving into the Department of Meta, the historical birthplace of the FARC and the center of the old demilitarized zone, the Government of Colombia has made it more difficult to produce illegal drugs in a once highly productive coca cultivation zone. Additionally, once security was established, alternative development projects were able to operate to help the local population grow licit crops and allow the Colombian Government to provide basic social services.

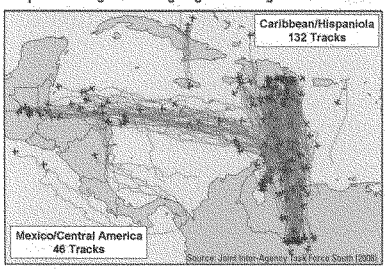
As the Government of Colombia is increasing its control over its territory and making it more difficult for traffickers to operate, Ecuador and Venezuela are now playing ever more important roles as transit countries for cocaine headed toward the global market. Ecuador made significant efforts in 2007 to control the flow of foreign vessels that tried to assume the Ecuadorian flag to avoid interception and boarding by U.S. maritime forces in international waters. These Ecuadorian-flagged vessels would carry cocaine as far west as the Galapagos Islands to avoid detection en route to Mexico. None of this activity was detected before 2004, but by 2006 seven of these vessels were seized, along with about 60 metric tons of cocaine. With increased Ecuadorian cooperation, that figure fell to just two in 2007 with 18 metric tons of cocaine seized. Ground forces in Ecuador also contributed in 2007, making a 3.4 metric ton seizure at the airport in Esmeraldas and a 5.5 metric ton seizure at a shrimp farm near Gauyaquil.

Peru has also made a valuable contribution to drug control efforts in the region. Peruvian President Alan Garcia has clearly demonstrated his commitment to counternarcotics cooperation. For the third year in a row, Peru exceeded its 10,000 hectare eradication goal. Another major achievement of the Peruvian Government was the formulation of a new 5-year drug strategy, an integral component of which is the Government's ability to deploy more police into coca-growing regions, where cocaleros have been violently resisting eradication. Peru has also enacted a major judicial reform package that

increases law enforcement authorities in several critical areas, including in the seizure and forfeiture of illicitly gained assets.

Venezuela, on the other hand, is failing to take effective action against the increased flow of illicit drugs from eastern Colombia into Venezuela and then onward to Hispaniola, the United States, Africa, and Europe. Drug flights from Venezuela to Hispaniola increased from 27 in the first three quarters of 2004 to 82 during the same period of 2006, and numbered 81 during the first three quarters of 2007. The flow of drugs through Venezuela has increased almost fivefold, from 57 metric tons in 2004, to around 250 metric tons of cocaine in 2007. This flow of drugs is increasing corruption and putting enormous pressure on the democratic institutions of Haiti and the Dominican Republic.

Figure 24.
Suspected Drug Trafficking Flights Leaving Venezuela



There also have been setbacks in Bolivia. The effects of the coca cultivation policies of Bolivian President Evo Morales are yet to be fully seen. The influence of coca growers over the government has contributed to falling eradication rates. The United States continues to seek ways to cooperate with the Bolivian Government in areas such as arresting drug traffickers, disrupting cocaine production, seizing illicit drugs and precursors, supporting alternative development, reducing demand, and training law enforcement and judicial officials.

Afghanistan: Counternarcotics and Counterinsurgency

Combating the production and trafficking of narcotics in Afghanistan is essential to defeating narcoterrorism and to fostering the development of a budding democracy. The drug trade undermines every aspect of the Government of Afghanistan's drive to build political stability, economic growth, and establish security and the rule of law.

The resolute efforts of the Afghan people, combined with international assistance, have produced substantial counternarcotics progress in vast areas of Afghanistan, but significant challenges remain. In 2007, the number of poppy-free provinces increased from 12 to 15, and opium poppy cultivation decreased significantly in another 8 provinces. However, progress in these areas was more than offset by increased opium poppy cultivation in the southwest region, resulting in the production of 8,000 tons of opium in 2007, 42 percent more than in 2006. Approximately 86 percent of Afghanistan's opium poppy cultivation occurred in just 6 provinces with approximately half taking place in a single province, Helmand.

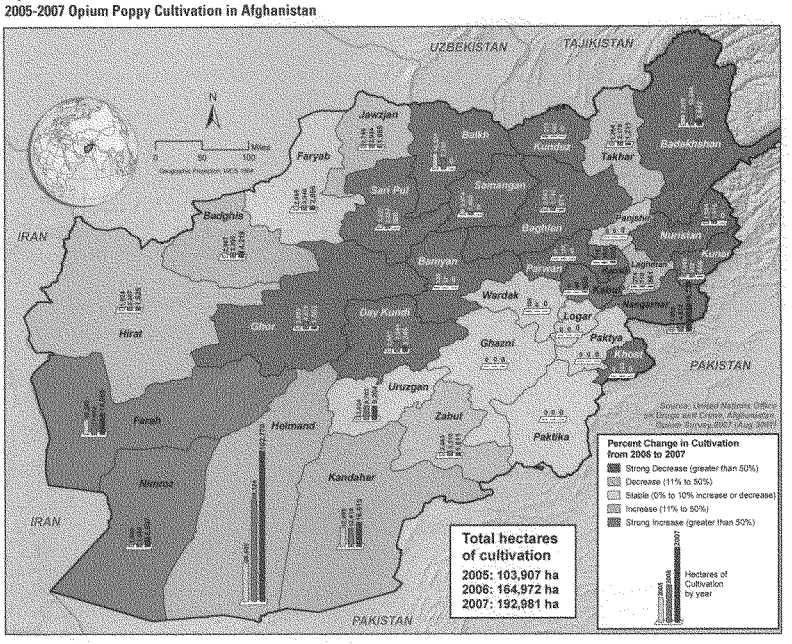
To address the changing narcotics, security, and economic development trends in Afghanistan, in August 2007, the U.S. Government released the 2007 U.S. Counternarcotics Strategy for Afghanistan as an implementation plan to enhance the multinational strategy adopted in 2004, which focused on the five pillars of public information, alternative development, poppy elimination and eradication, interdiction, and justice reform.

The revised strategy—developed in coordination with the Governments of Afghanistan and the United Kingdom—involves three main elements:

- Dramatically increasing development assistance to incentivize cultivation of legitimate agricultural crops while simultaneously amplifying the scope and intensity of interdiction and eradication operations.
- Coordinating counternarcotics and counterinsurgency planning and operations more fully, with an emphasis on integrating drug interdiction into the counterinsurgency mission.
- Encouraging consistent, sustained support for the counternarcotics effort among the Afghan Government, our allies, and international civilian and military organizations.

A key program for increasing alternative development incentives in Afghanistan is the Good Performers Initiative (GPI). First implemented in 2007, the GPI is designed to provide high-impact development assistance to encourage the Government of Afghanistan, provincial

Figure 25.
2005-2007 Opium Poppy Cultivation in Afghanistan



governors, and local actors to take decisive action to halt the cultivation of opium poppy. This program will be expanded, providing financial and political incentives to reward poppy-free provinces that achieve reductions in net cultivation as reported in the annual United Nations Office on Drugs and Crime cultivation survey. The GPI complements other alternative development programs, such as short-term cash-for-work projects and comprehensive agricultural and business development projects, to create greater licit alternatives to poppy production through the promotion of rural economic development.

Improvements are also being implemented to dramatically expand the impact of eradication and interdiction efforts in Afghanistan. Eradication efforts led by the Government of Afghanistan will target the fields of the wealthiest and most powerful poppy-growers. Interdiction operations in Afghanistan that target the highest-level traffickers will be increasingly integrated into the counterinsurgency campaign, with the direct support of DEA agents embedded in U.S. and coalition forces. In addition, DEA has expanded its Foreign-deployed Advisory Support Team (FAST) initiatives, continued its support for the Afghan Counter-Narcotics Police and is developing and mentoring several newly formed Afghan counternarcotics investigative units.

Despite the significant increases in opium production in Afghanistan, the availability of Afghan heroin in the United States remains low. However, Afghanistan is by far the largest producer of illegal opiates, and proceeds from narcotrafficking are fueling the insurgency while drug-related corruption undercuts international reconstruction efforts. Attacking the nexus between terrorism and the drug trade in Afghanistan remains vital to U.S. national security.

CHAPTER 3

Working Together to Reduce Drug Use Around the World

The old divisions between drug-producing, transit, and consuming nations have broken down in today's globalized world. Every nation in the world must face the challenge of combating drug abuse, both in terms of countering criminal activity and in preventing and treating drug abuse. This year is an especially important one in the global drug fight. Ten years ago, at the 1998 UN General Assembly Special Session on Drugs (UNGASS), the global community adopted action plans across the spectrum of drug policy issues, committing each country to increase their counterdrug efforts. Thanks to the sustained commitment to UNGASS goals and targets, more people around the world have access to effective drug treatment and prevention programs and successful efforts have been made to disrupt drug trafficking organizations and eradicate drug crops. Over the course of the next year the U.N. Office on Drugs and Crime (UNODC) will review the progress achieved since the 1998 UNGASS and discuss how to build on that progress over the next 10 years. The United States will be an active participant in this debate, sharing our own experience at the 51st U.N. Commission on Narcotic Drugs in March of 2008.

Experts around the world have taken increasing note of the progress accomplished in the United States. The U.N.'s 2007 World Drug Report highlighted U.S. successes in sharply reducing drug use. Many countries have reached out to U.S. agencies and our Embassies around the globe for guidance on "what works." In response to these inquiries ONDCP, for the first time, will produce a report for an international audience on drug policy lessons learned in the United States. This report or guide will be published in print and on the Internet in all six official U.N. languages later this year.

The National Institute of Drug Abuse and other U.S. institutions, as well as private and non-profit universities have conducted billions of dollars worth of research over the past decade. Much of this knowledge can be put to use not only in the United States, but around the world. We know that every country has unique patterns of drug abuse, and different historical and cultural experiences, but a research-based U.S. publication can serve as a guide and resource. Countries can adapt U.S. programs to their own country's needs. Specifically this document will include sections on six key elements of U.S. demand reduction policy:

- Launching a comprehensive youth anti-drug media campaign.
- Building successful community coalitions.
- Employing drug testing in the work place and at schools.
- Interrupting the cycle of drug abuse through screening and brief interventions.
- Providing quality, research-tested drug treatment services at low cost.
- Establishing drug treatment courts.

This report is only the start of our expanding efforts to work on international drug prevention issues. U.S. Government agencies, including the Department of State's Bureau of International Narcotics and Law Enforcement Affairs, the Substance Abuse and Mental Health Services Administration, the National Institute of Drug Abuse, and ONDCP, will work to exchange best practices information and to provide training and technical assistance. Breaking the grip of drug addiction is an important and difficult challenge. By working together and learning from each other we can make a real difference over the next decade, at home and abroad.

Conclusion

On December 11, 2007, the President appeared before a group of government officials, foreign dignitaries, and ordinary Americans to discuss the problem of illegal drugs in the United States. Nearly 6 years had passed since he had stood before a similar group to announce the Administration's first *National Drug Control Strategy.* This time, however, the President described not a rising threat, but one in retreat:

> *"Because Americans took action, today there are an estimated 860,000 fewer children using drugs than 6 years ago. Because Americans took action, because grassroots activists stood up and said 'We've had enough,' because law enforcement worked hard—communities are safer, families are stronger, and more children have the hope of a healthy and happy life."*

The progress the United States has achieved in reducing drug consumption and trafficking is yet another indication that when our Nation rallies its greatest resource —its people—to confront an important problem, that problem can be made smaller. Skeptics and advocates of drug legalization have long argued that our fight against drugs is hopeless, but the results tell us yet again that our Nation's fight against drugs is anything but. In fact, we are winning. The nearly 25 percent decline in youth drug use and the major disruptions in the cocaine and methamphetamine markets have saved lives and strengthened our Country.

As with other serious societal problems—crime, disease, hunger—we must continue to directly confront all aspects of the drug problem. We know that traffickers will react and respond to our successes, and that there is always another generation of American youth that must be educated about the terrible risks of drug abuse and addiction. It is with them in mind that we have set the new goals described in the introduction to this Strategy: an additional 10 percent reduction in youth drug use, the continuation of random student drug testing as a prevention tool, greater access to screening and brief intervention services, the reduced diversion of prescription drugs and methamphetamine precursors, declines in Andean cocaine production and Afghan opium poppy cultivation, a reduction in the flow of illegal drugs across the Southwest Border, and declines in the domestic production and use of marijuana. Achieving these goals will require a continuing partnership with all those throughout the Nation whose hard work has produced such meaningful progress for the American people over the past six years.

Appendix A

Acknowledgments

2008 National Drug Control Strategy Consultation
ONDCP solicits the views of a variety of Federal, State, local, and tribal government officials; experts; and nongovernmental organizations while developing the National Drug Control Strategy. The following individuals' and organizations' views were solicited in preparing this document:

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Rep. Kevin McCarthy – California
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Rep. Jim McDermott – Washington
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Rep. Bill Shuster – Pennsylvania
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Rep. C.W. Bill Young – Florida
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Federal Agencies

Department of State
Department of Treasury
Department of Defense
Department of Justice
Department of Health and Human Services
Department of Transportation
Department of Education
Department of Veterans Affairs
Department of Homeland Security
Central Intelligence Agency
Small Business Administration

Foreign Governments and Intergovernmental Organization
Afghanistan
Austria
Canada
Colombia
European Monitoring Centre for Drugs & Drug Addiction
Europol
France
Inter-American Dialogue
International Narcotics Control Board
Interpol
Mexico
Organization of the American States
People's Republic of China
Peru
United Kingdom
United Nations Office of Drugs and Crime

Governors
Bob Riley – Alabama
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Janet Napolitano – Arizona
Mike Beebe – Arkansas
Arnold Schwarzenegger – California
Bill Ritter – Colorado
M. Jodi Rell – Connecticut
Ruth Ann Minner – Delaware
Charlie Crist – Florida
Sonny Perdue – Georgia
Felix Camacho – Guam
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Rod Blagojevich – Illinois
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Tim Kaine – Virginia
Chris Gregoire – Washington
Joe Manchin III – West Virginia
Jim Doyle – Wisconsin
Dave Freudenthal – Wyoming

High Intensity Drug Trafficking Areas
Appalachia HIDTA
Atlanta HIDTA
Central Florida HIDTA
Central Valley California HIDTA
Chicago HIDTA
Gulf Coast HIDTA
Hawaii HIDTA
Houston HIDTA
Lake County HIDTA
Los Angeles HIDTA
Michigan HIDTA
Midwest HIDTA
Milwaukee HIDTA
Nevada HIDTA
New England HIDTA
New York-New Jersey HIDTA
North Florida HIDTA
North Texas HIDTA
Northern California HIDTA

APPENDIX A

Northwest HIDTA
Ohio HIDTA
Oregon HIDTA
Philadelphia HIDTA
Puerto Rico –Virgin Islands HIDTA
Rocky Mountain HIDTA
South Florida HIDTA
Southwest Border HIDTA
Washington-Baltimore HIDTA

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Charles T. Miller – Charleston, WV
Steven M. Biskupic – Milwaukee, WI
Erik C. Peterson – Madison, WI
John R. Green – Cheyenne, WY

Other Organizations and Individuals

Abraham Wandersman
Addiction Research and Treatment Corporation
Accreditation Council for Continuing Medical Education
American Academy of Child Adolescent Psychiatry
American Academy of Pain Management
American Association of Addiction Psychiatry
American Association for the Treatment of Opiod Dependence
American Bar Association
American College of Surgeons
American Correctional Association
American Federation of Teachers
American Medical Association
American Psychological Association
American Public Health Association
American Society of Addiction Medicine
Anam Cara Consultants
Arthur T. Dean
Ascent Behavioral Health
Asian Media Access
Association for Medical Education and Research in Substance Abuse
Baltimore Substance Abuse Systems, Inc.
Behavioral Health Link
Boy Scouts of America
Boys and Girls Clubs of America
Californians for Drug-Free Youth
Calloway County Alliance for Substance Abuse Prevention (CC-ASAP), Kentucky
Caron
Catholic Charities U.S.A.
Center for Performance-Based Policy–Treatment Research Institute
Center for Strategic and International Studies
CETPA, Inc.
Cheryl Merzel
Child Welfare League of America
Coalition Institute
Columbia University—Center on Addiction and Substance Abuse
Columbia University—Mailman School of Public Health
Community Anti-Drug Coalitions of America
Congress of National Black Churches
Cook Inlet Tribal Council (CITC), Anchorage, Alaska
Council of State Governments
Danna E. Droz
David Murray
Detroit Department of Health
Detroit Empowerment Zone Coalition
Drug Abuse Resistance Education (D.A.R.E.)
Drug Watch International
Drug-Free America Foundation
Employee Assistance Professionals Association
Federal Law Enforcement Officers Association
Federation of State Medical Boards
Fraternal Order of Police
Georgia Department of Human Resources

APPENDIX A

Georgia State University – Department of Psychology
Girl Scouts of the USA
Henry Lozano
Heritage Foundation
Hispanic American Police Command Officers Association
Hudson Institute
Inflexxion
Institute for Behavior and Health
Institute for a Drug-Free Workplace
International Association of Chiefs of Police
International Association of Bridge, Structural, Ornamental, and Reinforcing Iron Workers (Ironworkers International)
International City/County Management Association
Jay Goldby, City of Poway
Johnson Institute
Join Together—Boston
Just Community
Kaiser Permanente–Southern California Permanente Medical Group
Kaiser San Francisco Medical Center Chemical Dependency Recovery Program
Kansas City Fighting Back Coalition
King County Mental Health
King County Mental Health, Chemical Abuse and Dependency Services Division
Larimer County Probation
Legal Action Center
Lucas County Community Prevention Partnership
Major Cities Chiefs' Association
Mark Feinberg
Mercer University School of Medicine
Metropolitan Drug Commission
Miami Coalition for a Safe and Drug-Free Community
Mid Atlantic Association of Community Health Centers
Michael Ponder, Applied Social Research and Education
Missouri Institute of Mental Health Center for Policy, Research, and Training
Mothers Against Drunk Driving
Mt. Hood Coalition
National Alliance for Hispanic Health
National Alliance of State Drug Enforcement Agencies
National Asian Pacific American Families Against Substance Abuse
National Association for Alcohol and Drug Abuse Counselors
National Association for Children of Alcoholics
National Association of Attorneys General
National Association of Children of Alcoholics
National Association of Counties
National Association of Drug Court Professionals
National Association of Elementary School Principals
National Association of Police Organizations
National Association of Secondary School Principals
National Association of State Alcohol and Drug Abuse Directors
National Association of State Medicaid Directors
National Association of Student Assistance Professionals
National Center for Public Policy Research
National Center for State Courts
National Commission Against Drunk Driving
National Conference of State Legislatures
National Council of Juvenile and Family Court Judges
National Crime Prevention Council
National Criminal Justice Association
National District Attorneys Association
National Drug Court Institute
National Families in Action
National Family Partnership
National Federation of State High School Associations
National Governors' Association
National Hispanic Medical Association
National Inhalant Prevention Coalition
National Institute on Drug Abuse
National League of Cities
National Legal Aid and Defender Association
National Lieutenant Governors' Association
National Mental Health Association
National Narcotics Officers' Associations Coalition
National Nursing Centers Consortium
National Organization of Black Law Enforcement Executives
National Parents and Teachers Association
National Prevention Network
National School Boards Association
National Sheriffs' Association
National TASC (Treatment and Accountability for Safer Communities)
National Troopers' Foundation
One Voice for Volusia
Operation PAR (Parental Awareness Responsibility)
Operation Weed and Seed St. Louis, Inc.
Oregon Partnership
Orleans Parish Prevention
Partnership for a Drug-Free America
Paul Florin
Pennsylvania State University—Prevention Research Center

Philadelphia Anti-Drug/Anti-Violence Network
Phoenix Academy—Austin, Texas
Phoenix House—New York
Police Executive Research Forum
Police Foundation
Preferred Family Health Care
PRIDE Youth Program
Pulaski County School District , Kentucky
Rand Corporation
Robert Wood Johnson Foundation
Ronald McDonald House of Charities
Salud Hispana
Set Free Ministry
Seattle Neighborhood Group
Southcentral Foundation (SCF)
Stanford University School of Medicine
State Associations of Addiction Services
Stephen Fawcett
STOP DUI
Substance Abuse Initiative of Greater Cleveland
Substance Abuse Program Administrators Association
Teen Challenge
Teen Challenge International
Teen Mania Ministries
Texas Tech—Health Science Center
The Honorable James R. Aiona, Jr.
The Honorable Patricia Kempthorne, former First Lady of Idaho
The Next Door, Nashville, Tennessee
The Twiga Foundation
Therapeutic Communities of America
Threshold to Recovery Baltimore Substance Abuse Systems, Inc.
United Community Center (UCC), Milwaukee, Wisconsin
United States Army War College
United States Conference of Mayors
University of Kansas
University of Kentucky – College of Public Health
University of Memphis – Department of Psychology
University of Rhode Island – Community Research and Service Team
University of South Carolina – Department of Criminology and Criminal Justice
University of South Carolina – Department of Psychology
Up Front Miami
White Bison
Yakima County Substance Abuse Coalition
Yellowstone County Family Drug Treatment Court, Montana
YMCA of America
Young Life

Appendix B

Drug Control Funding by Agency
FY 2007-FY 2009
(Budget Authority in Millions)

	FY 2007 Final	FY 2008 Enacted	FY 2009 Request
Department of Defense	1,329.8	1,177.4	1,060.5
Department of Education	495.0	431.6	218.1
Department of Health and Human Services			
Centers for Medicare & Medicaid Services	–	45.0	265.0
Indian Health Service	148.2	173.2	162.0
National Institute on Drug Abuse	1,000.0	1,000.7	1,001.7
Substance Abuse and Mental Health Services Administration	2,443.2	2,445.8	2,370.6
Total HHS	**3,591.4**	**3,664.8**	**3,799.3**
Department of Homeland Security			
Office of Counternarcotics Enforcement	2.5	2.7	4.0
Customs and Border Protection	1,968.5	2,130.9	2,191.9
Immigration and Customs Enforcement	422.8	412.3	428.9
U.S. Coast Guard	1,080.9	1,004.3	1,071.0
Total DHS	**3,474.8**	**3,550.1**	**3,695.8**
Department of the Interior			
Bureau of Indian Affairs	2.6	6.3	6.3
Total DOI	**2.6**	**6.3**	**6.3**
Department of Justice			
Bureau of Prisons	65.1	67.2	69.2
Drug Enforcement Administration	1,969.1	2,105.3	2,181.0
Interagency Crime and Drug Enforcement	497.9	497.9	531.6
Office of Justice Programs	245.5	222.8	114.2
Total DOJ	**2,777.7**	**2,893.2**	**2,896.0**
ONDCP			
Counterdrug Technology Assessment Center	20.0	1.0	5.0
High Intensity Drug Trafficking Area Program	224.7	230.0	200.0
Other Federal Drug Control Programs	193.0	164.3	189.7
Drug-Free Communities (non-add)	*79.2*	*90.0*	*80.0*
National Youth Anti-Drug Media Campaign (non-add)	*99.0*	*60.0*	*100.0*
Salaries and Expenses	26.8	26.4	26.8
Total ONDCP	**464.4**	**421.7**	**421.5**
Small Business Administration	1.0	1.0	1.0
Department of State			
Bureau of International Narcotics and Law Enforcement Affairs	1,055.7	640.8	1,173.2
United States Agency International Development	239.0	361.4	315.8
Total State	**1,294.7**	**1,002.2**	**1,489.0**
Department of Transportation			
National Highway Traffic Safety Administration	2.9	2.7	2.7
Department of Treasury			
Internal Revenue Service	55.6	57.3	59.2
Department of Veterans Affairs			
Veterans Health Administration	354.1	447.2	465.0
Total	**$13,844.0**	**$13,655.4**	**$14,114.4**

NOTE: Detail may not add due to rounding.
In addition to the resources displayed in the table above, the Administration requests $385.1 million in FY 2008 supplemental funding for counternarcotics support to Mexico and Central America.