Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	Indigent Drug Program/LSC Resolution (partial) (1 page)	n.d.	b(6)
002. letter	To Mrs. Clinton from constituent re: health problems (partial, p. 1, 7-8) (3 pages)	10/30/94	b(6)
003. report	Case Summary (partial) (1 page)	n.d.	b(6)
004. packet	Re: mental health case (18 pages)	ca. 1994	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Maggie Williams (Subject Files)
OA/Box Number: 9478

FOLDER TITLE:
Drug Policy

2013-0395-S
ry1394

RESTRICTION CODES

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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Indigent Drug Program/LSC resolution

Case Summary: (b)(6) [001]

(b)(6) (friend's number)

(b)(6) called the First Lady in tears because she had nowhere else to turn. She could not afford the medications she needed to combat the reoccurrence of a recently removed tumor. She had used her life savings to pay for her medical bills over the last year and was one month behind in her rent. Her landlord notified her that she would be evicted. She had just gotten a job but would not be receiving a check until training had been completed. She asked for help.

SB of AL referred the eviction problem to Arlington Legal Services housing specialist, attorney Mike Allen, who was familiar with the First Lady's involvement with LSC. He was curious about the referral from the White House and most anxious to respond. I mentioned the respect this office has for LSC and the circumstances under which we refer cases to LSC offices. Mike seemed pleased with our information exchange and thought he could be of help to Carrie.

(b)(6) problem getting the medication she needed was resolved by referring her physician, (b)(6), to the Indigent Drug Program. (b)(6) qualified for the program and called to tell me that she had received a 6 month supply of the medication.

(b)(6) called to express her gratitude for our providing the information on the IDP. She and a number of local Arlington, Virginia physicians have recently established a clinic to assist low income families. She said that she had inquired of various pharmaceutical representatives if they had any programs the would provide medications to their low-income patients and with one exception was told there were no such programs. Now, armed with the IDP directory, she and all the other doctors serving the clinic feel that the will be able to assist a great number of their patients. (b)(6) was very grateful for the First Lady's interest in assisting (b)(6) and all those who fall under her care.

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[002]

(b)(6)

October 30, 1994

Dear Mrs. Clinton,

This is going to be a long letter but it is urgent and I hope you'll take the time to read it. I am 26 years old and have had several health problems for a very long time. I have applied for SSI, Disability, & Medicaid four times and have just applied the fifth. At the age of 15 I received a kidney transplant that, to this day is still functioning. By the grace of God I am alive today. Although my transplant works, I have had continual and serious side effects from the medication I have to take to keep from rejecting. I am being treated for severe depression, anxiety and panic attacks at the Marshall-Jackson Mental Health Center. Aside from that I have

had gradual muscle deterioration to the point that I can't walk without a walker. All four times I applied for assistance I was denied because my doctors were reporting that I had normal kidney function and was capable of holding down a full-time job. I have never been able to hold down a part-time or full-time job without being hospitalized for exhaustion, depression or anxiety. My doctors are not reporting this or all of this to the Disability Division and Social Security ~~Doctor~~ Administration for whatever reason I do not know. My transplant was an experiment of something that had never been done before because my mother was the donor and we were not perfect matches by any means. I made it through high school basically okay with only a few episodes of exhaustion. I made it through

junior college with only a few episodes of anxiety attacks and panic attacks. When I got to Auburn University things started getting worse and my muscles were noticeably deteriorating. I was in the marching band and before we got marched into the stadium almost every ballgame, I would collapse. I would get so tired walking to and from my classes I would collapse as soon as I would get back to my room and way too tired to study. I made it through two quarters before I decided to move to Birmingham to live with my mother and try to go to school at U.A.B. Needless to say the school part failed and my mother moved to Florida with her new husband. I moved in with my new step-grandmother instead to help her with her 90+ year old mother and go to school. During all this time

I was admitted to the emergency room, either after collapsing, migraine headaches, dehydration or anxiety/panic attacks. I do not have a supportive family, and it has been very difficult for me to get some help. My mother is disabled, a drug addict and an ~~an~~ alcoholic. My father disowned me because my mother told him he wasn't my father. I have had several friends, churches and community source organizations help me ~~or~~ with my living expenses but it's gotten too much for me to handle. My landlord is trying to be patient with me because the muscle deterioration has gotten so bad so fast, I can't work at all. I have no means of support, I'm about to lose what little independence I have, I have no health insurance, ~~and~~ I'm about to lose my place to live and I've got more bills to pay than you can possibly imagine. I feel like I will be denied

any benefits due to negligence of my doctors. One more thing and I'll close. I was hospitalized October 20, 1994 and discharged on the evening of October 24, 1994. with no diagnosis. I was admitted for weakness, very low blood pressure (70/40), and to be checked for diabetes. During these five days, I ask ~~the~~ my doctors to admit me into the Psychiatric ~~Hospital~~ if that is what it took to find out what was wrong. I had had muscle weakness and my arms/hands had started trembling, (Due to weakness). A Psychiatrist was sent to talk with me and made an assessment on a maybe 10 minute visit. My regular doctor then came in and told me I ~~do~~ did not qualify for admission. I did ask him what kind of assessment could he possibly make in that length of time and I was told ~~I~~ my doctors were setting me up with an appointment with my therapist

@ at the local Mental Health Center. He also said, "the Psychiatrist came in to see me as a favor to my transplant doctors." I told him I was not leaving that hospital ~~sto~~ until they did something to find out what is causing the tremors and muscle weakness. for eleven years I have take Prednisone, Imuran, & Bactrim. I am now additionally on Zoloft, Librium, & Vistaril, of which my transplant doctors have approved. I've got to have some help and I don't know how to get it without the honesty of my doctors. I should have been able to get assistance 8 years ago when I first applied but was turned down. My October rent and part of my utilities have not been paid and day after tomorrow my November rent will be due. My car is about to be ~~repossed~~ repossessed amongst part of my furniture. I was working for a wireless cable company doing outside sales but I can't drive very far

without tiring to the point of exhaustion. I have applied for Housing Assistance and my landlord offered (when I was working) to sell me my house. He does not want to work through HUD, I haven't been approved for any assistance ether than food stamps. My neighbors have been wonderful to me and for the first time in my life I feel safe and secure. I do not have a phone due to outstanding phone bills which I wasn't able to pay due to the inability to keep a job. I have always had to take care of myself and will continue to do so as long as I can. Any help or suggestions you can give me will be greatly appreciated. Other than my address, you can reach me by calling my neighbor, (b)(6). I do not know the phone number but it is area code 205 and listed under (b)(6).

Sincerely,

(b)(6)

1

I will be glad to give you any other information you need. My social Security number is: [redacted] or [redacted] (My grandmother had my SS.# changed for an unknown reason when I was a small child.

Sincerely,

[redacted]

P.S. Congressman Don Bevill has already tried to help me once and I was turned down. He's trying again, but without the truth from my 4 doctors, I'll be turned down again. I need some ~~immediate~~ help!

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CASE SUMMARY:

(b)(6)

[003]

On September 6, 1994, (b)(6) asked the First Lady for help for his 19 year old daughter, (b)(6). (b)(6) was discovered to have a life threatening tumor that had to be removed. She had just started a job making $5.00 per hour and had no insurance. The family sought assistance through public welfare and local hospitals without positive results. (b)(6) could not accommodate his daughters medical need on his $12,000 a year salary. He was deeply sorry that he could not provide the support she needed having tried all his life to take care of his family.

SB in AL made a call to the regional HCFA office asking for a review of the situation. In most areas there is at least one facility that has an obligation under the Hill-Burton Act to provide necessary medical procedures to individuals who cannot afford them. Candy Burlew worked on the case and was able to put the Beppler's in touch with a facility that was willing to work out a reasonable fee and payment schedule for (b)(6). Candy was also under the opinion that additional assistance would be available to Tonyia through the indigent drug program.

Delivering a status check to AL Candy mentioned that she and her husband would be in Washington, D.C. We invited Candy to come to the White House for a West Wing tour provided by this office. She and her husband were fortunate enough to encounter the President during their tour. According to one of my Washington HCFA contacts, "...they have not been able to peel her off the ceiling yet." There will be additional follow-up on this case.

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ONSLOW COUNTY

AREA MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES

DANIEL M. JONES
AREA DIRECTOR

215 Memorial Drive
Jacksonville, N.C. 28546
Telephone 353-5118

ERWIN M. PATLAK, M.D.
CLINICAL DIRECTOR

September 29, 1994

Mrs. Hillary Rodham Clinton
Office of Agency Liaison
Room 6, OEOB
The White House
Washington, DC 20500

Dear Mrs. Rodham Clinton:

Thank you for your kind response to my letter of September 6, 1994 regarding the provision of a "safety net" for individuals with a mental illness, developmental disability, or drug or alcohol addiction.

I recently was asked by Ramsey Health Care, Inc., a major behavioral health care corporation, to attend their annual conference and present perspectives from the public sector. What I learned was probably as valuable as what I presented. To provide the "safety net" with which I am concerned, the public sector must join in partnership with the private sector. We have begun this process for the provision of services to violent individuals under the influence of drugs or alcohol who are without insurance, medicaid, or other financial support. Brynn Marr Behavioral Healthcare System, a local private psychiatric facility, and our agency, have entered into a Public/Private Partnership utilizing a medicaid rate structure. Our partnership not only benefits the individual it assists in keeping the community safer.

My feeling is if we do not move quickly on more partnerships of this type a significant number of individuals will continue to be without the benefit of intervention and possibly prevention.

Are there plans or deliberations regarding partnerships between the public and private sectors, and are there funds available for development of what I see as a cost effective comprehensive coverage plan?

I do realize congress is making pronouncement regarding health care reform. However, my perception is reform is occurring and will continue. You and the President are to be commended on the initiative.

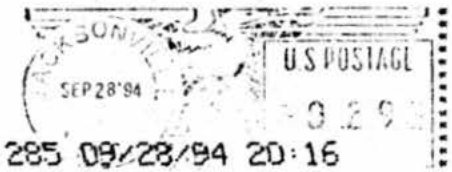
Sincerely,

Daniel M. Jones
Area Director

DMJ:lrh

ONSLOW COUNTY AREA MH/DD/SAS

215 MEMORIAL DRIVE
JACKSONVILLE, NORTH CAROLINA 28540



Mrs. Hillary Rodham Clinton
c/o Ms. Susan Beveridge
Office of Agency Liaison
Room 6, OEOB
The White House
Washington, DC 20500

ONSLOW COUNTY

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DANIEL M. JONES
AREA DIRECTOR

215 Memorial Drive
Jacksonville, N.C. 28546
Telephone 353-5118

ERWIN M. PATLAK, M.D.
CLINICAL DIRECTOR

July 28, 1994

President Clinton
Office of Agency Liaison
Room 6, OEOB
The White House
Washington, DC 20500

Dear Mr. President:

Too often successful interaction is not reported. It is my pleasure to advise you of the commendable effort of Susan Beveridge of your Agency Liaison staff. Ms. Beveridge, in reviewing mail to Mrs. Clinton, discovered a letter from a lady in our community considering harming herself. Ms. Beveridge faxed to my office all necessary information and we were able to provide appropriate supportive services. In a follow-up conversation with Ms. Beveridge I was expressing concern for indigent individuals who could not afford medications which would allow them to remain productive within the community. Ms. Beveridge forwarded to me a listing of pharmaceutical companies willing to provide free medication with a physician's prescription. I am happy to report we have begun the process and we are experiencing success. Our Medical/Clinical Director has shared the information with other psychiatrists in the eastern region of North Carolina. We have also shared the information with other physicians throughout the state. I would like to express gratitude on behalf of those individuals for whom we are responsible for your support of the Agency Liaison office.

As a service provider to the public, many of whom are without funds, I continue to be concerned for those individuals who must choose between food or mental wellness. As health care reform develops will there be a "safety-net" for those individuals requiring prolonged out-patient services? The individuals for whom I am concerned are those who are capable of remaining in the community but may require life long support. These are the individuals best served and currently served through the public mental health system.

As reform continues I would be greatful if you could provide me with information, either proposed or being considered, that is relevant to mental health, developmental disabilities, and substance abuse services.

I would very much like to meet with you to hear from you your ideas regarding mental health coverage for all citizens and how I can support your efforts.

Sincerely,

Daniel M. Jones
Area Director

DMJ:lrh

ONSLOW COUNTY

AREA MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES

DANIEL M. JONES
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ERWIN M. FATLAK, M.D.
CLINICAL DIRECTOR

FACSIMILE TRANSMISSION COVER SHEET

215 Memorial Drive - FAX (910) 353-3653

DATE: 10/7/94 FAX NUMBER: (202) 456-2992

ATTENTION: Ms. Susan Beveridge

COMPANY/OFFICE: Office of Agency Liaison

FROM: Daniel M. Jones

NUMBER OF PAGES (including cover sheet): 3

MESSAGE/RE: Complete article from September 26, 1994 issue of County News

TELECOMMUNICATION INFORMATION

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Research spots emerging county trends

By Sharon Lawrence
research director

(The following is an excerpt from a presentation to the Advanced County Government Conference of the Texas Association of Counties, Aug. 24.)

Your choice of "change" as the theme for this conference of county officials is an appropriate one. This theme echoes the sentiments expressed by Professor David Berman and his colleagues, who titled their recent book, *County Governments in an Era of Change*.

From my viewpoint as research director for the National Association of Counties, I certainly believe that the winds of change have enveloped county government. A simple look at recent alterations in county government structure demonstrates that fact.

In some instances, the wind is a slow, steady breeze. That best describes the movement toward a county executive form of government. Our latest research identifies 373 counties with elected executives, an in of six from 1988.

In other instances, the wind appears to be of near gale proportions. That is the case with the acceleration toward professional administration of counties. Rarely does a week go by when I do not learn of another county that has appointed its first county administrator or coordinator. Seminole County, Ga. and Klickitat County, Wash. are just two of the counties recently taking such a step.

As noteworthy as these alterations in governing structure may be, I think the changes most interesting — and perhaps most profound — may be those affecting the ways counties deliver services.

The transformation in service delivery is taking hold throughout county government, from the smallest counties, like Summit County, Colo., to the largest, Los Angeles County, Calif.

Submissions to this year's Achievement Award Program illustrate the innovative approaches counties are employing to meet the public's needs. The trends seem to fall into six categories.

First, counties are placing a new emphasis on customer service. Reinventing government gurus, Osborne and Gaebler, no doubt, are pleased to see this shift, which, it seems, is running on three parallel tracks. Not only is the regulated community a prime beneficiary (see "Building Standards Mobile Data Terminal System." in sidebar accompanying this article.), so too is the general citizenry through enhanced access to information about county government programs (see "Call on City Hall") and to elected officials (see "DeKalb Connections")

Second, an entrepreneurial spirit seems to be sweeping county governments. Los Angeles County, for example, is leaving no stone unturned in its efforts to raise funds from nontraditional sources (see "Marketing of Court File Documents" and "TDI Lifeguard Tower Sponsorship Agreement").

Third, intergovernmental cooperation is another trend I see affecting service delivery. Although certainly not a new phenomenon, intergovernmental cooperation now seems to be expanding substantially in scope. The hottest trend — one clearly demonstrated by the volume of information requests received by the research department on this topic — is functional consolidation (see "Kearney-Buffalo County Law Enforcement Center").

Of particular noteworthiness is the fact that cooperation is not stopping at state lines (see "Cooperative Sharing of a Case Management System"), nor is it dependent on both parties receiving equal benefit from the relationship. As Westchester County's (N.Y.) "STARNET" Program demonstrates, some of these instances of intergovernmental cooperation might best be described as mentoring relationships

Fourth, public-private partnerships now seem to be an integral part of the county government service delivery arsenal. Although partnerships for economic development have been commonplace, counties now are partners with the private sector in an ever-broadening set of areas.

Increasingly, they are entering joint ventures with the business community (see "GIS Public Forum Group") and with private, non-profit organizations, especially for social service delivery (see "Las Colinas Women's Detention Facility Sexually Transmitted Disease Clinic").

Few will be surprised to learn that application of technology to government operations is the fifth trend I would identify. Indeed, technology is transforming the way county governments deliver services by increasing the volume, quality, speed and complexity of the work that may be performed (see "Case Processing of the Future Today"). Furthermore, it is giving citizenry new, easy access to information (see "Call on City Hall" and "Crime Bytes Electronic Bulletin Board"), and it is enhancing the decision-making capability of county government officials (see "Emergency Management GIS"). Finally, technology is helping reduce the cost of government (see "Video Arraignment Program").

Sixth, and perhaps most surprising to me, is the trend toward utilization of volunteers. As I reviewed this year's Achievement Award applications, not only was I impressed by the volume of programs involving volunteers in delivery of services to county residents, but I was amazed by the breadth of their involvement.

Volunteers are not simply "adopting a road," but now are play-

See GOVERNMENT, page 11

Achievement Award Trendsetters

NACo Achievement Award winners reflect well the trends moving through county government as outlined by NACo Research Director Sharon Lawrence. Following are examples of trendsetting county programs mentioned in her article.)

Building Standards Mobile Data Terminal System

Mecklenburg, N.C.
(pop. 511,433)

The mobile data terminal system uses an existing public safety radio network to provide up-to-the-minute information regarding building permits and inspections to field inspectors, contractors and building standard customers. By installing 800 megahertz terminals in each inspector's vehicle, the system gives inspectors online access to the inspection data base. [illegible] inspectors [illegible] contractors [illegible] the system [illegible] information [illegible] information may have requested. The 15 most frequently asked questions for each department and agency are preloaded into the computer to enhance customer service.

DeKalb Connections

DeKalb, Ga. (pop. 545,837)

"DeKalb Connections" is a citizen-to-government electronic mail (E-mail) system that enables county residents to use public access terminals at county libraries to send E-mail messages to the county's chief executive officer and the board of commissioners. During the first seven months the system was in place, approximately 1,000 messages were sent to county officials, who responded by telephone or mail.

Marketing of Court File Documents

Los Angeles, Calif.
(pop. 8,863,164)

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Kearney-[illegible] Law Enforcement Center

Kearney, Buffalo County [illegible]
(pop. [illegible])

[illegible] items by [illegible] furnishings [illegible] facility. [illegible] inmate sharing also shares [illegible] computer [illegible] possible, shares [illegible] to [illegible] between the [illegible] municipality.

Cooperative Sharing of a Case Management System

Dakota, Minn. (pop. [illegible])

Given limited resources to purchase or create the software necessary to automate case management, the county decided to find if compatible system in another county that it could purchase. They found the match in Pima County, Ariz., where the county attorney's office had written software to track criminal cases. For the cost of the transfer and any technical services provided, Pima County officials gave this program to Dakota County. After modifications, the system has been used effectively by the county.

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GIS Public Forum Group

Summit, Colo. (pop. 12,881)

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See TRENDS, page 11

GOVERNMENT from page 9

ing key roles in the delivery of services, which I, for one, would have thought would be reserved strictly for professionals. The scope of their involvement in county government activities has stretched to police work (see "Telephone Reporting Unit") and probation (see "Associate Probation Officer Program").

An excellent example of how these trends are influencing the shape of government in one county may be found in Washington County, Minn. (pop. 145,896).

In 1991, the board of commissioners established a Cost-Effective Operations Commission to explore ways to serve the public more efficiently. Its charge was to recommend business techniques that the county could employ to save money. Specifically, the commission was asked to review:

- services shared with other counties
- duplication of services between governmental agencies
- interagency interactions
- alternative delivery systems, such as contract services, and
- use of volunteers.

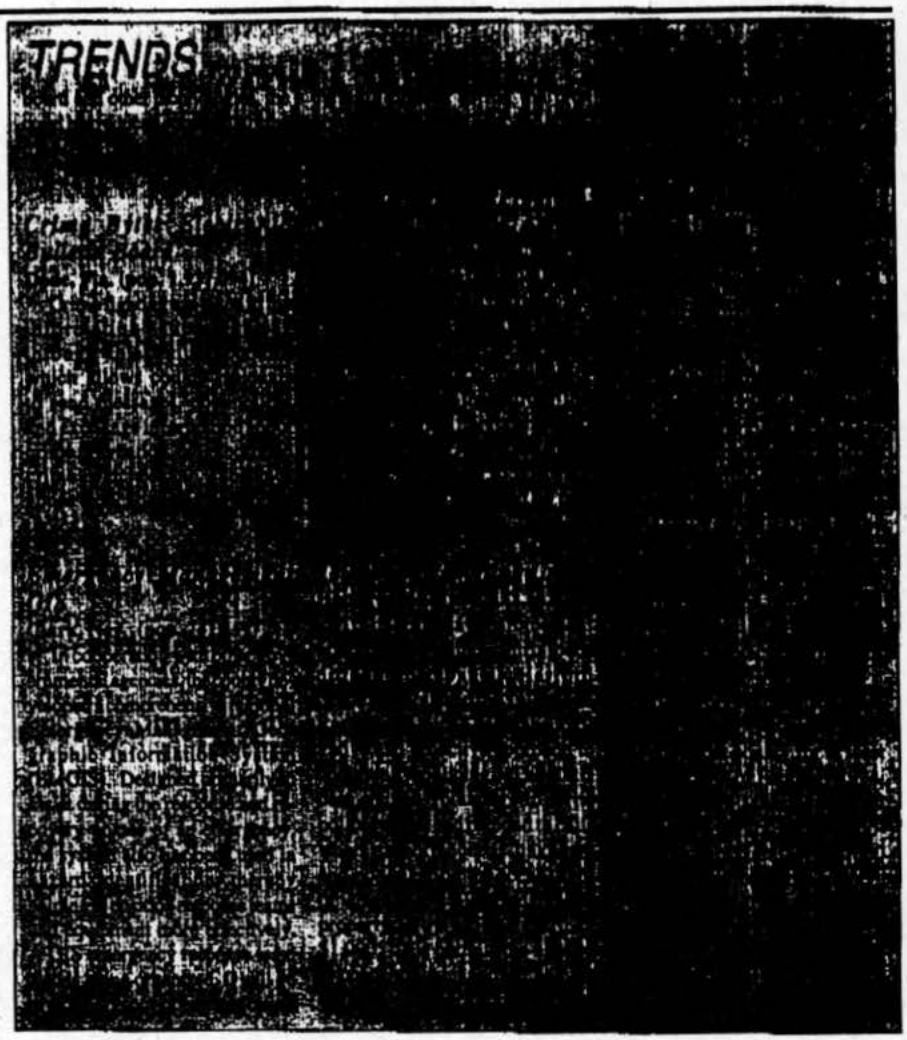
Guided by a five-member steering committee, composed of top managers from local business, the commission established six subcommittees (i.e., Human Services; Physical Development; Land Use and Environment; Judiciary and Law Enforcement; Finance, Taxation and Support Services; and Affiliated Agencies) which met approximately 10 times over a six-month period. These subcommittees, composed of approximately 10 members, developed recommendations to address both short-term issues and also more difficult, long-range problems.

Recommendations formulated by the commission, which were submitted to the county board for action, focused on the following areas:

- total quality management
- measurable standards
- short-term investment for long-term gain
- creative relationships with vendors, and
- use of technology and long-range planning.

As you can see from the Washington County program, government officials, as well as members of the private sector, believe that many of the new approaches to service delivery that I identified (e.g., enhanced customer service, intergovernmental cooperation, application of technology and use of volunteers) are keys to a cost-effective, efficient government.

Application of these concepts to county government operations, therefore, is likely to accelerate over the coming months and years.



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Research spots emerging county trends

By Sharon Lawrence
research director

(The following is an excerpt from a presentation to the Advanced County Government Conference of the Texas Association of Counties, Aug. 24.)

Your choice of "change" as the theme for this conference of county officials is an appropriate one. This theme echoes the sentiments expressed by Professor David Berman and his colleagues, who titled their recent book, *County Governments in an Era of Change*.

From my viewpoint as research director for the National Association of Counties, I certainly believe that the winds of change have enveloped county government. A simple look at recent alterations in county government structure demonstrates that fact.

In some instances, the wind is a slow, steady breeze. That best describes the movement toward a county executive form of government. Our latest research identifies 373 counties with elected executives, an increase of six from 1988.

In other instances, the wind appears to be of near gale proportions. That is the case with the acceleration toward professional administration of counties. Rarely does a week go by when I do not learn of another county that has appointed its first county administrator or coordinator. Seminole County, Ga. and Klickitat County, Wash. are just two of the counties recently taking such a step.

As noteworthy as these alterations in governing structure may be, I think the changes most interesting — and perhaps most profound — may be those affecting the ways counties deliver services.

The transformation in service delivery is taking hold throughout county government, from the smallest counties, like Summit County, Colo., to the largest, Los Angeles County, Calif.

Submissions to this year's Achievement Award Program illustrate the innovative approaches counties are employing to meet the public's needs. The trends seem to fall into six categories.

First, counties are placing a new emphasis on customer service. Reinventing government gurus, Osborne and Gaebler, no doubt, are pleased to see this shift, which, it seems, is occurring on three parallel tracks. Not only is the regulated community a prime beneficiary (see "Building Standards Mobile Data Terminal System," in sidebar accompanying this article.), so too is the general citizenry through enhanced access to information about county government programs (see "Call on City Hall") and to elected officials (see "DeKalb Connections").

Second, an entrepreneurial spirit seems to be sweeping county governments. Los Angeles County, for example, is leaving no stone unturned in its efforts to raise funds from nontraditional sources (see "Marketing of Court File Documents" and "TDI Lifeguard Tower Sponsorship Agreement").

Third, intergovernmental cooperation is another trend I see affecting service delivery. Although certainly not a new phenomenon, intergovernmental cooperation now seems to be expanding substantially in scope. The hottest trend — one clearly demonstrated by the volume of information requests received by the research department on this topic — is functional consolidation (see "Kearney-Buffalo County Law Enforcement Center").

Of particular noteworthiness is the fact that cooperation is not stopping at state lines (see "Cooperative Sharing of a Case Management System"), nor is it dependent on both parties receiving equal benefit from the relationship. As Westchester County's (N.Y.) "STARNET" Program demonstrates, some of these instances of intergovernmental cooperation might best be described as mentoring relationships.

Fourth, public-private partnerships now seem to be an integral part of the county government service delivery arsenal. Although partnerships for economic development have been commonplace, counties now are partners with the private sector in an ever-broadening set of areas.

Increasingly, they are entering joint ventures with the business community (see "GIS Public Forum Group") and with private, non-profit organizations, especially for social service delivery (see "Las Colinas Women's Detention Facility Sexually Transmitted Disease Clinic").

Few will be surprised to learn that application of technology to government operations is the fifth trend I would identify. Indeed, technology is transforming the way county governments deliver services by increasing the volume, quality, speed and complexity of the work that may be performed (see "Case Processing of the Future Today"). Furthermore, it is giving citizenry new, easy access to information (see "Call on City Hall" and "Crime Bytes Electronic Bulletin Board"), and it is enhancing the decision-making capability of county government officials (see "Emergency Management GIS"). Finally, technology is helping reduce the cost of government (see "Video Arraignment Program").

Sixth, and perhaps most surprising to me, is the trend toward utilization of volunteers. As I reviewed this year's Achievement Award applications, not only was I impressed by the volume of programs involving volunteers in delivery of services to county residents, but I was amazed by the breadth of their involvement.

Volunteers are not simply "adopting a road," but now are play-

See GOVERNMENT, page 11

Achievement Award Trendsetters

NACo Achievement Award winners reflect well the trends moving through county governments as outlined by NACo Research Director Sharon Lawrence. Following are examples of trendsetting county programs mentioned in her article.)

Building Standards Mobile Data Terminal System

Mecklenburg, N.C.
(pop. 511,433)

The mobile data terminal system uses an existing public safety radio network to provide up-to-the-minute information regarding building permits and inspections to field inspectors, contractors and building standard customers. By installing 800 megahertz terminals in each inspector's vehicle, the system gives inspectors online access to the inspection data base. Moreover, it also enables inspectors in each area [illegible] county's mainframe computer at the time of inspection. In turn, [illegible] immediately available to the public, eliminating previous 24-hour delay in [illegible]

Call on City Hall

Honolulu, Hawaii
(pop. [illegible])

Touch-screen interactive computer kiosks in shopping malls on the island of Oahu provide information to the public on all of Honolulu's 28 departments and agencies. The kiosks employ full-motion video, audio and [illegible] video tapes [illegible] information they have requested. The 15 most frequently asked questions for each department also appear preloaded into the computer to enhance customer service.

DeKalb Connections

DeKalb, Ga. (pop. 545,837)

"DeKalb Connections" is a citizen-to-government electronic mail (E-mail) system that enables county residents to use public access terminals at county libraries to send E-mail messages to the county's chief executive officer and the board of commissioners. During the first seven months the system was in place, approximately 1,000 messages were sent to county officials, who responded by telephone or mail.

Marketing of Court File Documents

Los Angeles, Calif.
(pop. 8,863,164)

In 1993, the county entered into a public-private partnership for the establishment, retrieval and marketing of court documents. Using imaging technology, the private sector partner scans designated documents into an electronic data base. On-line access to that data is available on subscription; documents also may be ordered by phone, using a toll-free number. During the first 18 months of operation, the county earned over $600,000 from this venture.

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Kearney-Buffalo County Law Enforcement [illegible]

[illegible]
Buffalo County [illegible]
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[illegible] ceded to the [illegible] ceding by the [illegible] throughout the [illegible] facility. [illegible] meets there, [illegible] also there are [illegible] computer [illegible] possible, entire [illegible] to [illegible] [illegible] between the [illegible] messages.

Cooperative Sharing of a Case Management System

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See TRENDS, page 11

Fill Drug Policy

Document No. _____

WHITE HOUSE STAFFING MEMORANDUM

DATE: 1/20/94 **ACTION/CONCURRENCE/COMMENT DUE BY:** C.O.B. 1/21/94

SUBJECT: Revised Draft of the National Drug Policy

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☑	☐	NUSSBAUM	☐	☐
McLARTY	☐	☐	QUINN	☐	☐
LADER	☑	☐	RASCO	☑	☐
ICKES	☐	☐	RUBIN	☐	☐
PANETTA	☐	☐	SEGAL	☐	☐
BAGGETT	☐	☐	SEIDMAN	☐	☐
EMANUEL	☑	☐	STEPHANOPOULOS	☑	☐
GEARAN	☑	☐	TYSON	☐	☐
GERGEN	☐	☐	VARNEY	☐	☐
GIBBONS	☐	☐	WATKINS	☐	☐
GRIFFIN	☑	☐	WILLIAMS	☑	☐
HALE	☑	☐	BOORSTIN	☑	☐
HERMAN	☐	☐	REED	☑	☐
LAKE	☑	☐	DREYER	☑	☐
LINDSEY	☐	☐	O'CONNOR	☑	☐
McGINTY	☐	☐	BERNSTEIN	☑	☐
MYERS	☐	☐	_____	☐	☐

REMARKS: Many of you have already received this draft directly from Jose. All comments should be submitted to the Staff Secretary's Office by close of business 1/21/94.

RESPONSE:

JOHN D. PODESTA
Assistant to the President
and Staff Secretary
Ext. 2702

January 18, 1994

NOTE TO (see distribution)

FROM: JOSE CERDA, DOMESTIC POLICY COUNCIL

SUBJECT: ADMINISTRATION'S DRUG STRATEGY

Enclosed please find the Office of National Drug Control Policy's revised draft of the Administration's first full-blown drug strategy. The document opens with a message from the President that should be of special interest to White House staff. Since the drug strategy is scheduled to go to print this weekend (and to be released during the first week of February), it would be great if you could forward any edits, comments, etc., by the close of business Thursday.

A short executive summary and an approximately 180 page drug budget summary will also go to print at about the same time. Both of these should be available for review sometime tomorrow. Do not hesitate to call Carol Rasco or myself if you should have any questions.

National Drug Control Strategy

A Nation Responds to Drug Use:
A National Imperative

2nd DRAFT

February 1994
The White House

DRAFT

TO THE CONGRESS OF THE UNITED STATES:

I am pleased to transmit today for the consideration of the Congress and the American people the 1994 National Drug Control Strategy, in accordance with section 1005 of the Anti-Drug Abuse Act of 1988 (Public Law 100-690). This strategy builds on the foundation set in the *1993 Interim National Drug Control Strategy*, which I released in September 1993.

The *Interim National Drug Control Strategy* challenged this Nation to change the way we look at our substance abuse problem. That Strategy asked whether we should be satisfied with a drug policy that made short-term gains in reducing casual drug use while hard-core drug use escalated. It asked if we ought to continue to measure success by the size of drug seizures while the availability of illicit drugs on the streets of America remained unabated. And it questioned a policy in which tough rhetoric frequently prevailed over common sense, and where drug control policy seemed to be disconnected from the rest of domestic and foreign policymaking.

But now the situation has changed. Drug abuse is acknowledged as a public health problem. Drug policy is linked to our efforts to stimulate the economy, empower communities, curb youth violence, enhance the effectiveness of the criminal justice system, and reform health care.

In the area of international narcotics control we have adapted our efforts to the changing nature of drug production and trafficking in source and transit nations, and we have created a new policy structure to ensure more effective implementation of U.S. international and interdiction drug control policies.

Over the course of the first year of my Administration we have taken a number of steps to ensure that these policy changes take place:

- I made the Director of the Office of National Drug Control Policy (ONDCP) a member of both my Cabinet and the Domestic Policy Council to ensure that

domestic policy formulation is considered in the context of drug control issues.

- I issued Executive Order 12880 of November 16, 1993, to strengthen the role of the Director of ONDCP in the budget process and to provide for greater flexibility in the budget certification process. The Executive Order also directs ONDCP to include within the National Drug Control Strategy an assessment of the quality of current drug use measures.

- I worked with Congress in its efforts to enact sensible crime control proposals that will have a real impact on the rising tide of drug-related crime and violence. Among these proposals are:

  -- Enacting the Brady Bill and imposing a nationwide five-day waiting period for the purchase of a handgun, banning the importation of assault pistols, and banning the manufacturing or sale of semi-automatic assault weapons.

  -- Increasing police presence and expanding community policing by placing 100,000 new police officers on the beat in order to make our streets safer, arrest more drug dealers, and prevent drug-related activity.

  -- Expanding drug treatment programs in prisons and throughout the criminal justice system.

  -- Establishing Drug Courts and Boot Camp programs to provide alternatives to prison and help nonviolent drug offenders receive the treatment they need to become productive members of society.

- I have included substance abuse treatment in the comprehensive benefit package that all Americans will receive under the Health Security Act.

- I directed the Vice-President to move forward on the Empowerment Zones and Enterprise Communities Program, which will strengthen neighborhoods hit hardest

by the ravages of drug abuse, increase the availability of needed social services, and reduce drug dealing and drug abuse.

- I expanded Head Start and family preservation initiatives to strengthen families and help prevent drug addiction among those families at highest risk for substance abuse.

- I proposed the Safe Schools Act to target funds to local school districts that are experiencing high rates of drug use, crime, violence, and disciplinary problems, reauthorization of the Drug-Free Schools and Communities Act to earmark additional funds for high-need districts.

- I included public safety as one of the four priorities in our National Service Program. The National Service Corporation will be working with police departments and community organizations to develop innovative public safety, law enforcement, and crime and drug prevention programs for young people.

My Administration's Strategy focuses on the most tenacious and damaging aspect of America's drug abuse problem -- hard-core drug use and the violence it spawns. I realize that this will not be an easy task. For too long our national drug control policies have failed to come to grips with the harsh realities of chronic, addictive drug use, the root causes of addiction, and the human and societal harms it causes. Accordingly, this 1994 National Drug Control Strategy proposes a significant increase in Federal support for the treatment of chronic or hard-core drug users, including, but not limited to, the expansion of drug treatment and intervention services in the criminal justice system.

We can no longer address the problems of drug use in isolation. We as a society must put in place a comprehensive Strategy that addresses the lack of educational opportunities, good jobs, and safe neighborhoods.

Too many of our fellow citizens have been left out of the mainstream of American society. For a whole host of reasons, they have been unable to tap into the bounty of this

great Nation. Drugs too often become the tonic to relieve the pain they feel: the pain of non-acceptance; the pain of being left out; the pain of hopelessness; the pain of living in a great and prosperous Nation, yet having little or nothing show for it. We cannot and will not continue to ignore what is readily apparent
-- that as a society we must come to the assistance of those individuals and communities whose drug use is endemic.

This is not just a challenge for Government, alone. As I noted in Memphis in November, we have to change "from the inside out." Individuals must take personal responsibility for their own actions. Families must take responsibility for their children. Communities must challenge their citizens to stand up for common decency and refuse to accept the unacceptable. Families and communities must nurture the values that are essential to our survival as a people: honesty, generosity, humility, and civic responsibility.

While our Strategy focuses on reducing hard-core drug use and violence and on rebuilding communities ravaged by drug use and drug-related crime, we will continue our efforts to prevent all drug use, including experimentation by our youth and others at risk.

The new emphasis on prevention and treatment in no way signals a diminution of an aggressive role for law enforcement. We will continue with aggressive efforts by Federal law enforcement agencies -- in concert with their State and local counterparts -- to disrupt, dismantle, and destroy drug trafficking organizations.

International drug trafficking is a criminal activity that threatens democratic institutions, fuels terrorism and human rights abuses, and undermines economic development. In major source and transit countries, therefore, counternarcotics programs must be an integral part of our foreign policy and must be pursued with the same worldwide commitment that the United States devotes to the promotion of democracy, human rights, and economic advancement. To bring this high level attention to our international drug control policies, on November 3, 1993, I signed a directive for international counternarcotics activities. This directive, supported by Executive Order 12880, delineates the Administration's drug control policies in drug source and transit

nations as well as the interagency structure for developing, coordinating, and implementing counterdrug strategies and policies.

In response to changes in how the major drug trafficking cartels operate -- changes that were responses to our successful efforts to interdict and seize illegal drugs -- our international strategy calls for a "controlled shift" in emphasis from the transit zones to the source countries. We use the term "controlled shift" because we anticipate that the shift could precipitate a change in tactics by the drug cartels, which requires that we be prepared to respond to those changes as they occur.

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

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

Bill Clinton

Contents

Introduction

Strategy Goals

Domestic Programs

International Programs

Federal Resource Priorities

Conclusion

Appendix A: Research and Program Evaluation

Appendix B: Drug-Related Statistics

Appendix C: Acknowledgments

DRAFT

INTRODUCTION

Drug use harms individuals and families, terrorizes our communities with high rates of crime and violence, and makes many citizens prisoners in their own homes. Drug use also reduces worker productivity, inhibits learning in our schools, overwhelms our health care system, and leads to disability and premature death. Drug dependency is a chronic, relapsing disorder, and users stand little chance of recovery without appropriate intervention and treatment. Drug users, especially hard-core users whose lives are controlled by drug dependence, face dismal futures.[1] In most cases, drug users need help to address the problems associated with drug dependence: homelessness, isolation from family and friends, unemployment or underemployment, serious health problems such as HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome), and criminal activity. The objective of the 1994 National Drug Control Strategy is to initiate a national plan for the United States to confront the problem of drug use and its consequences to users and society.

Before discussion of our intentions, that is, the course we intend to follow, the current drug use situation must first be

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[1] Hard-core drug users include individuals who use illicit drugs at least weekly and exhibit behavioral and societal problems stemming from their drug use.

assessed. We begin by noting that hard-core drug users have become the core or essence of our national drug problem: They fuel the demand for illicit drugs, commit a disproportionate number of property and violent crimes, burden our health care system, overwhelm our Nation's jails and prisons, and retard economic growth. The number of hard-core users has not fallen despite the substantial progress that has been achieved in reducing casual drug use. We must maintain this success through prevention because without it, the number of hard-core users will certainly increase. With respect to the supply of drugs on our streets, law enforcement (including international law enforcement) has achieved record seizures of illicit drugs; however, the supply is still plentiful enough to satisfy the needs of the existing drug user population. Further reductions in illicit drug availability are essential if we are to succeed in our effort to reduce drug use, particularly hard-core use. Otherwise, as long as illicit drugs remain plentiful and inexpensive, illicit drugs will continued to undermine incentives to seek treatment or curb use.

In recognizing the seriousness of hard-core drug use, we do not intend to downplay the problems of so-called casual or intermittent drug use. Every addicted or dependent user started his or her career by first being an experimental or occasional user. We have come to label this type of drug use as "casual" drug use, but this term is not meant to imply that this type of

use is unimportant, is of little consequence to the individual or society, or is not an extreme pattern of use worthy of drug control program efforts. Casual use has declined substantially over the past few years, and the Strategy intends to continue efforts to ensure that casual use does not revert to the levels experienced in the mid-seventies.

It is also important to note that the casual user differs in many ways from the hard-core user, and can be best reached by prevention efforts and other strategies that take this difference into account -- strategies that differ markedly from those that are effective for the hard-core user. Comparatively speaking, it is easier to change casual drug use patterns, as this category of user is generally deterred by reduced availability, peer pressure, and the threat of increased punishments. On the other hand, the hard-core user is more difficult to reach and more resistant to change.

Recognizing the changing nature of the drug-using population, the 1993 *Interim National Drug Control Strategy* provided a new direction for drug control policy. It brought to the forefront hard-core drug use and its concomitant problems for the individual drug user and society while continuing to fine-tune prevention efforts to prevent the reemergence of casual use. The Strategy involved focused prevention efforts, especially efforts targeted at special populations such as inner-city youth

and pregnant women. It empowered local communities by providing more police on the streets, taking guns away from criminals, and ensuring swift and certain punishment to stem the drug-related violence that the drug trade fosters. The Strategy focused efforts to stop the flow of drugs away from the transit zones to the source and transit countries that exhibit increased international commitment to narcotics control. Through these new efforts, the National Strategy will ensure success in mitigating the problems of drug use—both to the individual drug user and to society.

THE ECONOMIC COST OF DRUG ABUSE. The total economic cost of drug abuse to the Nation is astounding. One study, prepared by the Institute for Health Policy at Brandeis University for The Robert Wood Johnson Foundation, estimated the total economic costs of drug abuse at $67 billion in 1990, up $23 billion from $44 billion in 1985.[2] Another study by the University of Southern California (the U.S.C. Study) estimated the economic cost of drug abuse at $76 billion in 1991, up more than $30 billion from the $44 billion estimated for 1985.[3] This figure is

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

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

expected to reach $150 billion in 1997 if current trends continue. The primary contributors to the increase in economic costs from 1985 to 1991 were emergency room and other medical costs, the increased incidence of HIV/AIDS, increased criminal activity, and lost productivity caused by drug use.

The $76 billion in economic costs estimated by the California Study includes the value of lost productivity from victims of crime who were unable to work, which is estimated to be $1.3 billion. This is necessarily a conservative estimate, since lost productivity associated with an individual's own drug use, among other things, is not included. Research has established a clear relationship of drugs to crime and violence. Drug-using offenders are responsible for a disproportionate amount of crime, especially during periods of their most addictive use. During periods of heavy or addictive use, the frequency and severity of criminal activity rises dramatically.

A survey of chronic drug users not in treatment in 1992 found that during the 30 days prior to enrollment in the study, over 50 percent of both male and female drug users were involved in illegal activity. In addition, 10 percent had income from illegal sources only and 42 percent had income derived at least in part from both illegal sources. Much of the illegal income was derived from chronic users' involvement in drug-related activities. It is important to note that 53 percent of the study

population had been in drug treatment at some time in their lives.[4]

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

One area where the consequences of drug use are most easily seen is in the unprecedented rise in the number of homicides in this country. Exhibit 1.1 tells the story: Nationally, the number of homicides has risen steadily since the mid-eighties. Statistics on drug-related homicides are not currently available, but there is strong evidence of a significant link between

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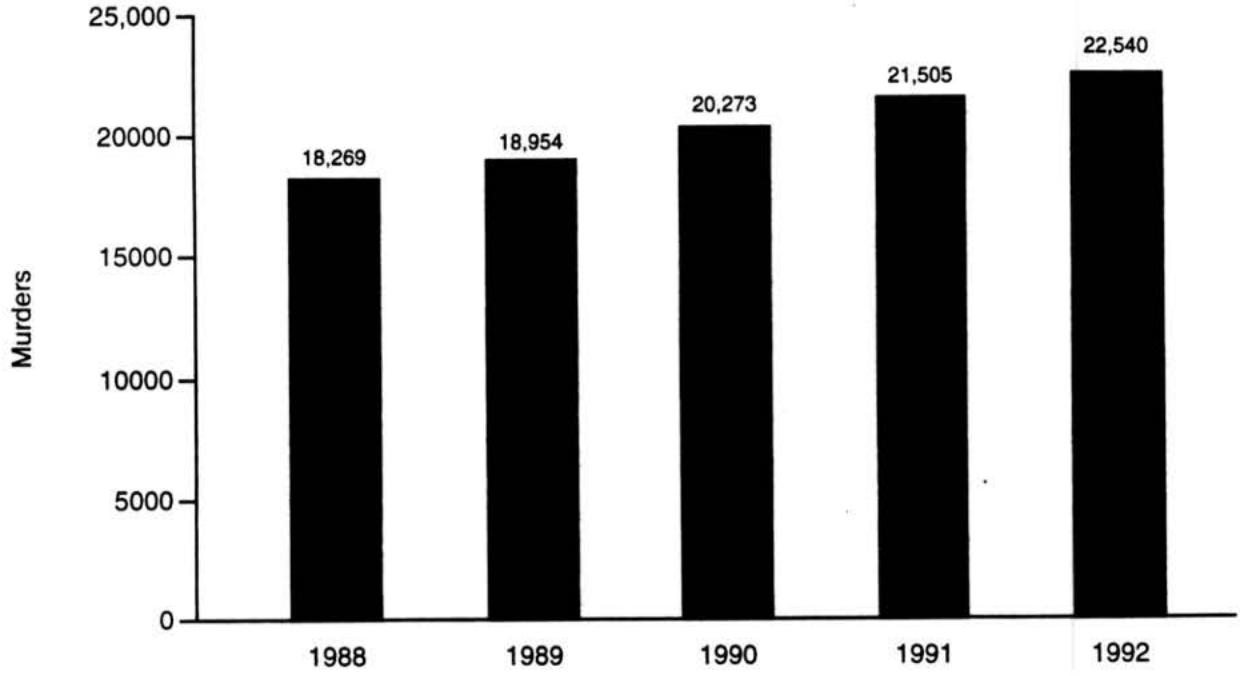
[4]Needle, R.H., et al. *Drug Procurement Practices of the Out-of-treatment Chronic Drug Abuser*, National Institute on Drug Abuse for the Office of National Drug Control Policy, September 1993.

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

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

Exhibit 1-1

Total Murders, 1988-1992



Source: Uniform Crime Reports, Federal Bureau of Investigation

homicides and the drug trade. One expert found that of 414 homicides that occurred in New York City between March 1 and October 31, 1988, 53 percent were drug related.[7]

The health costs of drug use are enormous and likely will increase as users continue to seek medical attention for their drug-related problems. A University of Southern California study estimates the economic cost associated with medical services for drug users to be $3.2 billion.[8] Another study estimates that substance abuse (including alcohol and tobacco use) accounted for $4.1 billion, which was 19.2 percent of total medicaid inpatient hospital costs in 1991.[9]

To understand the health care system burden resulting from drug use, consider what is happening in our Nation's hospitals. The Drug Abuse Warning Network, a system that collects information on patients seeking hospital emergency room treatment related to their drug use, reported record levels of cocaine- and

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

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

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

heroin-related emergency room visits in 1992 (see Exhibit 1.2).[10] Cocaine-related emergencies increased from an estimated 101,200 in 1991 to 119,800 in 1992; persons aged 26 to 34 have the highest rate of visits per person. Cocaine-related emergencies doubled among those aged 35 and older, making this age group the fastest growing group seeking medical services for drug-related health problems. The major reasons offered by users for seeking medical assistance are detoxification, unexpected drug reaction, and chronic effects resulting primarily from drug dependence.

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

One of the fastest growing components of the economic costs of drug use are the direct and indirect costs associated with the spread of HIV/AIDS, sexually transmitted diseases, and other infectious diseases among drug users. According to the Centers for Disease Control and Prevention (CDCP), almost one-third of the new AIDS cases reported are related directly or indirectly to

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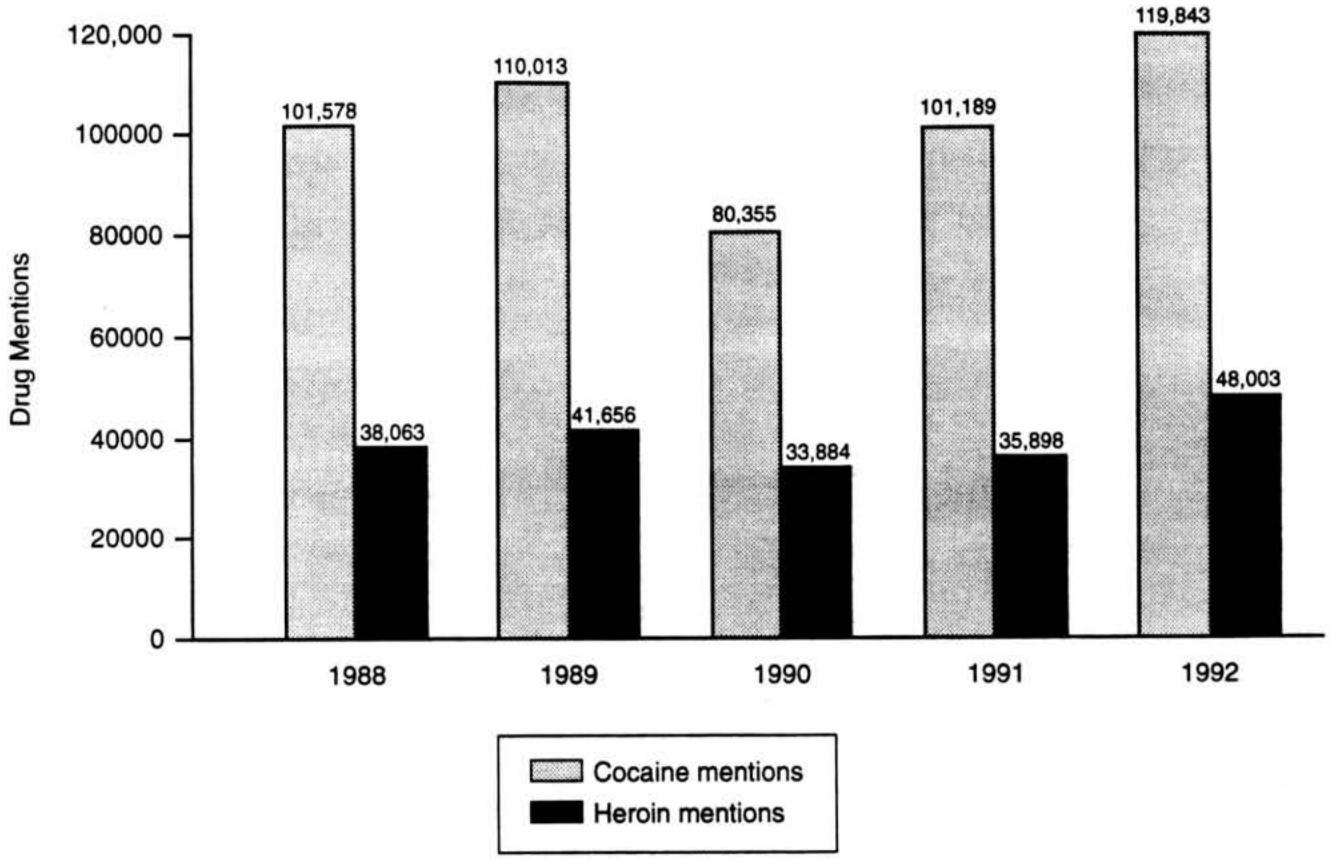
[10]U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Estimates from the Drug Abuse Warning Network*, Advance Report #4, September 1993.

Exhibit 1-2

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



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

injection drug use. Injection drug use and sexual contact with injection drug users accounts for 71 percent of the AIDS cases among adult and adolescent women. The incidence of HIV/AIDS is disproportionately higher in minority communities and is clearly related to drug use: Almost 50 percent of the AIDS cases among minorities were related to injection drug use. The trading of sex for drugs or for money to buy drugs is also a major contributor to the spread of HIV/AIDS and sexually transmitted diseases. In fact, according to the CDCP, drug use and associated sex-for-drugs activity were major contributing factors to the epidemic of syphilis among adults and congenital syphilis among newborns in 1992.

Drug abuse is responsible for other economic costs to society as well. Illicit drug use by pregnant women, for example, shows a high correlation with medical complications for both the mother and her child during and after pregnancy. National data on the incidence of drug use by pregnant women is not available, but it is estimated that each year 100,000 to 300,000 infants are born who have been exposed to illicit drugs. 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 just prior to delivery.[11] Drug-exposed infants

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

have lower birth weights and more health problems at birth than other infants. These problems contribute to health care costs through longer hospital stays and a requirement for enhanced medical services.

Yet another measure of the economic cost of drug use is the money spent on illegal drugs that otherwise would support legitimate spending or savings by the user in the overall economy. One recent study conducted for the Office of National Drug Control Policy (ONDCP) estimated that between 1988 and 1991, the annual retail trade in illicit drugs amounted to between $45 billion and $51 billion. In 1991 Americans spent about $49 billion on these drugs, broken down as follows: $30 billion on cocaine, $9 billion on heroin, $8 billion on marijuana, and $2 billion on other illegal drugs and legal drugs used illicitly.[12] This spending is 9 percent higher than the $45 billion spent in 1990. Comparatively speaking, to show just how substantial this spending is, in 1990 Americans spent $19 billion for books of all varieties; $28 billion for toys and sports supplies; and $53 billion for visual and audio products, computer equipment, and musical instruments.[13]

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

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

Economic costs also fall on governments, which must allocate additional resources for social services and law enforcement to deal with the problems of drug use. A survey of State and local government spending on drug control activities found that State and local governments spent $15.9 billion on drug control activities in Fiscal Year (FY) 1991,[14] an increase of nearly 13 percent over FY 1990. The total Federal budget for drug control activities in FY 1991 was $10.8 billion (including Federal grants totaling $3.2 billion in support of State and local government drug control spending).

THE DRUG USER POPULATION. Existing drug use and consequence indicator systems fail to tell us everything we need to know about the size, location, and characteristics of the drug user population. All systems suffer from the failure to represent one aspect of drug use adequately: hard-core drug use. Recent research suggests that hard-core users consume the bulk of illicit drugs, so our lack of knowledge about them cannot be taken lightly.[15]

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

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

The most widely used surveys of drug use are the National Household Survey on Drug Abuse (NHSDA) and the Monitoring the Future (MTF) survey (also known as the High School Senior Survey). The NHSDA provides information on drug use patterns and trends among the American household population aged 12 and older, including people living in group quarters (but not military personnel, those incarcerated in jails and prisons, and those in residential treatment facilities) and the homeless (those in shelters). The MTF survey provides information on drug use patterns and trends among high school seniors, and recently among 8th and 10th graders, for schools throughout the contiguous United States. This survey also encompasses American college students and young adults in their twenties and early thirties who are high school graduates. Both the NHSDA and the MTF survey are good sources of information about drug use among casual drug users.[16]

According to the NHSDA, casual drug use is down dramatically. Current (30-day) use of any illicit drug in 1992 fell by 21 percent, from 14.5 million users in 1991 to 11.4 million in 1992. Current use of marijuana also fell substantially, decreasing from 11.6 million in 1988 to 9.0 million in 1992. Exhibit 1.3 shows the progress in reducing

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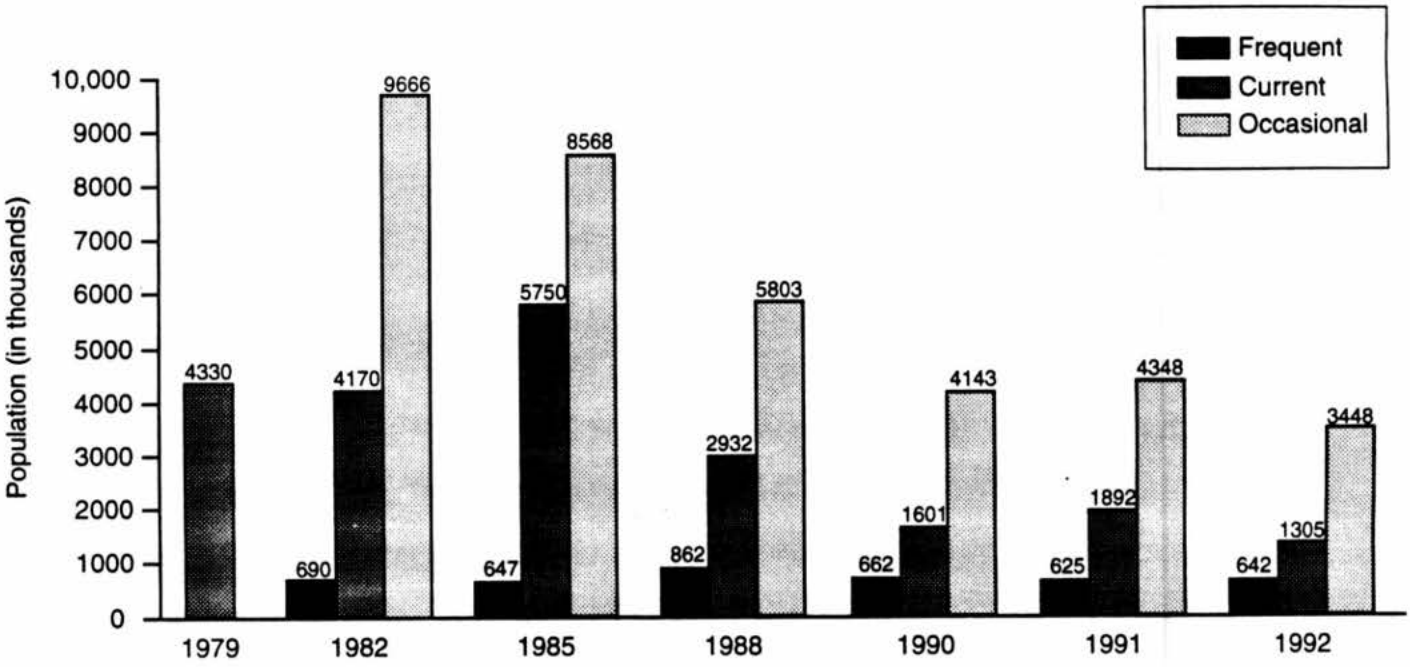
[16]See also the PRIDE Survey National Summary, which presents data on drug use by 6th to 12th grade students.

Exhibit 1-3

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



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

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

cocaine use in households over the same time period. Here the results are dramatic. For example, "occasional" use (within the past year but less than monthly) dropped, from 5.8 million users in 1988 to 3.4 million users in 1992—a 41-percent decline. Current cocaine use dropped 55 percent, from 2.9 million users in 1988 to 1.3 million users in 1990.

In addition, frequent (weekly) use of cocaine, as measured by the NHSDA, dropped—from 862,000 users in 1988 to 642,000 users in 1992. This measure constitutes hard-core drug use by members of households. It should be noted, however, that the NHSDA undercounts a large portion of the hard-core user population.[17]

The MTF survey also showed important progress through 1991 in rates of use of marijuana, cocaine, amphetamines, and a number of other drugs among American high school students, college students, and young adult high school graduates. The 1992 survey found, however, the survey found evidence of increased use of marijuana, hallucinogens, cocaine, and stimulants among eighth graders (see Exhibit 1.4).[18] This increase among the youngest

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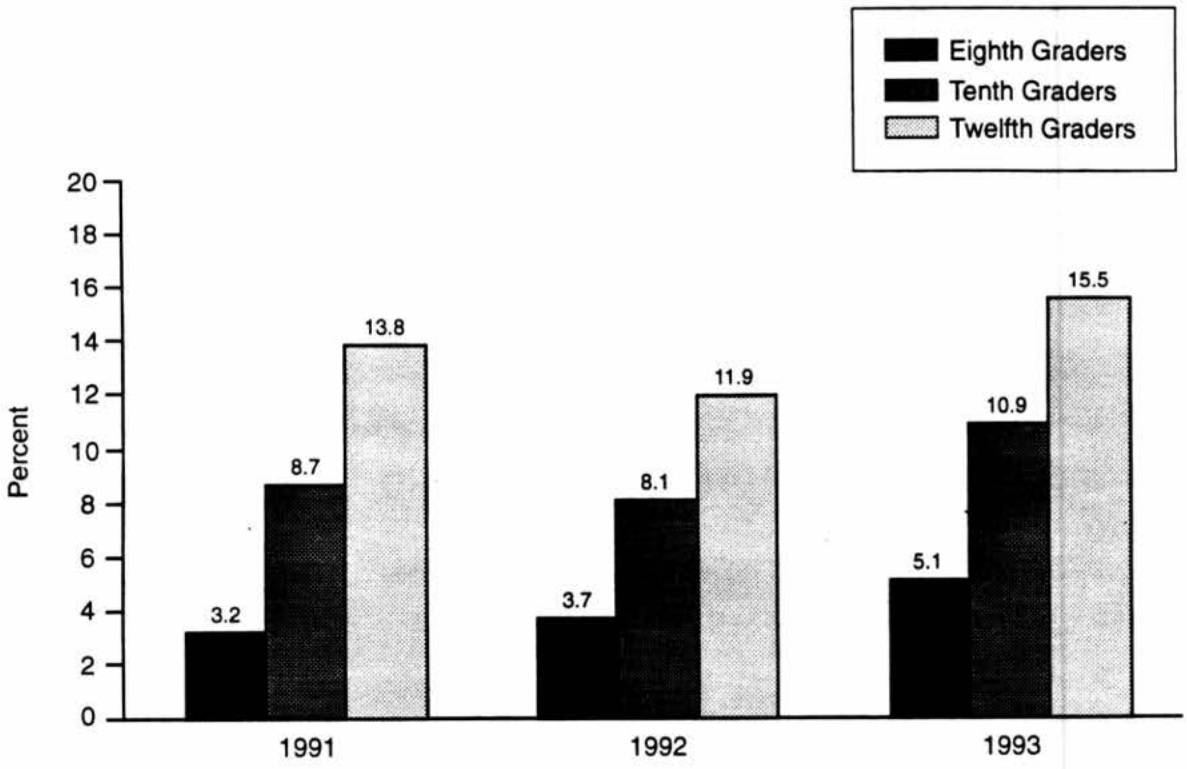
[17]A critical group of potential drug users left out of the NHSDA are people who are not officially homeless but are living in temporary situations (e.g., with friends, lovers, or relatives). A large number of hard-core drug users move from place to place every few months and are not counted in the NHSDA for that reason.

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

Exhibit 1-4

DRAFT

Past Month Use of Marijuana by Eighth, Tenth, and Twelfth Graders, 1991–1993



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

respondents surveyed, coupled with evidence of relaxing attitudes about the harmfulness and acceptability of drug use, did not bode well, suggesting that the messages about the dangers of drugs are not reaching the younger generation. There was also evidence of slippage in such attitudes and norms among high school seniors, presaging increases in use among that population. Indeed, in 1993 the use of a number of drugs—including marijuana, inhalants, stimulants, LSD (lysergic acid diethylamide), and hallucinogens other than LSD—was up in nearly all grade levels. While the findings from the 1993 survey are not yet available for either the college student or young adult samples, these populations have already shown some evidence of a reversal, with some increases in marijuana and LSD use in 1992. The Administration recognizes the early warning signal represented by this increased use and has called for a domestic summit in spring 1994 to bring together national drug prevention experts both within and outside the Federal Government to develop a national plan to turn this trend around.

While casual drug use has declined over the past several years, our best estimates suggest that hard-core (weekly) drug use remains firmly entrenched. We estimate that there are about 2.1 million hard-core cocaine users and about 0.6 million hard-

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Abuse, 1993.

core heroin users.[19] These levels are essentially unchanged from 1988, despite some expansion in treatment slots during the same period.[20] Some of the many casual users in the late 1980's probably became hard-core users in numbers sufficient to barely offset the number of existing hard-core users who either ended their addiction or reduced their use sufficiently to no longer be considered hard-core users.[21] This is, of course, an empirical question that we cannot answer adequately using existing data systems.

TREATMENT SYSTEM ADEQUACY. Substance abuse treatment can reduce hard-core drug use and its consequences to both users and society. Recent estimates suggest that as many as 2.5 million users could benefit from treatment, but only about 1.4 million users were treated in 1993. Largely as a result of inadequate public funding, approximately 1.1 million users did not receive

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

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

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

treatment.[22]

REDUCING ILLICIT DRUG PRODUCTION AND AVAILABILITY. The Department of State's 1993 *International Narcotics Control Strategy Report* (INCSR),[23] a congressionally mandated report, provides information on, among other things, cocaine and illicit opium production. According to the INCSR, total hectares of coca cultivation peaked in 1990 at 220,850 hectares. The 1992 level of 217,808 hectares is only 1 percent less than this peak level. It is estimated that, in 1992, this cultivation had the potential to produce 955 to 1,165 metric tons of cocaine hydrochloride. Further increases in the potential amount of cocaine produced are expected in future years for two reasons: (1) In reaction to increased law enforcement pressures, traffickers have adopted more efficient means of cocaine production, and (2) younger coca plants in Peru now are starting to mature and reach higher

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[22]This estimate is based on an analysis, performed by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Office of Applied Studies, of the treatment system using data from NHSDA and from surveys of administrative data reported by treatment providers. The estimate of 1.1 million users who did not receive treatment in 1993 may be conservative, because (1) the NHSDA is known to undercount the number of hard-core drug users and (2) treatment providers often double-count clients who receive treatment more than once during the year.

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

productive capacity. However, changing conditions in source and transit countries provide the opportunity to address illicit drug production more aggressively than ever before. Without such efforts, the prospect of declines in production is bleak.

But how much of the total potential cocaine production was available for consumption in the United States in 1992? To answer this question, ONDCP developed a model that begins with INCSR estimates of coca leaf production and ends with an estimate of the amount of cocaine reaching the United States (after accounting for various losses along the way).[24] According to the model, potential cocaine availability in 1992 was estimated to range from 255 to 430 metric tons.[25] Further, it is estimated U.S. drug users consumed about 300 metric tons of this potentially available supply.[26] Exhibit 1.5 shows the

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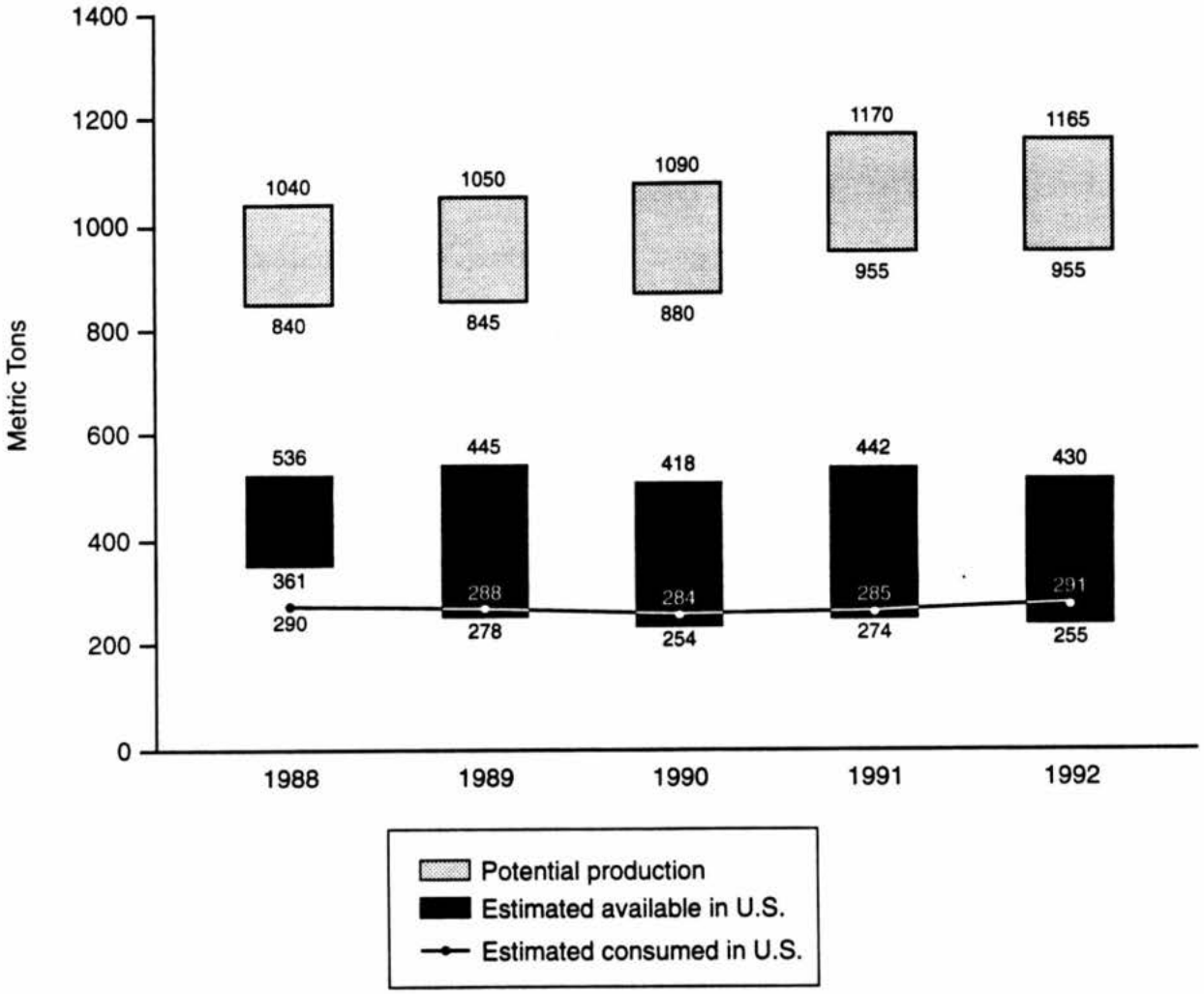
[24]This model was developed by the RAND Corporation and modified by Abt Associates, Inc., under contract to the Office of National Drug Control Policy. A discussion of the model is included in Rhodes, W., Scheiman, P., and Carlson, K. *What America's Users Spend on Illegal Drugs*, Abt Associates, February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

[25]The model computes the inputs and outputs at several different steps in the processing of cocaine. Basically it begins with the INCSR estimate of the land area under cultivation and allows for losses from eradication, source country consumption, and seizures (in both source and transshipment countries). An estimate of the amount available for the U.S. market is derived after subtracting amounts seized by Federal authorities and shipments of cocaine to other countries.

[26]The estimates of consumption and availability are related in the following ways. First, the availability estimate is based on potential cocaine production, as estimated by the INCSR, which assumes that all cultivation is used to produce pure cocaine. To

Exhibit 1-5

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



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

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

relationship between estimated potential cocaine production and estimated availability of cocaine in the United States.

The average purity of cocaine at the retail level has remained high for several years, averaging 64 percent in 1992. Domestic retail prices, adjusted for purity, declined steadily throughout the eighties but increased temporarily in 1990 (most likely because of reduced availability; see Exhibit 1.5).[27] Since 1990, however, cocaine prices have continued to decline and cocaine has remained readily available. Cocaine will continue to remain readily available if efforts to curb production and check the flow of cocaine to the United States are unsuccessful.

Reliable estimates of heroin availability in the United States do not exist, but most drug experts believe that availability is increasing. Much is known about opium production: According to the 1992 INCSR, total worldwide illicit opium cultivation has exploded since the mid-eighties; it

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the extent that pure cocaine is not produced from potential cultivation, cocaine availability as derived using this information is too high. Second, estimated availability does not exclude losses from State and local law enforcement seizures.

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

increased 152 percent in 7 years, from 1,465 metric tons in 1985 to 3,689 metric tons in 1992. (Although Colombia recently has seen a marked increase in opium poppy cultivation, successful eradication efforts have kept most of that production from reaching drug users.)

The U.S. heroin market is dominated by high-purity heroin from Southeast Asia (i.e., Burma, Laos, Thailand). Heroin also is available from Southwest Asia (i.e., Afghanistan, Lebanon, Pakistan, and Turkey) and Latin America (i.e., Colombia, Guatemala, and Mexico). Southeast Asia accounted for almost 70 percent of the total worldwide opium production in 1992, as shown in Exhibit 1.6. According to the DEA's Heroin Signature Program, 58 percent of the heroin samples obtained through domestic purchases and seizures came from Southeast Asia, 21 percent each from Southwest Asia or Colombia, and 21 percent from Mexico.[28]

Regarding street price and purity, the heroin available now is more pure than it was a decade ago. Heroin purity at the gram level increased from 7 percent in 1982 to 35 percent in 1992, indicating increased availability. Adjusted for changes in purity, heroin prices plummeted until 1990, but increased slightly thereafter. Law enforcement agencies often view an

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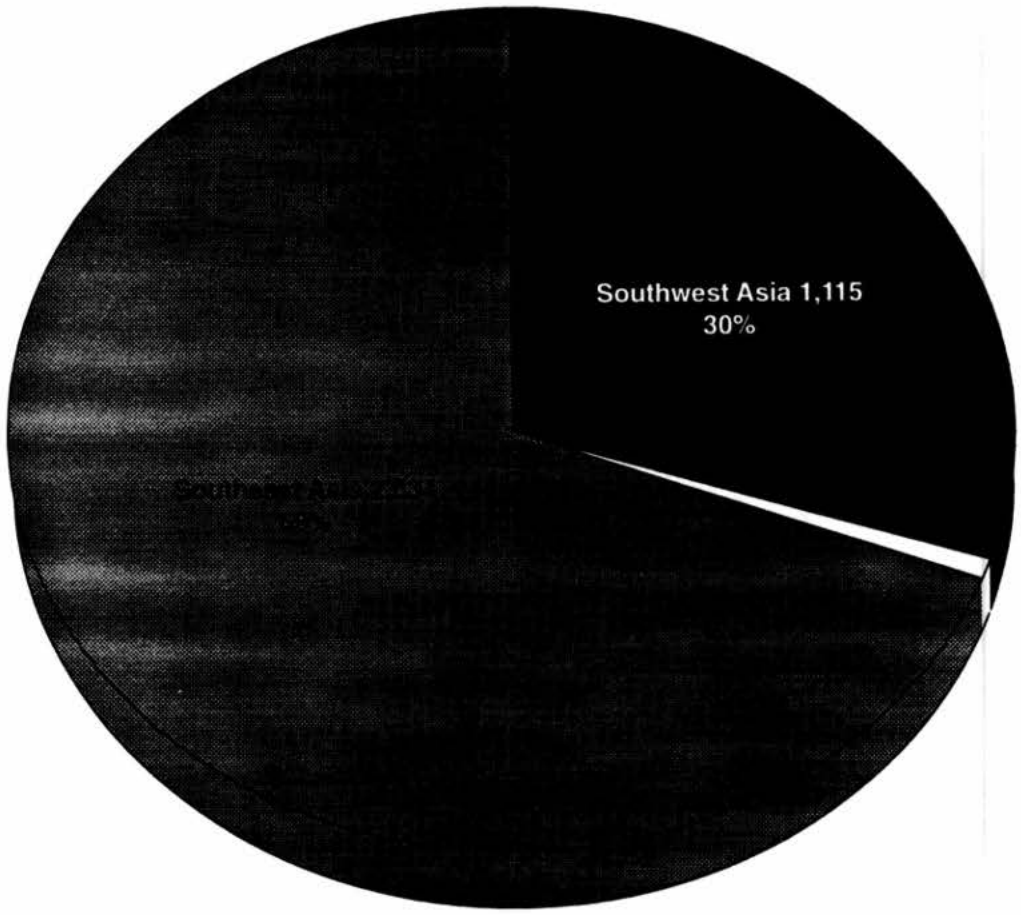
[28]Drug Enforcement Administration. *The NNICC Report, 1992: The Supply of Illicit Drugs to the United States,* National Narcotics Intelligence Consumers Committee (NNICC), September 1993, p. 18.

Exhibit 1-6

Worldwide Potential Opium Production by Major Producing Area, 1992



Metric Tons

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

Control

#23993

increase in the price of an illicit drug as a result of successful law enforcement operations aimed at trafficking organizations. In this case, the increase in the price of heroin—in the face of the belief that availability is on the rise—could signal an increase in demand. In other words, this increase in price may be evidence of increased heroin use.

Regarding the availability of other drugs, marijuana—the most commonly used illicit drug in the United States—is showing signs of making a comeback. Availability may be on the rise. Reports from street ethnographers, police, and treatment providers—buttressed by the MTF survey—suggest that marijuana use was up in 1993. The 1993 NHSDA, which is scheduled for release in the Summer of 1994, may provide further confirmation. There is also evidence to suggest that hallucinogen use is on the rise and that its availability is increasing in a number of States.

IMPROVING DRUG-RELATED DATA AND ANALYSIS. The scope, timeliness, and quality of existing information systems is of central importance to the assessment of the current drug situation. As the U.S. General Accounting Office notes,

> Policymakers, researchers, and planners must have accurate drug use information if they are to properly assess the nation's current drug prevalence patterns and trends, substance abuse clinical resource needs,

criminal justice intervention initiatives, and overall success in winning the war on drugs.[29]

ONDCP is taking a number of steps to improve data collection. First, ONDCP has developed an early information system to monitor changes in drug use. This system, known as "Pulse Check," involves working quarterly with a network of street ethnographers, police officials, and treatment providers, who gather timely and focused drug information.[30] This monitoring system was established primarily to track trends in heroin use. It suggests that heroin use is on the rise, principally among existing heroin users and former heroin users who are being enticed back into heroin use because of its low price and high purity. The system has also revealed evidence that polydrug users are increasing their use of heroin. Moreover, the system has identified the reemergence of marijuana and LSD, as well as some change in dealing practices. ONDCP is working with SAMHSA and the National Institute on Drug Abuse to identify options to improve the relevancy of Pulse Check, with the objective of releasing its findings on a regular basis.

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

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

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

Third, against the objective of improving the relevancy for policy purposes of all drug-related information systems, ONDCP has undertaken inventories and assessments of systems used to measure international drug prevalence. In addition, ONDCP is engaged in work to identify options to use existing drug data both more effectively and creatively at the national, State, and local levels to explore drug policy issues. This work should be completed in spring 1994.

Finally, ONDCP will convene the Research and Evaluation (R&E) Committee in 1994. Among other activities, the R&E Committee will review, monitor, and coordinate Federal research, data collection, and evaluation activities and recommend options to improve current data collection efforts. (See Appendix B for

a more detailed discussion of the R&E Committee.)

DRAFT

STRATEGY GOALS

The *Interim National Drug Control Strategy* released in September 1993 provides a blueprint for this Nation to reduce drug use and its consequences for users and society. This Interim Strategy charted a new, bold, and realistic course that will reinvigorate our efforts to prevent drug use before it starts, to extend a helping hand to those who have started, to protect individuals and communities from drug dealing and drug addiction, to punish those who profit from drug trafficking, and to work with those countries—especially the major source and transit countries—that demonstrate the political will and commitment to combat the drug trade. This chapter presents the goals and objectives for this new course.

THE LEGAL REQUIREMENT. The National Drug Control Strategy has one overriding goal: the reduction of drug use and its harmful consequences to users and society. This goal was established by Section 1005 of the Anti-Drug Abuse Act of 1988, which requires that the National Drug Control Strategy include "comprehensive, research-based, long-range goals for reducing drug abuse...[and] short-term measurable objectives which the Director [of the Office of National Drug Control Policy (ONDCP)] determines may be realistically achieved in the 2-year period beginning on the date of submission of the Strategy." Section

1005 of the act also requires that each Strategy include "a complete list of goals, objectives, and priorities for supply reduction and for demand reduction." According to the act, demand reduction includes drug use education, prevention, treatment, research, and rehabilitation; supply reduction includes any activity to reduce the supply of drugs in the United States and abroad, including international drug control, foreign and domestic intelligence, interdiction (in the border and transit zones and in source countries), and domestic law enforcement.[31]

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

Past Strategies. Past strategies placed special emphasis on

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[31]We have come to understand that the division of programs into "supply reduction" and "demand reduction" is somewhat artificial; some programs (such as community policing) do not fit easily into either category.

the reduction of drug use by casual or intermittent drug users—that is, those users whose frequency of use does not result in problems or behaviors that require some type of treatment. This emphasis was understandable: The National Household Survey on Drug Abuse (NHSDA) reported almost 6 million casual or intermittent cocaine users in the mid-eighties (compared to 1.3 million in 1992). The early strategies emphasized programs that targeted these users to reduce their numbers and prevent many of them from transition into hard-core drug use.[32] This is not to say that the problems of hard-core use were ignored. The early strategies also included some goals on the health consequences of hard-core drug use by measuring trends in the number of hospital emergency room admissions, as well as goals pertaining to illicit drug availability.

Three principal surveys were used to identify reductions in overall drug use, adolescent drug use, use of specific drugs (e.g., cocaine and marijuana), hospital emergency room mentions, and illegal drug-use approval rates of high school seniors.[33]

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

[33]These surveys include NHSDA, the University of Michigan's MTF Survey, and the Drug Abuse Warning Network (DAWN). The 1992 National Drug Control Strategy used the NHSDA to establish the following measures as goals: current (past 30-day) overall drug use; current adolescent drug use; occasional (past year but less often than monthly) drug use; frequent (weekly) drug use; current adolescent cocaine use; drug availability (ease to obtain) for

Progress in reducing drug availability was tracked using perceptions of drug availability from the Monitoring the Future (MTF) Survey.

The Interim Strategy moved the focus away from casual and intermittent drug use and placed it more appropriately on the most difficult and problematic drug-using population: hard-core drug users. This shift recognized that drug dependence is a chronic, relapsing disorder requiring specialized treatment and provision for aftercare. The report also recognized that prevention programs must place special emphasis on high-risk populations to deter new, high levels of first-time drug use and that prevention efforts are also needed to keep new use from becoming addiction.

With respect to supply reduction, the Interim Strategy significantly changed program emphasis. Past practice emphasized programs that attacked the flow of drugs essentially in all places at all times: in the source countries, in the transit zones, along the borders of the United States, and within communities. The Interim Strategy changed emphasis from the past

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cocaine, heroin, marijuana, PCP (phencyclidine), and LSD (lysergic acid diethylamide); and current adolescent alcohol use. DAWN was used to establish one goal related to the health consequences of drug use: reducing drug-related emergencies reported in hospital emergency rooms. The MTF Survey was used to establish goals on drug use attitudes regarding seniors not disapproving of cocaine use (under two frequency-of-use categories) and of marijuana use.

practice of concentrating largely on stopping narcotics shipments to a more evenly distributed effort across four program lines: (1) assisting nations that demonstrate the will to address the problems of drug use and trafficking, (2) destroying domestic and international drug trafficking organizations, (3) exercising more selective and flexible interdiction programs, and (4) enhancing the quality of traditional investigative and prosecutorial activities while furthering new advances in policing, such as by using community policing to deter criminal activity.

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

On the supply side, past strategies rightfully avoided goals that reflected seizures or arrests; these were recognized as poor substitutes for goals measuring drug availability. While measuring drug availability is not an unreasonable indicator of overall progress, it does not encompass the totality of our national efforts or reflect the true impact of law enforcement efforts on reducing illicit drug consumption and its consequences to users and society. Statistics on the number of arrests or

total amount of seized assets say little about whether the presence of illicit drugs in our schools has decreased or whether inner-city communities plagued by drug-related crime and violence are any safer. It is therefore inappropriate to evaluate the success of the Nation's overall drug control strategy using such limited indicators.

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

> Use reduction is inadequate as a single guiding principle for drug policy because it is unidimensional and tends to overlook the real differences between different drugs, different drug user patterns (including modes of administration), different populations, and the many harms associated with drug distribution and enforcement as opposed to drug use.[34]

A more appropriate approach is to establish goals that reflect the objectives of the components of the National Drug Control Strategy.

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[34]Reuter, P. Letter to Dr. Lee Brown, RAND Corporation, Santa Monica, California, September 29, 1993.

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

Yet another issue concerns the problem of measurement: Our ability to track progress in achieving goals and objectives depends greatly on the quality, timeliness, and relevance of information on drug use and its consequences to users and society. The Strategy's mandate is to reduce drug use, but surveys describing drug prevalence or consumption of illicit

drugs by the entire drug-using population are not available. Most existing drug data systems measure the number of drug users within certain subgroups of the drug user population (e.g., households or arrestees) and their frequency of drug use.

Of course, measuring drug use is not easy; drug use is illegal and not all users readily offer information about themselves and their drug habits. Existing surveys do not effectively measure drug use by the most serious drug user: the hard-core drug user.[35] Moreover, some of these surveys have been criticized as inadequate on other grounds.[36] However, these criticisms are not discussed here. Instead, we will discuss the steps that will be taken to overcome these shortcomings. To this end, ONDCP offers the following plan:

- First, ONDCP will convene the Research and Evaluation (R&E) Committee (see Appendix A) which will, among other things, identify shortcomings in existing drug-related data collection systems and recommend steps to

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

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

improve drug data collection for policy and Strategy implementation purposes.

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

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

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

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

1994 STRATEGY GOALS AND 2-YEAR OBJECTIVES.[37] The Interim Strategy provided the blueprint for action against the Nation's drug problem, with the Federal Government coordinating with State and local governments as well as with private and public sector treatment and prevention programs. The success of the Strategy is linked closely with the need for both horizontal and vertical organization, cooperation, and collaboration with drug control programs provided by all public and private sector entities. Further, the Strategy's success depends on how closely it is linked to other Federal programs that include a substance abuse control component, such as the Public Health Service's Healthy People 2000, Department of Education programs that address the National Education Goals, and the President's Enterprise Zone and Empowerment Communities Program.

The national goal of reducing drug use has seen greatest

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

progress in reducing consumption among casual users and less progress with hard-core drug users. Hard-core drug users include special populations that, by virtue of their circumstance and responsibility, warrant additional attention—such as adults and adolescents in contact with the justice system, pregnant women, and women with dependent children. Also equally important is the need for outreach to those hard-core users who have yet to encounter the justice system.

Most hard-core users are polydrug users; that is, they are addicted to more than one drug and so present complex social, health, and mental health problems, in conjunction with their drug use. As past efforts to reduce casual drug use were neither quick nor easy, similar efforts to reduce polydrug use will follow a similar difficult path. This must be clearly understood. Expectations of a quick fix to the drug problem, particularly hard-core use, are unreasonable. This National Drug Control Strategy establishes realistic, long-term goals for achieving success against hard-core and casual drug use; in the short term, successive 2-year objectives established for each goal present the most reasonable means to track progress. In some cases, the goals established here are process oriented rather than outcome oriented because adequate outcome measures do not exist; these goals reflect the immediate need to improve monitoring and oversight of existing program delivery, to promote the number of certain specialized programs, and to add to the

capacity of existing programs to support many of the long-term goals.

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

Goal 1: *Reduce the number of drug users and the amount of drugs used in America.*

1996 Objectives

- Reduce the number of casual drug users, defined to include individuals who experiment with drug use, use occasionally, or use on a current (within the past month) basis. Progress will be measured using surveys such as NHSDA and the MTF Survey.

- Reduce the number of hard-core users by providing treatment services that directly impact their drug use.[38]

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[38]ONDCP and DHHS are working on a project to develop estimates of the size, location, and characteristics of the hard-core user population. This project will provide the measure of progress in achieving this objective. In the interim, ONDCP will continue to rely on existing data.

- Reduce the quantity of illicit drugs consumed by users, especially hard-core drug users, to mitigate the consequences of illicit drug use to the individual and society. Progress will be measured using such measures as drug-related cases in hospital emergency rooms, drug use among arrestees, drug-related crime, and the number of infants exposed in utero.

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

public housing authorities.[39] The strategies also must address the needs of individuals of all ages, races/ethnicities, and other backgrounds.

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

Goal 2: *Reduce the use of alcohol and tobacco products among underage youth.*

1996 Objective

- Ensure that antidrug prevention efforts target alcohol and tobacco use, as well as the use of other illicit

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

drugs, in order to reduce use. Progress will be measured using surveys such as NHSDA and MTF.

Goal 3: *Expand treatment capacity and services and increase treatment effectiveness so that those who need treatment can receive it. Target intensive treatment services for hard-core drug-using populations and special populations, including adults and adolescents in custody or under the supervision of the criminal justice system, pregnant women, and women with dependent children.*

1996 Objectives

- Enact national health care legislation that makes drug treatment part of a basic health care package without copayment requirements for indigent hard-core drug users.

- Increase the capacity of the treatment system to provide treatment services for those who seek treatment. Progress will be measured using existing surveys of the treatment system.

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

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

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

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

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

the Alcohol and Drug Services Survey.

Goal 4: *Reduce the burden to our health care system by reducing the spread of infectious disease related to drug use.*

1996 Objectives

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

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

- Expand the number or capacity of outreach programs (1) to educate hard-core users about infectious diseases and their relationship to drug use and other high-risk behaviors and (2) to encourage such individuals to enter treatment.

- Improve the linkage between treatment facilities and local departments of health by increasing the number of referrals between public health programs and treatment facilities. Progress measures will be developed by DHHS.

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

1996 Objectives

- Encourage all State and local educational agencies and institutions of higher education to develop measures for violence and drug prevention programs to achieve Goal 6 of the America 2000 Education Strategy, which requires every school in America to be free of drugs and violence and to offer a disciplined environment.

- Increase the number of substance abuse prevention and other community-based drug prevention programs to parents and other family members of children enrolled in Head Start.

- Promote community policing in areas burdened with the problems of drug use and crime to enable communities to "take back the streets."

Goal 6: *Assist local communities in developing effective prevention programs.*

1996 Objectives

- Increase prevention research in order to improve understanding of effective prevention strategies for drug use and risk and protective factors.[40]

- Using the latest available technologies, strengthen the collection and dissemination of results from prevention research and evaluation to ensure that effective approaches are made widely available to communities.

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

- Provide prevention action standards and offer assessments to community prevention programs. DHHS

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[40]Possible topics for prevention research include (1) interventions for special populations such as elementary students and racial/ethnic minorities, (2) assessment tools for use by school personnel with youth in high-risk environments, and (3) the role of school reform in prevention.

will publish the results of an extensive evaluation on prevention programs and provide assessment standards for individual programs.

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

1996 Objectives

- Compile and disseminate standards and guidelines for Employee Assistance Programs (EAP's) to help employees with problem assessment and to provide referrals for treatment, counseling, and followup counseling to prevent recurrence of drug problems.

- Encourage employers, including small businesses, grantees, and contractors, to implement comprehensive drug-free workplace programs that comprise clear, written policies against illicit drug use; that educate employees and train supervisors about corporate policy concerning problems associated with drug use and workplace performance; and that offer EAP's to assist employees in resisting drug use.

- Encourage organized labor to implement drug-free workplace programs in industries where employer leadership is not forthcoming.

- Continue to implement Executive Order 12564, which requires Executive Branch agencies to achieve a drug-free workplace. This includes having an approved plan in place that spells out the agency policy, administrative procedures, and criteria for selection of Testing-Designated Positions.

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

1996 Objectives

- Increase the number or capacity of Offender Management Programs, especially those that promote accountability among users.

- Call on Community Partnership Programs (1) to adopt early warning systems to alert the communities they serve of new drug use patterns and consequences and (2) to provide the necessary linkages to the health, prevention, vocational, treatment, and other followthrough services for children, youth, and families of drug users (particularly of hard-core drug users). DHHS will develop model systems for use by individual Community Partnerships.

- Improve local coordination of national-level drug prevention and treatment efforts (1) by developing new, streamlined means through which States comply with all federally mandated plan requirements for Federal drug grant programs; (2) by establishing uniform Statewide prevention and treatment guidelines; and (3) by requiring such plans to form linkages of local services to enhance prevention and treatment efficacy and efficiency. ONDCP will coordinate efforts to streamline plan requirements.

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

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

1996 Objectives

- Empower communities to address the problems of drug use and related violence through community-based efforts, such as community policing.

- Augment the role of Community Partnership Programs to include the problems of drug-related crime and violence, and increase understanding of the contribution of drug use to crime and violence by promoting research and evaluation of programs directed toward such linkages.

- Ensure swift and certain punishment for drug offenders using an expanded number of drug courts or pretrial diversion alternatives in appropriate cases for first-time, nonviolent, drug-using offenders.

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

1996 Objectives

- Target organizations engaged in domestic drug production and distribution, particularly of marijuana and LSD; incarcerate their leaders; and seize and

forfeit the means and fruits of their illicit activities.

- Conduct intelligence-cued interdiction to maintain a flexible response in the transit zone to enable effective use of maritime and aerial interdiction capabilities.

- Undertake research to better define the size and scope of the domestic marijuana problem.

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

1996 Objectives

- Determine the extent of overlap, and identify areas where duplications and uncoordinated efforts can be eliminated.

- Identify options to improve the effectiveness of law enforcement to stop the flow of drugs along the Southwest border.

- Review structure of intelligence and communications support to best meet the needs of law enforcement.

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

The 1994 National Drug Control Strategy establishes the following goals for international supply reduction.

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

<u>1996 Objectives</u>

- Undertake new approaches to heighten international concern about the global drug threat by demonstrating the deepening connection between the drug trade and other national concerns such as economic growth and prosperity, democracy, and the environment.

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

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

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

- Encourage at-risk countries to invest resources in counternarcotics public awareness, demand reduction,

and training programs that will build public support and strengthen the political will for implementing counternarcotics programs.

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

- Provide counternarcotics assistance to countries that demonstrate the requisite political will and commitment to reduce the production and trafficking of illegal drugs.

- Make more aggressive use of economic and other sanctions against key drug-producing and transit countries that do not demonstrate the political will to cooperate on counternarcotics efforts.

Goal 13: *Assist other nations in attacking the drug trade.*

1996 Objectives

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

- Pursue sustainable development programs in cooperating source countries to strengthen their economies and to create fundamental economic alternatives to narcotics production and trafficking.

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

- Provide intelligence and training to enhance source and transit country operations to eliminate narcotics production and to destroy major traffickers and their organizations through investigation, apprehension, and conviction of their leaders and through targeting their assets for seizure and forfeiture.

Goal 14: *Reduce the supply of illicit drugs to the United States.*

1996 Objective

- Reduce the production, processing, and movement from source and transit countries through unilateral, bilateral, and multilateral counternarcotics programs and initiatives.

- Bilaterally strengthen our partnership with transit and source countries, and provide (as appropriate) technical assistance, law enforcement training, criminal justice system development and support, and investigative support to build their institutions and to strengthen their self-reliance.

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

- Reduce poppy cultivation in Colombia, Guatemala, and Mexico, and prevent its spread to other Latin American countries.

- Optimize the allocation of interdiction assets overseas through the appointment of an Interdiction Coordinator.

Exhibit 2-1 summarizes the goals for the 1994 National Drug Control Strategy.

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

ONDCP is charged by law with establishing policies, objectives, and priorities for the Strategy and for monitoring its implementation.[41] Federal agencies responsible for drug control activities will be tasked with developing and submitting to ONDCP plans describing concretely and precisely how the goals and objectives will be achieved. These plans will be reviewed and approved by ONDCP to ensure progress toward achieving

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

Exhibit 2-1

Goals of the 1994 National Drug Control Strategy

Goal 1:	Reduce the number of drug users and the amount of drugs used in America.
Goal 2:	Reduce the use of alcohol and tobacco products among underage youth.
Goal 3:	Expand treatment capacity and services and increase treatment effectiveness so that those who need treatment can receive it. Target intensive treatment services for hard-core drug-using populations and special populations, including adults and adolescents in custody or under the supervision of the criminal justice system, pregnant women, and women with dependent children.
Goal 4:	Reduce the burden to the health care system by reducing the spread of infectious disease related to drug use.
Goal 5:	Create safe and healthy environments in which children and adolescents can live, grow, learn, and develop.
Goal 6:	Assist local communities in developing effective prevention programs.
Goal 7:	Increase workplace safety and productivity by reducing drug use in the workplace.
Goal 8:	Strengthen linkages among the prevention, treatment, and criminal justice communities and other supportive social services, such as employment and training services.
Goal 9:	Reduce domestic drug-related crime and violence.
Goal 10:	Reduce all domestic drug production and availability, and continue to target for investigation and prosecution those who illegally manufacture and distribute dangerous drugs and who illegally divert pharmaceuticals and listed chemicals.
Goal 11:	Improve the efficiency of Federal drug enforcement, interdiction, and intelligence programs.
Goal 12:	Strengthen international cooperation against narcotics production, trafficking, and use.
Goal 13:	Assist other nations in attacking the drug trade.
Goal 14:	Reduce the supply of illicit drugs to the United States.

Strategy goals.[42] ONDCP will report in 1996 on the progress of the Strategy in achieving the goals and objectives delineated in the 1994 Strategy.

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

DOMESTIC PROGRAMS

Drug dependence is characteristically a chronic, relapsing disorder. Chronic or hard-core drug use is characterized by a strong desire or craving for drugs that is difficult to lose completely or to extinguish, once it has been established. These hard-core users often suffer extreme physical, psychological, emotional, economic, and social pain and are, in many ways, removed from society. Their plight affects not only them, but their families, friends, and, in the end, all of society. But even the chronic or hard-core user can successfully travel the path to recovery, if that path is properly illuminated. It is the intention of this Strategy to finally take the steps that are needed to illuminate that path, and, in doing so, to remove as many of the pitfalls as possible, so that, in the end, the individual, familial, and societal costs of drug use are reduced and the sad cycle of drug abuse is broken for as many as possible.

The 1994 National Drug Control Strategy will provide treatment for these hard-core drug users. This course is not based solely on compassion for those affected by addiction. Drug-using offenders are responsible for a disproportionate amount of crime, and the frequency and severity of their criminal activity rises dramatically during periods of heavy or addicted

use.

Although most recent concern with violence has understandably focused on the brutality attendant to drug trafficking, and the weapons involved, there is long-standing evidence that heavy drug use itself spawns violent behavior. This is underscored by a recent PRIDE (Parents and Resources In Drug Education) survey of over 10,000 middle and high school students in a large urban school district, which showed that drug users were 3 to 20 times more likely than nonusers to carry guns to school; preliminary analysis suggests similar correlations between drug users and gang activity, threatening behavior, and teen suicide.[43] A survey of hard-core drug users not in treatment in 1992 found that more than 50 percent were involved in illegal activity during the 30 days prior to their participation in the survey; 10 percent derived their income solely from illegal sources. Recent detailed studies of violent crime and homicide have found about 50 percent to be drug related.[44]

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

[44]See, for example, Needle, R. H. et al. Drug Procurement Practices of the Out-of-treatment Chronic Drug Abuser, National Institute on Drug Abuse for the Office of National Drug Control Policy, September 1993; Ball, J.C. (1986) The hyper-criminal opiate addict. In B.D. Johnson & E. Wish (eds.), **Crime Rates Among Drug-Abusing Offenders: Final Report to the National Institute of Justice,** New York: Narcotic and Drug Research, Inc.; Chaiken J.M. & M.R. Chaiken (1990) Drugs and predatory crime. In: Tonry M. & and J.Q. Wilson (eds.) Drugs and Crime. Chicago: University of Chicago Press:203-239; Goldstein, P.J. (1985) The drugs/crime nexus: A tripartite conceptual framework. Journal

Fortunately, entry into drug treatment has been shown to have an immediate impact on the levels of drug use and associated crime, while retention in drug treatment has an even greater impact. Major longitudinal studies have shown repeatedly that drug use and criminal activity decline upon entry into treatment and remain below pretreatment levels for up to 6 years after having treatment. Studies of opiate addicts found an average reduction in daily narcotics use of 85 percent during treatment and a 40-percent decrease in property crime. A related study of eastern seaboard cities found that the number of annual "crime days" (i.e., days criminally active) per treatment participant dropped from 307 the year before treatment to about 21 after 6 months in treatment, a 93 percent reduction. A recent study of methadone treatment participants in the Midwest found a 75-percent reduction in criminal activity for all entrants and an 85-percent reduction for those who remained in treatment for 1 year.[45] Furthermore, according to the National Institute on Drug

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of Drug Issues, Fall:493-506; and Inciardi J.A., Horowitz R., Pottieger A.E. (1993) Street kids, street drugs, street crime: An examination of drug use and serious delinquency in Miami. Belmont, CA:Wadsworth Publishing Company.

[45]See, for example, Anglin, M.D. (April 1991) Ensuring Success in Interventions with Drug-Abusing Offenders. Paper presented for the conference on The Role of Treatment and Punishment in Controlling Drug Use, Santa Monica, CA.; Ball, J.C., E. Corty, H.R. Bond, & A. Tommasello (June 1987). The reduction of injection heroin abuse, non-opiate abuse and crime during methadone maintenance treatment -- further findings. Paper presented at the Meeting of the Committee on Problems of Drug Dependency, Philadelphia, PA.; Ball, J.C. & A. Ross (1991) The effectiveness of methadone maintenance treatment: Patients, programs, services, and outcomes. New York:Springer-Verlag.

Abuse (NIDA), for every dollar spent on treatment, $7 is returned to society in the form of tax savings from reduced public spending ($4) and enhanced productivity ($3).[46]

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

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

The Administration will continue to support drug treatment as a means to reduce crime and violence by promoting strong

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

linkages between treatment and the criminal justice system; supporting aggressive outreach to get hard-core users into treatment; ensuring strong management and monitoring to foster treatment retention; and demonstrating interventions designed specifically for those at risk of violence.

TARGETING DRUG TREATMENT TO POPULATIONS MOST IN NEED. Expanded treatment capacity will be targeted to those areas and populations most in need and will include support for the provision of vocational and support services as well as for treatment program staff training. Certain populations have had limited opportunities for treatment, have faced numerous practical obstacles to treatment entry and retention, or have been difficult to reach. Thus, while maintaining support for effective existing programs, the Strategy will target new and existing treatment resources to address the problems of underserved and priority populations such as pregnant addicts, addicted mothers, and injecting drug users.

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

citizens.

Implementation of the President's crime initiative will foster drug treatment, drug testing, graduated sanctions, and offender management programs as an integral part of the criminal justice response to drugs. The criminal justice system will be better linked to treatment services to ensure the safe and effective reentry of drug-using offenders into the community and to reserve prison space for those who represent a threat to public safety. Through TASC and TASC-like management programs, courts will be able to divert users into treatment, monitor treatment progress, and condition either pretrial release or probation on participation in drug treatment. In concert with corrections officials, courts can secure needed treatment for those who must be incarcerated and ensure proper transition and community treatment and supervision for those released from prison or jail.

Just as the justice system provides many opportunities to identify and offer treatment interventions to substance abusing offenders, the justice system on a broader scale generally provides a funnel to link substance abusers to treatment services. Hard-core users often encounter noncriminal legal problems stemming from their use of alcohol or illicit drugs that cause them to end up in noncriminal courts such as traffic, divorce, family, domestic, and other noncriminal courts. The

Strategy supports efforts to identify and treat heavy substance abusing adults and juveniles who come into contact with the justice system through both noncriminal and criminal courts.

The Department of Health and Human Services (HHS) will work with State substance abuse agencies and service providers to increase outreach efforts and comprehensive treatment services to identify addicted women, including homeless women. HHS will also provide them with comprehensive treatment services to children of substance abusing women. These services will promote healthy growth and development to break the chain of domestic violence caused by substance abuse.

EXPANDING OUR CAPACITY TO TREAT DRUG USERS. The Strategy targets hard-core drug users for intensive treatment and supervision to reduce their drug use and its consequences. It has been estimated that there are close to 3 million hard-core drug users in the United States. Many (about 2.1 million) are addicted to cocaine, especially crack-cocaine, often in combination with other illegal drugs and alcohol. The frequent use of other substances—including, importantly, alcohol (there are now approximately 10 million heavy drinkers)—remains stable despite efforts to reduce the number of polydrug users. Finally, heroin, the nemesis of previous decades, now claims about 600,000 addicts and is showing early signs of making a comeback.

Not every abuser needs long-term treatment. For some, testing and monitoring, when combined with appropriate sanctions, are enough; for others, self-help groups have proven effective.[47] But the majority of addicts and hard-core users need intensive, continuous, and often long-term, help. Currently the treatment system does not have the capacity to provide treatment for all who need it. Today, we have the capacity to treat roughly 1.4 million addicts, 1.1 million fewer than the total addicted population. Although most people who need treatment do not actively seek it, if everyone who needs and could benefit from treatment were to seek it this year, the treatment system could only serve less than 60 percent.

The budget proposed to carry out this Strategy will add capacity sufficient to treat an additional 126,000 people next year. This is a significant start, because the provision of intensive treatment to an additional 126,000 addicts and hard-core users—offered in concert with targeted prevention and

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

enforcement programs—will begin to reduce the total population in need of treatment. The long-term strategy is to provide additional resources at a rate and in a manner that will best enable the treatment system to expand the delivery of effective services.

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

Even in its early stages of implementation, the Health Security Act will improve access and remove obstacles to substance abuse treatment. More substance abuse benefits will be covered under the Health Security Act than is presently the case, even for those who do have health insurance. Individuals with preexisting conditions will not be excluded from coverage and those who use treatment services will no longer face the lifetime limits common to many policies. Also included under companion public health initiatives is support for related activities—such as transportation, outreach, patient education, and translation services—that will remove other barriers to treatment participation.

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

Specifically, through initial day-and-visit limits and a benefit substitution approach, the Health Security Act will spur treatment programs to implement better assessment, treatment-patient matching, treatment progress monitoring, and transition planning. The Act uses 30 days of inpatient coverage as the annual coverage base and allows the substitution of 1 inpatient day for 2 days of intensive outpatient treatment or 4 days/visits of outpatient treatment. This way, the Act attempts to contain costly hospitalization and residential care. In addition to controlling costs, it is believed that this approach will inspire the development of skills in planning, management, and evaluation on which to base a sound approach to managed care; this will be essential when the substance abuse benefit is expanded in 2001.

These are significant steps. However, health care reform, in its early stages of implementation, cannot be expected to resolve the long-festering problems presented by hard-core and addicted drug users, many of whom need long-term care now and

many of whom are very poor. For the foreseeable future, it will be necessary to maintain the commitment to public funding of drug treatment.

LINKING EFFECTIVE TREATMENT TO OTHER SOCIAL SERVICES. The goal of expanding treatment also embraces the concept of a comprehensive, integrated approach to treatment services based on a public health model that views substance abuse, violence, infectious disease, and mental illness as conjoint threats to health and welfare. This approach to treatment requires a response to the health, economic, and social aspects of drug abuse—a response involving a seamless continuum of primary prevention, outreach, intervention, treatment, and recovery support.

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

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

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

EVALUATING TREATMENT—RECOGNIZING EFFECTIVE MEDICATIONS AND MODALITIES. The Administration maintains strong support for drug treatment research, as evidenced by the President's Fiscal Year (FY) 1995 budget request of nearly $XXX million. Until recently, there were only two approved medications for drug treatment: methadone, which replaces heroin at the receptor level in the human brain, and naltrexone, which is a narcotic antagonist. However, in 1993, All necessary studies and associated Federal regulations for the approval of LAAM (levo-alpha-acetylmethadol hydrochloride), a longer-acting alternative to methadone, were completed. LAAM is given only every 48 hours instead of every 24 hours, as methadone is. Thus, it shows promise in breaking the drug-seeking habit of persons in treatment and allowing them to hold jobs or to travel, and it may prove more acceptable for some patients and less subject to diversion for illicit use. Furthermore, seeing each patient less often may make it possible to treat more people with existing capacity.

The National Institute on Drug Abuse (NIDA) is completing a clinical trial of buprenorphine, a unique opiate treatment agent, and has developed a new 30-day dosage form of the narcotic antagonist naltrexone, which is currently under study. New

agents that are effective in treating heroin dependence also will be effective in treating other forms of opiate addiction (e.g., addiction to prescription drugs that are opiate-based). Researchers also have identified several potential medications for treating cocaine and crack-cocaine addiction. NIDA is conducting rigorous clinical trials to determine the usefulness of desipramine, flupenthixol, amantadine, buprenorphine, and other potential agents.

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

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

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

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

In a more immediate practical sense, the existing treatment

system must absorb and apply what research and good clinical practice have already demonstrated to be effective. Schools and training programs for health and treatment professionals must be employed to bring treatment staff and programs to a higher level of performance.

EVALUATING TREATMENT-STRENGTHENING PROGRAMS AND APPROACHES. Numerous evaluation programs are beginning to provide practical information. HHS will promulgate treatment protocols and outcome measures for use by all treatment grant recipients in FY 1995. Evaluation of drug treatment in the Bureau of Prisons will be completed in 1995, as will an evaluation of the TASC program, and a related evaluation of State prison treatment programs will be completed in 199X. Other evaluations underway include the Job Corps' Drug Treatment Enrichment Program (DTEP), under which more than 5,000 students have been assessed, with approximately 25 percent of them placed in some level of substance abuse intervention. It will then compare their performance with that of students placed in a less comprehensive program. It will also study outreach modalities, to examine the effectiveness of various types of outreach to heavy users as pathways into substance abuse treatment.

The Strategy also promotes program evaluation as an integral part of sound program management. Tools under development for use by treatment providers include a uniform chart of accounts

suitable for service providers to determine unit costs and automated patient assessment procedures. Furthermore, analysis will be available soon from a major national treatment improvement evaluation study. These analyses will address topics, including treatment outcomes in innovative treatment settings (e.g., boot camps); treatment requirements for hard-core drug users; comparative studies of assessment methodologies; patient-practitioner matching; and patient-service matching. In addition to receiving technical information and assistance, all new HHS drug treatment grantees in 1994 are required to participate in a national treatment evaluation, which includes collection of assessment, process and outcome data according to standardized methods and data sets.

PREVENTING DRUG USE

The overriding goal of the National Drug Control Strategy is to ensure that Americans never use illicit drugs. For those who start to use drugs, the goal is to get them to stop as soon as possible.

These are concrete goals on which progress continues to be made, and it is especially important to understand both the significance and the limits of that progress. In general, the demand reduction programs appear to be effective. However, a residual level of use persists, and the drug-free attitude

appears to be lessening among young people. This is significant in part because experience indicates that young people are particularly vulnerable to experimenting with drugs at certain points in their development and at certain stages of social passage and initiation.

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

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

Based on this information, HHS is developing benchmarks, guidelines, and standards for effective substance abuse

prevention programs, including ideal performance characteristics as well as practical performance indicators of programs and systems.

Any existing program will be able to request an assessment against these criteria to measure its potential effectiveness and can receive recommendations to stay current with state-of-the-art practices. This should result in several model programs and an increased national understanding as to what is effective in substance abuse prevention.

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

To build on solid information and to make necessary revisions in response to changing circumstances, the Office of National Drug Control Policy (ONDCP) will convene a panel of national scholars and experts in substance abuse prevention by

mid-1994. This meeting will assure that prevention will have an increasingly important role in the Nation's demand-reduction efforts.

SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES. Recent surveys of young people's attitudes and behavior about illegal drugs show that the long-term decline in drug use among youth may have ended. Use of some drugs—marijuana, and hallucinogens such as LSD—among youth actually increased in each of the last 2 school years. Fewer students (8th, 10th, and 12th graders) perceived that drug use was harmful in the 1992-93 survey than in the 1991-92 survey.

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

Evaluations of prevention projects conducted under the Drug-Free Schools and Communities Act (DFSCA) are not yet complete. However, given the progress made to date in attacking drug use and in identifying areas that require further work, the

Administration strongly supports the reauthorization of the important drug use prevention activities under DFSCA in concert with the violence-prevention elements of the Safe Schools Act. The Administration's proposal for the new Safe and Drug-Free Schools and Communities Act incorporates needed improvements in drug prevention programs. It also authorizes comprehensive prevention programs that include antiviolence components (e.g., conflict resolution training and other proven antiviolence strategies).

The Strategy encourages an inclusive approach to school-based prevention, including instruction; involvement in program development and implementation by students, parents, and the community; and adequate training. Federal law requires that drug-free school policies provide for consequences up to and including expulsion for students who use or sell illegal drugs on school grounds and termination of employment for faculty and other staff members who test positive for illegal drug use. In addition, schools should address other problems associated with the drug trade (e.g., the presence of weapons in the schools), provide a student assistance program, and ensure that school-sponsored activities are drug free. All these measures are most effective when schools cooperate closely with parents, community groups, businesses, the media, victim services providers, and local police.

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

NATIONAL SERVICE. The President's National Service Program, Americorps, will make a significant contribution to the National Drug Control Strategy and related community empowerment initiatives through its Summer of Safety and year-round programs. National Service participants will work on programs to enhance school readiness and promote school success; control crime by improving community services, supporting community policing, providing community prevention programs, and assisting victim services; rebuild neighborhoods by renovating and rehabilitating aging housing stock; and provide better health care.

At the same time, Americorps participants will learn how to work, how to save, how to plan—in short, how to achieve. Such community building is essential to long-term drug control. Drug abuse prevention research indicates that a key contributor to

effective drug prevention is helping at-risk youth bond to societal institutions, including family, positive peers, work environments, schools, and community-service organizations. Americorps is an important program that may prove worthy of expansion in the future.

It is critical for communities to assist the needy families living within them. For this reason, the President extends a national call to religious leaders; parents; and all responsible adults, including those in recovery, to become volunteer mentors for youth. Adult mentors, such as professionals, college students, and recent college graduates, can help steer young people away from drugs and crime and toward a productive future. All volunteer mentors will be encouraged to assist in teaching responsible behavior to neighborhood youth; mentoring young parents in family management, values modeling, and parenting; and tutoring school children in basic academic skills, job requirements, and civic responsibility.

ONDCP, ACTION, and the Office of National Service will coordinate this initiative and draw upon potential volunteer resources to assist in these efforts. These resources include returned Peace Corps volunteers; VISTA graduates; retired persons; Federal, State, and local government employees; persons in recovery; families in public housing; and racial and ethnic minorities, especially African-American male role models.

As an incentive to Federal workers, the Administration is expanding the annual leave match program to include all Federal employees who volunteer in school or community mentoring programs or other youth-oriented initiatives. This will build on the Education and Treasury Department's programs that encourage volunteer work in schools and community mentoring programs. Under this initiative, Federal employees who take a day or more of their own vacation time to serve the youth in their communities each month can have their agency match this approved annual leave with up to 1 day a month of administrative leave. The Administration believes that this approach will provide communities with additional needed resources and will improve Federal service by providing Federal employees with the insights and concerns of the American people.

DRUG-FREE WORKPLACES. Substance abuse in America's workplaces has serious negative consequences. For employees, it threatens worker safety, degrades personal health, and can seriously hinder training effectiveness. For businesses, it leads to higher injury rates, adds to spiraling health care costs, and lowers productivity and competitiveness in both the domestic and global markets. Substance abuse in the workplace also decreases the ability of communities to resist drug distribution and use.

The Administration strongly supports efforts to make

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

Effective workplace programs must begin with a no-use policy that clearly states that drug use and alcohol abuse are not acceptable and that includes means to identify and help workers who are engaged in substance abuse. Drug-free workplace programs also should include employee assistance programs; employee education programs, including classes for parents on the signs of early drug use; supervisor training programs; and substance abuse testing programs in selected workplace environments, particularly those that are safety sensitive. The programs should include strict confidentiality provisions to protect employee records and information regarding substance abuse problems.

The Administration intends to review available data on the workplace to determine what new information may be needed to help identify effective workplace programs and understand what makes these programs effective as well as to determine how that

information may be generated. Furthermore, to move past the anecdotal information that characterizes much of the workplace discussion, the Administration will initiate necessary research to provide scientific information on the relationship between workplace substance abuse and worker health, safety, and performance.

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

ALCOHOL, TOBACCO, AND PRIMARY PREVENTION. Success in ending drug use among young people will not be complete until the illicit use of alcohol and tobacco is reduced sharply. Early alcohol and tobacco use is often a strong predictor of illegal drug use. In addition, the behavioral effects of alcohol have been associated with transmission of HIV. Data from recent Monitoring the Future (previously called the High School Senior) Surveys show that alcohol consumption by high school seniors is no longer declining as markedly as before, and that the number of underage alcohol consumers is simply too high. Alcohol abuse also is a significant problem at colleges and universities. Recent data also show a departure in the declining trend in

tobacco use by teenagers and a decrease in the percentage of high school seniors who disapprove of smoking.

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

Federal prevention strategies must continue to provide up-to-date information and educational approaches targeted at young people. The Departments of Health and Human Services, Education, Justice, Transportation, and Treasury will continue to place priority attention on the seriousness of underage use of alcohol and to include the prevention of alcohol use in their activities. In addition, these agencies will continue to provide information and material to help eliminate the sale of alcohol to those under 21 and to prevent young people from using alcohol. To provide a better understanding of what works to prevent alcohol use among adolescents, the Administration will fund a national demonstration program and publish the results in grant guidance

documents and in regulations as appropriate. Furthermore, HHS and DOT will continue their drunk- and drugged-driving initiative to deter young drivers from substance use.

The alcohol and tobacco industries should be cognizant of the adverse effects of marketing campaigns that target ethnic and minority groups and young people in general. In addition to reviewing its advertising and promotional practices, the industries are encouraged to work with antidrug forces to devise effective strategies against underage drinking and smoking and underage sales.

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

MOBILIZING COMMUNITIES THROUGH ANTIDRUG COALITIONS. This is a time of challenge to the Nation's resolve toward the drug problem. With casual drug use down and other serious problems emerging, the feeling exists that the Nation should focus its attention on these other pressing social needs. However, many American neighborhoods remain captive to drug-related violence. The Nation must maintain its commitment to help these

neighborhoods contain and reduce drug use.

Private voluntary agencies, especially youth-serving organizations, historically have provided services and support within communities. The extent of drug use in the United States has led many of the traditional private, nonprofit organizations to include drug prevention among their efforts, and new organizations now exist that focus directly on drugs. These organizations have begun to join forces to keep communities drug free. Their efforts include staffing libraries so that youngsters may participate in after-school programs; keeping schools open as safe havens throughout the day; and supporting projects in public housing.

The most effective strategies for preventing drug use and keeping drugs out of neighborhoods and schools are those that mobilize all elements of a community through coalitions or partnerships.

Community coalitions, such as those sponsored by HHS, establish and sustain a strong partnership among businesses, schools, religious groups, social services organizations, law enforcement, the media, and community residents to help rid the neighborhood of drug-associated violence.

They also provide an excellent vehicle for continuing

communication between police departments and local communities and supporting efforts to establish community policing programs. Once the required mutual trust is established between the community and the police department, the benefits of such programs are mutual and cumulative. Police receive more complete and more timely information on crimes and criminals, and the community rids itself of those who would intimidate and harm it.

Although suburban and rural areas are not immune from drug-related violence, sheer population numbers make such violence most evident in the inner cities. Fortunately, children of most inner-city families do not use or sell drugs, and families living in the inner cities share the national objective to rid America of drugs. These strengths must be bolstered to create and keep safe neighborhoods. To best help families in need, research must be focused on the factors that are present among children and families that maintain a drug-free life.

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

COMMISSION ON DRUGS, CRIME, AND VIOLENCE. The relationship between drugs and violence and other social problems must continue to be explored. For example, if public schools first must concern themselves with security, learning will come second. The entire community—including parents, law enforcement personnel, health professionals, social workers, businesses, and educators—must work together to resolve the multitude of problems caused by drug abuse and drug trafficking.

Generations of youth are at risk. During their lifetime, 40 percent of African-American males will be a victim of violent crime three or more times. Homicide is the leading cause of death for all African-Americans—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 of society, thereby adding to the interrelated problems of unemployment, welfare, poor health, and crime.

This Strategy proposes the formation of a National Commission on Drugs, Crime, and Violence to explore the root causes of the crisis at hand and to recommend comprehensive strategies to respond to this crisis.

MAKING FEDERAL RESOURCES EASIER TO USE. This Strategy challenges and empowers communities by working to give States and local communities the necessary flexibility and authority to define

their own problems and allocate the appropriate Federal resources. Pilot efforts are under way in Atlanta, Denver, Omaha, and Washington, D.C., to generate comprehensive local plans to attack violence, drugs, and other social problems. Federal officials will assist these cities in identifying Federal programs available that can meet their needs. This is an important departure from the past practice, when States and cities tailored their definition of local problems to meet the requirements of specific Federal grant programs. Another new initiative involves expansion of the High Intensity Drug Trafficking Area (HIDTA) program, under which newly designated "distribution" HIDTA communities will be given maximum flexibility in allocating funds for treatment of designated criminal justice populations.

The Empowerment Zones and Enterprise Communities Program reflects a long-term commitment to community-led programming. Lessons learned from this effort will be incorporated into other Federal programs.

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

prevention-focused health policy.[48]

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

Research is needed to show how prevention interventions at different ages can be made to build upon and reinforce one another, so that the constructive impact of each one does not decay with the passage of time, and so that their cumulative impact grows. Greater attention should also be paid to the implications of epidemiological and etiological research for the design of effective prevention programs.

DRUG LAW ENFORCEMENT

The Strategy commits the full force of Federal investigative and prosecutive tools to target major drug trafficking organizations so that they may be disrupted, dismantled, and

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

destroyed. The goal is to reduce illicit drug trafficking both in and directed at the United States. To this end, the Administration will work toward making drugs harder to obtain and more costly (in terms of apprehensions, prosecutions, convictions, and forfeitures) for the traffickers and will work simultaneously toward reducing the violence attendant to drug activity. Although emphasis is heightened on education, prevention, and treatment, law enforcement efforts are still vital. These are not competing but rather interrelated parts of a comprehensive National Drug Control Strategy.

The law enforcement strategy will focus on (1) Federal investigations and prosecutions of the international kingpin organizations and major domestic drug enterprises, (2) efforts to have Federal, State, and local law enforcement work in a coordinated and efficient manner to ensure that all levels and functions of the drug trafficking trade are pursued by those law enforcement authorities best able to address them, and (3) special attention by all law enforcement to that part of the illicit trade responsible for the greatest violence in our country. Drug law enforcement is not just a Federal responsibility. Greater cooperation and consultation at all levels of law enforcement is central to the Strategy. Federal initiatives must be coordinated and integrated with those of State and local agencies and must support efforts by education, treatment, and prevention services to make communities,

particularly those hit hardest by drug abuse and drug-related crime, safe and habitable.

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

Internationally, this means new and better partnerships between Federal law enforcement agencies and their counterparts in foreign source and transit counties and with other friendly nations cooperating in a collective effort. Domestically this means better integration and coordination of Federal law

enforcement efforts and, as appropriate, more meaningful Federal support for our State and local enforcement efforts.

REDUCING VIOLENCE--THE KEY OBJECTIVE. Reducing the level of violence in America is an important goal for law enforcement. Drug abuse fuels the high levels of violence taking place across the country in several ways. For example, the suppliers control and discipline their underlings with threats and acts of violence, the retailers stake out and enforce their market areas with quick and ready violence, and the drug abusers harm themselves and those around them as result of their intoxication. Drug abuse also leads to violence by bringing decay and demoralization to those communities hit hardest by drug abuse and drug trafficking. We must reduce the drug-related violence inflicted upon the Nation, our neighborhoods, and our children. Drugs and violence fill a vacuum where the values of caring and civilized life had existed. U.S. law enforcement will continue to be supportive of and, indeed, will often be integral to the prevention and treatment initiatives of this Strategy.

DEFINING THE FEDERAL ROLE. The Federal role in drug law enforcement includes (1) aggressively pursuing those enforcement efforts that target the major international and interstate drug enterprises; (2) providing leadership, training, technical assistance, and research; (3) fostering cooperation among Federal, State, and local agencies; and (4) facilitating State

and local enforcement and criminal justice efforts and/or innovative drug control approaches. Federal law enforcement and criminal justice agencies also can assist State and local operations. Federal agency task forces can assist in ridding communities of the menace of drugs and the violence associated with their use and distribution. These multiagency task forces are exemplified by the Organized Crime Drug Enforcement Task Forces which work with senior Federal prosecutors and often involve State and local authorities. The task forces can bring to bear the range of Federal investigative and prosecutive tools as well as associated seizure and forfeiture laws, to tackle local and regional drug trafficking activities. Although sheer multiplication of the number of task forces is not desirable, the Federal Government is prepared to participate in multiagency and multijurisdictional cooperative efforts when the needs of the community, the State, or the region make it clear that such efforts are required. Though extremely useful, task forces must have clear missions and must be carefully structured to minimize duplication and overlap with other law enforcement efforts. Care also must be taken to ensure that Federally initiated task forces do not adversely impact State and local capabilities.

In addition, Federal initiatives should support States and localities as they seek to define and improve their criminal justice systems. Collaborative efforts to investigate, prosecute, and adjudicate drug crimes will enhance their

efficiency and effectiveness. Federal support can facilitate efforts to improve policing, State sentencing practices, and correctional systems. This support can provide models of integrated multidisciplinary approaches that have been effective elsewhere and assisting States and localities in implementing these models. Federal law enforcement agencies also will assist in disseminating the results of practical evaluations regarding what works and how to successfully implement initiatives. The Administration will work at the Federal level to eliminate obstacles to coordination and delivery of integrated services to the local level.

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

The crime bill pending in Congress will greatly expand the Administration's community policing initiative. Under the

provisions of this legislation, approximately $9 billion will be available for community policing activities. Of this, $1.2 billion may be used to fund innovative prevention programs such as early intervention teams and proactive prevention activities (e.g., the Police Athletic League and Boys and Girls Clubs).

Community policing works! Two key elements of community policing (1) community engagement and (2) problem solving can reduce the supply of and demand for drugs and also minimize the negative consequences of drug trafficking and abuse. This innovative approach to law enforcement enables communities to reclaim their parks, playgrounds, and streets and to make them safe once again for their citizens. It reduces the demand for drugs by discouraging all forms of criminal behavior, and it promotes community cohesion, which is essential to developing effective community-based drug treatment and prevention programs.

CURBING GUN VIOLENCE. The Interim Strategy called for the passage of the Brady Bill and the creation of a five-day waiting period for handgun purchases to allow a background check of the purchaser's age, mental health, and criminal record. At the end of the last session, Congress responded and passed the Brady Bill, which the President signed on November 30, 1993. Brady is an historic first step in bringing balance to the Second Amendment rights of all Americans, legitimate hunting and sporting needs, and the dramatic demand throughout the country to

control the availability of handguns and other weapons of destruction.

The Bureau of Alcohol, Tobacco, and Firearms (BATF) is drafting new Federal regulations to implement the five-day waiting period and background investigations provisions which will become effective on February 28, 1994. The Departments of Treasury and Justice are working in cooperation to implement the law and to develop an effective and efficient system to check the backgrounds of firearms purchasers.

The next step is passing a ban on the domestic manufacture of assault weapons and placing restrictions on semiautomatic weapons. Police chiefs around the country have stated repeatedly that it is imperative that we remove assault weapons from the hands of drug dealing gangs. A recent study showed that the increasing number of deaths among young people was due almost entirely to semiautomatic weapons. The Senate version of the crime bill contains a ban on many assault weapons and a ban on the sale of weapons to minors. These provisions must be quickly enacted by Congress.

The Administration already has taken regulatory action to ban the importation of assault pistols. In addition, the Treasury Department is developing initiatives to curb illicit firearms dealing. Steps are under way to develop changes to the

Federal Firearms License (FFL) program which will effectively curtail the misuse of FFL's while permitting legitimate, firearms businesses to continue to operate. The Treasury Department is introducing legislation which will substantially improve its efficiency to trace weapons recovered from crime scenes.

TARGETING ORGANIZATIONS THAT CAUSE VIOLENCE IN OUR COMMUNITIES. Many of the major illicit drug distributors in American cities are gangs. Federal assistance against significant gang activity will be expanded as appropriate through joint task forces and other initiatives. While the problem of gangs is broader than the context of drug control, the Strategy recognizes that drug gangs are ruthless, using violence, and bribery without hesitation, often in furtherance of drug distribution.

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

BREAKING UP OPEN-AIR DRUG MARKETS. Breaking up open-air drug markets is primarily a State and local function. Disrupting these markets makes it difficult for buyers and sellers to connect; placing obstacles between seller and buyer is an effective means of crippling the drug trade. Also, displacing open-air markets has positive physical and psychological effects on communities. It reduces the level of violence in those communities, resulting in a greater sense of security and making the community in general a better place to live. Identifying and targeting such markets and increasing law enforcement presence around schools where drug dealing occurs would be appropriate activities for those engaged in community policing.

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

We will not tolerate losing juveniles as productive members of society. Prevention is the most efficient and cost-effective method of reducing juvenile drug involvement. However some young people, fully aware of the dangers of drugs, become involved anyway for one simple reason: profit. To stop the organization

of youth drug gangs, we will develop prevention programs that are more sophisticated and interventionist in nature than the "Just Say No" campaigns of the past, which failed to address the root economic and social causes of drug involvement by minors. The Federal Government will support demonstration programs that show the most promise and will continue to distribute information across the Nation about successful programs and activities.

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

DISRUPTING MAJOR TRAFFICKING ORGANIZATIONS. Targeting the major trafficking organizations will continue to be the top priority of Federal drug law enforcement organizations. The Attorney General and the Secretary of the Treasury are working together to develop a comprehensive domestic investigative plans that will cover the various Federal agencies and include appropriate roles for State and local enforcement units. This endeavor is intended to ensure the integration of efforts by our major drug investigative agencies and will minimize existing

duplication and gaps. The Presidential has directed Federal law enforcement plans also will be developed in close harmony with our efforts to support foreign governments who are dealing with the major drug cartels in source and transit countries.

At the Federal level, we will use the kingpin and enterprise strategies to focus our efforts on the most powerful and pernicious drug trafficking organizations. The Federal Government will continue and redouble its leadership efforts to direct law enforcement endeavors against these drug organizations' most important elements -- their leadership, production, distribution, transportation, communications networks, chemicals supplies, and financial services and assets. We will continue to identify, target, and attack these drug trafficking enterprises and their supporting services -- both in the United States and in foreign countries -- in a sustained and systematic manner in the field and in the courtroom.

The kingpin and enterprise strategies direct a coordinated attack on the major drug trafficking organizations. These organizations, largely headquartered outside the United States, operate within the United States as well -- whether through component entities or transportation and financial service providers (as in the case of the cocaine distribution networks), or through independent organizations (as in the case of much of the Southeast Asian heroin marketed in this country). Highly and

increasingly sophisticated in their operations, these kingpin organizations are, nevertheless, vulnerable in a number of respects. It is these vulnerabilities that Federal law enforcement agencies will exploit.

Despite its name, the kingpin strategy is not limited to the top echelons of leadership of the major drug trafficking organizations. Rather, it aims at the disruption, dismantling and, the destruction of entire criminal enterprises by focusing on significant areas of vulnerability that include the leadership elements, production, distribution, transportation, and communication networks; availability of essential and precursor chemicals; and financial assets and money laundering. The Federal Government is committed to continuing its vigorous pursuit of these major criminal organizations. These Federal investigations will increasingly focus on those organizations that threaten to do the most harm to our people: those that account for the largest quantities of drugs, those that traffic in the most dangerous drugs, and those whose activities are accompanied by the most violence.

The law enforcement effort recognizes that money is the linchpin of the operations of the international and domestic drug trafficking organizations. The flow of ill gotten gains sustains criminal operations by providing them with profits and a constant source of capital for paying expenses and buying more goods and

services. We must seek in our investigations and prosecutions to destroy the ability of the traffickers to transfer, invest, and enjoy their illigitimate profits so that these criminal enterprizes will be impaired and ultimately crippled. Halting money laudering then must be an integral part of our overall strategy to dismantle the trafficking organizations.

In addition to the major international drug trafficking organizations are those criminal organizations -- gangs, continuing criminal enterprises -- that conduct transportation and distribution operations across state lines within this country. Increasingly violent and sophisticated and often engaged in other types of criminal activity as well, these interstate and regional groups are critical parts of the system by which the imported bulk of cocaine or heroin find their way to the streets of this Nation. More than that, they represent an ever growing menace to the safety of the communities through which they move and in which they operate.

The Federal Government is committed to redoubling its efforts to attack interstate and regional drug trafficking activities in a comprehensive way. Federal law enforcement agencies bear a particular responsibility and, over the years, have developed a particular expertise in dealing with organized criminal enterprises operating across state lines. That responsibility is especially acute when, as here, the interstate

criminal organizations are the cause of so much harm to our people. At the same time, Federal expertise is especially useful. The structures and operating methods of many criminal enterprises have again and again been penetrated and destroyed using Federal procedures and tools in investigations and Federal criminal statutes for prosecutions. The Federal Government's ability to focus its organizationally-based approach to major international and domestic criminal enterprise will benefit the entire spectrum of drug law enforcement efforts.

All of the foregoing requires an unequivocal commitment to ensuring that Federal law enforcement agencies coordinate their efforts to maximize effectiveness and minimize duplication as well as enhance their partnership with the law enforcement authorities of the States and localities within which they operate. The two Federal Government Departments most directly involved in drug law enforcement -- the Justice and Treasury Departments -- have each initiated significant efforts to eliminate overlaps, inefficiencies, and impediments to cooperation within their respective law enforcement operations.

BORDER INTERDICTION. ONDCP is conducting a review of the existing interdiction command and control centers, a review necessitated by shifts in our overall policies related to foreign drug control programs and interdiction. A fundamental premise of the review is that existing facilities and capabilities will be

used, but better integration will be achieved. This restructuring and consolidation, which will occur in FY94, will improve the integration and coordination of our interdiction efforts, reduce overall costs, and facilitate improvements in interdiction intelligence efforts.

The U.S. Customs Service and Immigration and Naturalization Service (INS) are integrating their efforts throughout the United States, particularly along the southwestern U.S. border. Under pending crime legislation, the Border Patrol will receive additional personnel and equipment to help them deal with the flow of both illegal aliens and illegal drugs.

HIGH-INTENSITY DRUG TRAFFICKING AREA PROGRAM. We will continue to place special emphasis on those areas of the country most heavily impacted by drug trafficking—the High Intensity Drug Trafficking Areas (HIDTA's)[49]. The activities in these areas adversely affect other areas of the country. The Federal, State, and local partnerships in these areas will continue to receive priority support to advance the goals of the Strategy. The five "gateway" HIDTA's will continue their joint efforts to reduce the availability of drugs by dismantling the most significant organizations involved in drug trafficking and drug money

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[49]The HIDTA Program has developed as an equal partnership of Federal, State, and local agencies. There are currently six HIDTAs: Houston, Los Angeles, Miami, New York, the U.S. Southwest border, and Washington, D.C.-Baltimore.

laundering.

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

New "distribution" HIDTA's—drug distribution areas with the greatest number of hard-core users—will be designated based on data from the Drug Abuse Warning Network and other sources. The Washington, D.C.-Baltimore area is the first distribution HIDTA to be designated. These HIDTA's will concentrate multidisciplinary efforts on distribution networks and their associated clientele.

MONEY LAUNDERING AND FINANCIAL INVESTIGATIONS. The Departments of Treasury and Justice are reviewing the roles and missions of their respective agencies and developing an integrated plan to better address both domestic and international money laundering. This cooperative review will be completed in early 1994, and new guidance on roles and missions will

subsequently be issued by the two departments. In addition, the Treasury Department is working with the banking community to establish a more cooperative, streamlined approach toward reporting potential money laundering violations, including those arising out of narcotics transactions. The thrust of this cooperative effort is to reduce regulatory burdens placed on financial institutions and to focus those institutions on the reporting of significant potential money laundering violations. To better address the problem of money laundering through financial institutions other than banks (such as check cashers, money transmitters, etc.), the Administration is working closely with Congress to enact legislation to better identify suspect activities in these institutions.

DRUG INTELLIGENCE COORDINATION. As noted in the Interim Strategy, effective drug law enforcement requires that Federal agencies charged with drug suppression responsibilities be provided with the best possible intelligence. Central to this goal is that intelligence be shared between agencies in order that enforcement objectives be achieved. The intelligence "turf battles" of the past must end, as must the costly duplication of intelligence gathering and processing. Neither is cost-effective or makes for efficient law enforcement practices. Particularly important to improving efficiency and removing impediments to cooperation is ensuring that law enforcement at all levels has

access to full and timely intelligence about the activities of drug trafficking organizations. Here again, the Federal Government has a special role and responsibility. Although it is not the sole repository of actionable drug law enforcement intelligence, the Federal Government holds far and away the greatest quantum of that intelligence. Because usable intelligence is crucial to the initiation and development of investigations, supporting our interdiction forces, and developing policies and strategies, it is incumbent on the Federal Government to ensure that its intelligence holdings are not merely current, but are also meaningfully accessible to operational and headquarters activities. Moreover, cooperative efforts between Federal law enforcement agencies and State and local authorities will likewise have appropriate access to Federal drug law enforcement intelligence, especially intelligence on the interstate and regional trafficking organization and associated criminal enterprises.

In response to the Vice President's National Performance Review, the Attorney General has established the Director of Investigative Agency Policy (DIAP) whose initial task is to review and make recommendations about intelligence coordination among the Federal Bureau of Investigation (FBI), the Drug Enforcement Administration (DEA), the Immigration and Naturalization Service (INS), and the U.S. Marshal Service. The DIAP also will address the role of the National Drug Intelligence

Center, the El Paso Intelligence Center (EPIC), and the regional drug intelligence organizations such as the Joint Drug Intelligence Groups. The Attorney General named the Director of the FBI to this position, and his report on improved intelligence operations and coordination is due in early 1994. The Law Enforcement Drug Intelligence Council will be reinvigorated to provide a forum to facilitate full drug intelligence coordination and cooperation among all Federal law enforcement agencies to achieve the most effective drug intelligence collection, analysis, and sharing.

In addition, the Defense and Foreign Intelligence Communities will continue to collect, analyze and dissiminate information concerning foreign aspects of drug trafficking. This type of information is vital to the development of effective international drug control programs and to the allocation of operational and other resources in support of our international partners. The Foreign and Defense intelligence communities are conducting a full review of their drug intelligence production, including analytic components, products, user needs, and user satisfaction. As this review is completed, appropriate changes will be made to maximize the effectiveness of their intelligence support.

As part of the restructuring of the interdiction command and control system, the interdiction intelligence support structure

also will be modified. Because of the consolidation of facilities, and overall reduction of operational resources in the transit zones, it is essential that all relevant information be provided to the interdiction coordinators in a timely manner and useable form. This will require some shifting of capabilities and the consolidation of existing communications and computer information.

INTERNATIONAL PROGRAM

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

The global drug trade affects America's security and welfare in other important ways. Rich, violent, and powerful drug syndicates pose a growing and fundamental threat to democracy and economic growth—erode our policies to make America more secure and competitive in the post-Cold War era. Drug-related corruption and crime undermine public confidence in governmental democratic institutions. Using their resources and power to corrupt and intimidate, these drug syndicates can virtually destroy public safety organizations, paralyze judicial institutions, ruin banking and other key international businesses, and gain unobstructed influence at the highest levels

of government. Recent examples of drug-related violence, corruption, and political upheavals in countries as diverse as Italy, Russia, and Peru demonstrate how these threats can affect established as well as relatively new democracies around the world.

Our global economic interests are compromised by the movement of billions of dollars of illicit drug money around the world yearly. This money flow creates unfair competition for honest businesses and results in severe misallocation of resources toward unproductive ends both in rich and poor countries. In addition, this flow severely distorts economic planning, particularly in weak economies that are struggling to grow, and fosters global inflation. In addition, drug production and processing in Asia, the Andes, and elsewhere is causing serious environmental damage.[50]

Our domestic and foreign antidrug initiatives must be complementary. Our foreign counternarcotics strategy is twofold: to support our domestic objectives of reducing the availability and use of drugs; and to respond to the threat trafficking poses to our broader foreign policy objectives of protecting democracy,

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

creating sustainable economic development, and protecting the global environment.

These remain daunting challenges; however, there are vulnerabilities that can exploited through new opportunities and policy initiatives. For example, the growth of democracy and free-market economies presents new international narcotics control opportunities that did not exist a few years ago. Indeed, it is our belief that democratic, market-oriented governments are integral to the overall success of international antidrug efforts. Such governments are more likely to recognize the adverse effects of narcotics trafficking in their countries and to possess the political will and commitment to do something about it. This opens the prospect for greater international cooperation against the drug trade and allows us to develop more sophisticated and comprehensive strategies to reduce both the incentive and capability for international narcotics trafficking.

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

goals objectives.

The 7-month review reaffirmed the complex difficulty of attacking the international narcotics problem and concluded that, despite the expansion of international drug control efforts during the past several years, the increasing reliance on an interdiction-based strategy was too narrow and costly to address the full range of threats posed by drug trafficking. The interdiction-based strategy was unresponsive to the enormously complex heroin trade and did not go far enough to thwart cocaine production and trafficking.[51] The review determined how various international drug control approaches could be used more effectively and formed the basis of a new direction to control narcotics trafficking in the western hemisphere. The elements of the international strategy include the following:

- **Placing greater emphasis on building and strengthening international cooperation against narcotics production, trafficking, and use—particularly in source countries.** The United States will assist those nations that have the political will to fight the illegal drug trade. We will support bilateral and multilateral programs to enhance

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[51]Even though the number of cocaine seizures soared to record levels—reducing cocaine supply and forcing traffickers to shift to more costly routes and methods—production remained largely unconstrained, traffickers remained undeterred, and the power of drug syndicates remained unchecked.

judicial reform, the development of competent and honest law enforcement and judicial and penal institutions, and the control of money laundering and essential and precursor chemicals. Trade and other economic support incentives will be used to create alternatives to narcotics production and trafficking to increase the resources host nations can apply to drug control. Further, we will take advantage of the increasing worldwide concern about the narcotics problem to get the international community and multilateral organizations more involved in international drug control and will expand efforts to get traditional participants, such as the United Nations Drug Control Program (UNDCP), the Organization of American States, and other organizations such as the Financial Action Task Force and Dublin Group, more involved in promoting judicial reform and enhancement, demand reduction and public awareness, community mobilization, training, and economic alternatives.

- **Assisting other nations in attacking the drug trade.** The United States will support international efforts both to collect intelligence and evidence on all aspects of their organizations—financial, production, processing, transportation, and distribution—and to create and enforce the laws necessary to attack these targets as well as to prosecute and to convict the organizations' leaders. It will also pursue sustainable development programs in

cooperating source countries to promote viable economic alternatives to illicit drug production and trafficking. Finally, we will engage multilateral development banks and international financial institutions closely in our international drug control program goals in support of sustainable development programs aimed at creating permanent economic alternatives to drug production and trafficking.

- **Developing a more focused and flexible approach to reduce the supply of illicit drugs in the United States.** Interdiction will remain an important element our Strategy; it disrupts the traffickers' use of preferred routes and methods, increases their operating costs, and generates important intelligence for other law enforcement operations. It is, however, an expensive high-technology tactic, and its effectiveness has been undercut by increased drug production and the continued high profitability of the trade. Our Strategy is to gradually shift the focus of operations—particularly with regard to cocaine—from transit zones to source countries. Agencies responsible for interdiction activities will endeavor to use their assets more efficiently (through increased emphasis on intelligence reporting and analysis as well as decreased emphasis on random patrols) to detect, monitor, sort, and apprehend drug traffickers. We will maintain vigilance and flexibility in the transit zones to augment and adjust our interdiction

assets in response to new or changing trafficking patterns.

This new approach to international programs will enable source countries to assume, as soon as it is feasible, responsibilities currently shouldered by the United States. Focusing on the source countries reflects the need to intensify efforts against the leadership of the drug syndicates and to apply our resources more efficiently where the trade is more confined and potentially more vulnerable. The political, economic, and social consequences of drug trafficking also are likely to be most severe in these countries. Meanwhile, in those countries where antinarcotics political will and commitment remain weak, we will continue diplomatic and other cost-effective initiatives to strengthen the will to combat trafficking.

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

counternarcotics performance.

President Clinton has ordered the narcotics control agencies to ensure stricter coordination, oversight, and accountability in the implementation of our foreign counternarcotics policy. Further, he has granted new and greater authorities to the Director of ONDCP to oversee and provide direction to international drug control efforts, including the appointment of an interdiction coordinator to oversee all U.S. interdiction operations from source countries to the U.S. border.[52]

DRUG-SPECIFIC APPROACHES. Although our global policy is framed by the general principles outlined above, their implementation will be tailored to respond to the distinctly different challenges posed by the cocaine and heroin trades. Though a bigger and more dangerous threat to the United States, the cocaine threat is more straightforward. Production is largely limited to three Andean countries in which we have a long and improving record of counternarcotics relations (see Exhibit 4-1). Furthermore, most of the cocaine is smuggled to the United States in bulky clandestine air and sea shipments (see Exhibit 4-2). By contrast, opium and heroin production are dispersed

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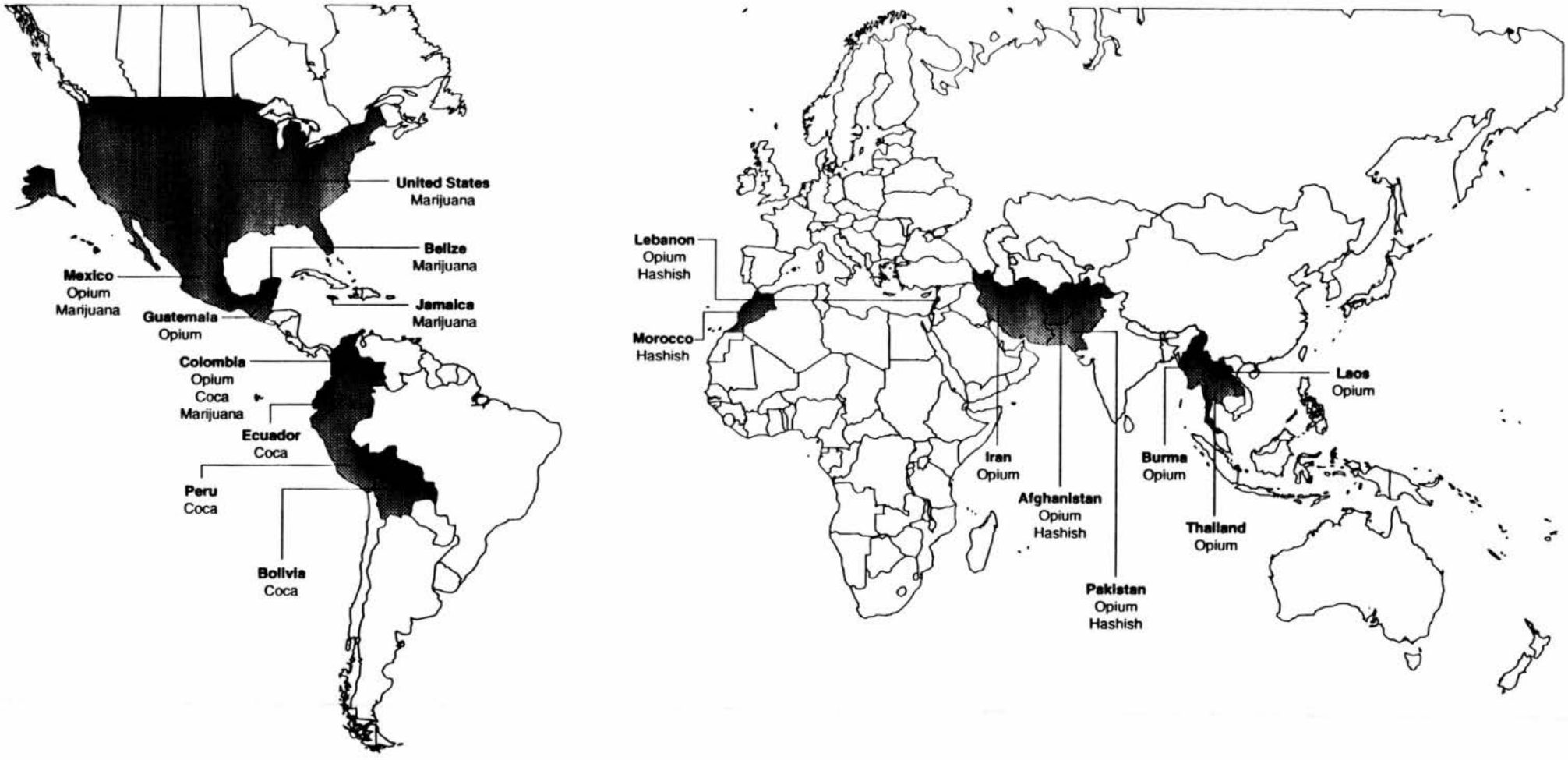
[52]Responsibility for day-to-day coordination of the international drug effort is assigned to the Department of State.

Exhibit 4-1

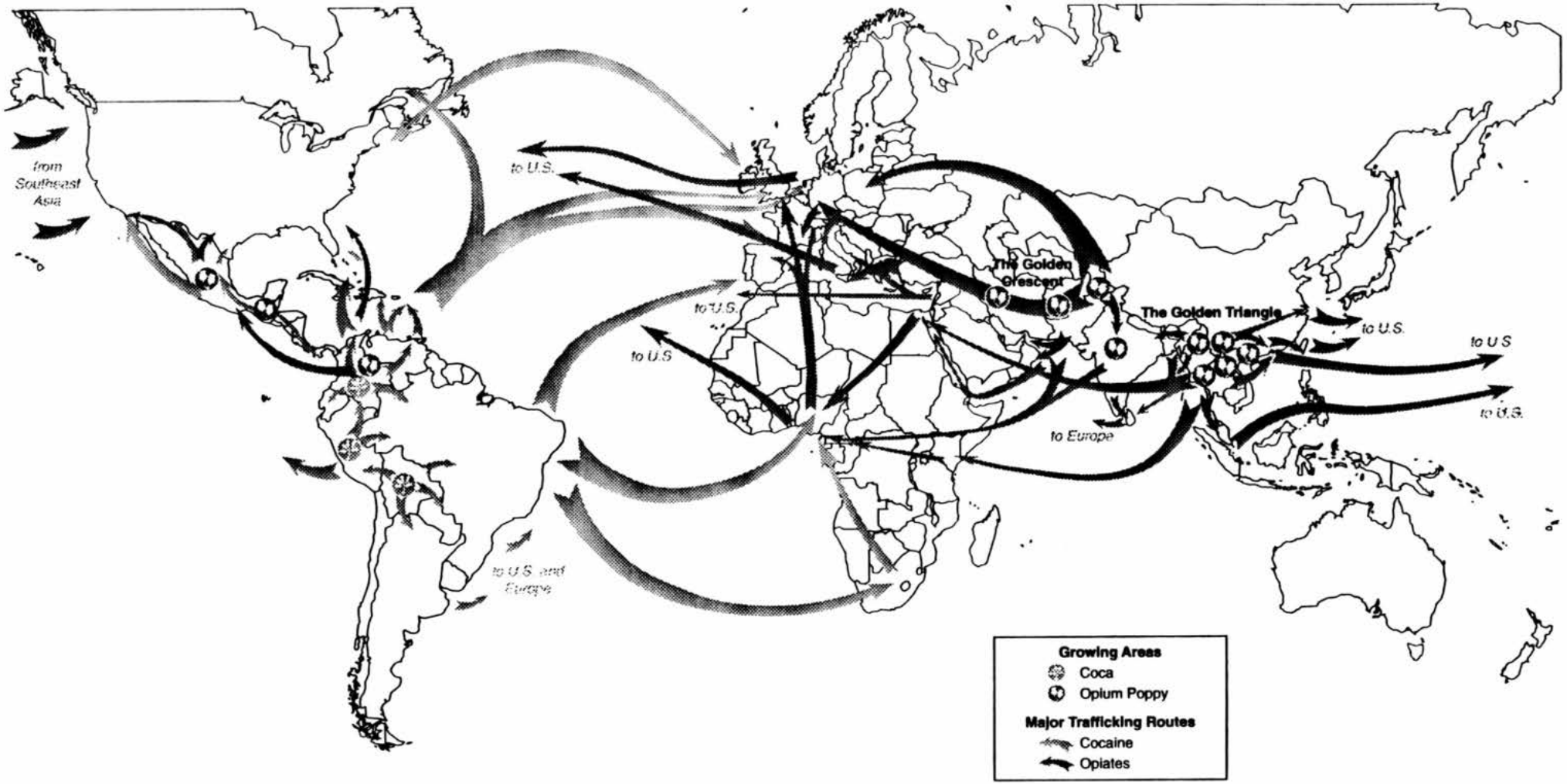
Opium, Coca, Marijuana, and Hashish Producing Countries



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

Exhibit 4-2

Opium and Coca Trafficking Routes



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

widely around the world, often in countries where the United States has little influence and in areas where even the central governments have little or no control. Moreover, we consume only a small share of total heroin production; most of the trade serves large opiate markets in Europe, Asia, and elsewhere. These differences will affect the type of support the United States will seek from other donors, what can be accomplished in source countries, how trafficking organizations can be pursued, and how interdiction efforts can be better targeted.

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

- Coca leaf production is sufficient to refine more than 1,000 metric tons of cocaine annually. The United States consumes approximately 300 metric tons of cocaine a year and significant amounts are seized and destroyed. For example, about 338 metric tons were seized by U.S. and foreign law enforcement organizations in 1992. Any amount of the drug over and above U.S. consumption and worldwide seizures is sent to Europe and other markets, lost in transit, or

consumed in the transit countries.

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

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

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

These and other aspects of the cocaine threat complicate U.S. efforts to foster antidrug cooperation. They often give added impetus to calls by pressure groups for extralegal political change, as has occurred already in Guatemala and Peru.

If the power of the illegal drug trade is not curtailed, traffickers can gain virtually unobstructed influence at the highest levels of government, as they did over a decade ago in Bolivia and more recently in Panama.

The Cocaine Strategy focuses on the growing and processing areas of the source countries. This approach responds to the evidence that patterns of drug production and flow are changing and that a comprehensive regional approach is essential. Such a strategy should result in a more balanced and cost-effective use of resources than in the past.

Our Strategy's emphasis on source countries reflects the need to target our limited resources on areas where they can have the greatest effect. These countries are absolutely critical to the criminal operations of the organizations. From a tactical standpoint, antidrug efforts in the source countries should provide us with the best opportunities to control production, interdict flow, arrest drug "kingpins," and dismantle their organizations.

While commitment and performance in the source countries—Bolivia, Colombia, and Peru—have differed widely, all have made progress and continue to improve their efforts. Colombia has manifested strong political will, despite the high price it is paying in violence and loss of life for taking on the

drug cartels. Moreover, Colombia has made good use of U.S. counternarcotics support, spending 10 counternarcotics dollars of its own for every dollar of counternarcotics assistance we provide. Over the past 4 years, Colombia has successfully dismantled the Medellin cartel, reformed its judicial system, and greatly improved its investigative and interdiction capabilities. The Cali cartel, meanwhile, has taken over most of Medellin's trade and is now the world's dominant cocaine trafficking organization. It is imperative that Colombia keep up the pressure on the cocaine trade by intensifying its attack on this organization.

We will continue to provide counternarcotics support to Colombia. We will be especially vigilant in encouraging continued strong Government of Colombia cooperation in light of recent reforms to the criminal procedures code and upcoming presidential elections. Major programs that the United States would like to see Colombia begin or continue are judicial reform; law enforcement training; poppy and coca eradication; anti-kingpin operations; and land, maritime, and air interdiction.

Bolivia has made considerable progress in developing its counterdrug capabilities. In joint investigations with the Drug Enforcement Administration, four significant drug trafficking organizations were dismantled in 1993. U.S. Government-provided

counternarcotics assistance has strengthened Bolivian democratic institutions, contributing to 12 years of civilian democratic rule.

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

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

Peru's counternarcotics efforts have been as checkered as other aspects of our bilateral relationship. In no other country are the U.S. foreign policy objectives of democracy, human rights, counternarcotics, and economic development more closely integrated and interactive. After President Fujimori's dismissal

of Peru's Supreme Court and the legislature in April 1992, the United States suspended all bilateral assistance not related to counternarcotics efforts or humanitarian programs. Despite this, Peru not only has continued but has increased its efforts to interdict drugs and precursor chemicals.

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

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

before the Peruvian Government will be in a position to dislodge the traffickers from its territory and replace coca cultivation with suitable alternatives. Nevertheless, Peru must begin to reduce its coca cultivation, which continues to supply the majority of the world's cocaine supply.

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

Mexico has a strong political will, and this country has significantly increased its counternarcotics efforts over the past 4 years. Mexico works very closely with us in drug control: Last year it seized 38 metric tons of cocaine and eradicated 6,900 hectares of poppy and 12,100 hectares of cannabis. Intelligence estimates suggest that as much as 70 percent of the cocaine entering the United States crosses the 2,000-mile border we share with Mexico. This area is very important to cartel drug smuggling, and we believe it will remain so for the foreseeable future.

Mexico is the only Latin American country to take over funding responsibility for its entire program. Accordingly, our annual counternarcotics assistance has dropped from approximately $20 million a year to just over $1 million. President Salinas is now institutionalizing his Administration's counterdrug effort by such actions as establishing the National Institute for Drug Control, which will be in charge of overseeing the implementation of the Mexico's counternarcotics program.

We will continue to strengthen our counterdrug partnership with Mexico and provide the appropriate technical assistance, law enforcement training, and investigative support requested. The country's drug interdiction program (the Northern Border Response Force) relies on U.S. detection and monitoring information to conduct its interdiction operations, and we will continue to provide this support.

In the past we have provided limited counterdrug assistance to Brazil, Ecuador, and Venezuela, which—because of their proximity to the source countries—are commonly referred to as "spill-over" countries. The importance of each, however, is growing as the traffickers expand their smuggling and money-laundering operations into Ecuador and Venezuela and as Brazil increases in importance as a major supplier of precursor and essential chemicals. We need to remain aware of these changes and exploit any opportunities they may present to get more

commitment to counternarcotics activities.

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

In many countries, opium and heroin are drugs of choice, and production of each is up dramatically. At least 11 countries produce some 3,700 tons of illicit opium for the international drug markets—more than double the production a decade ago. Heroin refining occurs in nearly all producing countries, as well as in some transit and consumer countries. While Southeast Asia remains the largest producer and supplier to the U.S. illicit drug market, U.S. heroin market requirements could easily be met by western hemisphere sources.[53]

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[53]The two largest growing areas are Afghanistan and Burma, countries where we have little political influence or physical access. Opium production in Colombia is now sufficient to supply the heroin demand for the United States. Fortunately, Colombia's

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

Given the decentralization, breadth, and diversity of the heroin industry, there is no practical alternative to a multidimensional and global approach to the heroin problem. It is clear that our Heroin Strategy must focus on promoting greater mobilization of international cooperation and action against all aspects of the heroin drug trade. A source-country approach is not feasible, since poppy is too easily and profitably grown throughout the world. There is no single growing area that supplies the entire American market, but a number of areas are capable of doing so.

Again, no single country or group of countries has the resources, knowledge, or worldwide reach to address properly such

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successful eradication program has destroyed most of this production.

a complex and difficult challenge unassisted. The international community must unite in meeting this threat if we are to deny the drug industry a free hand to expand its criminal empires and undermine our national security interests.

Supporting such a strategy requires much more in the areas of leadership and long-term political commitment than it does in funding. Last year we spent about $12 million, or less than 0.1 percent of our total drug budget, to fight the heroin problem. As modest as this funding is, though, it is absolutely essential for the maintenance of our activities in this area.

In many major heroin source and transit countries, we have important national security interests that go beyond drugs, but we cannot pursue these other interests without also dealing with the drug industry and its criminal activities. The U.S. Heroin Strategy will carefully target those countries and regions that pose the most direct heroin threat to the domestic health and national security interests of the United States. This particular aim is required for the reasons stated above: the breadth of the heroin trade, limited U.S. influence in some heroin-producing areas, and constraints on resources.

Accordingly, we are stepping up our diplomatic efforts to influence Burma's neighbors—especially China and Thailand—to exert more narcotics control pressure on the Government of Burma

by emphasizing to them the regional threat posed by Burma's heroin trade. We have increased our support to the UNDCP's Sub-Regional Project, working with Burma and its neighbors to reduce opium production and enhance regional cooperation.

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

In China and Thailand we will continue to encourage drug interdiction operations along the border between Burma and Thailand, at major ports, and wherever such operations can enhance the collection of evidence on the organizations and their leaders. We also will expand our diplomatic and investigative initiatives in emerging transit countries of the region, such as Cambodia and Vietnam, while continuing our support for crop control and law enforcement programs in Laos, still the world's third largest producer.

Colombia presents a major new heroin supply threat to the United States. The cartels have all the prerequisites to capture

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

In view of Afghanistan's importance as a major opium source country, we will establish the principle that U.S. and other donor assistance to major drug-producing areas in Afghanistan should be in the context of a plan to reduce opium growing and processing.

We will continue to encourage Pakistan to make a serious effort to reduce heroin and opium production and to increase its investigative efforts on high-level trafficking. We will provide whatever appropriate judicial training and other technical assistance is necessary to enhance Pakistan's capability to successfully prosecute, convict, or extradite major traffickers.

Changes in worldwide opium production and trafficking patterns are increasing Turkey's importance to the drug industry

as an important country for processing and transshipment, and as a clearinghouse linking the Southwest Asian trade to European, Middle Eastern, and North American markets. We will continue (1) to promote Turkish political will and commitment to improve its investigative and prosecutorial capabilities, (2) to target the country's well-established drug syndicates, and (3) to assist with the technical and operational expertise required to undertake this task. The United States will offer similar assistance to Asian, African, and Latin American transit countries that demonstrate the requisite political will necessary to reform and enhance their investigative capabilities.

Since Europe is the largest world market for heroin, we will encourage European and other major consumer countries to take the lead in thwarting heroin production and trafficking in the Commonwealth of Independent States, providing these countries with badly needed financial and material antinarcotics assistance. Within our own limited heroin control resources, we will provide some U.S. counternarcotics assistance for the Commonwealth through UNDCP, along with limited direct assistance for building indigenous law enforcement, demand reduction, and money-laundering capabilities.

INTERNATIONAL COOPERATION OBJECTIVES. Boosting international awareness of the illicit drug threat and strengthening the political will to combat it is one of our

principal Drug Control Strategy objectives. We will encourage affected countries to invest resources in counternarcotics public awareness, demand reduction, and training programs that will build public support and strengthen the political will for implementing counternarcotics programs. Research institutions in particular will be encouraged to develop research programs and to develop the data necessary to provide a foundation for monitoring the status of drug use on a continuous basis.

We will stress to affected countries that cocaine, opium, and heroin production are connected to other critical national concerns such as democracy, refugees, and the environment. We must convince unwitting nations that effective drug control measures are in their own interests and that they need to undertake the necessary diplomatic and law enforcement initiatives.

We will increase our efforts to combat international drug-money laundering and the diversion of chemicals to support drug processing by encouraging more members of the international community to pass tougher legislation concerning money laundering, precursor chemical and currency control, and asset seizure and forfeiture.

FEDERAL RESOURCE PRIORITIES

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CONCLUSION

The Administration's National Drug Control Strategy is designed to redirect and reinvigorate national efforts to confront the drug crisis. This Strategy significantly shifts emphasis and budget priorities to drug-demand reduction, targeting important additional resources to reduce chronic, hard-core drug use. Further, the Strategy perceives America's drug problem in a different way, no longer examining it through the narrow prism of supply versus demand activities. Instead, the Strategy identifies goals and objectives to overcoming drug abuse through domestic and international programs. The most important new aspect of the Strategy is that it sets forth measurable goals and objectives by which the effectiveness of this Strategy can be measured.

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

Drug policy will be linked with efforts to spur economic

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

The second part of the domestic drug policy is reducing drug-related violence and controlling and preventing crime at the Federal, State, and local levels. Cooperative law enforcement efforts will work with communities to help rid their neighborhoods of gangs and will disrupt major drug trafficking organizations by keeping drugs from entering the country and spreading across it. The Safe Schools Act of 1993, awaiting congressional passage, will help curb school violence. Reauthorization of the Drug-Free Schools and Communities Act and other initiatives will address the impact of drugs and violence on youth.

Drug control policy will be an integral part of foreign

policy because drug trafficking is a national security problem. It threatens the health and welfare of U.S. citizens and jeopardizes efforts to achieve political stability and economic security abroad.

To counter the cocaine and heroin trade, we will ensure a coordinated response by the State Department, the Department of Defense, and law enforcement agencies. Counternarcotics programs in other countries will be supported, and we will strengthen and broaden international cooperation against the drug trade, leading the effort to develop an international coalition against drug cultivation, production, trafficking, and use. Efforts through international organizations will continue, including the United Nations Drug Control Program, which currently provides drug control assistance to 97 countries.

The Administration will work vigorously, using the full force of our investigative and prosecutorial tools, to suppress the traffic in drugs aimed at and within the United States and to quell the violence associated with drug trafficking.

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

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APPENDIX A: RESEARCH & PROGRAM EVALUATION

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

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

Drug-related research receives approximately $xxx million annually in Federal support. For Fiscal Year 1995, this Administration will seek $xxx million for drug-related research in a wide range of fields. Numerous Federal Departments and Agencies with responsibilities for drug control play a role in enhancing the state of our knowledge regarding drug trafficking

and use and the techniques to address them. In the pages that follow, the projects and research objectives set for the next fiscal year are described. The fruit of this work will strengthen all our drug program efforts -- Federal, State, and local.

INSERT A BUDGET TABLE

THE RESEARCH AND EVALUATION COMMITTEE (R&E). If we are to determine which programs and strategies are the most effective, our data collection and research efforts must be refined and improved. Through this improvement Federal, State, and local governments, and private organizations will be able to obtain the best information possible about the nature and extent of the drug problem, for use the development of appropriate policy and for program development and evaluation. Efforts have already begun to improve the quality, timeliness, and policy relevance of drug data collection systems and to develop new methods for capturing information about emerging trends. Additionally, a new data collection effort has been undertaken to measure the number, location, and characteristics of the hard-core user population. Further, ONDCP will, in coordination with other drug control Departments and agencies, sponsor and conduct research and evaluation projects to determine which strategies and programs are working and why.

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

The R&E Committee will follow in the steps of the Research and Development Committee, established by ONDCP in 1990, but will have somewhat different goals. Included in the goals mentioned above will be the following objectives: (1) identifying policies and priorities for drug control research; (2) reviewing and monitoring all phases of drug-related data collection, research, and evaluation; and (3) coordinating top-priority Federal drug-

related research projects, including the development of new modes of treatment and medicines—often called pharmacotherapies—to treat addiction. The R&E Committee also will be tasked with taking steps to promote better coordination among Federal agencies, identifying research-related actions to be considered for future Strategies, and suggesting appropriate funding levels and sources for R&E activities. In addition, the Committee will seek to expand the roles of industry, the academic community, and other nations in the development and exchange of drug-related technology; and oversee the implementation of an overall research agenda and specific research initiatives.

ONDCP's Counter-Drug Technology Assessment Center (CTAC), one existing component of the old R&D Committee, will be integrated into the R&E Committee. CTAC was established in 1991 response to a Congressional mandate and was originally designated as the Science and Technology Committee, one of the three original committees that comprised ONDCP's R&D Committee.

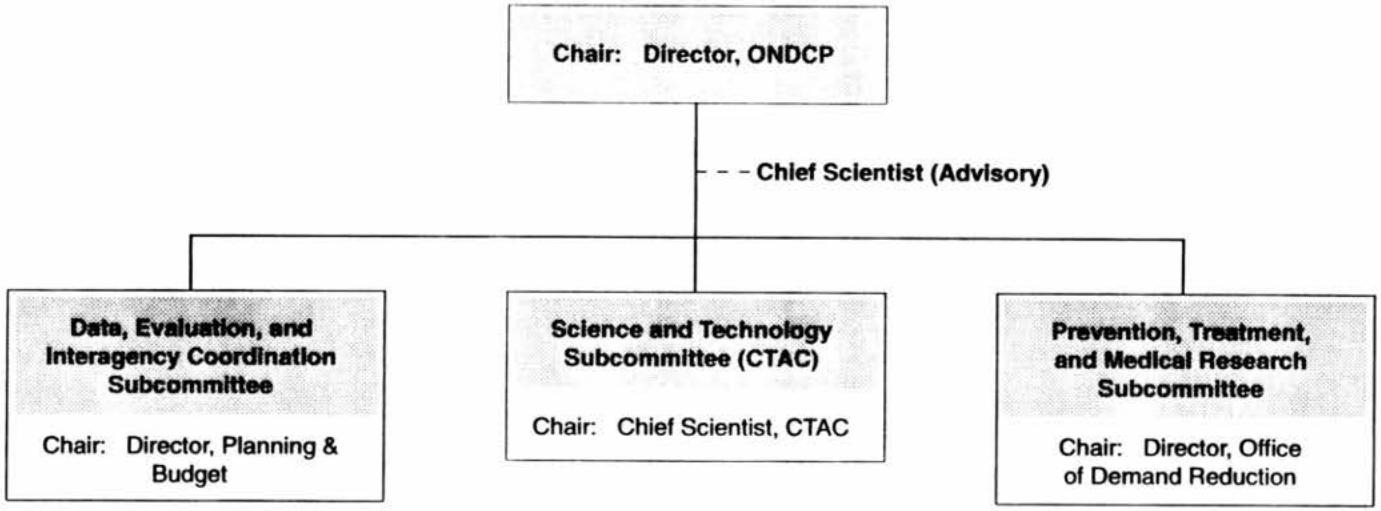
ONDCP now intends to join the CTAC with the R&E Committee and integrate its efforts within the overall research and evaluation initiative. Certain guidance contained in Executive Order 12880, signed by the President on November 16, 1993, will then be incorporated into the mandate for the R&E Committee. Specifically, the Committee's mandate will be broadened to include the provision established in section 1(g), "...to provide

advice to agencies regarding ways to achieve efficiencies in spending and improvements to interagency cooperation ...[to]... enhance drug control treatment and prevention services...." In addition, the provisions of section 2(b)(2) and (3) will be included in that mandate. This will allow ONDCP, through the R&E Committee and with proper representation from the drug control program agencies, to satisfy its requirement to assess the quality and adequacy of the techniques and instruments that provide the data necessary for guiding the Strategy, its implementation, and its overall effect and to "...coordinate an effort among the relevant drug control program agencies to assess the quality, management, effectiveness, and standards of accountability of drug abuse treatment, prevention, education, and other demand reduction activities."

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

Exhibit A-1

Organization of the Research and Evaluation Committee



to assist law enforcement agencies.

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

DEMAND-RELATED RESEARCH, EVALUATION, AND DEVELOPMENT. It is the role of the R&E Committee to coordinate the Federal research agenda, develop a plan to improve the quality and scope of drug use monitoring systems, and facilitate the proper use and exchange of information and research findings. This Administration fully respects and understands the important service that research can provide and the pivotal role of the R&E Committee.

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

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

prevention strategies. Research also will focus on populations at particular risk, including children, minorities, and underserved populations.

Research also will focus on evaluation of behavioral therapies for drug treatment and the effects of drugs on the brain and nervous system. For example, recent studies have shown that only 20 percent of cocaine users in the United States account for a full two-thirds of all the cocaine consumed each year.[54] Due to certain attributes of cocaine (i.e., its rapid entry into the blood stream, the high serum concentration it achieves, and its action on the brain), it is exceptionally addictive and its effects on the central nervous system are cumulative and often devastating.[55] Typically, about 75 percent of cocaine users relapse to some level of use within a year from admission to treatment — many either during or shortly after completion of the treatment program — largely in response to these special characteristics of the drug. There are some new therapeutic agents that may hold promise for helping addicts abstain from cocaine use, but these usually require several weeks to take effect and, since they alone cannot eliminate either

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

[55] Donald Landry et al. "Antibody-Catalyzed Degradation of Cocaine," SCIENCE 26: 1899-1901, March 1993.

social or biological contributors to addiction, they do not provide a cure. With these studies in mind, the Federal government will continue to investigate new approaches to the treatment of cocaine addiction, such as by the use of catalytic antibodies that destroy the drug immediately after it enters the blood stream, but before it reaches the brain.

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

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

information by all those involved in treatment provision and research.

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

In support of this, ONDCP will identify those schools with graduate degrees in technologies applicable to CTAC requirements. ONDCP, through the CTAC, will then work with 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.

ONDCP 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 this, the

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

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

Finally, medical research has a central role in the Strategy. The Nation confronts rapidly evolving problems with new drugs and patterns of use. Intensive research efforts are now being addressed to learning about the biophysical and behavioral nature of these problems and treating them. Primary responsibility for coordination of medical research performed in the separate branches of the Federal government will be vested in the Treatment, Prevention, and Medical Research Subcommittee of the ONDCP R&E Committee. Concerned drug control Departments and agencies on the demand-reduction side have already begun vital research on improving treatment protocols, better matching of clients to types of treatment, and developing medications that

reduce craving for addictive drugs or block their effects. Large-scale research efforts have been targeted at understanding cocaine addiction, the effect of maternal cocaine use on babies, how to help these babies, and how to treat cocaine users. The Treatment, Prevention, and Medical Research Subcommittee will have the responsibility for coordinating current and future agency research efforts with the major priorities of the National Drug Control Strategy, which will be further elaborated by this Subcommittee into specific goals, objectives, and strategies acceptable to all members.

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

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

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

CTAC will expand its technology development and sharing efforts with State and local law enforcement agencies. Accordingly, as stated in the Interim National Drug Control

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

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

In another area related to information sharing, a prototype system is being developed to permit the integration of information from various criminal justice databases, regardless

of the computer type or physical location. Once completed, the prototype criminal information system will be provided at low cost to existing operating systems of Federal, State and local law enforcement agencies.

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

ONDCP also has undertaken another outreach program to establish lines of communication with scientific and technical experts in academia, national laboratories, government agencies, and private industry to assist in the identification and development of promising new counterdrug technologies. In October 1992, as part of this program, ONDCP hosted (with the National Institute of Justice) a Contraband and Cargo Inspection International Technology Symposium. The purpose of this meeting

was to examine the potential of technology to accomplish nonintrusive inspections at National borders by the U.S. Customs Service and other counterdrug law enforcement agencies.

A second ONDCP-sponsored technical symposium addressing Wide Area Surveillance and Tactical Technologies was held in November 1993. This symposium examined technologies applicable to the Drug Enforcement Administration, Federal Bureau of Investigation, U.S.Coast Guard, and State and local law enforcement organizations for combating traffickers.

The primary objectives of the Wide Area Surveillance initiative are the development of prototype technology to detect aircraft, a full range of seagoing vessels, motor vehicles, and persons suspected of transporting drugs. The technologies being applied to this area include long-range sensors and tracking and tagging devices used to detect, monitor, identify, and evaluate the activities of suspect drug-carriers. Development of sensors include active sensors, such as radars and passive infrared/ ultraviolet (IR/UV) electro-optic sensors, as well as tracking, surveillance, and imaging sensors. The purpose of these sensors is to provide remote detection and monitoring of transportation modes and production sites.

The Wide Area Surveillance initiative also addresses technologies needed to process and disseminate the vast

quantities of surveillance information available to the counterdrug enforcement agencies. These technologies include computer systems, data fusion, rapid data search and retrieval, and artificial intelligence.

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

In the area of Tactical Technologies, our efforts will focus on information systems and communications and surveillance equipment. This equipment is used to support field and headquarters personnel in their daily tactical operations against drug trafficking organizations. Implementation of this research would lead to better information processing, allowing enforcement personnel to better use the vast amounts of data produced by field agents. Focused information management research will enhance data processing, sorting, and analysis capabilities. The technology of interest should support the development of techniques for merging diverse law enforcement, industry, and public data bases in a manner that will maintain needed security and integrity of the data while enhancing abilities in

intelligence collection and data sharing. our Additional areas of interest include the application of artificial intelligence, neural networking, "mug shot" imagery, ballistics data, mapping imagery, and voice print recognition.

Drug traffickers must transfer large amounts of cash into bank accounts and then transfer the proceeds of these accounts electronically throughout the United States and the world. Eliminating profits represents a primary objective of the National Drug Control Strategy for attacking drug organizations. Research and development in this area calls for the application of data fusion, computer systems, and artificial intelligence methodologies to follow illicit monies moved beyond U.S. borders. Technologies to locate currency smuggled across U.S. borders and analytical tools that identify suspect electronic transfers also will be investigated.

In addition, technologies are needed to defeat drug traffickers who use commercially available cellular telephones, facsimile (FAX) machines, and pagers to avoid surveillance. One of CTAC's prime functions is to foster increased awareness among the enforcement community of commercially available technology such as the Integrated Services Digital Network (ISDN). CTAC concentrates specifically on the impact that the introduction of advanced technology to the marketplace will have on current drug

enforcement tactics. The FBI laboratory on digital telephony provides an example of one facility that is dedicated to preventing negative impact or technological surprise relating to improper use of seemingly benign technological advances developed by the communications industry.

Agent communications represent especially important tactical technology needs of the counterdrug enforcement agencies. Thus, communications networks are required for control of time-sensitive, multiagency drug enforcement operations. These networks must be protected from interception and deception by drug traffickers and should be able to support high-speed data and FAX transmissions.

The development of trace substance detection capabilities for the analysis of physical evidence is needed to assist in ongoing investigations. Such capabilities will include identification of traces of narcotics on currency seized in drug transactions and on luggage or other conveyances used in the drug trade. Also included will be analysis of bodily fluids for illicit drugs and a complete range of standard forensic examinations in support of criminal investigations.

Attempts to conceal drug and contraband shipments on board commercial carriers and within legitimate international commerce present a formidable challenge to law enforcement agencies. The

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

CTAC's national R&D Program calls for the development of a family of nonintrusive inspection systems to be installed at U.S. Customs Service border crossing inspection points located at intermodal, airport, and commercial truck facilities. These systems must be designed to address all aspects of contraband

detection, from the processing of the manifest/entry data to identifying the most likely suspicious shipments. These systems must also assess nuclear, physical and chemical sensor hardware concepts and use sophisticated algorithms to optimize sensor performance.

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

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

APPENDIX B: DRUG-RELATED STATISTICS

BUDGET

Table D-1. Federal drug control budget, 1988-1994 (in millions)

	1988	1989	1990	1991	1992	1993	1994
Funds	$4,707.8	$6,661.8	$9,756.5	$10,954.3	$11,905.2	$12,210.8	$13,040.6

Source: Office of National Drug Control Policy

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

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

State	19.9	2.7	6.4	2.0	7.0	19.0	28.1	31.8	47.6
Local	8.1	4.9	8.6	10.7	.5	3.7	25.2	51.5	2.9

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

- Represents zero or rounds to zero.

DRUG USE

Table D-3. Trends in selected drug use indicators, 1979-1992 (in thousands)

Selected Drug Use Indicators	1979	1982	1985	1988	1990	1991	1992
Overall drug use	24,289	22,263	22,980	14,479	12,948	12,813	11,404
Past month (current) cocaine use	4,330	4,170	5,750	2,923	1,601	1,892	1,305
Occasional (less than monthly) cocaine use	na	9,666	8,568	5,803	4,143	4,348	3,448
Frequent (weekly) cocaine use	na	690	647	862	662	625	642
Current marijuana use	22,520	20,020	18,190	11,616	10,206	9,721	8,950
Lifetime heroin use	2,430	1,880	1,930	1,907	1,654	2,653	1,840
Current adolescent drug use	4,061	2,560	3,260	1,866	1,622	1,362	1,269

na - not applicable

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

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

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

Source: Abt Associates under contract to ONDCP.

DRUG USE CONSEQUENCES AND TREATMENT

Table D-5. Trends in drug-related emergency room episodes and selected drug mentions, 1988-1992

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

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

Table D-6. Drug abuse treatment capacity and utilization, 1989-1994

Treatment Capacity and Utilization	1989	1990	1991	1992	1993	1994
Treatment equivalent slots	556,000	559,000	563,000	559,646	569,050	579,589
Number of persons served	1,556,800	1,508,853	1,491,500	1,454,529	1,452,809	1,449,020

Sources: Office of Management and Budget and Department of Health and Human Services.

CRIMINAL JUSTICE

Table D-7. Total crime, violent crime, and property crime and drug arrests, 1988-1992

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

[1]Rates per 100,000 population.

Source: Uniform Crime Reports, Federal Bureau of Investigation.

Table D-8. Federal and State prison and local jail inmate populations, 1988-1992

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

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

DRUG SUPPLY

Table D-9. Federal-wide cocaine, heroin, and cannabis seizures, 1989-1993

Drug	1989	1990	1991	1992	1993 Q1	1993 Q2
Cocaine (metric tons)	99.2	107.3	109.5	137.8	26.6	19.5
Heroin (kilograms)	1,095.2	815.0	1,374.4	1,157.2	380.5	299.0
Cannabis (pounds)	—	500,411	677,259	787,245	151,717	233,538

— Data not available

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

Table D-10. Total U.S. expenditures on illicit drugs, 1988-1991 (in billions)

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

Sources:
National Household Survey on Drug Abuse (1989 data are an average of 1988 and 1990), National Institute on Drug Abuse; Drug Use Forecasting Program, National Institute of Justice; Uniform Crime Report, Federal Bureau of Investigation; System to Retrieve Information From Drug Evidence, Drug Enforcement Administration.

Table D-11. Trends in cocaine supply, 1989-1991 (in metric tons unless otherwise noted)

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

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

Sources:
International Narcotics Control Strategy Report, 1992, Department of State; *Narcotic Drugs, Statistics for 1990*, United Nations, International Narcotics Control Board; *National Drug Intelligence Estimate, 1990*, Royal Canadian Mounted Police; and Federal-wide Drug Seizure System, Drug Enforcement Administration.

Table D-12. Retail prices per pure gram for cocaine and heroin, 1988-1991

	1988	1989	1990	1991
Cocaine				
High price	$154	$157	$207	$179
Low price	111	113	148	128
Heroin				
High price	$1,634	$1,492	$1,672	$1,646
Low price	1,007	888	962	917

Source: DEA Price/Purity Report.

Table D-13. Worldwide potential net production, 1989-1992 (metric tons)

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

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

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

APPENDIX C: ACKNOWLEDGMENTS