Jose Cerda ODP/DPC Box 1-5 Inventory

Box 1:

Drugs 97: State Drug Free Schools
Speedy Trial Act: General
Anti-Gang Youth Violence Bill Gates
    Jacksonville, Boston, Salinas
Prisons
Drugs 96
    Dole-Drugs General
Domestic Violence
    Iowa, Domestic Violence Cases

16953

ENCLOSURES FILED OVERSIZE ATTACHMENTS

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Needle Program To Fight AIDS Wins Support

Federal Officials Back Local-Level Exchanges

THE WASHINGTON POST

WEDNESDAY, FEBRUARY 19, 1997

· Reuter

Federal health officials yesterday endorsed needle-exchange programs for drug users to combat AIDS at the community level but did not seek a federally funded national program.

"Needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases in communities that choose to include them," Secretary of Health and Human Services Donna E. Shalala said in a report.

Last week, a National Institutes of Health conference also backed needle exchange as an effective strategy to slow the spread of the AIDS virus.

After an independent review of a few dozen pilot projects and scientific research programs, Shalala said there was evidence that needle exchange could slow the spread of the human immunodeficiency virus (HIV) that causes AIDS among drug users, their partners and children. One study, at Yale University, said infections could drop by a third.

Needle exchange has been controversial since the idea surfaced early in the AIDS epidemic, when it became clear that drug users were at high risk of contracting HIV and spreading it to their sexual partners and unborn children.

Critics of needle exchange have charged that it is tantamount to sanctioning intravenous drug use and that it would aggravate the drug problem in a population already at risk. Federal funds cannot be used for these programs, outside a pilot project research context.

Backers said carefully designed exchange programs can slow the AIDS epidemic and also serve as outreach points to educate drug users and draw them into treatment programs.

"Overall these studies indicate that needle exchange programs can have an impact on bringing difficult-to-reach populations into systems of care that offer drug dependency services, mental health, medical and support services," Shalala said in the report, requested by the Senate Appropriations health subcommittee last September.

Several AIDS advocacy groups reacted favorably, saying Shalala's report was a good first step. "She seems to have reached the right conclusion," said Mathilde Krim, chairman of the American Foundation for AIDS Research.

"It's not the solution to all our problems . . . but we have been convinced for years that this would be the conclusion," she added in a telephone interview.

THURSDAY, FEBRUARY 13, 1997 THE WASHINGTON POST

Clinton Plans Ad Blitz In Domestic Drug War

U.S., Private Sector Would Split $350 Million Cost

By Roberto Suro
Washington Post Staff Writer

The Clinton administration hopes to make prime time television a major battlefield in the war on drugs with an unprecedented $350 million media campaign designed to counter rapidly increasing teenage drug abuse.

Under the plan, the federal government and the private sector would equally divide the cost of an advertising blitz so massive that the anti-drug message would be virtually inescapable on the programming that captures younger audiences.

"There is every reason to believe that this absolutely will turn around drug abuse by youngsters," said retired Gen. Barry R. McCaffrey, the chief of the White House drug office, who would direct the media campaign.

With illicit drug use either declining or stable among adults, McCaffrey said, attacking the problem among teenagers should take priority.

To do that, he said, "you have to educate them by getting the message on high-profile television time."

The $175 million appropriation for the federal share of the advertising blitz is the only major new anti-drug program contained in the administration's budget proposal sent to Congress last week. While applauding its intent, leaders of some drug abuse prevention organizations complain that Clinton is investing too heavily in a single new initiative, noting that the media campaign would consume two-thirds of the proposed spending increases for drug abuse prevention programs next year.

The administration's overall $16 billion drug budget proposal has also reignited a broader argument over the relative balance between spending federal money on programs that attack the supply of drugs vs. those aimed at reducing demand.

McCaffrey's proposed $350 million anti-drug media campaign would exceed even some of the largest commercial and government advertising efforts.

For example, Microsoft spent an estimated $200 million to introduce its Windows 95 software. McDonald's launched its Arch Deluxe burger with a $75 million ad campaign, according to Advertising Age magazine.

The Army spent nearly $72 million last year on advertising, including its "Be All You Can Be" campaign.

McCaffrey said in an interview that the anti-drug campaign should last for five years.

Carried out on that scale it would constitute an unprecedented government effort to shape behavior through the media.

"You can't do it in a year," said the retired Army general. "You can't do it with $12 million. You have to go in in a serious way, and if you do that we suggest that in a couple of years you can turn around this skyrocketing adolescent drug use."

Since 1991, marijuana use has increased from 27 percent to 40 percent of the nation's 12th-graders, according to an annual survey conducted by the University of Michigan widely regarded as the most accurate measure of adolescent drug use.

The Partnership for a Drug-Free America conducts the largest ongoing anti-drug campaign, having consumed $265 million worth of donated broadcast time and print space last year.

While McCaffrey said he hopes that such public service efforts will continue, he argues that only paid advertising on prominent TV shows will achieve the needed effect.

His plans, however, have been received cautiously by anti-drug campaigners. "Including the media campaign is legitimate, but we are very concerned about what is not here," said James E. Copple, president of the Community Anti-Drug Coalitions of America, which counts some 4,000 community groups as members.

Copple noted that several major prevention and treatment programs at the Department of Health and Human Services received little or no increased spending and that the $175 million proposed federal spending for the media campaign is nearly three times as much as the proposed increase in the Safe and Drug Free Schools and Communities Program, the federal government's largest effort to keep children from using drugs.

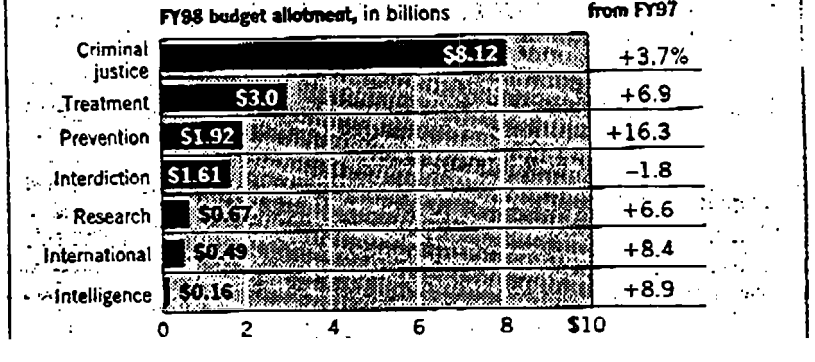
Making an argument he has repeated frequently, McCaffrey last summer said, "We've got to make the case that drug education and prevention is the first priority." Yet this year's budget proposal, like most previous federal drug strategies, allocates about twice as much money to law enforcement, interdiction and other efforts to control the supply of drugs as it does to prevention, treatment and education programs.

"The administration has articulated a need for much greater emphasis on demand reduction, but once again the budget continues to concentrate on supply," said Mathea Falco, president of Drug Strategies, a Washington think tank and advocacy group.

However, Rep. Bill McCollum (R-Fla.), chairman of the House crime subcommittee, said, "I am concerned we are still not doing enough to halt the flow of drugs into this country."

FUNDING THE WAR ON DRUGS

Of all the drug control spending in the administration's 1998 budget proposal, prevention would get the biggest boost, to $1.92 billion. Some $175 million of that is earmarked for a media campaign against teenage drug use.

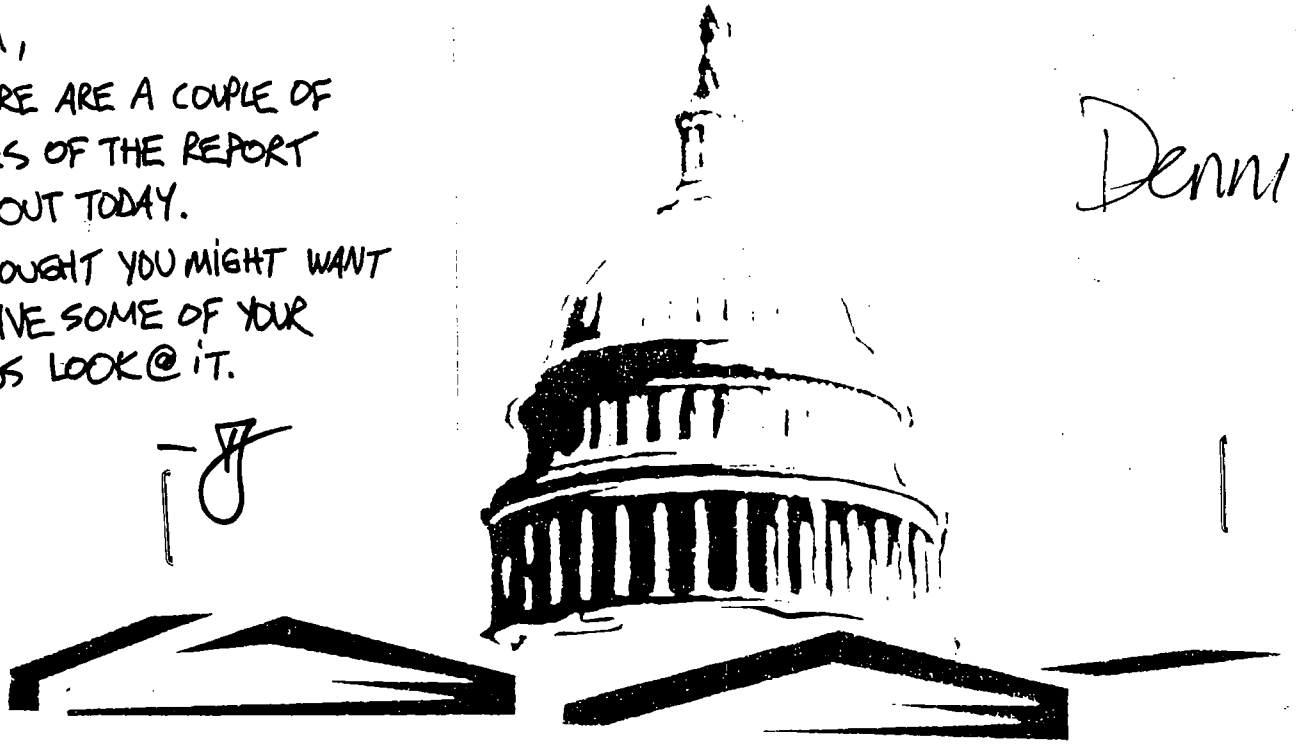


Setting The Course

A National Drug Strategy

RAHM,
HERE ARE A COUPLE OF COPIES OF THE REPORT PUT OUT TODAY.
THOUGHT YOU MIGHT WANT TO HAVE SOME OF YOUR NERDS LOOK @ IT.
-JJ

Dennis



A Report by the Task Force on National Drug Policy

Convened by:
Majority Leader Bob Dole and Speaker Newt Gingrich

Chaired by:
Senator Charles E. Grassley
Senator Orrin Hatch
Representative William Zeliff
Representative Henry Hyde

SETTING THE COURSE:
A NATIONAL DRUG STRATEGY

TASK FORCE ON NATIONAL DRUG POLICY

SENATOR CHARLES GRASSLEY, CO-CHAIR	REPRESENTATIVE HENRY HYDE, CO-CHAIR
SENATOR ORRIN HATCH, CO-CHAIR	REPRESENTATIVE WILLIAM ZELIFF, CO-CHAIR
SENATOR SPENCE ABRAHAM	REPRESENTATIVE MIKE FORBES
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SENATOR KAY BAILEY HUTCHINSON	REPRESENTATIVE CLAY SHAW
SENATOR OLYMPIA SNOWE	REPRESENTATIVE J. C. WATTS

tional convention on organized crime that develops common approaches for targeting the main international criminal organizations, their leaders and assets.

3. US national drug strategy should also take steps to ensure that drug laws are effectively enforced, particularly that there be truth in sentencing for drug trafficking and drug-related violent crimes.

4. Prevention and education are critical elements in a renewed strategy. There needs to be greater coordination and effective oversight of Federal prevention and education programs, which should involve the integration of disparate drug programs in HHS, DoJ, and elsewhere under one authority. This more integrated approach should focus on empowering local communities and families, and must develop more effective evaluation programs to determine which delivery mechanisms are the best.

5. Treatment must remain an important element to any strategy, but more needs to be done to eliminate duplication and waste. A renewed strategy needs to look at establishing more effective evaluation techniques to determine which treatment programs are the most successful. Accountability must be a key element in our programs.

We also need to look at the role of religious institutions in our efforts to combat drug use. America cannot ignore the link between our growing drug problem and the increase in moral poverty in our lives.

The members of the Task Force also note that even the best strategy in the world is worth no more than the effort spent on turning it into reality. Thus, the Administration and Congress have a responsibility to develop and implement sustained and sustainable programs. An effective effort, however, must go beyond what the Executive and Congress can do. A true national effort must involve parents, families, schools, religious institutions, local and state governments, civic groups, and the private sector.

Finally, the Task Force members note that many of our current social pathologies, in addition to drug use, arise from causes directly related to a climate that disparages essential moral and ethical principles of personal behavior. Out of the best of intentions, we have pursued policies that have replaced a sense of personal responsibility with conscienceless self-esteem. In doing so, we have belittled traditional family virtues and encouraged a cheapening of social discourse. Our public places have become threatening to decent people because of misplaced tolerance for aggression and public incivility. Many of our children are now having children, born out of wedlock into lives of meanness and violence.

In calling for a recommitment to sustained, coherent efforts against drugs, the Task Force members recognize that this effort is part of a larger struggle for the soul our young people and our future. We reject the counsels of despair that say that nothing can be done. That our only recourse is to declare surrender and legalize drugs. We recognize that the drug problem is a generational one. Every year the country produces a new platoon of young people who must be guided to responsible adulthood. A continuing, vital anti-drug message sustained by meaningful prevention, law enforcement and interdiction programs is part of the responsibility our generation has to the next. This report is a wake-up call to America to do its duty.

EXECUTIVE SUMMARY

The facts are simple. After more than a decade of decline, teenage drug use is on the rise. Dramatically. Every survey, every study of drug use in America reconfirms this depressing finding.

What is even more disturbing is that attitudes among teenagers about the dangers of drug use are also changing—for the worse. After more than a decade of viewing drugs as dangerous, a new generation increasingly sees no harm in using drugs.

Just such a shift in attitudes engendered the last drug epidemic in this country. The 1960s saw a significant movement among many of the nation's intellectual leaders, media gurus, and even some politicians that glorified drug use. These attitudes influenced the thinking and decision making of many of our young people. We are still living with the consequences of the 1960s and 1970s attitudes in the form of a long-term addict population and thousands of casualties, including a staggering number of drug-addicted newborns and many of our homeless.

The American public recoiled at the social pathologies associated with the illegal drug epidemic then, and recent polls indicate that they are just as concerned today that we are about to repeat history because we failed to learn our lesson. Despite the fact that we made major inroads on reducing drug use in the 1980s, the press and many others have helped to create the idea that nothing works and that our only policy options are the decriminalization or outright legalization of drugs.

The media turned their attention away from the drug issue and have not returned to it in the last three years. The Clinton Administration has downplayed the drug issue, demoting it as a national priority and distancing the President from it. The message that drug use was wrong was de-emphasized, while interdiction and enforcement were downplayed in order to concentrate on treatment. The result has been to replace "Just Say No" with "Just Say Nothing." We are suffering the consequences.

On December 13, 1995, Majority Leader Bob Dole and Speaker of the House Newt Gingrich convened a bicameral Task Force on National Drug Policy to break the silence. They asked the Task Force to make recommendations on how Congress might, as it has many times in the past, put drugs back on the national agenda. This report is the result of the Task Force's efforts. It reflects the results of town meetings, discussions with experts, and meetings with leading treatment and prevention organizations. This report represents a beginning of effort not the conclusion.

The Task Force's first and most important recommendation calls for a serious national drug strategy. Recent Administration strategies have been thin and they have arguably failed to meet the clear statutory obligation that specific and measurable objectives be included. Our national strategy is incomplete and has focused efforts in areas that have not worked. We need a more serious effort.

Such a strategy does not have to re-invent the wheel. It does need to do the right things with the right stuff. This means a focus on prevention, law enforcement, and interdiction. It means presidential leadership within the Executive Branch and at large. It involves congressional oversight of programs and support to effective, well-managed efforts. It means a program that adds substance to rhetoric and matches ends to means in a sustainable effort.

A reinvigorated national drug strategy needs to focus on five major elements:

1. We need a sound interdiction strategy that employs our resources in the transit zone, in the source countries of Latin America, and near the borders to stopping the flow of illegal drugs. This means renewed efforts at US Customs, DEA, INS, DoD, and the Coast Guard to identify the sources, methods, and individuals involved in trafficking and going after them and their assets.

2. A renewed commitment to the drug effort requires a serious international component that increases international commitment to the full range of counter-drug activities. These must involve efforts to prevent money laundering; to develop common banking practices that prevent safe havens; serious commitments to impose sanctions on countries that fail to meet standards of cooperation; efforts to ensure proper controls over precursor chemicals; and an interna-

TABLE OF CONTENTS

TABLE OF FIGURES

TASK FORCE ON NATIONAL DRUG POLICY:
STATEMENT OF PURPOSE

Issue:

Every survey of teenage drug use in the past two years indicates not only increasing use of dangerous drugs among teens, but a disturbing change in perceptions about the dangers of drug use. The High School Seniors Survey, DAWN, PRIDE, and other opinion research indicate major increases in teen drug use and emergency room admissions. In part, this reflects the fact that the drug issue has fallen off the national agenda. The country lacks a serious national strategy on the drug problem. There has also been a vacuum of leadership. Major poll data show that the American public is keenly concerned about the drug problem and wants to see more done, particularly in the areas of law enforcement, interdiction, and prevention. It is time to heed this call. It is time to act now in order to keep future generations free from the harm that drugs do to individuals, families, and public life.

Purpose:

To establish a congressionally directed effort to develop the principles for a coherent, national counter-drug policy and appropriate supporting strategy as the basis for future action. Congress has been the leader in pressing this issue in the past, and given disturbing changes in teenage use and a lack of serious focus from the Administration, it is time to renew attention on the drug issue.

Method:

A congressional task force will convene to consider the principles upon which a sound policy and strategy should be based. It will hold a number of public meetings, call on expert opinion, and develop a statement of principles to guide future considerations. A final report will outline the major elements of a realistic domestic and international policy and indicate the key elements of a strategy to support the policy.

Structure:

The Majority Leader and the Speaker of the House will convene the task force consisting of several co-chairs drawn from congressional leaders on drugs and crime issues. A panel of members will help to set overall goals and develop supporting information.

Co-Chairs:

Senator Charles Grassley, Senator Orrin Hatch, Representative William Zeliff, and Representative Henry Hyde.

Task Force Members:

SENATE	HOUSE
Senator Spence Abraham	Representative Mike Forbes
Senator John Ashcroft	Representative Ben Gilman
Senator Alfonse D'Amato	Representative Bill McCollum
Senator Paul Coverdell	Representative Rob Portman
Senator Mike DeWine	Representative Ileana Ros-Lehtinen
Senator Kay Bailey Hutchinson	Representative Clay Shaw
Senator Olympia Snowe	Representative J. C. Watts

Unfortunately, there was little response to his warning and Dr. Johnston's prediction came true. The media turned their attention away from the drug issue and have not returned to it in the last three years. This Administration has downplayed the drug issue, demoting it as a national priority and distancing the President from it. The message that drug use was wrong was de-emphasized, while interdiction and enforcement were downplayed in order to concentrate on treatment. Parents also talked less to their kids about the dangers of drug use. The result was to replace "Just Say No" with "Just Say Nothing." We are suffering the consequences.

As Nancy Reagan stated at a hearing before the House National Security Subcommittee in March of 1995, "The weakening vigilance against the drug threat... can have a tragic effect on this country for many years to come.... How could we have forgotten so quickly? Why is it we no longer hear the drumbeat of condemnation against drugs coming from our leaders and our culture? Is it any wonder drug use has started climbing again, and dramatically so?"[4]

The Partnership for a Drug Free America's Attitude Tracking Study noted another complicating factor that may account for the present deafening silence on drug use: a baby boomer generation that experimented with drugs that is unsure of how to talk to its kids about drug use without feeling hypocritical. This ambivalence or discomfort has, seemingly, also affected some of our public officials and community leaders who come from the baby boomer generation. They too seem unable to speak convincingly or forcefully on the dangers. The study notes, however, that the overwhelming majority of these baby boomer parents are not ambivalent about the idea that their kids should try drugs. They are against it, against any drug use. Unfortunately, their concerns have been muted and the glorification of drug use is back.

In recent years, music and verse are once again glamorizing drug use. Movies, music, television, and some political and cultural leaders are again talking about the "normalization" of drug use. Mainstream news programs, when they cover the drug issue at all, continue the theme that nothing works, while MTV airs programs and rock videos decidedly advocating drug use and legalization. Hollywood is once again portraying drug use in a favorable light.

It should come as no surprise, then, that teenagers, struggling to establish their identities in a complex world, should find society's message about drugs confusing. When parents cannot or will not talk to their children, when their cultural and political leaders are inconsistent or silent, and when the media portrays positive images of drug use, increased teenage drug use is the inevitable result.

As a nation, we cannot afford to be complacent about this trend. The dangers of drugs cannot be measured solely on the balance sheets of accounting ledgers or with charts of statistics. There is the matter of body counts and wasted lives, especially of our youth. We must act now to keep from repeating the disaster we inflicted on ourselves in the 1960s and 1970s. We need to remind ourselves that we do know what works. We can make a difference. That we must take meaningful, consistent, and visible steps to protect our children, our communities, and our future.

Congress has taken a lead in the past in responding to the drug problem. It is clear that it is time to renew that leadership. Our first priority must be to ensure that our children, the most at-risk population, do not fall victim to a new drug epidemic. This report addresses that need.

Growing Crisis of Teenage Drug Use:

After years of decline, teenage drug use is on the rise again. Two recent surveys of teenage drug use and attitudes towards drugs make it clear that a younger generation of Americans is at risk. The message that drug use is both harmful and wrong is simply not getting through. The national high school survey, *Monitoring the Future*, which surveys over 50,000 students in some 400 public and private secondary schools; and the annual survey by the Parents' Resource Institute for Drug Education (PRIDE), which surveys nearly 200,000 9th-12th-graders, confirm a trend in increasing adolescent drug abuse.

"The weakening vigilance against the drug threat...can have a tragic effect on this country."

- Nancy Reagan

- The number of 12-17 year-olds using marijuana increased from 1.6 million in 1992 to 2.9 million in 1994. "Recent marijuana use" increased 200 percent among 14-15 year olds over the same period.

- Since 1992, there has been a 52 percent increase in the number of high-school seniors using drugs monthly. Of even more concern has been a sharp decline in peer disapproval of use and declining attitudes that drug use is harmful.

- As a result, 33 percent, ***one in three***, of high school seniors report having used marijuana in the last year. As many as 21 percent have smoked marijuana within the past month.

The use of hallucinogens, stimulants, and other drugs are also on the rise. According to surveys by the Center on Addiction and Substance Abuse, adolescents who use marijuana are 85 times more likely to move to other dangerous drugs, such as cocaine. As many as 60 percent of those who use marijuana before the age of 15 will later use cocaine. As a recent report by the Senate Judiciary Committee, *Losing*

I. Need for a New Focus on National Drug Policy

Introduction: A Nation at Risk

The facts are simple. After more than a decade of decline, teenage drug use is on the rise. Dramatically. Every survey, every study of drug use in America reconfirms this depressing finding. Since 1991 the number of 8th-graders who used drugs in the past twelve months has nearly doubled (from 11 percent to 21 percent). Since 1992, the number of 10th-graders reporting drug use has risen nearly two-thirds, and among 12th-graders by nearly half. Marijuana use led the way, but the use of other drugs is also increasing. Although usage levels have not returned to their 1979 highs, the trend is disturbing.

What is even more disturbing is that attitudes among teenagers about the dangers of drug use are also changing—for the worse. After more than a decade of viewing drugs as dangerous, a new generation increasingly sees no harm in using drugs.[1] As a recent study by the Partnership for a Drug Free America notes, "Driven by an increasingly lax attitude about marijuana, America's teenagers are seeing fewer risks and more personal rewards in drug use...."[2] In addition, peer disapproval of drug use continues to decline.

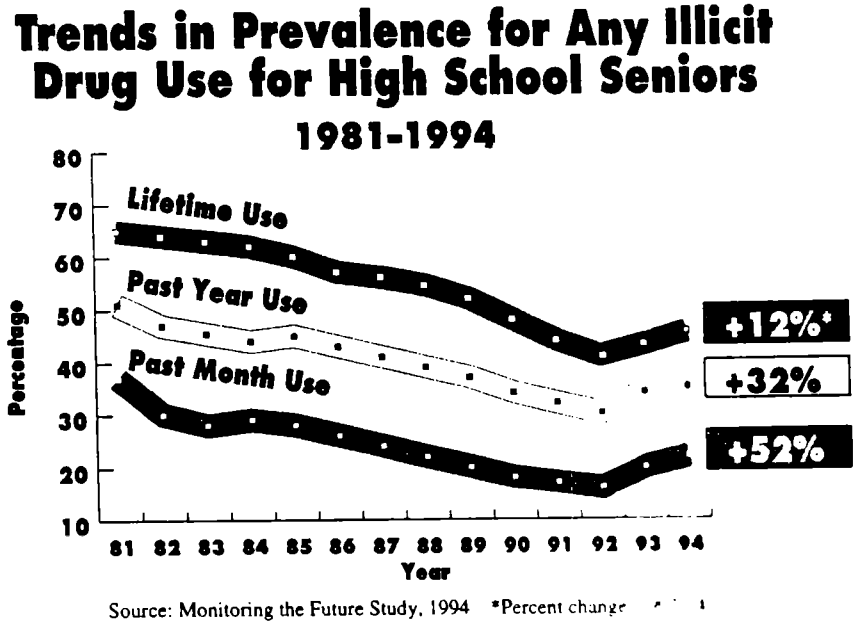
Just such a shift in attitudes engendered the last drug epidemic in this country. The 1960s saw a significant movement among many of the nation's intellectual leaders, media gurus, and even some politicians that glorified drug use. Mainstream movies, television, popular music, and pronouncements from cultural, political, and religious leaders portrayed drug use as at worse a harmless personal choice, at best as an opportunity for liberation and enlightenment. The result was a tacit legitimization of the drug culture and an explosion in use and addiction. We are still living with the consequences of the 1960s and 1970s attitudes in the form of a long-term addict population and thousands of casualties, including a staggering number of drug-addicted newborns.

The American public recoiled at the social pathologies associated with the illegal drug epidemic in the late 1970s and throughout the 1980s, demanding that something be done. Congress and the White House responded with increased funding and focused effort across the board to meet the challenge. The results, one of the best kept secrets in modern American political life, were astounding. Within a decade, after over 20 years of de facto legalization and glorification of drug use, the trend reversed. Although the change was too late to help many of the most addicted, the public effort to de-legitimize the glamour of drugs, to "Just Say No," caused a dramatic turn around in adolescent attitudes. Hollywood and the music industry also responded by helping to debunk the notion that drug use was "cool" or harmless.

As a result, illicit drug use declined from a peak of around 25 million casual users in 1979 to a low of 11.4 million in 1992. Casual cocaine use fell by almost 80 percent between 1985 and 1992, while regular cocaine use dropped over 50 percent between 1988 and 1992.[3] In no other area of social pathology were such dramatic gains made in such a short period. Yet, press reports tended to ignore the spectacular progress and painted the whole effort as a failure, and the press coverage of any kind declined sharply with the Gulf War beginning in 1990.

As a result, drugs began to slip off the national agenda. In March, 1993, Dr. Lloyd Johnston of the University of Michigan and the father of the high school survey, "Monitoring The Future," warned that the message that drug use was both harmful and wrong was being lost on emerging generations. The consequence, he predicted, would be a steady increase in teenage use if something were not done

Figure 1.



Source: Monitoring the Future Study, 1994 *Percent change

"It's drugs, stupid. It's drugs."

- Senator Joseph Biden

One of the first official acts of the Clinton Administration was to cut the staff of the Office of National Drug Control Policy, the Drug Czar, from 147 to 25, rendering it largely ineffectual. The post of Deputy of Supply Reduction in ONDCP has yet to be filled — no one has been nominated to fill the post. The President also largely disappeared from the field, abandoning the bully pulpit. Then, the Surgeon General of the United States repeatedly called for the legalization of drugs. In addition, the Administration decided to "reinvent" drug policy, downplaying law enforcement and interdiction. Along with the reductions in the Drug Czar's office, these various moves helped to create a vacuum in leadership and a visible public position on the dangers and harmful effects of drugs. As Representative William Zeliff recently commented, "It is no secret that the war on drugs has not been a priority with this president."[7] Administration policies have de-emphasized the message that drug use is wrong as well as dangerous. As Congressman Charles Rangel, a longtime proponent of effective drug efforts, points out, "I have been in Congress for over two decades, and I have never, never, never found any Administration that has been so silent on this great challenge to the American people."

Without the reinforcing effect of a constant public campaign, families no longer talk as frequently or frankly about the consequences of drug use. Our number one defense was left on the sideline and our children are faced with choices they are woefully unprepared to make. As a number of national family groups—such as Community Anti-Drug Coalitions of America (CADCA), National Families in Action, PRIDE, the National Family Partnership, and others— have noted, we cannot assume that parents are willing or able to talk with their children on this issue without some guidance. Baby boomer parents, many of whom used drugs themselves, have problems discussing the issue with their kids. America's parents need to be reengaged in drug prevention efforts. Parents need to be informed about new drug use trends, motivated to talk to their children about the dangers of drug use, and involved with other parents in implementing strategies to keep their kids drug free. But when the President is silent, when the national media are silent, when popular movies and videos glorify the use of illegal drugs, the challenge facing today's parents is even greater.

Return of Drug Glorification:

The extent of a returning drug culture can be measured by the return of drug themes in music, in the movies, and on television. In a recent major program on drug use broadcast several times on MTV, the popular rock video station that is home viewing for millions of teenagers, drug use was presented in a favorable light with significant time given to spokesmen for legalization of drug use. Increasingly rock videos and music present drug use as normal and desirable. Rock stars and other popular culture figures openly discuss their own use and encourage others to follow their example.

An article in a widely used magazine for schools, called *Scholastic Update*, contained the following assertion:

Marijuana is back and coming out of the closet. Stars use it. Musicians . . .celebrate it. TV shows like Saturday Night Live and Kids in the Hall depict it as harmless fun. Marijuana fashion has grown into a $10 million industry.

MTV, watched by millions of young people carried a program on drugs, aired several times, that clearly sought to normalize drug use. Popular music of all sorts now commonly encourages use. The trend is disturbing and reminiscent of our past experience. This shift raises the prospect of a new wave of drug addiction, since it is attitudes among teenagers, the most at-risk population, that determines future trends in abuse and addiction.[8]

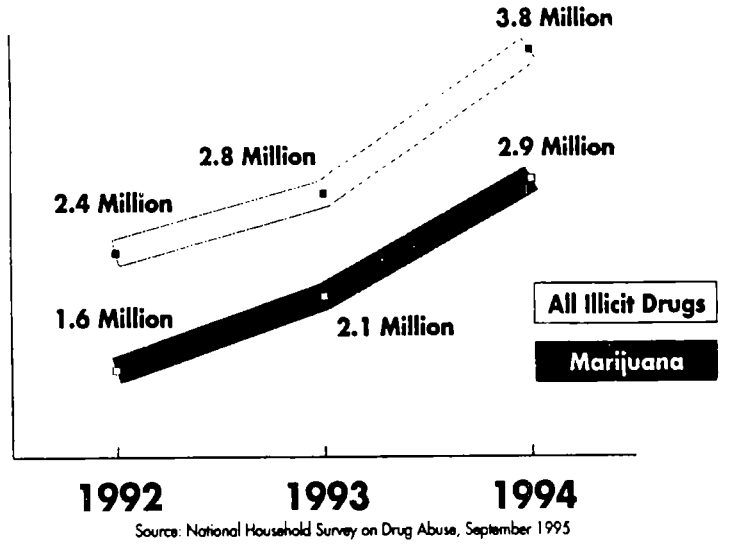
Movies, too, have begun to portray drug use as acceptable. In the recent "family" movie, *How to Make an American Quilt*, for example, grand motherly figures are presented using marijuana as a normal part of life. The theme can be found increasingly in other popular culture outlets. Rock, "hip hop", and rap music now commonly carry explicit drug themes and many of the stars endorse use. Their message, packaged for sale to kids, is available on TV and radio, in music shops, and in the trade literature. By contrast, the counter-drug message has slipped off our front pages. When William Bennett resigned as Drug Czar, it was front page news. When Lee Brown left it received virtually no coverage. Recently the Senate considered the nomination of General Barry McCaffrey as the new drug czar. The hearings received virtually no cov-

"I have been in Congress for over two decades, and I have never, never, never found any Adminsitration that has been so silent on this great challenge to the American people."

- Representative Charles Rangel

Figure 2.

Trends In Youthful Drug Use, Ages 12-17



Source: National Household Survey on Drug Abuse, September 1995

Ground Against Drugs, noted, "The implications for public policy are clear. If such increases are allowed to continue for just two more years, America will be at risk of returning to the epidemic drug use of the 1970s."[5] The adverse consequences of that, given the contribution that drug use makes to domestic violence, street crime, health and welfare costs, and the well-being of America's youth, are incalculable. Our experience in the past makes it only too clear what the costs of indifference can be.

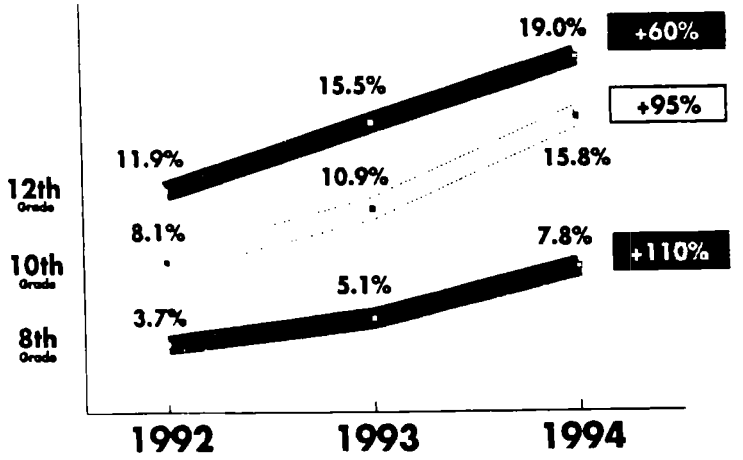
When faced with returning use, many critics of drug policy simply throw up their hands in despair and claim that nothing works. The view seems to be that if we cannot eliminate drug use in one dramatic sweep, then our only recourse is to surrender, to decriminalize illicit drug use, make drugs widely available, and then treat the victims. Why this is regarded as sound social policy is never made explicit, but clearly, no responsible policy can be based on such a notion. As Professor Lloyd Johnston has noted, in dealing with the problem of drug use, we are dealing with a generational effect. Every year we see a new crop of adolescents who must be taught the fundamentals of living in a civil society. In addition to learning algebra and English and social responsibilities, they must all be brought to understand the consequences of drug use. This is a perennial concern. The anti-drug message cannot be taught once. It must be sustained and renewed every year. It is critical that we do this. As the recent Center for Alcohol and Substance Abuse study on the effects of substance abuse in New York notes, ".... We will never rid ourselves of all substance abuse. But to the extent we curb such abuse, we will reap a rich harvest of healthier babies, less violence and crime, lower taxes, reduced health care costs, higher profits, better-educated students, and fewer AIDS cases."[6] The problem, however, is that the anti-drug message has been lost. In commenting on the absence of a strong, consistent effort by the Administration, Senator Biden noted in a recent hearing that "It's drugs, stupid." Without attention and effort, we expose a new generation to the perils of drug use.

Lack of a Coherent Message:

One of the things that has been learned over the last several years is what works in dealing with the drug problem. It is clear that there must be a coherent program that combines public disapproval, information, law enforcement, interdiction, and treatment in well-publicized and sustained programs aimed at a broad audience. Such an effort must involve community groups, civic leaders, cultural and political leaders, parents, schools, business, and young people. The effort must be constantly renewed and reinvigorated. Between 1981 and 1992 this was increasingly the case, particularly between 1989 and 1992. In the years following, however, the message began to get blurred.

Figure 3.

Trends In High School Marijuana Use*



Source: Monitoring the Future, December 1994

*Students reporting use within past 30 days

Safe Cities—Safe Streets:

One of the casualties of the decline in public civility has been the safety of citizens in their homes and on the streets of their neighborhoods. Everyone notes the increase in violent crime in recent years, especially the worrying trend in youth violence. This affects all of us, but unfortunately the majority of that violence is concentrated in just 75 of the country's 3,000 counties. These counties coincide with our major metropolitan areas. Even here, the violence is concentrated in just a few neighborhoods. The residents of our inner cities have become prisoners in their own homes. They pay a disproportionate price for the violence that affects us all. The consequences of drug trafficking and use hit these neighborhoods the hardest. The explosion of violence coincides with the advent of crack cocaine on the streets.

The clearest example of that is the daily reminder provided by the violence that haunts parts of our nation's capitol. Washington, D.C., one of the world's most beautiful cities, has the dubious distinction of being the murder capital of the country. The per capita murder rate for the nation's capital (60-70 per 100,000 per year) is 3 times that of the whole state of Louisiana (19.8 per 100,000)—which has the highest per capita rate among states—and 1.3 times that of Detroit (57 per 100,000), its closest urban competitor. The majority of the victims of both murder, robbery, and assault in Washington are concentrated in its inner city neighborhoods. Arlington, VA, just outside Washington, has a murder rate one-sixth that of the District of Columbia. As Senator Hatch has commented, "Washington has become a big dumpster. We should be ashamed."

Drugs and violence, along with a decline in public civility and common courtesy, have made our cities and neighborhoods dangerous and unwelcoming to the vast majority of our decent, hardworking citizens. Cities across the country—Los Angeles, New York, San Francisco, Chicago, San Antonio, Miami, and many others—have their share of crime and drug-related problems. But the problem is not limited to urban areas. Many of our smaller cities and towns, and many rural areas, also, have seen increases in gang violence and drug use. We must take our streets and neighborhoods back. As an important step in that direction, we need a new effort to make the streets of our nation's capital safe not only for the many visitors but for the good people who live and work here.

Revolving Door Justice System:

There is some good news to report. With the stronger sentencing guidelines for drug offenses that were adopted in 1984 under the Sentencing Reform Act, more and more drug offenders are ending up behind bars. Unfortunately, they are not staying there. As figures from state and federal prisons indicate, 49 percent of arrests for drug offenses were of people who were presently felony probationers who were on probation.[9] If you expand this group to anyone who has been previously arrested for a felony, the recidivism rate is almost 72 percent. Part of this problem comes form the fact that even once a criminal is incarcerated, rarely is the full sentence served. Among released prisoners the average sentence for a violent crime was about 8 years. The average time served is about 3 years, or just under half of the total maximum sentence.[10]

Reducing violent attacks would not require any additional police. Lowering the crime rate does not require reams of new legislation. There are no magical new crime solving techniques. The key to reducing the rate of violent crime in America is to keep known predators behind bars.

The Empty Bully Pulpit:

Combined with these changes, the President, as Senator Hatch has noted, has been "absent without leadership" on the drug issue. He has not spoken out personally on the issue and his most recent Drug Czar presiding over a decimated office, was all but invisible and lacked credibility. Although the President has appointed a new drug czar, he has no track record at the national level. It also remains to be seen whether he will receive any more support than his predecessor. He begins, however, with a deficit. The Administration has downplayed the whole drug issue, reducing it as a priority in its overall concerns. It also shifted its focus away from core enforcement and interdiction programs to focus on treatment. While Congress welcomes the appointment of a new drug czar, we cannot wait for results. Furthermore, as a recent *Wall Street Journal* piece notes, the appointment of a four star general with a track record on interdiction as the new drug czar-designate repudiates the Administration's policy to date.

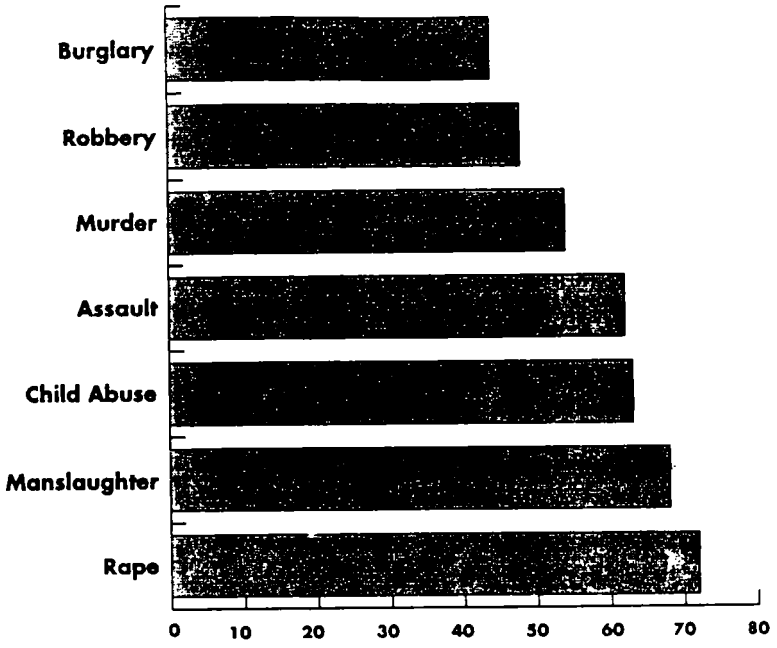
That policy was a shift in focus away from effective international, interdiction, and law enforcement programs—favored overwhelmingly by the public—to far less effective treatment programs. As one observer noted, this is the first war in which the chief response was to treat the wounded rather than to go after the problem.

As a result, enforcement of the nation's drug laws, a key federal responsibility, declined. The Administration's 1995 budget proposed to eliminate 621 enforcement positions from the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), Immigration and Naturalization Service (INS), the US Customs Service (USCS), and the US Coast Guard (USCG). In addition, priorities for federal law enforcement have shifted, in part, away from working on major international or transstate crimes to provide questionable support to local and state cases.

These cuts and the de-emphasis on enforcement coincide with a marked decline in drug prosecutions, particularly of major drug figures. Shifts in emphasis away from interdiction have seen increases in the amount and purity of drugs on American streets. While these are not decisive factors in and of them-

Figure 4.

Role of Substance Abuse in Violence



Source: Center for Substance Abuse Prevention, 1993

erage. Moreover, news about teenage drug use and overwhelming public concern about it find no place in media coverage. More disturbing, has been the encouragement a lack of national leadership has provided to groups sympathetic with the idea of legalization. Although never representing more than a tiny minority of opinion, legalizers and their sympathizers receive a disproportionate amount of the limited media attention devoted to the drug question. Along with these, drug themes have made a major comeback in popular culture, with drug use glorified in music, movies, TV, and other mass media that reach young people.

When Len Bias, the Maryland basketball star, died of a drug overdose in 1985, it was a seminal event in alerting everyone to the dangers of drug use. When the rising actor River Phoenix died in 1993, there was virtually no comment about the drug-related death from popular culture pundits or the White House. When Kurt Cobain, the "Generation X" rock star, died in 1994 and Jerry Garcia, the lead singer for the Grateful Dead, died in 1995 of drug-related problems, they were glorified and memorialized. There was virtual silence about the drug problem that ultimately killed them. We have come long way in just three years in burying the anti-drug message. Unfortunately, the results are returning drug use among the nation's young.

The Crime Bomb:

In addition to increasing drug use among teenagers there is concern about a coming explosion of teenage-generated crime, particularly violent crime. As a recent study by the Council on Crime in America notes, between 1985 and 1992 the murders committed by males ages 14 to 17 increased by about 50 percent for whites and 300 percent for blacks. Other violent crimes similarly increased. These increases come at a time when violent crime rates for other age groups are declining. With a new bulge of teenagers coming, the prospects of a new wave of crime is a virtual certainty. Unlike similar patterns in previous years, a larger percentage of these teenage boys and girls are growing up in single parent households. Many of these households are drug infested and violence prone. Not surprisingly, many of the children growing up in these environments have received little socialization. As a result, many are without conscience, remorseless killers and thugs, some as young as 9 and 10 years old. Into this volatile mix, increasing drug use adds a further ominous ingredient.

In many parts of the country the explosion of methamphetamine use, a virtual "methedemic" only adds to the potential. Meth or crank increases the chances for individual violence. As one district attorney noted, drugs work. That is, they have the physical, pharmacological, and psychological effects they were intended to have. Many of these drugs lower inhibitions—already weak among teenagers—and exacerbate violent tendencies— an explosive combination. Rural states are particularly hard hit. A recent *New York Times* front page story painted a vivid picture of the effects methamphetamine is having in Iowa on individuals, families, and communities. This is an experience being repeated in many parts of the country.

As the Council on Crime further notes, between now and 2005 the number of teens aged 14 to 17 will increase 23 percent. Furthermore, as noted, this new generation is far more likely to commit more crimes, particularly violent ones. When combined with an environment that encourages drug use, particularly of violence-promoting drugs, the potential for irresponsible, violent behavior grows significantly.

"The majority of violent crime is concentrated in just 75 of the country's 3,000 counties."

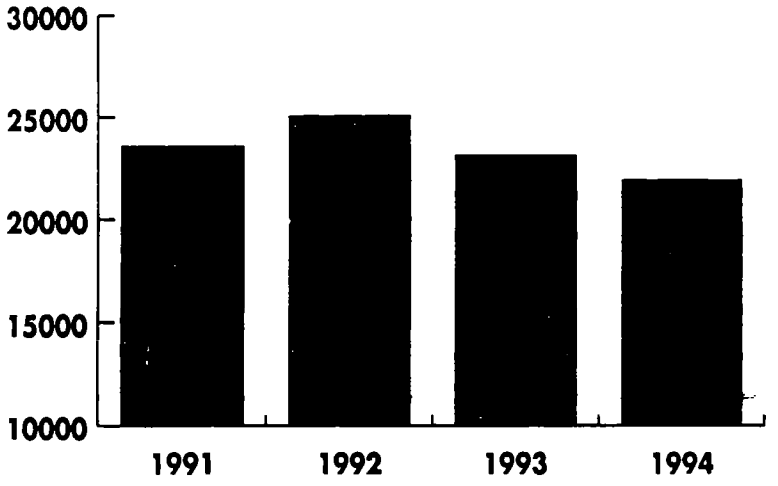
selves, when combined with the overall climate of inattention and neglect, they have contributed to the absence of a clear anti-drug message.

At the same time, the efforts and coordination of the pro-drug movement have increased. The movement is becoming better financed and has used the media and a public relations campaigns to weaken drug laws and suggest reductions in drug policy. Talk of legalization and of the failure of the "war on drugs" has become common. Recently, William F. Buckley, Jr., used the pages of the *National Review* to call for legalization. Similarly the *New York Magazine* declared the drug war a failure. Our policy option? Legalize dangerous drugs and make them available on demand.

Just as significant as a factor in failing to deliver the message, is the fact that parents are not taking a major role in talking to their kids about drugs. While many parents seem to believe that peer group opinions are far more important in shaping the attitudes of their children, it is clear that family is critical factor in forming adolescent opinions. Yet, teenagers increasingly report that their parents do not talk to them about the dangers of drug use. This has been a shift from earlier years. Unfortunately, the results of these "shifts" in policy are clear: returning drug use among teenagers.

Figure 6.

Federal Drug Prosecutions



Source: Administrative Office of U.S. Courts. Total number of individuals prosecuted for drug law violations

of 1995, the transit zone "disruption rate"—the ability of U.S. forces to seize or otherwise turn back drug shipments—dropped 53 percent, from 435.1 kilograms per day to 205.2 kilograms.[14] Over the course of a year, the lowered disruption rate means that as much as 84 metric tons (mt.) of additional cocaine and marijuana could be arriving unimpeded on the streets of the United States through the Eastern transit zone alone.

Interdiction in the transit zone is accomplished primarily by three federal agencies: the Department of Defense (DoD), the U.S. Customs Service (USCS), and the U.S. Coast Guard (USCG). Responsibility for ensuring adequate drug interdiction funding for these agencies currently rests with Admiral Robert D. Kramek, United States Coast Guard. Appointed by the Director of ONDCP to serve as an ombudsman for the entire interdiction program, Admiral Kramek's role is to fight for money and interdiction resource allocations from participating agencies and to coordinate policy implementation.[15]

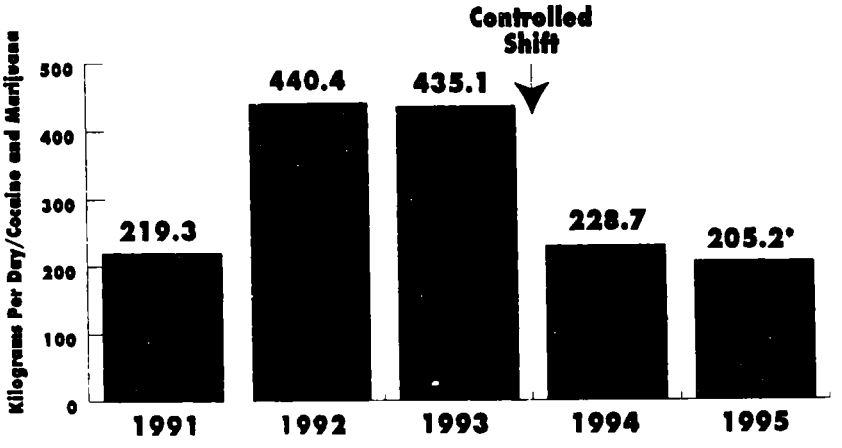
At a hearing before the National Security Subcommittee of the House Committee on Government Reform and Oversight on March 9, 1995, it was learned that Admiral Kramek had sent a memorandum to Lee P. Brown, former Director of ONDCP, urging him to arrange a meeting with President Clinton.[16] The purpose of that proposed meeting was to inform the President that a consensus had developed among interdiction agency heads that it was necessary to return to Bush Administration levels of interdiction funding. Director Brown, apparently ignoring the memorandum, declined to arrange a meeting. He has since acknowledged that he failed to relay Admiral Kramek's concerns to the President because he was unconvinced that interdiction spending produced sufficient "bang for the buck."[17] Statistics, however, bear out what Admiral Kramek told Director Brown.

Customs has downplayed the enforcement and interdiction role. As Senator Diane Feinstein noted in detailing actions at Customs and calling for the resignation of the Commissioner, "I have seen for some time in Customs a change of mission, turning away from an enforcement agency into a [trade] facilitation agency." Among other things, Customs has mothballed 22 fixed-wing aircraft and five sophisticated UH-60 Black Hawk helicopters, vital tools in the interdiction effort.[18] In addition, Customs has shifted priority away from enforcement and interdiction efforts to trade controls. Personnel cuts and budget reductions have been taken disproportionately in these areas, which has affected morale.

The overall proportion of the Customs Service budget devoted to drug control fell from 45.5 percent in fiscal year 1991, to a projected 33.9 percent in fiscal year 1996.[19] Clinton Administra-

Figure 7.

Transit Zone Disruption Rate



Source: JIATF East

* Preliminary 1995 estimate

II. Renewing the Commitment

Establishing Priorities:

It is clear that we need a new, coherent effort to deal with the drug problem if we are to reverse the current rise in teenage drug use. This requires a recommitment, a refocusing, on the things that work along with a reprogramming of funding to those areas that have been most productive.

The American public has an intuitive grasp of where efforts should concentrate to the best effect in dealing with the drug problem. In a recent Gallup poll, over 90 percent of the public identified the drug issue as a major domestic concern. They ranked it, along with violent crime, as their top two concerns.[11] Moreover, they indicated clearly that they favor greater emphasis on prevention, law enforcement, and interdiction. There was little support for treatment, with only 4 percent seeing it as the best anti-drug strategy. Most saw treatment as only a stop-gap measure and not a solution to the drug problem. Prevention, law enforcement, and interdiction, in fact, were the priorities of the national drug policy between 1981 and 1993, the years of steady decline in domestic use. Only in recent years has policy moved away from these priorities, putting greater emphasis on treatment. And it is in these recent years that we have seen steady increases in use and significant changes in attitudes about drug use.

In the 1980's, many grass roots parent organizations developed to fight the drug problem. Much of the success up to 1992 was a direct result of the prevention and education campaigns of these organizations. Efforts such as the Partnership For A Drug-Free America's advertizing campaign showing a sizzling egg as a "brain on drugs" caught the public's attention and alerted them to the dangers of drug use. These ads were in large part possible because of the support that they received from media and corporate sponsors. But when the federal focus on the drug issue declined, so did their support and effectiveness.

The 1995 Drug Abuse Warning Network (DAWN) Survey, which monitors drug-related emergency room admissions, illustrates the problem. Although the Administration has put greater emphasis on treatment, cocaine-related episodes hit their highest levels in history in 1994. Marijuana-related episodes are at 155 percent above 1990 levels. Methamphetamine episodes jumped 256 percent over 1991 levels. Heroin-related episodes jumped 66 percent in 1993. This comes despite continuing increases in funding and greater emphasis on treatment. In the meantime, teenage drug use is on the rise. Treatment programs do absolutely nothing to deter this group from use and therefore make no contribution to preventing a new addiction problem.

Shortfalls and Missteps:

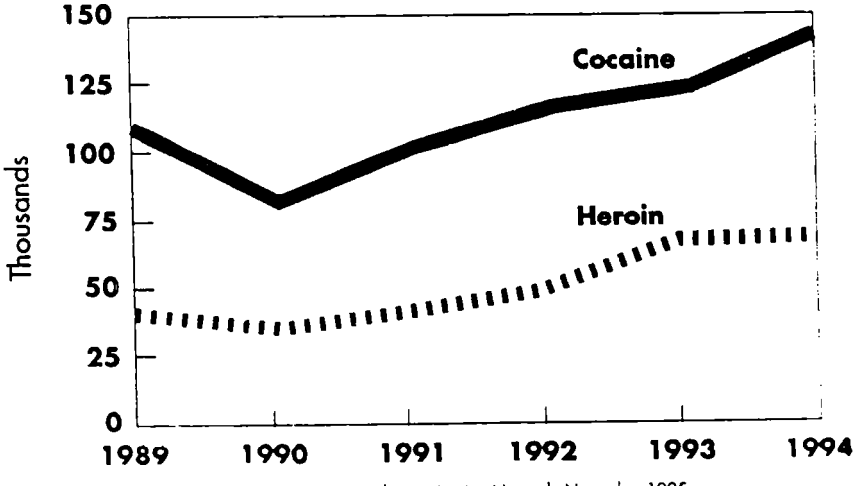
Unfortunately, the Clinton Administration has also reduced efforts to law enforcement and interdiction. The Administration's cuts in drug enforcement and refocusing of federal agencies from major cases has coincided with significant declines in drug prosecutions. The number of federal prosecutions declined by 12 percent in two years.[12]

The Administration also cut efforts to maintain our interdiction capability and redirected resources to other activities. Budget cuts have seriously hurt the U.S. government's ability to seize and interdict drugs in the transit zone and at our borders. Transit zone seizures are down, street prices are down, and Cali traffickers are teaming up with Mexican drug barons to fly multi-ton loads of cocaine into Mexico aboard modified commercial jetliners.[13]

Between 1993 and the first six months

Figure 5.

Detail of Cocaine- and Heroin-Related Emergency Room Episodes 1989-1994



Source Drug Abuse Warning Network, November 1995

Not surprisingly, Coast Guard seizures are off: Cocaine seizures fell more than 45 percent since fiscal year 1989, from 7.2 mt. in fiscal year 1989 to 3.9 mt. for the first 11 months of fiscal year 1995, and remain 73 percent below the peak of fiscal year 1991, when they hit 14.8 mt. Marijuana seizures fell even more dramatically, from 134.2 mt. to 13 mt. during the same period. The number of Coast Guard vessel seizures fell 88 percent, from 152 in fiscal year 1989 to 19 in fiscal year 1995.

The Tradeoff:

The tradeoff for cuts to transit zone interdiction forces was to have been a "new" concentration on institution-building and interdiction in the source countries of Latin America—an idea recognized by some for its similarity to the Bush Administration's "Andean Strategy."[27] More than 18 months after unveiling the new strategy, however, ONDCP Director Brown acknowledged to a Congressional committee that the shift had not taken place.[28]

Foreign assistance funding to the Andean region has, in fact, been steadily declining. International counter narcotics funding to the Andean region fell abruptly under the Clinton Administration, from $334.9 million in fiscal year 1993 to $131.8 million in fiscal year 1995—a 60 percent drop, and significantly less than the $470.3 million appropriated in fiscal year 1992 under President Bush.[29] President Clinton's December 1993 Summit of Latin American leaders was notable for its focus on trade and "governance" issues—and its almost complete lack of attention to the drug issue. A brief "action plan" on drugs contained little of note.[30]

This is unfortunate since a modest investment in the source countries of Latin America can have a major impact. In Peru, for example, President Alberto Fujimori has been providing drug dealers with a clear demonstration of his willingness to control the airspace over the coca-rich Upper Huallaga Valley. Acting on his orders, the Peruvian Air Force has shot down or otherwise disabled more than 20 trafficker aircraft since March 1, 1995, leading to the lowest level of detected flight activity in over three years. Coca prices have plummeted.

President Fujimori's hard line on drugs actually prompted the Clinton Administration to cut Peru off from receiving radar tracking data, badly damaging bilateral relations in the process. Only congressional action, lead by Representative Robert Torricelli, reversed the Administration's fumble.

Further north, booming trade with Mexico has posed a major challenge to agents and inspectors of the United States Customs Service, who have the lead responsibility for preventing the cross-border importation of illegal drugs. Roughly 70 percent of all cocaine enters the United States across the U.S.-Mexico border, according to DEA. Yet, according to an investigation conducted by the *Los Angeles Times*,[31] not a single kilogram of cocaine was confiscated from the more than two million trucks entering the country through three of the busiest points of entry along the Southwest border during fiscal year 1994.[32] Customs agents seized 802 kilograms of cocaine from all commercial border traffic during fiscal year 1994, compared with 3.5 mt. in fiscal year 1993 when commercial traffic was lighter.

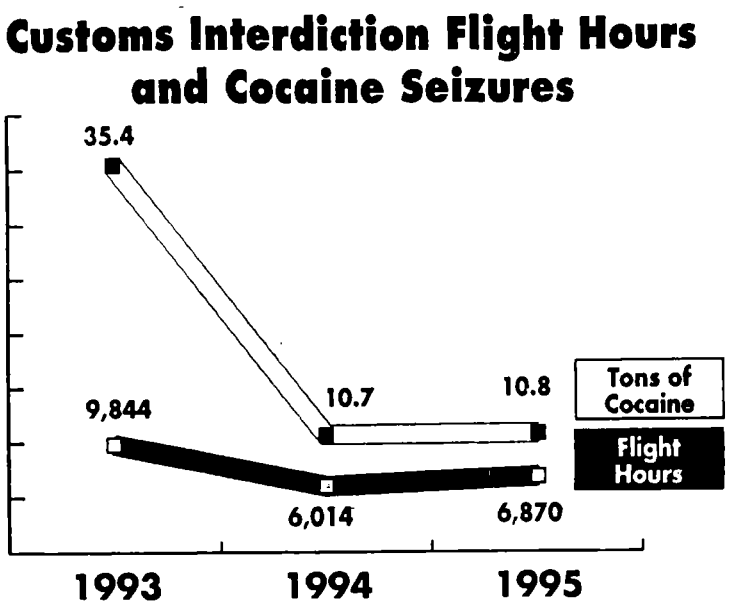
The Customs Service has taken a number of steps to address the decline in seizures along the Southwest border. On February 25, 1995, Customs announced Operation "HARD LINE," an initiative to fortify ports of entry against so-called "port runners," car and truck drivers who smash through inspection stations with a cargo of illegal drugs.[33] Another HARD LINE initiative involved the application of new technology to the fight against smuggling. Encouragingly, border seizures of cocaine increased somewhat with the advent of Operation HARD LINE, although overall Customs Service cocaine seizures for fiscal year 1995 remain 25 percent below the 1992 level.[34]

While these cuts and shifts in priority are consistent with Administration stated policy goals, it is clear that they need a re-examination. Overall, there has been a decline in US law enforcement and interdiction efforts and a refocusing on treatment. The results of this shift in emphasis are in and they are not encouraging. As one of the recommendations in a recent report by the International Association of Police Chiefs, *Violent Crime in America*, asserts, we need a renewed emphasis on interdiction and detection. We need a new commitment for DoD to assists in this effort. It is time to put our efforts back on track.

Setting the Record Straight:

Congress, under both Republicans and Democrats, has consistently supported drug policy when it has been clearly developed and seriously presented. Throughout the 1980s, it was Congress that took the lead in pressing for major drug initiatives. In 1988, Congress mandated that the Administration submit a detailed strategy and it also created the Office of National Drug Control Policy (ONDCP) for the express purpose of improving executive branch coordination of drug policy. In 1994 Congress strengthened the authorities of ONDCP in order to help it improve its performance. Unfortunately, in recent years, the Administration has failed to present either a coherent counter-drug strategy or to explain its requests to Congress. It has failed to sustain its own programs in Congress or to support its own Drug Czar. Rhetoric has replaced action, and even the rhetoric has been low key. Indeed, the drug issue has sunk without a trace as an Administration priority. With the appointment of the new Drug Czar, we hope to see a more serious commitment addressing the drug problem. The Congress looks forward to a reinvigorated effort.

Figure 8.



Customs Transit Zone Flight Hours and Customs Transit Zone Supported Cocaine Seizures

tion cuts to the Customs Service interdiction budget coincided with a 70 percent decline in Customs-supported cocaine seizures in the transit-zone, from 35.4 mt. of cocaine in fiscal year 1993 to 10.8 mt. in fiscal year 1995. The number of trafficker aircraft seized by Customs in the transit zone fell from 37 to 10 during the same period. Customs Service transit zone flight hours, a rough indicator of the agency's focus on interdiction, fell from 9,844 in fiscal year 1993 to 6,870 in fiscal year 1995.[20] Total Customs Service flight hours are down as well, from 56,134 in fiscal year 1993[21] to a projected 41,800 in fiscal year 1996.[22]

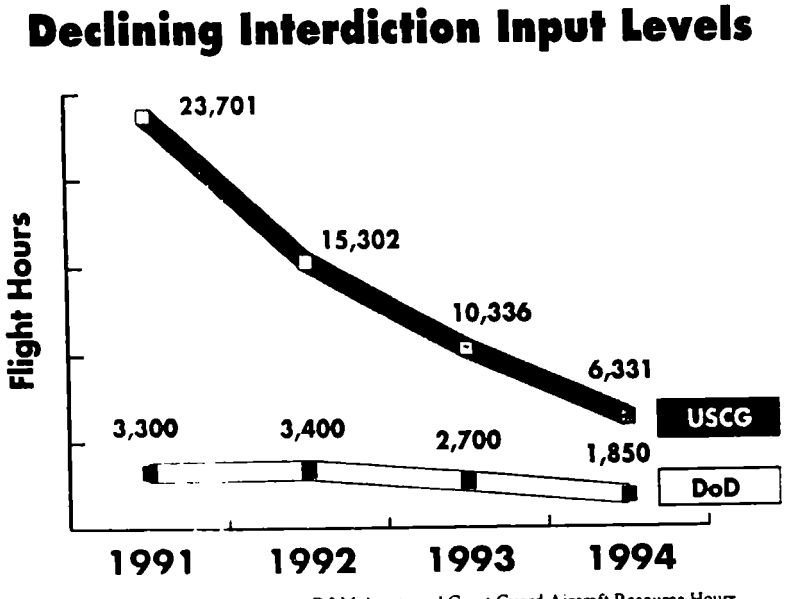
Department of Defense (DoD) interdiction assets have been cut back as well, a critical misjudgement, since lead agency responsibility for the aerial and maritime detection and monitoring of drug traffickers is established by statute within DoD. Between fiscal years 1992 and 1995, interdiction budgets were reduced by more than half, from $275.7 to $130.7 million.[23] DoD airborne detection and monitoring assets were cut back from 3,400 to 1,850 hours during the same period.

The use of Navy vessels (measured in so-called "steaming days") was cut from 420 to 170 steaming days. The number of DoD ground-based radar sites increased from 11 to 18 between fiscal year 1992 and 1994, although a number of those sites are now slated for closure as the military's Relocatable Over-the-Horizon Radar (ROTHR) system comes on line. Despite excessive interdiction cutbacks, DoD has been providing enhanced support in other areas, such as a program to provide intelligence and related support to drug law enforcement agencies targeting major overseas trafficking organizations.

Interdiction efforts of the United States Coast Guard have also declined significantly over the past two years. The Coast Guard operating expense budget for drug missions fell from $449.2 million in fiscal year 1991 to a projected $314.2 million in fiscal year 1996. Cutter and aircraft resource hours are projected to fall 23 and 34 percent, respectively, over the same period.[24] The overall proportion of the Coast Guard budget devoted to drug control has fallen from 21 percent in fiscal year 1991,[25] to a projected eight percent in fiscal year 1996, as the Coast Guard focuses on other missions deemed to be of higher priority.[26]

Between fiscal years 1994 and 1995, the Coast Guard was forced to mothball the following drug interdiction assets: five 82-foot patrol boats, three surface effect ships, seven HU-25 Falcon aircraft, and one medium-endurance cutter. It makes little sense to mothball expensive hardware, bought and paid for by the American taxpayer for the war on drugs, while narcotics are flowing virtually unimpeded into the country.

Figure 9.



Department [illegible] D&M Assets and Coast Guard Aircraft Resource Hours

The results of this neglect are clear, a new generation of kids reaching the ages of 12 and older are simply not getting the message and they are using more drugs and seeing less harm in doing so.

Drugs and Health Care Costs:

The annual cost of substance abuse in the United States, (according to the Institute for Health Policy) of unnecessary health care, extra law enforcement activity, auto crashes, crime, and lost productivity, is more than $166 Billion.[35] Substance abuse treatment programs reduce the overall hospital admission rates by at least 38 percent. Hospital admissions for drug overdoses decrease by nearly 58 percent after treatment.[36] Everyone recognizes the importance of substance abuse and other drug treatment programs.

Accountable drug prevention, treatment, and interdiction efforts are the keys to any progress on our nation's war on drugs, and therefore improving our nation's future. But too much of the money that the federal government spends on drug prevention and drug treatment programs cannot be accounted for. "Studies such as one conducted by Michigan Governor John Engler's office. . . indicate that federal treatment monies have often been wasted and misused," Congressman William Zeliff noted. "The documented misapplication of these monies, including use for everything from school bicycle pumps and ping-pong balls to dental hygiene and latex gloves, is not just wasteful. It is hoodwinking the American people and, where it has happened, intolerable."[37] Because of this lack of accountability some have come to see treatment programs as another way to pick Uncle Sam's pocket. When Congress does appropriate money, especially with the tight budget constraints, assurances must be made that the money being spent is going for programs that work.

A comprehensive strategy must also include a serious commitment to drug treatment, especially of new addicts. A Center for Substance Abuse Treatment report in 1995, *Producing Results...A Report to the Nation*, indicated that violent crime fell by 79 percent, drug sales crimes fell by 78 percent and employment increased by 9 percent among the 1900 people who successfully competed the CSAT demonstration project. A Department of Health and Human Services report in 1991 found that drug treatment can be an important factor in reducing drug use and predatory crime.

However, treatment should not be the primary focus of our nation's anti-drug strategy. As Representative Ben Gilman has emphasized, "...we need eradication, interdiction, and strong law enforcement on the supply side, along with education, treatment, and rehabilitation simultaneously on the demand side."

Emphasizing treatment alone addresses the wrong end of the problem. You cannot win a war by focusing on the treatment of the wounded. The most at-risk population for drug abuse is our young people. We must take the necessary steps to keep them from using drugs. This means that we need to focus our limited resources on programs that work to reduce the demand for treatment centers — programs that reduce the demand for drugs overall. Education, intervention, and interdiction programs have a proven track record of decreasing the demand for drugs. This is where funding needs to be focused so that we can eliminate the scourge of drugs from our society. In addition, in both treatment and prevention programs, as well as in other areas, we need better tools for evaluating our efforts and we need to build evaluation in as a component in our service delivery programs. Too many programs measure inputs—how much money, how many treatment slots, how many ship days, how many people served—and have not included the integral, sustained measurement of outputs. Too often outcome evaluation has been an after-thought. In all we do, however, we must remember that our most important effort must come in balanced, sustained programs.

"...we need eradication, interdiction, and strong law enforcement on the supply side, along with education, treatment, and rehabilitation...on the demand side."

- Representative Ben Gilman

Nancy Reagan said it best in her January 23, 1996 column in the *Wall Street Journal*:

We should all, as citizens of this great nation, be frightened by the latest drug statistics. We should all question what they mean to our futures and those of our children. We should all resolve not to be silent any longer. By the latest drug statistics and the renewed calls for legalization of marijuana, it is painfully obvious that our "letting up" is going to let down the young people of this country. It's time to just say 'Whoa!'[38]

The Drug Czar's office, however, has received little or no support and carries little weight. Even the much reduced office has yet to be fully staffed, the key office of Deputy for Supply Reduction is still vacant after three years. In recent months, the Administration has tried to shift the blame for its own inaction and indifference to Congress, claiming that its lack of success is the result of Congress not fully funding its requests. The problem, however, does not lie in a lack of funding. They emanate from the Administration's lack of leadership, of coordination, of serious intent, and in its shift of emphasis to programs that do not address the central concerns of the drug issue. What does the record show?

As shown in *figure 10* below, overall funding for the drug program increased steadily in the Reagan years. Beginning with the first Bush drug strategy, funding for drug programs increased sharply in all categories. The last Bush drug budget, for fiscal 1994, was double that of 1989. Funding for treatment and prevention also doubled. These increases reflected the focus of the Administration on the drug issue and the level of support in Congress for the effort. After the large increases in the drug budget in 1989 and 1990, Bush Administration drug budget requests averaged a 10 percent increase per year. Similarly, Clinton Administration budgets, with the exception of support to interdiction and international programs, have also averaged around 10 percent increases. Neither Administration, however, received its full request from Congress. Budget constraints and differences over spending priorities generally saw an average 3-5 percent reduction in the Administration's request. Cuts in the Fiscal Year 1996 request are likely to be slightly higher because of efforts to balance the budget, which has meant more significant cuts across the board, not just in drug programs. Despite this history, the Clinton Administration continues to complain that the reason that their programs have presided over dramatic increases in teenage drug use is because Congress has not fully funded their requests. It should be clear, however, that the realities of drug budgets do not support this claim.

The essential differences between the approaches in the years 1981-1992 was not just the amount of money that the counter-drug effort received but in the priority and attention it received. The Reagan and Bush years saw increasing priority given to the drug problem. These were the years of "Just Say No" as well as larger budgets. It was the rhetorical, public emphasis on the problem that indicated a clear message about drug use: drug use is both harmful and wrong. This message, communicated through visible actions by the nation's leaders, its cultural and political elite, as well as community and family groups, helped to protect a generation of young people. It got many of them through the critical years, the ages between 12 and 21. Since 1992, however, that message has been lost. The President has been invisible on the issue. His Drug Czar has had little influence within the Administration and no influence beyond it. The policies have de-emphasized the wrongfulness of using drugs, and the public message has been lost. As Senator Grassley has noted, the Administration has replaced "Just Say No" with "Just Say Nothing."

"Congress, under both Republicans and Democrats, has consistantly supported drug policy when it has been clearly developed and serioused presented."

Figure 10.

National Drug Budgets for Selected Years, 1981-95

	'81	'84	'89	'90	'91	'92	'93	'94	'95
Prevention	86	128	725	1238	1479	1539	1556	1597	1848
Treatment	513	582	868	1639	1877	2205	2252	2399	2647
Interdiction	350	707	1441	1752	2028	1960	1511	1312	1293
Prosecution	71	122	389	456	583	717	792	801	850
Corrections	88	149	933	1781	1265	1520	1736	1765	2061
Investigations	211	410	960	1090	1288	1408	1418	1646	1731
International	67	96	304	500	633	660	523	329	309
TOTAL	1,532	2,363	6,664	9,759	10,958	11,910	12,178	12,184	13,265

Numbers for particular years are selected and not comprehensive so totals do no add up. Numbers are in millions of dollars.

- *Sustained Interdiction Programs.*

— One of the failures of current programs is the downgrading of interdiction efforts. This approach has lead to a shift away from effective, sustained interdiction programs. Moreover, the public message about the dangers of drug use has been undermined by this shift. The message that is being sent by this shift has undermined the idea that drug use is wrong, not just harmful. We need focused programs to ensure international cooperation in stopping drug production and trafficking; the arrest of the leaders of the major criminal enterprises; and we need sound efforts to confiscate their assets and disrupt their ability to launder their money.

Currently, our interdiction pilots, when tracking a drug smuggling plane, are prohibited from taking any action that would interfere with the safe operations of that aircraft. The U.S. Government is equipped with an advanced ability to detect and monitor drug smugglers, but policies have prevented our government from having the ability to take any kind of decisive action that would deter them. President Bush's 1990 National Drug Control Strategy highlighted the air interdiction issue: "The overall effectiveness of our air interdiction program, however, is inherently limited by our current rules of engagement."[41] We need to consider how to make improve and toughen our air interdiction efforts.

With the resurgence of drug use and the decrease in drug seizures, the U.S. Government needs to develop and implement an aggressive air deterrence policy. A clear and concise air deterrent policy against drug smuggling aircraft deserves consideration in planning a future interdiction program. Of course, any air deterrence policy that allows for the use of force must have clear and effective safeguards in place to protect innocent pilots.

Air deterrence will allow the U.S. Government the opportunity to add another layer to our existing interdiction activities. An aggressive air deterrence policy could reverse the trend in air smuggling and deprive drug cartels of one of their most valuable assets — pilots unafraid to smuggle drugs.

In addition, we need to look at ways to clarify evidentiary rules, guidelines for search warrants, and enhancing drug sentences. In some areas, the sentencing structure for drug possession and trafficking must be tightened, both for adult and juvenile offenders.

- *Sustained, Effective Law Enforcement Programs.*

— One of the realities of preventing drug abuse and crime is a clear message that society will not tolerate these behaviors. This means swift and sure punishment. The certainty of punishment, more than its severity, is essential in making clear to everyone that certain behaviors and actions are not acceptable and that engaging in them has adverse consequences.

In addition to improving enforcement programs aimed at major crimes, a concerted effort to enforce laws that promote public civility can help to reduce overall crime and to restore public confidence. Recent efforts in New York point the way. There, efforts to enforce parking laws, punish graffiti writers, remove "squeegee" operators, and control public indecency, along with efforts to go after major crimes, have contributed to a general and dramatic reduction in crime rates. As one commentator noted, New York has discovered the cause of crime—criminals.[42] By enforcing existing laws, including the laws that govern behavior in public places, we see what is possible in efforts to regain control of our neighborhoods and streets.

One tool that we can give local and federal law enforcement is a fully developed, easily accessible national criminal identification database. Through a relatively small expenditure of federal money, states can develop and modernize their own information systems and connect them to the FBI's main criminal identification system. This would provide local law enforcement with up-to-date, accurate information on criminal histories, fingerprints, ballistics, and DNA information that will assist drug crime investigators in identifying suspects, and in connecting drug related incidents and related criminal enterprises. This system would provide law enforcement officers on the street with accurate, timely information on suspects and would prevent officers from unwittingly releasing suspects who are sought by authorities in other jurisdictions.

III. Principles to Live By

It is clear that we need not only a new strategy for dealing with the growing drug problem but also a recommitment to doing what works. We have seen current efforts undermine the progress that we had made, shifting the focus away from successful efforts to invest in failure. If we do not address this problem, we will find ourselves in the midst of a new and even more serious drug problem. We need a strategy and a commitment.

Developing a coherent strategy, one that works, one that has a proven track record, is no mystery. What it requires, however, is a grasp of the essentials, of the principles that must underlie our efforts. The members of the Task Force believe that we can and must base our efforts on clear principles that all Americans can agree upon. The American public, as a recent Gallup Poll indicates, has an intuitive grasp of what works in dealing with the drug problem and they want to see more effort on law enforcement, interdiction, and prevention.[39] This opinion reflects a continuing, sound judgment that our policies should and must reflect. We must base our efforts on a number of key principles:

- *Proper Division of Responsibility Between the Federal, State, and Local Levels.*

— Federal efforts should concentrate on those areas best covered by the Federal Government. These include concentrating on international and interstate law enforcement and interdiction, areas that the states are less well-equipped to deal with. This involves programs to ensure cooperation from foreign governments on drug control and efforts to disrupt international drug production, trafficking, and money laundering. At home, this means greater attention to going after the kingpins and major traffickers of drugs.

Treatment and prevention activities also can be dealt with far more effectively at the state and local levels with appropriate Federal block-grant support.

To increase the efficiency and effectiveness of federal efforts, one approach may be to consolidate all of the various federal prevention and interdiction programs under one agency. In such an effort, prevention programs that are presently scattered throughout HHS, HUD, Education, and DoJ would be combined under a single prevention agency. Drug prevention needs a counterpart to the DEA — a single-focus agency that will elevate drug prevention on the federal agenda. By combining the plethora of current federal prevention programs under one jurisdiction it would be possible to streamline the current programs; ensure that resources are used for and reach effective anti-drug programs and organizations operating at the grassroots level; and develop and insure the use of valid outcome measures for federal investments in prevention programming. This would result in both the consolidation of various funding streams as well as the increased visibility and effectiveness of all federal drug prevention efforts, necessary to promoting a strong, clear, and consistent anti-drug message.

The current law enforcement and interdiction efforts of DEA, FBI, CIA, Customs, Coast Guard, DoD, and several other groups also need better coordination. Although there is an interdiction coordinator,[40] he lacks the authority and support to carry out his mission. The DEA is on the cutting edge of drug enforcement efforts and must continue to play a leading role, but recent constraints have blunted their effectiveness.

The Federal Government should also consider ways to go after the kingpins of drugs and their major lieutenants. Not only do we need to vigorously enforce current "drug kingpin" laws but we need to consider taking the next step—going after the frequent drug smugglers who traffic drugs in commercial quantities. We need to aggressively pursue the big drug lords and we need to look for effective means to discourage others from carrying out their agenda. One approach is that Congress consider legislation to expand the death penalty so that it applies to commercial importers of drugs as well as the major kingpins. In addition, habeas corpus reform should be part of an initiative to expand the death penalty. Such reform needs a mechanism to ensure that sentences are carried out. Instead of tying up the judicial system with endless appeals dragged out over many years, an expedited process should be explored.

community that may not have been committed previously. Efforts by Herman Wrice to help communities take back their streets is an example of what can be done. As Wrice points out, "People need to relearn the fact that they have a right to fight back against drug traffickers and gangs who take over the streets and neighborhoods."

The Task Force members also believe that parent involvement is essential to successful prevention efforts. Research by PRIDE confirms that when parents speak with their children about the problems of drugs, adolescent drug use declines, in some cases by as much as 29 percent. Unfortunately, the same data also shows that only 34 percent of students say their parents talk to them about the issue. Since 1992, the number of students who say that their parents talk with them frequently has fallen by 15 percent.[46]

Initiatives by PRIDE and others, which promote parent action teams and community coalitions, offer integrative approaches to address our drug problems across the country, in our neighborhoods and in our homes. These grass roots efforts stimulate parental involvement in prevention. Teams, such as those proposed by PRIDE, offer an opportunity to train in self-sustaining programs, volunteerism, drug education, and local cooperation. Funding for such activities might come from discretionary grant funds through Justice Assistance or the Juvenile Justice and Delinquency Prevention Program. Members of Congress, state and local leaders, and the business community can also play a vital role in promoting community coalitions—action teams where the rubber meets the road.

- *Focus on Treatment Programs That Work.*

— The current Federal effort on treatment does not require major additional funding, but it does require a closer look at what works so that the resources invested are achieving the best possible results. The major treatment effort must come at the state and local level, however.

It is clear that treatment works for many people. Treatment encompasses a wide range of interventions from self-help groups on one hand to extended residential programs on the other. In-patient treatment is not necessary for every addict. Dr. Eric Voth, Director of Drug Watch International, notes that although some are able to stop using through support programs, others require a more rigorous program. Typically, treatment is most effective for those who are motivated or who face a substantial penalty if they do not achieve and maintain sobriety. Unfortunately, few people who are chronically addicted see the benefits of getting off of drugs. Because of this, some critical treatment slots are taken up by chronic addicts who have little or no motivation for change. The problem is that in chronic relapsing individuals, motivation is poor. Thus treatment for many individuals becomes a revolving door with no hope of long-term sobriety.

There is also a considerable problem in treating adolescent users. Again, two of the major problems in handling adolescent addicts are motivation and subsequently providing positive environments after treatment for the young people. The rise in single-parent families, illegitimacy, and a rising tide of teenage pregnancies has created a generation of poorly socialized youth with few values or a sense of the virtues that must accompany responsible social membership. Many of these adolescents originate from chaotic social situations and leave treatment only to return to the same drug using peer groups or homes. While some progress could be made in providing re-entry assistance for youth after treatment, the management of chronic adolescent addicts may require changes in the current legal framework. The effects of drug treatment, however, tend to be incremental, building over the course of time. Even these partial results can be beneficial. Treatment can have a positive effect in reducing the incidence of criminal activity, reducing emergency room admissions, and lowering long-term medical costs.

In some cases, religious-based treatment programs, such as Teen Challenge, have also demonstrated impressive results. State and federal funding of treatment should not automatically exclude funding to such programs where clear results can be documented. As Princeton University Professor John DiIulio has noted, "the presence of active religious institutions mediate crime and other social ills, *both* for people who attend temple, church, or synagogue and for their neighbors who don't." Congress should consider legislation that is designed to allow states to contract with private charitable organizations, including religious organizations, to meet the needs of citizens within their state.

Drug courts are one element of a demand reduction strategy and should continue to be supported. Well-managed drug court programs can, when there is adequate oversight, provide integrated services and sanctions involving the cooperative efforts of law enforcement, treatment, prevention, and the judiciary. Drug Courts are in a unique position

- *Concentration on Well-Developed Prevention Programs.*

— It is essential to maintain a coherent anti-drug message that begins early in adolescence and continues throughout the growing years. Such an effort must engage professionals, parents, communities, and young people. While the Federal Government has a role to play in supporting these activities, local, community-based initiatives are better able to target specific concerns and respond to them flexibly.

Prevention is one of the most important interventions on drug problems. The most successful prevention programs take a comprehensive approach. They include drug education, media campaigns, family education, and prevention-focused health policy. There are numerous family and community groups that have been very effective in conducting people on the dangers of drug use. Simple refusal programs have some merit, but experience has shown that older adolescents in particular need a solid education about refusal skills and alternatives to drug use. The message of all programs should clearly support no use of illegal drugs and no illegal use of legal drugs. This is particularly true of alcohol.

Alcohol is by far the most popular and destructive drug among our youth, who use it illegally. HHS reports that 11 million people under 21 have used alcohol in the past month, 2 million of whom are heavy drinkers. Alcohol is a "gateway" drug that precedes other illegal drug use. A survey of 27,000 7th-to 12th-graders found little or no use of other drugs among teens who had not used alcohol first.[43] Preventing alcohol use must be an important component of our thinking in combating drug abuse.

We also need to look at ways to engage the business community in prevention efforts. With 74 percent of drug abusers employed, business represents the nation's largest untapped resource in the fight against drugs. Small-and medium-sized businesses, which employ over 60 percent of the work force,[44] are the critical target for the new drug-free workplace programs. Several smaller insurance companies have provided discounts on worker's compensation, health care, and liability insurance for businesses with drug testing programs in place. Congress can help to expand drug free workplace programs by holding hearings on the status and benefits of drug-free work place programs around the country and, in conjunction with the nation's major insurance carriers, encourage insurance companies to provide discounts to employers who have implemented drug-free workplace programs.

There are other areas where drug testing could provide tremendous help in the anti-drug effort. One such effort at the federal level might require all organizations consulting to or contracting with the federal government to fulfill drug-free workplace requirements, especially in sensitive or safety-related positions.. We have already seen the reduction in drug use that has occurred because of similar requirements presently in place with the Pentagon and in some private sector positions. These requirements should be expanded. The private sector should consider expanded testing, especially for critical or safety-sensitive positions.

Present testing methods should also be re-examined. Although urinalysis is one of the most widely recognized and used objective measures, of drug use, it is limited to use within the last three days. Because an inch of human hair contains a record of drug use, hair testing should be seriously looked at as a method for providing a longer history of drug use, especially in light of the recommendations made by GAO June 1993 report entitled, *Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement.*[45] The use of hair testing would go a long way towards eliminating the inaccuracies and under-reporting in the self-report surveys that are conducted on arrestees, inmates, and safety-sensitive workers. As the GAO and other studies note, studies of drug use based on self-reporting are inaccurate, with significant under reporting even when the information is the result of "blind" tests where the name of the respondent is not known.

National leaders as well as state and local leaders also need to become more effectively engaged in sustained drug prevention programs at the local level. There are a number of innovative efforts that capitalize on community initiatives. The Iowa Substance Abuse Free Environment (SAFE) program is one. Congressman Rob Portman of Ohio has established a comprehensive community anti-drug coalition effort in the greater Cincinnati area that is a model for how members of Congress can become actively engaged in the issues at the local level. These examples and similar efforts elsewhere illustrate how leadership and energy can bring parents, youth, media, business, educators, law enforcement, religious leaders, health care professionals, and others together to develop locally focused and supported programs. Among other things, such organizations create local networks and a sense of engagement by local communities to run after-hour teen events, organize drug awareness efforts, and engage key segments of the

- *Strengthening the Court System.*

Mandatory minimums for drug offenses are based on quantities of drugs found in the possession of defendants. A mythology has grown up around these that lots of "innocent" users of drugs are ending up with long prison terms. Nevertheless, the overwhelming majority of such defendants are arrested with large quantities of drugs clearly for resale. Moreover, the majority of prisoners in Federal and state facilities are ncarcerated for violent or repeat offenses, not drug charges as their primary offense. They are traffickers not simple users.

Senator Snowe has introduced legislation that proposes to promote truth in sentencing—mandating that criminals serve at least 85 percent of their sentences—and requires the courts to order victim restitution.[47] This tough sentencing, along with provisions to prohibit some of the common luxuries frequently found in American prisons today, such as cable television, miniature golf, and expensive weight lifting equipment, will go a long way towards keeping criminals off the streets and in prison, where they belong.

Senator Ashcroft has introduced legislation that would focus on the growing problem of juvenile criminal violence by encouraging states to prosecute juveniles (those age 14 and above) as adults for committing serious drug offenses.[48] In late January, Senator Ashcroft conducted round table discussions in seven cities in Missouri on juvenile crime and teen drug use. The participants agreed that not only was juvenile crime and teen drug use a problem in their cities, but that because the offenders know how to "game" the juvenile justice system, they were sometimes not being held accountable for committing serious offenses, and in particular, serious drug offenses. The purpose of the criminal justice system is to punish, that is to hold defendants accountable for their wrongdoing. "Studies show repeatedly that punishment reduces both frequency and seriousness of offenses by young criminals and is most effective when it is consistently imposed for every offense," according to University of Southern California psychologist Sarnoff Mednick. Given that criminal punishment of young offenders reduces further criminal activity, serious drug offenders should face adult prosecution.

These principles must underpin any realistic strategy. In addition, the programs that implement these principles must have appropriate and consistent funding. Congress has supported such programs in the past, and when these efforts have been coherent and supported by a leadership committed to the effort, we have seen positive results.

Over and above these considerations, we must also look to the moral climate in which we live. The drug problem, in part, grows from a confusion over the principles and virtues that must guide us as individuals and as a free people. Several years ago, while returning to Washington by plane, Chairman Henry Hyde of the House Judiciary Committee had the occasion to meet the Reverend Jesse Jackson. Reverend Jackson related a story of having visited a D.C. high school where he spoke about drug use. He noted to the young people present that we had tried interdiction, we had tried locking people up, we had tried education in our efforts to combat drug use. We still had a drug problem. He went on to tell the high schoolers that what we needed, what they needed, was more prayer for guidance and help on how to live wisely and well. He invited all the drug users in the audience to come forward and acknowledge their problem, to join him in a prayer. Many young people came forward. He asked them to join hands as he led them in prayer committing them to atonement. The occasion was a moving testament to the power of faith and the need for leadership—moral as well as political—in the lives of our young people. As we debate our course, we need to consider not only the programs necessary to prevent drug use but also how we help to form the content of people's character, how we shape the virtues that each of us requires in order to live decent and praiseworthy lives. We need to recall the Reverend Jackson's story and his message.

to intervene while addicts are in crisis and can provide incentives for them to complete appropriate drug treatment programs. Various programs such as the Drug Treatment Alternative to Prison (DTAP) program by the Brooklyn, New York, District Attorney, are also encouraging. They reinforce the fact that, for many addicts, serious commitment to treatment begins with a serious encounter with the criminal justice system. To work effectively, however, these programs must also have a serious drug testing component with clear guidelines for failure to comply with abstinence requirements. Programs like DTAP and drug courts work best when developed and administered locally. Major support for these programs should come from state, local, or private sources.

As this report notes, recidivism rates among drug offenders are very high. We should take advantage of the confinement of these offenders to provide drug treatment programs that help offenders and reduce recidivism. Well-conceived in-jail programs that focus on personal responsibility and zero tolerance have proved effective in reducing drug use and recidivism, especially when linked to effective testing programs.

Another major component in pursuing effective treatment alternatives is basic and applied research into the causes of drug abuse and methods for treating or preventing addiction. In addition to current efforts, one contribution that major pharmaceutical companies can make in this area, in addition to efforts to control the diversion of legal drugs with high abuse potential, would be to support research efforts on drug addiction.

- *Attention To Getting The Word Out.*

— One of the key components of any coherent, sustained counter-drug program must be an effort at all levels to keep the issue before the public eye. In particular, this means ensuring that the "bully pulpit" is not empty and that national-level leadership is not AWOL. The anti-drug message must be clear, consistent, and repeated. Every year a new generation of young people grow to adolescence and the message must be renewed and made relevant for each new generation.

- *Getting Back To Basics.*

— "Our families must be the foundation upon which our anti-drug program is built," noted Representative Ileana Ros-Lehtinen. "Like a stone thrown in the pond, families are the center, with our neighborhoods, communities, and states making the ever expanding concentric circles," she added. Parents must believe that they are key to keeping the message alive. Without families, our efforts are doomed. We applaud the efforts of the numerous family and community education groups that can presently be found across America, working with concerned parents and communities to educate both them and their children about the dangers of drug use.

- *Focus on Crime Prevention.*

— Federal efforts should focus on programs designed to reduce overall crime levels, particularly the emerging problem of youth violence. We must work to identify the most at-risk groups and develop the strategies to prevent a new wave of juvenile crime. We must also take the steps that are necessary to get repeat, violent offenders—whether they are drug users or not—off our streets and out of our neighborhoods.

Every community in the nation should be encouraged, by the direct participation of its elected Representatives, to form an effective and sustainable anti-drug coalition. The existing coalitions across the country typically involve schools, parents, law enforcement, the courts, media, business, government officials, religious leaders, and youth to address the local drug problem in a comprehensive manner. Coalitions have proven effective in managing scarce resources by identifying and correcting gaps and duplication of local services. Coalitions have produced significant reductions in local services. Many coalitions have produced significant reductions in crime and drug use in the neighborhoods they serve.

"Between 1979 and 1992, following on comprehensive efforts here and abroad, overall drug use declined 50 percent."

ing use, especially among hardcore addicts. For example, there are an estimated two million heroin and cocaine addicts in this country. Critics point out that there are only some 1.2 million treatment slots, so there is a deficit in treatment. But if treatment were a magic solution to drug addiction, then, even with a success rate of only 30 percent of people treated per year, we would be able to eliminate drug abuse among hardcore addicts in just a few years, even allowing for an influx of half-a-million new addicts. The Bush Administration more than doubled the money the Federal government spent on treatment in 1989 with no appreciable change in the size of the addict population. Clinton Administration shifts of funds to treatment have not produced any improvements. Indeed, the evidence suggests the reverse. The shift in emphasis has coincided with dramatic increases in teenage drug abuse after years of decline. It would seem that the Administration may have recognized this fact with the appointment of General McCaffrey as the new drug czar. Recalling Paul Gigot's comment in the *Wall Street Journal*, the appointment repudiates the policies of the past few years. It is a tacit admission of failure.

The main reason for this is that treatment of hardcore addicts is a problematic exercise. The relapse rates, regardless of the programs employed, are depressingly large, which means that treatment is no royal road to ending our drug problem. The main hope for reducing drug abuse and the addict population is to prevent new people from becoming users and then addicts.

Can we do this? We have some experience of what works in reducing the user population. If you can prevent most people from using drugs before they turn 21, then the overwhelming chances are that they will never use drugs and never become addicts. The effort, then, must focus on those things most likely to influence this most at-risk population. Emphasizing treatment, which comes after the damage is done, is hardly an effective approach in preventing use. It may even be counter productive to the extent that it persuades people that they really face no risks in drug use.

The most effective means to reduce potential use are to decrease the easy availability of drugs, to keep costs high, and to make use a risky proposition. Effective prevention efforts must also employ education and awareness programs that speak to young people, that will provide them with the ability to resist drugs. Since most of the at-risk population are young people, often without any sense of their own mortality, programs aimed at influencing their decision-making processes generally cannot be overly subtle. Even these potential users, however, employ risk assessment in deciding to use. If acquiring drugs is difficult and expensive and involves the risk of jail, most people who might consider using drugs are deterred or give up. This is why law enforcement efforts and interdiction programs are key elements in demand reduction.

Is there any evidence that this works? The answer is overwhelmingly "Yes." When we finally took the question of drug use and addiction seriously in this country, after more than two decades of de facto legalization, we reversed the trend in use. Between 1979 and 1992, following on comprehensive efforts here and abroad, overall drug use declined 50 percent, and cocaine use, the major problem, declined 70 percent between 1985 and 1992. We can point to few efforts to address major social pathologies emerging from the 1960s and 1970s where we have had similar results. Yet, astonishingly, this is presented as a failure, as an excuse for either doing nothing or to stop doing what was so patently successful. The grounds for this argument is that drugs are still available and there are still people using them. These, however, are hardly the point. The criteria for success is a decline in users. This we accomplished—despite the fact that drugs were still available—in a truly impressive effort. Recently, though, we have abandoned what worked. As a consequence, in the past 3 years we have seen a retreat from the policies that worked towards efforts that have downplayed comprehensive approaches, particularly interdiction, enforcement, and moral leadership from opinion makers. The result can be seen in increased use among the most at-risk population, those 12-20 years of age.

And what is the best means to increase the risks that influence decision making about use? Again, overwhelmingly, what works are those things that indicate clearly to those most at risk that the social consequences for use are greater than the potential benefits. This must involve more than simply informing people of the health consequences of possible use. Without some visible signs of sanctions, most people, but particularly the young, will heavily discount any information that has consequences deferred to some distant future. Instead, the risks must be more immediate and apparent. This is achieved by increasing the social opprobrium involved with use and the direct risks of use, that is, the risks of punishment. That is the role of law enforcement in society. It helps to reinforce the social message about what behavior is acceptable and permissible.

In addition, increasing the cost of drugs and the difficulty of getting to them further influences behavior. This is accomplished by tough interdiction and source-country approaches that reduce the flow of drugs and therefore keep their cost high. These, in turn, are accomplished by holding other countries

IV. Moving Forward

Developing a Foreign Policy that Represents US Interests:

Foreign policy is a reflection of domestic concerns and cannot be separated from them by some arbitrary standard. Whether the issue is steps to protect against unfair trade practices, environmental degradation, the predation of terrorists, the threat of war, or the targeting of the United States by drug traffickers, it is the obligation of those who represent the public to take steps necessary to protect lives, property, and well being. If this is not the case, then the policy is little more than some private or universalist agenda seeking to purloin national resources, its blood and its treasure, for something other than the public interest.

Despite what some have argued, recognizing the American public interest has been the essential element in US policy towards international drug production and trafficking. That policy has also been consonant with international practice and convention. The United States is not alone in recognizing that the production and trafficking of drugs is a major international problem affecting everyone. Drugs kill and those that traffic in drugs are accomplices in murder. Even the major producing countries acknowledge their responsibility in combating the problem of production both in their domestic politics and in various international undertakings. Our policy, then, is not some sort of excuse simply for the United States, unilaterally, to bully other countries or to pass on to them the blame for domestic drug consumption.

Our goal must be a sound foreign policy that is consistent with both domestic and international obligations and standards. We have a responsibility to the American public and to the international community to uphold standards of behavior that promote comity and civil society. Sound international programs that address the production and trafficking in illicit drugs is part of that responsibility.

Approaching Understanding:

What is the reality of drug production and trafficking? Most of the dangerous drugs that affect Americans and the quality of life in our homes and on our streets come from overseas. Like car manufacturers, food sellers, and steel makers, drug traffickers target the United States for their products because it is the world's largest market. As Willy Sutton said in describing why he robbed banks, "Because that's where the money is," the world's drug traffickers in Asia and Latin America seek to smuggle dangerous items into the country because it is profitable. Incredibly so.

The reverse of this fact is that Americans are major consumers of dangerous drugs. The relationship between supply and demand, however, is very complex. It is not described nor can it be understood by some simple formula about supply and demand—Americans want drugs so people line up to provide them. In reality, in many cases, supply drives or heavily influences demand. When supplies are cheap and plentiful and involve few risks to acquire, demand goes up. Drug traffickers understand this relationship and work very hard to exploit it to their profit. Their objective, after all, is to make as much money as the market will bear.

The appropriate response to the consequences of this complex interrelationship is the subject for policy. The nature of the problem has two faces, a domestic one and an international one. In few of the major policy issues that affect our lives is the interconnection between foreign and domestic concerns so clear. Our responses must take this reality into account. Responsible policy must have meaningful international and domestic components. The nature of the response must aim to do several things: to increase the difficulties of getting drugs to the United States, to increase the risks—the penalties—to those who would use or sell drugs, and to educate the public as to the real dangers involved in the use of drugs.

Traditionally, this response has involved two different, but related, efforts—demand reduction approaches in the United States to prevent the use of drugs; and supply reduction approaches, both at home and abroad, to interdict drug flows and to deter sales and use. A truly comprehensive approach needs to avoid drawing too sharp distinctions between these two elements. In fact, the two approaches are complementary and any realistic program must combine them in a dynamic mix along with sound, moral leadership. The question becomes in what proportions.

The Federal Role:

There has been a lot of debate recently over whether the Federal budget for drug control is out of balance, with far too much devoted to international programs, particularly interdiction and law enforcement, and not enough devoted to domestic treatment, education, and prevention programs. Recent budgets have had a 70/30 split in favor of interdiction and law enforcement. Critics say that this should be reversed or at least should be 50/50. There is, however, no evidence to suggest that such a division, especially at the federal level, will produce expected results.

Unfortunately, there is only limited evidence that treatment or prevention by themselves have much success in reduc

to a standard of behavior that does not excuse the local production of and risk-free trafficking in drugs.

This is the background for US foreign policy initiatives in dealing with countries like Colombia or Nigeria. It is the underpinning for the efforts that Congress has undertaken, on behalf of the public interest, to provide the Administration with the tools needed to enforce our interests if persuasion and the niceties of diplomatic exchanges don't work. We can see, in the case of Colombia, that when we employ the instruments of our policy, judiciously but with resolve, those instruments produce results. Five major traffickers are in jail today because of that pressure. These are the rationales for our international drug policy, not some blind idea to transfer overseas blame for a problem we have at home.

In combination with moral leadership here and abroad, and along with education and prevention programs, these efforts can, and have, made important inroads on domestic use. Indeed, it is these efforts that provide the best environment in which education and prevention programs can work. It is these efforts that the Federal Government is best equipped to mount. The states cannot deal alone with problems that transcend state or national boundaries. Thus, the appropriate priority for Federal spending is on those things which it can do and the states cannot.

One area where this is clearest is in the need to develop effective international mechanisms to attack the major criminal organizations that traffic in drugs. In recent years, these groups have become more powerful, ruthless, and rich. They are able to challenge foreign governments, to undermine their political stability, and to engage in a wide range of activities in complete disregard for local or international law. No country, not even the United States, can deal with these organizations unilaterally. We must make disrupting and dismantling these organizations a major component of our international efforts.

A greater emphasis on law enforcement and international interdiction is far more in keeping with federal responsibility. There is at the moment, unfortunately, a vacuum in leadership both at home and abroad on the drug issue. It is not a concern that we can afford to ignore or slight.

The Task Force members note, however, that pitting demand reduction and supply reduction efforts against each other is not conducive to creating and implementing the type of comprehensive strategy that will work. The problem that we are trying to deal with is not one susceptible to one-time efforts or magic bullets. Continuing programs, well conceived and sustained year to year, must be our focus.

judges are ignoring the law and seeking to effectively decriminalize drugs through judicial fiat. The safety of our communities, our schools, our streets, and our homes are at issue as we struggle with drug use and drug-related violence. Part of the contract government has with citizens is to provide the protection of the law so that our public spaces are safe and welcoming. This includes protection from the violence and crime arising from drug use and trafficking. There should be no get-out-of-jail-free cards for drug dealers or violent offenders.

4.

Prevention and education are critical elements in a renewed strategy. There needs to be greater coordination and effective oversight of Federal prevention and education programs, which should involve the integration of disparate drug programs in HHS, DoJ, and elsewhere under one authority. This more integrated approach should focus on empowering local communities and families, and must develop more effective evaluation programs to determine which delivery mechanisms are the best. There needs to be a new commitment to drug- and violence-free schools in which greater emphasis is placed on teaching civic virtues and personal responsibility. The strategy should encourage greater use of drug testing and screening for sensitive jobs, for high school athletics programs, and for positions of responsibility involved in public education. Businesses need to explore drug screening. Greater attention needs to be paid to new testing technologies, particularly hair testing as a more reliable measure of use, especially to replace self-reporting systems.

The Task Force members also note that a number of states are pioneering drug information programs and activities. State-led efforts to share information and exchange ideas would develop a synergy for drug-awareness programs. These efforts indicate ways that Governors might develop better means to enhance the information sharing potential on drug issues in their conferences and meetings. A Governors' Internet Conference system might be one way to build cross fertilization.

5.

Treatment remains an important element to any strategy, but more needs to be done to eliminate duplication and waste. A renewed strategy needs to look at establishing more effective evaluation techniques to determine which treatment programs are the most successful. There needs to be greater focus on screening candidates for treatment to match them with the program most likely to meet their needs. This should include consideration of support to religious-based treatment efforts that address the array of disabilities associated with drug abuse. As with prevention efforts, the many disparate programs at the federal level need to be more integrated and efforts better coordinated. Part of the treatment effort also must examine ways to improve drug treatment in our prisons and drug referral efforts in the criminal justice system at the state and federal level.

In addition to these approaches, we also need to look at the role of religious institutions in our efforts to combat drug use. America cannot ignore the link between our growing drug problem and the increase in moral poverty in our lives. More and more Americans are growing up without loving, responsible adults in their lives. Many young people, especially in impoverished communities, are surrounded by deviant, delinquent, and criminal adults in settings that are violent and dangerous. Our social institutions (government, schools, media) have complicated matters by sending confusing messages about right and wrong, good and bad. It seems as though our public institutions have forgotten how to instill civic virtues in our children or why they are important.

On the simple issue of whether drug use is right or wrong, the virtues of individual responsibility and self-discipline are being frustrated by our government's mixed messages. The Clinton Administration's Surgeon General advocated drug legalization, treatment resources have focused on hard-core users instead of the first-time offender; and federal mandatory minimum penalties for drug trafficking were reduced. Recent decisions on drug cases by some federal and state court judges that promote legalization from the bench only compound the problem of dealing with drugs and drug criminals on our streets and in our neighborhoods.

We have witnessed, also, our pop culture, through the media, accept and encourage drug use. Many parents feel like they are fighting a losing battle against a popular culture gone awry. As James Q. Wilson, one of our most thoughtful voices on the need for a moral framework in our civic lives, notes, many Americans "often feel like refugees living in a land captured by hostile forces."

Restoring a degree of respect for essential virtues is fundamental to solving our nation's drug and crime problems. As part of this effort, as noted by Democrats such as Jesse Jackson and Joe Califano, and Republicans such as Alan Keyes, we must consider using public funds to empower local religious institutions to act as safe havens for at risk youth, administer substance abuse treatment, run day care, and perform other vital functions in our communities.

The members of the Task Force also note that even the best strategy in the world is worth no more than the effort spent on turning it into reality. Thus, the Administration and Congress have a responsibility to develop and implement sustained and sustainable programs. An effective effort, however, must go beyond what the Executive and Congress can do. A true national effort must involve parents, families, schools, religious institutions, local and state governments, civic groups, and the private sector. Below are a number of recommendations for action to reinvigorate our national drug program. These recommendations are not mandates nor solely meant for federal action but are part of a dialogue to move us towards a renewed, serious effort at the national, state, and local levels.

V. An Agenda for Action

Based on town meetings and a wide variety of discussions with community leaders, young people, parents, law enforcement, school authorities, and recognized experts from the prevention, treatment, law enforcement and interdiction community, the Task Force on National Drug Policy has developed a number of recommendations for action. Many of these have been mentioned. An outline of key recommendations follows. The Task Force members believe that these recommendations and the ideas that sustain them help to inform a serious, coherent, supported and supportable national strategy for dealing with the drug issue.

Some of the recommendations involve action at the Federal level. Some involve new legislation or changes in existing law. But the majority of the recommendations involve actions that can be taken at the state and local levels. They involve efforts by parents and teachers, business and community leaders, by grass roots programs. It is one of the essential principles underlying action in this area as in many others, that the role of the Federal Government in solving local problems is limited. Federal bureaucracies and bureaucrats are not the first line of defense nor the most important elements in dealing with drug abuse.

The Task Force's first and most important recommendation calls for a serious national drug strategy. Recent Administration strategies have been thin and they have arguably failed to meet the clear statutory obligation that specific and measurable objectives be included. In addition, the Administration delayed for almost a year issuing a strategy for heroin, and this was not until three years into the present term. Thus, our national strategy is incomplete and has focused efforts in areas that have not worked. Moreover, the drug issue has received little priority. As a result, the Drug Czar's office has carried little influence, and the Administration has not made representing or defending its drug programs a priority with Congress or the public. We need a more serious effort. We look forward to working with General McCaffrey as he works to reinvent our drug strategy. Congress will welcome solid proposals based on sound principles and serious intent. The Task Force hopes that ONDCP will be adequately staffed and appropriately supported.

Such a strategy does not have to re-invent the wheel. It does need to do the right things with the right stuff. This means a focus on prevention, law enforcement, and interdiction. It means presidential leadership within the Executive Branch and at large. It involves congressional oversight of programs and support to effective, well-managed efforts. It means a program that adds substance to rhetoric and matches ends to means in a sustainable effort.

A reinvigorated national drug strategy needs to focus on five major elements:

1.

We need a sound interdiction strategy that employs our resources in the transit zone, near the borders, and in the source countries to stop the flow of illegal drugs. This means renewed efforts at US Customs, DEA, INS, DoD, and the Coast Guard to identify the sources, methods, and individuals involved in trafficking and going after them and their assets. This involves well-devised intelligence programs aimed at both tactical and strategic intelligence. It means devising approaches that aim at disruption of drug cartels as much as prosecution. We must also work with our international partners to strengthen information sharing and coordinated activities in both the transit and source country zones. This effort needs serious leadership and a commitment to ensure coordination and non-duplication of programs.

2.

A renewed commitment to the drug effort requires a serious international component that increases international commitment to the full range of counter-drug activities. These must involve efforts to prevent money laundering; to develop common banking practices that prevent safe havens; serious commitments to impose sanctions on countries that fail to meet standards of cooperation; efforts to ensure proper controls over precursor chemicals; and an international convention on organized crime that develops common approaches for targeting the main international criminal organizations, their leaders and assets. Drug law enforcement agencies need to recommit to a serious international effort as part of their programs. A renewed strategy also needs greater commitment from the Department of Defense for detection and monitoring. The United States should also take the lead in encouraging major producing countries to undertake effective eradication programs of illicit drugs

3.

US national drug strategy should also take steps to ensure that drug laws are effectively enforced, particularly that there be truth in sentencing for drug trafficking and drug-related violent crimes. Federal law enforcement efforts also need to focus on the areas where their resources and expertise perform best and contribute most, that is, in the areas of interstate and international criminal activities.

As part of an effective strategy, federal and state courts also need to enforce our drug laws. The members of the Task Force are concerned that some federal

- Efforts to ensure full international compliance with the requirements of the 1988 UN Convention of Psychotropic Drugs, particularly on production, trafficking, money laundering, and precursor chemical control.

- Examination of current certification requirements to limit the number of times a national interest waiver may be used to certify countries as fully cooperating with the United States on drug control issues.

Prevention Efforts:

- Engagement by public leaders, particular the president, on the importance of counter-drug messages.

- Reinforcement of the idea that Prevention Begins at Home. Parents need to talk to their kids, beginning early, to talk about the dangers and wrongs of drug use. Schools need to reinforce the message.

- Continuation of efforts to implement, as appropriate, the recommendations of the President's Commission on Model State Drug Laws.

- Consideration for using asset forfeiture funds to support prevention efforts, such as parent action teams to stimulate parental involvement in anti-drug efforts with their children.

- Development of better accountability mechanisms and clear measures of effectiveness for prevention programs. Programs that cannot meet specific standards and do not emphasize "no use" messages should be unfunded.

- Examination of ways to support parents' home drug testing.

- Evaluation of prevention-delivery programs to determine the most effective types.

- Sponsorship of community coalitions to coordinate local prevention messages and programs.

- Business-supported anti-drug use programs and testing on the job.

- Consideration by states of drug-testing legislation removing obstacles to employment drug testing.

- Consideration by states to mandate or permit drug testing for high school athletes.

- Consideration of adopting improved drug-testing technologies, particularly hair testing.

Treatment Initiatives:

- Standardization of assessment process for matching needs of client to delivery system.

- Consolidation of Federal-level treatment, along with prevention, programs under a single coordinating body.

- Serious program evaluation to determine cost-effective efforts for Federal bloc-grant support.

- Federal "Care-taker" laws to direct Social Security and disability payments away from substance abusers to appropriate custodial institutions, whether public or private, at the state and local level.

- Examination of more effective drug treatment programs for prison inmates and individuals on probation or parole based on regular drug testing that enforces a policy of abstinence.

- Federal and state laws to reinforce a "no-tolerance" policy for drugs and violence in our schools, to include support to school authorities to limit nuisance law suits in disciplinary cases.

- Consideration of legislation designed to allow states to contract with private charitable organizations, including religious organizations, to meet the substance abuse treatment needs of citizens within their state.

Recommendations for Strengthening the Criminal Justice and Law Enforcement Effort:

- Reform of the Violent Crime Control Act of 1994 and the Juvenile Justice and Delinquency Prevention Act of 1974 to strengthen focus on violent crime control and the growing problem of teenage violence.
- Refocused Federal law enforcement efforts on interstate- and international-level criminal activity.
- Support of Federal law enforcement to develop measures to disrupt international criminal activities in addition to prosecutorial strategies.
- Continued block grant support to rural crime control efforts, Byrne grants, and community policing initiatives.
- Reform of Federal powder cocaine sentencing guidelines to conform with crack cocaine guidelines.
- State-level initiative to mandate drug testing in the case of serious car accidents.
- State-level initiative to require alcohol and drug abuse seminars as a requirement to recover a suspended driver's license as a result of a drug- or alcohol related suspension [so-called 02 laws in several states].
- Development of improved cargo inspection by US Customs at ports of entry into Puerto Rico and examination of means to implement secondary inspection before cargo from Puerto Rico enters the mainland.
- Consideration of more effective air interdiction authorities near the US borders.
- Restoration of lost ship days, National Guard support, flight hours, and manpower support by DoD to law enforcement efforts.
- Restoration of a balanced effort that addresses source and transit zone interdiction efforts, responding to both maritime and airborne threats.
- Establishment of a Deputy Commissioner for Law Enforcement within US Customs.

Technological Initiatives:

- Installation of improved ID technologies at US ports of entry.
- Improvements in national databases on criminals that are more "user friendly" for states, supported out of the Violent Crime Trust Fund.
- Installation of drug detection systems for truck cargos and containers at US ports of entry.
- Enhancement of DoD support to Federal law enforcement initiatives, particular P3-AEW aircraft to support the US Customs Service.
- Consideration by major pharmaceutical manufacturers of supporting research on drug addiction and treatment.

International Initiatives:

- Development of a US-led effort to promote an international convention on organized crime to target major crime groups involved in the drug trade and other criminal activities.
- Development of US-led effort to develop donor community guidelines to condition international monetary support on efforts to control local corruption that leads to the diversion of assets and support.

Congressional Agenda:

- Development of more vigorous oversight of US counter-drug programs.
- Re-examination of the roles and purposes of the Office of National Drug Control Policy, particularly on the accountability of the national strategy, its coordination and implementation. This must include restoring measurable and quantifiable annual goals as part of the annual drug control strategy required under the Anti-Drug Abuse Act of 1988.
- Consideration of strengthening ONDCP budget-oversight authorities to ensure greater program coordination and prioritization with national strategy goals.
- Development of an effort to support a drug- and crime-control model city program the District of Columbia supported through federal law enforcement assistance.
- Consideration of measures to condition US assistance to foreign governments on serious anti-corruption efforts.
- Consideration of a requirement that ONDCP establish a state-by-state review of treatment and prevention programs to identify "best practices" that can form the core of recommendations for developing model systems that also employ adequate evaluation components.
- Consideration of a requirement that ONDCP evaluate federal-level impediments to state abilities to develop and administer bloc grants.
- Consideration of federal-level legislation to expand the death penalty to smugglers of commercial quantities of drugs, and reform of habeas corpus procedures to ensure more expeditious enforcement of sentences.
- Consideration of changes in the certification process to employ trade sanctions to foster cooperation with counter-narcotics efforts.
- Consideration of reforms of 924(c) (18 USC) violations to clarify sentencing guidelines for drug-related crimes where weapons are present.
- Development of a congressional agenda to devise drug legislation, updating recent major crime and drug legislation in a "bundled" approach.

Finally, the Task Force members note that many of our current social pathologies, in addition to drug use, arise from causes directly related to a climate that disparages essential moral and ethical principles of personal behavior. Out of the best of intentions, we have pursued policies that have replaced a sense of personal responsibility with conscienceless self-esteem. In doing so, we have belittled traditional family values and encouraged a cheapening of social discourse. Our public places have become threatening to decent people because of misplaced tolerance for aggression and public incivility. Many of our children are now having children, born out of wedlock, who face lives of meanness and violence.

In calling for a recommitment to sustained, coherent efforts against drugs, the Task Force members recognize that this effort is part of a larger struggle for the soul of our young people and our future. We reject the counsels of despair that say that nothing can be done. That our only recourse is to declare surrender and legalize drugs. We recognize that the drug problem is a generational one. Every year the country produces a new crop of young people who must be guided to responsible adulthood. A continuing, vital anti-drug message sustained by meaningful law enforcement and interdiction programs is part of the responsibility our generation has to the next. This report is a wake-up call to America to do its duty

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ACKNOWLEDGMENTS

The Task Force members wants to thank the following individuals and organizations for contributing to our deliberations.

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ENDNOTES

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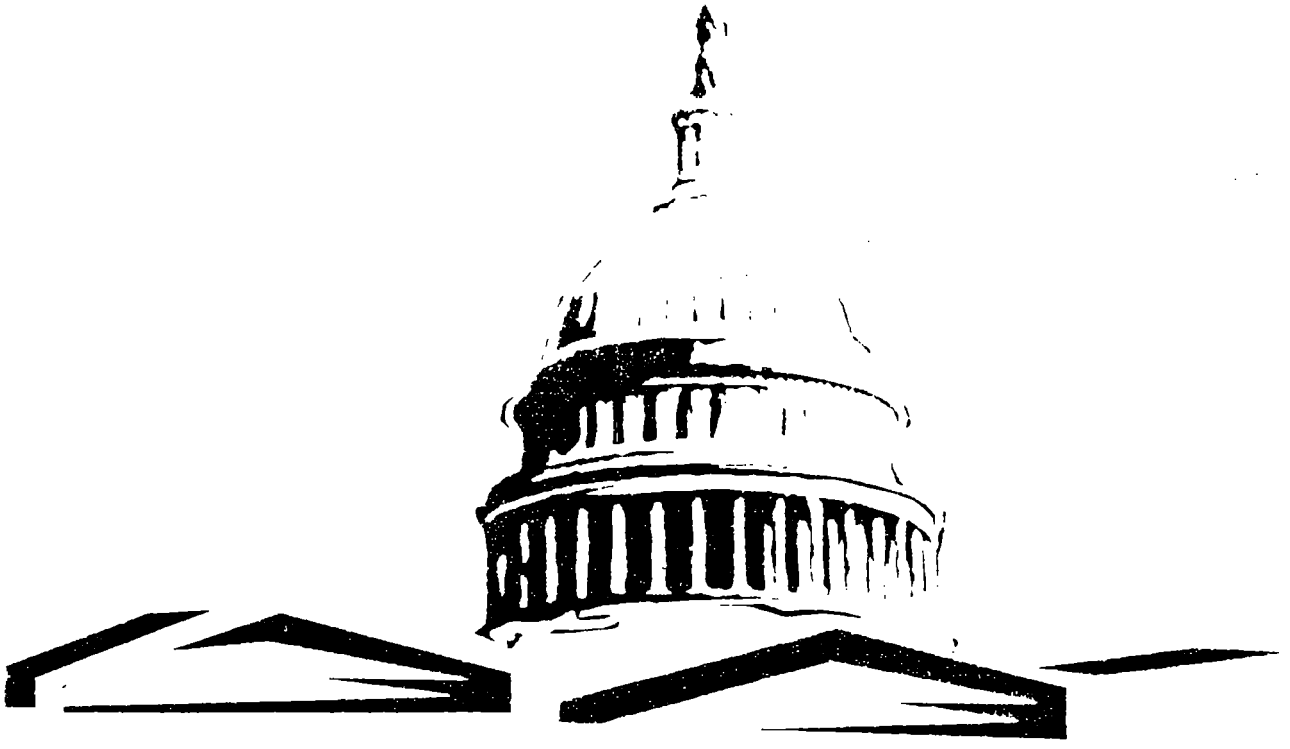
Setting The Course

A National Drug Strategy



A Report by the Task Force on National Drug Policy

Convened by:
Majority Leader Bob Dole and Speaker Newt Gingrich

Chaired by:
Senator Charles E. Grassley
Senator Orrin Hatch
Representative William Zeliff
Representative Henry Hyde

SETTING THE COURSE:
A NATIONAL DRUG STRATEGY

TASK FORCE ON NATIONAL DRUG POLICY

SENATOR CHARLES GRASSLEY, CO-CHAIR	REPRESENTATIVE HENRY HYDE, CO-CHAIR
SENATOR ORRIN HATCH, CO-CHAIR	REPRESENTATIVE WILLIAM ZELIFF, CO-CHAIR
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SENATOR MIKE DEWINE	REPRESENTATIVE ILEANA ROS-LEHTINEN
SENATOR KAY BAILEY HUTCHINSON	REPRESENTATIVE CLAY SHAW
SENATOR OLYMPIA SNOWE	REPRESENTATIVE J. C. WATTS

EXECUTIVE SUMMARY

The facts are simple. After more than a decade of decline, teenage drug use is on the rise. Dramatically. Every survey, every study of drug use in America reconfirms this depressing finding.

What is even more disturbing is that attitudes among teenagers about the dangers of drug use are also changing—for the worse. After more than a decade of viewing drugs as dangerous, a new generation increasingly sees no harm in using drugs.

Just such a shift in attitudes engendered the last drug epidemic in this country. The 1960s saw a significant movement among many of the nation's intellectual leaders, media gurus, and even some politicians that glorified drug use. These attitudes influenced the thinking and decision making of many of our young people. We are still living with the consequences of the 1960s and 1970s attitudes in the form of a long-term addict population and thousands of casualties, including a staggering number of drug-addicted newborns and many of our homeless.

The American public recoiled at the social pathologies associated with the illegal drug epidemic then, and recent polls indicate that they are just as concerned today that we are about to repeat history because we failed to learn our lesson. Despite the fact that we made major inroads on reducing drug use in the 1980s, the press and many others have helped to create the idea that nothing works and that our only policy options are the decriminalization or outright legalization of drugs.

The media turned their attention away from the drug issue and have not returned to it in the last three years. The Clinton Administration has downplayed the drug issue, demoting it as a national priority and distancing the President from it. The message that drug use was wrong was de-emphasized, while interdiction and enforcement were downplayed in order to concentrate on treatment. The result has been to replace "Just Say No" with "Just Say Nothing." We are suffering the consequences.

On December 13, 1995, Majority Leader Bob Dole and Speaker of the House Newt Gingrich convened a bicameral Task Force on National Drug Policy to break the silence. They asked the Task Force to make recommendations on how Congress might, as it has many times in the past, put drugs back on the national agenda. This report is the result of the Task Force's efforts. It reflects the results of town meetings, discussions with experts, and meetings with leading treatment and prevention organizations. This report represents a beginning of effort not the conclusion.

The Task Force's first and most important recommendation calls for a serious national drug strategy. Recent Administration strategies have been thin and they have arguably failed to meet the clear statutory obligation that specific and measurable objectives be included. Our national strategy is incomplete and has focused efforts in areas that have not worked. We need a more serious effort.

Such a strategy does not have to re-invent the wheel. It does need to do the right things with the right stuff. This means a focus on prevention, law enforcement, and interdiction. It means presidential leadership within the Executive Branch and at large. It involves congressional oversight of programs and support to effective, well-managed efforts. It means a program that adds substance to rhetoric and matches ends to means in a sustainable effort.

A reinvigorated national drug strategy needs to focus on five major elements:

1. We need a sound interdiction strategy that employs our resources in the transit zone, in the source countries of Latin America, and near the borders to stopping the flow of illegal drugs. This means renewed efforts at US Customs, DEA, INS, DoD, and the Coast Guard to identify the sources, methods, and individuals involved in trafficking and going after them and their assets.

2. A renewed commitment to the drug effort requires a serious international component that increases international commitment to the full range of counter-drug activities. These must involve efforts to prevent money laundering; to develop common banking practices that prevent safe havens; serious commitments to impose sanctions on countries that fail to meet standards of cooperation; efforts to ensure proper controls over precursor chemicals; and an interna-

tional convention on organized crime that develops common approaches for targeting the main international criminal organizations, their leaders and assets.

3. US national drug strategy should also take steps to ensure that drug laws are effectively enforced, particularly that there be truth in sentencing for drug trafficking and drug-related violent crimes.

4. Prevention and education are critical elements in a renewed strategy. There needs to be greater coordination and effective oversight of Federal prevention and education programs, which should involve the integration of disparate drug programs in HHS, DoJ, and elsewhere under one authority. This more integrated approach should focus on empowering local communities and families, and must develop more effective evaluation programs to determine which delivery mechanisms are the best.

5. Treatment must remain an important element to any strategy, but more needs to be done to eliminate duplication and waste. A renewed strategy needs to look at establishing more effective evaluation techniques to determine which treatment programs are the most successful. Accountability must be a key element in our programs.

We also need to look at the role of religious institutions in our efforts to combat drug use. America cannot ignore the link between our growing drug problem and the increase in moral poverty in our lives.

The members of the Task Force also note that even the best strategy in the world is worth no more than the effort spent on turning it into reality. Thus, the Administration and Congress have a responsibility to develop and implement sustained and sustainable programs. An effective effort, however, must go beyond what the Executive and Congress can do. A true national effort must involve parents, families, schools, religious institutions, local and state governments, civic groups, and the private sector.

Finally, the Task Force members note that many of our current social pathologies, in addition to drug use, arise from causes directly related to a climate that disparages essential moral and ethical principles of personal behavior. Out of the best of intentions, we have pursued policies that have replaced a sense of personal responsibility with conscienceless self-esteem. In doing so, we have belittled traditional family virtues and encouraged a cheapening of social discourse. Our public places have become threatening to decent people because of misplaced tolerance for aggression and public incivility. Many of our children are now having children, born out of wedlock into lives of meanness and violence.

In calling for a recommitment to sustained, coherent efforts against drugs, the Task Force members recognize that this effort is part of a larger struggle for the soul our young people and our future. We reject the counsels of despair that say that nothing can be done. That our only recourse is to declare surrender and legalize drugs. We recognize that the drug problem is a generational one. Every year the country produces a new platoon of young people who must be guided to responsible adulthood. A continuing, vital anti-drug message sustained by meaningful prevention, law enforcement and interdiction programs is part of the responsibility our generation has to the next. This report is a wake-up call to America to do its duty.

TABLE OF CONTENTS

TABLE OF FIGURES

TASK FORCE ON NATIONAL DRUG POLICY:
STATEMENT OF PURPOSE

Issue:

Every survey of teenage drug use in the past two years indicates not only increasing use of dangerous drugs among teens, but a disturbing change in perceptions about the dangers of drug use. The High School Seniors Survey, DAWN, PRIDE, and other opinion research indicate major increases in teen drug use and emergency room admissions. In part, this reflects the fact that the drug issue has fallen off the national agenda. The country lacks a serious national strategy on the drug problem. There has also been a vacuum of leadership. Major poll data show that the American public is keenly concerned about the drug problem and wants to see more done, particularly in the areas of law enforcement, interdiction, and prevention. It is time to heed this call. It is time to act now in order to keep future generations free from the harm that drugs do to individuals, families, and public life.

Purpose:

To establish a congressionally directed effort to develop the principles for a coherent, national counter-drug policy and appropriate supporting strategy as the basis for future action. Congress has been the leader in pressing this issue in the past, and given disturbing changes in teenage use and a lack of serious focus from the Administration, it is time to renew attention on the drug issue.

Method:

A congressional task force will convene to consider the principles upon which a sound policy and strategy should be based. It will hold a number of public meetings, call on expert opinion, and develop a statement of principles to guide future considerations. A final report will outline the major elements of a realistic domestic and international policy and indicate the key elements of a strategy to support the policy.

Structure:

The Majority Leader and the Speaker of the House will convene the task force consisting of several co-chairs drawn from congressional leaders on drugs and crime issues. A panel of members will help to set overall goals and develop supporting information.

Co-Chairs:

Senator Charles Grassley, Senator Orrin Hatch, Representative William Zeliff, and Representative Henry Hyde.

Task Force Members:

SENATE	HOUSE
Senator Spence Abraham	Representative Mike Forbes
Senator John Ashcroft	Representative Ben Gilman
Senator Alfonse D'Amato	Representative Bill McCollum
Senator Paul Coverdell	Representative Rob Portman
Senator Mike DeWine	Representative Ileana Ros-Lehtinen
Senator Kay Bailey Hutchinson	Representative Clay Shaw
Senator Olympia Snowe	Representative J. C. Watts

I. Need for a New Focus on National Drug Policy

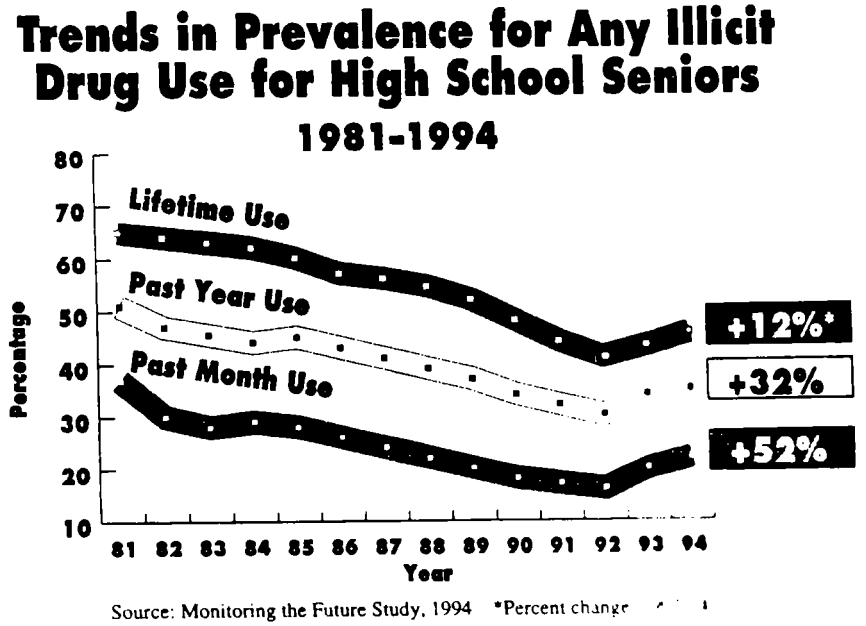
Introduction: A Nation at Risk

The facts are simple. After more than a decade of decline, teenage drug use is on the rise. Dramatically. Every survey, every study of drug use in America reconfirms this depressing finding. Since 1991 the number of 8th-graders who used drugs in the past twelve months has nearly doubled (from 11 percent to 21 percent). Since 1992, the number of 10th-graders reporting drug use has risen nearly two-thirds, and among 12th-graders by nearly half. Marijuana use led the way, but the use of other drugs is also increasing. Although usage levels have not returned to their 1979 highs, the trend is disturbing.

What is even more disturbing is that attitudes among teenagers about the dangers of drug use are also changing—for the worse. After more than a decade of viewing drugs as dangerous, a new generation increasingly sees no harm in using drugs.[1] As a recent study by the Partnership for a Drug Free America notes, "Driven by an increasingly lax attitude about marijuana, America's teenagers are seeing fewer risks and more personal rewards in drug use...."[2] In addition, peer disapproval of drug use continues to decline.

Just such a shift in attitudes engendered the last drug epidemic in this country. The 1960s saw a significant movement among many of the nation's intellectual leaders, media gurus, and even some politicians that glorified drug use. Mainstream movies, television, popular music, and pronouncements from cultural, political, and religious leaders portrayed drug use as at worse a harmless personal choice, at best as an opportunity for liberation and enlightenment. The result was a tacit legitimization of the drug culture and an explosion in use and addiction. We are still living with the consequences of the 1960s and 1970s attitudes in the form of a long-term addict population and thousands of casualties, including a staggering number of drug-addicted newborns.

Figure 1.



Source: Monitoring the Future Study, 1994 *Percent change

The American public recoiled at the social pathologies associated with the illegal drug epidemic in the late 1970s and throughout the 1980s, demanding that something be done. Congress and the White House responded with increased funding and focused effort across the board to meet the challenge. The results, one of the best kept secrets in modern American political life, were astounding. Within a decade, after over 20 years of de facto legalization and glorification of drug use, the trend reversed. Although the change was too late to help many of the most addicted, the public effort to de-legitimize the glamour of drugs, to "Just Say No," caused a dramatic turn around in adolescent attitudes. Hollywood and the music industry also responded by helping to debunk the notion that drug use was "cool" or harmless.

As a result, illicit drug use declined from a peak of around 25 million casual users in 1979 to a low of 11.4 million in 1992. Casual cocaine use fell by almost 80 percent between 1985 and 1992, while regular cocaine use dropped over 50 percent between 1988 and 1992.[3] In no other area of social pathology were such dramatic gains made in such a short period. Yet, press reports tended to ignore the spectacular progress and painted the whole effort as a failure, and the press coverage of any kind declined sharply with the Gulf War beginning in 1990.

As a result, drugs began to slip off the national agenda. In March, 1993, Dr. Lloyd Johnston of the University of Michigan and the father of the high school survey, "Monitoring The Future," warned that the message that drug use was both harmful and wrong was being lost on emerging generations. The consequence, he predicted, would be a steady increase in teenage use if something were not done

Unfortunately, there was little response to his warning and Dr. Johnston's prediction came true. The media turned their attention away from the drug issue and have not returned to it in the last three years. This Administration has downplayed the drug issue, demoting it as a national priority and distancing the President from it. The message that drug use was wrong was de-emphasized, while interdiction and enforcement were downplayed in order to concentrate on treatment. Parents also talked less to their kids about the dangers of drug use. The result was to replace "Just Say No" with "Just Say Nothing." We are suffering the consequences.

As Nancy Reagan stated at a hearing before the House National Security Subcommittee in March of 1995, "The weakening vigilance against the drug threat... can have a tragic effect on this country for many years to come.... How could we have forgotten so quickly? Why is it we no longer hear the drumbeat of condemnation against drugs coming from our leaders and our culture? Is it any wonder drug use has started climbing again, and dramatically so?"[4]

The Partnership for a Drug Free America's Attitude Tracking Study noted another complicating factor that may account for the present deafening silence on drug use: a baby boomer generation that experimented with drugs that is unsure of how to talk to its kids about drug use without feeling hypocritical. This ambivalence or discomfort has, seemingly, also affected some of our public officials and community leaders who come from the baby boomer generation. They too seem unable to speak convincingly or forcefully on the dangers. The study notes, however, that the overwhelming majority of these baby boomer parents are not ambivalent about the idea that their kids should try drugs. They are against it, against any drug use. Unfortunately, their concerns have been muted and the glorification of drug use is back.

In recent years, music and verse are once again glamorizing drug use. Movies, music, television, and some political and cultural leaders are again talking about the "normalization" of drug use. Mainstream news programs, when they cover the drug issue at all, continue the theme that nothing works, while MTV airs programs and rock videos decidedly advocating drug use and legalization. Hollywood is once again portraying drug use in a favorable light.

It should come as no surprise, then, that teenagers, struggling to establish their identities in a complex world, should find society's message about drugs confusing. When parents cannot or will not talk to their children, when their cultural and political leaders are inconsistent or silent, and when the media portrays positive images of drug use, increased teenage drug use is the inevitable result.

As a nation, we cannot afford to be complacent about this trend. The dangers of drugs cannot be measured solely on the balance sheets of accounting ledgers or with charts of statistics. There is the matter of body counts and wasted lives, especially of our youth. We must act now to keep from repeating the disaster we inflicted on ourselves in the 1960s and 1970s. We need to remind ourselves that we do know what works. We can make a difference. That we must take meaningful, consistent, and visible steps to protect our children, our communities, and our future.

Congress has taken a lead in the past in responding to the drug problem. It is clear that it is time to renew that leadership. Our first priority must be to ensure that our children, the most at-risk population, do not fall victim to a new drug epidemic. This report addresses that need.

Growing Crisis of Teenage Drug Use:

After years of decline, teenage drug use is on the rise again. Two recent surveys of teenage drug use and attitudes towards drugs make it clear that a younger generation of Americans is at risk. The message that drug use is both harmful and wrong is simply not getting through. The national high school survey, *Monitoring the Future*, which surveys over 50,000 students in some 400 public and private secondary schools; and the annual survey by the Parents' Resource Institute for Drug Education (PRIDE), which surveys nearly 200,000 9th-12th-graders, confirm a trend in increasing adolescent drug abuse.

"The weakening vigilance against the drug threat...can have a tragic effect on this country."

- Nancy Reagan

- The number of 12-17 year-olds using marijuana increased from 1.6 million in 1992 to 2.9 million in 1994. "Recent marijuana use" increased 200 percent among 14-15 year olds over the same period.

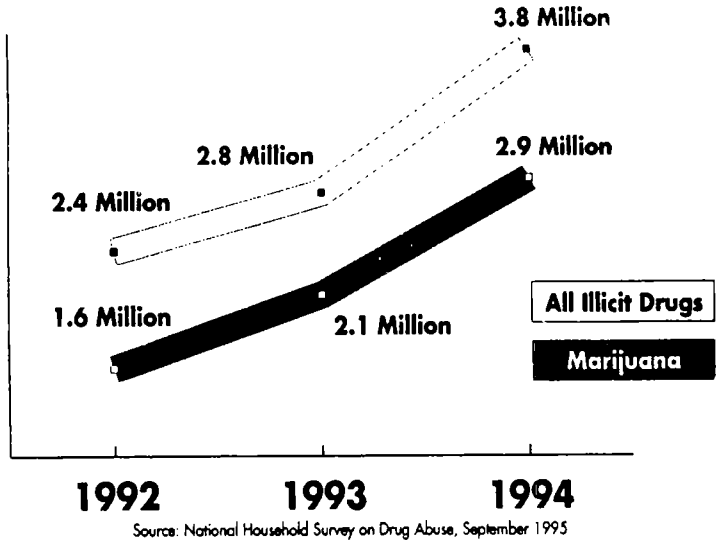
- Since 1992, there has been a 52 percent increase in the number of high-school seniors using drugs monthly. Of even more concern has been a sharp decline in peer disapproval of use and declining attitudes that drug use is harmful.

- As a result, 33 percent, ***one in three***, of high school seniors report having used marijuana in the last year. As many as 21 percent have smoked marijuana within the past month.

The use of hallucinogens, stimulants, and other drugs are also on the rise. According to surveys by the Center on Addiction and Substance Abuse, adolescents who use marijuana are 85 times more likely to move to other dangerous drugs, such as cocaine. As many as 60 percent of those who use marijuana before the age of 15 will later use cocaine. As a recent report by the Senate Judiciary Committee, *Losing*

Figure 2.

Trends In Youthful Drug Use, Ages 12-17



Source: National Household Survey on Drug Abuse, September 1995

Ground Against Drugs, noted, "The implications for public policy are clear. If such increases are allowed to continue for just two more years, America will be at risk of returning to the epidemic drug use of the 1970s."[5] The adverse consequences of that, given the contribution that drug use makes to domestic violence, street crime, health and welfare costs, and the well-being of America's youth, are incalculable. Our experience in the past makes it only too clear what the costs of indifference can be.

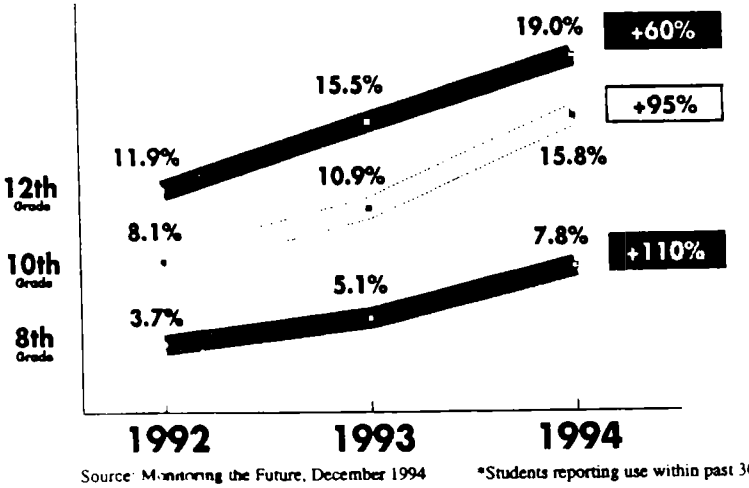
When faced with returning use, many critics of drug policy simply throw up their hands in despair and claim that nothing works. The view seems to be that if we cannot eliminate drug use in one dramatic sweep, then our only recourse is to surrender, to decriminalize illicit drug use, make drugs widely available, and then treat the victims. Why this is regarded as sound social policy is never made explicit, but clearly, no responsible policy can be based on such a notion. As Professor Lloyd Johnston has noted, in dealing with the problem of drug use, we are dealing with a generational effect. Every year we see a new crop of adolescents who must be taught the fundamentals of living in a civil society. In addition to learning algebra and English and social responsibilities, they must all be brought to understand the consequences of drug use. This is a perennial concern. The anti-drug message cannot be taught once. It must be sustained and renewed every year. It is critical that we do this. As the recent Center for Alcohol and Substance Abuse study on the effects of substance abuse in New York notes, ".... We will never rid ourselves of all substance abuse. But to the extent we curb such abuse, we will reap a rich harvest of healthier babies, less violence and crime, lower taxes, reduced health care costs, higher profits, better-educated students, and fewer AIDS cases."[6] The problem, however, is that the anti-drug message has been lost. In commenting on the absence of a strong, consistent effort by the Administration, Senator Biden noted in a recent hearing that "It's drugs, stupid." Without attention and effort, we expose a new generation to the perils of drug use.

Lack of a Coherent Message:

One of the things that has been learned over the last several years is what works in dealing with the drug problem. It is clear that there must be a coherent program that combines public disapproval, information, law enforcement, interdiction, and treatment in well-publicized and sustained programs aimed at a broad audience. Such an effort must involve community groups, civic leaders, cultural and political leaders, parents, schools, business, and young people. The effort must be constantly renewed and reinvigorated. Between 1981 and 1992 this was increasingly the case, particularly between 1989 and 1992. In the years following, however, the message began to get blurred.

Figure 3.

Trends In High School Marijuana Use*



Source: Monitoring the Future, December 1994

*Students reporting use within past 30 days

"It's drugs, stupid. It's drugs."

- Senator Joseph Biden

One of the first official acts of the Clinton Administration was to cut the staff of the Office of National Drug Control Policy, the Drug Czar, from 147 to 25, rendering it largely ineffectual. The post of Deputy of Supply Reduction in ONDCP has yet to be filled — no one has been nominated to fill the post. The President also largely disappeared from the field, abandoning the bully pulpit. Then, the Surgeon General of the United States repeatedly called for the legalization of drugs. In addition, the Administration decided to "reinvent" drug policy, downplaying law enforcement and interdiction. Along with the reductions in the Drug Czar's office, these various moves helped to create a vacuum in leadership and a visible public position on the dangers and harmful effects of drugs. As Representative William Zeliff recently commented, "It is no secret that the war on drugs has not been a priority with this president."[7] Administration policies have de-emphasized the message that drug use is wrong as well as dangerous. As Congressman Charles Rangel, a longtime proponent of effective drug efforts, points out, "I have been in Congress for over two decades, and I have never, never, never found any Administration that has been so silent on this great challenge to the American people."

Without the reinforcing effect of a constant public campaign, families no longer talk as frequently or frankly about the consequences of drug use. Our number one defense was left on the sideline and our children are faced with choices they are woefully unprepared to make. As a number of national family groups—such as Community Anti-Drug Coalitions of America (CADCA), National Families in Action, PRIDE, the National Family Partnership, and others— have noted, we cannot assume that parents are willing or able to talk with their children on this issue without some guidance. Baby boomer parents, many of whom used drugs themselves, have problems discussing the issue with their kids. America's parents need to be reengaged in drug prevention efforts. Parents need to be informed about new drug use trends, motivated to talk to their children about the dangers of drug use, and involved with other parents in implementing strategies to keep their kids drug free. But when the President is silent, when the national media are silent, when popular movies and videos glorify the use of illegal drugs, the challenge facing today's parents is even greater.

Return of Drug Glorification:

The extent of a returning drug culture can be measured by the return of drug themes in music, in the movies, and on television. In a recent major program on drug use broadcast several times on MTV, the popular rock video station that is home viewing for millions of teenagers, drug use was presented in a favorable light with significant time given to spokesmen for legalization of drug use. Increasingly rock videos and music present drug use as normal and desirable. Rock stars and other popular culture figures openly discuss their own use and encourage others to follow their example.

An article in a widely used magazine for schools, called *Scholastic Update*, contained the following assertion:

Marijuana is back and coming out of the closet. Stars use it. Musicians . . .celebrate it. TV shows like Saturday Night Live and Kids in the Hall depict it as harmless fun. Marijuana fashion has grown into a $10 million industry.

MTV, watched by millions of young people carried a program on drugs, aired several times, that clearly sought to normalize drug use. Popular music of all sorts now commonly encourages use. The trend is disturbing and reminiscent of our past experience. This shift raises the prospect of a new wave of drug addiction, since it is attitudes among teenagers, the most at-risk population, that determines future trends in abuse and addiction.[8]

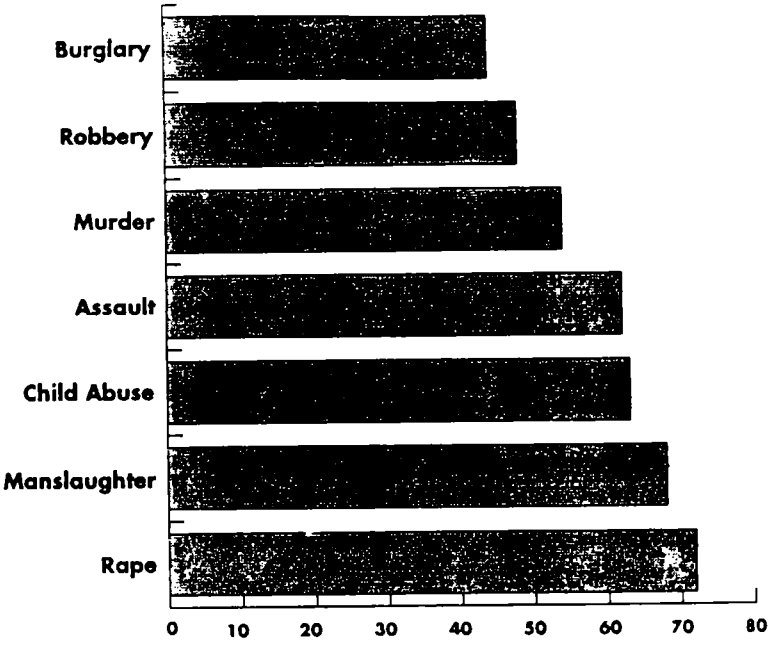
Movies, too, have begun to portray drug use as acceptable. In the recent "family" movie, *How to Make an American Quilt*, for example, grand motherly figures are presented using marijuana as a normal part of life. The theme can be found increasingly in other popular culture outlets. Rock, "hip hop", and rap music now commonly carry explicit drug themes and many of the stars endorse use. Their message, packaged for sale to kids, is available on TV and radio, in music shops, and in the trade literature. By contrast, the counter-drug message has slipped off our front pages. When William Bennett resigned as Drug Czar, it was front page news. When Lee Brown left it received virtually no coverage. Recently the Senate considered the nomination of General Barry McCaffrey as the new drug czar. The hearings received virtually no cov-

"I have been in Congress for over two decades, and I have never, never, never found any Adminsitration that has been so silent on this great challenge to the American people."

- Representative Charles Rangel

Figure 4.

Role of Substance Abuse in Violence



Source: Center for Substance Abuse Prevention, 1993

erage. Moreover, news about teenage drug use and overwhelming public concern about it find no place in media coverage. More disturbing, has been the encouragement a lack of national leadership has provided to groups sympathetic with the idea of legalization. Although never representing more than a tiny minority of opinion, legalizers and their sympathizers receive a disproportionate amount of the limited media attention devoted to the drug question. Along with these, drug themes have made a major comeback in popular culture, with drug use glorified in music, movies, TV, and other mass media that reach young people.

When Len Bias, the Maryland basketball star, died of a drug overdose in 1985, it was a seminal event in alerting everyone to the dangers of drug use. When the rising actor River Phoenix died in 1993, there was virtually no comment about the drug-related death from popular culture pundits or the White House. When Kurt Cobain, the "Generation X" rock star, died in 1994 and Jerry Garcia, the lead singer for the Grateful Dead, died in 1995 of drug-related problems, they were glorified and memorialized. There was virtual silence about the drug problem that ultimately killed them. We have come long way in just three years in burying the anti-drug message. Unfortunately, the results are returning drug use among the nation's young.

The Crime Bomb:

In addition to increasing drug use among teenagers there is concern about a coming explosion of teenage-generated crime, particularly violent crime. As a recent study by the Council on Crime in America notes, between 1985 and 1992 the murders committed by males ages 14 to 17 increased by about 50 percent for whites and 300 percent for blacks. Other violent crimes similarly increased. These increases come at a time when violent crime rates for other age groups are declining. With a new bulge of teenagers coming, the prospects of a new wave of crime is a virtual certainty. Unlike similar patterns in previous years, a larger percentage of these teenage boys and girls are growing up in single parent households. Many of these households are drug infested and violence prone. Not surprisingly, many of the children growing up in these environments have received little socialization. As a result, many are without conscience, remorseless killers and thugs, some as young as 9 and 10 years old. Into this volatile mix, increasing drug use adds a further ominous ingredient.

In many parts of the country the explosion of methamphetamine use, a virtual "methedemic" only adds to the potential. Meth or crank increases the chances for individual violence. As one district attorney noted, drugs work. That is, they have the physical, pharmacological, and psychological effects they were intended to have. Many of these drugs lower inhibitions—already weak among teenagers—and exacerbate violent tendencies— an explosive combination. Rural states are particularly hard hit. A recent *New York Times* front page story painted a vivid picture of the effects methamphetamine is having in Iowa on individuals, families, and communities. This is an experience being repeated in many parts of the country.

As the Council on Crime further notes, between now and 2005 the number of teens aged 14 to 17 will increase 23 percent. Furthermore, as noted, this new generation is far more likely to commit more crimes, particularly violent ones. When combined with an environment that encourages drug use, particularly of violence-promoting drugs, the potential for irresponsible, violent behavior grows significantly.

"The majority of violent crime is concentrated in just 75 of the country's 3,000 counties."

Safe Cities—Safe Streets:

One of the casualties of the decline in public civility has been the safety of citizens in their homes and on the streets of their neighborhoods. Everyone notes the increase in violent crime in recent years, especially the worrying trend in youth violence. This affects all of us, but unfortunately the majority of that violence is concentrated in just 75 of the country's 3,000 counties. These counties coincide with our major metropolitan areas. Even here, the violence is concentrated in just a few neighborhoods. The residents of our inner cities have become prisoners in their own homes. They pay a disproportionate price for the violence that affects us all. The consequences of drug trafficking and use hit these neighborhoods the hardest. The explosion of violence coincides with the advent of crack cocaine on the streets.

The clearest example of that is the daily reminder provided by the violence that haunts parts of our nation's capitol. Washington, D.C., one of the world's most beautiful cities, has the dubious distinction of being the murder capital of the country. The per capita murder rate for the nation's capital (60-70 per 100,000 per year) is 3 times that of the whole state of Louisiana (19.8 per 100,000)—which has the highest per capita rate among states—and 1.3 times that of Detroit (57 per 100,000), its closest urban competitor. The majority of the victims of both murder, robbery, and assault in Washington are concentrated in its inner city neighborhoods. Arlington, VA, just outside Washington, has a murder rate one-sixth that of the District of Columbia. As Senator Hatch has commented, "Washington has become a big dumpster. We should be ashamed."

Drugs and violence, along with a decline in public civility and common courtesy, have made our cities and neighborhoods dangerous and unwelcoming to the vast majority of our decent, hardworking citizens. Cities across the country—Los Angeles, New York, San Francisco, Chicago, San Antonio, Miami, and many others—have their share of crime and drug-related problems. But the problem is not limited to urban areas. Many of our smaller cities and towns, and many rural areas, also, have seen increases in gang violence and drug use. We must take our streets and neighborhoods back. As an important step in that direction, we need a new effort to make the streets of our nation's capital safe not only for the many visitors but for the good people who live and work here.

Revolving Door Justice System:

There is some good news to report. With the stronger sentencing guidelines for drug offenses that were adopted in 1984 under the Sentencing Reform Act, more and more drug offenders are ending up behind bars. Unfortunately, they are not staying there. As figures from state and federal prisons indicate, 49 percent of arrests for drug offenses were of people who were presently felony probationers who were on probation.[9] If you expand this group to anyone who has been previously arrested for a felony, the recidivism rate is almost 72 percent. Part of this problem comes form the fact that even once a criminal is incarcerated, rarely is the full sentence served. Among released prisoners the average sentence for a violent crime was about 8 years. The average time served is about 3 years, or just under half of the total maximum sentence.[10]

Reducing violent attacks would not require any additional police. Lowering the crime rate does not require reams of new legislation. There are no magical new crime solving techniques. The key to reducing the rate of violent crime in America is to keep known predators behind bars.

The Empty Bully Pulpit:

Combined with these changes, the President, as Senator Hatch has noted, has been "absent without leadership" on the drug issue. He has not spoken out personally on the issue and his most recent Drug Czar presiding over a decimated office, was all but invisible and lacked credibility. Although the President has appointed a new drug czar, he has no track record at the national level. It also remains to be seen whether he will receive any more support than his predecessor. He begins, however, with a deficit. The Administration has downplayed the whole drug issue, reducing it as a priority in its overall concerns. It also shifted its focus away from core enforcement and interdiction programs to focus on treatment. While Congress welcomes the appointment of a new drug czar, we cannot wait for results. Furthermore, as a recent *Wall Street Journal* piece notes, the appointment of a four star general with a track record on interdiction as the new drug czar-designate repudiates the Administration's policy to date.

That policy was a shift in focus away from effective international, interdiction, and law enforcement programs—favored overwhelmingly by the public—to far less effective treatment programs. As one observer noted, this is the first war in which the chief response was to treat the wounded rather than to go after the problem.

As a result, enforcement of the nation's drug laws, a key federal responsibility, declined. The Administration's 1995 budget proposed to eliminate 621 enforcement positions from the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), Immigration and Naturalization Service (INS), the US Customs Service (USCS), and the US Coast Guard (USCG). In addition, priorities for federal law enforcement have shifted, in part, away from working on major international or transstate crimes to provide questionable support to local and state cases.

These cuts and the de-emphasis on enforcement coincide with a marked decline in drug prosecutions, particularly of major drug figures. Shifts in emphasis away from interdiction have seen increases in the amount and purity of drugs on American streets. While these are not decisive factors in and of them-

selves, when combined with the overall climate of inattention and neglect, they have contributed to the absence of a clear anti-drug message.

At the same time, the efforts and coordination of the pro-drug movement have increased. The movement is becoming better financed and has used the media and a public relations campaigns to weaken drug laws and suggest reductions in drug policy. Talk of legalization and of the failure of the "war on drugs" has become common. Recently, William F. Buckley, Jr., used the pages of the *National Review* to call for legalization. Similarly the *New York Magazine* declared the drug war a failure. Our policy option? Legalize dangerous drugs and make them available on demand.

Just as significant as a factor in failing to deliver the message, is the fact that parents are not taking a major role in talking to their kids about drugs. While many parents seem to believe that peer group opinions are far more important in shaping the attitudes of their children, it is clear that family is critical factor in forming adolescent opinions. Yet, teenagers increasingly report that their parents do not talk to them about the dangers of drug use. This has been a shift from earlier years. Unfortunately, the results of these "shifts" in policy are clear: returning drug use among teenagers.

II. Renewing the Commitment

Establishing Priorities:

It is clear that we need a new, coherent effort to deal with the drug problem if we are to reverse the current rise in teenage drug use. This requires a recommitment, a refocusing, on the things that work along with a reprogramming of funding to those areas that have been most productive.

The American public has an intuitive grasp of where efforts should concentrate to the best effect in dealing with the drug problem. In a recent Gallup poll, over 90 percent of the public identified the drug issue as a major domestic concern. They ranked it, along with violent crime, as their top two concerns.[11] Moreover, they indicated clearly that they favor greater emphasis on prevention, law enforcement, and interdiction. There was little support for treatment, with only 4 percent seeing it as the best anti-drug strategy. Most saw treatment as only a stop-gap measure and not a solution to the drug problem. Prevention, law enforcement, and interdiction, in fact, were the priorities of the national drug policy between 1981 and 1993, the years of steady decline in domestic use. Only in recent years has policy moved away from these priorities, putting greater emphasis on treatment. And it is in these recent years that we have seen steady increases in use and significant changes in attitudes about drug use.

In the 1980's, many grass roots parent organizations developed to fight the drug problem. Much of the success up to 1992 was a direct result of the prevention and education campaigns of these organizations. Efforts such as the Partnership For A Drug-Free America's advertizing campaign showing a sizzling egg as a "brain on drugs" caught the public's attention and alerted them to the dangers of drug use. These ads were in large part possible because of the support that they received from media and corporate sponsors. But when the federal focus on the drug issue declined, so did their support and effectiveness.

The 1995 Drug Abuse Warning Network (DAWN) Survey, which monitors drug-related emergency room admissions, illustrates the problem. Although the Administration has put greater emphasis on treatment, cocaine-related episodes hit their highest levels in history in 1994. Marijuana-related episodes are at 155 percent above 1990 levels. Methamphetamine episodes jumped 256 percent over 1991 levels. Heroin-related episodes jumped 66 percent in 1993. This comes despite continuing increases in funding and greater emphasis on treatment. In the meantime, teenage drug use is on the rise. Treatment programs do absolutely nothing to deter this group from use and therefore make no contribution to preventing a new addiction problem.

Shortfalls and Missteps:

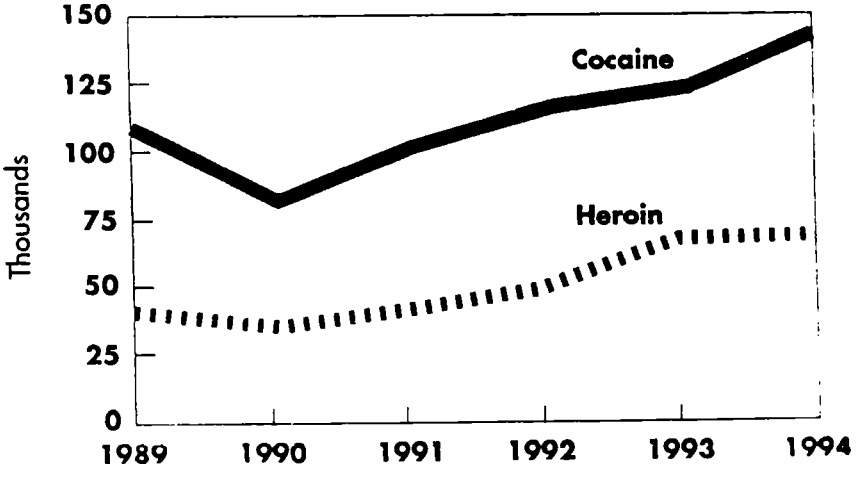
Unfortunately, the Clinton Administration has also reduced efforts to law enforcement and interdiction. The Administration's cuts in drug enforcement and refocusing of federal agencies from major cases has coincided with significant declines in drug prosecutions. The number of federal prosecutions declined by 12 percent in two years.[12]

The Administration also cut efforts to maintain our interdiction capability and redirected resources to other activities. Budget cuts have seriously hurt the U.S. government's ability to seize and interdict drugs in the transit zone and at our borders. Transit zone seizures are down, street prices are down, and Cali traffickers are teaming up with Mexican drug barons to fly multi-ton loads of cocaine into Mexico aboard modified commercial jetliners.[13]

Between 1993 and the first six months

Figure 5.

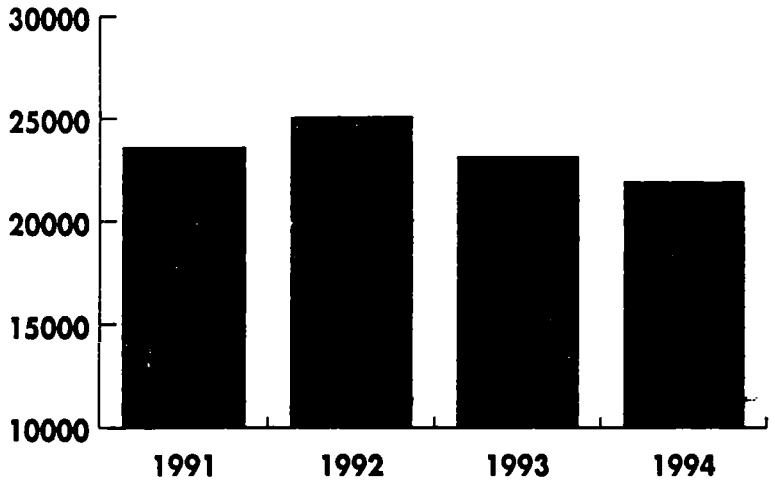
Detail of Cocaine- and Heroin-Related Emergency Room Episodes 1989-1994



Source: Drug Abuse Warning Network, November 1995

Figure 6.

Federal Drug Prosecutions



Source: Administrative Office of U.S. Courts. Total number of individuals prosecuted for drug law violations

of 1995, the transit zone "disruption rate"—the ability of U.S. forces to seize or otherwise turn back drug shipments—dropped 53 percent, from 435.1 kilograms per day to 205.2 kilograms.[14] Over the course of a year, the lowered disruption rate means that as much as 84 metric tons (mt.) of additional cocaine and marijuana could be arriving unimpeded on the streets of the United States through the Eastern transit zone alone.

Interdiction in the transit zone is accomplished primarily by three federal agencies: the Department of Defense (DoD), the U.S. Customs Service (USCS), and the U.S. Coast Guard (USCG). Responsibility for ensuring adequate drug interdiction funding for these agencies currently rests with Admiral Robert D. Kramek, United States Coast Guard. Appointed by the Director of ONDCP to serve as an ombudsman for the entire interdiction program, Admiral Kramek's role is to fight for money and interdiction resource allocations from participating agencies and to coordinate policy implementation.[15]

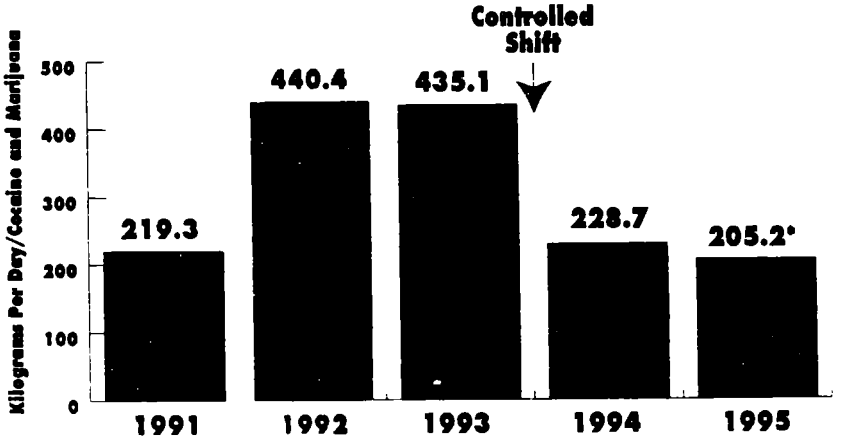
At a hearing before the National Security Subcommittee of the House Committee on Government Reform and Oversight on March 9, 1995, it was learned that Admiral Kramek had sent a memorandum to Lee P. Brown, former Director of ONDCP, urging him to arrange a meeting with President Clinton.[16] The purpose of that proposed meeting was to inform the President that a consensus had developed among interdiction agency heads that it was necessary to return to Bush Administration levels of interdiction funding. Director Brown, apparently ignoring the memorandum, declined to arrange a meeting. He has since acknowledged that he failed to relay Admiral Kramek's concerns to the President because he was unconvinced that interdiction spending produced sufficient "bang for the buck."[17] Statistics, however, bear out what Admiral Kramek told Director Brown.

Customs has downplayed the enforcement and interdiction role. As Senator Diane Feinstein noted in detailing actions at Customs and calling for the resignation of the Commissioner, "I have seen for some time in Customs a change of mission, turning away from an enforcement agency into a [trade] facilitation agency." Among other things, Customs has mothballed 22 fixed-wing aircraft and five sophisticated UH-60 Black Hawk helicopters, vital tools in the interdiction effort.[18] In addition, Customs has shifted priority away from enforcement and interdiction efforts to trade controls. Personnel cuts and budget reductions have been taken disproportionately in these areas, which has affected morale.

The overall proportion of the Customs Service budget devoted to drug control fell from 45.5 percent in fiscal year 1991, to a projected 33.9 percent in fiscal year 1996.[19] Clinton Administra-

Figure 7.

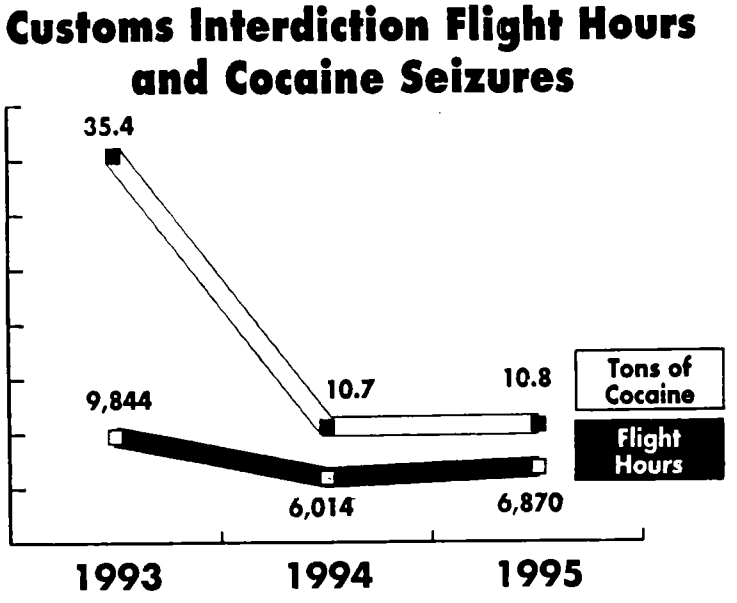
Transit Zone Disruption Rate



Source: JIATF-East

* Preliminary 1995 estimate

Figure 8.



Customs Transit Zone Flight Hours and Customs Transit Zone Supported Cocaine Seizures

tion cuts to the Customs Service interdiction budget coincided with a 70 percent decline in Customs-supported cocaine seizures in the transit-zone, from 35.4 mt. of cocaine in fiscal year 1993 to 10.8 mt. in fiscal year 1995. The number of trafficker aircraft seized by Customs in the transit zone fell from 37 to 10 during the same period. Customs Service transit zone flight hours, a rough indicator of the agency's focus on interdiction, fell from 9,844 in fiscal year 1993 to 6,870 in fiscal year 1995.[20] Total Customs Service flight hours are down as well, from 56,134 in fiscal year 1993[21] to a projected 41,800 in fiscal year 1996.[22]

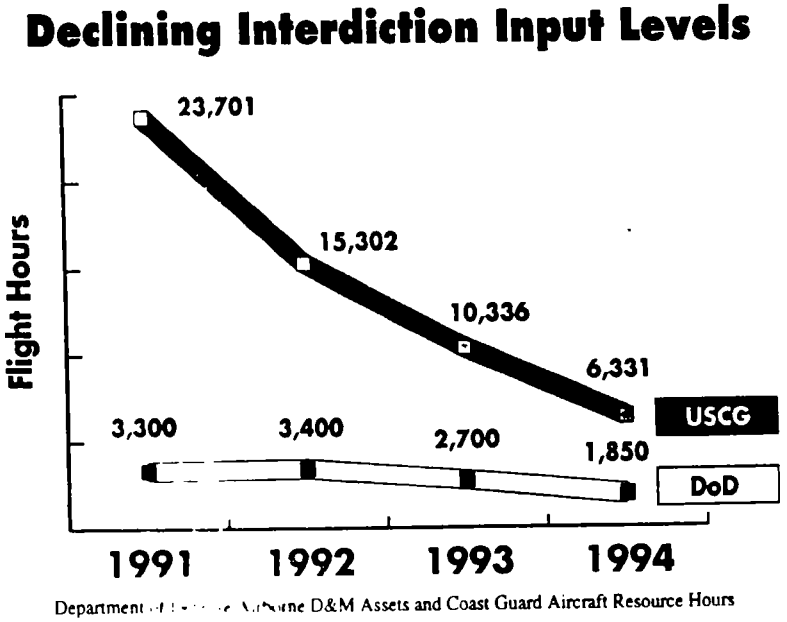
Department of Defense (DoD) interdiction assets have been cut back as well, a critical misjudgement, since lead agency responsibility for the aerial and maritime detection and monitoring of drug traffickers is established by statute within DoD. Between fiscal years 1992 and 1995, interdiction budgets were reduced by more than half, from $275.7 to $130.7 million.[23] DoD airborne detection and monitoring assets were cut back from 3,400 to 1,850 hours during the same period.

The use of Navy vessels (measured in so-called "steaming days") was cut from 420 to 170 steaming days. The number of DoD ground-based radar sites increased from 11 to 18 between fiscal year 1992 and 1994, although a number of those sites are now slated for closure as the military's Relocatable Over-the-Horizon Radar (ROTHR) system comes on line. Despite excessive interdiction cutbacks, DoD has been providing enhanced support in other areas, such as a program to provide intelligence and related support to drug law enforcement agencies targeting major overseas trafficking organizations.

Interdiction efforts of the United States Coast Guard have also declined significantly over the past two years. The Coast Guard operating expense budget for drug missions fell from $449.2 million in fiscal year 1991 to a projected $314.2 million in fiscal year 1996. Cutter and aircraft resource hours are projected to fall 23 and 34 percent, respectively, over the same period.[24] The overall proportion of the Coast Guard budget devoted to drug control has fallen from 21 percent in fiscal year 1991,[25] to a projected eight percent in fiscal year 1996, as the Coast Guard focuses on other missions deemed to be of higher priority.[26]

Between fiscal years 1994 and 1995, the Coast Guard was forced to mothball the following drug interdiction assets: five 82-foot patrol boats, three surface effect ships, seven HU-25 Falcon aircraft, and one medium-endurance cutter. It makes little sense to mothball expensive hardware, bought and paid for by the American taxpayer for the war on drugs, while narcotics are flowing virtually unimpeded into the country.

Figure 9.



Department of Defense D&M Assets and Coast Guard Aircraft Resource Hours

Not surprisingly, Coast Guard seizures are off: Cocaine seizures fell more than 45 percent since fiscal year 1989, from 7.2 mt. in fiscal year 1989 to 3.9 mt. for the first 11 months of fiscal year 1995, and remain 73 percent below the peak of fiscal year 1991, when they hit 14.8 mt. Marijuana seizures fell even more dramatically, from 134.2 mt. to 13 mt. during the same period. The number of Coast Guard vessel seizures fell 88 percent, from 152 in fiscal year 1989 to 19 in fiscal year 1995.

The Tradeoff:

The tradeoff for cuts to transit zone interdiction forces was to have been a "new" concentration on institution-building and interdiction in the source countries of Latin America—an idea recognized by some for its similarity to the Bush Administration's "Andean Strategy."[27] More than 18 months after unveiling the new strategy, however, ONDCP Director Brown acknowledged to a Congressional committee that the shift had not taken place.[28]

Foreign assistance funding to the Andean region has, in fact, been steadily declining. International counter narcotics funding to the Andean region fell abruptly under the Clinton Administration, from $334.9 million in fiscal year 1993 to $131.8 million in fiscal year 1995—a 60 percent drop, and significantly less than the $470.3 million appropriated in fiscal year 1992 under President Bush.[29] President Clinton's December 1993 Summit of Latin American leaders was notable for its focus on trade and "governance" issues—and its almost complete lack of attention to the drug issue. A brief "action plan" on drugs contained little of note.[30]

This is unfortunate since a modest investment in the source countries of Latin America can have a major impact. In Peru, for example, President Alberto Fujimori has been providing drug dealers with a clear demonstration of his willingness to control the airspace over the coca-rich Upper Huallaga Valley. Acting on his orders, the Peruvian Air Force has shot down or otherwise disabled more than 20 trafficker aircraft since March 1, 1995, leading to the lowest level of detected flight activity in over three years. Coca prices have plummeted.

President Fujimori's hard line on drugs actually prompted the Clinton Administration to cut Peru off from receiving radar tracking data, badly damaging bilateral relations in the process. Only congressional action, lead by Representative Robert Torricelli, reversed the Administration's fumble.

Further north, booming trade with Mexico has posed a major challenge to agents and inspectors of the United States Customs Service, who have the lead responsibility for preventing the cross-border importation of illegal drugs. Roughly 70 percent of all cocaine enters the United States across the U.S.-Mexico border, according to DEA. Yet, according to an investigation conducted by the *Los Angeles Times*,[31] not a single kilogram of cocaine was confiscated from the more than two million trucks entering the country through three of the busiest points of entry along the Southwest border during fiscal year 1994.[32] Customs agents seized 802 kilograms of cocaine from all commercial border traffic during fiscal year 1994, compared with 3.5 mt. in fiscal year 1993 when commercial traffic was lighter.

The Customs Service has taken a number of steps to address the decline in seizures along the Southwest border. On February 25, 1995, Customs announced Operation "HARD LINE," an initiative to fortify ports of entry against so-called "port runners," car and truck drivers who smash through inspection stations with a cargo of illegal drugs.[33] Another HARD LINE initiative involved the application of new technology to the fight against smuggling. Encouragingly, border seizures of cocaine increased somewhat with the advent of Operation HARD LINE, although overall Customs Service cocaine seizures for fiscal year 1995 remain 25 percent below the 1992 level.[34]

While these cuts and shifts in priority are consistent with Administration stated policy goals, it is clear that they need a re-examination. Overall, there has been a decline in US law enforcement and interdiction efforts and a refocusing on treatment. The results of this shift in emphasis are in and they are not encouraging. As one of the recommendations in a recent report by the International Association of Police Chiefs, *Violent Crime in America*, asserts, we need a renewed emphasis on interdiction and detection. We need a new commitment for DoD to assists in this effort. It is time to put our efforts back on track.

Setting the Record Straight:

Congress, under both Republicans and Democrats, has consistently supported drug policy when it has been clearly developed and seriously presented. Throughout the 1980s, it was Congress that took the lead in pressing for major drug initiatives. In 1988, Congress mandated that the Administration submit a detailed strategy and it also created the Office of National Drug Control Policy (ONDCP) for the express purpose of improving executive branch coordination of drug policy. In 1994 Congress strengthened the authorities of ONDCP in order to help it improve its performance. Unfortunately, in recent years, the Administration has failed to present either a coherent counter-drug strategy or to explain its requests to Congress. It has failed to sustain its own programs in Congress or to support its own Drug Czar. Rhetoric has replaced action, and even the rhetoric has been low key. Indeed, the drug issue has sunk without a trace as an Administration priority. With the appointment of the new Drug Czar, we hope to see a more serious commitment addressing the drug problem. The Congress looks forward to a reinvigorated effort.

The Drug Czar's office, however, has received little or no support and carries little weight. Even the much reduced office has yet to be fully staffed, the key office of Deputy for Supply Reduction is still vacant after three years. In recent months, the Administration has tried to shift the blame for its own inaction and indifference to Congress, claiming that its lack of success is the result of Congress not fully funding its requests. The problem, however, does not lie in a lack of funding. They emanate from the Administration's lack of leadership, of coordination, of serious intent, and in its shift of emphasis to programs that do not address the central concerns of the drug issue. What does the record show?

As shown in *figure 10* below, overall funding for the drug program increased steadily in the Reagan years. Beginning with the first Bush drug strategy, funding for drug programs increased sharply in all categories. The last Bush drug budget, for fiscal 1994, was double that of 1989. Funding for treatment and prevention also doubled. These increases reflected the focus of the Administration on the drug issue and the level of support in Congress for the effort. After the large increases in the drug budget in 1989 and 1990, Bush Administration drug budget requests averaged a 10 percent increase per year. Similarly, Clinton Administration budgets, with the exception of support to interdiction and international programs, have also averaged around 10 percent increases. Neither Administration, however, received its full request from Congress. Budget constraints and differences over spending priorities generally saw an average 3-5 percent reduction in the Administration's request. Cuts in the Fiscal Year 1996 request are likely to be slightly higher because of efforts to balance the budget, which has meant more significant cuts across the board, not just in drug programs. Despite this history, the Clinton Administration continues to complain that the reason that their programs have presided over dramatic increases in teenage drug use is because Congress has not fully funded their requests. It should be clear, however, that the realities of drug budgets do not support this claim.

"Congress, under both Republicans and Democrats, has consistantly supported drug policy when it has been clearly developed and serioused presented."

The essential differences between the approaches in the years 1981-1992 was not just the amount of money that the counter-drug effort received but in the priority and attention it received. The Reagan and Bush years saw increasing priority given to the drug problem. These were the years of "Just Say No" as well as larger budgets. It was the rhetorical, public emphasis on the problem that indicated a clear message about drug use: drug use is both harmful and wrong. This message, communicated through visible actions by the nation's leaders, its cultural and political elite, as well as community and family groups, helped to protect a generation of young people. It got many of them through the critical years, the ages between 12 and 21. Since 1992, however, that message has been lost. The President has been invisible on the issue. His Drug Czar has had little influence within the Administration and no influence beyond it. The policies have de-emphasized the wrongfulness of using drugs, and the public message has been lost. As Senator Grassley has noted, the Administration has replaced "Just Say No" with "Just Say Nothing."

Figure 10.

National Drug Budgets for Selected Years, 1981-95

	'81	'84	'89	'90	'91	'92	'93	'94	'95
Prevention	86	128	725	1238	1479	1539	1556	1597	1848
Treatment	513	582	868	1639	1877	2205	2252	2399	2647
Interdiction	350	707	1441	1752	2028	1960	1511	1312	1293
Prosecution	71	122	389	456	583	717	792	801	850
Corrections	88	149	933	1781	1265	1520	1736	1765	2061
Investigations	211	410	960	1090	1288	1408	1418	1646	1731
International	67	96	304	500	633	660	523	329	309
TOTAL	1,532	2,363	6,664	9,759	10,958	11,910	12,178	12,184	13,265

Numbers for particular years are selected and not comprehensive so totals do no add up. Numbers are in millions of dollars.

The results of this neglect are clear, a new generation of kids reaching the ages of 12 and older are simply not getting the message and they are using more drugs and seeing less harm in doing so.

Drugs and Health Care Costs:

The annual cost of substance abuse in the United States, (according to the Institute for Health Policy) of unnecessary health care, extra law enforcement activity, auto crashes, crime, and lost productivity, is more than $166 Billion.[35] Substance abuse treatment programs reduce the overall hospital admission rates by at least 38 percent. Hospital admissions for drug overdoses decrease by nearly 58 percent after treatment.[36] Everyone recognizes the importance of substance abuse and other drug treatment programs.

Accountable drug prevention, treatment, and interdiction efforts are the keys to any progress on our nation's war on drugs, and therefore improving our nation's future. But too much of the money that the federal government spends on drug prevention and drug treatment programs cannot be accounted for. "Studies such as one conducted by Michigan Governor John Engler's office. . . indicate that federal treatment monies have often been wasted and misused," Congressman William Zeliff noted. "The documented misapplication of these monies, including use for everything from school bicycle pumps and ping-pong balls to dental hygiene and latex gloves, is not just wasteful. It is hoodwinking the American people and, where it has happened, intolerable."[37] Because of this lack of accountability some have come to see treatment programs as another way to pick Uncle Sam's pocket. When Congress does appropriate money, especially with the tight budget constraints, assurances must be made that the money being spent is going for programs that work.

A comprehensive strategy must also include a serious commitment to drug treatment, especially of new addicts. A Center for Substance Abuse Treatment report in 1995, *Producing Results...A Report to the Nation*, indicated that violent crime fell by 79 percent, drug sales crimes fell by 78 percent and employment increased by 9 percent among the 1900 people who successfully competed the CSAT demonstration project. A Department of Health and Human Services report in 1991 found that drug treatment can be an important factor in reducing drug use and predatory crime.

However, treatment should not be the primary focus of our nation's anti-drug strategy. As Representative Ben Gilman has emphasized, "...we need eradication, interdiction, and strong law enforcement on the supply side, along with education, treatment, and rehabilitation simultaneously on the demand side."

Emphasizing treatment alone addresses the wrong end of the problem. You cannot win a war by focusing on the treatment of the wounded. The most at-risk population for drug abuse is our young people. We must take the necessary steps to keep them from using drugs. This means that we need to focus our limited resources on programs that work to reduce the demand for treatment centers — programs that reduce the demand for drugs overall. Education, intervention, and interdiction programs have a proven track record of decreasing the demand for drugs. This is where funding needs to be focused so that we can eliminate the scourge of drugs from our society. In addition, in both treatment and prevention programs, as well as in other areas, we need better tools for evaluating our efforts and we need to build evaluation in as a component in our service delivery programs. Too many programs measure inputs—how much money, how many treatment slots, how many ship days, how many people served—and have not included the integral, sustained measurement of outputs. Too often outcome evaluation has been an after-thought. In all we do, however, we must remember that our most important effort must come in balanced, sustained programs.

"...we need eradication, interdiction, and strong law enforcement on the supply side, along with education, treatment, and rehabilitation...on the demand side."

- Representative Ben Gilman

Nancy Reagan said it best in her January 23, 1996 column in the *Wall Street Journal*:

We should all, as citizens of this great nation, be frightened by the latest drug statistics. We should all question what they mean to our futures and those of our children. We should all resolve not to be silent any longer. By the latest drug statistics and the renewed calls for legalization of marijuana, it is painfully obvious that our "letting up" is going to let down the young people of this country. It's time to just say 'Whoa!'[38]

III. Principles to Live By

It is clear that we need not only a new strategy for dealing with the growing drug problem but also a recommitment to doing what works. We have seen current efforts undermine the progress that we had made, shifting the focus away from successful efforts to invest in failure. If we do not address this problem, we will find ourselves in the midst of a new and even more serious drug problem. We need a strategy and a commitment.

Developing a coherent strategy, one that works, one that has a proven track record, is no mystery. What it requires, however, is a grasp of the essentials, of the principles that must underlie our efforts. The members of the Task Force believe that we can and must base our efforts on clear principles that all Americans can agree upon. The American public, as a recent Gallup Poll indicates, has an intuitive grasp of what works in dealing with the drug problem and they want to see more effort on law enforcement, interdiction, and prevention.[39] This opinion reflects a continuing, sound judgment that our policies should and must reflect. We must base our efforts on a number of key principles:

- *Proper Division of Responsibility Between the Federal, State, and Local Levels.*

— Federal efforts should concentrate on those areas best covered by the Federal Government. These include concentrating on international and interstate law enforcement and interdiction, areas that the states are less well-equipped to deal with. This involves programs to ensure cooperation from foreign governments on drug control and efforts to disrupt international drug production, trafficking, and money laundering. At home, this means greater attention to going after the kingpins and major traffickers of drugs.

Treatment and prevention activities also can be dealt with far more effectively at the state and local levels with appropriate Federal block-grant support.

To increase the efficiency and effectiveness of federal efforts, one approach may be to consolidate all of the various federal prevention and interdiction programs under one agency. In such an effort, prevention programs that are presently scattered throughout HHS, HUD, Education, and DoJ would be combined under a single prevention agency. Drug prevention needs a counterpart to the DEA — a single-focus agency that will elevate drug prevention on the federal agenda. By combining the plethora of current federal prevention programs under one jurisdiction it would be possible to streamline the current programs; ensure that resources are used for and reach effective anti-drug programs and organizations operating at the grassroots level; and develop and insure the use of valid outcome measures for federal investments in prevention programming. This would result in both the consolidation of various funding streams as well as the increased visibility and effectiveness of all federal drug prevention efforts, necessary to promoting a strong, clear, and consistent anti-drug message.

The current law enforcement and interdiction efforts of DEA, FBI, CIA, Customs, Coast Guard, DoD, and several other groups also need better coordination. Although there is an interdiction coordinator,[40] he lacks the authority and support to carry out his mission. The DEA is on the cutting edge of drug enforcement efforts and must continue to play a leading role, but recent constraints have blunted their effectiveness.

The Federal Government should also consider ways to go after the kingpins of drugs and their major lieutenants. Not only do we need to vigorously enforce current "drug kingpin" laws but we need to consider taking the next step—going after the frequent drug smugglers who traffic drugs in commercial quantities. We need to aggressively pursue the big drug lords and we need to look for effective means to discourage others from carrying out their agenda. One approach is that Congress consider legislation to expand the death penalty so that it applies to commercial importers of drugs as well as the major kingpins. In addition, habeas corpus reform should be part of an initiative to expand the death penalty. Such reform needs a mechanism to ensure that sentences are carried out. Instead of tying up the judicial system with endless appeals dragged out over many years, an expedited process should be explored.

- *Sustained Interdiction Programs.*

— One of the failures of current programs is the downgrading of interdiction efforts. This approach has lead to a shift away from effective, sustained interdiction programs. Moreover, the public message about the dangers of drug use has been undermined by this shift. The message that is being sent by this shift has undermined the idea that drug use is wrong, not just harmful. We need focused programs to ensure international cooperation in stopping drug production and trafficking; the arrest of the leaders of the major criminal enterprises; and we need sound efforts to confiscate their assets and disrupt their ability to launder their money.

Currently, our interdiction pilots, when tracking a drug smuggling plane, are prohibited from taking any action that would interfere with the safe operations of that aircraft. The U.S. Government is equipped with an advanced ability to detect and monitor drug smugglers, but policies have prevented our government from having the ability to take any kind of decisive action that would deter them. President Bush's 1990 National Drug Control Strategy highlighted the air interdiction issue: "The overall effectiveness of our air interdiction program, however, is inherently limited by our current rules of engagement."[41] We need to consider how to make improve and toughen our air interdiction efforts.

With the resurgence of drug use and the decrease in drug seizures, the U.S. Government needs to develop and implement an aggressive air deterrence policy. A clear and concise air deterrent policy against drug smuggling aircraft deserves consideration in planning a future interdiction program. Of course, any air deterrence policy that allows for the use of force must have clear and effective safeguards in place to protect innocent pilots.

Air deterrence will allow the U.S. Government the opportunity to add another layer to our existing interdiction activities. An aggressive air deterrence policy could reverse the trend in air smuggling and deprive drug cartels of one of their most valuable assets — pilots unafraid to smuggle drugs.

In addition, we need to look at ways to clarify evidentiary rules, guidelines for search warrants, and enhancing drug sentences. In some areas, the sentencing structure for drug possession and trafficking must be tightened, both for adult and juvenile offenders.

- *Sustained, Effective Law Enforcement Programs.*

— One of the realities of preventing drug abuse and crime is a clear message that society will not tolerate these behaviors. This means swift and sure punishment. The certainty of punishment, more than its severity, is essential in making clear to everyone that certain behaviors and actions are not acceptable and that engaging in them has adverse consequences.

In addition to improving enforcement programs aimed at major crimes, a concerted effort to enforce laws that promote public civility can help to reduce overall crime and to restore public confidence. Recent efforts in New York point the way. There, efforts to enforce parking laws, punish graffiti writers, remove "squeegee" operators, and control public indecency, along with efforts to go after major crimes, have contributed to a general and dramatic reduction in crime rates. As one commentator noted, New York has discovered the cause of crime—criminals.[42] By enforcing existing laws, including the laws that govern behavior in public places, we see what is possible in efforts to regain control of our neighborhoods and streets.

One tool that we can give local and federal law enforcement is a fully developed, easily accessible national criminal identification database. Through a relatively small expenditure of federal money, states can develop and modernize their own information systems and connect them to the FBI's main criminal identification system. This would provide local law enforcement with up-to-date, accurate information on criminal histories, fingerprints, ballistics, and DNA information that will assist drug crime investigators in identifying suspects, and in connecting drug related incidents and related criminal enterprises. This system would provide law enforcement officers on the street with accurate, timely information on suspects and would prevent officers from unwittingly releasing suspects who are sought by authorities in other jurisdictions.

- *Concentration on Well-Developed Prevention Programs.*

— It is essential to maintain a coherent anti-drug message that begins early in adolescence and continues throughout the growing years. Such an effort must engage professionals, parents, communities, and young people. While the Federal Government has a role to play in supporting these activities, local, community-based initiatives are better able to target specific concerns and respond to them flexibly.

Prevention is one of the most important interventions on drug problems. The most successful prevention programs take a comprehensive approach. They include drug education, media campaigns, family education, and prevention-focused health policy. There are numerous family and community groups that have been very effective in conducting people on the dangers of drug use. Simple refusal programs have some merit, but experience has shown that older adolescents in particular need a solid education about refusal skills and alternatives to drug use. The message of all programs should clearly support no use of illegal drugs and no illegal use of legal drugs. This is particularly true of alcohol.

Alcohol is by far the most popular and destructive drug among our youth, who use it illegally. HHS reports that 11 million people under 21 have used alcohol in the past month, 2 million of whom are heavy drinkers. Alcohol is a "gateway" drug that precedes other illegal drug use. A survey of 27,000 7th-to 12th-graders found little or no use of other drugs among teens who had not used alcohol first.[43] Preventing alcohol use must be an important component of our thinking in combating drug abuse.

We also need to look at ways to engage the business community in prevention efforts. With 74 percent of drug abusers employed, business represents the nation's largest untapped resource in the fight against drugs. Small-and medium-sized businesses, which employ over 60 percent of the work force,[44] are the critical target for the new drug-free workplace programs. Several smaller insurance companies have provided discounts on worker's compensation, health care, and liability insurance for businesses with drug testing programs in place. Congress can help to expand drug free workplace programs by holding hearings on the status and benefits of drug-free work place programs around the country and, in conjunction with the nation's major insurance carriers, encourage insurance companies to provide discounts to employers who have implemented drug-free workplace programs.

There are other areas where drug testing could provide tremendous help in the anti-drug effort. One such effort at the federal level might require all organizations consulting to or contracting with the federal government to fulfill drug-free workplace requirements, especially in sensitive or safety-related positions.. We have already seen the reduction in drug use that has occurred because of similar requirements presently in place with the Pentagon and in some private sector positions. These requirements should be expanded. The private sector should consider expanded testing, especially for critical or safety-sensitive positions.

Present testing methods should also be re-examined. Although urinalysis is one of the most widely recognized and used objective measures, of drug use, it is limited to use within the last three days. Because an inch of human hair contains a record of drug use, hair testing should be seriously looked at as a method for providing a longer history of drug use, especially in light of the recommendations made by GAO June 1993 report entitled, *Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement.*[45] The use of hair testing would go a long way towards eliminating the inaccuracies and under-reporting in the self-report surveys that are conducted on arrestees, inmates, and safety-sensitive workers. As the GAO and other studies note, studies of drug use based on self-reporting are inaccurate, with significant under reporting even when the information is the result of "blind" tests where the name of the respondent is not known.

National leaders as well as state and local leaders also need to become more effectively engaged in sustained drug prevention programs at the local level. There are a number of innovative efforts that capitalize on community initiatives. The Iowa Substance Abuse Free Environment (SAFE) program is one. Congressman Rob Portman of Ohio has established a comprehensive community anti-drug coalition effort in the greater Cincinnati area that is a model for how members of Congress can become actively engaged in the issues at the local level. These examples and similar efforts elsewhere illustrate how leadership and energy can bring parents, youth, media, business, educators, law enforcement, religious leaders, health care professionals, and others together to develop locally focused and supported programs. Among other things, such organizations create local networks and a sense of engagement by local communities to run after-hour teen events, organize drug awareness efforts, and engage key segments of the

community that may not have been committed previously. Efforts by Herman Wrice to help communities take back their streets is an example of what can be done. As Wrice points out, "People need to relearn the fact that they have a right to fight back against drug traffickers and gangs who take over the streets and neighborhoods."

The Task Force members also believe that parent involvement is essential to successful prevention efforts. Research by PRIDE confirms that when parents speak with their children about the problems of drugs, adolescent drug use declines, in some cases by as much as 29 percent. Unfortunately, the same data also shows that only 34 percent of students say their parents talk to them about the issue. Since 1992, the number of students who say that their parents talk with them frequently has fallen by 15 percent.[46]

Initiatives by PRIDE and others, which promote parent action teams and community coalitions, offer integrative approaches to address our drug problems across the country, in our neighborhoods and in our homes. These grass roots efforts stimulate parental involvement in prevention. Teams, such as those proposed by PRIDE, offer an opportunity to train in self-sustaining programs, volunteerism, drug education, and local cooperation. Funding for such activities might come from discretionary grant funds through Justice Assistance or the Juvenile Justice and Delinquency Prevention Program. Members of Congress, state and local leaders, and the business community can also play a vital role in promoting community coalitions—action teams where the rubber meets the road.

- *Focus on Treatment Programs That Work.*

— The current Federal effort on treatment does not require major additional funding, but it does require a closer look at what works so that the resources invested are achieving the best possible results. The major treatment effort must come at the state and local level, however.

It is clear that treatment works for many people. Treatment encompasses a wide range of interventions from self-help groups on one hand to extended residential programs on the other. In-patient treatment is not necessary for every addict. Dr. Eric Voth, Director of Drug Watch International, notes that although some are able to stop using through support programs, others require a more rigorous program. Typically, treatment is most effective for those who are motivated or who face a substantial penalty if they do not achieve and maintain sobriety. Unfortunately, few people who are chronically addicted see the benefits of getting off of drugs. Because of this, some critical treatment slots are taken up by chronic addicts who have little or no motivation for change. The problem is that in chronic relapsing individuals, motivation is poor. Thus treatment for many individuals becomes a revolving door with no hope of long-term sobriety.

There is also a considerable problem in treating adolescent users. Again, two of the major problems in handling adolescent addicts are motivation and subsequently providing positive environments after treatment for the young people. The rise in single-parent families, illegitimacy, and a rising tide of teenage pregnancies has created a generation of poorly socialized youth with few values or a sense of the virtues that must accompany responsible social membership. Many of these adolescents originate from chaotic social situations and leave treatment only to return to the same drug using peer groups or homes. While some progress could be made in providing re-entry assistance for youth after treatment, the management of chronic adolescent addicts may require changes in the current legal framework. The effects of drug treatment, however, tend to be incremental, building over the course of time. Even these partial results can be beneficial. Treatment can have a positive effect in reducing the incidence of criminal activity, reducing emergency room admissions, and lowering long-term medical costs.

In some cases, religious-based treatment programs, such as Teen Challenge, have also demonstrated impressive results. State and federal funding of treatment should not automatically exclude funding to such programs where clear results can be documented. As Princeton University Professor John DiIulio has noted, "the presence of active religious institutions mediate crime and other social ills, *both* for people who attend temple, church, or synagogue and for their neighbors who don't." Congress should consider legislation that is designed to allow states to contract with private charitable organizations, including religious organizations, to meet the needs of citizens within their state.

Drug courts are one element of a demand reduction strategy and should continue to be supported. Well-managed drug court programs can, when there is adequate oversight, provide integrated services and sanctions involving the cooperative efforts of law enforcement, treatment, prevention, and the judiciary. Drug Courts are in a unique position

to intervene while addicts are in crisis and can provide incentives for them to complete appropriate drug treatment programs. Various programs such as the Drug Treatment Alternative to Prison (DTAP) program by the Brooklyn, New York, District Attorney, are also encouraging. They reinforce the fact that, for many addicts, serious commitment to treatment begins with a serious encounter with the criminal justice system. To work effectively, however, these programs must also have a serious drug testing component with clear guidelines for failure to comply with abstinence requirements. Programs like DTAP and drug courts work best when developed and administered locally. Major support for these programs should come from state, local, or private sources.

As this report notes, recidivism rates among drug offenders are very high. We should take advantage of the confinement of these offenders to provide drug treatment programs that help offenders and reduce recidivism. Well-conceived in-jail programs that focus on personal responsibility and zero tolerance have proved effective in reducing drug use and recidivism, especially when linked to effective testing programs.

Another major component in pursuing effective treatment alternatives is basic and applied research into the causes of drug abuse and methods for treating or preventing addiction. In addition to current efforts, one contribution that major pharmaceutical companies can make in this area, in addition to efforts to control the diversion of legal drugs with high abuse potential, would be to support research efforts on drug addiction.

- *Attention To Getting The Word Out.*

— One of the key components of any coherent, sustained counter-drug program must be an effort at all levels to keep the issue before the public eye. In particular, this means ensuring that the "bully pulpit" is not empty and that national-level leadership is not AWOL. The anti-drug message must be clear, consistent, and repeated. Every year a new generation of young people grow to adolescence and the message must be renewed and made relevant for each new generation.

- *Getting Back To Basics.*

— "Our families must be the foundation upon which our anti-drug program is built," noted Representative Ileana Ros-Lehtinen. "Like a stone thrown in the pond, families are the center, with our neighborhoods, communities, and states making the ever expanding concentric circles," she added. Parents must believe that they are key to keeping the message alive. Without families, our efforts are doomed. We applaud the efforts of the numerous family and community education groups that can presently be found across America, working with concerned parents and communities to educate both them and their children about the dangers of drug use.

- *Focus on Crime Prevention.*

— Federal efforts should focus on programs designed to reduce overall crime levels, particularly the emerging problem of youth violence. We must work to identify the most at-risk groups and develop the strategies to prevent a new wave of juvenile crime. We must also take the steps that are necessary to get repeat, violent offenders—whether they are drug users or not—off our streets and out of our neighborhoods.

Every community in the nation should be encouraged, by the direct participation of its elected Representatives, to form an effective and sustainable anti-drug coalition. The existing coalitions across the country typically involve schools, parents, law enforcement, the courts, media, business, government officials, religious leaders, and youth to address the local drug problem in a comprehensive manner. Coalitions have proven effective in managing scarce resources by identifying and correcting gaps and duplication of local services. Coalitions have produced significant reductions in local services. Many coalitions have produced significant reductions in crime and drug use in the neighborhoods they serve.

- *Strengthening the Court System.*

Mandatory minimums for drug offenses are based on quantities of drugs found in the possession of defendants. A mythology has grown up around these that lots of "innocent" users of drugs are ending up with long prison terms. Nevertheless, the overwhelming majority of such defendants are arrested with large quantities of drugs clearly for resale. Moreover, the majority of prisoners in Federal and state facilities are ncarcerated for violent or repeat offenses, not drug charges as their primary offense. They are traffickers not simple users.

Senator Snowe has introduced legislation that proposes to promote truth in sentencing—mandating that criminals serve at least 85 percent of their sentences—and requires the courts to order victim restitution.[47] This tough sentencing, along with provisions to prohibit some of the common luxuries frequently found in American prisons today, such as cable television, miniature golf, and expensive weight lifting equipment, will go a long way towards keeping criminals off the streets and in prison, where they belong.

Senator Ashcroft has introduced legislation that would focus on the growing problem of juvenile criminal violence by encouraging states to prosecute juveniles (those age 14 and above) as adults for committing serious drug offenses.[48] In late January, Senator Ashcroft conducted round table discussions in seven cities in Missouri on juvenile crime and teen drug use. The participants agreed that not only was juvenile crime and teen drug use a problem in their cities, but that because the offenders know how to "game" the juvenile justice system, they were sometimes not being held accountable for committing serious offenses, and in particular, serious drug offenses. The purpose of the criminal justice system is to punish, that is to hold defendants accountable for their wrongdoing. "Studies show repeatedly that punishment reduces both frequency and seriousness of offenses by young criminals and is most effective when it is consistently imposed for every offense," according to University of Southern California psychologist Sarnoff Mednick. Given that criminal punishment of young offenders reduces further criminal activity, serious drug offenders should face adult prosecution.

These principles must underpin any realistic strategy. In addition, the programs that implement these principles must have appropriate and consistent funding. Congress has supported such programs in the past, and when these efforts have been coherent and supported by a leadership committed to the effort, we have seen positive results.

Over and above these considerations, we must also look to the moral climate in which we live. The drug problem, in part, grows from a confusion over the principles and virtues that must guide us as individuals and as a free people. Several years ago, while returning to Washington by plane, Chairman Henry Hyde of the House Judiciary Committee had the occasion to meet the Reverend Jesse Jackson. Reverend Jackson related a story of having visited a D.C. high school where he spoke about drug use. He noted to the young people present that we had tried interdiction, we had tried locking people up, we had tried education in our efforts to combat drug use. We still had a drug problem. He went on to tell the high schoolers that what we needed, what they needed, was more prayer for guidance and help on how to live wisely and well. He invited all the drug users in the audience to come forward and acknowledge their problem, to join him in a prayer. Many young people came forward. He asked them to join hands as he led them in prayer committing them to atonement. The occasion was a moving testament to the power of faith and the need for leadership—moral as well as political—in the lives of our young people. As we debate our course, we need to consider not only the programs necessary to prevent drug use but also how we help to form the content of people's character, how we shape the virtues that each of us requires in order to live decent and praiseworthy lives. We need to recall the Reverend Jackson's story and his message.

IV. Moving Forward

Developing a Foreign Policy that Represents US Interests:

Foreign policy is a reflection of domestic concerns and cannot be separated from them by some arbitrary standard. Whether the issue is steps to protect against unfair trade practices, environmental degradation, the predation of terrorists, the threat of war, or the targeting of the United States by drug traffickers, it is the obligation of those who represent the public to take steps necessary to protect lives, property, and well being. If this is not the case, then the policy is little more than some private or universalist agenda seeking to purloin national resources, its blood and its treasure, for something other than the public interest.

Despite what some have argued, recognizing the American public interest has been the essential element in US policy towards international drug production and trafficking. That policy has also been consonant with international practice and convention. The United States is not alone in recognizing that the production and trafficking of drugs is a major international problem affecting everyone. Drugs kill and those that traffic in drugs are accomplices in murder. Even the major producing countries acknowledge their responsibility in combating the problem of production both in their domestic politics and in various international undertakings. Our policy, then, is not some sort of excuse simply for the United States, unilaterally, to bully other countries or to pass on to them the blame for domestic drug consumption.

Our goal must be a sound foreign policy that is consistent with both domestic and international obligations and standards. We have a responsibility to the American public and to the international community to uphold standards of behavior that promote comity and civil society. Sound international programs that address the production and trafficking in illicit drugs is part of that responsibility.

Approaching Understanding:

What is the reality of drug production and trafficking? Most of the dangerous drugs that affect Americans and the quality of life in our homes and on our streets come from overseas. Like car manufacturers, food sellers, and steel makers, drug traffickers target the United States for their products because it is the world's largest market. As Willy Sutton said in describing why he robbed banks, "Because that's where the money is," the world's drug traffickers in Asia and Latin America seek to smuggle dangerous items into the country because it is profitable. Incredibly so.

The reverse of this fact is that Americans are major consumers of dangerous drugs. The relationship between supply and demand, however, is very complex. It is not described nor can it be understood by some simple formula about supply and demand—Americans want drugs so people line up to provide them. In reality, in many cases, supply drives or heavily influences demand. When supplies are cheap and plentiful and involve few risks to acquire, demand goes up. Drug traffickers understand this relationship and work very hard to exploit it to their profit. Their objective, after all, is to make as much money as the market will bear.

The appropriate response to the consequences of this complex interrelationship is the subject for policy. The nature of the problem has two faces, a domestic one and an international one. In few of the major policy issues that affect our lives is the interconnection between foreign and domestic concerns so clear. Our responses must take this reality into account. Responsible policy must have meaningful international and domestic components. The nature of the response must aim to do several things: to increase the difficulties of getting drugs to the United States, to increase the risks—the penalties—to those who would use or sell drugs, and to educate the public as to the real dangers involved in the use of drugs.

Traditionally, this response has involved two different, but related, efforts—demand reduction approaches in the United States to prevent the use of drugs; and supply reduction approaches, both at home and abroad, to interdict drug flows and to deter sales and use. A truly comprehensive approach needs to avoid drawing too sharp distinctions between these two elements. In fact, the two approaches are complementary and any realistic program must combine them in a dynamic mix along with sound, moral leadership. The question becomes in what proportions.

The Federal Role:

There has been a lot of debate recently over whether the Federal budget for drug control is out of balance, with far too much devoted to international programs, particularly interdiction and law enforcement, and not enough devoted to domestic treatment, education, and prevention programs. Recent budgets have had a 70/30 split in favor of interdiction and law enforcement. Critics say that this should be reversed or at least should be 50/50. There is, however, no evidence to suggest that such a division, especially at the federal level, will produce expected results.

Unfortunately, there is only limited evidence that treatment or prevention by themselves have much success in reduc-

"Between 1979 and 1992, following on comprehensive efforts here and abraod, overall drug use declined 50 percent."

ing use, especially among hardcore addicts. For example, there are an estimated two million heroin and cocaine addicts in this country. Critics point out that there are only some 1.2 million treatment slots, so there is a deficit in treatment. But if treatment were a magic solution to drug addiction, then, even with a success rate of only 30 percent of people treated per year, we would be able to eliminate drug abuse among hardcore addicts in just a few years, even allowing for an influx of half-a-million new addicts. The Bush Administration more than doubled the money the Federal government spent on treatment in 1989 with no appreciable change in the size of the addict population. Clinton Administration shifts of funds to treatment have not produced any improvements. Indeed, the evidence suggests the reverse. The shift in emphasis has coincided with dramatic increases in teenage drug abuse after years of decline. It would seem that the Administration may have recognized this fact with the appointment of General McCaffrey as the new drug czar. Recalling Paul Gigot's comment in the *Wall Street Journal*, the appointment repudiates the policies of the past few years. It is a tacit admission of failure.

The main reason for this is that treatment of hardcore addicts is a problematic exercise. The relapse rates, regardless of the programs employed, are depressingly large, which means that treatment is no royal road to ending our drug problem. The main hope for reducing drug abuse and the addict population is to prevent new people from becoming users and then addicts.

Can we do this? We have some experience of what works in reducing the user population. If you can prevent most people from using drugs before they turn 21, then the overwhelming chances are that they will never use drugs and never become addicts. The effort, then, must focus on those things most likely to influence this most at-risk population. Emphasizing treatment, which comes after the damage is done, is hardly an effective approach in preventing use. It may even be counter productive to the extent that it persuades people that they really face no risks in drug use.

The most effective means to reduce potential use are to decrease the easy availability of drugs, to keep costs high, and to make use a risky proposition. Effective prevention efforts must also employ education and awareness programs that speak to young people, that will provide them with the ability to resist drugs. Since most of the at-risk population are young people, often without any sense of their own mortality, programs aimed at influencing their decision-making processes generally cannot be overly subtle. Even these potential users, however, employ risk assessment in deciding to use. If acquiring drugs is difficult and expensive and involves the risk of jail, most people who might consider using drugs are deterred or give up. This is why law enforcement efforts and interdiction programs are key elements in demand reduction.

Is there any evidence that this works? The answer is overwhelmingly "Yes." When we finally took the question of drug use and addiction seriously in this country, after more than two decades of de facto legalization, we reversed the trend in use. Between 1979 and 1992, following on comprehensive efforts here and abroad, overall drug use declined 50 percent, and cocaine use, the major problem, declined 70 percent between 1985 and 1992. We can point to few efforts to address major social pathologies emerging from the 1960s and 1970s where we have had similar results. Yet, astonishingly, this is presented as a failure, as an excuse for either doing nothing or to stop doing what was so patently successful. The grounds for this argument is that drugs are still available and there are still people using them. These, however, are hardly the point. The criteria for success is a decline in users. This we accomplished—despite the fact that drugs were still available—in a truly impressive effort. Recently, though, we have abandoned what worked. As a consequence, in the past 3 years we have seen a retreat from the policies that worked towards efforts that have downplayed comprehensive approaches, particularly interdiction, enforcement, and moral leadership from opinion makers. The result can be seen in increased use among the most at-risk population, those 12-20 years of age.

And what is the best means to increase the risks that influence decision making about use? Again, overwhelmingly, what works are those things that indicate clearly to those most at risk that the social consequences for use are greater than the potential benefits. This must involve more than simply informing people of the health consequences of possible use. Without some visible signs of sanctions, most people, but particularly the young, will heavily discount any information that has consequences deferred to some distant future. Instead, the risks must be more immediate and apparent. This is achieved by increasing the social opprobrium involved with use and the direct risks of use, that is, the risks of punishment. That is the role of law enforcement in society. It helps to reinforce the social message about what behavior is acceptable and permissible.

In addition, increasing the cost of drugs and the difficulty of getting to them further influences behavior. This is accomplished by tough interdiction and source-country approaches that reduce the flow of drugs and therefore keep their cost high. These, in turn, are accomplished by holding other countries

to a standard of behavior that does not excuse the local production of and risk-free trafficking in drugs.

This is the background for US foreign policy initiatives in dealing with countries like Colombia or Nigeria. It is the underpinning for the efforts that Congress has undertaken, on behalf of the public interest, to provide the Administration with the tools needed to enforce our interests if persuasion and the niceties of diplomatic exchanges don't work. We can see, in the case of Colombia, that when we employ the instruments of our policy, judiciously but with resolve, those instruments produce results. Five major traffickers are in jail today because of that pressure. These are the rationales for our international drug policy, not some blind idea to transfer overseas blame for a problem we have at home.

In combination with moral leadership here and abroad, and along with education and prevention programs, these efforts can, and have, made important inroads on domestic use. Indeed, it is these efforts that provide the best environment in which education and prevention programs can work. It is these efforts that the Federal Government is best equipped to mount. The states cannot deal alone with problems that transcend state or national boundaries. Thus, the appropriate priority for Federal spending is on those things which it can do and the states cannot.

One area where this is clearest is in the need to develop effective international mechanisms to attack the major criminal organizations that traffic in drugs. In recent years, these groups have become more powerful, ruthless, and rich. They are able to challenge foreign governments, to undermine their political stability, and to engage in a wide range of activities in complete disregard for local or international law. No country, not even the United States, can deal with these organizations unilaterally. We must make disrupting and dismantling these organizations a major component of our international efforts.

A greater emphasis on law enforcement and international interdiction is far more in keeping with federal responsibility. There is at the moment, unfortunately, a vacuum in leadership both at home and abroad on the drug issue. It is not a concern that we can afford to ignore or slight.

The Task Force members note, however, that pitting demand reduction and supply reduction efforts against each other is not conducive to creating and implementing the type of comprehensive strategy that will work. The problem that we are trying to deal with is not one susceptible to one-time efforts or magic bullets. Continuing programs, well conceived and sustained year to year, must be our focus.

V. An Agenda for Action

Based on town meetings and a wide variety of discussions with community leaders, young people, parents, law enforcement, school authorities, and recognized experts from the prevention, treatment, law enforcement and interdiction community, the Task Force on National Drug Policy has developed a number of recommendations for action. Many of these have been mentioned. An outline of key recommendations follows. The Task Force members believe that these recommendations and the ideas that sustain them help to inform a serious, coherent, supported and supportable national strategy for dealing with the drug issue.

Some of the recommendations involve action at the Federal level. Some involve new legislation or changes in existing law. But the majority of the recommendations involve actions that can be taken at the state and local levels. They involve efforts by parents and teachers, business and community leaders, by grass roots programs. It is one of the essential principles underlying action in this area as in many others, that the role of the Federal Government in solving local problems is limited. Federal bureaucracies and bureaucrats are not the first line of defense nor the most important elements in dealing with drug abuse.

The Task Force's first and most important recommendation calls for a serious national drug strategy. Recent Administration strategies have been thin and they have arguably failed to meet the clear statutory obligation that specific and measurable objectives be included. In addition, the Administration delayed for almost a year issuing a strategy for heroin, and this was not until three years into the present term. Thus, our national strategy is incomplete and has focused efforts in areas that have not worked. Moreover, the drug issue has received little priority. As a result, the Drug Czar's office has carried little influence, and the Administration has not made representing or defending its drug programs a priority with Congress or the public. We need a more serious effort. We look forward to working with General McCaffrey as he works to reinvent our drug strategy. Congress will welcome solid proposals based on sound principles and serious intent. The Task Force hopes that ONDCP will be adequately staffed and appropriately supported.

Such a strategy does not have to re-invent the wheel. It does need to do the right things with the right stuff. This means a focus on prevention, law enforcement, and interdiction. It means presidential leadership within the Executive Branch and at large. It involves congressional oversight of programs and support to effective, well-managed efforts. It means a program that adds substance to rhetoric and matches ends to means in a sustainable effort.

A reinvigorated national drug strategy needs to focus on five major elements:

1.

We need a sound interdiction strategy that employs our resources in the transit zone, near the borders, and in the source countries to stop the flow of illegal drugs. This means renewed efforts at US Customs, DEA, INS, DoD, and the Coast Guard to identify the sources, methods, and individuals involved in trafficking and going after them and their assets. This involves well-devised intelligence programs aimed at both tactical and strategic intelligence. It means devising approaches that aim at disruption of drug cartels as much as prosecution. We must also work with our international partners to strengthen information sharing and coordinated activities in both the transit and source country zones. This effort needs serious leadership and a commitment to ensure coordination and non-duplication of programs.

2.

A renewed commitment to the drug effort requires a serious international component that increases international commitment to the full range of counter-drug activities. These must involve efforts to prevent money laundering; to develop common banking practices that prevent safe havens; serious commitments to impose sanctions on countries that fail to meet standards of cooperation; efforts to ensure proper controls over precursor chemicals; and an international convention on organized crime that develops common approaches for targeting the main international criminal organizations, their leaders and assets. Drug law enforcement agencies need to recommit to a serious international effort as part of their programs. A renewed strategy also needs greater commitment from the Department of Defense for detection and monitoring. The United States should also take the lead in encouraging major producing countries to undertake effective eradication programs of illicit drugs

3.

US national drug strategy should also take steps to ensure that drug laws are effectively enforced, particularly that there be truth in sentencing for drug trafficking and drug-related violent crimes. Federal law enforcement efforts also need to focus on the areas where their resources and expertise perform best and contribute most, that is, in the areas of interstate and international criminal activities.

As part of an effective strategy, federal and state courts also need to enforce our drug laws. The members of the Task Force are concerned that some federal

judges are ignoring the law and seeking to effectively decriminalize drugs through judicial fiat. The safety of our communities, our schools, our streets, and our homes are at issue as we struggle with drug use and drug-related violence. Part of the contract government has with citizens is to provide the protection of the law so that our public spaces are safe and welcoming. This includes protection from the violence and crime arising from drug use and trafficking. There should be no get-out-of-jail-free cards for drug dealers or violent offenders.

4.

Prevention and education are critical elements in a renewed strategy. There needs to be greater coordination and effective oversight of Federal prevention and education programs, which should involve the integration of disparate drug programs in HHS, DoJ, and elsewhere under one authority. This more integrated approach should focus on empowering local communities and families, and must develop more effective evaluation programs to determine which delivery mechanisms are the best. There needs to be a new commitment to drug- and violence-free schools in which greater emphasis is placed on teaching civic virtues and personal responsibility. The strategy should encourage greater use of drug testing and screening for sensitive jobs, for high school athletics programs, and for positions of responsibility involved in public education. Businesses need to explore drug screening. Greater attention needs to be paid to new testing technologies, particularly hair testing as a more reliable measure of use, especially to replace self-reporting systems.

The Task Force members also note that a number of states are pioneering drug information programs and activities. State-led efforts to share information and exchange ideas would develop a synergy for drug-awareness programs. These efforts indicate ways that Governors might develop better means to enhance the information sharing potential on drug issues in their conferences and meetings. A Governors' Internet Conference system might be one way to build cross fertilization.

5.

Treatment remains an important element to any strategy, but more needs to be done to eliminate duplication and waste. A renewed strategy needs to look at establishing more effective evaluation techniques to determine which treatment programs are the most successful. There needs to be greater focus on screening candidates for treatment to match them with the program most likely to meet their needs. This should include consideration of support to religious-based treatment efforts that address the array of disabilities associated with drug abuse. As with prevention efforts, the many disparate programs at the federal level need to be more integrated and efforts better coordinated. Part of the treatment effort also must examine ways to improve drug treatment in our prisons and drug referral efforts in the criminal justice system at the state and federal level.

In addition to these approaches, we also need to look at the role of religious institutions in our efforts to combat drug use. America cannot ignore the link between our growing drug problem and the increase in moral poverty in our lives. More and more Americans are growing up without loving, responsible adults in their lives. Many young people, especially in impoverished communities, are surrounded by deviant, delinquent, and criminal adults in settings that are violent and dangerous. Our social institutions (government, schools, media) have complicated matters by sending confusing messages about right and wrong, good and bad. It seems as though our public institutions have forgotten how to instill civic virtues in our children or why they are important.

On the simple issue of whether drug use is right or wrong, the virtues of individual responsibility and self-discipline are being frustrated by our government's mixed messages. The Clinton Administration's Surgeon General advocated drug legalization; treatment resources have focused on hard-core users instead of the first-time offender; and federal mandatory minimum penalties for drug trafficking were reduced. Recent decisions on drug cases by some federal and state court judges that promote legalization from the bench only compound the problem of dealing with drugs and drug criminals on our streets and in our neighborhoods.

We have witnessed, also, our pop culture, through the media, accept and encourage drug use. Many parents feel like they are fighting a losing battle against a popular culture gone awry. As James Q. Wilson, one of our most thoughtful voices on the need for a moral framework in our civic lives, notes, many Americans "often feel like refugees living in a land captured by hostile forces."

Restoring a degree of respect for essential virtues is fundamental to solving our nation's drug and crime problems. As part of this effort, as noted by Democrats such as Jesse Jackson and Joe Califano, and Republicans such as Alan Keyes, we must consider using public funds to empower local religious institutions to act as safe havens for at risk youth, administer substance abuse treatment, run day care, and perform other vital functions in our communities.

The members of the Task Force also note that even the best strategy in the world is worth no more than the effort spent on turning it into reality. Thus, the Administration and Congress have a responsibility to develop and implement sustained and sustainable programs. An effective effort, however, must go beyond what the Executive and Congress can do. A true national effort must involve parents, families, schools, religious institutions, local and state governments, civic groups, and the private sector. Below are a number of recommendations for action to reinvigorate our national drug program. These recommendations are not mandates nor solely meant for federal action but are part of a dialogue to move us towards a renewed, serious effort at the national, state, and local levels.

Recommendations for Strengthening the Criminal Justice and Law Enforcement Effort:

- Reform of the Violent Crime Control Act of 1994 and the Juvenile Justice and Delinquency Prevention Act of 1974 to strengthen focus on violent crime control and the growing problem of teenage violence.
- Refocused Federal law enforcement efforts on interstate- and international-level criminal activity.
- Support of Federal law enforcement to develop measures to disrupt international criminal activities in addition to prosecutorial strategies.
- Continued block grant support to rural crime control efforts, Byrne grants, and community policing initiatives.
- Reform of Federal powder cocaine sentencing guidelines to conform with crack cocaine guidelines.
- State-level initiative to mandate drug testing in the case of serious car accidents.
- State-level initiative to require alcohol and drug abuse seminars as a requirement to recover a suspended driver's license as a result of a drug- or alcohol related suspension [so-called 02 laws in several states].
- Development of improved cargo inspection by US Customs at ports of entry into Puerto Rico and examination of means to implement secondary inspection before cargo from Puerto Rico enters the mainland.
- Consideration of more effective air interdiction authorities near the US borders.
- Restoration of lost ship days, National Guard support, flight hours, and manpower support by DoD to law enforcement efforts.
- Restoration of a balanced effort that addresses source and transit zone interdiction efforts, responding to both maritime and airborne threats.
- Establishment of a Deputy Commissioner for Law Enforcement within US Customs.

Technological Initiatives:

- Installation of improved ID technologies at US ports of entry.
- Improvements in national databases on criminals that are more "user friendly" for states, supported out of the Violent Crime Trust Fund.
- Installation of drug detection systems for truck cargos and containers at US ports of entry.
- Enhancement of DoD support to Federal law enforcement initiatives, particular P3-AEW aircraft to support the US Customs Service.
- Consideration by major pharmaceutical manufacturers of supporting research on drug addiction and treatment.

International Initiatives:

- Development of a US-led effort to promote an international convention on organized crime to target major crime groups involved in the drug trade and other criminal activities
- Development of US-led effort to develop donor community guidelines to condition international monetary support on efforts to control local corruption that leads to the diversion of assets and support.

- Efforts to ensure full international compliance with the requirements of the 1988 UN Convention of Psychotropic Drugs, particularly on production, trafficking, money laundering, and precursor chemical control.

- Examination of current certification requirements to limit the number of times a national interest waiver may be used to certify countries as fully cooperating with the United States on drug control issues.

Prevention Efforts:

- Engagement by public leaders, particular the president, on the importance of counter-drug messages.

- Reinforcement of the idea that Prevention Begins at Home. Parents need to talk to their kids, beginning early, to talk about the dangers and wrongs of drug use. Schools need to reinforce the message.

- Continuation of efforts to implement, as appropriate, the recommendations of the President's Commission on Model State Drug Laws.

- Consideration for using asset forfeiture funds to support prevention efforts, such as parent action teams to stimulate parental involvement in anti-drug efforts with their children.

- Development of better accountability mechanisms and clear measures of effectiveness for prevention programs. Programs that cannot meet specific standards and do not emphasize "no use" messages should be unfunded.

- Examination of ways to support parents' home drug testing.

- Evaluation of prevention-delivery programs to determine the most effective types.

- Sponsorship of community coalitions to coordinate local prevention messages and programs.

- Business-supported anti-drug use programs and testing on the job.

- Consideration by states of drug-testing legislation removing obstacles to employment drug testing.

- Consideration by states to mandate or permit drug testing for high school athletes.

- Consideration of adopting improved drug-testing technologies, particularly hair testing.

Treatment Initiatives:

- Standardization of assessment process for matching needs of client to delivery system.

- Consolidation of Federal-level treatment, along with prevention, programs under a single coordinating body.

- Serious program evaluation to determine cost-effective efforts for Federal bloc-grant support.

- Federal "Care-taker" laws to direct Social Security and disability payments away from substance abusers to appropriate custodial institutions, whether public or private, at the state and local level.

- Examination of more effective drug treatment programs for prison inmates and individuals on probation or parole based on regular drug testing that enforces a policy of abstinence.

- Federal and state laws to reinforce a "no-tolerance" policy for drugs and violence in our schools, to include support to school authorities to limit nuisance law suits in disciplinary cases.

- Consideration of legislation designed to allow states to contract with private charitable organizations, including religious organizations, to meet the substance abuse treatment needs of citizens within their state.

Congressional Agenda:

- Development of more vigorous oversight of US counter-drug programs.
- Re-examination of the roles and purposes of the Office of National Drug Control Policy, particularly on the accountability of the national strategy, its coordination and implementation. This must include restoring measurable and quantifiable annual goals as part of the annual drug control strategy required under the Anti-Drug Abuse Act of 1988.
- Consideration of strengthening ONDCP budget-oversight authorities to ensure greater program coordination and prioritization with national strategy goals.
- Development of an effort to support a drug- and crime-control model city program the District of Columbia supported through federal law enforcement assistance.
- Consideration of measures to condition US assistance to foreign governments on serious anti-corruption efforts.
- Consideration of a requirement that ONDCP establish a state-by-state review of treatment and prevention programs to identify "best practices" that can form the core of recommendations for developing model systems that also employ adequate evaluation components.
- Consideration of a requirement that ONDCP evaluate federal-level impediments to state abilities to develop and administer bloc grants.
- Consideration of federal-level legislation to expand the death penalty to smugglers of commercial quantities of drugs, and reform of habeas corpus procedures to ensure more expeditious enforcement of sentences.
- Consideration of changes in the certification process to employ trade sanctions to foster cooperation with counter-narcotics efforts.
- Consideration of reforms of 924(c) (18 USC) violations to clarify sentencing guidelines for drug-related crimes where weapons are present.
- Development of a congressional agenda to devise drug legislation, updating recent major crime and drug legislation in a "bundled" approach.

Finally, the Task Force members note that many of our current social pathologies, in addition to drug use, arise from causes directly related to a climate that disparages essential moral and ethical principles of personal behavior. Out of the best of intentions, we have pursued policies that have replaced a sense of personal responsibility with conscienceless self-esteem. In doing so, we have belittled traditional family values and encouraged a cheapening of social discourse. Our public places have become threatening to decent people because of misplaced tolerance for aggression and public incivility. Many of our children are now having children, born out of wedlock, who face lives of meanness and violence.

In calling for a recommitment to sustained, coherent efforts against drugs, the Task Force members recognize that this effort is part of a larger struggle for the soul of our young people and our future. We reject the counsels of despair that say that nothing can be done. That our only recourse is to declare surrender and legalize drugs. We recognize that the drug problem is a generational one. Every year the country produces a new crop of young people who must be guided to responsible adulthood. A continuing, vital anti-drug message sustained by meaningful law enforcement and interdiction programs is part of the responsibility our generation has to the next. This report is a wake-up call to America to do its duty

ACKNOWLEDGMENTS

The Task Force members wants to thank the following individuals and organizations for contributing to our deliberations.

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28 Testimony of Lee P. Brown, Director of ONDCP, before the National Security Subcommittee of the House Committee on Government Reform and Oversight (March 9, 1995).

29 Includes the following categories: International Narcotics and Law Enforcement Affairs (INL), Foreign Military Financing (FMF), Economic Support Funds (ESF), Excess Defense Articles (EDA) and support provided under Sec. 506(a)(2) of the Foreign Assistance Act. The INL budget is primarily, but not entirely, devoted to Andean country programs. Office of National Control Policy, *National Drug Control Strategy: Budget Summary*, (February 1995): p. 235.

30 Summit of the Americas, *Plan of Action*, affirmed by participating Nations at Miami, Florida (December 11, 1994).

31 H.G. Reza, "Border Inspections Eased and Drug Seizures Plunge." *Los Angeles Times* (February 13, 1995): p. A-1.

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34 Customs-wide cocaine seizures fell from 96.0 mt. in fiscal year 1992 to 72.1 mt. in fiscal year 1995.

35 Institute for Health Policy, Brandeis University. *Substance Abuse: The Nation's Number One Health Problem*. Princeton, New Jersey: Robert Wood Johnson Foundation, 1993.

36 National Opinion Research Center and Lewin-VHI, Inc. *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA) General Report*. Sacramento, CA: California Department of Alcohol and Drug Programs, 1994.

37 Congressman William H. Zellif. "Anti-Waste, Not Anti-Children." *New York Times*. March 16, 1995. p. A19.

38 Nancy Reagan. *The Wall Street Journal*. January 23, 1996. p. A1.

39 The Gallup Poll, Lydia K. Saad, Managing Editor, "A 1995 View of the Drug Problem in America," (December 12,1995): p. 3.

40 Admiral Robert D. Kramek, United States Coast Guard, presently holds this position.

41 "1990 Drug Control Strategy." Organization of National Drug Control Policy.

42 Craig Horowitz, "The Suddenly Safer City," *New York*, (August 14, 1995) p. 21.

43 New York State divisions of Alcoholism and Alcohol Abuse, *Double Danger: Relationship Between Alcohol Use and Substance Use Among Secondary School Students in New York State*, (1985).

44 Community Anti-Drug Coalitions of America, *Memorandum*, (January 9, 1996).

45 GAO cites several ways of validating the two surveys and estimating the extent of under reporting. Promising new methodologies such as the analysis of hair samples deserve exploration as means to validate self-reports and determine drug use over an extended period of time. p. 2.

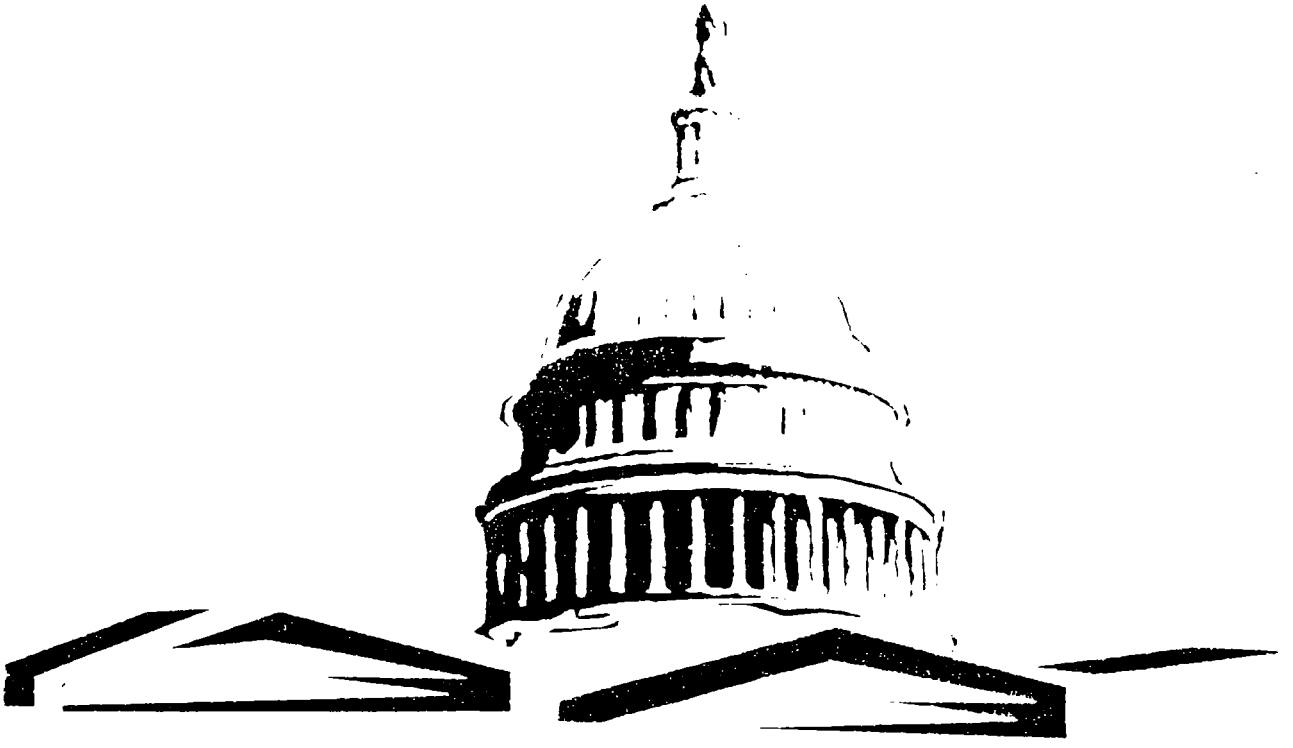
46 Partnership for a Drug-Free America, Press release, *Adolescent Drug Use Likely to Increase Again in '96; Teens See Fewer Risks in Marijuana and Drug Use*, (February 20, 1996).

47 See 104th Congress, S. 438.

48 See 104th Congress, S. 1245.

Setting The Course

A National Drug Strategy



A Report by the Task Force on National Drug Policy

Convened by:
Majority Leader Bob Dole and Speaker Newt Gingrich

Chaired by:
Senator Charles E. Grassley
Senator Orrin Hatch
Representative William Zeliff
Representative Henry Hyde

SETTING THE COURSE:
A NATIONAL DRUG STRATEGY

TASK FORCE ON NATIONAL DRUG POLICY

SENATOR CHARLES GRASSLEY, CO-CHAIR	REPRESENTATIVE HENRY HYDE, CO-CHAIR
SENATOR ORRIN HATCH, CO-CHAIR	REPRESENTATIVE WILLIAM ZELIFF, CO-CHAIR
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SENATOR MIKE DEWINE	REPRESENTATIVE ILEANA ROS-LEHTINEN
SENATOR KAY BAILEY HUTCHINSON	REPRESENTATIVE CLAY SHAW
SENATOR OLYMPIA SNOWE	REPRESENTATIVE J. C. WATTS

EXECUTIVE SUMMARY

The facts are simple. After more than a decade of decline, teenage drug use is on the rise. Dramatically. Every survey, every study of drug use in America reconfirms this depressing finding.

What is even more disturbing is that attitudes among teenagers about the dangers of drug use are also changing—for the worse. After more than a decade of viewing drugs as dangerous, a new generation increasingly sees no harm in using drugs.

Just such a shift in attitudes engendered the last drug epidemic in this country. The 1960s saw a significant movement among many of the nation's intellectual leaders, media gurus, and even some politicians that glorified drug use. These attitudes influenced the thinking and decision making of many of our young people. We are still living with the consequences of the 1960s and 1970s attitudes in the form of a long-term addict population and thousands of casualties, including a staggering number of drug-addicted newborns and many of our homeless.

The American public recoiled at the social pathologies associated with the illegal drug epidemic then, and recent polls indicate that they are just as concerned today that we are about to repeat history because we failed to learn our lesson. Despite the fact that we made major inroads on reducing drug use in the 1980s, the press and many others have helped to create the idea that nothing works and that our only policy options are the decriminalization or outright legalization of drugs.

The media turned their attention away from the drug issue and have not returned to it in the last three years. The Clinton Administration has downplayed the drug issue, demoting it as a national priority and distancing the President from it. The message that drug use was wrong was de-emphasized, while interdiction and enforcement were downplayed in order to concentrate on treatment. The result has been to replace "Just Say No" with "Just Say Nothing." We are suffering the consequences.

On December 13, 1995, Majority Leader Bob Dole and Speaker of the House Newt Gingrich convened a bicameral Task Force on National Drug Policy to break the silence. They asked the Task Force to make recommendations on how Congress might, as it has many times in the past, put drugs back on the national agenda. This report is the result of the Task Force's efforts. It reflects the results of town meetings, discussions with experts, and meetings with leading treatment and prevention organizations. This report represents a beginning of effort not the conclusion.

The Task Force's first and most important recommendation calls for a serious national drug strategy. Recent Administration strategies have been thin and they have arguably failed to meet the clear statutory obligation that specific and measurable objectives be included. Our national strategy is incomplete and has focused efforts in areas that have not worked. We need a more serious effort.

Such a strategy does not have to re-invent the wheel. It does need to do the right things with the right stuff. This means a focus on prevention, law enforcement, and interdiction. It means presidential leadership within the Executive Branch and at large. It involves congressional oversight of programs and support to effective, well-managed efforts. It means a program that adds substance to rhetoric and matches ends to means in a sustainable effort.

A reinvigorated national drug strategy needs to focus on five major elements:

1. We need a sound interdiction strategy that employs our resources in the transit zone, in the source countries of Latin America, and near the borders to stopping the flow of illegal drugs. This means renewed efforts at US Customs, DEA, INS, DoD, and the Coast Guard to identify the sources, methods, and individuals involved in trafficking and going after them and their assets.

2. A renewed commitment to the drug effort requires a serious international component that increases international commitment to the full range of counter-drug activities. These must involve efforts to prevent money laundering; to develop common banking practices that prevent safe havens; serious commitments to impose sanctions on countries that fail to meet standards of cooperation; efforts to ensure proper controls over precursor chemicals; and an interna-

tional convention on organized crime that develops common approaches for targeting the main international criminal organizations, their leaders and assets.

3. US national drug strategy should also take steps to ensure that drug laws are effectively enforced, particularly that there be truth in sentencing for drug trafficking and drug-related violent crimes.

4. Prevention and education are critical elements in a renewed strategy. There needs to be greater coordination and effective oversight of Federal prevention and education programs, which should involve the integration of disparate drug programs in HHS, DoJ, and elsewhere under one authority. This more integrated approach should focus on empowering local communities and families, and must develop more effective evaluation programs to determine which delivery mechanisms are the best.

5. Treatment must remain an important element to any strategy, but more needs to be done to eliminate duplication and waste. A renewed strategy needs to look at establishing more effective evaluation techniques to determine which treatment programs are the most successful. Accountability must be a key element in our programs.

We also need to look at the role of religious institutions in our efforts to combat drug use. America cannot ignore the link between our growing drug problem and the increase in moral poverty in our lives.

The members of the Task Force also note that even the best strategy in the world is worth no more than the effort spent on turning it into reality. Thus, the Administration and Congress have a responsibility to develop and implement sustained and sustainable programs. An effective effort, however, must go beyond what the Executive and Congress can do. A true national effort must involve parents, families, schools, religious institutions, local and state governments, civic groups, and the private sector.

Finally, the Task Force members note that many of our current social pathologies, in addition to drug use, arise from causes directly related to a climate that disparages essential moral and ethical principles of personal behavior. Out of the best of intentions, we have pursued policies that have replaced a sense of personal responsibility with conscienceless self-esteem. In doing so, we have belittled traditional family virtues and encouraged a cheapening of social discourse. Our public places have become threatening to decent people because of misplaced tolerance for aggression and public incivility. Many of our children are now having children, born out of wedlock into lives of meanness and violence.

In calling for a recommitment to sustained, coherent efforts against drugs, the Task Force members recognize that this effort is part of a larger struggle for the soul our young people and our future. We reject the counsels of despair that say that nothing can be done. That our only recourse is to declare surrender and legalize drugs. We recognize that the drug problem is a generational one. Every year the country produces a new platoon of young people who must be guided to responsible adulthood. A continuing, vital anti-drug message sustained by meaningful prevention, law enforcement and interdiction programs is part of the responsibility our generation has to the next. This report is a wake-up call to America to do its duty.

TABLE OF CONTENTS

TABLE OF FIGURES

TASK FORCE ON NATIONAL DRUG POLICY:
STATEMENT OF PURPOSE

Issue:

Every survey of teenage drug use in the past two years indicates not only increasing use of dangerous drugs among teens, but a disturbing change in perceptions about the dangers of drug use. The High School Seniors Survey, DAWN, PRIDE, and other opinion research indicate major increases in teen drug use and emergency room admissions. In part, this reflects the fact that the drug issue has fallen off the national agenda. The country lacks a serious national strategy on the drug problem. There has also been a vacuum of leadership. Major poll data show that the American public is keenly concerned about the drug problem and wants to see more done, particularly in the areas of law enforcement, interdiction, and prevention. It is time to heed this call. It is time to act now in order to keep future generations free from the harm that drugs do to individuals, families, and public life.

Purpose:

To establish a congressionally directed effort to develop the principles for a coherent, national counter-drug policy and appropriate supporting strategy as the basis for future action. Congress has been the leader in pressing this issue in the past, and given disturbing changes in teenage use and a lack of serious focus from the Administration, it is time to renew attention on the drug issue.

Method:

A congressional task force will convene to consider the principles upon which a sound policy and strategy should be based. It will hold a number of public meetings, call on expert opinion, and develop a statement of principles to guide future considerations. A final report will outline the major elements of a realistic domestic and international policy and indicate the key elements of a strategy to support the policy.

Structure:

The Majority Leader and the Speaker of the House will convene the task force consisting of several co-chairs drawn from congressional leaders on drugs and crime issues. A panel of members will help to set overall goals and develop supporting information.

Co-Chairs:

Senator Charles Grassley, Senator Orrin Hatch, Representative William Zeliff, and Representative Henry Hyde.

Task Force Members:

SENATE	HOUSE
Senator Spence Abraham	Representative Mike Forbes
Senator John Ashcroft	Representative Ben Gilman
Senator Alfonse D'Amato	Representative Bill McCollum
Senator Paul Coverdell	Representative Rob Portman
Senator Mike DeWine	Representative Ileana Ros-Lehtinen
Senator Kay Bailey Hutchinson	Representative Clay Shaw
Senator Olympia Snowe	Representative J. C. Watts

I. Need for a New Focus on National Drug Policy

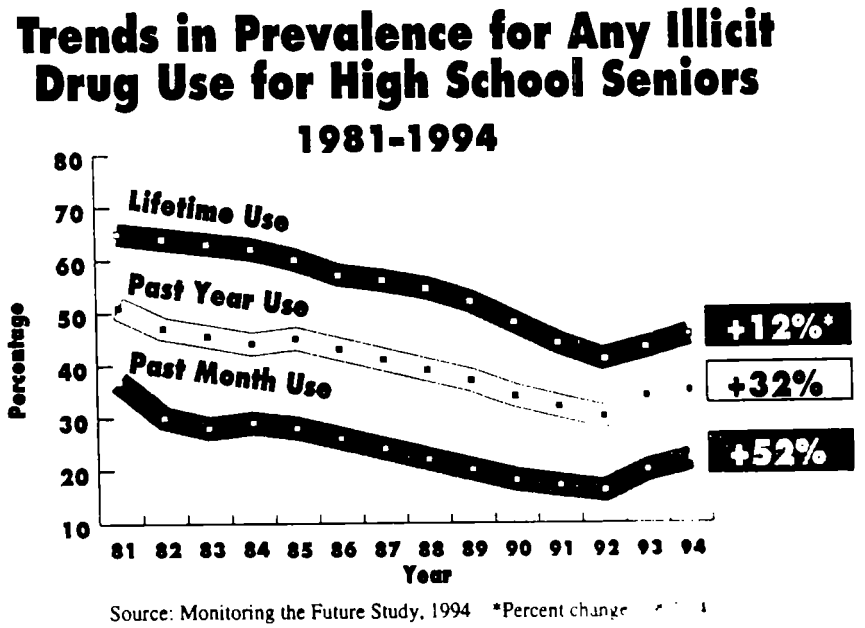
Introduction: A Nation at Risk

The facts are simple. After more than a decade of decline, teenage drug use is on the rise. Dramatically. Every survey, every study of drug use in America reconfirms this depressing finding. Since 1991 the number of 8th-graders who used drugs in the past twelve months has nearly doubled (from 11 percent to 21 percent). Since 1992, the number of 10th-graders reporting drug use has risen nearly two-thirds, and among 12th-graders by nearly half. Marijuana use led the way, but the use of other drugs is also increasing. Although usage levels have not returned to their 1979 highs, the trend is disturbing.

What is even more disturbing is that attitudes among teenagers about the dangers of drug use are also changing—for the worse. After more than a decade of viewing drugs as dangerous, a new generation increasingly sees no harm in using drugs.[1] As a recent study by the Partnership for a Drug Free America notes, "Driven by an increasingly lax attitude about marijuana, America's teenagers are seeing fewer risks and more personal rewards in drug use...."[2] In addition, peer disapproval of drug use continues to decline.

Just such a shift in attitudes engendered the last drug epidemic in this country. The 1960s saw a significant movement among many of the nation's intellectual leaders, media gurus, and even some politicians that glorified drug use. Mainstream movies, television, popular music, and pronouncements from cultural, political, and religious leaders portrayed drug use as at worse a harmless personal choice, at best as an opportunity for liberation and enlightenment. The result was a tacit legitimization of the drug culture and an explosion in use and addiction. We are still living with the consequences of the 1960s and 1970s attitudes in the form of a long-term addict population and thousands of casualties, including a staggering number of drug-addicted newborns.

Figure 1.



Source: Monitoring the Future Study, 1994 *Percent change

The American public recoiled at the social pathologies associated with the illegal drug epidemic in the late 1970s and throughout the 1980s, demanding that something be done. Congress and the White House responded with increased funding and focused effort across the board to meet the challenge. The results, one of the best kept secrets in modern American political life, were astounding. Within a decade, after over 20 years of de facto legalization and glorification of drug use, the trend reversed. Although the change was too late to help many of the most addicted, the public effort to de-legitimize the glamour of drugs, to "Just Say No," caused a dramatic turn around in adolescent attitudes. Hollywood and the music industry also responded by helping to debunk the notion that drug use was "cool" or harmless.

As a result, illicit drug use declined from a peak of around 25 million casual users in 1979 to a low of 11.4 million in 1992. Casual cocaine use fell by almost 80 percent between 1985 and 1992, while regular cocaine use dropped over 50 percent between 1988 and 1992.[3] In no other area of social pathology were such dramatic gains made in such a short period. Yet, press reports tended to ignore the spectacular progress and painted the whole effort as a failure, and the press coverage of any kind declined sharply with the Gulf War beginning in 1990.

As a result, drugs began to slip off the national agenda. In March, 1993, Dr. Lloyd Johnston of the University of Michigan and the father of the high school survey, "Monitoring The Future," warned that the message that drug use was both harmful and wrong was being lost on emerging generations. The consequence, he predicted, would be a steady increase in teenage use if something were not done

Unfortunately, there was little response to his warning and Dr. Johnston's prediction came true. The media turned their attention away from the drug issue and have not returned to it in the last three years. This Administration has downplayed the drug issue, demoting it as a national priority and distancing the President from it. The message that drug use was wrong was de-emphasized, while interdiction and enforcement were downplayed in order to concentrate on treatment. Parents also talked less to their kids about the dangers of drug use. The result was to replace "Just Say No" with "Just Say Nothing." We are suffering the consequences.

As Nancy Reagan stated at a hearing before the House National Security Subcommittee in March of 1995, "The weakening vigilance against the drug threat... can have a tragic effect on this country for many years to come.... How could we have forgotten so quickly? Why is it we no longer hear the drumbeat of condemnation against drugs coming from our leaders and our culture? Is it any wonder drug use has started climbing again, and dramatically so?"[4]

The Partnership for a Drug Free America's Attitude Tracking Study noted another complicating factor that may account for the present deafening silence on drug use: a baby boomer generation that experimented with drugs that is unsure of how to talk to its kids about drug use without feeling hypocritical. This ambivalence or discomfort has, seemingly, also affected some of our public officials and community leaders who come from the baby boomer generation. They too seem unable to speak convincingly or forcefully on the dangers. The study notes, however, that the overwhelming majority of these baby boomer parents are not ambivalent about the idea that their kids should try drugs. They are against it, against any drug use. Unfortunately, their concerns have been muted and the glorification of drug use is back.

In recent years, music and verse are once again glamorizing drug use. Movies, music, television, and some political and cultural leaders are again talking about the "normalization" of drug use. Mainstream news programs, when they cover the drug issue at all, continue the theme that nothing works, while MTV airs programs and rock videos decidedly advocating drug use and legalization. Hollywood is once again portraying drug use in a favorable light.

It should come as no surprise, then, that teenagers, struggling to establish their identities in a complex world, should find society's message about drugs confusing. When parents cannot or will not talk to their children, when their cultural and political leaders are inconsistent or silent, and when the media portrays positive images of drug use, increased teenage drug use is the inevitable result.

As a nation, we cannot afford to be complacent about this trend. The dangers of drugs cannot be measured solely on the balance sheets of accounting ledgers or with charts of statistics. There is the matter of body counts and wasted lives, especially of our youth. We must act now to keep from repeating the disaster we inflicted on ourselves in the 1960s and 1970s. We need to remind ourselves that we do know what works. We can make a difference. That we must take meaningful, consistent, and visible steps to protect our children, our communities, and our future.

Congress has taken a lead in the past in responding to the drug problem. It is clear that it is time to renew that leadership. Our first priority must be to ensure that our children, the most at-risk population, do not fall victim to a new drug epidemic. This report addresses that need.

Growing Crisis of Teenage Drug Use:

After years of decline, teenage drug use is on the rise again. Two recent surveys of teenage drug use and attitudes towards drugs make it clear that a younger generation of Americans is at risk. The message that drug use is both harmful and wrong is simply not getting through. The national high school survey, *Monitoring the Future*, which surveys over 50,000 students in some 400 public and private secondary schools; and the annual survey by the Parents' Resource Institute for Drug Education (PRIDE), which surveys nearly 200,000 9th-12th-graders, confirm a trend in increasing adolescent drug abuse.

"The weakening vigilance against the drug threat...can have a tragic effect on this country."

- Nancy Reagan

- The number of 12-17 year-olds using marijuana increased from 1.6 million in 1992 to 2.9 million in 1994. "Recent marijuana use" increased 200 percent among 14-15 year olds over the same period.

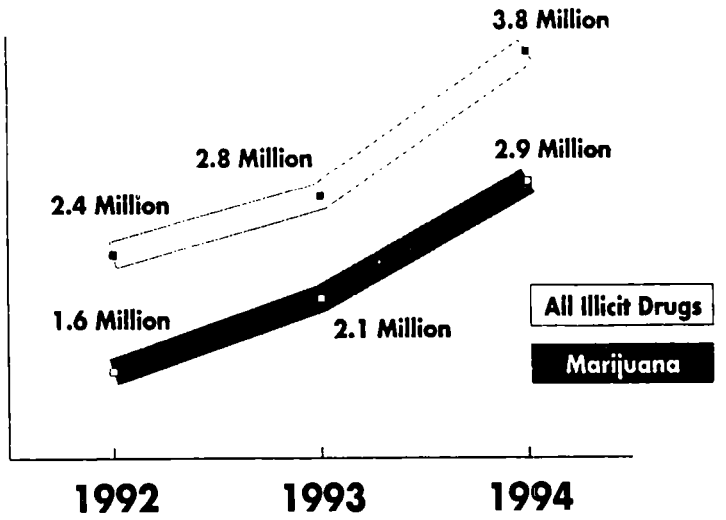
- Since 1992, there has been a 52 percent increase in the number of high-school seniors using drugs monthly. Of even more concern has been a sharp decline in peer disapproval of use and declining attitudes that drug use is harmful.

- As a result, 33 percent, ***one in three***, of high school seniors report having used marijuana in the last year. As many as 21 percent have smoked marijuana within the past month.

The use of hallucinogens, stimulants, and other drugs are also on the rise. According to surveys by the Center on Addiction and Substance Abuse, adolescents who use marijuana are 85 times more likely to move to other dangerous drugs, such as cocaine. As many as 60 percent of those who use marijuana before the age of 15 will later use cocaine. As a recent report by the Senate Judiciary Committee, *Losing*

Figure 2.

Trends In Youthful Drug Use, Ages 12-17



Source: National Household Survey on Drug Abuse, September 1995

Ground Against Drugs, noted, "The implications for public policy are clear. If such increases are allowed to continue for just two more years, America will be at risk of returning to the epidemic drug use of the 1970s."[5] The adverse consequences of that, given the contribution that drug use makes to domestic violence, street crime, health and welfare costs, and the well-being of America's youth, are incalculable. Our experience in the past makes it only too clear what the costs of indifference can be.

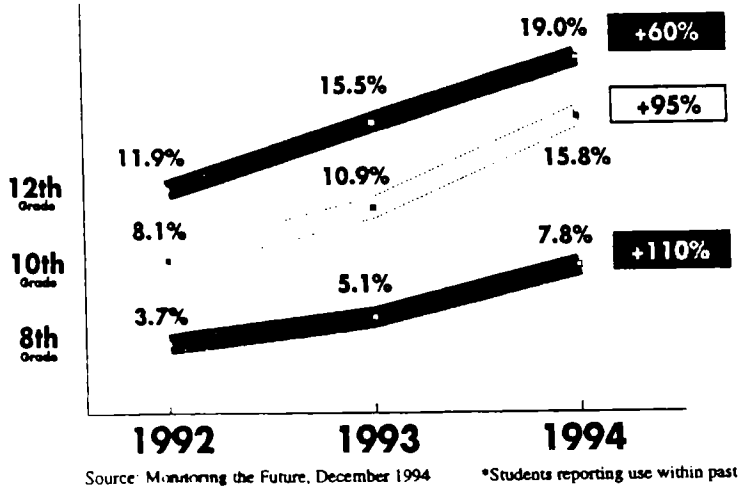
When faced with returning use, many critics of drug policy simply throw up their hands in despair and claim that nothing works. The view seems to be that if we cannot eliminate drug use in one dramatic sweep, then our only recourse is to surrender, to decriminalize illicit drug use, make drugs widely available, and then treat the victims. Why this is regarded as sound social policy is never made explicit, but clearly, no responsible policy can be based on such a notion. As Professor Lloyd Johnston has noted, in dealing with the problem of drug use, we are dealing with a generational effect. Every year we see a new crop of adolescents who must be taught the fundamentals of living in a civil society. In addition to learning algebra and English and social responsibilities, they must all be brought to understand the consequences of drug use. This is a perennial concern. The anti-drug message cannot be taught once. It must be sustained and renewed every year. It is critical that we do this. As the recent Center for Alcohol and Substance Abuse study on the effects of substance abuse in New York notes, ".... We will never rid ourselves of all substance abuse. But to the extent we curb such abuse, we will reap a rich harvest of healthier babies, less violence and crime, lower taxes, reduced health care costs, higher profits, better-educated students, and fewer AIDS cases."[6] The problem, however, is that the anti-drug message has been lost. In commenting on the absence of a strong, consistent effort by the Administration, Senator Biden noted in a recent hearing that "It's drugs, stupid." Without attention and effort, we expose a new generation to the perils of drug use.

Lack of a Coherent Message:

One of the things that has been learned over the last several years is what works in dealing with the drug problem. It is clear that there must be a coherent program that combines public disapproval, information, law enforcement, interdiction, and treatment in well-publicized and sustained programs aimed at a broad audience. Such an effort must involve community groups, civic leaders, cultural and political leaders, parents, schools, business, and young people. The effort must be constantly renewed and reinvigorated. Between 1981 and 1992 this was increasingly the case, particularly between 1989 and 1992. In the years following, however, the message began to get blurred.

Figure 3.

Trends In High School Marijuana Use*



Source: Monitoring the Future, December 1994 *Students reporting use within past 30 days

"It's drugs, stupid. It's drugs."

- Senator Joseph Biden

One of the first official acts of the Clinton Administration was to cut the staff of the Office of National Drug Control Policy, the Drug Czar, from 147 to 25, rendering it largely ineffectual. The post of Deputy of Supply Reduction in ONDCP has yet to be filled — no one has been nominated to fill the post. The President also largely disappeared from the field, abandoning the bully pulpit. Then, the Surgeon General of the United States repeatedly called for the legalization of drugs. In addition, the Administration decided to "reinvent" drug policy, downplaying law enforcement and interdiction. Along with the reductions in the Drug Czar's office, these various moves helped to create a vacuum in leadership and a visible public position on the dangers and harmful effects of drugs. As Representative William Zeliff recently commented, "It is no secret that the war on drugs has not been a priority with this president."[7] Administration policies have de-emphasized the message that drug use is wrong as well as dangerous. As Congressman Charles Rangel, a longtime proponent of effective drug efforts, points out, "I have been in Congress for over two decades, and I have never, never, never found any Administration that has been so silent on this great challenge to the American people."

Without the reinforcing effect of a constant public campaign, families no longer talk as frequently or frankly about the consequences of drug use. Our number one defense was left on the sideline and our children are faced with choices they are woefully unprepared to make. As a number of national family groups—such as Community Anti-Drug Coalitions of America (CADCA), National Families in Action, PRIDE, the National Family Partnership, and others— have noted, we cannot assume that parents are willing or able to talk with their children on this issue without some guidance. Baby boomer parents, many of whom used drugs themselves, have problems discussing the issue with their kids. America's parents need to be reengaged in drug prevention efforts. Parents need to be informed about new drug use trends, motivated to talk to their children about the dangers of drug use, and involved with other parents in implementing strategies to keep their kids drug free. But when the President is silent, when the national media are silent, when popular movies and videos glorify the use of illegal drugs, the challenge facing today's parents is even greater.

Return of Drug Glorification:

The extent of a returning drug culture can be measured by the return of drug themes in music, in the movies, and on television. In a recent major program on drug use broadcast several times on MTV, the popular rock video station that is home viewing for millions of teenagers, drug use was presented in a favorable light with significant time given to spokesmen for legalization of drug use. Increasingly rock videos and music present drug use as normal and desirable. Rock stars and other popular culture figures openly discuss their own use and encourage others to follow their example.

An article in a widely used magazine for schools, called *Scholastic Update*, contained the following assertion:

Marijuana is back and coming out of the closet. Stars use it. Musicians . . .celebrate it. TV shows like Saturday Night Live and Kids in the Hall depict it as harmless fun. Marijuana fashion has grown into a $10 million industry.

MTV, watched by millions of young people carried a program on drugs, aired several times, that clearly sought to normalize drug use. Popular music of all sorts now commonly encourages use. The trend is disturbing and reminiscent of our past experience. This shift raises the prospect of a new wave of drug addiction, since it is attitudes among teenagers, the most at-risk population, that determines future trends in abuse and addiction.[8]

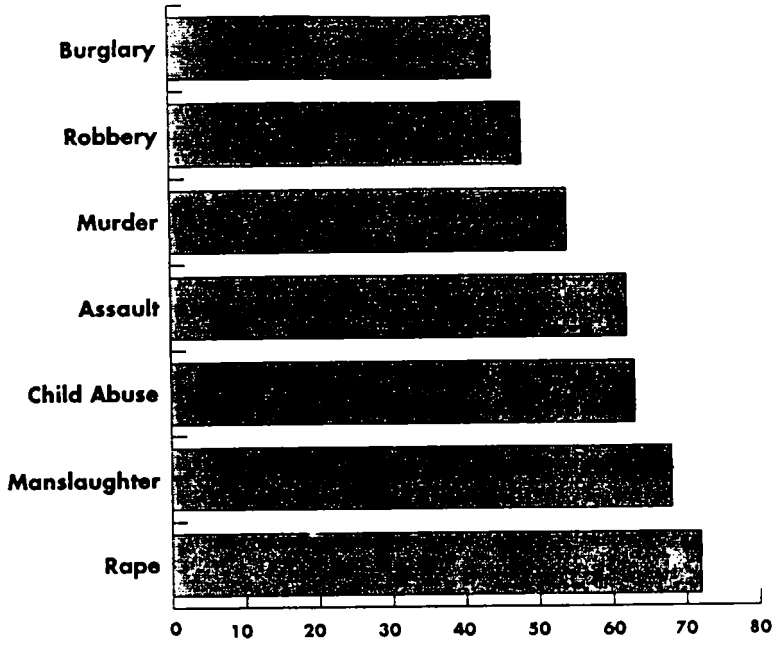
Movies, too, have begun to portray drug use as acceptable. In the recent "family" movie, *How to Make an American Quilt*, for example, grand motherly figures are presented using marijuana as a normal part of life. The theme can be found increasingly in other popular culture outlets. Rock, "hip hop", and rap music now commonly carry explicit drug themes and many of the stars endorse use. Their message, packaged for sale to kids, is available on TV and radio, in music shops, and in the trade literature. By contrast, the counter-drug message has slipped off our front pages. When William Bennett resigned as Drug Czar, it was front page news. When Lee Brown left it received virtually no coverage. Recently the Senate considered the nomination of General Barry McCaffrey as the new drug czar. The hearings received virtually no cov-

"I have been in Congress for over two decades, and I have never, never, never found any Adminsitration that has been so silent on this great challenge to the American people."

- Representative Charles Rangel

Figure 4.

Role of Substance Abuse in Violence



Source: Center for Substance Abuse Prevention, 1993

erage. Moreover, news about teenage drug use and overwhelming public concern about it find no place in media coverage. More disturbing, has been the encouragement a lack of national leadership has provided to groups sympathetic with the idea of legalization. Although never representing more than a tiny minority of opinion, legalizers and their sympathizers receive a disproportionate amount of the limited media attention devoted to the drug question. Along with these, drug themes have made a major comeback in popular culture, with drug use glorified in music, movies, TV, and other mass media that reach young people.

When Len Bias, the Maryland basketball star, died of a drug overdose in 1985, it was a seminal event in alerting everyone to the dangers of drug use. When the rising actor River Phoenix died in 1993, there was virtually no comment about the drug-related death from popular culture pundits or the White House. When Kurt Cobain, the "Generation X" rock star, died in 1994 and Jerry Garcia, the lead singer for the Grateful Dead, died in 1995 of drug-related problems, they were glorified and memorialized. There was virtual silence about the drug problem that ultimately killed them. We have come long way in just three years in burying the anti-drug message. Unfortunately, the results are returning drug use among the nation's young.

The Crime Bomb:

In addition to increasing drug use among teenagers there is concern about a coming explosion of teenage-generated crime, particularly violent crime. As a recent study by the Council on Crime in America notes, between 1985 and 1992 the murders committed by males ages 14 to 17 increased by about 50 percent for whites and 300 percent for blacks. Other violent crimes similarly increased. These increases come at a time when violent crime rates for other age groups are declining. With a new bulge of teenagers coming, the prospects of a new wave of crime is a virtual certainty. Unlike similar patterns in previous years, a larger percentage of these teenage boys and girls are growing up in single parent households. Many of these households are drug infested and violence prone. Not surprisingly, many of the children growing up in these environments have received little socialization. As a result, many are without conscience, remorseless killers and thugs, some as young as 9 and 10 years old. Into this volatile mix, increasing drug use adds a further ominous ingredient.

In many parts of the country the explosion of methamphetamine use, a virtual "methedemic" only adds to the potential. Meth or crank increases the chances for individual violence. As one district attorney noted, drugs work. That is, they have the physical, pharmacological, and psychological effects they were intended to have. Many of these drugs lower inhibitions—already weak among teenagers—and exacerbate violent tendencies— an explosive combination. Rural states are particularly hard hit. A recent *New York Times* front page story painted a vivid picture of the effects methamphetamine is having in Iowa on individuals, families, and communities. This is an experience being repeated in many parts of the country.

As the Council on Crime further notes, between now and 2005 the number of teens aged 14 to 17 will increase 23 percent. Furthermore, as noted, this new generation is far more likely to commit more crimes, particularly violent ones. When combined with an environment that encourages drug use, particularly of violence-promoting drugs, the potential for irresponsible, violent behavior grows significantly.

"The majority of violent crime is concentrated in just 75 of the country's 3,000 counties."

Safe Cities—Safe Streets:

One of the casualties of the decline in public civility has been the safety of citizens in their homes and on the streets of their neighborhoods. Everyone notes the increase in violent crime in recent years, especially the worrying trend in youth violence. This affects all of us, but unfortunately the majority of that violence is concentrated in just 75 of the country's 3,000 counties. These counties coincide with our major metropolitan areas. Even here, the violence is concentrated in just a few neighborhoods. The residents of our inner cities have become prisoners in their own homes. They pay a disproportionate price for the violence that affects us all. The consequences of drug trafficking and use hit these neighborhoods the hardest. The explosion of violence coincides with the advent of crack cocaine on the streets.

The clearest example of that is the daily reminder provided by the violence that haunts parts of our nation's capitol. Washington, D.C., one of the world's most beautiful cities, has the dubious distinction of being the murder capital of the country. The per capita murder rate for the nation's capital (60-70 per 100,000 per year) is 3 times that of the whole state of Louisiana (19.8 per 100,000)—which has the highest per capita rate among states—and 1.3 times that of Detroit (57 per 100,000), its closest urban competitor. The majority of the victims of both murder, robbery, and assault in Washington are concentrated in its inner city neighborhoods. Arlington, VA, just outside Washington, has a murder rate one-sixth that of the District of Columbia. As Senator Hatch has commented, "Washington has become a big dumpster. We should be ashamed."

Drugs and violence, along with a decline in public civility and common courtesy, have made our cities and neighborhoods dangerous and unwelcoming to the vast majority of our decent, hardworking citizens. Cities across the country—Los Angeles, New York, San Francisco, Chicago, San Antonio, Miami, and many others—have their share of crime and drug-related problems. But the problem is not limited to urban areas. Many of our smaller cities and towns, and many rural areas, also, have seen increases in gang violence and drug use. We must take our streets and neighborhoods back. As an important step in that direction, we need a new effort to make the streets of our nation's capital safe not only for the many visitors but for the good people who live and work here.

Revolving Door Justice System:

There is some good news to report. With the stronger sentencing guidelines for drug offenses that were adopted in 1984 under the Sentencing Reform Act, more and more drug offenders are ending up behind bars. Unfortunately, they are not staying there. As figures from state and federal prisons indicate, 49 percent of arrests for drug offenses were of people who were presently felony probationers who were on probation.[9] If you expand this group to anyone who has been previously arrested for a felony, the recidivism rate is almost 72 percent. Part of this problem comes form the fact that even once a criminal is incarcerated, rarely is the full sentence served. Among released prisoners the average sentence for a violent crime was about 8 years. The average time served is about 3 years, or just under half of the total maximum sentence.[10]

Reducing violent attacks would not require any additional police. Lowering the crime rate does not require reams of new legislation. There are no magical new crime solving techniques. The key to reducing the rate of violent crime in America is to keep known predators behind bars.

The Empty Bully Pulpit:

Combined with these changes, the President, as Senator Hatch has noted, has been "absent without leadership" on the drug issue. He has not spoken out personally on the issue and his most recent Drug Czar presiding over a decimated office, was all but invisible and lacked credibility. Although the President has appointed a new drug czar, he has no track record at the national level. It also remains to be seen whether he will receive any more support than his predecessor. He begins, however, with a deficit. The Administration has downplayed the whole drug issue, reducing it as a priority in its overall concerns. It also shifted its focus away from core enforcement and interdiction programs to focus on treatment. While Congress welcomes the appointment of a new drug czar, we cannot wait for results. Furthermore, as a recent *Wall Street Journal* piece notes, the appointment of a four star general with a track record on interdiction as the new drug czar-designate repudiates the Administration's policy to date.

That policy was a shift in focus away from effective international, interdiction, and law enforcement programs—favored overwhelmingly by the public—to far less effective treatment programs. As one observer noted, this is the first war in which the chief response was to treat the wounded rather than to go after the problem.

As a result, enforcement of the nation's drug laws, a key federal responsibility, declined. The Administration's 1995 budget proposed to eliminate 621 enforcement positions from the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), Immigration and Naturalization Service (INS), the US Customs Service (USCS), and the US Coast Guard (USCG). In addition, priorities for federal law enforcement have shifted, in part, away from working on major international or transstate crimes to provide questionable support to local and state cases.

These cuts and the de-emphasis on enforcement coincide with a marked decline in drug prosecutions, particularly of major drug figures. Shifts in emphasis away from interdiction have seen increases in the amount and purity of drugs on American streets. While these are not decisive factors in and of them-

selves, when combined with the overall climate of inattention and neglect, they have contributed to the absence of a clear anti-drug message.

At the same time, the efforts and coordination of the pro-drug movement have increased. The movement is becoming better financed and has used the media and a public relations campaigns to weaken drug laws and suggest reductions in drug policy. Talk of legalization and of the failure of the "war on drugs" has become common. Recently, William F. Buckley, Jr., used the pages of the *National Review* to call for legalization. Similarly the *New York Magazine* declared the drug war a failure. Our policy option? Legalize dangerous drugs and make them available on demand.

Just as significant as a factor in failing to deliver the message, is the fact that parents are not taking a major role in talking to their kids about drugs. While many parents seem to believe that peer group opinions are far more important in shaping the attitudes of their children, it is clear that family is critical factor in forming adolescent opinions. Yet, teenagers increasingly report that their parents do not talk to them about the dangers of drug use. This has been a shift from earlier years. Unfortunately, the results of these "shifts" in policy are clear: returning drug use among teenagers.

II. Renewing the Commitment

Establishing Priorities:

It is clear that we need a new, coherent effort to deal with the drug problem if we are to reverse the current rise in teenage drug use. This requires a recommitment, a refocusing, on the things that work along with a reprogramming of funding to those areas that have been most productive.

The American public has an intuitive grasp of where efforts should concentrate to the best effect in dealing with the drug problem. In a recent Gallup poll, over 90 percent of the public identified the drug issue as a major domestic concern. They ranked it, along with violent crime, as their top two concerns.[11] Moreover, they indicated clearly that they favor greater emphasis on prevention, law enforcement, and interdiction. There was little support for treatment, with only 4 percent seeing it as the best anti-drug strategy. Most saw treatment as only a stop-gap measure and not a solution to the drug problem. Prevention, law enforcement, and interdiction, in fact, were the priorities of the national drug policy between 1981 and 1993, the years of steady decline in domestic use. Only in recent years has policy moved away from these priorities, putting greater emphasis on treatment. And it is in these recent years that we have seen steady increases in use and significant changes in attitudes about drug use.

In the 1980's, many grass roots parent organizations developed to fight the drug problem. Much of the success up to 1992 was a direct result of the prevention and education campaigns of these organizations. Efforts such as the Partnership For A Drug-Free America's advertizing campaign showing a sizzling egg as a "brain on drugs" caught the public's attention and alerted them to the dangers of drug use. These ads were in large part possible because of the support that they received from media and corporate sponsors. But when the federal focus on the drug issue declined, so did their support and effectiveness.

The 1995 Drug Abuse Warning Network (DAWN) Survey, which monitors drug-related emergency room admissions, illustrates the problem. Although the Administration has put greater emphasis on treatment, cocaine-related episodes hit their highest levels in history in 1994. Marijuana-related episodes are at 155 percent above 1990 levels. Methamphetamine episodes jumped 256 percent over 1991 levels. Heroin-related episodes jumped 66 percent in 1993. This comes despite continuing increases in funding and greater emphasis on treatment. In the meantime, teenage drug use is on the rise. Treatment programs do absolutely nothing to deter this group from use and therefore make no contribution to preventing a new addiction problem.

Shortfalls and Missteps:

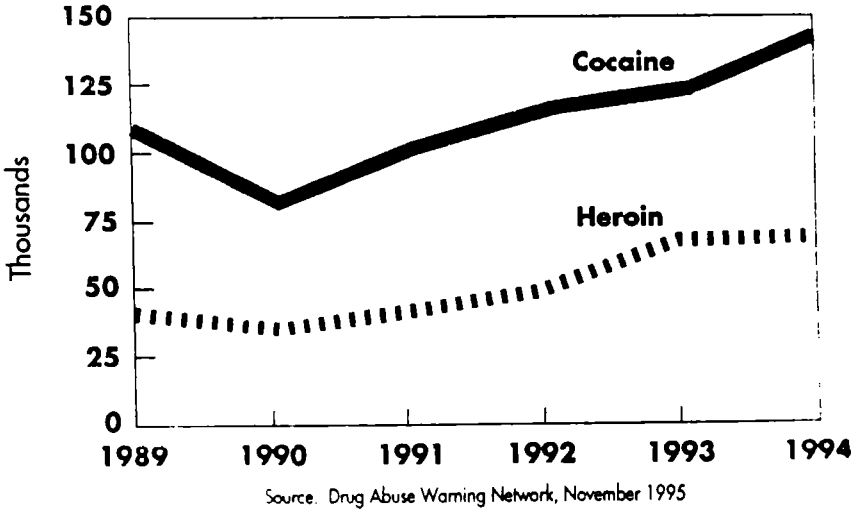
Unfortunately, the Clinton Administration has also reduced efforts to law enforcement and interdiction. The Administration's cuts in drug enforcement and refocusing of federal agencies from major cases has coincided with significant declines in drug prosecutions. The number of federal prosecutions declined by 12 percent in two years.[12]

The Administration also cut efforts to maintain our interdiction capability and redirected resources to other activities. Budget cuts have seriously hurt the U.S. government's ability to seize and interdict drugs in the transit zone and at our borders. Transit zone seizures are down, street prices are down, and Cali traffickers are teaming up with Mexican drug barons to fly multi-ton loads of cocaine into Mexico aboard modified commercial jetliners.[13]

Between 1993 and the first six months

Figure 5.

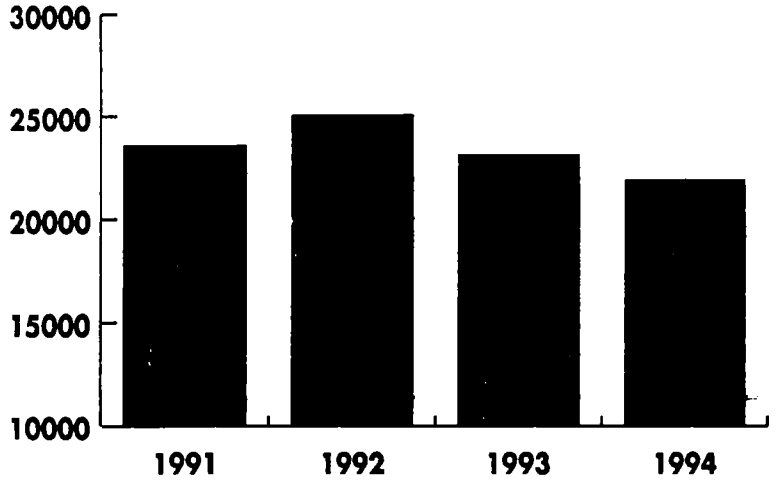
Detail of Cocaine- and Heroin-Related Emergency Room Episodes 1989-1994



Source. Drug Abuse Warning Network, November 1995

Figure 6.

Federal Drug Prosecutions



Source: Administrative Office of U.S. Courts. Total number of individuals prosecuted for drug law violations

of 1995, the transit zone "disruption rate"—the ability of U.S. forces to seize or otherwise turn back drug shipments—dropped 53 percent, from 435.1 kilograms per day to 205.2 kilograms.[14] Over the course of a year, the lowered disruption rate means that as much as 84 metric tons (mt.) of additional cocaine and marijuana could be arriving unimpeded on the streets of the United States through the Eastern transit zone alone.

Interdiction in the transit zone is accomplished primarily by three federal agencies: the Department of Defense (DoD), the U.S. Customs Service (USCS), and the U.S. Coast Guard (USCG). Responsibility for ensuring adequate drug interdiction funding for these agencies currently rests with Admiral Robert D. Kramek, United States Coast Guard. Appointed by the Director of ONDCP to serve as an ombudsman for the entire interdiction program, Admiral Kramek's role is to fight for money and interdiction resource allocations from participating agencies and to coordinate policy implementation.[15]

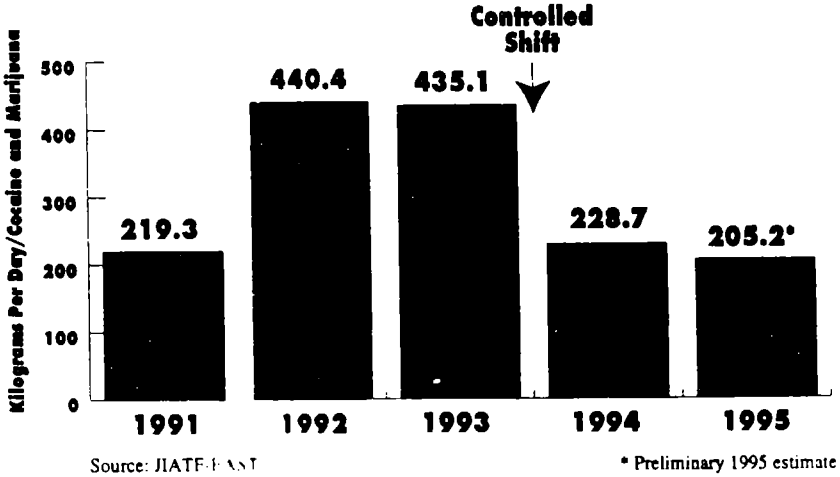
At a hearing before the National Security Subcommittee of the House Committee on Government Reform and Oversight on March 9, 1995, it was learned that Admiral Kramek had sent a memorandum to Lee P. Brown, former Director of ONDCP, urging him to arrange a meeting with President Clinton.[16] The purpose of that proposed meeting was to inform the President that a consensus had developed among interdiction agency heads that it was necessary to return to Bush Administration levels of interdiction funding. Director Brown, apparently ignoring the memorandum, declined to arrange a meeting. He has since acknowledged that he failed to relay Admiral Kramek's concerns to the President because he was unconvinced that interdiction spending produced sufficient "bang for the buck."[17] Statistics, however, bear out what Admiral Kramek told Director Brown.

Customs has downplayed the enforcement and interdiction role. As Senator Diane Feinstein noted in detailing actions at Customs and calling for the resignation of the Commissioner, "I have seen for some time in Customs a change of mission, turning away from an enforcement agency into a [trade] facilitation agency." Among other things, Customs has mothballed 22 fixed-wing aircraft and five sophisticated UH-60 Black Hawk helicopters, vital tools in the interdiction effort.[18] In addition, Customs has shifted priority away from enforcement and interdiction efforts to trade controls. Personnel cuts and budget reductions have been taken disproportionately in these areas, which has affected morale.

The overall proportion of the Customs Service budget devoted to drug control fell from 45.5 percent in fiscal year 1991, to a projected 33.9 percent in fiscal year 1996.[19] Clinton Administra-

Figure 7.

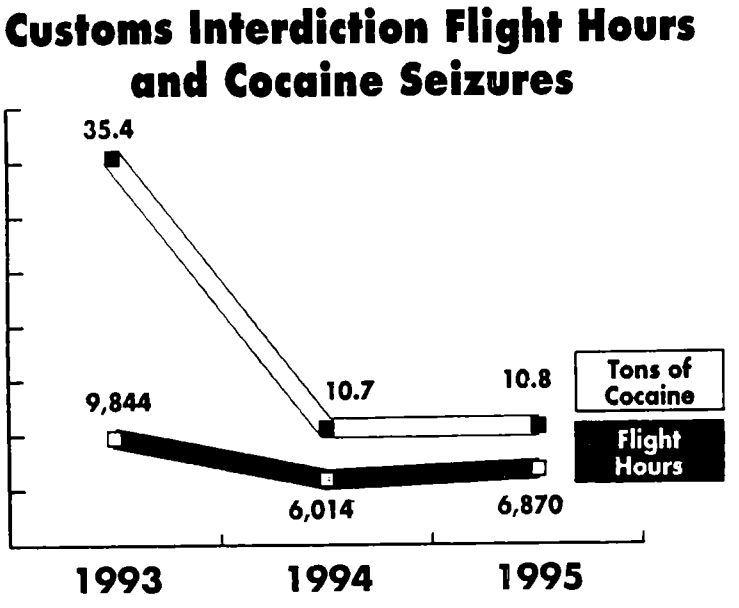
Transit Zone Disruption Rate



Source: JIATF-East

* Preliminary 1995 estimate

Figure 8.



Customs Transit Zone Flight Hours and Customs Transit Zone Supported Cocaine Seizures

tion cuts to the Customs Service interdiction budget coincided with a 70 percent decline in Customs-supported cocaine seizures in the transit-zone, from 35.4 mt. of cocaine in fiscal year 1993 to 10.8 mt. in fiscal year 1995. The number of trafficker aircraft seized by Customs in the transit zone fell from 37 to 10 during the same period. Customs Service transit zone flight hours, a rough indicator of the agency's focus on interdiction, fell from 9,844 in fiscal year 1993 to 6,870 in fiscal year 1995.[20] Total Customs Service flight hours are down as well, from 56,134 in fiscal year 1993[21] to a projected 41,800 in fiscal year 1996.[22]

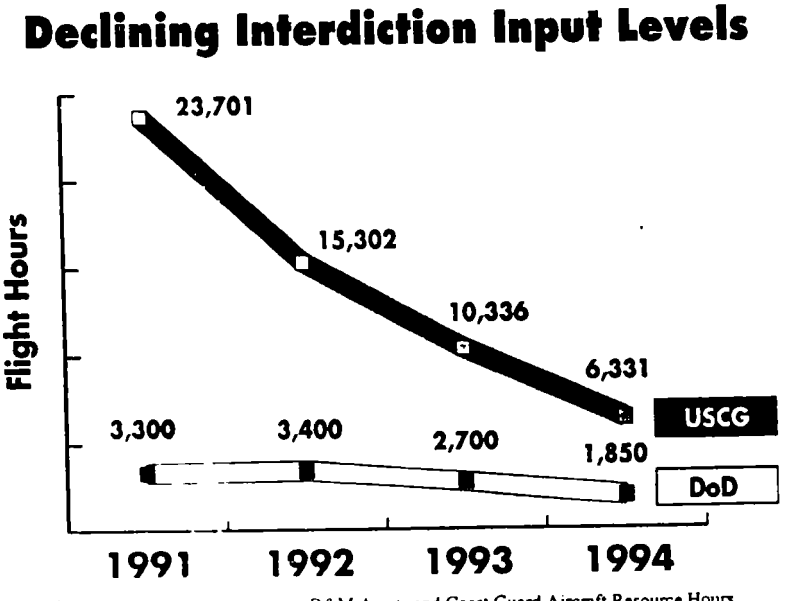
Department of Defense (DoD) interdiction assets have been cut back as well, a critical misjudgement, since lead agency responsibility for the aerial and maritime detection and monitoring of drug traffickers is established by statute within DoD. Between fiscal years 1992 and 1995, interdiction budgets were reduced by more than half, from $275.7 to $130.7 million.[23] DoD airborne detection and monitoring assets were cut back from 3,400 to 1,850 hours during the same period.

The use of Navy vessels (measured in so-called "steaming days") was cut from 420 to 170 steaming days. The number of DoD ground-based radar sites increased from 11 to 18 between fiscal year 1992 and 1994, although a number of those sites are now slated for closure as the military's Relocatable Over-the-Horizon Radar (ROTHR) system comes on line. Despite excessive interdiction cutbacks, DoD has been providing enhanced support in other areas, such as a program to provide intelligence and related support to drug law enforcement agencies targeting major overseas trafficking organizations.

Interdiction efforts of the United States Coast Guard have also declined significantly over the past two years. The Coast Guard operating expense budget for drug missions fell from $449.2 million in fiscal year 1991 to a projected $314.2 million in fiscal year 1996. Cutter and aircraft resource hours are projected to fall 23 and 34 percent, respectively, over the same period.[24] The overall proportion of the Coast Guard budget devoted to drug control has fallen from 21 percent in fiscal year 1991,[25] to a projected eight percent in fiscal year 1996, as the Coast Guard focuses on other missions deemed to be of higher priority.[26]

Between fiscal years 1994 and 1995, the Coast Guard was forced to mothball the following drug interdiction assets: five 82-foot patrol boats, three surface effect ships, seven HU-25 Falcon aircraft, and one medium-endurance cutter. It makes little sense to mothball expensive hardware, bought and paid for by the American taxpayer for the war on drugs, while narcotics are flowing virtually unimpeded into the country.

Figure 9.



Department [illegible] Airborne D&M Assets and Coast Guard Aircraft Resource Hours

Not surprisingly, Coast Guard seizures are off: Cocaine seizures fell more than 45 percent since fiscal year 1989, from 7.2 mt. in fiscal year 1989 to 3.9 mt. for the first 11 months of fiscal year 1995, and remain 73 percent below the peak of fiscal year 1991, when they hit 14.8 mt. Marijuana seizures fell even more dramatically, from 134.2 mt. to 13 mt. during the same period. The number of Coast Guard vessel seizures fell 88 percent, from 152 in fiscal year 1989 to 19 in fiscal year 1995.

The Tradeoff:

The tradeoff for cuts to transit zone interdiction forces was to have been a "new" concentration on institution-building and interdiction in the source countries of Latin America—an idea recognized by some for its similarity to the Bush Administration's "Andean Strategy."[27] More than 18 months after unveiling the new strategy, however, ONDCP Director Brown acknowledged to a Congressional committee that the shift had not taken place.[28]

Foreign assistance funding to the Andean region has, in fact, been steadily declining. International counter narcotics funding to the Andean region fell abruptly under the Clinton Administration, from $334.9 million in fiscal year 1993 to $131.8 million in fiscal year 1995—a 60 percent drop, and significantly less than the $470.3 million appropriated in fiscal year 1992 under President Bush.[29] President Clinton's December 1993 Summit of Latin American leaders was notable for its focus on trade and "governance" issues—and its almost complete lack of attention to the drug issue. A brief "action plan" on drugs contained little of note.[30]

This is unfortunate since a modest investment in the source countries of Latin America can have a major impact. In Peru, for example, President Alberto Fujimori has been providing drug dealers with a clear demonstration of his willingness to control the airspace over the coca-rich Upper Huallaga Valley. Acting on his orders, the Peruvian Air Force has shot down or otherwise disabled more than 20 trafficker aircraft since March 1, 1995, leading to the lowest level of detected flight activity in over three years. Coca prices have plummeted.

President Fujimori's hard line on drugs actually prompted the Clinton Administration to cut Peru off from receiving radar tracking data, badly damaging bilateral relations in the process. Only congressional action, lead by Representative Robert Torricelli, reversed the Administration's fumble.

Further north, booming trade with Mexico has posed a major challenge to agents and inspectors of the United States Customs Service, who have the lead responsibility for preventing the cross-border importation of illegal drugs. Roughly 70 percent of all cocaine enters the United States across the U.S.-Mexico border, according to DEA. Yet, according to an investigation conducted by the *Los Angeles Times*,[31] not a single kilogram of cocaine was confiscated from the more than two million trucks entering the country through three of the busiest points of entry along the Southwest border during fiscal year 1994.[32] Customs agents seized 802 kilograms of cocaine from all commercial border traffic during fiscal year 1994, compared with 3.5 mt. in fiscal year 1993 when commercial traffic was lighter.

The Customs Service has taken a number of steps to address the decline in seizures along the Southwest border. On February 25, 1995, Customs announced Operation "HARD LINE," an initiative to fortify ports of entry against so-called "port runners," car and truck drivers who smash through inspection stations with a cargo of illegal drugs.[33] Another HARD LINE initiative involved the application of new technology to the fight against smuggling. Encouragingly, border seizures of cocaine increased somewhat with the advent of Operation HARD LINE, although overall Customs Service cocaine seizures for fiscal year 1995 remain 25 percent below the 1992 level.[34]

While these cuts and shifts in priority are consistent with Administration stated policy goals, it is clear that they need a re-examination. Overall, there has been a decline in US law enforcement and interdiction efforts and a refocusing on treatment. The results of this shift in emphasis are in and they are not encouraging. As one of the recommendations in a recent report by the International Association of Police Chiefs, *Violent Crime in America*, asserts, we need a renewed emphasis on interdiction and detection. We need a new commitment for DoD to assists in this effort. It is time to put our efforts back on track.

Setting the Record Straight:

Congress, under both Republicans and Democrats, has consistently supported drug policy when it has been clearly developed and seriously presented. Throughout the 1980s, it was Congress that took the lead in pressing for major drug initiatives. In 1988, Congress mandated that the Administration submit a detailed strategy and it also created the Office of National Drug Control Policy (ONDCP) for the express purpose of improving executive branch coordination of drug policy. In 1994 Congress strengthened the authorities of ONDCP in order to help it improve its performance. Unfortunately, in recent years, the Administration has failed to present either a coherent counter-drug strategy or to explain its requests to Congress. It has failed to sustain its own programs in Congress or to support its own Drug Czar. Rhetoric has replaced action, and even the rhetoric has been low key. Indeed, the drug issue has sunk without a trace as an Administration priority. With the appointment of the new Drug Czar, we hope to see a more serious commitment addressing the drug problem. The Congress looks forward to a reinvigorated effort.

The Drug Czar's office, however, has received little or no support and carries little weight. Even the much reduced office has yet to be fully staffed, the key office of Deputy for Supply Reduction is still vacant after three years. In recent months, the Administration has tried to shift the blame for its own inaction and indifference to Congress, claiming that its lack of success is the result of Congress not fully funding its requests. The problem, however, does not lie in a lack of funding. They emanate from the Administration's lack of leadership, of coordination, of serious intent, and in its shift of emphasis to programs that do not address the central concerns of the drug issue. What does the record show?

As shown in *figure 10* below, overall funding for the drug program increased steadily in the Reagan years. Beginning with the first Bush drug strategy, funding for drug programs increased sharply in all categories. The last Bush drug budget, for fiscal 1994, was double that of 1989. Funding for treatment and prevention also doubled. These increases reflected the focus of the Administration on the drug issue and the level of support in Congress for the effort. After the large increases in the drug budget in 1989 and 1990, Bush Administration drug budget requests averaged a 10 percent increase per year. Similarly, Clinton Administration budgets, with the exception of support to interdiction and international programs, have also averaged around 10 percent increases. Neither Administration, however, received its full request from Congress. Budget constraints and differences over spending priorities generally saw an average 3-5 percent reduction in the Administration's request. Cuts in the Fiscal Year 1996 request are likely to be slightly higher because of efforts to balance the budget, which has meant more significant cuts across the board, not just in drug programs. Despite this history, the Clinton Administration continues to complain that the reason that their programs have presided over dramatic increases in teenage drug use is because Congress has not fully funded their requests. It should be clear, however, that the realities of drug budgets do not support this claim.

The essential differences between the approaches in the years 1981-1992 was not just the amount of money that the counter-drug effort received but in the priority and attention it received. The Reagan and Bush years saw increasing priority given to the drug problem. These were the years of "Just Say No" as well as larger budgets. It was the rhetorical, public emphasis on the problem that indicated a clear message about drug use: drug use is both harmful and wrong. This message, communicated through visible actions by the nation's leaders, its cultural and political elite, as well as community and family groups, helped to protect a generation of young people. It got many of them through the critical years, the ages between 12 and 21. Since 1992, however, that message has been lost. The President has been invisible on the issue. His Drug Czar has had little influence within the Administration and no influence beyond it. The policies have de-emphasized the wrongfulness of using drugs, and the public message has been lost. As Senator Grassley has noted, the Administration has replaced "Just Say No" with "Just Say Nothing."

"Congress, under both Republicans and Democrats, has consistantly supported drug policy when it has been clearly developed and serioused presented."

Figure 10.

National Drug Budgets for Selected Years, 1981-95

	'81	'84	'89	'90	'91	'92	'93	'94	'95
Prevention	86	128	725	1238	1479	1539	1556	1597	1848
Treatment	513	582	868	1639	1877	2205	2252	2399	2647
Interdiction	350	707	1441	1752	2028	1960	1511	1312	1293
Prosecution	71	122	389	456	583	717	792	801	850
Corrections	88	149	933	1781	1265	1520	1736	1765	2061
Investigations	211	410	960	1090	1288	1408	1418	1646	1731
International	67	96	304	500	633	660	523	329	309
TOTAL	1,532	2,363	6,664	9,759	10,958	11,910	12,178	12,184	13,265

Numbers for particular years are selected and not comprehensive so totals do no add up. Numbers are in millions of dollars.

The results of this neglect are clear, a new generation of kids reaching the ages of 12 and older are simply not getting the message and they are using more drugs and seeing less harm in doing so.

Drugs and Health Care Costs:

The annual cost of substance abuse in the United States, (according to the Institute for Health Policy) of unnecessary health care, extra law enforcement activity, auto crashes, crime, and lost productivity, is more than $166 Billion.[35] Substance abuse treatment programs reduce the overall hospital admission rates by at least 38 percent. Hospital admissions for drug overdoses decrease by nearly 58 percent after treatment.[36] Everyone recognizes the importance of substance abuse and other drug treatment programs.

Accountable drug prevention, treatment, and interdiction efforts are the keys to any progress on our nation's war on drugs, and therefore improving our nation's future. But too much of the money that the federal government spends on drug prevention and drug treatment programs cannot be accounted for. "Studies such as one conducted by Michigan Governor John Engler's office. . . indicate that federal treatment monies have often been wasted and misused," Congressman William Zeliff noted. "The documented misapplication of these monies, including use for everything from school bicycle pumps and ping-pong balls to dental hygiene and latex gloves, is not just wasteful. It is hoodwinking the American people and, where it has happened, intolerable."[37] Because of this lack of accountability some have come to see treatment programs as another way to pick Uncle Sam's pocket. When Congress does appropriate money, especially with the tight budget constraints, assurances must be made that the money being spent is going for programs that work.

A comprehensive strategy must also include a serious commitment to drug treatment, especially of new addicts. A Center for Substance Abuse Treatment report in 1995, *Producing Results...A Report to the Nation*, indicated that violent crime fell by 79 percent, drug sales crimes fell by 78 percent and employment increased by 9 percent among the 1900 people who successfully competed the CSAT demonstration project. A Department of Health and Human Services report in 1991 found that drug treatment can be an important factor in reducing drug use and predatory crime.

However, treatment should not be the primary focus of our nation's anti-drug strategy. As Representative Ben Gilman has emphasized, "...we need eradication, interdiction, and strong law enforcement on the supply side, along with education, treatment, and rehabilitation simultaneously on the demand side."

Emphasizing treatment alone addresses the wrong end of the problem. You cannot win a war by focusing on the treatment of the wounded. The most at-risk population for drug abuse is our young people. We must take the necessary steps to keep them from using drugs. This means that we need to focus our limited resources on programs that work to reduce the demand for treatment centers — programs that reduce the demand for drugs overall. Education, intervention, and interdiction programs have a proven track record of decreasing the demand for drugs. This is where funding needs to be focused so that we can eliminate the scourge of drugs from our society. In addition, in both treatment and prevention programs, as well as in other areas, we need better tools for evaluating our efforts and we need to build evaluation in as a component in our service delivery programs. Too many programs measure inputs—how much money, how many treatment slots, how many ship days, how many people served—and have not included the integral, sustained measurement of outputs. Too often outcome evaluation has been an after-thought. In all we do, however, we must remember that our most important effort must come in balanced, sustained programs.

"...we need eradication, interdiction, and strong law enforcement on the supply side, along with education, treatment, and rehabilitation...on the demand side."

- Representative Ben Gilman

Nancy Reagan said it best in her January 23, 1996 column in the *Wall Street Journal*:

We should all, as citizens of this great nation, be frightened by the latest drug statistics. We should all question what they mean to our futures and those of our children. We should all resolve not to be silent any longer. By the latest drug statistics and the renewed calls for legalization of marijuana, it is painfully obvious that our "letting up" is going to let down the young people of this country. It's time to just say 'Whoa!'[38]

III. Principles to Live By

It is clear that we need not only a new strategy for dealing with the growing drug problem but also a recommitment to doing what works. We have seen current efforts undermine the progress that we had made, shifting the focus away from successful efforts to invest in failure. If we do not address this problem, we will find ourselves in the midst of a new and even more serious drug problem. We need a strategy and a commitment.

Developing a coherent strategy, one that works, one that has a proven track record, is no mystery. What it requires, however, is a grasp of the essentials, of the principles that must underlie our efforts. The members of the Task Force believe that we can and must base our efforts on clear principles that all Americans can agree upon. The American public, as a recent Gallup Poll indicates, has an intuitive grasp of what works in dealing with the drug problem and they want to see more effort on law enforcement, interdiction, and prevention.[39] This opinion reflects a continuing, sound judgment that our policies should and must reflect. We must base our efforts on a number of key principles:

- *Proper Division of Responsibility Between the Federal, State, and Local Levels.*

— Federal efforts should concentrate on those areas best covered by the Federal Government. These include concentrating on international and interstate law enforcement and interdiction, areas that the states are less well-equipped to deal with. This involves programs to ensure cooperation from foreign governments on drug control and efforts to disrupt international drug production, trafficking, and money laundering. At home, this means greater attention to going after the kingpins and major traffickers of drugs.

Treatment and prevention activities also can be dealt with far more effectively at the state and local levels with appropriate Federal block-grant support.

To increase the efficiency and effectiveness of federal efforts, one approach may be to consolidate all of the various federal prevention and interdiction programs under one agency. In such an effort, prevention programs that are presently scattered throughout HHS, HUD, Education, and DoJ would be combined under a single prevention agency. Drug prevention needs a counterpart to the DEA — a single-focus agency that will elevate drug prevention on the federal agenda. By combining the plethora of current federal prevention programs under one jurisdiction it would be possible to streamline the current programs; ensure that resources are used for and reach effective anti-drug programs and organizations operating at the grassroots level; and develop and insure the use of valid outcome measures for federal investments in prevention programming. This would result in both the consolidation of various funding streams as well as the increased visibility and effectiveness of all federal drug prevention efforts, necessary to promoting a strong, clear, and consistent anti-drug message.

The current law enforcement and interdiction efforts of DEA, FBI, CIA, Customs, Coast Guard, DoD, and several other groups also need better coordination. Although there is an interdiction coordinator,[40] he lacks the authority and support to carry out his mission. The DEA is on the cutting edge of drug enforcement efforts and must continue to play a leading role, but recent constraints have blunted their effectiveness.

The Federal Government should also consider ways to go after the kingpins of drugs and their major lieutenants. Not only do we need to vigorously enforce current "drug kingpin" laws but we need to consider taking the next step—going after the frequent drug smugglers who traffic drugs in commercial quantities. We need to aggressively pursue the big drug lords and we need to look for effective means to discourage others from carrying out their agenda. One approach is that Congress consider legislation to expand the death penalty so that it applies to commercial importers of drugs as well as the major kingpins. In addition, habeas corpus reform should be part of an initiative to expand the death penalty. Such reform needs a mechanism to ensure that sentences are carried out. Instead of tying up the judicial system with endless appeals dragged out over many years, an expedited process should be explored.

- *Sustained Interdiction Programs.*

— One of the failures of current programs is the downgrading of interdiction efforts. This approach has lead to a shift away from effective, sustained interdiction programs. Moreover, the public message about the dangers of drug use has been undermined by this shift. The message that is being sent by this shift has undermined the idea that drug use is wrong, not just harmful. We need focused programs to ensure international cooperation in stopping drug production and trafficking; the arrest of the leaders of the major criminal enterprises; and we need sound efforts to confiscate their assets and disrupt their ability to launder their money.

Currently, our interdiction pilots, when tracking a drug smuggling plane, are prohibited from taking any action that would interfere with the safe operations of that aircraft. The U.S. Government is equipped with an advanced ability to detect and monitor drug smugglers, but policies have prevented our government from having the ability to take any kind of decisive action that would deter them. President Bush's 1990 National Drug Control Strategy highlighted the air interdiction issue: "The overall effectiveness of our air interdiction program, however, is inherently limited by our current rules of engagement."[41] We need to consider how to make improve and toughen our air interdiction efforts.

With the resurgence of drug use and the decrease in drug seizures, the U.S. Government needs to develop and implement an aggressive air deterrence policy. A clear and concise air deterrent policy against drug smuggling aircraft deserves consideration in planning a future interdiction program. Of course, any air deterrence policy that allows for the use of force must have clear and effective safeguards in place to protect innocent pilots.

Air deterrence will allow the U.S. Government the opportunity to add another layer to our existing interdiction activities. An aggressive air deterrence policy could reverse the trend in air smuggling and deprive drug cartels of one of their most valuable assets — pilots unafraid to smuggle drugs.

In addition, we need to look at ways to clarify evidentiary rules, guidelines for search warrants, and enhancing drug sentences. In some areas, the sentencing structure for drug possession and trafficking must be tightened, both for adult and juvenile offenders.

- *Sustained, Effective Law Enforcement Programs.*

— One of the realities of preventing drug abuse and crime is a clear message that society will not tolerate these behaviors. This means swift and sure punishment. The certainty of punishment, more than its severity, is essential in making clear to everyone that certain behaviors and actions are not acceptable and that engaging in them has adverse consequences.

In addition to improving enforcement programs aimed at major crimes, a concerted effort to enforce laws that promote public civility can help to reduce overall crime and to restore public confidence. Recent efforts in New York point the way. There, efforts to enforce parking laws, punish graffiti writers, remove "squeegee" operators, and control public indecency, along with efforts to go after major crimes, have contributed to a general and dramatic reduction in crime rates. As one commentator noted, New York has discovered the cause of crime—criminals.[42] By enforcing existing laws, including the laws that govern behavior in public places, we see what is possible in efforts to regain control of our neighborhoods and streets.

One tool that we can give local and federal law enforcement is a fully developed, easily accessible national criminal identification database. Through a relatively small expenditure of federal money, states can develop and modernize their own information systems and connect them to the FBI's main criminal identification system. This would provide local law enforcement with up-to-date, accurate information on criminal histories, fingerprints, ballistics, and DNA information that will assist drug crime investigators in identifying suspects, and in connecting drug related incidents and related criminal enterprises. This system would provide law enforcement officers on the street with accurate, timely information on suspects and would prevent officers from unwittingly releasing suspects who are sought by authorities in other jurisdictions.

- *Concentration on Well-Developed Prevention Programs.*

— It is essential to maintain a coherent anti-drug message that begins early in adolescence and continues throughout the growing years. Such an effort must engage professionals, parents, communities, and young people. While the Federal Government has a role to play in supporting these activities, local, community-based initiatives are better able to target specific concerns and respond to them flexibly.

Prevention is one of the most important interventions on drug problems. The most successful prevention programs take a comprehensive approach. They include drug education, media campaigns, family education, and prevention-focused health policy. There are numerous family and community groups that have been very effective in conducting people on the dangers of drug use. Simple refusal programs have some merit, but experience has shown that older adolescents in particular need a solid education about refusal skills and alternatives to drug use. The message of all programs should clearly support no use of illegal drugs and no illegal use of legal drugs. This is particularly true of alcohol.

Alcohol is by far the most popular and destructive drug among our youth, who use it illegally. HHS reports that 11 million people under 21 have used alcohol in the past month, 2 million of whom are heavy drinkers. Alcohol is a "gateway" drug that precedes other illegal drug use. A survey of 27,000 7th-to 12th-graders found little or no use of other drugs among teens who had not used alcohol first.[43] Preventing alcohol use must be an important component of our thinking in combating drug abuse.

We also need to look at ways to engage the business community in prevention efforts. With 74 percent of drug abusers employed, business represents the nation's largest untapped resource in the fight against drugs. Small-and medium-sized businesses, which employ over 60 percent of the work force,[44] are the critical target for the new drug-free workplace programs. Several smaller insurance companies have provided discounts on worker's compensation, health care, and liability insurance for businesses with drug testing programs in place. Congress can help to expand drug free workplace programs by holding hearings on the status and benefits of drug-free work place programs around the country and, in conjunction with the nation's major insurance carriers, encourage insurance companies to provide discounts to employers who have implemented drug-free workplace programs.

There are other areas where drug testing could provide tremendous help in the anti-drug effort. One such effort at the federal level might require all organizations consulting to or contracting with the federal government to fulfill drug-free workplace requirements, especially in sensitive or safety-related positions.. We have already seen the reduction in drug use that has occurred because of similar requirements presently in place with the Pentagon and in some private sector positions. These requirements should be expanded. The private sector should consider expanded testing, especially for critical or safety-sensitive positions.

Present testing methods should also be re-examined. Although urinalysis is one of the most widely recognized and used objective measures, of drug use, it is limited to use within the last three days. Because an inch of human hair contains a record of drug use, hair testing should be seriously looked at as a method for providing a longer history of drug use, especially in light of the recommendations made by GAO June 1993 report entitled, *Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement.*[45] The use of hair testing would go a long way towards eliminating the inaccuracies and under-reporting in the self-report surveys that are conducted on arrestees, inmates, and safety-sensitive workers. As the GAO and other studies note, studies of drug use based on self-reporting are inaccurate, with significant under reporting even when the information is the result of "blind" tests where the name of the respondent is not known.

National leaders as well as state and local leaders also need to become more effectively engaged in sustained drug prevention programs at the local level. There are a number of innovative efforts that capitalize on community initiatives. The Iowa Substance Abuse Free Environment (SAFE) program is one. Congressman Rob Portman of Ohio has established a comprehensive community anti-drug coalition effort in the greater Cincinnati area that is a model for how members of Congress can become actively engaged in the issues at the local level. These examples and similar efforts elsewhere illustrate how leadership and energy can bring parents, youth, media, business, educators, law enforcement, religious leaders, health care professionals, and others together to develop locally focused and supported programs. Among other things, such organizations create local networks and a sense of engagement by local communities to run after-hour teen events, organize drug awareness efforts, and engage key segments of the

community that may not have been committed previously. Efforts by Herman Wrice to help communities take back their streets is an example of what can be done. As Wrice points out, "People need to relearn the fact that they have a right to fight back against drug traffickers and gangs who take over the streets and neighborhoods."

The Task Force members also believe that parent involvement is essential to successful prevention efforts. Research by PRIDE confirms that when parents speak with their children about the problems of drugs, adolescent drug use declines, in some cases by as much as 29 percent. Unfortunately, the same data also shows that only 34 percent of students say their parents talk to them about the issue. Since 1992, the number of students who say that their parents talk with them frequently has fallen by 15 percent.[46]

Initiatives by PRIDE and others, which promote parent action teams and community coalitions, offer integrative approaches to address our drug problems across the country, in our neighborhoods and in our homes. These grass roots efforts stimulate parental involvement in prevention. Teams, such as those proposed by PRIDE, offer an opportunity to train in self-sustaining programs, volunteerism, drug education, and local cooperation. Funding for such activities might come from discretionary grant funds through Justice Assistance or the Juvenile Justice and Delinquency Prevention Program. Members of Congress, state and local leaders, and the business community can also play a vital role in promoting community coalitions—action teams where the rubber meets the road.

- *Focus on Treatment Programs That Work.*

— The current Federal effort on treatment does not require major additional funding, but it does require a closer look at what works so that the resources invested are achieving the best possible results. The major treatment effort must come at the state and local level, however.

It is clear that treatment works for many people. Treatment encompasses a wide range of interventions from self-help groups on one hand to extended residential programs on the other. In-patient treatment is not necessary for every addict. Dr. Eric Voth, Director of Drug Watch International, notes that although some are able to stop using through support programs, others require a more rigorous program. Typically, treatment is most effective for those who are motivated or who face a substantial penalty if they do not achieve and maintain sobriety. Unfortunately, few people who are chronically addicted see the benefits of getting off of drugs. Because of this, some critical treatment slots are taken up by chronic addicts who have little or no motivation for change. The problem is that in chronic relapsing individuals, motivation is poor. Thus treatment for many individuals becomes a revolving door with no hope of long-term sobriety.

There is also a considerable problem in treating adolescent users. Again, two of the major problems in handling adolescent addicts are motivation and subsequently providing positive environments after treatment for the young people. The rise in single-parent families, illegitimacy, and a rising tide of teenage pregnancies has created a generation of poorly socialized youth with few values or a sense of the virtues that must accompany responsible social membership. Many of these adolescents originate from chaotic social situations and leave treatment only to return to the same drug using peer groups or homes. While some progress could be made in providing re-entry assistance for youth after treatment, the management of chronic adolescent addicts may require changes in the current legal framework. The effects of drug treatment, however, tend to be incremental, building over the course of time. Even these partial results can be beneficial. Treatment can have a positive effect in reducing the incidence of criminal activity, reducing emergency room admissions, and lowering long-term medical costs.

In some cases, religious-based treatment programs, such as Teen Challenge, have also demonstrated impressive results. State and federal funding of treatment should not automatically exclude funding to such programs where clear results can be documented. As Princeton University Professor John DiIulio has noted, "the presence of active religious institutions mediate crime and other social ills, *both* for people who attend temple, church, or synagogue and for their neighbors who don't." Congress should consider legislation that is designed to allow states to contract with private charitable organizations, including religious organizations, to meet the needs of citizens within their state.

Drug courts are one element of a demand reduction strategy and should continue to be supported. Well-managed drug court programs can, when there is adequate oversight, provide integrated services and sanctions involving the cooperative efforts of law enforcement, treatment, prevention, and the judiciary. Drug Courts are in a unique position

to intervene while addicts are in crisis and can provide incentives for them to complete appropriate drug treatment programs. Various programs such as the Drug Treatment Alternative to Prison (DTAP) program by the Brooklyn, New York, District Attorney, are also encouraging. They reinforce the fact that, for many addicts, serious commitment to treatment begins with a serious encounter with the criminal justice system. To work effectively, however, these programs must also have a serious drug testing component with clear guidelines for failure to comply with abstinence requirements. Programs like DTAP and drug courts work best when developed and administered locally. Major support for these programs should come from state, local, or private sources.

As this report notes, recidivism rates among drug offenders are very high. We should take advantage of the confinement of these offenders to provide drug treatment programs that help offenders and reduce recidivism. Well-conceived in-jail programs that focus on personal responsibility and zero tolerance have proved effective in reducing drug use and recidivism, especially when linked to effective testing programs.

Another major component in pursuing effective treatment alternatives is basic and applied research into the causes of drug abuse and methods for treating or preventing addiction. In addition to current efforts, one contribution that major pharmaceutical companies can make in this area, in addition to efforts to control the diversion of legal drugs with high abuse potential, would be to support research efforts on drug addiction.

- *Attention To Getting The Word Out.*

— One of the key components of any coherent, sustained counter-drug program must be an effort at all levels to keep the issue before the public eye. In particular, this means ensuring that the "bully pulpit" is not empty and that national-level leadership is not AWOL. The anti-drug message must be clear, consistent, and repeated. Every year a new generation of young people grow to adolescence and the message must be renewed and made relevant for each new generation.

- *Getting Back To Basics.*

— "Our families must be the foundation upon which our anti-drug program is built," noted Representative Ileana Ros-Lehtinen. "Like a stone thrown in the pond, families are the center, with our neighborhoods, communities, and states making the ever expanding concentric circles," she added. Parents must believe that they are key to keeping the message alive. Without families, our efforts are doomed. We applaud the efforts of the numerous family and community education groups that can presently be found across America, working with concerned parents and communities to educate both them and their children about the dangers of drug use.

- *Focus on Crime Prevention.*

— Federal efforts should focus on programs designed to reduce overall crime levels, particularly the emerging problem of youth violence. We must work to identify the most at-risk groups and develop the strategies to prevent a new wave of juvenile crime. We must also take the steps that are necessary to get repeat, violent offenders—whether they are drug users or not—off our streets and out of our neighborhoods.

Every community in the nation should be encouraged, by the direct participation of its elected Representatives, to form an effective and sustainable anti-drug coalition. The existing coalitions across the country typically involve schools, parents, law enforcement, the courts, media, business, government officials, religious leaders, and youth to address the local drug problem in a comprehensive manner. Coalitions have proven effective in managing scarce resources by identifying and correcting gaps and duplication of local services. Coalitions have produced significant reductions in local services. Many coalitions have produced significant reductions in crime and drug use in the neighborhoods they serve.

- *Strengthening the Court System.*

Mandatory minimums for drug offenses are based on quantities of drugs found in the possession of defendants. A mythology has grown up around these that lots of "innocent" users of drugs are ending up with long prison terms. Nevertheless, the overwhelming majority of such defendants are arrested with large quantities of drugs clearly for resale. Moreover, the majority of prisoners in Federal and state facilities are ncarcerated for violent or repeat offenses, not drug charges as their primary offense. They are traffickers not simple users.

Senator Snowe has introduced legislation that proposes to promote truth in sentencing—mandating that criminals serve at least 85 percent of their sentences—and requires the courts to order victim restitution.[47] This tough sentencing, along with provisions to prohibit some of the common luxuries frequently found in American prisons today, such as cable television, miniature golf, and expensive weight lifting equipment, will go a long way towards keeping criminals off the streets and in prison, where they belong.

Senator Ashcroft has introduced legislation that would focus on the growing problem of juvenile criminal violence by encouraging states to prosecute juveniles (those age 14 and above) as adults for committing serious drug offenses.[48] In late January, Senator Ashcroft conducted round table discussions in seven cities in Missouri on juvenile crime and teen drug use. The participants agreed that not only was juvenile crime and teen drug use a problem in their cities, but that because the offenders know how to "game" the juvenile justice system, they were sometimes not being held accountable for committing serious offenses, and in particular, serious drug offenses. The purpose of the criminal justice system is to punish, that is to hold defendants accountable for their wrongdoing. "Studies show repeatedly that punishment reduces both frequency and seriousness of offenses by young criminals and is most effective when it is consistently imposed for every offense," according to University of Southern California psychologist Sarnoff Mednick. Given that criminal punishment of young offenders reduces further criminal activity, serious drug offenders should face adult prosecution.

These principles must underpin any realistic strategy. In addition, the programs that implement these principles must have appropriate and consistent funding. Congress has supported such programs in the past, and when these efforts have been coherent and supported by a leadership committed to the effort, we have seen positive results.

Over and above these considerations, we must also look to the moral climate in which we live. The drug problem, in part, grows from a confusion over the principles and virtues that must guide us as individuals and as a free people. Several years ago, while returning to Washington by plane, Chairman Henry Hyde of the House Judiciary Committee had the occasion to meet the Reverend Jesse Jackson. Reverend Jackson related a story of having visited a D.C. high school where he spoke about drug use. He noted to the young people present that we had tried interdiction, we had tried locking people up, we had tried education in our efforts to combat drug use. We still had a drug problem. He went on to tell the high schoolers that what we needed, what they needed, was more prayer for guidance and help on how to live wisely and well. He invited all the drug users in the audience to come forward and acknowledge their problem, to join him in a prayer. Many young people came forward. He asked them to join hands as he led them in prayer committing them to atonement. The occasion was a moving testament to the power of faith and the need for leadership—moral as well as political—in the lives of our young people. As we debate our course, we need to consider not only the programs necessary to prevent drug use but also how we help to form the content of people's character, how we shape the virtues that each of us requires in order to live decent and praiseworthy lives. We need to recall the Reverend Jackson's story and his message.

IV. Moving Forward

Developing a Foreign Policy that Represents US Interests:

Foreign policy is a reflection of do mestic concerns and cannot be separated from them by some arbitrary standard. Whether the issue is steps to protect against unfair trade practices, environmental degradation, the predation of terrorists, the threat of war, or the targeting of the United States by drug traffickers, it is the obligation of those who represent the public to take steps necessary to protect lives, property, and well being. If this is not the case, then the policy is little more than some private or universalist agenda seeking to purloin national resources, its blood and its treasure, for something other than the public interest.

Despite what some have argued, recognizing the American public interest has been the essential element in US policy towards international drug production and trafficking. That policy has also been consonant with international practice and convention. The United States is not alone in recognizing that the production and trafficking of drugs is a major international problem affecting everyone. Drugs kill and those that traffic in drugs are accomplices in murder. Even the major producing countries acknowledge their responsibility in combating the problem of production both in their domestic politics and in various international undertakings. Our policy, then, is not some sort of excuse simply for the United States, unilaterally, to bully other countries or to pass on to them the blame for domestic drug consumption.

Our goal must be a sound foreign policy that is consistent with both domestic and international obligations and standards. We have a responsibility to the American public and to the international community to uphold standards of behavior that promote comity and civil society. Sound international programs that address the production and trafficking in illicit drugs is part of that responsibility.

Approaching Understanding:

What is the reality of drug production and trafficking? Most of the dangerous drugs that affect Americans and the quality of life in our homes and on our streets come from overseas. Like car manufacturers, food sellers, and steel makers, drug traffickers target the United States for their products because it is the world's largest market. As Willy Sutton said in describing why he robbed banks, "Because that's where the money is," the world's drug traffickers in Asia and Latin America seek to smuggle dangerous items into the country because it is profitable. Incredibly so.

The reverse of this fact is that Americans are major consumers of dangerous drugs. The relationship between supply and demand, however, is very complex. It is not described nor can it be understood by some simple formula about supply and demand—Americans want drugs so people line up to provide them. In reality, in many cases, supply drives or heavily influences demand. When supplies are cheap and plentiful and involve few risks to acquire, demand goes up. Drug traffickers understand this relationship and work very hard to exploit it to their profit. Their objective, after all, is to make as much money as the market will bear.

The appropriate response to the consequences of this complex interrelationship is the subject for policy. The nature of the problem has two faces, a domestic one and an international one. In few of the major policy issues that affect our lives is the interconnection between foreign and domestic concerns so clear. Our responses must take this reality into account. Responsible policy must have meaningful international and domestic components. The nature of the response must aim to do several things: to increase the difficulties of getting drugs to the United States, to increase the risks—the penalties—to those who would use or sell drugs, and to educate the public as to the real dangers involved in the use of drugs.

Traditionally, this response has involved two different, but related, efforts—demand reduction approaches in the United States to prevent the use of drugs; and supply reduction approaches, both at home and abroad, to interdict drug flows and to deter sales and use. A truly comprehensive approach needs to avoid drawing too sharp distinctions between these two elements. In fact, the two approaches are complementary and any realistic program must combine them in a dynamic mix along with sound, moral leadership. The question becomes in what proportions.

The Federal Role:

There has been a lot of debate recently over whether the Federal budget for drug control is out of balance, with far too much devoted to international programs, particularly interdiction and law enforcement, and not enough devoted to domestic treatment, education, and prevention programs. Recent budgets have had a 70/30 split in favor of interdiction and law enforcement. Critics say that this should be reversed or at least should be 50/50. There is, however, no evidence to suggest that such a division, especially at the federal level, will produce expected results.

Unfortunately, there is only limited evidence that treatment or prevention by themselves have much success in reduc-

"Between 1979 and 1992, following on comprehensive efforts here and abroad, overall drug use declined 50 percent."

ing use, especially among hardcore addicts. For example, there are an estimated two million heroin and cocaine addicts in this country. Critics point out that there are only some 1.2 million treatment slots, so there is a deficit in treatment. But if treatment were a magic solution to drug addiction, then, even with a success rate of only 30 percent of people treated per year, we would be able to eliminate drug abuse among hardcore addicts in just a few years, even allowing for an influx of half-a-million new addicts. The Bush Administration more than doubled the money the Federal government spent on treatment in 1989 with no appreciable change in the size of the addict population. Clinton Administration shifts of funds to treatment have not produced any improvements. Indeed, the evidence suggests the reverse. The shift in emphasis has coincided with dramatic increases in teenage drug abuse after years of decline. It would seem that the Administration may have recognized this fact with the appointment of General McCaffrey as the new drug czar. Recalling Paul Gigot's comment in the *Wall Street Journal*, the appointment repudiates the policies of the past few years. It is a tacit admission of failure.

The main reason for this is that treatment of hardcore addicts is a problematic exercise. The relapse rates, regardless of the programs employed, are depressingly large, which means that treatment is no royal road to ending our drug problem. The main hope for reducing drug abuse and the addict population is to prevent new people from becoming users and then addicts.

Can we do this? We have some experience of what works in reducing the user population. If you can prevent most people from using drugs before they turn 21, then the overwhelming chances are that they will never use drugs and never become addicts. The effort, then, must focus on those things most likely to influence this most at-risk population. Emphasizing treatment, which comes after the damage is done, is hardly an effective approach in preventing use. It may even be counter productive to the extent that it persuades people that they really face no risks in drug use.

The most effective means to reduce potential use are to decrease the easy availability of drugs, to keep costs high, and to make use a risky proposition. Effective prevention efforts must also employ education and awareness programs that speak to young people, that will provide them with the ability to resist drugs. Since most of the at-risk population are young people, often without any sense of their own mortality, programs aimed at influencing their decision-making processes generally cannot be overly subtle. Even these potential users, however, employ risk assessment in deciding to use. If acquiring drugs is difficult and expensive and involves the risk of jail, most people who might consider using drugs are deterred or give up. This is why law enforcement efforts and interdiction programs are key elements in demand reduction.

Is there any evidence that this works? The answer is overwhelmingly "Yes." When we finally took the question of drug use and addiction seriously in this country, after more than two decades of de facto legalization, we reversed the trend in use. Between 1979 and 1992, following on comprehensive efforts here and abroad, overall drug use declined 50 percent, and cocaine use, the major problem, declined 70 percent between 1985 and 1992. We can point to few efforts to address major social pathologies emerging from the 1960s and 1970s where we have had similar results. Yet, astonishingly, this is presented as a failure, as an excuse for either doing nothing or to stop doing what was so patently successful. The grounds for this argument is that drugs are still available and there are still people using them. These, however, are hardly the point. The criteria for success is a decline in users. This we accomplished—despite the fact that drugs were still available—in a truly impressive effort. Recently, though, we have abandoned what worked. As a consequence, in the past 3 years we have seen a retreat from the policies that worked towards efforts that have downplayed comprehensive approaches, particularly interdiction, enforcement, and moral leadership from opinion makers. The result can be seen in increased use among the most at-risk population, those 12-20 years of age.

And what is the best means to increase the risks that influence decision making about use? Again, overwhelmingly, what works are those things that indicate clearly to those most at risk that the social consequences for use are greater than the potential benefits. This must involve more than simply informing people of the health consequences of possible use. Without some visible signs of sanctions, most people, but particularly the young, will heavily discount any information that has consequences deferred to some distant future. Instead, the risks must be more immediate and apparent. This is achieved by increasing the social opprobrium involved with use and the direct risks of use, that is, the risks of punishment. That is the role of law enforcement in society. It helps to reinforce the social message about what behavior is acceptable and permissible.

In addition, increasing the cost of drugs and the difficulty of getting to them further influences behavior. This is accomplished by tough interdiction and source-country approaches that reduce the flow of drugs and therefore keep their cost high. These, in turn, are accomplished by holding other countries

to a standard of behavior that does not excuse the local production of and risk-free trafficking in drugs.

This is the background for US foreign policy initiatives in dealing with countries like Colombia or Nigeria. It is the underpinning for the efforts that Congress has undertaken, on behalf of the public interest, to provide the Administration with the tools needed to enforce our interests if persuasion and the niceties of diplomatic exchanges don't work. We can see, in the case of Colombia, that when we employ the instruments of our policy, judiciously but with resolve, those instruments produce results. Five major traffickers are in jail today because of that pressure. These are the rationales for our international drug policy, not some blind idea to transfer overseas blame for a problem we have at home.

In combination with moral leadership here and abroad, and along with education and prevention programs, these efforts can, and have, made important inroads on domestic use. Indeed, it is these efforts that provide the best environment in which education and prevention programs can work. It is these efforts that the Federal Government is best equipped to mount. The states cannot deal alone with problems that transcend state or national boundaries. Thus, the appropriate priority for Federal spending is on those things which it can do and the states cannot.

One area where this is clearest is in the need to develop effective international mechanisms to attack the major criminal organizations that traffic in drugs. In recent years, these groups have become more powerful, ruthless, and rich. They are able to challenge foreign governments, to undermine their political stability, and to engage in a wide range of activities in complete disregard for local or international law. No country, not even the United States, can deal with these organizations unilaterally. We must make disrupting and dismantling these organizations a major component of our international efforts.

A greater emphasis on law enforcement and international interdiction is far more in keeping with federal responsibility. There is at the moment, unfortunately, a vacuum in leadership both at home and abroad on the drug issue. It is not a concern that we can afford to ignore or slight.

The Task Force members note, however, that pitting demand reduction and supply reduction efforts against each other is not conducive to creating and implementing the type of comprehensive strategy that will work. The problem that we are trying to deal with is not one susceptible to one-time efforts or magic bullets. Continuing programs, well conceived and sustained year to year, must be our focus.

V. An Agenda for Action

Based on town meetings and a wide variety of discussions with community leaders, young people, parents, law enforcement, school authorities, and recognized experts from the prevention, treatment, law enforcement and interdiction community, the Task Force on National Drug Policy has developed a number of recommendations for action. Many of these have been mentioned. An outline of key recommendations follows. The Task Force members believe that these recommendations and the ideas that sustain them help to inform a serious, coherent, supported and supportable national strategy for dealing with the drug issue.

Some of the recommendations involve action at the Federal level. Some involve new legislation or changes in existing law. But the majority of the recommendations involve actions that can be taken at the state and local levels. They involve efforts by parents and teachers, business and community leaders, by grass roots programs. It is one of the essential principles underlying action in this area as in many others, that the role of the Federal Government in solving local problems is limited. Federal bureaucracies and bureaucrats are not the first line of defense nor the most important elements in dealing with drug abuse.

The Task Force's first and most important recommendation calls for a serious national drug strategy. Recent Administration strategies have been thin and they have arguably failed to meet the clear statutory obligation that specific and measurable objectives be included. In addition, the Administration delayed for almost a year issuing a strategy for heroin, and this was not until three years into the present term. Thus, our national strategy is incomplete and has focused efforts in areas that have not worked. Moreover, the drug issue has received little priority. As a result, the Drug Czar's office has carried little influence, and the Administration has not made representing or defending its drug programs a priority with Congress or the public. We need a more serious effort. We look forward to working with General McCaffrey as he works to reinvent our drug strategy. Congress will welcome solid proposals based on sound principles and serious intent. The Task Force hopes that ONDCP will be adequately staffed and appropriately supported.

Such a strategy does not have to re-invent the wheel. It does need to do the right things with the right stuff. This means a focus on prevention, law enforcement, and interdiction. It means presidential leadership within the Executive Branch and at large. It involves congressional oversight of programs and support to effective, well-managed efforts. It means a program that adds substance to rhetoric and matches ends to means in a sustainable effort.

A reinvigorated national drug strategy needs to focus on five major elements:

1.

We need a sound interdiction strategy that employs our resources in the transit zone, near the borders, and in the source countries to stop the flow of illegal drugs. This means renewed efforts at US Customs, DEA, INS, DoD, and the Coast Guard to identify the sources, methods, and individuals involved in trafficking and going after them and their assets. This involves well-devised intelligence programs aimed at both tactical and strategic intelligence. It means devising approaches that aim at disruption of drug cartels as much as prosecution. We must also work with our international partners to strengthen information sharing and coordinated activities in both the transit and source country zones. This effort needs serious leadership and a commitment to ensure coordination and non-duplication of programs.

2.

A renewed commitment to the drug effort requires a serious international component that increases international commitment to the full range of counter-drug activities. These must involve efforts to prevent money laundering; to develop common banking practices that prevent safe havens; serious commitments to impose sanctions on countries that fail to meet standards of cooperation; efforts to ensure proper controls over precursor chemicals; and an international convention on organized crime that develops common approaches for targeting the main international criminal organizations, their leaders and assets. Drug law enforcement agencies need to recommit to a serious international effort as part of their programs. A renewed strategy also needs greater commitment from the Department of Defense for detection and monitoring. The United States should also take the lead in encouraging major producing countries to undertake effective eradication programs of illicit drugs

3.

US national drug strategy should also take steps to ensure that drug laws are effectively enforced, particularly that there be truth in sentencing for drug trafficking and drug-related violent crimes. Federal law enforcement efforts also need to focus on the areas where their resources and expertise perform best and contribute most, that is, in the areas of interstate and international criminal activities.

As part of an effective strategy, federal and state courts also need to enforce our drug laws. The members of the Task Force are concerned that some federal

judges are ignoring the law and seeking to effectively decriminalize drugs through judicial fiat. The safety of our communities, our schools, our streets, and our homes are at issue as we struggle with drug use and drug-related violence. Part of the contract government has with citizens is to provide the protection of the law so that our public spaces are safe and welcoming. This includes protection from the violence and crime arising from drug use and trafficking. There should be no get-out-of-jail-free cards for drug dealers or violent offenders.

4.

Prevention and education are critical elements in a renewed strategy. There needs to be greater coordination and effective oversight of Federal prevention and education programs, which should involve the integration of disparate drug programs in HHS, DoJ, and elsewhere under one authority. This more integrated approach should focus on empowering local communities and families, and must develop more effective evaluation programs to determine which delivery mechanisms are the best. There needs to be a new commitment to drug- and violence-free schools in which greater emphasis is placed on teaching civic virtues and personal responsibility. The strategy should encourage greater use of drug testing and screening for sensitive jobs, for high school athletics programs, and for positions of responsibility involved in public education. Businesses need to explore drug screening. Greater attention needs to be paid to new testing technologies, particularly hair testing as a more reliable measure of use, especially to replace self-reporting systems.

The Task Force members also note that a number of states are pioneering drug information programs and activities. State-led efforts to share information and exchange ideas would develop a synergy for drug-awareness programs. These efforts indicate ways that Governors might develop better means to enhance the information sharing potential on drug issues in their conferences and meetings. A Governors' Internet Conference system might be one way to build cross fertilization.

5.

Treatment remains an important element to any strategy, but more needs to be done to eliminate duplication and waste. A renewed strategy needs to look at establishing more effective evaluation techniques to determine which treatment programs are the most successful. There needs to be greater focus on screening candidates for treatment to match them with the program most likely to meet their needs. This should include consideration of support to religious-based treatment efforts that address the array of disabilities associated with drug abuse. As with prevention efforts, the many disparate programs at the federal level need to be more integrated and efforts better coordinated. Part of the treatment effort also must examine ways to improve drug treatment in our prisons and drug referral efforts in the criminal justice system at the state and federal level.

In addition to these approaches, we also need to look at the role of religious institutions in our efforts to combat drug use. America cannot ignore the link between our growing drug problem and the increase in moral poverty in our lives. More and more Americans are growing up without loving, responsible adults in their lives. Many young people, especially in impoverished communities, are surrounded by deviant, delinquent, and criminal adults in settings that are violent and dangerous. Our social institutions (government, schools, media) have complicated matters by sending confusing messages about right and wrong, good and bad. It seems as though our public institutions have forgotten how to instill civic virtues in our children or why they are important.

On the simple issue of whether drug use is right or wrong, the virtues of individual responsibility and self-discipline are being frustrated by our government's mixed messages. The Clinton Administration's Surgeon General advocated drug legalization; treatment resources have focused on hard-core users instead of the first-time offender; and federal mandatory minimum penalties for drug trafficking were reduced. Recent decisions on drug cases by some federal and state court judges that promote legalization from the bench only compound the problem of dealing with drugs and drug criminals on our streets and in our neighborhoods.

We have witnessed, also, our pop culture, through the media, accept and encourage drug use. Many parents feel like they are fighting a losing battle against a popular culture gone awry. As James Q. Wilson, one of our most thoughtful voices on the need for a moral framework in our civic lives, notes, many Americans "often feel like refugees living in a land captured by hostile forces."

Restoring a degree of respect for essential virtues is fundamental to solving our nation's drug and crime problems. As part of this effort, as noted by Democrats such as Jesse Jackson and Joe Califano, and Republicans such as Alan Keyes, we must consider using public funds to empower local religious institutions to act as safe havens for at risk youth, administer substance abuse treatment, run day care, and perform other vital functions in our communities.

The members of the Task Force also note that even the best strategy in the world is worth no more than the effort spent on turning it into reality. Thus, the Administration and Congress have a responsibility to develop and implement sustained and sustainable programs. An effective effort, however, must go beyond what the Executive and Congress can do. A true national effort must involve parents, families, schools, religious institutions, local and state governments, civic groups, and the private sector. Below are a number of recommendations for action to reinvigorate our national drug program. These recommendations are not mandates nor solely meant for federal action but are part of a dialogue to move us towards a renewed, serious effort at the national, state, and local levels.

Recommendations for Strengthening the Criminal Justice and Law Enforcement Effort:

- Reform of the Violent Crime Control Act of 1994 and the Juvenile Justice and Delinquency Prevention Act of 1974 to strengthen focus on violent crime control and the growing problem of teenage violence.
- Refocused Federal law enforcement efforts on interstate- and international-level criminal activity.
- Support of Federal law enforcement to develop measures to disrupt international criminal activities in addition to prosecutorial strategies.
- Continued block grant support to rural crime control efforts, Byrne grants, and community policing initiatives.
- Reform of Federal powder cocaine sentencing guidelines to conform with crack cocaine guidelines.
- State-level initiative to mandate drug testing in the case of serious car accidents.
- State-level initiative to require alcohol and drug abuse seminars as a requirement to recover a suspended driver's license as a result of a drug- or alcohol related suspension [so-called 02 laws in several states].
- Development of improved cargo inspection by US Customs at ports of entry into Puerto Rico and examination of means to implement secondary inspection before cargo from Puerto Rico enters the mainland.
- Consideration of more effective air interdiction authorities near the US borders.
- Restoration of lost ship days, National Guard support, flight hours, and manpower support by DoD to law enforcement efforts.
- Restoration of a balanced effort that addresses source and transit zone interdiction efforts, responding to both maritime and airborne threats.
- Establishment of a Deputy Commissioner for Law Enforcement within US Customs.

Technological Initiatives:

- Installation of improved ID technologies at US ports of entry.
- Improvements in national databases on criminals that are more "user friendly" for states, supported out of the Violent Crime Trust Fund.
- Installation of drug detection systems for truck cargos and containers at US ports of entry.
- Enhancement of DoD support to Federal law enforcement initiatives, particular P3-AEW aircraft to support the US Customs Service.
- Consideration by major pharmaceutical manufacturers of supporting research on drug addiction and treatment.

International Initiatives:

- Development of a US-led effort to promote an international convention on organized crime to target major crime groups involved in the drug trade and other criminal activities.
- Development of US-led effort to develop donor community guidelines to condition international monetary support on efforts to control local corruption that leads to the diversion of assets and support.

- Efforts to ensure full international compliance with the requirements of the 1988 UN Convention of Psychotropic Drugs, particularly on production, trafficking, money laundering, and precursor chemical control.

- Examination of current certification requirements to limit the number of times a national interest waiver may be used to certify countries as fully cooperating with the United States on drug control issues.

Prevention Efforts:

- Engagement by public leaders, particular the president, on the importance of counter-drug messages.

- Reinforcement of the idea that Prevention Begins at Home. Parents need to talk to their kids, beginning early, to talk about the dangers and wrongs of drug use. Schools need to reinforce the message.

- Continuation of efforts to implement, as appropriate, the recommendations of the President's Commission on Model State Drug Laws.

- Consideration for using asset forfeiture funds to support prevention efforts, such as parent action teams to stimulate parental involvement in anti-drug efforts with their children.

- Development of better accountability mechanisms and clear measures of effectiveness for prevention programs. Programs that cannot meet specific standards and do not emphasize "no use" messages should be unfunded.

- Examination of ways to support parents' home drug testing.

- Evaluation of prevention-delivery programs to determine the most effective types.

- Sponsorship of community coalitions to coordinate local prevention messages and programs.

- Business-supported anti-drug use programs and testing on the job.

- Consideration by states of drug-testing legislation removing obstacles to employment drug testing.

- Consideration by states to mandate or permit drug testing for high school athletes.

- Consideration of adopting improved drug-testing technologies, particularly hair testing.

Treatment Initiatives:

- Standardization of assessment process for matching needs of client to delivery system.

- Consolidation of Federal-level treatment, along with prevention, programs under a single coordinating body.

- Serious program evaluation to determine cost-effective efforts for Federal bloc-grant support.

- Federal "Care-taker" laws to direct Social Security and disability payments away from substance abusers to appropriate custodial institutions, whether public or private, at the state and local level.

- Examination of more effective drug treatment programs for prison inmates and individuals on probation or parole based on regular drug testing that enforces a policy of abstinence.

- Federal and state laws to reinforce a "no-tolerance" policy for drugs and violence in our schools, to include support to school authorities to limit nuisance law suits in disciplinary cases.

- Consideration of legislation designed to allow states to contract with private charitable organizations, including religious organizations, to meet the substance abuse treatment needs of citizens within their state.

Congressional Agenda:

- Development of more vigorous oversight of US counter-drug programs.
- Re-examination of the roles and purposes of the Office of National Drug Control Policy, particularly on the accountability of the national strategy, its coordination and implementation. This must include restoring measurable and quantifiable annual goals as part of the annual drug control strategy required under the Anti-Drug Abuse Act of 1988.
- Consideration of strengthening ONDCP budget-oversight authorities to ensure greater program coordination and prioritization with national strategy goals.
- Development of an effort to support a drug- and crime-control model city program the District of Columbia supported through federal law enforcement assistance.
- Consideration of measures to condition US assistance to foreign governments on serious anti-corruption efforts.
- Consideration of a requirement that ONDCP establish a state-by-state review of treatment and prevention programs to identify "best practices" that can form the core of recommendations for developing model systems that also employ adequate evaluation components.
- Consideration of a requirement that ONDCP evaluate federal-level impediments to state abilities to develop and administer bloc grants.
- Consideration of federal-level legislation to expand the death penalty to smugglers of commercial quantities of drugs, and reform of habeas corpus procedures to ensure more expeditious enforcement of sentences.
- Consideration of changes in the certification process to employ trade sanctions to foster cooperation with counter-narcotics efforts.
- Consideration of reforms of 924(c) (18 USC) violations to clarify sentencing guidelines for drug-related crimes where weapons are present.
- Development of a congressional agenda to devise drug legislation, updating recent major crime and drug legislation in a "bundled" approach.

Finally, the Task Force members note that many of our current social pathologies, in addition to drug use, arise from causes directly related to a climate that disparages essential moral and ethical principles of personal behavior. Out of the best of intentions, we have pursued policies that have replaced a sense of personal responsibility with conscienceless self-esteem. In doing so, we have belittled traditional family values and encouraged a cheapening of social discourse. Our public places have become threatening to decent people because of misplaced tolerance for aggression and public incivility. Many of our children are now having children, born out of wedlock, who face lives of meanness and violence.

In calling for a recommitment to sustained, coherent efforts against drugs, the Task Force members recognize that this effort is part of a larger struggle for the soul of our young people and our future. We reject the counsels of despair that say that nothing can be done. That our only recourse is to declare surrender and legalize drugs. We recognize that the drug problem is a generational one. Every year the country produces a new crop of young people who must be guided to responsible adulthood. A continuing, vital anti-drug message sustained by meaningful law enforcement and interdiction programs is part of the responsibility our generation has to the next. This report is a wake-up call to America to do its duty

ACKNOWLEDGMENTS

The Task Force members wants to thank the following individuals and organizations for contributing to our deliberations.

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43 New York State divisions of Alcoholism and Alcohol Abuse, *Double Danger: Relationship Between Alcohol Use and Substance Use Among Secondary School Students in New York State*, (1985).

44 Community Anti-Drug Coalitions of America, *Memorandum*, (January 9, 1996).

45 GAO cites several ways of validating the two surveys and estimating the extent of under reporting. Promising new methodologies such as the analysis of hair samples deserve exploration as means to validate self-reports and determine drug use over an extended period of time. p. 2.

46 Partnership for a Drug-Free America, Press release, *Adolescent Drug Use Likely to Increase Again in '96; Teens See Fewer Risks in Marijuana and Drug Use*, (February 20, 1996).

47 See 104th Congress, S. 438.

48 See 104th Congress, S. 1245.

February 24, 1997

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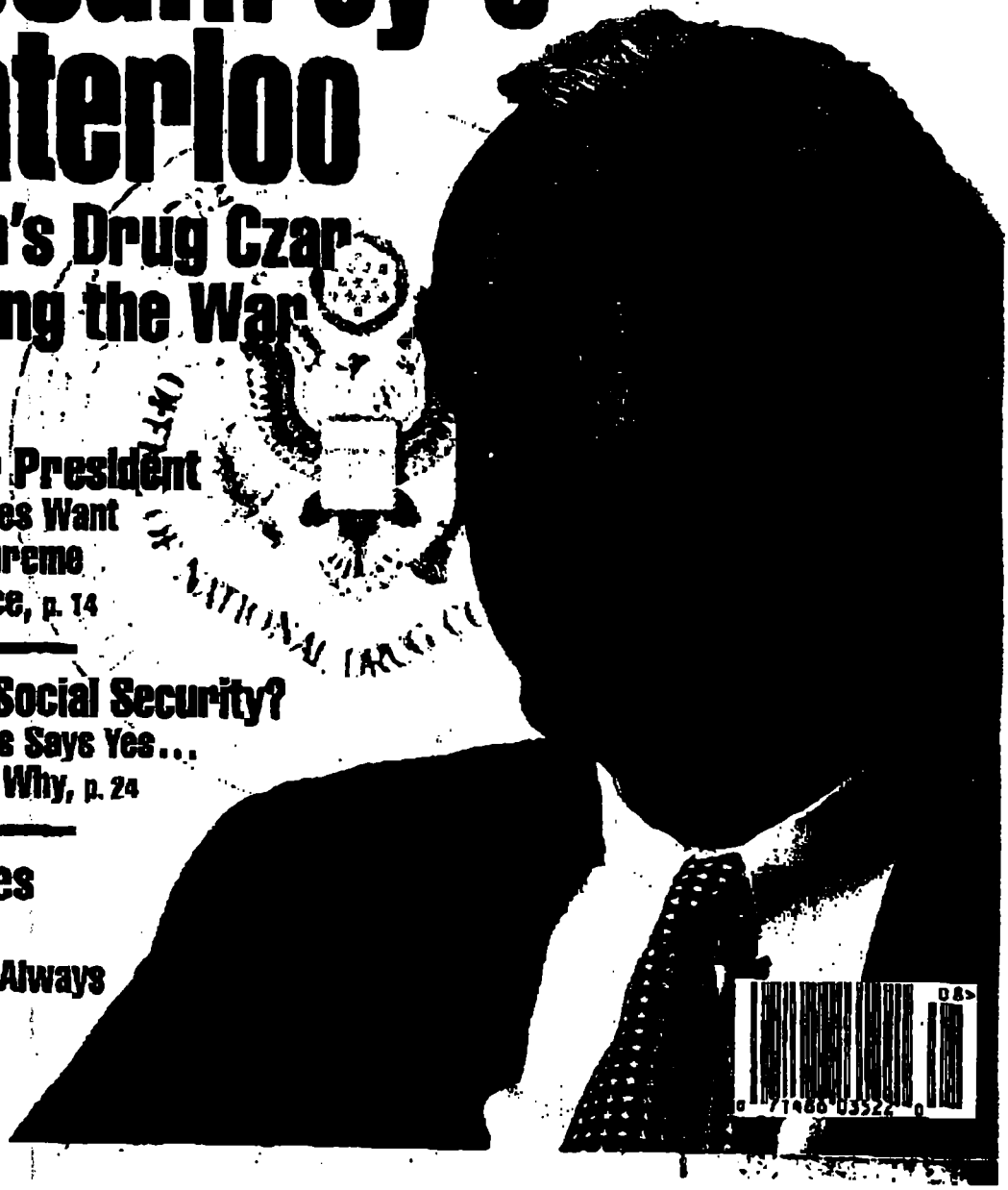
Math Attack! Are Americans Dumb and Dumber? p. 12

Insight ON THE NEWS

McCaffrey's Waterloo

Clinton's Drug Czar Is Losing the War



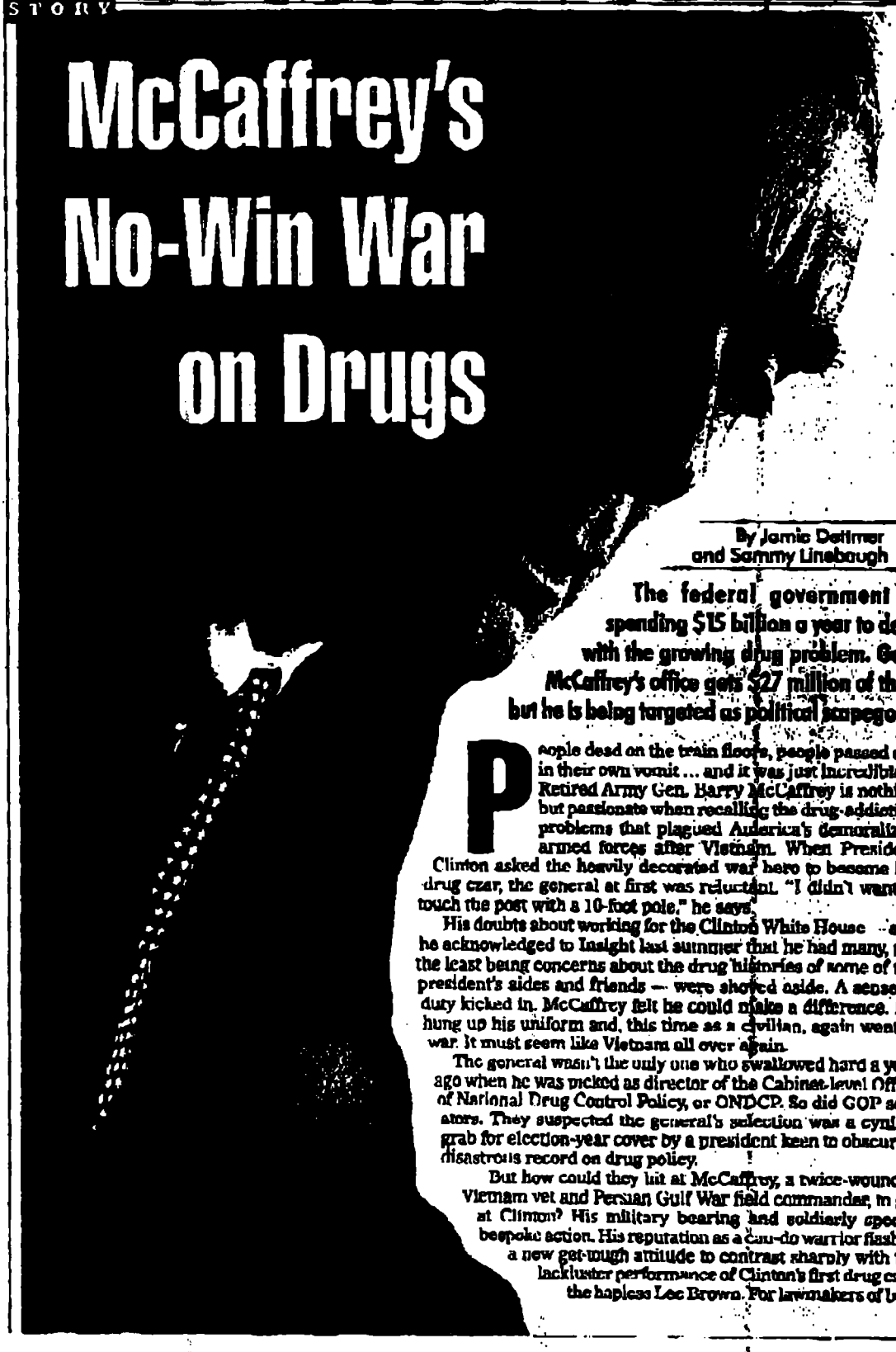
Scalia for President
Conservatives Want To Draft Supreme Court Justice, p. 14

Privatize Social Security?
Steve Forbes Says Yes... And Tells Us Why, p. 24

Bookstores Go Bust
Bigger Isn't Always Better, p. 38

COVER STORY

McCaffrey's No-Win War on Drugs



By Jamie Dettmer and Sammy Linebaugh

The federal government is spending $15 billion a year to deal with the growing drug problem. Gen. McCaffrey's office gets $27 million of that, but he is being targeted as political scapegoat.

"People dead on the train floors, people passed out in their own vomit ... and it was just incredible!" Retired Army Gen. Barry McCaffrey is nothing but passionate when recalling the drug-addiction problems that plagued America's demoralized armed forces after Vietnam. When President Clinton asked the heavily decorated war hero to become his drug czar, the general at first was reluctant. "I didn't want to touch the post with a 10-foot pole," he says.

His doubts about working for the Clinton White House – and he acknowledged to Insight last summer that he had many, not the least being concerns about the drug histories of some of the president's aides and friends — were shoved aside. A sense of duty kicked in. McCaffrey felt he could make a difference. He hung up his uniform and, this time as a civilian, again went to war. It must seem like Vietnam all over again.

The general wasn't the only one who swallowed hard a year ago when he was picked as director of the Cabinet-level Office of National Drug Control Policy, or ONDCP. So did GOP senators. They suspected the general's selection was a cynical grab for election-year cover by a president keen to obscure a disastrous record on drug policy.

But how could they hit at McCaffrey, a twice-wounded Vietnam vet and Persian Gulf War field commander, to get at Clinton? His military bearing and soldierly speech bespoke action. His reputation as a can-do warrior flashed a new get-tough attitude to contrast sharply with the lackluster performance of Clinton's first drug czar, the hapless Lee Brown. For lawmakers of both

parties frustrated with the president's neglect of the muscular counter-narcotics strategy of interdiction, McCaffrey seemed a no-nonsense godsend. Further, no one had to wonder whether he had ever inhaled.

But now, last year's rush to confirm McCaffrey as drug czar is regretted, off the record, by some senators who believe they didn't scrutinize him closely enough. The honeymoon granted McCaffrey by medal-bedazzled lawmakers has ended.

Rocked by depressing dispatches from the front lines of the war on drugs, Capitol Hill criticism of McCaffrey, though still muted, is growing on both sides of the aisle. "He has been a bitter disappointment," says a Senate aide. He claims: "He has not been a drug czar but a drug nanny. Congress wants action with measurable goals and objectives. Instead, he gives us platitudes. 1997 is going to be crunch time for the general."

From a broad perspective it hardly is surprising McCaffrey is straying into congressional crosshairs. His first year as drug czar was tumultuous. During 1996, clear statistical evidence emerged that teenage drug abuse was soaring. Reports and allegations of serious drug-related corruption among U.S. law-enforcement agents along the Southwestern border also mounted. Heroin returned with a deadly vengeance. Despite increased seizures of cocaine and marijuana, the street price and purity of narcotics remained constant, suggesting even large busts are causing traffickers few headaches. And "stealth" marijuana-legalization campaigns were successful in California and Arizona.

Congressmen of both parties are getting impatient, if for no other reason than their constituents are agitated and beginning to ask who is losing the war. And why? According to a Senate staffer who has been involved in drug policy for the last two decades, a groundswell of public anxiety is building and the rumble is being felt in Congress. "There are cycles in the war on drugs and there are lags between each cycle," he says. "When drugs are on the political radar, action is eventually taken, drug abuse slowly decreases and then Washington loses interest, drug abuse rises, voters voice disapproval and narcotics come back on the radar."

In some ways, McCaffrey risks becoming a political scapegoat for disturbing developments that started before his arrival at the ONDCP. The worrisome sharp upward trend, for example, in teenage drug use — the serious flirtation with narcotics, including heroin and LSD, by eighth, 10th and 12th graders is especially troubling — can't be blamed on the general. The trend picked up in 1992 almost as if on cue when Clinton arrived in Washington.

But is McCaffrey the right man to turn the tide? Although the 54-year-old general has managed to raise concern about drugs on the administration's priority list, his critics argue there is "no there there" when it comes to the general's counter-narcotics strategy.

"On the policy front McCaffrey has been a total disaster," says John Walters, an acting drug czar in the Bush administration. "Sure, he has acted effectively as a human shield for Clinton. Even Republicans have been unwilling to confront McCaffrey because of his military record. But the essence of his policy seems to come down to just going around saying it is everyone's problem. When it is everyone's problem, it is no one's problem."

Walters cites the drug czar's soft approach to Mexico as an example of failure. On Jan. 30, McCaffrey met in Washington with Mexico's new attorney general, Jorge Madrazo, and lauded Mexican President Ernesto Zedillo's government both for its antidrug efforts and attempts to clean up the endemic narcotics-related corruption of the Mexican judicial, political and law-enforcement systems. The praise left a bitter taste in the mouths of both Congress and law-enforcement officers. Walters argues the time has come to stop stroking the Mexican government. He says an iron fist should be wielded, otherwise Mexican traffickers, who are responsible for 70 percent of the cocaine flowing into America, will remain virtually untouched. "Mexico is on the path to becoming Colombia," he says. "We should be embarrassing the hell out of the Mexican government by being more publicly forthright and forthcoming about the extent of official Mexican corruption. We should be saying: 'We are not going to continue to do trade as usual until you do something about drug trafficking.' We must make the elites in Mexico have a reason to reform."

McCaffrey rejects such hard-line advice, saying Mexico has done much to combat traffickers and their bought-off fellow travelers within Mexican officialdom. While acknowledging the U.S.'s southern neighbor poses "an interesting challenge," McCaffrey appears to be sticking all on the cooperation and declared honesty of the "absolutely brilliant, patriotic, dedicated people" around Zedillo.

But what has a year of cooperation accured in results? Drug kingpins Amado Carillo Fuentes and the Arellano Felix brothers not only remain at large but protected by Mexican federal police, say frustrated U.S. lawmen. And though trumpeted by McCaffrey, last year's arrest of Gulf of Mexico cartel leader Juan Garcia Abrego and the arrest in the summer of Pedro Lupercio Serrano are minor consolations. According to former senior Drug Enforcement Administration, or DEA, agent Phil Jordan, Abrego was a waning drug star anyway. And the Serrano brothers — there are three of them — are not big fish but mere upstarts who Carillo was glad to see the back of before they amounted to anything. The drug czar's office says it is determined to see Carillo Fuentes and the Arellano Felix brothers behind bars but apparently has received no assurances from the Mexican government about when this will happen.

McCaffrey and Clinton: An eminent general does his best.

As evidence of progress, McCaffrey also points to increased Mexican drug busts – last year cocaine seizures south of the border were up 21 percent, heroin seizures by 78 percent and marijuana by 52 percent. Mexico is the "leading nation in the world on the eradication of illegal drugs," the general is fond of repeating. The percentage increases look good but the amount seized compared with what is out there is depressing. Through one Texas trafficking route alone Carillo is smuggling, undisturbed, 10 tons of cocaine a week, says a U.S. law-enforcement source.

On Mexican corruption, the ONDCP praises Zedillo for firing "one-third of the federal judicial police during the past year." But there have been mass firings before that have amounted to little. Those who have been fired usually are allowed back in after the heat dies.

"I am not too sure McCaffrey knows what is happening on the ground," says former Reagan Customs Commissioner William Von Raab. "If we had known as little about the German high command as we do about the drug cartels, then we would have lost the Second World War." Von Raab claims the intelligence situation has changed little since the late eighties when he asked some nuts-and-bolts questions about the traffickers and was sent a copy of the counterculture pro-dope publication *High Times* by the DEA.

Von Raab also worries that orders issued from above may not be put into effect below — north or south of the border. "Generals are basically used to their orders being carried out automatically. You tell a regiment to move, it moves and you don't have to check whether your instructions have been obeyed. In this war you have to make sure what you say is executed and what is promised is delivered."

Is McCaffrey being hoodwinked by Mexico? "You bet," claims a veteran U.S. antinarcotics agent. "While Washington slaps Zedillo on the back, we have task forces trained by us sitting around doing nothing because Mexico City won't use them." This is disputed by the ONDCP, which insists the U.S.-Mexican task forces are "operating and being actively used by the Mexican government." Likewise, while McCaffrey has made cooperation between U.S. law-enforcement agencies a top goal, turf wars continue between the DEA, FBI and Customs, possibly with the exception of Texas, where on a recent tour *Insight* found federal agents working well together.

As cocaine, marijuana and heroin continue to pour across the Southwestern border on planes, trains and in automobiles, there are anxieties about who has the general's ear. The influence on the drug czar's office of University of California professor Mark Kleiman and University of Maryland professor Peter Reuter has raised congressional eyebrows and prompted McCaffrey's critics to argue that there is in fact little difference between the general and his predecessor Brown, who oversaw a $630 million retreat from interdiction (see sidebar).

Kleiman and Reuter, who has urged the president to take antidrug "money away from law-enforcement agencies," are informal ONDCP consultants. In Capitol Hill hearings both have emphasized the importance of treatment and prevention and scorned interdiction and source-country control efforts. Kleiman advised lawmakers to give interdiction a budgetary back seat, joking that if he were drug czar he would "have on my wall a picture of King Canute, ordering the tide to go but, and a cross-stitch sampler with the motto attributed to John Connally: 'Don't mess with the inevitable.'"

Is this McCaffrey's position, too? Congressional critics charge that the general has done much to camouflage the retreat from interdiction. McCaffrey dismisses the claim. "To what extent does interdiction help? I say it does help," he tells *Insight*. The question is, how much? Perhaps discouraged by the modest results cooperation with Mexico has had on stopping the drug flow, he seems to have conceded that price, purity and availability of incoming narcotics won't see any real effect from supply-reduction efforts.

Last year, McCaffrey cited flaws in research methodology to pooh-pooh a Pentagon-commissioned study that concluded the effectiveness of interdiction as a tactic had, in fact, been grossly underestimated by the current administration. The general insists: "You simply have to go to demand reduction.... We say the absolute centerpiece of the strategy has to be to motivate American youngsters, aged 18 and below, not to use illegal drugs, smoke cigarettes or use alcohol."

Few lawmakers on Capitol Hill would disagree with McCaffrey's argument that the home front is important. Drug-usage rates declined sharply in the eighties when Nancy Reagan's "Just Say No" campaign was supported with mighty enforced interdiction. But advocates of aggressive supply reduction on Capitol Hill kick themselves for missing clues suggesting that McCaffrey would be less than committed to the second half of the equation. In a 1996 speech he made in Washington while commander in chief of Southern Command, he downgraded interdiction: "You can't do it — demand reduction? C'mon, it's a sociological phenomenon that is beyond our capability to address? And supply? It's a cottage industry. Step on three guys, and seven will spring up to take their place."

Such remarks worry front-line drug warriors such as Jim Francis, chairman of the Texas Department of Public Safety. Lamenting the predicament

Von Raab, left, *emphasizes drug-paraphernalia seizure at 1989 news conference.*

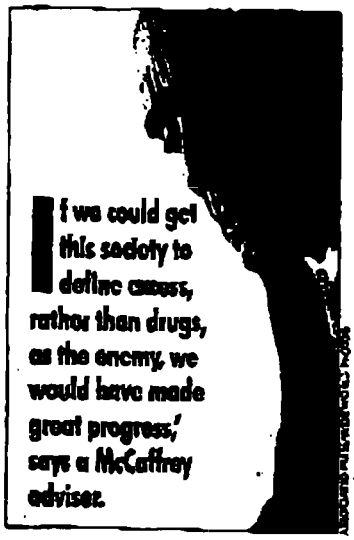
Clinton Advisers Resist Interdiction

Professors Mark Kleiman and Peter Reuter have had a finger in the drug-policy pie since 1992 when they were enlisted by President Clinton's transition team to assess the performance of the Drug Enforcement Administration. They were among five experts asked to review a controversial pro-interdiction Pentagon-commissioned study that drew sharp criticism (see story).

Neither Kleiman nor Reuter have taken money directly for their informal advisory roles to the ONDCP, though Kleiman's Boston-based public-policy consulting firm, BOTEC Analysis Corp., has received more than 20 ONDCP study commissions amounting to hundreds of thousands of dollars since 1993. In the face of the alarming jump in marijuana use by teens and upward trends in drug abuse generally, Capitol Hill sources fear Kleiman and Reuter's agenda is largely incongruent with official U.S. drug policy. So who are these advisers?

Reuter says he is an agnostic when it comes to marijuana legalization but clearly advocates "cutting source-country control efforts substantially" and criticizes "drug policy hawks ... determined to ratchet up the campaign against producers." Kleiman criticizes marijuana legalizers for using the medical backdoor in a bid to liberalize drug policies; but when it comes to recreational use, he advocates restricted legalization based on his belief that "marijuana does not look large among American drug problems in terms of observable and measurable harm done to users or to others.... The practical rewards of additional marijuana enforcement simply do not cover its costs."

The same month he testified before Congress on "Combating Drugs in America," Kleiman was a guest panelist in a weekend confer



If we could get this society to define excess, rather than drugs, as the enemy, we would have made great progress,' says a McCaffrey adviser.

ence celebrating the 50th anniversary of Albert Hoffmann's discovery of LSD. He also has spoken at a "Psychedelics in the 1990s" conference with drug-culture icons Tim Leary and Ram Dass, during which he stated, "Here's a drug [LSD], which if you are healthy will make you better, is not now a claim that anybody in the government has the language to deal with. It is clearly going to be true ... if we could get this society to define excess, rather than drugs, as the enemy to be made war on, we would have made great progress." He continued: "If I had the time, energy and money to invest in the progress of performance-enhancing drugs, I would want to start talking to the leaders of the newly emerging Eastern democratic movements, and see if Hungary or Latvia or Romania wants to be the leader. After all, there's going to be substantial need for export earnings."

Though he stops short of advocating the legalization of LSD, Kleiman has plugged decriminalization. "At the moment [1995], there is much more human suffering being generated by sentences for LSD manufacturing and distributing than is being generated by casualties of use."

Talking to Insight, Kleiman, who undertook research work for the Bush administration as well, disputes the idea that he is an "informal McCaffrey adviser. I am one of a handful of academics around who work on the nuts and bolts of drug theory," he says. He also points out that most of BOTEC's research work for the ONDCP has not concerned interdiction, so he can't see why critics see him as having influenced McCaffrey away from interdiction. Friends of Kleiman argue that his creative thinking should be encouraged rather than criticized. They also maintain that a witch-hunt was started against him by interdiction fans following some research he conducted on cancer patients and marijuana. —*SL*

of trafficker-terrorized ranchers on the border, Francis warns: "We are seeing a return to the Pancho Villa days."

Based on the general's home-front facts, some congressional sources are bewildered by what they see as a sluggish response to the initiatives in California and Arizona to legalize marijuana and other illicit drugs for medicinal purposes. In June, Republican Sen. Charles Grassley of Iowa wrote to the drug czar urging him to speak out against what many saw as underhanded ploys for a dope free-for-all. McCaffrey's aides insist he did all he could to combat the stealthy legalization campaigns — and local leaders who fought to defeat the initiatives agree.

But congressional critics argue it was a case of too little, too late. Says McCaffrey: "We had no money, we were already short [of time], the polls were abysmal, we were being told 'look, if you want to beat the referendums, the only way you do it is you get millions of dollars and buy TV time.'"

If television was the answer, what better opportunity to get a message out than via the presidential bully pulpit in an election year? But Clinton was aloof. At a congressional hearing, McCaffrey remarked: "Polling data indicated it was not a subject fit for the electoral discussion." Therefore, he did not ask Clinton — nor GOP presidential candidate Bob Dole — to join with all former living presidents in a letter against the legalization initiatives. Whoever decided — McCaffrey or the White House — left the president open to attack for being soft on drugs.

"All the talking in the world by Gen. McCaffrey, the DEA, Secretary [of Health and Human Services Donna] Shalala and the others is helpful but not enough," says Utah Republican Sen. Orrin Hatch. "You've got to have leadership from the top." ●

Office of National Drug Control Policy

REPORT ON YOUTH DRUG USE TRENDS

OPBE
JANUARY 1997

Summary of Briefing

According to the **1995 National Household Survey on Drug Abuse**, drug use continues to increase among those age 12-17. Marijuana use is behind most of this increase, but cocaine use is also on the rise. Key findings:

- The rate of current drug use of **any illicit drug** among **youth** was found to be **10.9 percent** in 1995. This rate is up substantially compared to 8.2 percent in 1994, 5.7 percent, in 1993, and 5.3 percent in 1992 (the historical low in the trend since 1979).

- **Marijuana** use accounts for most of this increase. The rate of marijuana use in 1995 is **8.2 percent**, more than double the rate compared to the 3.4 percent long-term low estimated for 1992.

- The rate of **cocaine** use remains low, but the trend is increasing. The 1995 rate of 0.8 percent is more than double the 0.3-0.4 percent rate that characterized 1991 to 1994 period.

- The use of **alcohol** on a current basis is **21.1 percent** in 1995. This represents no change in the rate for 1994. Alcohol use by this age cohort remains well below the 49.6 percent rate for 1979. The rate of **cigarette** use was **20.2 percent** in 1995. This represents no change compared to 1994.

According to the Monitoring the Future Survey (MTF), marijuana use actually began to increase in 1991.

- The MTF reports marijuana use among 8th graders (3.2% in 1991) has increased each year thereafter to the current rate of 11.3 percent in 1996.

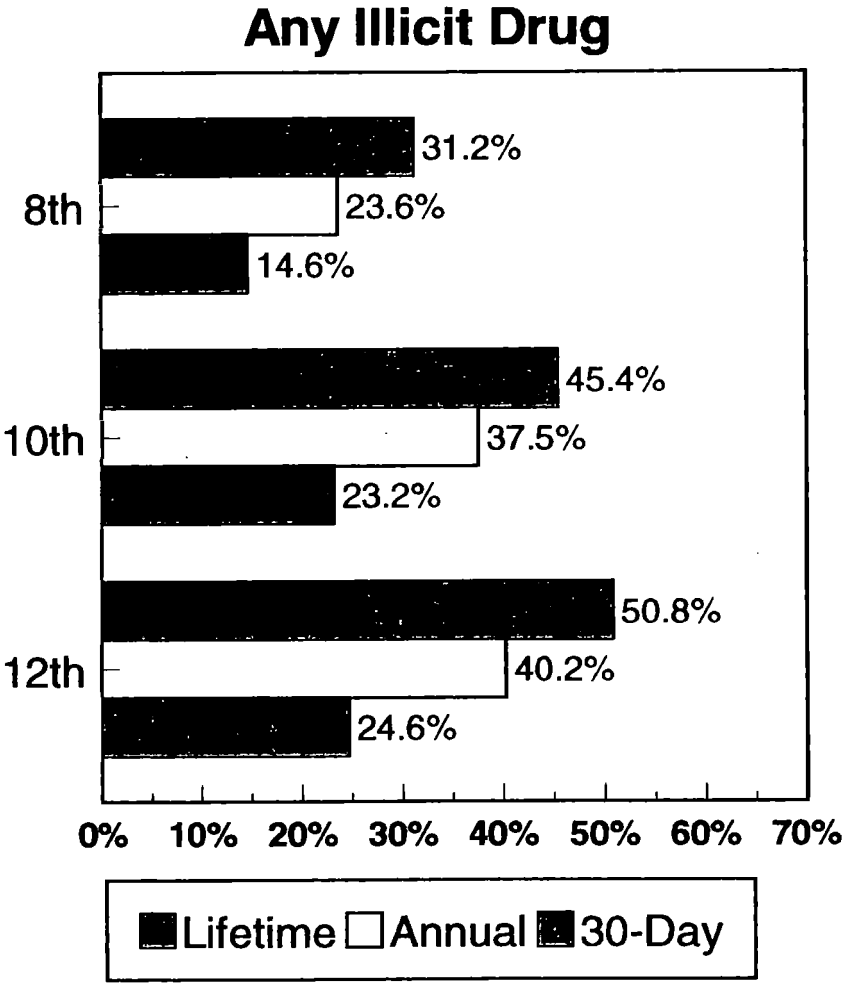
- **The MTF also reports that the rate of marijuana use among 10th and 12th graders began to increase in 1992.** For 12th graders, it rose from 11.9 percent in 1992 to 21.9 percent by 1996. For 10th graders, it rose from 8.1 percent in 1992 to 20.4 percent by 1996.

- While the increase in use began to show up in 1991 among 8th graders and in 1992 among 10th and 12th graders, **the problem actually emerged first in 1990**.

PREVALENCE OF USE OF ANY ILLICIT DRUG FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

The increase in use between the 10th and 12th grades is much less than the increase between 8th and 10th grades.

Over 50 percent of 12th graders have tried an illicit drug; nearly one in four are current users.



Source: 1996 Monitoring the Future Study

OPBE
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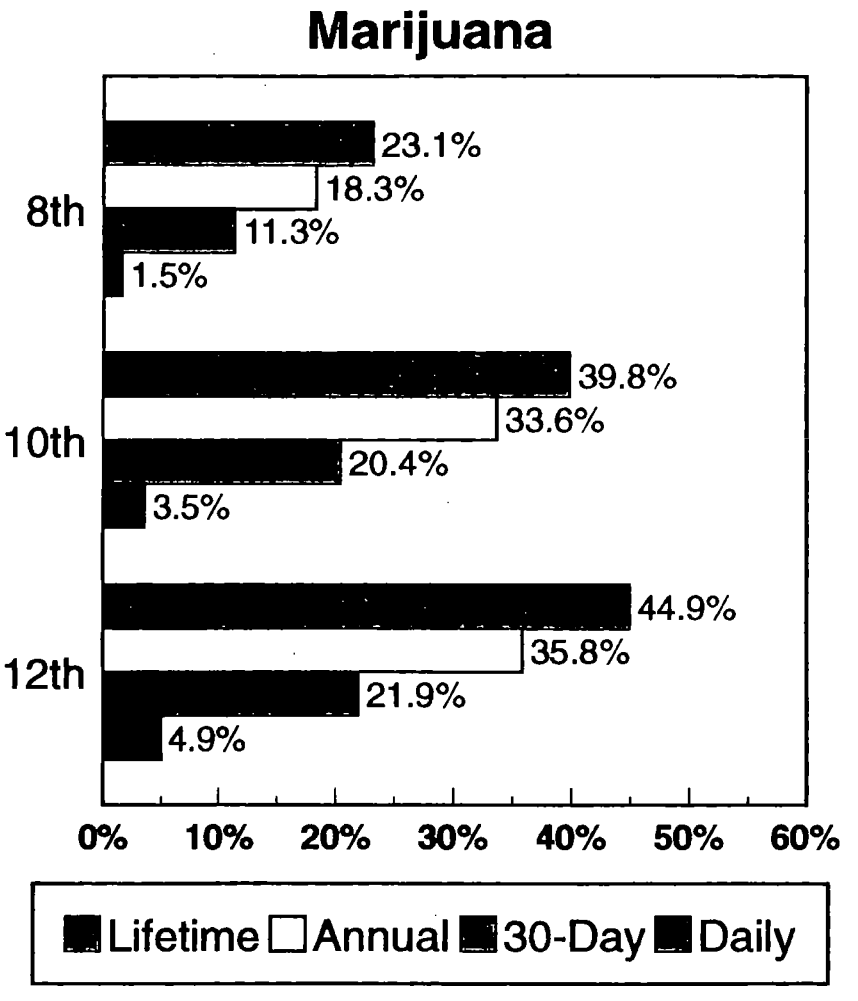
PREVALENCE OF USE OF MARIJUANA FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- Lifetime, Annual, 30-day, and Daily use among 12th graders is about double that of 8th graders.
- About 45 percent of students have tried marijuana by the time they reach the 12th grade.
- More than one in five 12th graders are current users of marijuana; 1 in 20 are daily users.



Source: 1996 Monitoring the Future Study

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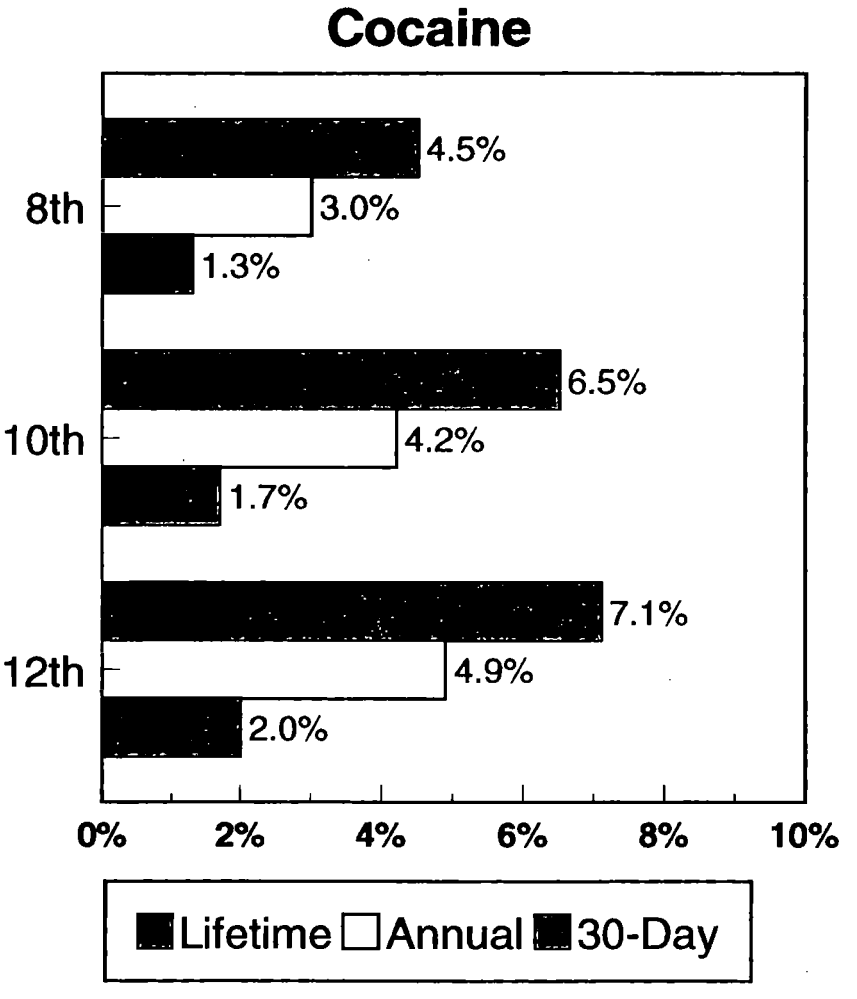
PREVALENCE OF USE OF COCAINE FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- Cocaine use is much less prevalent among this population.
- Seven percent of 12th graders have used cocaine during their lifetime.
- Two percent are current users of cocaine.



Source: 1996 Monitoring the Future Study

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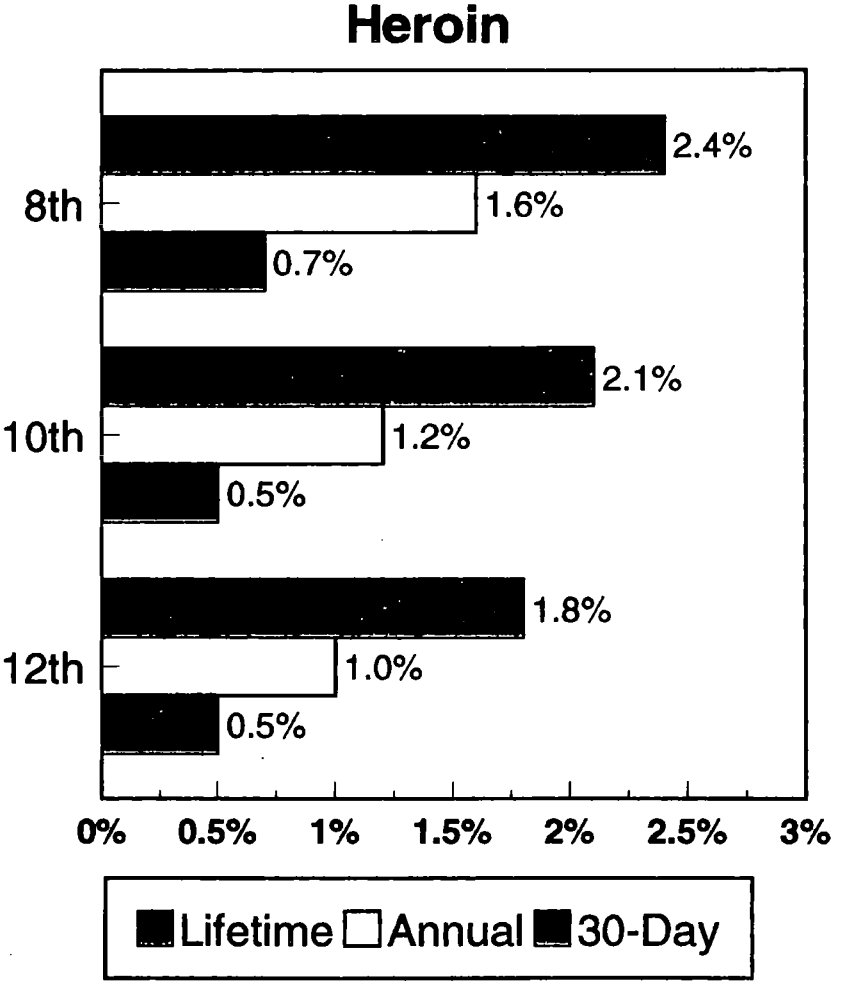
PREVALENCE OF USE OF HEROIN FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- The prevalence of use of heroin among 8th, 10th, and 12th graders is low.
- A troubling finding is that Lifetime, Annual, and 30-day use of heroin is greatest among today's 8th graders.
- One-half of a percent of 12th graders are current users of heroin.



Source: 1996 Monitoring the Future Study

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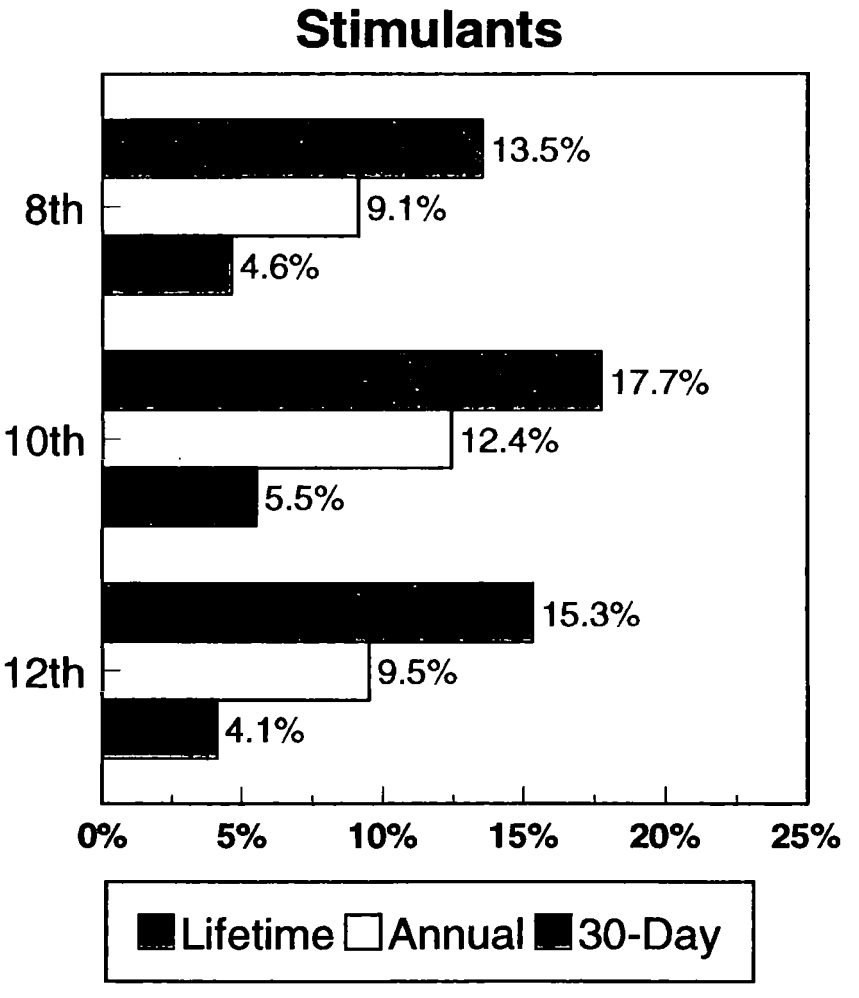
PREVALENCE OF USE OF STIMULANTS FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- **Lifetime, Annual, and 30-day use of stimulants is greatest among 10th graders.**
- **Current use of stimulants is lowest among 12th graders.**



Source: 1996 Monitoring the Future Study

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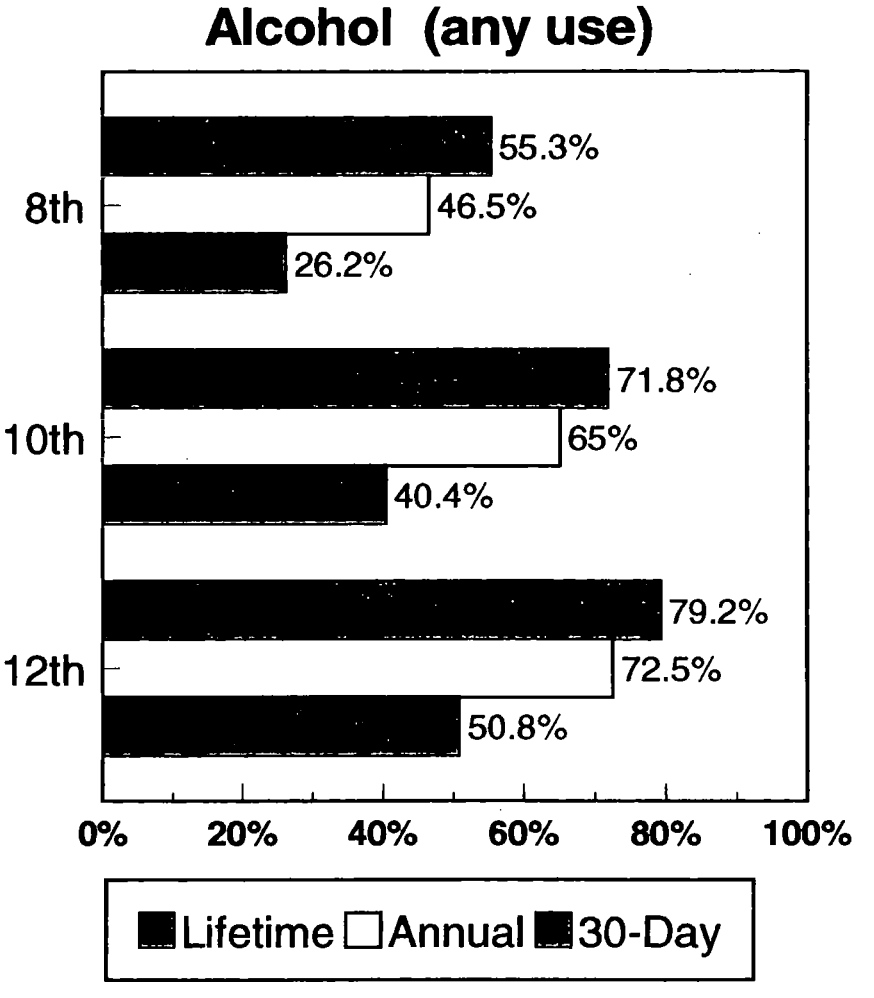
PREVALENCE OF USE OF ALCOHOL FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- By 12th grade, over three-quarters of students have used alcohol in their lifetime; 51 percent are current users.



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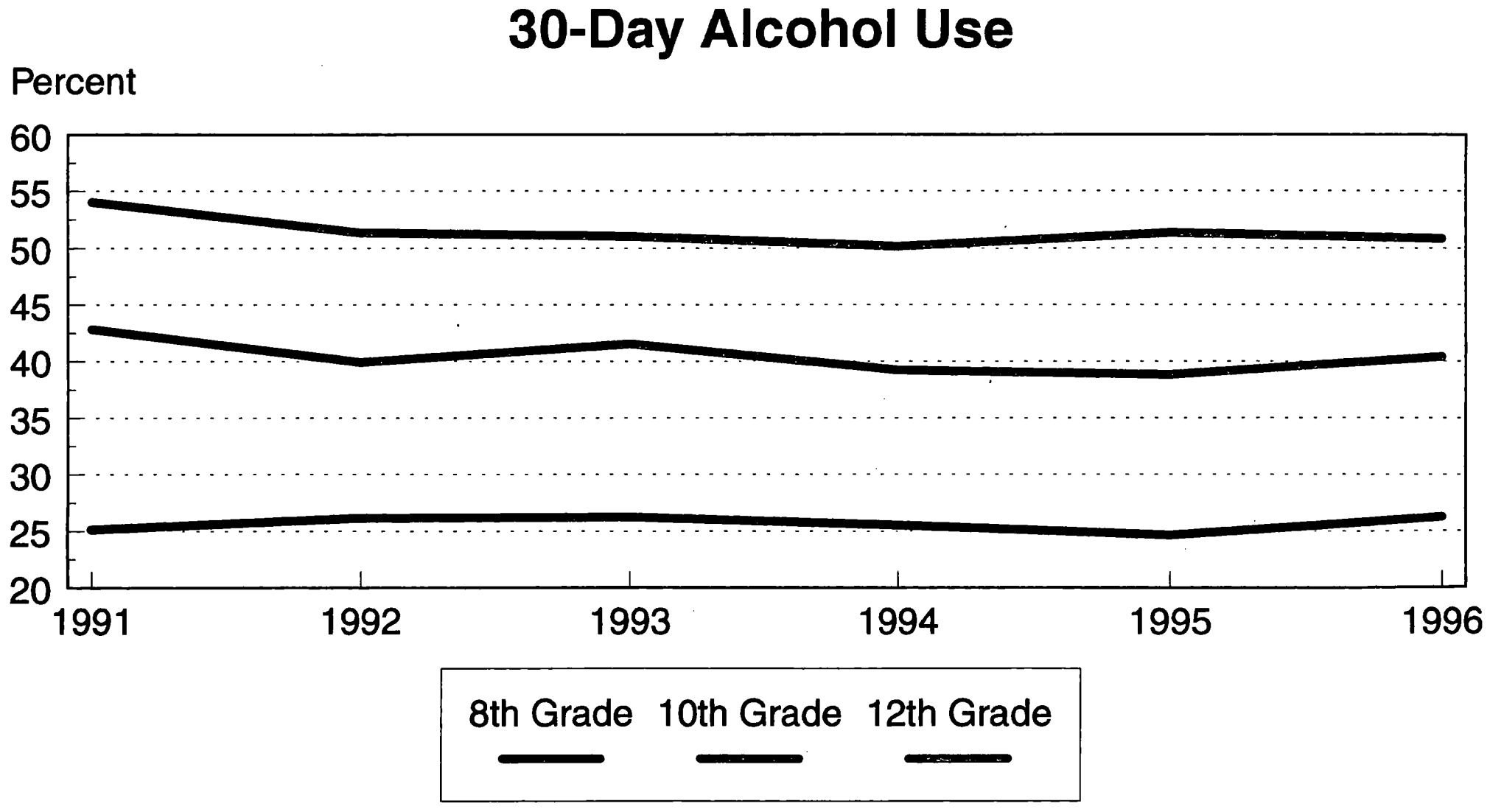
TRENDS IN 30-DAY USE OF ALCOHOL ARE STABLE



Source: 1996 Monitoring the Future Study

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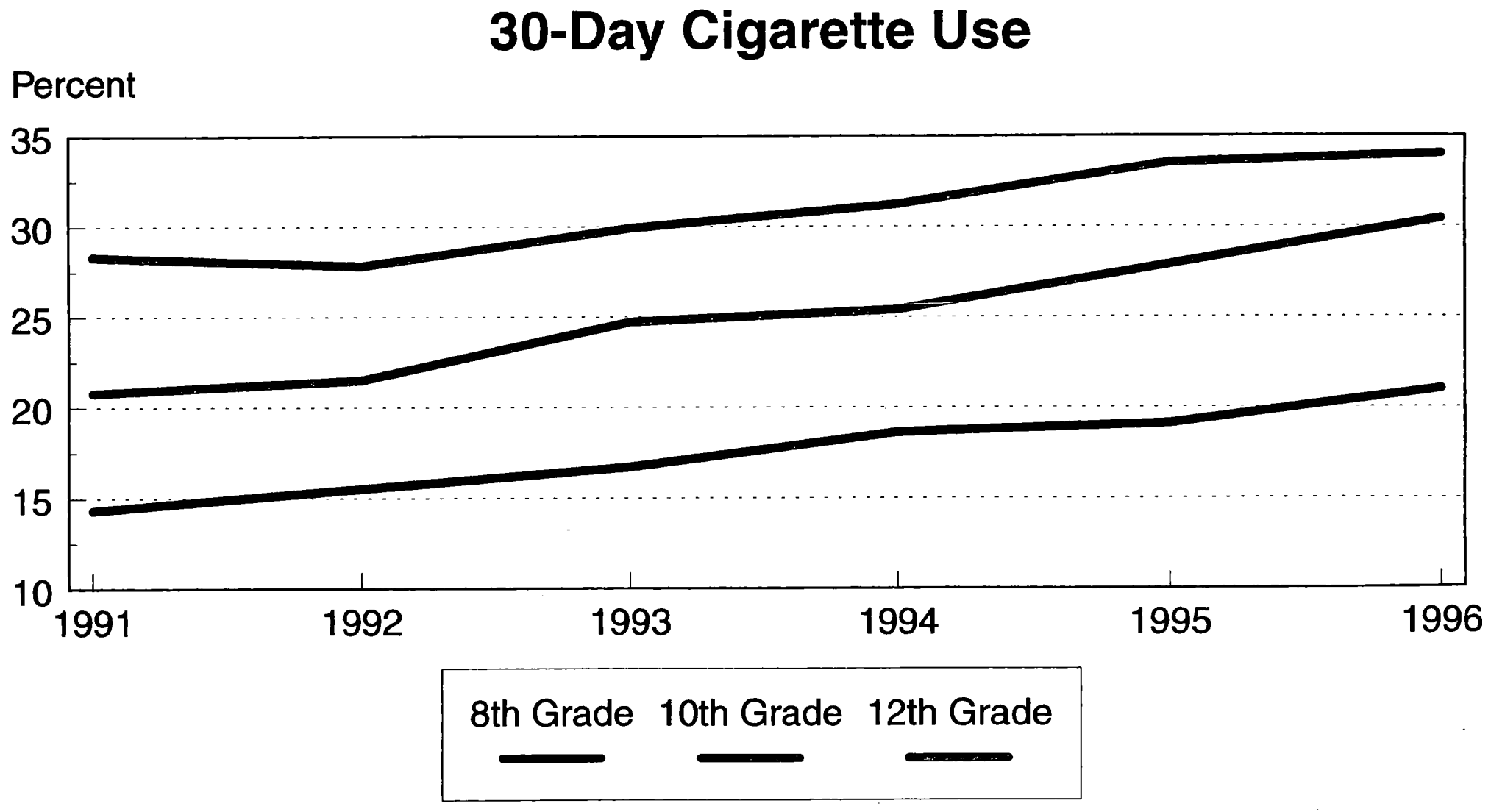
TRENDS IN 30-DAY USE OF CIGARETTES SHOW RISING USE, ESPECIALLY FOR 10TH GRADERS



Source: 1996 Monitoring the Future Study

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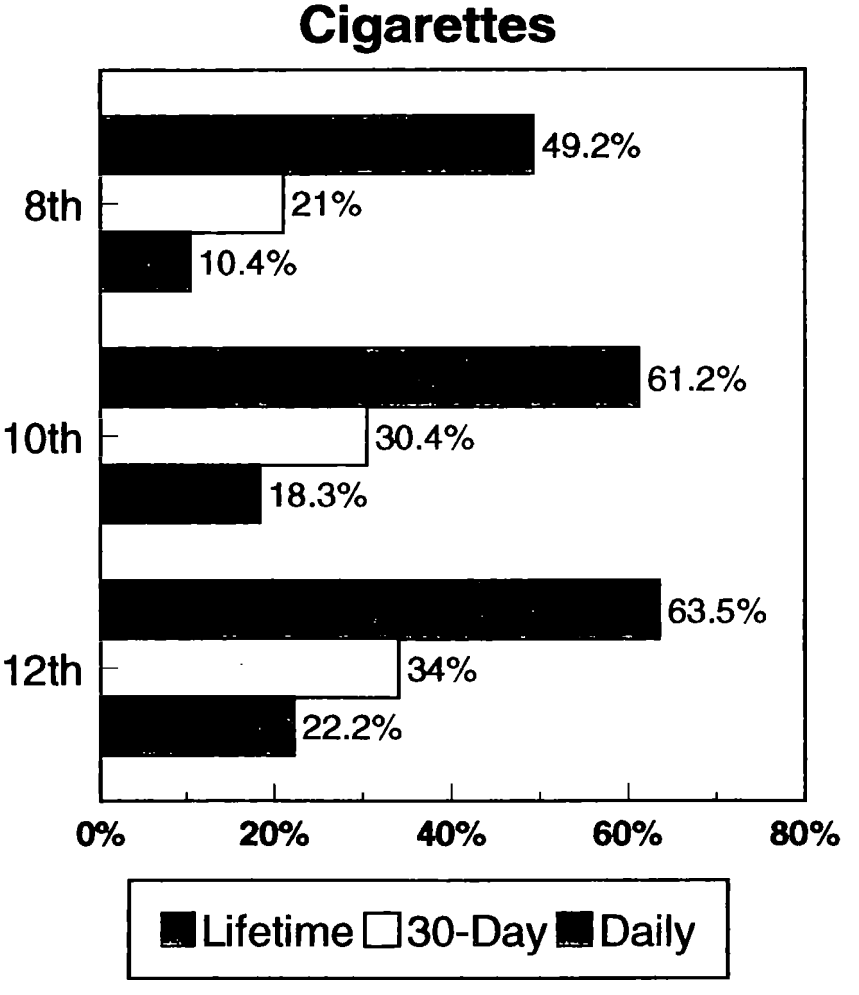
PREVALENCE OF USE OF CIGARETTES FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- **Nearly two-thirds of 12th graders have used cigarettes in their lifetime, more than one in five is a daily user.**



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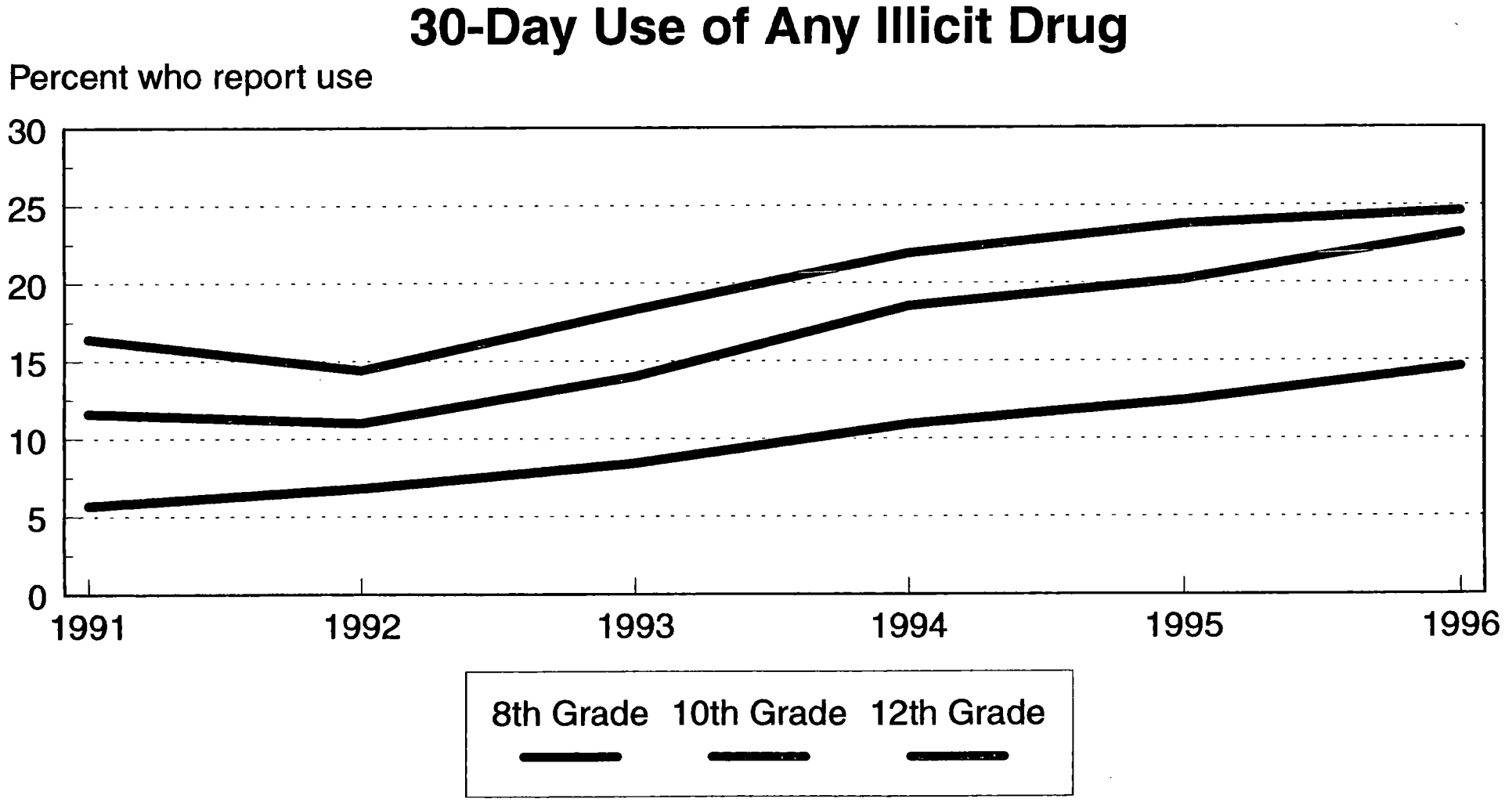
Trend Charts

DRUG USE AMONG 8TH, 10TH, & 12TH GRADERS IS INCREASING, ESPECIALLY 10TH GRADERS



Source: 1996 Monitoring the Future Study

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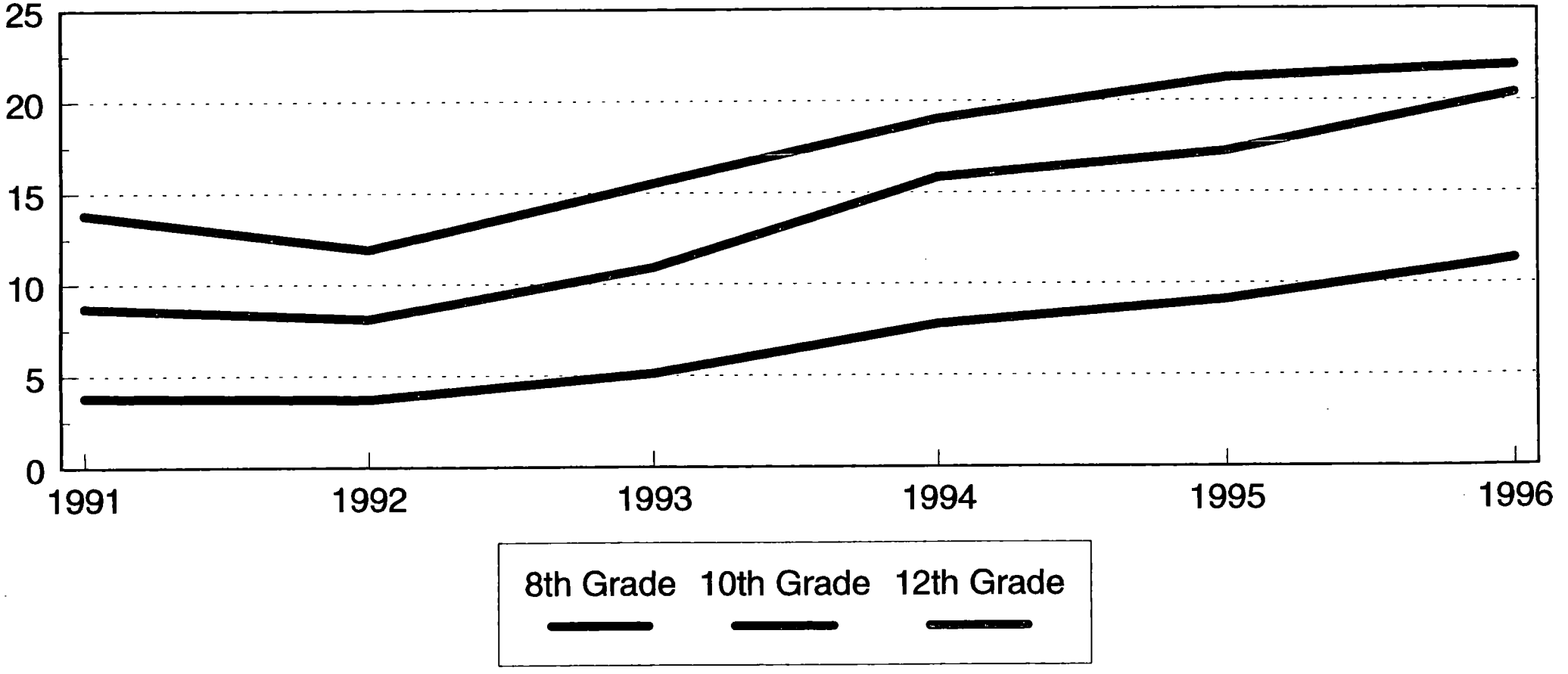
MARIJUANA USE AMONG 8TH, 10TH, AND 12TH GRADERS IS INCREASING, ESPECIALLY AMONG 10TH GRADERS

30-Day Marijuana Use

Percent who report use.



Source: 1996 Monitoring the Future Study

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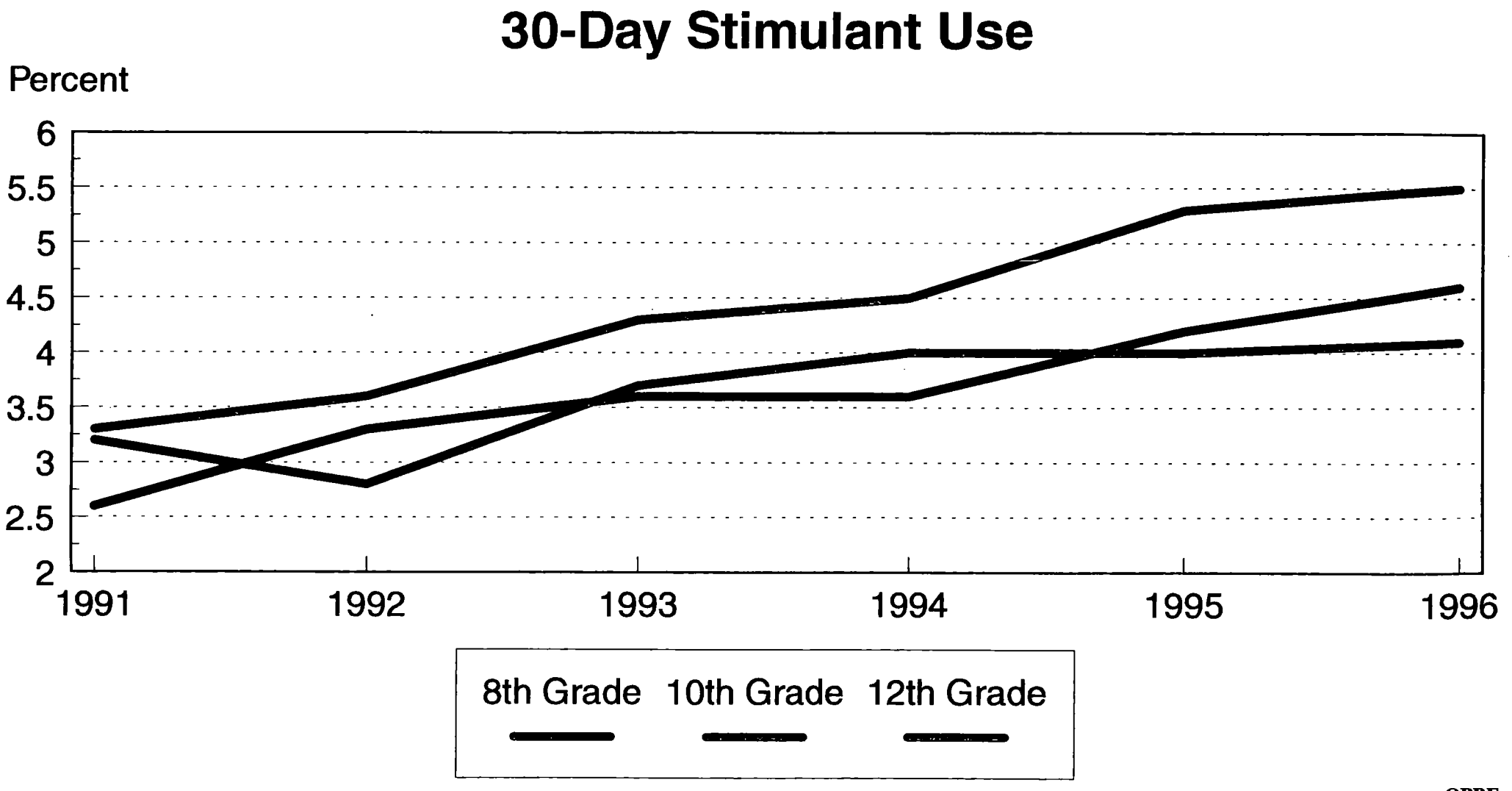
USE OF STIMULANTS REMAINS GREATEST AMONG 10TH GRADERS



Source: 1996 Monitoring the Future Study

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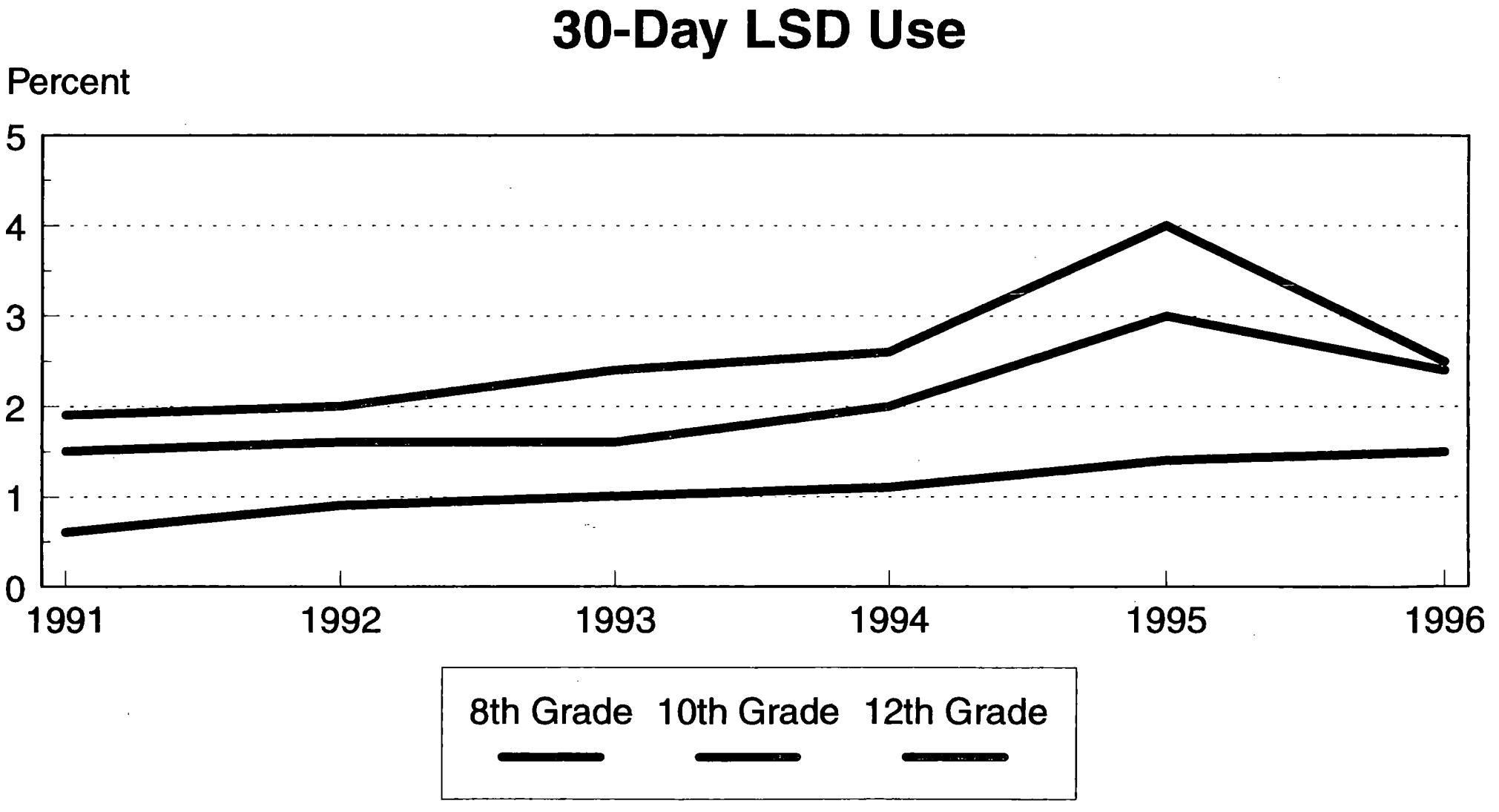
AMONG 10TH AND 12TH GRADERS, TRENDS IN LSD USE IS DOWN



Source: 1996 Monitoring the Future Study

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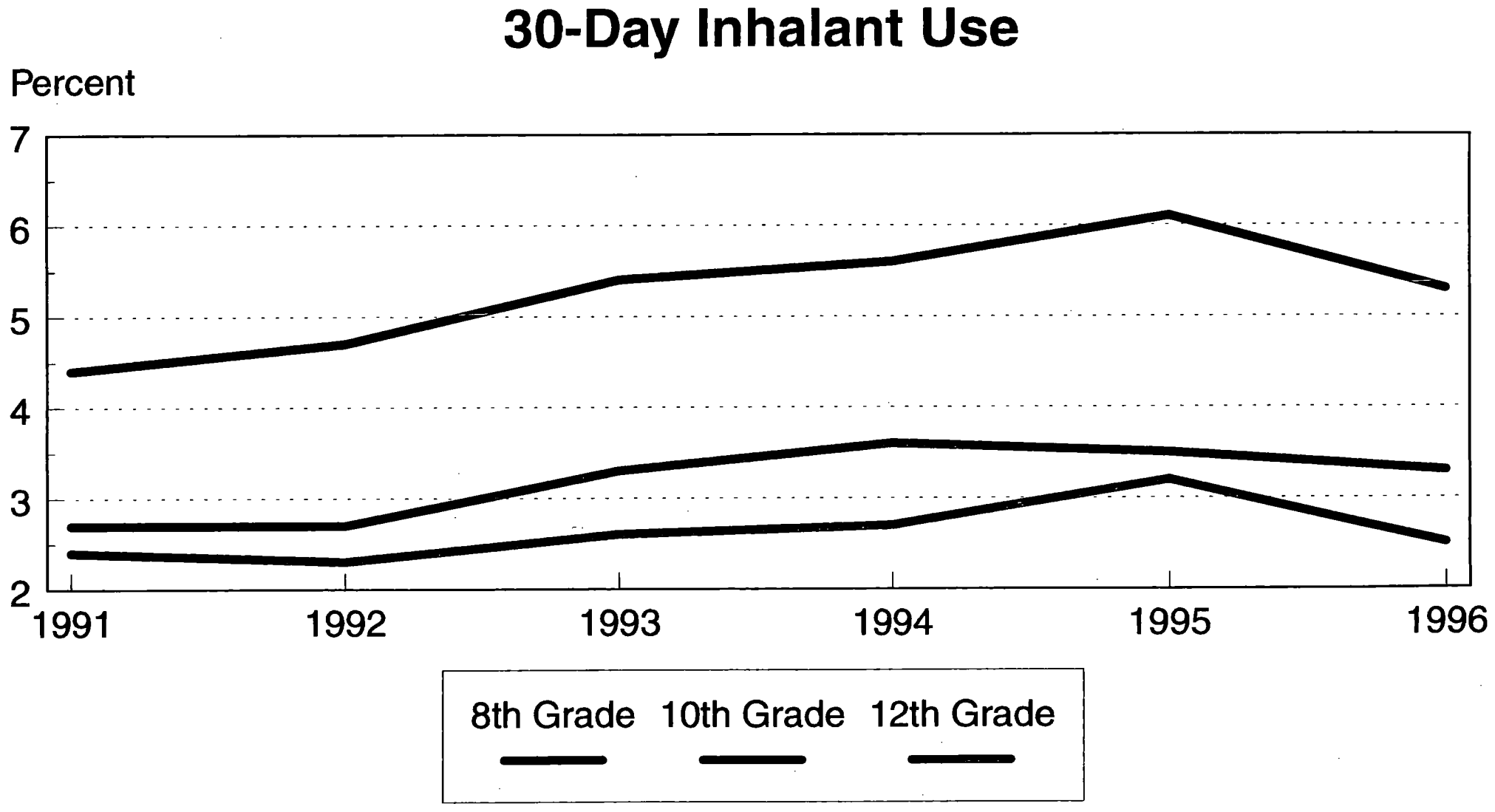
THE PREVALENCE OF INHALANT USE IS LOW



Source: 1996 Monitoring the Future Study

OPBE
12DEC96

ABC D-DAY
MARCH AGAINST DRUGS

"MORE TALK"
:30 TV

When it comes to drugs, you might think the last thing that we need more of is talk. Actually, that's just what we do need. As long as it's the right people doing the talking.

Mom and dad, that's you. Kids who learn about the dangers of drugs from their parents are only half as likely to use them as kids whose parents say nothing. So please, talk to your kids about drugs.

~~Hey, if we can come together on this subject, surely your family can.~~

TITLE CARD: Silence is acceptance.

Dennis-

I need to look this over & edit it some, but we need to make sure that what it expresses is in keeping of our drug strategy message -- i.e. McCaffrey needs to clear it ... ? Call me

JORDAN → 65701

ABC Television Network

David Westin
President

March 6, 1997

Donald A. Baer
Assistant to the President and
Director of Strategic Planning and Communications
The White House
Washington, D.C. 20502

Dear Don:

As you know, the ABC Television Network is addressing the issue of drug use by children in this Country during the month of March. This effort includes various programming specifically directed at the issue throughout the month and culminating in a primetime special on March 30 in which Peter Jennings will talk with children about the drug issue. A centerpiece of our activities is a series of "public service announcements," ranging between ten and thirty seconds each, aired every hour the Network is on the air for the entire month. All of these PSAs are designed to encourage parents and kids to talk together about drugs. We chose this theme because statistics show that whether parents talk with their children about drugs is one of the important determinants of whether children use drugs. This is a simple, easily-taken step for our viewers that can make a real difference for our Country. By airing these PSAs every hour, we estimate that we will reach over 90% of all adults in the Country eleven times during the course of the month.

We would very much like President Clinton to appear in one of our PSAs. Attached is a draft script to illustrate the sort of thing we have in mind. I also enclose a tape showing some of the other PSAs we are using. We would air the presidential PSA as part of our regular lineup, and it would receive several airings during the month in various time periods.

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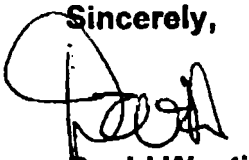

David Westin

Attachment and Enclosure

February 20, 1997

THE ABC TELEVISION NETWORK HAS PRODUCED OVER 48 ORIGINAL PSA'S, FEATURING WIDE VARIETY OF ABC PERSONALITIES, FOR AIRING DURING THE MONTH OF MARCH AS PART OF "ABC'S MARCH AGAINST DRUGS"

In eight days, the ABC Television Network will launch its unprecedented public service campaign, "ABC's March Against Drugs." ABC will devote the entire month of March toward encouraging parents to talk with their children about drugs. In addition to Network programming focusing on anti-drug themes, specially produced public service announcements will air every network hour for the entire month of March beginning Saturday, March 1.

Since talking to kids about the dangers of drug use has been shown to be one of the most effective deterrents, the theme for these public service announcements will be "Silence Is Acceptance." Over 48 original PSAs have been produced, featuring a wide variety of ABC Television Network personalities, including:

From ABC News: Anchors Peter Jennings, Diane Sawyer and Elizabeth Vargas, and Correspondents John Quinones and Anderson Cooper.

From ABC Daytime: Robin Strasser and Thorsten Kaye of "One Life to Live," Lauren Roman of "All My Children," and Jonathan Jackson and Amber Tamblyn of "General Hospital."

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The public service announcements will continue throughout the month and will conclude Sunday, March 30 – "ABC-D-Day" – when the Network will air an ABC News Town Hall Meeting (7:00-8:00 p.m., ET) focusing on the efforts and results of the entire campaign.

"Our goal was to create a way to get the conversation started," said Alan Cohen, Executive Vice President of ABC Marketing, under whose direction the creative campaign was developed. "Our second goal was to make sure we reached our target audience. With the media schedule we've designed for the month, these spots will reach 90% of all adults 18-49 – that's 142 million Americans - at least eleven times."

The messages conveyed in the PSAs will underscore the importance of talking with children about the dangers of drug use. Others have been designed for ABC's "TGIF" lineup and for Saturday morning, which stress that kids can initiate these conversations as well. And some, airing as part of the Network's ongoing "Children First" campaign on mentoring, will relay that you don't have to be a parent to communicate these important messages.

The PSAs will offer a variety of resources for parents to get information and assistance in initiating their talks with children in their lives, including a toll-free number: 1-800-ABC-D-DAY, which will be activated March 1. Callers will receive a comprehensive resource guide, "How to Raise Drug-Free Kids."

Some spots will refer viewers to ABC's public website, ABC.COM, which will feature a special area, ABCKIDS.COM, for the month of March. It will be dedicated to young people and will encourage them to have a open dialogue about drugs with their parents. This special site was developed by the creators of the award-winning "ABC Kidzine" service on America Online.

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ABC Media Relations Contact: Janice Gretemeyer (212) 456-7571

-- ABC --

ABC Straight Talk on Drugs

Radio Town Hall Meeting with President Clinton

March 12, 1997

(drafted March 6, 1997 by M. Moloney)

Following is the proposed schedule for the ABC Radio town hall meeting with the President:

Date: Wednesday, March 12, 1997
Location: White House East Room
Time: Broadcast begins live at 11:06 AM EST

POTUS involvement:

10:00-10:45 AM	Briefing
10:50-11:05 AM	Warm Up with Studio Audience
11:06-11:16 AM	Opening Segment
11:16-11:19 AM	Commercial Break
11:19-11:30 AM	Second Segment
11:30-11:33 AM	Commercial Break
11:33-11:46 AM	Third Segment
11:46-11:49 AM	Commercial Break
11:49-11:59:30 AM	Closing Segment

7 questions
- 1 NY
- 1 LA

Format: The program is a live, one-hour broadcast moderated by Peter Jennings. The program will open with an introduction by Jennings, and possibly a short, taped piece setting up ABC's "March Against Drugs" campaign. Following the introduction, the President would make brief opening remarks highlighting the Administration's involvement in anti-drug efforts.

The bulk of the show will be comprised of Q&A segments on various topics. Questions will come from members of the studio audience in the East Room and in ABC studios in New York and Los Angeles and pre-recorded "person-on-the-street" questions. ABC has also proposed that the President ask questions of the audience.

Topics for the segments include a focus on the increasing use of illegal drugs, alcohol and tobacco by America's youth. Specific attention is given to: the declining age of first time users; the medical effects of drugs; gateway drugs; responding to peer pressure; parents who once used drugs and their strategy for talking to children; approaching parents for advice; media messages on drugs; and solutions -- programs that works and information and resources available to all.

Participants: The President, Peter Jennings, East Room and remote studio audience members

After school something to say "yes" to

Learn from your own experience I did w/ my own daughter

People Magazine (DLC)

Audience: 50 - 60 people, comprised of 30 children, recovering addicts, parents, guidance counselors, and law enforcement officers involved in drug education efforts. ABC News will be responsible for submitting names of audience members. Guardians for children under the age of 16 will listen to the program from the China Room in the Residence.

Press Plan: As of 10:00 AM, March 6, ABC has received great interest from their affiliate stations in airing the program. The broadcast will be carried live in New York, Los Angeles, Washington, Dallas, Seattle and San Francisco. Other stations are expected to be added by the end of the week.

21 solutions to problems

(1) - US NEWS WORLD REPORT
- only magazine that gave legitimacy on drug testing

drug testing fights peer pressure
allows kids to have a cover
"It may not be popular"
But it is not a supplement for.....

(2) McCaffrey?
What about Riley / Shalala?

(3) Displays for the Hallway

Drug Fact Sheet

Overall Drug Use

An estimated 12.8 million Americans -- about 6% of the household population aged 12 and older -- use illegal drugs on a current basis (within the past 30 days). That is a 50% reduction from the 1979 peak of 25 million. Despite the dramatic drop, more than1/3 of all Americans -- 12 and older -- have tried an illicit drug. Ninety percent of those used marijuana or hashish.

Trends in Youth Drug Use

This year at least 2.4 million young Americans will use illicit drugs. Illicit drug use among 8th graders is up 150% over the past five years. While alarmingly high, the prevalence of drug use among today's youth has not returned to near-epidemic levels of the late 1970s. In 1995, 10.9% of all youngsters between the ages 12-17 used illicit drugs on a "past-month" basis -- a doubling from the historic low in 1992 of 5.3% but still well below the 1979 peak of 16.3%.

Alcohol Use Among Youth. Alcohol is the drug most often used by young people. Approximately 1/4 10th grade students and 1/3 of 12th graders report having have 5 or more drinks on at least one occasion within two weeks of the survey

Tobacco Use Among Youth. Despite a decline in adult smoking, American youth continue to use tobacco products at rising rates. In 1996, more than a third of high school seniors smoked cigarettes, and more than 1 in 5 did so daily. These percentages are greater than at any time since the 1970s. Every day, 3000 children begin smoking cigarettes regularly. As a result, according to one study, a third of these youngsters will have their lives shortened.

Marijuana Use Among Youth. Almost 1 in 4 high school seniors used marijuana on a "past-month" basis in 1996. Within the past year, nearly twice as many seniors used marijuana as any other illicit drug. Marijuana also accounts for most of the increase in illicit drug use among youths aged 12 to 17. Between 1994 and 1995, the rate of marijuana use among this age-group increased by 37 percent (from 6% to 8.2%). Adolescents are also beginning to smoke marijuana at a younger age. The mean age of first use dropped from17.8 years in 1987 to 16.3 years in 1994. According to one study, children who smoke marijuana are 85 times more likely to use cocaine than peers who never tried marijuana.

Cocaine Use Among Youth. Cocaine use is not prevalent among young people. In 1996, approximately 2% of 12th graders were current cocaine users. While this figure was up from a low of 1.4% in 1992, it was still 70% lower than the 6.7% high in 1985.

Other Illicit Drug Use Among Youth. After marijuana, stimulants (including methamphetamine) are the second-most commonly used illicit drug among young people. About 5% of high school students use stimulants on a monthly basis, and 10% have done so within the past year. Encouragingly, the use of inhalants -- the third most common illicit substance -- declined among 8th, 10th, and 12th graders in 1996. LSD however was used by 8.8% of 12th graders drug the past year.

President Clinton's Anti-Drug Accomplishments for Our Youth

March 1997

President Clinton believes that we must all share in the responsibility to protect our children from the scourge of illegal drugs and that it must be a top priority. That is why the number one goal of the President's 1997 National Drug Control Strategy is to motivate America's youth to reject illegal drugs and substance abuse.

A Record of Accomplishments:

- ✔ **Zero-tolerance on underage drinking.** The President has pushed states to adopt a policy of zero-tolerance for teen drinking and driving or risk losing Federal highway funds.
- ✔ **Drug Testing.**
  Drivers Licenses: The President's fiscal year 1998 budget includes funding for a state demonstration program to drug test teens before they receive their driver's licenses and provides incentives for states to fight drugged driving.
  Home Drug Testing Kits: In January of this year, the Food and Drug Administration approved the first home drug testing kit, allowing parents to test their children for illicit drugs and talk to them about the consequences of drug use.
- ✔ **Safe and Drug-Free Schools.** The President has fought throughout his term for full funding of the program which is used by over 97% of the school districts in the country to keep violence and drugs away from students and our schools.
- ✔ **Combating Emerging Drugs.**
  Methamphetamine Strategy: Last year, the President signed into law his strategy to attack Methamphetamine at every level-- through a coordinated law enforcement response, regulation of precursor chemicals, treatment and prevention, and sentencing proposals.
  Rohypnol: Responding quickly its rising popularity, the President directed the Customs Department to crack down on Rohypnol at the ports of entry. He later signed into law tougher penalties for those who use of Rohypnol to facilitate a violent crime.
- ✔ **White House Conference on Youth, Drug Use, and Violence.** Last year, the President held the first ever Conference on Youth, Drug Use and Violence. The Conference launched a national media literacy and drug deglamorization campaign aimed at youth.
- ✔ **Working to end teen tobacco use.** President Clinton has proposed restricting youth access to tobacco products, and reducing the advertising and promotional activities that make these products appealing to young people.

A Plan of Action for 1997:

- ✔ **National Anti-Drug Media Campaign.** The cornerstone of the President's anti-drug strategy is a $175 million national media campaign targeting our youth with a consistent anti-drug message.
- ✔ **Anti-Gang and Youth Violence Strategy.** President Clinton's strategy is a balanced plan to target gangs and violent juveniles, and keep kids gun and drug-free and on the right track:
  After Schools Initiatives. President Clinton's plan creates 1,000 after school initiatives to keep schools open in the evenings, weekends and during the summer, keeping kids off the streets and giving them something to say "yes" to.
  Youth Drug Courts. The strategy contains $50 million for juvenile drug and gun courts to create innovative and individualized penalties to benefit the public and youth offenders.
  Tough Penalties for Drug Traffickers. The President's strategy increases penalties for those who sell drugs to kids and use kids to sell drugs.

ABC Radio Town Hall Meeting with President Clinton
March 12, 1997

Questions and Answers

Areas of Potential Questions:

1. Declining Age of First time users
2. Medical Effects of Drugs
3. Gateway Drugs
4. Responding to Peer Pressure
5. Parents who once used drugs and their strategy for talking to children
6. Approaching Parents for Advice
7. Media Messages on Drugs
8. Programs that work and information and resources available

Declining Age of First Time Users

Q. In the last few years, more and more young people are trying drugs and at younger and younger ages. How can we reverse this trend?

A. This is a very serious problem. And it is reflected in a change in our youth's attitudes towards the dangers of drugs. Kids have not been getting a consistent anti-drug message through the media. That is why the number one goal of my drug strategy has been to educate and motivate youth to reject illegal drugs, alcohol and tobacco. We know that if you can change youth's attitudes about drug use we can lower youth drug use.

We know that if you can change youth's attitudes about drug use we can lower youth drug use. That is why my National Drug Control Strategy provides $175 for a national media campaign targeting illegal drug consumption by youth. This initiative would rely on high-impact, anti-drug television advertisements aired during prime-time to educate and inform the public about the dangers of illegal drug use.

Medical Effects of Drugs

Q. Recently some states have passed medical marijuana initiatives so that terminally ill patients can use marijuana for their pain. Do you support these initiatives? What kind of message does this send our children about marijuana?

A. I opposed those measures. I believe that we need to ensure that all Americans have access to safe and effective medicine -- and my Administration has worked very hard in that direction. However, the marijuana initiatives in California and Arizona contradict Federal law

and complicate the National Drug Control Strategy by sending the wrong message to our children. They undermine the concerted efforts of parents, educators, businesses, elected leaders, community groups and others to achieve a healthy, drug-free society. It is critical to send a clear message to the legalization movement that his Administration will continue to enforce Federal law and work to prevent similar propositions from passing in other states.

Gateway Drugs

Q. Many of my friends smoke cigarettes and drink occasionally but they do not do drugs.

This we know --- a young man or a young woman who reaches age 21 without smoking, without abusing alcohol and without using illegal drugs is virtually certain never to do so for the rest of their life.

That is why we must renew our commitment to the drug prevention strategies that deter first-time drug use and halt the progression from alcohol and tobacco use to illicit drugs.

Last year, at the White House Leadership Conference on Youth, Drug Use and Violence, Joe Califano, the former Secretary for Health, Education, and Welfare, spoke about some of the research findings of the Center for Addiction and Substance Abuse at Columbia University, which he now heads. The Center has found a powerful statistical relationship between adolescent use of nicotine, alcohol, and marijuana and the use of drugs like cocaine and heroin.

A 12 to 17 year old who smokes cigarettes is 19 times likelier than one who doesn't to use cocaine. A 12 to 17 year old who drinks alcohol is 50 times likelier than one who doesn't to use cocaine. And one who smokes pot is 85 times likelier than one who doesn't use cocaine. The earlier and more frequently a child uses any of these substances, the likelier that child is to go to cocaine or heroin.

Responding to Peer Pressure

Q. It is very difficult for young people to reject drugs when so many of their friends are using them and it is considered "cool." What advice do you have for young people to fight off peer pressure to use drugs?

A. It is not easy being a kid. Peer pressure can be overwhelming. So many young people use drugs simply because their friends do.

We have an obligation to give kids something to say yes to. That is why my Anti-Gang and Youth Violence Bill contains an After Schools initiatives so that kids are learning about life in the classroom and not on the streets.

In some communities drug testing is working for kids -- not so much the test itself but it gives kids a reason to fight off peer pressure. And frankly, quite often that is all our kids are

asking for.

Parents who once used drugs and their strategy for talking to children

Q. How do you talk to Chelsea about drugs?

A. We know that many children abstain from using illegal drugs because an adult they respect -- usually a parent but often a teacher, coach, religious or community leader -- convinced them that using drugs was dangerous. Both Hillary and I have discussed drugs with Chelsea. She has very strong negative feelings about cigarettes, liquor and illicit drugs. She has dealt with this issue in a very mature way and she is committed to trying to help other young people stay out of trouble or help them if they think they are in trouble.

Approaching Parents for Advice

Q. Has Chelsea ever approached you for advice?

Media Messages on Drugs

Q. Many of the songs that we listen to and the shows we watch glamorize drug use. And there are not many anti-drug songs, shows or ads these days. How can you help to counter this?

A. All too often we see signs of complacency about the dangers of drug use -- diminished attention to the drug problem by the national media; the glamorization and legitimization of drug use in the entertainment industry; the coddling of professional athletes who are habitual drug users.

We have reduced overall drug use by 50% over the last 15 years. But unfortunately, beginning as early as 1989, youth attitudes about drugs began to change -- and as a result youth drug use began to rise in the early 1990s. This has been well documented by one of the most reputable surveys in the country, the University of Michigan's "Monitoring the Future." In addition, Since 1990, the number of anti-drug PSA's have dropped by 30%. Kids have not been getting a consistent anti-drug message through the media.

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Programs that work and information and resources available

Q. Many of my friends who have tried drugs do so because they are bored and they don't about the dangers of drugs. We need more education about the danger of drugs.

What can you do to educate kids so that they know about the dangers of drugs?

Parents must have the confidence that when they send their kids off to schools, they will be receiving the same anti-drug message that they receive at home.

Over the last four years, we have worked very hard to make our schools safer and to insure that kids are being taught drug prevention in school. That is why I signed into the Gun-Free Schools Act, and issued a Directive to enforce "zero tolerance" in our schools -- you bring a gun to school, you don't come back for a year. We supported high school athlete drug testing in a case before the Supreme Court and I fought back congressional efforts to cut the Safe and Drug Free Schools Program, which over 97 percent of the school districts in the country use to keep violence and drugs away from students and our schools.

<u>Other Potential questions</u>:

Q. Where I live, drugs are all around me. Our school is 500 yards from an area where drugs deals go on all day. How can you help keep drugs off of our streets and away from our schools?

ABC Radio Town Hall Meeting with President Clinton
March 12, 1997

Statement

I want to welcome all of you to the White House. I want to thank ABC for proposing this event and its format. This is a great opportunity to focus on one of the most critical problems facing the youth of today.

The young people in this room today are coming of age at the moment of greatest possibility in all of American history, where young people who are prepared for it will be able to have more options to live out the future of their dreams than any previous generation.

But these options can be quickly shut off when drugs enter the picture.

Over the last decade, we have made considerable progress in reducing overall casual drug use. Our success demonstrates that drug abuse is not an incurable social ill.

Nonetheless, we as a society -- and as parents -- should be deeply concerned about the rising trend of drug use by young Americans. That is why the number one goal of my National anti-drug strategy is to motivate America's youth to reject illegal drugs and substance abuse.

We each have a role to play in helping to turn these trends back around -- government, the media, schools, communities, parents and you. And all of us must recognize that we can make a difference in our communities -- both through individual action and by joining with others in comprehensive, collaborative initiatives.

My Administration is trying to do its part -- we are working to provide the Nation's youth the support they need to make a safe passage from childhood to adulthood and to strengthen America 's families so they can help steer youth away from drugs and violence and toward healthful activities and positive futures.

Our strategy contains programs that will help youth to recognize the terrible risks associated with the use of illegal substances. The cornerstone of this effort will be our national media campaign that will target our youth with a consistent anti-drug message. But government cannot do this job alone. That is why we are challenging the national media and entertainment industry to join us -- by renouncing the glamorization of drug abuse and realistically portraying its consequences.

We know that children who learn about the dangers of drugs from their parents are much less likely to use them as children whose parents say nothing. So please, talk to your kids about drugs. Tell them that drugs are wrong, drugs are illegal, and drugs can kill you.

We must renew our commitment to the drug prevention strategies that deter first-time

drug use and halt the progression from alcohol and tobacco use to illicit drugs.

I am deeply committed to continuing our progress in reducing drug use and to reversing the trend among youth. So I look forward to exchanging ideas and thought with both parents and children this morning.

It is hard to be a parent today; but it is even harder to be a kid. All of us - our businesses, our parents, our media, our schools, our teachers, our communities, and government -- have a responsibility to help children make it.

1. Chelsea
2. Media Glamorize
3. Intellects
4. Muscle relaxers
   stealing them from a neighbor
   Can Govt. regulate prescriptions
   through the mail?
   Jennings tape Q
   → limiting access
5. Detroit Kid
6. Gangs
7. Gateway drugs
8. AIDS Q
9. How do you shut down open-air drug mkts

Drug-free America doesn't want this to talk to your children

As parents, you must start now

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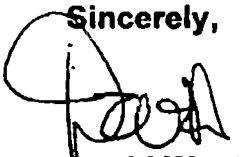

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ABC Media Relations Contact: Janice Gretemeyer (212) 456-7571

--ABC--

DENNIS BURKE from Bob
67028

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

FOR IMMEDIATE RELEASE:
FEBRUARY 13, 1997

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NATIONAL DRUG POLICY OFFICE PROVIDES BUDGET BREAKDOWN OF MAJOR FY 1998 DRUG CONTROL ACTIVITIES

(Washington, DC) -- National Drug Policy Director Barry McCaffrey today released a budget breakdown of major FY 1998 drug control activities, as announced by President Clinton in the State of the Union Message and in the Federal FY 1998 Budget.

Summary of Major FY 1998 Drug Control Activities

- **Total Drug Control Funding** -- To support the goals of the *1997 National Drug Control Strategy*, for Fiscal Year (FY) 1998 the President requests $16.0 billion to fund drug control efforts. This request represents an increase of **$818 million** over the FY 1997 enacted level of $15.2 billion, or a 5.4 percent increase.

  - Overall increase includes additional **$313 million** (+22%) to support the education of youth to reject illegal drugs.

  - An additional **$244 million** (+7%) in funding is provided to increase treatment effectiveness.

Highlights include:

- **Safe and Drug Free Schools** -- $620 million is requested for FY 1998, an increase of **$64 million** (11.5 percent) over the FY 1997 appropriation. New resources would provide grant assistance to governors and State educational agencies for drug and violence prevention programs.

- **Community Oriented Policing (COPS)** -- $510 million in drug-related resources is requested in FY 1998, an increase of **$41 million** (9 percent) over FY 1997. COPS serves as the vehicle for the Administration's strategy to fight violent crime and drug use by increasing the number of State and local police officers on the streets.

- **Prevention and Treatment Research** -- $522 million is requested in FY 1998 for the National Institute on Drug Abuse (NIDA), an increase of **$33 million** over FY 1997. These additional resources will further ongoing drug prevention and treatment research efforts of NIDA and the Office of AIDS Research.

- **National Media Campaign** -- $175 million is requested in FY 1998 for a national media campaign targeting illegal drug consumption by youth. Initiative would rely on high-impact, anti-drug television advertisements aired during prime-time to educate and inform the public on the dangers of illegal drug use.

- **Youth Treatment** --$19 million is identified in the FY 1998 HHS budget to support innovative interventions for juvenile offenders which integrate community-wide education, law enforcement, substance abuse treatment, and mental health services; studies of treatment effectiveness for adolescents with co-occurring substance and mental health disorders; and expansion and assessment of comprehensive substance abuse treatment services for adolescents.

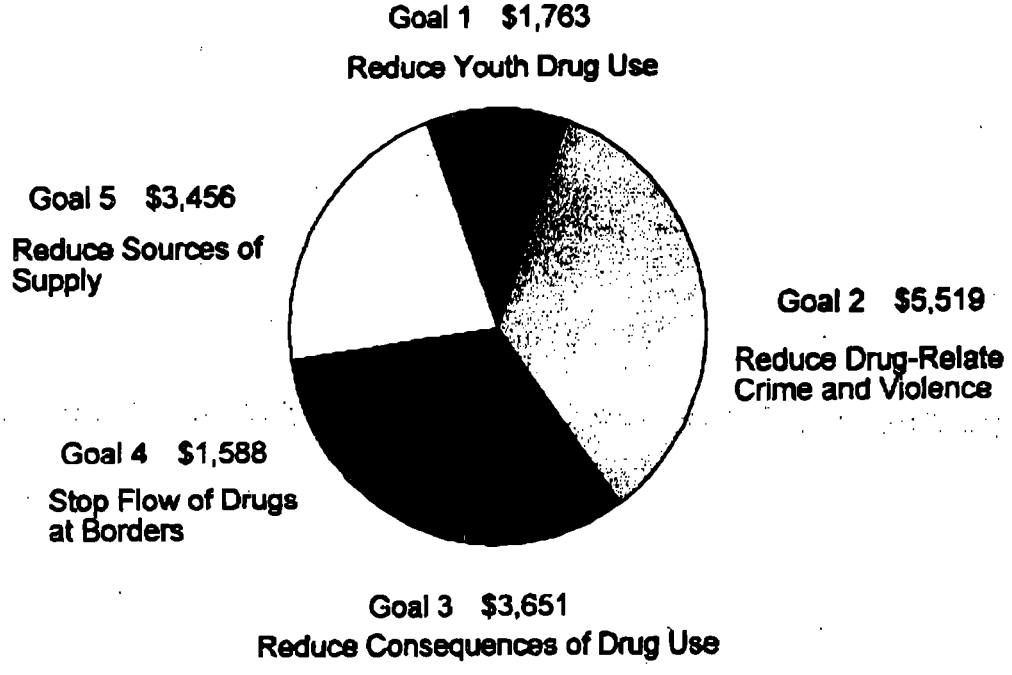
- **Youth Prevention** -- $98 million is identified in the FY 1998 HHS budget for activities designed to prevent marijuana and other drug use among American youth. The initiative will provide State Incentive Grants, raise public awareness and counter pro-drug messages, and expand State level data collection activities.

- **Drug Courts** -- $75 million is requested in FY 1998, an increase of **$45 million** (150 percent) over FY 1997. These grants support State and local criminal justice agencies to provide court-mandated drug treatment and related services to nonviolent offenders.

- **INS Southwest Border Initiative** -- $367 million in drug-related resources is requested for the Immigration and Naturalization Service (INS) in FY 1998, an increase of **$48 million** over FY 1997. This request provides for an additional 500 Border patrol agents to stem the flow of illegal drugs and illegal aliens across the Southwest Border.

- **International Narcotics Control and Support for Peru** -- The FY 1998 budget includes $214 million for the State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL). Included in the INL budget is $40 million for Peru, an increase of **$17 million** over FY 1997. In FY 1998 this program will continue the implementation of the President's directive to place more emphasis on source countries, focus on programs that promote alternative development, dismantle narcotics trafficking organizations, and interdict drugs.

FY 98 Spending by Strategy Goal
($ Millions)



Drug Control Funding: Agency Summary, FY 1996 - FY 1998

(Budget Authority in Millions)

	FY 1996 Actual	FY 1997 Enacted	FY 1998 President's Request
Department of Agriculture			
Agricultural Research Service	$4.7	$4.7	$4.7
U.S. Forest Service	8.9	8.9	8.9
Special Supplemental Program for Women, Infants, and Children (WIC)	14.9	14.9	14.9
Total, Agriculture	**28.6**	**28.6**	**28.5**
Corporation for National Service	**29.9**	**30.7**	**40.3**
Department of Defense	**822.1**	**957.5**[1]	**808.6**
Department of Education	**588.3**	**679.0**	**746.6**
Department of Health and Human Services			
Administration for Children and Families	62.2	70.1	54.3
Centers for Disease Control	65.5	82.5	114.9
Food and Drug Administration	5.6	5.6	35.0
Health Care Financing Administration	290.0	320.0	360.0
Health Resources and Services Administration	39.4	46.2	48.3
Indian Health Service	42.7	42.9	43.1
National Institutes of Health (NIDA & NIAAA)	482.2	514.8	548.5
Substance Abuse and Mental Health Services Administration	1,084.9	1,299.5	1,329.9
Total, HHS	**2,072.5**	**2,381.5**	**2,534.1**
Department of Housing and Urban Development	**293.8**	**320.0**	**290.0**
Intelligence Community Management Account	--	27.0	27.0
Department of the Interior			
Bureau of Indian Affairs	15.6	15.6	18.2
Bureau of Land Management	5.0	5.0	5.0
Fish and Wildlife Service	1.0	1.0	1.0
National Park Service	8.8	8.7	9.0
Total, Interior	**30.4**	**30.3**	**33.2**
The Federal Judiciary	**506.6**	**539.1**	**620.5**
Department of Justice			
Assets Forfeiture Fund	363.1	401.0	376.0
U.S. Attorneys	238.6	250.4	269.3
Bureau of Prisons	1,747.2	1,961.5	2,023.1
Community Policing	430.6	468.6	509.9
Criminal Division	22.2	24.9	27.7
Drug Enforcement Administration	866.7	1,054.0	1,145.8
Federal Bureau of Investigation	694.6	817.4	865.4
Federal Prisoner Detention	161.6	246.4	281.4
Immigration and Naturalization Service	225.2	318.2	366.7
Interagency Crime and Drug Enforcement	359.8	359.4	295.0
INTERPOL	1.6	0.8	0.5
U.S. Marshals Service	302.0	261.4	273.5
Office of Justice Programs	853.3	796.9	814.6
Tax Division	0.3	0.3	0.3
Total, Justice	**$6,267.0**	**$6,961.4**	**$7,249.1**

(Detail may not add to totals due to rounding)

[1] included $165 million in non-recurring one-time purchases of equipment and short-term programs now paid for following supplemental request by President. List attached on following page.

Drug Control Funding: Agency Summary, FY 1996 - FY 1998 (continued)

(Budget Authority in Millions)

	FY 1996 Actual	FY 1997 Enacted	FY 1998 President's Request
Department of Labor	**$59.4**	**$59.5**	**$65.5**
Office of National Drug Control Policy			
Salaries and Expenses	26.7	35.8	36.0
High Intensity Drug Trafficking Areas	102.9	140.2	140.2
Special Forfeiture Fund	0.0	112.9	175.0
Total, ONDCP	**129.7**	**288.9**	**351.2**
Department of State			
Bureau of International Narcotics and Law Enforcement Affairs	115.0	193.0	214.0
Economic Support Fund	20.0	--	--
Emergencies in the Diplomatic and Consular Service	0.3	1.0	1.5
Total, State	**135.3**	**194.0**	**215.5**
Department of Transportation			
U.S. Coast Guard	323.2	335.7	388.7
Federal Aviation Administration	18.1	19.4	23.4
National Highway Traffic Safety Administration	30.8	29.3	31.1
Total, Transportation	**372.2**	**384.3**	**443.1**
Department of the Treasury			
Bureau of Alcohol, Tobacco and Firearms	171.2	175.6	231.7
U.S. Customs Service	531.2	608.8	641.2
Federal Law Enforcement Training Center	19.1	38.9	60.5
Financial Crimes Enforcement Network	11.2	11.7	13.1
Bureau of Interagency Law Enforcement	--	--	73.8
Internal Revenue Service	68.2	70.7	72.9
U.S. Secret Service	71.7	80.2	90.0
Treasury Forfeiture Fund	156.4	155.0	155.0
Total, Treasury	**1,029.0**	**1,140.8**	**1,338.1**
U.S. Information Agency	**8.3**	**7.6**	**7.7**
Department of Veterans Affairs	**1,081.1**	**1,128.8**	**1,177.6**
Total Drug Control Budget	**$13,454.0**	**$15,158.9**	**$15,976.8**
Supply Reduction	**$9,013.2**	**$10,181.6**	**$10,502.4**
Percentage of Total Drug Budget	**67%**	**67%**	**66%**
Demand Reduction	**$4,440.8**	**$4,977.3**	**$5,474.4**
Percentage of Total Drug Budget	**33%**	**33%**	**34%**

(Detail may not add to totals due to rounding)

1 (continued from previous page)

56 million:	P3 aircraft
10 million:	TPS-70 ground-based radar
6 million:	non-obtrusive border inspection system
55 million:	National Guard equipment and short-term programs
11 million:	Laser Strike (source country interdiction surge operations in Latin America)
8 million:	helicopter transfer support to Mexico
19 million:	miscellaneous equipment and short-term programs

Federal Drug Control Spending by Goal & Function, FY 1996-1998
(Budget Authority Millions)

	FY 1996 Actual	FY 1997 Enacted	FY 1998 President's Budget	FY 97 - FY98 Change $	FY 97 - FY98 Change %
Drug Goal:					
Goal 1	1,219.3	1,449.3	1,762.7	313.5	21.6%
Goal 2	4,843.4	5,325.6	5,518.5	192.9	3.6%
Goal 3	3,122.2	3,407.2	3,651.4	244.2	7.2%
Goal 4	1,350.8	1,646.2	1,588.5	(57.7)	-3.5%
Goal 5	2,918.5	3,330.6	3,455.6	125.0	3.8%
Total	13,454.0	15,158.9	15,976.8	817.9	5.4%
Drug Function:					
Criminal Justice System	7,164.9	7,835.5	8,126.5	291.0	3.7%
Drug Treatment	2,553.8	2,808.7	3,003.5	194.8	6.9%
Drug Prevention	1,400.7	1,648.0	1,916.5	268.5	16.3%
International	289.8	449.7	487.6	37.9	8.4%
Interdiction	1,321.0	1,638.6	1,609.7	(28.9)	-1.8%
Research	609.2	631.9	673.5	41.5	6.6%
Intelligence	114.5	146.4	159.4	13.0	8.9%
Total	13,454.0	15,158.9	15,976.8	817.9	5.4%
Function Areas:					
Demand Reduction	4,440.8	4,977.3	5,474.4	497.1	10.0%
Percent	*33%*	*33%*	*34%*		
Domestic Law Enforcement	7,402.4	8,093.3	8,405.1	311.8	3.9%
Percent	*55%*	*53%*	*53%*		
International	289.8	449.7	487.6	37.9	8.4%
Percent	*2%*	*3%*	*3%*		
Interdiction	1,321.0	1,638.6	1,609.7	(28.9)	-1.8%
Percent	*10%*	*11%*	*10%*		
Total	13,454.0	15,158.9	15,976.8	817.9	5.4%
Supply/Demand Split:					
Supply	9,013.2	10,181.6	10,502.4	320.8	3.2%
Percent	67%	67%	66%		
Demand	4,440.8	4,977.3	5,474.4	497.1	10.0%
Percent	33%	33%	34%		
Total	13,454.0	15,158.9	15,976.8	817.9	5.4%
Demand Components:					
Prevention (w/ Research)	1,612.9	1,874.5	2,157.1	282.6	15.1%
Treatment (w/ Research)	2,827.9	3,102.7	3,317.3	214.5	6.9%
Demand Research, Total	486.3	520.5	554.3	33.8	6.5%

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Transmittal Date: October 25, 1996

Number of Pages (including cover sheet) 2

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MESSAGE: Here is a copy of the ~~News~~ Newsweek editor

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October 23, 1996

Letters Editor
Newsweek
251 West 57th Street
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By fax: 212 445-4120

To the Editor:

To a campaign consultant, the drug issue is all about labelling your opponent as "soft on drugs" and avoiding that level for your candidate. What actually might work to reduce drug abuse and drug-related crime is irrelevant. Your two stories on the drug issue ["A Reluctant Campaigner" and "The Straight Dope," (National Affairs, 10/21)] reflect this preoccupation with the irrelevant: it's all about image, personalities, symbolism (including budgetary symbolism), and gaffes.

No one reading that story would guess that President Clinton had proposed a direct attack on the hard-drug markets at their most vulnerable point: the largest-volume consumers, most of whom are on bail, probation, or parole. A program of frequent drug testing and immediate sanctions for continued use could dramatically shrink the markets for heroin and cocaine.

Nor would a reader know that the Congress had just passed the President's plan. The new law requires states to test and sanction drug-involved offenders as a condition of receiving federal prison-building grants.

That program, if aggressively implemented, could shrink the hard-drug markets by 40%, and greatly reduce drug-related violence. That historic achievement will endure long after the campaign "gotchas" have been forgotten.

Very truly yours,

Mark A.R. Kleiman
Professor of Policy Studies

Statement by General Barry R. McCaffrey,
Director, Office of National Drug Control Policy
before the House Committee on Appropriations,
Subcommittee on Treasury, Postal Service and General Government
March 19, 1997

Good afternoon, Mr. Chairman, Congressman Hoyer, and other distinguished Members of the House Appropriations Subcommittee. It is an honor to be here today to respond to your questions, listen to your views, and lay out for you what we have been able to accomplish so far and how we intend to move forward.

The President's instructions when he asked me to take on this responsibility were to help create a cooperative, bipartisan effort among Congress and the federal, state and local governments as well as to mobilize public and private support for reducing drug abuse and its consequences in America. My commitment to you was to forge a coherent counterdrug strategy that would both reduce illicit drug use and also protect our youth and society from the terrible damage caused by drug abuse and drug trafficking. The primary purpose of this hearing is to put forward the Fiscal Year 1998 budget for ONDCP. However, I will also provide the framework that serves as the basis for the proposed ONDCP budget by briefly reviewing the *1997 National Drug Control Strategy* which was submitted to Congress a few weeks ago.

Before doing so, I would like to recognize the members of this Subcommittee for your commitment to reducing illegal drug use and its consequences, in particular the leadership of Chairman Jim Kolbe and Representatives Steny Hoyer and Frank Wolf. We know that the bipartisan support the Subcommittee provided to the *1996 National Drug Control Strategy* and the Fiscal Year 1997 counterdrug budget has been important to our successes. ONDCP has also appreciated the counsel and support of representatives Denny Hastert, Rob Portman, Charlie Rangel, Elijah Cummings, Ben Gilman, Maxine Waters, and the other House Members who share your commitment and who have greatly influenced this new *1997 Strategy*.

We look forward to working with you and with key members of the President's team, including Attorney General Reno, Health and Human Services Secretary Shalala, Education Secretary Riley, Transportation Secretary Slater, Treasury Secretary Rubin, Defense Secretary Cohen, Secretary of State Albright, OMB Director Franklin Raines, DEA Administrator Constantine, Coast Guard Commandant Kramek, Customs Commissioner Weise, and FBI Director Freeh. Your continued support is essential if we are to achieve our objective of preventing the 68 million Americans under the age of 18 from becoming a new generation of drug addicts.

America's Drug Abuse Profile*

An enduring sense of optimism. (See figure A-1)

As a nation, we have made enormous progress in our efforts to reduce drug use and its consequences. While America's illegal drug problem remains serious, it does not approach the emergency situation of the late 1970s or of the cocaine epidemic in the 1980s. Just 6 percent of our household population age 12 and over was using drugs in 1995, down from 14.1 percent in 1979. Cocaine use has also plunged. In 1995, 1.5 million Americans were current cocaine users, a 74 percent decline from 5.7 million a decade earlier. In addition, fewer people are trying cocaine. The estimated 533,000 first-time users in 1994 represented a 60 percent decline from approximately 1.3 million cocaine initiates per year between 1980 and 1984. It is clear that when we focus on the drug problem, drug use and its consequences can be driven down.

There are encouraging signs that our drug control efforts are succeeding.

- 1995 marked the first time in the past five years that drug-related emergency department episodes did not rise significantly.
- There was a steady decline in drug-related homicides between 1989 and 1995.
- The 1996 *Monitoring the Future* study found that the use of heroin, inhalants and LSD decreased among tenth and twelfth graders between 1995 and 1996.
- Coca cultivation in Peru, the source of 80 percent of the cocaine on our streets, declined by 18 percent in the past year.

But the consequences of illegal drug use remain unacceptably high

The social and health costs to society of illicit drug use are staggering. Drug-related illness, death, and crime cost the nation approximately $67 billion a year. This cost is exacted in additional health care expenses, extra law enforcement, more auto accidents, increased crime, and lost productivity resulting from substance abuse. Illicit drug use hurts families, businesses, and neighborhoods; impedes education; and chokes criminal justice, health, and social service systems. Some of those consequences include:

*** NOTE: Charts that depict critical drug trends are attached at Appendix A.**

Increased illness and death. Drug-induced deaths increased 47 percent between 1990 and 1994 and now number approximately 14,000 a year. More than 2,400 Americans suffered drug or gang-related deaths in 1995. The nation's 3.6 million chronic drug users disproportionately spread infectious diseases like hepatitis, tuberculosis, and HIV. More than 33 percent of new AIDS cases can be traced to injecting drug users and their sexual partners. Indeed, AIDS is the fastest-growing cause of illegal drug-related deaths.

Record high drug-related medical emergencies. (See figure A-2)
In 1995, there were a record high 531,800 drug-related hospital emergency episodes, slightly more than 1994's 518,500 incidents. Cocaine-related episodes remain at an historic high while heroin-related emergencies increased by 124 percent between 1990 and 1995.

Heroin fatalities. Heroin-related deaths increased between 1993 and 1994, the most recent years for which these statistics are available. In Phoenix, heroin fatalities were up 39 percent, in Denver 29 percent, and in New Orleans 25 percent.

Increased infant mortality. About 6 percent of pregnant women are using illegal drugs and putting their children at risk. A Washington State study of Medicaid recipients showed an infant mortality rate of 14.9 per 1,000 births among substance-abusing women as compared to 10.7 per 1,000 for women who were not substance abusers. Children born to drug-abusing women were found to be 2.5 times more likely to die from sudden infant death syndrome.

Addiction to nicotine and smoke-related illnesses. Every day, 3,000 children become regular cigarette smokers; as a result, one third of these youngsters will die of a smoking-related disease. The vast majority of smokers (over 80 percent) first tried a cigarette before age eighteen.

Decreased workplace productivity. Seventy-one percent of illegal drug users aged eighteen and older (7.4 million adults) are employed. According to an ongoing Postal Service study, among drug users, absenteeism is 66 percent higher, health benefit utilization is 84 percent greater in dollar terms, disciplinary actions are 90 percent higher, and there is significantly higher employee turnover.

Violent crime. (See figure A-3)
In 1995, a majority of arrestees tested positively for drug use. Those arrested for robbery, burglary, and auto theft also had high positive rates. Many of the 12 million property crimes and 2 million violent crimes committed each year are drug-related.

Crowded prisons and jails. (See figure A-4)
In 1995, state and local law enforcement agencies made an estimated 1.4 million arrests for drug law violations. Almost 60 percent of federal prisoners are drug offenders as are 22 percent of the inmates in state prisons. More than 1.6 million Americans are now behind bars. Drug-related offenses account for nearly three quarters of the total growth in federal prison inmates since 1980.

Drug use among youth is skyrocketing (See figure A-5)

The most alarming drug trend is the increasing use of illegal drugs, tobacco, and alcohol among our youth. Children who use these substances increase the chance of acquiring life-long dependency problems. According to a study conducted by Columbia University's Center on Addiction and Substance Abuse (CASA), children who smoke marijuana are 85 times more likely to use cocaine than peers who never try marijuana. The use of illicit drugs among eighth graders is up 150 percent over the past five years. While alarmingly high, the prevalence of drug use among today's young people has not returned to near-epidemic levels of the late 1970s. The most important challenge for drug policy is to reverse these dangerous trends.

Drug use is a shared problem

Many Americans believe that drug abuse is not their problem. They have a misconception that drug users belong to a segment of society different from their own or that drug abuse is remote from their environment. They are wrong. Drug users permeate our society. They are our family members, classmates, teammates, neighbors, and coworkers. Seventy-one percent of drug users are employed, and the majority are white. Most of us have correctly concluded that drug use and drug-related crime are among our nation's most pressing social problems. Approximately 45 percent of us know someone who has suffered a substance abuse problem.

While drug use and its consequences threaten Americans of every socio-economic background, geographic region, educational level, and ethnic and racial identity, the effects of drug use are often felt disproportionately. Neighborhoods where illegal drug markets flourish are plagued by attendant crime and violence. Americans who lack comprehensive health plans and who have smaller incomes may be less able to afford treatment programs to overcome drug dependence. What all Americans must understand is that no one is immune from the consequences of drug use. Every family is vulnerable. We must make a commitment to reducing drug abuse and not mistakenly assume that illegal drugs are someone else's concern.

The *1997 National Drug Control Strategy:* Responding to the Challenge

A comprehensive ten-year plan

The *1997 National Drug Control Strategy* is designed to provide guidance for the long term. We propose a ten-year commitment supported by five-year budgets so that continuity of effort can help insure success. The *Strategy* addresses the two sides of the challenge: reducing demand and limiting availability of illegal drugs. The *Strategy* contains our collective wisdom for confronting illegal drugs. It provides general guidance while identifying specific initiatives. Particular programs will be reassessed annually to maximize opportunities for success, but the overall approach must be sustained.

ONDCP and the drug control agencies will complete a national performance system to measure progress of major drug programs supporting the *Strategy*, to provide feedback for strategy refinement and system management, and to assist the Administration in resource allocation. ONDCP has established a program evaluation office to oversee the design and implementation of the new system. A first set of targets and measures will be submitted for congressional review this fiscal year. The measurement system will be dynamic, flexible, and responsive. The challenge is to reinforce success while not wasting resources on unproductive efforts. The performance measures system will be constructed to ensure sufficient time is allotted to a program for it to succeed before terminating or reducing its support.

The *National Drug Control Strategy* is America's main guide in the struggle to decrease illegal drug use. The *Strategy* provides a compass for the nation to reach this critical objective. Developed in consultation with public and private organizations, it sets a course for the nation's collective effort against drugs.

Strategic goals

The goals and objectives of the *1997 National Drug Control Strategy* establish a framework for all national drug control agencies. They are intended to orient the integrated activity and budgets of all governmental bodies and private organizations committed by charter or inclination to reducing drug use and its consequences in America. Over the long term, these goals should remain relatively constant. The supporting objectives allow for measurable progress and can be modified as success is achieved or new challenges emerge.

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

Objective 1: Educate parents or other care givers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Objective 2: Pursue a vigorous advertising and public communications program dealing with the dangers of drug, alcohol, and tobacco use by youth.

Objective 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Objective 4: Provide students in grades K- 12 with alcohol, tobacco, and drug prevention programs and policies that have been evaluated and tested and are based on sound practices and procedures.

Objective 5: Support parents and adult mentors in encouraging youth to engage in positive, healthy lifestyles and modeling behavior to be emulated by young people.

Objective 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.

Objective 7: Create a partnership with the media, entertainment industry, and professional sports organizations to avoid the glamorization of illegal drugs and the use of alcohol and tobacco by youth.

Objective 8: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Objective 9: Develop and implement a set of principles upon which prevention programming can be based.

Objective 10: Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

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

Objective 1: Strengthen law enforcement -- including federal, state, and local drug task forces -- to combat drug-related violence, disrupt criminal organizations, and arrest the leaders of illegal drug syndicates.

Objective 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

Objective 3: Help law enforcement to disrupt money laundering and seize criminal assets.

Objective 4: Develop, refine, and implement effective rehabilitative programs -- including graduated sanctions, supervised release, and treatment for drug-abusing offenders and accused persons -- at all stages within the criminal justice system.

Objective 5: Break the cycle of drug abuse and crime.

Objective 6: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

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

Objective 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Objective 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Objective 3: Promote national adoption of drug-free workplace programs that emphasize drug testing as a key component of a comprehensive program that includes education, prevention, and intervention.

Objective 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Objective 5: Support research into the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.

Objective 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

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

Objective 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Objective 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the southwest border, Puerto Rico, and the U.S. Virgin Islands.

Objective 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit zone countries in order to reduce the flow of illegal drugs into the United States.

Objective 4: Support and highlight research and technology -- including the development of scientific information and data -- to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

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

Objective 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Objective 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.

Objective 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.

Objective 4: Develop and support bilateral, regional, and multilateral initiatives and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Objective 5: Promote international policies and laws that deter money laundering and facilitate anti-money laundering investigations as well as seizure of associated assets.

Objective 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Strategic initiatives

The key to a successful long-term strategy is mobilizing resources toward the systematic achievement of established goals. Any strategy – if it is to be effective – must be related to the resources it can put towards its implementation. Included in this year's *Strategy* are some key initiatives -- several of which ONDCP is responsible for implementing -- to ensure steady progress towards decreasing drug use and its consequences. These include:

I. Youth-oriented initiatives:

Expanding youth-oriented anti-drug messages. Unfortunately, in recent years the number of drug-related public service announcements carried by television, radio, and print media have decreased markedly. We seek to reverse this trend by developing a public education campaign that supplements anti-drug announcements already offered by dedicated organizations like the Partnership for a Drug-Free America under Jim Burke's leadership, the Ad Council, and others. This initiative will resource up to $175 million for an ad campaign, that when matched dollar-for-dollar by the private sector, could total an unprecedented $350 million effort to directly and indirectly enable America's youth to spurn illegal drugs.

Broadening "drug-free zones" and preventing alcohol and tobacco use by youth. Young Americans are more likely to use illegal drugs, alcohol, and tobacco if these substances are readily available or if their use is encouraged directly or subtly in youth-oriented materials. We must keep illegal drugs, alcohol, and tobacco out of areas where children and adolescents study, play, or spend leisure time. We must also depict these substances and their effects in accurate ways. In addition to promoting the idea that youth be educated about the dangers of illegal drugs, the *Strategy* recommends educating youth, their mentors, and the public about the dangers of underage drinking and about the lethal effects of tobacco products, and encouraging communities to support alcohol-free and tobacco-free behavior on the part of youth.

Expanding school-based prevention programs that work. Schools offer both formal and informal opportunities for changing youth attitudes toward drugs. The Department of Education will continue to focus on improving the quality of drug and violence prevention programming and changing the attitudes of students and parents regarding illicit use of alcohol, tobacco, and drugs.

Collaborating with the media and entertainment industries. Youth, perhaps even more than the public at large, are affected by the icons of our society. The glamour of Hollywood movies, the charisma of celebrities, the perceived proximity of television stars, the prowess of accomplished athletes, and the artistry of musicians all sway young people's emotions. The creative talent of the entertainment industries can depict drug use and its consequences accurately, thereby increasing the perception of risk that young people associate with illegal drugs, alcohol, and tobacco. A greater appreciation for the relationship between creativity and social responsibility will help protect America's youth from substance abuse.

Reducing drugged driving. Twenty percent of high school seniors state that they have smoked marijuana in a car. Law enforcement officers cite marijuana as the second-leading cause of drug-related accidents behind alcohol. The initiative on drugs, driving, and youth is intended to reduce drug use by young people as well as driving under the influence of drugs.

II. Initiatives to reduce drug-related crime and violence:

Integrating federal, state, and local efforts. We are encouraging greater cooperation among our law enforcement agencies. Edward Byrne Memorial Grants will provide financial support to multi-jurisdictional task forces. Coordination is facilitated by ONDCP's $140 million High Intensity Drug Trafficking Area (HIDTA) program which has identified counties in 15 areas of the U.S. which require increased federal assistance to alleviate drug-related problems. The Bureau of Alcohol, Tobacco, and Firearms' Achilles Program is another important mechanism for fostering task force approaches to drug law enforcement. Also, the Community Oriented Policing Services (COPS) program will eventually bring 100,000 new police officers onto the streets.

Linking criminal justice and treatment systems. Drug treatment in the criminal justice setting can decrease drug use and criminal activity, reduce recidivism, and improve chances for subsequent employment, while improving overall health and social conditions. The *Strategy* encourages drug treatment and education for prisoners, expanded use of drug courts that offer incentives for drug rehabilitation in lieu of incarceration, and integrated efforts to rid criminals of drug habits. More than two hundred drug courts around the country and community programs like Treatment

Accountability for Safer Communities are already helping non-violent offenders break the cycle of drugs and crime. It is clear that the coercive power of the criminal justice system must be used to test and treat drug addicts arrested for committing crimes. Drug use by persons under supervision of the criminal justice system should not be tolerated.

Reducing the number of chronic drug users. (See figure A-6)
3.6 million chronic drug users are at the heart of America's drug problem. Two-thirds of the nation's supply of cocaine is consumed by just 20 percent of the drug-using population. These chronic users maintain drug markets, keep drug traffickers in business, and commit a disproportionately high percentage of drug-related crime. The *Strategy* focuses on helping the 3.6 million chronic drug users in America overcome addiction.

III. Initiatives to reduce health and social problems:

Lowering entry barriers to treatment programs. The willingness of chronic drug users to undergo treatment is influenced by availability of treatment programs, affordability of services, access to publicly-funded programs or medical coverage, personal motivation, family and employer support, and potential consequences of admitting a dependency problem. The *Strategy* seeks to reduce barriers so that more chronic users can begin treatment. Treatment programs must capitalize on individual motivation to end drug dependency. Publicly-funded treatment must be accessible to people who cannot afford private programs or who lack adequate medical services.

Addressing needs of the vulnerable. The health consequences of drug abuse are especially acute for pregnant women, children they are carrying, adolescents, racial and ethnic minorities, and those diagnosed with mental illnesses. Addiction is devastating for the poor, who lack economic and family safety nets. We encourage treatment programs that address special needs of these populations, and we encourage states, communities, and health-care professionals to integrate drug prevention programs in prenatal, pediatric, and adolescent medical practices and clinics.

Expanding drug-free workplace programs. American businesses realize that keeping illegal drugs out of the workplace makes economic sense. Seventy-one percent of all illicit drug users aged 18 and older (7.4 million adults) are employed, including 5.4 million full-time workers and 1.9 million part-time workers. Drug testing and employee assistance programs -- when combined with supervisory concern, leadership, and support -- reduce drug use. The share of major U.S. firms that test for drugs rose to 81 percent in January 1996. Our challenge is to expand these programs to the small business community that employs 87 percent of all workers.

Expanding community anti-drug efforts. The community-based anti-drug movement in this country is strong, with more than 4,300 organized coalitions. These coalitions are significant partners for local, state, and federal agencies working to reduce drug use, especially among young people. One of the most successful is the Miami Coalition established by Tad Foot and Alvah Chapman. The Community Anti-Drug Coalitions of America (CADCA) under Jim Copple's leadership has helped organize this community-based approach to the drug problem. They deserve our continued support.

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IV. Initiatives to shield our frontiers:

Addressing all drug entry points. The greater our success at interrupting drug trafficking along any particular border, the more traffickers attempt to introduce illegal drugs elsewhere. Consequently, we must develop a comprehensive, coordinated capability that allows the federal government to focus resources in response to shifting drug trafficking threats. Existing organizations and initiatives, such as the three U.S. military Joint Inter-Agency Task Forces and the Customs Service's Domestic Air Interdiction Coordination Center, have already increased our effectiveness and are the building blocks for this effort.

Preventing drug trafficking across the Southwest border. If a single geographic region were to be identified as a microcosm of America's drug problem, it would be the U.S. - Mexican border. Cocaine, heroin, methamphetamine, and marijuana all cross into the United States here, hidden among the eighty-four million cars, 232 million people, and 2.8 million trucks that the Customs Service estimates cross the thirty-eight ports of entry spanning nearly two thousand miles. American and Mexican ranchers are continually threatened and often harmed by violent bands of drug runners openly crossing their property.

Significant reinforcements have been committed to the substantial resources already focused on the Southwest Border. The U.S. Armed Forces' Joint Task Force-6 under the command of General James Lovelace, the El Paso Intelligence Center (EPIC) headed by Larry Gallina, and Operation Alliance under Brian Pledger's leadership are examples of ongoing federal responses to this pressing problem. We are designing an overarching operational strategy to better organize our interdiction operations, focus resources, provide timely and accurate information that can secure evidence for specific cases, and anticipate strategic and tactical activities of drug traffickers.

Closing the Caribbean "back door." Our intelligence estimates that the second-most significant drug trafficking route into the U.S. is through the Caribbean, specifically Puerto Rico and the U.S. Virgin Islands. We will continue to build on the successes of the Puerto Rico/Virgin Islands HIDTA as well as on successful Customs and Coast Guard operations.

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V. Initiatives to reduce drug availability:

Bilateral cooperation with Mexico. The President's decision to certify to the Congress that Mexico's senior officers of government are fully cooperating to achieve the objectives of the 1988 United Nations Convention Against Illicit Traffic in Narcotics Drugs and Psychotropic Substances was unanimously supported by the Cabinet. It was based upon Mexico's accomplishments this past year. Overall, Mexico did a commendable job in a national struggle against the massive threats of violence and corruption generated by $49 billion of U.S. expenditures on illegal drugs. Mexican police officers, prosecutors, and military were killed in large numbers fighting to protect the Mexican people. Significant 1996 successes included:

✓ Mexican officials seized 47 percent more marijuana (1,150 metric tons) than in 1995, which, in turn, was up 48 percent over 1994.

✓ Cocaine seizures by Mexican police and the Armed Forces increased from 22.2 to 23.6 metric tons, continuing a trend of gradual increase since 1994.

- While cocaine seizures are substantially down from the 46.2 tons captured in 1993, the reason appears to be because traffickers switched to transportation modes where Mexico has little interdiction capacity. Seizures fell in 1994 as traffickers switched to bulk shipments in large passenger jets. Though there were no such flights between Colombia and Mexico in 1996, traffickers moved large quantities of cocaine in cargo ships to avoid Mexican aerial interdiction efforts.

✓ Heroin seizures by Mexican police increased 79 percent from 1995.

✓ Eradication, both manual and aerial, continued at a global record level. 20,000 Mexican soldiers were deployed on this dangerous and backbreaking work. More than 12,200 hectares or marijuana were eradicated. A near-record global level of 7,900 hectares of opium poppy were eradicated. Cultivation levels of both crops were held level.

✓ Mexican anti-drug police operations uncovered more than twice the number of clandestine drug labs as in 1995 or 1994.

✓ Mexican police and Armed Forces drug-related arrests were up significantly, from 9,901 to 11,283. Several high-level narco-traffickers and their henchmen were among those captured.

✓ Interagency cooperation among Mexican anti-drug police and military forces improved substantially.

✓ President Zedillo greatly increased the role of the Mexican Armed Forces in interdiction and combating drug trafficking organizations.

✓ Organized crime task forces were established in key locations in northern and western Mexico.

✓ Mexico restricted the entry of precursor chemicals to specified ports to better prevent their diversion to illicit drug manufacturing.

✓ Mexico showed clear willingness to cooperate against drugs at the highest level in the development of a serious bilateral approach to drug policy.

However, Mexico is facing an emergency situation and much more needs to be done. We share the dismay of Mexican authorities at the recent revelation that Mexico's top anti-drug official, General Gutierrez Rebollo, is alleged to have closely associated with the Carrillo Fuentes drug trafficking organization. This high level corruption and betrayal underscores the enormous corrupting influence and violence of the $30 billion illegal drug trade. Mexican democratic institutions are under brutal internal attack by international drug criminals. We are encouraged by President Zedillo's dedication to rooting out corruption no matter where it is found. An example of that commitment is the relief of more than 1,200 police officers in 1996. We have shared with Mexican officials our view of the seriousness of the drug threat they face. In a letter and talking points which I delivered to Foreign Minister Gurria September 30 last year, we noted:

✓ More than 200 police officers have been murdered as a result of drug violence in Mexico last year.

✓ Between March 1993 and September 1996 there were 24 major assassinations of Mexican leaders, but with few exceptions the investigations into those murders offered no promise of success.

✓ Major traffickers do not fear the Mexican police.

✓ Operations against major traffickers have yielded inadequate results.

✓ Corruption within the government leads to impunity.

✓ U.S. and Mexican law enforcement officers are in danger.

✓ Mexican police lack basic training.

✓ Binational task forces need improvement.

✓ The U.S. is willing to help.

I should note that we are developing increasingly effective binational approaches to the drug trafficking problem. The High Level Contact Group on Drug Control (HLCG) is one example. Formed in March 1996, the HLCG's mission is to develop cooperative policy at the highest level and combine resources against drug criminal organizations. ONDCP chairs the HLCG in the United States. It is co-chaired in Mexico by the Secretary of Foreign Relations Angel Gurria and Attorney General Jorge Madrazo. We have been guided in our efforts by our U.S. Ambassador in Mexico, Jim Jones.

The Congress' support has been essential to this process. You have allowed us to provide critical equipment to Mexico, such as 73 helicopters to their Armed Forces. You have provided the resources to bolster the U.S. federal presence along the Southwest border. Your public scrutiny of counterdrug efforts has caused more attention to be paid to this challenge. We are confident that with your continued support we can expand our efforts and build a partnership that can defeat Mexican drug trafficking organizations and decrease the volume of drugs entering the United States through Mexico.

The Colombian dilemma. We face a difficult situation in Colombia. The democratic institutions of this nation are under attack by incredibly wealthy drug cartels and numerous trafficking organizations that frequently work in alliance with guerrilla groups. We have continued to support the efforts of elected Colombian officials, judges, prosecutors, policemen, and soldiers who have steadfastly opposed drug corruption. Colombia recently passed important anti-drug laws which have the potential to damage the major trafficking organizations, such as an asset forfeiture law on December 19th. Yet we cannot ignore that:

- Colombia continues to be the world's major producer and distributor of cocaine, and Colombian coca cultivation has been increasing. Last year, Colombia edged out Bolivia as the world's second-leading coca cultivator. This year, the amount of land under cultivation grew by 32 percent.

- Just a few years ago, virtually no opium poppy was grown in Colombia. Now, about sixty-five metric tons of opium can be harvested -- enough to produce six tons of heroin. Colombian heroin is being aggressively marketed along our eastern seaboard,

and in 1994, the last year for which DEA heroin seizure data is available, South American heroin represented 62 percent of seizures.

- Jailed Cali Cartel leaders continue to operate and intimidate from their cells using unlimited access to cellular phones. The light sentences they received were clearly not commensurate with their enormous crimes.

- Colombia has failed to revive extradition.

- Colombian President Ernesto Samper's election apparently was funded by narco-dollars.

Nevertheless, we cannot lose sight of the patriotism and courage of Colombian individuals and institutions that continue to stand up to the drug trafficking menace. Distinguished public servants such as Foreign Minister Mejia, National Police Director Serrano, and Armed Forces Commander General Bedoya are symbols of the proud democratic traditions of this nation. We must find ways to provide responsive assistance to those Colombians who deserve our continued support. Our U.S. Ambassador in Colombia, Myles Frechette, has ensured that our policy towards Colombia confronts official corruption while supporting those elements who share our commitment to defeating Colombian criminal organizations.

Making cocaine less available. (See figure A-7)
Our national efforts against coca cultivation and the production and trafficking of cocaine must be guided by our Western hemisphere counterdrug strategy. Major initiatives include:

- **Reduction of coca cultivation.** We are supporting effective coca cultivation reduction programs in South America. We are encouraged by the dramatic 18 percent reduction in coca cultivation in Peru last year. For the first time in 10 years, Peruvian coca cultivation has dropped below 100,000 hectares. Our goal of virtual elimination of cultivation of illegal coca within the next decade is achievable. Our primary focus will consider alternative economic development in Peru -- the source of 80 percent of the cocaine.

- **Interdiction.** We have demonstrated that interdiction efforts in the source country zone can disrupt trafficking patterns significantly. Cargo flights (cocaine-carrying Caravelles and Boeing 707s) between Colombia and Mexico have stopped. We have broken the Andean air bridge between Peru and drug processing laboratories in Colombia. Our challenges now are to react flexibly and block drug traffickers as they attempt to develop alternative river, ground, and maritime routes. In the transit zone

of the Caribbean, Central America, Mexico and the eastern Pacific waters, we will continue to conduct flexible, in-depth, intelligence-driven defenses. Even now, drug traffickers are using shipping containers, cargo ships, and fishing trawlers to compensate for our effectiveness against aerial smuggling.

- **Actions against trafficking organizations.** The power, wealth, and sophistication of Colombian, Mexican, Dominican, and other drug syndicates pose enormous threats to governmental and judicial institutions in many Western hemisphere countries. Our international cocaine control strategy will continue to include an across-the-spectrum attack on these criminal organizations.

Making heroin less available. Efforts against production and trafficking of heroin will continue to be guided by the U.S. heroin control policy of November 1995. The heroin interdiction challenge is enormous:

- Potential global heroin production has increased about 60 percent in the past 8 years to approximately 360 metric tons.

- In 1995, worldwide heroin seizures totaled 32 metric tons, less than 10 percent of the global production potential. U.S. heroin seizures were just 1.3 metric tons.

- The U.S. demand of approximately 10 tons of heroin consumed by 600,000 addicts represents a fraction of the production potential.

Our heroin control efforts must take these realities into account. We must work through diplomatic and public channels to promote international awareness of the heroin threat. We must help strengthen law enforcement efforts in heroin source and transit countries and bring cooperative law enforcement efforts to bear against processing and trafficking. These and other international challenges were addressed during a visit to the United Nations last June that included an address to the Economic and Social Council about the global challenges we face from illicit production, sale, and distribution of narcotics and the attendant corruption of monetary systems. (A copy of that speech is enclosed at Appendix D).

Countering the methamphetamine threat. (See figure A-8)
Methamphetamine abuse is a critical problem on the West Coast and in the Southwest and Midwest. Methamphetamine is manufactured in massive amounts in both California and Mexico. It is increasingly produced in rural areas of the Midwest. All that is required to start up a methamphetamine laboratory is $100 worth of supplies readily available from retail stores and an Internet recipe. Methamphetamine production is increasing in California and the Midwest. DEA reported that meth lab busts increased 169 percent

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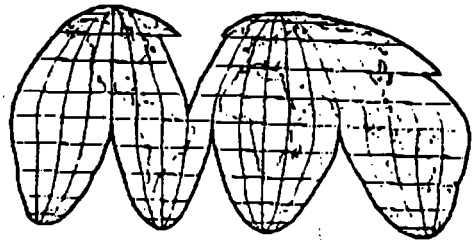

OFFICE OF MANAGEMENT AND BUDGET

TRANSPORTATION, COMMERCE, JUSTICE & SERVICES DIVISION

TO: Dennis Burke

FROM:

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SUBJECT:

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welfare consequences of illegal drug use as well as attendant criminal activity.

- **Reducing drug-related crime and violence** -- Domestic law enforcement has helped take back our streets from the ravages of the drug trade. Of particular concern is the relationship between drugs and crime. A disproportionate number of more than twelve million property crimes and almost two million violent crimes that occur each year are committed by drug users or traffickers.

- **Stopping the flow of drugs at U.S. borders** – The United States is the preeminent trading nation in the world. More than four hundred million tons of cargo enter our country each year. Illegal drugs represent but one part in a million of those imports. We must however, vigorously shield our borders from the flow of illegal drugs. If we fail to reduce the availability of illegal drugs, it will be that much more difficult to stem the tide of drug abuse. Effective interdiction operations in the transit zone are critical to stopping drugs from crossing our borders and reaching our neighborhoods.

- **Reducing domestic and foreign sources of supply** – Interdiction programs alone cannot prevent drugs from flowing into the United States and reaching our children. Therefore, the *Strategy* must target sources of supply as well. Working with source and transit nations offers the greatest prospect for eliminating foreign sources of supply. Cocaine, heroin, and frequently methamphetamine are produced outside the United States. These illegal drugs cause enormous harm to our citizens.

- **Maintaining strategic flexibility** -- A long-term strategy must be versatile and contain the infrastructure to respond to new drugs. America's drug problem is not static, as indicated by the recent emergence of methamphetamine. While the use of some drugs declines (e.g., cocaine), other substances make a comeback (e.g., methamphetamine, marijuana, and heroin). Still other drugs are used for the first time. Our *Strategy* must contain the means to identify and monitor new drug use trends so that programs can address them proactively.

ONDCP's Fiscal Year 1998 budget: $351.223 million.

- **ONDCP's FY 1998 budget request of $351.223 million includes:**

  - $175 million from the Special Forfeiture Fund to support a national media campaign for youth and other purposes.

  - $140.207 million for the High Intensity Drug Trafficking Area (HIDTA) program.

- $18.016 million for salaries and expenses to support ONDCP's 154 positions (124 full time employees, 30 detailees).

- $17 million for the Counter-Drug Technology Assessment Center (CTAC).

- $1 million for ONDCP-coordinated policy research.

- **$175 million from the Special Forfeiture Fund to support a national media campaign for youth ~~and other purposes~~.** (See figure A-9)

Drug use has gone up among America's youth the past five years. The principal reasons that more of our children are using drugs is that fewer of them disapprove of illegal drug use and fewer of them perceive regular drug use to be dangerous. The University of Michigan's *monitoring the Future Study* makes this association between attitudes and usage rates clear. The Assets Forfeiture Amendments Act of 1988 established the Special Forfeiture Fund (SFF) in order to provide ONDCP with supplementary resources for critical counterdrug programs. In FY 1998, ONDCP is requesting $175 million from the SFF to support a National Media Campaign for Youth. This initiative supports the 1997 *National Drug Control Strategy*'s first goal -- Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

The campaign will focus on the prime time television audience as paid and public service announcements inform youth and their parents of the consequences of drug use. Targeted TV ads are among the quickest, most efficient and effective means of reducing drug use. They can modify adolescent perception of drug harmfulness and increase societal disapproval of drugs. They can also reach "baby boomer" parents who may be ambivalent about sending strong antidrug messages to their children. ONDCP believes this campaign can help dramatically reduce youth drug use.

- **$140.207 million for the High Intensity Drug Trafficking Area (HIDTA) program.**

The HIDTA program facilitates coordination of anti-drug activities and investigations of federal, state, and local law enforcement agencies. The HIDTA program designates geographic areas to which federal resources are allocated to link local, state, and federal drug enforcement efforts. Properly targeted, HIDTAs offer greater efficiency in countering illegal drug trade in local areas. HIDTA programs are based on a logical, comprehensive methodology for prioritizing needs and working with other initiatives.

Since January 1990, counties in 15 areas across the United States have been designated as HIDTAs:

- **1990**:
  - -- **New York/New Jersey**, co-chaired by New York City Police Commissioner Howard Safir and U.S. Attorney Mary Jo White.
  - -- **Los Angeles**, chaired by Assistant U.S. Attorney Lisa Lench.
  - -- **Miami**, chaired by Special Agent-in-Charge Doyle Jourdan, , Florida Department of Law Enforcement.
  - -- **Houston**, chaired by Special Agent-in-Charge Don Clark, FBI.
  - -- **Southwest Border**, directed by Mr. Dennis Usrey.
- **1994**:
  - -- **Baltimore/Washington**, D.C., chaired by Dr. Peter Luongo, Ph.D. Clinical Director, Adult Mental Health and Substance Abuse Services.
  - -- **Puerto Rico/U.S. Virgin Islands**, chaired by U.S. Attorney Guillermo Gil.
- **1995**:
  - -- **Chicago**, chaired by Assistant U.S. Attorney Mark Prosperi.
  - -- **Atlanta**, chaired by U.S. Attorney Kent Alexander.
  - -- **Philadelphia/Camden**, chaired by U.S. Attorney Michael Stiles.
- **1996 designations include**:
  - -- **Rocky Mountain HIDTA** (Colorado, Utah, and Wyoming), chaired by Acting Special Agent in Charge Armando Marin, DEA.
  - -- **Gulf Coast HIDTA** (Alabama, Louisiana, and Mississippi), chaired by Special Agent in Charge Ron Caffrey, DEA.
  - -- **Lake County HIDTA** (Lake County, Indiana), chaired by U.S. Attorney Jon E. DeGuilio.
  - -- **Midwest HIDTA** (Iowa, Kansas, Missouri, Nebraska, and South Dakota), focused on methamphetamine and chaired by U.S. Attorney Thomas J. Monaghan.
  - -- **Pacific Northwest HIDTA** (Washington Cascades), chaired by U.S. Attorney Kate Pflaumer.

This FY 1998 request for $140,207,000 for the HIDTA program is the same as the FY 1997 enacted HIDTA budget. At least half of the resources go to state and local participants. Included in the FY 1997 enacted budget, was $14.207 million in discretionary funds for HIDTA. The FY 1997 funds are being used as follows:

- $9 million to expand the Chicago, Philadelphia/Camden, and Atlanta HIDTAs ($3 million to each).

- $2 million for the creation of new HIDTAs in San Francisco and Detroit ($1 million to each) upon completion of the designation process.

- $1.45 million for the New York/New Jersey HIDTA to support the Northern Manhattan Initiative (investigation of violent drug trafficking gangs).

- $1.45 million for the Southwest Border HIDTA to establish regional tactical coordination centers.

- $200,000 to fund a study whose objective is to develop a system for identifying areas that might be appropriately supported by HIDTAs.

- $100,000 for the Houston HIDTA to incorporate several counties in the Corpus Christi area upon completion of the designation process.

Decisions regarding the allocation of the discretionary FY 1998 HIDTA funds have not yet been made. However, as in FY 1997, at least half of the resources will go to state and local participants.

- **$18.016 million for ONDCP salaries and expenses.**

This request will allow ONDCP to discharge its extensive responsibilities established by the 1988 Anti-Drug Abuse Act as amended (P.L. 100-690). These include:

✓ Developing the *National Drug Control Strategy.*

✓ Developing a consolidated National Drug Control Budget for presentation to the President and the Congress (including budget certifications and quarterly reprogramming reports).

✓ Certifying the drug control budgets of programs, bureaus, agencies, and departments.

✓ Coordinating and overseeing Federal anti-drug policies and programs of the more than fifty Federal agencies responsible for implementing the counternarcotics budget.

✓ Encouraging private sector and state and local initiatives for drug prevention and control.

✓ Designating HIDTAs and providing overall policy guidance and oversight for the award of resources to federal, state and local law enforcement partnerships in these areas.

✓ Operating a CTAC to serve as the central counter-drug enforcement research and development center for the Federal Government.

In addition, the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322) requires ONDCP to:

✓ Formulate drug budget initiatives. ONDCP is required to request heads of departments or agencies to include in their department's or agency's budget submission to the Office of Management and Budget (OMB) funding requests for specific initiatives consistent with the President's priorities for the *National Drug Control Strategy* and budget certifications.

✓ Issue budget guidance. ONDCP is required to provide, by July 1 of each year, budget recommendations to drug control agencies for the budget being formulated by the President.

✓ Identify agency requirements to achieve budget certification.

✓ Direct possible staff and budget resource transfers. ONDCP may transfer department or agency drug program personnel on temporary detail to another department or agency, or transfer up to two percent of the funds appropriated to a Drug Program agency account to a different Drug Control agency with the approval of the House and Senate Appropriations Committees.

✓ Issue funds control notices. ONDCP may direct that all or part of an amount appropriated to the National Drug Control Program agency account be obligated by months, fiscal year quarters, or other time periods; and activities, functions, projects, or object classes.

✓ Assess the drug situation. ONDCP is required to include in each *National Drug Control Strategy* an evaluation of the effectiveness of Federal drug control programs during the preceding year.

✓ Evaluating data system adequacy. ONDCP is required to include in each *Strategy* an assessment of the quality of current drug use measurement instruments and techniques to measure supply reduction and demand reduction activities; an assessment of the adequacy of the coverage of existing national drug use measurement instruments and

techniques to measure the casual drug user population and groups at-risk for drug use; and a discussion of the actions ONDCP shall take to correct the deficiencies and limitations identified.

✓ Evaluate treatment system adequacy: ONDCP is required to include in each *Strategy* a discussion of the specific factors that restrict the availability of treatment services to those seeking it, along with proposed administrative or legislative remedies to make treatment available to those individuals in need.

✓ Evaluate *Strategy* functional programs. ONDCP is required to include in each *Strategy* an assessment of drug use and availability in the United States, focusing particularly on the effectiveness of interdiction, treatment, prevention, law enforcement, and international programs.

ONDCP is an organization of 154 committed professional men and women. It will have 124 full-time employees (FTEs) and 30 detailees once hiring has been completed (see proposed organizational chart at Appendix C). The FY 1998 request for $18.061 million represents an increase over the enacted FY 1997 total of $16.838 million. Major expenses include:

- $8.991 million for compensation of 124 FTEs. This represents an increase of $464,000 over the FY 1997 enacted total of $8.527 million.

- $2.555 for total personnel benefits.

- $2.889 million for guard services, professional service contracts, maintenance services, and related costs

- $1.9 million for rental payments to GSA.

- $628,000 for travel and transportation costs.

- $596,000 for communications, utilities, printing, reproduction, and related miscellaneous costs.

- $457,000 for equipment , supplies & materials, and representational funds.

ONDCP reauthorization. ONDCP's current statutory authorization ends on September 30, 1997. ONDCP has prepared a draft bill for discussion in the interagency community that would improve the office's ability to develop, coordinate and implement the national drug control program. The suggested changes to the current statute reflect emerging

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ONDCP ideas on ways that this office can better coordinate the effort to reduce drug use and its consequences in America. Some of those ideas include:

- A requirement for a long-term *National Drug Control Strategy* supported by five-year budget plans instead of an annual strategy.

- Annual reports to Congress on progress in implementing the *National Drug Control Strategy.*

- Recognizing the importance of ONDCP involvement in the effort to prevent underage age use of alcohol and tobacco.

- Expansion of CTAC's research effort to demand reduction activities.

- Internal ONDCP reorganization to improve oversight of fifteen HIDTAs, coordination with state and local governments, and integration of private sector anti-drug efforts. (See diagram at Appendix C).

- **$17 million for the Counterdrug Technology Assessment Center (CTAC).**

The Counterdrug Technology Assessment Center was created to serve as the central counter-drug research and development center for the federal government. The CTAC budget provides minimum, but crucial, funding for special research not covered by other agencies, significant support for infrastructure needed to demonstrate technical feasibility and measure the effectiveness of proposed innovations of emerging technology in realistic environments, and an outreach program to assess the technology available, to identify the best research from all sources, and to assist law enforcement and demand reduction agencies in bringing these advanced technologies into their operations.

The CTAC demand reduction initiatives are focused on the crucial national problems of finding therapeutic drugs to counteract or block the effects of cocaine abuse, developing more effective treatment modalities with a special emphasis upon youth between the ages of 15-17, and developing a national scoreboard to monitor the effectiveness of all substance abuse treatment. CTAC's demand reduction technology program has been coordinated with NIDA and has been subject to peer review.

The goals of CTAC's therapeutic cocaine medications development and facility support program are to have an effective treatment for cocaine addiction by the year 2000 and to fully develop a family of therapeutic drugs by 2003. The program's goals fall within the ten-year time horizon established by the *National Drug Control Strategy* to reduce the harm of drug abuse in America.

The CTAC supply reduction development program consists of: (a) cargo inspection technology; (b) information technology research; and (c) tactical technologies. CTAC will continue outreach to the community through technology conferences and symposia, benchmark testing, and technical assessments of competing technologies and systems under consideration for development or procurement. CTAC will work with the Science and Technology Committee to prepare a FY 1999 budget which conforms with the five-year technology research and development strategy.

In the non-intrusive cargo inspection systems initiative, CTAC will work with Customs, the Federal Aviation Administration, and the U.S. Navy to develop an operational test-bed for testing a pulsed fast neutron analysis system and transportable and fixed systems for non-intrusive inspection of cargo containers. The program will address operational constraints and cost factors associated with customs inspection.

- **$1 million for ONDCP-coordinated policy research.**

ONDCP conducts research to inform the policy process, identify and detail changing trends in the supply of and demand for illegal drugs, monitor trends in drug use, identify emerging drug problems, assess program effectiveness, and improve the sources of data and information about the drug problem. This $1 million will support the following activities:

- **Pulse Check**. This is a report on current drug use and emerging trends, based on qualitative information from the police, ethnographers, and epidemiologists working in the drug field, and drug treatment service providers across the country. This project is one of the best sources of current intelligence and data on drug use.

- **Retail value of drugs sold in the United States**. This is an annual project to determine how much Americans spend on illegal drugs. The report focuses on the retail sales value of cocaine, heroin, marijuana, and other illegal drugs. It provides ONDCP's estimates of the size of the chronic user population.

- **Drug market analysis**. Working with the National Institute of Justice, ONDCP is using the Drug Use Forecasting system as vehicle to analyze drug markets. This project will provide information on drug dealing and the drug/crime connection.

- **Chronic user survey**. This project will develop a new methodology to provide a means to estimate the size, location, and characteristics of the chronic population of

drug users in the United States. It involves the development of mathematical models to determine the demographics of chronic drug users.

- **Survey of illicit drug prices.** This project generates quarterly and annual illicit drug prices and purities for the U.S. and selected cities and is used to monitor market trends and support other research projects related to the illicit drug market.

- **Policy studies/briefs.** Includes analyses of treatment, transit zone interdiction effectiveness, and the progression of drug use.

- **Juvenile drug and violent crime study.** This project is a major effort to analyze the juvenile drug and violent crime issue from a public policy perspective. The project will also identify other types of risk behaviors that may lead, facilitate, or predict entry into drug dealing and violent crime.

Conclusion.

The Office of National Drug Control Policy is helping protect America

The analysts, managers, and leaders at ONDCP can play a critical role in reducing illegal drug use and its consequences in America. This small but vital 154-person organization is committed to the task of developing and sustaining a cooperative, bipartisan anti-drug effort that involves all branches and departments of the federal government and incorporates the extensive initiatives that are ongoing in our states, cities, and communities.

The 1988 Anti-Drug Abuse Act recognized the need for a coordinating agency that could bring coherence to a national anti-drug effort that today exceeds $30 billion dollars when state and local expenditures are included. The Congress' view was that ONDCP could bring needed organization to this vitally important effort by: eliminating duplication; developing a comprehensive national drug policy; consulting with leaders across the nation; keeping the Congress and the American people informed; and building support for U.S. international drug control programs. ONDCP has accomplished the Congress' intent this past year by:

Consulting with leaders across the nation. The perspectives and suggestions of national leaders in both the public and private sectors were enormously helpful in the development of the *1997 National Drug Control Strategy*.

Governmental consultation. Within the executive branch of the federal government, every cabinet officer and all departments and agencies participated in the development of strategic goals and objectives and in the formulation of supporting budgets, initiatives, and programs. Similarly, within the legislative branch, views and suggestions were solicited from every Member of Congress. At the state and local levels, ONDCP solicited input from each state governor, along with those from American Samoa, Puerto Rico, and the U.S. Virgin Islands, and from the mayors of every city of 100,000 or more people. Views from public officials overseeing federal, state, and local prevention, education, treatment, law enforcement, correctional, and interdiction activities were also solicited.

Private sector consultation. Suggestions were also solicited and received from: representatives of the more than 4,300 community anti-drug coalitions; chambers of commerce; editorial boards; non-governmental organizations; professional organizations (i.e. actors' guilds, bar associations, business associations, educational groups, law enforcement and correctional associations, medical associations, unions, and others); religious institutions; and private citizens including chronic drug users, inmates, parents, police officers, prevention specialists, recovered addicts, students, teachers, treatment providers, and victims of drug-related crimes. I also joined Members of Congress in their states and districts to learn more about the drug problem and observe solutions. The interest displayed by all and the thousands of unsolicited letters received at ONDCP underscored that a majority of Americans believe that drug use and drug-related crime are among our nation's most pressing social problems.

Keeping the Congress informed. The Office of National Drug Control Policy testified at thirteen Congressional hearings in 1996. Topics included: drug policy priorities; the federal drug control budget; international drug control programs; drug trafficking in the Western hemisphere; preventing drug trafficking across the Southwest border; juvenile drug use trends; drug interdiction efforts; the global heroin threat; making cocaine less available; Arizona's Proposition 200 and California's Proposition 215 and similar efforts in other states.

Keeping the American people informed. ONDCP supported the anti-drug efforts of every national television network and numerous local television and radio organizations in 1996; more than 200 exclusive interviews were conducted. Detailed briefings were provided to the editorial boards of 22 newspapers and magazines. Spanish-language materials were generated for media organizations that serve Hispanic-Americans. A web site (www.ncjrs.org) and toll free telephone service (1-800-666-3332) staffed by drug policy information specialists provide drug-related data, perform customized bibliographic searches, advise requesters on data availability and of other information

services, and maintain a public reading room. In addition, ONDCP maintains a "home page" that provides up-to-date information about the Office of National Drug Control Policy and drug policy issues.

Building support for U.S. international drug control programs. Leaders from key drug production and trafficking nations were briefed on the international components of the *National Drug Control Strategy.* Support for U.S. drug control efforts was also developed among important international and multilateral organizations such as the Association of Asian States, the European Union, the Organization of American States, and the International Commission of the Red Cross,

Convening or participating in conferences and meetings. ONDCP briefed participants in numerous gatherings of organizations like the National Governors' Association, the Conference of Mayors, the National Association for the Advancement of Colored People, the American Medical Association, the American Bar Association, and the National Association of Police Officers. Additionally, ONDCP convened or participated in the following conferences and meetings to promote greater coordination of international, federal, state, and local anti-drug efforts; consider emerging problems; and consult experts as the *1997 Strategy* was being developed.

- **The President's Drug Policy Council.** Established by the President in March 1996, this cabinet-level organization met on May 28, 1996 and December 12,1996 to assess the direction of the *National Drug Control Strategy* and discuss drug policy initiatives. Members of the council include heads of drug control program agencies and key presidential assistants.

- **Southwest Border Conference.** El Paso, Texas, July 9-10, 1996. Federal, state, and local representatives met to discuss the challenge of stopping drug trafficking across the 2,000 mile-long U.S. - Mexico border.

- **HIDTA Conference.** Washington, D.C., July 15-16, 1996. Participants considered how the congressionally-mandated HIDTA program can better coordinate regional law enforcement efforts.

- **The USIC/J-3 Counterdrug Quarterly Conference.** Washington, D.C. These meetings provided a forum for executive-level discussions of U.S. international drug interdiction programs.

- **California Proposition 215/Arizona Proposition 200 Briefing.** Washington, D.C., November 14, 1996. State, local, and community leaders briefed federal

department and agency representatives on the recently-passed ballot initiatives as the federal response to both measures was being formulated.

- **Entertainment Industry.** Hollywood, California, January 9-10, 1997. ONDCP met with leaders in the entertainment industry to discuss how the national drug prevention effort might be supported by the creative talents of the broadcast, film, and music industries.

- **Methamphetamine Conference.** San Francisco, California, January 10, 1997. The purpose of this regional meeting was to examine the growing methamphetamine problem in western states, review progress made since the April 1996 release of the *National Methamphetamine Strategy*, and consider appropriate responses. A follow-on national methamphetamine conference is scheduled for May, 1997 in Omaha, Nebraska.

The Office of National Drug Control Policy appreciates the support of all Committee Members this past year. You have provided ONDCP the encouragement and resources to bring a more intense focus to the effort to reduce drug abuse and its consequences in America. We are proud of our accomplishments, but recognize that we collectively face enormous challenges. We must reverse the five-year trend of increased drug use by our children. We must further reduce drug-related crime and violence. We must reduce the health and social consequences of drug abuse. We must better organize our efforts to keep drugs out of America. Finally, we must develop more effective supply reduction efforts so that we can reduce the quantity of illegal drugs that are cultivated and produced both at home and abroad. Mr. Chairman, Representative Hoyer, and other members of the Subcommittee, we will continue to rely on your guidance as we continue our important work. We welcome your continued involvement and oversight. Working together we can succeed in better protecting our citizens, communities, schools, workplaces, and homes from the menace of illegal drugs.

Appendices:

A. Drug trend charts.
B. Fiscal Year 1998 Drug Control Budget briefing charts.
C. ONDCP Organization Chart (proposed).
D. Remarks to the UN Economic and Social Council, New York, June 26, 1996.

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

For Immediate Release
Tuesday, March 4, 1997

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WHITE HOUSE DRUG POLICY DIRECTOR BARRY MCCAFFREY SPEAKS OUT ON THE CRISIS OF INCREASING DRUG ABUSE AMONG AMERICAN YOUTH

Statement by White House Drug Policy Director Barry R. McCaffrey in Conjunction with the Release of the 1997 Partnership for a Drug-Free America Attitude Tracking Survey
March 4, 1997

For the second year in a row, the first priority of the National Drug Control Strategy has been to educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco. This is in response to the Nation's most alarming drug trend -- the increasing use of illegal drugs, tobacco, and alcohol among American youth. More kids are beginning to use drugs, many of them at earlier ages. Drug use has tripled among eighth graders and doubled among young Americans in the past five years. Fifty percent of kids will have used an illegal drug by the time they graduate. Disapproval of drugs and the perception of risk on the part of young people has declined throughout this decade. Consequently, since 1992 drug abuse among youth has risen sharply.

National attention to the drug problem decreased when drugs faded as a pressing problem in the late 1980s and early 1990s. As the national spotlight on drug abuse faded, so did the effectiveness of drug prevention messages. Recent studies have shown that use of illicit drugs among eighth graders is up 150% over the past five years. Partnership's Attitude Tracking Study reveals that children today find drugs and drugged-behavior more acceptable and less-risky. Clearly, we must renew our focus on the drug problem.

Both the new Strategy and the President's 1998 counterdrug budget affirm this commitment by requesting an additional 21 percent for prevention programs. ONDCP has also asked Congress to support a $175 million public awareness campaign to supplement existing media campaigns.

It is vital that parents are aware of the dangers drugs pose to our children. Drug prevention efforts should begin at home with discussions around the kitchen table. Unfortunately, nearly half of baby boomer parents expect their teens will try illegal drugs. Forty percent of parents say that they don't believe they have much influence over their teenagers' decisions to try alcohol, tobacco, or illegal drugs. They are wrong. Parents have the greatest influence on shaping their children's perceptions of the dangerous consequences of tobacco, alcohol, and drug use.

Drug use and its consequences are reduced when the entire nation mobilizes. Individual Americans, communities, and organizations concerned with our children's well-being have already reduced the number of drug users by some 10 million in the past decade. Our first line of defense against drug use among youth must be parents, teachers, coaches, religious leaders, and counselors running youth-oriented organizations. Treatment and prevention efforts by groups such as Treatment Alternatives for Safer Communities, the Partnership for a Drug-Free America, and National Families in Action have also been critical components of this national drug control effort. We must all work together to succeed in better protecting our citizens, communities, schools, workplaces, and homes from the menace of illegal drugs.

The Washington Post

DATE: 2-13-97

PAGE: A-1

Clinton Plans Ad Blitz In Domestic Drug War

U.S., Private Sector Would Split $350 Million Cost

By Roberto Suro
Washington Post Staff Writer

The Clinton administration hopes to make prime time television a major battlefield in the war on drugs with an unprecedented $350 million media campaign designed to counter rapidly increasing teenage drug abuse.

Under the plan, the federal government and the private sector would equally divide the cost of an advertising blitz so massive that the anti-drug message would be virtually inescapable on the programming that captures younger audiences.

"There is every reason to believe that this absolutely will turn around drug abuse by youngsters," said retired Gen. Barry R. McCaffrey, the chief of the White House drug office, who would direct the media campaign.

With illicit drug use either declining or stable among adults, McCaffrey said, attacking the problem among teenagers should take priority.

To do that, he said, "you have to educate them by getting the message on high-profile television time."

The $175 million appropriation for the federal share of the advertising blitz is the only major new anti-drug program contained in the administration's budget proposal sent to Congress last week. While applauding its intent, leaders of some drug abuse prevention organizations complain that Clinton is investing too heavily in a single new initiative, noting that the media campaign would consume two-thirds of the proposed spending increases for drug abuse prevention programs next year.

The administration's overall $16 billion drug budget proposal has also reignited a broader argument over the relative balance between spending federal money on programs that attack the supply of drugs vs. those aimed at reducing demand.

McCaffrey's proposed $350 million anti-drug media campaign would exceed even some of the largest commercial and government advertising efforts.

For example, Microsoft spent an estimated $200 million to introduce Windows 95, and McDonald's launched its Arch Deluxe burger with a $75 million ad campaign, according to Advertising Age magazine.

The Army spent nearly $72 million last year on advertising, including its "Be All You Can Be" campaign.

McCaffrey said in an interview that the anti-drug campaign should last for five years.

Carried out on that scale it would constitute an unprecedented government effort to shape behavior through the media.

"You can't do it in a year," said the retired Army general. "You can't do it with $12 million. You have to go in in a serious way, and if you do that we suggest that in a couple of years you can turn around this skyrocketing adolescent drug use."

Since 1991, marijuana use has increased from 27 percent to 40 percent of the nation's 12th-graders, according to an annual survey conducted by the University of Michigan widely regarded as the most accurate measure of adolescent drug use.

The Partnership for a Drug-Free America conducts the largest ongoing anti-drug campaign, having consumed $265 million worth of donated broadcast time and print space last year.

While McCaffrey said he hopes that such public service efforts will continue, he argues that only paid advertising on prominent TV shows will achieve the needed effect.

His plans, however, have been received cautiously by anti-drug campaigners. "Including the media campaign is legitimate, but we are very concerned about what is not here," said James E. Copple, president of the Community Anti-Drug Coalitions of America, which counts some 4,000 community groups as members.

Copple noted that several major prevention and treatment programs at the Department of Health and Human Services received little or no increased spending and that the $175 million proposed federal spending for the media campaign is nearly three times as much as the proposed increase in the Safe and Drug Free Schools and Communities Program, the federal government's largest effort to keep children from using drugs.

Making an argument he has repeated frequently, McCaffrey last summer said, "We've got to make the case that drug education and prevention is the first priority." Yet this year's budget proposal, like most previous federal drug strategies, allocates about twice as much money to law enforcement, interdiction and other efforts to control the supply of drugs as it does to prevention, treatment and education programs.

"The administration has articulated a need for much greater emphasis on demand reduction, but once again the budget continues to concentrate on supply," said Mathea Falco, president of Drug Strategies, a Washington think tank and advocacy group.

However, Rep. Bill McCollum (R-Fla.), chairman of the House crime subcommittee, said, "I am concerned we are still not doing enough to halt the flow of drugs into this country."

Cont'd