AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

OVERSIGHT OF THE 1999 NATIONAL DRUG CONTROL STRATEGY

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTH CONGRESS

FIRST SESSION

FEBRUARY 25, 1999

Serial No. 106–82

Printed for the use of the Committee on Government Reform

Available via the World Wide Web: http://www.house.gov/reform

U.S. GOVERNMENT PRINTING OFFICE
62–537 CC WASHINGTON : 2000

COMMITTEE ON GOVERNMENT REFORM

DAN BURTON, Indiana, *Chairman*

BENJAMIN A. GILMAN, New York
CONSTANCE A. MORELLA, Maryland
CHRISTOPHER SHAYS, Connecticut
ILEANA ROS-LEHTINEN, Florida
JOHN M. MCHUGH, New York
STEPHEN HORN, California
JOHN L. MICA, Florida
THOMAS M. DAVIS, Virginia
DAVID M. MCINTOSH, Indiana
MARK E. SOUDER, Indiana
JOE SCARBOROUGH, Florida
STEVEN C. LATOURETTE, Ohio
MARSHALL "MARK" SANFORD, South Carolina
BOB BARR, Georgia
DAN MILLER, Florida
ASA HUTCHINSON, Arkansas
LEE TERRY, Nebraska
JUDY BIGGERT, Illinois
GREG WALDEN, Oregon
DOUG OSE, California
PAUL RYAN, Wisconsin
JOHN T. DOOLITTLE, California
HELEN CHENOWETH, Idaho

HENRY A. WAXMAN, California
TOM LANTOS, California
ROBERT E. WISE, JR., West Virginia
MAJOR R. OWENS, New York
EDOLPHUS TOWNS, New York
PAUL E. KANJORSKI, Pennsylvania
GARY A. CONDIT, California
PATSY T. MINK, Hawaii
CAROLYN B. MALONEY, New York
ELEANOR HOLMES NORTON, Washington, DC
CHAKA FATTAH, Pennsylvania
ELIJAH E. CUMMINGS, Maryland
DENNIS J. KUCINICH, Ohio
ROD R. BLAGOJEVICH, Illinois
DANNY K. DAVIS, Illinois
JOHN F. TIERNEY, Massachusetts
JIM TURNER, Texas
THOMAS H. ALLEN, Maine
HAROLD E. FORD, JR., Tennessee

BERNARD SANDERS, Vermont (Independent)

KEVIN BINGER, *Staff Director*
DANIEL R. MOLL, *Deputy Staff Director*
DAVID A. KASS, *Deputy Counsel and Parliamentarian*
CARLA J. MARTIN, *Chief Clerk*
PHIL SCHILIRO, *Minority Staff Director*

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

JOHN L. MICA, Florida, *Chairman*

BOB BARR, Georgia
BENJAMIN A. GILMAN, New York
CHRISTOPHER SHAYS, Connecticut
ILEANA ROS-LEHTINEN, Florida
MARK E. SOUDER, Indiana
STEVEN C. LATOURETTE, Ohio
ASA HUTCHINSON, Arkansas
DOUG OSE, California

PATSY T. MINK, Hawaii
EDOLPHUS TOWNS, New York
ELIJAH E. CUMMINGS, Maryland
DENNIS J. KUCINICH, Ohio
ROD R. BLAGOJEVICH, Illinois
JOHN F. TIERNEY, Massachusetts
JIM TURNER, Texas

EX OFFICIO

DAN BURTON, Indiana

HENRY A. WAXMAN, California

ROBERT B. CHARLES, *Staff Director and Chief Counsel*
MARGARET HEMENWAY, *Professional Staff Member*
SEAN LITTLEFIED, *Professional Staff Member*
AMY DAVENPORT, *Clerk*
MICHEAL YEAGER, *Minority Counsel*

CONTENTS

	Page
Hearing held on February 25, 1999	1
Statement of:	
McCaffrey, General Barry R., Director, Office of National Drug Control Policy	26
Letters, statements, et cetera, submitted for the record by:	
Gilman, Hon. Benjamin A., a Representative in Congress from the State of New York, prepared statement of	118
Kucinich, Hon. Dennis J., a Representative in Congress from the State of Ohio:	
Prepared statement of	7
Prepared statement of the family of Detective Robert Clark II	3
McCaffrey, General Barry R., Director, Office of National Drug Control Policy, prepared statement of	32
Mica, Hon. John L., a Representative in Congress from the State of Florida:	
Chart on counterdrug funding statistics	25
Prepared statement of	10
Mink, Hon. Patsy T., a Representative in Congress from the State of Hawaii, prepared statement of	17
Ose, Hon. Doug, a Representative in Congress from the State of California, prepared statement of	23

OVERSIGHT OF THE 1999 NATIONAL DRUG CONTROL STRATEGY

THURSDAY, FEBRUARY 25, 1999

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:30 a.m., in room 2157, Rayburn House Office Building, Hon. John L. Mica (chairman of the subcommittee) presiding.

Present: Representatives Mica, Barr, Souder, Hutchinson, Ose, Mink, Cummings, and Kucinich.

Staff present: Robert Charles, staff director/chief counsel; Margaret Hemenway and Sean Littlefield, professional staff members; Amy Davenport, clerk; Michael Yeager, minority counsel; Jean Gosa, minority staff assistant; and Earley Green, minority staff assistant.

Mr. MICA. Good morning. I'd like to call this meeting of the Criminal Justice, Drug Policy, and Human Resources Subcommittee to order.

Our business today is to hear from the Director of the National Office of Drug Control Policy.

Before I get into my opening statement and before the regular order of business, I am pleased to recognize the gentleman from Ohio, Mr. Kucinich, for a special introduction to our panel.

Mr. KUCINICH. Thank you very much, Mr. Chairman. I want to express my appreciation to you for giving me this opportunity.

The topic of this hearing, of course, is so serious, and the chairman is to be congratulated for his focus on this.

I know how these issues become local. In Cleveland, OH, a police officer was killed in the line of duty while attempting to execute a drug-related arrest. The officer, Robert Clark, was a decorated police officer, a husband, and father of three. As part of the street crimes unit, he routinely participated in coordinated antidrug operations. He was shot during a drug arrest by an individual that had an extensive criminal record in several States, an individual that seemed to have slipped through the criminal justice system, but may not have had greater coordination and information been made available to local law enforcement professionals.

Mr. Chairman, Officer Clark's sister, Mary, and her husband John, who is with the U.S. Custom's Office, are here today. I would ask them to stand so that I can recognize them.

Stand up, please.

And I would also ask for unanimous consent to submit a written statement from them into the record.

Mr. MICA. Without objection, so ordered.

[The prepared statement of the family of Detective Robert Clark II follows:]

STATEMENT OF THE FAMILY OF DETECTIVE ROBERT CLARK II

HOUSE OF REPRESENTATIVES - COMMITTEE ON GOVERNMENT REFORM SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES
FEBRUARY 25, 1999

Good morning, Mr. Chairman and Members of the Subcommittee. We consider it an honor to provide a statement for the record in support of the great contributions The Office of National Drug Control Policy (ONDCP) and its High Intensity Drug Trafficking Area program (HIDTA) have made in addressing the nation's drug related problems. Additionally, we believe a HIDTA in Cleveland would provide an excellent structure to unify state, local, and federal efforts to take the streets back from criminals and convert their drug profits into assets used to rebuild the community and its law enforcement agencies.

On July 1, 1998, detective Robert Clark II, was shot and killed making a drug arrest in Cleveland, Ohio. Detective Clark was part of a street crimes unit that had rolled up large numbers of arrests for illegal drugs and other crimes. The unit had gained the respect of the department and the community. Robbie received two Distinguished Service Medals, a Chief's Commendation, and a Citizen's Award in his five years of service to Cleveland.

There was more to Robbie Clark than the police officer's profession he performed so well. He was a loving family man with three young children and a wife he loved dearly. Prior to his marriage, Robbie worked with orphans at the Berea Children's Home in Cleveland. It is here that his sense of responsibility and looking out for the little guy began to take shape. As his character developed, he became a tough cop with a big heart and sense of humor. He was a person all of us would like to call a friend.

Robbie's great-grandfather, George Shearer, a Pittsburgh Police Officer whose badge number, 545, Robbie wore, died in the line of duty in 1914 in Pittsburgh. His tragic death led to the establishment of death benefits for the police officer's families. Robbie's death, like his great grandfather's, should lead to positive changes for the law enforcement community and Cleveland.

These changes should include the following: a HIDTA for the Cleveland Area, light weight bullet proof vests for undercover and plainclothes police officers, and a focus on juvenile crime prevention.

The Cleveland HIDTA

Robbie Clark developed a strong interest in the Civil War which he passed on to his friends and nephew. It seems odd that he died on the anniversary of the opening day of the Battle of Gettysburg. Today General Mc Caffrey will discuss with you his battle plan to take back America's streets from drug dealers and users. The drug effort is just as divisive and dangerous as the Civil War. It requires a strong national will and a plan. Robbie's street crimes team was

involved in only a skirmish in the drug wars. We believe these independent operations conducted by law enforcement officers every day to address the drug problem are more effective if integrated into a larger, federal, state, and local plan that a HIDTA could provide.

For example, the New York - New Jersey HIDTA led by Chauncy Parker has contributed greatly to the success of the anti drug efforts in the New York City metropolitan area. Every agency has a role to play and HIDTA accountability ensures that all work together. We would like to see Cleveland integrated into General Mc Caffrey's HIDTA plan.

Officer Safety

Plain clothes and undercover officers are the most at risk individuals in law enforcement. Traditional bulletproof vests that uniformed officers wear are not suitable for covert operations. We would like to see an effort by the Congress to provide funding to develop a light weight bullet proof vest for law enforcement with level III protection. This will reduce the number of names that will be recorded on the National Law Enforcement Memorial.

Juvenile Justice

Two people, Robbie Clark and his killer Corry Majors, died in the gun battle on July 1, 1998. Two families grieved over an event that could have been avoided. Mr. Major was 19 years old when he died. He had an extensive criminal record of more than 149 incidents with the police. His first arrest took place at the age of eight. Something needs to be done with children like Mr. Major before they are killed or kill someone else.

A juvenile court justice, who had Mr. Major before him several times, said he couldn't sentence Mr. Major appropriately since many of his crimes were committed in other states. The Judge claimed that, under the current juvenile records system, he did not have access to out of state criminal information to make an informed decision. This needs to be changed - particularly if these out of state charges are for violent crimes.

Mr. Major had a significant crack cocaine problem. Somewhere during his long juvenile criminal history he should have been diverted into a drug treatment program. More needs to be done to identify and treat people like Mr. Major to prevent another tragedy.

Tom Rehnert was Robbie's friend and co-worker at the Berea Childrens Home. Mr. Rehnert is currently the director of juvenile detention for Protage - Geauga Counties in Ohio. He is trying to rescue these at risk kids. He thinks that we have a responsibility to do a more thorough job of assessing the juvenile's needs during their initial contact with the criminal justice system. Mr. Rehnert believes this will permit appropriate treatment prior to more serious offences occuring.

Finally, Mr. Major was a young felon with a gun. Efforts must be made to reduce gun violence in particular juvenile gun violence.

None of these juvenile justice problems are easy to address. We are certain the Congress can bring

these issues into focus, open debate, and provide solutions which will save others from sharing the sorrow of lives cut short by violent crime

We would like to thank the team that investigated and prosecuted the murder weapon case. This team consisted of Assistant United States Attorney (AUSA) Joseph P. Schmitz, Special Agent Nick Vouvalis, Alcohol, Tobacco, and Firearms, and Lt. Richard Petrensik, Detectives Michael O' Malley, Robert Matuszny, and Gary Garisek of the Cleveland Police Department. The team traced the 9-mm hand gun used to kill detective Clark from manufacture to its sale at a gun show to a convicted felon. The felon who originally purchased the murder weapon was recently convicted in federal court in Cleveland for federal firearms violations.

We would like to thank Senator Sam Nunn, the Mayor of Cleveland, the Cleveland Police Department, the Cleveland law enforcement community, Concerns Of Police Survivors (COPS), the Cleveland Police Patrolmen's Association and the people of Cleveland for their assistance and support.

Most of all we wish to thank Congressman Kucinich, former mayor of Cleveland and friend of Robbie Clark, for trying to bring about the changes that will improve his community and the nation.

Mr. MICA. We are, indeed, honored to have you with us and appreciate the tremendous sacrifice your family has paid in this terrible crisis that our Nation and law enforcement officials face in executing their responsibility under the laws of this country.

So, without objection, we are pleased to recognize you today, and also make that part of the record.

Mr. KUCINICH. I would appreciate that, Mr. Chairman. And, if I could ask the indulgence of the Chair, if the Chair and those in the audience could join in a round of applause in appreciation for the sacrifice of the family.

[Applause.]

Mr. KUCINICH. Thank you, Mr. Chairman.

[The prepared statement of Hon. Dennis J. Kucinich follows:]

Congressman Dennis Kucinich:
Oversight Hearing on the 1999 National Drug Control Strategy
February 25, 1999

STATEMENT

Mr. Chairman, the national drug control strategy illustrates how our government proposes to deal with the illegal drug problem. While the number of violent crimes are down nationwide, there still exists a serious drug usage and drug trafficking problem.

Let me begin by providing, as an example, a situation in my district that led to the senseless murder of Officer Robert Clark II, a decorated police officer, husband and father of three. As part of a street crimes unit, Officer Clark had routinely participated in coordinated anti- drug operations. Officer Clark was shot during a drug arrest by an individual, Corey Major, who had built a extensive criminal record in several states. Mr. Major seemed to have slipped through the criminal justice system, but may not have had greater coordination and information been made available to local law enforcement officials.

Officer Clark's sister, Mary and her husband John, himself a special agent with the U. S. Customs Office are here today, I would like to ask them to stand so that I can recognize them. I also ask for unanimous consent to submit a written statement from them into the record.

I believe in and support many of the initiatives which have been implemented to combat illegal drug use. My comments today however, concern the Office of National Drug Control Policy's (ONDCP) High Intensity Drug Trafficking Area (HIDTA / High-Duh) program. The program provides for coordination between local, state and federal law enforcement officials to combat drug trafficking and distribution and, in turn, drug related crimes. The program greatly enhances the ability of state and local law enforcement officials to effectively combat crime with the benefit of federal resources and enhanced information gathering techniques. More than half of the cocaine that enters the country, and large quantities of heroine, marijuana, and methamphetamines, enters through the southwest

border. These substances are then funneled through a nationwide pipeline which runs through cities like Houston. Chicago, and Cleveland.

In my district, which encompasses part of the greater Cleveland area, law enforcement officials have identified some 8-10 major drug trafficking operations. Through these operations, dealers not only funnel drugs up the " drug pipeline," but also distribute the drugs to local gangs and dealers. As a result, problems faced by the Cleveland police are unique as Cleveland is primarily a "consumer" city for illegal drugs.

Law enforcement officials in Cleveland are experiencing a strain on their resources as they continue to cooperate with other jurisdictions like New York, Chicago and New Orleans which have the HIDTA designation without themselves having this benefit. These coordinated operations are similar to those implemented in many HIDTA programs. The added coordination and sharing of information under the HIDTA program would only make their capabilities much more effective.

The HIDTA program has been incredibly effective in enabling law enforcement agencies to work together. The 1999 Omnibus Appropriations bill identifies 4 areas which should be considered for new HIDTA funding: Ohio, Hawaii, East Texas and New England. I would be interested in hearing from General McCaffrey if these studies have been conducted and if any decisions have been made regarding the designation of new HIDTAs. I hope to hear whether you anticipate expansion of the HIDTA program.

General McCaffrey, I thank you for your time and am eager to learn your opinions on these issues and others that are raised here before the committee.

Mr. MICA. Thank you so much. It does bring to home the reason that we are here today trying to find solutions so that a tragedy such as that we have heard about with this family can be avoided in the future.

We had a vote, and right now have the swearing in of a Member, but we are going to go ahead and proceed with our regular order of business this morning, which is, again, testimony from our Director of the Office of National Drug Control Policy.

I am going to start with an opening statement.

I will ask unanimous consent that it be submitted for the record.

Without objection, so ordered.

[The prepared statement of Hon. John L. Mica follows:]

Opening Statement of
Chairman John L. Mica
Subcommittee on Criminal Justice, Drug Policy and Human Resources
"Oversight of the 1999 National Drug Control Strategy"
February 25, 1999

Today the Subcommittee on Criminal Justice, Drug Policy and Human Resources welcomes General Barry McCaffrey, Director of the Office of National Drug Control Policy. General McCaffrey is here to present the President's 1999 National Drug Control Strategy.

At yesterday's hearing with New York Mayor Rudy Giuliani, we learned how successfully drugs, and the crime attendant with drug use, can be combated when there is determination and leadership by a chief executive.

At the national level, the statistics on drug use, particularly among our young people, continue to be worrisome and sobering. Drug overdose deaths continue to plague our metropolitan areas, our suburbs and our schools. Drug use is highest among our 12th graders, with more than 50% of them having tried an illicit drug and more than one in four labeled as current users.

I am concerned about some of the shortcomings in the White House drug strategy. The Drug Free Communities Act, which the President praised in a radio address, and which had wide bipartisan support in Congress, was shortchanged in the President's budget by $8 million. Grant recipients under that program who worked hard to win matching funds recently were informed that they would be punished for their success with less funds next year.

The 105th Congress passed an ONDCP reauthorization bill with hard targets. This year's strategy document references performance measures of effectiveness and goals to reach in 2003 and 2007, but fails to explain whether the Administration is on track in reaching those goals.

I also continue to be concerned by the Administration's lack of response to the medical marijuana phenomenon. This last election cycle, five more states fell prey to ballot initiatives sponsored by wealthy, out-of-state drug legalizers.

Additionally, many of us here in Congress have wrangled with this Administration for more than two years over properly equipping the Colombian anti-narcotics police with helicopters capable of conducting heroin eradication. This Administration's response to the heroin epidemic is more treatment dollars and expanded methadone maintenance. The interdiction budget is still below its 1991 level, and I believe that the imbalance that has been created in drug policy under this Administration has resulted in a flood of cheaper, purer drugs.

On Monday the English newspaper *The Guardian* reported that the Financial Action Task Force of the Group of Seven leading industrial nations has estimated that at least $120 billion from the drug trade is laundered through the world's financial system per year. That would make the drug business the third biggest economy in the world today. There should be no doubt that we are facing one of the world's great challenges, but it is a battle that we must engage in if we are to preserve our national sovereignty.

With that I want to say that I look forward to hearing from General McCaffrey today on these and other issues which are so important to the Members of the Subcommittee, to parents and to our young people.

Mr. MICA. Let me just try to spend a few minutes, as our members join us, to express some of my concerns outside that official statement about my review of the proposed drug strategy, the 1999 strategy that has been submitted, and some of the accompanying documents. In light of a trip that the ranking member, myself, Mr. Souder, and some of the subcommittee just took, I would like to look, just for a few minutes, at an overview of where we are and what I believe are some of the shortcomings of this proposal before us.

First of all, I want to publicly acknowledge the tremendous job that General McCaffrey has done. I think he has had a very difficult assignment. I think he has handled himself in a manner to be praised by this subcommittee, by the Congress, and by the administration.

That being said, I do have some so-called "bones" to pick with the proposal before us, and I am sure he'll have an opportunity to respond.

One of my major concerns is that we look at the cost-effectiveness of our approach to this problem. We are now spending, this past year, $17.9 billion taxpayer dollars, not to mention almost a quarter of a trillion dollars in cost, just dollars and cents, to the taxpayers on substance abuse and drug expenses that our country incurs every year.

So you have to look at the most cost-effective approach. Maybe some of these items are more on our minds, since we have just returned from some of the major drug-producing countries, but it doesn't take a whole lot of education or information to figure out exactly where the core of the drugs are coming from. By the estimates of this report, we have got 60 percent, maybe as much as 70 percent of the hard drugs coming through Mexico, and most of the cocaine and heroin is now produced in Colombia.

We learned through our trip that Colombia has now become the major source of cocaine production, with the tremendous efforts that have been made by President Fujimora of Peru and by the President of Bolivia, Hugo Bonsar. So we know that drugs are being produced—the hard drugs, heroin and cocaine, in Colombia.

We still have the problem of getting the resources—helicopters, ammunition, eradication programs—underway in those countries.

We know that 100 percent of the cocaine is being produced in Bolivia, Colombia, and Peru. Now 50 percent has switched over to Colombia. We know that heroin is trafficking up through Mexico, and that's 60 to 70 percent of it.

I point this out because the strategy does not appear to me to be focused sufficiently to deal with these source countries. Now, in Peru and Bolivia a few million dollars extra could make a big difference. They have shown some dramatic intentions and actions to eliminate, not just cut back, but potentially eliminate production in those two countries.

So it seems that a lot of our resources should be to stop drugs at their source. What disturbs me about the budget and the strategy is that it does not seem to focus enough attention there. In fact, I think over last year's actual total dollar expenditure we see decreases.

So I have some serious concerns that we are putting a few dollars where they can do the most good, in Bolivia and Peru, and also in Colombia.

What is even more disturbing is the situation with Mexico, where most of the drugs are transiting. Today's newspapers make me even more concerned, General McCaffrey. We had the testimony yesterday of Tom Constantine, the head of our Drug Enforcement Agency, and he testified in the Senate. In my lifetime, I have never witnessed any group of criminals that has had such a terrible impact on so many individuals and communities in our Nation. Mr. Constantine said they have infiltrated cities and towns around the United States, visiting upon these places addiction, misery, increased criminal activities, and increased homicide.

There is no doubt that those individuals running these organized crime, drug trafficking syndicates today are responsible for degrading the quality of life, not only in the towns along the southwest border of the United States, but also, increasingly, cities in middle America. That disturbs me greatly.

The headlines are, "Drug Corruption in Mexico Called Unparalleled," again, by our Chief Drug Enforcement Officer of our Nation.

Further, what concerns me is a lack of organization that the ranking member and I observed, first in Panama, which has been our major reconnaissance center. Today is almost the end of February. Monday is the first of March. We have March and April. It does not appear that we have any coherent plans for relocating those surveillance and incredible volume of equipment that now is in Panama. It seems disorganized, at best. It looks like we got outnegotiated by the Panamanians, and we are turning over $10 billion in assets, and you have $73 million to relocate in your budget, which, again, is probably an expensive policy failure by the administration.

So I am very concerned about what we are going to do. We do not have anything in place. Our folks told us that our troops may be living in tents or in temporary quarters if and when an agreement is reached for relocating them. This also opens a huge gap in our reconnaissance, surveillance, and interdiction activities.

We then went to the southwest border and met with border officials and some of our ATF folks there. We were basically told, Sir—and correct me, Mrs. Mink, if I am wrong—that there is no one in charge of the southwest border program, that it is greatly fractionalized, that there is no direction and no or, at best, little coordination.

Certainly, the southwest border, given the chart that I have here, has to be one of the major entry points. The border patrol told us—and correct me again if I am wrong, anyone out on the panel—that we have not restarted our efforts of having the reserve and military do proper surveillance. They said they can detect most folks coming across the border through sensors. The local border patrol folks have requested, in fact, that that be reinstituted, but nothing in Washington has been done to, again, provide the sensors at the border which are so important.

Then, I know that you and the administration have been strong advocates, and the Congress, Mr. Portman, strong advocates of education and prevention and our Drug-Free Communities Act that

passed the Congress. I find that we do not have adequate resources in this budget to even fulfill the minimal needs.

Mr. Portman told me last evening it took 16 months to appoint board members, and most of it was a fight. The delay was a fight between HHS and DOJ in trying to decide who would run the program.

So I have some very serious concerns about what is in the proposal, about what I read in the newspaper today, about the possible certification by the administration of Mexico in the next couple of days, and that we do not have coordination and action on a couple of these fronts.

Now, I do not mean that all in a critical vein, Mr. Director. I am wondering if maybe we need to give you additional authority. We certainly can do a better job from our perspective in applying the financial resources where they need to go to get the job we think needs to get done.

Those are my candid, open remarks. We have learned from the past that if we do not put the proper emphasis on these areas—multi-faceted eradication, source country programs, and international programs on interdiction, education, treatment, and prevention—that it does not work. And there is no question that it does not work if we do not have that emphasis.

So those are some of my concerns today. I think we have most of the members of the panel back. I apologize for taking time.

Again, I do not give that totally in a critical vein, but hopefully in a constructive vein that we can find answers to some of the problems as we move along here.

With those comments, I am pleased to yield to the ranking member, the distinguished lady from Hawaii, who also accompanied us on our first initial visit. We are anxious to hear her remarks. I recognize her.

Mrs. MINK. Thank you, Mr. Chairman, and welcome to you, General McCaffrey, to this hearing.

I occupy a new position as ranking member of this subcommittee, and the entire subject area, although in many ways is something that I have been concerned with my entire political life, nonetheless, there is so much in this whole area that requires concentrated, detailed attention in order to understand all the inner workings and ramifications of the problem. It is an immense task that you have assumed, and I want to take this opportunity first off to commend you and your staff for the exceptional work that you have done since this organization was established.

There are so many fronts to this issue, and perhaps coming onto it initially I would have underscored the particular attention we have to pay to our young people, who are the real victims of this crisis, and organize efforts to educate them and their parents and their families about the dreadful consequences of becoming a user and an addict; the cost to the family, as well as to the community and to society and the Nation, as a whole, and so we concentrate our efforts.

I serve on the Education Committee, and we concentrated our efforts in the educational aspects and the prevention aspects, and then, when you look at the health area, you know that there is a

whole arena of health services and treatment, and some of the debate that goes along with those issues.

Then, traveling with this subcommittee to Central and South America, you understand that much of it is outside our realm of control. These source countries have total responsibility to do the things that are necessary to curb the source, to interdict the smugglers, and to do everything they can to prevent the traffic into our country. To some extent we are dependent upon their will and their determination to get at the source question and all the crime and other kinds of corruption that occur in societies that are governed by the law of drugs.

We know significant achievements in some of these countries that we want to pay special tribute to for their new efforts—Peru, Bolivia, and Colombia, in particular—and all of us are concerned about the developments in Mexico.

But, in looking at this overall picture about our drug strategy, what comes to my mind as something that I would have always considered self-evident was that we knew exactly what was happening within the United States in terms of where the drug syndicates were located, who ran them, who was in charge in what city, with respect to the wholesale activities of these drugs, and managing and controlling the flow in and out of our cities and our communities.

I have looked over a number of the reports and descriptions of the various functions of agencies, and I am not really quite sure that I have a grasp of what our efforts, in terms of our own law enforcement, are within this country.

That is an area I would like to pay special attention to as we begin our inquiry on the scope and strategy for the eradication of the drug abuse in our country.

I would like to know, frankly, where these people are and what their names are. I would like to put a face to these names. I would like to know where they are located, to what extent the intelligence within this country can identify them, know their operations, and, if so, why they have not been arrested and put in prison.

That's the short view of my perspective of one small corner of this immense subject area.

I would like to share those concerns with you, General McCaffrey, and hope that in the ensuing months we have an opportunity to engage in discussion about this far-reaching activity that those concerns of our enforcement part of this huge operation are fully understood, because, to a large extent, I think my community, my District that I represent has sort of given up on this thing. They say, "Well, what can you do about it? It is there." We do not see many results in terms of the whole traffic.

I am alarmed because my State is listed here as one of the major growers of marijuana, which is the leading illicit drug trafficking in this country, and I want to know who these people are that are bringing it in or growing it or picking it up and shipping it and where it goes and who these people are throughout the country.

I think that most families want to have that information—the knowledge, the belief that everything is being done that could be

done to help engage this Nation in this very, very critical problem for the sake of our children and our families.

Thank you, Mr. Chairman. I ask unanimous consent that my statement be entered into the record.

Mr. MICA. Without objection, so ordered. Thank you.

[The prepared statement of Hon. Patsy T. Mink follows:]

PATSY T. MINK
SECOND DISTRICT, HAWAII

WASHINGTON OFFICE:
2135 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–1102
(202) 225–4906
FAX: (202) 225–4987
http://www.house.gov/mineptv

DISTRICT OFFICE:
5104 PRINCE KUHIO FEDERAL BUILDING
P.O. BOX 50124
HONOLULU, HI 96850–4977
(808) 541–1986
FAX: (808) 538-0233

BIG ISLAND: (808) 935–3756
MAUI: (808) 242–1818
KAUAI: (808) 245–1951

Congress of the United States
House of Representatives
Washington, DC 20515–1102

COMMITTEE ON EDUCATION AND THE WORKFORCE
EARLY CHILDHOOD, YOUTH AND FAMILIES SUBCOMMITTEE
POSTSECONDARY EDUCATION, TRAINING AND LIFELONG LEARNING SUBCOMMITTEE

COMMITTEE ON GOVERNMENT REFORM
CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES SUBCOMMITTEE, RANKING
GOVERNMENT MANAGEMENT, INFORMATION AND TECHNOLOGY SUBCOMMITTEE

DEMOCRATIC CAUCUS EDUCATION AGENDA TASK FORCE, CO-CHAIR

Statement of Representative Patsy Mink, Ranking Member Subcommittee on Criminal Justice, Drug Policy, and Human Resources

February 25, 1999

Thank you, Mr. Chairman, and welcome to our distinguished witness. I am new to this position as ranking member on the subcommittee and had the opportunity to spend some time this week with General McCaffrey. I want to commend you for the exceptional work you have done. I think every member of this subcommittee shares this view, and that as Drug Czar you have brought great credit to this administration's fight against drugs in our country.

The cost of drug abuse to our society is staggering, both in material and human terms. According to the National Institutes of Health, the health care, the economic cost of drug and alcohol abuse reaches in excess of $110 billion each year. Drug-related deaths, excluding cases of homicide and disease indirectly caused by drug abuse, total more than 9,000 per year. And the cost to our communities and to our families is incalculable.

PRINTED ON RECYCLED PAPER

So what do we do about it?

This long-term, comprehensive drug strategy -- if properly implemented -- is expected to cut drug use and availability in half by 2007. That's not an arbitrary objective or a political wish. It is a hard and achievable target that would bring drug use down to the lowest recorded levels in the history of our country.

The strategy has no single focus, but addresses five strategic objectives simultaneously – teaching our kids to reject drugs, alcohol, and tobacco; reducing drug-related crime and violence; reducing health and social costs related to drug abuse; protecting our borders from drugs that move into our country from abroad; and breaking the sources of drug supply both inside our country and outside. All of these objectives are related to one another, and our efforts in each and every area will affect our success in the overall effort.

As you may know, I just returned from a visit with Chairman Mica and others to several of the major source and transit countries in Latin America. Most of the focus there was on foreign crop eradication, seizures, and interdiction. We also focused a great deal on the law enforcement challenges in these countries, and it led me to focus on some of our own law enforcement challenges at home.

Law enforcement is a central part of our drug control strategy. It is where we spend more than half of our federal drug budget -- $9.1 billion. Countless more is spent at the state and local level, where most of this battle is fought. Because of its cost and its enormous importance, I hope to spend some time today discussing how domestic law enforcement fits within our overall strategy and how effectively we are supporting the federal, state, and local agencies that must do the job.

One question I hope to focus on is how well are we doing in the fight against the big traffickers. I'm not talking about the little guy caught on the street corner, the user or the small-time retailer. We heard a little about that from Mayor Giuliani yesterday. I'd like to know how well we're doing against the major criminal organizations that control importation and distribution on our streets. The kingpins. How well are our High Intensity Drug Trafficking Areas working? Are we collecting the criminal intelligence we need? Are we moving it to the right law enforcement agencies on the ground in time to make a difference? I just came from countries with national, consolidated police forces. Ours are scattered across every county, every city, and every state in the country. Are we helping them talk to each other? Are we doing enough to help law enforcement dismantle the criminal organizations that operate inside our own borders?

These are just some of the questions I have today. I look forward to hearing your testimony.

Mr. MICA. I would like to recognize now the vice chairman of our subcommittee, the gentleman from Georgia, Mr. Barr.

Mr. BARR. Thank you, Mr. Chairman, and, General McCaffrey, it is always a pleasure and an honor to have you here. You have always and continue to distinguish yourself as one of our true leaders in the antidrug movement, and I very much appreciate that, as do the citizens of the 7th District of Georgia that I represent.

I think primarily, through no fault of your own but through some of the policy decisions that the administration makes, the effectiveness of your personal efforts and those of the people that serve with you, and, in particular, the brave men and women of the DEA have not enjoyed as much success as I know they would like and as you would like, and as, certainly, we up here would like to see, problems with regard to Mexico being one of the foremost problems, an effort by some, I think, in the administration not to be quite as strong on the marijuana legalization effort, as I know you are, and on needle exchange programs.

I guess what I am saying is I think we would be a lot better off if you were President and not just head of ONDCP, because then you would be in a position to make the broad policy decisions and dictate many of the steps that we would like to see and that I know you, personally, would like to see.

But I do look forward to the questions and answers today in your statement, and you are always very, very frank and forthcoming with us, and I appreciate that, and I know you appreciate where we are coming from in terms of sometimes some very tough questions.

Again, it is always an honor to be with you and with the brave men and women that you represent in the forefront of the war on drugs.

We had, through one of our subcommittees, a very interesting discussion yesterday with Mayor Guiliani of New York, and I may have a question or two to ask you, comments on some of the positions that he has taken. I think he has really done many of the things that we would like to see done. Of course, he is the chief executive for New York City and can make those decisions and dictate that they be carried out.

But, again, it is a pleasure to have you here. I look forward to the testimony and to the questions and answers, and, again, look forward to working with you in fighting the war against mind-altering drugs in the coming Congress.

Thank you, Mr. Chairman.

Mr. MICA. I thank you and now recognize the gentleman from Indiana, Mr. Souder.

Mr. SOUDER. I just want to thank General McCaffrey for being here and look forward to getting into the questions and comments.

Mr. MICA. Mr. Hutchinson, the gentleman from Arkansas, you are recognized.

Mr. HUTCHINSON. Thank you, Mr. Chairman.

I will yield for my opening statement.

I have started reviewing the report, General McCaffrey, and I look forward to your testimony.

I will take the opportunity just to make one remark. I believe in the importance of educating teenagers about tobacco use and the

dangers of that. I always have believed, though, that we should distinguish the case of illegal drugs, the narcotics, the methamphetamine—the message on that, you know, from the antidrug message on tobacco.

Sometimes I think we just sort of meld all of that together, and so I just wanted to express that comment to you. I have raised four teenagers, and I think you have got to distinguish that message out there. Both are important, but I hope that we can really put the focus on the illegal drugs—I think that is the greatest danger in our country—and then we can have a separate message for the antismoking campaign.

I look forward to your testimony, General McCaffrey, and, likewise, I thank you for your hard work for our country.

Mr. MICA. The gentleman from California, Mr. Ose, you are recognized.

Mr. OSE. Thank you, Mr. Chairman. Thank you for this hearing and the opportunity to go with you this past week. I am very interested in hearing what General McCaffrey has to offer here this morning.

Mr. Chairman, I am glad to see that the Federal funding for the war on drugs has increased for fiscal year 2000, however nominally or however much we might think it needs to be more.

The questions that I have deal with how can the Federal Government assist localities and communities in reaching their drug prevention goals. It is the details of this that I am looking forward to hearing from General McCaffrey about this morning.

I also want to comment on a statement that General McCaffrey made to the Community Anti-Drug Coalition's newsletter this past winter. The General commented that the responsibility of combating minor use of drugs, alcohol, and tobacco falls on communities and coalitions and not on the local police chief and sheriff.

My specific question—and I hope you address this—is: how can the Federal Government encourage and equip local communities and coalitions to actually participate effectively in this effort?

Again, these are just a few of my concerns. With respect to the time, I will yield back whatever I have left in favor of listening to General McCaffrey.

Thank you, Mr. Chairman.

[The prepared statement of Hon. Doug Ose follows:]

February 25, 1999

Statement of Representative Doug Ose
Subcommittee on Criminal Justice, Drug Policy, and Human Resources
Hearing on the 1999 National Drug Control Strategy

Mr. Chairman, thank you for conducting this hearing today on the 1999 National Drug Control Strategy. I look forward to hearing from General Barry McCaffrey on this important issue.

Mr. Chairman, I am glad to see that there is a proposed increase in federal funding for the war on drugs for Fiscal Year 2000. I am also glad to see that the 1999 Strategy has a goal of reducing drug use by 50 percent over ten years. My question is how do we achieve that goal, and what can the federal government do to assist localities and communities in reaching that goal? I am sure the devil is in the details, and I am anxious to hear the details of the strategy from General McCaffrey this morning.

Upon returning from Chairman Mica's CODEL to Latin and South America last week, I am gravely concerned about drug trafficking from these countries into the United States. From the testimony, I see that one of the Strategy's goals is to reduce the rate at which illegal drugs successfully enter the U.S. by 10 percent by 2002, and 20 percent by 2007. Efforts like this will be crucial if we are to limit smuggling illegal drugs from countries such as Mexico, which is one of the largest drug distributors in the world.

I would also like to comment on a statement General McCaffrey made to the Community Anti-Drug Coalitions' newsletter this past winter. The General commented that the responsibility of combating minor use of drugs, alcohol, and tobacco falls on communities and coalitions, and not on the local police chief and sherif. I would like to know how the federal government can encourage and equip local communities and coalitions to do this.

Mr. Chairman, these are just a few of the concerns I have about the U.S.'s efforts to combat illegal drug use and trafficking. In the interest of time, I will save the rest of my questions and concerns for General McCaffrey after he presents his testimony.

Once again, Mr. Chairman, thank you for holding this hearing. I look forward to hearing the testimony from General McCaffrey, and I yield back the balance of my time.

Mr. MICA. I thank the gentleman.

Just to make sure we correct the record before we recognize the General, on page 89 of the National Drug Control Policy I want to present a national award for graphics liberties, which is the National Drug Control budget funding trend up, which last year the total expenditures were $17.9 billion, and this year they are $17.8 billion, $109 million less, and it is cleverly done with the graphics that are represented, breaking out the supplemental as a separate expenditure. But, in fact, there are decreases in some of the areas which I pointed out and expressed concerns about, and I have this awesome chart that the staff has prepared, which I am going to ask be submitted to the record. It shows the fiscal year 2000 expenditures for international dropping 43 percent from 1999 in the proposal by the administration, for total dollars spent in interdiction, which would be down 18 percent. These are the exact figures, in spite of the classy fashion in which the information is prepared.

Without objection, that will be made part of the record and tidy it up a bit, I hope.

[The information referred to follows:]

COUNTERDRUG FUNDING STATISTICS
($ in Millions)

	FY 99	FY 2000	DROP
STATE DEPT. INL	468.6	265.0	43%
INTERDICTION	2,355.8	1,937.3	18%

Source: 1999 National Drug Control Strategy, Budget Summary

Mr. MICA. With that, General, we are pleased to have you here. We apologize for the delay. We look forward to your testimony and look forward to working with you as we tackle this tough problem.

You are recognized, Sir.

STATEMENT OF GENERAL BARRY R. McCAFFREY, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

General MCCAFFREY. Thank you, Mr. Chairman, for the opportunity to appear in front of this committee and try and not only lay out what the administration's strategy and budget entail, but also to listen very carefully to your own comments and respond to your questions.

Let me also thank Representative Mink for her leadership. I look forward to working with you as a partner in the coming years in this committee, and for the many others in the committee who I have worked with over the last several years.

A lot of the people who are vital to the national drug effort are here in the room with us, and I would not be able to mention all of them, but I would be remiss to not note Dr. Linda Wolfe Jones, Therapeutic Communities of America; Jennifer Collier McCall of the Legal Action Center; Sara Cason from the National Council on Alcoholism and Drug Dependence; of particular pride to have here Sue Thau representing Community Anti-Drug Coalitions of America, more than 4,000 coalitions across the country; Tom Hedrick from Partnership for Drug-Free America.

I will try and show a smattering of this enormous effort.

Mr. MICA. General, would you mind repeating them and having each of them stand so we can recognize them.

General MCCAFFREY. Yes, I would be glad to.

Dr. Linda Wolfe Jones, Therapeutic Communities of America; Jennifer Collier McCall, the Legal Action Center; Sara Cason from the National Council on Alcoholism and Drug Dependence; Sue Thau from Community Anti-Drug Coalitions of America, the umbrella organization all across the country; Tom Hedrick from Partnership for Drug-Free America. I know all of you know Jim Burk and the absolutely brilliant work they have done on the antidrug media campaign. I am always proud to have DARE America present. Jim McGivney is here representing the biggest antidrug prevention program in the country, 26 million kids and 9 million now in the international community. Susan Weinstein, from the National Association of Drug Court Professionals, is here. There were 12 drug courts 3 years ago. There are almost 500 now, either operating or standing up. Johnny Hughes is here from the National Troopers Coalition; and Dr. Bob Balster from the College on Problems of Drug Dependency. Many of the most serious academic researchers associate themselves with that program. I thank him for being here, along with Joe Peters, who has newly joined us as our HIDTA Director. He is a very experienced assistant U.S. attorney from Philadelphia, where he is chief of narcotics and organized crime, and we thank Joe for joining us.

Mr. Chairman, if I can, let me ask your permission to enter into the record a written comment.

Mr. MICA. Without objection, so ordered.

General McCAFFREY. We tried to pull together and provide you the facts that may help guide your own deliberations.

Let me also run through very briefly, just laying out, so you can see it and hear it, the principal subcomponents of our national effort.

[Simultaneous slide presentation.]

General McCAFFREY. There are four volumes, one of which you have already referred to, the national drug strategy. You just changed the law last session. You reauthorized ONDCP. The Speaker of the House was heavily involved in it, along with Denny Hastert, who was his quarterback. This now represents long-term commitment on the part of the U.S. Government, because you told me to do this with a 5-year or longer perspective.

We have also now, by law—this is no longer collegial participation by my 50 associations in the executive branch. This is the 5-year drug budget that I am mandated by law to submit each year. It is still not very good, but it is now subject to your analysis and debate and the scrutiny of the news media and these other representatives from the principal national antidrug elements so that we can start getting into a dialog on prevention, treatment, law enforcement, interdiction over time. I commend this to your attention. We put enormous energy into it.

We have also submitted performance measures of effectiveness. We have revised them again. Last year we thought it was a dramatic breakthrough in trying to hold the executive branch accountable over time with achieving results.

There are now 12 outcomes that are defined by an algorithm, and there are 82 subordinate variables that we will measure, and I will report to this committee each year what we achieved with the money you gave us in the earlier year.

The 1990 report makes the first attempt to give you a report on what we claim we have achieved, and we welcome your own questions on that.

A classified volume, which is available to you in the normal controlled manner, is the national drug control strategy classified annex, which is classified "secret" and tries to outline the interdiction and international law enforcement policy and programs. This is the second time we have put it out. It is better. It is more useful now to help govern our own internal dialog among, particularly, the intelligence and law enforcement agencies.

If I may, let me briefly show you a few charts to tell you the principal elements.

The first chart, to your front here, again reiterates that we have organized this effort around five goals. There are now 31 objectives. They were designed in consultation with literally thousands of individuals and institutions across the country. We think it is a solid piece of work. As you read it, it will make sense to law enforcement, educators, health professionals, coaches, and the men and women of the Armed Forces—the Coast Guard and other agencies. We think this is a good way to organize ourselves.

This is also, I underscore, not the Federal drug control strategy, it is the national drug control strategy, so I am putting a lot of effort into it, along with my colleagues, to make sure that States and local governments and NGO's see this conceptual architecture and

try and talk about the issue and organize programs and budgets in some common way.

We have got to acknowledge it is possible to do something about drug abuse in America. We are persuaded by Partnership for Drug-Free America data, by Columbia University, by the brilliant work at University of Michigan Survey Research Center that youth attitudes drive drug behavior.

We are persuaded that the number of adolescents using gateway drugs, the degree to which they become involved in pot smoking, alcohol abuse, cigarettes, and the rest of this stuff—and when I say "the rest of this stuff," I acknowledge more 8th graders than 12th graders use heroin in today's America. That is the second year in a row I have said that. It is still a minute aspect of the problem, but it is an indication that if we want to see 10 years from now what will be the drug abuse problem we are debating, watch the middle school kids.

As we look at the middle school kids, we think we are beginning to see the turning point in what will have to be a 10-year struggle to grab each group of adolescents as they hit those years and persuade them that drug abuse is harmful to their own health and development. And we are starting to see youth attitudes in the 8th grade, 10th grade, and 12th grade have all definitively, from a mathematical correlation point, turned around from 5 earlier years of running the wrong way. These are modest changes in behavior and attitudes, but, if continued, and if we focus on that age group, in my judgment and the judgment of most of us—Dr. Allen Leshner, in particular, our Director of NIDA—this will be the payoff.

Having said that, there may be a decade lag between an adolescent who becomes a compulsive drug user—and I know you understand this. Kids actually get addicted when they are 15, 16, 17, and 18, and some of them are completely wrapped up in drug-taking behavior; 10 years or 15 years later they are in the hospital emergency rooms or in the prison system, they are HIV positive, they dominate the crime scene.

And so, if you look at the 4.1 million Americans who are chronically addicted to drugs, they are doing enormous damage. That is who is in the hospital emergency room.

Social cost—there is a lot of money involved in this. These are huge dollar amounts. And I put alcohol in there to underscore the fact that in today's America we are talking about poly drug abuse. It is rare to see somebody who is in serious difficulty who is not using heroin and alcohol, cocaine and other drugs. These are poly drug abuse situations, and if the treatment system is not adequately focused on the client, you end up with one behavior being modified and the addict goes to other drug-taking methods. But $110 billion is the bottom line to the damage done in the criminal justice system, the health system, industrial accidents, et cetera. It is a huge problem. It dominates some aspects of our society, and we are going to talk about its impact on criminal justice.

This assertion I would say is scientifically unarguable. If you do effective drug treatment, if you target this drug treatment on this modest percentage of the population which is addicted, 4-million-plus people—that is probably the most useful estimate of its size—

their malevolent behavior, their malignant behavior, their impact on society will change dramatically.

You cannot cure a 31-year-old heroin addict, but you can change their behavior, and so one of the two studies that I am most likely to cite, the DATOS and ENTIES study, both tend to show, using large numbers of the addicted, that if you get them into treatment you modify their behavior dramatically. And most of those numbers essentially say there is a 50 percent reduction in the behaviors that are most dangerous to us.

The next one again talks about criminal activity, rather than just drug-taking activity. If you look at things like selling illegal drugs, shoplifting, assault, beating somebody up—down a little more than 77 percent. Treatment pays off, and there is a cost, of course, in the criminal justice system to all these deviant behaviors.

Here is a point I think we need to make most strongly. Donna Shalala, our Health and Human Services Secretary, I would argue is the most knowledgeable about being opposed to the use of marijuana combined with other drugs, particularly by young people. She has seen it all her life as a college president and professor.

It is inarguable that, although we do not claim causal linkages, young people who smoke marijuana a lot—and you will also find other drug-taking behavior associated with this—that their tendency to be involved in criminal behavior, deviant behavior, failure to learn, dropping out of school, sexually transmitted diseases, all of them are higher. And so we say that this is harmful to the physical, emotional, and moral development of young people. Physically attacking people, destroying property, almost across the board there is a relationship between pot use and these activities.

Let me also again make the point—and this is University of Michigan data of Survey Research Center. It has been going on since the 1960's, in which we tried to follow youth behavior, self-reported, to track their attitudes. There are two attitudes that are key: to what extent do I disapprove of drug use? The second attitude is: to what degree do I fear drug use for me?

When those attitudes go back, drug use goes up. When the attitudes start to change, their personal behavior begins to reflect it.

What we are seeing clearly, having seen a spectacular and extremely threatening 5-year rise, these behaviors, almost across the board, most dramatically among 8th graders, least dramatically among 12th graders—which is what you would expect—the curves are beginning to turn around. It is still, obviously, unacceptable. We have got one out of four high school seniors in this country regularly using drugs, one out of four, and that is the population that will generate the chronic addicts of America 10 years out.

Let me just again remind you that if you go to the serious law enforcement people—Lori Robinson, Assistant Attorney General, is the basis for a lot of our studies, along with Jeremy Travis, but also the experienced law enforcement, leadership, Louis Freeh, Tom Constantine, Ray Kelly, and others—this huge number of Americans behind bars, costing $36 billion. It is growing. It will go up another 20 percent in the coming years if we do not do something differently.

If you look at that population, if you buy Joe Califano's Colombia University data, 80 percent of them are in there because their be-

havior is contaminated by alcohol and drug abuse. My guess is 50 percent is probably a more demonstrative statistic, but people end up unemployed, sick, and involved in criminal behavior, and then behind bars, resulting from the abuse of alcohol and other drugs.

If we get at that behavior—and there really are not that many of them—1.8 million people—50 percent of them clearly are addicted to compulsive drugs. That is the population that we have to bring under control, and I think there has to be a tough love element to it. It is not enough to have a $3 billion treatment effort. It has to be linked to the criminal justice system.

Thanks very much.

Let me, if I may, end by also stating that our drug budget, the fiscal year 2000 budget, which was also sent over—we will have hearings on that next week. I would, however, underscore my appreciation for the rather dramatic increase in funding that the Congress has given us between fiscal year 1996 and 2000. That is the piece of it that I have focused on. In that period of time, Mr. Chairman—and I thank you for your personal support—international programs went up 120 percent. That is in raw dollars. That is not a sound bite. That is fact—a 120 percent increase in international programs.

You have increased interdiction funding by 47 percent in those budget years. You have increased law enforcement funding by 24 percent.

Now, in addition, I would underscore my appreciation that prevention dollars are up 55 percent, if you would take the fiscal year 2000 submitted budget. Treatment dollars are up 25 percent, and research money—most importantly, many would argue—up 35 percent. So we are moving to respond to the dictates of our own strategy, of our own rhetoric, and we think it is going to pay off over time.

I would also add, however, I share—you listed six concerns, Mr. Chairman, and I think you are right on the money on all six of them. I think there are ways to put it in context, and I would appreciate the chance to lay out what we are doing, but I think you are quite correct being worried about cost-effectiveness, lack of organization, what are we going to do in the interdiction effort once we lose Panama, what are we doing on the southwest border, corruption and violence in Mexico, drug-free communities, are they adequately funded, yes or no. And your concerns about the certification of Mexico I think are all quite valid.

With your permission, let me show you a minute-and-a-half of video, and I would welcome your questions on the media strategy.

We went, in 2 years, from a 12-city test with 12 control cities to national implementation using Partnership for Drug-Free America material. Now we have got the big guns involved. Some of the most sophisticated people in this country are involved in the effort.

We, again, are grateful that more than 200 advertising companies do this work for free. We pick up production costs, but this work is nonprofit for the ad agencies involved. The Actor's Guild wave their fees. So what we are doing with our precious dollars is targeting access where kids and adult caregivers are involved.

We have made, we think, initial and rather dramatic impact. Our target was four times a week adolescents in America, with a 90

percent target penetration, would see or hear or read our material. In fact, we are about seven times a week with 93 percent target penetration. It is almost unprecedented in this area.

Kids see the ads, they notice them, they are responding, the calls to community coalitions have skyrocketed, even though only 10 percent of those initial ads had a telephone number on them, and the calls into Secretary Shalala's information clearinghouses have gone up dramatically.

By the end of the summer I hope we will be online in 11 languages. When we started Spanish, it went from 4 calls a day to more than 60 per hour when we got online with targeted ads. We are going to work, essentially, substrategies in 102 different media markets.

We are quite proud of it.

And, on top of that, in accordance with the law, we negotiated 100 percent or more matching access, and we have done it with a very conservative algorithm on measuring what constitutes matching. We actually have achieved 107 percent increase in access with the dollars Congress gave us.

On that note, if you will, let me just end by showing you this video on work that is being done by the networks to reinforce our own PDFA efforts.

[Videotape presentation.]

General McCaffrey. Mr. Chairman, I thank you for the chance to make these statements and look forward to responding to your questions.

[The prepared statement of General McCaffrey follows:]

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

Statement by General Barry R. McCaffrey,
Director, Office of National Drug Control Policy
Before the House Government Reform and Oversight Committee,
Subcommittee on Criminal Justice, Drug Policy, and Human Resources.
February 25, 1999

All of us in the Office of National Drug Control Policy thank the Committee for the opportunity to testify today about the *1999 National Drug Control Strategy*. Chairman Mica, Representative Mink, distinguished members of the subcommittee, your interest in all aspects of drug control policy and your commitment to bipartisan support of a comprehensive response to the nation's drug abuse problem are much appreciated. We are confident that this *Strategy*, if fully implemented, will reduce illegal drug use and availability by 50 percent by the year 2007.

- **The Purpose of Strategy**

Strategy determines the relationship between goals and available resources. Strategy guides the development of programs to achieve goals efficiently. Strategy sets timetables that can adjust as conditions change. Finally, strategy embodies and expresses will. The *National Drug Control Strategy* proposes a multi-year conceptual framework to reduce illegal drug use and availability by 50 percent. If this goal is achieved, just 3 percent of the household population aged twelve and over would use illegal drugs. This level would be the lowest recorded drug-use rate in American history. Drug-related health, economic, social, and criminal costs would also be reduced commensurately. The *Strategy* focuses on prevention, treatment, research, law enforcement, protection of our borders, and international cooperation. It provides general guidance while identifying specific initiatives. This document expresses the collective wisdom and optimism of the American people with regard to illegal drugs.

- **The Requirement for a National Drug Control Strategy**

The Office of National Drug Control Policy Reauthorization Act of 1998 required the President to submit to Congress by February 1999 a comprehensive National Drug Control Strategy for reducing drug abuse and the consequences of drug abuse in the United States by limiting the availability of and reducing the demand for illegal drugs. Specifically, the Act required that the strategy include:

- Comprehensive, research-based, long-range, quantifiable, goals for reducing drug abuse and the consequences of drug abuse in the United States.

- Annual, quantifiable, and measurable objectives and specific targets to accomplish long-term quantifiable goals that the Director determines may be achieved during each year of the period beginning on the date on which the National Drug Control Strategy is submitted.

- Five-year projections for program and budget priorities.
- A review of international, State, local, and private sector drug control activities to ensure that the United States pursues well-coordinated and effective drug control at all levels of government.

All information and reports required by the Act are included in the following documents that have been provided to this Committee:

- *The National Drug Control Strategy.*

- *Drug Control Budget: FY 2000.*

- *Performance Measures of Effectiveness: Implementation and Findings.*

- *Classified Annex.*

It was the sense of the Congress in this Act that substantial progress could be made toward achieving specific reductions in drug supply and demand by the year 2003 as well as during the intervening years. This *Strategy* sets in motion policies and programs designed to make progress toward these targets. It contains careful analysis of what is achievable by specified years. It also presents a detailed performance measurement system that links goals, objectives, and mid- and long-term targets. As we succeed in reaching our targets, we will continue to achieve even further reductions insofar as resources and other developments allow.

• Annual Strategy Report

The ONDCP Reauthorization Act of 1998 also requires the President to submit to Congress each February a report on progress in implementing the *Strategy*. This *Strategy* contains a detailed report (in Chapter II) on: progress in reducing drug use and availability in the United States; the consequences of drug abuse; and the effectiveness of prevention, treatment, enforcement, interdiction, and international programs. A summary of the report contained in the *Strategy* follows:

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

million chronic drug users in America: 3.6 million chronic cocaine users (primarily crack cocaine) and 810,000 chronic heroin users.

Juvenile Trends. Drug use among 12-17 year olds declined slightly in 1997 and 1998. Between 1992 and 1996, past month illicit drug use had increased from 6.8 percent to 14.6 percent among 8th graders, increased from 11 percent to 23.2 percent among 10th graders, and increased from 14.4 percent to 24.6 percent among 12th graders. Use of inhalants declined among 8th graders from 5.6 percent in 1997 to 4.8 percent in 1998. In 1998 alcohol use decreased among 10th graders, and remained stable among 8th graders and 12th graders, albeit at unacceptably high levels. Past-month use of cigarettes slightly declined among 8th, 10th, and 12th graders from 1997 to 1998. We are concerned that every day more than 6,000 people aged eighteen or younger try their first cigarette, and more than 3,000 people aged eighteen or younger become daily smokers.

Drug Availability. In 1997, an estimated 289 metric tons (MTs) of cocaine were available in the U.S., the lowest amount since the 1980s and far below the peak of 529 MTs in 1992. 145 MTs of cocaine were seized enroute to the U.S. in 1998. Marijuana remains readily available. Information about heroin price and purity is imprecise. In 1998 the average retail price for a pure gram of heroin was approximately $1,799; the wholesale price was $318. These prices were significantly lower than in 1981, when the retail price per gram was estimated to be $3,115 and the wholesale price $1,194. The average purity for retail heroin in 1998 was 25 percent, much higher than 1991's average of 19 percent. Methamphetamine remains the most prevalent synthetic drug. Americans spent $57 billion on illegal drugs in 1995, down 37 percent since 1988.

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

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

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

- **Goals and objectives of the *1999 National Drug Control Strategy***

Goals. The *Strategy's* five goals are comprehensive in that they cover the three broad aspects of drug control: demand reduction, supply reduction, and adverse consequences of drug abuse and trafficking. In addition, these goals are national in that they state what we must collectively achieve; they are not markers for solely a federal effort. Finally, these goals are research-based,

quantifiable, and long-range. The five goals and thirty-one objectives reflect the need for prevention and education to protect all Americans, especially children, from the perils of drugs; treatment to help the chemically dependent; law enforcement to bring traffickers and other drug offenders to justice; interdiction to reduce the flow of drugs into our nation; international cooperation to confront drug cultivation, production, trafficking, and use; and research to ensure policy is based on science.

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

The Strategy focuses on youth for both moral and practical reasons. Children must be nurtured and protected from drug use and other forms of risky behavior to ensure that they grow up as healthy, productive members of society. As youngsters grow, they assimilate what they observe.

Drug use is preventable. If children reach adulthood without using illegal drugs, alcohol, or tobacco, they are unlikely to develop a chemical-dependency problem. To this end, the Strategy fosters initiatives to educate children about the real dangers associated with drugs. ONDCP seeks to involve parents, coaches, mentors, teachers, clergy, and other role models in a broad prevention campaign. ONDCP encourages businesses, communities, schools, the entertainment industry, universities, and sports organizations to join these national anti-drug efforts.

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

The negative social consequences of drug-related crime and violence mirror the tragedy that substance abuse wreaks on individuals. A large percentage of the twelve million property crimes committed each year are drug-related as is a significant proportion of nearly two million violent crimes. The nation's estimated 4 million chronic drug users contribute disproportionally to this problem. Drug-related crime can be reduced through community-oriented policing and other law-enforcement tactics, which have been demonstrated by police departments in New York and other cities where crime rates are plunging. Cooperation among federal, state, and local law-enforcement agencies also makes a difference. So, too, do operations targeting gangs, trafficking organizations, and violent drug dealers. Equitable enforcement of fair laws is critical. We are a nation wedded to the prospect of equal justice for all. Punishment must be perceived as commensurate with the offense. Finally, the criminal justice system must do more than punish. It should use its coercive powers to break the cycle of drugs and crime. Treatment must be made available to the chemically dependent in our nation's prisons.

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

Drug dependence is a chronic, relapsing disorder that exacts an enormous cost on individuals, families, businesses, communities, and nations. Addicted individuals frequently engage in self-destructive and criminal behavior. Treatment can help them end dependence on addictive drugs. Treatment programs, moreover, can reduce the consequences of addictive drug use on the rest of society. The ultimate goal of treatment is to enable a patient to become

abstinent and to improve functioning through sustained recovery. On the way to that goal, reducing drug use, improving the addict's ability to function, and minimizing medical consequences are useful interim outcomes. Treatment options include therapeutic communities, behavioral treatment, medication (e.g., methadone, levo-alph-acetyl-methadol (LAAM), or naltrexone for heroin addiction), outpatient drug free programs, hospitalization, psychiatric programs, twelve-step recovery programs, and treatment that combines two or more of these options. Providing treatment for America's chronic drug users is both compassionate public policy and a sound investment. For example, the recent Drug Abuse Treatment Outcome Study (DATOS) found that outpatient methadone treatment reduced heroin use by 70 percent, cocaine use by 48 percent, and criminal activity by 57 percent, and increased employment by 24 percent. The same survey also revealed that long-term residential treatment achieved similar successes.

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

The United States is obligated to protect its citizens from the threats posed by illegal drugs crossing our borders. Interdiction in the transit and arrival zones disrupts drug flow, increases risks to traffickers, drives them to less efficient routes and methods, and prevents significant quantities of drugs from reaching the United States. Interdiction operations also produce information that can be used by domestic law enforcement agencies against trafficking organizations. Each year, more than sixty-eight million passengers arrive in the United States aboard 830,000 commercial and private aircraft. Another eight million individuals arrive by sea, and a staggering 365 million people cross our land borders driving approximately 115 million vehicles. Ten million trucks and cargo containers and ninety thousand merchant and passenger ships also enter the United States annually, carrying some four hundred million metric tons of cargo. Amid this voluminous trade, drug traffickers seek to hide approximately three-hundred metric tons of cocaine, thirteen metric tons of heroin, vast quantities of marijuana, and smaller amounts of other illegal substances.

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

The rule of law, human rights, and democratic institutions are threatened by drug trafficking and consumption. International supply reduction programs not only reduce the volume of illegal drugs reaching our shores; they also attack international criminal organizations, strengthen democratic institutions, and honor our international drug-control commitments. The U.S. supply-reduction strategy seeks to: (1) eliminate illegal drug cultivation and production; (2) destroy drug-trafficking organizations; (3) interdict drug shipments; (4) encourage international cooperation; and (5) safeguard democracy and human rights. The United States continues to focus international drug-control efforts on source countries. International drug-trafficking organizations and their production and trafficking infrastructures are most concentrated, detectable, and vulnerable to effective law-enforcement action in source countries. In addition, the cultivation of coca and opium poppy and production of cocaine and heroin are labor intensive. For these reasons, cultivation and processing are relatively easier to disrupt than other downstream aspects of the trade. The international drug control strategy seeks to bolster source country resources, capabilities, and political will to reduce cultivation, attack production,

interdict drug shipments, and disrupt and dismantle trafficking organizations, including their command and control structure and financial underpinnings.[1]

Objectives. The *Strategy* also presents thirty-one objectives that are more narrowly focused than these five goals and stipulate the specific ways in which the goals will be attained. Under the prevention goal (Goal 1), for example, nine supporting objectives articulate the specific ways that illegal drug use and underage consumption of alcohol and tobacco products will be discouraged. Programmatic initiatives will be tied directly to one or more of these objectives. The national youth anti-drug media campaign, for example, supports objective 2 ("pursue a vigorous advertising and public communications program") and objective 7 ("create partnerships with the media, entertainment industry, and professional sports organizations") of goal 1.

- **The Supporting Performance Measures of Effectiveness (PME) System**

Strategy links ends, ways, and means. Progress toward a strategy's goals and objectives must be constantly assessed in order to gauge success or failure and adjust the strategy accordingly. ONDCP has therefore, in conjunction with national drug-control program agencies, Congress, state and local officials, and private citizens with experience in demand and supply reduction, developed a Performance Measurement of Effectiveness (PME) system to orient drug-control efforts. This system (1) assesses the effectiveness of the *Strategy;* (2) provides information to the entire drug-control community on what needs to be done to refine policy and programmatic directions; and (3) assists with drug program budget management.[2]

The PME system identifies ninety-seven performance targets, of which twelve indicate the impact of national drug-control activities on the *Strategy's* five overarching goals. The other eighty-five measure progress toward the *Strategy*'s thirty-one supporting objectives. These targets represent desired end-states for the years 2002 and 2007. They are "stretch targets" in that they require progress above that attained in previous years. This assessment is in keeping with recommendations of the National Academy of Public Administration, the General Accounting Office, and other organizations advocating good government practices.

Progress toward each goal and objective will be gauged using existing research and new surveys. Monitoring the Future and the National Household Survey of Drug Abuse, for example, both estimate risk perception, rates of current use, age of initiation, and life-time use for alcohol, tobacco, and most illegal drugs. The Arrestee Drug Abuse Monitoring System (ADAM) and Drug Abuse Warning Network (DAWN) indirectly measure the consequences of drug abuse. The State Department's annual *International Narcotics Control Strategy Report* (INCSR) provides country-by-country assessments of initiatives and accomplishments. INCSR reviews statistics on drug cultivation, eradication, production, trafficking patterns, and seizure along with law-enforcement efforts including arrests and the destruction of drug laboratories. The

[1] Additional information about international drug-control programs is contained in the *Classified Annex* to the *Strategy*.
[2] The overall performance system is described in detail in the companion volume to the *Strategy* -- *Performance Measures of Effectiveness: Implementation and Findings*.

Subcommittee on Data, Research, and Interagency Coordination will consider additional instruments and measurement processes required to address the demographics of chronic users, domestic cannabis cultivation, drug availability, and data shortfalls related to drug policy.

The relationship between goals, objectives, targets, and federal and non-federal resources will be reassessed and refined continuously to reflect the dynamic drug-abuse problem and progress in reducing its scope. Non-achievement of a target over a period of time will trigger an in-depth interagency program evaluation to identify problems and recommend corrective action. Such measures might include a range of options such as modifying programs, reinforcing them with more resources, or eliminating them altogether. This ongoing review process will also allow reinforcement of successful programs.

- **Major Initiatives**

National Youth Anti-Drug Media Campaign. The goal of this bipartisan five-year campaign is to use the full power of the media to educate and enable America's youth to reject illegal drugs. This goal includes preventing drug abuse and encouraging current users to quit. There is significant evidence that carefully planned mass media campaigns can reduce substance abuse by countering false perceptions that drug use is normative and influencing personal beliefs that motivate drug use. Media campaigns have been used to prevent or reduce consumption of illegal drugs and smoking along with risky behavior like driving under the influence of alcohol or without seat belts. For all their power to inform and persuade, the media alone are unlikely to bring about large, sustained changes in drug use. The anti-drug campaign will be truly successful only if media efforts are coordinated with initiatives that reinforce one another in homes, schools, and communities.

The anti-drug media campaign began in January 1998 in twelve test sites and was expanded nationwide in July. Once ads began to run in the twelve test sites, anti-drug awareness increased and requests for anti-drug publications increased by more than 300 percent. The campaign harnesses a diverse mix of television, video, radio, Internet, and other forms of new media to deliver anti-drug messages. Messages and channels through which they are being delivered are tailored for specific regional, ethnic, cultural, gender, and age differences among members of the target audiences. Paid and public-service advertising, news, public-affairs programming, and entertainment venues are being used in the media campaign. So far, media outlets are matching paid advertisements with public-service time for advertisements and pro-bono programming content. Public-service advertising space generated by the paid campaign is being dedicated to messages that target underage drinking and smoking, as well as other messages related to the campaign's communications objectives. We have also developed partnerships with a broad range of community and civic groups, professional associations, government agencies, and corporations. In 1998, thirty television programs focused on themes and messages supportive of the campaign. While the campaign's goal was to reach 90 percent of the target audience with four messages a week, by January 1999, 95 percent of the target audience was receiving seven anti-drug messages a week.

Expanding Drug-Free Workplaces. Drug-abusing employees affect the productivity of any business; in some industries they pose an obvious threat to the safety and security of Americans. Because of the federal government's example and experience, comprehensive drug-free workplace programs have expanded throughout the nation. Today, over 80 percent of all companies with more than five thousand employees have drug-free workplace programs. Private sector results parallel the federal experience, with rates of positive drug tests decreasing over the past ten years. Clearly, comprehensive workplace programs provide both incentives and models for smaller employers to build upon in coming years. Drug-free employees have fewer work-related accidents and less absenteeism, use fewer health-care benefits, and file fewer workers compensation claims than their drug-abusing colleagues. Recognizing that it is often difficult for small businesses to institute drug-free workplace programs, Congress passed the Drug Free Workplace Act of 1998 that establishes a demonstration program within the Small Business Administration (SBA). Under this program, the SBA will make grants to eligible business development centers to educate businesses on the benefits of a drug-free workplace program, provide technical assistance in establishing programs, and educate working parents on how to keep children drug-free.

Athletic Initiative. Organized athletic programs can reach young people and engage them in drug-free activities. Each year approximately 2.5 million students play football and basketball in high school and junior high. Millions of children are involved in soccer leagues, among other sports. Studies show that a young person involved in sports is 40 percent less likely to get involved with drugs than an uninvolved peer. Scores of children admire professional athletes, but these stars often convey mixed messages pertaining to drugs, if not outright pro-drug attitudes. In 1998, ONDCP launched an Athletic Initiative to reduce drug use within sports, encourage the athletic world to condemn drug use, and urge youth to get involved with sports.

Faith Initiative. The faith community plays a vital role in building social values, informing the actions of individuals and inculcating life skills that are critical to resisting illegal drugs. The clergy -- rabbis, priests, and ministers -- all serve as civic leaders. Many run programs that provide much-needed counseling and drug treatment for members of their communities. Consequently, ONDCP is expanding its outreach to the faith community. In 1999, ONDCP encourages religious communities to speak out against drugs and further develop faith-based initiatives to prevent and treat drug use.

Countering Attempts to Legalize Drugs. Given the negative impact of drugs on American society, the overwhelming majority of Americans reject illegal drug use. Indeed, millions of Americans who once used drugs have turned their backs on such self-destructive behavior. While most Americans remain steadfast in condemning drugs, small elements at either end of the political spectrum argue that prohibition -- and not drugs -- create problems. These people offer solutions in various guises, but one of the most troublesome is the argument that eliminating the prohibition against dangerous drugs would reduce the harm that results from drug abuse. Such legalization proposals are often presented under the guise of "harm reduction." Given concerns about encroaching efforts to justify legalization of harmful psychoactive drugs, the *1999 Strategy* outlines specific steps to counter the potential harm such activities pose.

Countering Attempts to Legalize Marijuana. Marijuana is a Schedule I drug under the provisions of the Controlled Substance Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, because of its high potential for abuse and lack of accepted medical use. Federal law prohibits the prescription, distribution, or possession of marijuana and other Schedule I drugs like heroin and LSD and strictly controls Schedule II drugs like cocaine and methamphetamine. Federal law also prohibits the cultivation of Cannabis sativa, the marijuana plant. Marijuana is similarly controlled internationally through inclusion on Schedule I of the U.N. Single Convention on Narcotic Drugs. In the past decade, data regarding the negative impact of marijuana on our youth has accumulated. As described in Chapter II of the *Strategy*, marijuana use by young people correlates with delinquent and antisocial behavior. The U.S. medical-scientific process has not closed the door on marijuana or any other substance that may offer therapeutic benefits. However, both law and common sense dictate that the process for establishing substances as medicine be thorough and science-based. By law, laboratory and clinical trial data are submitted to medical experts in the Department of Health and Human Services (DHHS), including the Food and Drug Administration (FDA), for evaluation of safety and efficacy. If scientific evidence, including results of adequate and well-controlled clinical studies demonstrates that the benefits of a drug product outweigh associated risks, the substance can be approved for medical use. This rigorous process protects public health. Allowing marijuana or any other drug to bypass this process is unwise. Permitting hemp cultivation would result in de facto legalization of marijuana cultivation because both hemp and marijuana come from the same plant -- Cannabis sativa, which contains THC, the active ingredient in marijuana. Chemical analysis is the only way to differentiate between cannabis variants intended for hemp production and hybrids grown for their psychoactive properties.

Safe and Drug-Free Schools and Communities. The Department of Education's Safe and Drug-Free Schools and Communities Program (SDFSP) provides funds for virtually every school district to support drug and violence prevention programs and to assist in creating and maintaining safe learning environments. The President has announced his intention to overhaul the program to improve its effectiveness. The proposal will require schools to adopt effective drug and violence policies and programs, annual safety and drug use report cards, links to after school programs, and efforts to involve parents. The Department has already implemented principles of effectiveness, which require that all SDFSP-funded programs be research-based. The program is moving in a direction designed to ensure that SDFSP fund recipients, including governors, state education agencies, local education agencies, institutions of higher education, and community organizations, adopt programs, policies and practices that are based on research and evaluation

Mentoring Initiative. This Center for Substance Abuse (CSAP) initiative will implement a national mentoring program to focus on some of the problems young people face, including alcohol and drug abuse. Adult mentors will be recruited and trained to reach at-risk youth in at least four states through demonstration programs. If evaluations prove positive, the program will be expanded to more states by FY 2004.

Youth Substance Abuse Prevention Initiative. Substance Abuse and Mental Health Services Administration (SAMHSA)/CSAP coordinates this HHS-wide initiative that is designed to reduce marijuana use by twelve to seventeen year-olds. Major components of the initiative are regional Centers for the Application of Prevention Technologies (CAPTs) and State Incentive Grants (SIGs). CAPTs provide states and communities technical assistance and information about research-based prevention. SIGs encourage collaboration with private and community-based organizations. Nineteen grants have already been awarded to states.

Youth Tobacco Initiative. The Youth Tobacco Initiative is a multifaceted HHS campaign, coordinated by the Centers for Disease Control and Prevention (CDC). Its purpose is to reduce availability of and access to tobacco and the appeal of tobacco products to youth. The campaign includes funding for tobacco prevention and cessation programs, research, legislative initiatives, regulation, and enforcement.

Youth Alcohol Use Prevention. Alcohol is by far the drug of choice among American youth. National Institute on Alcohol Abuse and Alcoholism (NIAAA) has a number of specific initiatives underway to address youth alcohol use including: Alcohol Screening Day, NIAAA National Advisory Council's Subcommittee on College Drinking, Kettering Foundation National Issue Forums on alcohol, and the Surgeon General's Initiative on Underage Drinking. SAMHSA/CSAP, in collaboration with NIAAA, is supporting a five-year research grant program entitled Effects of Alcohol Advertising on Underage Drinking which explores short- and long-term relationships among youth of exposure to alcohol advertising, alcohol expectancies and other mediating variables, and actual consumption of alcohol by youth.

Closing the Public Treatment System Gap. In 1996, approximately 4.4 to 5.3 million people were estimated to need drug treatment. Slightly less than two million people currently receive drug treatment. Clearly, there is a substantial gap between the number of persons in need of treatment and the number receiving it. One aspect of the Administration's efforts to reduce this gap is the expansion of SAMHSA's Substance Abuse Prevention and Treatment Block Grant. The second component of the federal effort to reduce the public treatment system gap is expansion of the Targeted Capacity Expansion program that makes awards directly to states, counties, cities, and service providers. The goal of this program is to address gaps in treatment capacity by supporting rapid and strategic responses to demand for treatment. Grants will target communities with serious, emerging drug problems as well as communities with innovative solutions to unmet needs. In 1999, these programs will include an HIV/AIDS component targeting minority populations at risk of contracting HIV/AIDS or living with HIV/AIDS.

Expanding Treatment for Adolescents. The need for community-based treatment for troubled teens who are dependent on drugs is particularly great, and there is an even more dramatic shortage of treatment in the juvenile correctional system. There is also a paucity of research-based information about the effectiveness of juvenile treatment. SAMHSA is addressing these problems by evaluating adolescent-focused interventions and providing communities grants for adolescent treatment through its Targeted Capacity Expansion program.

Medications for Drug Addiction. Pharmacotherapies are essential for reducing the number of addicted Americans. Methadone therapy, for example, is one of the longest-established, most thoroughly evaluated forms of drug treatment. The National Institute on Drug Abuse's (NIDA) Drug Abuse Treatment Outcome Study found that methadone treatment reduced participants' heroin use by 70 percent and criminal activity by 57 percent while increasing full-time employment by 24 percent. SAMHSA is conducting a comprehensive review of the current system for regulating opioid treatment programs (OTPs). The intent is to develop a regulatory proposal that will transfer regulatory oversight from the FDA to SAMHSA, and incorporate accreditation as a requirement for federal approval of OTPs. NIDA will continue to fund a high-priority program for discovering new medications to treat drug abuse.

National Drug Abuse Treatment Clinical Trials Network. Over the past decade, NIDA-supported scientists have developed and improved pharmacological and behavioral treatment for drug addiction. However, most of these newer methods are not widely used in practice, because they have been studied only in relatively short-term, small-scale studies conducted in academic settings on stringently selected populations. To reverse this trend and improve treatment nationally, NIDA is establishing a National Drug Abuse Treatment Clinical Trials Network (CTN) to conduct large, rigorous, statistically powerful, multi-site treatment studies in community settings using diverse patients.

Treatment Research and Evaluation. NIDA supports over 85 percent of the world's research on drugs of abuse. Recent research in the area of pharmacotherapies and behavioral therapies for abuse of cocaine/crack, marijuana, opiates and stimulants, including methamphetamine will improve the likelihood of successfully treating substance abuse. In addition, a comprehensive epidemiological system needs to be developed to measure the success of the new therapies. NIDA will conduct clinical and epidemiological research to improve the understanding of drug abuse and addiction among children and adolescents. These findings will be widely disseminated to assist in the development of effective prevention programs.

Improving Federal Drug-Related Data Systems. This initiative will develop a comprehensive data system that adequately informs drug policy makers. It will specifically support the ninety-four targets that constitute the Strategy's PME system. The ONDCP-coordinated Advisory Committee on Drug Control Research, Data, and Evaluation is reviewing existing data systems to identify "data gaps" and determine what modifications can be made to enhance the system.

Behavioral Treatment Initiative. Behavioral therapies remain the only effective treatment for many drug problems, including cocaine addiction, where viable medications do not yet exist. Furthermore, behavioral intervention is needed even when pharmacological treatment is being used. An explosion of knowledge in the behavioral sciences is ready to be translated into new therapies. NIDA is encouraging research in this area to determine why particular interventions are effective, to develop interventions to reduce AIDS risk behavior, and to disseminate new interventions to practitioners in the field.

Reducing Infectious Disease Among Injection Drug Users. Studies of HIV prevalence among patients in drug treatment centers and women of child-bearing age demonstrate that the heterosexual spread of HIV in women closely parallels HIV among injection drug users (IDUs). IDUs represent a major public-health challenge. Addicted IDUs frequently have multiple health, mental health, and complex social issues that must be overcome in order to successfully address their addiction, criminal recidivism, and disease transmission problems. NIDA has created a center on AIDS and other Medical Consequences of Drug Abuse to coordinate a comprehensive, multi-disciplinary research program that will improve the knowledge base on drug abuse and its relationship to other diseases through biomedical and behavioral research.

Training for Substance Abuse Professionals. Many health care professionals lack the training to identify the symptoms of substance abuse. Most medical students, for example, receive little education in this area. If physicians and other primary-care managers were more attuned to drug-related problems, abuse could be identified and treated earlier. Many competent community-based treatment personnel lack professional certification. Consequently, SAMHSA/Center for Substance Abuse Treatment (CSAT) has worked collaboratively with the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) and the International Certification Reciprocity Consortium/Alcohol and Other Drugs to improve the states' credentialing systems that respect the experiences of individual treatment providers while they earn professional credentials.

Breaking the Cycle of Drugs and Crime. Drug-dependent individuals are responsible for a disproportionate percentage of our nation's violent and income-generating crimes like robbery, burglary, or theft. According to ADAM data, between one-half and three-quarters of all arrestees tested in twenty-three cities around the country had drugs in their system at the time of arrest. About half of those charged with violent or income-generating crimes test positive for more than one drug. In 1997, a third of state prisoners and about one in five federal prisoners said they had committed the offenses that led to incarceration while under the influence of drugs. Nineteen percent of state inmates and 16 percent of federal inmates said they committed their current offense to obtain money for drugs (up from 17 percent and 10 percent, respectively, in 1991). Incarcerating offenders without treating underlying substance-abuse problems simply defers the time when they are released back into our communities to start harming themselves and the larger society. Between 60 and 75 percent of untreated parolees with histories of cocaine and/or heroin use reportedly return to those drugs within three months of release. As a crime-control measure alone, drug treatment for criminally active addicts is strikingly cost-effective. It offers the potential of reducing crime by about two-thirds at a fraction of the cost for a prison cell.

The Zero Tolerance Drug Supervision Initiative proposes comprehensive drug supervision to reduce drug use and recidivism among offenders. The federal government will help states and localities implement tough new systems to drug test, treat, and sanction prisoners, parolees and probationers. This initiative will ensure that states fully implement the comprehensive plans to drug test prisoners and parolees that they are required by law to submit to the Justice Department, while also supporting the efforts of states like Maryland and Connecticut to begin drug testing probationers on a regular basis.

The corrections and treatment professions must join in common purpose to break the tragic cycle of drugs and crime by reducing drug consumption and recidivism among individuals in the criminal justice system. We should accelerate the expansion of programs that offer alternatives to imprisonment for non-violent drug law offenders. Treatment must be made more available for drug-dependent inmates and those on probation or parole. Finally, adequate transitional programs should support inmates following detention. The end result will be fewer addicts and drug users, less demand for drugs, less drug trafficking, less drug-related crime and violence, safer communities, and fewer people behind bars. In 1999 the federal government will convene a national summit on substance abuse and criminal justice policy to encourage the expansion by state and local jurisdictions of alternatives to incarceration for non-violent offenders and treatment for drug-dependent offenders in all phases of the criminal justice system.

Support to Law-Enforcement. In unity there is strength. The more local, state, and federal law-enforcement agencies and operations reinforce one another, the more they share information and resources, the more they "deconflict" operations, establish priorities, and focus energies across the spectrum of criminal activities, the more effective will be the outcome of separate activities. The federal government provides extensive support to state and local law-enforcement agencies through the Edward Byrne Memorial State and Local Law Enforcement Assistance Program. Grants support multi-jurisdictional task forces, demand-reduction education involving law-enforcement officers, and public and private agencies and non-profit organizations for activities that are directly related to reducing and preventing drug-related crime and violence.

The Community Oriented Policing Services (COPS) program has funded over 92,000 new and redeployed officers to help police the streets and we expect to reach 100,000 officers this year. The COPS program has buttressed community policing anti-drug actions at the street level, including efforts to curtail trafficking in the dangerous drug of methamphetamine. Building on the successful COPS initiative, the President has proposed a new 21st Century Policing Initiative which will continue to help communities to hire, redeploy, and retain police officers; provide the latest crime-fighting technologies; and target funds to engage the entire community in anti-crime measures.

Organized Crime Drug Enforcement Task Forces (OCDETF) draw on the expertise of federal, state, and local law enforcement and prosecutorial agencies to coordinate investigations and prosecutions of domestic and international drug trafficking organizations, money laundering operations, gangs, and public officials involved in drug trafficking enterprises. The collaboration between law enforcement and U.S. Attorneys as well as the state and local levels of district attorneys and attorneys general plays an integral part in OCDETF's fight against drug traffickers.

High Intensity Drug Trafficking Areas (HIDTA) are regions with critical drug-trafficking problems that harmfully affect other areas of the United States. These locations are designated by the ONDCP Director in consultation with the Attorney General, the Secretary of the Treasury, heads of drug-control agencies, and governors. There are currently twenty-one HIDTAs. HIDTAs assess regional drug threats, design strategies to address the threats, develop integrated initiatives, and provide federal resources to implement these initiatives. HIDTAs strengthen America's drug-control efforts by forging partnerships among local, state, and federal law

enforcement agencies; they facilitate cooperative investigations, intelligence sharing, and joint operations against trafficking organizations. In 1998, new HIDTAs were designated in central Florida (including Orlando and Tampa), the Milwaukee metropolitan area, and the marijuana-growing regions of Kentucky, Tennessee, and West Virginia.

Initiatives targeting gangs and violent crime have reduced drug trafficking substantially. Gangs are involved in the national distribution of drugs and frequently use automatic weapons. Thirty years ago, only twenty cities reported gang activity. Today, more than seven hundred do. The DEA and FBI lead federal efforts to break up trafficking organizations. The FBI has established 166 Safe Street task forces to address violent crime, most of which is drug-related. In early 1995, DEA launched the Mobile Enforcement Team (MET) program as a manifestation of its commitment to assist state and local police agencies combat the problem of drug-related violent crime in their communities. DEA has assigned 24 METs in 20 of its 21 field divisions (the recently formed division in Puerto Rico is the exception). The Department of Justice is using the National Gang Tracking Network, a comprehensive computer database that keeps tabs on gangs and gang members operating across state lines. The Bureau of Alcohol, Tobacco, and Firearms (ATF) targets armed drug traffickers through the Achilles Program, which oversees task forces in jurisdictions where drug-related violence is severe. The ATF also conducts Gang Resistance Education and Training (G.R.E.A.T.) in schools.

Equitable Sentencing Policies. The Administration supports the revision of the 1986 federal law which mandates a minimum five-year prison sentence for anyone possessing either five-hundred grams of powder cocaine or a mere five grams of crack cocaine. This law, which punishes crack cocaine involvement one hundred times more severely than powder cocaine crimes, is problematic for two reasons. First, since crack is more prevalent in black, inner-city neighborhoods, the law has fostered a perception of racial injustice in our criminal justice system. In fact, 90 percent of those convicted on crack cocaine charges are African American. Second, harsher penalties for crack possession over powder have resulted in long incarceration levels for low-level crack dealers instead of a greater focus on the apprehension of middle and large-scale movers of powder cocaine.

The Administration recommends that federal sentencing treat crack as ten times worse than powder, not one hundred times worse. Specifically, the amount of powder cocaine required to trigger a five-year mandatory would be reduced from 500 to 250 grams, while the amount of crack cocaine required to trigger the same sentence would increase slightly from 5 grams to 25 grams. This difference would reflect -- without gross exaggeration -- the greater addictive potential of crack (which is smoked) compared to powder (when snorted), the greater violence associated with the trafficking of crack cocaine, and the importance of targeting mid- and higher-level traffickers as opposed to smaller-scale dealers. The Administration also recommends that mandatory minimums be abolished for simple possession of crack. Among all controlled substances, crack is the only one with a federal mandatory minimum sentence for a first offense of simple possession for personal use.

Preventing Trafficking Across the Southwest Border. Since the Southwest border is presently the most porous part of the nation's borders, it is there that we must mount a determined coordinated effort to stop the flow of drugs. At the same time, we cannot concentrate resources along the Southwest border at the expense of other vulnerable border regions, for traffickers follow the path of least resistance and will funnel the flow of drugs to less defended areas.

The problems our law enforcement officials face in stemming the flow of drugs into the United States are significant but not insurmountable. Twenty-three separate federal agencies and scores of state and local governments are involved in drug-control efforts along our borders, air, and seaports. Improved coordination can ensure unity of effort from national policy to state and local levels with case-centered criminal investigations. The departments of Justice and Treasury and other agencies with responsibilities along the Southwest border continue to enhance their collective capabilities in this vulnerable region. Timely dissemination of information can allow agencies to target trafficking organizations more effectively. An ongoing review of the counterdrug intelligence system is addressing this requirement.

All cross-border movements are subject to inspection. We cannot, however, paralyze commerce and travel to search for contraband. Non-intrusive inspection technologies that are cued to high-risk cargo by intelligence are being deployed to keep drugs out of legal commerce. Access roads, fences, lights, and surveillance devices can prevent the movement of drugs between ports of entry while serving the legal, economic, and immigration concerns of the United States, Canada, and Mexico. We must continue to make appropriate staffing investments to ensure adequate numbers of trained and well-equipped inspectors, agents, investigators, and prosecutors. Last year, for example, the Border Patrol hired a thousand additional agents. We must ensure adequate staffing resources throughout the entire border security system.

Harnessing Technology. Technology is an essential component in the effort to prevent drug smuggling across our borders and via passenger and commercial transportation systems. Technology can help stop drugs while facilitating legal commerce. Automated targeting systems can analyze databases to assess the likelihood that a particular individual, vehicle, or container is carrying drugs. Non-intrusive inspection devices can detect drugs; X-ray systems inspect the inside of cars, trucks, or containers while high energy neutron interrogation systems measure the density of tires, fuel tanks, panels, and cargo. Technology can also prevent trafficking in unoccupied spaces. The Immigration and Naturalization Service's Integrated Surveillance Information System/Remote Video Surveillance (ISIS/RVS) project, for example, is improving the Border Patrol's effectiveness between ports of entries along the Southwest border. This initiative will increase inspection capabilities at all vulnerable ports of entry.

Technology can also play a dramatic role in combating drug-related crime. ONDCP's Counterdrug Technology Assessment Center (CTAC) was established by the Counter-Narcotics Technology Act of 1990 (P.L. 101-510). CTAC is the federal government's central drug-control research and development organization and coordinates the activities of twenty federal agencies. CTAC identifies short, medium, and long-term scientific and technological needs of federal, state, and local drug-enforcement agencies -- including surveillance; tracking; electronic support measures; communications; data fusion; and chemical, biological, and radiological detection.

CTAC identifies demand reduction basic and applied research needs and initiatives. CTAC's Ten Year Counterdrug Technology Plan and Development Roadmap provides a framework for law-enforcement exploitation of technological advances.

Review of Counterdrug Intelligence Architecture. Drug intelligence and information collection, analysis, and dissemination are essential for effective drug control. An extensive interagency review of counterdrug intelligence activities was conducted during 1998 under the auspices of the secretaries of Defense, State, Transportation, and Treasury, the Attorney General, the Director of Central Intelligence, and the Director of National Drug Control Policy. The review suggested how federal, state, and local drug-control efforts could be better supported by drug intelligence and law-enforcement information. An interagency plan is being drafted based on this review.

Coordinated Interdiction Operations. Drug traffickers are adaptable, reacting to interdiction successes by shifting routes and changing modes of transportation. Large international criminal organizations have extensive access to sophisticated technology and resources to support their illegal operations. The United States must surpass traffickers' flexibility, quickly deploying resources to changing high-threat areas. Consequently, the U.S. government designs coordinated interdiction operations that anticipate shifting trafficking patterns. Interdiction resources, mostly for one time capital acquisitions, will increase significantly in 1999 as the result of Congressional appropriation of $870 million for international drug-control and interdiction spending, of which agencies attribute $844 million directly going to drug-related activities.

Interdiction in the Transit Zone. Drugs coming to the United States from South America pass through a six-million square-mile transit zone that is roughly the size of the continental United States. This zone includes the Caribbean, Gulf of Mexico, and eastern Pacific Ocean. The Coast Guard is the lead federal agency for maritime interdiction and co-lead with U.S. Customs for air interdiction. The interagency mission is to reduce the supply of drugs from source countries by denying smugglers the use of air and maritime routes in the transit zone. In patrolling this vast area, U.S. federal agencies closely coordinate their operations with the interdiction forces of a number of nations. In 1998, eighty metric tons of cocaine were seized in the transit zone.

Stopping drugs in the transit zone involves more than intercepting drug shipments at sea or in the air. It also entails denying traffickers safe haven in countries within the transit zone and preventing their ability to corrupt institutions or use financial systems to launder profits. Consequently, international cooperation and assistance is an essential aspect of a comprehensive transit zone strategy. Accordingly, the United States is helping Caribbean and Central American nations to implement a broad drug-control agenda that includes modernizing laws, strengthening law-enforcement and judicial institutions, developing anti-corruption measures, opposing money laundering, and backing cooperative interdiction.

Breaking Cocaine Sources of Supply. Coca, the raw material for cocaine, is grown in the South American countries of Bolivia, Colombia, and Peru. Regional efforts to eradicate this crop have been quite successful in the past three years. Coca cultivation in Peru plummeted by 56 percent from 115,300 hectares in 1995 to 51,000 hectares in 1998. Potential cocaine production declined from 460 metric tons to 240 metric tons over the same period in Peru while in Bolivia potential production declined from 255 metric tons in 1994 to 150 metric tons in 1998. The estimated 325 metric ton decline in potential cocaine production in Peru and Bolivia has been slightly offset by a potential increase of 85 metric tons in Colombia between 1995 and 1998. Coca cultivation increased by 26 percent last year in Colombia. Virtually all of the coca cultivation in Colombia is in remote, underdeveloped regions outside the government's control and often under the influence of guerrilla or paramilitary forces. The United States will support the government of Colombia's national alternative development plan in those areas where the government of Colombia can assure security conditions necessary to administer and enforce such a program. The United States will continue to support environmentally sound eradication and alternative development in all three countries; suppress aerial, riverine, and maritime trafficking; strengthen the anti-drug capabilities of judicial systems, law-enforcement agencies, and security forces; and encourage greater regional cooperation.

Breaking Heroin Sources of Supply. Worldwide illicit opium production has doubled since 1986 and was estimated at 3,465 metric tons in 1998, down 16 percent from 1997's figure. Opium production in Latin America accounts for less than 5 percent of worldwide production. Opium cultivation and production in the Golden Triangle area of Southeast Asia continue to far outpace any other region. Burma, the world's largest opium producer, could potentially produce 217 metric tons of heroin. The United States has limited access or influence in Afghanistan and Burma which collectively account for 92 percent of the world's potential heroin production. The U.S. heroin market consumes only about 3 percent of the world's production, indicating that every pound of heroin that law enforcement takes off domestic markets can be readily replaced through the international supply. Widely dispersed growing areas, multiple trafficking organizations, and diversified routes and concealment methods make supply reduction difficult. Still, progress is achievable if governments can cordon off growing areas, increase their commitment, and implement counternarcotics programs. The United States will continue supporting UN drug-control programs in Burma and encourage other countries to press the Burmese government to take effective anti-drug action. In Colombia, the United States will provide additional support to the CNP opium poppy eradication campaign. We will also help strengthen law-enforcement efforts in heroin source and transit countries by supporting training programs, information sharing, extradition of fugitives, and anti-money laundering measures. Finally, the United States will work through diplomatic and public channels to increase the level of international cooperation and support the ambitious UNDCP initiative to eradicate illicit opium poppy cultivation in ten years.

Countering the Spread of Methamphetamine. Since the mid-1980s, the world has faced a wave of synthetic stimulant abuse with approximately nine times the quantity seized in 1993 than in 1978, equivalent to an average annual increase of 16 percent. Domestic manufacture and importation of methamphetamine pose a continuing public-health threat. The manufacturing process involves toxic and flammable chemicals. Abandoned labs require expensive, dangerous clean-up. The 1996 National Methamphetamine Strategy (updated in May of 1997) remains the basis of the federal response to this problem. It was buttressed by the Comprehensive Methamphetamine Control Act of 1996, which increased penalties for production and trafficking while expanding control over precursor chemicals (like ephedrine, pseudoephedrine, and phenylpropanolamine). In addition, the Methamphetamine Trafficking Penalty Enhancement Act of 1998 was signed into law as part of the omnibus spending agreement for FY 1999, further stiffening sanctions against trafficking this dangerous drug. Federal, state, and local investigators and prosecutors are targeting companies that supply precursor chemicals to methamphetamine producers.

Reducing Domestic Marijuana Cultivation. Marijuana is the most readily available illegal drug in the United States. While no comprehensive survey of domestic cannabis cultivation has been conducted, the DEA estimates that much of the marijuana consumed in the United States is grown domestically, both outdoors and indoors, by commercial and private operators. Recognizing that successful domestic cannabis eradication efforts must be supported by accurate information about the acreage of illegal drug cultivation, Congress has directed the Secretary of Agriculture to annually submit to the ONDCP Director an assessment of the acreage of illegal drug cultivation in the United States.

Building an International Anti-Drug Consensus. The United States seeks to improve international cooperation to strengthen regional enforcement efforts and deny sanctuary to international criminal organizations. Because traffickers do not respect national borders, no country can be effective unilaterally in tackling this global problem. Multinational coordination is necessary when dealing with an operation this widespread. In June 1998, a special session of the United Nations General Assembly underscored the need for international opposition to the illegal drug trade. As a result, the world community adopted the proposal made in the 1998 United States Drug Control Strategy for a ten-year conceptual framework to counter the drug problem and set five and ten-year target dates for reducing supply and demand for illicit drugs.

The political declaration on global drug control adopted during the session represents a forceful, high-level commitment to addressing all elements of the drug problem at both the national and international levels. It emphasized the importance of a balanced approach to reduce drug abuse, eliminate illicit supply, and counter drug trafficking. It also set clear target dates for member states to take action required in specified areas. A target date of 2003 was established for national action to stem the tide of abuse and trafficking in amphetamine-type stimulants, national legislation on money laundering, promotion of judicial cooperation, and implementing demand- reduction strategies. The year 2008 is the target date for achieving significant results in demand reduction; eliminating or reducing illicit drug cultivation; and reducing the manufacture and trafficking in psychotropic substances, including synthetic designer drugs and precursor chemicals.

Promoting International Demand Reduction. The problem of increasing drug abuse is shared by many nations. In the United Kingdom (UK), for example, 48 percent of sixteen to twenty four year-olds questioned in 1996 said they had used illegal drugs in their lifetime, and 18 percent were past-month users. The UK has responded with a comprehensive national drug control strategy. In Mexico, the government is responding to increasing drug abuse by increasing funding for treatment, conducting a "Live Without Drugs" public service campaign, and providing educational programs in schools and on the Internet. In Brazil, cocaine abuse has become more prevalent.

Recognizing that no government can reduce drug use and its consequences by itself, the United States encourages and supports private-sector initiatives in drug prevention education. Examples include the *Consejo Publicitario Argentino*, the *Parceria Contra Drogas* in Brazil, and the *Alianza para una Venezuela sin drogas*. The 120,000 U.S. tax-payer dollars that helped establish these national organizations contributed to the generation of more than $120 million in anti-drug media messages in these three countries.

Supporting Democracy and Human Rights. Experience teaches that countries which enjoy political, economic, and social stability derived from effective democratic institutions are most capable of mounting coherent policies to reduce drug cultivation, production, trafficking and money laundering. Accordingly, all U.S. international counter-drug assistance is carefully coordinated by our ambassadors to ensure that drug-policy objectives support U.S. foreign policy goals of promoting democracy and protecting human rights.

Drug Control in the Western Hemisphere. The era in which hemispheric anti-drug efforts were characterized by bilateral initiatives between the United States and selected Latin American and Caribbean nations is giving way to growing multilateral initiatives. Nations in the Americas have recognized that the lines demarcating source, transit, and consuming nations have become blurred as drug abuse and drug-related social harms become a shared problem. The growing trend toward greater cooperation in the Western Hemisphere is creating unprecedented drug-control opportunities. The hemisphere's thirty-four democratically elected heads of states agreed during the 1998 Summit of the Americas in Santiago, Chile to a Hemispheric Alliance Against Drugs. All nations agreed to broaden drug prevention efforts; cooperate in data collection and analysis, prosecutions, and extradition; establish or strengthen anti-money laundering units; and prevent the illicit diversion of chemical precursors. The centerpiece of the agreement is a commitment to create a multilateral evaluation mechanism -- essentially, a hemispheric system of performance measurement.

Bilateral Cooperation with Mexico. The complex and highly interdependent relationship between Mexico and the U.S. is of major importance to the United States. Economics, history, culture, and geography closely link our two countries. Cooperation with Mexican authorities is essential for progress against Mexico-based major drug-trafficking organizations. Mexico's economic stability and political transition are particularly threatened by the crime, violence, and social decay engendered by illegal drug trafficking.

Strong political will at the senior levels of the Mexican government confronts the serious national security threat posed by drug trafficking and drug-related corruption and violence. Mexico is challenged, however, by corruption, weak counter-drug institutions, and a legal system that can be exploited by well-funded drug traffickers. A long-term commitment by Mexico's government to achieve concrete results will be needed to disrupt major trafficking organizations and to reduce the amount of drugs that enter Mexico and the United States. This commitment was reiterated during President Clinton's recent visit to Merida.

The Government of Mexico's counterdrug capabilities are improving. In the last three years, Mexico has investigated and prosecuted high-ranking public officials for corruption. It has enacted anti-crime laws that strengthen law enforcement institutions and provide the basis for more effective prosecution. We have improved cooperation in the past three years in information sharing, air and maritime interdiction, cooperative investigations, extraditions, and military counterdrug coordination. Major traffickers like Juan Garcia Abrego and the Amezcua brothers have been taken out of circulation. Our binational drug strategy and the supporting performance measure of effectiveness system signed by our two presidents in Merida will improve accountability of our joint anti-drug effort. We look forward to a second binational demand reduction conference this June in Tijuana.

Caribbean Violent Crime and Regional Interdiction Initiative. Drug smuggling in the Caribbean is increasing as traffickers respond to successful interdiction efforts along the Southwest border. To counter this increase, this initiative will expand counterdrug operations targeting drug trafficking-related criminal activities and violence in the Caribbean region including South Florida, Puerto Rico, the U.S. Virgin Islands, and the independent states and territories of the eastern Caribbean. This initiative will: implement mutual cooperative security agreements between the United States and Caribbean nations; implement commitments made by the U.S. President during the Caribbean Summit held in Barbados in May 1997; develop regional maritime law enforcement capabilities; increase the capability of Caribbean nations to intercept, apprehend, and prosecute drug traffickers through modest expansion of training, equipment upgrades and maintenance support; institutionalize the Americas Counter Smuggling Initiative (ACSI) to provide at-risk commercial carriers, industry, and government offices with training to prevent goods and conveyances from being used to smuggle illegal drugs; and, increase interdiction capabilities and support law enforcement activities in the Caribbean.

Targeting International Drug Trafficking Organizations. U.S.-supported programs help disrupt and dismantle international drug organizations, attacking their leadership, trafficking, production, and distribution infrastructure, as well as their financial underpinnings. The objectives of these programs are to break the power of drug organizations, reduce the threat they pose to democratic institutions, and reinforce the political will of our allies to confront traffickers. The success of international operations targeting trafficking organizations has changed the face of the cocaine industry. Large international cocaine cartels have been injured or destroyed. A looser confederacy of smaller, more specialized trafficking groups have replaced them. The United States and allied nations in the transit and source zones will identify and target these emerging criminal organizations.

Following the Money. The drug trade generates billions of dollars in profits. Americans, for example, spend $57 billion a year on illegal drugs ($38 billion on cocaine, $9.8 billion on heroin). In most cases, traffickers seek to disguise drug profits by converting ("laundering") them into legitimate holdings. Drug dealers seek to place these funds in the financial system as close as possible to drug-dealing locations for eventual investment within the United States or repatriation in other countries. In recent years, money laundering has become an increasingly professional undertaking. At the same time, it has become much more international as a result of the integration of markets and traffickers routing profits to countries whose financial systems lack adequate enforcement mechanisms.

The Department of Treasury works extensively with U.S. banks, wire remitters, vendors of money orders and travelers' checks, and other money service businesses to combat placement of drug proceeds. The federal government uses the provisions of the Bank Secrecy Act to detect suspicious transactions and prevent money laundering. Federal, state, and local law-enforcement agencies also target individuals, trafficking organizations, businesses, and financial institutions suspected of money laundering. The Geographical Targeting Order issued by the Department of Treasury in 1996 to prevent drug-related wire transfers from the New York City area and DOJ's prosecution of such cases are examples of effective interagency counter-measures. Private-sector support for anti-laundering measures is critical. Compliance with money-laundering regulations is essential for the credibility of financial institutions competing in a global economy.

Controlling Precursor Chemicals. The twenty-two chemicals used most commonly in the production of cocaine also have extensive commercial and industrial applications. Nevertheless, we can disrupt illegal drug production if essential chemicals are difficult to obtain. The bulk of chemicals seized globally are intended for the clandestine manufacture of cocaine. Between 1990 and 1994, approximately four billion "potential dosage units" of precursors -- or the amount of precursors needed to produce as many doses -- were seized annually.

The tracking of international shipments and the investigation of potentially illegal diversions are demanding tasks, yet major strides have been made in international efforts to prevent the illegal diversion of chemicals. In 1997, the United States and the European Union signed an agreement to enhance cooperation in chemical diversion control. In Brazil, the government regulates the sale of gasoline, which can be used as a precursor chemical and to fuel trafficker aircraft and boats in the Amazon region. The United States continues to urge the adoption and enforcement of chemical-control regimes by governments that do not have them or fail to enforce them. The goal is to prevent diversion of chemicals without hindering legitimate commerce.

Reducing Corruption. Corruption is a serious impediment to expanded bilateral and multilateral cooperation. The widespread existence of corruption engenders a lack of confidence among law enforcement agencies in various countries that might otherwise be able to attack drug-trafficking organizations by sharing information and coordinating operations. Corruption weakens the rule of law, erodes democratic institutions, and sometimes threatens the lives of officials. A decade ago, corruption was all-too-often ignored or tolerated. Today, the world's democracies are taking steps to confront the problem. The United States will continue

supporting multilateral efforts to fight corruption such as the Organization of American States (OAS) Hemispheric Convention against Corruption, which was signed in 1998 by all the organization's members. At the same time, we will remain vigilant against corruption within our own institutions. Adequate resources and investigative efforts will be dedicated to ensuring full compliance with the rule of law in all counter-drug efforts.

• The Supporting FY 2000 Federal Drug Control Budget

In total, drug control funding recommended for FY 2000 is **$17.8 billion**, an increase of **$735 million** (+4.3%) over FY 1999 regular appropriations of **$17.0 billion**. In addition to regular appropriations, federal drug control agencies received $844 million for emergency purposes in FY 1999. With this emergency funding, drug control appropriations total $17.9 billion in FY 1999. Spending that supports drug education, prevention and treatment programs increases by **$210.0 million** (+3.6%) in FY 2000 over FY 1999 regular appropriations. Spending that supports drug law enforcement efforts increases by **$524.8 million** (+4.7%) in FY 2000 over FY 1999 regular appropriations. Major increases in the budget submitted by the Administration follow:

1. **Youth Prevention:**

School Coordinators: +$15 million. These additional resources will expand the School Coordinator program, started in FY 1999. With this increase, total funding for this initiative will be $50 million in FY 2000. This program will support the hiring of drug prevention coordinators in nearly half of the middle schools across the country to help improve the quality and effectiveness of drug prevention programs.

National Youth Anti-Drug Media Campaign: +$10 million. This additional funding brings the budget for ONDCP's Media Campaign to $195 million in FY 2000. With this money, ONDCP will continue its targeted, high impact, paid media campaign designed to change naive adolescent perceptions of the dangers and social approval of drugs.

Youth Tobacco Prevention: +$61.0 million. The Centers for Disease Control and Prevention will receive an increase of $27.0 million in drug-related funds to extend state-based efforts to conduct comprehensive programs to reduce and prevent tobacco use. The Food and Drug Administration will receive an additional $34.0 million in drug-related funding in FY 2000 to expand implementation of its final rule intended to halt the supply of tobacco products to children.

2. **Criminal Justice Programs:**

Drug Intervention Program: +$100 million. This initiative, funded through the Office of Justice Programs, will provide drug abuse assistance to state and local governments to develop and implement comprehensive systems for drug testing, drug treatment and graduated sanctions for offenders.

Drug Courts: +$10 million. These additional resources will bring total funding for the Drug Courts program to $50 million in FY 2000. This program provides alternatives to incarceration through using the coercive power of the court to force abstinence and alter behavior with a combination of escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.

3. Treatment:

Treatment Capacity Expansion Grants: +$55 million. This additional funding will help the Substance Abuse and Mental Health Services Administration (SAMHSA) expand the availability of drug treatment in areas of existing or emerging treatment need.

Substance Abuse Block Grant Program: +$30 million ($24.8 million drug-related). This increase for SAMHSA's Substance Abuse Block Grant will provide funding to states for treatment and prevention services. This program is the backbone of federal efforts to reduce the gap between those who are actively seeking substance abuse treatment and the capacity of the public treatment system.

4. Law Enforcement & International Programs

Southwest border - INS: +$50 million ($7.5 million drug-related). INS will continue to deploy the Integrated Surveillance Information System (ISIS). ISIS, which incorporates infrared and color cameras with ground sensors, will aid Border Patrol enforcement efforts and drug interdiction along the Southwest border.

International Programs - State: +$29 million. These new resources over FY 1999 (excluding emergency funding) are requested for the Bureau of International Narcotics and Law Enforcement Affairs (INL). This additional funding includes support for Andean countries, Mexico, and assistance to international organizations.

DEA Drug Intelligence: +$22 million. This funding will provide $13 million to accelerate implementation of DEA's FIREBIRD office automation system. FIREBIRD includes e-mail, uniform word processing and other forms of office automation that will provide DEA with more sophisticated electronic investigative records. Once fully deployed, FIREBIRD will allow DEA components located around the world to act as one cohesive unit through instantaneous access to critical law enforcement and intelligence information. In addition, $9 million will enhance DEA's Special Operations Division by providing critical support for Title III investigations aimed at dismantling drug trafficking organizations.

Forward Operating Locations - DoD: +$73.5 million. The drug control budget for the Department of Defense includes these additional resources in FY 2000 for restructuring SOUTHCOM's theater counterdrug architecture, which will include the development of three Forward Operating Locations (FOLs). These FOLs will support transit and source zone air operations in SOUTHCOM's area of responsibility.

- **Consultation**

The Office of National Drug Control Policy Reauthorization Act of 1998 requires ONDCP to consult a wide array of experts and officials while developing the National Drug Control Strategy. Specifically, Section 706 requires the ONDCP Director to consult with the heads of the National Drug Control Program agencies; Congress; state and local officials; private citizens and organizations with experience and expertise in demand reduction; private citizens and organizations with experience and expertise in supply reduction; and appropriate representatives of foreign governments.

ONDCP fully met this congressional requirement in 1998 by consulting with Congress, heads of federal drug-control agencies, state and local officials, medical experts, law-enforcement officials, academics, researchers, scientists, business leaders, civic organizations, community leaders, private citizens, and representatives of foreign governments and organizations. We are confident that this *Strategy* will successfully orient national drug control efforts over the coming years and that the end result will be a 50 percent reduction in drug use and availability.

- **Conclusion**

All of us at ONDCP are proud of the growing partnership between the Executive and Legislative branches on drug control issues. This *Strategy* responds to long-standing congressional concerns over the adequacy of the federal response to the drug problem. It provides detailed long-term plans for addressing domestic and international trends in drug use, production, and trafficking. This *Strategy* is national in scope and purpose. The federal government cannot accomplish the objectives laid out in this *Strategy* without the support of the fifty states and four U.S. territories, as well as the thousands of city, county, and local governments threatened by illegal drugs. This *Strategy* also recognizes that it is only the federal government that can undertake international drug-control efforts, consequently, it also promotes vigorous international cooperation. It addresses congressional concerns over lack of accountability of drug-control programs by including specific benchmarks for a base year (1996) against which to measure progress and hard data results for 1997 and 1998 (where such data is available). We look forward to working with committee members and, indeed, the entire Congress to ensure that the federal response to the nation's drug problem is comprehensive, appropriately resourced, and completely supportive of states, cities, counties, communities, families, and all citizens who share our commitment to confronting the cancer of drug abuse.

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

Highlights of the *1999 National Drug Control Strategy*

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

February 4, 1999

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

1999 National Drug Control Strategy
America's Drug Abuse Profile

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

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

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

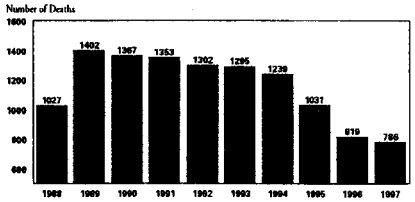
Consequences of Drug Abuse. Drug-related deaths climbed throughout the 1990s but have leveled off at about 9,300. Drug-related medical emergencies remain near historic highs but remained statistically constant, with 514,347 episodes in 1996 and 527,058 in 1997. Illegal drugs cost our society approximately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

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

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

February 4, 1999

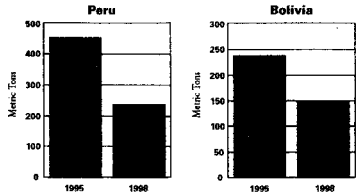
Drug Related Murders Continue to Decline
Murders related to narcotic drug laws



Source: FBI, Uniform Crime Reports.

America's Drug Use Profile

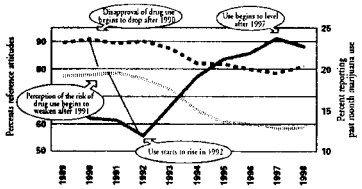
Cocaine Production in Peru and Bolivia has Declined Dramatically
1995 to 1998



Source: ONDCP 1999

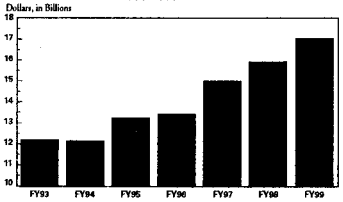
National Anti-Drug Policy is Working

Youth Attitudes Determine Youth Marijuana Use
The Case of 12th Graders



Source: 1998 Monitoring the Future Study

Federal Counterdrug Spending Has Increased
Fiscal Year 1993-1999



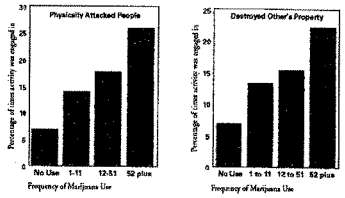
- **Almost 40% Increase in Prevention**
- **17% Increase in Treatment**

Source: OMB, 1999

THE NATIONAL DRUG CONTROL STRATEGY, 1999

Aggressive Anti-Social Behavior is Clearly Linked to Marijuana Use

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

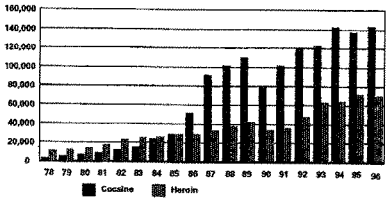


Source: NHSDA Household Survey Data, 1994-1996

America's Drug Use Profile

The Health Impact of Drug Abuse

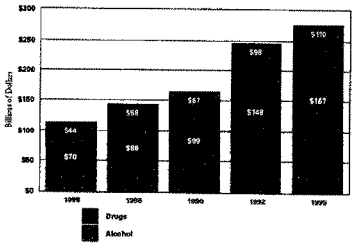
Cocaine and heroin hospital emergency room mentions, 1978-1996



Source: HHS Drug Abuse Warning Network

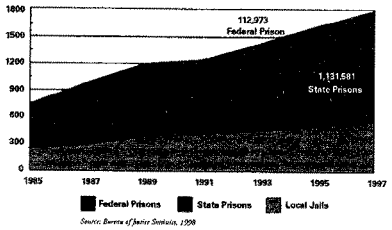
But We Still Have A Challenge.

The Social Costs of Drug and Alcohol Abuse



Sources: Rice et al. 1990; Robert Wood Johnson Foundation, 1995; National Institute on Drug Abuse & National Institute on Alcohol Abuse and Alcoholism, March 1998

1.8 Million Americans are Incarcerated: An All-time High



Source: Bureau of Justice Statistics, 1998

THE NATIONAL DRUG CONTROL STRATEGY, 1999

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

1999 National Drug Control Strategy
FY 2000 National Drug Control Budget

Summary: In total, drug control funding recommended for FY 2000 is **$17.8 billion**, an increase of **$735 million** (+4.3%) over FY 1999 regular appropriations of **$17.0 billion**.

- In addition to regular appropriations, federal drug control agencies received $844 million for emergency purposes in FY 1999. With this emergency funding, drug control appropriations total $17.9 billion in FY 1999.

- **Demand Reduction Programs:** Spending that supports drug education, prevention and treatment programs increases by **$210.0 million** (+3.6%) in FY 2000 over FY 1999 regular appropriations.

- **Supply Reduction Programs:** Spending that supports drug law enforcement efforts increases by **$524.8 million** (+4.7%) in FY 2000 over FY 1999 regular appropriations.

Major Increases: Prevention and Treatment Programs

1. **Youth Prevention:**

School Coordinators: +$15 million. These additional resources will expand the School Coordinator program, started in FY 1999. With this increase, total funding for this initiative will be $50 million in FY 2000. This program will support the hiring of drug prevention coordinators in nearly half of the middle schools across the country to help improve the quality and effectiveness of drug prevention programs.

National Youth Anti-Drug Media Campaign: +$10 million. This additional funding brings the budget for ONDCP's Media Campaign to $195 million in FY 2000. With this money, ONDCP will continue its targeted, high impact, paid media campaign designed to change naive adolescent perceptions of the dangers and social approval of drugs.

Youth Tobacco Prevention: +$61.0 million. The Centers for Disease Control and Prevention will receive an increase of $27.0 million in drug-related funds to extend state-based efforts to conduct comprehensive programs to reduce and prevent tobacco use. The Food and Drug Administration will receive an additional $34.0 million in drug-related funding in FY 2000 to expand implementation of its final rule intended to halt the supply of tobacco products to children.

2. **Criminal Justice Programs:**

Drug Intervention Program: +$100 million. This initiative, funded through the Office of Justice Programs, will provide drug abuse assistance to state and local governments to develop and implement comprehensive systems for drug testing, drug treatment and graduated sanctions for offenders.

Drug Courts: +$10 million. These additional resources will bring total funding for the Drug Courts program to $50 million in FY 2000. This program provides alternatives to incarceration through using the coercive power of the court to force abstinence and alter behavior with a combination of escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.

3. **Treatment:**

Treatment Capacity Expansion Grants: +$55 million. This additional funding will help the Substance Abuse and Mental Health Services Administration (SAMHSA) expand the availability of drug treatment in areas of existing or emerging treatment need.

Substance Abuse Block Grant Program: +$30 million ($24.8 million drug-related). This increase for SAMHSA's Substance Abuse Block Grant will provide funding to states for treatment and prevention services. This program is the backbone of federal efforts to reduce the gap between those who are actively seeking substance abuse treatment and the capacity of the public treatment system.

4. **Law Enforcement & International Programs**

Southwest border - INS: +$50 million ($7.5 million drug-related). INS will continue to deploy the Integrated Surveillance Information System (ISIS). ISIS, which incorporates infrared and color cameras with ground sensors, will aid Border Patrol enforcement efforts and drug interdiction along the Southwest border.

International Programs - State: +$29 million. These new resources over FY 1999 (excluding emergency funding) are requested for the Bureau of International Narcotics and Law Enforcement Affairs (INL). This additional funding includes support for Andean countries, Mexico, and assistance to international organizations.

DEA Drug Intelligence: +$22 million. This funding will provide $13 million to accelerate implementation of DEA's FIREBIRD office automation system. FIREBIRD includes e-mail, uniform word processing and other forms of office automation that will provide DEA with more sophisticated electronic investigative records. Once fully deployed, FIREBIRD will allow DEA components located around the world to act as one cohesive unit through instantaneous access to critical law enforcement and intelligence information. In addition, $9

million will enhance DEA's Special Operations Division by providing critical support for Title III investigations aimed at dismantling drug trafficking organizations.

Forward Operating Locations - DoD: +$73.5 million. The drug control budget for the Department of Defense includes these additional resources in FY 2000 for restructuring SOUTHCOM's theater counterdrug architecture, which will include the development of three Forward Operating Locations (FOLs). These FOLs will support transit and source zone air operations in SOUTHCOM's area of responsibility.

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

1999 National Drug Control Strategy

Performance Measures of Effectiveness System

OVERVIEW. Strategy links ends, ways, and means. Progress toward a strategy's goals and objectives must be constantly assessed in order to gauge success or failure and adjust the strategy accordingly. ONDCP has therefore, in conjunction with national drug-control program agencies, Congress, state and local officials, and private citizens with experience in demand and supply reduction, developed a Performance Measurement of Effectiveness (PME) system to orient drug-control efforts. This system (1) assesses the effectiveness of the *Strategy*, (2) provides information to the entire drug-control community on what needs to be done to refine policy and programmatic directions, and (3) assists with drug program budget management.

The PME system identifies ninety-seven performance targets, of which twelve indicate the impact of national drug-control activities on the *Strategy's* five overarching goals. The other eighty-five measure progress toward the *Strategy*'s thirty-one supporting objectives. These targets represent desired end-states for the years 2002 and 2007. They are "stretch targets" in that they require progress above that attained in previous years. This assessment is in keeping with recommendations of the National Academy of Public Administration, the General Accounting Office, and other organizations advocating good government practices. The overall performance system is described in detail in a companion volume to the *Strategy* -- *Performance Measures of Effectiveness: Implementation and Findings*.

Progress toward each goal and objective will be gauged using existing research and new surveys. Monitoring the Future and the National Household Survey of Drug Abuse, for example, both estimate risk perception, rates of current use, age of initiation, and life-time use for alcohol, tobacco, and most illegal drugs. The ADAM system and DAWN indirectly measure the consequences of drug abuse. The State Department's annual *International Narcotics Control Strategy Report* (INCSR) provides country-by-country assessments of initiatives and accomplishments. INCSR reviews statistics on drug cultivation, eradication, production, trafficking patterns, and seizure along with law-enforcement efforts including arrests and the destruction of drug laboratories. The Subcommittee on Data, Research, and Interagency Coordination will consider additional instruments and measurement processes required to address the demographics of chronic users, domestic cannabis cultivation, drug availability, and data shortfalls related to drug policy.

The relationship between goals, objectives, targets, and federal and non-federal resources will be reassessed and refined continuously to reflect the dynamic drug-abuse problem and progress in reducing its scope. Non-achievement of a target over a period of time will trigger an in-depth interagency program evaluation to identify problems and recommend corrective action. Such measures might include a range of options such as modifying programs, reinforcing them with more resources, or eliminating them altogether. This ongoing review process will also allow reinforcement of successful programs.

February 8, 1999

1999 National Drug Control Strategy

Order Form

Name: _____

Organization: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Telephone: _____

Look for the 1999 National Drug Control Strategy on the World Wide Web at www.whitehousedrugpolicy.gov

Mail to:Fax to:
ONDCP Drug Policy Information Clearinghouseor(410) 792-4358
P.O. Box 6000
Rockville, MD 20849-6000

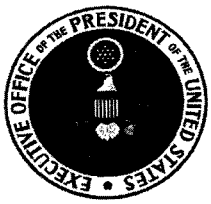
NCJ-174460

ONDCP Drug Policy Information Clearinghouse 1-800-666-3332

FY 2000 BUDGET HIGHLIGHTS

FEDERAL DRUG CONTROL PROGRAMS

Executive Office of the President
Office of National Drug Control Policy



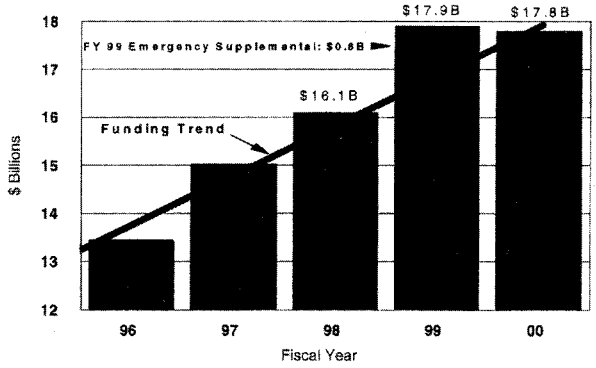
Barry R. McCaffrey
Director

2/99

FY 2000 National Drug Control Budget: Summary

- **Summary:** In total, drug control funding recommended for FY 2000 is **$17.8 billion**, an increase of **$735 million** (+4.3%) over FY 1999 regular appropriations of **$17.0 billion**.
  - In addition to regular appropriations, federal drug control agencies received $844 million for emergency purposes in FY 1999. With this emergency funding, drug control appropriations total $17.9 billion in FY 1999.
  - A summary of the drug budget for FY 1996 through FY 2000 is presented in Figure 1. Also, FY 1998 to FY 2000 spending is summarized in Table 1 by *National Drug Control Strategy* goal and function.
- **Demand Reduction Programs:** Spending that supports drug education, prevention and treatment programs increases by **$210.0 million** (+3.6%) in FY 2000 over FY 1999 regular appropriations.
- **Supply Reduction Programs:** Spending that supports drug law enforcement efforts increases by **$524.8 million** (+4.7%) in FY 2000 over FY 1999 regular appropriations.

Figure 1: National Drug Control Budget
Funding Trend Up -- FY 96 to FY 00



FY 2000 National Drug Control Budget: Major Increases

Youth Prevention:

- **School Coordinators: +$15 million.** These additional resources will expand the School Coordinator program, started in FY 1999. With this increase, total funding for this initiative will be $50 million in FY 2000. This program will support the hiring of drug prevention coordinators in nearly half of the middle schools across the country to help improve the quality and effectiveness of drug prevention programs.

- **National Youth Anti-Drug Media Campaign: +$10 million.** This additional funding brings the budget for ONDCP's Media Campaign to $195 million in FY 2000. With this money, ONDCP will continue its targeted, high impact, paid media campaign designed to change naive adolescent perceptions of the dangers and social approval of drug use.

- **Youth Tobacco Prevention: +$61.0 million.** The Centers for Disease Control and Prevention will receive an increase of $27.0 million in drug-related funds to extend state-based efforts to conduct comprehensive programs to reduce and prevent tobacco use. The Food and Drug Administration will receive an additional $34.0 million in drug-related funding in FY 2000 to expand implementation of its final rule intended to halt the supply of tobacco products to children.

Criminal Justice Demand Reduction Programs:

- **Drug Intervention Program: +$100 million.** This initiative, funded through the Office of Justice Programs, will provide drug abuse assistance to state and local governments to develop and implement comprehensive systems for drug testing, drug treatment and graduated sanctions for offenders.

- **Drug Courts: +$10 million.** These additional resources will bring total funding for the Drug Courts program to $50 million in FY 2000. This program provides alternatives to incarceration through using the coercive power of the court to force abstinence and alter behavior with a combination of escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.

Treatment:

- **Treatment Capacity Expansion Grants: +$55 million.** This additional funding will help the Substance Abuse and Mental Health Services Administration (SAMHSA) expand the availability of drug treatment in areas of existing or emerging treatment need.

FY 2000 National Drug Control Budget: Major Increases (cont.)

Treatment (cont.):

- **Substance Abuse Block Grant Program: +$30 million** ($24.8 million drug-related). This increase for SAMHSA's Substance Abuse Block Grant will provide funding to states for treatment and prevention services. This program is the backbone of federal efforts to reduce the gap between those who are actively seeking substance abuse treatment and the capacity of the public treatment system.

Law Enforcement & International Programs:

- **Southwest border - INS: +$50 million** ($7.5 million drug-related). INS will continue to deploy the Integrated Surveillance Information System (ISIS). ISIS, which incorporates infrared and color cameras with ground sensors, will aid Border Patrol enforcement efforts and drug interdiction along the Southwest border.

- **International Programs - State: +$29 million.** These new resources over FY 1999 (excluding emergency funding) are requested for the Bureau of International Narcotics and Law Enforcement Affairs (INL). This additional funding includes support for Andean countries, Mexico, and assistance to international organizations.

- **DEA Drug Intelligence: +$22 million.** This funding will provide $13 million to accelerate implementation of DEA's FIREBIRD office automation system. FIREBIRD includes e-mail, uniform word processing and other forms of office automation that will provide DEA with more sophisticated electronic investigative records. Once fully deployed, FIREBIRD will allow DEA components located around the world to act as one cohesive unit through instantaneous access to critical law enforcement and intelligence information. In addition, $9 million will enhance DEA's Special Operations Division by providing critical support for Title III investigations aimed at dismantling drug trafficking organizations.

- **Forward Operating Locations - DoD: +$73.5 million.** The drug control budget for the Department of Defense includes these additional resources in FY 2000 for restructuring SOUTHCOM's theater counterdrug architecture, which will include the development of three Forward Operating Locations (FOLs). These FOLs will support transit and source zone air operations in SOUTHCOM's area of responsibility.

Table 1: Drug Control Spending By Goal and Function, FY 1998 - FY 2000

(Budget Authority in Millions)

	FY 1998 Actual	FY 1999 Enacted	FY 1999 Supp.	FY 1999 Total	FY 2000 Request	FY 99 - FY 00 Change*		FY 99 - FY 00 Change**	
						w/Emer. Supp.		wo/ Emer. Supp.	
						$	%	$	%
Drug Goal									
Goal 1	1,861.3	2,080.6	1.7	2,082.3	2,101.5	19.2	0.9%	20.9	1.0%
Goal 2	7,275.5	7,441.0	12.0	7,453.0	7,711.2	258.1	3.5%	270.2	3.6%
Goal 3	3,130.0	3,383.7	0.0	3,383.7	3,527.2	143.5	4.2%	143.5	4.2%
Goal 4	2,032.5	2,159.3	525.9	2,685.2	2,295.8	(389.4)	-14.5%	136.5	6.3%
Goal 5	1,798.0	1,977.7	304.3	2,282.0	2,141.5	(140.5)	-6.2%	163.8	8.3%
Total	16,097.3	17,042.3	843.9	17,886.2	17,777.2	(109.1)	-0.6%	734.8	4.3%
Drug Function									
Criminal Justice System	8,254.2	8,465.1	19.5	8,484.6	8,749.0	264.4	3.1%	283.9	3.4%
Drug Treatment	2,819.9	3,013.5	2.1	3,015.6	3,193.3	177.7	5.9%	179.8	6.0%
Drug Prevention	1,975.4	2,163.8	1.6	2,165.4	2,177.0	11.6	0.5%	13.2	0.6%
International	503.1	559.2	237.7	796.9	637.2	(159.7)	-20.0%	78.0	14.0%
Interdiction	1,636.9	1,803.9	551.9	2,355.8	1,937.3	(418.5)	-17.8%	133.4	7.4%
Research	684.3	771.8	26.0	797.8	798.5	0.6	0.1%	26.6	3.5%
Intelligence	223.5	264.9	5.1	270.0	284.8	14.8	5.5%	19.9	7.5%
Total	16,097.3	17,042.3	843.9	17,886.2	17,777.2	(109.1)	-0.6%	734.8	4.3%
Functional Areas									
Demand Reduction	5,371.6	5,830.4	3.7	5,834.1	6,040.4	206.3	3.5%	210.0	3.6%
Percent	*33.4%*	*34.2%*		*32.6%*	*34.0%*				
Dom. Law Enforcement	8,585.7	8,848.8	50.6	8,899.4	9,162.2	262.8	3.0%	313.4	3.5%
Percent	*53.3%*	*51.9%*		*49.8%*	*51.5%*				
International	503.1	559.2	237.7	796.9	637.2	(159.7)	-20.0%	78.0	14.0%
Percent	*3.1%*	*3.3%*		*4.5%*	*3.6%*				
Interdiction	1,636.9	1,803.9	551.9	2,355.8	1,937.3	(418.5)	-17.8%	133.4	7.4%
Percent	*10.2%*	*10.6%*		*13.2%*	*10.9%*				
Total	16,097.3	17,042.3	843.9	17,886.2	17,777.2	(109.1)	-0.6%	734.8	4.3%
Supply/Demand Split									
Supply	10,725.7	11,211.9	840.2	12,052.2	11,736.8	(315.4)	-2.6%	524.8	4.7%
Percent	*66.6%*	*65.8%*		*67.4%*	*66.0%*				
Demand	5,371.6	5,830.4	3.7	5,834.1	6,040.4	206.3	3.5%	210.0	3.6%
Percent	*33.4%*	*34.2%*		*32.6%*	*34.0%*				
Total	16,097.3	17,042.3	843.9	17,886.2	17,777.2	(109.1)	-0.6%	734.8	4.3%
Demand Components									
Prevention (w/ Research)	2,223.3	2,450.0	1.6	2,451.6	2,471.2	19.6	0.8%	21.2	0.9%
Treatment (w/ Research)	3,148.3	3,380.4	2.1	3,382.5	3,569.2	186.7	5.5%	188.8	5.6%
Demand Research, Total	576.3	653.0		653.0	670.0	17.0	2.6%	17.0	2.6%

(Detail may not add to totals due to rounding)

* These columns compare proposed FY 2000 funding with the "FY 1999 Total" column, which includes FY 1999 Emergency Supplemental funding of $844 million.

** These columns compare proposed FY 2000 funding with the "FY 1999 Enacted" column, which excludes FY 1999 Emergency Supplemental funding of $844 million.

Table 2: Drug Control Funding: Agency Summary, FY 1998 - FY 2000

(Budget Authority in Millions)

	FY 1998 Actual	FY 1999 Enacted*	FY 2000 Request
Department of Agriculture			
Agricultural Research Service	$4.8	$27.8	$4.8
U.S. Forest Service	5.8	6.8	6.8
Women, Infants & Children	15.7	15.7	16.5
Total, Agriculture	**26.3**	**50.3**	**28.1**
Corporation for National and Community Service	**34.3**	**35.0**	**40.0**
Department of Defense	**831.6**	**937.1**	**954.6**
Intelligence Community Management Account	**27.0**	**27.0**	**27.0**
Department of Education	**650.0**	**663.0**	**689.6**
Department of Health and Human Services			
Administration for Children and Families	56.5	56.5	61.5
Centers for Disease Control and Prevention	91.1	143.1	171.9
Food and Drug Administration	34.9	34.0	68.0
Health Care Financing Administration	360.0	400.0	450.0
Health Resource & Services Administration	47.9	52.6	56.3
Indian Health Service	42.9	44.3	45.6
National Institutes of Health (NIH -- NIDA & NIAAA)	570.8	647.5	664.5
Substance Abuse and Mental Health Services Administration	1,319.1	1,481.0	1,536.7
Total, HHS	**2,523.2**	**2,859.0**	**3,054.6**
Department of Housing and Urban Development	**310.0**	**310.0**	**310.0**
Department of the Interior			
Bureau of Indian Affairs	21.3	17.5	17.9
Bureau of Land Management	5.0	5.0	5.0
U.S. Fish & Wildlife Service	1.0	1.0	1.0
National Park Service	9.4	9.5	9.5
Total, Department of the Interior	**36.7**	**33.0**	**33.4**
The Federal Judiciary	**612.1**	**647.2**	**730.8**
Department of Justice			
Assets Forfeiture Fund	434.0	523.0	433.0
U.S. Attorneys	173.1	194.9	296.2
Bureau of Prisons	1,957.1	2,055.9	2,351.9
Community Oriented Policing Services	540.4	471.9	420.8
Criminal Division	28.5	30.2	35.8
Drug Enforcement Administration	1,208.4	1,298.7	1,468.6
Federal Bureau of Investigation	823.7	873.0	1,045.4
Federal Prisoner Detention	246.4	258.4	334.5
Immigration and Naturalization Service	372.2	416.8	450.8
Interagency Crime and Drug Enforcement	295.0	304.0	0.0
INTERPOL	0.4	0.4	0.5
U.S. Marshals Service	273.3	282.8	311.5
Office of Justice Programs	987.4	997.5	745.6
Tax Division	0.3	0.4	1.3
Total, Department of Justice	**7,340.0**	**7,708.0**	**7,895.8**

Table 2: Drug Control Funding: Agency Summary, FY 1998 - FY 2000

(Budget Authority in Millions)

	FY 1998 Actual	FY 1999 Enacted*	FY 2000 Request
Department of Labor	**$75.1**	**$77.7**	**77.7**
ONDCP			
Salaries and Expenses	49.2	50.2	43.1
High Intensity Drug Trafficking Areas	162.0	184.0	185.8
Special Forfeiture Fund	217.0	216.5	225.3
Total, ONDCP	**428.2**	**450.7**	**454.2**
Small Business Administration	**0.0**	**4.0**	**0.0**
Department of State			
Bureau of International Narcotics & Law Enforcement Affairs	210.0	468.6	265.0
Emergencies in the Diplomatic and Consular Service	1.5	1.0	3.0
U.S. Information Agency	8.2	8.2	8.6
Total, Department of State	**219.7**	**477.8**	**276.6**
Department of Transportation			
U.S. Coast Guard	485.0	764.7	566.1
Federal Aviation Administration	22.7	25.2	26.4
National Highway Traffic Safety Administration	31.0	31.5	32.1
Total, Department of Transportation	**538.8**	**821.4**	**624.6**
Department of the Treasury			
Bureau of Alcohol, Tobacco, and Firearms	212.8	227.0	248.3
U.S. Customs Service	606.4	956.1	664.4
Federal Law Enforcement Training Center	52.2	66.1	64.7
Financial Crimes Enforcement Network	12.1	12.7	14.8
Bureau of Interagency Law Enforcement	73.8	75.9	75.9
Internal Revenue Service	72.3	72.8	74.6
U.S. Secret Service	75.9	90.8	83.7
Treasury Forfeiture Fund	241.0	158.0	228.0
Total, Department of the Treasury	**1,346.5**	**1,659.4**	**1,454.4**
Department of Veterans Affairs	**1,097.8**	**1,125.7**	**1,125.7**
Total Federal Drug Budget	**$16,097.3**	**$17,886.2**	**$17,777.2**

(Detail may not add to totals due to rounding)

*FY 99 Enacted includes Emergency Supplemental funding.

Table 3: National Drug Control Budget
By Function, FY 1981 - FY 1990

($ Millions)	1981 Actual	1982 Actual	1983 Actual	1984 Actual	1985 Actual	1986 Actual	1987 Actual	1988 Actual	1989 Actual	1990 Actual
Demand Reduction										
-- Drug Abuse Treatment	513.8	505.6	549.1	582.2	625.3	635.7	827.1	868.5	1,148.2	1,638.9
-- Drug Abuse Prevention	86.4	101.9	124.9	128.1	146.0	145.0	444.3	464.7	725.4	1,238.0
-- Prevention Research	30.1	24.1	26.4	32.0	35.8	40.8	65.9	73.4	81.0	127.7
-- Treatment Research	41.5	35.2	37.8	41.8	48.1	46.9	76.1	76.5	124.9	160.2
Total Demand Reduction	**671.8**	**666.9**	**738.2**	**784.1**	**855.2**	**868.4**	**1,413.3**	**1,483.1**	**2,079.5**	**3,164.8**
Percentage	**44%**	**39%**	**37%**	**33%**	**31%**	**30%**	**29%**	**32%**	**31%**	**32%**
Domestic Law Enforcement										
-- Criminal Justice System	415.6	475.2	663.0	737.6	933.9	1,073.9	1,744.7	1,992.6	2,761.4	4,237.5
-- Other Research	4.9	5.4	9.4	7.9	9.9	11.3	15.6	21.9	24.8	39.8
-- Intelligence	23.1	25.6	29.2	30.9	35.4	35.6	47.2	52.8	53.4	64.9
Total Domestic Law Enforcement	**443.5**	**506.2**	**701.5**	**776.3**	**979.2**	**1,120.9**	**1,807.5**	**2,067.3**	**2,839.6**	**4,342.2**
Percentage	**29%**	**29%**	**35%**	**33%**	**36%**	**39%**	**38%**	**44%**	**43%**	**44%**
International	**66.8**	**87.8**	**83.9**	**95.8**	**109.2**	**147.7**	**220.9**	**209.3**	**304.0**	**500.1**
Percentage	**4%**	**5%**	**4%**	**4%**	**4%**	**5%**	**5%**	**4%**	**5%**	**5%**
Interdiction	**349.7**	**458.0**	**473.5**	**706.9**	**807.3**	**744.0**	**1,350.5**	**948.1**	**1,440.7**	**1,751.9**
Percentage	**23%**	**27%**	**24%**	**30%**	**29%**	**26%**	**28%**	**20%**	**22%**	**18%**
TOTALS	**1,531.8**	**1,718.9**	**1,997.1**	**2,363.2**	**2,750.9**	**2,881.0**	**4,792.2**	**4,707.8**	**6,663.7**	**9,758.9**

Table 3: National Drug Control Budget
By Function, FY 1991 - FY 2000

($ Millions)	1991 Actual	1992 Actual	1993 Actual	1994 Actual	1995 Actual	1996 Actual	FY 1997 Actual	FY 1998 Actual	FY 1999 Enacted	FY 2000 Request
Demand Reduction										
-- Drug Abuse Treatment	1,877.3	2,204.7	2,251.6	2,398.7	2,692.0	2,553.8	2,756.2	2,819.9	3,015.6	3,193.3
-- Drug Abuse Prevention	1,479.2	1,538.7	1,556.4	1,597.4	1,559.1	1,400.7	1,643.3	1,975.4	2,165.4	2,177.0
-- Prevention Research	150.6	157.5	164.3	174.8	179.6	212.2	230.7	247.8	286.2	294.2
-- Treatment Research	187.9	194.4	242.0	253.6	261.2	282.8	312.7	328.4	366.8	375.9
Total Demand Reduction	**3,695.0**	**4,095.3**	**4,214.3**	**4,424.5**	**4,691.9**	**4,449.5**	**4,942.9**	**5,371.6**	**5,834.1**	**6,040.4**
Percentage	**34%**	**34%**	**35%**	**36%**	**35%**	**33%**	**33%**	**33%**	**33%**	**34%**
Domestic Law Enforcement										
-- Criminal Justice System	4,385.6	4,943.0	5,692.4	5,903.2	6,756.9	7,164.9	7,684.4	8,254.2	8,484.6	8,749.0
-- Other Research	111.6	152.6	91.9	91.9	101.4	114.3	111.8	108.1	144.8	128.4
-- Intelligence	104.1	98.6	138.1	123.9	125.0	114.5	154.2	223.5	270.0	284.8
Total Domestic Law Enforcement	**4,601.3**	**5,194.3**	**5,922.3**	**6,118.9**	**6,983.3**	**7,393.7**	**7,950.4**	**8,585.7**	**8,899.4**	**9,162.2**
Percentage	**42%**	**44%**	**49%**	**50%**	**53%**	**55%**	**53%**	**53%**	**50%**	**52%**
International	**633.4**	**660.4**	**523.4**	**329.4**	**295.8**	**289.8**	**416.7**	**503.1**	**796.9**	**637.2**
Percentage	**6%**	**6%**	**4%**	**3%**	**2%**	**2%**	**3%**	**3%**	**4%**	**4%**
Interdiction	**2,027.9**	**1,960.2**	**1,511.1**	**1,311.6**	**1,280.1**	**1,321.0**	**1,723.3**	**1,636.9**	**2,355.8**	**1,937.3**
Percentage	**19%**	**16%**	**12%**	**11%**	**10%**	**10%**	**11%**	**10%**	**13%**	**11%**
TOTALS	**10,957.6**	**11,910.1**	**12,171.1**	**12,184.4**	**13,251.2**	**13,454.0**	**15,033.2**	**16,097.3**	**17,886.2**	**17,777.2**

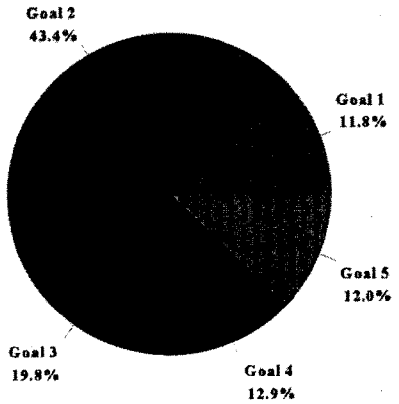
74

Summary of Spending by Goal

($ Millions)

	FY 98 Actual	FY 99 Enacted	FY 99 Supp.	FY 99 Total	FY 00 Request	FY 99 - FY 00 Change w/Emerg. Supp. $	%	FY 99 - FY 00 Change w/o Emerg. Supp. $	%
Drug Goal									
Goal 1	1,861.3	2,080.6	1.7	2,082.3	2,101.5	19.2	0.9%	20.9	1.0%
Goal 2	7,275.5	7,441.0	12.0	7,453.0	7,711.2	258.1	3.5%	270.2	3.6%
Goal 3	3,130.0	3,383.7	0.0	3,383.7	3,527.2	143.5	4.2%	143.5	4.2%
Goal 4	2,032.5	2,159.3	525.9	2,685.2	2,295.8	(389.4)	-14.5%	136.5	6.3%
Goal 5	1,798.0	1,977.7	304.3	2,282.0	2,141.5	(140.5)	-6.2%	163.8	8.3%
Total	**16,097.3**	**17,042.3**	**843.9**	**17,886.2**	**17,777.2**	**(109.1)**	**-0.6%**	**734.8**	**4.3%**

FY 2000 Budget by Goal

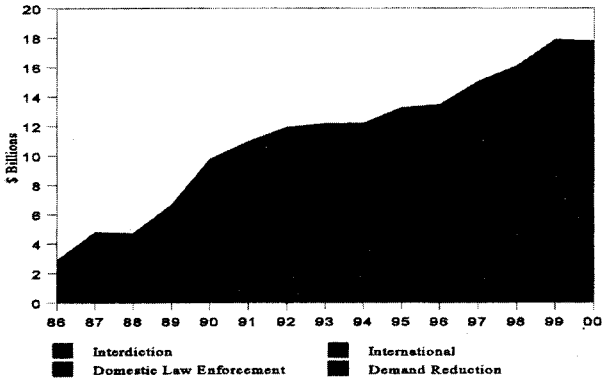


Summary of Spending by Function

(Budget Authority in Millions)

Function	FY 98 Actual	FY 99 Enacted	FY 99 Supp.	FY 99 Total	FY 00 Request	FY 99 - FY 00 Change w/Emerg. Supp. $	%	FY 99 - FY 00 Change w/o Emerg. Supp. $	%
Demand	5,371.6	5,830.4	3.7	5,834.1	6,040.4	206.3	3.5%	210.0	3.6%
Domestic Law.	8,585.7	8,848.8	50.6	8,899.4	9,162.2	262.8	3.0%	313.4	3.5%
International	503.1	559.2	237.7	796.9	637.2	(159.7)	-20.0%	78.0	14.0%
Interdiction	1,636.9	1,803.9	551.9	2,355.8	1,937.3	(418.5)	-17.8%	133.4	7.4%
Total	**16,097.3**	**17,042.3**	**843.9**	**17,886.2**	**17,777.2**	**(109.1)**	**-0.6%**	**734.8**	**4.3%**

Federal Drug Control Budget: FY 86 to FY 00



Drug Control Funding by Department

Drug Spending by Department ($ Millions)

Department	FY98 Actual	Enacted	FY 99 Supp.*	Total	FY 00 Request	Change: 99 Enacted to 00 Req.	% Change
Defense	831.6	895.1	42.0	937.1	954.6	59.5	6.6
Education	650.0	663.0	0.0	663.0	689.6	26.6	4.0
HHS	2,523.2	2,859.0	0.0	2,859.0	3,054.6	195.6	6.8
HUD	310.0	310.0	0.0	310.0	310.0	0.0	0.0
Justice	7,340.0	7,696.3	11.7	7,708.0	7,895.8	199.5	2.6
ONDCP	428.2	447.5	3.2	450.7	454.2	6.7	1.5
State	219.7	245.2	232.6	477.8	276.6	31.4	12.8
Transportation	538.8	556.7	264.7	821.4	624.6	67.9	12.2
Treasury	1,346.5	1,392.7	266.7	1,659.4	1,454.4	61.7	4.4
Veterans Affairs	1,097.8	1,125.7	0.0	1,125.7	1,125.7	0.0	0.0
All Other	811.5	851.1	23.0	874.1	937.1	86.0	10.1
Total	16,097.3	17,042.3	843.9	17,886.2	17,777.2	734.8	4.3

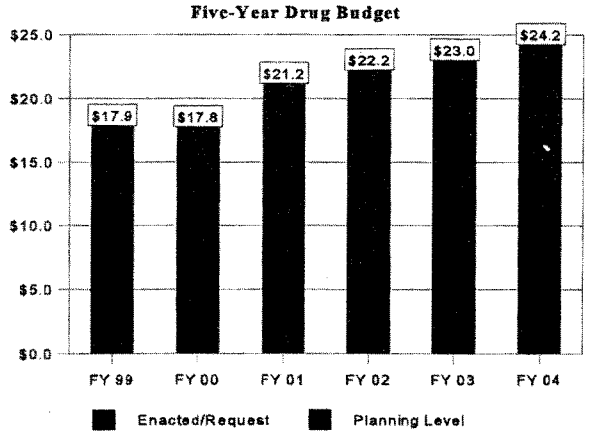
* Emergency Supplemental funding provided by P.L. 105-277. These funds are in addition to each department's annual appropriation.

($ Millions)			
Ranking by Department	**FY 00 Budget**	**Percent of Total**	**Cumulative Percent**
1. Justice	$7,896	44%	44%
2. Health & Human Services	$3,055	17%	62%
3. Treasury	$1,454	8%	70%
4. Veterans Affairs	$1,126	6%	76%
5. Defense	$955	5%	81%
6. Education	$690	4%	85%
7. All Others	$2,601	15%	100%
Total	$17,777		

Five-Year Drug Control Budget

Department	FY 99	FY 00	Planning Level * FY 01	FY 02	FY 03	FY 04	% Change 00-04
Defense	937.1	954.6	953.5	1,006.4	1,055.1	1,084.7	13.6%
Education	663.0	689.6	798.9	813.9	843.9	903.9	31.1%
HHS	2,859.0	3,054.6	4,493.1	5,108.3	5,504.8	5,839.5	91.2%
Justice	7,708.0	7,895.8	8,660.5	8,736.2	9,110.6	9,731.1	23.2%
ONDCP	450.7	454.2	556.9	563.6	566.9	576.1	26.8%
State	477.8	276.6	391.0	419.7	437.7	451.9	63.4%
Transportation	821.4	624.6	920.5	1,018.6	742.1	690.4	10.5%
Treasury	1,659.4	1,454.4	1,758.9	1,866.1	1,971.5	2,082.6	43.2%
Veterans Affairs	1,125.7	1,125.7	1,194.3	1,230.1	1,267.0	1,305.0	15.9%
All Other	1,184.1	1,247.1	1,435.5	1,477.3	1,516.4	1,561.3	25.2%
Total	17,886.2	17,777.2	21,163.1	22,240.2	23,016.0	24,226.5	36.3%

* These data were presented to the President and the President's Council on Counter-Narcotics on 11/23/98. (*National Drug Control Budget: FY 2000 - FY 2004*).



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503
February 23, 1999

National Youth Anti-Drug Media Campaign Update

Since the national launch in July, the campaign has made great strides. While only advertising is completely underway, five other components of this fully integrated public health communications campaign (collaboration with the entertainment industry, interactive media initiatives, partnerships with local and national organizations, corporate involvement, and media outreach) are slated to begin in January.

Message frequency and reach: The campaign goal of four message exposures per week seen by 90 percent of the teen audience is being met. For African American teens the rate is 4.3 messages per week and 92 percent of the target audience. When the matching contributions from the media are factored in the frequency and reach for the general population is 6.8 per week by 95 percent; for African Americans it is 7.7 per week by 95 percent.

Unprecedented matching contributions by media outlets: Our contractors generated an additional 107 percent in public service time and contributions from network and local media in areas where ads were purchased, more than doubling the benefit derived from public funds. The additional public service time is shared with other drug-related organizations and agencies that have messages on mentoring, crime, and underage tobacco and alcohol use. This has made the Ad Council, once a skeptic of the campaign, one of our biggest supporters.

12 Cities Test Phase shows campaign's impact: Youth in target sites had three times greater awareness of anti-drug ads than comparison site youth. Most parents in targets sites report that anti-drug ads stimulated discussion between them and their children.

Outstanding creative support from networks: Network television has been particularly responsive and is becoming more sensitive to depiction of youth drug use issues in their series. Most networks have requested ONDCP to brief their creative communities (writers/producers) about youth drug use and media depiction issues. Over 20 network episodes, including major series, have been developed and broadcast. ONDCP and its consultants have provided technical assistance on story lines, themes, facts, etc. Six broadcast and cable networks have produced their own public service messages using the top stars in their programs.

Parent requests for information up 88 percent: Although only 10 percent of current ads show toll free numbers, contacts to the National Clearinghouse for Alcohol and Drug Information are sharply higher and will increase further when new ads, which will contain the contact numbers, begin airing early next year. Phone calls to some community anti-drug coalitions have increased 400 percent since the campaign began.

Ads being developed in 11 languages: This campaign represents the federal government's largest ethnic and minority communications effort. For the first time, drug prevention messages have been directed toward selected populations. When Spanish language ads first aired in late August, Hispanic callers to the National Clearinghouse jumped from an average of 3-4 per day to 40 per hour.

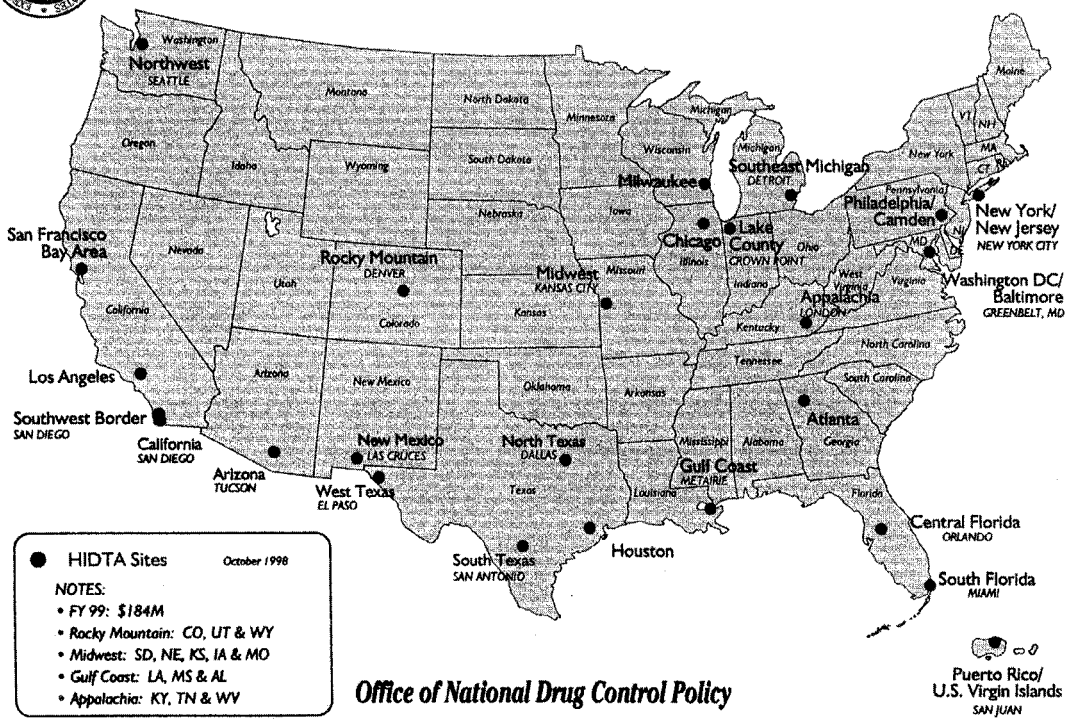
Web site "hits": Our drug prevention web site for youth and parents launched July 9, now has an average of 177,000 "hits" per month, and the site is still in its testing phase.

Status of State Marijuana Initiatives

Alabama: Illegal, except for therapeutic research
Alaska: Medical use approved by ballot
Arkansas: Illegal. HB 1043 would legalize for medical purposes
Arizona: Medical use of all Schedule I drugs approved
California: Medical use legislation enacted
Colorado: Initiative appeard on November 1998 ballot; however, validity to be determined
Connecticut: Existing law allows marijuana by prescription; however, inoperative law
Delaware: Illegal. No recent attempts to legalize
Florida: Illegal. Recent unsuccessful signature petition still viable for 2000 ballot
Georgia: Inoperative law
Hawaii: Illegal. HB 189 would allow sale of marijuana to states where it is legal for medical use; SB 862 would legalize for medical use
Idaho: Illegal. No recent attempts to legalize
Illinois: Illegal, except for therapeutic research
Indiana: Illegal. No recent attempts to legalize
Iowa: Illegal. Recent unsuccessful attempt to legalize (HB 422)
Kansas: Illegal. No recent attempts to legalize
Kentucky: Illegal. No recent attempts to legalize
Louisiana: 1997 law legalizes prescription of controlled dangerous substances for intractable pain
Maine: Illegal. Recent unsuccessful signature petitions are still viable for 1999 election
Maryland: Illegal. No recent attempts to legalize
Mass: Legislation enacted establishing therapeutic research program; SB 473 introduced allowing experimental medical use
Michigan: Illegal. No recent attempts to legalize
Minnesota: Illegal, except for therapeutic research; recent unsuccessful attempt to legalize (HB1025)
Mississippi: Illegal. No recent attempts to legalize
Missouri: Illegal. Recent unsuccessful attempt to legalize
Montana: Illegal. No recent attempts to legalize
Nebraska: Illegal. No recent attempts to legalize
NH: Legal by prescription for cancer; however, inoperative law. HB 202 would legalize possession and cultivation for medical use. HB 1563 would restrict prescription ofcannabis-type drugs to those approved by FDA. HB 1562 would prohibit forfeited cannabis from being distributed for medical use.
New Jersey: Illegal, except for therapeutic research
New Mexico: Illegal, except for therapeutic research
New York: Illegal. Recent attempt to legalize (AB 6407) failed in committee
Nevada: Medical use approved by ballot
No. Carolina: Illegal. No recent attempts to legalize
No. Dakota: Illegal. No recent attempts to legalize
Ohio: Illegal. Governor signed measure repealing 1-year-old marijuana law
Oklahoma: Illegal. No recent attempts to legalize
Oregon: Medical use approved by ballot
Pennsylvania: Illegal. No recent attempts to legalize
Rhode Island: Illegal. Recent unsuccessful attempt to legalize (SB555)
So. Carolina: Illegal, except for therapeutic research
So. Dakota: Illegal. No recent attempts to legalize
Tennessee: Illegal. Recent unsuccessful attempt to legalize (HB2576/2575;SB 2650/2543)
Texas: Illegal, except for therapeutic research
Utah: Illegal. No recent attempts to legalize
Vermont: Legal for cancer; however, inoperative law
Virginia: Legal for cancer, glaucoma with prescription; however, inoperative law
W. Virginia: Illegal, except for therapeutic research
Washington: Medical use approved by ballot
Wash., DC: Initiative appeard on November 1998 ballot; however, validity to be determined
Wisconsin: Illegal. No recent attempts to legalize
Wyoming: Illegal. No recent attempts to legalize

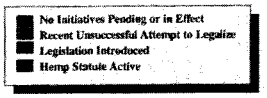
ONDCP/ODR in conjunction with DEA 02/19/99

HIGH INTENSITY DRUG TRAFFICKING AREAS



Office of National Drug Control Policy

Status of State Hemp Initiatives



Hawaii:	HB 32 calls for study by University of Hawaii on feasibility and desirability of industrial hemp production in Hawaii.
Minnesota:	HB 64 and SB 122 would classify industrial hemp as an agricultural crop subject to regulation and registration. HB 64 referred to House Agricultural Policy Subcommittee on 1/11/99; SB 122 referred to Senate Agricultural and Rural Development Subcommittee on 1/14/99.
NH:	HB 239-FN-A permits the development of an industrial hemp industry in New Hampshire. Special fund created to pay for research.
North Dakota:	In 1997 governor signed law providing for a study of industrial hemp production. HB 1428 authorizes production. Industrial hemp with less than .3 percent THC will be classified as an oilseed, and could be planted, grown, harvested, possessed, processed, sold and bought by anyone in the state. SB 2328 provides regulations and appropriations for research into industrial hemp at North Dakota State University.
Vermont:	SB 11 proposes to permit development of an industrial hemp industry.
Virginia:	JR 94 calls on Secretary of Agriculture, Director of ONDCP and Administrator of DEA to permit experimental cultivation of industrial hemp in Virginia.

ONDCP/ODR in conjunction with DEA 02/19/99

1999 National Drug Control Strategy Goals

I: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco.

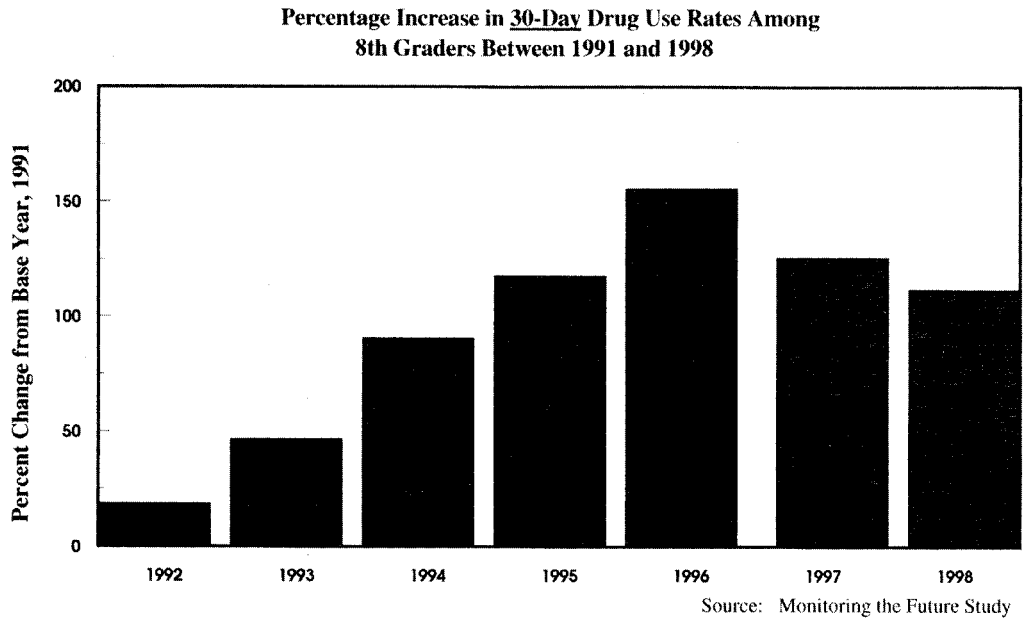
II: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

III: Reduce health and social costs to the public of illegal drug use.

IV: Shield America's air, land, and sea frontiers from the drug threat.

V: Break foreign and domestic drug sources of supply.

1999: A More Optimistic Situation Among Our Youth

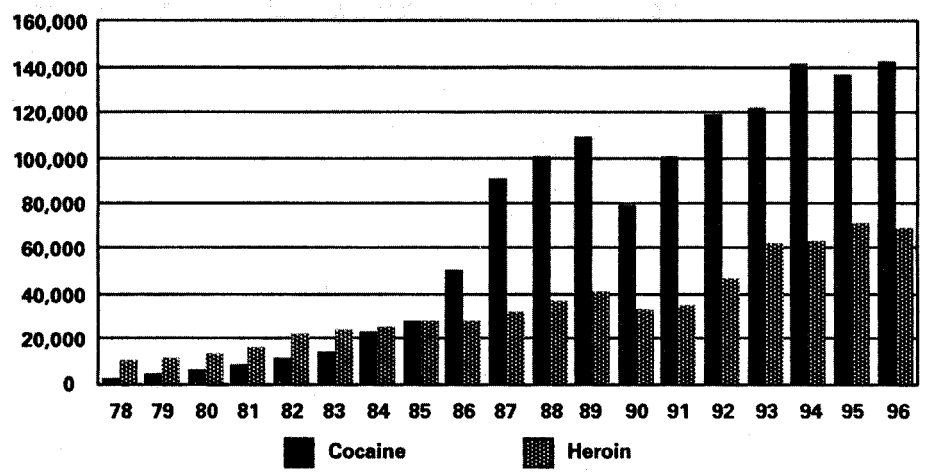


ONDCP/OPBRE

2/24/99

The Health Impact of Drug Abuse

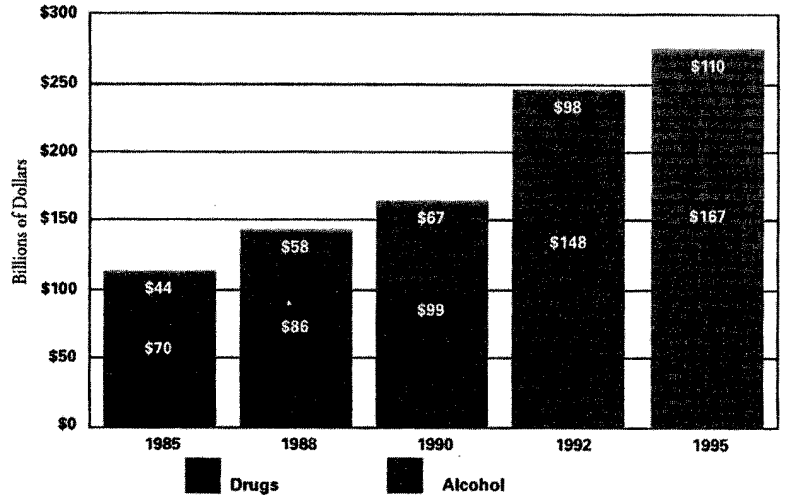
Cocaine and heroin hospital emergency room mentions, 1978-1996



Source: HHS Drug Abuse Warning Network

February 25, 1999

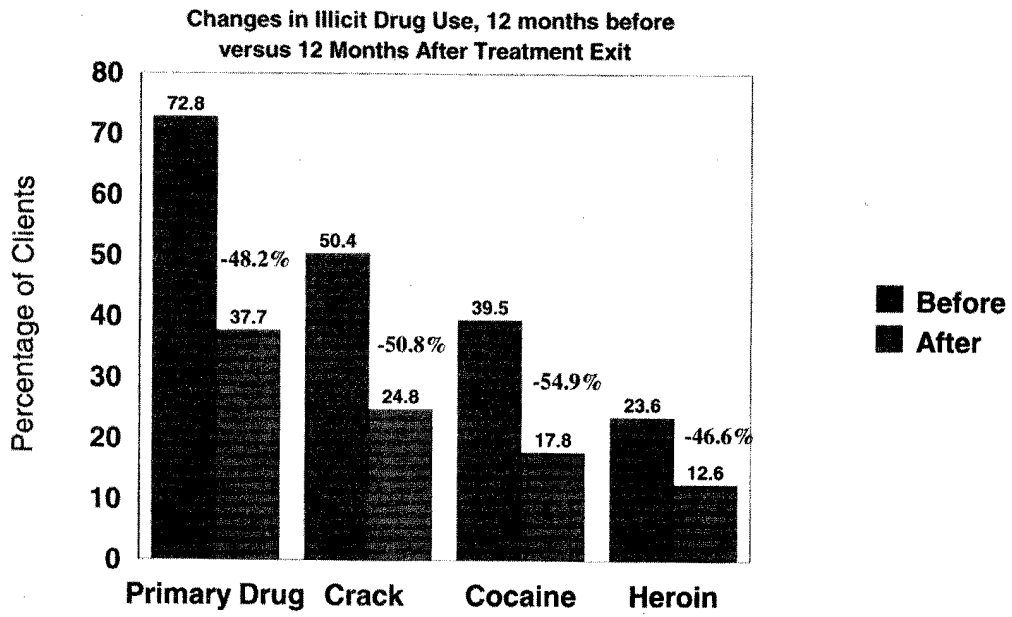
The Social Costs of Drug and Alcohol Abuse



Sources: Rice et al. 1990; Robert Wood Johnson Foundation, 1993; National Institute on Drug Abuse & National Institute on Alcohol Abuse and Alcoholism, March 199

February 25, 199

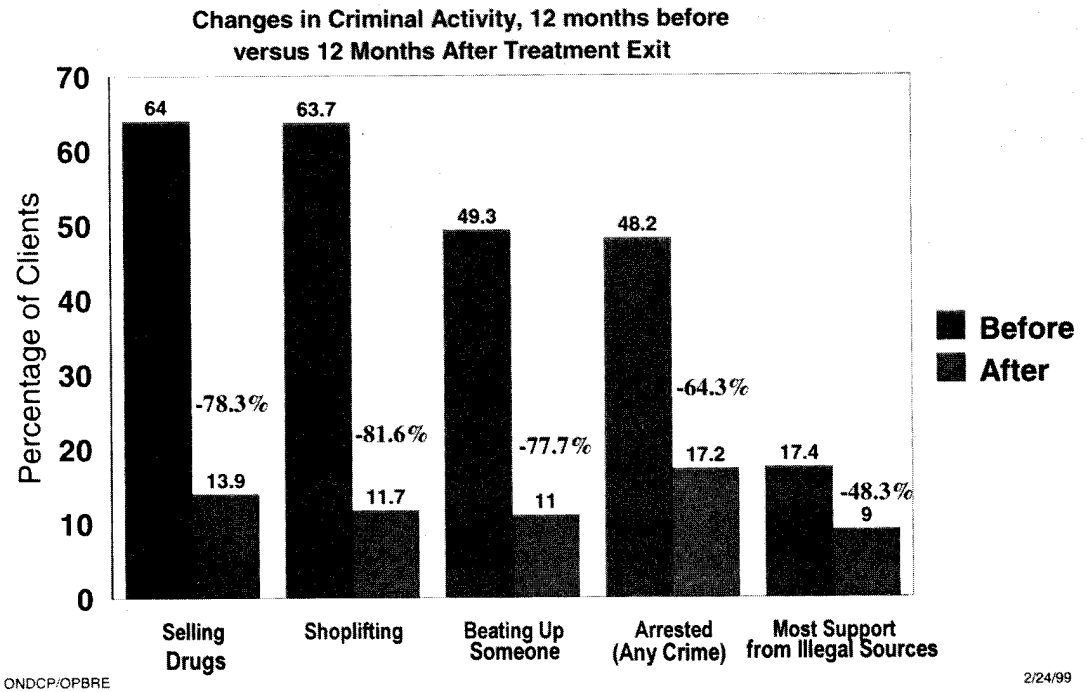
Treatment Reduces Drug Use



ONDCP/OPBRE

2/24/99

Treatment Reduces Crime

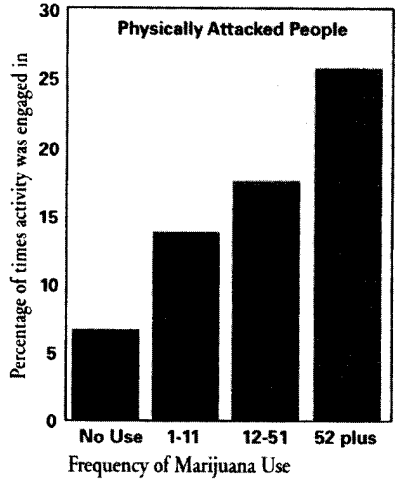


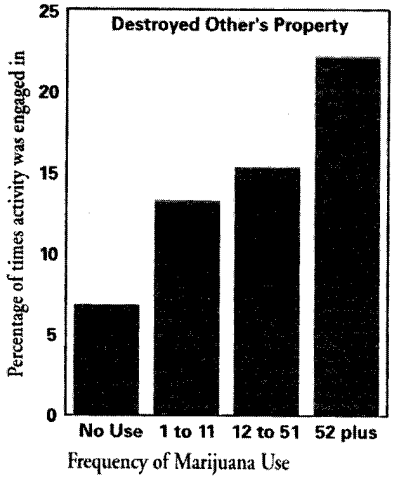
ONDCP/OPBRE

2/24/99

Aggressive Anti-Social Behavior is Clearly Linked to Marijuana Use

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



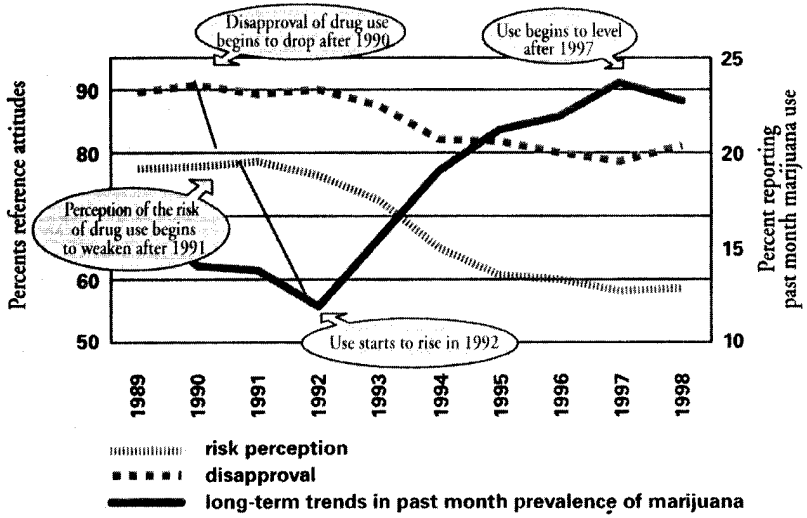


Source: NHSDA Household Survey Data, 1994-1996

February 25, 1999

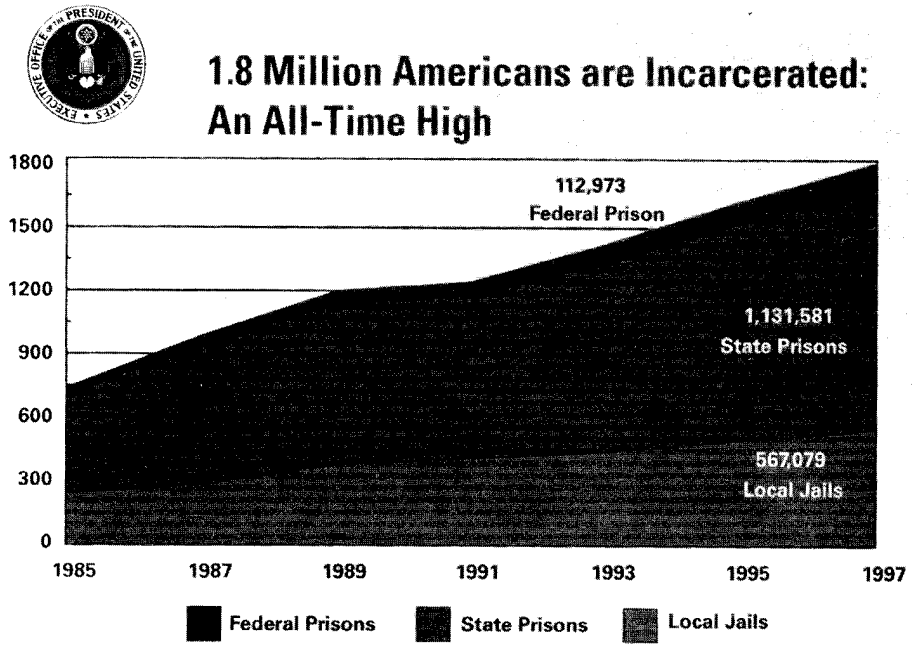
Youth Attitudes Determine Youth Marijuana Use

The Case of 12th Graders



Source: 1998 Monitoring the Future Study

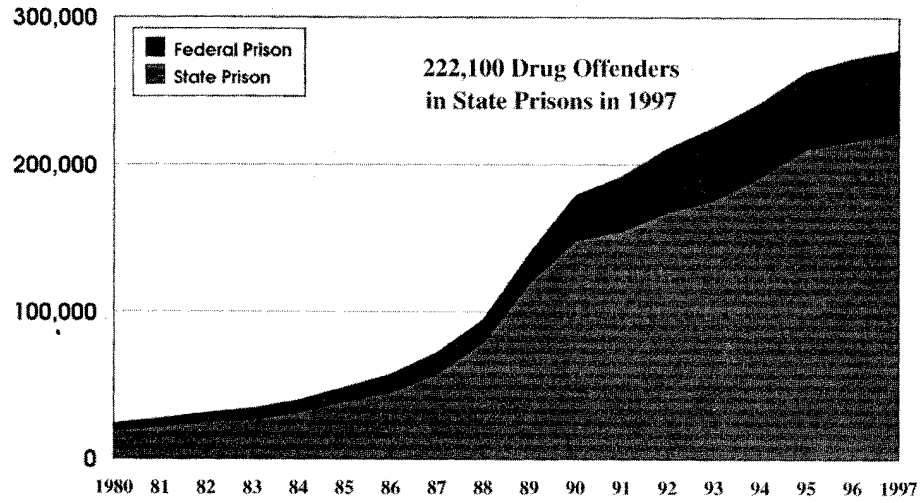
February 25, 1999



Source: Bureau of Justice Statistics, 1998

February 25, 1999

The Number of Prisoners Serving Time for Drug Offenses is Climbing -- Up More Than 1000 Percent Since 1980



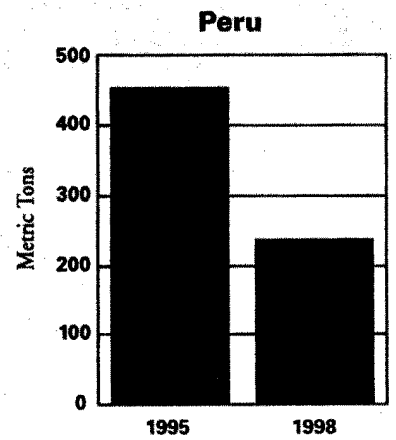
Source: Bureau of Justice Statistics, 1998

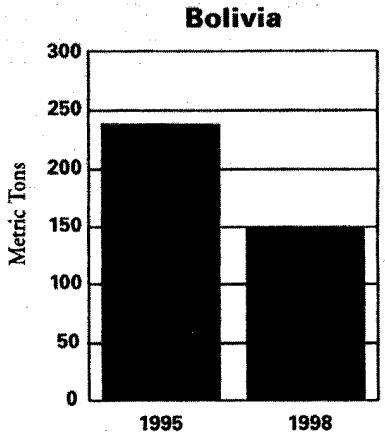
ONDCP/OPBRE

2/24/99

Cocaine Production in Peru and Bolivia Has Declined Dramatically

1995 to 1998



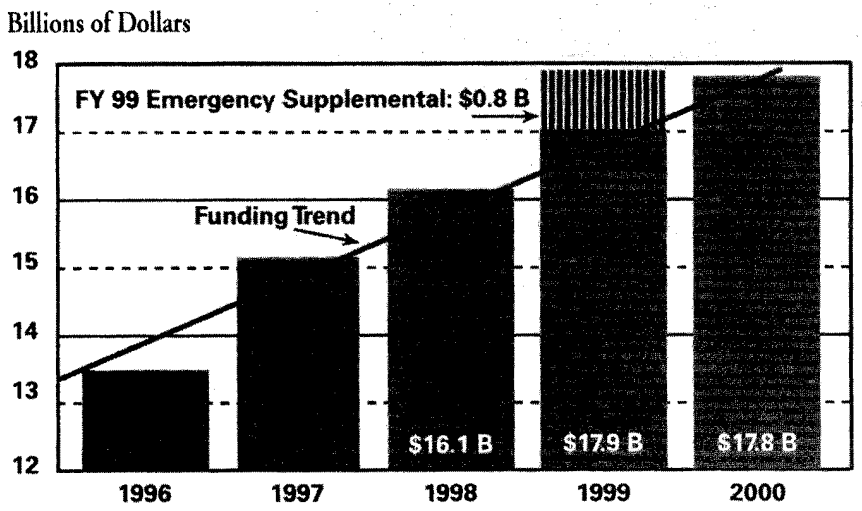


Source: ONDCP 1999

February 25, 1999

National Drug Control Budget Funding Trend Up

FY 1996 to FY 2000



February 25, 1999

Figure 1: 12 Key Drug Strategy Impact Targets

(85 other performance targets are not shown)

Supply

25% by 2002 50% by 2007	Reduce the availability of illicit drugs in the United States (Goal 2)
15% by 2002 30% by 2007	Reduce the rate of shipment of illicit drugs from source zones (Goal 5)
10% by 2002 20% by 2007	Reduce the rate of illicit drug flow through transit and arrival zones (Goal 4)
20% by 2002 50% by 2007	Reduce domestic cultivation and production of illicit drugs (Goal 5)
10% by 2002 20% by 2007	Reduce the trafficker success rate in the United States (Goal 2)

Demand

Reduce the demand for illicit drugs in the United States (Goal 3)	25% by 2002 50% by 2007
Reduce the prevalence of drug use among youth (Goal 1)	20% by 2002 50% by 2007
Increase the average age of new users (Goal 1)	12 Months by '02 36 Months by '07
Reduce the prevalence of drug use in the workplace (Goal 3)	25% by 2002 50% by 2007
Reduce the number of chronic drug users (Goal 3)	20% by 2002 50% by 2007

Consequences

15% by 2002 30% by 2007	Reduce the rate of crime associated with drug trafficking and use (Goal 2)	Reduce the health and social costs associated with drugs (Goal 3)	10% by 2002 25% by 2007

February 25, 1999

Mr. MICA. Thank you, Mr. McCaffrey. I appreciate your testimony and want to take just a minute, if I can, to introduce a couple of additional guests that we have with us who are visiting from Bolivia. One is Juan Francisco Porque, who is the antinarcotics minister for that country; Naguida Nayar, who is the minister of government. If you gentlemen would stand up, I would like to recognize you.

[Applause.]

Mr. MICA. As I mentioned in my opening remarks, Bolivia has embarked on an unprecedented eradication and crop substitution program, through the efforts of some support from the United States and some international support. They have just done an incredible job of eliminating coca production by very significant percentage, and have a plan that we discussed with President Hugo Bonsar during our visit to try to get almost all production eliminated by the year 2002. Bolivia is a small country with a big determination and some young, aggressive leaders who show what people can do when they want to turn a situation around, a model for all of us.

We are pleased to have you with us.

General, I have several questions. I support the treatment effort and the prevention effort and the education effort. We put tons of money in it.

I have a little chart here that shows the national drug control policy from 1991 through 1999. We have just about doubled the amount of money in enforcement. In prevention, we have gone from $1.4 billion to $2.1 billion. In treatment, we have just about doubled the money from $1.8 to $3.1. And in these three areas I notice that we have significant increases over this period of time.

However, in interdiction we still are not at the 1991 levels, and in our international efforts we still are not at the 1991 efforts.

Also, over the total funds that we increased last year, as I said, we have a 43 percent reduction in international and an 18 percent reduction in interdiction.

The trafficking pattern, as you know, has changed. We are not seeing as much cocaine. We are seeing heroin, methamphetamines, and dramatic increases across our Nation.

I think we are being engulfed in new drugs that are coming across the border, and our strategy is not flexible enough to deal with this new marketing and with the incredible volume of drugs that is coming in.

Can you answer why we are not looking at putting more into international and interdiction programs?

General MCCAFFREY. Well, I chose 1995 to 2000. If you go back to 1991, your data is entirely correct. I certainly have an open mind to hearing a different viewpoint on how we could more effectively use additional dollars in both interdiction and international programs. It is clear that Colombia, in particular, is encountering enormous difficulties, and so the support, which we doubled last year for Colombia, is going to be money well spent in standing with a fellow democracy.

The one caution I would have on 1991 funding levels versus 2000 is for us to make sure we understand that when President Bush's team went after the Caribbean initiative and we first got spun up

on this, a lot of that money was accounting for train-up costs for the United States Navy, who were working up for Med deployments in the Caribbean out of Guantanamo. So I am not persuaded that a lot of those dollars actually reflect smart drug policy, but, instead, are initial attempts, particularly in DOD, to respond to the President's instructions.

But I think you are quite right, you know. We have a responsibility to stand, not just with Colombia and Mexico, but to continue the support to Bolivia and Peru and other nations as they succeed in their eradication program.

I think your comment is a good one, as long as we spend money smartly when we do this.

Mr. MICA. Well, again, we must stop drugs at their source, and it is so few millions of dollars that these partners are asking for.

Some of the other concerns I have are the levels of funding, and I am not sure what you submitted to OMB or what your recommendations were, but I will give you a few areas that are of concern to me: the micro-herbicide program, the R&D program, the Customs and interdiction program, the counter-intelligence program.

I have become more and more convinced that intelligence can help us in this whole effort of stopping drugs before they ever reach our country.

The Coast Guard operations and maintenance budget, and the United States-Mexico border security funding, can you tell us on those areas what your recommendation was and why these are not funded at congressionally approved levels?

General MCCAFFREY. I would be glad to submit the working documents, because I do certify agency budgets and I certify department budgets, and so that is all public record, and I would be glad to show it to you.

Mr. MICA. Were your recommendations higher in these areas than——

General MCCAFFREY. Some are a little tough. The micro-herbicide we fully support. We are going to go at it. The problem right now is not money. I would, indeed, argue right now the problem is we have got more money than I can safely spend. In future years, we are going to have to bring that program online, ensuring that we bring along with it answers to the environmental questions and we involve the multi-national community in its execution.

So we do not have a problem with micro-herbicides. We are going to move on that, a very intelligent program.

Mr. MICA. Do you believe that only $29 million additional for the Mexico/Andean countries and international strategies is sufficient?

General MCCAFFREY. Probably not. I mean, these are tight budget decisions. There are unsatisfied demands in the Andean Ridge.

I would argue we have made rather substantial increases in funding, and particularly in Colombia. I would also tell you that some of the countries—Mexico is less interested in our money than in our training, less interested in equipment than in intelligence sharing. So in some cases the answer is not money.

Mr. MICA. My final question, then——

General MCCAFFREY. The Coast Guard is another one.

Mr. MICA [continuing]. Will deal with training in Mexico. I went down there and offered to extend any assistance possible, and members of our subcommittee did in our visit last week, but I have some concerns.

Let me read from an account today, as reported in a magazine article,

> In September last year, DEA officials were snubbed by Mexican authorities when they offered their aid in investigating a vicious drug slaying in Baja, California, that left nearly two dozen people dead, including a toddler and a pregnant teen. One of the reasons for the refusal could well be that the killers, according to a U.S. intelligence document, may have been Mexican lawmen attached to one of four elite antinarcotics units trained by the DEA and FBI. They are suspected of having ditched their Elliott Ness-like untouchable status in favor of moonlighting for the Felix Brothers, the blood-drenched bosses of the Tijuana Cartel.

I am concerned, and I have heard reports now that, even when we go back and see these people, that more than 50 percent of them are failing the lie detector test, and now I am concerned that people that we are training may be involved in some of the terrorism which is—we have gone from corruption to terrorism in Mexico, and this is a concern to me.

Would you like to respond?

General MCCAFFREY. I would not want to comment on our intelligence appreciation of that incident or others in a public hearing. What is unquestionable is that there is a massive threat of corruption and violence directed at Mexican institutions, in general, and law enforcement and the military, in particular.

There are serious shortcomings in training and reliability, and the Mexicans are struggling to build new institutions.

My own assessment, as I read Mr. Constantine's proposed testimony before they all came down here yesterday, I really did not factually have any substantial disagreement with any of them.

Mr. MICA. We have 10 minutes. This, I understand, is going to be the last vote of the day. Why don't we go ahead and vote, and we will be back in exactly—well, we will try to make it 15 minutes, and hopefully finish up by 12:30 or 12:45.

Thank you.

[Recess.]

Mr. MICA. I would like to call this meeting of the Criminal Justice, Drug Policy, and Human Resources Subcommittee back to order.

This seems to be the day for introductions, but I would like to take a point of personal privilege and use this opportunity to introduce my local sheriff, who has done an outstanding job in heading up our HIDTA activities in central Florida. Many of you have seen—they carry around this headline, "Drug Deaths Top Homicides in Central Florida," and we are trying to do something about it, and the person who is leading this charge just happens to be with us today, Sheriff Don Eslinger from Seminole County.

Don, welcome.

[Applause.]

Mr. MICA. I have finished my questioning, at least in the first round, of General McCaffrey, and I would like to yield now to our distinguished ranking member, Mrs. Mink, for questions.

Mrs. MINK. Thank you very much, Mr. Chairman. I would like to assure your sheriff that I am going to do everything I can to get him more money. How is that? Can you top that?

Mr. MICA. Working together, we can spend enormous funds, thank you, in a bipartisan effort.

Mrs. MINK. Thank you. I have only 5 minutes, General McCaffrey, and there are really so many parts of your strategy that are important, and they are all inter-related.

Coming new to this subcommittee, I wonder if you could just give us a brief rundown of the difference between this 1999 strategy and the one that was prepared previously. What are the significant points of differences in terms of the strategy that you—I think it was 1996 when you put out your first report.

General MCCAFFREY. Well, of course, Madam Congresswoman, there have been nine strategies, if I remember, starting over the space of four "drug czars." In 1996, we went to 4,000-some-odd people around the country. We listened carefully to them. We put together a strategy that we have been retooling over the last 4 years.

Mrs. MINK. So what are the major differences?

General MCCAFFREY. There are no dramatic changes, except, as you look at it, we have tried to tighten up the language. We actually switched two of these objectives among goals. We eliminated one objective. We were trying to satisfy the demands of some pretty knowledgeable people in law enforcement, drug research, prevention, treatment, et cetera, and I think we have gotten there.

This strategy is widely applauded and accepted across this country by the people involved in this effort.

Mrs. MINK. Now, going to that, on page seven of this strategy, where you have the goals of 1999, I am searching for the words in any of those goals, five goals, which relate to what I was trying to say in my opening statement, and that is emphasis on the local, national, State efforts to identify the drug syndicates, the drug lords who are operating within the United States and have—what have we done in terms of that effort, because, as I read the goals, there is not one of them that singles out that particular effort, and yet I know that a significant portion of your budget is devoted to that effort.

My question really is: why is not it elaborated in one of your five goals?

General MCCAFFREY. Well, I had an opportunity to meet with Congresswoman Mink for an hour or so this past week and took her comments to heart, and I certainly share your belief that, although prevention and education of youngsters is the heart and soul of this strategy, at the same time we owe the American people the most effective defense possible to keep drugs out of the work place, the school place, the home, and the community, and we have not adequately done that in the past.

Now, having said that, it is unquestionable that—I mean, thank God for U.S. law enforcement. If they give up on us, our prevention and our treatment will fall apart. You cannot operate in a quasi-legalized fashion and succeed.

I would also suggest to you that their effectiveness in going after organized crime inside the country is extraordinary. We arrested about a million-and-a-half people on a drug-related offense last

year. We have behind bars—these data are somewhat soft—about two-thirds of the people in the Federal prison system, which is where most traffickers will end up, serious ones, if you look at that number it is almost 60,000, are drug-related offenses, two-thirds of it. And, of that group, 86 percent are significant trafficking offenses.

Even when you go to simple possession, Federal prosecution guidelines, we will not even prosecute if you do not have more than 100 pounds of marijuana on you, so you look at simple possession—normally it is up in the ton or more if you are in the Federal prison system.

Literally, we have locked up thousands of people, and it is hard to find gringos who survive long in interstate criminal conspiracy involving drugs or money laundering. Half those people we locked up in the Federal system are Americans. The other half are foreigners, roughly.

And if you go to the State system, the number we use, there is about 900,000 people behind bars at State level. Probably half of them are compulsive alcohol or drug users, or more, and 22 percent of that 900,000 people are drug-related crimes. It is trafficking. It is that kind of activity. And so State-level authorities have been extremely aggressive in going after it.

The shortcoming probably is—and, although we are doing better on it, it is things like money laundering. If we believe our own data, if we are really spending $57 billion a year on illegal drugs, where is the money going? And so we have done some—I would hope you would have a chance to visit the Financial Enforcement Center right outside of Washington. The Secretary of the Treasury runs it. It is an attempt to use a $200 million bank of computers up in Detroit, the Bank Secrecy Act, suspicious transaction reporting, and commercial data bases to go after money laundering. And it is really beginning to pay off.

The Attorney General and the Secretary of the Treasury run a joint operation which is sensitive in New York and L.A. and in other places, targeting—one of them was in the press, Project El Dorado up in New York City—targeting money laundering.

A lot of very clever things have been done. They use what is called "GTOs," which restrict the use of set amounts of currency, and it is starting to pay off.

I think what is happening now is these criminal organizations are trying to use other than the U.S. banking system. I mean, you can hide $1 million. You cannot hide multiple billion dollars. You have got to get it into something where there is a paper record. And they are going into other ways, trying to stay away from U.S. law enforcement.

I think U.S. capabilities in the DEA, FBI, and Customs supporting local law enforcement have been extremely aggressive confronting urban and rural drug-related criminal organizations.

Mrs. MINK. Our budget figures how much the Federal Government is spending in the national Federal level in terms of law enforcement. Can you give us a best estimate or guess in terms of what is being spent in the local and State areas for drug law enforcement efforts?

General McCaffrey. If I may, let me provide it to you on the record. Two years ago the number I was using—and it is important that I get the question written down so that the answer matches the question—but the Federal effort, which was about $17 billion at the time, the national effort I was listing at more than $32 billion. So most of the law enforcement capability in this country against drug-related crime, the overwhelming majority of it is municipal police and sheriff departments. That is where our citizens are protected from this criminal activity. It is not Federal.

Mrs. Mink. Thank you, Mr. Chairman.

Mr. Mica. I thank the ranking member.

I am pleased to yield now to our vice chairman, Mr. Barr.

Mr. Barr. Thank you, Mr. Chairman.

One thing that Mayor Guiliani and those of us on the subcommittee discussed yesterday was relating not directly to his work in the city of New York as its chief executive officer and the tremendous gains that New York has witnessed through primarily his leadership in violent crime, crime, generally, and certainly drug usage, but he also touched a little bit, based on his extensive knowledge on fighting the war against drugs on all fronts, he also touched yesterday on some of the foreign policy aspects of drug control policy.

And Major Guiliani, who I have great respect for, as I know you do, General, said that, in his view, at the very top, not just as a priority, but at the very top of the list of the questions that our President and our foreign policy officials ought to ask of foreign leaders in any discussions or negotiations with foreign leaders, those that are involved in the drug control business, is: where are you on helping us fight the war against drugs? And before we move on to question No. 2 or No. 3 or No. 4 or No. 8 or assistance or what not, that question ought to be answered satisfactorily; otherwise, we do not reach the other questions.

I think the mayor is right on target. I think that the history of our Government's—not just this administration, but our Government's efforts in dealing with these matters, antidrug matters with foreign nations, does not follow the mayor's advice. I hope that one day it does.

I think that we are witnessing very serious problems in Mexico, partly as a result of this administration's policy decision not to place that question at the top of the list, and anything that you can do to move them in that direction would certainly be appreciated.

I would like to specifically, General, address an issue that we have had a number of discussions on in the past, and that is legalization efforts.

The language in your report with regard to marijuana is very similar to the language in last year's report. I am somewhat intrigued by this year's report having a separate section for countering attempts to legalize drugs and countering attempts to legalize marijuana. I am wondering what sort of message that sends to people that legalizing marijuana, even though it remains a Schedule One controlled substance and is a mind-altering drug, why that is somewhat different, why there is not just a very short statement that the administration will continue to resist all efforts to legalize mind-altering drugs. I do not know why the administration has a

hard time just making that statement and separating out marijuana legalization.

To treat it differently I think sends a very contradictory message that is not lost on young people. They look at this report, and it will be cited by all sorts of legalization folks out there, and our delightful friends, George Sorros and so forth, who are in the forefront of the legalization movement, and I think it will undermine your efforts, the way you all have dealt with this.

Why cannot the administration just come out and boldly say, "We are against mind-altering drug legalization. We are not interested in participating in studies to see if marijuana can be legalized"? Why not have the entire burden and have it a very high burden on those that seek legalization? Why should we, our Government, which is against mind-altering drug usage, why should we spend any taxpayer dollars? Why should we even care about efforts to legalize marijuana?

If somebody wants to come forward and say, with a scientific certainty, that marijuana does, indeed, have legitimate medical uses and ought to be removed from Schedule One, why not put the burden entirely 100 percent on the legalization proponents, have them propose legislation to move it off of Schedule One? Why are we involved in any way, shape, or form with these what I consider very almost contradictory statements on legalization of marijuana?

For example, if, in fact, somebody comes forward or one of these studies shows that, well, maybe there is some medical benefit for the use of marijuana, which I disagree with, does that mean that the administration would seek to move it off of Schedule One, even though there are other drugs on the market and more coming on the market, as I understand the research, that can more than adequately handle the purported beneficial uses of marijuana?

General McCAFFREY. Thank you, Mr. Congressman.

Let me join you in saying that Mayor Guiliani has been, of course, an extremely effective mayor, and there is a lot to be learned. I go up there all the time to look at what Howard Safer and the NYPD do in community policing, and there are some very effective linkages of drug treatment.

New York City, of course, has a gigantic addicted population, and, whether it is from Phoenix House, Dr. Mitch Rosenthan, or from Dr. James Curtis in Harlem with his method on maintenance programs, there is just a lot of good thinking up there and I have great admiration for them.

I would also agree that drug policy should be a preeminent concern of the United States dealing with our international partners. One of the challenges is that the biggest drug problems that we face—Afghanistan, Laos, Burma, eastern Colombia, some of the mountainous regions of Mexico, southeastern Turkey, the Bekaa Valley in Lebanon—it is places where organized governments have little or no control over their own territory, and where the criminal elements in the area—the FARC in Colombia is such a lethal threat to democracy that their battalions have more automatic weapons and better pay than the Colombian army. That is one of the challenges.

So when you deal with the President of Colombia, you have to take into account the degree to which he can do something about it.

But your point is well taken, and I could not agree more.

Let me, if I can, talk about the legalization issue. I had not heard the comment about separating them and the way that one could interpret that, and I thank you for that comment.

Now, let me tell you what our own intent was.

We, the administration, are unalterably opposed to the legalization of marijuana, directly or indirectly, and it is clear, from listening to our repeated public statements by Attorney General Reno, Secretary Shalala, and I, in particular, but also Mr. Constantine and others, that we are adamantly opposed to the legalization of marijuana, and it is not open to debate.

Now, I think what has happened is the legalization people are about as cunning a group as I have ever seen. I do not think there are many people involved in it. As far as I can tell, there are about five of them that pay for most of it, and about 300 of them on the Internet that help organize it. They have done extremely well with limited money—$15 million or whatever to intervene in California. I think it was under $8 million in the State of Washington. So now we have ended up with eight States and possibly the District of Columbia that have passed some form of medical marijuana act. In Arizona it was most sweeping. Five of them are literally the same act. It is the same TV ads that turned the States around.

Added to that is the kind of clever dealings with industrial hemp, which is the other piece of this, and which, as I am fond of saying, noted agronifs like Woody Harrelson are speaking out to have industrial hemp save America's forests.

So we have focused on that issue and pulled it out so that we can directly confront the notion that medical pot is off limits to this discussion.

Now, why do we investigate medical marijuana's claims? I think, just as a matter of principle, starting in the 1980's, any drug that alleges it has benefit, if it can demonstrate to the NIH and the Food and Drug Administration under clinical trials that it is safe and effective for the purpose prescribed, then the door is wide open, and under that logic methamphetamines are available to physicians, cocaine products are used for eye surgery, and, indeed, in the mid-1980's, marijuana was pulled apart, 435-some-odd compounds. THC, 1 of the 30-some-odd active cannaboids in marijuana, was isolated as having potential medical benefit, and it was produced commercially as synthetic THC marinol, which is available with a doctor's prescription in a pharmacy today, and it is available for use, to include control of nausea from chemotherapy.

It is not used much because it is not effective compared to other drugs, but it is there. And we have said, "Well, we are perfectly willing to have these bright people in NIH fund controlled studies where other components of smoked marijuana could be looked at as potentially beneficial, and, indeed, if smoked marijuana can demonstrate that it is useful, then it would presumably be made available to America's medical community under controlled conditions.

I do not personally believe that is going to happen. I do not believe somebody is going to have a joint stuck in their face in an ICU. My daughter works in ICUs in Seattle, and I do not believe that is going to be the pain management agent for prostate cancer 10 years from now. I think it is nonsense. But it is potentially possible that there are other compounds in marijuana that might have some payoff, and if there are, fine, provide them to American medicine.

I think we have to confront this issue directly. I share your anxiety. I think your concern is valid.

Mr. BARR. Thank you, General.

Mr. MICA. I would like to recognize the gentleman from Indiana, Mr. Souder.

Mr. SOUDER. Thanks. I have a series of things here, some of which can be followed up later if you want to get into more detail. Our office will be in touch with your office.

I have one thing directly that came up right in my District in the Drug-Free Communities Act and leads me into some policy questions, and I am going to go through and name a couple of these different categories, even though some of them are different from each other.

In the drug-free communities program, I worked aggressively with all these different groups in our District. A number of them got their proposals in. One of them was from a smaller-sized county, where the biggest city in that county is roughly 12,000 people, and they had been very active in community things and got a grant. They informed me that they have been told that their grant is going to be reduced 25 percent next fiscal year and 50 percent the following 3 years because of a policy change because we did not, in the past Congress or in your budget that is in front of us, fund it at the level that we authorized the program.

Combined with that, to try to reach more different programs, now the programs that already have been told this is how much money—in the case of this one in Noble County, already hired the personnel, started the program—are suddenly faced with having to raise $25,000 to $50,000 a year additional. In this community, they do not have it. Maybe in an urban area there are those kinds of resources, but in the rural communities, if they got the grants, and probably in some inner city communities, as well, there is not, particularly once you have started the program, the ability to suddenly change that.

I have some concerns about what, in effect, they are going to do, most likely, around the country is weaken the programs.

And part of our problem in the drug-free schools, which I want to touch on next, is that sometimes we seem to give these schools just enough to run an ineffective program but not enough to run an effective program.

It is a dilemma that we have of how to spread the reach without compromising the integrity of it. But what is particularly upsetting in this case is the program started out assuming they had that and may not have the resources to go ahead.

We can followup with that with your office, but I would like to at least get a preliminary on the record as to why we changed this

after we started, or should we make that a priority in our funding that this program needs additional dollars.

On the Drug-Free Schools Act, I am on the Education Committee and I am going to be working with this directly and have battled the last 2 years because this program has had a very tenuous existence in our appropriations process, partly because, while you cited in your research a few studies that have suggested there has been some success, the truth is, the studies with this are very mixed.

What we know is they are not doing any harm; it is just not clear how to make these programs more effective.

I carefully went through your national strategy, and, while you give some things in it that you did last year, there is not a whole lot of suggestions for us to grab hold of as we retool this program, and I would appreciate working with your office as we look at this, as we go through our hearings, and try to target this program, in particular.

So that is open ended. We need to work together because this is a—we are all saying we need to do demand reduction in education efforts, yet the facts are the studies are very mixed. A lot depends, even in the DARE program, which I, when I worked for Senator Coates, helped with Senator Wilson at that time do the first funding bills. It really depends a lot on the commitment of the particular officer. It is so erratic.

And then we have tracked in every school in our District to see how they are using these moneys, and some of them are having health clinics and some of them are doing self-esteem courses, and some of them need to get hold of, if we are really going to turn, rather than slightly turn, and particularly in the youth, we have to have a more-aggressive strategy directly in the schools with the youth.

Which then leads me, I completely agree with Congressman Barr. Unless we can get a hold of this medicinal use of marijuana, when I go into schools and talk about this you get, "Well, it is medicine" back in your face. And the more particular referendums we are losing, it is like, no matter what else we do, we are going to be overwhelmed with that.

I have a couple of things I just want to throw out. One is that in your documents that you produced, one of my questions is you have a, "Marijuana Facts for Teens," a "Marijuana Facts for Parents," and I am wondering whether the question of medicinal use of marijuana is integrated in these documents in an informational way.

Two, there is no doubt that the partnership ads are the most effective thing we have on the market. Has the PDFA or a combination of similar advertising experts been asked to look at printed materials that are going into the hands of kids in school, or is that something we should look at in the Drug-Free Community Schools Act and something we should be aggressive at? And how can we do creative things or integrating some of the people we see in these TV ads into a print format, rather than just have dry fact booklets or scare type booklets? Some sort of way in the schools to reach these kids, particularly—I saw we had at least one Hispanic ad there—one of our weaknesses has been how to reach the populations that are highest risk. Everybody is at risk in drugs. I un-

derstand that basic principle. But some, quite frankly, are higher risk than others. Are our programs aimed at trying to do that type of thing?

I am also looking for creative ways, both in medicinal use of marijuana and in the Drug-Free Schools Act, to say, "What about tying in not only the commercial television, but how can we use the video systems in the schools to get this information out on the partnership ads and other things inside the schools?" Are there creative things we can do with the Drug-Free Schools Act? Also, should we have medicinal marijuana information and education parts as a mandatory component of any school that wants drug-free schools money, they have to have something? And then do we have materials to give them?

I threw far more than you can probably handle here, but I threw that more out as a stimulus, and I do have a particular concern with the Communities Act that I worked with Congressman Portman to do.

One other thing. I want to commend you for this drug treatment conference and prevention that you are going to work with Mexico. I think one of the ways we can—while we are not likely, in the short term, to drop certification, reaching out to these countries now that have their own treatment problems and working together in treatment and prevention is an important step, and I wanted to commend you for that.

General McCaffrey. Thank you for those comments. I will try and ensure that our staff responds to each one of these concerns in turn, the four of them you have expressed.

The Drug-Free Community Act, it is interesting to me to watch the reaction of that. That was a tiny program, thank God for Rob Portman and Sandy Levin and Senators Biden and Hatch and others that gave us that money. It is not much money. It is about $180 million over 5 years, and it was going to ramp up 10 million, 20 million, et cetera.

It was seed money. It actually, if you look at the algorithm, it was 435 Districts times 100,000. That is sort of where we started in on it. But there was no intention to do a large program. It was an HHS block grant, one time, fund these guys, allow them to hire people, rent buildings. That was seed money to initiate a new coalition.

They are fighting over it now. There was no guarantee that if you got a grant approved year one you would get it for 5 years. It was never the intention, never mind that it would remain at standard funding level.

And in every case Congress wisely required matching funds, unlike most HHS programs. So we said, "If you want to come in and get some of this startup money, you have to be—" there were several criteria listed. You have to be in existence 6 months, you have to have matching funds, et cetera.

We will sort it out, and I will certainly listen to the intent of Congress. If there is a lot more money there, we could do it a different way. But our intention was, 5 years from now, instead of 4,000 community coalitions, there would be more than 15,000, to try to incentivize getting new coalitions to stand up and not pay for manpower.

I would also tell you that the drug-free schools program—Secretary Riley and I have been working on it. We agree people are too all over the map. The law has no controls on it. There is no requirement to report what you spent the money on, there are no constraints on what you can spend the money on.

Some of these programs are mismanaged. The GAO found out about that, the "Los Angeles Times" did, and my own view of it is that we are paying for some programs that do not work.

Two years ago, Secretaries Riley and Shalala and I called in the educators of America, and we again gave them a tutorial that NIDA—National Institute of Drug Abuse—spent a half billion last year on research. We do have studies that talk about prevention guidelines. There are ways to go about this that do work.

I might add, the DARE program, which I am an absolute supporter of, has revalidated their curriculum and is asking the officers to go through training and follow the curriculum, and if they do it will help.

So we have got to get U.S. educators to understand and use prevention guidelines.

I would also tell you I do not think we are going to solve this until the Governors get involved. We have got to have Governors figure out where this money is going and internally ensure that it is well spent, and right now Secretary Riley has tried to get, as I remember, a 20 percent set-aside to begin that process, and some States are really jumping into it, and I applaud their leadership.

Pot use in schools—are we talking to kids in the classroom? Mr. Congressman, we are doing that in a big way. This is an integrated campaign. We have got Ogilve Mather doing the advertising, a firm called Fleishman-Hillard trying to integrate the thing and make sure that it is not only inside the Entertainment Industry Council, but it is inside the school, it is inside the Internet. I have Porta Novelli, which has a tremendous amount of experience in health-related campaigns, advising me personally.

We have talked to the producers, the writers of the major TV networks of America. We are on Fox Family TV. We are on the Learning Channel. Secretary Riley has got an enormous amount of information going in written form, and we are supporting other institutions that are influencing that educational process.

So I could not agree with you more. When they are in school, they should be subjected to a scientifically correct message about drug abuse, and it should not come from some outsider. It ought to be their own health teacher, the coach, the social studies teacher. That has to be who communicates to young people.

There is an enormous amount of printed material going out, and some of it is first-rate.

I, by the way, just approved the second generation and have seen the beginnings of the third generation ads, so we are going to start developing materials that are extremely effective.

And I thank you for your comments on conferences with Mexico on demand reduction. We have made the argument that Mexico's drug abuse problem is a fraction of ours, but theirs is going up and ours is going down. No society is immune from drug abuse. The drug abuse problem in Caracas is abysmal, and Rio de Janeiro is disastrous, in Bogota, in Lima. The Bolivian authorities who were

here have learned that the drug abuse problem down in Shapari Valley region among their own kids is skyrocketing.

I think it is healthy for us to all understand that this is the important dimension to the drug program, and no one who handles this stuff gets away free.

Thanks for those comments. I will try to respond practically to your concerns about the Drug-Free Community Act, Mr. Chairman.

Mr. MICA. I thank the gentleman, and I would like to recognize now the gentleman from California, Mr. Ose.

Mr. OSE. Thank you, Mr. Chairman.

Briefly, I would like to request that the record be left open so I can submit questions for the General to respond to. I do not have time to do this verbally. I am going to have to submit questions.

Mr. MICA. Without objection, we will make your questions part of the record, and also submit them to the General, and the responses will be part of the record.

Mr. OSE. Thank you.

Mr. MICA. I am pleased to recognize the gentleman from Maryland, my former ranking member who I miss tremendously on the Civil Service Subcommittee, Mr. Cummings from Maryland.

Mr. CUMMINGS. I was just floored by your statement, Mr. Chairman. I miss you, too.

Thank you, Mr. Chairman.

General, I first of all want to thank you for all you are doing to address this problem—and it is a major problem. And I just have a few questions.

Yesterday, Mayor Guiliani came before the subcommittee and criticized the use of methadone as a long-term solution to heroin addiction. I just want to know what your view is on that and what you think of methadone maintenance therapy.

And I want to—I mean, in my discussions with addicts that have recovered, I must tell you that most of them have a problem with methadone. They pretty much agree with the mayor. They feel as if it is just transferring to another drug.

I was just wondering what your feelings are on that, and whether or not there are any other drugs on the horizon that might be able to address the problem. I just want to know where you stand on that right now.

General MCCAFFREY. Mr. Congressman, the problem of heroin addiction is a pretty tough one. The number we now believe is accurate—there are probably 810,000 of us addicted to heroin, and they, indeed, cause more damage to American society, arguably, than any other group. They do not flame out and die younger, as violently as the crack cocaine or methamphetamine compulsive users, but it is just a disease. They live on until their 50's, and they steal $60,000 a year and commit literally hundreds of felonies, and they cannot help themselves, and they are in misery. They get HIV. They cost us a quarter of a million dollars a head when they go HIV positive. They are a disaster.

A lot of them are not in treatment. The capacity to deal with them has been limited. It is clearly the viewpoint of the Attorney General, Secretary Shalala, and I that you have got to—and they flow through the criminal justice system. They end up clearly be-

hind bars. And at that point we have got to get them, if we have not got them early, and get them into treatment, stabilize them.

One important tool available to treatment is methadone and LAM, LAM just being a longer-acting variant of methadone. There are about 175,000 heroin addicts that are involved in about 900 nationwide clinics.

Some States have no methadone maintenance at all. Other States prescribe dosage rates by law. Other States do not supervise it very well. And so you end up with just methadone. There is no assessment. I am a 16-year-old, I am a 30-year-old, I have reported into the clinic as a heroin addict, I am now under methadone maintenance, when, in fact, perhaps I should not be. Perhaps I should have gone to therapeutic communities and an abstinence-based treatment modality.

So we have got to, it seems to me, have a broad-gauged approach. We do have to make methadone available, though, to that community. When people are on methadone, they use less drugs, commit less crimes, and work more, and in some cases it is dramatic ability to sustain this behavior for a good period of time.

I also am very uncomfortable when I hear people talk about substituting one addiction for another. I think, both clinically and practically, that does not help. Clinically, it is incorrect. You do not substitute a heroin addiction. You are using a compound that, although it is addictive, allows you to function not in euphoric state, not stoned, dazed, incapable of relating to people you love or the work force. It is quite a different product.

Now, I would also argue, you know—and I personalize it. I have a dear friend who is a very impressive artist. He is a sculptor, a painter. He is in recovery from severe alcoholism. He is clinically depressed. He is using Prozac. And those of us who admire his work and appreciate him as a friend are grateful that Prozac exists and that he is able to use it and function.

And so if you ask me do I hope he gets off Prozac, I am not sure I would see that as the right question to ask me. I think in a theoretical sense I would say, yes, probably. But I am more grateful that each week he goes to work and he is living at home.

And I feel the same way about methadone and LAM. It is a tool that physicians should use where appropriate, as part of a total package of therapeutic care, of social services, and of linkages to the criminal justice system.

Mr. CUMMINGS. I could go on with that, but I hear you, but we will talk about that some other time.

You probably talked about this, but what are we doing with regard to treatment beyond methadone? What are we doing?

General MCCAFFREY. Well, NIDA and SAMHSA have put out some pretty decent products. There now is scientific basis to understanding various treatment protocols. It is in writing. If you are the administrator of a plan and you look at the scientific studies that are done, you should be able to replicate, if you follow those guidelines, treatment methodologies that do work.

That was a study I put up. These are thousands of people. In my view, it is inarguable, from a policy perspective, that treatment will pay off. We do not have enough of it. Though I have carefully not used the word "treatment on demand," it is clear, if you are a her-

oin addict in Baltimore and you are waiting for a slot in treatment, you hit bottom, you are under arrest, and if you do not put me in treatment during that timeframe and tell me to come back in 90 days you do not understand the nature of addiction.

So we do need to get our capacity where it can deliver services for mayors and county executives and hospitals and drug treatment providers. We have done better. We have got more funding going into it. The number is so soft I almost hesitate to use it. I say we have eliminated a 300,000 addict piece of the gap, but we essentially have still got half the people who are compulsively addicted cannot get access to treatment.

If you are a doctor and you go to the Talbot Marsh Clinic, a year after treatment there is a 93 percent chance you will not be using drugs. If you are an adolescent and you can afford $14,000 for 28 days in the Hazelton Institute, where I would send my kid if they were compulsive drug users, the chances are excellent, if you go from that 28-day program to NA, AA attendance and follow-on community care, you will be drug free. That is what we need to provide.

Mr. CUMMINGS. Before my time runs out, the reports that you just mentioned—you know, in Maryland one of the things that we have been looking at is trying to figure out what is effective treatment. There is a difference. I think we have got some folks who are not being effective. I think they know they are not being effective. And I think the addict comes out worse off.

And so I think what we are trying to do—as a matter of fact, the Lieutenant Governor and yours truly are going to be holding some hearings with former addicts, 10 years clean, to talk about what works and what does not work, because a lot of the former addicts are very concerned about whether money is being wasted in certain types of treatment.

So I assume the reports that you just referred to analyze treatment, various types of treatment, and what is effective and what is not; is that right?

General MCCAFFREY. Although, again, there are gaps in it—we are doing a lot of research right now on methamphetamine addiction—there is really nothing published, per se, right now. They are using the same treatment protocol that they do for cocaine addiction. And I am not sure that we are going to get there until we have some therapeutic tools, medical tools to use on cocaine products, for example. So there is a lot of research where I hope 5 years from now we can give doctors a way to stabilize those addicted to cocaine.

Catalytic enzyme blockers out of Columbia University, Johns Hopkins has some research going on—we lack some tools for the treatment community.

Mr. CUMMINGS. Thank you.

Mr. MICA. I thank the gentleman.

I am now pleased to recognize the gentleman from Arkansas, Mr. Hutchinson.

Mr. HUTCHINSON. Thank you, Mr. Chairman.

General, I know you are growing weary, so I will try to be brief, but I did want to followup on some questions.

I was reading your testimony, and there were some statements on page 3 about drug availability. You do not need to turn there, but your testimony indicates that in 1992 the drug availability of cocaine was 529 metric tons. In 1997, this has been reduced to 289 metric tons but you make the statement—and that is almost a one-half decrease in the availability of cocaine since 1992—that in the 1980's it was even lower. And you go ahead and talk about the prices that are significantly lower now than in 1981. We had, I assume, interdicted, or we had done something right that would raise the price on the streets.

My question to you is: that appears to me to be a drastic difference in cocaine from the present back to the 1980's. Was there something that we were doing right then that we are not doing now? How do you explain the difference in regard to that and what appears to me some statistical indications of growing success in the 1980's that suffered a lapse in the 1990's and we are trying to regain territory, but what is your analysis of that?

General MCCAFFREY. I have some wonderful support out of the Defense Intelligence Agency over cocaine trafficking flows, and the CIA has a wonderful officer over there with a substantial amount of manpower.

We spent the last 3 years where now maybe our reporting is consistent and they match up in that the drug production of cocaine matches what we claim is moving, and then matches what the DEA and others report is arriving. I am still enormously suspect of my own data.

The only thing I am sure of is we have got a very good handle on coca production hectarage, and then we go in and do crop samples, and we know the alkaloid content. So we have got a good idea on what is being made, and we follow the rest of it pretty closely.

Mr. HUTCHINSON. My question, though, is the contrast between the 1990's and the 1980's. Now, if I am understanding you right, there is a statistical variation and there is not any difference in the level of success, but I think that is contrary to the overall statistics, particularly the poll numbers on the use and experimentation of drugs by minors.

So are you saying there is not any difference? That we did not slide from the 1980's?

General MCCAFFREY. Well, let me tell you, for 8 years cocaine production went up, went down, did not vary by much. It was between 700 and 800 metric tons a year for 7 or 8 years. It did not change any. And the amount of drugs coming to the United States grossly exceeded the demand.

In the last 10 years, that demand, in terms of the number of us who casually use cocaine, has gone down enormously. The number we use is 6 million down to 1.3 million, the numbers who casually use cocaine. There is another 6.3 million of us who are compulsive cocaine users, and we consume most of the cocaine in America.

Supply still grossly exceeds demand. Demand is going down. The drugs are, therefore, by simple economic law, you would expect purity is up, cost is down. There is no shortage of cocaine products anywhere in America, even though the supply now is also going down.

We actually, for the first time in modern history, have a dramatic reduction in tons of cocaine produced in the Andean Ridge. But if you are a police officer or a hospital emergency room physician, it is hard for you to believe that because the population that is addicted is older and sicker and as dangerous as ever.

Simply put, supply grossly exceeds demand. It did in 1982, it does today, and there are less of us fooling around with cocaine today than there were 10 years ago.

Now, I would bet when we come back here in 5 years, you are going to find cocaine use has continued to go down and compulsive drug users will go into treatment——

Mr. HUTCHINSON. One of the objects is to make the price higher so that it is less available to teenagers.

General MCCAFFREY. In my view, not doable. What is doable is to make it less available. The casual cocaine user will respond to availability. I agree. The chronic addict will not.

Mr. HUTCHINSON. Let me just ask a couple questions before my time runs out. I thank you for your comments. And these are sort of unrelated questions.

In reference to mandatory minimum sentences, in your opinion, has the imposition of mandatory minimum sentences been helpful to our country in making strides in the war against drugs?

General MCCAFFREY. I am basically an engineer and a systems analyst, and, from a systems perspective, in general, it has not been helpful, because we are spending more money locking people up who have compulsive drug using problems, $36 billion, than the payoff we would get from investing some money in prison-based drug treatment and had sentences where I go behind bars for a year, I am in treatment, I am out with a suspended sentence hanging over my head.

And so I would argue the drug court system on the front end of it and the break-the-cycle program, which is in this 2000 budget, again, on the prison piece of it, is the way to go about dealing with compulsive drug users.

At one extreme, you would have the kind of notion, the Rockefeller laws, that, as I look at them, they also—they are not dealing with compulsive drug users, by and large. They are trying to deter young men from selling drugs for enormous profits through exaggerated sentences. So I do not think they work.

Mr. HUTCHINSON. Thank you.

Do you believe that the drug war is winnable?

General MCCAFFREY. I do not like to call it a war. I call it a cancer. I think we can reduce the rates of drug abuse in America dramatically in the coming years. Yes, I do.

Mr. HUTCHINSON. That really sounds like a defeatist's attitude. That distresses me. I know that terminology was used before, but I was just with some gentlemen in the anteroom and they referred to a quote that was attributed to you that you did not believe the drug war was winnable. That just seems to me really the wrong message. So I would urge your office—I mean, you have got to be the cheerleader, you have got to be optimistic. We have to have hope in America. That just really is troublesome to me to term it as a cancer. I believe that we can win this. I believe that law en-

forcement has that commitment, and we are undercutting them when we do not have that message.

Thank you, Mr. Chairman.

General MCCAFFREY. Well, let me, if I can, say I have great respect for your opinion on this. I am not a cheerleader. I never have been. I am trying to produce results. And I do believe—again, let me underscore a very optimistic message. The message is, in 15 years we have brought drug abuse in America down by 50 percent, cocaine use by 70 percent. We have got a big problem out there in our children. They are using drugs again. We never adequately got the addict population under control, which means treatment and coercive pressure.

If we do those things, in 5 or 10 years when we are talking about this issue, drug use will go from 6 percent of our population to well below 3 percent. America will be happier, safer, and have less crime on the streets.

Now, if you ask me the question: will there be a total victory akin to the Gulf war attack, the answer is no. But you should not be discouraged about that. I think we need to understand the nature of the dilemma we face and stay at it.

I am all for vigorous law enforcement, and I am also an optimist.

Mr. MICA. Thank you. I would like to yield for a couple of final questions to Mr. Barr.

Mr. BARR. Thank you, Mr. Chairman.

General, one of the many problems that is brought to my attention back in the District, in talking with some of our local government officials, as well as our Federal and State and local law enforcement officials, is illegal aliens. I know the problem is not unique to the 7th District of Georgia, but it is a serious one in our District.

Recently, we have heard and I have heard also from INS personnel that out in the field, down in Atlanta and other parts around the country, the enforcement effort is not only not being increased, which it ought to be, pursuant to congressional mandate—we have vastly expanded the number of dollars authorized and appropriated to INS for enforcement in our communities, in our regions, in our Districts, yet, not only apparently—and I have seen the figures on this to substantiate it and the memos on it that reflect it—are some of those Districts not seeing any increases, the money is not getting down there. They are being directed to cut back their enforcement effort, and this is having a very profound effect on local law enforcement, who have always looked to the assistance of INS to be able to keep and deport illegal aliens.

The particular problem right now is methamphetamines in the illegal Mexican communities in our area.

We also understand that the INS Director is indicating that INS will start releasing aliens, including those who are charged with drug offenses.

Do you see this problem? And is there any assistance you can be, as the Director of ONDCP, in this regard?

General MCCAFFREY. Well, I do not know the specifics, Mr. Congressman, of the decrease in budget you have commented on. I will find out and respond to your question. Nor do I believe directly that the illegal aliens, for example, crossing the southwest border

represent a significant component of drug smuggling. The drugs essentially come in in 18-wheeler trucks and fast boats out of Colombia and rail cars and welded in the compartments in vehicles, along with every other way—backpacking across the border, mule trains, the goofiest ways imaginable. But, by and large, it is not illegal migrants who carry drugs.

Having said that, they are a tremendous component of local drug-related crime in some midwestern communities, and so they are a problem—and we have substantially increased funding for law enforcement. There is clearly more money in there, perhaps inadequate. We need to listen very carefully to your own ideas on it.

I will make sure I will go look at the deportation statistics on drug-related crime. I hope we never release anybody drug related.

Mr. BARR. But we know that Doris Meissner is proposing that. Does it make any sense, from a policy standpoint—and that is really your role as, essentially, the implementer of national drug control policy and the coordinator thereof, and INS is a part of that. Does it make any sense to you to say, "OK, Congress, reflecting the will of the people of this country to crack down on illegal drug usage, including by illegal aliens—" I am not talking primarily border interdiction. That effort is moving forward and is paying some results, some positive results. But in the interior of the country, Congress has appropriated substantial increases in moneys over the last few years for the interior enforcement effort by INS, and one of the components of that is for INS to assist other Federal agencies and local agencies in getting illegal aliens who are using the drugs and engaging in methamphetamine traffic, or whatever, off the streets, not in putting them back on the streets.

Does it make sense, given the fact that our Government, through Congress, and laws and appropriations bills signed by the President, has directed that more money go to that effort, to see memos to INS regional and district directors telling them, "Not only are you not getting any more money; you are to cut back overtime, you are to cut back travel, you are to cut back positions, you are to cut back cell phone usage." Does that make any sense? Does that seem consistent with our drug control policy and with congressional mandate?

General MCCAFFREY. Well, I will take your words and go find out what the situation is and do something about it.

Mr. BARR. Let us say hypothetically that I am correct.

General MCCAFFREY. I do not want to answer a hypothetical question. Let us go find out what the situation is.

Mr. BARR. General, it is not a hypothetical.

General MCCAFFREY. Mr. Congressman, I have got your point. I will look into it and give you an answer.

Mr. BARR. Thank you, because it is apparently a fairly serious problem.

Just a couple of other quick points.

With regard to tobacco, I agree it is bad for kids to smoke tobacco. I am somewhat intrigued by the section on the youth tobacco initiative. Apparently, the CDC is distinguishing itself in assisting in the tobacco initiative.

I would be interested if you could get me the figures on what the CDC is doing with regard to the terrors of tobacco versus the CDC

involvement in and resources directed to illicit drugs. I would really be interested to see those areas in which it is active in the tobacco initiative, because apparently they are very active in that, contrasted with their involvement in what I think probably all of us here agree is the more serious problem of illicit drug usage.

General MCCAFFREY. I think almost all of our Nation's funding on any illegal drug program is in NIDA, and NIDA's budget has increased substantially in the last 3 years, so I think that will be the answer, Mr. Barr, that CDC does a lot of things—youth violence, youth tobacco, that kind of thing.

Mr. BARR. Right.

General MCCAFFREY. But when it comes to drug-related abuse problems, it is NIDA funding. And Dr. Leshner has tremendous support out of Congress.

Mr. BARR. OK. Finally—and I think this is something that the chairman is interested in, also, in terms of the targets, the hard targets in last year's ONDCP drug reauthorization bill, could you just briefly describe how you are going to meet the current and former Speakers—Speakers Gingrich and Hastert now are very, very concerned and, as you know, very active in setting targets that can be met and that will be met, hopefully, with regard to the drug war.

How are you going to meet those targets, the hard targets set by both former Speaker Gingrich as well as Speaker Hastert over the next 5 years?

General MCCAFFREY. Well, this is one of the areas where arguably we have made the most progress. We do have some extremely well-researched and, we believe, achievable goals set out in the PMEs. There are numbers there, IOU annual targets, and I have required the administration's 50-some-odd agencies to tie their budget to those targets.

Now, in addition, the Speaker and others have added congressionally mandated viewpoints, which we have cranked into the drug strategy. It is there. It is a target. Those targets Congress will use as a measurement against the funding that we request, and that it is your viewpoint that the funding is inadequate to achieve the congressionally mandated targets, then presumably you are going to change our budgets.

So I think we look forward to working in cooperation with Congress and seeing what your own ideas are. If there are substantial increased resources required to hit those congressional targets, then I welcome your own involvement and advice.

Mr. BARR. Would you submit to us a plan to meet those targets and that plan representing a 5-year? What would you need to meet those targets within 5 years? That seems to me the starting point for us to make a determination what resources to provide you should be, 5-year targets.

Now, you have made current projections, and the targets you all are using may be 10-year, but would you provide us what resources you need, along with a plan, to meet targets by 5 years?

If you can—I cannot speak, obviously, for all Members of Congress, but I think you would find considerable support in the Congress for meeting your needs if you can put together, obviously,

what would have to be a very vigorous, very proactive, very aggressive campaign to meet those targets within 5 years.

Will you do that for us?

General MCCAFFREY. Let me say——

Mr. BARR. And we will take that to the Speaker and work that as a top-priority issue this year.

General MCCAFFREY. Mr. Barr, let me invite a continuing frank dialog on this.

We have got a 5-year budget on the table. That will be the administration position. And I would add that it can benefit from congressional debate.

Having said that, the budget has gone up 32 percent per year in the 4 budget years I have been involved in this. There are enormous resources flowing into this across the board, and I plan on continuing to be adamant with the administration to provide increased funding, which, fortunately, I got again in fiscal year 2000.

Now, I do not believe it is logical to conclude that there will be a separate budget submitted for congressionally mandated guidelines. The budget on the table is the administration position.

Mr. BARR. OMB is not terribly supportive of it, I do not believe.

General MCCAFFREY. Well, now, again, I came out of there with some substantial increase in funding over what I got last year from them.

Mr. BARR. Right. But below what you requested.

General MCCAFFREY. It was 32 percent per year over 4 budget years, so——

Mr. BARR. I understand, but——

General MCCAFFREY [continuing]. I am hard-pressed——

Mr. BARR [continuing]. But it was below what you requested?

General MCCAFFREY. Sure. I can give you those figures. Again, because I certified the agency budgets, we certified——

Mr. BARR. I would appreciate it if you would send us those figures.

Again, the administration may have a particular policy and that policy may be oriented toward a 10-year meeting of targets. What we are asking for—and I cannot speak for the chairman. He can speak for himself, and he may want to weigh in—is for you to furnish us—and this is not contradictory or antagonistic to any policy of the administration—we would like to see what you believe would be necessary to meet specific hard targets over a 5-year period as opposed to a 10-year period.

General MCCAFFREY. That is on the table. We absolutely have submitted—you have now available the budget and the numbers to go with targets in 5 years. You got that in the PMAs.

Mr. BARR. The targets, for example, as set forth on page 44, that is what I am talking about.

General MCCAFFREY. There are congressional targets that do not match up with the PMA targets that are on the table. I have developed——

Mr. BARR. We want to see them matched there. That is what we would like to see. Will you send us your assessment of that? Will you submit that to us?

General MCCAFFREY. Well, in terms of developing another 5-year budget, no. You have on the table the OMB position over the coming 5 years to achieve those targets.

Mr. BARR. We are not terribly interested right now in OMB's position. We are interested in the position of the Director of the Office of National Drug Control Policy.

General MCCAFFREY. I understand, and what I——

Mr. BARR. Which I much prefer.

General MCCAFFREY. I am standing behind the OMB position.

Mr. BARR. You may do that, but would you be responsive to a specific congressional request, regardless of what OMB may eventually do with it? They may say, "This is terrible." That is fine. That is OMB position. But we would like to have hard targets, those reflected on page 44 of your report, matched up against a 5-year calendar.

General MCCAFFREY. There is a 5-year calendar, again, hard targets.

Mr. BARR. And what you would need to meet those.

General MCCAFFREY. Again, Mr. Barr, I do not believe that it is logical to assume that I am going to produce another different 5-year budget to achieve a separate set of goals. The 5-year budget on the table is actually our position.

Mr. BARR. And you can send that up to us and say you do not like this, but we would like to see your best judgment on how to meet these targets within 5 years.

General MCCAFFREY. Yes. Well, I hear your concern and I look forward to learning from the staff or from the principals your own viewpoints on whether you believe the budget that was submitted adequately responds to your own concerns. I have great respect for your opinion.

Mr. BARR. Are you saying that you will not submit——

General MCCAFFREY. Correct. There will not be——

Mr. BARR [continuing]. A response to the request we just made?

General MCCAFFREY [continuing]. A different 5-year budget than the one that is on the table. That is it. I would be welcome to let you see the evolution of our thinking internally in the government. That is certainly legitimate.

But, again, I would be cautious about some notion of arbitrarily being able to match resources with self-mandated targets. I am very uncomfortable——

Mr. BARR. Any targets in a theoretical sense are going to be somewhat arbitrary. We are projecting——

General MCCAFFREY. No. Ours are not arbitrary.

Mr. BARR. They may not happen.

General MCCAFFREY. Yes. The ones I have developed were a 2-year process——

Mr. BARR. Every target is, to some extent, arbitrary except yours. That is fine. All I am saying is: why would you not be able to be responsive to a request which I am making and which the chairman may make to give us your best judgment of how to meet the Speaker's targets over 5 years and what would you need to meet that?

General MCCAFFREY. Yes. Well, I think——

Mr. BARR. Let me just ask this question. If you had the opportunity and the resources to meet goals in 10 years as opposed to 5 years, why would you choose 10 years?

General MCCAFFREY. Of course we would not. But what we need to do is——

Mr. BARR. Then why cannot you give us your best judgment in writing as to how we could meet those in 5 years?

General MCCAFFREY. Well, Mr. Congressman——

Mr. BARR. And then we can take that and——

General MCCAFFREY. Let me give you an answer to the question. The answer to the question is there are nine appropriations bills dealing with 50-some odd agencies of Government. And when you are talking about machinery, people, optempo, and dollars, and creating capacity in treatment and prevention programs involving 52 million kids, 900,000 cops, hundreds of thousands of people in the Armed Forces, I am not going to make it up on the back-of-the-envelope analysis.

Mr. BARR. I do not want an——

General MCCAFFREY. Let me finish the response. You asked the question. I will have to lead the governmental process to give you prudent, well-thought-out solutions that I think are achievable, and that is what you have got in front of you.

Mr. BARR. Do you think meeting these targets in 5 years is not achievable?

General MCCAFFREY. The ones that Congress mandated, many of them are not achievable.

Mr. BARR. In 5 years?

General MCCAFFREY. Right.

Mr. BARR. What we would like to do is help you make them achievable. You have a Speaker, Denny Hastert, who is extremely interested——

General MCCAFFREY. Sure.

Mr. BARR [continuing]. And believes that they are reachable, and is willing, I believe, to work very closely with you and the administration in making them achievable.

General MCCAFFREY. Yes.

Mr. BARR. But if we go into this and you are saying they are not achievable and we are not even interested in working with the Congress to try to make them achievable, then maybe we have a problem. I would hope we would not.

Mr. MICA. If I may, I am going to interrupt. I did promise the General that we would get him out around 1. He has another obligation. And I do want to try to conclude the hearing.

First of all, I would like to ask unanimous consent to submit to the general questions from Mr. Blagojevich and also have your responses made part of the record.

Without objection, so ordered.

I have a statement for the record, which we will submit without objection from Mr. Gilman, chairman of the International Relations Committee.

[The prepared statement of Hon. Benjamin A. Gilman follows:]

Statement of Chairman Benjamin A. Gilman
Hearing of Subcommittee on Criminal Justice, Drug Policy, and Human Resources

Thursday, February 25, 1999

Chairman Mica, I am pleased that we are having this hearing on the Administration's Drug Control Strategy for 1999. This morning's hearing, coupled with yesterday's hearing with Mayor Rudolph Giuliani, underscores new distinguished Chairman of the crime and drug policy subcommittee, Mr. Mica's, commitment to addressing these highly important crime and drug issues.

As yesterday's hearing illustrated, the experience of the City of New York under Mayor Giuliani in these two important areas has a number of lessons for the federal government to hear, observe, and to pay close and careful attention too. The mayor's message and crime fighting success, even the big and all knowing federal government, can learn a few things from today and improve the lives of our citizens, especially our young people.

One of the most serious questions of the current federal administration's performance on its policy in fighting illegal drugs is its over-emphasis on the demand side, especially treatment as a cure all. The current federal administration announced from its very outset, its intention of focusing more and more attention and resources on treatment and rehabilitation of hardcore users.

It began by declaring there was no war on drugs, which we needed to wage. Its policy was largely based on treating the wounded by diverting the means and resources to accomplish that one sided demand emphasis approach from other vital areas, such as interdiction and source nation efforts.

I have remained concerned about this policy from its inception. The plan to cut back in the areas of interdiction and eradication at the source of these drug abroad, was a clear and mistaken signal that narcotics was no longer a top foreign policy issue for the U.S. Administration.

From the outset, this administration has failed to understand what is needed to effectively prosecute the international war on narcotics and crime. Moreover, it has not made the connection between the inflow of illicit drugs from abroad, and the subsequent effect on crime rates, health care costs, safety on the streets, and the very viability of our great cities.

While local government plays an important role in the war on drugs, only the Federal Government can provide overall guidance, and to do so properly, it has to make the drug problem a matter of foreign policy. Mayor Giuliani raised this point in 1994. It was sound advice then, and its still sound advice today.

The federal administration failed to adhere to that sage advice. It let its guard down, and cut back in source nation and interdiction efforts. Drug policy was, and has never been at the top of the foreign policy of the United States since then.

The costly damage is already in on that foreign policy failure. Let me just use the hard drug of heroin as a example of what happened. It is particularly important drug in the New York region, as we all know.

While the Administration cut back abroad, as well as on interdiction, it mistakenly took its eye off the ball and turned its back on source nations like Colombia. Today, the heroin marketed in our New York region once dominated from Asia, is now being dominated from nearby Colombia.

In addition, the ever purer, cheaper, and readily available Colombian heroin supply has led to a startling 875 % increase for the first time in teen (12-17) heroin use. Supply can help create, sustain, and increase drug demand.

Today, Colombia heroin dominates the eastern market of the United States. It is purer, cheaper and more deadly than ever, while the Administration scrambles belatedly today to provide high performance helicopters, for which I was pleased to lead the way for, to Colombia for the excellent anti-narcotics police for opium eradication in the high Andes.

Wisdom is welcomed even if it often comes late, I hope that we are not too late on the new heroin crisis, and that we can avoid costly errors like that in the future. Regrettably, the Administration's decision to recertify Mexico as fully cooperating with the war on drugs does not support this hope.

The Administration has made this decision despite the fact that no major traffickers were indicted in Mexico last year. Furthermore, the numbers of seizures and arrests dropped, as did the total number of drug cases and seizure of drug-related assets. The head of the Drug Enforcement Administration, Thomas Constantine, has said that the drug situation in Mexico is the worst he has seen in forty years as a police officer.

Today's hearing coupled with yesterday's session with Mayor Guiliani will hopefully start the learning process for the 106th Congress, and especially for the last two years of the current Administration.

Thank you.

Mr. MICA. We will also, without objection, leave the record open from this hearing for a period of 2 weeks for additional comments.

General McCaffrey, we appreciate your coming with us today. As we conclude, I have a couple of immediate concerns.

First of all, we know where the heroin is coming from. You talked a lot about cocaine. It has really been supplanted with heroin and meth and designer drugs, and we know where this stuff is all coming from.

We were in Colombia, and we found that some of the funds were diverted because of their natural disaster. We might want to get something in the supplemental, and we would like your assistance in seeing that Colombia, which is the source of a lot of these hard narcotics coming into the country and through Mexico, that we address that.

Also, the ranking member has asked that we have an additional closed hearing or a closed briefing session, which I have agreed to. We will try to do that in the next 2 weeks. I think next week we are occupied. But, according to your schedule—and we will have some of the other folks in—maybe we can discuss the issues that Mr. Barr has raised about trying to speed up and adequately fund—if it takes another supplemental, whatever it will take.

There are still some unanswered questions relating to the organization and disorganization on the southwest border, the Mexican question, the question of Panama, and what we are doing as far as relocating our forward reconnaissance efforts in the drug war, so I think there are a whole bunch of areas that we need to work on, plus the big problem of Mexico and its possible decertification or how we get that situation under control.

So we will reconvene in a closed session at a date mutually acceptable in the next couple of weeks here to help resolve some of these, and also develop, in a cooperative fashion, a strategy and a finance plan to make these things happen on a sooner rather than later basis, if that is acceptable.

General MCCAFFREY. I will look forward to that. Thank you.

Mr. MICA. There being no further business—Mr. Ose, you did not have any comments——

Mr. OSE. No, Sir.

Mr. MICA. There being no further business to come before this subcommittee, this meeting is adjourned. Thank you.

[Whereupon, at 1:10 p.m., the subcommittee was adjourned, to reconvene at the call of the Chair.]

[Additional information submitted for the hearing record follows:]

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

May 5, 1999

Mr. Sean Littlefield
Professional Staff Member
House Committee on Government Reform and Oversight,
Subcommittee on Criminal Justice, Drug Policy and Human Resources
B-373 Rayburn House Office Building
Washington, D.C. 20015

Dear Mr. Littlefield:

Please find enclosed ONDCP's responses to the Subcommittee's Questions for the Record submitted subsequent to the 25 February Hearing on the *1999 National Drug Control Strategy*. The following Representatives submitted questions: Blagojevich, Kucinich, and Ose.

I greatly appreciate all of your assistance in preparing for the hearing as well as your patience with us in developing the enclosed answers and obtaining OMB clearance. I believe these answers are responsive, comprehensive, and consistent with Director McCaffrey's testimony.

If I can be of further assistance please do not hesitate to call me at (202) 395-6675.

Respectfully,

Kevin Phillip Cichetti

Kevin Phillip Cichetti
Acting Deputy Director for Legislative Affairs

Enclosure:

QUESTION FOR THE RECORD FROM CONGRESSMAN DOUG OSE
HOUSE GOVERNMENT REFORM AND OVERSIGHT COMMITTEE,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

FEBRUARY 25, 1999

QUESTION:

1. WHAT, IF ANYTHING, CAN THE UNITED STATES DO TO PREVENT OR LIMIT MEXICAN NARCOTICS TRAFFICKERS FROM PAYING-OFF LAW ENFORCEMENT AND GOVERNMENT OFFICIALS?

ANSWER:

Drug traffickers present a corruption threat in both the United States and Mexico. Our own Federal law enforcement agencies have internal affairs units active in investigating evidence of corruption. The FBI is, in general, the lead U.S. agency for investigation of evidence of corruption of U.S. public officials.

Mexico, under President Zedillo, has demonstrated heightened interest in reducing corruption. Last year, President Zedillo publicly acknowledged that corruption is deeply rooted in the nation's institutions and general social conduct, and he began to initiate reforms within the law enforcement community. These included:

- Reorganizing the Attorney General's Office and replacing the previously discredited drug control office with the Special Prosecutor's Office for Crimes Against Health

- Exposing senior officials engaged in corrupt acts - The prosecution and conviction of Raul Salinas reflects the Mexican commitment to address corruption at the highest levels.

- Firing or arresting corrupt or incompetent law enforcement officials - From December 1996 to November 1998, Mexico fired 73 agents of the Attorney General's office and 285 Judicial police officers for corruption. New laws have been enacted to ensure such officers are not rehired. In addition, the office of the Special Prosecutor for Crimes Against Health has been formed to replace the National Counterdrug Institute, which was disbanded after the arrest of former Director Jesus Gutierrex Rebollo for actions related to drug corruption.

- Establishing a screening process to filter out corrupt law enforcement personnel

- Establishing "special units" within the military, the Attorney General's Office, and the Secretariat of Hacienda - the Organized Crime Unit, the Bi-lateral Task Forces and Hacienda's Financial Analysis Unit - to investigate and dismantle drug trafficking organizations in Mexico and along the U.S./Mexico border, and investigate money-laundering activities.

In February 1998 the United States and Mexico jointly developed and published a coordinated strategy for reducing the drug threat in both nations, the *Bi-National Strategy*. The Strategy identifies actions both countries agree to take to achieve the objectives of the May 1997 *Declaration of Alliance Against Drugs*. In February 1999, our governments published *US/Mexico Performance Measures of Effectiveness*. The measures are designed as a tool to determine if Mexico and the U.S. have taken the actions they agreed to take, and if those actions have been effective in achieving the counterdrug objectives of the Strategy. Chapter nine of both the documents addresses actions intended to improve the ability of both nations to attack and root out the corrupting influence of the illegal drug trade.

Future actions agreed to in principle in the *US/Mexico Performance Measures of Effectiveness* include:

- Development and maintenance of a program to detect and follow-up cases of corruption involving authorities responsible for the fight against drug trafficking.

- Strengthening of procedures for safeguarding sensitive information exchanged between both governments

- Informing each government of changes in national programs, regulations, procedures and techniques to prevent, identify, and combat cases of corruption in government institutions.

QUESTION FOR THE RECORD FROM CONGRESSMAN OSE
HOUSE GOVERNMENT REFORM AND OVERSIGHT COMMITTEE,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES
FEBRUARY 25, 1999

QUESTION:

2. IS THERE A COORDINATED EFFORT AMONGST LAW ENFORCEMENT, THE FEDERAL GOVERNMENT, AND RETAILERS TO CONTROL THE PRODUCTION AND POSSESSION OF PRECURSOR CHEMICALS (SUCH AS EPHEDRINE), WHICH ARE USED TO MAKE METHAMPHETAMINE?

ANSWER:

As you are aware, the Chemical Diversion Trafficking Act of 1989 provided a list of regulated chemicals (i.e. ephedrine, pseudo-ephedrine, etc.) whose production and distribution is closely monitored. The same law gave the Drug Enforcement Administration (DEA) the authority to add other precursor chemicals to the list after following the established procedure of announcing it in the Federal Register and soliciting comments. Subsequent acts, such as the 1996 Comprehensive Methamphetamine Control Act, further restricted the amount of "dosage units" that could be sold in a pharmaceutical product containing any of several precursor chemicals. This control is still one of the best methods to stop synthetic drugs at the source. DEA continues to monitor precursor chemicals through its Chemical Diversion Unit as well as agents in the field.

QUESTIONS FOR THE RECORD FROM CONGRESSMAN OSE
HOUSE GOVERNMENT REFORM AND OVERSIGHT COMMITTEE
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES
FEBRUARY 25, 1999

QUESTION

3. HOW ARE YOU HANDLING PROP. 215-LIKE STATE INITIATIVES, WHICH ALLOW FOR THE MEDICAL-USE OF MARIJUANA? ARE YOU MEETING WITH CALIFORNIA'S ATTORNEY GENERAL ABOUT HOW TO HANDLE THE ENFORCEMENT OF THIS STATE LAW? WHAT IS FEDERAL LAW ENFORCEMENT'S RESPONSE TO THESE STATE INITIATIVES?

ANSWER:

A. The Department of Justice responds to enforcement issues concerning state ballot initiatives that seek to make marijuana available for medical purposes. ONDCP issues policy statements to inform voters in these states that Federal law still applies and that medicines should only be available for prescribed use only after appropriate regulatory approval.

B. Director McCaffrey has already met with the California Attorney General and other Attorneys Generals from the states with these initiatives and reviewed current administration policy and listened to the views of the Attorneys General on this issue.

C. Questions of Federal law enforcement should be referred to the Department of Justice.

QUESTION FOR THE RECORD FROM CONGRESSMAN KUCINICH
HOUSE GOVERNMENT REFORM AND OVERSIGHT COMMITTEE,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY & HUMAN RESOURCES
FEBRUARY 25, 1999

QUESTION:

1. HOW MUCH OF THE $20 MILLION IN DISCRETIONARY FUNDING WHICH WAS APPROPRIATED LAST YEAR HAS BEEN SET ASIDE FOR EXPANSION AND/OR CREATION OF NEW HIDTA AREAS?

ANSWER:

On January 18, 1999, ONDCP Director McCaffrey approved a HIDTA staff proposal for the allocation of the $20.47M in FY 1999 HIDTA supplemental funding. Of the total supplemental allocation, $4.0M was held back for the designation of new HIDTA areas in FY 1999. An additional $5.915M was recommended to increase the funding of four recently designated HIDTAs to bring their annual funding level to $2.4M each. This funding level is based on the experience of existing HIDTAs which indicates that after the first year of operation each HIDTA requires a minimum of $2.5M to make progress in achieving HIDTA performance measures of effectiveness targets. The balance of the $20.47M supplemental funding was proposed to be allocated to support the unmet needs, as directed by Congressional language, of several HIDTA programs ($5.4M) and to enhance interdiction efforts of the Southwest Border HIDTA ($5.0M).

QUESTION FOR THE RECORD FROM CONGRESSMAN KUCINICH
HOUSE GOVERNMENT REFORM AND OVERSIGHT COMMITTEE,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES
FEBRUARY 25, 1999

QUESTION:

2. WHEN WILL DECISIONS BE MADE AS TO THE AREAS WHICH WILL GAIN THE HIDTA DESIGNATION?

ANSWER:

The interagency review process was completed on April 9, 1999. Options and recommendations for the designation of new HIDTAs were sent to Director McCaffrey from the National HIDTA Director on April 28, 1999. Director McCaffrey will review the recommendations and make designation decisions.

QUESTION FOR THE RECORD FROM CONGRESSMAN BLAGOJEVICH
HOUSE GOVERNMENT REFORM AND OVERSIGHT COMMITTEE,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY & HUMAN RESOURCES
FEBRUARY 25, 1999

QUESTION:

1. GIVEN THE SUCCESSES OF CHICAGO'S STRIKE FORCE--AND SUCCESS THAT HAS COME WITH VERY LITTLE ADDITIONAL RESOURCES--I'M WONDERING IF THIS MODEL PROGRAM IS BEING ESTABLISHED IN OTHER HIGH INTENSITY DRUG TRAFFICKING AREAS SUCH AS NEW YORK AND LOS ANGELES? I THINK INTERFACING CHICAGO'S STRIKE FORCE WITH OTHER HIDTAS WOULD HAVE MANY BENEFITS, AND I WOULD LIKE TOWORK WITH YOUR OFFICE TO BUILD UPON THE CHICAGO MODEL.

ANSWER:

The Chicago "Drug and Gang Strike Force" involved in the large "drug bust" you referenced is not part of the Chicago HIDTA network of task forces; however, it is similar to the joint efforts of local, state and federal law enforcement agencies participating in HIDTA programs all across the country. The HIDTA task forces assess regional drug threats, design strategies to combat identified threats, and develop initiatives such as the Drug and Gang Strike Force to implement strategies. They provide a coordination umbrella for local, state and federal drug law enforcement efforts. In essence, the strike force concept embodied in the Drug and Gang Strike Force is replicated many times over in every HIDTA across the nation. These HIDTAs in-turn interface with each other.

○