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THE WHITE HOUSE
WASHINGTON
February 8, 1994

Drug Control

Memorandum for Mack McLarty

From: Mark Gearan
Subject: Drug Policy Roll-Out

Summary. This memo outlines the plans for unveiling the President's new drug control strategy. As you know, the President will announce the strategy on Wednesday, February 9.

Preliminary Briefings. Yesterday, the Office of National Drug Control Policy ("ONDCP") held a pre-briefing on the strategy for reporters who generally cover drug policy. A *New York Times* story from that briefing is attached.

Morning Shows. Lee Brown will appear on morning shows Wednesday to preview the drug strategy.

The Drug Strategy Announcement. The President and Lee Brown will unveil the plan itself Wednesday morning at a Prince George's County Correctional Center. Secretaries Reno, Shalala, Bentsen, Riley and Pena are tentatively scheduled to attend; they will do follow-up events on Thursday, February 10.

Follow-Up White House Briefing. After the announcement on Wednesday, Lee Brown will brief the White House press corps on details of the strategy.

Congressional Testimony. Lee Brown will testify to Congress on Thursday, February 10 and do ancillary briefings for the congressional press corps.

Anti-Legalization Op-Ed. The Communications Department has been working with ONDCP on an op-ed reiterating the administration's opposition to the legalization of drugs. We will try to place that op-ed later this week.

Talking Points. Talking points and a fact sheet are being finalized and will be distributed to senior staff and the Cabinet tomorrow morning.

Please let me know if you have any thoughts or suggestions about this plan.

President Plans to Raise Drug Treatment Budget

By JOSEPH B. TREASTER

Special to The New York Times

WASHINGTON, Feb. 7 — Following through on a campaign promise, President Clinton today proposed a sharp increase in spending for drug treatment and programs to prevent drug abuse.

Despite the spending increases for prevention and treatment, most of the \$13.2 billion for anti-drug programs would go toward law enforcement.

Mr. Clinton budgeted \$5.4 billion for drug prevention and treatment, up about 20 percent from the \$4.5 billion approved by Congress last year. That increase would give prevention and treatment 41 percent of the budget.

Mr. Clinton also proposed increasing the spending for law enforcement to \$7.8 billion, accounting for 59 percent of the budget.

Over all, the anti-drug budget would rise by 9 percent from the \$12.1 billion approved by Congress for the current fiscal year.

'A Significant Move'

In addition to the proposal for the anti-drug budget made public today, the Administration is asking for nearly \$1 billion for drug treatment and education programs as part of an anti-crime package that would spend \$22.3 billion over five years.

"This is a significant move toward putting resources where the need is greatest," said Dr. Herbert D. Kleber, who resigned as President George Bush's deputy director of the National Drug Policy Office, where he was the chief aide for health and education, after his requests for such increases went unheeded.

Lee P. Brown, Mr. Clinton's principal aide on drug policy, said the increase in spending for prevention and treatment represented a "fundamental change in the way the nation responds to the drug problem."

But he emphasized that for the Clinton Administration, like the Bush and Reagan Administrations, law enforcement remained an important part of the country's drug strategy.

"We're providing not only a significant increase in drug treatment capacity," Mr. Brown said in an afternoon briefing, "but also solid support for law-enforcement activity."

While Mr. Clinton proposed a 3 percent increase in spending for enforcement, his budget calls for reducing by about \$100 million the \$1.2 billion spent last year in trying to stop smugglers at the borders and on the seas and increasing by about the same amount, to a total of \$400 million the amount spent on trying to counter drugs in the countries in Latin America and Asia that produce them.

"I think this is a good strategic move," said Senator Joseph R. Biden Jr., the Delaware Democrat who is chairman of the Judiciary Committee.

"The major thrust toward more emphasis on treatment and prevention is what we've been arguing we should be doing for the past four years," Mr.

Biden said.

The budget for the 1994 fiscal year, which Mr. Clinton proposed last March, varied little from the approach taken by his Republican predecessors; spending was to increase to \$13 billion from \$12.2 billion in the last budget submitted by President Bush for the 1993 fiscal year, but Congress approved only \$12.1 billion.

This year, the Administration and some Democratic members of Congress are more optimistic.

"I think this year, with greater emphasis on crime and drugs, there is an understanding that while punishment is warranted, treatment has been terribly underfunded," said Representative Charles E. Schumer, the Brooklyn Democrat who is chairman of the House Subcommittee on Crime and Criminal Justice. "And I think Congress will stick with these numbers," he said.

Last October, Mr. Clinton said that he intended to make drug prevention and treatment programs a hallmark of his Administration, with emphasis on heavy drug users who consume most of the illegal drugs and are responsible for a high proportion of drug-related crime.

But he was criticized at the time for not spelling out how he would divide his budget to convert his goals into reality.

Today, Mr. Brown said Mr. Clinton's drug strategy promised "dramatic change, and that is reflected in the budget."

Some experts had been skeptical of Mr. Clinton's drug plan last fall, partly because he had followed President Bush so closely in drafting his first anti-drug budget. Moreover, Mr. Bush, like Mr. Clinton, often spoke of the importance of drug treatment, but continued to spend much more for law enforcement.

In his last budget, for example, Mr. Bush increased law enforcement spending by 8.6 percent and spending on health-related issues by 8.8 percent, but that still left law enforcement with 68 percent of the budget. But the split in Mr. Clinton's budget is

about the same split as in the last anti-drug budget submitted by President Jimmy Carter for the 1981 fiscal year. Drug treatment experts estimate the number of heavy drug users in the country at from four million six million. There are now programs to treat 1.4 million of them, but Mr. Clinton's drug budget would provide treatment for 74,000 more men and women. In addition, the crime bill would enable 66,000 more to enter treatment.

Peter Reuter, a drug expert who teaches public affairs and criminology at the University of Maryland, said the Administration may be expanding in these areas "as much as they responsibly can in one year."

"You can't double these programs overnight," he said. "You can't pump that much money out efficiently in one year."

Lee Brown

file: DRUGS

(I.) Drug Strategy

release by 9/27

- (1) ↓ demand: primary objective
meaningful drug treatment - healthcare
treat core drug use; pregnant & + kids
- (2) drug related violence must be reduced
- (~~3~~) promote safe school environments
- (3) focus on what works. Reject effort to legalize.
make clear Admin statement. Law enf + intelligence
duplication. Better coordination. Research
- (4) Int'l cooperation

II.) Reauthorization of ONDCP - by Fall
"New look". H/S hearings end of Sept.

III.) Interagency efforts & overlap
Drug threat # - campaign promise of threat
on demand. Fewer threat slots in Clinton
first 2 yrs than Bush.
- Rec'dn to imp. interdiction.
- Intelligence gathering - overlap probs noted in NPR
- Fed. drug enforcement - NPR noted need of consolidation -
- Criminal justice Drug Threat

⇒ POTUS: ABC newsclip on community policing - Tifton, GA

Doug Cza / JLC

MEMORANDUM

Doug

TO: Mark Gearan
FROM: Andre Oliver *AO.*
RE: Lee Brown Confirmation
DATE: 10 May 1993

Here's an update on Lee Brown's confirmat.....

1) Confirmation Team

As you know, Scott Green, a "special government employee," will take the lead on preparing Brown for the confirmation process. Scott will work with Nester Davidson, Tracey Thornton and Paul Carey on legislative liaison; Bill Kennedy and Ron Klain from counsel; Steve Hilton on public liaison; Jose Cerda on policy matters; Jennifer, Ricia and myself as needed.

The team held an overview meeting with Brown on Friday to walk him through the confirmation process and begin a preparation strategy.

2) Hearing Schedule

There are two likely dates for confirmation hearings: May 25-26 and June 8-9. If the FBI report is completed by next Monday, the committee could hold hearings and have a floor vote prior to its Memorial Day recess. Otherwise, we're looking at a mid-June confirmation.

3) Briefings

Lee returns to Washington on Wednesday to meet with Senator Biden and pay courtesy calls to other Judiciary Committee members. He will also receive policy briefings from Carol Rasco/Jose Cerda, Dick Canas (NSC) and Bernie Arons of the Health Care Working Group.

EOM.

MEMORANDUM

Jose Cerda
file

TO: Dee Dee
Arthur

FROM: Andre

RE: Drug Use -- Emergency Room Visits

DATE: 22 April 1993

HHS will likely release a quarterly report in the near future -- called the DAWN Survey -- that shows an increase in cocaine and heroin use in hospital emergency room visits.

Once released, the report will likely receive attention as further evidence of a pattern of increased drug abuse nationally. (You should note that the report is already in certain hands in the Congress). Attached are talking points which I asked Jose Cerda to prepare in response to these statistics.

Please call Jose or myself with any questions you may have.

attachment

cc: MDG

TO: Andrea
FR: Jose
RE: Suggested DAWN Response

Q: Today, the quarterly Drug Abuse Warning Network (DAWN) numbers indicated that cocaine and heroin hospital mentions have increased yet again. Given these numbers, how can the President justify his inaction on the drug issue -- let alone his delay in appointing a Drug Czar?

A: The DAWN numbers show that our hospitals continue to see cocaine and heroine overdoses in record numbers --- particularly among older drug users (35 and up) -- and the President is concerned about this trend. But this data confirms what we've known for more than a year now -- that hardcore drug use is on the rise.

The President knows that hardcore drug use must be addressed if we are to get at the root of the drug problem. Hardcore users haven't been focused on in the past, and they have remained a problem. That's why the President requested \$2.8 billion for drug treatment and treatment research in his budget, an increase of \$172 million (7%). We need to dramatically increase treatment availability -- and then demand that hardcore addicts get treatment. *(over 4 yrs.)*

Demanding that hardcore addicts get treatment is where the President's policing initiative comes in. By increasing the number of police in our streets in community policing roles, we can directly confront hardcore drug use and drug dealers. Community policing strategies have been proven to help close down drug markets and to help identify problem addicts that should get treatment.

Finally, the President's Health Care Task Force is considering drug treatment options as part of its effort to reform our national health care system. This represents a completely new direction in drug policy and would do more over the long term to expand drug treatment to all addicts.

THE WHITE HOUSE
WASHINGTON

April 14, 1993

*Drug
Czar
file*

Dr. Lee Brown
Texas Southern University
3100 Cleburne
Houston, TX 77004

Dear Lee:

It was a pleasure speaking with you today. I appreciate your input on the drug policy office, and more importantly, want you to know that the President would value your stewardship of this important office.

I'd also like to address a couple of your questions regarding the authority and "impact" of the office. The specific statutory functions of the ONDCP are also attached for your review.

The "Drug Czar" has several operational responsibilities for anti-drug programs within the ONDCP, as well as those implemented at the agency level. For example, the two largest accounts in the ONDCP are the High Intensity Drug Trafficking Areas (HIDTA) Program and Special Forfeiture Funds. These accounts give the Director the discretion to direct federal resources to priority anti-drug efforts on a national, state or local level. We expect these funds to exceed \$110 million in fiscal year '94.

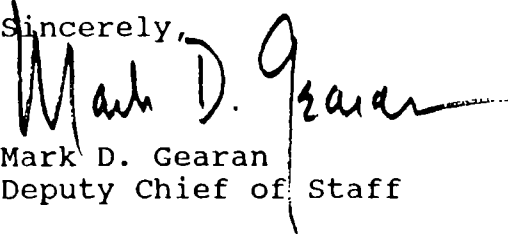
In addition, the Director is charged with coordinating and overseeing drug policy and programs involving approximately 50 federal agencies and 12 cabinet departments. This includes certifying agency drug control budgets, to ensure that they are adequate to accomplish the national drug control objectives formulated by the Drug Czar.

As we discussed, the President plans to designate the Director as a member of his cabinet, to give drug policy and its execution the highest attention in the White House.

Let me say personally that we are anxious to get to work on the reorganization and policy direction with the leadership of the Director.

Lee, thanks again for your consideration. I look forward to speaking with you again soon, and trust you will not hesitate to contact me on any matters of concern.

Sincerely,

A handwritten signature in black ink that reads "Mark D. Gearan". The signature is written in a cursive style with a long horizontal flourish at the end.

Mark D. Gearan
Deputy Chief of Staff

TO: Dee Dee
FR: Jose
RE: General Drug Budget Talking Points
DA: April 7, 1993

MDG
David
8p. wed
fisher
296-8670
301 299-7502(h)
DCH

Dee Dee, enclosed please find the generic drug funding talking points that DPC has been using to date. If you think you'll need more specific information about line items in the drug budget, I'm happy to put something together, run it by Carol Rasco and get it to you.

NB: The Drug Budget represents a compilation of proposed agency expenditures that are "scored" as "drug-related". In many instances, only partial program expenditures, salaries, etc., are scored as part of the drug budget. Thus, drug budget totals do not necessarily match the general budget document.

To: ANDRE OLIVER

CAN YOU DELIVER TO
DEE DEE.
@ PRESS. NO ANSWER

Drug Gay

file



04-07-93 19:29 202 456 7758

SUGGESTED DRUG BUDGET TALKING POINTS

Q: President Clinton's Drug Budget (\$13.041 billion) is no different than what was enacted under the previous administration (\$12.210). It basically retains the current supply/demand ratio (63.7/36.3).

A: NO -- if drug treatment is incorporated as a basic service in a national health care plan, we will have dramatically increased -- and helped to de-stigmatize -- drug treatment availability. In addition, the investment package includes \$1.5 billion over the next four years to help meet the "treatment shortfall". The soon-to-be-appointed Drug Czar will review our Drug Budget and recommend appropriate changes in our drug policies and funding levels.

Q: President Clinton has given our allies in the "War on Drugs" a signal that drug policy will not be an international priority for this Administration.

A: Press reports to the contrary, President Clinton has not proposed slashing international drug spending; international and interdiction accounts have only been cut by 1%. Neither has the President embraced an arbitrary supply/demand ratio in deciding proper funding levels. Under this budget, demand-side expenditures (treatment and prevention) will increase 10%, and supply-side expenditures (law enforcement and interdiction) will increase 5%. These budget numbers offer a good start, and the final drug strategy/budget will include the new Drug Czar's recommendations.

While the President has clearly decided to increase funding for drug treatment and prevention, doing more at home to reduce our nation's voracious appetite for illegal drugs does not preclude us from continuing to work with our allies that have the political will to fight against illegal drugs.

Q: President Clinton has gutted the Office of National Drug Control Policy (ONDCP) and demoted the "War on Drugs" as a priority.

A: NO -- the President's reorganization will help revitalize the office. First, he has reformed the office from being a political dumping ground to a more focused policy and planning office. While ONDCP was meant to give coherence to drug policy, it has not succeeded in its mission. Second, the new Drug Czar will be elevated to the Cabinet level; the previous Administration demoted the Drug Czar from his cabinet status -- and physically removed the office from the White House complex. And finally, in a time of budget constraints, the President has increased overall drug spending.

Q: Why is it taking so long to fill the Drug Czar position?

A: The Drug Czar's job is one of the most varied jobs in the federal government, requiring knowledge in just about every aspect of government -- law enforcement, treatment and prevention, urban issues, intelligence matters, international relations, and more. Candidates from all backgrounds must be considered. Interestingly, after Bill Bennett's resignation, it took George Bush 4 months to appoint a replacement, Bob Martinez.

Q: Why were funds for High Intensity Drug Trafficking Areas (HIDTA) and Special Forfeiture Funds (SSF) not scored under the Office of National Drug Control Policy? Will these programs no longer be administered by the ONDCP?

A: Funds for HIDTA and SSF were placed under "Funds Appropriated to the President," which was an administrative action by OMB. As the budget indicates, HIDTA and SSF funds will remain at the discretion of the drug director for drug control programs.

**PRESIDENT WILLIAM JEFFERSON CLINTON
APPOINTING DR. LEE BROWN DIRECTOR OF THE OFFICE OF NATIONAL DRUG
CONTROL POLICY
APRIL 28, 1993**

It is with great pleasure that I announce the appointment of Dr. Lee Brown -- the first police officer to hold this job -- to serve as Director of the Office of National Drug Control Policy.

A few weeks ago I elevated this office to Cabinet level status, because I believe drug abuse is as serious a problem as there is in America. Lee Brown shares that view, and I am proud that he will join us in this new position.

As Americans who care about our future we cannot let drugs and drug related crimes continue to ruin our communities, threaten our children even in school, and fill up our prisons with wrecked and wasted lives.

We must do a better job of preventing drug use and treating those who seek treatment, and we must do more to protect law abiding citizens from those who victimize them in the pursuit of drugs or profits from drugs.

I am committed to winning this struggle, as all Americans are, and there is no better person to lead us in this fight than Lee Brown.

He has been the chief law enforcement officer in Atlanta, Houston and New York. He's a policeman and a Ph.D in Criminology who brings to this tough job a truly extraordinary record -- of innovation and crime reduction -- and a sensitivity to the problems of real people who want to walk home safe at night.

To reduce drug use and drug related crimes we must do many things at the same time.

It has to start with community policing, with more police at the local level working with neighbors and friends to prevent crime and to quickly punish criminals. There must be better education and prevention efforts starting at the earliest ages. And there must be treatment for those who want to get better.

Dr. Brown knows a little something about community policing. It's nearly his invention. He turned the Houston police force into a model of community policing, and for many serious crimes the crime rate there dropped. In New York he added thousands of officers to foot patrols, men and women who he empowered to help solve problems, not with a federal program but with a commitment to a better life in the neighborhood. And reports of serious crime there fell.

He's had the vision to see conditions clearly and the courage to change what isn't working. Most importantly, he gets results, and this is exactly what we need in the war against drugs.

I pledge to him and the American people an exceptionally focused and very carefully executed anti-drug effort from the federal government.

At the heart of our efforts will be more funds for local police officers, more for treatment and more for prevention. We will continue to do all we can to stop drugs at the border, and to work with countries that have shown the political will to fight illegal drugs. They will continue to get our full support and cooperation. But it's time we turned our attention home, and built a strategy that begins to make our neighborhoods safer.

We want to close the gap between those who want treatment and available treatment. Treating addiction is good urban policy and good anti-crime policy and good health policy. We have asked for a ten per cent increase in treatment funds for 1994, and will make drug treatment part of our national health care plan. Our goal is to work towards treatment on demand.

I believe the parents of America want and deserve more help in educating children about drugs. We can prevent drug abuse. School programs work. Public service programs work. But they aren't miracles. They require a commitment. We have asked for a sixteen per cent increase in drug prevention funding.

Finally, we are determined to put more police on the street and to expand community policing. It's a local program, it's old fashioned law enforcement, but it works -- there's less crime. I think it's time to go back to the basics. I asked for 200 million dollars in the stimulus package for community policing, and have proposed almost 600 million in policing and similar initiatives for 1994.

The most basic responsibility of the government is to protect the American people. It's our sacred duty to do our best. I believe we have a great program. It's basic. There's more officers, more education, and more treatment.

And with the leadership of Dr. Brown, it promises to be more effective. I look forward to working with him to meet, and master, the challenges ahead.

Thank you very much.

Dr. William Harris
President

Vera Smith &
(713) 527. 7000

(713) 771. 8640
Houston (H)

Bill Kennedy
703. 684.
8772

MEMORANDUM

TO: Ricki Seidman
FROM: Andre Oliver *AO*
RE: Drug Czar Announcement
DATE: 27 April 1993

As we discussed, attached is background material in preparation for the President's announcement of a Drug Czar on Wednesday (we hope).

- Bio from Presidential Personnel
- Press Clips on Brown
- Feb. 9 press release on the White House reorganization
- Sen. Biden statement on the Drug Czar
- Dep. Sec. Rivlin's testimony on the ONDCP (see sections "New Drug Policy Direction" and "ONDCP's Budget and Organization")

Let me know if you have any questions.

cc: Mark Gearan (memo only)

attachments

MEMORANDUM

TO: Mark Gearan
David Watkins

FROM: Andre Oliver

RE: Lee Brown

DATE: 3 February 1993

FYI, Lee Brown resigned as NY City Police Commissioner in September of this year.

He's currently director of the Black Male Initiative Program at Texas Southern University in Houston. His phone is (713) 527-7011.

EOM.

(713) 527. 4361 (fax)

Drug Czar Announcement Invitees

Cabinet (8):

- | | | | |
|---|---------|---|-------------|
| - | Reno | - | Cisneros |
| - | Riley | - | Christopher |
| - | Shalala | - | Bentsen |
| - | Aspin | - | J. Brown |

Members of Congress/Staff (20):

- | | | | |
|---|------------|---|------------|
| - | Biden | - | Moynihan |
| - | E. Kennedy | - | Hatch |
| - | DeConcini | - | Kassenbaum |
| - | Rangel | - | Hoyer |
| - | Conyers | - | Neil Smith |

Law Enforcement Officials (25):

- Federal Law Enforcement Officers Assoc.
- Fraternal Order of Police
- International Association of Chiefs of Police
- International Brotherhood of Police Officers
- International Union of Police Associations
- Major Cities Chiefs
- National Association of Police Organizations
- National Organization of Black Law Enforcement Executives
- National Sheriffs Association
- National Troopers Coalition
- Police Executive Research Forum
- Police Foundation
- National District Attorneys Association
- National Association of Attorneys General

ONDCP (7):

- TBD Ricia/Bruce

Drug Treatment Representatives (15):

- TBD Jose/Ricia

NEW YORK WEDNESDAY

APR 20 1993

Brown's New Life

By Michael H. Cottman

STAFF CORRESPONDENT

Houston — For the first time in 15 years, Lee Brown is driving himself around town.

He bought himself a 1992 wide-body burgundy Buick, the first car he has owned since 1978. The man who commanded three police departments around the country is finally on his own.

No bodyguards. No guns. No sirens.

"It's a little different for me," concedes Brown, seated behind the wheel of his car as he drove through the streets of Houston. "But I'm a good driver. I respect the law."

Six months ago, Lee Brown left New York City to teach police courses at Texas Southern University, a black college here, but he still maintains an uneasy connection with New York.

In his first interview since stepping down as police commissioner, Brown talked about how the decisions he made during the first two days of rioting in Crown Heights continue to dog him.

Even now, in between teaching classes on community policing, Brown finds himself responding to questions from state investigators about Crown Heights and queries from city attorneys defending him and the mayor against a federal lawsuit, charging that he purposefully withheld cops for more than 48 hours while gangs of youths rioted through the streets of the Brooklyn neighborhood. The suit was brought by some neighborhood residents, including the family of Yankel Rosenbaum, who was killed in the riots.

Brown's position remains the same as he repeated often here: He says that there were plenty of cops at the scene but the initial policy was containment rather than confrontation.

"I don't like being sued, but it's a fact of American life," Brown said, in an exasperated tone. "People still call me and tell me what's going on with Crown Heights."



MOVING ON. Former Police Commissioner Lee Brown now works as a teacher and reporter in Texas.

Newspaper Photo / Alan Corcoran

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These days, Brown, 55, is also responding to rumors about his plans beyond Houston. There have been widespread reports that President Bill Clinton was considering Brown to head the FBI. But, there, too, his time in New York continues to be a major factor: A group of Orthodox Jews from New York, still angry over Brown's actions in Crown Heights, have flooded the White House with telephone calls opposing him.

White House sources said yesterday that Brown is also being considered for a possible appointment as drug czar but no decision has been made.

Brown is typically tight-lipped about any Washington prospects. He will say he is aware of the feelings among some Jews in the city but shrugs it off as just more opinionated New Yorkers.

The desk that Brown sits behind these days is considerably smaller than his old one, a huge cherry-wood desk that nearly fills the room at One Police Plaza and was originally owned by Teddy Roosevelt.

In his new office, just beyond the downtown area in south-central Houston where old clapboard shacks almost meet the highway, Brown has one telephone and three plants. He lives in a two-story house, 15 minutes from the college, with his twin daughters, 22, who are enrolled at the university. "They live upstairs. I have my privacy and they have their privacy," he said.

During the interview in his office, Brown also spoke about his wife's battle with brain cancer and how, just two months after her death, he is coping with the loss of a woman whom he described as his best friend. His wife, Yvonne, was 55 when she died on Dec. 29. A former librarian known for her love of singing, she had cancer for several years and when Brown left New York after 2 1/2 years, he said it was to spend more time with his wife.

Since her death, he's tried to keep busy. "If I stop for too long, I'll just sit around thinking about her," Brown said. "I met her when I was 17 in Fresno. She was my first real date. We had a wonderful life together."

In Houston, Brown serves on several community

boards, speaks at churches and high schools and runs a university program called the Black Male Initiative, which counsels black males. And for the past several months he has been a paid reporter for an ABC affiliate.

Once a week for two minutes of air time, Brown reports on positive aspects of Houston's black community — 28 percent of the 1.7 million residents. He's done stories about a junior high school where the parents come out in the mornings to direct traffic and help kids and a black cowboy in town for a rodeo.

"I'm not a news reporter, I'm doing positive stories," Brown said. "There is a lot more work that goes into it than I imagined."

Brown knows the community well and the community knows him. He was Houston's police chief from 1982 to 1990 and many residents still call him "Chief" when they see him. He was chief when Houston had few black police officers and race relations in the department were at an all-time low.

The Rev. Harvey Clemons Jr., pastor of the 67-year-old Pleasant Hill Baptist Church, has had him speak at his church.

"We're impressed with his character and discipline and the wide range of information he brings to the community, especially the African-American community," Clemons said. "He talks about values and ethics and he encourages African-American men to take a very active role in public affairs and stand up for injustices." Brown said he came to Texas Southern University, now the largest predominantly black college in the country, with 11,000 students, to help improve the quality of life for black students. He said he received offers to teach at New York University, Har-

vard, Yale and other colleges in Texas and California.

"Some of the other universities would have been good for me personally," Brown said. "But this is good for black students."

He added: "It's less crowded and slower paced here, but anything would be slower than being police commissioner."

When he was in New York City, Brown was sometimes called too aloof and academic. Although no one ever questioned Brown's integrity, he was also criticized by some for failing to see signs of the deterioration of the police Internal Affairs Division, whose disarray led to the creation of a mayoral commission to probe police corruption.

He says he is proud of his record, in particular his community policing program.

Through his program and Mayor David N. Dinkins' "Safe Streets, Safe City" plan, the city increased patrol strength by 18 percent since 1990 and put more than 3,200 additional uniformed cops on the streets.

"Community policing is a great program and we wouldn't have had community policing if it wasn't for Lee Brown," said Tom Repetto, president of the Citizens Crime Commission. Brown knows, however, that everyone is not on his side.

"People are resistant to change," Brown said. "No matter what you do there is a natural tendency to have anxiety about the unknown."

Brown said that he believes he was successful as police commissioner in New York — despite what his critics say — because of the support of Dinkins who made it clear public safety was a major priority. "It was more than just a mayor-police commissioner relationship, I considered him a friend," Brown said.

THE DETROIT NEWS AND FREE PRESS

APR 18 1993

Critics say president dragging his feet in war on drugs



A report on Day 88 of the presidential term. This continues a chronicle of the Clinton presidency's first 100 days.

■ **Different priorities?** Some contend administration is doing nothing or little to alleviate the problem.

By Richard A. Ryan *as*
NEWS WASHINGTON BUREAU

WASHINGTON — Drugs never have been a big deal for President Clinton, who said he once smoked a marijuana cigarette — but didn't inhale.

That attitude has carried over into his presidency, say critics who accuse him of pushing the federal war on drugs far behind economic, health and foreign-policy issues.

Nearly three months into his presidency, Clinton has yet to name a drug-policy chief.

Many of the key anti-drug strategists

in other agencies are Bush administration holdovers.

The president's proposed annual drug spending of \$13 billion is minimally higher than his predecessor's last proposal.

Moreover, Clinton has suspended drug testing of White House staffers and dramatically slashed staffing at the White House Office of National Drug Control Policy from 148 to 26.

"The president is doing absolutely nothing in terms of drugs," said Rep. Charles Rangel, D-N.Y., head of the House Caucus on Drug Abuse.

At the same time, critics say, there's fresh evidence that America's drug prob-

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BURRELLE'S

NewsExpress

PAGE 1 OF 6

lets hasn't gone away.

They point to the annual University of Michigan student drug survey released last week, which disclosed a small increase in drug use among eighth-graders.

"As critical as I've been of the whole drug effort of the Bush administration," Rangel said, "they did a lot more than what is being done now."

Bush came into office declaring war on the drug "scourge," as his inaugural address promised. Clinton didn't mention drugs at his inauguration and barely mentioned the issue in his hourlong State of the Union message Feb. 17.

"There is no Clinton drug policy," declared William Bennett, the nation's first drug-policy chief. "The only thing he has done is dismantle the drug office."

Bush appointed Bennett after Congress passed the Anti-Drug Abuse Act of

1988, establishing the Office of National Drug Control Policy.

Bruce Reed, deputy assistant to the president for domestic affairs, insisted Clinton has not abandoned the drug war. "The president is very concerned about the prevalence of drug abuse," Reed said.

A drug chief will be named "very soon" and have Cabinet-level status, the aide continued. Prominent on the list of possible appointees is Lee Brown, former police chief in Houston and New York City. Joseph Califano, secretary of the Department of Health and Human Services in the Carter administration, is another prospect.

Reed defended the drastic staff cuts, claiming the drug agency had become "a dumping ground for political hacks."

He also pointed out Clinton's concern for drug abusers, steering from personal

experience. As governor of Arkansas, he authorized a sting operation that resulted in the arrest of his brother, Roger, on cocaine-trafficking charges. The younger Clinton served 18 months in prison.

During the presidential campaign, Clinton promised "to offer drug treatment to everyone who needs help." While the 1994 budget he submitted this month doesn't contain money for treatment on demand, Reed said the health care package likely is to address such treatment. ★

Peter Reuter, a drug-policy specialist at the Rand Corporation think tank in Santa Monica, Calif., sees no great harm from Clinton's pace.

"It is not as though there is some great crisis with respect to drugs that requires high-level attention," Reuter said. "We have a serious but endemic problem. It's not getting worse."

↑ Please Note

⁴²
BURRELLE'S

NewsExpress

The 1993 National Summit on U.S. Drug Policy
May 7, 1993
Thurgood Marshall Federal Judiciary Building
Washington, D.C.

Congressman Charles E. Schumer
Chairman

8 E Street, S.E.
Washington, D.C. 20003

April 16, 1993

On Friday, May 7, 1993, I will host the 1993 National Summit on U.S. Drug Policy at the new Thurgood Marshall Federal Judiciary Building in Washington, D.C. I take great pleasure in inviting you to participate in the Summit.

The primary purposes of the Summit are to assess the effectiveness of current policies and programs and to discuss promising new strategies for dealing with the twin scourges of drugs and drug-related crime. We hope that a thorough examination of both current and proposed drug policies will result in a more effective utilization of Federal resources and improved coordination between the private sector, and Federal, state and local governments.

As the enclosed draft agenda for the Summit indicates, mini-presentations and discussion sessions will address such issues as: How should our anti-drug effort be organized? Is the present allocation of Federal resources working? Which existing programs have been successful enough to justify increased Federal resources? Which new policies should we consider implementing on both the supply and demand sides of the equation?

The program will begin promptly at 8:45 a.m. and will conclude at 4:15 p.m. The only expense charged participants will be a \$20.00 registration fee. A luncheon will be provided. To confirm your attendance, please contact Kathy Prendergast of the Columbia Institute, the coordinators of the event, at (202) 547-2470 before May 1, 1993.

Lunch is on me - thanks for participating.

Your attendance and participation in the Summit is critical to its success. I look forward to seeing you on May 7.

Sincerely,

Chuck Schumer

CHARLES E. SCHUMER
Chairman
Subcommittee on Crime
and Criminal Justice

DRAFT AGENDA

THE 1993 NATIONAL SUMMIT ON U.S. DRUG POLICY
 MAY 7, 1993
 THURGOOD MARSHALL FEDERAL JUDICIARY BUILDING
 WASHINGTON, D.C.

Congressman Charles E. Schumer, Chairman

- Coffee** 8:15 - 8:45 a.m.
- Welcome and Introductions** 8:45 - 9:00 a.m.
- I. Are We Winning or Losing the War on Drugs? (How Can We Tell?)** 9:00 - 10:00 a.m.
How Do We Define Success in National Drug Policy?
- Presentations:**
 Mr. Joseph Califano, Center on Addiction and Substance Abuse
 Dr. Robert DuPont, Institute for Health and Behavior
 Professor David Musto, Yale Medical School
- Discussion**
- Break** 10:00 - 10:15 a.m.
- II. The Domestic Front: Innovative Approaches to Demand Reduction -** 10:15 - 11:30 a.m.
Law Enforcement, Prevention and Treatment.
- Presentations:**
- (a) **Law Enforcement**
 Mr. Robert Bonner, Drug Enforcement Agency (invited)
 Chief Reuben Greenberg, Chief of Police, Charleston, SC
- (b) **Treatment**
 Dr. Mitchell Rosenthal, Phoenix House Foundation
 Dr. Herbert Kleber, Center on Addiction and Substance Abuse
- (c) **Education/Prevention**
 Dr. Mary Ann Penz, University of Southern California,
 Institute for Health Promotion and Disease Prevention
 Mr. Vince Lane, Chicago Public Housing Projects (invited)
- Discussion**
- Break** 11:30 - 11:45 a.m.

DRAFT**III. Drug Intervention Strategies in the Criminal Justice System.**

11:45 - 12:45 p.m.

Presentations:**(a) Diversion programs**

Honorable Jeffrey Tauber, Presiding Judge Oakland Drug Court
Mr. Charles Hynes, District Attorney, Brooklyn, NY

(b) Drug treatment in prisons

Ms. Beth Weinman, Bureau of Prisons (invited)
Dr. James Inciardi, University of Delaware,
Center for Drug and Alcohol Studies (invited)

(c) Drug testing of probationers and parolees with threat of immediate sanctions

Mr. Mark Kleiman, Harvard University,
John F. Kennedy School of Government

Discussion**Lunch**

12:45 - 1:45 p.m.

IV. Beyond the Borders:**International Supply, Interdiction and Eradication.**

1:45 - 2:45 p.m.

Presentations: Mr. John Walters, Center for Individual Rights
Mr. William Olson, Consultant - National Security Policy, and former
Deputy Assistant Secretary of State for International Narcotics Matters
Mr. Rens Lee, Global Advisory Services
Mr. Peter Reuter, The Rand Corporation's Drug Policy Research Center

Discussion**Break**

2:45 - 3:00 p.m.

04/20/93

DRAFT

V. Alternative Strategies: Decriminalization and Legalization.
A Debate:

3:0

Pro:

Professor Arnold Trebach, American University,
and President, Drug Policy Foundation (invited)
Professor Ethan Nadelman, Princeton University,
Woodrow Wilson School of Public and International Affairs
Honorable Robert Sweet, U.S. District Judge,
Southern District of New York (invited)

Con:

Ms. Mathea Falco, Author,
The Making of a Drug-Free America (invited)
Mr. Peter Benzinger, Benzinger and DuPont Associates
Mr. James Burke, Partnership for a Drug Free America (invited)

Discussion

Closing Remarks

4:00

Dr. Lee Brown

□ Same understanding abt position

1) BC sd a top priority

2) Cabinet Position -

any differences? NO

□ It could work - it was never meant to be a full

□ For it to be successful - P make it clear - Dwg Director to point person.

! it make sense to do analysis

impact

Prepare his strategy

□ If there are differences - DD wld work
E Cabinet Sec'y

□ Issue of Symbolism:

- office didn't look good in Bush
- Small office that Bennett had in OEOB.

↳ symbolically -

Bennett had office for his use -
not for his staff -

☒ Relocation - arrangements

• I've given

I'd be delighted

I appreciate it

⇒ Can't resign for 3 weeks

Dr. Lee Brown

- Mitz - helpful - clarify -
a lot -> concerns
reflecting today
- I don't intend to hold you up
- Timeline - couple days
- Major concern
P wants

→ MCL's "Brown" file

MEMORANDUM

TO: MACK MCLARTY
FROM: MARK GEARAN *MG*
RE: DR. LEE BROWN -- DRUG CZAR
DATE: 14 APRIL 1993

Following my telephone conversation today with Lee Brown, I faxed and sent federal express the attached letter and outlines of the Office of Drug Control Policy. In our conversation, Brown thought that the office had little "operational authority" and I wanted to forward materials to him.

Schedule: Wednesday - Gearan letter to Brown
Thursday - Gearan/McLarty phone call to Brown
Friday - President calls Brown
Monday - Brown in Washington

One additional thought: if he accepts the position the Cabinet will have three Secretary Browns. And one Browner.

THE WHITE HOUSE

WASHINGTON

April 14, 1993

Dr. Lee Brown
Texas Southern University
3100 Cleburne
Houston, TX 77004

Dear Lee:

It was a pleasure speaking with you today. I appreciate your input on the drug policy office, and more importantly, want you to know that the President would value your stewardship of this important office.

I'd also like to address a couple of your questions regarding the authority and "impact" of the office. The specific statutory functions of the ONDCP are also attached for your review.

The "Drug Czar" has several operational responsibilities for anti-drug programs within the ONDCP, as well as those implemented at the agency level. For example, the two largest accounts in the ONDCP are the High Intensity Drug Trafficking Areas (HIDTA) Program and Special Forfeiture Funds. These accounts give the Director the discretion to direct federal resources to priority anti-drug efforts on a national, state or local level. We expect these funds to exceed \$110 million in fiscal year '94.

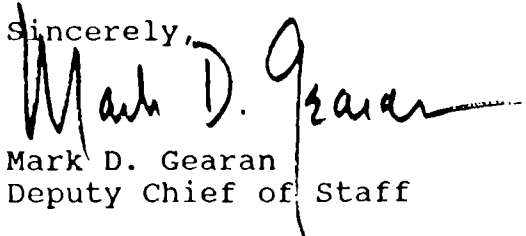
In addition, the Director is charged with coordinating and overseeing drug policy and programs involving approximately 50 federal agencies and 12 cabinet departments. This includes certifying agency drug control budgets, to ensure that they are adequate to accomplish the national drug control objectives formulated by the Drug Czar.

As we discussed, the President plans to designate the Director as a member of his cabinet, to give drug policy and its execution the highest attention in the White House.

Let me say personally that we are anxious to get to work on the reorganization and policy direction with the leadership of the Director.

Lee, thanks again for your consideration. I look forward to speaking with you again soon, and trust you will not hesitate to contact me on any matters of concern.

Sincerely,

A handwritten signature in cursive script that reads "Mark D. Gearan". The signature is written in black ink and is positioned above the typed name and title.

Mark D. Gearan
Deputy Chief of Staff

-
- Trump's posn - because of problems
 - NYT

- Concerns - are ability of Director to make an impact

Fully understand - no operational resp
- how to make an impact.

- I've dealt w probms of dirges my whole career

• Does it terminate? / get statutory

Steve Johnson

Bradley Hartford -

↳ Toisa - medicine & volunteer physicians

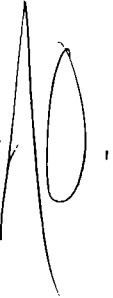
• concern on security

• NATO forces - take special forces

Arnone -
Walker

MEMORANDUM

TO: Mark Gearan
FROM: Andre Oliver
RE: Drug Office
DATE: 1 April 1993



Here is a brief report on a major issue that will face the ONDCP in the next 3 weeks.

April 22 and 28 are the scheduled dates for Senate and House appropriations committees' consideration on the ONDCP budget for FY'94. Major issues would include the immediate budget for the office, as well as the \$13 billion of drug funds that the office reviews and coordinates among the agencies (this alone is an enormous piece to justify and discuss). In addition, the drug director would be asked to speak on the expected structure and functions on the new streamlined office.

I have met with Hose Cerda, Jennifer O'Connor and Ricia McMahon to begin preparing briefing materials for these hearings. Needless to say, we will face tremendous political difficulties if we do not have a Drug Czar to testify before these committees (you should also consider that it will take a minimum of two weeks to get a drug director confirmed).

EOM.

THE WHITE HOUSE
WASHINGTON

AD -

I spoke with
Lee Brown

See Me

RECOMMENDED TELEPHONE CALL

To: ^{Dr.} Lee Brown
(713) 639-1992

Date: April 3, 1993

Recommended by: Bruce Lindsey

Purpose: To discuss the drug czar position x.276

Background:

Topic of Discussion:

Contact Person: Bruce Lindsey, x2668

Date of Submission: April 7, 1993

Action: _____

If you can get this guy to say yes
that is the desired goal. However, Carol
Risco says Mark Beaman is the person
you should refer Brown to if he has ???.

NOTE: The President was going to make
call & now he obviously cannot.

Talking Points
Drug Director Appointment

- o The country needs a drug director with top-notch credentials in the crime and drug prevention area. Lee Brown possesses such credentials.

- o Drug control will be given high-priority in the Clinton Administration. To assure that, you plan to make the director a member of your cabinet, so that drug policy is developed and coordinated at the highest levels of the White House.

- o You're looking for a director who is a visionary and a problem solver. Community policing is a major tenet of your anti-crime strategy, and much of its success is credited to Lee Brown's stewardship. You look forward to working with Lee to develop innovative anti-drug policies and programs on a national level.

- o You've reorganized the drug office to a size on par with the NEC and DPC, your primary domestic and economic policy offices. You expect the drug director to be a close partner with the heads of those offices and the Attorney General.

- o You want to emphacize more and more the areas of prevention and treatment, and you know he can work effectively to carry out this message with the general public as well as the advocacy groups and provider network involved in these areas.

- o You are also looking for someone who can see that effective collaboration is occurring throughout the federal government on drug and drug related policies and programs. You know that Lee can carry this out, making the Director's office a focal point for coordination, collaboration, innovation so that drug policy is seen as a systemic whole throughout government.

Lee P. Brown

Professionally and philosophically, Lee Brown's background is ideal for the position of "drug czar." Brown brings a wealth of experience in law enforcement and public policy, having served as Commissioner of the New York City Police (the nation's largest force) and as the top law enforcement official in Houston and Atlanta. Brown has three graduate degrees, including a Ph.D in criminology from the University of California at Berkeley.

Known as a visionary and a problem-solver, Brown also has the ability to speak thoughtfully to audiences about how to solve complex societal problems. Better known as a planner rather than a politician, Brown believes there is no quick fix to many of our problems, but that we can make progress through hard work and planning.

For years Brown has described illegal drugs as "America's number one problem." Brown believes that illegal drugs and violent crime are interrelated problems. His approach to drug control is holistic: prevention, rehabilitation and police officers "walking the beat." Indeed, Brown is perhaps best known for his philosophy of "community-based" policing, in which police are assigned to a specific location so they can know the neighborhood and exchange information with residents.

As Houston's Police Chief, Brown received high marks for improving the relationship between the community and police officers. He turned the Houston police force, considered one of the worst in the country, into a model of modern "community-based" policing. The crime rate in many crime categories dropped, and Brown's popularity soared. He developed the same reputation and record in New York City.

However, while Houston's Police Chief, Brown was nicknamed "Out-of-Town Brown" for spending too much time traveling to professional conferences. He spent at least 100 days out of town in 1984 and 1985. While Commissioner in New York, he was also criticized for being "out-of-town" following a mini-riot.

In both Houston and New York, Brown was not popular among some rank-and-file police officers. Police unions in Houston were unhappy because Brown did not support a measure protecting the rights of police officers accused of wrongdoing. Others perceived Brown to be a technocrat enamored of studies and plans instead of being a "real cop". However, a review of the record leads one to surmise he may have been criticized because some of these officers resisted Brown's fundamental reform efforts.

As Atlanta's top law-enforcement official, Brown is best remembered for his handling of the Wayne Williams child murders case. While the police department's investigation of the child murders case was controversial, Brown emerged relatively unscathed. Commented Hal Guilliver, then-editor of the Atlanta

Constitution: "Lee did a good job under exceedingly difficult circumstances." Brown also successfully weathered similar storms in Houston and New York, proving to be quite adept at press relations.

Uniformly praised upon his departure from New York, Mayor Dinkins and Governor Cuomo described him as the best police commissioner in the country. The public record clearly shows he resigned as Commissioner because of his wife's serious illness.

Office of National Drug Control Policy

Background:

- o The ONDCP was created by Congress (specifically, Sen. Biden) in 1989 to coordinate national drug policy and advise the President accordingly. Its primary functions are:
1) development of an annual drug control strategy and, 2) coordination of drug control policy by the various agencies (Justice, HHS, Treasury, State, etc.) With its current 147 employees, the office is widely perceived as a political dumping ground (in fact the President has made this statement on several occasions).

White House Reorganization:

- o The reorganization plan proposes to refocus the office to a policymaking and coordination function, on par with the NEC and DPC. The number of employees will be reduced from 147 to 21. While we are in the process of a review of the statute creating the office, we anticipate that some "policy implementation" functions may be shifted to Justice, HHS and other agencies.
- o This reorganization does not diminish the administration's commitment to the war on drugs. The President is committed to an aggressive drug strategy, with greater emphasis on drug treatment and "targeted" drug enforcement efforts. The President will promote community policing, aid for communities hit hard by drugs, and programs for kids in trouble.
- o We are committed to a drug czar with clout, who will be in the cabinet, and an active partner with cabinet heads. We believe the policy coordination of the office requires it. We are considering some very qualified candidates for drug czar and hope to have an announcement soon.

Administration Drawing Criticism for an Unrevised Drug Policy

A1

CLINTON IS CHIDED ON DRUG PROGRAM

Critics See Old Inadequacies
in \$13.04 Billion Package

By JOSEPH B. TREASTER

When President Clinton moved into the White House in January, specialists in academia, health centers and law enforcement around the country were expecting big changes in the way the Federal Government dealt with the national drug problem.

But Mr. Clinton surprised and disappointed many specialists last week by presenting a \$13.04 billion anti-drug budget that offered little change from the widely criticized approach followed for 12 years by Presidents Ronald Reagan and George Bush. That approach has relied heavily on law enforcement instead of emphasizing rehabilitation and prevention.

"What we have here is a budget that says 'business as usual,'" said Dr. LaMond Tullis, a professor of political science at Brigham Young University in Provo, Utah, and a drug policy consultant to the United Nations. "It seems we're going to go on doing things we know don't work."

Health-Care Overhaul Cited

Administration officials said the budget was prepared before a detailed drug strategy could be worked out, and they added that it was likely the health-care overhaul being developed under the leadership of Hillary Rodham Clinton would include increased spending for drug treatment.

Even so, drug experts pointed out that the budget represented a general statement of the Administration's plans for the coming year. Regardless of the outcome of the new health-care measures, they said, the budget

Continued on Page B10, Column 1

Continued From Page A1

suggests no major change in philosophy and offers no hope of stanching what many regard as the waste of tens of millions of dollars on ineffective law-enforcement measures.

While Mr. Clinton has devoted considerable energy to the economy and has made general health care a priority, he has been virtually silent on the drug problem. He has also not chosen the official who would be in charge of developing strategy.

As a result, drug experts say Mr. Clinton's handling of the budget has deepened their concern that the new Administration is neglecting the fight against drugs.

While departing little from his predecessor's spending policies, Mr. Clinton chose not to adopt Mr. Bush's tradition of using the annual presentation of the budget as a means of calling attention to the drug problem. Instead, Mr. Clinton's anti-drug program was inconspicuously tucked into two pages among the more than 1,300 pages of the Federal budget.

Besides not yet appointing a director of the White House's Office of National Drug Control Policy to serve as his senior anti-drug aide, Mr. Clinton has also left most other Federal positions in the field in the hands of acting directors or holdovers from the Bush Administration.

During the Presidential campaign, Mr. Clinton raised the hopes of drug experts by saying he favored treatment on demand, which would make drug rehabilitation available to anyone who asks for it, costing hundreds of millions of dollars. At present, the nation's drug treatment centers can handle only about a third of the estimated six million heavy drug abusers.

Appointments Praised

The drug experts say they have been encouraged by Mr. Clinton's appointment of Janet Reno as Attorney General and of Dr. Joycelyn Elders as Surgeon General, both of whom are regarded as understanding the nuances of the drug problem.

The staff at the Office of National Drug Control Policy, which was President Bush's center for anti-drug information, is referring inquiries about the Clinton Administration's drug policy to the White House. But Arthur L. Jones, a deputy White House press secretary,

said that details would not be forthcoming until the President selected the chief drug policy aide.

He could not say when that selection might come. And he would not comment on reports that several people had declined the nomination since the drug office, in an economizing step, was hacked to a sixth of its previous size — to 25 staff members from 147 — earlier this year, and the director's post was simultaneously elevated to Cabinet rank.

Cocaine and most other drugs are not being talked about as much as they were just a few years ago, when they attained a certain chic in some middle-class circles. But crack is still a crippling problem in the inner cities and heroin abuse is on the rise, Federal studies indicate.

"This is not a time when we can pull back and say the drug problem is over," said Dr. Herbert D. Kleber, a professor of psychiatry at the Columbia University Medical School who resigned as President Bush's senior aide on anti-drug health issues after failing to win a \$1 billion increase in spending on treatment, research and anti-drug education.

Questions and More Questions

Representative Charles B. Rangel, Democrat of Manhattan, charged that the Administration, pressed on concerns like the economy and the turmoil in Russia, was simply ignoring illegal drugs.

"There is absolutely nobody in the Administration willing to accept any responsibility on any subject relating to our drug problem," said Mr. Rangel, who was chairman of the recently eliminated House Select Committee on Narcotics Abuse and Control and is now a leader of the newly formed House Caucus on Drug Abuse. "They haven't the foggiest idea where the Administration is heading. I've got a letter on my desk from the President of Colombia asking me if I can share with him as to the direction in which the Administration is going on this."

William S. Smith, a senior official in the White House anti-drug office under President Bush, said national drug policy appeared to be "on cruise control."

Robert O. Boorstin, another White House spokesman, said that rather than being ignored, drug abuse and treatment has been "part and parcel of one of the working groups" on the President's Task Force on National Health Care, headed by Mrs. Clinton

One possibility being explored, other Administration officials said, is extending Medicaid coverage including drug treatment to the 50 percent of the nation's poor who now have no such coverage.

In his new budget, Mr. Clinton designated \$8.30 billion for law enforcement and \$4.74 billion for such things as rehabilitation and anti-drug education. That is a proportional split of 63.66 percent to 36.34 percent, or about one percent more for health and education

than Mr. Bush in his last drug budget. 'Excellent First Step'

Among the most criticized aspects of the Reagan-Bush drug policies were the expensive and largely unsuccessful efforts to stop overseas farmers from producing the raw material for cocaine and opium and to block the smuggling of the drugs into the United States.

Mr. Clinton cut financing for some international operations in South America and Asia by 8 percent. That will trim \$44 million from spending last year of \$536 million. But he added \$19 million for anti-smuggling efforts, bringing spending in that category to \$1.765 billion, much of it going to the Defense Department, which has been widely criticized as ineffective against drug traffickers.

In his last year in office, Mr. Bush cut \$336 million from international operations and anti-smuggling efforts. He

increased spending for drug treatment \$168 million while Mr. Clinton is proposing a \$170 million increase.

Representative Charles F. Schumer, the Brooklyn Democrat who is chairman of the House Subcommittee on Crime and Criminal Justice, which oversees the Drug Enforcement Administration, said that by increasing the total anti-drug budget by 7 percent Mr. Clinton was showing his commitment to the issue.

Mark A. R. Kleiman, a drug expert at Harvard University, said that with \$850 billion being spent on national health care, the reforms being developed by Mrs. Clinton could become far more important than the anti-drug budget. "If drug treatment could get a small fraction of what the country spends on health care," he said, "that would be much better than having a big fraction of the drug budget."

✓

Drug Gear

MEMORANDUM

TO: DAVID DREYER
BOB BOORSTIN

FROM: MARK GEARAN *MG*

RE: DRUG POLICY OFFICE INTERIM DRUG STRATEGY

I attach a copy of the Drug Office interim strategy report which Lee Brown would like to issue.

I would value your thoughts on this draft as soon as possible.

attachment

DUE TO GO TO PRINT
ANYTIME NOW - AND
RELEASED NEXT WEEK.

BREAKING THE CYCLE OF DRUG ABUSE

93 Interim National Drug Control Strategy

Office of National Drug Control Policy

September 1993

MARK,
THIS IS LEE
BROWN'S INTERIM
STRATEGY - NO ONE
IN COMMUNICATIONS
WAS LOOKED AT
BT YET.
Joe

BREAKING THE CYCLE OF DRUG ABUSE

1993 Interim National Drug Control Strategy

Office of National Drug Control Policy

September 1993

Preface

The drug issue is about the responsibility of government to its citizens and the kind of society we aspire to be. There must be a national imperative to reduce drug use. Surely this is a national goal that can unite us all, across the boundaries of party, race, region, and income.

Bill Clinton

The President's vision of America is one where all Americans have a chance of achieving their hopes and dreams. He envisions an America renewed by reduced drug use and drug-related crime and violence. He sees an America where children can play in the park or walk to school without falling victim to drug turf violence or the lure of a street corner sale. He sees drug-free schools preparing our children for the challenges of the 21st century and drug-free workplaces enabling America to prosper.

To achieve this vision, we must recognize that America is still in the midst of a drug epidemic. This 1993 *Interim National Drug Control Strategy* comes at a critical crossroad. Although drug-related violence and abuse continue to be among the most profound problems confronting the Nation, much of the media and public attention that accompanied the drug crisis during the 1980's has begun to fade. The loss of public focus may be

due in part to some encouraging news. Drug use among our nation's youth has dropped since its peak in 1985 and 1986, prompting some to conclude that the drug problem, if not over, is no longer a crisis. This conclusion is as dangerous as it is wrong.

Although some strides have been made in reducing drug abuse, they have been realized largely among young people who were not heavy users to begin with and who, following natural demographic trends, would likely have stopped using drugs early in their adult years.

The loss of public focus has also allowed the voices of those who would promote legalization to ring more loudly and be heard more clearly. The declines thus far in the use of drugs are in part because they are illegal. Legalization is a formula for self-destruction. The Administration is unequivocally opposed to any "reform" that is certain to increase drug use.

BREAKING THE CYCLE OF DRUG ABUSE • A NATIONAL IMPERATIVE

We begin this new course by recognizing that the principal drug problem today lies with hard core drug use. Past anti-drug policies have focused on the casual and intermittent user, achieving some degree of success. But by focusing on this less complicated aspect of the drug problem, we have failed to reduce hard-core drug use and its disproportionate impact on society.

This Administration has no illusions about the tenacity of the drug problem — particularly hard-core drug use — and its impact on the lives of all Americans. Drug and alcohol abuse destroy individuals, families, and even communities. Drugs increase violent crime, overburden the criminal justice and health care systems, hinder learning, and reduce America's productivity.

This Interim Drug Strategy is designed to chart a new, realistic course that captures our national conscience and fortifies our national resolve. Progress will be made if we commit to preventing drug abuse before it starts, to extending a hand to those who have started, and to punishing those who profit on misery and tragedy through drug trafficking.

This Interim Strategy is intended to give a new sense of direction and reinvigorate this nation's efforts against drug trafficking and abuse. Here is what we will do differently:

- We will make drug policy a cornerstone of domestic policy in general and social policy in particular, by acknowledging drug abuse as a public health problem and by linking drug policy to our efforts to grow the economy, to empower communities, to curb youth violence, to preserve families, and to reform health care.
- We will target our prevention programs, especially among inner-city youth, and reach out to pregnant women, women of child-bearing age, children, and others at-risk for drug use to avoid any increase in levels of first-time drug use.

- We will target hard-core drug users, both inside and outside of the criminal justice system, for treatment to reduce their drug use and its consequences.
- We will work to reduce drug-related violence by expanding community policing, putting more police on the streets, and taking guns out of the hands of criminals.
- We will promote certainty of punishment by ensuring that all drug offenders — particularly younger offenders — receive some type of sanction *when they first encounter the criminal justice system.*
- We will support research to assist treatment providers to more effectively treat drug addicts.
- We will reinvent our drug control programs, move beyond ideological debates, and build on proven strategies. This means designing our anti-drug strategies based on knowledge gained from research.
- We will seek to increase international commitment to narcotics control and will work with other nations *that demonstrate the political will to end illegal drug trafficking.*

The drug problem is a national one. Drugs are not a problem solely of the poor, or minorities, or inner-city residents. In fact, the majority of these citizens do *not* use drugs, but they are victims of those who do. The problem is neither liberal nor conservative, Republican nor Democrat. It affects all Americans. And so leadership at all levels is essential. The President has expressed his commitment by making the Director of the Office of National Drug Control Policy a member of his Cabinet. This will ensure that a strong drug policy voice is present at the table when labor, education, housing, health, justice, and international matters are discussed. Moreover, this elevation will facilitate more coordinated national drug policies.

BREAKING THE CYCLE OF DRUG ABUSE • A NATIONAL IMPERATIVE

Our immediate efforts will include several straightforward initiatives that are the foundation for a new National Drug Control Strategy:

- I. Reducing Demand: A New Focus
- II. Reducing Drug-Related Violence: A Call for Common Sense Crime Control and Prevention.
- III. Changing the Way We Do Business: Streamlining Government and Empowering Communities.
- IV. Providing International Leadership: Support for Anti-Drug Policies Around the World.

This Interim Strategy does not represent the Administration's definitive drug control policy. It does not contain detailed and quantifiable goals and objectives, nor does it address every facet of how national government can and *will* seek to reduce the supply of and demand for illegal drugs in America and abroad. Such specific guidance

and direction will be presented in the comprehensive *National Drug Control Strategy* that will be submitted to Congress on February 1, 1994, as required by law.

The challenges before us today are as daunting as they were more than four years ago when the first Strategy was released. Drugs continue to threaten to break apart society. No parent addicted to drugs or alcohol can adequately care for a child. No child so afflicted can adequately learn in school. No street is safe where drugs predominate. No effort in housing or employment or education or public safety will fully succeed until the target populations are free of drug and alcohol addiction.

This Interim Strategy offers an initial response to these challenges, providing the direction for a safer, stronger, and more secure Nation for our children and our children's children.

Lee P. Brown
Director, Office of National
Drug Control Policy

Reducing Demand: A New Focus

Our aim is to cut off the demand for drugs through prevention. That means more and better education, more treatment, and more rehabilitation.

Bill Clinton

The first step in reducing the demand for drugs is to prevent drug use before it starts. Accordingly, we must continue to work hard to prevent Americans, particularly our youth, from ever trying drugs. Our drug prevention programs must send a strong "no use" message and educate individuals about the risks and dangers of illegal drug and alcohol use, including the spread of HIV/AIDS, and teach them how to resist peer pressure to use drugs.

But when prevention fails — as it will in some cases — we must get drug users to stop. Drug dependency is a chronic, relapsing disorder, and users stand little chance of recovery without appropriate intervention and treatment. Treatment must be made available to those who need and want it.

The time has come for Americans to change their thinking about drug treatment. As a society, we continue to have difficulty with accepting the merits of drug treatment. Myriad studies have established over and over again that many different forms of treatment can be successful in reducing drug use and increasing a drug user's chances of leading a drug-free, crime-free, and generally more productive life.¹ The benefits of drug treat-

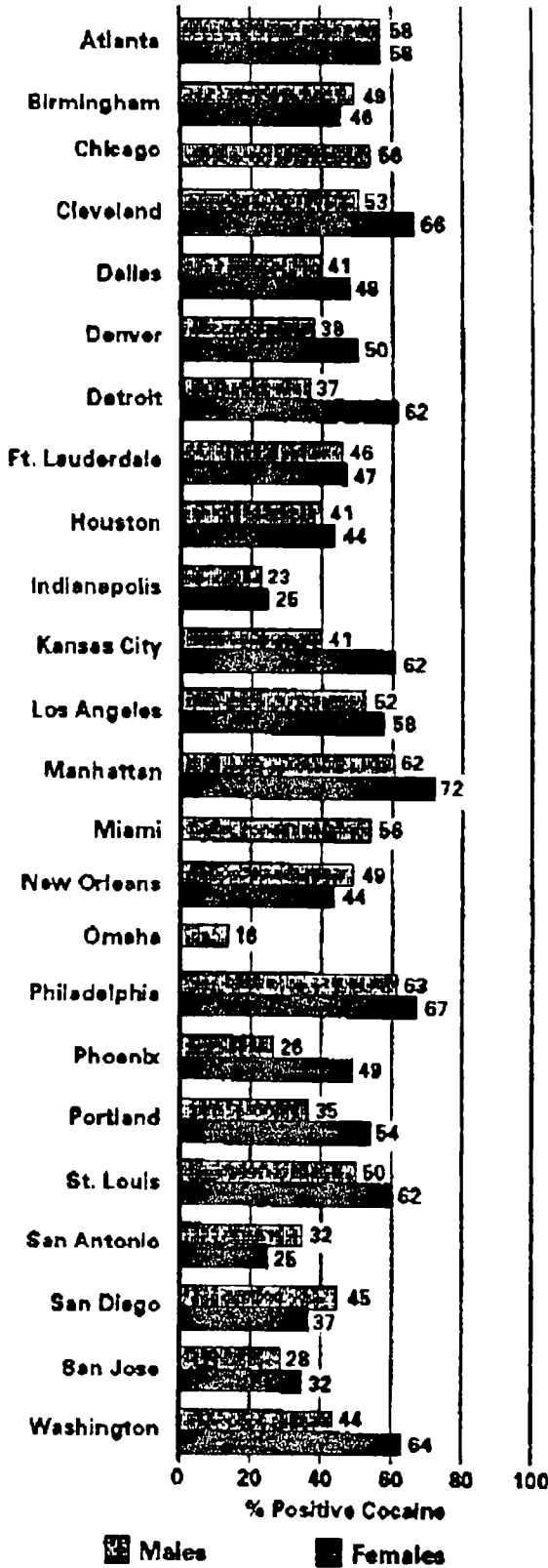
ment go beyond drug users and are extended to the rest of society in the form of reduced criminality, lower health care costs, increased productivity, and more.

We should continue to work to ensure that treatment is more effective, but the simple fact is that the case for treatment has been repeatedly made. We must move treatment to the forefront of our drug abuse policy and make it a higher priority. If we do not, hard-core drug use with all its negative consequences will continue unabated.

For many drug users, drug treatment means outpatient drug counseling and/or pharmacotherapy.² But for some drug users, medically supervised detoxification is a necessary prerequisite. For the most dependent users, more intensive treatment — such as residential or intensive day programs — may be required before outpatient community programs can be effective in helping them lead drug-free lives. And for those who put the greatest strain on our health care and criminal justice systems — hard-core users and criminals who are addicts — we must use the carrot and stick of the criminal justice system to demand that they receive treatment. Recognizing the chronic, recurring nature of drug addiction, our treatment efforts must include rehabilitation, habilitation,

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Cocaine Use by Male and Female Booked Arrestees



Source: National Institute of Justice/Drug Use Forecasting Program.

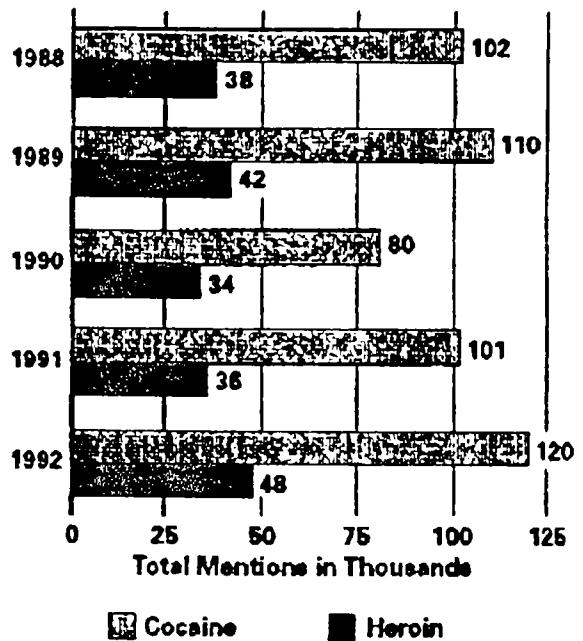
and supportive social services, and must be buttressed by strong case management and supervision.

STEP ONE

Mount an Aggressive Drug Treatment Strategy with Hard-Core Drug Use as its Primary Target

Today, the principal drug problem lies with hard-core drug users — those heaviest users who use drugs at least once a week. Hard-core drug use has not been reduced by past anti-drug efforts, especially in our inner cities and among the disadvantaged. Recent data suggest that problems resulting from heroin and cocaine use are on the rise. According to the statistics from the Drug Abuse Warning Network (DAWN), which monitors the health consequences associated with drug abuse in terms of drug-related deaths and emergency room cases across the country, cocaine and heroin medical emergencies reached 119,800 and 48,000 in 1992, respectively, the highest levels since data for this survey were first reported. Fur-

DAWN Cocaine and Heroin Mentions, 1988-1992



Source: SAMHSA, Drug Abuse Warning Network.

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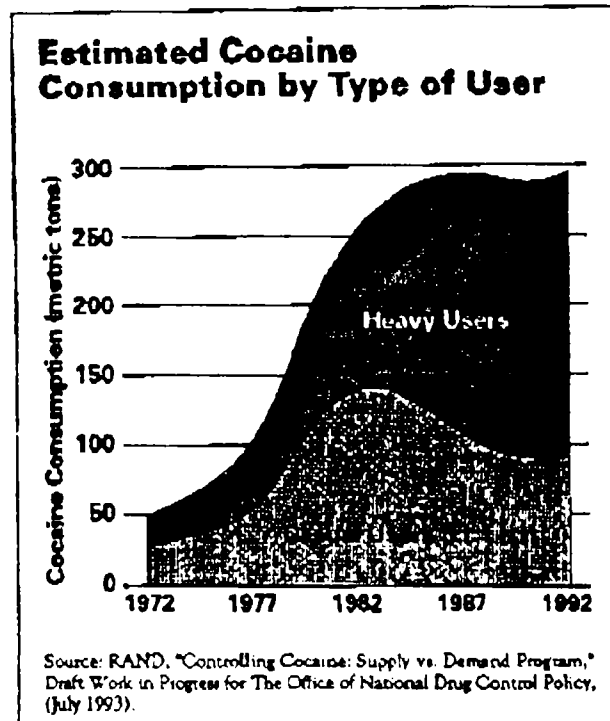
ther, we continue to see high levels of drug use among the arrestee population, with cocaine being the most commonly abused drug.

The data also indicate that hard-core users fuel the overall demand for drugs, making them the most difficult and intractable aspect of the drug problem. One study, for example, found that although heavy users constitute only about 20 percent of all cocaine users, they account for roughly two-thirds of total cocaine consumption.³ Other studies estimate that the number of hard-core cocaine and heroin users is either stable or increasing, compared to 1988.⁴

Thus, reducing hard-core drug use is paramount to the successful resolution of this Nation's drug problem. This requires that we work aggressively to reduce the disparity between the numbers of those who seek drug treatment and available treatment capacity. Our current estimates suggest that as many as 1.1 million persons do not receive treatment because of inadequate treatment capacity. This Administration will make it a priority to add to our Nation's capacity so that those who need treatment can receive it.

Unless we can increase treatment capacity, the physical and psychological debilitation often caused by substance abuse and a drug-using lifestyle will overwhelm our health care system with increased incidence of emergency room episodes for overdoses, hepatitis, tuberculosis, HIV/AIDS, drug-exposed infants and children, and other serious, drug-related problems. Some estimate that by the end of 1993, addictive diseases will result in health care and related costs that will reach \$140 billion annually.⁵ Of course, it is impossible to put a price tag on the intangible costs to the family structure, communities, and society as a whole.

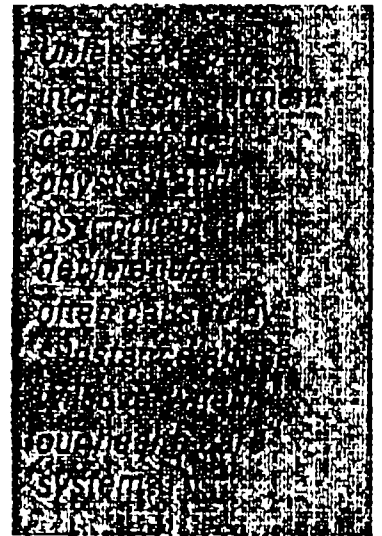
According to the Department of Health and Human Services, more than one million persons are now infected with HIV. At the end of 1992, an additional 250,000 Americans had developed full-blown AIDS. Injection drug use is directly responsible for about 33 percent of these cases.⁶ The medical cost for treating persons with



HIV/AIDS ranges from \$85,000 to \$150,000 per patient.⁷

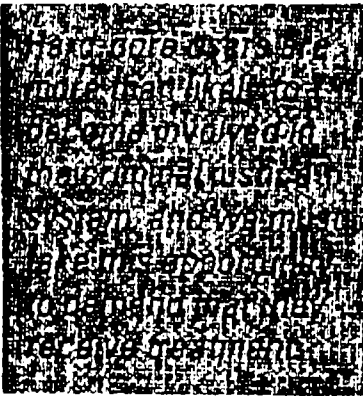
Experts estimate that well over 100,000 babies born each year in the U.S. are exposed to illicit drugs in utero.⁸ These babies have lower weights and more health problems at birth and therefore have longer hospital stays and more health care expenses than babies born to nondrug-using mothers. Society is just now learning about the extent of behavioral and developmental problems some of these children face as they mature.

We must be prepared to focus as never before on solutions to the problems of heavy drug use from both the criminal justice and the public health perspectives. We must begin to focus more directly on ways to reduce the population of heavy users. We need to devise a new approach to address the drug-using population most resistant to current treatment and prevention strategies.⁹



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This Administration willingly accepts the difficult challenge of addressing hard-core drug use. We can start by addressing the shortfalls among the highest priority populations. For example, about 30,000 pregnant drug abusers are currently being treated. Depending upon the estimate, this represents as few as one in 10 pregnant drug abusers receiving treatment. And generally, women remain underserved by our treatment system, making up less than 35 percent of admissions to drug treatment programs.¹⁰ The stigma associ-



ated with being a substance abusing woman, particularly a substance abusing mother, as well as fear of losing custody of one's children, lack of child care, and lack of transportation are foremost among the obstacles to entering treatment faced by women. Women living in public housing can also be

deterred from seeking help for themselves or their children because they fear losing their home. Where the Federal Government is the source of such unintentional disincentives to treatment, we will remove them.

We can also focus on the criminal justice population. Hard-core users are more than likely to become involved in the criminal justice system, and we must take this opportunity to demand that they receive treatment.¹¹ Effective institutional programs have demonstrated immediate benefits in prison and jail security. When coupled with effective transitional services, aftercare, and supervision, such programs provide tangible long-term benefits in reducing drug use, reducing criminal activity, and increased work force participation. If we do not act, each year about 200,000 convicted criminals who entered jail or prison with drug-related problems will be released without having received drug treatment.

We must use *all* components of the criminal justice system — enforcement, prosecution, adjudication, and corrections, including probation, parole, and innovative programs such as boot camps¹² — to promote drug treatment. For

instance, the courts can either divert criminal addicts to drug treatment before they enter pleas or go to trial, or make treatment a condition of probation, supervised release, or parole. The incentive to take treatment seriously and complete it is enhanced when the alternative is incarceration. Coupled with initiatives like Treatment Alternatives to Street Crime (TASC) that have proven successful in reducing drug use and alleviating prison and jail overcrowding, these efforts can help reduce hard-core drug use.

The President strongly believes that both the individual and society benefit when those in the criminal justice system in need of treatment can get it. Accordingly, he has asked the Director of the Office of National Drug Control Policy to work with the Attorney General and the Secretary of Health and Human Services to assess the current situation and recommend steps the Federal Government can take to promote such treatment at the Federal, State, and local levels.

It is also imperative that heavy drug users receive the support and skills they need to prevent them from reverting to drug use. Habilitation and social services must be linked with treatment services, both during and after treatment. By giving heavy drug users the skills to cope without using drugs and alcohol, they will be afforded a chance to remove themselves permanently from drug addiction.

Finally, the role of health care professionals is critical in helping to reduce drug use in general and hard-core drug use in particular. Rehabilitation of hard-core users presents a difficult challenge, and many treatment programs are reluctant to admit them. Hard-core drug users often lack the social support system conducive to treatment participation and completion, and they generally lack the resources to pay for their treatment. Moreover, if they do enter treatment, they usually recycle one or more times from recovery back through relapse to dependence or abuse.

There is a moral and social obligation for physicians and other health care professionals to protect their patients by warning them about the perils of substance abuse and by providing proper

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guidance to and care for those who are already addicted. To ensure that those in the health care professions are trained to treat substance abusers, professional accrediting organizations and associations should ensure that such knowledge is required as a prerequisite to accreditation or certification.

STEP TWO

Enact National Health Care Legislation that Makes Drug Treatment Part of a Basic Health Care Package

Health care reform provides direct substance abuse treatment benefits for inpatient and residential treatment, intensive non-residential treatment, and outpatient treatment. Further, it ensures that all Americans will have access to one system of health-care, replacing an old system that provided one level of care for those with health insurance and another very different level of care for the uninsured. Our plan focuses on improving the management of both the public and private substance abuse service systems. It establishes better linkages between the treatment system and primary health care providers and seeks to improve access to needed services for those populations who have been underserved or hard to reach. In addition, public initiatives will further complement health care reform by including continued support for substance abuse prevention programs and for programs to meet the special service and educational needs of adolescents and school-aged youth in high-risk settings.

Our national health plan will reform our health care system by providing a substantial drug treatment benefit so that those who need treatment have the means to get it. All Americans should be able to secure treatment when they need it, and — in addition to health care reform — this Administration will continue to work to expand the capacity of the treatment system.

Good drug policy is also good economic policy. Substantial and longer-term savings will accrue from the timely provision of treatment for alcohol and drug abuse problems. According to one

recent study,¹³ for example, there was a 24 percent decrease in health care costs for a group of treated alcoholics when compared with an untreated group. The study also reports that a Fortune 100 company looked at the initial savings from their Employee Assistance Program and found that medical costs for each employee for the three years prior to their beginning substance abuse treatment averaged \$2,068 per year. One year following the initial treatment, average medical costs — excluding treatment costs — were \$165. When the cost of substance abuse treatment is factored in, the company still saved \$500 per employee.

STEP THREE

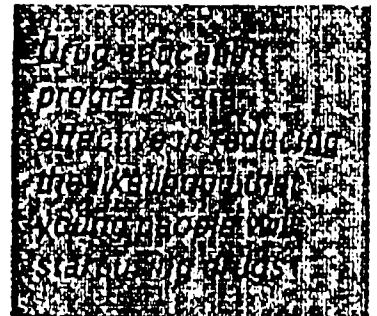
Educate Our Children About the Dangers of Illegal Drugs and Alcohol

Drug use and its attendant violence are symptoms of a much deeper problem affecting American society — our forgotten and neglected children. The issues most affecting the youth of America — crime, drugs, violence, teen pregnancy, youth gangs, and homelessness — are rooted in our neglect of one of our most precious resources: children aged zero to three. We must redouble our efforts to solve this problem.

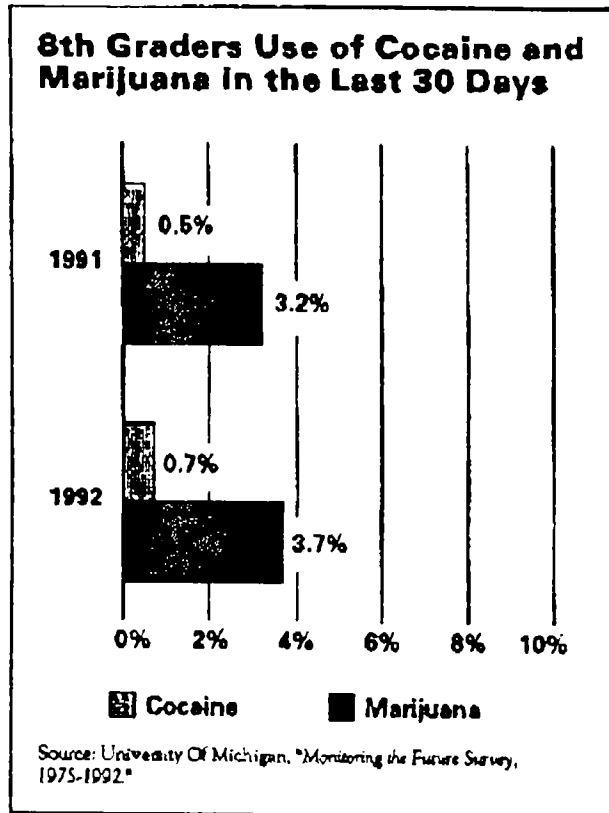
The years zero to three are the most formative years of a child's life. In the first year, a child will learn about half of learned human response. Within the first three years, a child will learn, among other things, the concept of reward and punishment. These two factors alone suggest that we must focus our attention on our very youngest citizens.

Our institutions must devise appropriate responses to ensure children have appropriate medical care that seeks to prevent, not just cure. Our agenda must start with assurance that every child has good prenatal care.

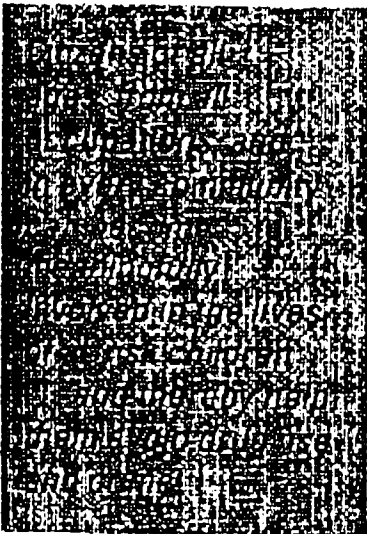
We must have appropriate pre-learning oppor-



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tunities, like Head Start, that are consistent in their approaches and available to those that need them. We must also focus our attention on the messages our children receive through the media, and direct them away from violence and toward constructive, positive messages.



In short, we must create a national agenda for the health, safety, and education of our children, one to be implemented by those closest to them, their parents and their communities. The Federal Government can assist in the development of partnerships and alliances, and it can provide direction and funding. But, the real work must be done in the community, by those who know what is most needed.

We must give all our children the skills they need to choose a healthy, drug-free lifestyle. Com-

prehensive community-based drug prevention programs can help provide our children with these skills. While the field of drug abuse prevention is in its infancy, experts agree that successful programs share three common characteristics: they are comprehensive in approach, positive in focus, and tailored to the population they intend to serve.

As part of a comprehensive community-based approach to prevention, drug education programs are effective in reducing the likelihood that young people will start using drugs.¹⁴ Or, if children do start, these programs will lessen the chances that they will use drugs more frequently or progress to more dangerous substances. A challenging curriculum, one that is backed by a comprehensive drug education program and firm anti-drug policies, and also faces the challenges of underage drinking and tobacco use, creates an environment where drugs are unacceptable. Moreover, dedicated teachers, an energetic principal, involved families, and high expectations for students strengthen prevention efforts.

Virtually all schools have instituted drug prevention programs. Many are doing an excellent job, but there is cause for concern. According to recent data, eighth graders and college students are reporting higher rates of drug use in 1992 than they did in 1991. Further, fewer eighth graders in 1992 perceived great risk with using cocaine or crack than did eighth graders in 1991.¹⁵ Schools and institutions of higher education must strengthen their efforts to ensure that our youngsters are able to learn in a drug-free environment.

Effective school-based programs are comprehensive and include the following elements. They are conducted by teachers who are thoroughly informed about substance abuse. Further, they begin in early childhood, extend through 12th grade, and integrate teaching about drug abuse into comprehensive courses on health education. They identify skills and techniques to resist drugs and include firm anti-drug policies that include strong sanctions and parental involvement. In addition, schools should provide a student assistance program, offer drug-free activities, and vigorously address other problems associated with the

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drug trade, such as weapons and violence in the schools. To complement and reinforce school-based prevention programs, positive activities for youth, such as recreational, cultural, mentoring, tutoring, and community service opportunities should be made widely available for youth.

Volunteers are another important prevention resource. Citizens of all ages, from all occupations, and in every community can become meaningfully involved in the lives of at-risk children — as tutors, mentors, coaches, companions, group leaders/advisors, etc. — and thereby help them avoid drug use and crime. For example, individuals from all walks of life can become adult mentors and help steer young people away from drugs and crime and toward a productive future.

The President's National Service Plan, which was signed into law on September 21, 1993, will play an important role in reaching out to our youth and offering alternatives to drugs. National Service marries educational opportunity and service — offering opportunities to serve in our country, meeting its unmet needs. Participants, age 16 and older, will receive awards to help pay for post-secondary education. Those engaged in National Service will work in one of four priority areas — public safety, education, human needs, and the environment — on projects that may transform participants and provide direct service to our Nation's neighborhoods.

In the drug-related areas, participants might teach drug awareness to elementary and middle school students, or work alongside a police officer engaged with the community in addressing neighborhood crime and disorder problems. National Service adds up to alternatives for our Nation's youth and holds the possibility of providing a surer sense of citizenship and participation through service.

Finally, the media has an important role to play in reducing the demand for drugs. Newspapers, radio, and television can help keep this important issue in the public eye by giving higher visibility to those in our communities who are struggling to regain control and create a safe environment. By doing this, the media will showcase the positive

efforts to reduce drug use and will give encouragement to other communities to face the challenge of drug use head-on.

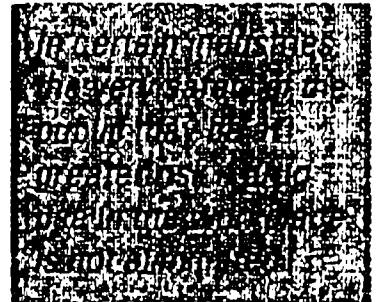
STEP FOUR

Reduce Drug Use in the Workplace

Drug use in the workplace threatens worker safety, health, and productivity; it increases health care costs and has a negative impact on employment and training efforts. In certain industries, the very safety of the public may be at greater risk if drug use is not eliminated. In short, illegal drug use endangers the economic recovery and future competitiveness of this country.¹⁶

The workplace provides a unique setting to educate young adults and parents about the dangers of drug use. Many of our large corporations, faced with new and emerging technologies in a global environment, are "re-engineering" their organizations to remain competitive. We encourage them to continue to develop innovative approaches to maintaining a drug-free work environment.

The Administration will continue to assist businesses in their efforts to ensure that drug use and distribution are not tolerated in America's workplaces. The Administration will encourage businesses to adopt comprehensive drug-free workplace programs, similar to those instituted in the transportation sector, that are effective in deterring and detecting drug use. The Federal Government will develop a national partnership with State governments and large and small businesses to further the development of drug-free workplaces throughout the Nation.



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ENDNOTES

- 1 The number of such studies is extensive. See, Gerstein, Dean R. and Harwood, Henrick J. (eds), *Treating Drug Problems* (Vol. 1) National Academy Press: Washington, D.C., 1990; Hubbard, Robert L. et al, *Drug Abuse Treatment: A National Study of Effectiveness*, the University of North Carolina Press: Chapel Hill, 1989.
- 2 Pharmacotherapy involves using pharmaceutical, licit drugs to control physical and psychological addictions.
- 3 RAND work in progress, "Modeling the Demand for Cocaine," draft report prepared for the Office of National Drug Control Policy, July 1993.
- 4 See Abt Associates, "What America's Users Spend on Illegal Drugs, 1988-1991," prepared under contract to the Office of National of Drug Control Policy (July 1993), and Joseph Gfroerer and Marc Brodsky, "Frequent Cocaine Users and Their Use of Treatment," *American Journal of Public Health* (1993).
- 5 According to the Center on Addiction and Substance Abuse (CASA), the abuse of tobacco, alcohol, and legal and illegal drugs is responsible for one out of five dollars Medicaid spends on hospital care. According to CASA, substance abuse will be responsible for more than \$7.4 billion in Medicaid inpatient costs in Fiscal Year 1994. (Source: Jeffrey Merrill, et al., "The Cost of Substance Abuse to America's Health Care System." Center on Addiction and Substance Abuse, Columbia University, 1993).
- 6 Injection drug use is not the only source of drug-related HIV exposure. Disinhibition and impaired judgment due to drug use, especially alcohol use, increase HIV exposure through increased sexual activity and unprotected sex. Further, heavy alcohol and other drug use impairs the immune response, leading to many health problems, including AIDS.
- 7 U.S. Department of Health and Human Services. *Surgeon General's Report to the American Public on HIV Infection and AIDS*. (Washington, D.C.: GPO), 1993.
- 8 In fact, a recent study of mothers giving birth in California estimated that 5.2 percent of mothers in that State tested positive for illicit drug use prior to delivery. See William A. Vega, et al, "Profile of Alcohol and Drug Use During Pregnancy in California, 1992," submitted to the State of California, Department of Alcohol and Drug Programs.
- 9 Many hard-core users have never received treatment. In fact, over 40 percent of out-of-treatment injecting users have never been in a treatment program, despite having used drugs for an average of 11 years.
- 10 Many treatment programs are designed for men and do not allow for special techniques to address the psychology and problems of women.
- 11 Effective institutional programs have demonstrated immediate benefits in prison and jail security and, when coupled with effective transitional services and supervision, long-term benefits in reduced drug use, reduced criminal activity, and increased work force participation.
- 12 Shock incarceration, or boot camps as they are commonly called, appeared in the early 1980s as an alternative to traditional corrections programs. Offenders in these programs spend a relatively short period of time in a quasi-military program involving physical training, drill, manual labor, education, and strict discipline.
- 13 This estimate comes from recommendations on substance abuse coverage and health care

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reform, prepared by a working group from Columbia University's Center on Addiction and Substance Abuse, in collaboration with the Brown University Center for Alcohol and Addiction Studies. The working group met in New York City on March 6-7, 1993.

¹⁴ A recent study for the Office of National Drug Control Policy found, among other things, evidence of improved self-esteem, classroom conduct among students in school-based programs. See Abt Associates, "Substance Abuse Prevention: What Works, and Why" (August 1993).

¹⁵ Lloyd D. Johnston et al., *Monitoring the Future Survey*, Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, Michigan. 1992.

¹⁶ According to preliminary estimates from the 1992 National Household Survey on Drug Abuse (Advance Report #3), about two-thirds of current adult users of illicit drugs are employed.

Reducing Drug-Related Violence: Common Sense Crime Control and Prevention

... [W]e must do more to protect law-abiding citizens from those who victimize them in the pursuit of drugs or profit from drugs.

Bill Clinton

The tremendous strain that drugs place on our economy, and the health care and criminal justice systems makes a clear case for increased treatment and prevention efforts. Drug use fosters crime and violence — property crime to support drug consumption and violent crime to support drug trafficking.¹ No reasonable drug policy can ignore the safety and security of those Americans who work hard and play by the rules, but live in fear because of drug-related crime. A comprehensive, balanced approach involving law enforcement officials, educators, substance abuse treatment specialists, and community members, is essential.

Government's first responsibility to its people is to ensure their security, and this Administration will aggressively pursue this duty. We will strive to ensure that our criminal justice system reflects the common sense values of the American people. That means putting more police on the street, taking guns out of the hands of criminals, ensuring swift and certain punishment for offenders, and acting on innovative crime control and prevention measures. We are most concerned about violence,

health, and developmental effects that are reflected in the societal damage done by large scale, violent drug trafficking organizations that disrupt the fundamental institutions of our society.

STEP ONE

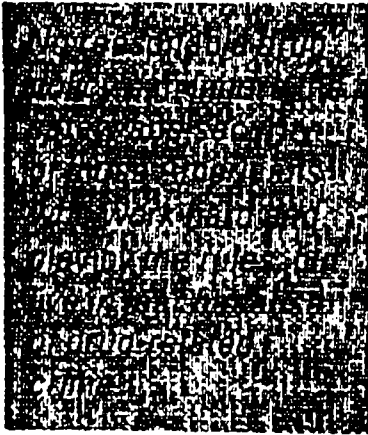
Increase Police Presence and Expand Community Policing

As a result of the hard work of America's law enforcement officers and the heroic efforts of many community leaders and members of community coalitions, neighborhood residents have started to take back their communities — house-by-house, block-by-block. But in too many communities, drug crimes continue to take a terrible toll, especially — though not exclusively — in the inner city and in economically disadvantaged communities. Moreover, drug traffickers have proven quite adept at expanding their illegal activity beyond the inner city to suburban and rural areas, where they perceive they can tap new markets and escape the reach of aggressive, short-term drug enforcement efforts.

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The effects of drug-related crimes and violence are similar in almost all communities. Social activity is reduced because of fear. Once peaceful neighborhoods can quickly become so violence-ridden and drug-infested that residents become prisoners in their own homes.

To halt this cycle of community decay, many cities have turned to increased police presence and community policing. Although community policing alone cannot undo the problems of drug-infested neighborhoods, it is a necessary first step. When police officers join with community residents to help resurrect neighborhoods, they lay the foundation for representatives from other government agencies, private sector groups, and others to come in and work with local residents.



This Administration is strongly committed to putting more police on the street and expanding the use of community policing throughout the country. By promoting and supporting community policing across the country, we can impact local drug problems in a series of different ways. These include:

Reducing Fear of Crime: Los Angeles Police Chief Willie Williams recently stated that: "If you put new officers in uniform and on the street, in cars, on foot beats, on bicycles, wherever they are necessary, you can make a community safe. It can reduce crime. It can reduce the fear of crime." The President and members of his Cabinet strongly agree.

Preventing Drug Crime: By increasing the number of police officers who are working with neighborhood residents to solve crime and drug problems, community policing helps to prevent drug crime.

Bridging the Gap Between Police and the Community: Community policing can help bridge the gap that exists between many communities and their police departments. Community policing is about working in partnership to solve crime and drug problems. By working together, neighborhood residents and police officers can ensure that our drug policies have an impact at the community level, where success and failure is best measured.

Coordinating Drug Control Programs: By learning the specifics about local crime and drug problems, police officers engaged in community policing can work with other government agencies, treatment providers, or any other appropriate social service agency, as well as members of the community, to ensure that our drug programs are properly coordinated from the start. For instance, police officers learn who on their beats are the drug users and who are the drug traffickers. They also learn who needs help and who needs to be closely watched. And they can assist neighborhood residents and city officials to close "crack houses" and open-air drug markets.

As a first-step in promoting community policing, the Administration announced in August the availability of \$150 million to hire additional sworn officers who will engage in community policing activities. These monies will be awarded to applicant communities based on their need for increased police resources, as well as on the strength of their community-based policing plans.

We will build on this initial investment by enacting a crime bill to help communities put even more police on the street, by enacting legislation that allows local education and housing authorities to use Federal monies to implement community policing in our schools and public housing, and by giving educational benefits to students willing to serve their communities as police officers and public safety volunteers.

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STEP TWO**Responding to Gun Violence**

The ready availability of and easy access to guns plays a significant role in drug-related violence and the tragic loss of life in our communities. In fact, crimes committed with guns, especially those incidents involving young people, are on the rise.²

This Administration strongly supports the Brady Bill that would create a five-day waiting period for handgun purchases. We urge the Congress to pass this legislation immediately. And, while we have taken a step forward by banning the future importation of assault pistols and reforming Federal firearms licensing procedures as best we can under current law, we need to do more. We need to enact a ban on the domestic manufacture of all assault weapons and pass legislation to increase basic fees for Federal firearms licenses and ensure that recipients of Federal firearms licenses are complying with all State and local laws — not circumventing them.

STEP THREE**Curb Youth Violence**

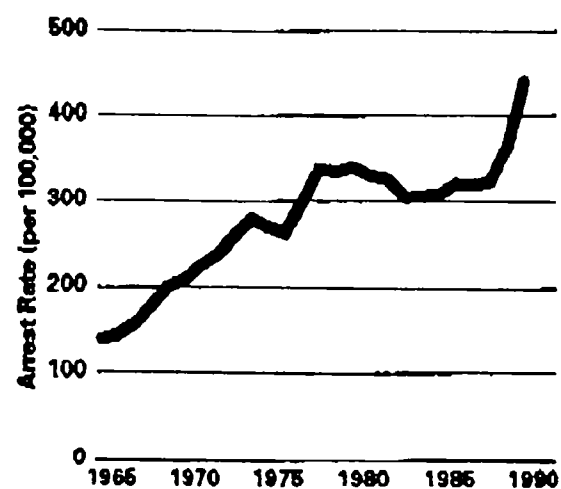
Violence against students and teachers in our Nation's schools has now reached epidemic proportions. If any place in our community is gun-free and drug-free, it must be our schools.

We must continue to explore the interrelationships between drugs, violence, and the ability to learn. If our public schools must first concern themselves with security, learning takes a back seat. Only when our children are free from the threat of violence will they be able to learn the skills they will need for their future and ours. The entire community, including parents, law enforcement, health professionals, and the schools must work together to resolve the multitude of problems spawned by drug use and drug trafficking.

This Administration has submitted to Congress the Safe Schools Act of 1993, emergency legislation to help schools combat violence. This Act would establish the first Federal program specifically designed to direct funds to local school districts that are experiencing high rates of crime, violence, and disciplinary problems. Our children's safety is not a political option or a policy question. It is a moral imperative.

Among our major concerns is the devastating impact that drugs and associated violence have on high-risk youth, particularly African Americans. Consider that during their lifetimes, 40 percent of African American males will be a victim of a violent crime three or more times. Further, homicide is the leading cause of death for all African American males and females between the ages of 15 and 34.

Because of the perceived hopelessness of their situation, many of these youth have "dropped out," thereby adding to the interrelated problems of unemployment, welfare, health, and crime. To counter this problem, we will develop initiatives to address the impact of drugs and violence on high-risk youth.

Juvenile Violent Crime Arrest Rates, United States, 1965-1990

Source: FBI Uniform Crime Reports.

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The criminal justice system must work with the juvenile justice system. We need to develop comprehensive, humane, rational policies that recognize the need to ensure swift and appropriate punishment for these juvenile offenders, yet balance our long-term vision of setting these youth on the right track back to productivity.

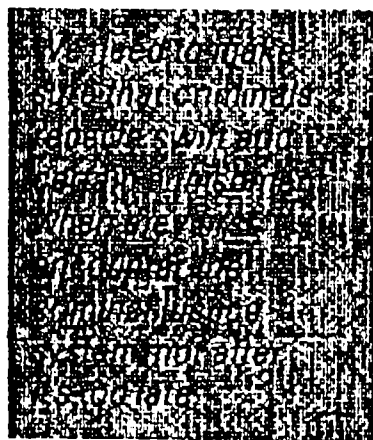
STEP FOUR

Ensure Swift and Certain Punishment

There is no better arena in which to begin the discussion of intergovernmental partnerships than with prosecution and sentencing strategies. We must rethink our options and devise the best approach to using our limited resources.

Our bottom line must be a sentencing policy that gives credibility to our criminal justice system at all levels of government. We need to have appropriate punishments that are fair, objective, and carried out. In short, we need truth in sentencing. Punishments that are threatened, but not carried out, undermine the credibility of the entire criminal justice system. Clearly, as we rethink the structure of appropriate sanctions, we must evaluate the role of minimum mandatory sentences.

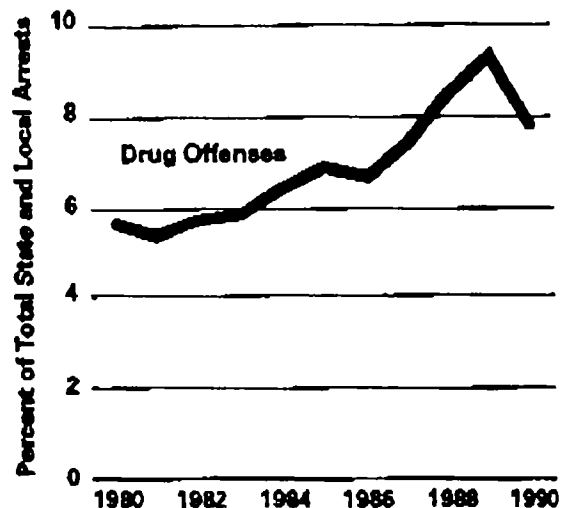
The Nation's criminal justice system, especially the courts and prisons, is overburdened by the high level of drug arrests.³



For the period 1986-90 the number of Federal drug offenders sentenced to prison rose 48 percent, while the number of persons sentenced to prison for all other types of crimes grew only 14 percent. Drug offenders as a percentage of the State-sentenced prison population increased from 7 percent in 1981 to approximately 33 percent by 1990, nearly a five-fold

jump. As of September 1993, the Federal prison system was estimated to be 41 percent over capac-

Arrests for Drug Offenses as a Percent of Total State and Local Arrests



Source: FBI, Crime in the United States.

ity and many States were under court order to reduce their prison overcrowding.

Part of this problem is that in making drug-related penalties more severe during the past decade, we have inadvertently made punishment less certain. We need to make sure that criminals receive swift and certain punishment when they first encounter the criminal justice system, not after it is too late. To deter crime, we must increase the risk to criminals by making the prospect of punishment more certain. The choice for those who would break the law must not be between prison or no punishment at all; it must be between the different forms of punishment.

The goal of this Administration is that every convicted criminal should receive an appropriate punishment for his crime. Many will require incarceration, and there must be sufficient space to house them. Others — particularly first-time, non-violent offenders — would be served better by alternative sanctions, including assignment to work programs, boot camps, day reporting centers, electronic monitoring programs, and diversion into treatment.

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ENDNOTES

- ¹ Violence is used to protect or expand markets, intimidate competitors, and retaliate against sellers or buyers who are suspected of cheating. To avoid being arrested and punished, drug dealers commit violent crimes against police and threaten informants or witnesses.
- ² Nationally, there were 151 arrests per 100,000 juveniles for weapons law violations in 1990. This was the highest rate ever recorded. (Source: Federal Bureau of Investigation, "Uniform Crime Reports for the United States 1991," August 30, 1992).
- ³ Drug users report greater involvement in crime and are more likely than nonusers to have criminal records. Persons with criminal records are much more likely than ones without records to report being drug users. Crimes rise in number as drug use increases. (Source: Chaiken, Jan M., and Chaiken, Marcia R, in Crime and Justice. Ed. James Q. Wilson and Michael Tonry. University of Chicago Press, 1990, 203-239. Vol. 5).

Changing the Way We Do Business: Streamlining Government and Empowering Communities

Drug policy must focus on those programs that have proven to be successful and cost-effective. It is time to end our philosophical discussion of goals and evaluations, and get down to the business of identifying and funding those programs that show results — and dropping those that do not.

Lee Brown

Many new and innovative programs have been implemented to help reduce the supply and demand for drugs, both overseas and at home. In the past, we have talked about the need to evaluate these programs to determine which of them succeed in preventing or reducing drug use. It is now time to move beyond philosophical discussions and identify and fund those anti-drug programs that work.

But identifying successful programs is not enough. We must broaden our perspective of drug policy and realize that unless successful programs are properly coordinated at the local level, we will not be able to truly pursue a national drug control policy. Community coalitions comprised of the many public and private agencies involved in shaping local drug policy have taken drug problems into their own hands. By getting everyone in the community working together, these coalitions have been successful in coordinating drug programs and — equally important — in raising the public's awareness of drug abuse issues and in gaining their support. Accordingly, this Administra-

tion is committed to moving drug policy beyond the criminal justice and public health context, and into the greater arena of domestic policy.

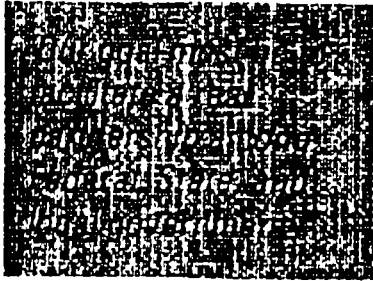
STEP ONE

Focus Federal Efforts

This Administration will set a new tone in reducing illegal drug use by "reinventing" Federal drug control programs. Duplicative and uncoordinated drug control efforts abound in the Federal Government, and we can start by streamlining drug control responsibilities. Currently, considerable overlap exists in the areas of Federal drug enforcement, interdiction and intelligence systems, as well as prevention and education. We intend to fully review the overlap in these and other drug control programs.

The goal of drug law enforcement is to protect Americans from drug abuse, by making drugs more expensive and harder to obtain, and to reduce the violence attendant within illicit markets, while protecting Americans and their communities.

The best national drug law enforcement effort is not one that results in ever-increasing numbers of arrests and convictions, drug removals, and asset seizures, but rather one that effectively reduces drug abuse and its harmful effects, including violence. A clear, rational, and comprehensive supply reduction strategy must focus its investigative resources, interdiction assets, intelligence operations, and other resources on the international



and domestic trafficking organizations that are the most significant and dangerous. Our law enforcement agencies will attack criminal enterprises engaged in the production, transportation, and wholesale and retail distribution of our most dangerous drugs, e.g., heroin, and cocaine, without diminishing efforts against the other drugs of abuse: clandestinely manufactured dangerous drugs, legal pharmaceuticals diverted to the illegal market, and marijuana.

However, to achieve these goals, we must have an integrated strategy that effectively distributes responsibilities among Federal, State, and local institutions. We must rethink what are appropriate roles for the Federal Government, State governments, and local governments. We must think through the multiple, cross-cutting issues, applying principles of Federalism mixed with the realities of modern life and current local conditions. Our goal must be to facilitate a real partnership among Federal, State, and local governments, one in which the Federal Government is not telling the States what to do, but one where we are true partners.

Interdiction,¹ a uniquely Federal responsibility, keeps many tons of cocaine, heroin, and other dangerous drugs from crossing our borders. It attacks the trafficker's critical transportation networks to deny them easy access to this country as well as the use of their preferred routes.² Success in keeping the traffickers from significantly increasing drug availability supports the treatment, prevention, and local law enforcement elements of our strategy.

In a country with borders as vast and as open as our own,³ however, interdiction is a costly undertaking that requires the cooperation of numerous Federal agencies and the source and transit nations. We will review existing interdiction organization, resources, and methods, to ensure they are operating in the most effective and efficient manner. Programs that are proven effective will be continued.

Intelligence support is a particularly critical element of interdiction. Effective interdiction requires that Federal agencies be provided with the best possible intelligence information. Therefore, we will aggressively pursue improvements to those intelligence systems that are the most capable of meeting this need.

And finally, to determine which programs and strategies are the most effective, we will improve our data and research efforts to help Federal, State and local governments, and private organizations obtain the best information possible about the nature and extent of the drug problem. We will work with Federal agencies to improve the quality, timeliness, and policy relevance of drug data collection systems and to develop new methods for capturing information about emerging trends. We will also undertake a new data collection effort to measure the number, location, and characteristics of the hard-core user population, and sponsor and conduct research and evaluation projects to determine which strategies and programs are working.

We will measure the success of our effort by the reduction in drug use and other social harms, such as illness, unemployment, and crime. We will look for concrete results from specific programs. We will establish performance standards for drug treatment providers. This will enable local communities to assess the effectiveness of their treatment providers and will facilitate more informed funding decisions.

BREAKING THE CYCLE OF DRUG ABUSE • A NATIONAL IMPERATIVE

STEP TWO

Empower Communities

Some of the best solutions to the drug problem have resulted from successful community coalitions. Formed out of citizens' frustration with government's bureaucratic response to a multifaceted issue such as the drug problem, these coalitions took their fate into their own hands. Instead of government, at all levels, telling them how to solve their problems, community coalitions put together comprehensive plans of their own and told government what resources and support they needed to rid their neighborhoods of drug traffickers and drug abuse.

This Administration wholeheartedly believes that where Federal, State, and local governments share a role in addressing drug abuse and trafficking, the Federal approach must be one that *empowers communities*. Empowering communities means supporting local efforts that are based on comprehensive, strategic plans and that involve the private sector, build on existing community institutions, and coordinate government efforts across program and jurisdiction lines. Despite all the rhetoric about Federal anti-drug programs to reduce drug abuse and drug crime, we simply have not done enough to support community efforts.

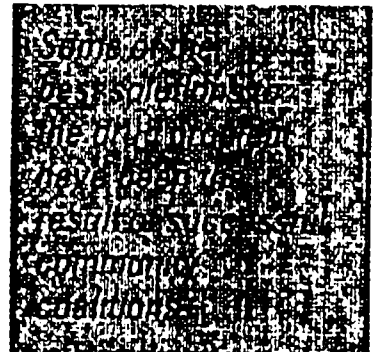
To help do so, the President's economic plan targets anti-drug monies — along with growth incentives and other Federal investments — into nine Empowerment Zones and 95 Enterprise Communities. This is an important step toward revitalizing our cities and rural areas. It will provide a starting point for ensuring that our drug policy is integrated and community-based. Communities must look at the spectrum of domestic initiatives — from substance abuse and prevention programs, to community policing grants, and from growth incentives to create jobs, to Community Development Banks to help finance future growth — in developing their plans and ask for what makes the most sense for them. In essence, these communities will become laboratories of Domestic and Economic Policy.

To highlight the importance of community empowerment, on September 9, 1993, the President signed an Executive Order creating the Community Enterprise Board. Headed by the Vice President, the Board will take the lead on working with the Empowerment Zones and Enterprise Communities. The Board will be co-chaired by the President's Assistants for Domestic and Economic Policy and includes the Director of the Office of National Drug Control Policy and other Members of the Cabinet.

STEP THREE

Using Research For Results

Research is an investment in our future, and this Administration will continue to support efforts that add to our knowledge base about the nature and extent of the drug problem, and about what works in reducing drug availability and use. In particular, we need to know more about the causes and consequences of drug use, where and among whom it is the most threatening, what options are available to us to control initiation, and to reduce drug use. Our objective is the explicit application of research, studies, and evaluations by all involved in the drug effort to improve the efficiency and effectiveness of drug control programs.



With respect to demand-related research, emphasis will be placed on behavioral and biomedical research, which forms the knowledge base for new and improved prevention and treatment strategies. The Federal government supports almost 90 percent of all drug abuse research, which focuses on the incidence and prevalence of drug use, and its causes and effects. Federally-funded research is developing new therapeutic approaches, evaluating their efficacy, and designing ways to

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optimize their outcome. Improved diagnostic strategies and instruments, and outreach approaches for drug users not in treatment (especially injection drug users at risk for HIV/AIDS) are also under development. Research on the human brain's drug receptors and their sites of action, drug detection technologies, and behavioral and biological techniques will continue. Priority areas for research efforts will focus on evaluation of behav-

ioral therapies for drug treatment and the effects of drugs on the brain and nervous system.

Practical requirements dictate that the bulk of demand reduction studies focus on the quality, cost, access, organization, financing, management, and effectiveness of drug treatment, prevention, and other demand reduction activities.⁴

Priority areas for research include the evaluation of

new medications for the treatment of drug abuse, the effects of drugs on the pregnant addict and her child, and the development and testing of new prevention strategies. Research will also focus on populations at particular risk, such as children, minorities, and underserved populations.

With respect to supply-related research, we will provide a community-wide infrastructure support program of technology testbeds or "laboratories in the field" to test and evaluate prototype technology for counterdrug enforcement in realistic operational settings. Testbeds will derive better designs for fielded equipment and provide a sound basis for bringing new equipment into the law enforcement inventory. Furthermore, we will continue to support development of illicit drug and precursor chemical signature detectability standards for use in designing and evaluating detection equipment in the field.

The Office of National Drug Control Policy's Counter-Drug Technology Assessment Center (CTAC)⁵ will expand its technology development and sharing efforts with State and local law

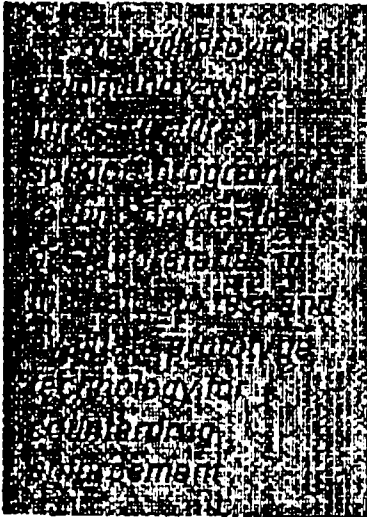
enforcement agencies. Accordingly, we will establish an Advisory Group on State and Local Technology Needs, which will be comprised of senior State and local law enforcement executives and technology experts, to help CTAC identify, define, and develop new technologies specifically in support of State and local law enforcement. CTAC will also sponsor research to identify and address gaps in technology to improve our ability to counter drug trafficking and its associated criminal activity.

CTAC will continue outreach programs to facilitate the sharing of technology throughout the law enforcement community, internationally and domestically, by sponsoring technical symposia and workshops on state-of-the-art and advanced technology.

Historically Black Colleges and Universities (HBCU) can make a significant contribution to both supply reduction and demand-side research and development initiatives. With unique ties to both academia and the African-American community, HBCUs offer an opportunity to target sophisticated prevention and treatment modalities for drug use, as well as technical contributions to technology development.

We will identify those schools with graduate degrees in technologies applicable to CTAC requirements. We will then work with HBCU's with the most promising mix of technologies for counterdrug research proposals, emphasizing proposals that feature joint academic-community partnerships. Additionally, CTAC will include HBCU's in areas of particular relevance, such as technical seminars and technology review meetings.

We will also work with the Hispanic Association of Colleges and Universities (HACU) to identify those colleges and universities that have strong links with Hispanic populations in order to target prevention and treatment programs to the fastest growing and youngest minority population in the United States. These institutions provide an effective vehicle to reach large numbers of Hispanic youths living in poverty and at high risk for using drugs and alcohol.



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Research support to the Office of National Drug Control Policy will be expanded to provide a more comprehensive look at drug control policy and strategy development and implementation. Specifically, the research will develop methodologies, models for identifying trends in drug industry operations and for assessing the suitability of existing policies and strategies to counter these trends. The research will also explore the relationship between international trafficking, production, and smuggling operations and fluctuations in market supply, purity, and price.

ENDNOTES

- ¹ The goal of interdiction is to prevent illegal drugs from entering the United States by intercepting and seizing such shipments.
- ² Interdiction efforts that contribute to decreasing the flow of drugs across the Southwest Border are crucial since estimates

are that 70 percent of the cocaine entering this country does so across this section of our border.

- ³ The United States has 88,633 miles of coastline and more than 7,500 miles of borders with Canada and Mexico. There are also 300 ports of entry to the United States.
- ⁴ Research in other areas are also critical: findings from basic research, which are used toward building blocks toward the development of new medications; research on drug abuse and HIV/AIDS, which is of critical importance because of the link between drug use and AIDS cases; and research on the maternal, paternal, and fetal effects of drug use.
- ⁵ CTAC, established in 1991, is the Office of National Drug Control Policy's central counterdrug enforcement research and development organization of the U.S. government.

Providing International Leadership: Support for Anti-Drug Policies Around The World

Although much remains for the United States to do at home, we will not neglect our close partnership with a growing number of countries around the world that share our commitment to combatting drug trafficking.

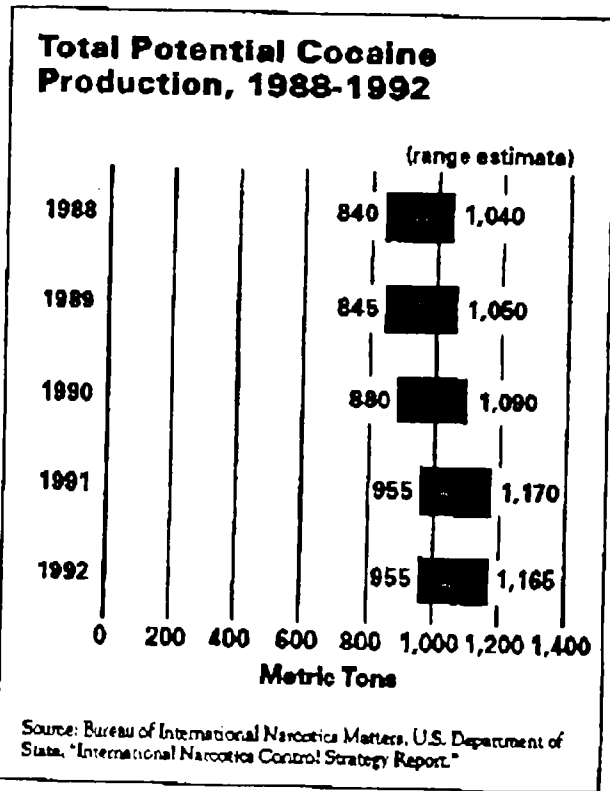
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International narcotics control is a major U.S. foreign policy objective, particularly in the leading drug source, transit, and money laundering countries. Left unchecked, the illegal drug trade's corrupting influences will undermine the goals we seek to achieve in the fields of democracy and economic stability and growth, as well as efforts to promote human rights, the rule of law, and a clean environment.

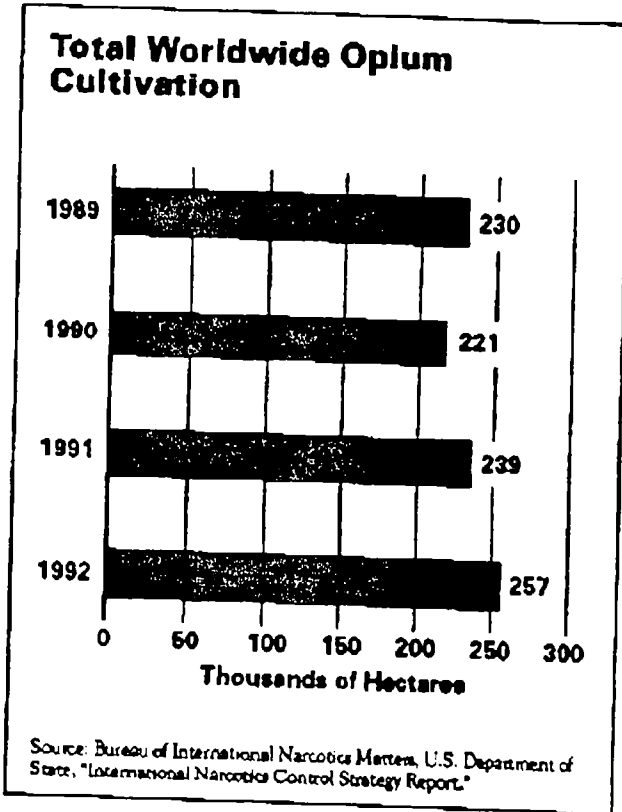
The unabated flow of drugs also undercuts the effectiveness of our domestic supply and demand reduction efforts. We must, therefore, continue to work with, and offer our full support and cooperation to other nations, especially the major source and transit countries, that demonstrate the political will and program commitment to combat the drug trade. We will urge other nations to undertake more action on their own by reinforcing the concept that it is in their best interests to do so. Strong diplomatic leadership will help deliver this message and spark foreign governments to take action.

The great majority of illicit drugs found on the streets of the United States are produced overseas, and the major criminal organizations that produce and smuggle them are located in foreign countries.¹ Without international cooperation, our

demand and supply reduction efforts to curb drug availability and use will be undermined. To ensure progress, U.S. foreign policy will pursue short- and long-term initiatives at bilateral and multilateral levels.



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enforcement and judicial institutions. We will selectively back alternative development and crop control programs when there is a strong prospect or record of success. We will emphasize assistance to international and regional institutions, such as the United Nations and Organization of American States, that conduct counternarcotics programs in support of democratic governments in such areas as legal and judicial reform, strengthening of law enforcement capabilities, and promotion of demand reduction and alternative development efforts.

Furthermore, we will sponsor projects that have regional applicability, such as law enforcement training, detection and monitoring activities, and communications systems. We will seek to involve more deeply multinational development banks and other international financial institutions in support of counternarcotics programs directed toward alternative development and judicial reform. And we will develop, where appropriate and with host country participation, integrated regional technical systems to support their own interdiction efforts.

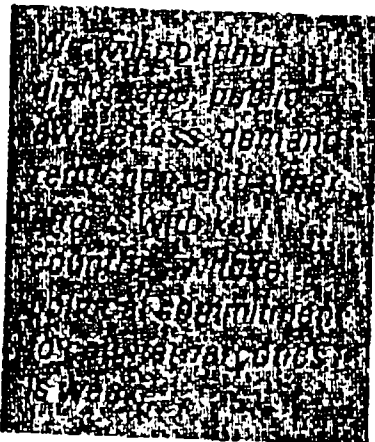
We will concentrate drug control assistance in major producer and transit countries that have demonstrated their political will to reduce drug trafficking. Assistance programs will focus on improving judicial and policy systems, interdiction efforts, and other programs to attack the drug-trafficking infrastructure. Our goal is to improve their ability to arrest or incapacitate the leaders of drug organizations and to control money laundering and the flow of essential and precursor chemicals.² Further, we will monitor shifts in illicit production and trafficking and institute the planning required to counter these shifts.

We will continue diplomatic, public awareness, demand reduction, and other efforts with key countries whose political commitment to counternarcotics is weak. Our objective is to convince them that, as members of the global community, their full participation in the international campaign against drugs is their responsibility and is in their own national interest.

STEP ONE

Prioritize International Efforts

We will continue to treat the flow of drugs to this country and the operations of foreign drug trafficking organizations as a threat to U.S. national security. Cocaine remains our primary threat, although heroin warrants serious concern. To counter this threat, we will ensure a coordinated response by U.S. supply reduction agencies and the strongest cooperation between the United States and other countries to stem the international drug trade.



To improve our national responses to organized international drug trafficking, the United States will support counternarcotics programs within source countries (i.e., Bolivia, Peru, and Colombia), focusing on democratic institution-building of law

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STEP TWO**Build A Global Alliance**

The urgent need to strengthen and broaden international cooperation against the global drug trade cannot be overstated. The cultivation, production, trafficking, and use of illicit drugs is an increasingly global problem. The drug trade poses new trafficking challenges and threats to political and economic stability that the United States cannot confront alone. For example, criminal syndicates are taking advantage of the political turmoil in Eastern Europe and other parts of the world to expand narcotics trafficking, a move that is undermining regional progress towards democratic, social, and economic reform.

The United States will continue to lead the effort to develop an international coalition against drug cultivation, production, trafficking, and use, through multilateral organizations and initiatives, using the full range of traditional and public diplomacy tools at our disposal. Past "drug summits" created cooperative frameworks for action in the form of international treaties, regional working groups, and model legislation. Some of these efforts continue to bear fruit, but some agreements have languished. We will use established consultative groups such as the Organization of American States, the Financial Action Task Force, the Dublin Group, the International

Drug Enforcement Conference, and various United Nations and European Community efforts that have been useful in coordinating multi-national activities and in developing controls and regulations to address such problems as maritime smuggling, money laundering, and the flow and diversion of essential and precursor chemicals to source countries. We will continue efforts to strengthen the United Nations Drug Control Program that currently provides drug control assistance to 97 countries and, as coordinator of the U.N. anti-drug effort, is getting more U.N. agencies to include drug control objectives in their activities.

ENDNOTES

- ¹ For example, the Cali cartel in Colombia is an organized crime group that, by some estimates, controls over 70 percent of the world's cocaine business.
- ² The production of illicit drugs requires precursor and essential chemicals (e.g., cocaine producing chemicals include acetone, ethyl ether, methyl ethyl ketone, potassium permanganate, and toluene). Since most of these chemicals are not manufactured in the cocaine and heroin source countries, drug trafficking organizations must usually obtain them through international commerce.

Conclusion

The National Drug Control Strategy will give a new direction and focus to our drug control efforts. The Administration is committed to reducing the demand for drugs through effective and aggressive prevention and treatment initiatives, with particular focus on the difficult problem of hard-core drug use and seriously at-risk populations. The economic and social revitalization of those communities ravaged by drug use will be central to the Administration's anti-drug efforts.

At the same time, the Administration will continue to work aggressively to suppress the traffic in illicit drugs in and directed at the United States. The Administration remains committed to using the full force of the investigative and prosecutive tools at our disposal to ensure that drug traffickers and their organizations are disrupted, dismantled, and destroyed.

We will ensure fairness — yet emphasize certainty of punishment — for those who violate drug laws. We will also encourage innovative alternatives to incarceration, expand drug treatment capacity, promote referrals into treatment for those in the criminal justice system, and support community policing to make our communities safe once again. We will work with the international community to combat the transnational syndicates that control the drug trade.

Our anti-drug effort will not just be a Federal undertaking, but will be a collaborative one that includes State and local governments, the private sector, schools, religious institutions, community groups, and the efforts of individual Americans. Our task is a challenging one, but one that must be done for the future growth, security, and prosperity of all Americans.