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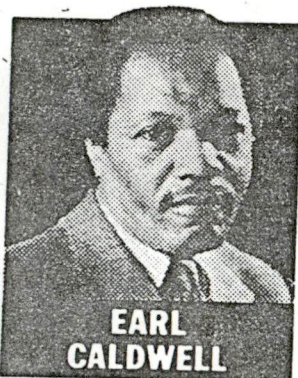
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name their country. It would be cleaner if

car. He's more than a soldier. He knows the Middle East and Soviet players and

perpower lunch with Mikhail Gorbachev, the reaction bemused Powell.

Give whiff artist Bush two cheers. Colin Powell is a home run.
Lars-Erik Nelson is on vacation



EARL CALDWELL

Fighting... and dying in the drug war

In the killing of Maria Hernandez of Brooklyn, it did not take the police long to get a handle on what had happened. She was a woman determined

the ground-floor apartment on Starr St. where the Hernandez family lived, five shots were fired through a bedroom window. Six hours later, Maria Hernandez died at Wyckoff Heights Hospital.

When drug dealers settle into neighborhoods where business is good, nothing seems to scare them away. They take over. They are armed and use the guns to threaten and intimidate. They also kill. Maria Hernandez is not the first to die. Hers is another name on a growing list.

But we saw all this coming. Bit by bit the last 20 years the fences that stood against dealing of illegal drugs have been torn down. By 1979, drug dealing was no longer something kept underground. Carl McCall was then a young state legislator. He actually took reporters around in his Harlem district and said, "Here it is, out in the open." We have open air drug markets. Talk of a war on drugs started then.

In neighborhoods, people began to fight. Maybe no group showed more courage than a bunch of women on W. 143d St. Rita Smith was the head of that block association. Those women were to write a true

profile in courage. Gertrude Russell was in her late 60s but she was not afraid. To fight, she sat in her window with a bucket of lye. "I put honey in it," she said. "If they (dealers) come in my building, I'm going to jam them; I'm going to jam them real good." She had put honey in the lye, she said, so that when she dumped it on the dealers who came around it would stick to them. She got threats in late night phone calls but that did not stop her.

The women had lookouts in every building. They reported drug dealers to the police 20 and 30 times a day. "We made the police do their job," Rita Smith said. And in time, they made a difference. However, a price was paid. Rita Smith saw her son shot in the mouth on the stoop of her building. It was a portent of things to come.

On Amsterdam Ave., near W. 155th St., a man named Wilson operated a fine restaurant. A lot of people flocked to Wilson's to eat soul food. The restaurant was a neighborhood center. It was always busy; always crowded. It was a perfect place for drug dealers to set up shop. They did exactly that. "Not here," the restaurant owner

said. "Not around my place." He was shot dead. It was more tearing down of fences that stood against lawlessness.

The promise was it would not happen this way. Government vowed to draw a line. A "war on drugs" was promised. Now, there is a war. But instead of government mobilizing, it is the other way around. The drug dealers are the ones who have declared war. Stand against us and you die, they say. Unlike government, they are not just mouthing words. How many ordinary citizens who have stood up have been killed for their courage? The list of the victims keeps getting longer.

In Brooklyn, police believe the shots fired into the Hernandez home were intended to intimidate. Carlos Hernandez was to testify before a grand jury. He lost his wife but he had the courage to go ahead and testify. "I am going to keep fighting," he pledged.

At times, it takes ordinary citizens to stand up to make government do its job. It is happening that way in the drug wars. But there are casualties. Now add the name of Maria Hernandez. She was 34.

LIGHT TAKES

Chi... are dumb dumb bullet in...

THE AMERICAN PREVENTION MOVEMENT

The Grass-Roots Effort
to Prevent Drug Abuse in America

Prepared by

The National Drug Information Center of Families in Action

in cooperation with

Other Leaders of the American Prevention Movement

THE AMERICAN PREVENTION MOVEMENT

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THE AMERICAN PREVENTION MOVEMENT

Sue Rusche

Executive Director

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Each time someone breaks the law, democracy moves one step closer to anarchy. The American grass-roots prevention movement is working to reverse the direction of those steps.

I. INTRODUCTION

Sir Moses Finley of Cambridge University, in the PBS documentary Genesis, defines democracy as "rule by the demos, or people." In response to an alarming escalation of drug abuse among children and teenagers in the United States throughout the 1970s, democracy reasserted itself. Ordinary people, at first primarily parents, claimed the right to stop children from becoming involved with drugs, despite prevailing opinion that there wasn't much wrong with such behavior.

Genesis notes that ancient Athenians began their assemblies in the world's first democracy by placing a curse on anyone who would deceive the people. At the time the prevention movement began in the United States,

many were deceiving the people, some intentionally, some not. Those who profited from involving children in substance abuse tried to deceive the people by insisting that illegal drugs are relatively harmless and should be legal. At the same time, many whose job it was to deal with drug abuse also deceived the people, through a combination of factors: a loss of faith in drug education, a confusion of intervention and prevention goals, a reluctance to teach children right from wrong.

This legacy from ancient Greece, rule by the people and a refusal to tolerate deception, is the driving force behind the American prevention movement. In twelve years' time, the parents who have led it have succeeded in dramatically reducing all levels of drug use among the nation's high-school seniors. They achieved this by assuming the responsibility their government had abandoned--that of providing drug education to children, families and communities--until Congress saw the error of its ways and recreated funding for drug-abuse education in 1986. They clarified the difference between intervention, where the goal is to reduce problems associated with use, but not necessarily use itself, and prevention, where the goal is to prevent use from occurring at all. They derived the clarity it took to make this distinction from their faith in the law. They not only asserted their belief in the law, they also asserted their expectation that all who care about children will obey or enforce the law for the express purpose of providing children with healthy and supportive, rather than exploitive, environments in which to grow and flourish.

Just as marijuana served as a gateway into the drug culture for

middle- and upper-income children (defined as those who attend school for twelve years and are counted in the National High School Senior Survey) in the 1970s, crack lured poor children into the drug culture a decade later. Parents and families in communities where crack is out of control are beginning to respond to the epidemic in much the same way middle-and upper-income families and communities are responding, by taking on the responsibility of educating neighbors and friends and taking action to restore their communities to the safe, healthy and supportive places they were before drugs invaded them.

Central to parent, family and community leaders' reliance upon the law to accomplish this is their understanding that when citizens begin to obey laws selectively, as is the case with so many laws surrounding drug and alcohol abuse, democracy is imperiled. By grasping the concept that laws are simply the rules by which we all agree to live, and by basing its philosophy on the foundation of law, what the American prevention movement has the potential to achieve is nothing short of re-establishing the values a democratic society must have if it is to survive.

What follows is a description of the American prevention movement: its philosophy and accomplishments to date, and where it must go to reach its goal of a nation free of drugs, where all men--and women and children--have the opportunity to pursue their potential and live with one another in harmony.

THE AMERICAN PREVENTION MOVEMENT

II. PHILOSOPHY AND ACCOMPLISHMENTS TO DATE

1. Clarifying the Process:

Drug Education Does Change Behavior

In the early 1970s, drug-abuse experts came to believe, based on research whose results some now say may have been misinterpreted, that education does not change behavior. So powerful did this belief become, that in 1972, at the instigation of Congress, the federal government actually placed a moratorium on all publicly funded drug-education materials that taught children about the harmful effects of drugs of abuse.

Social, political and commercial pressures filled the vacuum this moratorium created. Marijuana, and other "recreational" drugs, once limited to the counter-culture of the 60s, had become socially acceptable to the majority of the population in the 70s. Thus, although as recently as 1962 less than two percent of the entire population of the United States had had any experience with any illicit drug, by the latter half of the 70s, sixty percent of the nation's high-school seniors and one-third of the nation's younger teens had tried marijuana, and large numbers had used other illicit drugs as well.

Prior to this escalation, in response to an earlier drug "epidemic" that

centered around heroin, Congress established the National Commission on Marijuana and Drug Abuse, as part of the Comprehensive Drug Abuse Prevention and Control Act of 1970, to study the problem and make recommendations to solve it. The commission issued two reports, one on marijuana and one on other drugs. In the first report, commissioners said they found little scientific or medical evidence that marijuana could harm anyone and concluded that the United States should "decriminalize," and eventually legalize the drug. Of the two, the marijuana report is the better remembered, largely because many who served on the commission founded the National Organization for the Reform of Marijuana Laws (NORML) to keep the commission's recommendations before the public and to advocate change.

At about the same time, the Ford Foundation conducted a nationwide survey to assess what Americans' number-one concern might be. The Foundation says it was surprised to learn from its survey that Americans were most concerned, even then in 1970, about drug abuse. Two years later, the Foundation established the Drug Abuse Council, a Washington think tank whose mandate was to analyze public drug-abuse policy. The Council drew upon both the Commission and NORML for its leadership, and not surprisingly, echoed the recommendations of both in its final report (The Facts About "Drug Abuse," Free Press, Macmillan, 1980), namely that the United States should decriminalize and eventually legalize all drugs.

Throughout the 1970s, the nation began to act on these recommendations. The use of marijuana and other drugs became widespread, 11 state legislatures decriminalized marijuana and there was a great deal of

talk about extending decriminalization to cocaine and other drugs as well.

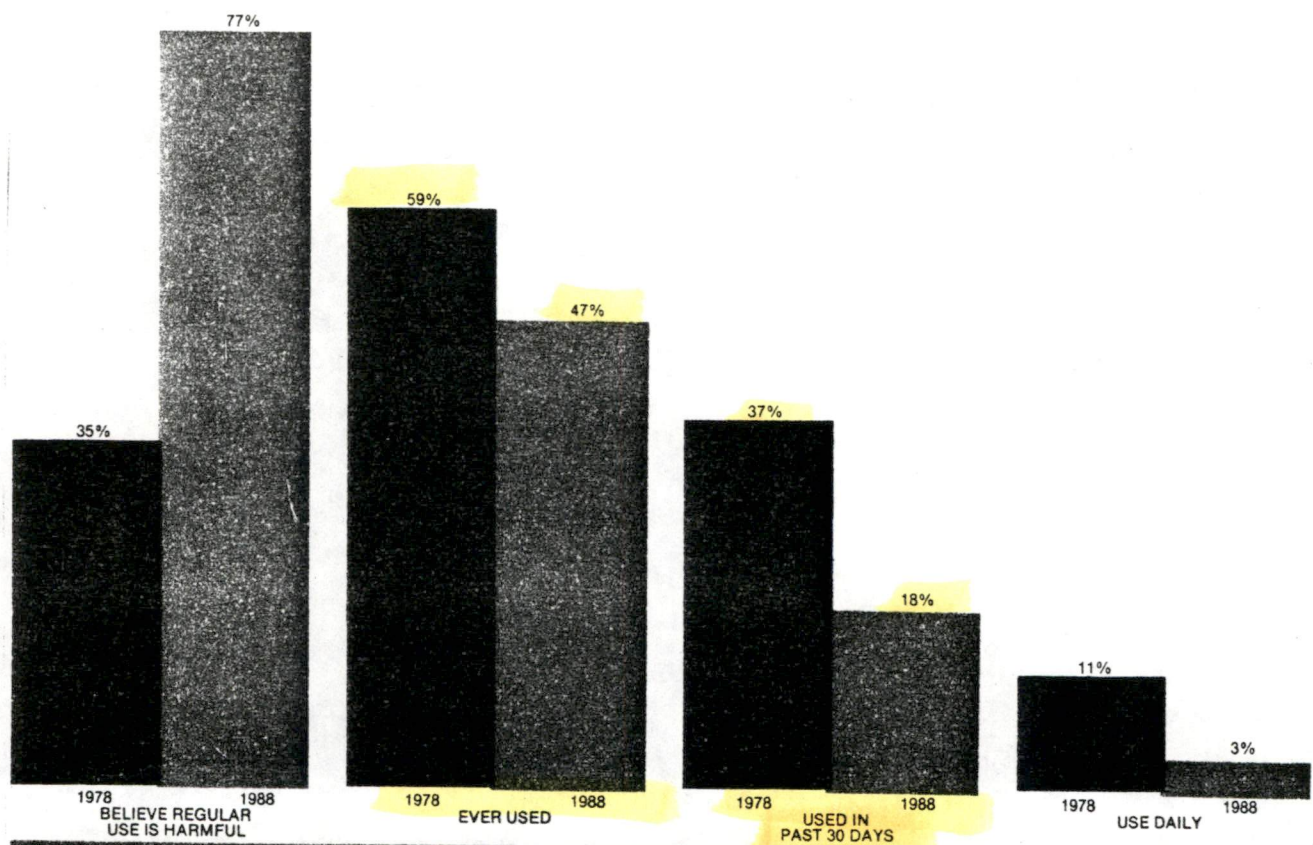
The drug-related legislative and political action taking place in the 1970s stimulated the creation of the drug-paraphernalia industry, which, by 1978, was doing business in an estimated 30,000 head shops nationwide. Drug paraphernalia toys and gadgets to enhance drug use, along with a host of magazines and comic books that glorified drug use, provided a significant amount of commercial pressure to engage children in the drug culture. And engage them it did.

As an increasing number of young people became involved with marijuana and other drugs, an increasing number of parents recognized that marijuana had many deleterious effects on the health, learning ability and social functioning of their children. What they were seeing in their own children was substantiated in the medical literature, which they obtained and read and in which they found ample, solid, evidence that contradicted the public perception that the drug was harmless. Parents mounted an intense effort to share that information with other parents, with children and with all who cared about children, and in so doing, gave birth to the prevention movement and the first of its two basic tenets that one could change children's behavior by giving them the facts about how drugs can hurt them. The movement was generated by Families in Action, PRIDE, the American Council on Drug Education, the National Federation of Parents for Drug-Free Youth and later joined by the Scott Newman Center.

Beginning with marijuana, and following with cocaine, cigarettes and

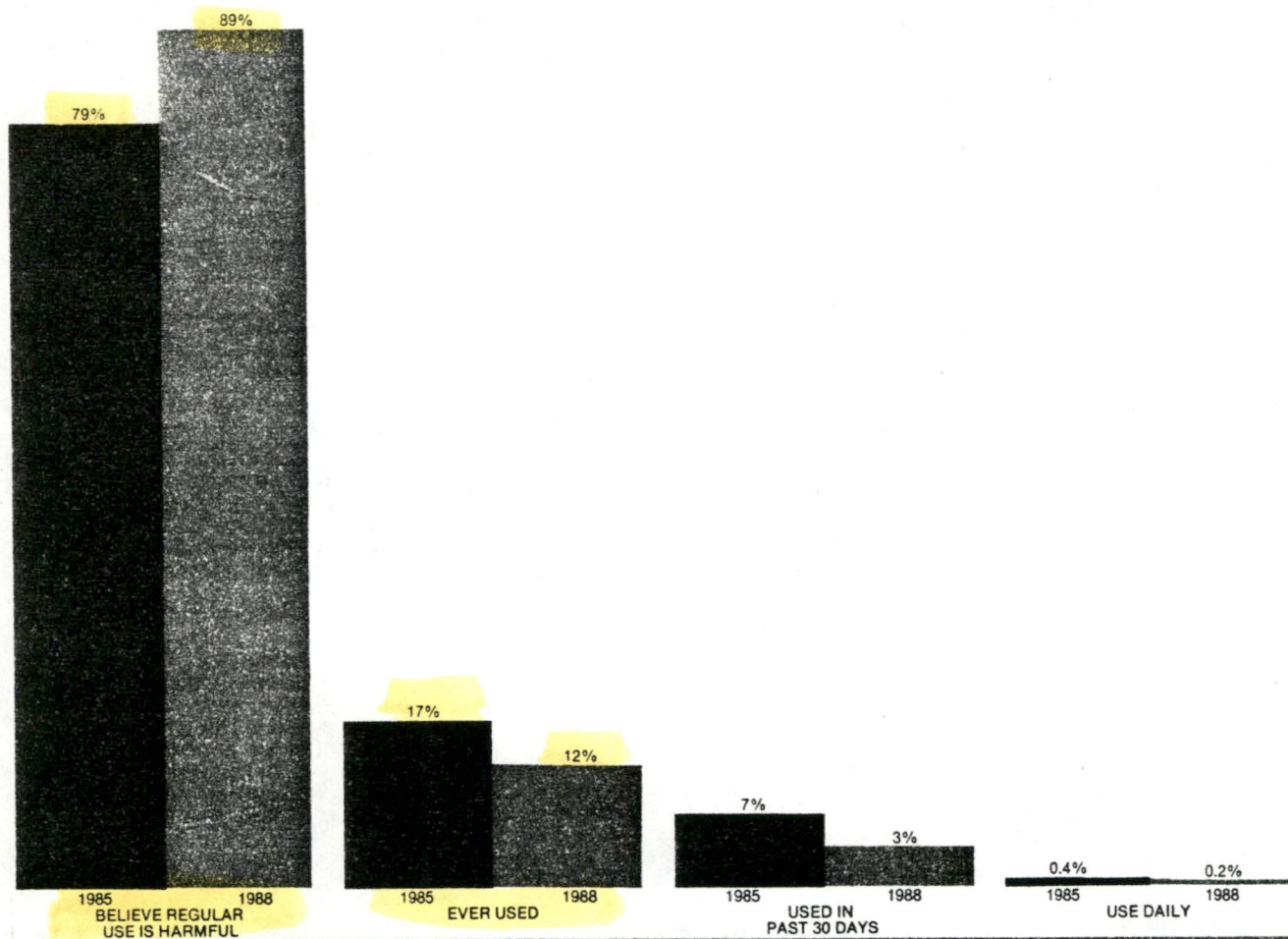
alcohol, as the accompanying charts show, the year that use of a given drug peaked among high-school seniors was the same year that the fewest seniors believed that drug could hurt them. Every year since the peak year of use for any given drug, the more seniors who perceive a specific drug will hurt them, the fewer seniors use that drug.

PERCEPTION OF HARM VS USE OF MARIJUANA, HIGH SCHOOL SENIORS, 1978, 1988



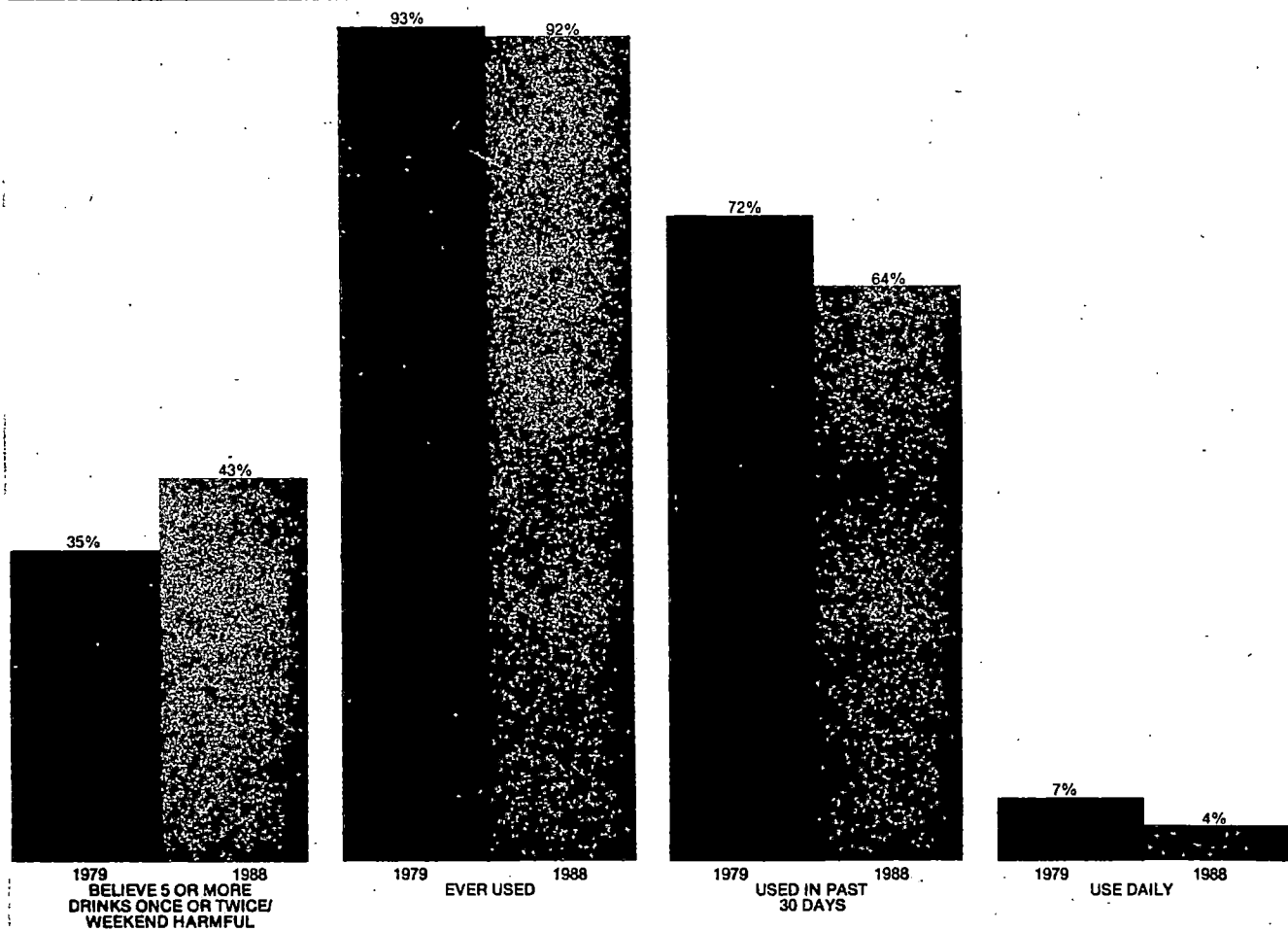
SOURCE: 1988 NATIONAL HIGH SCHOOL SENIOR SURVEY, NATIONAL INSTITUTE ON DRUG ABUSE

PERCEPTION OF HARM VS USE OF COCAINE, HIGH SCHOOL SENIORS, 1985, 1988



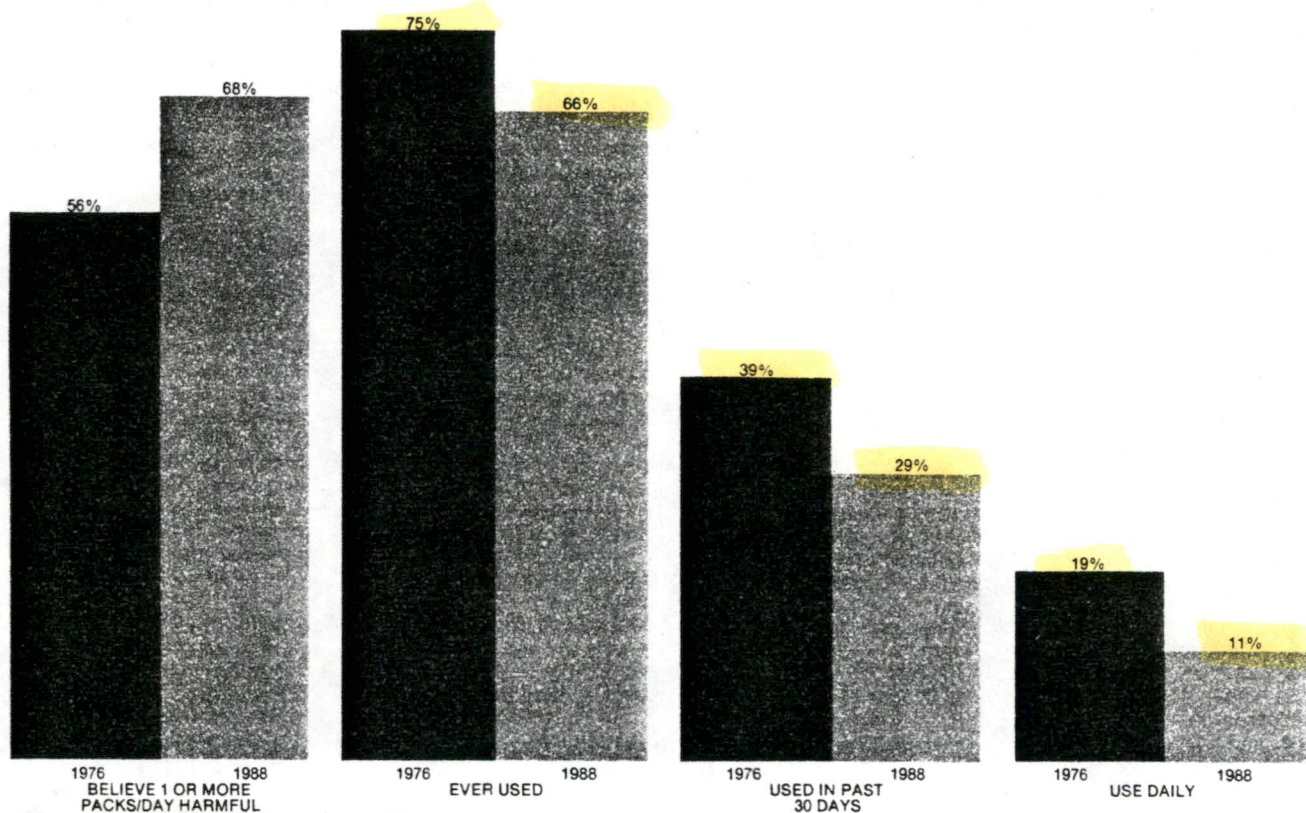
SOURCE: 1988 NATIONAL HIGH SCHOOL SENIOR SURVEY, NATIONAL INSTITUTE ON DRUG ABUSE

PERCEPTION OF HARM VS USE OF ALCOHOL, HIGH SCHOOL SENIORS, 1979, 1988



SOURCE: 1988 NATIONAL HIGH SCHOOL SENIOR SURVEY, NATIONAL INSTITUTE ON DRUG USE

PERCEPTION OF HARM VS USE OF CIGARETTES, HIGH SCHOOL SENIORS, 1976, 1988



SOURCE: 1988 NATIONAL HIGH SCHOOL SENIOR SURVEY, NATIONAL INSTITUTE ON DRUG ABUSE

2. Clarifying the Message:

Prevention Vs. Intervention

The second, and perhaps even more significant, tenet of the prevention movement grew out of the confusion that resulted when drug-abuse experts tried to **prevent** drug abuse using intervention, rather than prevention, strategies. Traditional intervention strategies seek to reduce the problems associated with drug use, rather than to prevent it from occurring at all, and by definition, target an audience consisting of people who already use drugs.¹ But, in spite of the terrifying escalation of drug use among American adolescents in the 70s, not all children used drugs. In fact, the majority did not. Therefore, the goal of **prevention** had to be to prevent use from occurring at all, rather than reducing problems associated with use once it began.

In contrast with prevention strategies, intervention strategies often condone behavior that conflicts with the law. When the prevention movement began, the majority of drug-education materials available to children contained intervention messages with the goal of reducing, rather than preventing, drug use. Throughout the 1970s, stated goals in materials in school and public libraries, government publications and school curricula were to reduce the problems associated with drug use by teaching students how to use these drugs "responsibly." A popular high-school text book, for

¹ This is not to be confused with the treatment intervention goal that seeks to teach families how to intervene in a family member's chemical dependency and restore that person to a life free of dependency through drug-free treatment.

example, Responsible Drug and Alcohol Use by Ruth C. Engs, listed these hints for the responsible use of marijuana:

1. Smoke with friends.
2. Use a bong.
3. Don't drop ashes or you'll burn holes in your clothes.

In Chocolate to Morphine: Understanding Mind-Active Drugs, co-author Andrew Weil, M.D., explained there is no such thing as a bad drug, just "bad relationships" with drugs. Our goal in drug education, Weil insisted, must be to teach young people how to have "good relationships" with drugs such as marijuana, cocaine, PCP, LSD, and a host of others.

Nowhere in any of these materials was there information that possessing, using or selling drugs is against the law. The prevention movement not only clarified this issue, but reversed the logic imbedded in the 1970s attitude from "drugs don't hurt people and should be legal" to "drugs are illegal **because** they hurt people." With this reversal, the prevention movement based its strategy on the twin precepts of teaching the **health and legal** consequences of drug use.

3. Clarifying the Laws:

Teaching Children--and Families and Communities--Right from Wrong

In addition to the educational task they took on, parents learned that they had to work on several fronts at once. They set out to inoculate their children from becoming involved with drugs by educating them about the harmful effects of those drugs. But they soon recognized that they would also have to inoculate their families, other families, and even communities against the plague of drug abuse. Vaccinating communities against drug abuse consists of an ongoing **process** that first identifies a problem and then brings neighbors and friends together to find a solution for it. Once a particular problem is solved, several more emerge and the process is repeated.

The genius of the American prevention movement is that it based the process of preventing drug abuse on the foundation of the law. In some cases, that process involved parents educating each other about existing laws. Parent leaders might point out to parents at a P.T.A. or community meeting the legal risks someone's teenager takes when he or she gives or sells drugs to other kids. Or they might discuss the legal liabilities to which parents expose themselves when they allow teenage parties to take place in their homes where drugs and alcohol are present. Parents come to realize that, instead of bailing them out, they must let their children suffer the consequences of breaking the law so that a renewed spirit of respect for the law spreads throughout the community.

In other cases, the process involved bringing pressure upon authorities to enforce laws, and ensuring officials that they will support them, rather than attack them, for doing this. In the early days of the movement, for example, parents often lobbied school officials to set and enforce limits about drugs and alcohol that complied with, rather than violated, laws. Others worked with police, prosecutors and judges to strengthen enforcement of laws that kids were breaking while authorities looked the other way. Many established drug watches in Neighborhood Watch programs to assist police in apprehending drug dealers.

In still other cases, the process involved passing new laws. The rallying force that drove the creation of the prevention movement was a universal revulsion parents felt towards head shops, which served as drug-abuse learning centers for children. If drugs are illegal, parents reasoned, why should implements that enhance their use be legal? Parents in state after state lobbied local and state officials to pass laws banning the sale of drug paraphernalia. The success they achieved in this effort emboldened parents to lobby for other laws to bring constraints against the exploitation of children and, subsequently, of adults.

In addition to the significant reduction in drug use among the nation's high-school seniors discussed above, parent prevention leaders stopped further efforts to decriminalize marijuana. The 11 states that decriminalized the drug did so between 1972 and 1978; no state has decriminalized since then, and some are actually "recriminalizing" the drug. Just this month,

for example, Oregon, one of the first states to decriminalize marijuana, increased the penalty for possession of an ounce or less of marijuana to a maximum fine of \$1,000 and a mandatory minimum of \$500. Moreover, parents' efforts have ended most serious discussion about legalization as the answer to the nation's drug problem, at least for the time being. Public opposition to legalization has risen significantly over the past decade as measured by Gallup polls. Fully 90 percent of the public now oppose legalization. Although drug paraphernalia to enhance the use of crack is still sold, albeit in far fewer outlets, the major part of the drug paraphernalia industry is virtually extinct. Thousands of local communities, as well as some 45 states, have passed laws outlawing its sale. In response to legal challenges to these statutes from the drug paraphernalia industry in several federal district and appellate courts, the Supreme Court upheld the laws as constitutional in the early 1980s.

Parent prevention groups have lobbied for thousands of other local, state and federal laws as well, including laws to raise the drinking age to 21, to revoke young peoples' drivers' licenses if they are convicted of a drug or alcohol offense until they reach age 18, to reduce drunk driving, to increase funding for prevention and treatment of chemical dependency, to ban smoking areas from public schools where all students in most states are too young to legally purchase cigarettes. The list of new laws sought by parents is endless, as is the unceasing effort parent-group leaders make to educate fellow citizens about the need to obey the laws and at the same time pressure officials to enforce them.

4. Clarifying the Status of Alcohol and Tobacco:

Legal for Adults but Illegal for Young People

A peculiar fact about drug abuse is that, dreadful as our current drug-abuse problem is, the nation's two legal (for adults) drugs, alcohol and tobacco, kill far more people (100,000 alcohol-related deaths and 350,000 tobacco-related deaths each year) than all illegal drugs combined. Alcohol alone is the leading cause of death of Americans teenagers and is responsible for so many premature deaths among young people that theirs is the only age group (15-24) whose life span is actually **decreasing**, while the life spans of all other age groups increase. While it is true that alcohol-related automobile crashes are the leading cause of death among teenagers, nearly as many teenagers suffer alcohol-related deaths that do not occur in cars--deaths from alcohol overdoses, drownings, falls from high places, etc. One study in the San Francisco area, in fact, shows that these alcohol-related deaths exceed drunk-driving deaths among teenagers.

The nation has done a good job of raising awareness about drunk-driving deaths among people of all ages, one-fourth of the total number of alcohol-related deaths, but has virtually ignored the other three-fourths of alcohol-related deaths that don't take place in automobiles. A major reason why this is so is that, as with the drug-education materials of the 1970s and early 80s, the alcohol-education materials and programs of today are based once again on **intervention** rather than **prevention** strategies and, like their predecessors, contain a preponderance of "responsible use" messages. As is the case with drugs, today's alcohol-intervention strategies and messages,

when applied to teenagers, also condone behavior that violates the law.

Perhaps one of the clearest examples of this is **Students Against Drunk Driving (SADD)** and the SADD Contract, which has long been a source of controversy throughout the nation. The drinking age in every state is 21, making it against the law for anyone younger to purchase or possess alcohol. In Georgia, for example, purchase or possession is a misdemeanor punishable by up to one year in jail and/or up to \$1,000 in fines. The SADD Contract requires teenagers to promise their parents **not** that they won't drink period, as the law requires, but that they won't drink and drive. The promise not to drink and drive offers no protection to young people who, as noted above, die alcohol-related deaths that do not take place in cars. Furthermore, teenagers perceive the SADD message to mean that it is okay to drink, as long as they don't drink and drive.

Over the years prevention leaders have taken part in several meetings sponsored by the National Highway Traffic Safety Administration to persuade SADD's founder, Bob Anastas, to modify the SADD contract to bring it in compliance with the law. Anastas finally agreed to change the contract pending approval of his board, which refused to change it. SADD's board of directors is made up primarily of representatives of the alcohol industry, which also funds SADD (Anheuser-Busch, the Wine Institute, DISCUS, the Beer Institute, etc.). That SADD consistently refuses to clarify the distinction between underage young people and adults should not be surprising, since the alcohol industry in its advertising, marketing and educational efforts also consistently refuses to do so. We hear much from

the industry about responsible drinking, but nothing from the industry about the fact that this message is totally inappropriate for underage young people for whom drinking itself (except in the home in the presence of mom and dad) is an unlawful, and therefore irresponsible, act.

Just how committed the alcohol industry is to bringing the responsible-use message to underage people is illustrated in testimony before Congress June 15, 1989, by James C. Sanders, president of the Beer Institute:

"Brewers continue to be heavily involved in public education campaigns to promote **responsible consumption**, such as "Know When to Say When," sponsored by Anheuser-Busch; "Alcohol Information from Miller;" "Alcohol, Drugs and You," sponsored by Aldolph Coors Company and "Friends Don't Let Friends Drive Drunk," sponsored by the Licensed Beverage Information Council. **Stroh Brewing Company and the National Beer Wholesalers Association have developed curricula for primary and secondary schools.**" (Emphasis added.)

Sadly, the alcohol industry's public-education effort, including curricula it designs for school children, fails to distinguish between underage and legal drinkers and promotes responsible consumption to an age group that is not only too young to legally consume the industry's product, but is suffering an excessive amount of premature and unnecessary death as a result.

For quite some time, the prevention movement has striven to make the

distinction that industry refuses to make. It is a cornerstone in all prevention strategies. Parents and communities object whenever this distinction is missing from alcohol prevention and education programs. As with their ongoing effort to clarify and reinforce their expectation that all concerned will obey and enforce the drug laws, so too are parent leaders bringing pressure on communities to obey and enforce the alcohol laws, particularly when it comes to illegal use by and sales to those under the legal drinking age.

THE AMERICAN PREVENTION MOVEMENT

III. THE ROLE OF the STATE PARENT-GROUP NETWORKS

Daisy Sledge

Advisory Board Member

National Drug Information Center of Families in Action

Former Board Member

National Federation of Parents for Drug-Free Youth

In the beginning of the American prevention movement, the first parent groups to form usually did so in capitals of states where they could influence legislators, work to ban drug paraphernalia sales, and lobby for other legislation. Because this initial activity gave each group a great deal of visibility in the press, people in other parts of their states called for help in forming similar family and community-action groups locally. In helping others organize, in sharing information and in lobbying for prevention with state legislators and state agencies, the early parent groups gradually assumed the role of "networking" concerned parents, families and communities throughout each state. The state networks are the heart of the American Prevention Network and constitute the vitality of the movement.

We interviewed seven key state parent-group networks
(Texans War on Drugs, Tennessee Families in Action, Florida Informed
Parents, Drug Resource and Education Alliance of Mississippi,

New Jersey Federation for Drug-Free Youth, Michigan Communities in Action for Drug-Free Youth, and Illinois Drug Education Alliance) to assemble this profile of the common goals and objectives each network shares and to provide an idea of the kinds of services they offer. With the exception of Texans War on Drugs, which has enjoyed a stable financial base from its beginnings, thanks to the insight of then-Governor Clements who initiated financing for the group and to the generosity of H. Ross Perot who matched initial funding with a private gift of his own, most of the state networks accomplish all that they achieve on a strictly volunteer basis.

All of these networks share the following goals and objectives:

1. Educate youth, families and communities about the harmful effects of drugs.
2. Emphasize that alcohol is an addictive drug and is illegal for those under age 21.
3. Stress that tobacco is an addictive drug and is illegal for those under 18 in a majority of states.
4. Establish a no-use message for every illegal drug.
5. Equip families and communities with technical skills to prevent illegal drug use in their homes, communities and schools.
6. Network with political, business, and religious leaders, social and professional organizations, educators, law enforcement officials, the judicial system, and others.
7. Refer family members for support, counseling, and treatment as needed.

Services each state network offers include:

1. Provide training and technical assistance to parents and families to teach them how to form parent and community groups throughout the state.
2. Conduct annual statewide conferences to share ideas through workshops and networking to provide additional information and training.
3. Stimulate formation of youth groups and coordinate their efforts statewide.
4. Evaluate communities within the state to determine extent of and need for parent and youth prevention group organization.
5. Publish statewide newsletter.
6. Generate and monitor legislation within their state.
7. Monitor activities of state agencies and when possible coordinate activities with each agency.
8. Encourage coalition building.
9. Sponsor throughout their state programs and projects generated by local, state and national parent and youth prevention leaders and groups, such as Project Graduation, Red Ribbon, Safe Homes, etc.
10. Establish and support intra-state regional training directors to further network their state.
11. Serve as statewide resources for information and referral, when possible by operating a toll-free statewide telephone referral service.
12. Network local, state and national legislative issues between and within state networks.
13. Generate, support, and coordinate formulation of policy issues with national organizations such as the National Drug Information Center of Families in Action.

14. Coordinate with state drug czars in those states that have established them.

THE AMERICAN PREVENTION MOVEMENT

IV. THE ROLE OF YOUTH

Bobby Heard

Youth Coordinator

Texas War on Drugs

and

Beth Schechter

Executive Director

Center for Human Development

Former Program Director

Just Say No Foundation

The mid 1980s saw a shift in the way the prevention of alcohol and other drug problems was approached. Up until that time activities were school-based and teacher- or adult-run. Programs focused on effective education and self-esteem improvement as a way to build a young person's resistance to drug use. As the field expanded and research began to show that children needed specific, present-oriented resistance skills, programs began to reflect this by incorporating refusal skills into their curricula. But, of course, this was found to not be enough. It became evident that drug and alcohol use was a community problem and not one that could be solved by working only with the individual.

In addition, as students became more and more aware of the dangers

of substance abuse and the impact it was having on their schools, communities, families and friends, they began to speak out, to be heard, to take a stand against drugs. One of the most momentous events took place in early 1985 when a 9-year old student in Oakland, California, asked her classmates if they would like to form an anti-drug club. These children lived in a community where drug use and dealing were rampant, where drug-related shootings were commonplace, where fourth graders were using. The children had been inspired by then First Lady Nancy Reagan who uttered the slogan "Just Say No." The children officially launched the Just Say No movement which has since spread to all fifty states with over 15,000 Just Say No Clubs for kids 7-14.

The power and effectiveness of the Just Say No movement and its subsequent program corresponded with research findings that were being presented to the public. These findings suggested that association with alcohol and drug-using peers was one of the strongest predictors of adolescent alcohol and other drug use. It also became clear that adolescents use alcohol and other drugs for a variety of reasons, including the need to be accepted by their peers and the need to identify with their peer groups. A 1983 Weekly Reader survey of 500,000 elementary and junior high age children found that 4th through 6th graders cited "fitting in with other kids" as one of the main reasons young people start using drugs and alcohol. Children also reported the misnomer that they believe there was widespread experimentation among their peers although there was not. The strong peer influences and ensuing pressures experienced by non-using youth eventually led to a sort of youthful rebellion on the part of young

children whose battle cry became "no drugs for me" or "Just Say No."

Teenagers also became involved in the new rebellion against drugs. Teens as a group were being blamed for much of the drug problems in the country. To counter this "lost generation" notion that seemed to be spreading, teens who felt strongly about not using substances began letting themselves be heard. They began forming Just Say No Clubs in the schools for the younger kids and even themselves. They began meeting with other teens throughout the country who believed in non-use through programs such as Youth to Youth and Reach America. They stepped forward as leaders of Just Say No Clubs and teen role models for younger kids in programs such as Youth Educator and Quest. Teens took full responsibility for helping young kids stay off drugs and see a better way to live.

In a 1987 Weekly Reader survey of 500,000 mostly 2nd through 6th graders, respondents felt that teaching younger kids about the dangers of drug use was one of the most effective anti-drug measures. Later studies continued to show the influence teens could have over younger kids. A 1988 Rand study showed that the use of teenage role models who do not use drugs and who disapprove of doing so addresses the findings of social learning theory that states: 1) young people learn through direct modeling, and 2) adolescent beliefs, attitudes and behaviors are reinforced by social approval or disapproval. In addition, the Rand study revealed that older teen leaders were perceived as more credible teachers of prevention information than in some cases, teachers, and in all cases, college students. Older teens were identified as having had considerable experience coping

with social pressure, yet were similar enough to younger students to seem familiar and to be trusted.

The power of teens and young adults as role-models and teachers in the prevention of alcohol and other drug problems cannot be underestimated. Throughout the country teens have proven themselves over and over again to be leaders and organizers of communities in the war on drugs. In Texas for example, youth conferences are held annually which attract thousands of junior high and high school teens wishing to remain drug free. Teens can play a major role in raising awareness of the issues and working towards political change to impact the problem. Young people can also be active participants in improving the quality of life in their community by planning and running service and helping projects.

The power of youth is formidable in this country and if any anti-drug effort is to succeed, youth must be involved from its inception, through its implementation, and up to its completion.

THE AMERICAN PREVENTION MOVEMENT

V. THE ROLE OF THE WORKPLACE

Lee Dogoloff

Executive Director

American Council on Drug Education

The workplace plays a critical role in the prevention of drug abuse in America. Some statistics might help to put this issue in focus. According to the most recent data available from the 1985 National Survey of American Households, the vast majority of drug users are between the ages of 20 and 40. In addition, 70 percent of those in that range are employed and 83 percent are white. Thus, several things become clear. If we are going to reduce the demand for drugs, we must focus efforts on this group. In addition, since this group is the prime age of most parents in our society, there are profound implications for the role these drug-using parents play in prevention efforts aimed at their children.

The workplace is an ideal setting to address drug-abuse prevention. This needs to be done in several ways. First, workplace policy must be clear in its message of no drug use. The federal government can be very helpful in this regard in promulgating regulations similar to those of the Departments of Defense and Transportation in promoting a drug-free workplace. Although most of the Fortune 500 companies have already addressed this issue, the advent of government regulation and expectation

has enabled lots of second and third tier companies to do likewise. This is already causing a number of companies, who otherwise might not have done so, to focus attention on this issue and to not only formulate policies to encourage a drug-free workplace, but also education, prevention and treatment programs as well.

The workplace also has an important role to play in education and prevention activities. Just as children are captive audiences at school, so are parents and adults at work. The workplace has an established history of providing programs which enhance the health of workers, programs such as smoking cessation, stress reduction and others. Drug-abuse prevention is a natural follow-on to these programs. It is important to recognize the difficulty that working parents have in mustering either the time or the energy to attend community meetings in the evening. Therefore, the workplace becomes the obvious location to convey to parents information about drug and alcohol use, their negative health consequences, and techniques for discussing and addressing these issues. A number of companies have adopted such programs, which include such things as making video tapes available on a free-loan basis for families to view in the privacy of their homes, distributing monthly brochures on various topics associated with drug and alcohol use, and supplementing those brochures with noon-time seminars for interested employees. Over the next few years these activities should be expanded, as they are critical in our quest for a drug-free America.

THE AMERICAN PREVENTION MOVEMENT

VI. THE ROLE OF THE NETWORK SERVING HIGH-RISK YOUTH

Phil Oliver-Diaz

Executive Director

Children at Risk Project

Rockland County, New York

Founding Board Member

National Association of Children of Alcoholics

Founding Board Member

National Association of Native American Children of Alcoholics

In 1986, in the first Omnibus Drug Act, Congress created the Office for Substance Abuse Prevention (OSAP). This single agency has had the most dramatic impact of any federal agency on developing initiatives for the nation's high-risk youth. OSAP's greatest strength is that it supports community-based, nonmedically-oriented, demonstration projects. The \$26 million Congress appropriated for these projects is, to our knowledge, the only federal funding thus far that puts some of the money needed to fight the war on drugs into the hands of the people, instead of medical colleges and universities.

OSAP is underfunded and has too small a staff to do the job it can do. It is the sole arm of the federal human-services system that hears the

needs of the parent movement and the minority community, even if its effort is meager, when compared to the need, at this point. OSAP needs to be enhanced.

With the \$26 million it had for demonstration grants, OSAP funded 131 demonstration projects nationwide for high-risk youth. That some 850 proposals were submitted for these grant funds is a testament to how great the need is for financial assistance to prevent drug abuse among high-risk youth. These projects started up in early FY88. Most focused on minority children, who, along with children of alcoholics, make up the most significant portion of high-risk youth. In December, 1988, as an outgrowth of OSAP's high-risk youth initiative, grantees formed the National Network for High-Risk Youth and Families. This new national network is a coalition of programs serving high-risk youth, again, many of which are children of color, and other interested organizations, such as Families in Action, the National Federation of Parents for Drug-Free Youth and others. This was perhaps the first time that the minority community had come together with the parent movement to plan ways to prevent drug abuse among all the nation's youth. We need to do more of this.

For too long we have separated the needs of high-risk youth, who are usually considered to be Black, Hispanic, and Native American, from the needs of dominant-culture White kids and their families, and vice versa. The Network brings these groups together in a common forum. We need more opportunities to bring them together so that we can create both a common bond and a common approach to help all of the nation's children and

their families, taking into account ethnic diversity, but creating one overall plan.

Just as all politics is local, all real social change is also local. The war on drugs must be fought block by block, family by family, community by community if it is to be won. Families create values and families can recreate the moral center of the nation. We need national leadership to help accomplish this.

THE AMERICAN PREVENTION NETWORK

VII. WHERE WE MUST GO FROM HERE

Sue Rusche

1. Bring All Parent, Youth and Community Prevention Groups Together Into One Network

Until Congress allocated funding to serve high-risk youth, the American prevention movement had been primarily White, primarily middle- and upper-income, and primarily female. There is a good reason for this: these women were among the few left in society who could survive financially while working 16-hour days, seven days a week without pay. (Please notice the past tense.) The plain fact is that poor people, and increasingly middle-income people, cannot afford to make the kind of full-time commitment it takes to prevent drug abuse in their communities without some form of financial support.

In the preceding section, Phil Oliver-Diaz speaks eloquently to the need to bring together all people who are working to prevent drug abuse. In practical reality, however, this is not likely to happen, nor will the prevention movement achieve all that it has the potential to achieve, unless it receives the financial support required to sustain the kind of full-time effort it takes to plan, train, coordinate and spread the prevention effort to all communities.

In a very real sense, the troops that have been fighting the battles of the nation's drug war are the parents, youth and families who are trying to rid their communities of drugs. Yet, this is the first war our nation has fought with troops that are neither trained, fed, financed nor supported in any of the ways nations traditionally prepare their armies to fight wars. These troops not only serve as warriors without pay, uniforms, shelter, arms or rations, but in the midst of the battle, they must also interrupt the fight to raise money to replenish supplies. The truth is that the drug war needs male as well as female, and low-income and well as middle- and upper-income, warriors, if it truly means to win.

One way to accomplish the goals of broadening and financing the prevention movement is to link family- and community-based prevention efforts to some form of national service. Preliminary thoughts for such a plan follow.

2. Create A National Drug Corps

We propose the creation of a National Drug Corps to empower families to prevent drug abuse by providing them with training, resources and support to reduce the demand for drugs. Modeled after the Peace Corps, a National Drug Corps would provide mothers, fathers, young people and others with an opportunity to give two years of service to their country. Drug Corps volunteers would be trained in the successful drug-abuse prevention techniques developed over the past several years by the family-based, drug-free parent and youth groups. After basic training, Drug Corps volunteers would be returned home to prevent drug abuse in their families and communities, block by block.

Key to the success of the prevention movement has been that families themselves have taken charge and worked for change. The National Drug Corps would build on this concept of self-determination for families and on the initial gains family-based prevention groups have achieved in reducing drug abuse among adolescents thus far. The goals, objectives and a few examples of activities a National Drug Corps might carry out are listed below:

Strengthen Families

1. Improve parenting skills. A way to achieve the goal of strengthening families by improving parenting skills might be patterned after programs many churches offer to assist immigrant families who arrive in this country unable to speak English and unfamiliar with American culture.

Church families "adopt" immigrant families, teach them English, show them how to shop in American stores, help them find jobs and housing, help enroll the children in school and, in general, nurture these families until they can manage on their own. The National Drug Corps would encourage churches to expand this concept by asking families in their congregations to "adopt" American families who are disadvantaged by poverty, illiteracy, racial discrimination and drug dependence and to nurture them until these families are able to manage on their own.

2. Develop alternatives to drugs for children. The Atlanta chapter of the organization, 100 Black Men, adopted an eighth-grade class in an inner-city Atlanta school. Each member of the organization serves as a mentor to a particular student in the class and has promised to send that student to college if he or she graduates from high school. At the end of the first year of the project, the drop-out rate had decreased, academic grades had improved and drug abuse had declined or stopped. The National Drug Corps would ask organizations such as 100 Black Men to train other service organizations to expand this effort.

3. Develop alternatives to drugs for adults. A black businessman in Los Angeles who owns a pipe-fitting company hired members of a violent gang to protect equipment his company had to leave out over several nights in a neighborhood the gang controlled. When the job was completed, gang members asked the businessman to train and hire them permanently, because they were "tired of earning dirty money" through drug-dealing. As a result, several young men have left the gang and work at honest jobs. The Drug Corps would ask such business people to train other businesses to expand this effort.

Involve Communities in Supporting Families

1. Empower families to exercise responsibilities of citizenship. Law enforcement officers are training citizens in Neighborhood Watch groups to look out for and report drug-dealing. Families learn they have a responsibility not only to report law-breaking, but to testify against law-breakers as well. Parent groups teach that to protect children, parents must obey the law themselves and teach children to do the same. This applies to laws that not only prohibit drug use, dealing and trafficking, but that also prohibit alcohol and tobacco sales to minors, that prohibit driving under the influence, that require banks to report deposits larger than \$10,000, etc. The National Drug Corps would build on the growing awareness among families that a democracy whose citizens routinely violate the law is a democracy that has lost its freedom and would call on family-based prevention groups to train Drug Corps volunteers to expand prevention.

2. Maximize existing resources in communities by fostering coordination and filling gaps. Private treatment centers in one city are forming a consortium to consolidate empty beds each has and will make them available to the state to provide treatment to patients currently on waiting lists. The National Drug Corps would significantly increase funding for treatment, and, in addition, would model the approach being developed by the consortium to maximize use and minimize waste.

3. Target training and resources to special needs of individual communities. The Alkalai Lake Indian Band in British Columbia, which went from 100 percent alcoholism to 95 percent sobriety in the span of a few

years, renovates the houses of fellow tribespeople who enter treatment during the time they are hospitalized. The National Drug Corps would model this solution to assist drug-dependent people who are homeless or who live in substandard housing while they seek treatment to become drug-free. It would also ask the Alkalai Lake Indian Band to provide training to Native Americans, and others, who wish to model the Band's astonishing success at ridding itself of chemical dependency.

Create a Public/Private/Voluntary Partnership

1. Develop a long-range programmatic and financing plan. Involve the three segments of the Partnership in the planning process.

2. Coordinate efforts. Establish a series of mechanisms under which the public sector, private sector and voluntary agencies can contribute targeted resources to accomplish specific objectives and activities.

3. Pool financial resources. Establish a system of federal challenge grants that can be matched by state and local governments and by national, state and local businesses, foundations and nonprofit service organizations to finance the National Drug Corps.

4. Utilize untapped financial resources. Current forfeiture laws place significant funds derived from the seizure and sale of assets of convicted drug smugglers into federal, state and local treasuries. The National Drug Corps would urge legislation that would empower the seizure of all assets purchased with illicit drug profits, would vastly increase fines against banks that fail to report deposits larger than \$10,000, would increase taxes on alcohol and tobacco products, and would designate those funds for drug prevention and education, treatment and law enforcement. As drug abuse is

reduced, amounts of designated revenues to fight drug abuse would be reduced proportionately.

5. Obtain federal funds from these resources to initiate the National Drug Corps.

Reduce Costs of Assisting Dsyfunctional Families

1. Conduct a comprehensive review of the total costs borne by public, private and voluntary service-delivery systems (criminal-justice, social, health, and addiction services) that are the consequence of drug abuse in the family.

2. Work with all levels of government and the private sector to determine how to make systems changes that will meet families' needs and effect savings in the delivery of human services.

3. Initiate short-term and long-term evaluations of the outcomes and consequences of implementing the National Drug Corps.

3. Set specific goals and timetables

No end of any sort can be achieved without setting both short- and long-range goals and objectives, and attaching them to a realistic timetable. We urge Director Bennett to assemble a group of demand- and supply-reduction authorities from both the public and private sector to set goals and objectives and to establish a timetable to wage the nation's war on drugs.

THE AMERICAN PREVENTION MOVEMENT

VIII. CONCLUSION

As we approach the last decade of this century, the United States has an unprecedented opportunity to rid itself, once and for all, of the scourge of drug abuse. Many of the mechanisms are in place to achieve this goal. Wave after wave of ordinary people--mothers, fathers, children, grandparents, aunts, uncles, sisters, brothers--are rising up to reclaim their communities. They are taking ownership of the problem. They are taking responsibility for solving it. In the process, without consciously understanding that they are doing so, they are exercising the responsibilities of citizenship in the best and truest sense of the word.

With national leadership, coordination and support to provide training and sustenance, the prevention effort can be extended to every community in the nation. Together we can strengthen families. We can strengthen communities. We can strengthen our democracy.

We can win the war on drugs.

CLOSE HOLD

DRAFT: August 11, 1989

NATIONAL DRUG CONTROL STRATEGY EXECUTIVE SUMMARY

INTRODUCTION

Most Americans believe that illegal drugs represent the gravest present threat to our national well-being. The evidence reinforces this concern:

Crime: Fear of drugs and attendant crime are at an all-time high. Rates of drug-related homicide continue to rise -- sometimes alarmingly -- in cities across the country.

Health: The number of drug-related emergency hospital admissions increased by 121 percent between 1985 and 1988, as many as 200,000 babies are born each year to mothers who use drugs, and intravenous drug use is now the single largest source of new AIDS virus infections.

The Economy: A U.S. Chamber of Commerce estimate puts annual gross drug sales at \$110 billion -- more than our total gross agricultural income, and more than double the profits enjoyed by the Fortune 500 companies combined.

Overseas: In many foreign nations the drug trade and drug-inspired violence and corruption are causing serious social, economic, and political disruption. Trafficking threatens stability and democratic institutions.

However, there is also some positive news. Recently, the National Institute of Drug Abuse (NIDA) released the results of its National Household Survey on Drug Abuse -- the first such national study of drug use since 1985. The survey found the number of Americans using any illegal drug on a "current" basis (i.e., at least once in the 30-day period preceding the survey) has dropped 37 percent: from 23 million in 1985 to 14.5 million last year.

The survey tells us that, despite the persistent widespread availability of illegal drugs, millions of Americans who once used them regularly appear to have given them up altogether. This and other surveys indicate that many others -- young people for the most part -- have been successfully induced not to try drugs in the first place.

But the NIDA survey also found that "frequent" use of cocaine in any form (i.e., the number of respondents who report ingesting the drug one or more times each week) is up a shocking 33 percent since 1985. One word probably explains much of the intensifying drug-related chaos that we see every day: crack.

There are really two drug wars to be fought. The first and easiest is against "casual" use of drugs, and that is being won. The other, much more difficult war is against addiction to cocaine, by far the most common dangerous drug of abuse. On this second front, increasingly located in our cities, the war is being lost -- badly.

To win the drug war it is important first to come to terms with the drug problem in its essence: drug use itself must be reduced. Next, it is necessary to be scrupulously honest about the difficulties that are faced and set reasonable goals and objectives. Finally, there must be created something that has never existed before: a comprehensive, fully integrated national drug control strategy -- a strategy with particular emphasis on attacking the use of crack cocaine.

The draft Strategy (hereinafter "Strategy") lays out a coordinated plan of attack involving all basic anti-drug initiatives and agencies. Following the Introduction, seven chapters examine the "fronts" on which the drug war must be waged: Criminal Justice; Treatment; Education, Community Action, and the Workplace; International Policies; Interdiction; Research; and Intelligence. Each chapter is preceded by a summary of the recommendations contained therein.

Several Appendices are included with the Strategy. Quantified goals and measures of success, as required by Section 1005(b) of the Act, are set forth in Appendix A. Also included are implementation plans (Appendix B), recommended State anti-drug legislation (Appendix C), Federal designations of high-intensity drug trafficking areas (Appendix D), a plan for improved automatic data processing and management among Federal drug agencies (Appendix E), and a list of individuals consulted in writing the Strategy (Appendix F).

Several fundamental themes underlie the Strategy, including:

- society has been too permissive of drug use;
- better coordination and management of government efforts is needed;
- State and local governments should adopt Federal principles of accountability as a model in developing their anti-drug strategies; and
- efforts should focus heavily on certain aspects of the problem, such as cocaine.

What follows is a summary of the key elements of the National Drug Control Strategy.

I. CRIMINAL JUSTICE

Overview

The absence of a significant risk of punishment for illegal drug activity is perhaps the single greatest hindrance to drug reduction efforts. More predictable, severe sanctions provided by the criminal justice system will be one of the most powerful forms of drug prevention. They will make it increasingly difficult to engage in any drug activity with impunity.

In order to be an effective deterrent, the criminal justice system must expand to accommodate more people at every point, from arrest through prosecution, release, and final supervision. This means more law enforcement officers, prosecutors, judges, courtrooms, and jails.

Recommendations

- o Increase Federal funding to States and localities for street-level law enforcement.
- o Provide Federal funding to States for planning, developing, and implementing alternative sentencing programs for non-violent drug offenders, including house arrest and boot camps.
- o Increase Federal funding for Federal law enforcement activities, including courts, prisons, prosecutors, and law enforcement officers. Additional resources will be targeted for Federal money laundering investigations.
- o Tighten bail, probation, parole and sentencing practices. Require drug testing of prisoners, parolees and arrestees.
- o Expand programs to eradicate the domestic marijuana crop.
- o Provide funding through the Department of Housing and Urban Development to improve security systems for public housing projects.
- o Encourage States to prosecute vigorously all misdemeanor drug offenses.
- o Strongly encourage States to adopt policies revoking the drivers licenses of those convicted of a drug offense and recommend model drivers license revocation legislation to the States.

- o Coordinate the efforts of Federal law enforcement agencies through a senior level interagency coordinating group and use interagency and intra-agency cooperation as a criteria for employee career advancement evaluations.

II. TREATMENT

Overview

Effective treatment is an important part of the overall strategy to reduce drug use. Millions of Americans need help to stop using drugs. Responsible and compassionate public policy requires that our nation's drug treatment capacity be increased.

Recommendations

- o Expand the availability of drug treatment by increasing treatment capacity and the range of treatment methods available.
- o Expand and improve Federal information collecting and research to increase the data on effective programs, especially those targeted to cocaine and crack dependency.
- o Hold treatment programs receiving Federal funds accountable for their effectiveness.
- o Improve the efficacy of drug treatment by encouraging treatment facilities to coordinate among themselves so that resources match community needs and drug users are referred to the most appropriate treatment modality.
- o Encourage treatment facilities to coordinate better with health and social service agencies so that drug-dependent persons who need additional services are better served.
- o Explore ways to increase the use of "civil commitment" as a means of bringing more drug-dependent persons into the treatment system.
- o Expand outreach and treatment efforts for pregnant women and newborn babies, a special population of drug users.
- o Encourage States and private insurance companies to cover outpatient and other less intensive forms of treatment for drug use. Conduct a thorough review of Federal policy to determine whether changes in Federal coverage are necessary.

III. EDUCATION, COMMUNITY ACTION AND THE WORKPLACE

Overview

The principal goal of prevention is to see that Americans, especially children, never start taking drugs. Prevention begins at the local level: at homes, in schools, and in the community.

The Federal government should galvanize public opinion to make it clear that illegal use of drugs is wrong and harmful. This includes support for community drug prevention efforts. Activities should be targeted at youth; in addition, individuals, parents, and employers must become involved in drug prevention and education.

Recommendations

- o Require schools, colleges and universities to develop and implement drug prevention programs and policies as a condition of eligibility for Federal education funds.
- o Promote the development of model alternative schools for youths with drug problems through current Federal assistance to local education agencies.
- o Provide Federal support for community-wide drug prevention efforts.
- o Provide Federal support to develop anti-drug, media outreach activities that deal with the danger of crack and drug-impaired pregnancies.
- o Create a national program to mobilize volunteer efforts to prevent the use of illegal drugs.
- o Ensure a drug-free Federal workforce by aggressively implementing workplace plans under Executive Order 12564.
- o Promote drug-free workplace policies in the private sector and in State and local governments, including drug testing where appropriate.
- o Establish a senior-level Federal interagency committee to coordinate Federal demand-reduction efforts.

IV. INTERNATIONAL

Overview

The international drug trade poses a serious threat to the welfare, economy, and national security of the United States. The principal foreign drug threats are cocaine, heroin, and marijuana. Programs are needed to deter and incapacitate international production and the trafficking organizations responsible for bringing these drugs into the U.S. Other nations must be motivated to engage their resources and efforts to defeat international narcotics trafficking.

Recommendations

- o Develop a comprehensive, sustained multi-year assistance effort involving economic, military, and law enforcement support to the governments of coca-producing (cocaine) nations.
- o Convince other countries to exert influence on opium-growing (heroin) nations.
- o Strengthen foreign law enforcement and eradication programs for coca, opium, and marijuana. Persuade countries to reduce processing and distribution, and improve U.S. border interdiction.
- o Attack international trafficking by focusing on the financial aspects of the trade. Support international agreements to criminalize and punish money laundering.
- o Impose stringent controls and press for international agreements on the export of precursor chemicals used in the production of illegal drugs.
- o Strengthen the process of certifying drug control efforts by the major drug producing and transit countries.

V. INTERDICTION

Overview

Effective interdiction is critical in the effort to reduce the flow of drugs. Interdicting illegal drug shipments and intercepting other resources is an important method of attacking the drug trade at home and abroad. Interdiction should focus not only on drug seizures, but also on creating serious personal

and financial risk for trafficking organizations and their top level personnel.

Recommendations

- o Develop comprehensive agency-wide information-based approaches to interdiction and better manage our interdiction planning and coordination.
- o Target high value shipments and high level drug traffickers.
- o Maintain and improve operations aimed at apprehending money couriers and shipments.
- o Review policies and enforcement programs to deter general aviation pilots transporting illicit drugs near or into the U.S.
- o Continue the policy of interdicting maritime vessels transporting illicit drugs to the United States by both unilateral U.S. maritime operations and joint operations with source and transit countries.
- o Enhance border control systems, operations, and activities.

VI. RESEARCH

Overview

The quality of information, research, and technological capabilities available to implement drug control policies and programs must be improved. A more up-to-date and flexible data base is needed to refine and target drug control efforts. Technology must be developed and adapted to aid in law enforcement. More medical research is also needed into the causes of and treatment for drug addiction.

Recommendations

- o Establish a Drug Control Research and Development Committee under the auspices of the Office of National Drug Control Policy to set research policies and priorities, coordinate data collection, and assist agencies in acquiring technologies to suppress the flow of illegal drugs.

- o Increase basic and clinical research into drug use and addiction.
- o Encourage the development of new technologies and innovative adaptations of existing technologies for use against illegal drugs.
- o Develop an information base about programs that are effective in controlling drug abuse by supporting public and private evaluation efforts in law enforcement, drug prevention and treatment.
- o Archive and disseminate information, as well as the results of research and evaluation through a central clearinghouse that combines information on prevention, treatment, criminal justice, and research.
- o Evaluate federally-funded programs to determine their effectiveness and to direct resources appropriately.

VII. INTELLIGENCE

Overview

The war against drugs cannot be fought without comprehensive collection, analysis, and dissemination of critical information on drug production and trafficking. To target the traffickers' most vulnerable points, more information about the enemy must be obtained.

Recommendations

- o Increase intelligence efforts to target the infrastructure of trafficking organizations and their allied enterprises, particularly money laundering.
- o Improve automation and information systems to allow swifter, better, and more cost-effective criminal justice actions.
- o Disseminate finished intelligence products among all agencies with a need to know, including Federal, State, and local agencies.
- o Develop plans for center to unite U.S. drug-related analytical capabilities, and to improve existing intelligence capabilities.

GOALS AND OBJECTIVES (APPENDIX A)

Overview

The Strategy includes comprehensive, research-based, long-range goals for reducing drug use as well as short-term measurable objectives. There are ten goals for reducing drug use in two stages of measurement: during the next two years and over the next ten years. Specific percentage reductions are proposed in the ten categories, including overall drug use, use of specific drugs, use by certain age groups, and overall supply reductions.

Recommendations

One of the fundamental recommendations calls for a reduction in the number of persons reporting any use of illegal drugs in the past month. The ten-year goal is a reduction of 50 percent and the two-year goal is a reduction of 10 percent.

BUDGET RECOMMENDATIONS (APPENDIX B)

Overview

The federal government's drug control budget should accurately reflect priorities articulated in the President's National Drug Control Strategy.

Recommendations

Key funding priorities for fiscal year 1990:

- o Increase assistance to State and local law enforcement;
- o Build more Federal prisons, expand Federal and State courts and correctional systems, and add more prosecutors;
- o Expand resources for treatment and prevention programs;
- o Initiate a major anti-drug campaign in the source countries;
- o Establish order in the nation's public housing projects;
- o Step up efforts against money laundering operations;
- o Provide sufficient resources to operate and maintain our border interdiction system at its present level.

The following priorities will be added in 1991 and 1992:

- o Expand inter-agency drug task force operations;
- o Augment drug intelligence capabilities;
- o Strengthen the Border Patrol along the Southwest border;
- o Reduce the amount of marijuana cultivated on American soil.

Specific Amounts

A \$2 billion increase in drug funding, from \$5.6 billion in 1989 to \$7.6 billion in 1990. Major changes over FY 1989 are:

- o State and Local law enforcement assistance +\$ 200 million
- o Treatment and Prevention programs +\$ 565 million
- o Federal Prisons, Prosecutors and Courts +\$ 790 million
- o Resources for interdiction would be reduced
slightly to help offset the above increases -\$ 80 million
- o Still under review by the NSC:
 [International initiatives +\$ 290 million]

HIGH INTENSITY DRUG TRAFFICKING AREAS

The 1988 Anti-Drug Abuse Act authorizes the Director of the Office of National Drug Control Policy to designate specified areas of the United States as "high intensity drug trafficking areas," for purposes of targeted Federal assistance. Such designations will be made in a subsequent Strategy, after consulting with the Attorney General and appropriate governors.

THE WHITE HOUSE

WASHINGTON

September 6, 1989

MEMORANDUM TO AGENCY PUBLIC AFFAIRS DIRECTORS

FROM: CHRISS WINSTON *cw*
DEPUTY ASSISTANT TO THE PRESIDENT FOR COMMUNICATIONS

SUBJECT: THE NATIONAL DRUG CONTROL STRATEGY

Last night President Bush gave an address to the nation announcing his strategy for the war on drugs. Enclosed in this week's package, you will find the President's speech, as well as the National Drug Control Strategy book, the executive summary, and fact sheet. You also will find suggested talking points on the drug strategy.

If you have any questions, please contact Holly Williamson (456-2245).

FOR INTERNAL USE ONLY

September 5, 1989

TALKING POINTS

Revised

NATIONAL DRUG CONTROL STRATEGY

On September 5, President Bush announced the Administration's National Drug Control Strategy.

- o **Comprehensive Strategy:** This is the first such national strategy to end the evil of drug use and drug trafficking, a fully integrated approach that is an assault on every front. The President's strategy addresses all the elements necessary to an effective strategy: school and drug prevention programs, our treatment system, our laws and criminal justice system, and our foreign policy.
- o **Coordinated Approach:** Jurisdictional and "turf" problems have slowed past anti-drug efforts. Therefore, President Bush has emphasized the need for a coordinated national effort. This means federal, state and local levels must work together. At the federal level, with the leadership of the Director of National Drug Control Policy, William Bennett, strong interagency cooperation has already resulted.
- o **Bipartisan Consensus:** Americans agree that the gravest domestic threat facing the country today is drugs. The President is looking to the leadership in Congress for bipartisan support in the implementation of his strategy, and is looking to the grass-roots support of America's communities in the fight against drugs.
- o **Call to Action:** President Bush is issuing an urgent call to action to all Americans to support this national strategy. He challenges every citizen to make a personal commitment to help in the fight against drug abuse.

The evidence suggests that the drug problem is a grave threat:

- o **Good and Bad News:** The National Institute on Drug Abuse's recently released national survey of drug use (the first since 1985) indicates that number of Americans using any illegal drug on a "current" basis has dropped 37 percent. That means that almost nine million Americans have given up "casual" drug use. Among the more than eight million people who used cocaine at all in the past year, almost one million of them used it once a week or more. **So while overall cocaine use is down, habitual cocaine use has almost doubled.**

- o **Crime:** Fear of drugs and attendant crime are at an all-time high. Rates of drug-related homicide continue to rise -- sometimes alarmingly -- in cities around the country.
- o **Health:** The number of drug-related emergency hospital admissions increased by 121 percent between 1985 and 1988, and hundreds of thousands of babies are born each year to mothers who use drugs.
- o **The Economy:** A U.S. Chamber of Commerce estimate puts annual gross drug sales at \$100 billion -- more than our total gross agricultural income, and more than double the profits enjoyed by the Fortune 500 companies combined.
- o **Overseas:** In many foreign nations, the drug trade and the violence and corruption that go with it are causing serious social, economic, and political disruption. Trafficking threatens stability and democratic institutions.

The National Drug Control Strategy:

- o **Enforcement:** The Administration's enforcement strategy is based upon this principle: If you sell drugs, you will be caught; when caught you will be prosecuted; and if convicted, you will do time.
 - The criminal justice system will be enlarged across the board, at the local, state and federal levels.
 - The Administration is requesting a \$1.4 billion increase in drug-related federal spending on law enforcement, including a 133 percent increase -- or \$200 million -- in federal assistance to state and local law enforcement.
 - President Bush is seeking \$50 million through the Department of Housing and Urban Development to restore order in hard-hit public housing projects by kicking dealers out for good.
- o **International Interdiction:** The international drug trade poses a serious threat to the welfare, economy and national security of the United States.
 - \$1.5 billion dollars will be requested for interdiction efforts, especially for continued support of our Coast Guard and Customs agents to stop drugs at our borders.
 - \$260 million in military and law enforcement assistance for next year will be sought for Colombia, Bolivia and Peru, the first part of a five-year, \$2 billion program to fight drug producers, traffickers and smugglers.

- President Bush is seeking a drug summit with affected Western Hemisphere nations, to coordinate an Inter-American strategy against the cartels.
- The President will also negotiate international agreements to track drug money and punish money laundering.
- o **Treatment:** Experts believe that there are two million American drug users who can be helped by well-designed, existing programs, yet only 40 percent of them are actually getting the help they need.
 - A 53 percent increase, of \$321 million, will be sought in Federal spending on drug treatment programs that work.
 - The federal government will work with states to better coordinate the drug treatment system, and will encourage employers to establish Employee Assistance Programs that cover drug use.
 - Research will be expanded in the search for improved methods to break cocaine and crack addiction, and treatment efforts will be targeted on expectant mothers and crack babies.
- o **Education and Prevention:** We must stop drug abuse before it starts.
 - Education and prevention programs in schools and communities will be increased by \$233 million.
 - The President called on every school, college, university, and workplace to adopt tough, fair anti-drug policies.
 - President Bush will be addressing American schoolchildren in a special televised address, to discuss the war on drugs.

#

PUSHED HARDER -

Bipartisanship

American people need bipartisan approach -

August 11, 1989

NOTE TO

The Director
John Walters
Reggie Walton
Herbert Kleber
Stan Morris
David Tell
Terry Pell
Frances Norris
Don Hamilton ✓
Chuck Wexler
Ted Grabowsky
Arthur Houghton
Daniel Casse
Pete Wehner
John Armstrong
Frank Kalder
Gabi Lupo
Dan Schecter

Attached is a draft copy of the National Drug Control Strategy containing all parts except Chapter IV and Chapter V. This copy went to the President for his review over the weekend.

Please keep this close hold -- do not discuss or share with persons outside ONDCP. Again, thanks for all of your help.


Bruce Carnes

Attachment

August 11, 1989*

INTRODUCTION

In late July of this year, the Federal government's National Institute on Drug Abuse (NIDA) released the results of its ninth periodic Household Survey -- the first such comprehensive, national study of drug use patterns since 1985. Much of the news in NIDA's report was dramatic and startling. The estimated number of Americans using any illegal drug on a "current" basis (in other words, at least once in the 30-day period preceding the survey) has dropped 37 percent: from 23 million in 1985 to 14.5 million last year. Current use of the two most common illegal substances -- marijuana and cocaine -- is down 36 and 48 percent respectively.

This is all good news -- very good news. But it is also, at first glance, difficult to square with commonsense perceptions. Most Americans remain firmly convinced that drugs represent the gravest present threat to our national well-being -- and with good reason. Because a wealth of other, up-to-date evidence suggests that our drug problem is getting worse, not better.

Crime. Fear of drugs and attendant crime are at an all-time high. Rates of drug-related homicide continue to rise -- sometimes alarmingly -- in cities across the country. Felony

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American competitiveness. One study reports that on-the-job drug use alone costs American industry and business \$60 billion a year in lost productivity and drug-related accidents.

Overseas. In Southeast and West Asia, South and Central America, and the Caribbean, drug exporting networks and domestic drug use are causing serious social, economic, and political disruptions. Intense drug-inspired violence or official corruption have plagued a number of Latin American countries for years; in more than one of them, drug cartel operations and associated local insurgencies are a real and present danger to democratic institutions, national economies, and basic civil order. In Pakistan, the number of heroin addicts has more than tripled in the past four years alone. And so, because our national security directly depends on regional stability throughout the Americas and across the globe, drugs have become a major concern of U.S. foreign policy.

Availability. Finally, undeniably, the fact remains that here in the United States, in every State -- in our cities, in our suburbs, in our rural communities -- drugs are potent, drugs are cheap, and drugs are available to almost anyone who wants them.

Insofar as this crisis is the product of individual choices to take or refuse drugs, it has been -- and continues to be -- a crisis of national character, affecting and affected by the

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For all its welcome good news, the NIDA Household Survey also brings us terrible proof that our current drug epidemic has far from run its course. Estimated "frequent" use of cocaine in any form (measured by the number of survey respondents who report ingesting that drug one or more times each week, and calculated as a percentage of the total cocaine-using population) has doubled since 1985. Not coincidentally, 1985 was the first year in which crack became an almost ubiquitous feature of American inner-city life. It is an inexpensive, extremely potent, fast-acting derivative of cocaine with a limited-duration "high" that encourages compulsive use. It is, in fact, the most dangerous and quickly addictive drug known to man.

Crack is responsible for the fact that vast patches of the American urban landscape are rapidly deteriorating beyond effective control by civil authorities. Crack is responsible for the explosion in recent drug-related medical emergencies -- a 28-fold increase in hospital admissions involving smoked cocaine since 1984. Crack use is increasingly responsible for the continued marketing success enjoyed by a huge international cocaine trafficking industry, with all its consequential evils. And crack use is spreading -- like a plague.

We seem to be witnessing a common and tragic phenomenon of drug-use epidemiology. Interest in a given illegal substance often begins first among a particular -- usually elite -- segment of the population. It is next picked up and spread more broadly

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continues to involve drugs of every sort. No effective anti-drug campaign can ignore our current epidemic's full complexity.

Nevertheless, the epidemiological trend is unmistakable. We are now fighting two drug wars, not just one. The first and easiest is against "casual" use of drugs by many Americans, and we are winning it. The other, much more difficult war is against addiction to cocaine, by far the most common dangerous drug of abuse. And on this second front, increasingly located in our cities, we are losing -- badly.

Few American communities can afford to assume they are immune to cocaine. The drug black market has proved itself remarkably flexible and creative. Crack is an innovation in cocaine retailing that takes uncanny advantage of the nation's changing drug use patterns. And because it is so horribly seductive and "new," it threatens to reverse the current trend and send a fresh wave of cocaine use back out of our cities and into the country at large. Indeed, to some extent at least, it is happening already: almost every week, our newspapers report a new first sighting of crack -- in the rural South or in some midwestern suburb, for example.

What's more, as we guard against crack's spread, we must begin to prepare ourselves for what may well come after it. Almost every stimulant epidemic in history has ignited a sedative epidemic in its wake, as users begin employing chemical "downs"

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recently through heavy emphasis on interdiction of imported drugs at our borders.

Conceived largely as an end in itself, each of these national initiatives has succeeded -- in a limited but worthy sphere. We have had, in slow succession, more law enforcement, more education and treatment, and more interdiction. But through it all, undeniably, our national drug problem has persisted. Until late July, convincing evidence of dramatic forward progress was painfully scarce. Indeed, until late July, most evidence continued to suggest that the United States was at best only just beginning to recover from the worst epidemic of illegal drug use in its history -- more severe than the heroin scare of the late 1960s and early 1970s; far more severe, in fact, than any ever experienced by an industrialized nation.

The new Household Survey changes our picture of the drug problem a bit, making it more precise and comprehensible. But it does not change the lesson that must be learned from all our many years of experience in the fight. That lesson is clear and simple: no single tactic -- pursued alone or to the detriment of other possible and valuable initiatives -- can work to contain or reduce drug use. No single tactic can justly claim credit for recent reductions in most use of most drugs by most Americans. And no single tactic will now get us out of our appalling, deepening crisis of cocaine addiction.

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consideration to the advocacy of wholesale drug legalization. Legalization's proponents generally say something like this: Enforcing our many laws against drugs is a terribly expensive and difficult business. Were we to repeal those laws, drug-related crime would vanish, and the time and money saved in reduced law enforcement could be more effectively spent on health care for addicts, and on preventive instruction for the rest of us.

Exactly how under this scenario we could convincingly warn potential new users about the evils of drugs -- having just made them legally acceptable -- is not entirely clear. Nor is it clear how an already overburdened treatment system could possibly respond to what candid legalization proponents themselves admit would probably be a sharply increased rate of overall drug use. The cost of drugs -- measured in purchase price, the time it takes to search them out, and the risks involved due to unreliable "quality" and legal sanction -- is a key predictor of drug use. Cheaper, easier-to-get, and "better" legalized drugs would likely mean more drug users and more frequent drug use.

And would legalization actually reduce crime? Crimes committed by addicts to pay for their habits might theoretically decline a bit. But since addicts use drugs -- especially cocaine -- as often as they can, less expensive drugs might just as well mean more frequent purchases and a still-constant need for cash-producing burglaries and robberies. What's more, since cocaine use is known to produce dangerous behavioral side-effects --

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teeth of a crisis -- especially one which has for so long appeared to spiral wildly out of control -- we naturally look for villains. We need not look far; there are plenty of them. Anyone who sells drugs -- and (to a great if poorly understood extent) anyone who uses them -- is involved in an international criminal enterprise that is killing thousands of Americans each year. For the worst and most brutal drug gangsters, the death penalty is an appropriate sentence of honest justice. And for the multitude of crimes associated with trafficking and use, many of the other tough and coherently punitive anti-drug measures proposed in recent years have their place and should be employed.

We should be tough on drugs -- much tougher than we are now. Our badly imbalanced criminal justice system, already groaning under the weight of current drug cases, should be rationalized and significantly expanded. But we cannot afford to delude ourselves that drug use is an exclusively criminal issue. Whatever else it does, drug use degrades human character, and a purposeful, self-governing society ignores its people's character at great peril. Drug users make inattentive parents, bad neighbors, poor students, and unreliable employees -- quite apart from their common involvement in criminal activity. Legal sanctions may help to deter drug use, and they can be used to direct some drug users to needed treatment. But locking up millions of drug users will not by itself make them healthy and responsible citizens.

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agencies is almost inevitable. The real miracle is that intramural rivalries have been so relatively restrained and insignificant.

No doubt Federal, State, and local drug enforcement can and should be made tougher, more extensive, more efficient. This report offers a number of major proposals to accomplish just that. But, again, stronger and better coordinated drug enforcement alone is not the answer. It is a means to an end. It should not become the end itself.

We must be tough. We must be humane. And we must pursue change -- in some cases, sweeping change. But before it can begin, we must get smart about the drug problem -- smarter than we have been in the past.

First, we must come to terms with the drug problem in its essence: use itself. Worthy efforts to alleviate the symptoms of epidemic drug abuse -- crime and disease, for example -- must continue unabated. But a largely ad-hoc attack on the holes in our dike can have only an indirect and minimal effect on the flood itself. By the same token, we must avoid the easy temptation to blame our troubles first on those chronic problems of social environment -- like poverty and racism -- which help to breed and spread the contagion of drug use. We have been fighting such social ills for decades; that fight, too, must continue unabated. But we need not -- and cannot -- sit back and

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have never taken an illegal drug. And government has a solemn obligation to keep those Americans -- and their children after them -- safe and secure from the poison of drug trafficking and drug use.

But government also has an obligation to tell the truth and act accordingly. There is no quick fix or magic bullet for individual dissipation, and policymakers should not pretend that we are on the verge of discovering one for drugs. The continued search for a single "answer" to our troubles with drugs -- in law enforcement, in education and treatment, in border interdiction, or somewhere else -- is a bad idea. We have bounced back and forth in emphasis this way for too long. It has not worked well. And it will hold us back in the near- and long-term future, by diverting our attention from new and serious work that can and must be done right now.

The United States has a broad array of tools at its disposal, in government and out, each of which -- in proper combination with the others -- can and does have a significant effect on the shape and size of our drug problem. We must use them all. We must have what we have never had before: a comprehensive, fully integrated national drug control strategy. It must proceed from a proper understanding of all that we do and do not know about drugs. It must take calm and intelligent measure of the strengths and limitations of specific available drug control initiatives. And it must then begin to intensify

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dealers and users are carried out -- all of which should help us decide how further to contain, prevent, treat, and reduce the prevalence of drug use nationwide.

Drug use usually starts early, in the first few years of adolescence. But notwithstanding popular mythology about shadowy, raincoated pushers corrupting young innocents on school playgrounds, children almost never purchase their first drug experience. Generally speaking, drug dealers still make most of their money from known, regular customers, and they still -- all things being equal -- prefer to avoid the risk of selling their wares to strangers, however young. Similarly, new and novice users themselves are typically reluctant to accept an unfamiliar substance from an unfamiliar face. In fact, young people rarely make any independent effort to seek out drugs for the first time. They don't have to; use ordinarily begins through simple personal contact with other users. Where drugs are concerned, as with so much else, young people respond most immediately and directly to the blandishments of peer pressure. And so first use invariably involves the free and enthusiastic offer of a drug by a friend.

This friend -- or "carrier," in epidemiological terms -- is seldom a hard-core addict. In the terminal stage of an uninterrupted drug use career, the addict is almost completely present-minded -- preoccupied with finding and taking his drug; other planning and organizational skills have largely deserted him. He very often cannot maintain anything resembling a normal

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always lead to addiction; again, we have no accurate way to predict its eventual trajectory.

These facts about drug use phenomenology are both a problem and an advantage for any intelligent national drug control campaign. Unfortunately, they mean that those specifically addict-directed efforts of law enforcement and treatment -- though urgently required for neighborhood safety and reasons of simple compassion -- will remain difficult, time-consuming, and labor intensive, and will promise to reduce the number of American drug users only, for the most part, on a one-by-one, case-by-case basis. They also mean that non-addicted casual and regular use remains a grave issue of national concern, despite NIDA's report of recent dramatic declines in its prevalence. Non-addicted users still comprise the vast bulk of our drug-involved population. There are many millions of them. And each represents a potential agent of infection for the non-users in his personal ambit.

But there is good news, too. Though compared to addiction, non-addicted drug behavior is the more common and contagious form, it is also more susceptible to change and improvement. The same general techniques employed to slow and mixed effect with addicts may achieve markedly better results with non-addicts. Casual and regular drug users are much more easily induced to enter treatment, for example, and they are much more likely to reduce or cease their use as a result of it.

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Supply reduction, by these lights, involves overseas crop eradication and associated foreign policy initiatives; interdiction of foreign-manufactured drugs at our national borders; and domestic law enforcement. For its part in this calculus, demand reduction is thought to involve medical or other treatment for current drug users; education about the dangers of drugs and techniques to resist them; and various interdisciplinary, community-based prevention efforts. Demand reduction, then, is understood to be primarily "therapeutic," and seeks to help those in trouble -- or those likely to get in trouble in the future. Supply reduction, by contrast, is understood to be primarily "punitive," and seeks to bring stern sanctions to bear against those who grow, refine, smuggle, or distribute illegal drugs.

This division of anti-drug strategy into two rigidly independent -- even opposed -- tactical camps may do a good job of mirroring conflicting public sentiment about the need to be hard-hearted or tender-minded. But it makes a poor guide to policymaking and funding decisions about the drug problem, because -- as the preceding pages should already have suggested -- it does not do a good job of reflecting either the complicated reality of the drug market, or the actual effect specific anti-drug initiatives can and do have on that market.

Granted, overseas and border activities against drugs work primarily to reduce supply. But they can have an important,

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public awareness, and community prevention campaigns; our international policies and activities; and our efforts to interdict smuggled drugs before they cross our borders. Chapters VII and VIII discuss a research and intelligence agenda designed to support and sustain this overall strategy. And Appendix A offers a series of quantified goals and measures of success -- each of which this strategy, if fully implemented, can reasonably be expected to achieve.

No attempt should be made to disguise the fact that significant new resources will be required to pay for the many proposals advanced in this report. And no attempt is made here to deny that the Federal government has a major role to play in providing them. Last February, this Administration requested \$625 million in new drug budget authority for Fiscal Year 1990. Now, after six months of careful study, we have identified an immediate need for almost [\$1.3 billion] more. With this report, the Administration is requesting FY 1990 drug budget authority totaling [\$7.5 billion] -- the largest single-year increase in history. A detailed Federal implementation plan -- and the budget tables to accompany it -- are included in Appendix B.

No attempt should be made to disguise the fact that significant new resources will be required to pay for the many proposals advanced in this report. And no attempt is made here to deny that the Federal government has a major role to play in providing them. This Administration has already requested nearly \$1.3 billion in new drug budget authority for Fiscal Year 1990.

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August 11, 1989*

CRIMINAL JUSTICE RECOMMENDATIONS

- o Increase Federal funding to States and localities for street-level law enforcement.
- o Provide Federal funding to States for planning, developing, and implementing alternative sentencing programs for non-violent drug offenders, including house arrest and boot camps.
- o Increase Federal funding for Federal law enforcement activities, including courts, prisons, prosecutors, and law enforcement officers. Additional resources will be targeted on Federal money laundering investigations.
- o Encourage States to vigorously prosecute and increase the fines for all misdemeanor drug offenses.
- o Expand programs to eradicate the domestic marijuana crop.
- o To receive full Federal highway funds, States must adopt policies to revoke the drivers' licenses of those convicted of a drug offense.
- o To receive Federal criminal justice funds, States must adopt drug-testing programs for arrestees, prisoners, parolees, those out on bail, and throughout their criminal justice systems.
- o Provide funding through the Department of Housing and Urban Development to establish security systems for public housing projects, including tenant identification cards, guards, and security fences.
- o Better coordination of efforts of Federal supply reduction efforts will be achieved through constitution of a Supply Reduction Working Group, chaired by ONDCP. This group will coordinate policy and oversee its implementation. To further interagency cooperation, agencies will revise their personnel evaluation systems, where appropriate, to add a criterion for career advancement and reward that emphasizes cooperation among employees within the same agency and between employees of different Federal agencies.

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means that every drug transaction involves both a supplier and a consumer. Effective drug enforcement is aimed at the market as a whole, and tries to disrupt it so that both selling and buying drugs become burdensome and precarious activities. When law enforcement officials successfully and repeatedly obstruct the market, drugs become harder to get and drug use invariably diminishes. In this way, the criminal justice system serves as one of the most powerful forms of drug prevention.

To prevent people from using drugs, drug enforcement activities must make it increasingly difficult to engage in any drug activity with impunity. That deterrent, however, will only remain credible so long as pressure is brought to bear on the entire drug market, dealers and users alike. That's why we need a national law enforcement strategy that casts a wide net and seeks to ensure that all drug use -- whatever its scale -- faces the risk of criminal sanction.

Such a strategy has often been derided as either uncaring or unrealistic. Punishment, some have argued, is not the way to treat people in need of help. Others have suggested that the criminal justice system is so overloaded it should not even try to guarantee punishment to every guilty drug offender. Following that logic, some states have treated drug use as merely a minor infraction -- the equivalent of a traffic violation. This view of enforcement can only undermine our attempts to reduce illicit drug use. It assumes erroneously that those who use drugs

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are, the front line of law enforcement in the Nation's battle against drugs. The recommendations offered in this Strategy place new demands on State and local authorities who, if they are to face the problem squarely, must expand the resources they devote to drug enforcement and criminal justice. They will also require and deserve new Federal funds, support, and guidance. Further success in the war on drugs will be achieved only through truly national criminal justice reform and expansion, which requires the support of public officials at all levels of government.

Making Neighborhoods Safe

The first challenge facing our criminal justice system is to help reclaim neighborhoods that have been rendered unsafe by drugs. For it is in neighborhoods that drugs pose an immediate threat to local residents and the quality of their lives. Drug dealers harass, intimidate, and assault pedestrians. They entice and coerce children to join their ranks. Crack houses accelerate the deterioration of already rundown residential blocks. Parks and public spaces become havens for illicit activity. In such neighborhoods, drugs are sold freely and openly and buyers fear no criminal sanction. Residents are left alone with the task of protecting their lives and property, while trying to keep their children away from a life of drug abuse.

That is too heavy a burden to leave on those whose lives are often already taxed by poverty and broken homes, but who still

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These stories are a source of constant frustration to our law enforcement officers. But they have nevertheless tried a number of possible policing techniques designed to keep the dealers off the street. Many cities have in recent years concentrated their enforcement resources on operations aimed at indicting drug "kingpins" who control regional drug distribution. Occasionally efforts against the most powerful dealers meet with spectacular success. The recent conviction of the Chambers brothers organization in Detroit effectively ended the career of drug dealers who, at their peak, were selling more than \$3 million worth of crack a day.

But experience teaches us that a good long-term drug reduction strategy cannot rely on these big busts alone. As in any organized criminal monopoly, there are always plenty of competitors waiting to take control when one ringleader has been caught. Arresting big dealers may temporarily shut down drug markets, but in many cases the markets are quickly reopened under new management. Today, many scholars and professionals are convinced that we cannot hope to eradicate drugs in any city through one large bust, or even a series of large busts.

Obviously, it must remain a major goal of U.S. drug control policy to immobilize drug trafficking organizations by apprehending and prosecuting their leaders, and forfeiting their illegally gained wealth. Our continued ability to break up domestic and international drug networks serves a number of

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difficult to sell drugs and inconvenient to buy them. Local police, it is true, have only a negligible effect on the street price of drugs -- especially when crack sells for as little as \$3 a vial. But they can drastically increase what has been called the "search time" for drugs: the amount of time and effort required to make contact with a dealer and safely make a purchase.

As long as drugs can be bought with confidence on a familiar street or in the entrance to a well-known apartment building, there is little risk in seeking out drugs -- and local residents will be hard pressed to avoid them. But if local drug enforcement can succeed in pushing drug dealers underground -- or at least further out of reach -- some buyers will be deterred from spending the time and incurring the risk necessary to find them. Indeed, when neighborhood police increase the number of drug arrests in the area, when they put pressure on local drug transactions through surveillance and undercover work, and when they force dealers to take refuge in less conspicuous places, the drug markets that menace neighborhoods cease to flourish. At the very least, young people and new users are denied easy access to drugs.

We know that street-level drug enforcement can work because it has enjoyed some success in the past. Every locality has learned some lesson about how drugs can be fought on a small and local level. The knowledge they have gained should form the

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figures to local residents, school officials, and merchants. Soon an atmosphere of trust and cooperation prevails: residents make frequent reports to the police about suspected drug activity; parents help patrol school grounds; community groups and tenant associations meet with police to describe drug problems authorities may not be aware of -- these efforts provide the necessary conditions for safe neighborhoods.

The Kansas City Ad Hoc Group Against Crime is a vivid example of how a well-coordinated community can take on the threat posed by neighborhood drug activity. Working closely with local police, citizens in Kansas City, Missouri, established police hotlines to report the location of suspected drug transactions, organized marches on local crack houses, and assisted landlords in evicting tenants who sold drugs on their property. Community initiatives like these may not solve the drug problem on their own. But they prove that communities need not be vulnerable to drugs.

When success does occur, other cities and towns should emulate it. In New York City, Operation Pressure Point demonstrated how an area virtually overrun by drug traffic and use could be reclaimed by a persistent and well-coordinated police effort. In 1984, police began saturating the Lower East Side section of the city where drugs were sold openly and violence seemed to erupt spontaneously. Through the constant presence of undercover operations, information gathering units,

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public housing projects; razing abandoned buildings that could be used as safe houses; stepping up traffic and parking violation enforcement to discourage buyers from driving into areas where drugs can be purchased; enforcing loitering laws to keep drug dealers away from school yards and playgrounds; and so on.

The Department of Housing and Urban Development (HUD) can and will assist local police efforts to keep drug dealers out of public housing projects. HUD has already taken measures to expedite eviction proceedings against known drug dealers living in public housing, and law-abiding residents have welcomed and encouraged the help. HUD can further help local authorities obstruct drug activity by assisting public housing projects in providing security systems, including tenant ID cards, 24-hour guards, and security fences. The tenants of these buildings deserve the same type of protection from drug-related crime as that found in the most secure private apartment complexes. Operation Clean Sweep in Chicago showed that public housing tenants need not be victimized by drugs in their own homes. Through a combination of building renovation, expanded residential security, and drug dealer eviction, authorities were able to bring a sense of security to a housing complex once terrorized by the drug trade.

No crime-fighting tactic is absolutely foolproof. Yet the variety of successful street-level drug enforcement techniques employed in recent years belies the claim that law enforcement

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If State and local officials wish to expand their capacity to prosecute and sentence drug offenders they must broaden their notions of what constitutes punishment. In many jurisdictions, the choice of criminal sanctions is between prison or nothing at all. Dealers involved in large-scale drug traffic and violent predatory crime are obvious candidates for prison sentences that will both take them off the streets for significant periods of time and deter other potential offenders. Such sentences put a strain on the system, but the demands of justice and domestic security require them.

Other types of offenders, however, can be dealt with in more efficient and often less expensive ways that have only begun to be explored. Military-style boot camps, with their rigorous regimes and austere conditions, bring a sense of order and discipline to the lives of first-time offenders, and perhaps serve as a deterrent against future crimes. Halfway houses and strictly supervised addiction recovery programs can meet the demands of offenders who require treatment. A number of states have successfully experimented with various house arrest programs that keep an offender incapacitated at his own expense. "Casual" users who maintain a job and a steady income should face stiff fines -- much stiffer than they do now -- and, where appropriate, property forfeiture. The 1988 Anti-Drug Abuse Act further broadens the array of penalties a judge has at his disposal by providing courts with the power to deny or withhold certain Federal benefits from convicted drug offenders. The

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eligibility, and extends to weekends of "community service" that involve arduous and unenviable public chores.

There are still other areas of State criminal justice systems in need of reform. Our probation systems provide a vivid example of the need for more accountability. In many jurisdictions, the probation system is so overcrowded and so loosely managed that it can barely be said to exist in any meaningful sense. Offenders who violate the conditions of probation often go unpunished, remaining at liberty until they are arrested again for yet another drug offense. Probation, like parole, court-supervised treatment, and some release programs, should be tied to a regular and rigorous program of frequent drug testing in order to coerce offenders to abstain from drugs while integrating them back into the community. Such programs make prison space available for those drug offenders we cannot safely return to the streets. But unless they rigidly enforce drug abstinence under the threat of incarceration, these efforts lose their teeth. Drug tests should be a part of every stage of the criminal justice process -- at the time of arrest and throughout the period of probation or incarceration, and parole -- because they are the most effective way of keeping offenders off drugs both in and out of detention.

The many suggested alternatives to incarceration should not lead us to conclude that States and localities don't need more prisons and jails. They do. And they need them immediately and

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of drug offenders that is swifter, more certain, and carefully linked to drug treatment and testing.

Federal Responsibilities

Nothing in the preceding argument should be understood to minimize the drug-enforcement responsibilities of the Federal government. State and local authorities possess a familiarity with communities and neighborhoods that is essential in establishing and maintaining successful street-level enforcement. But State and local efforts rely on effective Federal enforcement activities for cooperative assistance and support. Federal law enforcement officials also have been and must continue to be an important source of training and technical assistance for State and local drug enforcement. And because they have wider jurisdiction and an ability to trace drug distribution on a national and international scale, Federal authorities will remain a pivotal part of any comprehensive drug control strategy.

Currently, there are more than a dozen Federal agencies combatting drug trafficking. These include not only the organizations traditionally responsible for drug enforcement such as the Drug Enforcement Administration, the FBI, the Customs Service, and the U.S. Coast Guard, but also agencies such as the Internal Revenue Service, the Immigration and Naturalization Service, and the Bureau of Alcohol, Tobacco, and Firearms, which can often advance investigations of drug trafficking by focusing on other criminal activity associated with it. Each of these

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regional task forces, the OCDETF program also provides one of the crucial links between Federal and State authorities, enhancing the exchange of information and enforcement strategies. These programs should serve as a model of interagency coordination, and be a priority for future expansion in Federal drug enforcement.

A principal target area for such expansion should be money laundering schemes that keep the cash-only illegal drug industry afloat. While money laundering has always been a tool of organized criminal activity, the highly profitable drug trade has made it an even larger and more widespread practice both domestically and, as will be explained in Chapter IV, internationally. Our ability to attack these sophisticated money laundering operations, however, is limited. And, as with drug enforcement generally, investigations of money laundering are often carried out independently by agencies, even where cooperation would be more effective. Since tracing the movement of large sums of cash remains among the best methods for identifying drug transactions, more Federal resources need to be targeted on the expansion and coordination of money laundering investigations.

Another target of intensified Federal action should be reversing the intolerable boom in domestically grown marijuana, which now accounts for 25 percent of the amount available for consumption in the United States. Domestic cultivation of what is often extremely potent marijuana takes place indoors and on

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fighting drugs are, without exception, competitive, independent, and proud organizations. The individuals who work for them, especially agents in the field, are dedicated and mission-oriented. Those qualities are assets in the war on drugs. And any attempt to limit further the mandate of these drug enforcement agencies would inevitably diminish the spirit and energy that distinguish them.

Nonetheless, when law enforcement agencies are driven to spend time protecting their turf from perceived "rivals," they invariably spend less time fighting drugs. And where poor coordination is a product of internal administrative imperatives in our drug enforcement agencies, those imperatives will have to change.

What is required is some serious reconsideration of how we evaluate the relative success of drug enforcement activities. Most Federal agencies that deal with drug traffic assess their own performance and that of their employees through a kind of "body count": number of arrests made, kilos of cocaine seized, size of drug rings broken, and so on. These numbers will remain necessary so long as Congress and other Executive branch agencies insist on using them as a measure of effectiveness. But ultimately, such an evaluation system may actually encourage interagency conflict because, in the battle for Federal funds, whichever agency can produce the best numbers can claim to be the

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paralyzes the best efforts of law enforcement officials. The Department of Justice needs more Criminal Division and U.S. Attorneys in order to prepare and prosecute the thousands of drug cases that currently swamp the system. And that expansion needs to be matched with a parallel growth in both the Federal judiciary and the U.S. Marshals Service, which can greatly enhance our ability to transport and supervise unsentenced prisoners and pre-trial detainees. To this end, the Comprehensive Crime Control Act, proposed in May of this year, contributes directly to drug enforcement by expanding criminal justice resources on several fronts. Many of the proposals of the Act are incorporated into this Strategy.

Unfortunately, no amount of growth and efficiency in the Federal prosecutorial system will help put drug dealers out of business if there is no place to put them. Prisons are often described as the "back end" of the criminal justice system, but they must be at the forefront of any Federal plan designed to deal with drug offenders. Today, the Federal prison system has a rated capacity of approximately 31,000 beds. That capacity must be expanded -- and will be by as much as 77 percent under the recommendations of this Strategy -- if current and future demands for prison space are to be met. Reaching that goal is a necessary step in rejuvenating a system currently overrun by our national drug epidemic.

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these that reduce drug use and curb its destructive consequences should be identified and expanded. Those that fail to make drug use accountable should be required to reform or have their funding closely reviewed -- and possibly withdrawn.

Accountability for results can be no less thorough at the Federal level. Federal arrestees should be drug-tested and complete abstinence from drugs must be the condition for release on bond, probation, or parole. No program that allows those who fail drug tests while in custody to participate in release programs deserves funding. The American people will be prepared to spend money on a bigger criminal justice system only if that system is held fully accountable for its performance.

The criminal justice system must expand to accommodate more people at every point. In some jurisdictions that might mean more prison beds; in others, more prosecutors and probation officers. But no single expansion effort will solve the problem. All these changes must be made in the context of reforming a system that can keep drug offenders in check at every step of the process: from arrest through prosecution through release and final supervision. There will always be those who enthusiastically endorse plans for more parole officers but balk when it comes to planning new prisons. This is precisely the type of unsystematic policy that our national criminal justice system has suffered under for too long. It is time to stop fighting drugs in a piecemeal fashion. Extensive and successful

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DRUG TREATMENT RECOMMENDATIONS

- o Increase Federal funds for treatment in order to expand the number of treatment slots and the range of treatment methods available.
- o Hold treatment programs receiving Federal funds accountable for their effectiveness.
- o Improve the coordination among local treatment facilities so that treatment resources and availability match community needs, and drug users are referred to the most appropriate treatment provider.
- o Encourage treatment facilities to improve their coordination with social, health, and employment agencies in order to better assist those drug-dependent persons who need services in addition to treatment. Where necessary, assist facilities to develop their own programs in these areas.
- o Increase funding of outreach programs and early treatment for expectant mothers who use drugs.
- o Encourage the States and private insurance companies to cover outpatient and other less intensive forms of treatment for drug use. Conduct a thorough review of Federal policy to determine whether changes in Federal coverage are necessary.
- o Explore ways to increase the use of civil commitment as a means of bringing more drug dependent persons into the treatment system.
- o Expand and improve Federal information collection and research. Give priority to describing our current treatment capacities and needs, evaluating treatment effectiveness for specific populations, and developing methods of treatment for cocaine and crack dependency, cocaine in combination with other substances, and for individuals with both psychiatric and drug problems.

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The drug treatment world is diverse, reflecting the variation in the types and severity of drug use and the range of strategies used to treat it. Most of the Nation's 5,000 drug treatment programs fall under one of five broad categories: detoxification programs, usually inpatient, which have the short range goal of ending users' physical addiction to drugs; chemical dependency units, mainly private inpatient or residential three- to four-week programs; outpatient clinics, which offer counseling and support for those who want to quit using drugs while they continue to function in the community; methadone maintenance programs, which treat heroin addicts by coupling counseling with the administration of methadone, a prescription medication that "blocks" the craving for heroin while eliminating the usual pain of withdrawal; and residential therapeutic communities, where users spend up to 18 months in a highly structured program to end their drug addiction.

In addition, there are support groups such as Narcotics Anonymous, which can be effective as either a substitute for or an extension of other approaches. The vast majority of people treated (85 percent) are in outpatient programs. Relatively minor percentages are in residential programs or in hospitals on an inpatient basis. Private nonprofit facilities enroll about 60 percent of those in treatment, and State and local government-run facilities enroll 25 percent. Eleven percent are in programs operated for profit, and three percent are in Federal facilities, mainly Veterans Administration and military hospitals.

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Cocaine addiction is especially difficult to treat; currently there are no proven successful treatment strategies comparable to those for heroin addiction. Cocaine resists treatment for a number of reasons: the lack of a pharmacological "blocker" that negates cocaine's extraordinarily pleasurable effects; the severe depression that follows a cocaine high; and the rapidly addicting properties of crack. Some residential treatment programs, such as Phoenix House and Daytop Village, have had some success using a highly structured treatment program consisting of intensive counseling and monitoring. Certain outpatient programs that use combinations of medication and relapse prevention methods also have shown promise, but further research is needed. Several new medications to decrease cocaine craving and relapse are currently being investigated and may yet prove to be useful.

Today's drug addicts are more challenging to treat than those of a decade ago. Mental illness or psychological disorders are common, as is the practice of using a variety of illegal drugs, not just one. A typical drug treatment patient may, for example, have a history of heroin, cocaine, and marijuana use, along with excessive use of alcohol, taken separately or in combinations.

Drug users also come to treatment varying considerably in their social and vocational skills. Some are successful

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people can fill a single treatment slot over the course of a year). There is little doubt that if we continue to treat only one in seven heavy drug users, treatment will not make a very large dent in the Nation's drug problem. Although the data is inadequate, we have a fairly good idea why so few addicts are being treated.

Lack of Capacity

Part of the answer is a lack of treatment capacity. Many publicly funded programs, especially in urban areas, have long waiting lists. When an addict knows that his local drug treatment facility has a waiting list of weeks or even months, he may be discouraged from even applying (of course, self-help groups such as Narcotics Anonymous are generally available). On the other hand, we also know that many private programs have vacant treatment slots and, on a national basis, the treatment system at any point in time is about 80 percent filled to capacity. Nonetheless, there is little question that many programs simply do not have the space or the funds to meet the local demand for drug treatment.

Despite the new Federal Waiting List Reduction program, it is clear that further expansion in the treatment system is necessary, and that expansion will only come as a result of more Federal spending. Increased capacity is particularly important in light of the greater numbers of drug users who will seek

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others have waiting lists. New treatment programs are difficult to start, partly because of funding but also because of frequent community resistance to proposed sites. Drug treatment programs vary greatly in quality and treatment methods and, because our knowledge of what works is far from adequate -- especially for cocaine addiction -- many programs are doubtless using approaches inappropriate to particular users' problems or are unable to provide the range of services needed. The Medicaid program, which is financed by the States and the Federal government and which benefits certain of the poor, also keeps some users from seeking treatment because not all States opt for outpatient drug treatment coverage. Shortages of trained people to staff treatment centers, often inadequate salaries, and limited opportunities for current staff to learn about new advances in treatment methods impede the ability of the system to expand.

Frequently treatment facilities fail to cooperate or to coordinate their programs. Research shows that, when no effort is made to match the treatment strategy to the user's particular psychological and drug dependency problems, only about one in five drug users benefits. But when users are matched to specific treatments, results improve dramatically. For some users, medical detoxification and outpatient counseling may be sufficient; for others, a traditional therapeutic community may be most effective; and, for another group, a spiritually-based rehabilitation program may provide the pathway to a drug-free life.

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Expanding the capacity of the treatment system will not, in and of itself, cause those users who now resist treatment to change their minds. For that, we need to expand and intensify measures which persuade, encourage, and, if necessary, require addicts to seek treatment. Holding users accountable through a range of sanctions, including fines, publishing names in the newspaper, community service, and prison substitutes, will persuade many to seek treatment rather than face the alternatives.

The States should consider expanding the use of "civil commitment," whereby addicts convicted of criminal offenses are sent by the courts to treatment facilities, in lieu of or in addition to incarceration. Upon their release, they are required to participate in carefully monitored outpatient programs. One such program that has shown good results is the California Civil Addict Program. This program's effectiveness seems to be a result of close monitoring, including frequent urine testing after release, with the policy of re-incarceration following a positive test and intensive supervision by well-trained specialists. Civil commitment holds promise as a means of getting more addicts into treatment. In many States, however, the judicial procedures necessary for civil commitment are exceedingly cumbersome. The Federal government will conduct a thorough study of the use of civil commitment by the States, including the obstacles to wider use, leading to the drafting of a model State civil commitment law.

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Better Information

There are many gaps in our knowledge of the treatment system. Better information is needed about who enrolls in treatment programs -- the types of drugs they are using, their treatment history, their rate of recidivism. We also need better information about the programs themselves -- their methods, success rates, and clientele. We need to better understand what treatment methods work for different types of addicts and different drug dependencies. We especially need to develop and test a variety of new models of treatment for cocaine and crack, including but not limited to the development of medications that block the craving for and effects of cocaine. The Federal government has had the lead responsibility for setting and adequately funding the research agenda in this area, and funding will be increased. But we should also encourage more private sector involvement in research comparable to that done by the Diabetes Foundation, the Kidney Foundation, the American Cancer Society, and the March of Dimes in other health areas.

A Special Concern: Drug-Impaired Pregnancies

Young women are one of the fastest growing groups to use crack cocaine. Increasingly, many become pregnant while continuing to use the drug, endangering not only themselves but, more tragically, their unborn children, who may be born

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EDUCATION, COMMUNITY ACTION, AND THE WORKPLACE: RECOMMENDATIONS

- o Require schools, colleges, and universities to implement firm drug prevention programs and policies as a condition of eligibility to receive Federal funds.
- o Promote the development of model alternative schools for youths with drug problems in current Federal assistance to local education agencies.
- o Provide Federal support to enable community-wide drug prevention efforts.
- o Provide Federal support to develop anti-drug media outreach activities that deal with the dangers of crack and drug-impaired pregnancies.
- o Create a national program to mobilize volunteer efforts to prevent the use of illegal drugs.
- o Ensure a drug-free Federal workforce through the implementation of Executive Order 12564.
- o Promote drug-free workplace policies in the private sector and in State and local government that include clear penalties for use and drug-testing where appropriate.
- o Establish a top-level interagency committee to coordinate Federal demand-reduction efforts.

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reduction. In reality, both reduce demand, and both are essential to an effective strategy.

We've recently begun to learn what works in preventing young people from using drugs. Much of our previous efforts, we now know, were not successful. The passive approach -- presenting young people with information on the harmful effects of drugs, often in a context devoid of moral judgment, did little to curb demand. In fact, it may have even fueled it by stimulating young people's curiosity about drugs.

What does work is a more confrontational approach in which every facet of society communicates clearly that drug use is unacceptable. Schools have a major role to play in prevention, not only by presenting accurate information about drugs, but also by developing and enforcing firm, consistent policies that discourage the use and sale of drugs. But there are other major influences in a young person's life, and they too should be heard from without equivocation. Families -- parents and siblings -- must make it clear that drugs are unacceptable, and intervene at the first sign of their use. Neighborhoods and communities must confront drug use, potential and actual, at every turn. Businesses and employers must make it clear that drug use and employment are incompatible. In short, young people and adults alike must be confronted by every facet of our society with the same message: drugs are wrong, they are harmful, and their use will bring certain consequences.

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families with only one parent can be extremely difficult. Regardless of the circumstances, however, parents can set a good example for their children by never using illegal drugs. They can monitor their children's activities, know their friends, and establish standards of behavior. Parents can take the time to learn about legal and illegal drugs -- what they look like, what the behavior symptoms of drug use are -- and intervene at the first sign of their use. The earlier intervention occurs, the better the prospects for stopping drug use.

Schools

After parents, school is probably the most powerful influence in the lives of children. As far as drugs are concerned, it can be either a positive or a negative one. School is where most children spend the majority of their daylight hours. It is where they meet their friends and form peer groups. It is where adults have the best opportunity for structured, sustained interaction with children. And, for many young people, it is where they first learn about and, in some cases, obtain, drugs. Half of all teens in a recent national survey said that drugs were being used in their schools, and four in ten said that they were being sold.

For schools located in the inner city or other neighborhoods where there is chronic poverty, fighting drugs requires more than

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In light of the growing consensus that merely providing young people with information about drugs doesn't work, a number of schools adopted a different approach. On the premise that youths turned to drugs because of a lack of self esteem and a poor self-image, many schools began to work to generally improve students' sense of self-worth, but without specific reference to drugs. Although the jury is still out on the effectiveness of this approach, many educators believe that, without other measures, it too will fail to deter drug use.

Since about 1980, a new approach to preventing student drug use has shown promise. Often called "refusal skills training" or "resistance training," this strategy grew out of previous and apparently successful efforts to teach adolescents how to say "no" to smoking. This approach seems to work because it recognizes rightly the enormous role of peer group pressure in influencing the decision to try drugs (by age 16, one in three teens has been approached to use or buy drugs), and gives young people the practical social skills they need to resist this pressure. And, unlike some of the previous school-based approaches, resistance training takes a firm moral stand that using drugs is wrong and should be resisted.

School-based prevention programs should be reinforced by tough but fair school policies on the use, possession, and distribution of drugs. Absent such policies, we are sending our

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will choose to alter their behavior rather than risk expulsion. Also, concerns about dropouts can be addressed by establishing alternative schools and educational programs for students who are suspended or expelled. At Flowing Wells High School in Tucson, Arizona, for example, students with drug problems and others who have trouble functioning in a regular school setting can attend either of two alternative programs. The Reentry Program is intended primarily to help dropouts resume their education. Inscape is an off-campus program that offers counseling and other personalized assistance. Both programs have been highly successful with problem students.

In the current fiscal year, the Federal government will spend over \$350 million to support school-based drug education programs. In the next fiscal year, the Administration is also seeking \$25 million for emergency drug education grants, intended for urban areas with major drug problems. Federal policy should do more than just provide funding, however; it also should require a commitment from educational institutions to firm anti-drug programs. The Federal government will insist on tough, firm, fair policies on student drug use as a condition for receipt of any Federal funds -- as well as on the presence of a comprehensive drug education curriculum for elementary and secondary grades.

Moreover, the Federal government will put greater resources into research that will help us to identify the most effective means of involving schools in preventing student drug

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education. We cannot give our students one message while they are in elementary or high school and another when they enroll in a college or university. The thirteen million students at our institutions of higher learning should know, just as all other students should know, that society will not tolerate the use of drugs. But too many colleges and universities have remained diffident when it comes to drugs. Most colleges pay lip service to the need to fight drugs, but only a handful have instituted policies comparable to Anne Arundel County's. Rarely has a college president sent letters to all incoming freshmen saying "Drugs will not be tolerated on this campus." An example of an institution that has taken a firm stand is the University of North Carolina system, whose policy states with ringing clarity: "Drug abuse will not be tolerated by the University and ... those who persist in such unacceptable conduct will be punished."

Under the 1986 Higher Education Act Amendments, colleges and universities must have a drug prevention program in order to participate in Federal student financial aid programs. Until now, this requirement has been met by providing a routine assurance to the Department of Education that such a program existed. This is not sufficient. In the future, the Department of Education will require institutions to develop and make available for review detailed descriptions of drug prevention programs and policies. These plans should clearly address the consequences to faculty, staff, and students of using drugs on campus. And the plans will be required as a condition of

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departments, to develop programs for fighting crack in the city's housing projects. In Toledo, Ohio, CARES -- Chemical Abuse Reduced through Education Services -- is a county-wide coalition composed of school districts, both public and parochial, law enforcement agencies, drug and alcohol agencies, media, businesses, churches, family groups, and the juvenile court system, that is working to prevent the use of illegal drugs. The key to their approach is involving and empowering parents. And we know that many more communities stand ready to take on illegal drugs. When the Robert Wood Johnson Foundation recently announced a program of grants for community drug prevention efforts, over 450 towns and cities responded.

This is a winning strategy. And we need more communities taking the initiative and declaring that they will no longer tolerate drugs in their midst. Because drug use is, at its heart, a moral problem, we must hear much more from the churches. In some cities the churches are beginning to get involved. One minister of an inner city church in Washington, D.C, for example, recently led 100 members of his congregation on a march to a drug-infested public housing project. There are other ways the churches can contribute, such as by offering the use of their facilities to Narcotics Anonymous and other self-help groups. These programs work, and this is a low-cost way for the churches to aid their communities in the prevention effort.

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Intensive, well-conceived, sustained media campaigns can help to shape the opinions and the attitudes of the population about drugs. Many people believe that the anti-smoking campaign of the 1970s had a great deal to do with the reduction in teen smoking during the past decade. Recently, the same kind of attention has been directed to drugs. One laudable example is the Partnership for a Drug-Free America's campaign to encourage negative attitudes toward drugs and to label drug users as unpopular losers. Another is the Federal government's "Be Smart ... Don't Start ... Just Say No" campaign. Less useful -- and probably even counterproductive -- are commercials where sports and pop music stars who are reformed drug users tell young people not to do as they have done. Such commercials can lack credibility, and also carry an unintended message: that you can do drugs and still be rich and successful.

There are indications that all of the negative attention drugs have been getting in the media may be paying off. According to the University of Michigan's survey of high school seniors (admittedly an unrepresentative group of teenagers because high school dropouts are excluded), from 1978 to 1988, the percentage of seniors who perceived a "great risk" in smoking marijuana rose from 35 to 77 percent. More recently, between 1986 and 1988, the percentage who disapproved of using cocaine increased from 82 to 89 percent.

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And we need to get the anti-drug parents' groups more involved in our inner cities and with preventing young people from using the more dangerous drugs, like cocaine and crack, as well as gateway drugs such as marijuana.

The Workplace

Just as the schools are integral to preventing drug use among the young, the workplace is the focus of prevention for adults. The majority of illegal drug users in the United States are 18 to 40 years old, and employed. Some experts believe that as many as twenty percent of all American workers use illegal drugs on the job. Compared to their co-workers, employees who use drugs are far less productive; miss more workdays; and are more likely to injure themselves or someone else. The financial cost of illegal drug use on the job ranges from medical bills and insurance premiums to productivity losses and business failures. Drug use costs the Nation about \$33 billion each year in lost productivity. And more than just money is lost. In 1987, for example, a Conrail employee who later tested positive for marijuana was at the controls of a locomotive when it collided with another train in Chase, Maryland. Sixteen people died and 174 were injured.

As early as the 1940's, corporations began to recognize the effect of alcohol impairment on productivity and established Employee Assistance Programs (EAPs) to identify and arrange

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most common form. Other types include post-accident or for-cause testing (used in cases where drug use is suspected); scheduled testing (for example, during routine physical examinations); random testing (often applied to job categories that affect public safety or security); and testing as a follow-up to treatment, in order to monitor the patient's success in staying drug-free.

Despite broad public support for drug testing, the practice remains controversial. The chief criticisms are that testing is an invasion of privacy, that the results may not be confidential, and that it is not sufficiently accurate. Federal guidelines published in 1988 address these concerns, providing significant protection of employees, both in terms of privacy and confidentiality as well as accuracy. By clearly specifying the steps to be followed from the time of specimen collection to the reporting back of results, confidentiality is maintained. If laboratories engaged in drug testing met standards equivalent to those prescribed for the Federal drug-testing program, the chances of an individual being wrongfully accused of using illegal drugs would be virtually eliminated. These procedures have been followed for several years by the American military where, through testing, drug use has been cut by 83 percent since 1981.

In the business world, IBM's employee assistance program is recognized as a model. IBM tests all job applicants for drugs.

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drugs, including drug testing where appropriate. The Federal government will also move quickly to implement and strengthen the regulations for the Drug-Free Workplace Act of 1988, which requires Federal contractors and grantees to have drug-free workplace plans in effect.

Within the Federal government, all agencies will proceed with their implementation of Executive Order 12564, which requires Federal drug-free workplace plans. These plans also will be comprehensive, and they will provide for drug testing of appropriate categories of employees as required by the Executive Order and in accord with recent court decisions.

Finally, to further interagency cooperation among Federal agencies involved in the reduction of demand for drugs, a Demand Reduction Working Group, chaired by ONDCP, will be established. The principal role of this group will be to coordinate policy and oversee its implementation.

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International Recommendations (cont'd.)

o Motivate other countries against the drug threat.

Ratify United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and pending mutual legal assistance treaties.

Employ certification process more effectively.

Elevate the drug issue as a foreign policy concern.

Work with foreign nations to disrupt money-laundering activities.

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A cornerstone of our international counternarcotics policy must be to work with and motivate other countries to engage their own resources and efforts to defeat narcotics trafficking. Only through broad, cooperative international effort can we achieve the objectives of reducing the foreign drug supply to our country, while helping the international community to both work with us to reduce the drug menace substantially drug-free.

The Trafficking Organizations

For the most part, drugs are not brought into the country by consumers -- individuals who smuggle in enough for the personal use of themselves and their friends. The overwhelming volume of drugs, the most dangerous in particular, are grown, processed, and shipped or carried into the United States under the control of foreign organizations. These organizations, and their principal lieutenants, must be seen as an integral and active part of the drug threat. A principal focus of our international counternarcotics effort must therefore be on the groups and persons that organize and direct the trafficking of dangerous drugs into the United States and to other nations. Every element of these organizations, including their production, processing, transportation, distribution, and financial networks, must be attacked in our counterdrug strategies. We must act in a manner, consistent with our own laws and those of other nations, to disrupt, dismantle, and, where we can do so, put trafficking organizations out of business. To the extent possible, we must

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one without also addressing the others is unlikely to achieve the goal of a reduced cocaine supply. The challenge is to motivate the governments of the cocaine producer countries to cooperate with us in significantly damaging the cocaine industry, and to proceed with active and effective counternarcotics programs of their own. A comprehensive and sustained multi-year effort, involving economic, military and law enforcement support, will be implemented to achieve these goals. The objectives of this effort must be: the isolation of major coca-growing areas of Peru and Bolivia; the blocking within these countries of the delivery of chemicals used for cocaine processing; the destruction of cocaine hydrochloride processing facilities; and the use of proven herbicides to destroy the coca crop when eradication can be made an effective strategy. We -- and the governments of the countries involved -- can and must accomplish these objectives with a minimum of direct involvement by U.S. personnel. This is a cardinal point. The countries of the area must carry the principal burden themselves.

To strengthen regional support for strategy objectives, we must begin planning with the governments of the coca-producing countries. This could involve the convening of an Andean Drug Summit within the coming year. Our participation in such an Andean Summit would permit a full exchange of views on the problem, allow us to fully explain our supply and demand-related strategies, and obtain the Andean countries' agreement to our principal goals and strategies in the area. Our and their

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country, although the absolute volume of Mexican opium production is still very small.

As long as the United States has no compelling influence within the principal opium-producing areas of the world, however approaches through regional and international organizations, and the use of development assistance have little chance of significantly reducing the opium crop. A strategy to curtail the supply of heroin to the United States, therefore, must rest principally on three pillars: first, convincing countries with influence on the opium growers to exercise it directly; second, effectively using U.S. influence on countries which are processing and distribution centers -- for example, Malaysia, Thailand, Hong Kong, and China; and finally, more effectively applying interdiction measures at the border, especially at the Ports of Entry. Better strategic and operational intelligence (addressed in another chapter of this Strategy) is crucial to realizing this goal.

Colombia is the major source of marijuana entering the U.S., supplying roughly 40% of the U.S. market. Mexico is the second largest supplier to the U.S. (25%); 10% comes from other countries. The remainder of the U.S. market -- 25% -- is supplied from domestic cultivation. To curtail the foreign supply of marijuana we must conclude agreements with major producing countries to strengthen foreign enforcement efforts through training, and logistical and intelligence support, to

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In addition to cocaine, opium, and marijuana, other dangerous drugs and substances constitute meaningful threats to the nation. The importation of precursor chemicals to produce methamphetamine in domestic U.S. laboratories is a particular problem in the Western and Southwestern U.S., where it is exceeded only by crack cocaine as a major drug problem. The illegal importation of ergotamine tartrate, which is used to produce LSD, and the smuggling of MDMA ("ecstasy") and amphetamines must also be targets of our overall effort.

In order to address this last set of problems we must attack the ability of traffickers to move material in bulk across the Nation's mostly unsupervised land border and at the air, land and sea Ports of Entry. This requires expanding enforcement efforts by the Border Patrol, increased conveyance and container inspections and, in the case of imported chemicals, by broad international controls and cooperative monitoring and enforcement programs with other countries (below).

Supporting Strategies

U.S. efforts against the principal foreign drug threats must include global foreign policy initiatives, stringent efforts to stop money laundering and control the shipment of chemical precursors used to process illegal drugs, interdiction,

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In other areas of foreign policy concern, certain countries and regions present special opportunities, both to international drug traffickers and to the U.S. interest in destroying the international drug trade. These include Western Europe, where the consumer market, especially in cocaine and heroin, continues to grow and which increasingly regards drugs as a direct and immediate threat; the Soviet Union and Eastern Europe, where within a few years Asian heroin and other drugs have penetrated deeply into the social fabric, causing major concern to their ruling establishments -- and leading in June of this year to the first Eastern Bloc antinarcotics conference, in Tashkent; and other countries, where limited, focused cooperation may provide the U.S. with high rewards in combatting drug traffickers and drug trafficking organizations.

U.S. initiatives must be tailored to the specific situation. With respect to Europe, for example, U.S. strategy will aim at four principal objectives: first, assisting the European Community to develop strong demand-reduction policies, strategies and programs, with the goal of substantially undercutting the European drug market, forcing down drug producer profits and weakening the international trade; second, assisting the European Community to strengthen its own supply-reduction mechanisms, especially in the areas of enforcement programs and intelligence and information exchange; third, engaging states of the European Community in multilateral efforts with the United States to control source country and transit country production, processing

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needed; and law enforcement information exchange mechanisms with foreign governments should be improved.

We should press for agreements with major drug-producing countries to strengthen international law enforcement cooperation. Such agreements should include Mutual Legal Assistance Treaties (MLATS), to enable U.S. law enforcement authorities to obtain evidence abroad in a form admissible to U.S. courts and to facilitate investigative and prosecutorial assistance between the U.S. and Treaty partners; extradition agreements; agreements to strengthen the conspiracy laws of other countries; and strong asset seizure and financial targeting measures. The MLATS that have been before the Senate for many months need to be ratified.

We should also urge the participation of the developed countries, including member states of the European Community, Japan, Australia, and Canada, as well as other potential donors, in the formation of a standing consultative group, to support counternarcotics activities by drug producing countries.

While we must continue to work to assist countries in their counternarcotics programs through existing international and regional organizations -- including the United Nations -- our support for these organizations must hold significant promise of raising the international commitment to narcotics control. It cannot substitute for the focus and influence afforded by

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The threat of decertification can strain relations with countries with which we have major foreign policy interests. If properly used, however, it can be an important tool in motivating foreign governments to help attack the drug trade and the organizations that control it. In bilateral relationships with illegal drug producing and transit countries, therefore, we must emphasize the requirement for cooperation with our counternarcotics efforts, and for effective independent actions to suppress the drug trade. And we must be prepared to decertify countries which willfully permit drug traffickers to continue their operations within their national territory. To strengthen the effectiveness of the certification process, we should also seek to establish with each producing and transit country annual and long-term performance goals.

A vigorous, coordinated public diplomacy program is also essential if the United States intends to broaden support for its international counterdrug objectives. The Nation's programs in this area are overshadowed by the absence of importance given the drug issue as a foreign policy concern. They remain unconvincing. This situation is in urgent need of revision. A broad, meaningful public diplomacy program must be developed and articulated in a manner which will increase the level of international intolerance for illicit drugs and motivate international public and private sector actions to eliminate drug production, trafficking, and consumption. It should help other countries to reduce their demand for illicit drugs, and develop

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measures are needed to stop the diversion of chemicals used in the illicit manufacture of drugs within the United States. Both of these strategies are supported by a legislative keystone, the Chemical Diversion and Trafficking Act of 1988, which establishes a system for identifying, monitoring, and controlling chemical shipments which might be diverted into the illegal drug trade. Finally, we must press for international cooperation agreements which support strong chemical diversion controls -- such as the U.N. Convention, mentioned above -- encourage the enactment of foreign national laws similar to our own, and seek the establishment of investigative and monitoring programs in other countries in close cooperation with U.S. law enforcement agencies.

Another critical area of concern is money laundering. The magnitude of their drug-generated wealth gives foreign traffickers the capability to penetrate -- and potentially dominate -- both legitimate and illegitimate commercial markets, corrupt U.S. and foreign officials, and destabilize foreign governments. Defeating this problem needs priority attention at the national level -- but the rewards to be gained by success in this are potentially very large. In addition to our domestic efforts -- which are discussed separately, we must bring other nations' capabilities and resources into play to help identify, trace, freeze, seize, and confiscate drug crime proceeds abroad. We need to press for international cooperation agreements, such as the United Nations Convention, which support strong measures

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INTERDICTION RECOMMENDATIONS

- o **Develop comprehensive agency-wide information-based approach to air, maritime, land, and Port of Entry interdiction.**

Upgrade intelligence support to interdiction, through intensified interdiction-specific investigations, undercover operations, etc.

Enhance ADP support to interdiction

- Accelerate machine readable documentation program; install document machine readers at all POEs;

- Develop IBIS and other border ADP systems.

Create interagency/interdisciplinary teams to analyze and target smuggling modes, methods, routes, etc.

- o **Target high-value individuals and shipments**

Review Rules of Engagement to raise risk to pilots.

Maintain and improve operations aimed at money couriers and shipments.

Improve container inspections techniques and intelligence.

- o **Enhance border systems, operations, and activities**

Dramatically reduce document fraud, especially fraudulent use of U.S. birth certificates and other "breeder documents";

Expand use of sniffer dogs, anti-vehicle barriers, container inspections (with DOD/National Guard resources);

Expand Border Patrol operations between POEs at U.S.-Mexican land border;

Provide INS with automatic exclusion authority; give INS/Border Patrol general arrest authority;

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INTERDICTION

Intercepting illegal drug shipments and other resources is a means of attacking the drug trade at home and abroad. Its contribution to our overall anti-drug strategy depends upon how effectively it can be directed to disrupt trafficking organizations by attacking the transport of illegal drugs, other chemicals and the money that fuels the drug trade. The most direct means of improving the effectiveness interdiction efforts is by expanding intelligence capabilities as addressed in another chapter of this Strategy.

Drug interdiction can occur in any of three areas: foreign interdiction, where activities by foreign governments, with or without U.S. support, are aimed at stopping the flow of drugs before they have been shipped out of the source country or while they are being shipped through an intermediate transit country; border and offshore interdiction, where activities in international waters or airspace, or at the U.S. border, are aimed at stopping the flow of illicit drugs to their U.S. markets from their foreign sources of origin; and domestic interdiction, where actions conducted by Federal, State, and local law enforcement entities are directed at curtailing the trafficking of drugs within the Nation's borders.

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Smugglers and drugs can enter this country through many avenues. Cocaine is transported to the U.S. by air and sea through the Caribbean, by air and land across the Southwest border with Mexico, and by sea in the Pacific. Forty-five percent of the cocaine seized in 1988 was carried by private aircraft, more than double the amount seized from private vessels, the next most common conveyance. While the air corridor from Colombia across the Caribbean and through the Bahamas into the U.S. remains the single most favored route by air smugglers of cocaine, transshipment through Mexico has become an equally important smuggling route. Heroin is transported from Mexico principally by land, and from Southeast and Southwest Asia and some African countries by couriers flying by commercial air services with the drug concealed on their body or in their luggage; it is also sent through the international mail. Increasing amounts are also being seized in airborne and seaborne containers. Marijuana, drug precursor chemicals and other dangerous drugs are principally brought into the country by Caribbean and Gulf of Mexico routes; overland from Mexico; and in the case of the latter, also by air carrier from Europe and East Asia.

Interdiction aimed principally at the seizure of drugs provides little impediment for smuggling organizations. Unless the seizure rates are very high, the interdiction of drugs alone merely adds slightly to the traffickers' cost of doing business.

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Drug trafficking can be divided into three principal sectors. At one end are the low-level carriers -- "mules" in the demeaning terms of the trade -- who transport drugs on their person or in their luggage. They perform menial tasks in the smuggling chain, can easily be replaced, and are deliberately kept in the dark about other elements of the smuggling organization. What little information they possess is rarely of value for furthering law enforcement purposes. Their apprehension causes no damage or disruption to the trafficking networks. At the other end of the spectrum are the major drug traffickers -- the "kingpins" -- who head the organizations. The latter are rarely at risk and can generally ensure their safety where they live by political co-option, bribery, or intimidation. Between these extremes are the key individuals who keep the machinery of the organization running smoothly and who run specialized operations. They may be pilots, money couriers, or middle managers who perform functions critical to particular smuggling activities. They often have broad knowledge of their organizations' structure, membership and method of operation.

If we are to have an effective interdiction strategy, we must be able to deter or immobilize the high-value individuals who organize, help finance, or transport drugs, targeting first high level personnel of major trafficking organizations who may attempt to enter the U.S. The specialized operators such as money couriers, who most often will be apprehended leaving the

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Drug smuggling by sea differs from air smuggling in a number of ways. The pilots of general aviation aircraft carrying illegal drugs -- many of which fly circuitous routes off-airways at low altitudes -- can be assumed to know the nature of their cargoes. Few members of a ship's crew, however, including the captain, may know of the shipment. Those who do are likely to be no more than couriers, essentially ignorant of organization structure, plans or operations. Their apprehension poses little or no risk to the trafficking organizations, and the seizure of drugs smuggled by vessel is likely to cause no more than minor operational disruption, unless the shipment is very large.

Without prior intelligence about the nature and size of the shipment, however, it is impossible to determine in advance what its value may be. Our maritime interdiction strategy must therefore continue to be to interdict vessels of all types transporting illicit drugs towards the United States, by the unilateral use of U.S. maritime assets and operations, or by the use of joint maritime operations with source and transit countries. This involves placing maritime detection and apprehension assets in departure zones off drug source countries, and in Caribbean "choke points"; and sorting maritime drug smuggling vessels from legitimate maritime traffic en route to the United States.

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inspections, in cargo and container examinations, and in air passenger processing. And we must put into place adequate physical border controls, including barriers to prevent drug-carrying vehicles from making high-speed runs into the country across the Southwest border. Finally, we should expand the operations of the Border Patrol between the Ports of Entry using, as needed, Defense Department technical and intelligence support.

Special Problems and Opportunities: Document Fraud and Money
Couriers

Other, related areas of activity need close attention. The ability of foreign nationals to enter the country using valid but fraudulently acquired documentation continues to permit drug traffickers the means to defeat any border control system. By counterfeit, alteration, or imposture, aliens can acquire "breeder documents," such as birth certificates. These documents can then be used to obtain valid passports from the United States or their own governments and ultimately, U.S. visas. Federal agencies must work with State and local authorities to reduce the potential for document fraud at all levels. Birth certificates and delayed birth records, as well as passport fraud, need particular attention. Federal agencies need to agree on standard, minimum information required for birth certificates to be acceptable for Federal purposes, and to the use of

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discussed separately in this Strategy -- can provide important support to Federal agency interdiction activities. In regard to air interdiction, we must review the Rules of Engagement and modify them in a manner which substantially raises the risk to the drug smuggling pilot. We will complete the fixed and mobile detection networks along our Southern border and in the Caribbean as funds are available, and improve the effectiveness of our national Command, Control, Communications and Intelligence Centers, and the Defense Department's Detection, Monitoring and Intelligence fusion centers. We will ensure that we make the optimum use of interception/tracking and apprehension assets -- principally fixed wing aircraft and helicopters -- to respond to positively identified air target threats. We will give special emphasis to establishing an international multi-industry effort to counter the threat of container-borne drugs by developing and implementing a container tracking system. We must ensure that the operational security and operational deception procedures of Federal law enforcement agencies are upgraded as funds are available, and that an integrated and secure communications network moves ahead as funding is available. Finally, the buildup of drug trafficking through Mexico, equalling that through the Caribbean and highlighted by growing indicators that Colombian traffickers are taking control of the Mexican smuggling networks, necessitates redirecting resources to the Southwest border as an equal-status high-threat area. We intend to pursue

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August 10, 1989*

CHAPTER VI

RESEARCH

America's drug epidemic is a complex and difficult problem involving crime, public health, the economy, and, indeed, the moral fabric of our Nation. In many areas we have much information at our disposal to help us understand it and direct policies and resources to attacking it. But our efforts to combat that epidemic and to counter the supply of illegal drugs more effectively require better policy coordination and priority setting. We also need a more frequent and more flexible information base in order to help us refine and target our counterdrug efforts; we need to adapt and develop technology to aid in law enforcement; and we need more medical research to develop ways to treat and counteract the effects of illegal drugs.

In some cases this requires additional resources; in others it means revising priorities. In all cases it means having effective policy oversight and coordination.

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of certain subpopulations of users -- frequent users for example. And the survey relies on self-reported drug use -- that is, what a person will voluntarily report on a self-administered answer sheet about his or her drug use. As society becomes less tolerant of drug use, self-reporting may give a less reliable picture of the extent to which people continue to use drugs.

In addition, the Federal government will work with States and localities to develop suitable standardized reporting procedures in order to assure that State and local concerns and conditions are reflected in national survey instruments.

The Administration has committed to funding the National Household Survey every two years. The Federal government will also create a quick response capability to permit smaller, narrowly targeted surveys of people and institutions that could be undertaken several times a year. This would enable us to focus on particular groups in the population -- "high risk" youth, for example -- or on emerging drug trends. Streamlining the Federal process for data collection can help reduce the lag time between designing a research project and utilizing the data.

In the area of drug treatment, we need to continue and enhance the National Drug and Alcoholism Treatment Unit Survey in order to learn more about our current capacity (how many people and what addictions we can treat with our present treatment

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using drugs while others avoid them? Why are some people able, on their own, to stop using drugs, while others continue until their lives are ruined? Basic and clinical medical research can offer us important insights to these questions.

Such research also offers hope that, as we develop and test various treatment strategies for cocaine addiction, one possibility is the development of new drugs to block the effects of illegal drugs or reduce the craving for them (particularly cocaine) as methadone substitutes for heroin and blocks its effects in a controlled manner using a legally approved substitute. Researchers are also exploring ways of chemically preventing initial addiction. It is estimated that at the current pace of our research effort, three or four years must pass before we have developed effective new medical advances. We must hasten that day by providing more support for that effort; we can't wait the three or four years currently anticipated for these breakthroughs. Providing training in scientific and research skills is important in its own right, but a more directed research assault on drugs is possible and necessary.

Technological Innovation

As our society benefits from technological advances, so too do drug trafficking criminals. Government agencies are constrained by cumbersome procurement practices and budget

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