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National Institute of Justice

Research in Brief

February 1994

Psychoactive Substances and Violence

by Jeffrey A. Roth

As noted by the Panel on the Understanding and Control of Violent Behavior, the character of violence presents simultaneous challenges to understanding and opportunities for prevention. First, violence is *diverse*. Acts as different as spontaneous drive-by shootings and meticulously planned serial killings, for example, are both included in the legal and statistical category of murder. Second, the causes of violence are *complex*, involving a very wide variety of factors. The panel found it useful to classify these factors in terms of four levels of analysis at which they are usually studied:

- Broad social and economic forces (macrosocial).
- Encounters between people in particular settings (microsocial).
- Individual behavioral development from childhood through adulthood (psychosocial).
- Neurobehavioral and other biological processes that underlie all human behavior (neurobehavioral).

Factors at these four levels operate and interact in chains of events that may begin long before the violent event that results. Therefore, the panel's classification framework also categorized causal factors in terms of their temporal proximity to the violent event itself: from the *immediate* triggering mechanism (for example, a response to an insult), back through the

Issues and Findings

Discussed in the Research in Brief: The current status of research on the links connecting violence to alcohol and illegal psychoactive drugs, and evaluations of interventions to prevent violence related to these substances.

Key issues: Correlations between violence and psychoactive substances; the social, economic, cultural, psychosocial, neurobehavioral, and other factors that explain the correlations; and prevention strategies for reducing the violence associated with these substances.

Key findings:

✦ Research has uncovered strong correlations between violence and psychoactive substances, including alcohol and illegal drugs, but the underlying relationships differ by type of drug.

✦ The links between violence and psychoactive substances involve broad social and economic forces, the settings in which people obtain and consume the substances, and biological processes that underlie all human behavior. These factors interact in chains of events that may extend back from an intermediate triggering event such as an argument to long-term predisposing processes that begin in childhood.

✦ Of all psychoactive substances, alcohol is the only one whose consumption has been shown to commonly increase aggression. After large doses of amphetamines, cocaine, LSD, and PCP, certain individuals may experience violent outbursts, probably because of preexisting psychosis. Research is needed on the pharmacological effects of crack, which enters the brain more directly than cocaine used in other forms.

✦ Alcohol drinking and violence are linked through pharmacological effects on behavior, through expectations that heavy drinking and violence go together in certain settings, and through patterns of binge drinking and fighting that sometimes develop in adolescence.

✦ The most promising strategies for reducing alcohol-related violence are to reduce underage drinking through substance abuse preventive education, taxes, law enforcement, and peer pressure.

✦ Illegal drugs and violence are linked primarily through drug marketing: disputes among rival distributors; arguments and robberies involving buyers and sellers; property crimes committed to raise drug money and, more speculatively, social and economic interactions between the illegal markets and the surrounding communities.

✦ The most promising strategy for reducing violence related to illegal drugs appears to be reducing the demand that fuels violent illegal markets. Promising tactics include preventive education; pretrial monitoring of arrestees through urinalysis and, for convicted violent offenders, in-prison therapeutic communities integrated with postrelease treatment followup.

✦ In the future, medications may reduce violence by reducing cocaine craving and by blocking the aggression-promoting effects of opiate withdrawal and alcohol consumption.

Target audience: State and local policymakers, court administrators, law enforcement and juvenile justice practitioners, and drug treatment program staff.

Today the President is talking about...

THE 1995 NATIONAL DRUG CONTROL STRATEGY

February 8, 1995

LARGEST DRUG CONTROL BUDGET EVER

This week, the President and Lee Brown, Director of the Office of National Drug Control Policy, unveiled our 1995 National Drug Control Strategy. This strategy, building on last year's efforts, includes the largest drug control budget ever – during a time of tough fiscal choices. The strategy is built on **four basic principles**.

- **Getting hard-core users off the street** and into treatment to reduce the demand for drugs and the violence it breeds on America's streets.
- **Giving local communities the resources they need to fight drugs.**
- **Stopping drugs at their source**, before they get to our borders.
- **Preventing drug use** by teaching our children about the dangers drugs pose and de-glamorizing drug use in the mind of every child.

THE STRATEGY: REDUCING THE NUMBER OF DRUG USERS

This year's strategy continues to build on an action-oriented approach to solving America's drug problem. Each action plan includes specific targets, individual steps to reach those targets and proposed completion dates.

ACTION PLANS FOR RESPONDING TO AMERICA'S DRUG PROBLEM

Reducing the Demand for Illicit Drugs

- **Prevention**: Drug prevention is the key to ensuring the future of our Nation's youth. We will create a comprehensive, national drug prevention system while keeping programs that are working.
- **Treatment**: Emphasizes drug treatment by increasing the availability and access of programs.

Reducing Crime, Violence and Drug Availability

- The Crime Control Act complements and enhances the National Drug Control strategy. It provides a balanced program of law enforcement and drug prevention to confront the problem of illicit drugs. It increases funding for drug control efforts, authorizing new police, punishment, and prevention programs – a strategy that's tougher than ever, but smart.
- Makes communities safer through an integrated approach ranging from prevention programs to anti-money-laundering initiatives.
- Highlights strong enforcement, including tough measures and punishments for drug offenders.

Enhancing Domestic Drug Program Flexibility & Efficiency at the Community Level

- Consolidating federal grant programs into a new performance partnership, giving states maximum flexibility in designing programs to meet their needs.
- Removes Federal obstacles that impede drug program delivery.
- Pursues a "Cut the Red Tape" deregulation campaign to facilitate local service delivery.
- Streamlines Federal drug grant application process.

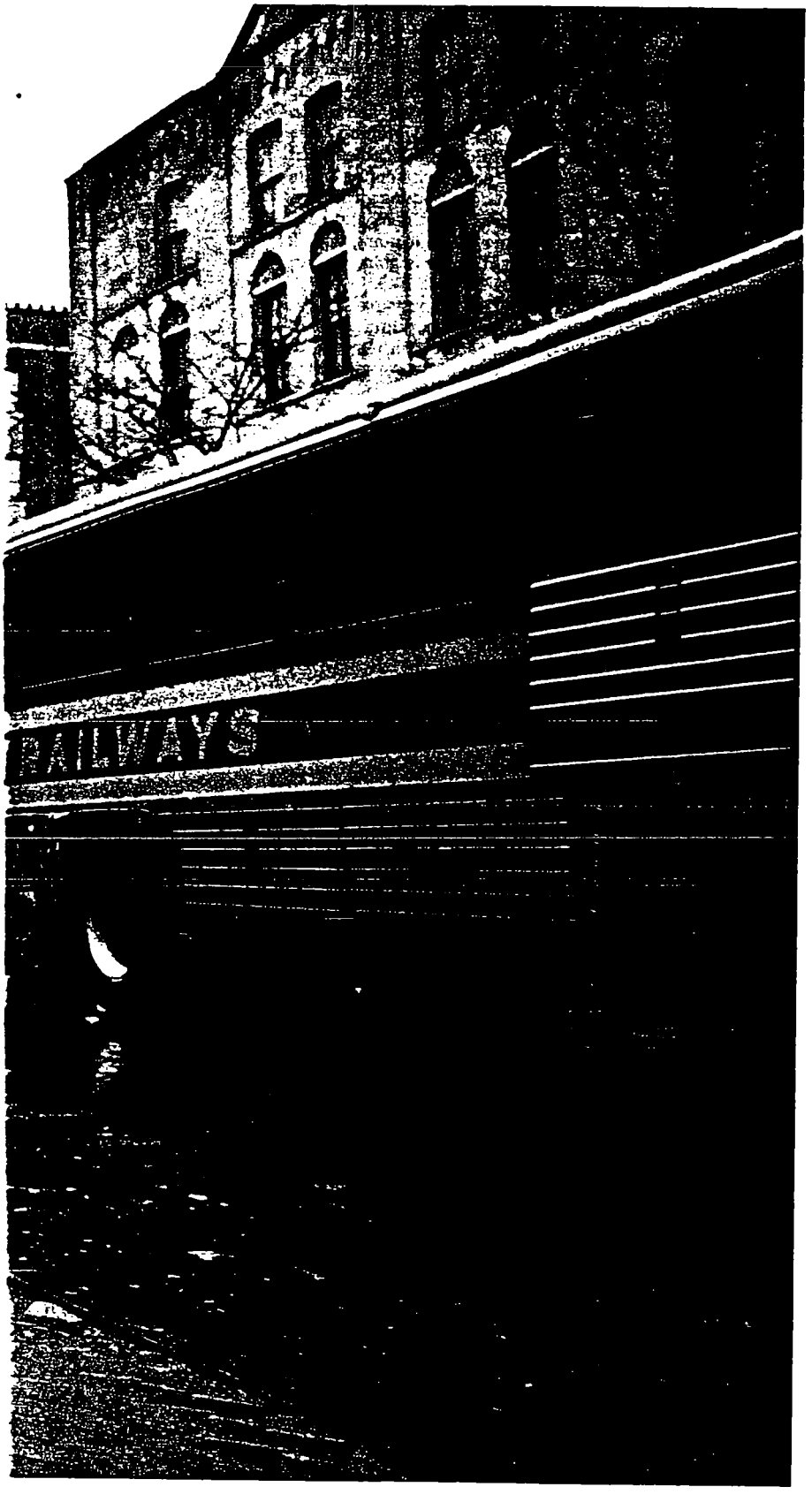
Strengthening Interdiction & International Efforts

- Enhances interdiction by cutting off drugs at the source.
- Creates a new, international heroin strategy.
- Encourages other nations to take a strong stand against illicit drugs.
- Encourages other nations to combat drug trafficking.
- Convenes a ministerial anti-drug summit to follow-up on the work we did at the Summit of the Americas.

THE BUDGET In the FY 1996 Budget, the President requested $14.6 billion for drug control, up 9.7 percent, or $1.3 billion, from 1995

- **Demand Reduction**: $5.3 billion to empower communities to respond to their own drug problem, improve drug treatment and prevention through grant consolidation, and reduce chronic, hard-core drug use through treatment.
- **Supply Reduction**: $9.3 billion for Domestic Law Enforcement, through community policing, and for International and Interdiction activities, mainly increasing source country program effectiveness.

RISONER 88A0802



Like many junkies and crackheads who haunt American cities, Bill Giddens was a one-man crime wave. Fourteen months ago, he entered an in-prison 'therapeutic community.' Now he's out, clean and trying to stay that way.

BY PETER KERR

PHOTOGRAPHS BY EDWARD KEATING

THE 200 INMATES AT THE PHOENIX HOUSE DRUG TREATment unit at the State Medium Security Facility in Marcy, N.Y., are cordoned off from the 1,300 other prisoners by a high chain-link fence topped with barbed wire. When they march out of the treatment zone for meals, stepping smartly in double file, other prisoners glare and mutter "crackheads" and "snitches" at them. They are hated because their life, inside a protected world each day, violates the unwritten laws of prison.

"You *must* have hospital corners," says Bill Giddens, a slender prisoner of 6 foot 2 and 180 pounds. Giddens is touring rows of cubicles separated by chest-high partitions. Men stand attentively next to beds made tight enough to bounce coins off. He walks the shiny waxed floors with heavy socks pulled over his shoes so he will not leave a mark. An assistant with a clipboard trails behind.

"This is the place where you get your pride and quality," Giddens says as he runs his long bony fingers down walls, behind chairs and over hidden flat surfaces. "Dust on a partition divider." The assistant makes a note.

BILL GIDDENS IS AN UNLIKELY DRILL SERGEANT. ONE day six years ago the shoe of a police officer pressed down so hard on his face he thought his skull would crack. Cold grains of concrete dug into his cheek. Yet as he lay surrounded by a circle of armed officers, he struggled to reach for one of their revolvers. By the frenzied calculus of a heroin addict, he imagined that he could outgun them all. As happens so often in the Williamsburg section of Brooklyn where Giddens grew up, a crowd gathered to see detectives arrest the young man — one more terrifying figure from the neighborhood who deserved to go prison.

Bill Giddens, like the legions of junkies and crackheads who haunt many communities, had been a one-man crime wave: in two years he had robbed more than 200 people. His was a life of craving and satiation. He knew little of guilt or responsibil-

A long way from home, Bill Giddens waits in Utica for a bus to take him back to New York.

Peter Kerr is a reporter for The Times.

ity. He was the type who long ago led criminal-justice experts to abandon the idea that predatory street criminals could be rehabilitated.

But at drug-treatment programs, like the one at the Marcy prison, in more than a dozen states from California to Connecticut, criminal-justice officials now report enough success to begin to transform their thinking. Two decades ago, they concluded that such programs were just about worthless. Now they are finding that, with the help of new research and revised techniques, prison and post-prison "therapeutic communities," as the programs are called, have significant potential if operated correctly. Inmates can readily obtain drugs somewhere in most prisons, and freeing them of addiction is a momentous event. This is true not only for the individual inmate, but also for society.

A relatively small number of severe addicts commit a high percentage of street crime. By targeting them, these programs may thus have impact. This realization comes just at a time when a rebellion is building against the 1980's approach of lock 'em up and throw away the key — if only because states find they soon have to make room for other prisoners. In April, two well-known Federal judges in New York, Whitman Knapp and Jack B. Weinstein, declared they would no longer preside over drug cases because the Government's emphasis on long imprisonment without treatment, rehabilitation or prevention was a failure. And last month, the new Attorney General, Janet Reno, called for revision of the national strategy for coping with drugs and crime. Treatment programs in prisons are to be a principal part of that new approach.

A fellow inmate, opposite page, bids farewell to Giddens with a hug at his graduation from the drug-treatment program. Other well-wishers lined up.

So the question reverberates: This time around, have prison authorities hit on a form of rehabilitation that works?

PRISONERS INSIDE THE BEIGE WALLS OF MARCY'S BARracks J-2 rise at 5 A.M.

They march half a mile to breakfast and back. Then they stand in a circle, arms around each other's shoulders and chant the Phoenix House philosophy — a kind of prayer for redemption and strength:

Rise from the ashes of our defeat to take our rightful place in society.

Society will accept us, for once we have regained our dignity, we will be society.

At a nearby barracks, an encounter session among another circle of green-clad men is reaching full boil. Inmates are challenging R. B., a former drug dealer in his 20's. R. B. has said he is a good father because he bought his family a respectable home in Queens and pampered his little girl with expensive toys and clothes.

"I indict your butt," shouts one prisoner.

"If I need your help, I'll ask for it," snaps R. B., a thickset black slouched in his chair, his arms folded defiantly. "My kid doesn't know what I do on the street."

"It doesn't take much for her to figure out what's going on," says Dana Macklin, a 28-year-old former dealer with a daughter of his own. "Are you aware of this criminal history, what effect it is going to have on your kid?"

"Yeah," barks another inmate, "your best thinking is what got you into jail."

R. B. shakes his head. "My little girl doesn't know what I do."

A deputy director of the program, Manny Rivera, a 52-year-old former prisoner with a rhythmic voice, swept-back hair and dark, lively eyes has been watching.

"Look at this from another point of view." He paces with coffee cup in hand. "What does a young girl, wherever she lives, what does she need from a father? Who is going to tuck her in tonight? Who is going to fluff up the pillow?"

The men's faces are tough. Some are marred by knife wounds. One has the tattoo of a tear under his eye, a sign that he has killed someone.

All are silent.

"Who is going to tell her everything is going to be all right?," Manny says. "What man is going to be there for her? You are not that man now."

R. B.'s eyes are downcast.

"I went to jail the last time when I was 40," Manny says. "I don't want that for you, man. We just want what is best for you."

THE THEORY OF THE THERAPeutic community is this: to treat addiction, one must change a person's values, thinking, moods, behavior and spirituality. The therapeutic community aims to resocialize people and force them to embrace responsibility, honesty and caring for others. It attempts to teach them to recognize their own feelings and think and speak clearly and honestly.

Some prisoners call what is going on brainwashing, or mind control. For many, however, the therapeutic community is the first family they have ever really had. In fact the prisoners call themselves a family. Other versions of the therapeutic community exist outside of prison, not only for treating drug addiction but also for helping alcoholics and the mentally ill.

AS GIDDENS TELLS IT, IT WAS AN EXCRUCIATING breakthrough to learn to step back, look at himself objectively, and express feelings in full sentences.

"Talking with me before I came here, it was always yes-no, I mean you would of thought you were talking to a mute, I mean, I always thought I would always say the wrong thing." He pauses, looks at my notebook and begins to articulate each word slowly. "I am deeply gratified that I have gotten my communication skills up to par. I guess what I have learned here in treatment is that to feel and know yourself is to be strong. I am not ashamed of who is inside Bill."

Giddens takes me back to his "cube" and, from the back of a cabinet, pulls out six shrunken gray objects, with a year written on each in black magic marker. When he arrived in prison, he got six oranges and on each birthday marked off another year. Today they are private symbols of his wasted years.

"They are dried up, no color, no smell, no juice left in them," Giddens says quietly.

Giddens, contemplative, in his cubicle before leaving prison. This drug-treatment unit, he says, is "the place where you get your pride and quality."

PHOTOGRAPHS BY EDWARD KEATING/THE NEW YORK TIMES

Performing their last official duty, Giddens and a fellow inmate, left, return prison bedding.

BILL GIDDENS WAS BORN IN BROOKlyn in 1957 to a single mother who went on and off welfare. By 13, he was drinking wine and smoking marijuana in a local park and, with friends in the ninth grade, he learned to jump out from hidden spots in subway stations, grab people from behind and rob them.

He won a basketball scholarship to North Carolina A.&T., but dropped out of college after three months and returned to the neighborhood. In the years that followed, he drifted from job to job, fathered two children and eventually slipped into heavy drug use. A yearlong stint at a state minimum-security prison for car theft, Giddens recalls, had about as much effect as a drop of water on a chunk of wax.

"Nice countryside," he says. "You get pretty much everything you want. I guess I just took to it pretty well."

By 1985 Giddens was shooting up heroin three or four times a day. To support the $90-a-day habit, he says he sometimes robbed as many as two people a day. He often confronted them in elevators or building entryways. They were usually compliant,

so he says he did not have to hurt them. It all seemed easy. But one morning when he went out to buy a bottle of orange juice, he was jumped by six policemen and arrested for robbery.

He spent the next five and a half years in some of New York State's toughest prisons. Everyone owned a weapon, be it a knife sharpened from a steel bedpost part or a razor blade tucked between gum and cheek. Drugs were easy to obtain. Giddens learned to trust no one and show no weakness. In Sing Sing, he said, prison society tested a new arrival by having one longtime inmate offer a cigarette. Saying "thank you" with a tone of relief or appreciation betrayed fear and weakness. Within days, the new prisoner was told he was in debt and had to do what the gang commanded. Unless he refused and fought, he would be marked forever as a victim.

Giddens refused to take anything from anyone.

THE CURRENT NATIONAL TURN BACK TO REHABILITATION arises in part from desperation.

With the end of the Reagan-Bush years when the Federal Government frowned on rehabilitating prisoners, courts have ordered more than 40 states to relieve overcrowding. Staggering numbers of young minority men are under the supervision of the criminal-justice system (by one study, about one in four black men ages 20 to 29 is in prison, on probation or on parole). Incarceration costs $25,000 a year per prisoner in New York. The present number of prisoners is expected to rise from more than 1.3 million to more than 2 million people by the year 2000; small wonder that many criminal-justice experts say the Government must take a new approach.

"The great drug triumph of the Reagan-Bush years — the decline in the number of marijuana and cocaine users — produced few visible social benefits," says a leading authority on drug enforcement, Mark A. R. Kleiman, an associate professor of public policy at the John F. Kennedy School of Government at Harvard. "Hard-core problem users were not the ones who stopped using drugs. But they are where the crime, violence and disorder come from."

The program at Marcy, which has been run by Phoenix House along with the Department of Corrections since 1990, is one of seven in New York State. It chooses prisoners who have no convictions for violent or heinous crimes and are available for release within two years. If they join and succeed at 6 to 12 months of therapy, they can be released for up to one year more of treatment in a residential therapeutic community in Queens. Or the most promising are released to live at home, work and attend therapy sessions at night. In either case, they are required to stay in the program, attending intensive encounter sessions until they have been in treatment for two years. If their behavior turns erratic or they fail a weekly urine test for drugs, they are returned to prison.

The attraction is that if they agree to treatment, they may get out of prison early. But once they enter treatment they cannot chose to leave until it's over.

At a subway entrance on Grand Street in Brooklyn. Day after day, Giddens walked into offices in Manhattan, and was turned down for jobs.

ARRIVING AT THE TREATMENT unit, Bill Giddens recalls, was like passing through the looking glass. When he got off the bus, several inmates grabbed his bags and ran ahead with them into the dormitory. Giddens thought this was a test and was heading for a fight. But inside he found his bags on his bed and the perpetrators smiling, welcoming him aboard.

"I was most worried by the fact that the inmates were in charge," Giddens says. "I thought I would be subject to someone disrespecting me and abusing me and no one there to do anything about it. The next day I saw a circle of men were cursing, screaming."

He says they began to insult one member viciously. "I see it in his face that this guy wants to jump someone. I say to myself, Bill, stay clear, someone's gonna get hurt. But afterwards, they get up and they hug each other. I say, this is weird stuff. I gotta learn how the game goes so I do not stand out."

Giddens practiced for hours in advance what he would say in meetings. He grew angry when others, particularly younger men or those with worse criminal records, tried to correct him. Slowly he became aware of his rage at a world that treated him as worthless. Even worse, he loathed himself because he believed the world was right.

THE IDEA IS THAT EVEN WHEN PRISONERS ARE NOT attending their intensive therapy sessions, which may be twice a day, they are working together, recording each others missteps and attempting to rise in a hierarchy by demonstrating empathy, honesty and dedication to work.

A new arrival usually starts at the bottom, sweeping, mopping, cleaning toilets. A first promotion allows him to work as a barber, or a maintenance worker, and beyond that, in more attractive jobs like supply clerk, or the organizer of group meetings. At the top is a ladder of leadership positions, with individuals often rising and falling, depending on how their peers and counselors judge their progress. It all amounts to a 24-hour-a-day floating psychotherapy session, in which men experience a level of scrutiny and intimacy they have never known before.

PHOTOGRAPHS BY EDWARD KEATING/THE NEW YORK TIMES

Over eight months, Giddens began to believe he could change, stay free of drugs and crime and begin to organize a life outside. But he learned that that life outside was more complicated than when he left it. The mother of his children had become a crack addict, and last July, his 11-year-old son and his 7-year-old daughter were separated and sent to live with what he believed were insensitive foster families.

He became desperate to retrieve his children: "I felt that they were doing time, for what I have done."

To prepare for life outside, he used his first three-day furlough to wander through department stores and in the legal district of downtown Brooklyn and strike up conversations with sales people, legal secretaries and lawyers. He wanted to practice talking to articulate people. He got in touch with relatives to see if they knew of any kind of menial job. And he met with his children at a city social service center. He promised they would be together sometime soon.

One day after he returned from that furlough, I walked with him to the prison dining hall. Looking up at him as he towers over me, I found my own mind spinning off a bit: I thought both that I liked him and that he scared me.

Soft-spoken, self-effacing, Giddens had the manner of an earnest student. Yet I could also imagine him in a dark subway entrance or in an alleyway, pointing a gun at my head. In my imagination he was demanding my wallet, my watch and my wedding ring. Was this "Raising Arizona," the film in which prison therapy turns ordinary bank robbers into "emotionally integrated" bank robbers, who terrorize the countryside while getting in touch with their feelings.

Can six months, a year, two years of treatment undo decades of antisocial behavior?

How will the best of the inmates in this program fare, once they are alone, in poor neighborhoods, where unemployment is above 20 percent, where old friends are addicts, and crime and drugs still seem, to so many, to be the only way out?

THOSE SAME THOUGHTS COME TO MIND AS I INTERVIEW David Jordan, a 25-year-old, short, rotund former crack dealer from Harlem who never finished the ninth grade. Jordan, or Jelly, as they call him, left school to pursue a career as a break dancer on Manhattan sidewalks. He hit it big, appearing in television commercials and touring in concerts. But when work suddenly disappeared, he figured only the drug trade offered him same quick status and money.

"The program says if you stick to it you can do it," Jelly says. "I know I am being trained. The way I speak. The way I present myself. I am starting to feel good about myself. But my people, we don't have much. I am *(Continued on page 58)*

On a visit with his children, Quintaun and Qualikqua, who are in separate foster homes. "When I see my kids," Giddens says, "they ask, 'Dad, when will we be together?' "

REHAB

(Continued from page 27)

poorly educated. When I get outside, I need an income and I feel like if I believe in this too much, am I setting myself up for a fall.

"Sometimes I am faking changes and it's like a war inside me." he adds: "I don't know which side is real. . . , I don't know which side I'm on."

DOUBTS ABOUT REHABILITATION took hold in the early 1970's, and were expressed in a seminal article in The Public Interest in 1974. It concluded that "with few and isolated exceptions, the rehabilitative efforts that have been reported so far have no appreciable effect on recidivism." From that article, and a book called "The Effectiveness of Correctional Treatment," by Douglas S. Lipton, Robert Martinson and Judith Wilks, published the following year, the belief that "Nothing works," entered the corrections vocabulary. Much of the financing for rehab efforts disappeared.

But drug-related crime has continued to increase in in the last decade, despite increased prison sentences for criminals. Between 1978 and 1992, the number of people behind bars grew from 466,000 to 1,326,000. Of people arrested in the 22 largest cities, the Federal Government has found that 55 to 80 percent test positive for drug use. Meanwhile, studies show that a few heavy users commit a disproportionate share of street crimes. Heavy heroin addicts, known among criminal-justice experts as "predators," for example, commit 10 times as many thefts, 15 times as many robberies, 20 times as many burglaries as offenders who don't use drugs. If such offenders can stay off of drugs, research indicates, their criminal activity drops precipitously.

Yet Federal policy during the Reagan-Bush years gave much higher priority to seizing drugs at the borders, fighting drug production overseas and making arrests, than to drug treatment. Justice Department officials who tried to expand treatment programs in prison were rebuffed.

Lipton, one of the authors who once helped promote the "nothing works" theory, now says that the earlier research did not fully explore the potential of therapeutic communties. He says he has found what he regards as surprisingly positive results in a therapeutic community in a state prison on Staten Island with prisoners who on average had been arrested four times. The study of 450 prisoners who started the program between 1977 and 1984 found that 27 percent were rearrested in the three years after they left prison. That compared with a 41 percent rate for those who had no treatment at all. Lipton, a researcher at National Development and Research Institutes, a nonprofit corporation for drug and AIDS research in New York, argues that if prisons target the worst predators, good programs could have a striking impact on street crime. A program in the Oregon State Hospital in Salem showed that 71 percent of the program's graduates were not reincarcerated within three years after release, compared with only 26 percent of inmates who dropped out in less than one month. In addition, studies of graduates of therapeutic communities outside of prisons, where most therapeutic communities operate, show significant reduction in long-term drug use.

Harry K. Wexler, a researcher in the field, says programs often failed in the past because staff workers were poorly trained and treatment did not continue after a prisoner was released.

Critics say some of the current research may be misleading, that, for instance, it may be measuring the behavior of the prisoners who are most likely to succeed. A survey of drug treatment research published by the Federal Institute of Medicine, showed that if one combined the graduates of the Oregon program and those that dropped out in less than one month, the percentage reincarcerated was 36 percent. By comparison, of Oregon parolees who got no treatment 37 percent were reincarcerated.

Others like Mark Kleiman of Harvard agree that therapeutic communities undoubtedly reduce criminal behavior. But how much, they say, is still unclear.

Dr. Mitchell S. Rosenthal, president of Phoenix House, the largest residential drug treatment organization in the country, also cautions against rushing overoptimistically to build therapeutic communities. It takes years, Rosenthal says, to cultivate good programs, which rely on experienced counselors who are often graduates of the programs themselves. And after-care programs are essential. Other experts, like Bruce Carnes, who served in the Bush anti-drug program, ask whether is it fair to give treatment to criminals when other people not in prison — teen-agers in housing projects, for example — are turned away because of limited public funds.

But even if success rates turn out to be low, the arithmetic of treatment is compelling. Therapeutic communities cost about $2,500 to $5,000 per inmate per year. In a state where keeping a prisoner behind bars costs $25,000 a year, treatment pays for itself if just one in five participants serves just one year less. Operators of the Staten Island program, for example, say they far surpass that success rate. Besides, there are immense added savings if any of those prisoners stay off drugs permanently: Innocent people are not mugged, children and spouses do not suffer abuse, AIDS transmission by drug users is reduced and drug-related violence is lessened.

If such thinking seems theoretical, one has only to look at Texas and Alabama. Last year, Texas, which has more than a half-million people in prison or under supervision of probation and parole authorities, established a program to allow judges to sentence convicts to new therapeutic communities instead of prisons. Financed by a $1 billion bond issue, the state intends to create a virtually separate prison system of treatment, with 14,000 new beds. In Alabama, where the number of prisoners has risen to 18,000 from 5,000 in 1980, the state has committed 1,000 beds to drug treatment programs and is also designing separate facilities. Other programs are under way in California, Connecticut, Colorado, Delaware, Florida, Georgia, Hawaii, Minnesota, New Jersey, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Virginia, Washington, D.C., Wisconsin, as well as in city and county jails in Illinois and Arizona.

"Our failures on work release have been cut nearly in half," says Dr. Merle Friesen, director of treatment for the Alabama Department of Corrections, referring to temporary release of prisoners for job programs. "People down here

In his old Williamsburg neighborhood, Giddens felt isolated and has stayed away from many of his former friends. But he has now found a job in a recreation program, and his counselors are encouraged.

PHOTOGRAPH BY EDWARD KEATING/THE NEW YORK TIMES

during ... know that addicts are either stealing or they are about to start."

ONE DAY LAST FALL, BILL GIDdens awoke at 4 A.M. and moved quietly through the dark, still barracks. He placed a pair of loafers on the chair in one prisoner's cubicle, a sweater in another, a baseball hat in another. When the men in unit J-2 awoke, those with the least to wear found gifts from the man who was going home.

Freedom struck Giddens harshly as he steppped off the bus at the Port Authority Terminal in New York. On a subway platform, he saw two large police officers threatening to arrest a small young man. He walked away.

The weeks that followed were hard. He moved in with his mother and brother in a crowded apartment in the projects of Williamsburg. In contrast to prison, where he had worked his way to the top of society, he found himself at the bottom again, begging for work of any kind.

Day after day he walked into stores and offices in Manhattan, hair neatly combed, in a freshly ironed shirt, saying he was looking for a job. Everyone said no. Officials of the foster care system were reluctant to let his children come to live with his mother, because she had already taken in two other children who belonged to another relative who had become a drug addict.

In his old neighborhood he felt isolated. "I saw one guy I used to do stickups with," he says. "He's out there looking bad. No shoes. Hair's nappy. In my whole neighborhood the guys who are alive haven't moved anywhere. But as soon as they talk to me, see my expressions, they know not to say, 'Hey, Bill, let's hang out.' "

One night I took him to dinner in Greenwich Village. Giddens clearly tensed as we ordered from the menu. When a waitress asked him to repeat himself, he seemed crestfallen, as if he had failed a test. Later we walked the streets crowded with shoppers. At a corner, he stared at the passers-by. I asked, "What is it?"

"Sometimes I look around and I say, Bill, are you the only one around here who doesn't have a real job?," he said. "You are 35 years old and you don't have anything and it is your own fault."

After about a month, Giddens had one of his first successes. He made a list of all the women he knew and sent a letter to the only one he could think of who never used drugs and always had a steady job. He had not seen her in 18 years.

She called. Giddens explained that he had been in prison and that he was starting a new life. "Well, why did you call *me*?" she says. He replied: "Well, to be honest, I went down the list of all the women I knew and you were the pick of the litter." She laughed, and agreed to a date. They have been seeing each other ever since.

Giddens made a list of all the women he knew and wrote to the only one who never used drugs and always held a steady job. Now they're dating.

After six weeks he found a part-time job as an usher at Broadway theaters run by the Nederlander organization, which paid him between $85 and $185 a week. But then the job disappeared and he was unemployed for more than a month. Later with the help of Phoenix House, he got work at a stapler factory. He got up every day at 5:30 A.M. and rode the subway an hour and a half to work. Three evenings a week he attended therapy sessions and twice a week met with probation officers. Typically he got home at 11 P.M. On a salary of less than $200 a week, he was able to put $10 each Friday into savings. But after seven weeks, that job disappeared as well.

Then he seemed to wobble. His counselsors found him a gritty, low-paying job in a recycling plant but he quit without promptly telling them. Not a good sign. They told me I should stop seeing him without a counselor present. They worried that my interviews might be making him think he was a celebrity and that his struggles in half-finished treatment were over.

But at the end of May, after weeks of searching, he found himself a job as an assistant in a recreation program run by a nonprofit agency in Brooklyn, earning $300 a week. No one can guarantee that Bill Giddens will succeed. Some of the men who left Marcy at about the same time have already been sent back. But his counselors, so far, are encouraged. So is he.

"All I want is a good place for my kids to come to after school that they can call home," he said. "When I see my kids they ask, 'Dad, when will we be together?' I just tell them soon, soon. It will be soon." ■

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Electronic monitoring of drug offenders on probation

by Daniel Glaser
and Ronald Watts

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500

September 30, 1993

MEMORANDUM FOR ED JURITH

FROM: JOHN GREGRICH

SUBJECT: Treatment and Criminal Justice Meeting

Attached is a brief statement of recommended guidance for the Director's meeting with the Departments of Justice and Health and Human Services regarding drug treatment for criminal justice populations.

Dr. Brown has referred to this meeting as his response to a directive from the President that he meet with DOJ and HHS to sort out responsibilities for treatment of criminal justice populations.

Treatment of criminal justice populations is a priority of the Administration and, because incarcerated populations are excluded from coverage under health care reform, will require a significant public response.

I think our major challenge will be to keep things simple.

I'm out tomorrow but in on Saturday. Let me know what you want changed and I'll get to it before Monday sob.

DRUG TREATMENT FOR CRIMINAL JUSTICE POPULATIONS

THE PROBLEM

- **TREATMENT NEED** -- A significant percentage of those under criminal justice supervision need drug treatment, to reduce criminal activity, drug use, and economic dependency.

- **PRISON AND JAIL CROWDING** -- Institutional crowding has hindered the allocation of staff, space, equipment, and other resources to drug treatment programs.

- **CRIMINAL JUSTICE SYSTEM CROWDING** -- System crowding has eroded the effectiveness of community supervision and treatment staff.

- **FUNDING CUTS** -- Most States have cut back funding for drug treatment and, where it has been maintained, increased demand and crowding have resulted in a de facto cutback.

- **FUNDING LIMITS** -- The ADAMHA Reorganization Act limits use of the substance abuse block grant for treatment of incarcerated populations to the level of such funding in Fiscal Year 1991.

- **LACK OF MINIMUM STANDARDS** -- Evaluation of treatment programs in Federal and State systems has been episodic and Federal agencies have been more inclined to competition than to cooperation in the generation of program models and guidance. Thus, there is no consensus regarding the minimum elements of drug treatment programs and most are under-funded.

- **DEFICIENT INFRASTRUCTURE** -- Too few communities and systems have been willing to establish or maintain the offender management infrastructure (e.g., TASC programs) necessary to support drug courts, pretrial diversion, community corrections treatment, and transition from institutional programs to community programs.

FEDERAL RESOURCES

- **FEDERAL SYSTEM POLICY** -- The existing policy of mandatory minimums (which creates crowding) and the abolition of parole (which removes a major incentive for participation in drug treatment) should be modified to foster community corrections and encourage drug treatment.

- **CONSISTENT EXAMPLES, STANDARDS, MODELS, AND FUNDING GUIDANCE** -- Although they have significant influence, and often communicate with the same State and local agencies, none of the agencies listed is required to coordinate its actions or message with the others. The list is not exhaustive, but includes a major operating agency, two major grant-in-aid agencies, two research and evaluation agencies, and a technical assistance and training agency. Additionally, as an agent of the Federal courts, Federal Probation contracts with local programs to provide treatment for Federal probationers and paroles and is in no way constrained to cooperate.

  -- The Bureau of Prisons (BOP) conducts a major drug treatment and transitional services program.

  -- The National Institute of Corrections (NIC) conducts technical assistance and training for state and local corrections.

  -- The Bureau of Justice Assistance (BJA) publishes program briefs, conducts technical assistance and training, and provides discretionary and block grant-in-aid support.

  -- The National Institute of Justice (NIJ) conducts research and evaluations, publishes findings, and provides discretionary grant-in-aid support.

  -- The Center for Substance Abuse Treatment (CSAT) publishes treatment improvement protocols, conducts technical assistance and training, and provides discretionary and block grant-in-aid support.

  -- The National Institute on Drug Abuse (NIDA) conducts research and evaluations (including the evaluation of the BOP treatment program), publishes findings, and provides discretionary grant-in-aid support.

ACTION STEPS

LEAD FUNDING RESPONSIBILITY -- Lead Federal funding responsibility, and primary program source, should be established and published for: offender management infrastructure (e.g., TASC programs); drug courts; pretrial diversion to treatment; community corrections treatment; boot camp treatment; jail treatment; prison treatment; and transitional services.

AGENCY CONTACTS -- At a minimum, contact people should be established in each agency to receive advance, courtesy copies of grant announcements, guidance documents, and other publications. More properly, collegial review and comment should be sought. This group can form the basis for a planning committee to set guidance and areas of emphasis at the beginning of each fiscal year and track specific progress quarterly.

OPERATING POLICY -- At a minimum, memoranda of understanding should be prepared between the Federal courts and Department of Justice prison officials to establish approaches to, and language for, sentencing that will foster needed drug treatment and follow up supervision and support.

PUBLICATIONS -- At a minimum, all Federal agency publications on drug treatment should be consistent with the publications of other agencies on related topics and reference those publications.

TECHNICAL ASSISTANCE AND TRAINING -- Federally-sponsored technical assistance and training should use the publications cited above as the primary texts, and should have available the related publications of other agencies for distribution.

GRANTS-IN-AID -- Block grant guidance should establish common, minimum program elements required for Federal funding of drug treatment projects. Discretionary grant guidance should establish common, minimum requirements for program demonstration and documentation. Priority should be given to offender management infrastructure.

INTERIM WAIVER CONSIDERATION -- Targeted waivers might be made available to the many states seeking relief from maintenance of effort requirements. Specifically, funds earmarked for return to the Federal treasury could be retained by the states for support of offender management infrastructure, community treatment for criminal justice populations, or institutional and transitional treatment for offenders.

THE PROBLEM

DRUG USE IN AMERICA TODAY

1 in 3 Americans has used an illicit drug

1 in 9 Americans has tried cocaine

One half of high school seniors have tried drugs; 1 in 5 uses drugs regularly

Chronic, hardcore drug use remains widespread

responsible for much of the crime, violence, and negative health consequences

accounts for more than two-thirds of illicit drug use, although only 20% of drug-using population.

Alarming New Trends:

- **Casual drug use is increasing, especially among adolescents:**

  fewer kids have a clear understanding of the risks associated with drug use;

  after years of decline, drug use among 8th, 10th, and 12th graders is increasing.

- **Growing Availability of cheap high purity Heroin:**

  potential to attract new users;

  increased use among users, especially via inhalation and snorting.

THE CONSEQUENCES OF DRUG USE

- **The social cost of drug use is $67 billion: 70% is attributable to the costs of crimes; 30% is medical and death-related.**

THE ECONOMY: The illicit drug trade is draining the U.S. economy. In 1993, the retail value of the illicit drug business totalled **$50 billion.**

Drug use is weakening the fiscal health of the public sector. Federal, State, and local governments spend **$25 billion** on drug control (50 cents for every dollar spent by drug consumers).

More than 60% of the Federal drug control budget is directed to law enforcement; most state and local government spending is directed to the criminal justice system (79%).

HEALTH CARE: Drug use is straining the health care system. In 1993, almost 500,000 drug-related emergencies occurred across the nation. (Robert Wood Johnson Foundation, Substance Abuse, October 1993) More than one-third of AIDS cases are drug-related.

CRIME: Drug use and related crime devastates our communities. In 1993, 1,123,300 were arrested for drug offenses -- including sale, manufacturing, and possession -- more than 2 arrests per minute. Drug tests confirm recent drug use in the majority of those arrested. (Drug Use Forecasting)

Homicide rates by youth aged 18 and younger have doubled since 1985. Kids involved with drugs are arming themselves and killing one another over drug money and turf.

AVAILABILITY OF DRUGS IN OUR COMMUNITIES

Drugs are readily available to anyone who wants to buy them. Cocaine and heroin street prices are low and purity is high -- making use more feasible and affordable than ever.

Marijuana is increasingly available, potent, and cheap -- enticing a new generation.

Current coca cultivation is 3 times what is necessary to supply the needs of the U.S. market.

THE PROBLEM

Drug problem is national in scope, affecting every citizen.

Drugs are not a problem solely of the poor, or of minorities, or of inner-city residents.

The majority of people in the inner cities do not use illicit drugs; but they are victimized by those who do.

THE SOLUTION

The solution is both national and international in response.

The Goal: reduction of illicit drug use & its consequences.

- **The best way to reduce the problem of illicit drug use is to reduce the number of chronic, hardcore users; because chronic, hardcore users account for nearly 2/3 of the drugs consumed in the U.S.**

  The best way to accomplish this is by providing effective drug treatment in communities & prisons.

- Drug Prevention is key to ensuring the future of the Nation's youth. To prevent drug use, a nationwide media campaign will be launched to deglamorize drug use in the mind of every child.

Our Strategy is **TOUGHER THAN EVER, BUT SMART**, building on the Crime Control Act signed into law by the President.

- **Domestic Law Enforcement** efforts create important links between treatment, prevention, and the criminal justice system.

  A recent survey found that 4 in 10 Americans had taken safety precautions because of the threat of drug-related crime by making homes more secure, staying inside at night, avoiding unsafe areas.

  Our Strategy responds to these fears by creating community-based programs for drug education, treatment, prevention, and law enforcement.

The Strategy has **ACTIONS PLANS** for:

- **REDUCING THE DEMAND FOR ILLICIT DRUGS**
- **REDUCING CRIME, VIOLENCE, AND DRUG AVAILABILITY**
- **ENHANCING PROGRAM FLEXIBILITY & EFFICIENCY**
- **STRENGTHENING INTERDICTION & INTERNATIONAL EFFORTS**

THE SOLUTION

ACTION PLAN FOR REDUCING THE DEMAND FOR ILLICIT DRUGS

REDUCING DEMAND BY REDUCING HARDCORE USE

Cost Effectiveness of Treatment: CA study found that for every dollar invested in drug treatment in 1992, taxpayers saved 7 dollars; savings attributed to decreased use of drugs, alcohol, and reduction in costs for crime and healthcare. (CALDATA; NIDA study confirms data)

Treatment Availability: Treatment is available for only 1.4 million of the 2.4 million drug users who need and could benefit from treatment. More than 1 million who could benefit from treatment are unable to access programs.

Closing the treatment gap is a national priority, and the Administration continues to press for more treatment facilities, especially within the criminal justice system.

CRIMINAL JUSTICE AND TREATMENT: Coerced Abstinence

Treatment in Prison: The Crime Control Act provides funds for treatment in federal and state prisons, and aftercare for the 55% of Federal inmates and 57% of States inmates reported using drugs regularly.

Drug Courts: The Crime Control Act provides funds for expand drug courts to ensure certainty and immediacy of punishment for drug-related crimes.

REDUCING DEMAND THROUGH PREVENTION

Only effective prevention measures can bring about long-term sustainable reduction in drug use.

National Prevention System: a comprehensive system to address prevention needs across the country to plan for optimal use of prevention resources, and to address **What Works?** by developing effective evaluation tools.

Programs that work, like **Safe and Drug-Free Schools**, and the **DrugFree Workplace** initiatives will be continued.

Crime Control Act creates new programs like Family and Community Endeavor Schools (FACES) in high-poverty and high-crime areas to keep schools open after hours, weekends, and summers to help young people stay off the streets.

African American Male Initiative has been established to respond to the special problems faced by young African American men regarding drugs and violence.

ACTION PLAN FOR REDUCING CRIME, VIOLENCE, AND DRUG AVAILABILITY

CRIME CONTROL ACT OF 1994

The Nation took a major step forward in reducing drug-related crime and violence when it passed Crime Control Act.

Builds on the President's National Drug Control Strategy by authorizing new police, punishment, and prevention programs.

100,000 new police officers on city streets;

treatment for chronic, hardcore drug users in prisons;

expands the use of drug courts;

multijurisdictional drug enforcement task forces;

crime & drug prevention programs in communities.

DOMESTIC LAW ENFORCEMENT PLAN:

Increase efficiency and eliminate duplication of Federal, State, County and local law enforcement agencies; **Increase coordination** of regional law enforcement, treatment and prevention resources

Marijuana: comprehensive initiative to decrease cultivation and use of marijuana

Technology Needs: Intelligence, technology and advanced officer training needs of State/local law enforcement

INVESTIGATE TRAFFICKING ORGANIZATIONS:

Federal investigative resources will target domestic cells of Latin American criminal organizations; major national gangs; Asian and West African criminal and trafficking organizations.

EXPANSION OF BORDER CONTROL EFFORTS:

Review current enforcement efforts at the Southwest Border; determine how to reduce drugs smuggled across the border and reduce border violence.

Customs Service and INS will maintain the reduction of drug smuggling across the Southwest Border as a top priority.

MONEY LAUNDERING:

Facilitate collaboration between Treasury and Justice to develop an action plan to coordinate domestic drug law enforcement, regulatory and private industry efforts to target laundering of drug proceeds.

ACTION PLAN TO ENHANCE DOMESTIC PROGRAM FLEXIBILITY AND EFFICIENCY

EMPOWERMENT ZONES:

In December 1994, the President designated 9 Empowerment Zones, to enhance multifaceted and interconnected planning to respond to drug use and trafficking in those communities.

WEED AND SEED:

Weed and Seed programs play an import role linking law enforcement and drug prevention activities across the country. Communities can first identify the problems and develop effective solutions.

WORKPLACE INITIATIVES:

Alcohol and drug testing has been mandated for safety-sensitive employees in aviation, motor carrier, railroad, pipeline, maritime, and mass transit industries.

STREAMLINING FEDERAL DRUG CONTROL GRANTS:

The Federal drug grant application process will be streamlined to create a universal grant application.

EXPAND AND IMPROVE DATA COLLECTION AND DISTRIBUTION TO LOCAL COMMUNITIES:

To provide drug data to communities.

IDENTIFY EFFECTIVE COMMUNITY-BASED PROGRAMS:

Provide information on effective law enforcement, treatment and prevention programs to communities. Provide technical assistance to community based organizations.

CUT THE RED TAPE:

Eliminate many Federal mandates and restrictions, giving States the needed flexibility to target funds to high-priority communities.

ACTION PLAN TO STRENGTHEN INTERDICTION AND INTERNATIONAL EFFORTS

U.S. drug control agencies have developed an aggressive, coordinated response to the cocaine, heroin, and marijuana threats facing this Nation.

INTERNATIONAL COCAINE STRATEGY

1993 interagency review:

Presidential Decision Directive: the international cocaine industry is a serious national security threat requiring an extraordinary and coordinated response by all agencies involved in national security.

Response: 4-pronged strategy to (1)emphasize assisting institutions of nations with the political will to combat narcotrafficking; (2)destroy narcotrafficking organizations; (3)interdict narcotics trafficking in both the source countries and transit zones; and (4)increase international cooperation.

Controlled Shift in the emphasis of cocaine interdiction priorities from the transit zone to source countries because it is more effective to attack drugs at the source of production where illicit production and transit activities are more visible and thus more vulnerable. Also, source countries are the best source of information on smuggling operations throughout the Hemisphere.

U.S. INTERDICTION COORDINATOR designated to oversee interdiction programs and to see that we have enough resources in the right places to do the job.

Measures of Effectiveness to be developed for international, host country, and interdiction programs.

CERTIFICATION

A more aggressive use of the congressionally mandated certification process that conditions economic and military assistance on counternarcotics performance.

The President denied certification to 4 countries, and granted national interest certifications to 6 countries.

INSTITUTION BUILDING: to strengthen democracy, law enforcement and judicial systems to enable Andean countries to preserve their democracies against criminal drug threat, and carry a greater share of the counternarcotics burden within their borders.

Colombia: assistance to control traffickers' use of air space, eradicate coca and poppy; pressure Cali cartel;

Peru: increase support in response to willingness to expand counterdrug efforts;

Mexico: intelligence and technical assistance to dismantle drug organizations; eradicate poppy and coca.

NEW INTERNATIONAL HEROIN STRATEGY

Problem: Increased heroin: low prices, high purity, increased use -- potential for an epidemic.

Worldwide use of opium and heroin is increasing.

Global production is at record levels.

Response: International opium and heroin control must remain a major foreign policy objective of the United States.

Presidential Decision Directive on heroin in conjunction with the National Security Council.

Administration will coordinate U.S. Government efforts to engage Burma on counternarcotics.

- **Heighten International Awareness**

  Clarify the U.S. role in combatting drug production, trafficking, and use in key countries.

- **Emphasize a Multilateral Approach**

- **Attack Heroin-Trafficking Infrastructure**

- **Regional Strategies:**

  Expand contacts in principal source, transit, and consuming countries to mobilize international cooperation.

  Emphasize intelligence in major source and transit countries.

OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP)

TOP THREE 1994 STRATEGIC INITIATIVES

The overarching goal of the National Drug Control Strategy is to reduce the number of drug users in America. The ultimate measure of the wisdom of the President's Strategy and of our effectiveness in implementing it will be determined by the extent of that reduction, as measured both by the number of users—casual and heavy—and by the amount of drugs they consume.

1) TREATMENT INITIATIVE FOR CHRONIC, HARDCORE DRUG-USING POPULATION (primarily cocaine and heroin)

The first and most important drug-control initiative for 1994 is our focus on the most tenacious and damaging aspect of America's drug problem—chronic, hardcore drug use and the violence it spawns. Past national drug control strategies have failed to come to grips with the harsh realities of chronic, hardcore drug use, the underlying causes of such addiction, and the human and societal harms that hardcore drug use causes. To reverse this trend, the *1994 National Drug Control Strategy* proposes an increase of $355 million to expand treatment opportunities for hardcore users—the largest such effort to date—to allow for the treatment of an additional 74,000 hardcore users next year. When coupled with drug treatment resources from the Crime Bill, this initiative will allow for the treatment of a total of 140,000 hardcore users next year.

2) PREVENTION INITIATIVES TO REVERSE THE DEVELOPING UPWARD TREND IN THE USE OF DRUGS BY ADOLESCENTS AND TO EMPOWER COMMUNITIES TO ADDRESS THE PROBLEMS THEY FACE.

A second focus of the *1994 Strategy* is a broad and interrelated effort to prevent all illicit drug use, including casual use by the young and drug use by other populations at high risk. The most effective strategies for preventing drug use, keeping drugs out of neighborhoods and schools, and providing a safe and secure environment for our youth are cooperative efforts that mobilize and involve all elements of the community to work together to address the problems they face. In order to enhance school-based prevention programs, the Administration has requested an increase of $191 million for the Safe and Drug Free Schools and Communities State Grant and the Safe Schools Program.

3) CHANGE IN INTERNATIONAL FOCUS FROM THE TRANSIT ZONE TO THE SOURCE COUNTRIES.

The *1994 Strategy* calls for changing the way international drug control programs are viewed. The new international strategy calls for a "controlled shift" in emphasis from the transit zones to the source countries. This will make our efforts more cost-effective, and will allow us to rapidly and appropriately respond to changing tactics, smuggling routes, and methods. With this shift we make it clear that international drug trafficking is a criminal activity—one that threatens democratic institutions, fuels terrorism and human rights abuses, and undermines economic development, worldwide. But, given the scope of the trafficker challenge and mindful of the limitations of our current resource restrained environment, it is essential that we seek cooperative efforts with other nations that share our political will to defeat the international drug syndicates. We will work with these to build host nation institutions, attack the traffickers' production facilities, interdict drug shipments, and dismantle their organizations.

KEY ACTIVITIES AND EVENTS RELATED TO THESE INITIATIVES

(numbers key to the above initiatives)

The reauthorization of ONDCP; with appropriate powers, required new authorities, and needed coordination/oversight capabilities is key to the accomplishment of all three initiatives. The Administration submitted reauthorization legislation for ONDCP on Nov 12, 1993.

1) Development and negotiation of an appropriate legislative proposal, one that fully supports the initiative; development of Requests for Application (RFA) and Notices of Funding Availability (NOFA) proposals that fully support the President's chronic, hardcore user initiative, and prompt awarding of the grants under this initiative, so treatment can begin.

   Successful passage of a fully-funded crime bill with all key Administration-supported components and initiatives included.

   Continued development of the recently established "Distribution High Intensity Drug Trafficking Area Program" in Washington-Baltimore, which will broaden the traditional law enforcement activities to include demand reduction initiatives.

2) Execution of a planned series of meetings to determine the causes of the current problem, development of options to address it, and selection of specific courses of action for Federal, State/local, and non-government agencies and organizations (beginning April 26 and concluding in September, 1994).

3) Formation and empowerment of the Countermarcotics Interagency Working Group and appointment of an Interdiction Coordinator. **NOTE: BOTH HAVE BEEN ACCOMPLISHED.**

KEY DATES DRIVING IMPLEMENTATION STRATEGY

ONDCP is in the process of developing a comprehensive implementation package, based on the 1994 Strategy. We expect to transmit that package to the drug control Departments and agencies in May. It will contain all the President's drug-related goals and objectives, and will identify the Department having the lead, as well as those with secondary or supporting roles to play in the implementation of the goals. Also included will be guidelines on requirements for reporting on progress in achieving these goals.

ONDCP has also begun the process for the drug budget certification cycle for FY 1996. Agency submissions will be provided to ONDCP in June, while the Departmental submissions will be available in October. Development of key Administration funding priorities and submission of proper funding requests in support of them is key to all the above initiatives, as well as to those drug initiatives that are developed during the consultation and development phase for inclusion the 1995 drug strategy.

Also key for ONDCP are the confirmation of Deputy Directors for Demand and Supply Reduction and an Associate Director for State and Local Affairs, before Memorial Day.

Another key factor is the establishment of ONDCP's Research, Data, and Evaluation Committee, which will establish policies and priorities for drug control research and review and monitor all phases of drug-related data collection, research, and evaluation. The Committee will be established and will meet in June of 1994.

SEPTEMBER 5, 1991, THURSDAY
SECTION: MAJOR LEADER SPECIAL TRANSCRIPT
LENGTH: 7903 words
HEADLINE: NATIONAL PRESS CLUB LUNCHEON SPEAKER
ROBERT MARTINES, DIRECTOR
OFFICE OF NATIONAL DRUG CONTROL POLICY
MODERATOR: KATHRYN KAHLER
NATIONAL PRESS CLUB BALLROOM

BODY:
KATHRYN KAHLER: When former Florida Governor Bob Martinez took office as the nation's chief anti- drug coordinator last spring, it was widely anticipated that he would perform his duties in a more sophisticated manner than his predecessor. After all, it was Bill Bennett who once suggested that we behead drug dealers. The Senate confirmed Governor Martinez comfortably. We should note that his most vocal critic at the confirmation hearings was a Senator whose Florida connections have become increasingly evident, Senator Ted Kennedy. Kennedy said that when Mr. Martinez was Governor, he quote, "Contributed to a worsening cycle of addition, arrest, and return of violent criminals to the streets." If nothing else, the Governor is often described as determined. When he lost his re-election bid for Governor last year, he took his message to the most remote and unlikely corners of Florida, frequently walking the streets and introducing himself to strangers. A high school civics teacher who later applied that knowledge to become Mayor of Tampa, Mr. Martinez had sensitive political antenna. A former Democrat who supported Jimmy Carter, he switched parties in time to win election as Republican Governor in 1986. He had a few calming moments in that office. He campaigned as a budget cutter, but changed course in office to push through a tax on services like lawyers and advertising. The public revolted, the Democratic legislature repealed it and raised the sales tax. And there were other troubles. After the US Supreme Court allowed states to regulate abortions more aggressively in 1989, Governor Martinez called a special session of the Florida legislature, but his measure further restricting abortions failed to get out of committee. For all we know, Governor Martinez may have found Washington public life more friendly and more cooperative than that of Florida. He has a good friend in the White House and the President's son, Jeb, headed Mr. Martinez' re-election bid. George and Barbara Bush also campaigned on his behalf. But enough about the past. Please join me in welcoming Governor Bob Martinez, who will describe what the government is doing right and what it is doing wrong about the drug problem. (Applause) GOV. MARTINEZ: Thank you very much. I want to thank all of you today for giving me an opportunity to come here today and talk with you about where we have been, where we are, what some of the problems may be, and it's a pleasure to be here with all of you. In recent weeks the forces of freedom have seen astonishing victories. Thankfully, in the coming months, democracy will be a word on the lips of many throughout the world. But in my position as Drug Policy Director, I am keenly aware that threats to

democracy come not only from tyrants and the secret police, but also from bad decisions made by free citizens about how to live their lives. As President Bush warned exactly two years ago today, drugs are zapping our strength as a nation. They threaten our safety, our children, our health and our future. Drugs were theatening democracy here and abroad, from within. When the President came into office drugs were a national emergency. The topic dominated domestic events and all the news was grave. People lived in fear in their homes, they prayed as their children made their way to school, they worried about their safety in the workplace. The Congress was a sweatshop for drug bills. In 1989 one pollster reported that a domestic issue, fear of drugs, had replaced fear of war, typically the greatest long-term fear, as the greatest concern of Americans. Deep down the American people were aware that this situation was not simply puppet policy crisis, but a profound moral crisis. There was a sense that the substance of American society was at stake. The drug crisis raised questions not only about our productivity and our efficiency, but about our national character and our fitness to lead the world. Had our ancestors fought valiantly for liberty only to see it squandered in crack houses and back alleys? Was blood spilled at Gettysburg and at Argonne and at Normandy to make the world safe for bongs and cocaine parties and marijuana smoke-ins? Were our great cities becoming the world portrayed in Lord of the Flies? Were we descending into barbarism into a world governed only by appetite and instinct? Drugs were like a great, deadly fog that descended upon our nation, touching every city and town and clouding our children's future. The question was; how far would it spread, how many would it destroy? On September 5, 1989, in his first address to the nation from the Oval Office, President Bush discussed what he called our gravest domestic threat. His goal was neither modest nor bureaucratic nor hedged, it was victory; "Victory over drugs, " he said, "is our cause, a just cause. And with your help we are going to win." Since then we have come out of our houses and into the streets and we have fought back. We planted signs by our schools letting the drug dealers know that this zone is protected. We told the users to get off our factory floors and to get out of our armed forces. We told the dealers to prepare to do hard time. We told the kingpins that they would be hunted as never before and sooner or later justice would be done. We vowed to bury our fallen policemen with special honors and give their families special care. We collected our wounded addicts, and because we are a compassionate people, we offered them treatment, even though their wounds are often at root self-inflicted. We pulled our young close to us and we warned them about the dangers of this scourge. And as a people we resolved that our nation would not slide into this degradation. And thanks to these efforts, the fog is lifting. It still covers too many cities and towns, it still hangs over too many families. But make no mistake, it is lifting. I am here today to report on our progress; and great progress there is. Before I lay out our successes, let me say a word about the sceptics. There are two types of skeptics who will scoff at assertions of progress. The first is a group I respect. These are the skeptics who continue to fight on the frontlines, the law enforcement officers who

do not have enough hours in the day to make busts; the treatment providers who do not have enough beds to met the need; the educators who still see many young lives wasted; but some of these people are skeptical about progress because they are at the center of the volcano. Their reaction might be similar to that of the soldier who at the front, who surrounded by body bags scoffs at the general who has just flown in with the good news. This group of skeptics has my sympathy and my support. I will listen to their concerns. I will fight for the resources for them, but I will nevertheless assert to them with conviction that their efforts are not fruitless and that there are unmistakable signs that we are moving toward victory. I will not argue with them, I will simply try to rally their spirits with a broader picture. But there is another group of skeptics that I do not respect. These are the political ambulance chasers who use misfortune for political gain. They scoff at the good news and assertions of progress because misery keeps the lights turned on at their press conferences. They respond to strategic analysis with anecdotes and unfounded impressionistic assertions. Some say there is no progress in the drug war because drug dealing still happens at the corner of Fifth and Main Streets. If cancer were cured, they would blame us for destroying hospitals. But I suspect that there are some among them who realized we were right. For them this was never a serious issue, just a political issue. Now that they see what a remarkable domestic achievement has been accomplished, they want to sweep the whole matter under the rug. They are not skeptics, they are cynical political opportunists. I have made a conscious effort to distinguish between these two types of critics, and my hope is that with all due respect, the media would also seek to make such distinctions. From the beginning the President's strategy has been remarkably simple, discourage drug use by weakening demand and by supressing availability. Every policy, every program, every dollar we have requested from Congress is designed to further these goals. Enforce the law to make our neighborhoods safer, prevent drug use before it starts by warning our children, treat users who get themselves in trouble and assist our allies who fight bravely against the cartels. Remarkably, at the beginning the harshest kind of criticism was hurled at such a common-sense policy. When the first national drug control strategy was announced in 1989, it was described as Gallipoli-like, inherently flawed, doomed to failure, half-hearted, contrived razzle-dazzle, just another hallucination, willfully unrealistic. But today there is no serious challenge to the principles set forth in the strategy; there is no serious dispute over the need for both supply and demand reduction efforts on a broad scale, there is no alternative budget with any realistic promise of consideration before Congress. In fact, the Congress has been underfunding the President's request in drug treatment, drug education and drug law enforcement. Ironically, the same critics who previously criticized the President's commitment on this issue now seem incapable of attending to it. As I suggested a moment ago, their inattention may, of course, derive from our success. What has happened since 1985 has been nothing short of remarkable. Current use of any illegal drug has dropped by almost 45 percent. Since 1988,

the number of Americans using cocaine has dropped 45 percent. Even greater drops in use are registered among young people, teenagers, those in their early twenties; exactly the people we are most concerned about as a nation: Our children. According to the most comprehensive recent estimate, America's users took $10 billion less out of their pockets to purchase drugs last year than they did in 1988. These gains are registered not only in surveys of households, but studies of emergency room incidents and in recent reports that drug related crime has begun to trend downward, even in the toughest cities. And we have devoted significant resources to this problem. If the Congress approves the President's request for fiscal year 1992, anti- drug resources will have expanded 82 percent since 1989. The efforts of many have been stepped up. There are hundreds of new agents. Treatment capacity is expanding. Anti- drug messages blanket the airwaves. World leaders show new determination. Neighbors watch out for neighborhoods. And parents watch over their children a little more carefully. And while our most important indicator of success has always been reducing drug use, our successes on the supply side have contributed to this progress. Marijuana production in the United States has been dealt a devastating blow by our eradication efforts, efforts which are a model of coordination between the Defense Department, the National Guard, federal agencies and state and local police. This has caused a tripling of the price of marijuana in some of our major cities. So I can say with confidence that we are moving toward victory, not because of an anecdote here or a story there, but because we have arrayed substantial forces across the board and because a preponderance of reporting from many fronts has begun to accumulate in my office, which follows the fight on every front. Some rightfully point out that our population of addicts, so called hard core users, has not declined substantially. America's addicts have indeed emerged as the most important theater in this war. They will consume a large amount of drugs and will spawn a great deal of violence and social dislocation. But what these observers fail to sometimes point out is that the end of the previous growth in the addict population is a sign that the tide of the battle has turned. This, I believe is the case, because so many fewer Americans are putting themselves in harm's way by taking that first puff or doing that first line. With reduced exposure to risk there will be fewer future battlefield casualties. I will therefore predict with some confidence that our population of addicts, particularly cocaine addicts, will soon begin a slow but steady decline. With reduced availability from sources abroad, with increasing law enforcement pressure and expanding quality treatment here at home, even this intractable user population will be reduced. In this respect I must again mention the irony that Congress has been derelict in providing treatment funds needed to reduce this addict population. We have moved so far, so fast. We can smell victory. But as in some more recent wars Congress is wavering just when our forces are arrayed and victory is within our grasp. Let me take another example, that of Peru. Almost two-thirds of the coca leaf produced in the world comes from Peru. Here is a desperately poor country whose government seems willing to attack drug trafficking. Traffickers have exploited

Peru's poverty to make it the breadbasket of coca. But public opinion in Peru as in other Andean countries, has now gotten behind the effort with solid majorities even favoring use of the military. We are offering them law enforcement, economic and security assistance to make that attack. But within the United States Congress, the priority given to the drug war has dropped so far that the committees of jurisdiction are indicating they will not provide such assistance to Peru. The administration wants this assistance provided now. And we will fight for it. Another example is the recent subway crash in New York. While it appears that the motorman in that crash did not have cocaine in his system when he was tested, nonetheless, there was a vial containing crack in the motorman's compartment. This, of course, is alarming no matter which motorman used it; particularly in the Nation's largest mass transit system. Yet Congress has, since March of 1990, failed to pass legislation requested by Secretary Skinner to give authority to the Department of Transportation to require random testing for mass transit employees. This is inexcusable. The value of such programs in promoting safety is beyond question. Bob Seran (sp), the CEO of the Tropicana Corporation, a company with a stellar safety record told me that responsible drug testing, with a supportive employee assistance program, was one of the best decisions ever made for Tropicana. And he told me that it also increased employee morale and productivity. And now union leaders are accepting the logic of the testing because they know it will weed out the few bad apples and demonstrate that most union workers are honest, hard-working citizens. Sunny Hall (sp) of the Transport Workers Local 100 in New York said, after the recent crash, that his members have no fear of drug or alcohol testing. This should not be a partisan issue. Republicans like John Danforth and Democrats like Ernest Hollings support testing. But we are still waiting for Congress to act. If Congress will help, we can see even greater progress against drugs. We have asked them to pass legislation granting trade preferences for countries fighting the war on drugs: They have not. We asked them to expand drug testing throughout our nation's criminal justice system: They have not. We asked them to require the states to improve the quality and coordination of the nation's drug treatment system: They have not. We asked them to provide grants to expand treatment capacity in the hardest hit areas: They have cut our request. We have asked them to fund emergency drug prevention programs for tough, urban areas: They cut our request by half. And when the Congress returns next week, we are certain to see many unfounded accusations leveled against the aggressiveness of our law enforcement officials in their prosecution of the BCCI case. What won't be mentioned at the hearings, of course, are the cuts Congress is making in the President's request for more criminal investigations and more prosecutions. Finally, let me say a word about law enforcement. The most consistent criticism of our strategy was its emphasis upon law enforcement. You will not be able to reduce drug use this way, we were told. It was described as a prohibitionist strategy, a phrase carefully chosen for its pejorative intent. Let me say clearly that ultimately keeping people off drugs requires reducing the demand for drugs. But we never would have

been able to reduce demand so quickly and so surely had we not emphasized law enforcment. It demonstrates our seriousness of purpose. It serves as an example to our youth. It prevents easy access for users. It disrupts markets and supplies. It protects communities from the predatory. It gets people into treatment. It stands for order over disorder. Two days ago, I visited a public housing development in Chicago. And unlike the critics of law enforcement who write from Georgetown parlors with their security systems turned on, the residents of public housing in Chicago live daily with disorder. They did not ask me to study the root causes of poverty. They want the sheriff. And if the sheriff can't do the job, they want the cavalry. They told me that they deserve safety for their children, just as much as the people who live on the North Shore. And their call for the cavalry, and their desperate plea for order represents the bad news which I have to deliver today. When this crusade began, many of us assumed that crime would drop as drug use declined. Unfortunately, there are now some preliminary indications that success in the war on drugs does not necessarily translate into success in the war on crime. While there remains clear and convincing evidence that criminals are more likely to be drug users and more likely to commit a crime when they are under the influence of drugs, it also seems apparent that there are other social pathologies at work which will continue to foster violence, especially in our inner cities. There is now some solid evidence that the percentage of violent crimes that are drug -related is declining, yet violent crime overall is not. May I respectfully leave my area of expertise and suggest that unless broken families begin to heal, and in particular, fathers begin to take greater responsibility for disciplining their teenage sons, and until we can assign public assistance programs which foster the right virtues, and until we allow the criminal justice to more swiftly and more surely punish criminal acts -- which the President's crime bill would do -- until we start to do these things, then I fear that in some areas of our country drug use will be replaced by another corrosive pathology. But we must continue to fight on the drug front, and particularly in those areas that are still under seige. Therefore, I have decided to conduct a series of public meetings across the country where I can listen to community leaders and local officials who know what is happening on the ground. From New York to Los Angeles, from rural America to urban America, I am going to make certain that the American people have my ear. Unless they tell me differently, we are going to finish the battle plan set forth by the President. It is working. The American people deserve most of the credit, but the President also deserves a great deal of credit, for he chose to lead on what some saw as a political abyss for the presidency. The challenge now is to keep up the fight and finish off this scourge. Yet, some are ready to abandon the effort. There is rich irony in the statements of Senator Mitchell and Congressman Gephardt that the President is ignoring domestic needs here at home. On the problem that they described two years ago as the greatest threat to America, they are now silent, and their silence was forced by the commitment and achievement of the President. The Congress has moved on to chase other issues, but we will seek to ensure that they

do not quit this fight before we have won. The President has proven not only that he can spread freedom abroad, but that he can heal the birthplace of democracy here at home. Thank you very much for giving me this opportunity today. (Applause.) MS. KAHLER: Who are these critics of progress, these cynical political opportunists of whom you speak? GOV. MARTINEZ: I don't know that it's necessary to name them by name. You cover them, so I suspect you could probably name them. But to those who simply point out an incident on a given day and, from that, they try to extrapolate exactly what's happening in America, they can only be an ambulance chaser. They surely don't see a broad picture. They don't see a full picture. They follow no trend lines. And, therefore, they're still living in the past. I think the next time that such a press conference is called, ask for the hard information, not for the incident, and then we'll find out who these critics are. MS. KAHLER: You said in your remarks that drugs were a national emergency when President Bush took office. Does this suggest that the Reagan administration failed in the drug war, and didn't Bush have a role in this? GOV. MARTINEZ: One of the greatest regrets I think we all would have as Americans is that we all waited so long to respond believing it was somebody else's problem. But it was also under President Reagan's administration, his watch, that the whole concept of "say no to drugs" also started. And I personally served in the White House conference as his appointee on the drug issue. So I believe that President Reagan was one of those who early was able to identify the problem that existed across the country. But like all issues which reach out to huge numbers of people, it always takes some time to mobilize, get people suited up and put them in play. But it was done, and we're playing hard and we're winning. Haven't won, but we're winning. MS. KAHLER: Several months ago you gave a major speech attacking alcohol as a gateway drug. You haven't said much on the issue recently. Did the White House pressure you into backing away from this issue? And what are your current views on alcohol as a gateway drug? GOV. MARTINEZ: Shortly after being sworn-in, I believe I was speaking to the US Conference of Mayors, I brought up the issue of tobacco and alcohol as it relates to minors where it clearly is an illicit drug and, therefore, indicated that I had concern and interest on that subject. But I think, as we all know, that in our office, rightfully so, we are required to consult with many parties in developing a strategy to be recommended to the President. And we are working on our fourth strategy, and recommendations will go to the President later this year for announcement in early 1992. So we are meeting. I personally have met with representatives involved with the tobacco issue on both sides of the issue already, and have scheduled meetings with those who are in the -- either in the sale of alcohol or in the concern program to stop the sale of alcohol to those who are of minor age. So it is ongoing, but because we believe that we do need to consult with governmental officials and non-governmental officials, national figures, local figures, it takes awhile to get that process going, but it is underway. MS. KAHLER: The Bureau of Justice Statistics reports that alcohol causes twice as much crime as illegal drugs. Every university sees alcohol abuse as a far more serious problem in

violence, rape, and alcoholism than illegal drugs. If we could establish an effective alcohol prohibition, would you support it? GOV. MARTINEZ: I think by how it was worded it appears that it applies to everyone regardless of age. Our mission is what's illegal. And alcohol and tobacco is a legal product in the United States. In terms of what it does to health, that's what the Human and Health Services is all about, and I'm sure that Secretary Sullivan will direct our nation, make recommendations in terms of how we ought to or not to use tobacco and alcohol. Where it comes to underage sales, where it's an illicit substance, then I believe that our office has greater responsibility and therefore will have a proactive program to address that issue and hopefully can get the young people of this country not to use those products, and certainly encourage those in education and prevention to take it to the forefront in terms of reaching the young people about the abuse and the use of alcohol and tobacco. MS. KAHLER: Should ads for beer and low-alcohol liquor be banned from TV and radio? GOV. MARTINEZ: Again, as I indicated earlier, word is that we're going in terms of making recommendations. It is at this time under a process, through consultation with the various organizations and governmental officials. We recognize that attractiveness for any particular product causes sales to occur. And we recognize how it's merchandised, by what medium it is merchandised, is always at the heart of an issue. This is not a new issue that's being debated. It's one that I'm sure those who want greate restrictions have addressed for many years. We, again, will be looking as it applies to the young people, those who are age of minority in the United States in terms -- if, in fact, a pitch is being made to them, and if, in fact, the medium used is the type of information that youngsters tend to gather for their own need and thus read or hear or see the kinds of commercials that would induce them to use tobacco and alcohol. All that again -- I'm not trying to dodge the question, but I also know the process here that requires us to be out there looking for information and making recommendations in a solid but organized fashion, and I'm going to have to wait till a little bit later, and -- maybe you'll invite me back and I can make the announcement here. MS. KAHLER: With Manuel Noriega's trial starting today in Miami, can you tell us whether Panama's role as a transshipment and money-laundering center has really changed? GOV. MARTINEZ: You know, there's a couple of things that we shouldn't forget. One is that an outlaw type of national leader is no longer a leader in a country. And that's Noreiega. The country now is free, it has democracy, and that's an overall great victory, not only for Panamanians, but certainly for those of us in this same hemisphere. The fact that today we're able to work in Panama, obtain information, develop working relationships like the mutual legal aid treaty -- assistance treaty -- which is up for ratification clearly shows that the environment there has changed. We also can clearly see that, because of greater cooperation, that the ability to interdict, intercept has increased over what it used to be, where in fact there was little cooperation. And the fact that today we at least have a better semblance of what's happening also means that they are certainly more open with us in sharing information. So that today's Panama is a lot better than Noriega's Panama, and that's

what the final judgment is. Is it better today than it was yesterday? In my view it is, if for no other reason than Noriega is no longer president of Panama, and second, because we're beginning to get the kind of cooperation that would allow us to have a meaningful policy there of not only interdicting drugs but dealing with money laundering, asset forfeitures, and all those things that punish narcotraffickers. And also, we must remember that as a result of Noriega's removal, that nearly all of its institutions had to be rebuilt, and that's no easy chore, to rebuild institutions and take on narcotraffickers at the same time. MS. KAHLER: Can you explain, then, the reports of increased drug trafficking out of that country? GOV. MARTINEZ: I don't know if -- I've heard this question numerous times, and my question is: increased over what? I'm not sure what we knew what it was when Noriega was in charge, so therefore, there's not a real good solid benchmark to make a determination of what it was. I can tell you that there are obviously many drug activities that occur there, but I can also tell you that President Endara, with whom I have met, and other ministers in his administration are committed to working with us, and it's our hope that as they develop and strengthen their institutions, that they can better function with the programs that we're jointly developing. And I believe that will happen, and I believe that's already being reflected by the higher level of success being incurred in '91 over '90 in terms of interdictions and, again, as I said, their willingness now to work with us to share information through the legal system to better allow us and allow themselves to deal with money laundering. MS. KAHLER: How successful has the US military presence in Latin America been in controlling the flow of drugs to the US? GOV. MARTINEZ: Statistically, I think it's clear to us that the work of federal agencies, the growing cooperation between the United States and the Andean countries of Mexico and Guatemala and others has led to a much more successful, much more successful interdiction program. I believe in 1990 it exceeded 200 million metric tons, thousand metric tons. That's more than a 100 percent increase since 1988 between the domestic intercepts and the international intercepts, far exceeding the growth in cocaine production, which clearly means that there is a higher level of sophistication and gathering information. There's a greater working relationship between not only federal agencies, but American agencies and agencies in other countries, to make that possible. And you have to remember -- and I'm sure you do -- that you're dealing against a criminal element that's well-financed, well-equipped, that are worldwide merchants of death, and thus, not the easiest to intercept. So it's clear that we're making progress, and that progress cannot be done without the cooperation of the Andean countries, and that's why we believe it is so important that Congress go ahead and provide Peru the amount of dollars that will allow that success to continue. MS. KAHLER: Do you see a day when American military forces will be used in direct combat to fight drug traffickers in Latin America? GOV. MARTINEZ: No, I do not. I think probably that doesn't need any elaboration. MS. KAHLER: Well, do you see an expansion of military involvement in the war on drugs -- (laughter) -- particularly in light of the recent Memorandum of Understanding between the State

Department and Peru? GOV. MARTINEZ: Well, the United States, not only in drug issues, but on other issues, you know, have served as consultants, they have provided dollars for training. That has always been an ongoing activity. I suspect that as countries see the threat to their nation and perhaps lack the necessary training, the necessity expertise, that they will continue to request of the United States for assistance in training personnel to provide for their own national security. And therefore I think that funds being available, the mission being proper, meeting all the goals that we set on human rights and no corruption, and all the rest, that that's possible. Each case will be taken one by one, and again, depending on situations that determination will be made by the proper authorities in the United States. MS. KAHLER: Do you think President Gaviria of Colombia has caved into the traffickers by accepting Pablo Escobar's terms of surrender, which appear to leave him considerable freedom to continue running his trafficking business? Do you believe that the President's policies will result in reduced trafficking in Colombia? And if not, should the US use trade sanctions against Colombia? GOV. MARTINEZ: Like with a number of other South American Presidents, I've had an opportunity to meet with President Gaviria. Let me say that not too long ago the Medellin Cartel was the cartel we heard about, responsible for the shipment of most cocaine to the United States. Now we're concerned about the Cali Cartel, which there alone tells us that the pursuit of the Medellin Cartel has been disruptive to that cartel. If some would have said two years ago that Escobar would have been behind any kind of bars, most would not have believed it. If some would have said two years ago that many would have ended up being killed by law enforcement and military personnel in Colombia, probably not many would have believed it. Now, under the conditions that Pablo Escobar was placed in prison, I raised questions about it and I raised it publicly, in fact, on a joint program with President Gaviria. Well, I think President Gaviria is an extremely able leader, popularly elected, who's gone through constitutional reform, who wants his country to be free of crime and violence and drugs. And as he found something wrong in the way which Pablo Escobar and others have been incarcerated, he's made -- recommended publicly corrective action whether who's in charge of the prison, under what conditions is a prison operated. All of these things are evolving. I'm a very happy person to see that. And I share the same concern as many others that at the very beginning you wondered who was in charge of the prison. But I believe that President Gaviria has made changes and has announced them publicly and continues to make them as conditions warrant it. As far as I can tell, their efforts to intercept cocaine continues. As far as
I can tell, they are causing discomfort to other cartels, recognizing the Cali Cartel has to be dealt with. And we're hoping that with continued support through the Andean strategy that President Gaviria will continue an aggressive pursuit of the narcotraffickers in Colombia. I also indicated to the President and publicly that not only will America, but other countries of the world will be looking at the whole judicial system that's just been put in place in Colombia, and at what kind of trial will Pablo Escobar get and what kind of

sentencing and what kind of incarceration, and the jury's out at this time. MS. KAHLER: You said during your Senate confirmation hearings that everyone needing treatment in the US should receive it. About what percentage of those drug users who request treatment can actually get it, and how close are we to achieving that goal? GOV. MARTINEZ: I think probably what I did say is that all those who would benefit from drug treatment should have it. And that I still believe in, and that's what President Bush is recommending. We have, obviously, a difference of opinion with Congress where we're not able to obtain the funds at this stage. One of the programs that we are pushing extremely hard is a capacity expansion program, with another $100 million. And this $100 million would be for drug addicts, and it would go not by some population formula, it would go where the addicts live, where they must be treated. We're asking Congress to join us in increasing the dollars that go to the treatment of those who require it, but let the money go where they live and not through some other formula. Don't put it into a block grant system where two-thirds goes to other activities. Let's be serious about drug traffic, let's not be rhetorical about it -- about drug treatment. We are standing here saying to you that we are disappointed, particularly after a full day of hearings when I was confirmed and all I heard was "more money for treatment." I, quite frankly, thought that was going to be one of the easy things to do in this strategy. It didn't turn out that way. It turns out that getting money for treatment is not all that simple. Getting money for education to reach out to the kids at risk is not easy either, since that's been cut by 50 percent. That's why I'm saying, ladies and gentlemen, look out for the ambulance-chasers and listen to those who are in this for the long run and how to get there. What have we done for treatment? In 1989, I believe we had 1.6 million treatment slots in this country. Currently, we have 2 million and we're asking for another 200,000 slots. That's a massive increase in treatment slots all across the United States. MS. KAHLER: You talk about congressional reluctance to fund drug treatment. Is that in part due to the budget agreement with the President? Where do you suggest the money come from? GOV. MARTINEZ: The President's budget recommended it; it was a budget that showed just over an 11 percent increase for the war on drugs. It was a well thought out budget that was presented. It certainly meets the needs, the growing needs of the -- not only treatment institutions but education as well, law enforcement. So the question is, what's more important? Why was the money taken from the President's recommendation and sent to some other activity, whatever it may be that they chose to do with it? If, in fact, making schools safe for children to learn; if, in fact, it's important that a child remains drug -free; if, in fact, it's important that these 5.7 million addicts get reduced in number, not only for their own good, but society's good, then let's get serious and leave the money where it's been recommended, which is for treatment and for education and for the criminal justice system. I personally don't know of anything more important that government can do than to provide a safe environment to live in, to work in, to learn in. And Congress needs to be as serious as the President is about winning this war. MS. KAHLER: Does your

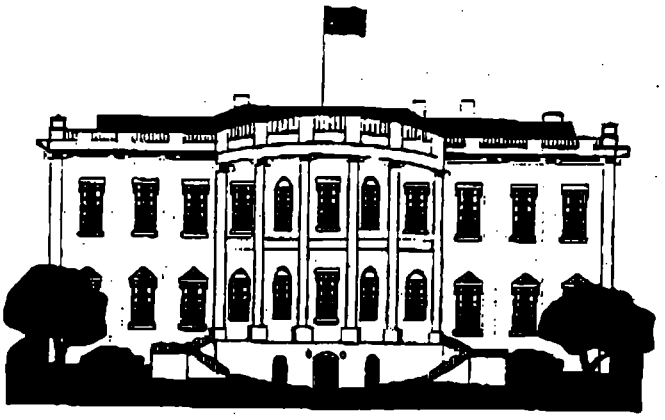
attack on Congress have anything to do with the coming election year? GOV. MARTINEZ: No, the cutback on treatment is not the first time. That was done last year. The request for requiring states to have a statewide, comprehensive drug plan, this is not the first time they haven't acted. They haven't acted in the past either. The desire to solidify our relationship with the Andean countries through the Andean trade preference is not new. So, it can't be political. All these have been part of an ongoing strategy. I mentioned Senator Ernest Hollings, who supports, like other Democrats and Republicans, drug testing. It's clearly bipartisan. It's a question of priorities, ladies and gentlemen. And maybe it's been a long time since some of these people have been in a hospital to look at a cocaine baby; forget how they look and the needs they've got. Maybe it's a long time since they've been in a treatment center and seen a pregnant woman there. Maybe it's a long time since they've been in the Chicago housing authority and seen how people have to live. Maybe it's time that we leave the Beltway and see where people live. And if they did that, they'd appropriate the money. MS. KAHLER: This questioner says you didn't answer the question. What percent of the 5.7 million addicts can get treatment if they ask for it? GOV. MARTINEZ: We have currently treatment capability for about two million slots. And that would be increased to two million, two hundred thousand should the President's request be honored. Now, all those 5.7 million that are out there won't necessarily go to a treatment slot open. That's why I said for those who are prepared to take treatment. There is a good number of those addicts that of their own willpower may be able to walk away. There are others who, because of sanction of the spouse or the family, the workplace, the criminal justice system, will enter treatment. And there is a group, quite frankly, that medicine, or counselors, or law enforcement or anyone else hasn't been able to convince yet that they ought to enter treatment. What we are saying is that we -- this will be a steady, dramatic increase on a year-by-year basis which also allows the siting of treatment centers around the country since these are note easy to site. Not in my back yard applies to treatment centers in a dramatic way. It allows for providers to recruit the proper staff, since we just don't want -- here's a slot and we'll see who we can get off the street to help you. It's an organized way to extend treatment that has quality with it, and that's what we are pursuing and that's what we're pursuing and that's what we need and that's why we need Congress to appropriate this money. MS. KAHLER: Your strategy was criticized by the National Commission on AIDS in its report last month. They urged that preventing AIDS must be a higher priority. How do you respond to those criticisms? GOV. MARTINEZ: In the war on drugs budget there are dedicated dollars, I forget the exact amount, we could probably get that for you, I think it's over -- is that over 20 million, John? Whatever it is we have it here and we'll be glad to provide that. It also obviously provides, through the treatment dollars equal access to the treatment services, education, so that we do have in our strategy references to -- dealing with the AIDS issue and dollars to support that and we will continue to do that. And where it's possible to look at new ways to perhaps provide greater assistance. And the issue of

drug use is massive. There are still 12.9 million Americans that use drugs from all walks of life. Most, as you know, are gainfully employed, and we still have a great concern with the population we are not reaching. Some minority populations or sometimes refer to they and others as the risk population. And we know that the message is heard much louder in certain environments. The suburbs have heard it probably much louder and have responded more dramatically to "Say No to Drugs" and not using them. We know clearly that although all population groups have declined in the use of drugs, that some have declined faster than others. We know, unfortunately that certain neighborhoods in most cities attract those who sell drugs, and therefore makes living there very unpleasant. And while law enforcement needs to play a major role so that people can go to the grocery store, that when you send your child to school, you believe that child will not be impeded or violence engaged upon that child. And AIDS, which is without question a killer, continues, I believe, to be of concern to our office and to the President. And we will continue to make recommendations that deal with the AIDS issue. MS. KAHLER: One major component of drug law enforcement are statutory mandatory minimum sentences. Two weeks ago, the US Sentencing Commission sharply criticized mandatory sentences as a waste of money and unjust. Would you support letting judges appointed by the President decide punishment in drug cases? GOV. MARTINEZ: I think that sentencing guidelines, mandatory sentences -- with it also carries, I think, some degree of consistency. I know my own state where you have sentencing guidelines -- way back when they were first enacted, the idea was some judge would sentence for one infraction fifty years, while another would give a suspended sentence. And that isn't fair either. And therefore the concept that there ought to be some guide, some parameter to stay within also brings with it some degree of improved justice. Mandatory sentencing for certain kinds of crimes, I believe, does serve as a strong public policy message besides providing the proper sanction for one who commits crime. Most -- what I've seen in my experience that I have seen is that those who get the longer sentences under mandatory sentencing also have a pretty good rap sheet. You know, they're not the school choir. They're not the ones that got honor roll. They're the ones who somehow had evaded just punishment in times past, and now it's being served to them. And I always have more concern about the victim. Who did they leave lying on the street somewhere. Or whose kid did they inject with drugs? So I think sentencing guidelines and mandatory sentences play a role in carrying out justice. It ought to be maintained for that purpose. And again, the antidote -- while a user may be given mandatory sentences, I don't think that's the common use of mandatory sentences. I personally believe that there are other alternatives for many of those who get convicted because of some use, and certainly work in the treatment community on a good recovery program -- treatment program -- is one of the directions that need to be looked by the criminal justice system at all times. But we're talking about hardened criminals -- people that commit a real wrong and have done wrong to others. And when they're found guilty of it they ought to pay the price. MS. KAHLER: Before asking the last question, the Governor's

staff has asked me to announce that he will be available in the Zinger Room for further questions after this program's over. I'd like to thank you for being here and give you a certificate of appreciation and a National Press Club mug. GOV. MARTINEZ: Thank you.
MS. KAHLER: Few people know in -- few people in Washington know that, apart from being Governor, Mayor, and teacher, you ran a Spanish restaurant in Tampa, the Cafe Sevilla. How do you rate Washington's restaurants? (Laughter.)
GOV. MARTINEZ: (Laughs.) There's plenty. (Laughter.) The most dramatic difference I have seen in the restaurants of Washington, DC and the restaurants in Tampa is the right column of the menu. (Laughter, applause.) In many places you pay a lot to get very little. (Laughter.) In all seriousness, I have found some excellent restaurants here, and like most of you, once you do something you kind of follow it. So I always like to think that we just don't go out to eat, we go out to dine. And it doesn't mean you go to a fancy place to do that, but you go to a place where you feel comfortable, where the food is consistent, and one of the things that really -- and I'll close with this -- that really used to concern me when I was in the restaurant business for many years is that on any given day -- on any given day when you have gosh knows how many items on the menu -- the cook could put a pinch of salt in excess of what it takes or the waiter could drop the soup at the table or the table attendant doesn't put water in your glass, and you get judged that one time and you never see that individual again. It's a tough business. I always appreciated the people who called and said they didn't like something because at least you had a chance to talk to them and you found out it is they didn't like, and if it was an individual who was causing it you had a chance to correct it. There's nothing that can hone you for politics quicker -- (laughter) -- and I ran the restaurant, so it wasn't just absentee owner -- is to be at the restaurant every day to see every meal served and hear everyone say "Gosh, it was great," "What happened, you fire the cook?" (Laughter.) One or the other. Thank you, very much. Appreciate it. (Applause.)

LANGUAGE: ENGLISH

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500



FACSIMILE TRANSMITTAL SHEET

Number of pages including cover: 10
Date: OCT 26 1994
To: Jose Cerda
Fax Number: 67028
Office Number: 62664
Comments: FY 1996 Budget Priorities

From: Nicia McMahon
Fax Number: 56708
Office Number: 56706

October 26, 1994

NOTE TO BOB WASSERMAN
RICIA MCMAHON
FRED GARCIA
JOHN GREGRICH
ED JURITH
CAROL BERGMAN
HANK MARSDEN

Attached is the **close hold draft final** of the letter to OMB about FY 1996 budget priorities. Babette and I have taken all of your substantive edits as well as revised some of the text from the last letter. I have decided to keep it as a letter.

Please review the letter and provide your comments to me or Babette ASAP, by 2:00 p.m. I would like to forward a final to Dr. Brown this evening.

I appreciate you help in this very important matter.

John C.

cc: Babette

CLOSE HOLD

The Honorable Alice Rivlin
Director
Office of Management and Budget
Executive Office of the President
Washington, D.C. 20500

Dear Ms. Rivlin:

The goal of reducing illicit drug use in America is one that can only be achieved if the necessary resources are brought to bear in critical demand reduction and supply reduction program areas. The enclosed document outlines ONDCP's drug control budget priorities for FY 1996 to support the implementation of the objectives established by the President in the 1994 National Drug Control Strategy.

The 1994 Strategy for the first time took a realistic approach to addressing drug use and its associated consequences. It highlighted four focal points for a new national antidrug plan:

- It identified chronic, hardcore drug use and the violence that surrounds it as the heart of the Nation's current drug crisis;
- It promoted prevention efforts to educate our young about the dangers of illicit drug use and, for the first time, made underage drinking and tobacco use a serious part of our prevention efforts;
- It identified the need to empower local communities with an integrated plan of education, prevention, treatment, and law enforcement; and
- It changed the manner in which the U.S. carries out international drug control policy to refocus our interdiction emphasis away from the transit zone to the source countries.

Recognizing the strong linkage between hardcore drug use and its crime and health consequences to society, I am confident in the approach we have taken. However, I am concerned that unless and until full funding for key drug program initiatives is realized, we will be unable to fully achieve the President's vision for drug control.

Last year, the President proposed an aggressive budget to implement the treatment goal of the 1994 National Drug Control Strategy. The cornerstone of that budget was an initiative for the treatment of chronic, hardcore drug users. The President viewed this initiative as critical to the success of his Strategy and proposed a $355 million investment in resources to address the needs of this habitual user population. Unfortunately, despite substantial evidence about the effectiveness of drug treatment, Congress chose not to fund the President's investment in this area.

Today, the President's top drug control funding priority -- the treatment for chronic, hardcore users -- remains unfunded. The Crime Bill provides some new resources for treatment -- albeit, resources well below those planned for in the FY 1995 budget request to achieve the Strategy's treatment goal. This shortfall must be corrected in FY 1996.

The 1994 Strategy's overarching goal is the reduction of illicit drug use in America. Specifically, the Strategy states that we will, "Reduce the number of hardcore users (defined as those who use illicit drugs at least weekly and exhibit behavioral and societal problems stemming from their drug use) through drug treatment and at an average annual rate of 5 percent." A similar goal exists for so-called "casual" drug use (use within the past month or less often). The funding priorities for FY 1996 present a plan to ensure the President's Strategy goals and objectives will be achieved.

The initiatives I propose for FY 1996 will continue to emphasize demand reduction programs, particularly treatment for chronic, hardcore drug users and prevention initiatives for our youth. In addition, one initiative will focus on a limited enhancement for source country supply reduction programs.

Very few new resources are required in FY 1996 because the Crime Bill and the Departments' drug-related FY 1996 budget submissions contain, for the most part, adequate resources to implement the Strategy. This is largely due to the success of ONDCP's budget certification process that ensured each Departments' budget contained the necessary resources to carry out the goals, priorities, and objectives of the President's National Drug Control Strategy.

A total of **$766 million** is requested to support the key drug-related program initiatives in FY 1996. Much of this increase ($706 million) is already reflected in the FY 1996 drug-related budget submissions forwarded to your Office. When fully implemented, these initiatives will impact the most difficult aspect of the drug problem: chronic, hardcore drug use and its damaging consequences. These initiatives will also ensure a comprehensive approach to prevention, one that recognizes intergenerational issues pertaining to drug use.

Impact of Crime Bill on Drug-Accounts

The Crime Bill significantly affects the National Drug Control Strategy. By some accounts, a sizeable portion of the resources authorized in the Crime Bill could benefit the drug program. ONDCP has requested a specific accounting of the drug portion of the resources contained in the Crime Bill, which will be forwarded to OMB shortly. Short of a precise accounting, there are some obvious and significant contributions worth noting:

- The Crime Bill includes a serious commitment of resources for treatment of hardcore drug users. $1 billion is authorized for Drug Courts funding for the court-mandated provision of community drug treatment, monitoring, graduated sanctions, and reporting to reduce drug use and criminality by those under the criminal justice system jurisdiction. Further, an additional $383 million has been authorized for Substance Abuse Treatment programs in Federal, State, and local prisons and jails. ONDCP requests funding at the full authorized level for each of these critical programs.

- The Crime Bill will give communities additional means to address local problems created by drug use and trafficking. Community Policing, Local Crime Prevention Block grants, Model Intensive Grant programs, Family and Community Endeavor Schools, Gang Resistance Education and Training, Community Schools, and Boot Camps are some of the more significant programs that will dramatically aid community-based efforts to counter the problems created by drug use and its associated violence. I commit to working with your agency closely to ensure that all such programs and associated resources are fully accounted for in the 1995 National Drug Control Strategy.

Expansion of Treatment for the Chronic, Hard-Core Drug User

The President proposed a funding initiative of $355 million for the chronic, hardcore user in FY 1995. This initiative, coupled with funding requested within the Crime Bill, was to treat an additional 140,000 persons. The initiative would have enhanced treatment capacity for those most in need, the chronic, hardcore user, and especially those involved in the criminal justice system, both within correctional facilities and on probation or parole. However, of the $355 million initiative, only $57 million within the Health and Human Services Block grant program was appropriated. An additional $29 million for was also appropriated for Drug Courts. Therefore, it is imperative that the funding requested be supported to continue this initiative in the FY 1996 budget.

A total of $549 million is requested in FY 1996 for the continuation of this initiative. Of this amount, $308 million is

for the chronic, hardcore user initiative begun in FY 1995. This is comprised of:

(1) $260 million from the 1996 SAMHSA budget request;

(2) $42 million from the 1996 ONDCP request for the Special Forfeiture Fund; and

(3) $6 million from the Indian Health Service request.)

The balance of $241 million will address the needs of those in the criminal justice system by funding authorizations already provided in the Crime Bill. This is comprised of $200 million for Drug Courts and $41 million for substance abuse treatment in prisons.

In terms of the funding vehicle for the $308 million discussed above for the hardcore users initiative, $125 million is for the Substance Abuse Treatment and Prevention Block Grant (on top of the $57 million in the Block Grant from FY 1995 appropriations), $59 million is for HHS' Target Cities program, $59 million is for HHS' Women and Children program, $59 million is for HHS' Criminal Justice Program, and $6 million is for the Indian Health Service. We continue to support SAMHSA's authorization of the Hardcore Users Initiative for the Hardcore User Initiative. Should Congress not act on this proposed authorization, my proposal provides funds in other existing HHS programs that can be used to reach and treat chronic, hardcore drug users.

ONDCP preliminary calculation suggest that this overall initiative will treat approximately 143,000 additional persons.

As a final point, ONDCP intends to continue to press for the chronic, hardcore drug user treatment initiative in the face of our inability to fully realize our request this year. My answer is an unequivocal yes. The simple most critical element of drug use in America lies with the chronic, hardcore drug user and I intend to continue to press for more resources dedicated to this area. I propose that we continue to rely on the Block Grant (with a proposed authorization to fence in resources for chronic, hardcore users) but, I also propose we develop a systems approach by enhancing programs existing programs such as HHS' Target Cities, Criminal Justice, and Women and Children programs.

Prevention

The interrelated nature of the Administration's domestic programs is clear. Illicit drug use is only one of the significant obstacles to our attainment of a more healthy and productive society. However, given recent survey results and the heightened vulnerability of certain communities and populations to the destructive consequences of drugs, our focus on drugs is both

justified and necessary. It is clear that at a minimum, all of our young people need: (1) community settings that protect and promote drug-free living; (2) educational, workplace, and social setting that impart and reinforce accurate drug information and no use attitudes, and social sanctions and rewards that discourage drug use and other serious risk behaviors. And the children of chronic, hardcore drug users need special help to break the intergenerational cycle of drug use.

Recent surveys show increasing drug use among our youth. More troubling, fewer youth perceive drug use to be harmful. We must ensure that the message that drug use is harmful continues to be clearly conveyed to our children. Additionally, the message must be shared in the workplace so that parents can bring it home and instill the "no use" values within their family life.

I am requesting **$158 million** for our prevention efforts. Much of this increase ($118 million) is included in the Department of Education's FY 1996 budget request to restore the Safe and Drug Free Schools and Communities program (SDFSC). Our initiative also requests an additional $35 million for several Center for Substance Abuse Prevention programs that include:

(1) programs that will focus on primary prevention for children of chronic, hardcore users;

(2) a new replication initiative for successful prevention programs;

(3) an enhancement to workplace programs; and

(4) training.

Data indicate that nearly 70 percent of all drug-users are employed. Therefore, I propose to enhance and expand drug-free workplace programs in the private sector with a $5 million special initiative. The purpose is to make comprehensive information on drug-free workplace programs available to smaller businesses, not-for-profit organizations, and other institutions. This will ensure the dissemination of useful information and encourage the replication of these practices in communities.

I am sensitive to the public perception that additional resources for prevention are not needed -- that the Crime Bill alone is sufficient to meet the need. I reject this view; and prevention research, as tentative as it is, does not support this view. While the Crime Bill substantially increases resources for important, community based efforts aimed at reducing gang activity, violence, and crime, it does not target drug use prevention. A reduction in drug use risk factors and an increase in drug use protective factors will likely result indirectly from some of these efforts, but needed **primary** prevention -- programs

directed at stopping illicit drug use -- are not funded by the Crime Bill. This is why I am requesting additional resources for this area. Drug prevention programs targeting our schools, workplaces, and children at-risk for drug use must be incorporated into the budget and Strategy.

High Intensity Drug Trafficking Areas (HIDTA) Program Expansion

The 1994 National Drug Control Strategy took a new approach to the expansion of the HIDTA program by establishing a new "distribution" HIDTA program for drug distribution areas with the greatest number of chronic, hardcore drug users. The prototype "distribution" HIDTA was the Washington/Baltimore HIDTA. This program addresses drug distributors and their clientele and includes: (1) a coordinated outpatient, residential and correctional treatment network and evaluation system; (2) drug courts and other treatment capacities that are interactive with the criminal justice system; and (3) measurable prevention programs for the communities most harmed by drugs. Again, in developing a systems approach to targeting the chronic, hardcore user in areas that are most in need, I have requested an increase of $39 million to expand and enhance the HIDTA program to other grievous areas of the country. I can not stress enough the importance of supporting this request which will focus on the top ten most critical drug trafficking and distribution areas of the country.

Source Country Counterdrug Enhancement

The 1994 National Drug Control Strategy directed a controlled shift of program emphasis away from the transit zone to source countries, focusing on programs to achieve democratic institution-building, dismantle organizations, and interdict drugs.

Congress has been reluctant to support increased spending without concrete evidence that source countries will more aggressively act to produce measurable progress against: 1) the production of cocaine and opium, 2) drug trafficking organizations and related violence, and 3) reducing illicit drug demand.

Important new strides have occurred in the international arena. Progress has been achieved in building political will in the source countries. In preparing for the upcoming Summit of the Americas, source country leaders have expressed a new willingness to commit to goals in the following areas:

- reduce coca cultivation by the year 2000;
- reduce opium cultivation by the year 2000; and
- reduce the demand for drugs.

Two years ago, for the San Antonio summit, U.S. generated discussions on similar matters were not fruitful because of interest in such goals by our Andean partners. The turnaround in views by source country leadership represents significant development and opportunity in international supply reduction and demand reduction programs that we need to take advantage of. It is therefore crucial that support for international programs be continued and resources to support the President's efforts to engage these nations in our international effort to reduce drug supply and demand be increased. We should capitalize on this new source country commitment and fully support the State Department's budget request for international programs.

Interdiction Programs

The 1994 Strategy called for a controlled shift of interdiction efforts from the transit zone to the source countries. This shift was based on an assessment that building up the capabilities of host nations and attacking the traffickers at the production phase was more effective and more efficient than focusing on interdicting drugs in transit. The controlled shift provided for flexibility in making the shift and for the potential that there might be a need to shift resources back to the transit zone. Though not part of this controlled shift, Congress made significant cuts to the Defense interdiction account in FY 1994. Additionally, in FY 1995 Defense, Customs and Coast Guard will be operating at levels significantly below the level of operations in FY 1993. Though I believe the shift called for in the FY 1994 Strategy is appropriate, I do not believe our interdiction programs can withstand further cuts without affecting the flow of drugs to the United States.

Marijuana Eradication

One area that has been reduced in the National Drug Control Strategy Budget that must again be restored is funding for domestic marijuana eradication. The U.S. has seen its domestic production of marijuana increase. I am concerned that this is due in great part to a reduction in resources for domestic marijuana eradication. This trend must be reversed, especially if the United States is to regain credibility with source country leaders who question U.S. resolve to reduce U.S. marijuana production. Our entire source country strategy could be jeopardized if the U.S. ~~allows~~ marijuana production ~~to continue to increase~~ does not reduce.

Further, marijuana consumption is showing signs of making a comeback in the U.S., especially among teenagers. I view marijuana as a "gateway drug" and am concerned that we could lose a whole generation of our youth to other, more seriously addictive drugs if we do not act now to reverse the trend. The prevention initiative discussed above is critical. So is the

need to restore our domestic marijuana eradication program. The enclosure proposes a **$5 million** increase to DEA's Domestic Cannabis Eradication and Suppression Program. If supported, this initiative will signal to U.S. marijuana growers the Administration's resolve to stop the growing of marijuana. Additionally, it would prove to source countries our resolve to reverse this trend in our own backyard; while at the same time we are asking them to commit to the do the same in their countries.

Rural Areas

Rural areas required continued program emphasis in the National Drug Control Strategy. The Crime Bill contains much needed funding to support rural programs and I fully support funding for the levels authorized in the Crime Bill. Moreover, to show my commitment to these localities, I will be bringing together a wide range of drug experts from the rural and frontier States to identify the types of drug-related problems they are facing as well as to develop solutions. I strongly believe the Administration must continue to support program efforts for rural areas.

Hardcore User Pilot Study

I also ask your support with regard to a full national test of the Hardcore User Pilot Study. Your help in securing a funding source (possibly NIDA) for the **$15 million** estimated for this critical initiative is essential.

Outcome Measurement

As a final matter, with regard to outcome measurement, the 1994 Strategy took the first comprehensive approach on the issue of outcome measurement. Fourteen goals and a range of supporting objectives were established to measure progress in achieving the Strategy's overarching goal: the reduction of illicit drug use in America. Where specific outcome measures were nonexistent, my Office proposed new and innovative ways to gage progress. ONDCP's quarterly Pulse Check and the Heavy Users Pilot Study are just two of my Office's recent efforts to aggressively and constructively work to overcome deficiencies in the area of establishing program outcome measures. In addition, we have reestablished the Research, Development and Evaluation committee with an expanded mandate to include special emphasis on the establishment and verification of accurate outcome evaluation schema. This committee includes both Federal and external experts.

The reauthorization of my Office in the Crime Bill contains a list of outcome measures required by Congress for inclusion in the annual National Drug Control Strategy. The law requires both an assessment of supply reduction, as well as demand reduction

program activities to measure the effectiveness of the Strategy. Further, my Office must report on the adequacy of drug-related data systems, including the efficacy of treatment capacity to satisfy the demand for treatment, and make recommendations about how to improve data systems for purposes of improving our monitoring of the implementation of the Strategy.

In closing, the initiatives I have highlighted in this document, coupled with resources in the Crime Bill, offer the means to implement the President's vision for a drug-free nation, as articulated in the 1994 National Drug Control Strategy. As I look at the American agenda today, I can think of few issues that pose a greater threat to our future and our overall sense of security and well-being than drugs and the crime, violence, and health effects spawned by illicit drug use.

Should your staff need any additional information, they should contact John Carnevale, Director of Planning and Budget at 395-6736. I look forward to working with you in the weeks ahead on this very important and critical issue.

Sincerely,

Lee P. Brown
Director

Enclosure

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20500

October 14, 1994

MEMORANDUM FOR DR. BROWN
BOB WASSERMAN
RICIA MCMAHON
FRED GARCIA
ED JURITH
CHARLOTTE HAYES
AL BRANDENSTEIN
HANK MARSDEN
CAROL BERGMAN
PAT WHEELER
GEORGE KOSNIK

[redacted]

FROM: BABETTE HANKEY

SUBJECT: FY 1995 House, Senate and Conference Marks for All Drug-Related Accounts

Please find attached the FY 1995 House, Senate, and Conference marks as of October 13, for all drug-related accounts. These tables supplant the tables that were circulated earlier. In the area of demand reduction, the Congress did not fully support the Presidential 1995 Investments/Request for drug control programs. However, many of these programs realized substantial increases over the FY 1994 levels. The President's 1995 request for domestic supply reduction programs was, for the most part, supported by the Hill.

Please note that the tables include Crime Bill funding estimates for programs that we are "scoring" as drug-related. Estimates for FY 1995 are preliminary, close hold, and for internal ONDCP use only. The FY 1995 budget estimates will be made final in preparation of the release of the 1995 Drug Strategy and the 1996 Drug Control Budget.

Highlighted below are some of the key components of the conference marks:

DEPARTMENT OF DEFENSE

The 1995 Appropriation of $881.2 million represents an increase of $7 million over the 1995 President's Budget request of $874.2 million and $13 million over the 1994 enacted level of $868.2 million.

It should be noted, however, that the appropriation does not fully support the President's budget request for specific decision units. For example, the request of $146.9 million for Source Nation Support was cut by $15.5 million; whereas, the requests for Law Enforcement Agency support and Demand Reduction activities were increased over the 1995 President's budget request by $23 million and $3 million, respectively.

DEPARTMENT OF EDUCATION

The 1995 appropriation for the Safe and Drug-Free Schools and Communities program mirrors the House and Senate marks. The 1995 President's request was $660 million. The 1995 appropriation for the programs is $482 million, a **decrease** of $178 million. However, it should be noted that the 1995 appropriation for the Safe and Drug-Free Schools Community formula grant is $87.5 million greater than the 1994 enacted level for the Drug-Free Schools and Communities programs. This increase is primarily attributed to the inclusion of violence prevention in the 1995 program.

The reason for the substantial decrease for the Education prevention program is due to the lack of authorization for many of the existing drug-related programs. This pertains to:

- Safe and Drug-Free Schools and Communities Postsecondary Education Grants -- the 1995 request was $16 million; however, Congress did not appropriate any funding;

- Safe and Drug-Free Schools and Communities National Programs -- the President requested $64 million; however, the Congress only appropriated the authorized level of $25 million;

- Safe Schools Program -- the 1995 President's request was $100 million, an increase of $80 million over the 1994 level. However, since this program was not authorized beyond 1994, no funds were appropriated in FY 1995. However, it should be noted that the Community Schools Youth Services and Supervision Grant program, authorized in the Crime Bill at $567 million over six years, will likely provide some of the same services that the Safe Schools program would have provided. Therefore, the programs authorized by the Crime Bill will likely make up for the decrease of funding for Safe Schools.

HEALTH AND HUMAN SERVICES

Administration for Children and Families

Virtually all programs in the Administration for Children and Families were funded at the 1995 President's Budget request. This consists of the Runaway and Homeless Youth, Youth Gang, Temporary Child Care/Crisis Nurseries, Abandoned Infants, and Head Start programs. Congress did eliminate the Emergency Protection program, a program established to provide support to children that have been abused or neglected by substance abusing parents. However, funding for the program will be continued through a new program called "Community-based Family Resource Program." Funding under this new program enables the program to continue at the same level as 1994.

Indian Health Service

The 1995 appropriation for the Indian Health Service is $44.9 million, a **decrease** of $6.3 million from the President's 1995 request. The 1995 President's Budget request included $10 million, which was part of the $355 million chronic, hardcore initiative. While the Congressional language does not clearly specify what the cut is attributable to, it appears that the $10 million for the chronic, hardcore initiative was not fully funded.

National Institute on Drug Abuse

The 1995 appropriation for the National Institute on Drug Abuse (NIDA) research efforts is $382.4 million, an **increase** of $1.6 million over the 1995 President's request and $19 million over the 1994 level. The Conference report for this program clearly highlights that the additional funding should be used to award new grants for comprehensive substance abuse treatment centers serving women, children, and minorities to conduct research on the effectiveness of comprehensive substance abuse treatment services.

Additionally, it should be noted that the NIDA appropriation includes increased funding in 1995 for research on the effects of drug use in rural areas. The Senate committee is particularly concerned that, contrary to the view that rural areas are generally untouched by the problems that plague urban population centers, there is increased drug use in rural areas. They also note that little is known about the unique aspects of rural life that increase or decrease risk for substance abuse. Therefore, NIDA has been directed to report on its research program in rural areas at hearings on the 1996 budget request.

Substance Abuse and Mental Health Services Administration (SAMHSA):

SAMHSA's Center for Substance Abuse Prevention (CSAP)

In general, funding for most prevention programs within CSAP exceeded or matched the President's FY 1995 request. The 1995 appropriation for the Center for Substance Abuse Prevention is $238.6 million, a decrease of $15 million from the President's 1995 budget request. However, this decrease is due to Congress not fully supporting CSAP's request for **new** grants for the Pregnant Women and Infants program. The ADAMHA Reorganization Act of 1992 did not provide authority for CSAP to fund new grants in this area; however, the appropriated level for this program allows for a phaseout of existing grants and contracts.

The 1995 appropriation for the High Risk Youth program is $65.2 million, an **increase** of $5.9 million over the President's budget request. The conference report language indicates that the conferees support demonstrations to prevent substance abuse among high-risk children of chemically dependent parents and intend that special consideration be given to projects that provide comprehensive health education and prevention services for drug-addicted individuals practicing recovery lifestyles.

The 1995 appropriation for the Community Partnership program is $114.7 million, the same level as requested by the President. Due to the nature of these demonstration grants, several existing grants will be expiring in FY 1995. Therefore, the 1995 appropriation will enable CSAP to make at least 50 new partnership awards in FY 1995.

SAMHSA's Center for Substance Abuse Treatment (CSAT)

In general, funding for CSAT's program came up short of the President's FY 1995 request. The 1995 appropriations **did not support** the hardcore initiative. While we realized an increase ($57 million in total, of which only $42 million is drug-related) in the block grant in 1995 for treatment services, there is no earmark for the chronic, hardcore initiative. Furthermore, the hardcore demonstration request of $35 million also was not supported. However, it must be noted that if the President had not requested such a large increase in the block for the hardcore initiative, it is likely that the block would not have received the significant increase in funding that was realized.

If we consider that the additional $42 million drug-related funding (minus the prevention and administrative set-asides) for the block grant would be used to treat the chronic, hardcore addict, we estimate that an additional 7,800 addicts would be served over the 1994 level. This is approximately 66,000 fewer

persons than the Administration proposed to treat in its FY 1995 request for the chronic, hardcore treatment initiative.

The 1995 appropriations for the Pregnant, Postpartum, Women and Infants program ($64.2 million), Criminal Justice ($37.5 million), and Comprehensive Community Treatment Program ($31.3 million) all represent **increases** over the President's 1995 budget request. It should be noted that the conferees expect that within the increase provided to CSAT for the Criminal Justice program that priority be given to expanding support for innovative programs that provide comprehensive treatment services to female offenders with substance abuse problems.

Social Security Administration

The 1995 appropriation for the Social Security Administration's drug-related program is $119 million, an **increase** of $96 million over the President's 1995 request. The total program increase supports the referral and monitoring of Supplemental Security Income (SSI) recipients who are drug addicts for alcoholics. The Committee shares the concern of the Administration and the authorizing committees regarding reports of drug addicts and alcoholics who are collecting benefits without receiving adequate treatment. In 1993, drug addicts and alcoholics were monitored in only 18 States covering about 45% of these beneficiaries. In 1994, the Social Security Administration plans to expand improved, uniform referral and monitoring activities to all 50 States. The increased funding over the request is to support the monitoring of all drug addict and alcohol SSI beneficiaries in 1995. This funding along with the new process will ensure that the beneficiaries receive the treatment that they need, as well as allow the Social Security Administration to suspend benefits to recipients who do not comply with the treatment requirements.

HOUSING AND URBAN DEVELOPMENT

The 1995 appropriation for the Drug Elimination Grant program is $290 million, an **increase** of $25 million over the President's Budget request. HUD proposed expanding this program to include a comprehensive violence component. This new program, the Community Partnership Against Crime (COMPAC), was not authorized.

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

The 1995 Appropriation for the DEA is $756.5 million, an **increase** of $33 million over the President's 1995 budget request. This increase will enable the DEA to restore the number of agents to the same number of agents it had in 1992 when it was at its highest capacity. The 1994 level for agent positions was 3,401. The 1995 President's budget requested 3,391 agent positions, a

decrease of 10 positions from the 1994 level. However, the 1995 appropriation provides 3,702 agent positions, an increase of 301 agent positions over the 1994 level.

Federal Bureau of Investigation

The 1995 Appropriation for the FBI is $279.3 million, an **increase** of $16.9 million over the President's 1995 budget request. This should enable the FBI to hire additional special agents. (The FBI has been asked to identify the number of additional agents it expects to hire as a result of the funding increase.)

Marshals

The 1995 Appropriation for the Marshals service is $280.6 million, an **increase** of $25 million over the 1995 President's budget request. It should be noted that the 1995 appropriation represents an **increase** of $46 million over the 1994 enacted level. The majority of the increase is for Salaries and Expenses.

Office of Justice Programs

The Office of Justice Programs 1995 appropriation totals $590.5 million, an increase of $429.8 million over the 1995 President's budget request. This increase mostly reflects the increased funding for the Byrne grant program. The Administration requested $125 million; however, Congress appropriated $512 million ($450 million for the formula portion and $62 million for discretionary).

Community Policing

The 1995 appropriation for the drug-related portion of the Community Policing initiative is $429 million, a decrease of $138.6 million from the President's 1995 budget request of $567.6 million.

OFFICE OF NATIONAL DRUG CONTROL POLICY

The 1995 appropriation for ONDCP totals $158.8 million, a decrease of $1.7 million from the President's budget request.

In terms of specific program highlights, the HIDTA program received $107 million, an **increase** of $9 million over the President's budget request. The conference report language indicates that the $9 million should be used for HIDTA activities in the Puerto Rico and U.S. Virgin Islands area, if this area is designated a HIDTA.

Additionally, the request for the hardcore initiative of $45 million **was not supported**. Instead, the appropriation includes

$14 million to be transferred to SAMHSA, of which $10 million is for Residential Women and Children treatment program, and $4 million for community treatment programs. (Of the $4 million for treatment programs, $2 million has been earmarked for specific programs.)

Funding was appropriated for the El Paso Intelligence Center at a level of $1.8 million and for the New Ballistics Technology effort in the amount of $3.1 million. Funding was not requested for these programs in the President's budget.

The Director received a total of $15 million for discretionary purposes. However, it must be noted that the conference language states, "The bulk of the discretionary funds provided to the Director are intended to cover short-falls in drug control accounts, such as the Customs Air and Marine Interdiction programs..."

The CTAC appropriation is $8 million. The language directs ONDCP/CTAC to conduct, with the United States Customs Service, a comprehensive non-intrusive inspection system technology assessment and engineering tradeoff study. The results of this study are to be reported to Congress by September 30, 1995.

DEPARTMENT OF STATE (International Narcotics Matters and AID)

The Congress **did not accept** the Administration's proposal to consolidate the international programs, nor did it support the requested increase of $72 million for these programs. Instead, it reduced the Agency for International Development programs by $7 million (compared to the 1994 level) and increased the International Narcotics Matters programs by $5 million over the 1994 level. When taking into account the President's 1995 consolidated request for the international programs, the 1995 appropriation results in a $100 million **decrease** from the request.

DEPARTMENT OF TRANSPORTATION

U.S. Coast Guard

The 1995 appropriation for the Coast Guard is $259 million, a **decrease** of $4.1 million from the 1995 President's budget request. However, since fewer cutters are needed for migrant operations, the Coast Guard has committed to dedicate some of these resources to drug efforts. Therefore, it is likely that the 1995 "actual" Coast Guard level will exceed the appropriation and President's budget request.

DEPARTMENT OF TREASURY

U.S. Customs Service

The 1995 appropriation for the U.S. Customs Service air and marine program is $93.3 million, an **increase** of $14.4 million over the President's 1995 budget request. Of this amount, $1.5 million is provided to support the continued operations of C3I-East through December 1994. It should be noted that this increase should help to make our case that the Air and Marine program may be funded at a sufficient level.

OTHER DRUG-RELATED CRIME BILL PROGRAMS

The two major programs in the Crime Bill that are drug-related are the Byrne grant and the Community Policing programs. Other program resources appropriated for FY 1995 total $51.6 million. These include: Family and Community Endeavor Schools Grant (DoED, scored at $.5 million); Community Schools Youth Services and Supervision Grant program (HHS, scored at $1.3 million); Violent Offender Incarceration and Truth in Sentencing Incentive Grants (DoJ, scored at $2.5 million); Drug Courts (DoJ, scored at $29 million); Improving Border Control (DoJ, scored at $9.1 million); Gang Resistance Education and Training (Treasury, scored at $9 million); and the Ounce of Prevention Council (scored at $.2 million).

The President's 1995 budget request estimated that we would receive an additional $200 million for the treatment of those in the criminal justice system. However, we received $29 million for Drug Courts.

cc: John Gregrich
Richard Dew

November 22, 1994

David,

Here are -- in brief -- some of the arguments that you and I spoke about the other day. For your information, I have also attached some of the relevant supporting materials. Please be discreet in sharing the attached memos.

Many thanks,

Jose'

attachments: Panetta/Varney Memorandum to President
Lee Brown Memorandum to President
McLarty Memorandum to Communications
Draft Criticisms by Senate Republicans
Panel Members to Write "Report Cart"
President's Remarks with Miami Herald
Jim Burke Letter to Leon Panetta on "Miami Story"

WHY HIGHLIGHT THE DRUG ISSUE AT THE SUMMIT FOR THE AMERICAS?

- **History of Drug Policy Miscues.** A string of drug policy miscues -- including the delay in appointing the ONDCP Director, slashing ONDCP staff, proposing that the FBI and DEA be merged, agreeing to drug treatment and prevention cuts during the FY 1994 appropriations process, reducing the drug treatment benefit in our health care reform proposal, proposing elimination of the Byrne anti-drug program and cutting of anti-drug intelligence to the Andean countries -- have all served to give the Administration's critics some very easy ammunition against our drug policy.

- **Surgeon General's Calls for Legalization Have Had Lasting Impact.** The Surgeon General's continued calls for drug legalization have undermined the Administration's anti-drug effort in three very significant ways: (1) As the nation's premier health official, the Surgeon General's public pronouncements carry considerable weight, and her comments on drug legalization have singlehandedly brought fringe drug reforms into the policy mainstream; (2) in and of themselves, the Administration's drug policy miscues are harmful, but not fatal -- coupled with the Surgeon General's call for drug legalization as adolescent drug use is increasing, they become devastating; and (3) the Surgeon General's comments overshadow the efforts of several Cabinet members to promote a strong "no use" message, and make it necessary that the President himself speak directly to the drug issue when he can.

- **Bad News: Increased Adolescent Drug Use Sure to Be an Issue Now and in '96.** Every major drug survey released since the start of this Administration shows that adolescent drug use is on the rise, and -- equally important -- that kids today perceive drugs to be less dangerous. This is a sure sign that drug use will continue to rise for the foreseeable future, unless we act now. And although this trend began at the end of the previous Administration, we will have a hard time explaining why -- after 6 years of generally declining drug use, more kids are starting to use drugs on this Administration's watch. More bad drug data will be released soon, too.

- **Expect Criticisms if Drugs Are Not Addressed in Miami.** Even if we choose to sidestep or downplay the drug issue, others will not. The incoming Chairman of the House Foreign Affairs (Ben Gilman, NY) has already written the President about the importance of taking up the drug issue at the Summit. Gilman will have great fun criticizing the President's international drug control strategy, which -- after a lengthy and high-profile NSC review called for working more closely with the drug-producing countries in South America to stop drugs at their source. Also, the Miami Herald, which is owned by Republican anti-drug advocate Alvah Chapman, has already published an editorial saying that drugs needs to be addressed at the Summit. (NB: Clinton has also personally met with Chapman in Miami and was questioned about his commitment to the drug issue). Finally, both liberal and conservative groups are currently drafting critical "report cards" of the President's Drug Strategy, which are scheduled for release soon.

- **Build Momentum for the Release of the President's 1995 Strategy in February.** The President has personally expressed his concerns about the Administration's lack of visibility on drugs to Lee Brown and Leon Panetta -- and both have submitted memos suggesting that the Summit be used to highlight the Administration's commitment to the Drug Issue. Pursuant to these memos, the President has spoken out on drugs at the ESEA bill signing and the UN speech -- both of which were well received. In fact, the President's comments at the ESEA signing made the network news and have now been used for a soon to be released anti-drug PSA.

- **Mexico City Policy Will Be Welcomed by the Latin Americans.** It is my understanding that the Mexico City Policy agreed to by the US and 8 of the Latin American countries -- including the 3 Andean countries that produce the vast majority of the cocaine used in the US -- represents a win-win policy. First, it does not simply put the anti-drug burden on the Latin Americans, but acknowledges the US's responsibility to reduces the demand for drugs at home. And second, it includes ambitious goals for the Latin Americans to reduce opium and cocaine cultivation; something they have always resisted.

- **Closing Down Illegal Markets is Consistent With Opening Up New, Legal Markets.** While everyone recognizes that Trade is the focus of the Summit -- improved anti-drug coordination is consistent with this mission. As was the case with NAFTA, we will -- over the long-term -- need to dispel the notion that increased trade with our Latin American friends will result in the expansion of illegal markets. It makes infinitely more sense to lay the groundwork for these arguments now -- with a visible commitment to a new anti-drug accord.

[redacted]

THE PRESIDENT HAS SEEN 8/11

CHIEF OF STAFF TO THE PRESIDENT

To the President —

This is following on your concern about fight against drugs. If you agree — we'll begin effort!

[redacted]

[redacted]

THE PRESIDENT HAS SEEN 8/11

THE WHITE HOUSE

WASHINGTON

94 AUG 2 P4:37

July 27, 1994

MEMORANDUM FOR LEON PANETTA

FROM: Christine Varney CV
Jennifer O'Connor JMO

SUBJECT: Opportunities for Presidential Visibility on Drug Control Issues

As you requested, we have gathered some possible forums and events in which the President can stress publicly his commitment to fighting drugs.

I. Signature Event to Renew the Fight

The negative data released in the Monitoring the Future (high school) Survey in February and confirmed by the Household Survey last week, is that, after six years of significant declines, adolescent drug use is rising significantly, and that adolescents are becoming more tolerant and less afraid of the effects of drug use. This latter finding, that young people are beginning to think drugs are less and less dangerous, is particularly alarming. The President could pick up on this disturbing news by publicly showing his concern about the trend, pledging to redouble to government's efforts, and challenging the nation to take responsibility and join in the effort to reverse the trend. Options for an event to highlight this message include:

A Prevention Event with Children

The President would signal a national point of recognition of the bad news that drug use is on the rise among adolescents. He could kick off an anti-drug campaign, challenging parents, schools, his own administration and the nation as a whole to realize the seriousness of the trend and to play a role in reversing it. He could issue the challenge and then participate in an event with children where he teaches them about the dangers of drugs, much the way teachers, counsellors or parents would.

B Public Service Announcements

Public Service Announcements could be unveiled as part of the event outlined above, or released on their own. They need to be taped. Both the President and Mrs. Clinton have taped PSAs already for the Partnership for a Drug Free

America, but due to technical errors, they need to be retaped before they can be used.

C. Signing of the Safe and Drug Free Schools and Communities Act

This bill, which is part of the Elementary and Secondary Education Act reauthorization, is the federal government's primary school-based drug prevention and education program, and the President's 1994 National Drug Strategy proposes a $191 million increase in its funding, in order to address the problem of increased adolescent drug use. The Education Department estimates that it will be passed in October. Whenever it is ready, the signing event will be a major opportunity to focus on drug use, and tolerance of drug use, among young people.

D. Violence Prevention Conference

A ready-made forum coming up soon is the Violence Prevention Conference scheduled on August 15-17. The Departments of Health and Human Services, Housing and Urban Development, Justice, Labor, Treasury, and the Office of National Drug Control Policy are co-sponsoring this event which will highlight effective youth violence prevention programs from around the nation. The President could attend and give a speech highlighting the clear and devastating link between drugs and youth crime.

II. Linkage of the Anti-Drug Message with other Initiatives

A. Health Care Reform & Drugs

The President could combine his health care reform message with an anti-drug message by visiting a treatment center, preferably a program that treats mothers and small children and is proven to work. ONDCP has a list of potential sites for such a visit.

B. Crime & Drugs

The International Association of Chiefs of Police is hosting is national convention in the latter part of October. The President could attend and speak about the relationship between drugs and crime, a theme that is bound to strike a cord with the nation's law enforcement executives.

C. Community Responsibility & Drugs

The Community Anti-Drug Coalition of America (CADCA) is hosting their annual conference here in Washington in the beginning of November. Approximately one thousand community anti-drug coalitions from around the country are expected to attend. The President could address the group and

discuss the need for communities to take responsibility and take initiative in reversing the trend of increased use and tolerance among adolescents. Jim Burke recommended this event last year and again this year.

III. Ready-Made Forums

The President could speak forcefully about his commitment to fighting drugs at any or all of the following forums.

A. The Congressional Black Caucus Dinner (September 17)

Many members of the CBC have been outspoken on the drug issue and the annual CBC dinner may provide a good opportunity to reinforce the President's commitment on drugs.

B. The President's address to the United Nations in October

It is important that the President's UN speech address the international community's concerns about the US commitment to fight illegal drugs abroad. We would also suggest that Dr. Brown be part of the delegation attending with the President.

C. Pulsecheck

The is the next opportunity for the President to be involved in the release of data on drug use. The Pulsecheck is a newly developed drug indicator of anecdotal evidence about drug trends -- use,availability, price, etc. -- in major cities. Ethnographers, law enforcement officials, treatment providers and others provide information about what drugs are being used, how they are being used, who is selling them. The information is considered fairly accurate as an indicator of current trends.

This report is ready to be released by Dr. Brown any time. Though not a national survey, the Pulsecheck also demonstrates that marijuana use is increasing among teenagers in many areas, that heroine use is also increasing, and that drug sellers are becoming more creative in the ways they are packaging and marketing drugs to attract customers.

We could have Dr. Brown announce the results in the White House, and the President could drop by and address his concern about the trends.

D. The President's address to the Summit of the Americas in Miami in December

Drugs are a primary concern of all the Americas, and the Summit provides the President with an opportunity to show leadership on this issue.

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copy VP Panetta RASCO Gergen

EXECUTIVE OFFICE OF THE PRE
OFFICE OF NATIONAL DRUG CONTROL
Washington, D.C. 20500

November 9, 1994 9 PT CC

NOV 14 1994

MEMORANDUM TO THE PRESIDENT

FROM: LEE P. BROWN

SUBJECT: DRUG ABUSE POLICY

As requested during our conversation on Air Force One, I am outlining a number of steps the Administration needs to take to reinvigorate the public's attention on the drug abuse issue; to underscore the relationship between drugs, crime and violence; and to highlight the Administration's actions in the drug policy area.

The objective of this plan of action is not only to improve the implementation of the National Drug Control Strategy, but to place the Administration in a better position to respond to our critics on Capitol Hill - both Republicans and Democrats - that the Administration has not paid sufficient attention to the drug issue.

POLITICAL PERSPECTIVE

I have been advised by Republican Members of Congress that in the next Congress, our opposition will focus heavily on drug abuse as a wedge issue to attempt to draw distinctions between Democrats and Republicans as we go into 1996. The Heritage Foundation has published a document that purports to list the failures of the Clinton Administration in the anti-drug effort, and makes the assertion that we are "soft on drugs." The Heritage Report (attached) highlights the following:

- Statements by Surgeon-General Elders in support of studying drug legalization;

- Reductions in drug interdiction funds, and a emphasis in the National Drug Control Strategy on demand reduction activities;

- DoD's suspension of intelligence sharing with Peru and Colombia pending resolution of their policies permitting the force down of drug trafficking aircraft;

- Little Administration resistance to Congressional reductions in requested appropriations for drug control programs.

These actions or inactions have been pointed to by Republican critics as sending a "mixed message" out of the Administration on drugs; thereby contributing to the increase in drug use, particularly among young Americans.

Specifically, in both major surveys that inform us about adolescent drug use, the "National Household Survey on Drug Use" and the "Monitoring the Future (High School Senior) Survey," there are clear indications that casual drug use is on the rise and that the attitudes and beliefs of our youth are shifting in a direction more favorable to experimentation and casual drug use. These trends were first noted by surveys conducted during the last years of the previous administration. But, since these surveys are lagging indicators; that is, they generally take more than a year from the date of the survey to release the report -- our Republican critics use them as "proof" of the negative impact of this "mixed message."

Moreover, it is not only the Republicans in Congress and elsewhere that have been critical of our drug policies. Many of our Democratic allies have been equally outspoken about what they perceive as a lack of firm commitment by the Administration to the drug issue. These include Senator Joe Biden, and Representatives Charlie Rangel and John Conyers. By developing a consistent and stronger message about our drug program, we will enlist Democratic critics on our side and they will be able to better respond to partisan political attacks on our program in the Congress, the media, and elsewhere.

WHAT NEEDS TO BE DONE

<u>We have a good strategy -- let's herald it</u>!

The <u>National Drug Control Strategy</u> issued by the Administration in February, 1994 contained three major priorities; reducing the number of chronic, hard-core drug abusers, enhancing drug abuse prevention activities at the community level, and undertaking a controlled shift of the focus of the international drug control program from the transit zones to the source nations.

To a large extent, the strategy was well received on Capitol Hill, in the media, and among drug abuse professionals. However, the Administration did not make it a consistent theme, as it did with health care or certain aspects of the crime bill. We need to talk up the strategy, the need for the appropriations requested to support it, and create the same kind of national debate that the Administration orchestrated on the crime bill, and link crime, drugs, and violence. The 1995 Strategy will reassert the approach of the 1994 version focusing on its implementation in America's communities.

We need to energize a national dialogue on drugs around the Administration's Strategy. The Administration needs to effectively use the moral authority of the Presidency to unequivocally state that **drug use is wrong, we will arrest and prosecute those who deal them, help those who become addicted, and prevent it before it starts. We have the best strategy to carry this out.** Use of the Presidential "bully pulpit" will go a long way to silencing our critics who claim that you have not strongly addressed the drug issue. The involvement of the President on this issue will lead to active engagement of other members of the Cabinet on the drug issue.

Engage the Senior White House Staff

I believe that the Senior White House Staff should be more fully informed about the current drug situation, the Administration's Drug Strategy, and the political context of the drug issue. I suggest that I conduct a briefing for Chief of Staff Leon Panetta and the senior White House staff on drug issues as soon as practical. In addition, the Presidential speech writing office should be more cognizant of drug issues and ONDCP activities, and give increased attention to drug abuse in Presidential addresses when appropriate.

Increase Public Attention to the Drug Issue

I suggest that in the near future, you undertake some public events/pronouncements that dramatize the Administration's commitment to the drug issue. Among those we discussed include:

- A Presidential letter to the Nation's Governors and Mayors expressing concern over the rise in drug use among America's youth has been sent.

- A public campaign to get out information, particularly to our youth, about the dangers of marijuana.

- A drug-related event during the Miami Summit on the Americas in December.

- Public service announcements for both television and radio.

- A White House meeting with media CEO's.

I look forward to discussing this issue with you further.

THE WHITE HOUSE

WASHINGTON

September 27, 1994

MEMORANDUM FOR MARK GEARAN
RAHM EMANUEL

FROM: MACK McLARTY

SUBJECT: DEA ACTION

In keeping with the President's comments about international law and making government work, I think the DEA's action in Columbia is something we would want to highlight, coordinating with Lee Brown and possibly with Janet Reno and the President.

I simply wanted to pass this along for your consideration in your communications planning.

Mack

Attachment
cc: Leon Panetta

DEA cuts deep into coke cartel

2-year effort nets 166 Cali workers

By Jerry Seper
THE WASHINGTON TIMES

U.S. Drug Enforcement Administration agents yesterday dealt a "crippling blow" to a $60 million-a-week cocaine smuggling operation involving Colombia's Cali cartel with the arrest of 166 cartel members and the seizure of $13 million in cash and 6 tons of cocaine.

The two-year investigation, known as Operation Foxhunt, was described by DEA Administrator Thomas Constantine as the "most comprehensive and coordinated law enforcement effort" ever against the Cali cartel — targeting distributors in Los Angeles; New York City; Miami; Chicago; San Francisco; New Orleans; Newark, N.J.; San Antonio; St. Louis; and Washington.

The Cali cartel is responsible for most of the cocaine distributed in the United States, estimated by the DEA as involving a ton of the white powder every week. Operating out of Cali, the cartel controls and monitors cocaine trade from production to transport to retail sales.

"The cartels are not bound by territorial concerns," said Mr. Constantine. "They operate across international lines, across state lines

see **DEA**, *page A11*

WASH. TIMES
9/27/94

Long Range Policy Paper on International Narcotics Control

ISSUE

Will the Clinton Administration's drug fighting approach and de-emphasis on the illicit narcotics trade and use, both at home and overseas, adversely impact American society? According to the DEA it is estimated that illicit drugs are directly related to, and account for 1/3 of all violent crime, and 1/2 of all murders in the U.S. In addition, illicit drugs may result in nearly $4 billion dollars in drug related health care costs. We cannot afford to ignore this issue of illicit drugs.

The New England Journal of Medicine recently reported, based upon Memphis Police Department arrest data, that drugs may rival alcohol as a highway hazard related to reckless driving. Illicit narcotics is a major domestic issue (with important foreign policy ramifications), that impacts crime rates, health care costs, worker productivity, and future generations of Americans to come.

Recent drug use trends in the U.S. are very disturbing. First, heroin related emergency room admissions were up 44 % in the first six-months of 1993, compared with the same period the previous year. Most alarming, the University of Michigan study released in early 1994 on youth drug use, shows an increase in drug use for the first time in ten years among this nations young, signalling a very dangerous trend. Finally, a July 1994 household drug use survey, released by the U.S. Department of Health and Human Services, showed no decrease in drug use for the first time since the Carter era. The makings of a new drug related disaster are starting to emerge, just as predicted.

ADMINISTRATION POSITION

The Clinton Administration has shifted emphasis from previous Republican initiatives to interdict illicit drugs before they enter the U.S. Citing the reportedly high costs and ineffectiveness of these interdiction efforts, the Administration claims it will concentrate on treatment of the hardcore drug users at home, and shift the emphasis from transit zone interdiction overseas to work in the source countries to build willing cooperative support, democracy, and institutions to prevent the drug trafficking that threatens America's very security and stability at home. (Interestingly, the sudden and unexplained cutoff of aerial drug trafficking intelligence sharing with Peru and Colombia on May 1, 1994, out of far-fetched fears of criminal-liability for U.S. personnel, among other failures and actions, runs totally against this announced new source country strategy emphasis).

This new shift away from overseas transit zone interdiction efforts, and the resulting resource cut backs in interdiction programs by the Administration, in many ways makes the costly efforts in the federal 1994 crime bill for local community policing, new drug courts, and other drug treatment efforts self defeating. Ever greater quantities of cheaper and purer drugs on our streets from this misguided strategy, will increase crime, including violent crime, and diminish some of the positive value these new local police officers on the street may have in helping diminish our very serious domestic crime crisis.

In addition, U.S. Surgeon General Elders has called for a study of the legalization of drugs, and despite the White House and President Clinton's denial of support for legalization, the nation's chief health official is sending a signal that drug use may not be all that risky, if controlled. The President has not seen fit to reprimand or curtail the Surgeon General's legalization talk, and has tacitly provided encouragement by his silence. No leadership or strong message against drug use is coming from this White House, unlike others in the past. We will pay a price for that lack of leadership.

CRITIQUE OF ADMINISTRATION POSITION

Republicans must be willing to defend the tough actions we have taken in the past, and traditionally recommend to fight illicit drugs. We should not underestimate what we have accomplished, which is a great deal. Nor, should we throw in with those who say nothing works, or who believe drug use will continue unabated, along with unlimited and low cost supplies, and therefor there is nothing we can do. These people who say nothing works, are just flat out mistaken, if one examines the record.

Some noteworthy results from '80s GOP anti narcotics strategy :

- Drop in cocaine use from 5.8 million users in 1985 to 1.3 million users in 1992. (A 300% decrease)
- Marijuana use down from 22 million users in 1990 to 8.5 million in 1992.
- Nearly 20 % of estimated cocaine production was seized by U.S. and foreign interdiction operations, keeping tons of dangerous drugs off our streets.

One former anti narcotics official under President Bush, said of the decade before President Clinton took office: " The drug war was not over, but the country had clearly broken the back of one of the most serious domestic problems of the last decade." We should be proud of these gains. A 300 % decrease in cocaine use for example, by anyone's estimation, is a success story.

The Administration's strategy concentrating on treatment of the hardcore drug users to the detriment of interdiction and enforcement overseas, is fundamentally flawed. The GOP approach was both a simultaneous demand side and supply side strategy, that understood the fact that the availability of drugs bears on use. This use, in turn, bears on the number of hardcore abusers you will eventually have to treat. Yesterday's casual user is tomorrow's hardcore abuser, lest we forget.

The hardcore user population the Administration wants to concentrate treatment on isn't static, as they seem to mistakenly believe. It can, and will grow if we don't do, and say, the right things. Its growth can swamp the very treatment efforts at home the Administration intends to concentrate its attention on in its drug strategy, as well as the new local community policing efforts and drug courts provided for in the 1994 federal crime bill.

We need to support a broad based and comprehensive drug strategy. We must have eradication and interdiction overseas in the producing and transit countries, along with tough enforcement, education, treatment, and rehabilitation here at home. We can not neglect one part of this comprehensive strategy for another, or we will surely fail, based upon long and costly experience from the past.

GOP Mayor Rudy Giuliani of New York, in a March 1994 visit to Washington, D.C., called on the President to put the drug issue at the top of America's foreign policy agenda. He asked that the President direct the State Department and the U.S. foreign policy establishment to make drugs a top priority. Mayor Giuliani, a former prosecutor running the nation's largest city with a major drug problem (especially heroin pouring in from Burma), knows first hand of what he speaks. The mayor recently estimated that far more than 50% of the prisoners in N.Y. City jails may be there because of drug related offenses.

Mayor Giuliani has helped set out a GOP drug strategy that ties the subject directly to foreign policy and puts pressure where it belongs: on the Oval Office. Once the drugs reach the streets of America we have in many ways already lost the battle, so its critical that a high priority foreign policy concern exists at the highest levels in order to thwart the drugs at the source, or in the transit zones.

We must continue to make the drug issue a central part of American foreign policy and hold the Administration's accountable on this subject, since its impact, if ignored or neglected, is so very great on our domestic society.

ALTERNATIVES FOR REPUBLICAN ACTION

1. In the future, when Surgeon General Elders, or others in the Administration, again raise the specter of legalization of drug use, publicly call for their resignation. The message going out to kids on drug use is critical. The message being sent today is wrong from these officials, despite President Clinton's distancing himself from the legalization issue.

2. Evaluate Mexico-U.S. border crossing enforcement efforts post NAFTA for drug interdiction results with increased commercial traffic.

3. In the 104th Congress fight and publicly dramatize any administration or Congressional budget cuts in DEA, the State Department's International Narcotics Matter (INM) programs, FBI, Customs, Coast Guard or DOD anti-narcotics programs.

4. Keep pointing out Clinton hardcore drug treatment strategy's shortcomings, since it will not work. The strategy is misguided since it assumes this hardcore population is static.

5. Issue report card in June 1995 on Clinton Administration's performance in the battle against drugs.

6. Help to promote FBI, DEA, and U.S. Customs law enforcement training programs in the new independent states (NIS) of the former Soviet Union before the growing organized crime elements there become the new drug traffickers and crime cartels targeting the U.S. and Europe. Use the 1995 Foreign Aid reform bill and re-write as a vehicle to help institutionalize these police training efforts. (Note the Cali drug cartels already have established links in Russia today).

7. Use the health care debate next year as a possible forum to raise illicit drug issue, and Clinton's drug strategy failures. Some estimates as high as $ 4 billion dollars in health care costs, are drug related. The Administration's failure to battle drugs aggressively is adding to the very costs their health care reform is suppose to cut.

8. Relationship between crime and drug use needs more public exposure. Some estimates link more than 1/3 violent crime, and 1/2 of the murders in U.S to illicit drugs.

9. The Administration must provide a heroin strategy, especially as to Burma, and we should demand one. Inner cities, like New York City, are now seeing massive quantities of high purity and ever cheaper and deadly heroin, and U.S. government is wringing its hands over other issues in Burma and refusing to battle the new heroin tide.

More than 60 % of world heroin supply comes from Burma, and that nation is producing new and unheard of quantities, all without a Administration plan to combat the production. We must include in any heroin strategy, a focus and target on Vietnam, a new and growing transit route for this heroin, from nearby Burma.

10. Insist that the Administration restore, ASAP, aerial drug trafficking intelligence sharing with Peru and Colombia, despite shootdown policy legal liability fears. Since May 1, 1994, this intelligence has not been provided to Peru or Colombia, with substantial adverse affect on our counternarcotics goals and efforts. Consider asking GAO for full audit of impact of cut off of aerial trafficking intelligence for more than 5 months to these two key source countries.

11. Insist that the Administration certify whether Vietnam, which according to the Administration's own ONDCP Director Lee Brown, is a growing transit country for Burmese heroin, is fully cooperating with U.S. anti-drug efforts, as do other nations of the world that want to deal with the U.S.

12. Continue to press for the re-establishment in the House Foreign Affairs Committee of the Narcotics Task Force. Renew this effort at the beginning of 104th Congress.

NATIONAL REPORT CARD ADVISORY PANEL

Dr. Marcia Lillie Blanton
Associate Director
Kaiser Commission on
the Future of Medicaid
Washington, D.C.

Dr. Mindy Thompson Fullilove
Associate Professor of Clinical Psychiatry
and Public Health
New York State Psychiatric Institute
and Columbia University

Dr. Avram Goldstein
Professor Emeritus of Pharmacology
Stanford University

Philip B. Heymann
James Barr Ames Professor of Law
Harvard Law School

Rev. H. Michael Lemmons
Executive Director
Congress of National Black Churches
Washington, D.C.

Dr. David Lewis
Director
Center for Alcohol & Addiction Studies
Brown University

Staff
Caroline Polk
[Amy Stuntzner]
Sarah Fairbanks
Patricia O'Toole

Arthur Liman
Paul, Weiss, Rifkind, Wharton & Garrison
New York City

Dr. David Rosenbloom
Project Director
Join Together
Boston, Mass.

Dr. Donald Stewart
President, The College Board
New York City

Jeff Tauber
Municipal Court Judge
Oakland, Cal.

Dr. Marta Tienda
Chair of Sociology
University of Chicago

Marni Vliet
Senior Vice President (conference call)
Kansas Health Foundation
Wichita, Kan.

x Eric Wish

x David Lewis

x H. Michael Lemmons

DRAFT DRAFT

report card

1995

drug use among kids		Teen drug use is rising, after declining for more than a decade.
drug related crime		Two-thirds of the nation's 1.4 million prisoners have drug habits.
impact on economy		The economic cost of drug abuse is estimated at $70 billion per year.
impact on health		Heroin overdoses are up 44% over last year.

grade:

annual budget
$13,000,000,000

comments: Although the Administration has tried to set a new course, Federal policy is failing to reduce America's drug problems. More funds should be spent to reduce the demand for drugs through education, treatment and community prevention programs. For the full report, contact:

Drug Strategies
2445 M Street, N.W. Suite 480, Washington, D.C. 20037

THE WHITE HOUSE

Office of the Press Secretary
(Boston, Massachusetts)

Internal Transcript July 18, 1994

REMARKS BY THE PRESIDENT
IN MEETING WITH THE MIAMI HERALD
EDITORIAL BOARD

Sheraton Bal Harbour
Miami, Florida

10:05 A.M. EDT

Q Mr. President, this community is very grateful to you and to Secretary Cisneros for recognizing and supporting our homeless initiative. And we're very grateful for that. I want to switch to another subject, though, and to ask you to think about the front-line people who are involved in the drug war in our country. The people in the community antidrug coalitions who are dealing with prevention, who are helping with education in the schools and drug-free workplaces -- that whole range of programs -- those people applauded your appointment of Lee Brown as the Director of the Office of National Drug Control Policy, and especially making that position a Cabinet post.

We've been concerned, however, because of a lack of visibility of Mr. Brown in that position and the lack of articulation of a clear policy with respect to prevention and strengthening that whole area of our war against the demand for drugs. Do you have any comments on your administration's position in that regard?

THE PRESIDENT: Yes. When we issued the new drug policy I went out to Maryland to a kind of a boot camp-like facility, or an alternative imprisonment facility, and attempted to make it a very large national event, along with Lee Brown. And we have tried to do two things that I think are quite important, and we've been subject to some criticism for both. But let me say what they are and defend them.

The first is that even in this very tough budget that I have sent up to Congress, which, when it passes, will give us three years of deficit reduction in a row for the first time since Truman was President, and which has the first aggregate reduction in domestic

discretionary spending -- that's everything but Medicare and Medicaid, Social Security and veterans' benefits and smaller entitlements -- we reduced everything else, there is a substantial increase in drug treatment and prevention funds.

Secondly, in the crime bill itself, which I hope and believe will pass before the August recess, there is for the first time $8 billion in prevention funds, which can be used both for drug education and prevention programs and for things that basically engage the energies of our young people in a constructive way -- things like job-training programs, summer job programs, after-school programs, midnight basketball programs, a whole range of other community activities which, by definition, help to keep people away from drugs. And this is the largest federal commitment in history by far to the antidrug effort.

So I think those two things really show that we have changed the priorities of the country and we're going to be working very hard on it.

It is a serious problem. There is a -- the drug statistics are mixed, but cocaine use is back up among the American people, and drug use is back up among some young people --

Q -- by young people is reduced.

THE PRESIDENT: That's right. And we've got to turn it up again. And I do think we need to raise Lee Brown's visibility. He's, interestingly enough -- when he was -- I talked to him about this the other day -- when he was a police chief he had visibility by virtue of his job and what he did, so that when he instituted community policing, for example, in New York City and the crime rate went down in all the major boroughs, that spoke for itself. He was given that he could be a low-key person and put these things in, and the power of the action spoke for themselves.

In the drug job I think it's much more of an advocacy job. And one of the things that he's trying to do now -- he just got back from a trip to Asia, working on some of our other strategy, which is to stop more drugs at the source rather than just pick them up in transit. I think he's beginning to get a feel for that, and I think I need to work on that to make sure he gets the visibility he needs because there has been an erosion of the fear factor among our younger people which we need to get back.

SECRETARY CISNEROS: Mr. President, I just

might add to that that your making Lee a member of the Cabinet gives that office standing so that when we work together as Cabinet officers, the Department of Labor, and Education, and Housing, and Health and Human Services, and the Justice Department on crime issues, Lee Brown is the sixth person in that team. It wasn't ever the case before where the drug effort was that intricately involved with the other Cabinet efforts. And we're doing that now in communities across the country as a team. It's never been done before, and Lee Brown is part of that effort.

THE PRESIDENT: But I do think, to close the circle here, the public feeling has to be reignited again. It's become more -- there's a very high level of concern today about crime and violence and guns. And that has changed the public debate there. For example, if it hadn't been for the public's shift, I don't think we could have prevailed, for example, in that showdown battle over assault weapons in the House of Representatives.

But I think the centrality of drug use itself to the whole crime issue has kind of gotten in the background, and I agree with you, sir, we need to do more to lift it up.

Q There are some great allies out there for Secretary Brown and for your administration in the form of thousands of communities that have organized coalitions to really do the grass roots work. And they would be very supportive of Mr. Brown and his endeavors.

SECRETARY CISNEROS: Mr. President, I saw an analysis the other day that shows the Coalition For a Drug-Free America was sponsoring television advertisements, newspaper efforts and so forth across the country. And you could chart the volume and amount of what they were doing, and chart in opinion polling young people's perceptions of drugs as it impacted them with that. In other words, the higher the visibility, the lower the use because they had it bombarded on them all the time.

So national coalitions that involve, Alvah, people like yourself, Knight-Ridder, and your colleagues in the news business across the country -- TV networks and so forth -- is a very positive thing; very important and useful thing.

[redacted]

PARTNERSHIP FOR A DRUG-FREE AMERICA

JAMES E. BURKE
Chairman

September 30, 1994

Mr. Leon E. Panetta
White House Chief of Staff
The White House
1600 Pennsylvania Avenue, N.W.
First Floor, West Wing
Washington, D.C. 20500

Dear Leon:

In reference to my letter of September 14th, it has come to my attention that the Partnership's event with the media cannot be held until after the election which is unfortunate, but I am pleased to learn that the President has been tentatively scheduled to speak at CADCA (Community Anti-Drug Coalitions of America) on Friday, October 28th. This group is terribly important in re-establishing progress against the drug problem.

In looking forward to possible dates for the media event, I would suggest the following in order of priority:

Thursday, November 17th
Wednesday, November 16th
Tuesday, November 15th

Quite frankly we have been attempting to schedule this event since February 1st when the President indicated to me that he agreed with our recommendation to meet with the top media people on this important issue. Again, I want to suggest that we ideally need six weeks advance notice to maximize attendance by the media. If it cannot be scheduled on any of these dates it will be impossible to have the event in this calendar year because of the upcoming holidays.

405 LEXINGTON AVENUE • NEW YORK, NY 10174 • (212) 922-1560 • FAX: (212) 697-1031

I would also like to take this opportunity to again remind everyone of the importance of the Miami Story (attached) which the President may wish to refer to if he speaks to CADCA and/or has another opportunity to discuss the drug problem.

In addition to copying Carol Rasco and Lee Brown, I am taking the liberty of copying William Webster as it is my understanding that he will be the incoming scheduler at the White House.

Sincerely,

James E. Burke

JEB:dmp
Attachments/Enclosure

cc: L. Brown
C. Rasco
W. Webster

P.S. I know how busy you are but you might find the enclosed 2 minute and 48 second tape by Peter Jennings instructive. It is going to be sent out to thousands of schools and community organizations like those that belong to CADCA with an up-to-date reel of our Public Service Announcements.

THE MIAMI STORY

The Miami Coalition for a Safe and Drug-Free Community was founded in 1988, and was one of the earliest anti-substance abuse coalitions to be formed on a broad base in a major city. This coalition has become a model for many other communities in this country and, increasingly, abroad.

The Miami Coalition has been very successful in organizing the community to launch and operate a wide variety of substance abuse programs. And, with assistance from the Broward County Commission, they have been extremely successful in generating high levels of support from the media in the Miami/Ft. Lauderdale market, particularly from the television stations.

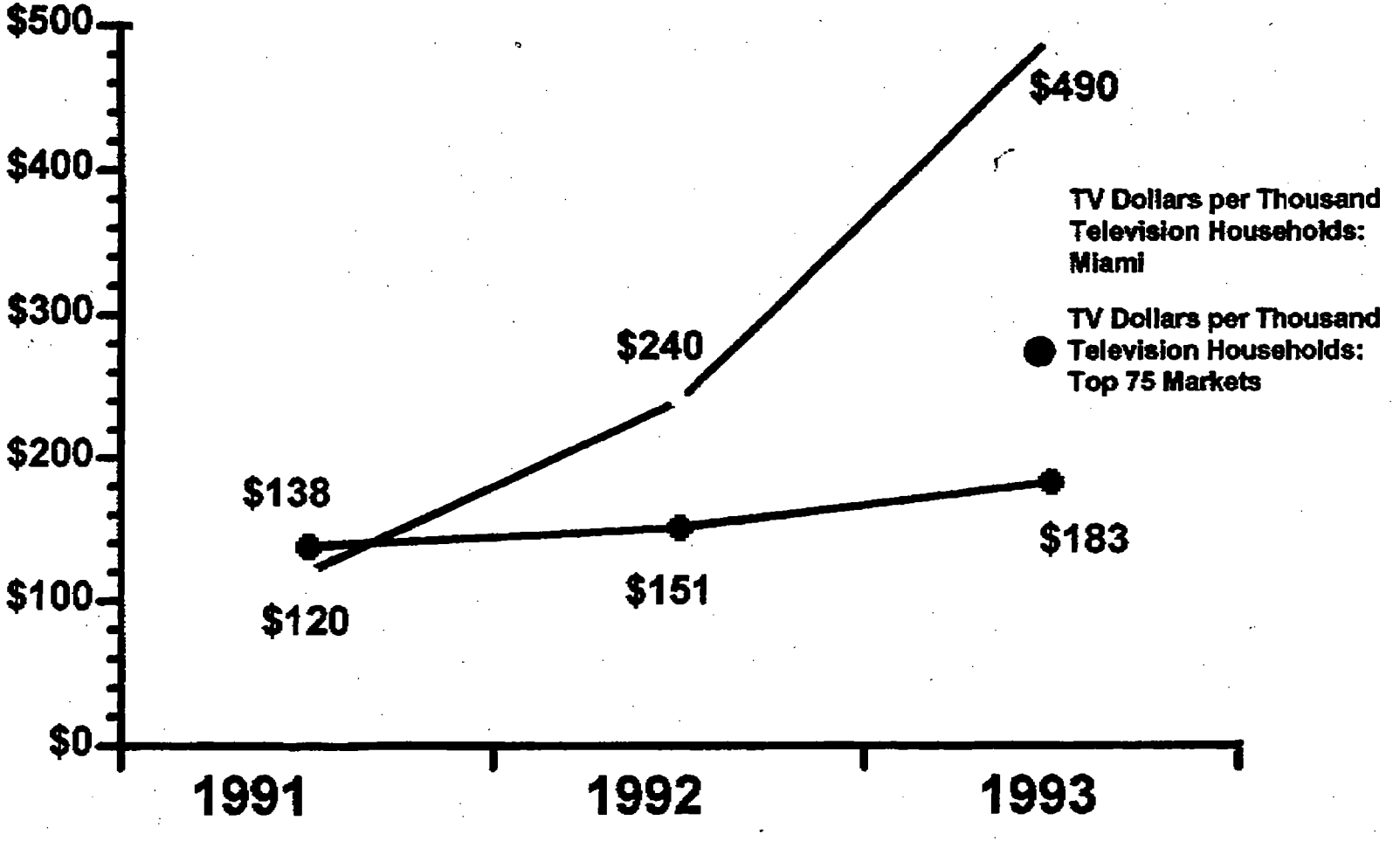
Miami has been participating in the Partnership campaign since its inception and has always been one of our stronger markets. As a result of the combined coalition efforts, this community became the Partnership's number one television market in 1993. As such, it has become a dramatic example of the validity of our premise that when community coalitions employ the powerful tool of the media, they can make changes happen faster.

Attached is an illustration of Miami's media performance and the incidence of any illicit past 30-day drug use (SAMHSA Household Survey) compared to the U.S. for 1991-1993. The highlights of this are as follows:

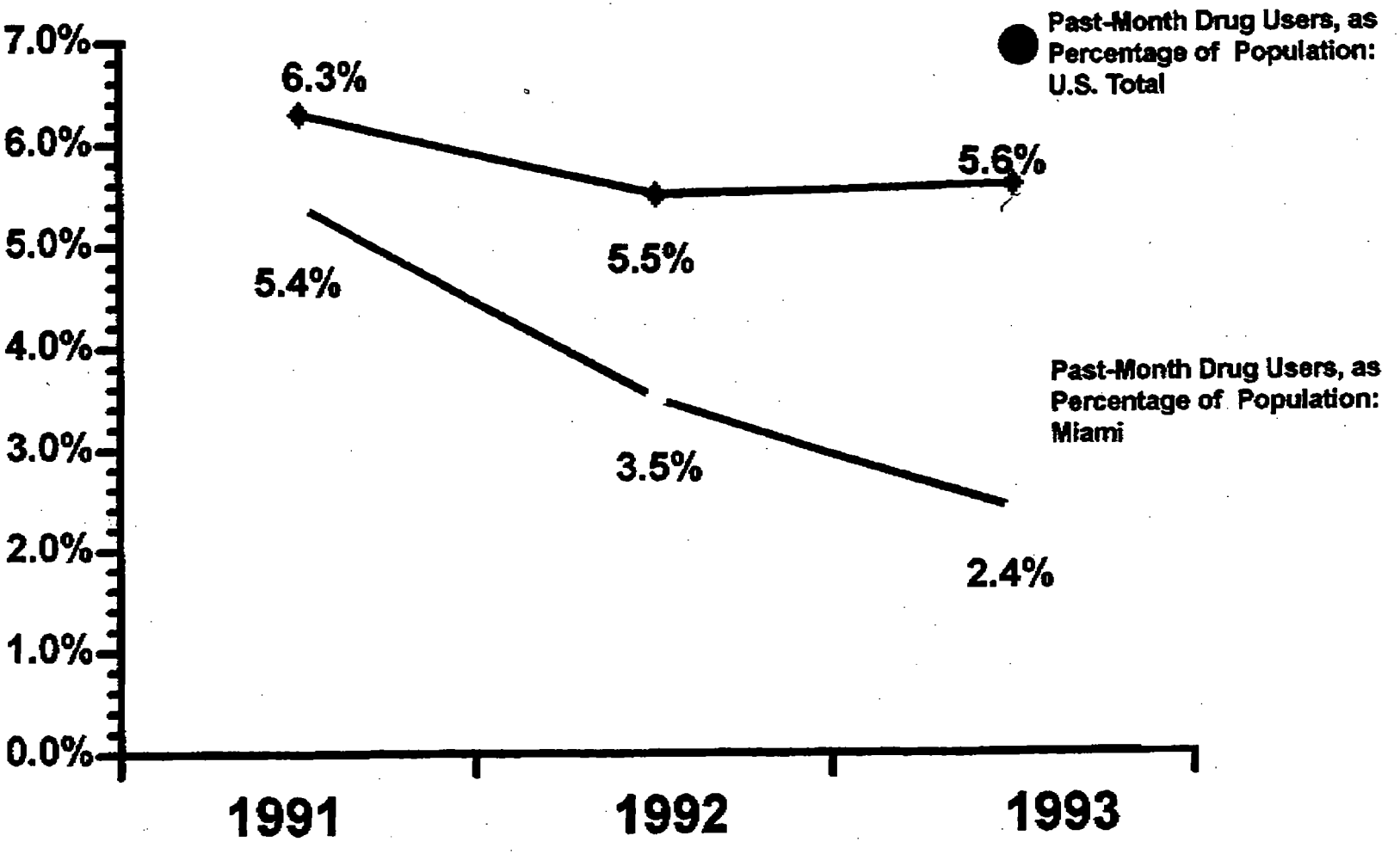
Area	Past 30-Day Use % Chg	PDFA Media Value %Chg
Miami	-56	+308
Tot. U.S.	-21	+33 *

*Average, top 75 markets.

Spot TV Dollars per 1,000 TV Households by Year
Miami and U.S. Top 75 Markets



Reported Past-Month Drug Use By Year: Miami and U.S. Total



*** C L O S E *** H O L D ***

M E M O R A N D U M

TO: DR. BROWN

FROM: CAROL BERGMAN Carol

RE: REPUBLICAN LEGISLATIVE STRATEGY

DATE: NOVEMBER 8, 1994

It has come to my attention that the Senate Republican staff are developing a longterm strategy to attack the Administration's international narcotics strategy.

Attached is a draft of the current working document for the Republican Senate staff on what they perceive as the Administration's areas of vulnerability on narcotics issues. While focused primarily on international issues, the document does address the Hardcore Treatment Initiative, and drug use data in general.

This is clearly a document in process; it reflects in large part the recently released Heritage Foundation Report. Their ability to put this into action will depend in large part on the results of today's election.

cc: Bob Wasserman
Ricia McMahon
Ed Jurith
Charlotte Hayes

OAKLAND-PIEDMONT-EMERYVILLE MUNICIPAL COURT
661 Washington Street
Oakland, California 94607
Third Floor, Administration Office

FAX COVER SHEET
Fax # (510) 268-7695

Date: _____

To: Joan Carda

From: Jeff Tauber

Telephone Number: _____

Special Instructions:
☐ Confidential
☐ Urgent
☐ Please reply
☐ For your information

Total No. of Pages_____
(including coversheet)

Additional Message:

Here's the Advisory Panel for [Confidential]
the "National Report Card" on the Administration's Jury Policy.
How'd it go on Wednesday? With Schmidt / McCann?
I'll be back in D.C. for CADCA's Conference
on the 27th & 28th of Oct (if you can use me)
for interviews

Let's talk. You can call me at my court number
(510) 268-7639, & I'll come of the Bench

JT

DS

NATIONAL REPORT CARD ADVISORY PANEL

Dr. Marcia Lillie Blanton
Associate Director
Kaiser Commission on
the Future of Medicaid
Washington, D.C.

Dr. Mindy Thompson Fullilove
Associate Professor of Clinical Psychiatry
and Public Health
New York State Psychiatric Institute
and Columbia University

Dr. Avram Goldstein
Professor Emeritus of Pharmacology
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Harvard Law School

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Executive Director
Congress of National Black Churches
Washington, D.C.

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Director
Center for Alcohol & Addiction Studies
Brown University

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[Amy Stuttgen]
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Paul, Weiss, Rifkind, Wharton & Garrison
New York City

Dr. David Rosenbloom
Project Director
Join Together
Boston, Mass.

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New York City

Jeff Tauber
Municipal Court Judge
Oakland, Cal.

Dr. Marta Tienda
Chair of Sociology
University of Chicago

Marni Vliet
Senior Vice President
Kansas Health Foundation
Wichita, Kan.

* Eric Wish

* David Lewis

* H. Michael Lemmons

086345

copy VP Panetta Rasco Gerard

EXECUTIVE OFFICE OF THE PRE
OFFICE OF NATIONAL DRUG CONTROL
Washington, D.C. 20500

November 9, 1994 9 P1:22

NOV 14 1994

MEMORANDUM TO THE PRESIDENT

FROM: LEE P. BROWN

SUBJECT: DRUG ABUSE POLICY

As requested during our conversation on Air Force One, I am outlining a number of steps the Administration needs to take to reinvigorate the public's attention on the drug abuse issue; to underscore the relationship between drugs, crime and violence; and to highlight the Administration's actions in the drug policy area.

The objective of this plan of action is not only to improve the implementation of the National Drug Control Strategy, but to place the Administration in a better position to respond to our critics on Capitol Hill - both Republicans and Democrats - that the Administration has not paid sufficient attention to the drug issue.

POLITICAL PERSPECTIVE

I have been advised by Republican Members of Congress that in the next Congress, our opposition will focus heavily on drug abuse as a wedge issue to attempt to draw distinctions between Democrats and Republicans as we go into 1996. The Heritage Foundation has published a document that purports to list the failures of the Clinton Administration in the anti-drug effort, and makes the assertion that we are "soft on drugs." The Heritage Report (attached) highlights the following:

- Statements by Surgeon-General Elders in support of studying drug legalization;

- Reductions in drug interdiction funds, and a emphasis in the National Drug Control Strategy on demand reduction activities;

- DoD's suspension of intelligence sharing with Peru and Colombia pending resolution of their policies permitting the force down of drug trafficking aircraft;

- Little Administration resistance to Congressional reductions in requested appropriations for drug control programs.

These actions or inactions have been pointed to by Republican critics as sending a "mixed message" out of the Administration on drugs; thereby contributing to the increase in drug use, particularly among young Americans.

Specifically, in both major surveys that inform us about adolescent drug use, the "National Household Survey on Drug Use" and the "Monitoring the Future (High School Senior) Survey," there are clear indications that casual drug use is on the rise and that the attitudes and beliefs of our youth are shifting in a direction more favorable to experimentation and casual drug use. These trends were first noted by surveys conducted during the last years of the previous administration. But, since these surveys are lagging indicators; that is, they generally take more than a year from the date of the survey to release the report -- our Republican critics use them as "proof" of the negative impact of this "mixed message."

Moreover, it is not only the Republicans in Congress and elsewhere that have been critical of our drug policies. Many of our Democratic allies have been equally outspoken about what they perceive as a lack of firm commitment by the Administration to the drug issue. These include Senator Joe Biden, and Representatives Charlie Rangel and John Conyers. By developing a consistent and stronger message about our drug program, we will enlist Democratic critics on our side and they will be able to better respond to partisan political attacks on our program in the Congress, the media, and elsewhere.

WHAT NEEDS TO BE DONE

We have a good strategy -- let's herald it!

The National Drug Control Strategy issued by the Administration in February, 1994 contained three major priorities; reducing the number of chronic, hard-core drug abusers, enhancing drug abuse prevention activities at the community level, and undertaking a controlled shift of the focus of the international drug control program from the transit zones to the source nations.

To a large extent, the strategy was well received on Capitol Hill, in the media, and among drug abuse professionals. However, the Administration did not make it a consistent theme, as it did with health care or certain aspects of the crime bill. We need to talk up the strategy, the need for the appropriations requested to support it, and create the same kind of national debate that the Administration orchestrated on the crime bill, and link crime, drugs, and violence. The 1995 Strategy will reassert the approach of the 1994 version focusing on its implementation in America's communities.

We need to energize a national dialogue on drugs around the Administration's Strategy. The Administration needs to effectively use the moral authority of the Presidency to unequivocally state that **drug use is wrong, we will arrest and prosecute those who deal them, help those who become addicted, and prevent it before it starts. We have the best strategy to carry this out.** Use of the Presidential "bully pulpit" will go a long way to silencing our critics who claim that you have not strongly addressed the drug issue. The involvement of the President on this issue will lead to active engagement of other members of the Cabinet on the drug issue.

Engage the Senior White House Staff

I believe that the Senior White House Staff should be more fully informed about the current drug situation, the Administration's Drug Strategy, and the political context of the drug issue. I suggest that I conduct a briefing for Chief of Staff Leon Panetta and the senior White House staff on drug issues as soon as practical. In addition, the Presidential speech writing office should be more cognizant of drug issues and ONDCP activities, and give increased attention to drug abuse in Presidential addresses when appropriate.

Increase Public Attention to the Drug Issue

I suggest that in the near future, you undertake some public events/pronouncements that dramatize the Administration's commitment to the drug issue. Among those we discussed include:

- A Presidential letter to the Nation's Governors and Mayors expressing concern over the rise in drug use among America's youth has been sent.

- A public campaign to get out information, particularly to our youth, about the dangers of marijuana.

- A drug-related event during the Miami Summit on the Americas in December.

- Public service announcements for both television and radio.

- A White House meeting with media CEO's.

I look forward to discussing this issue with you further.

*** CLOSE *** HOLD ***

MEMORANDUM

TO: DR. BROWN

FROM: CAROL BERGMAN Carol

RE: REPUBLICAN LEGISLATIVE STRATEGY

DATE: NOVEMBER 8, 1994

It has come to my attention that the Senate Republican staff are developing a longterm strategy to attack the Administration's international narcotics strategy.

Attached is a draft of the current working document for the Republican Senate staff on what they perceive as the Administration's areas of vulnerability on narcotics issues. While focused primarily on international issues, the document does address the Hardcore Treatment Initiative, and drug use data in general.

This is clearly a document in process; it reflects in large part the recently released Heritage Foundation Report. Their ability to put this into action will depend in large part on the results of today's election.

cc: Bob Wasserman
Ricia McMahon
Ed Jurith
Charlotte Hayes

Long Range Policy Paper on International Narcotics Control

ISSUE

Will the Clinton Administration's drug fighting approach and de-emphasis on the illicit narcotics trade and use, both at home and overseas, adversely impact American society? According to the DEA it is estimated that illicit drugs are directly related to, and account for 1/3 of all violent crime, and 1/2 of all murders in the U.S. In addition, illicit drugs may result in nearly $4 billion dollars in drug related health care costs. We cannot afford to ignore this issue of illicit drugs.

The New England Journal of Medicine recently reported, based upon Memphis Police Department arrest data, that drugs may rival alcohol as a highway hazard related to reckless driving. Illicit narcotics is a major domestic issue (with important foreign policy ramifications), that impacts crime rates, health care costs, worker productivity, and future generations of Americans to come.

Recent drug use trends in the U.S. are very disturbing. First, heroin related emergency room admissions were up 44 % in the first six-months of 1993, compared with the same period the previous year. Most alarming, the University of Michigan study released in early 1994 on youth drug use, shows an increase in drug use for the first time in ten years among this nations young, signalling a very dangerous trend. Finally, a July 1994 household drug use survey, released by the U.S. Department of Health and Human Services, showed no decrease in drug use for the first time since the Carter era. The makings of a new drug related disaster are starting to emerge, just as predicted.

ADMINISTRATION POSITION

The Clinton Administration has shifted emphasis from previous Republican initiatives to interdict illicit drugs before they enter the U.S. Citing the reportedly high costs and ineffectiveness of these interdiction efforts, the Administration claims it will concentrate on treatment of the hardcore drug users at home, and shift the emphasis from transit zone interdiction overseas to work in the source countries to build willing cooperative support, democracy, and institutions to prevent the drug trafficking that threatens America's very security and stability at home. (Interestingly, the sudden and unexplained cutoff of aerial drug trafficking intelligence sharing with Peru and Colombia on May 1, 1994, out of far fetched fears of criminal-liability for U.S. personnel, among other failures and actions, runs totally against this announced new source country strategy emphasis).

This new shift away from overseas transit zone interdiction efforts, and the resulting resource cut backs in interdiction programs by the Administration, in many ways makes the costly efforts in the federal 1994 crime bill for local community policing, new drug courts, and other drug treatment efforts self defeating. Ever greater quantities of cheaper and purer drugs on our streets from this misguided strategy, will increase crime, including violent crime, and diminish some of the positive value these new local police officers on the street may have in helping diminish our very serious domestic crime crisis.

In addition, U.S. Surgeon General Elders has called for a study of the legalization of drugs, and despite the White House and President Clinton's denial of support for legalization, the nation's chief health official is sending a signal that drug use may not be all that risky, if controlled. The President has not seen fit to reprimand or curtail the Surgeon General's legalization talk, and has tacitly provided encouragement by his silence. No leadership or strong message against drug use is coming from this White House, unlike others in the past. We will pay a price for that lack of leadership.

CRITIQUE OF ADMINISTRATION POSITION

Republicans must be willing to defend the tough actions we have taken in the past, and traditionally recommend to fight illicit drugs. We should not underestimate what we have accomplished, which is a great deal. Nor, should we throw in with those who say nothing works, or who believe drug use will continue unabated, along with unlimited and low cost supplies, and therefor there is nothing we can do. These people who say nothing works, are just flat out mistaken, if one examines the record.

Some noteworthy results from '80s GOP anti narcotics strategy :

- Drop in cocaine use from 5.8 million users in 1985 to 1.3 million users in 1992. (A 300% decrease)
- Marijuana use down from 22 million users in 1990 to 8.5 million in 1992.
- Nearly 20 % of estimated cocaine production was seized by U.S. and foreign interdiction operations, keeping tons of dangerous drugs off our streets.

One former anti narcotics official under President Bush, said of the decade before President Clinton took office: " The drug war was not over, but the country had clearly broken the back of one of the most serious domestic problems of the last decade." We should be proud of these gains. A 300 % decrease in cocaine use for example, by anyone's estimation, is a success story.

The Administration's strategy concentrating on treatment of the hardcore drug users to the detriment of interdiction and enforcement overseas, is fundamentally flawed. The GOP approach was both a simultaneous demand side and supply side strategy, that understood the fact that the availability of drugs bears on use. This use, in turn, bears on the number of hardcore abusers you will eventually have to treat. Yesterday's casual user is tomorrow's hardcore abuser, lest we forget.

The hardcore user population the Administration wants to concentrate treatment on isn't static, as they seem to mistakenly believe. It can, and will grow if we don't do, and say, the right things. Its growth can swamp the very treatment efforts at home the Administration intends to concentrate its attention on in its drug strategy, as well as the new local community policing efforts and drug courts provided for in the 1994 federal crime bill.

We need to support a broad based and comprehensive drug strategy. We must have eradication and interdiction overseas in the producing and transit countries, along with tough enforcement, education, treatment, and rehabilitation here at home. We can not neglect one part of this comprehensive strategy for another, or we will surely fail, based upon long and costly experience from the past.

GOP Mayor Rudy Giuliani of New York, in a March 1994 visit to Washington, D.C., called on the President to put the drug issue at the top of America's foreign policy agenda. He asked that the President direct the State Department and the U.S. foreign policy establishment to make drugs a top priority. Mayor Giuliani, a former prosecutor running the nation's largest city with a major drug problem (especially heroin pouring in from Burma), knows first hand of what he speaks. The mayor recently estimated that far more than 50% of the prisoners in N.Y. City jails may be there because of drug related offenses.

Mayor Giuliani has helped set out a GOP drug strategy that ties the subject directly to foreign policy and puts pressure where it belongs: on the Oval Office. Once the drugs reach the streets of America we have in many ways already lost the battle, so its critical that a high priority foreign policy concern exists at the highest levels in order to thwart the drugs at the source, or in the transit zones.

We must continue to make the drug issue a central part of American foreign policy and hold the Administration's accountable on this subject, since its impact, if ignored or neglected, is so very great on our domestic society.

ALTERNATIVES FOR REPUBLICAN ACTION

1. In the future, when Surgeon General Elders, or others in the Administration, again raise the specter of legalization of drug use, publicly call for their resignation. The message going out to kids on drug use is critical. The message being sent today is wrong from these officials, despite President Clinton's distancing himself from the legalization issue.

2. Evaluate Mexico-U.S. border crossing enforcement efforts post NAFTA for drug interdiction results with increased commercial traffic.

3. In the 104th Congress fight and publicly dramatize any administration or Congressional budget cuts in DEA, the State Department's International Narcotics Matter (INM) programs, FBI, Customs, Coast Guard or DOD anti-narcotics programs.

4. Keep pointing out Clinton hardcore drug treatment strategy's shortcomings, since it will not work. The strategy is misguided since it assumes this hardcore population is static.

5. Issue report card in June 1995 on Clinton Administration's performance in the battle against drugs.

6. Help to promote FBI, DEA, and U.S. Customs law enforcement training programs in the new independent states (NIS) of the former Soviet Union before the growing organized crime elements there become the new drug traffickers and crime cartels targeting the U.S. and Europe. Use the 1995 Foreign Aid reform bill and re-write as a vehicle to help institutionalize these police training efforts. (Note the Cali drug cartels already have established links in Russia today).

7. Use the health care debate next year as a possible forum to raise illicit drug issue, and Clinton's drug strategy failures. Some estimates as high as $ 4 billion dollars in health care costs, are drug related. The Administration's failure to battle drugs aggressively is adding to the very costs their health care reform is suppose to cut.

8. Relationship between crime and drug use needs more public exposure. Some estimates link more than 1/3 violent crime, and 1/2 of the murders in U.S to illicit drugs.

9. The Administration must provide a heroin strategy, especially as to Burma, and we should demand one. Inner cities, like New York City, are now seeing massive quantities of high purity and ever cheaper and deadly heroin, and U.S. government is wringing its hands over other issues in Burma and refusing to battle the new heroin tide.

More than 60 % of world heroin supply comes from Burma, and that nation is producing new and unheard of quantities, all without a Administration plan to combat the production. We must include in any heroin strategy, a focus and target on Vietnam, a new and growing transit route for this heroin, from nearby Burma.

10. Insist that the Administration restore, ASAP, aerial drug trafficking intelligence sharing with Peru and Colombia, despite shootdown policy legal liability fears. Since May 1, 1994, this intelligence has not been provided to Peru or Colombia, with substantial adverse affect on our counternarcotics goals and efforts. Consider asking GAO for full audit of impact of cut off of aerial trafficking intelligence for more than 5 months to these two key source countries.

11. Insist that the Administration certify whether Vietnam, which according to the Administration's own ONDCP Director Lee Brown, is a growing transit country for Burmese heroin, is fully cooperating with U.S. anti-drug efforts, as do other nations of the world that want to deal with the U.S.

12. Continue to press for the re-establishment in the House Foreign Affairs Committee of the Narcotics Task Force. Renew this effort at the beginning of 104th Congress.

DS

NATIONAL REPORT CARD ADVISORY PANEL

Dr. Marcia Lillie Blanton
Associate Director
Kaiser Commission on
the Future of Medicaid
Washington, D.C.

Dr. Mindy Thompson Fullilove
Associate Professor of Clinical Psychiatry
and Public Health
New York State Psychiatric Institute
and Columbia University

Dr. Avram Goldstein
Professor Emeritus of Pharmacology
Stanford University

Philip B. Heymann
James Barr Ames Professor of Law
Harvard Law School

Rev. H. Michael Lemmons
Executive Director
Congress of National Black Churches
Washington, D.C.

Dr. David Lewis
Director
Center for Alcohol & Addiction Studies
Brown University

Staff
Caroline Polk
[Amy Stuntzner]
Sarah Fairbanks
Patrick O'Rourke

Arthur Liman
Paul, Weiss, Rifkind, Wharton & Garrison
New York City

Dr. David Rosenbloom
Project Director
Join Together
Boston, Mass.

Dr. Donald Stewart
President, The College Board
New York City

Jeff Tauber
Municipal Court Judge
Oakland, Cal.

Dr. Marta Tienda
Chair of Sociology
University of Chicago

Marni Vliet
Senior Vice President
Kansas Health Foundation
Wichita, Kan.

x Eric Wish

x David Lewis

x H. Michael Lemmons

DRAFT DRAFT

report card

1995

drug use among kids		Teen drug use is rising, after declining for more than a decade.
drug related crime		Two-thirds of the nation's 1.4 million prisoners have drug habits.
impact on economy		The economic cost of drug abuse is estimated at $70 billion per year.
impact on health		Heroin overdoses are up 44% over last year.

grade:

annual budget
$13,000,000,000

comments: Although the Administration has tried to set a new course, Federal policy is failing to reduce America's drug problems. More funds should be spent to reduce the demand for drugs through education, treatment and community prevention programs. For the full report contact:

Drug Strategies
2445 M Street, N.W. Suite 480, Washington, D.C. 20037

FEDERAL DRUG CONTROL FUNDING
Agency Summary
($ Millions)

	FY 1994 Enacted	FY 1995 President's Budget Request	FY 1995 Enacted	FY 1996 Agency Request	ONDCP Priority	Tentative RMO Staff Mark	Req. Change 1995 - 1996 $	Req. Change 1995 - 1996 %	Description of Major Funding Issues
Department of Agriculture									
Agricultural Research Service	6	6	6	6			-0.5	-7.6%	
U.S. Forest Service	10	10	10	9			-0.4	-4.2%	
Women, Infants, Children (WIC)	15	15	14	14		14	0.0	0.0%	
Total, Agriculture	31	31	30	29		14	-0.9	-3.0%	
Corp. For Nat'l & Com'ty Service	29	43	39	39			0.0	0.0%	
Department of Defense	868	874	854	838			-16.1	-1.9%	o Based Upon Preliminary Estimates Subject To Change
Department of Education	599.0	781.0	603	732	732	603	129.0	21.4%	o DofEd: Adds (+$68M) For Safe and Drug Free Schools; Adds ($27M) For Nat'l Programs; Adds (+$35M) For Several Smaller Programs Education Programs
VCRTF Funding:									ONDCP: High Priority To Fully Fund DofEd Request
Family & Community Endeavor Schools Grants		---	0.6	1.6	2	1.6	1.0	178.7%	o RMO: Tentative Staff Mark Equals Sec. Riley's If Request Must Stay Planning Guidance
Department of Education	599	781	604	734	734	678	130.8	21.7%	
Dept. of Health and Human Services									
Administration for Children and Families	90	90	89	90		90	1.0	1.1%	
Subetance Abuse and Mental Health Administration (SAMSHA)	1,143	1,420	1,144	1,380	1,420	1,298	236.2	20.7%	o HHS: Adds (+$257M) To Block Grant To Treat Hardcore Addicts; ONDCP: #1 Priority - Adds (+$260M) To Fully Fund HHS Treatment Request; RMO: Funds Hard-Core Treatment Increase @$200M Vs. Request (+$260M)
									o HHS: Cuts (-$11M) From Community Prevention Programs; HHS: Cuts (-$12M) From Pregnant Women & Infants Prevention Programs; ONDCP: Adds (+$40M) For Targetted Prevention Programs @ SAMSHA; RMO: Reduces Request To FY95 Levels For Prevention (-$27M)
National Institutes of Health	425	444	438	452		452	14.7	3.4%	o HHS: Adds (+$16M) For Increased Prevention and Treatment Research
Social Security Administration	20	23	119	119		119	0.0	0.0%	o HHS: Adds (+29M) For Drug Monitoring & Referral of SSI Recipients
Centers for Disease Control	37	37	44	49		49	5.1	11.6%	o HHS: Adds (+$5M) For AIDS Prevention
Food and Drug Administration	7	7	7	7		7	0.4	5.7%	
Health Care Financing Administration	282	282	292	330		330	37.8	12.9%	o HHS: Adds (+$38M) To Address Increase MEDICAID Drug Related Costs
Indian Health Service	43	51	45	51		51	6.4	14.2%	o HHS: Increase (+$6.4M) Long-Term Treatment of Hard-Core Users Among Native Americans
Health Resources & Services Administration	33	39	36	38		38	2.0	5.6%	
Co-Morbid Alcohol & Drug Treatment	218.0	183.0	229.0	228.0	228	232.0			
VCRTF Funding:									
Family & Community Endeavor Schools Grants		---	1.3	3.6		3.6	2.3	179.5%	o Scored 5% Drug Related
Total, HHS	2,278	2,585	2,445	2,750		2,434	305.0	12.5%	
Dept. of Housing and Urban Dev.	315	315	290	300		300	10.0	3.4%	o HUD: Increase (+$10M) For Drug Elimination Grants
Department of the Interior									
Bureau of Indian Affairs	22	18	19	20			0.5	2.5%	
Bureau of Land Management	5	5	5	5			-0.0	-0.2%	
Fish & Wildlife Service	1	1	1	1			0.1	15.8%	
National Park Service	9	9	9	9			0.0	0.0%	
Office of Territorial and International Affairs	1	1	1	0			-0.8	-80.0%	
Total, Interior	39	34	35	35		0	-0.2	-0.6%	
The Judiciary	453	505	473	541		541	68.0	14.4%	o Reflects Projected Growth In Judiciary Case Load

FEDERAL DRUG CONTROL FUNDING
Agency Summary
($ Millions)

	FY 1994 Enacted	FY 1995 President's Budget Request	FY 1995 Enacted	FY 1996 Agency Request	ONDCP Priority	Tentative RMO Staff Mark	Req. Change 1995 - 1996 $	Req. Change 1995 - 1996 %	Description of Major Funding Issues
Department of Justice									
Assets Forfeiture Fund	576	497	477	477		477	0.0	0.0%	
U.S. Attorneys	208	209	213	226		213	12.7	6.0%	
Bureau of Prisons	1,408	1,670	1,684	2,142		1,922	448.2	26.6%	o DOJ: Reflects Increase (+$448M) To Activate 12 New Prisons Includes (+$5) For 600 Drug Treatment Beds With 3 New Facilities Started RMO: Reduces Prison Activations To 6 New Prisons
Criminal Division	19	19	19	22		20	2.3	11.8%	
Drug Enforcement Administration	768	767	800	909	814	825	109.4	13.7%	o DOJ: Adds (+$33M) For Office Automation ONDCP: Fund Agency Request; Adds (+$5M) For Expanded Marijuana Eradication RMO: Cuts (-$30M) From Office Automation; Implements Streamlining (-$50M)
Federal Bureau of Investigation	257	262	492	602		525	110.2	22.4%	o DOJ: Increase (+$122M) For Adv. Telephony, Field Sup., Tactical Ops RMO: Reduces (-$77M) Adv. Telephony To $45M
Immigration and Naturalization Service	157	168	185	178		170	-6.3	-3.4%	
Interpol	2	2	2	2		2	0.5	29.4%	
U.S. Marshals Service	235	256	281	327		309	46.2	16.5%	o DOJ: Adds (+25M) To Support New Court Houses
Office of Justice Programs	520	136	111	273	273	112	161.1	144.6%	o DOJ: Reflects Increased Byrne Grants Direct Appropriations (+$117M) ONDCP: Supports DOJ Request For Level Funding For Byrne Grants RMO: Cuts (-$160M) In Grants; Byrne Funded Solely From VCRTF
Organized Crime Drug Enforcement	382	370	370	389		375	19.3	5.2%	DOJ: Adds (+$19M) For Increased Costs Of Operations RMO: Reduces Request (-$14M)
Support of U.S. Prisoners	222	263	229	257		229	27.8	12.1%	o DOJ: Adds (+$10M) To Support Violent Crime Initiative
Tax Division	1	1	1	1		1	0.1	16.1%	
Weed and Seed Program Fund	7	7	7	7		0	0.0	0.3%	
VCRTF Funding:									
Community Policing (100,000 Cops)		567	429	628		628	199.0	46.4%	o Scored 33% Drug Related - Law Enforcement & Prevention
Prisons Grants			---	111		107	111.0		o Scored 20% Drug Related - Law Enforcement
Drug Treatment For State & Federal Prisoners			---	27		41	26.5		o Scored 100% Drug Related - Treatment
Local Crime Prevention Block Grant			---	7		6	7.3		o Scored 20% Drug Related - Prevention
Model Intensive Grant Program			---	2		2	2.4		o Scored 5% Drug Related - Prevention
Drug Courts			29	107		200	77.6	267.4%	o Scored 100% Drug Related - Treatment
Improving Border Controls			15	24		35	9.0	60.5%	o Scored 5% Drug Related - Law Enforcement
Rural Drug Trafficking			---	12		17	11.5		o Scored 100% Drug Related - Law Enforcement
Byrne Grants			450	260		260	-190.0	-42.2%	o Scored 100% Drug Related - Law Enforcement
Additional DEA Agents			---	12		12	12.0		o Scored 100% Drug Related - Law Enforcement
Other VCRTF Funding			---	23		14	22.5		
Total, Justice	4,762	5,184	5,803	7,024		6,502	1220.4	21.0%	
Department of Labor	65	80	77	97			19.8	25.6%	
Off. of National Drug Control Policy									
Operations	12	10	10	29	29		19.4	195.6%	o ONDCP: Adds (+$15M) For Hard Core User Study; Provides (+$4.5M, 21FTE) For Additional Staff To Perform Newly Mandated Authorities
High Intensity Drug Trafficking Areas	86	98	107	146	146		39.0	36.4%	o ONDCP: Adds (+$39M) To Support New Baltimore/Washington and Puerto Rico/VI HIDTA
Special Forfeiture Fund	13	53	42	86	86		44.1	105.3%	o ONDCP: Adds (+$44M) For Unspecified Initiatives
Total ONDCP	111	161	159	261	261	0	102.5	64.6%	
Small Business Administration	0	0	0	0		0	0.1	50.0%	
Agency for International Development	45	---	37				---	0.0%	o FY 1995 Funding Estimate "Soft" And May Be Overstated By $5M
Department of State									
Bureau of International Narcotics Matters	0	---	---	---	---	---	---	---	International Narcotic Matters (INM), Politico/Military Affairs, & Diplomatic/ Consular Service Bureaus Merged Into An International Narcotics Control Program (INCP)
Bureau of Politico/Military Affairs	0	---	---	---	---	---	---	---	
International Narcotics Control Program	115	232	122	213	213	213	91.2	74.8%	o State: Adds (+$91M) To Restore Funding To Prior Levels
Emer. in the Dip. and Consular Service	0	0	0	0		0	0.0		RMO: Tentative Approval of State's Request
Total, State	116	232	122	213	213		91.2	74.8%	

FEDERAL DRUG CONTROL FUNDING
Agency Summary
($ Millions)

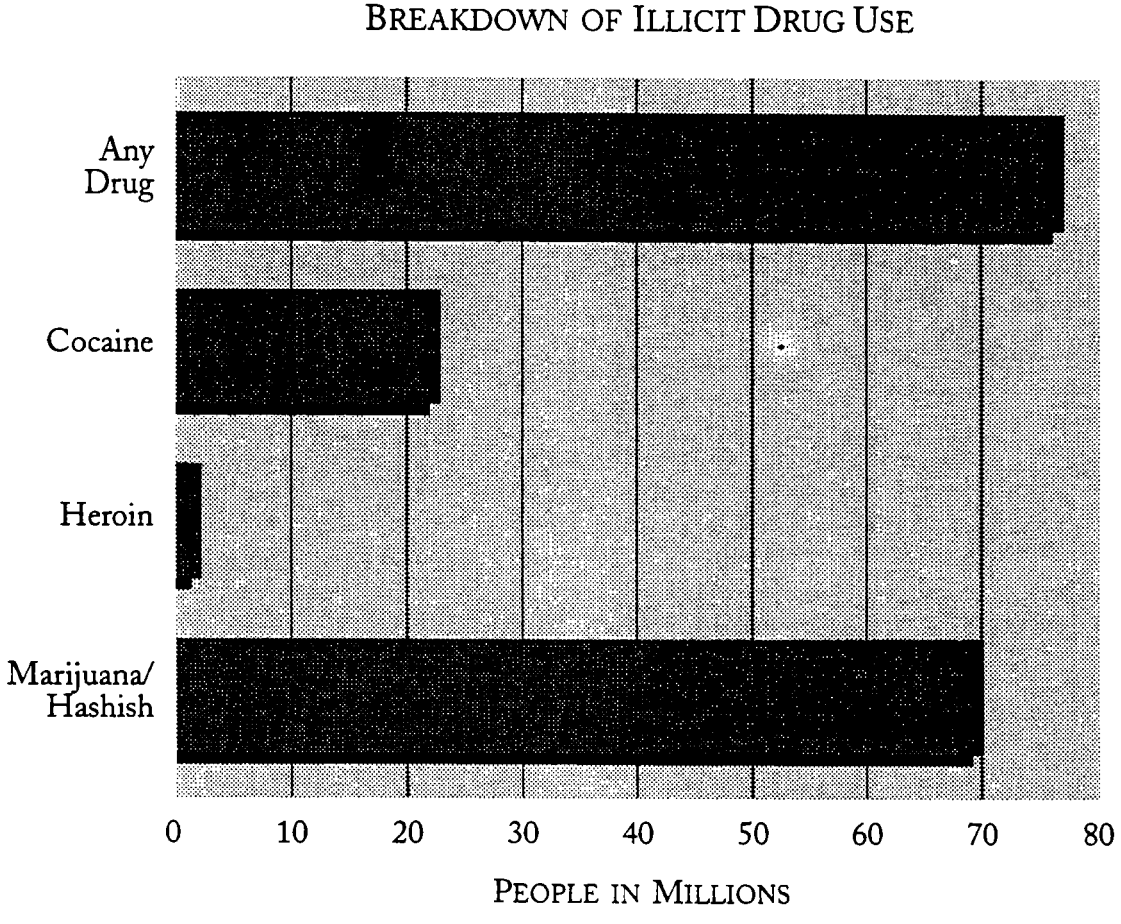
	FY 1994 Enacted	FY 1995 President's Budget Request	FY 1995 Enacted	FY 1996 Agency Request	ONDCP Priority	Tentative RMO Staff Mark	Req. Change 1995 - 1996 $	Req. Change 1995 - 1996 %	Description of Major Funding Issues
Department of Transportation									
U.S. Coast Guard	315	263	259	251			-8.1	-3.1%	• DOT: Reflects Reduction (-$8M) In CG Anti-Drug Operations As The Result of Diversion of Effort To Haitian Refugee Problem
Federal Aviation Administration	25	17	17	20			4.0	24.1%	
National Highway Traffic Safety Admin.	34	28	29	28			-1.7	-5.8%	
Total, Transportation	374	307	305	299		0	-5.8	-1.9%	
Department of the Treasury									
Bureau of Alcohol, Tobacco, and Firearms	154	154	157	162			5.6	3.6%	
U.S. Customs Service	536	506	513	514			1.1	0.2%	
Federal Law Enforcement Training Center	20	18	22	20			-1.5	-7.0%	
Financial Crimes Enforcement Network	15	16	18	11			-6.6	-37.0%	
Internal Revenue Service	90	95	91	100			9.0	9.8%	
U.S. Secret Service	57	57	58	65			7.6	13.0%	
Treasury Forfeiture Fund	230	209	209	209			0.0	0.0%	
Total, Treasury	1,103	1,054	1,067	1,082			15.1	1.4%	
U.S. Information Agency	8	10	8	8			0.4	5.2%	• Funds Public Diplomacy Activities Relating To Counter-Narcotics Efforts Overseas
Department of Veterans Affairs	940	981	887	940			52.5	5.9%	• VA: Adds (+$42.5) To Reflect Cost of Medical Care Inflation Adds ($10M & 107FTE) For Substance Abuse Prevention Services
Total Federal Program	12,134	13,178	13,236	15,192			1955.9	14.8%	
Violent Crime Reduction Trust Fund Summary [Non Add]									
PREVENTION & TREATMENT									
Model Intensive Prevention Grants	—		—	2.0		2.0	2.0		
FACES Grants	—		1.9	5.2		5.2	3.3	180.9%	
Local Crime Prevention Block Grant	—		—	7.5		6.0	7.5		
Federal & State Prison Drug Treatment	—		—	27.0		41.0	27.0		
Drug Courts	—		29.0	107.0		200.0	78.0	269.0%	
Other Prevention	—		9.0	7.2					
STATE & LOCAL LAW ENFORCEMENT									
Community Policing Grants	—	428.0	429.0	628.0		628.0	199.0	46.4%	
Bryne Grant Program	—		450.0	260.0		260.0	-190.0	-42.2%	
Prison Grants	—		38.7	111.0		107.0	72.3	186.8%	
Rural Law Enforcement	—		—	12.0		17.0	12.0		
Other S&L Law Enforcement	—		—	—					
FEDERAL LAW ENFORCEMENT									
Treasury Authorizations	—		—	17.5		17.5	17.5		
Justice Authorizations	—		—	7.0		7.0	7.0		
DEA Agents	—		—	12.0		12.0	12.0		
Improving Border Controls	—		9.0	24.0		35.0	15.0	166.7%	
Other Federal Law Enforcement	—	86.0	—	—					
TOTAL CRIME CONTROL ACT	0.0	515.0	966.6	1,227		1,338	260.6	27.0%	
TOTAL DRUG CONTROL [Incl. Crime Control]	12,134	13,178	13,236	15,192			1,956	14.8%	
Total Supply Programs	7,683	7,742	8,340	9,592			1,252	15.0%	• REQ LEVEL: Increases Supply Programs By An Estimated +$1.3B
	63.3%	58.7%	63.0%	63.1%					
Total Demand Programs	4,451	5,419	4,896	5,599			704	14.4%	• REQ LEVEL: Increases Demand Programs By An Estimated +$704M
	36.7%	41.1%	37.0%	36.9%					

OFFICE OF NATIONAL DRUG CONTROL POLICY

REDUCING THE IMPACT OF DRUGS ON AMERICAN SOCIETY

STEP 1:
KNOW THE SCOPE OF THE PROBLEM

77 Million People Have Experimented With Illicit Drugs



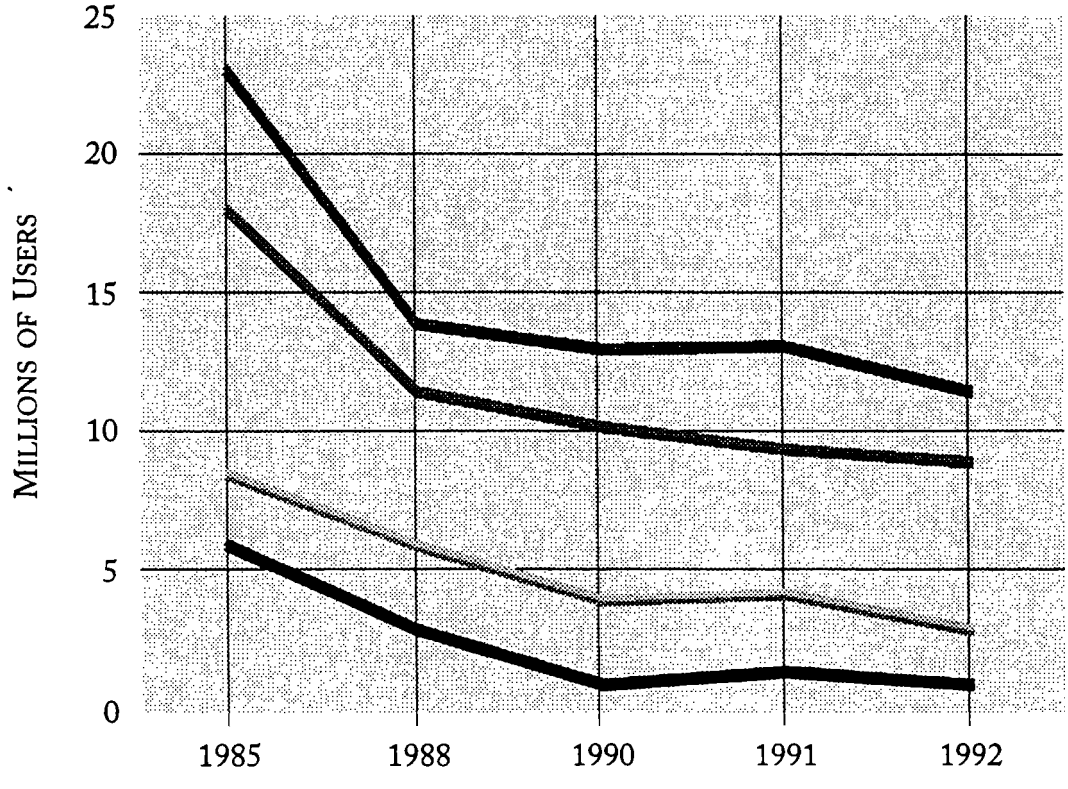
SOURCE

National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration (1993)

NOTE

Breakdown includes the number of persons who have used an illicit drug at least once in their lifetime

Casual Use is Down Significantly



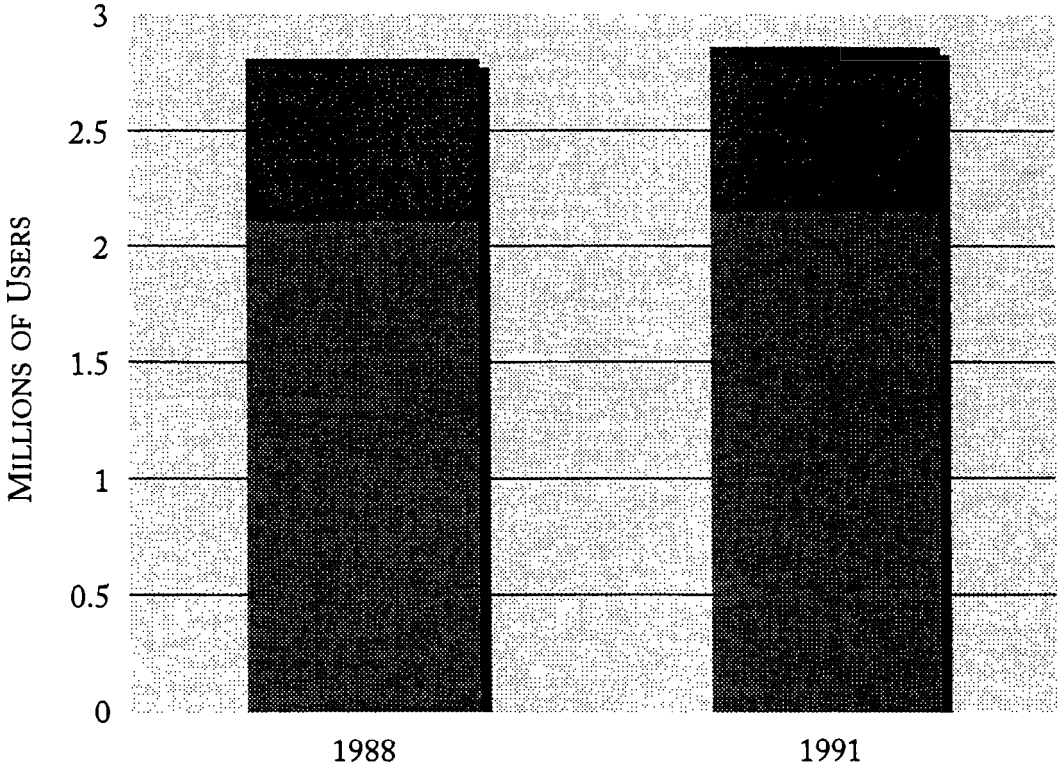
LEGEND

- Any Illicit Drug
- Current Marijuana
- Occasional Cocaine
- Current Cocaine

SOURCE

National Household Survey on Drug Abuse, National Institute on Drug Abuse (1985-1991); Substance Abuse and Mental Health Services Administration (1993)

Number of Hardcore Users Unchanged



LEGEND

Heroin
Cocaine

SOURCE

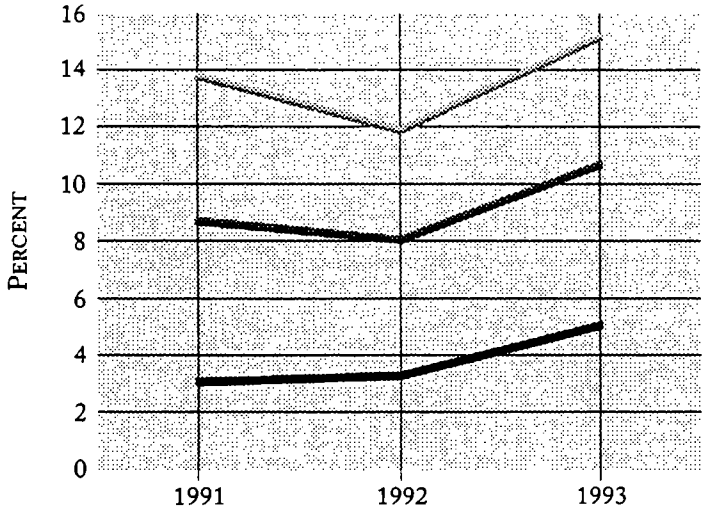
ONDCP estimates

NOTE

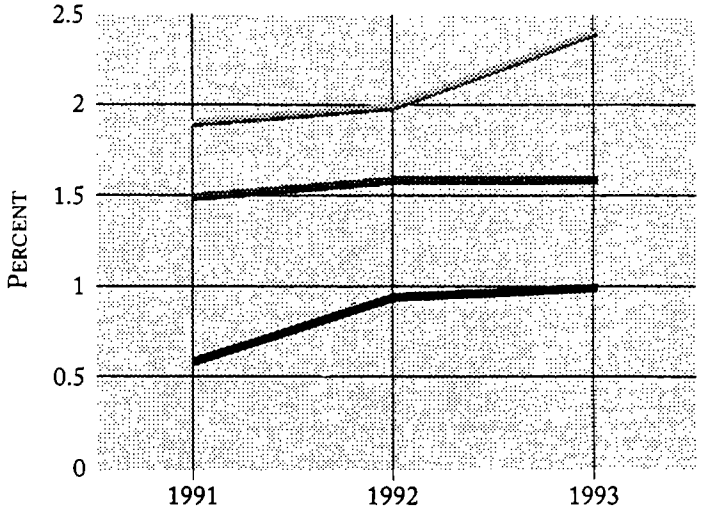
Hardcore users include individuals who use illicit drugs at least weekly and exhibit behavioral problems stemming from their drug use

Drug Use Among Young People is Increasing

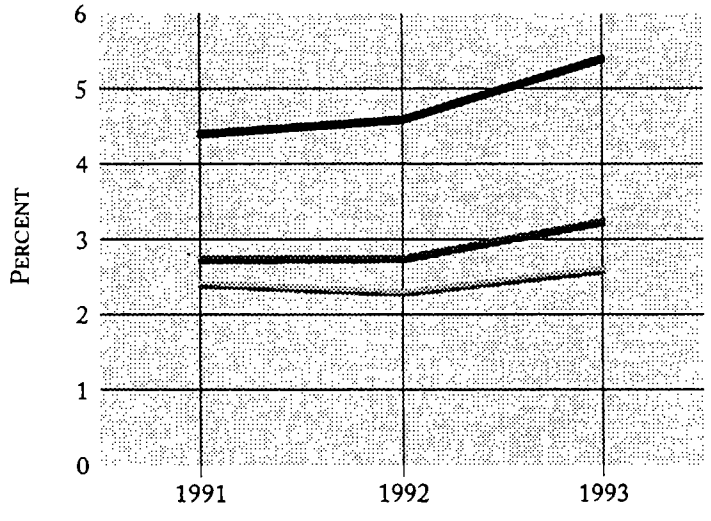
MARIJUANA



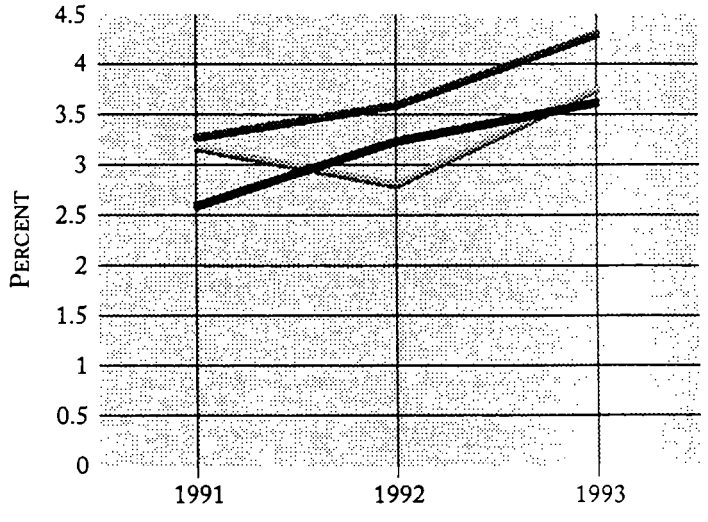
LSD



INHALANTS



STIMULANTS



LEGEND

- 8th Grade
- 10th Grade
- 12th Grade

SOURCE

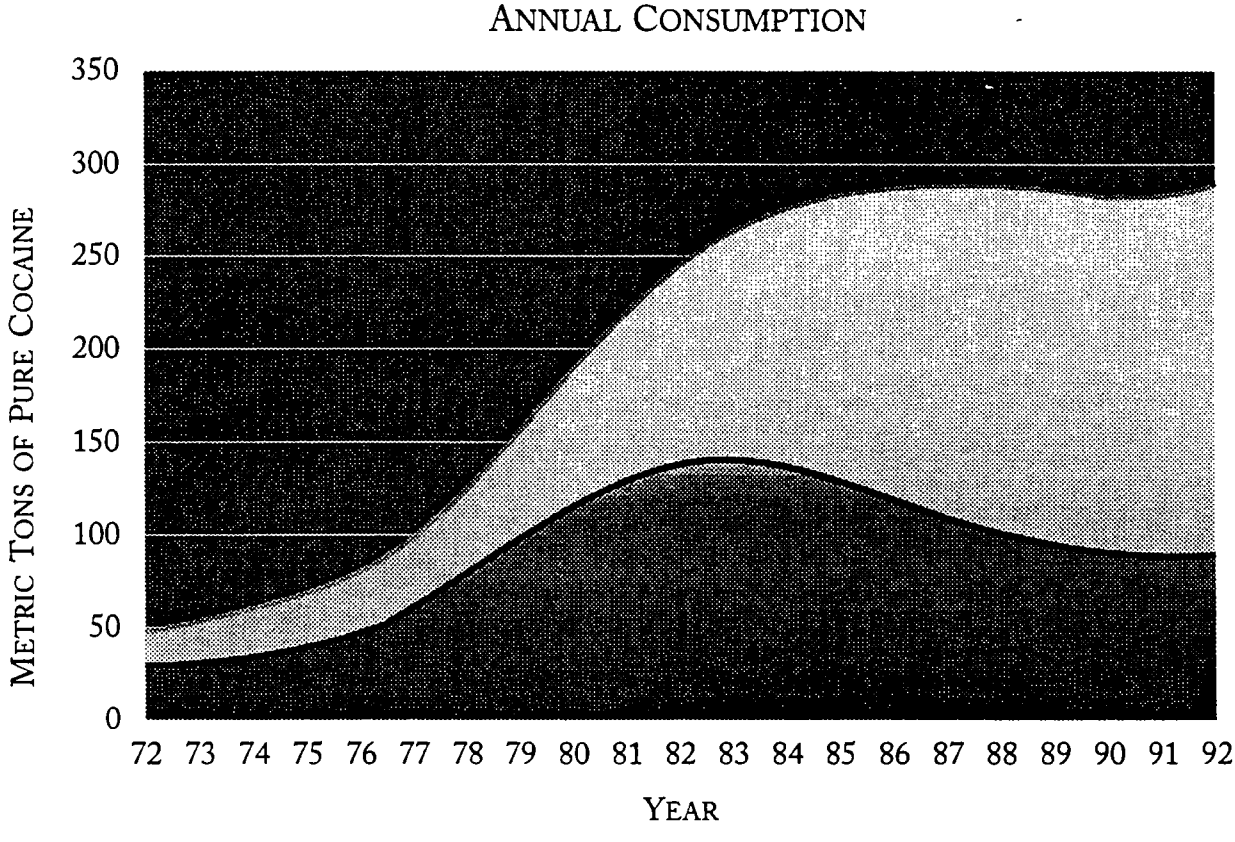
Monitoring the Future study, Institute for Social Research, University of Michigan (1993)

NOTE

Data are for past 30-day use

Hardcore Drug Users Are at the Heart of the Problem

While the number of individuals using illicit drugs at least weekly is unchanged, these individuals consume a greater proportion of illicit drugs then ever.



LEGEND

Hardcore User
Casual User

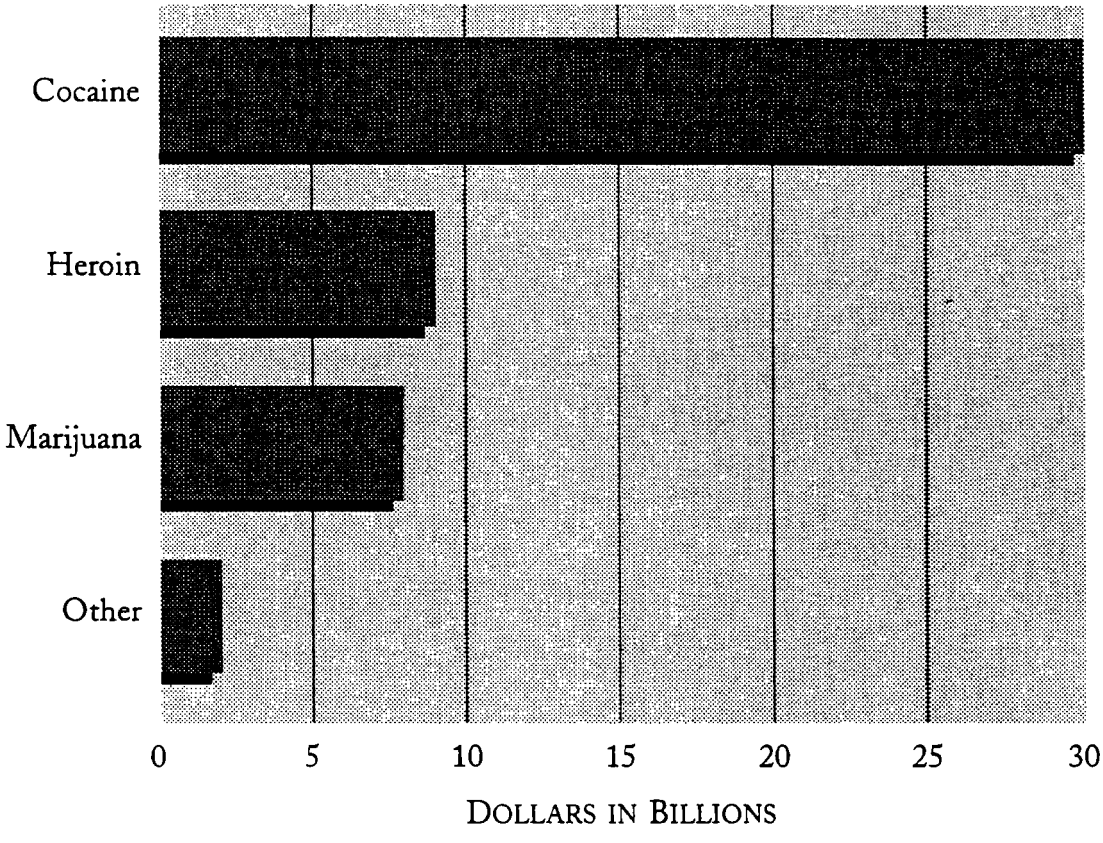
SOURCE

Modeling the Demand for Cocaine, RAND Corporation (1994)

STEP 2:
UNDERSTAND THE COSTS OF ABUSE

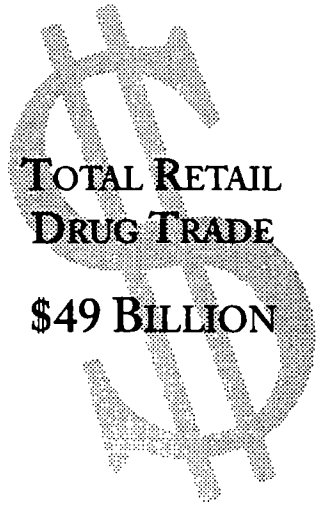
The Drug Trade is a $49 Billion Industry

ANNUAL CONSUMER SPENDING BY PRODUCT



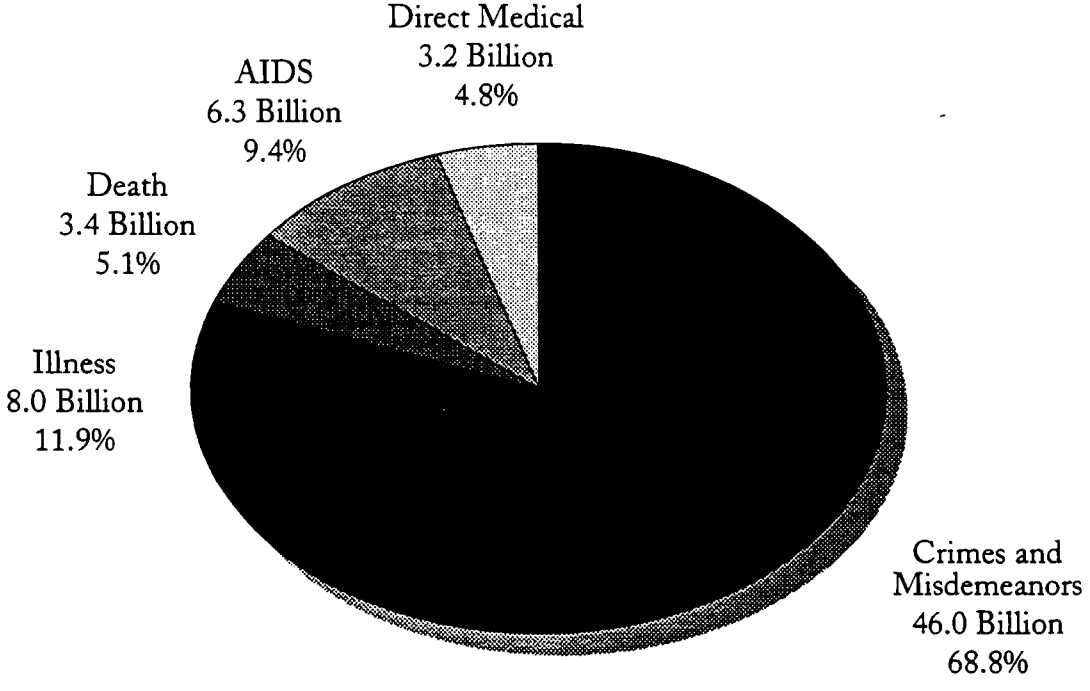
SOURCE

What America's Users Spend on Illegal Drugs, 1988-1991, Abt Associates (1993)



Drug Abuse Takes a Heavy Economic Toll on Society

ESTIMATED ECONOMIC COSTS OF DRUG ABUSE



SOURCE

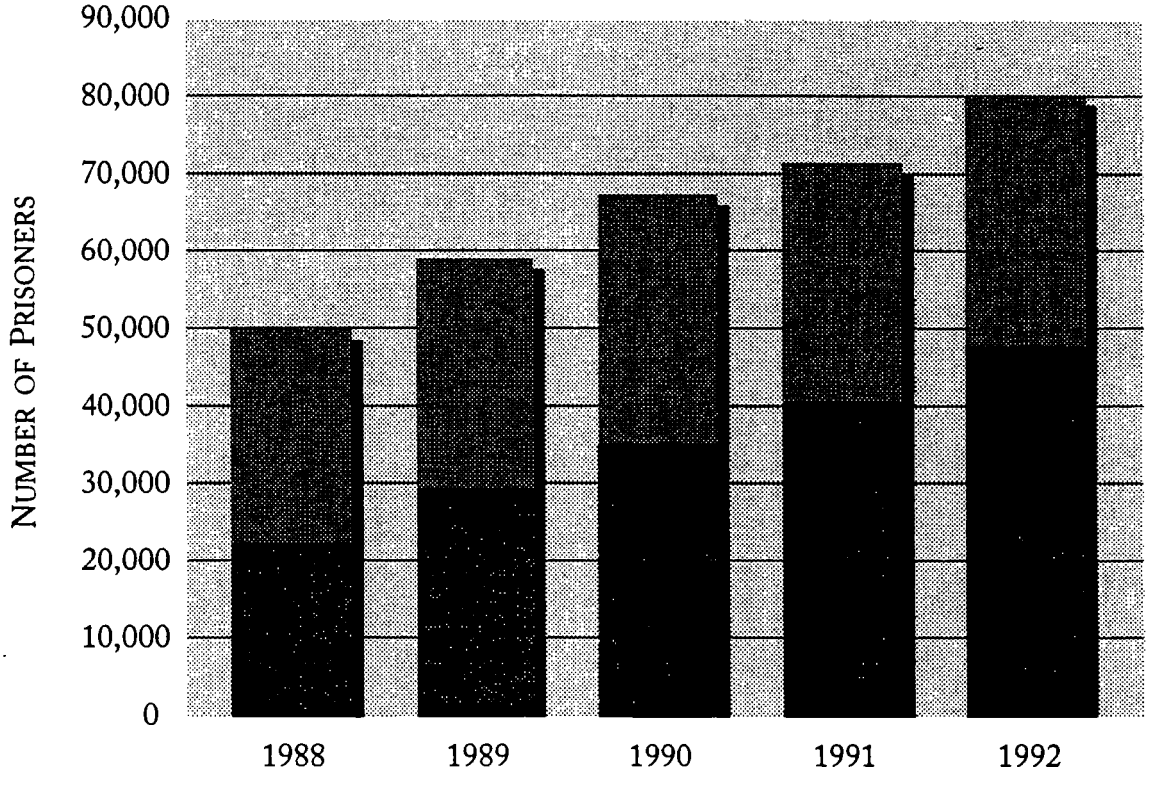
Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy, Institute for Health Policy, Brandeis University (1993)

TOTAL ESTIMATED COST

$66.9 BILLION

Drug Abuse Burdens the Criminal Justice System

The majority of Federal prisoners are now drug offenders.



LEGEND

Total Prisoners
Drug Offenders

SOURCE

National Drug Control Strategy, February 1994

STEP 3:
RESPOND WITH A STRATEGY

National Drug Control Strategy Highlights

I. TREATMENT OF HARDCORE USERS

- Treat an additional 140,000 hardcore users next year
- Target users inside and outside the criminal justice system

II. EDUCATION AND PREVENTION PROGRAMS FOR AMERICA'S YOUTH

- Drug-Free Schools Act
- Prevention research

III. COMMUNITY ACTION AND LAW ENFORCEMENT

- High Intensity Drug Trafficking Areas (HIDTAs)
- Community policing

IV. SUPPLY REDUCTION IN SOURCE COUNTRIES

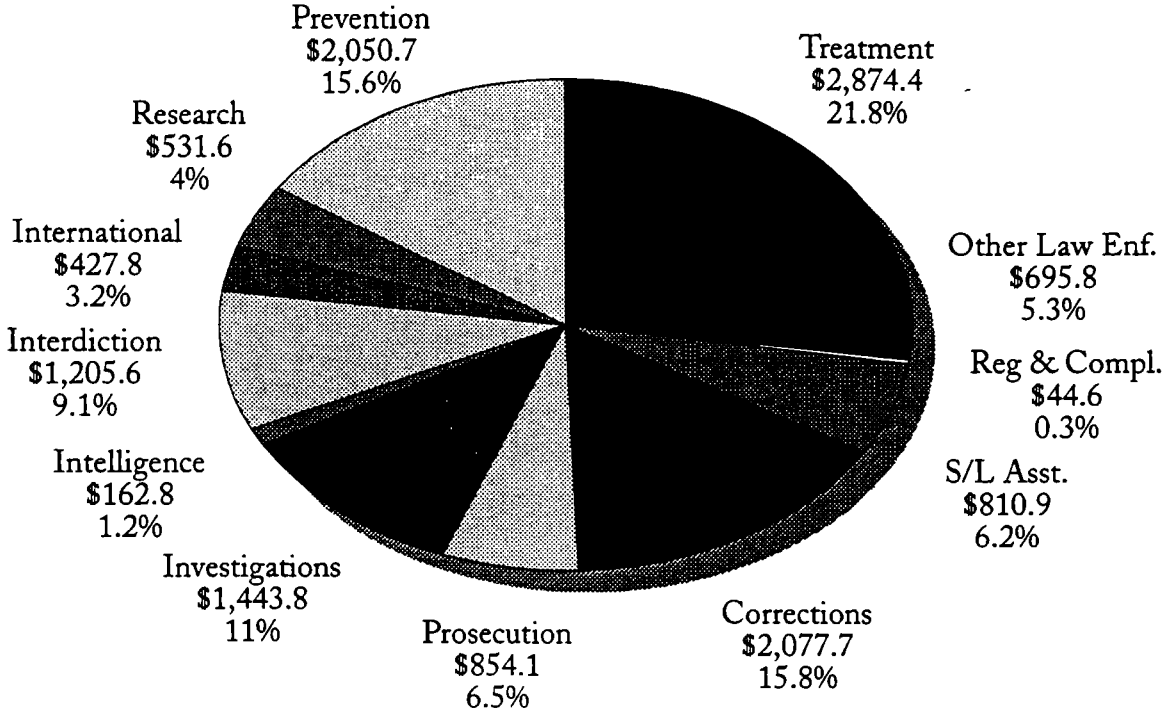
- Democracy and institution building
- Controlled shift from transit zones

V. SUPPORT FOR VITAL PRESIDENTIAL INITIATIVES

- Health Security Act
- Education 2000
- Crime bill
- Empowerment Zones and Enterprise Communities

Federal Funding for the National Drug Control Strategy

FEDERAL DRUG CONTROL BUDGET BY FUNCTION, 1995
(Dollars in Millions)



SOURCE

National Drug Control Strategy,
February 1994

TOTAL 1995 BUDGET REQUEST

$13.2 BILLION

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20500

MEMORANDUM TO THE PRESIDENT

FROM: LEE P. BROWN

RE: DRUG ABUSE POLICY

As requested during our conversation on Air Force One, I am submitting an outline of a number of steps the Administration needs to take to reinvigorate the public's attention to the drug abuse issue; to underscore the relationship between drugs, crime and violence; and to highlight the Administration's actions in the drug policy area.

The objective of this plan of action is not only to improve the implementation of the National Drug Control Strategy, but to place the Administration in a better position to respond to our critics on Capitol Hill - both Republicans and Democrats - that the Administration has not paid sufficient attention to the drug issue.

POLITICAL PERSPECTIVE

I have been advised by Republican Members of Congress that in the next Congress, our opposition will focus heavily on drug abuse as a wedge issue to attempt to draw distinctions between Democrats and Republicans as we go into 1996. The Heritage Foundation has published a document that purports to marshal the failures of the Clinton Administration in the anti-drug effort, and makes the assertion that we are "soft on drugs". The Heritage Report (attached) highlights the following:

- Statements by Surgeon-General Elders in support of studying drug legalization;

- Reductions in drug interdiction funds, and a emphasis in the National Drug Control Strategy on demand reduction activities;

- DoD's suspension of radar sharing with Peru and Colombia pending resolution of the "force down" issue;

DRAFT

- Little Administration resistance to Congressional reductions in requested appropriations for drug control programs.

These actions have been pointed to by Republican critics as allowing a "mixed message' to come out of the Administration on drugs; contributing to the increase in drug use, particularly among young Americans.

Specifically, in both major surveys, the National Household Survey on Drug Use and the Monitoring the Future (High School Senior) Survey, that inform us about adolescent drug use there are clear indications that casual drug use is on the rise and that the attitudes and beliefs of out youth are shifting in a direction more favorable to experimentation and casual drug use. These trends were first noted by surveys conducted during the last years of the previous administration. But, since these surveys are lagging indicators; this is, they generally take more than a year from the date of the survey to release the report, our Republican critics use them as "proof" of the negative impact of this "mixed message".

Moreover, it is not only the Republicans in Congress and elsewhere that have been critical of our drug policies. Many of our Democratic allies have been equally outspoken about what they perceive is a lack of firm commitment by the Administration to the drug issue. These include Senator Joe Biden, and Reps. Charlie Rangel and John Conyers. By developing a consistent and stronger message about our drug program, we will enlist Democratic critics on our side and they will be able to better respond to partisan political attacks on our program in the Congress, the media, and elsewhere.

WHAT NEEDS TO BE DONE

<u>We have a good strategy - let's herald it</u>!

The National Drug Control Strategy issued by the Administration in February, 1994 contained three major priorities; reducing the number of chronic, hard-core drug abusers, enhancing drug abuse prevention activities at the community level, and undertaking a controlled shift of the focus of the international drug control program from the transit zones to the source nations.

To a large extent the strategy, was well received on Capitol Hill, in the media, and among drug abuse professionals when released. However, the Administration did not make it a consistent theme, as it did with health care or certain aspects of the crime bill. We need to talk up the strategy, the need for the appropriations requested to support it, and create the same kind of national debate that the Administration orchestrated on the crime bill. The 1995 edition will reassert its earlier themes and focus on implementation of the strategy in America's communities.

DRAFT

We need to energize the national debate on drugs around the Administration's strategy. The Administration needs to effectively use the moral authority of the Presidency to unequivocally state that **drug use is wrong, we will arrest and prosecute those who deal them, help those who become addicted, and prevent it before it starts. We have the best strategy to carry this out.** Use of the Presidential "bully pulpit" will go a long way to silencing our critics who claim that you have not strongly addressed the drug issue. The involvement of the President on this issue will lead to active engagement of other members of the Cabinet on the drug issue.

Engage the Senior White House Staff

I believe that the Senior White House Staff should be more fully informed about the current drug situation, the Administration's strategy, and the political context of the drug issue. I suggest that I conduct a briefing for CoS Leon Panetta and the senior White House staff on drug issues as soon as practical. In addition, the Presidential speech writing office should be more cognizant of drug issues and ONDCP activities, and give increased attention to drug abuse in Presidential addresses when appropriate.

Increase Public Attention to the Drug Issue

I suggest that in the near future, you undertake some public events/pronouncements that dramatize the Administration's commitment to the drug issue. Among those we discussed include:

- A Presidential letter to the Nation's Governors and Mayor expressing concern over the rise in drug use among America's youth.

- A public campaign to get out information, particularly to our youth, about the dangers of marijuana.

- A drug-related event during the Miami Summit on the Americas in December.

- Public service announcements for both television and radio.

- A White House meeting with media CEO's.

I look forward to discussing this issue with you further.

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: Jose

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: _____

For your information: ✓

Reply using form code: _____

File: _____

Send copy to (original to CHR): _____

Schedule ? : ☐ Accept ☐ Pending ☐ Regret

Designee to attend: _____

Remarks: _____

THE PRESIDENT HAS SEEN 10/4/94

Leon / cc: Czar / Lee Brown
— I think he's prob. got something
PSAs will never get the job done
— let's explore how much we can do
how quickly — B

OCT 4 1994

A SIMPLE, COMMON SENSE PLAN TO REDUCE ILLEGAL DRUG USE

BY J. BARLOW HERGET

I have a plan for Drug Czar Lee Brown that will reduce the use of illegal drugs in America. It is simple and direct. Unfortunately, that may be one of its drawbacks because it's sometimes easier to sell five-step programs or high-tech solutions. My plan can be put into practice tomorrow, and it can be paid for with existing funds. It's not hard to explain; it will be easy to implement. Most importantly, it will work.

My plan is to use advertising. That's right. Let's do what Americans do better than anyone else: To persuade our children to stop using drugs, let's use the same proven talents and methods we use to make beer drinking and breath mints fashionable.

I did not come to this idea without some experience at other programs. I am a former member of the City Council of one of America's most attractive cities, Raleigh, N.C. We have one of the lower crime rates in the country for a city of 230,000. We have tried the usual list of cures in the "war on drugs."

We have a DARE program, for example, and we established special police flying squads as part of Raleigh's nationally heralded Phoenix Program which also has a comprehensive education and recreation component. Currently, police are

walking neighborhood beats once again as part of the city's community policing effort.

Yet we have seen the same fear and concern over random violence as other communities. In 1992, for example, the city reported 192 non-domestic shootings that were all connected to drugs. Such violence was unheard of 20 years ago. The 1993 student survey from the countywide school system showed that 400 students are using marijuana daily and almost two percent use cocaine regularly. The survey this year, according to school officials, is expected to show that recent declines in drug use have come to an end. Worse, it will show drug use among teenagers is rising which is a nationwide trend.

This is not good news. It may explain why some frustrated officials are willing even to consider legalizing certain drugs to see if that will remove some of the lure and crime attached to narcotics. I disagree with that approach--history and common sense show that legalization is foolish--although I understand the desperate urge to try something, anything.

I believe that a productive plan must get at the root of drug use which is our own behavior. We can blame the Colombians and other foreigners only so much for our troubles. They smuggle us the junk because too many of us want it. We must change that behavior if we are going to reduce addiction and its attendant crimes. How do we change behavior? We do it all the time with mass marketing.

Americans always have been among the best sales people in the world. Indeed, there has never been a culture so steeped in selling We pioneered hidden persuaders, concocted a science to sell soap and even made a tragedy out of the death of a salesman. There is no question that we

have the marketing talent as well as an audience conditioned to the pitch.

There are numerous examples of how mass marketing has been able to affect social behavior. Each of us probably has a favorite example, and here are three of mine: First, there is our attitude towards body odors. Most Americans didn't worry about the smell of honest sweat until this century. (Many Europeans still don't.) Following World War II, deodorant makers used television advertising to convince people that a person's natural, pungent body odor was as socially attractive as facial boils. Bad breath is another example. Indeed, we are so conditioned on the subject that we typically refer to a person's normal mouth odor as "bad breath." Americans spend millions annually to change their natural breath smell. Pimples are a third example. I'm not talking here about serious acne but common, adolescent pimples. For most people, they are a natural part of growing up. But American marketing has persuaded teenagers particularly that the appearance of a pimple is the mark of the beast, and any parent can witness the pain and change in behavior that pimples produce.

Most of us will agree that beer and tobacco advertising have compiled equally impressive records in shaping behavior, and it doesn't take an investigative reporter to realize that the pitch is not so much about the product as social behavior. In short, the product is sold by making its users seem fashionably and socially attractive--ersatz peer pressure.

This record as well as new evidence from California's experiment with anti-cigarette advertising argue strongly for a mass marketing effort. The California study was released this year, and it examined the effect of the state's 1989-93 anti tobacco education program that was financed by excise taxes on tobacco products. One part of that campaign was a

mass media campaign. The study found that an "accelerated decline in per capita cigarette consumption in California began in April 1990, coinciding with the start of the mass media campaign. During a 12-month period, consumption declined by 12 percent. At this time, the media campaign was the only major tobacco control intervention in the field." That's smoking gun proof that the idea works.

It's true that over the years we have used public service television ads to fight drug use, but by almost any standard of effective, modern mass marketing, this has not been a serious effort. The ads--some of which are brilliant--are poorly financed and randomly placed, often late at night in non-prime time hours.

I recommend a campaign that will be based on serious market research and that will cost as much as what the beer industry spends nationally to sell its products on television. According to 1992 advertising figures, the beer makers spent about $760 million on TV commercials. The cosmetic companies spent about $183 million on television deodorant advertising. This is what it takes to affect broad, public behavior.

Evenso, it is a bargain compared to what we are spending on current anti-drug programs. In Raleigh, for example, the DARE program cost $126,088 in budget year 1992-93. The city spent another $469,050 on a special,anti-drug police program and Project Phoenix, and yet another anti-drug effort, cost $416,755. The federal government, depending on whose figures you accept, spends about $7.2 billion on similar anti-drug programs.

No new tax dollars are required if we shift current moneys that are being allocated for police hardware and drug education. At a minimum, some of the new Crime Bill's

discretionary money can be used to finance pilot projects. Surely, we can make the very real dangers of cocaine and heroin as unfashionable and fearsome as body odors and pimples.

#

(J. Barlow Herget is a writer, businessman and former city councillor who lives in Raleigh, N.C.)

[redacted]

221 FOREST ROAD
RALEIGH, NORTH CAROLINA 27605

[redacted]

DRAFT

BRIEFING ON NBC NIGHTLY NEWS DRUG STORY

Last night NBC Nightly News aired a piece on the drug issue -- the basic message of which was that there has been an "explosion of drugs" entering the country. The question posed by Tom Brokow was "what has happened to the high profile war on drugs." The piece highlighted the rise of the Cali Cartel and described how they are using large airplanes and submarines to transport drugs into the country. The mention of submarines was in relation to shipping cocaine through Puerto Rico (where you just established a HIDTA to address the problem), to the U.S. NBC interviewed Thomas Constatinc, who described the current Cali Cartel as a "sophisticated enterprise." The domestic cultivation and adolescent use of marijuana was also mentioned. Also according to the piece, Federal prosecutors complained of being told to work on issues such as "dead beat dads and medicaid fraud" at the expense of drug prosecutions. The story concluded with Bill Bennet accusing the Administration of lack of leadership on the drug issue ("more interested in the baseball cartel than the Cali cartel").

This was the first of three stories on the drug issue for the Nightly News. The second story will likely deal with the spread of violent drug trafficking gangs to rural areas of the country. NBC has indicated that for the third installment, they would like to interview you.

We have provided some talking points in the event that you are asked any questions regarding this story while you are in California.

- The 1995 Strategy has in it the solution to every problem noted in the report. We need Congress to fully support the programs and initiatives that make up the action plans. The Drug problem in this country took years to develop and it reflects many of the social problems facing the Nation. There is no quick fix therefore this Congressional support must be long term so that the programs can have the desired impact.

- The NBC story refers to an explosion of drugs entering the country. Actually, estimates of the amount of cocaine shipped to the U.S. dropped slightly in 1990 (compared to 1989), rose only slightly in 1991, and dropped again in 1992 and 1993. The figures for 1993 are well <u>below</u> those for 1989.

- We know that domestic cocaine availability has remained steady. Further, consumption levels of drugs -- particularly cocaine -- have remained constant since 1984. This constant level of consumption has been driven by hardcore drug users. The number of casual users of drugs has dropped.

- The Cali Cartel (and other Colombian) organizations are shipping multi-ton quantities of cocaine into the U.S. Cartel traffickers constantly adjust their methods of transportation to respond to methods used by law enforcement to interdict shipments.

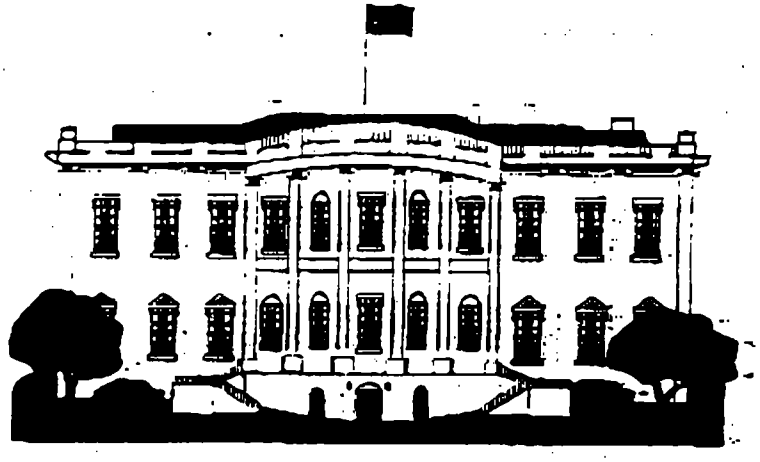
DRAFT

- This Administration recognizes what law enforcement has been saying for years that intelligence based interdiction activity is a much more effective method of interdiction drug shipments then random paroling the oceans.

- Any suggestion that this Administration is not committed to reducing the supply of drugs entering the country is ludicrous. The FY 1996 budget requests more money for supply reduction activities then ever before. And the 1995 National Drug Control Strategy responds to both domestic and international law enforcement concerns better than ever before -- by creating the framework for the development of flexible enforcement initiatives by Federal, State and local law enforcement. This allows for a rapid and effective response to the constantly changing methods utilized by the traffickers.

- After 30 years in law enforcement I can tell you that law enforcement, alone, is not the solution -- the drug problem cannot be interdicted away. The overarching goal of the President's Strategy is to reduce the number of drug users. The most cost-effective way to reduce the consequences caused by drug use is to treat chronic, hardcore users -- those who consume the most drugs, commit the most crimes, and burden the health care system the most. Along with this, we are working harder than ever to cut off the drug supply at the source. A combination of supply and demand initiatives, as found in the Action Plans of this year's Strategy, will do the job.

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500



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From: Rick McMahon

Fax Number: _____

Office Number: _____

May 1, 1992

COCAINE SUPPLY: SOURCE COUNTRY AND INTERDICTION ISSUES

EXECUTIVE SUMMARY

OVERVIEW. Policy makers in the Office of National Drug Control Policy have concluded that in 1991 both the supply of and demand for cocaine increased from 1990 -- precisely the opposite outcome expected by the President's drug control Strategy. This paper describes the indicators of cocaine use and availability that lead to this conclusion and recommends policy direction.

COCAINE USE INCREASED. The National Drug Control Strategy is judged almost exclusively by measures of use: in brief, how many people in America are using drugs? **Chart 1** shows the percent of the U.S. population that has used drugs in the past 30 days and indicates that the use of any illicit drugs has decreased since 1988 -- the base year against which we measure our performance. The chart also shows that cocaine use is well below its 1985 peak.

However, we found a troubling increase in cocaine use between 1990 and 1991. In fact, as **Chart 5** shows, the number of people who used cocaine in the past month rose from 1.6 million in 1990 to 1.9 million in 1991. **Charts 6 and 7** show this same trend for occasional use of cocaine (within the past year but less than monthly) and for frequent (weekly) use of cocaine.

Close Hold Furthermore, DAWN hospital data for the third quarter of 1991 show that cocaine-related mentions continue to increase. From the second to the third quarter of 1991, cocaine mentions rose 13 percent, continuing the trend begun in fourth quarter 1990.

The bottom line from the demand side data is that cocaine use increased in 1991 over the 1990 level.

PRICE AND PURITY. We also know, from DEA data, that the price per pure gram of cocaine fell in 1991 from the 1990 level. Given this increased demand, price could decline only if the amount of cocaine entering the U.S. in 1991 had increased. There is substantial evidence that this indeed occurred.

SUPPLY INCREASED. How certain are we that the cocaine supply increase in 1991? The Department of State's 1992 International Narcotics Control Strategy Report (INCSR) provides, among other things, estimates of the amount of cocaine that could potentially be produced from the total leaf crop in the Andean countries. According to the INCSR, the total leaf harvest equalled 331,140

metric tons (MT) in 1991, up eight percent over 1990. Peru accounts for most of this harvest -- 67% in 1991. This leaf harvest could have produced a potential 995 - 1,170 metric tons (MT) of cocaine, after taking into account losses from local consumption and local seizures. **Chart 20** shows that this range estimate is up 75 - 80 MT over the 1990 estimate of 880 - 1,090 MT, presumably some of this increase ended up in the U.S. market.

ONDCP developed a model to estimate cocaine availability, i.e., the amount of cocaine that arrives in the U.S. for domestic consumption. The model relies heavily on INCSR and Federal drug seizure data as well as other sources to estimate availability. Of particular importance to the estimate are seizures by foreign and Federal authorities. **Charts 22 and 23** show cocaine seizures have been growing significantly in Latin America and worldwide, but that seizures by U.S. forces have risen only marginally.

Chart 24 shows the result of our modeling effort. Estimated cocaine availability was 274 - 442MT in 1991, an increase of 15-19MT over the 1990 level of 259 - 423MT. This range is about the same as the 1989 level of 281 - 449MT (before the Andean Strategy and enhanced interdiction resources had been provided). These estimates support the following conclusion: more cocaine was available for U.S. consumption in 1991 than in 1990.

VALIDATING THE INCREASED AVAILABILITY. The increased availability that occurred in 1991 correlates with the increase in cocaine use highlighted earlier. In other words, the increased cocaine entering the U.S. could indeed have been consumed by the increased number of casual and heavy cocaine users in 1991. In fact, rough approximations suggest that the increased number of users in 1991 could have consumed as much as 17-26MT of cocaine.

More importantly, the increased availability of cocaine has a demonstrable link to increased cocaine use. Analysis suggests that changes in cocaine price and purity affect cocaine demand (use) in the same way that the changes in the price of any product affects consumer choice. In fact, preliminary work prepared under contract to ONDCP shows that between 1986 and 1990 as the price of cocaine went up (and its purity went down) -- reflecting disruptions in supply -- the consequences of cocaine use, as measured by the DAWN and DUF systems, went down (see **Chart 26**).

PROJECTIONS FOR 1992. What does 1992 portend? Using INCSR's preliminary estimate of coca leaf production in 1992, we see that -- unless foreign seizures and seizures by U.S. agencies increase significantly -- **all other things being equal**, there will be an increase in the amount of cocaine available (see **Chart 27**). In fact, for availability not to increase above the 1991 level in 1992, all other things being equal, drug seizures by Latin American

countries will have to increase by about 10 percent.

INCREASED SUPPLY MEANS INCREASED USE. If availability increases, we can expect an increase in use. The magnitude of that increase depends on a number of factors, including the amount of cocaine that is exported to European and other countries. ONDCP estimates that the amount coming into the United States could be sufficient to produce an increase in current use approximating 205,000 - 239,000, bringing total current cocaine use in 1992 to 2.1 million (see **Chart 28**). The increase in frequent use could be as much as 126,000, bringing total frequent cocaine use in 1992 to 980,000 (see **Chart 29**). While these numbers represent a worst-case scenario and are doubtless too high, the <u>trends</u> are altogether too likely.

POLICY RECOMMENDATIONS. To summarize, cocaine use and availability increased in 1991 and are likely increase in 1992, as well. This leads to the following policy recommendations:

1. Take immediate steps to reduce the supply of cocaine into the U.S. These might include:

   -- Rethinking some of the fundamental approaches, e.g., stressing overt interdiction rather than covert; de-emphasizing the importance of "busts" vis-a-vis disrupting the organizations.

   -- Bringing greater order to the command and control of our interdiction efforts, possibly assigning enhanced responsibilities to the Defense Department.

2. Continue to sharpen our understanding of what's happening in terms of supply and demand, including:

   -- enhancing strategic intelligence.

   -- improving data collection systems used to monitor new and emerging trends.

3. Get tougher with our Latin American partners. We need to establish tough output measures for them that are rigorously linked to funding, e.g., numbers of hectares eradicated.

4. Continue to be vigilant with demand reduction efforts. Ensure that drugs don't start regaining any of their former lure.

On closer analysis, the overall use data reveal the two-front nature of the war against cocaine use in America. One front challenges wide-spread, casual use, and is the area where we are having great success. The other is hard-core, frequent cocaine use, where the going is slower.

During the same period, overall counter drug resources grew from $6.6 billion in FY 1989 to $10.8 billion in FY 1991 (64 percent). Interdiction resources grew from $1.4 billion to $2.0 billion (43 percent).

The recent developments in Peru portend even more darkly for success in reducing coca production.

1776 I Street, NW, Suite 890
Washington, DC 20006
(202) 452-8200

Testimony before Senate Judiciary Committee

William J. Bennett

Outline

I. Introduction

- September 5, 1989 address by President Bush on illicit drugs—"the grave... threat facing our Nation today.
- Four years ago, more than 14 million Americans were current active users of cocaine, marijuana, and heroin.
- Nearly 2 million adolescents were using drugs.
- Nation's response to drug crisis during 1980's was not always well-coordinated—overlapping responsibilities for law enforcement, interdiction, demand reduction.

II. What a Real Drug Strategy Did

- September 1989 Strategy and each succeeding strategy grounded on four key principles which made explicit the Bush Administration's understanding of nature of our Nation's drug problem:

  1. Essence of drug problem is drug use. Ultimate goal must be to reduce number of Americans who use drugs. Too little attention had been given to such indicators of drug use as drug-related deaths, injuries, and levels of drug use among various populations.

  2. Because they are at the heart of the problem, drug users must be held accountable. Although many reasons are given for it, drug use is by and large the result of bad decisions by individuals exercising free will. Need to make it clear that using drugs will lead inevitably to specific adverse consequences and sanctions. Consequences may range from civil and criminal penalties, from loss of professional license to court-ordered drug treatment, as well as social sanctions from family, community.

3. To be effective, Nation's anti-drug efforts must integrate efforts to reduce the supply of as well as the demand for illegal drugs. To be fully effective, prevention and treatment programs need support of programs to reduce the supply and availability of illegal drugs.

Supply reduction effort contributes directly to reducing demand for illegal drugs in two ways:

-By discouraging use through threat of apprehension and punishment, and
-By directing substance-dependent individuals who enter criminal justice system to undertake and complete treatment programs.

4. We must have a national, not just a Federal anti-drug effort. Part of the fight involves Federal resources expended by Federal authorities, but an even bigger part of the fight involves Federal, State, local, and non-governmental resources expended by communities, neighborhoods, schools, workplaces, and individuals.

- President Bush bolstered National Drug Control Strategy by seeking unprecedented increase in Federal funding for virtually every fact of war on drugs--first budget alone proposed 40% increase in funding for drug control programs. Funding for drug programs increased by nearly 80% to $11.9 billion in FY 1993. Funding for domestic law enforcement grew by 90%, for internal cooperation and interdiction by 38%, and for demand reduction by 99% since FY 1989.

- From the first to the fourth and last National Drug Control Strategy, a number of initiatives were launched, including:

-Creation of a $100 million per year grant program to help communities mobilize against drugs.
-Increased funding for drug prevention in public housing communities from $8 million in FY 1989 to $175 million in FY 1993.
-Funding requests that would have doubled Federal funding for school systems ravaged by drugs and drug-related crime.
-Doubled funding for drug treatment services and research, and proposed and signed into law legislation that improves state strategic planning for drug treatment systems.
-Initiated the development of model drug treatment protocols and standards of care for treatment providers.
-Pioneered multi-modality drug treatment campuses and experimental programs integrating drug treatment at Job Corps training centers.
-Expanded funding and encouragement for community policing approaches by local law enforcement.

-Increased the use of significant elements of the U.S. Armed Forces in the fight against illegal drugs.
-Expanded cooperative programs with Colombia, Mexico, Bolivia, Peru, and other source and transit countries.
-Increased the use of boot camps and other alternative sanctions for drug offenders.
-Greatly increased the eradication of domestically-grown marijuana crops.

III. The Results

- The only real gauge of how we are doing is the number of Americans using drugs.
- The number of current drug users is now half that in 1979.
- Since 1988, the number of Americans who reported using cocaine within the past month is down by 45%. Since 1985, it has declined almost 80%.
- Adolescent drug use is now at the lowest level since national data collection began in 1975.
- 1992 data show that there are two distinct fronts in the war on drugs. National Drug Control Strategy was designed to curtail the spread of drug use by dramatically reducing casual use--we have been successful beyond expectation on this front. Hard-core addicted users--those on the second front--now probably constitute over 50% of all current drug users.
- Hard-core users are more resistant to conventional anti-drug use measures than casual users--progress in this area will be more difficult as a result. Despite a doubling of Federal treatment funding since 1988, the available evidence indicates the addict population has not declined.

IV. Conclusion

- Bill Clinton has been almost silent on this issue; he has not given it a high national priority.
- The Clinton Administration has acquiesced to cuts to all aspects of federal counter-drug effort: almost one-quarter of a billion dollars in drug treatment and prevention spending; $117 million in funds to state and local law enforcement; $50 million, or one-third of the funding for the State Department's anti-drug bureau; and an 80% cut to the Office of National Drug Control Policy.
- Where drug use remains concentrated today, drugs are plentiful and cheap. Interdiction is one way, and in some cases the only proven way, to reduce the availability of illegal drugs.
- Largely as a result of interdiction efforts, cocaine cartels must now produce an estimated 1,100 metric tons of cocaine in order to deliver roughly 300 metric tons to the U.S. market. During 1989-90, interdiction forced street

prices up by roughly 50%. As a result, use went down, as did cocaine-related hospital emergency room admissions and deaths.

- Loudest criticism of anti-drug efforts is aimed at interdiction and other supply reduction efforts--critics are dead wrong. Hard-core users are more, not less, price sensitive than casual users.
- Treatment is not "the" solution to the drug problem. Although there are some fine treatment programs, there is no evidence that simply expanding drug treatment funding will significantly reduce hard core use.
- Federal treatment spending roughly doubled during the Bush Administration, increasing by more than one billion dollars per year, and a Census Bureau study of State and local treatment spending shows it increased as well. Despite these increases and sharp declines in new users, the number of addicts did not decline.
- Those serious about fighting addiction and crime in our inner cities will strengthen interdiction along with domestic law enforcement, treatment, and prevention efforts--with real resources and real leadership.

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Congressional Record dated Wednesday, September 29, 1993
Senate Section

Remarks by HATCH (R-UT) on S. 1356 and H.R. 3116
THE NEED FOR A NATIONAL DRUG CONTROL STRATEGY
[CR page S-12694, 174 lines]

Attributed to HATCH (R-UT)

THE NEED FOR A NATIONAL DRUG CONTROL STRATEGY

Mr. HATCH. Madam President, it is fine to talk about reinventing Government. We might start by adhering to some of the laws that we already have on the books. For instance, on February 1, 1993, the Clinton administration was required by law to submit to Congress its first national drug control strategy. That was February 1, 1993. I do not think any of us will hold them to that date, but it is now September 29 and we still have not had their submission on its first national drug control strategy. Where is that drug strategy? Where is the Presidential leadership in the war on drugs? This administration is sending a terrible signal to our country: drug control is no longer a national priority.

This administration has slashed the drug czar's office to the bone, from 146 positions to 25, below the level needed to devise a drug strategy, and that is part of the reason why they still have not gotten it to us. It has sought to cut funding in the drug war. Budget allocations for prosecutors have been reduced, prison construction is being cut, there is talk about not prosecuting certain drug offenses, and it appears interdiction efforts will be cut back.

In July, the Washington Post reported that the Clinton administration had agreed to a $231 million cut in drug treatment and education funds in the House of Representatives.

Administration officials from the Office of Management and Budget were reported to have privately suggested many of the cuts. And, to give a misleading image of being aggressive in the drug war, the administration made a paper promotion of the drug czar to the Cabinet, yet appears to have cut him out of the loop.

Is this what it means to be a new Democrat? Hardly. Instead, this administration is turning the clock back on drug control, slipping inexorably into the old permissiveness of the Carter era. As A.M. Rosenthal observed in March, in the New York Times, as I recall, President Clinton's interest in fighting drugs can be summed up as: "No leadership. No role. No alerting. No policy." (New York Times, Mar. 26).

In May, Mr. Rosenthal warned that the "concept of the war on drugs is in danger of being dismantled and the result will be creeping legalization. If that is what Americans want, fine--they can get it by just keeping silent." (New York Times, May 18).

I am not trying to be partisan here. I am trying to wake this administration up. On May 18, 1993 at Philip Heymann's hearing to be Deputy Attorney General, and on May 25, 1993, at Lee Brown's confirmation hearing to be Director of the Office of National Drug Control Policy, I prodded the administration, acknowledging that it could not be expected to produce a strategy on February 1, less than 2 weeks after President Clinton was sworn into office. On the Senate floor, on July 13, I again called on the President to produce a national drug strategy and, again, in fairness, acknowledged that the administration needed time to devise a drug strategy.

I call upon editorial writers and columnists to draw attention to this issue and the need for Presidential leadership. I have my own views on this subject. I fought for additional funding for the DEA and Marshals Service. As well, Senator Dole and I recently introduced a comprehensive crime bill which will provide law enforcement aid to drug ravished urban and rural communities. It beefs up the number of DEA and border patrol agents, increases the size of the drug czar's office, and provides drug control assistance to rural areas. But my purpose today is not to ask for endorsements of our legislation. Rather, I am asking that those who agree drug control should be made a higher priority by this President to let their concerns be known.

I understand that an outline of a drug strategy may be presented to Congress this month but the President's comprehensive strategy will not be presented to the Nation until next February, 1 year late. This is wholly inadequate.

Why do we need a strategy and Presidential leadership in the drug war? A recent University of Michigan study demonstrates why. The study shows that the decline of drug use among our Nation's young people, which began during the Reagan-Bush years, has virtually halt and that marijuana and LSD use are on the rise. Dr. Mitchell Rosenthal, the president of Phoenix House, the Nation's largest residential treatment organization stated that the study "ought to be a big signal to the President and his Cabinet that they have got

to pay serious attention to the drug problem"--New York Times, July 16. The New York Times reported that Dr. Lloyd Johnson, who headed up the research team, concluded that the study indicates a more tolerant attitude toward drugs and the possibility of a steep increase in drug abuse. This study demonstrates the risk we face if the administration continues to ignore the drug problem.

The administration's proposal to merge the Drug Enforcement Administration into the Federal Bureau of Investigation also indicates why we need a cohesive national drug strategy. This merger, which is a part of the administration's proposal to reinvent Government, could seriously disrupt our Nation's drug control efforts. I do not want to dismiss the proposal out of hand. I personally thank the distinguished Attorney General of the United States for spending personal time with me on this effort. So I will keep an open mind on it but I am concerned about it and I am not sure it is the right thing to do. I support efforts to streamline Government. Yet, I believe the elimination of our Nation's premier drug control agency will likely undermine the effectiveness of our domestic and international counternarcotics efforts.

The DEA's mission is clearly defined and the DEA has proven itself to be very effective. Elimination of the DEA calls into question this administration's commitment to fighting the drug war. Frankly, I am also concerned that the merger could be used to hide major cuts to Federal law enforcement. Indeed, according to Vice President Gore's Report of the National Performance Review, the administration claims the merger will permit $187 million in cuts to law enforcement spending. I am not persuaded that these cuts will be purely the result of savings through increased efficiency. Rather, I suspect the administration may plan to cut into the muscle of our antidrug initiatives.

Had this administration developed a comprehensive drug strategy, one must question whether this proposal would even be discussed. Important questions need to be asked, the most important of which is: Will such a merger further the implementation of the administration's long term drug control goals and strategy? In order to answer this, and other questions, the Congress first needs to know what this administration's goals and strategy actually are.

I do not think I can be for a merger unless I will know what their strategies are. How could anybody be, if it is going to lead to a reduction in an effort against drugs?

Another recent example of the need for leadership and a national strategy is the recently reported plans to shift resources away from interdiction and toward greater military and economic aid for Andean nations--the Washington Post, September 16. As the administration ponders cutting interdiction, a move I seriously question the wisdom of, the Congress is preparing to cut the

very foreign aid programs the White House wants to increase support for. The Senate will soon be considering a bill which cuts U.S. aid to foreign antidrug programs by $47 million. If the Congress had a strategy on which to base its decisions, we might not be seeing these cuts. The Washington Post reported last Thursday, September 16, "administration officials * * * acknowledged that events may be overtaking them."

Look. I have been all over Mexico, Central and South America. I have gone to some of these Andean countries. I have seen the DEA agents down there. And for the want of peanuts, absolutely hardly any money, they could have interdicted a lot more drugs. They could have stopped a lot more drug activity. We are not putting our money where our mouths are.

When President Clinton was running for office he said, in recognition of the link between drugs and crime, that "we have a national problem on our hands that requires a tough national response." New York times, March 26, quoting an earlier Clinton statement. Yet, the President's own drug czar, Lee Brown, has conceded that drugs are no longer "at the top of the agenda" as a political issue and that it is this administration's duty to "raise the consciousness of the American people."--Washington Post, July 8. Nearly 8 months into his term, however, the President has failed to demonstrate a true commitment to combating the drug problem. In April of this year, former drug czar officials Terrence Pell and John Walters warned of the President's lack of commitment. They wrote that his lack of interest "rests on a widespread mythology minimizing the importance of Presidential leadership."--Washington Post, April 16.

I do not know whether that is fair, but the fact is that is what is being written, and it bothers me.

Madam. President, I suggest to my colleagues that we can no longer be silent about the administration's failure to carry out its obligations under the law or about its failure to recognize and address one of the most insidious threats to our families and our communities. I believe the University of Michigan study is an omen of things to come if we persist in allowing this administration's drug policies to drift aimlessly.

I hope President Clinton and the rest of the administration will begin to demonstrate a stronger commitment to sustaining a vigorous national effort against drugs. They can begin to do so by delivering to Congress the national drug strategy--not a summary.

As I have stated on numerous occasions, I stand ready to work with President Clinton and Lee Brown in continuing the fight against drugs. When a strategy is presented to Congress, I look forward to reviewing it, discussing it with the drug czar and the Attorney General and, where appropriate,

suggesting changes. Through a sustained effort on the part of the Clinton administration, I believe we can continue to make progress in fighting drug abuse and drug-related violence throughout all of America.

In fact, I suggest this President probably would have a better chance to lead this fight than anybody else in the history of this country, because he is truly a younger man, he truly comes out of that sixties generation, and he truly understands, it seems to me, all of the ramifications.

He is very bright and intelligent. His wife is leading the health fight in this country and he has mastered those details, all of which I admire. I want to help him. I think I have had the reputation of helping him over these past 9 months and I intend to continue to.

But I want to see this defect remedied, and I want to see it remedied now. I think it is time for this administration to get it done. And if people below him are not going to do it, he has to crack the whip and get it done.

In the process, he is going to find a great ally in Orrin Hatch and, I might add, he will find a great ally in a lot of other people that we can bring along to help support him in this great battle. Our kids and our families and our States and local areas need this done. We need to get this accomplished. We must work together and we have to start now. We cannot wait any longer.

Thank you, Madam President.

I yield the floor.

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Drug Abuse and Control
IP 30D

The problem of drug abuse and control remains a chronic and tenacious domestic dilemma. There are many different facets to this thorny issue:

- How to stem the flow of illegal drugs across United States borders from foreign countries
- How to enforce the laws against their production, distribution, and use within this country
- How to promulgate the effort to prevent drug abuse, chiefly through education programs
- How to provide adequate treatment programs for substance abusers
- How to fund these efforts.

This Info Pack provides an introduction to and overview of the problem and its magnitude, and discusses possible avenues of Federal recourse and the implications of the various options for action.

CRS has produced many reports on the drug abuse and control issues; most of these are listed in the enclosed report 92-258 L, "Drug Control: A Checklist of CRS Products." Members of Congress may obtain these reports by contacting CRS at 7-5700. Additional CRS reports may be identified by looking in the current *Guide to CRS Products* (for congressional use only) under "Drug Abuse" and in the latest *Update* under "Law, Crime, and Justice."

Three CRS reports which are not included on the current Checklist and would be particularly helpful are:

- 92-732 GOV: "Narcotics and Other Dangerous Drugs: Brief Summaries of Federal Laws to Control Supply, 1961-1991." A compilation of major drug laws now in effect.

(continued on back)

- 92-667 L: "Drug Control Law and Legislation: Selected References, 1988-1992." A bibliography of articles and congressional reports which discuss the U.S. Government's efforts through its laws to control drug abuse and the flow of drugs to and through the United States.

- 92-321 L: "Drug Abuse in America: Selected References, 1990-1992." A bibliography of articles, books, and congressional reports which discuss the use and abuse of narcotics and dangerous drugs in the United States today.

Many useful Federal publications on drug abuse are available at no charge by writing or calling:

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345 Telephone: (800) 729-6686
In the Washington, DC, metro area: (301) 468-2600

Another clearinghouse with helpful information and statistics on drugs and drug-related issues is:

Drugs and Crime Data Center and Clearinghouse
1600 Research Boulevard
Rockville, MD 20850 Telephone: (800) 666-3332

Constituents may find additional information on this topic in a local library through the use of *Readers' Guide to Periodical Literature*, Public Affairs Information Service *Bulletin* (PAIS), and various newspaper indexes. Books on this subject may be identified through the library's catalog or the most recent edition of *Subject Guide to Books in Print*.

We hope this information will be helpful.

SOURCE: *What Works: Schools Without Drugs*, 1989, U.S. Department of Education, pp. 61-71.

Specific Drugs and Their Effects

TOBACCO

Effects

The smoking of tobacco products is the chief avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease—some 170,000 die each year from smoking-related coronary heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Some 30 percent of cancer deaths (130,000 per year) are linked to smoking. Chronic obstructive lung diseases such as emphysema and chronic bronchitis are 10 times more likely to occur among smokers than among nonsmokers.

Smoking during pregnancy also poses serious risks. Spontaneous abortion, preterm birth, low birth weights, and fetal and infant deaths are all more likely to occur when the pregnant woman/mother is a smoker.

Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Other toxins and irritants found in smoke can produce eye, nose, and throat irritations. Carbon monoxide, another component of cigarette smoke, combines with hemoglobin in the blood stream to form carboxyhemoglobin, a substance that interferes with the body's ability to obtain and use oxygen.

Perhaps the most dangerous substance in tobacco smoke is nicotine. Although it is implicated in the onset of heart attacks and cancer, its most dangerous role is reinforcing and strengthening the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. Of 1,000 typical smokers, fewer than 20 percent succeed in stopping on the first try.

Although the harmful effects of smoking cannot be questioned, people who quit can make significant strides in repairing damage done by smoking. For pack-a-day smokers, the increased risk of heart attack dissipates after 10 years. The likelihood of contracting lung cancer as a result of smoking can also be greatly reduced by quitting.

ALCOHOL

Effects

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

CANNABIS

Effects

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are "high." Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

Type	What is it called?	What does it look like?	How is it used?
Marijuana	Pot Grass Weed Reefer Dope Mary Jane Sinsemilla Acapulco gold Thai sticks	Dried parsley mixed with stems that may include seeds	Eaten Smoked
Tetrahydro-cannabinol	THC	Soft gelatin capsules	Taken orally
Hashish	Hash	Brown or black cakes or balls	Eaten Smoked
Hashish oil	Hash oil	Concentrated syrupy liquid varying in color from clear to black	Smoked—mixed with tobacco

INHALANTS

Effects

The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

Type	What is it called?	What does it look like?	How is it used?
Nitrous Oxide	Laughing gas Whippets	Propellant for whipped cream in aerosol spray can Small 8-gram metal cylinder sold with a balloon or pipe (buzz bomb)	Vapors inhaled
Amyl Nitrite	Poppers Snappers	Clear yellowish liquid in ampules	Vapors inhaled
Butyl Nitrite	Rush Bolt Locker room Bullet Climax	Packaged in small bottles	Vapors inhaled
Chlorohydro-carbons	Aerosol sprays	Aerosol paint cans Containers of cleaning fluid	Vapors inhaled
Hydrocarbons	Solvents	Cans of aerosol propellants gasoline, glue, paint thinner	Vapors inhaled

COCAINE

Effects

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by cardiac arrest or respiratory failure.

Type	What is it called?	What does it look like?	How is it used?
Cocaine	Coke Snow Flake White Blow Nose candy Big C Snowbirds Lady	White crystalline powder, often diluted with other ingredients	Inhaled through nasal passages
Crack	Freebase rocks Rock	Light brown or beige pellets—or crystalline rocks that resemble coagulated soap; often packaged in small vials	Smoked

OTHER STIMULANTS

Effects

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Type	What is it called?	What does it look like?	How is it used?
Amphetamines	Speed Uppers Ups Black beauties Pep pills Copilots Bumblebees Hearts Benzedrine Dexedrine Footballs Biphetamine	Capsules Pills Tablets	Taken orally Injected Inhaled through nasal passages
Methamphetamines	Crank Crystal meth Crystal methedrine Speed	White power Pills A rock that resembles a block of paraffin	Taken orally Injected Inhaled through nasal passages
Additional stimulants	Ritalin Cylert Preludin Didrex Pre-State Voranil Tenuate Tepanil Pondimin Sandrex Plegine Ionamin	Pills Capsules Tablets	Taken orally Injected

DEPRESSANTS

Effects

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Type	What is it called?	What does it look like?	How is it used?
Barbiturates	Downers Barbs Blue devils Red devils Yellow jacket Yellows Nembutal Seconal Amytal Tuinals	Red, yellow, blue, or red and blue capsules	Taken orally
Methaqualone	Quaaludes Ludes Sopors	Tablets	Taken orally
Tranquilizers	Valium Librium Equanil Miltown Serax Tranxene	Tablets Capsules	Taken orally

HALLUCINOGENS

Effects

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last 6 months to a year following prolonged daily use. Mood disorders—depression, anxiety, and violent behavior—also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

Type	What is it called?	What does it look like?	How is it used?
Phencyclidine	PCP Angel dust Loveboat Lovely Hog Killer weed	Liquid Capsules White crystalline powder Pills	Taken orally Injected Smoked—can be sprayed on cigarettes, parsley, and marijuana
Lysergic acid diethylamide	LSD Acid Green or red dragon White lightning Blue heaven Sugar cubes Microdot	Brightly colored tablets Impregnated blotter paper Thin squares of gelatin Clear liquid	Taken orally Licked off paper Gelatin and liquid can be put in the eyes
Mescaline and Peyote	Mesc Buttons Cactus	Hard brown discs Tablets Capsules	Discs—chewed, swallowed, or smoked Tablets and capsules—taken orally
Psilocybin	Magic mushrooms 'shrooms	Fresh or dried mushrooms	Chewed and swallowed

NARCOTICS

Effects

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Type	What is it called?	What does it look like?	How is it used?
Heroin	Smack Horse Brown sugar Junk Mud Big H Black Tar	Powder, white to dark brown Tarlike substance	Injected Inhaled through nasal passages Smoked
Methadone	Dolophine Methadose Amidone	Solution	Taken orally Injected
Codeine	Empirin compound with codeine Tylenol with codeine Codeine Codeine in cough medicines	Dark liquid varying in thickness Capsules Tablets	Taken orally Injected
Morphine	Pectoral syrup	While crystals Hypodermic tablets Injectable solutions	Injected Taken orally Smoked
Meperidine	Pethidine Demerol Mepergan	White powder Solution Tablets	Taken orally Injected
Opium	Paregoric Dover's powder Parepectolin	Dark brown chunks Powder	Smoked Eaten
Other narcotics	Percocet Percodan Tussionex Fentanyl Darvon Talwin Lomotil	Tablets Capsules Liquid	Taken orally Injected

DESIGNER DRUGS

Effects

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphoriants. They can produce severe neurochemical damage to the brain.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Type	What is it called?	What does it look like?	How is it used?
Analogs of Fentanyl (Narcotic)	Synthetic Heroin China White	White powder identically resembling heroin	Inhaled through nasal passages Injected
Analogs of Meperidine (Narcotic)	Synthetic Heroin MPTP (New Heroin MPPP	White powder	Inhaled through nasal passages Injected
Analogs of Amphetamines and Methamphet-amines (Hallucino-gens)	MDMA (Ecstasy, XTC, Adam, Essence) MDM STP PMA 2, 5-DMA TMA DOM DOB EVE	White powder Tablets Capsules	Taken orally Injected Inhaled through nasal passages
Analogs of Phencyclidine (PCP)	PCPy PCE	White powder	Taken orally Injected Smoked

ANABOLIC STEROIDS

Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in the 1930s, steroids are seldom prescribed by physicians today. Current legitimate medical uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Because of these properties, athletes in a variety of sports have used steroids since the 1950s, hoping to enhance performance. Today, they are being joined by increasing numbers of young people seeking to accelerate their physical development.

Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and the cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior known as "roid rage" and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

Signs of steroid use include quick weight and muscle gains (if steroids are being used in conjunction with a weight training program); behavioral changes, particularly increased aggressiveness and combativeness; jaundice; purple or red spots on the body; swelling of feet or lower legs; trembling; unexplained darkening of the skin; and persistent unpleasant breath odor.

Steroids are produced in tablet or capsule form for oral ingestion, or as a liquid for intramuscular injection.

Source: *National Journal*, February 2, 1991, pp. 267-271.

Rethinking Drugs

New reports on cocaine use prompt White House officials to assert that tough enforcement is paying off; congressional skeptics have their doubts. Other experts are urging a brand new strategy aimed at cocaine addicts.

BY W. JOHN MOORE

In his 1989 inaugural address, George Bush vowed to end the national "scourge" of illegal drugs. Not 24 months later, in mid-December, an upbeat President declared that his Administration was fulfilling that promise. "Our hard work is paying off," he told White House reporters. "Virtually every piece of information we have tells us that drug use trends are heading in the right direction—down."

What encouraged the President and the government's drug warriors was the latest batch of statistics on illicit drug use. Many of the figures were compiled by the National Institute on Drug Abuse (NIDA), a unit of the Health and Human Services Department. Casual use of all drugs declined last year among every age group, according to the NIDA study. Cocaine use slumped even more. The number of weekly cocaine users dropped. Emergency room visits attributed to cocaine use were also down. *(For a detailed look at recent drug statistics, see box, p. 269.)*

Earlier figures toted up by the Justice Department showed that the percentage of prisoners who tested positive for cocaine was no longer increasing. Even cocaine-caused deaths were said to have reached a plateau in many cities. And another NIDA-sponsored study, the National High School Senior Survey, whose results were released on Jan. 24, showed drug use among high school seniors dropped to the lowest level in 15 years.

The Bush Administration has avoided talk of victory in the $10.6 billion war on drugs. "We will not rest until the day of the dealer is over, forever," Bush said in his Jan. 29 State of the Union address.

But in press briefings, Bush Administration officials have spread the news of the findings as proof that their antidrug strategy is paying off. "These numbers are undeniably encouraging," John T. Walters, acting director of the two-year-old Office of National Drug Control Policy, said on Dec. 19.

On Capitol Hill, some Democrats attacked the Administration assessments as overly rosy. Other Democrats focused on the bad news in the NIDA study—which was based on a survey of 9,259 households—including the stable use of "crack cocaine" and the increasing number of daily cocaine users. A Senate Judiciary Committee report, released on Dec. 19, found almost four times more weekly cocaine users. More drug addicts were missed than counted in the NIDA survey, the committee said. "These figures show that America's hard-core drug problem is getting worse, not better," committee chairman Joseph R. Biden Jr., D-Del., said. He complained that the "new [NIDA] drug totals are the perfect fuel for our folly—a soothing reassurance that the difficult drug dilemma is on the way to resolution."

In the meantime, private drug policy experts have argued that the implications of the drug data are being ignored by politicians. Both Biden and NIDA are right. Rather than providing fuel for further partisan bickering, these experts say, the new numbers should produce a dramatic shift in drug policy.

"An epidemic has run its course," said Peter Reuter, co-director of the RAND Corp.'s drug policy research center in Washington. "It doesn't mean that the problem is over. But it is a different problem now. What you do have to worry about is how you manage the problems of people who have become dependent on drugs."

He and other authorities say what's needed is a well-financed initiative that targets hard-core drug users and the long list of problems that often accompany addiction, ranging from crime to the surge in babies born damaged by cocaine.

"I'm glad yuppies curtailed their drug use. But if we don't deal with the other problem of hard-core drug users, we're just kidding ourselves," said Bruce Mendelson, director of data analysis and evaluation for Colorado's Alcohol and Drug Abuse Division.

"It's a mistake to determine national drug strategy on the basis of what is happening to the middle-class drug user," Eric D. Wish, director of the Center for Substance Abuse Research at the Uni-

versity of Maryland (College Park), said in an interview. "We have a continuing problem with the most dysfunctional drug abusers in the country. And we need to focus on them even in the face of a decline in drug use among the general population."

In fact, some drug statistics suggest that the number of cocaine users is down but the volume of cocaine consumption is up. "What the data tell us is the level of the epidemic but not the intensity of the epidemic," cautioned James N. Hall, executive director of Up Front, a Miami-based national drug information center. "The drug problem is creating more-serious consequences despite the fact that we have fewer users."

THANKS, NANCY

The Reagan and Bush Administrations' approaches to drugs emphasized enforcement—detecting users, particularly through testing, and punishing dealers with long prison sentences. Skeptics in the drug policy community maintain that the Bush antidrug initiatives were mostly irrelevant, noting that consumption figures were already declining before such punitive measures as mandatory prison sentences for drug sellers and increased interdiction efforts were adopted. Prevention and education—including Nancy Reagan's much maligned "Just Say No" campaign—probably influenced more people not to use drugs.

Even successful prevention and education programs may prove less successful with hard-core users, drug experts cautioned. Almost everyone agrees that more and better treatment programs are needed. But even increased government spending on treatment, although helpful, is unlikely to help much until careful evaluations make clear which kinds of programs work. Moreover, finding communities that will accept treatment centers has become a growing problem.

Charles B. Rangel, D-N.Y., chairman of the House Select Committee on Narcotics Abuse and Control, says federal drug strategy should focus on the causes of drug use, such as a lack of good schools and jobs. "They have not overemphasized the middle-class constituent; they have ignored the root causes of drugs in the poorer communities," he said.

What help will be given to hard-core drug users, particularly those in the inner city, remains uncertain. "The danger exists that as drug use declines in the middle class, this residual group of drug users will become a national scapegoat, subject to extremely harsh societal reactions or, alternatively, become a neglected group that society has written off," Wish wrote in a recent paper on national drug policy in the 1990s.

For example, 300,000 drug-addicted babies were born in 1990, most of them in poor urban neighborhoods. "It looks like the old story—problems tend to become invisible when white America perceives them as primarily affecting African-Americans," John E. Jacob, head of the New York City-based National Urban League, wrote recently in a year-end assessment of conditions in black America.

There already are some signs that the war on drugs has produced more casualties among blacks. A December *USA Today* survey found that nationally, 41 per cent of those arrested on drug charges in 1989 were black. But blacks are only 15 per cent of the drug using population, experts say. According to the Correctional Association of New York, there are more blacks age 18-24 in New York's prisons (24,000) than in all the state's colleges and universities (23,000).

Richard A. Bloom

Herbert D. Kleber of drug policy office
There's greater awareness of drugs' effects.

Richard A. Bloom

Sen. Joseph R. Biden Jr., D-Del.
The "hard-core drug problem is getting worse."

GOOD NEWS

All indicators reveal that the drug crisis has ebbed if not ended among middle-class Americans of all ages. The new NIDA study showed the number of monthly drug users down by 44 per cent in the past five years. The figure was even more dramatic for cocaine. From 1985-90, the number of Americans regularly using cocaine dropped by 72 per cent. Cocaine-related visits to hospital emergency rooms declined by 32 per cent from the third quarter of 1989 to the first quarter of 1990, according to a NIDA report released last August. Less than half of all high school seniors have ever used illegal drugs, the Jan. 24 high school survey found.

"The survey data are quite clear in showing a substantial downturn in the number of people actively using drugs," said Lloyd D. Johnston, program director at the University of Michigan's Institute for Social Research in Ann Arbor, which prepared the NIDA study. "Fewer people are using drugs and more people are quitting."

Moreover, the decline in U.S. drug use is remarkable given the worldwide rise in cocaine consumption described in a Jan. 9 report by the U.N. International Narcotics Control Board. Although the data are not perfect, Reuter said, the combination of NIDA studies, the high school senior survey, emergency room admissions figures and the results of prisoner drug tests all offer evidence of dramatic change. "There seems to be strong evidence that the problem is receding in terms of the number of people who are users of drugs and, secondly, heavy users of dangerous drugs," he said.

State and local findings seem to

confirm this trend. In Dade County, Fla., for example, where Miami is located, reports of cocaine emergency room treatments dropped by 50 per cent from 1987-90. Cocaine-caused deaths declined from 53 in 1986 to 15 during the first 10 months of 1990, according to the Dade County medical examiner.

From the President on down, Administration officials have voiced cautious optimism that the drug scourge is being contained, as the national and local figures suggest.

But some critics say the proclamations of victory are premature. Other analysts, who scoff at the notion that the Administration's policies can be credited for the decline in drug use among middle-class Americans, argue that the downward trends began in the mid-1980s, before Bush became President. "They were wise in selecting their goals because they could not miss," said Karst J. Besteman, director of the Substance Abuse Center at the nonprofit Institutes for Behavior Resources in Washington. "The trends were all moving in a faster direction than were their goals."

Herbert D. Kleber, deputy director for demand reduction in the Office of National Drug Control Policy, conceded that drug epidemics always end as more and more users realize the consequences of their deadly habits. "What isn't inevitable is the speed at which that happens," he added. "The citizen response and the governmental response are absolutely critical."

The Administration deserves credit for publicizing the dangers of drugs and increasing the resources available for attacking the problem, Kleber said. "It would be a dangerous assumption to say that if we just folded our bags and went away, the drug problem would, too."

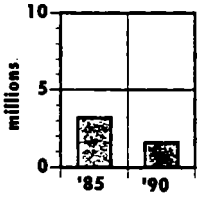
HELPING THE HARD CORE

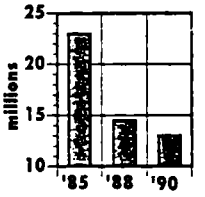
Much of the dispute over the status of the war on drugs involves numbers, particularly the number of addicts. NIDA's recent household survey pegged the number of weekly cocaine users at 662,000, down from the 1988 estimate of 862,000. (A person who uses cocaine at least once a week is said to be addicted.) Although many drug policy experts say they believe that heavy cocaine use is declining, even some Administration officials have distanced themselves from NIDA's weekly users total. In an interview, for example, Kleber noted the problems with the household survey numbers. "We have tended to agree with the [National Academy of Sciences] Institute of Medicine study," he said; that group puts the number of cocaine addicts at 1.5 million-2.5 million.

DRUG USE: A MIXED REPORT

Recent studies of the drug crisis provide a wealth of good news, particularly a dramatic decline since 1985 in over-all drug use, including cocaine.

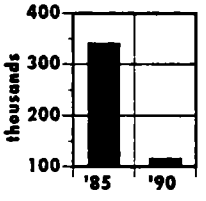
Casual use (on a monthly basis) of all illicit drugs is down among all elements of the population.

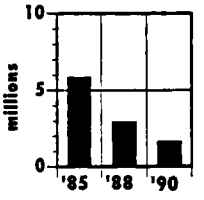




The same is true for adolescents (age 12-17).

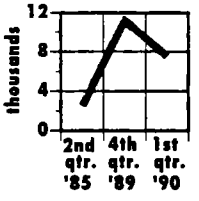
The number of Americans who use cocaine on a monthly basis is down sharply.

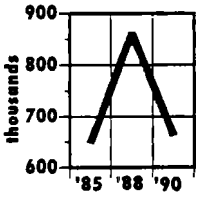




There has been a similar dramatic drop among adolescents.

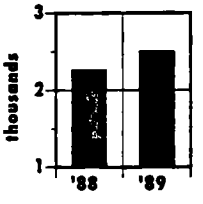
Even the number of weekly cocaine users is down after peaking in 1988.

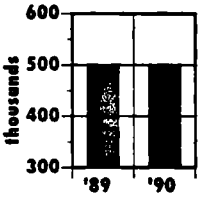




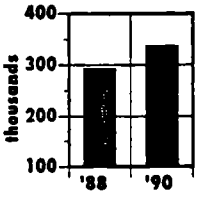
And drug-related emergency room visits, usually a faithful barometer of drug use, fell last year after rising from 1985-89.

But there's also been some bad news, with the crisis among hard-core users continuing. Cocaine-related increased by about 10 per cent during the past two years...





...the number of crack cocaine users held constant...



...and daily cocaine users were up by 15 per cent.

SOURCE: National Institute on Drug Abuse

The Senate Judiciary Committee's study said that from May 1989 to December 1990, the number of hardcore users had increased from 2.2 million-2.4 million. "The Administration's undercount misleads the American public and lulls the country into a false sense of security about how far we have come" in stamping out drug abuse, Biden said at a Dec. 19 news conference.

The NIDA figures may be inaccurate for a host of reasons, skeptical experts say. For one thing, the institute's household survey asked people to voluntarily fill in detailed questionnaires; approximately 18 per cent of those contacted refused to participate. "Are people going to admit to drug use when there is a law enforcement crackdown going on?" asked William Butynski, executive director of the Washington-based National Association of State Alcohol and Drug Abuse Directors.

A bigger problem is that both the household and high school senior surveys don't include several fast-growing segments of the drug using population. For example, the high school senior survey doesn't include dropouts. The NIDA household survey, which claims to account for 98 per cent of the U.S. population, excludes college students living in dormitories, the homeless and prison inmates.

The result, some authorities say, is a tilt that reflects middle-class reductions in drug use while ignoring growing drug use among those left uncounted in surveys. "As the social status of users falls," the errors in the NIDA survey increase, because "the 2 per cent of the population not in the household survey contains a larger fraction" of drug consumers, said Mark A.R. Kleiman, a drug researcher at Harvard University's John F. Kennedy School of Government.

Research conducted by the Justice Department's National Institute of Justice (NIJ) on drug use among prisoners in 23 major cities found that this population of users is far larger and consumes more cocaine, crack and heroin than previously believed. "What the studies did was to provide the first estimates of the undercounting that was occurring," said the University of Maryland's Wish, who devised the NIJ study. According to Wish, the estimated number of weekly cocaine users among those arrested each year in the nation's largest cities ranges from 978,000-1.3 million people, far higher than NIDA's estimate for all frequent cocaine users.

"If our estimates are correct, the majority of the frequent cocaine users in the United States are persons with limited education, few job skills, unstable families, few social skills and a pattern of breaking the law and using drugs," Wish has written. "Their drug use is but one part of a constellation of deviant behaviors and disadvantaged backgrounds."

Richard A. Bloom

Peter Reuter of the RAND Corp. Epidemic is over, but not the problems.

SWITCHING STRATEGIES

For many drug policy analysts, numbers that show a decline in casual use but a surge in consumption means that there should be a replotting of the nation's drug strategy.

"From here on out, if the government believes the data that they present to the public, they have got to make some adjustment," said the Substance Abuse Center's Besteman.

The RAND Corp.'s Reuter compares what he fears may be the drug problem of the future with the heroin epidemic in the mid-1970s, when a tiny fraction of the population consumed vast quantities of drugs. "An aging cohort of urban males with expensive drug dependencies will be the source of an enormous volume of crime and disease," he predicted.

Some experts believe the Administration's emphasis on reducing the supply of drugs has become less important. Rangel and John Conyers Jr., D-Mich., chairman of the House Government Operations Committee, say they favor equally dividing the available antidrug money between the demand side of the equation, which includes education, prevention and treatment, and the supply side, which is primarily interdiction and enforcement. Roughly 70 per cent of the federal funds are now targeted at cutting off drug supplies.

Although tougher street-level enforcement has its advocates, others say that approach produces more problems than successes. Some older addicts might be scared by tougher enforcement efforts and decide to seek treatment, but others are likely to commit more crimes, especially property crimes, to pay for an increasingly expensive habit as drugs become scarcer, according to this line of thinking. Still others are likely to turn to a combination of drugs and alcohol, which often produces even more violence, said Arnold S. Trebach, president of the Drug Policy Foundation, a Washington-based group that advocates drug legalization. "Nothing in the criminal justice system shows that tougher law enforcement would reduce over-all cocaine use."

The criminal justice system could be a gateway to treatment, according to Wish. Prisoners in urban jails who are cocaine users could be ushered into treatment facilities at a fraction of the cost of imprisonment, he said.

Some cities and states are taking such steps. In Nevada, for instance, with the help of federal grant money, north Las Vegas police have hired treatment experts for each of the city's police stations, according to Liz Breshears, chief of the Bureau of Alcohol and Drug Abuse in the Nevada Human Resources Department.

Federal administrators maintain that treatment hasn't been neglected. Since the start of the Bush Administration, the government's priorities have been "the pregnant addict, the crack user, the high-risk user," Kleber said. "Don't confuse the philosophic rhetoric with where the funds went. The emphasis may have been on user accountability, drug-free workplaces and all of those things that try to impact on the so-called casual user, but the large-scale treatment money wasn't designated for that group." From 1987-90, public treatment slots climbed from approximately 800,000 to 1.5 million, according to the Office of National Drug Control Policy.

Demand for places in treatment centers is soaring. The good news is that more users of illicit drugs are seeking treatment. The bad news is that the growing demand reflects the dimensions of the problem. "If you look at the demand at the front door of treatment centers, you would not know that drug abuse has

gone down," said Mark R. Bencivengo, coordinator for municipal drug abuse programs in Philadelphia. His office gets 275 requests a week for treatment, and yet the city has only enough money for 370 beds in residential treatment facilities and a certain number of slots in outpatient clinics, he said.

Paying for treatment is just one problem facing state and local governments. Enlarging treatment centers may not be the best way to measure progress, especially if the quality of treatment goes down. A recent study by the Institute of Medicine found that from 1980-88, the amount of money spent per person in public treatment programs dropped. "Basically, what we did in the 1980s was greatly increase the number of people treated but lower the quality of the treatment," Reuter said. "Most treatment experts would say it is less important to cycle more and more people through treatment than to provide them with services that are worth a damn."

Drug policy official Kleber agrees that there's a need for accountability in drug treatment programs. But he blames Capitol Hill for at least part of the problem, noting that Congress has repeatedly failed to approve legislation that would link federal money to requirements that states be held accountable for the quality of drug treatment plans.

In any event, a growing problem for treatment centers is neighborhood opposition. The Office of National Drug Control Policy is reviewing the extent to which Washington can or should get involved in local siting decisions. In the meantime, the Justice Department has brought suits in federal court, using antidiscrimination provisions in the fair-housing statutes. Missouri Gov. John D. Ashcroft has pushed legislation requiring that treatment facilities be permitted in any areas zoned commercial or industrial unless community leaders can find an alternative site.

Just finding a suitable building in a big city is difficult enough, Bencivengo said. Competition for buildings even from community and government organizations can be fierce, he added. And neighborhood groups seek to block the move in many instances, usually by invoking zoning restrictions. "Try to put recovering substance abusers with AIDS in a neighborhood," Bencivengo said. "It's a political hot potato," with powerful political constituencies fighting often "disenfranchised" ex-drug users.

ROOT CAUSES

Treatment also may prove less successful with hard-core users, particularly those who are unemployed and uneducated. Many of these addicts may live in areas where crime is rampant and economic prospects bleak. The chances that a 30-day treatment plan will take if the user returns to his old environment are much lower than the prospects for a middle-class drug abuser, Colorado's Mendelson said.

"If you bring in a patient with double pneumonia, treat him and then kick him out of the hospital without any clothes on, what the hell is the good of the treatment?" Rangel asked. Rangel has introduced legislation that would establish the first federal commission in decades to investigate the underlying causes of drug abuse.

Rangel complained that inaccurate portrayals of the nation's drug problem as mostly a problem of the black underclass are unlikely to galvanize much political support. "This Administration and the Reagan Administration are afraid of entitlements. And they are afraid of the government getting involved in a new program that deals with the ills of the urban communities."

Asked whether an antidrug program that was aimed solely at hard-core users could lose popular support, Kleber acknowledged the possibility that "if the country feels that the problem is concentrated among the poor and the disadvantaged, . . . we will [not] be able to get the national consensus toward spending the resources that we need." Though the percentage of cocaine abusers in the underclass is high, he said, "the sheer numbers are much higher among the middle class."

Other analysts predicted that broad support for antidrug efforts will continue if for no other reason than the connection in the public's mind between drug use and crime.

Additional enforcement poses other problems. With minorities constituting a high percentage of those imprisoned, said Ethan Nadelmann, a Princeton University drug policy expert, harsh drug laws have disenfranchised a quarter of all black males age 18-25.

And in Miami, no longer a cocaine capital, new programs are starting to help hard-core users of all economic classes. According to Up Front's Hall, the city's cocaine epidemic peaked in the summer of 1986. Since then, Miami and surrounding Dade County have devised a comprehensive community-based antidrug strategy that Hall called reasonably successful. "If the patient had a temperature of 108 degrees, it is down to 103," he said.

Miami uses its criminal justice system to direct drug users into recently expanded treatment centers. At the same time, Miami and Dade County governments, working with private industry, established an addiction services board to coordinate antidrug efforts. Enforcement efforts have not been ignored; a heavy emphasis was put on halting street sales.

The results have been downward trends in virtually all drug statistics. But Hall, noting the increase in infant deaths caused by maternal cocaine abuse, cautioned against optimism. "We're just shaving the iceberg." ■

WHERE THE NUMBERS COME FROM

The federal government relies on several surveys for nationwide information on the use of illicit drugs. Here are the key studies:

Drug Abuse Warning Network—The National Institute on Drug Abuse (NIDA), part of the Health and Human Services Department, collects data quarterly from 431 hospitals, most of them located in 21 metropolitan areas, to determine the number of cocaine-related emergency room visits. Statistics are collected annually on deaths caused by cocaine and heroin.

Drug Use Forecasting—The Justice Department's National Institute of Justice collects quarterly statistics on drug use among prisoners in 23 U.S. cities. The information is based on anonymous urine samples and interviews with approximately 225 male and 100 female arrestees.

The National High School Senior Survey—Conducted for NIDA by the University of Michigan, the annual survey of alcohol and illegal drug use among adolescents draws on questionnaires sent to about 16,000 students in 135 private and public high schools around the country. Dropouts have not been included in the survey.

The National Household Survey—The annual NIDA survey estimates the use of alcohol, cigarettes and illicit drugs in the U.S. household population age 12 and older. The survey excludes persons living in group quarters, including students residing in college dormitories, hospital patients, the homeless, military personnel and prison inmates.

Source: *New York Times*, February 24, 1991, section 4, p.5.

From the Front Lines Of the War on Drugs, A Few Small Victories

By JOSEPH B. TREASTER

ALTHOUGH there is growing evidence that crack and cocaine, which have cut a mean, ugly swath across the country, are finally beginning to lose some of their allure, the grim saga of drug addiction is far from over. Millions of Americans remain entangled with the two drugs and other debilitating substances, and experts say that the aftershocks of the nation's worst drug epidemic are likely to be felt for generations.

The first infants born to mothers on crack and cocaine are entering public schools this year, many of them fumbling with basic skills, and thousands more are being delivered with deficiencies that are likely to haunt them — and society — as long as they live.

Even with crack and cocaine use believed to be falling sharply among casual, middle-class users and more modestly among heavier users, the police in New York and other cities say they are not seeing a marked difference on the streets. Weapons purchased with drug money seem to be everywhere and murders and robberies are soaring.

The prisons are jammed with drug criminals serving long sentences and the clogged courts may get even worse. In New York City, where felony cases jumped 72 percent in five years to an annual total of 52,905 in 1990, court officials say they expect the load to increase another 34 percent by 1993 as police and prosecution teams are beefed up to address the public's concerns about drugs.

"You can't see any decline in the seemingly endless stream of abused and neglected children coming into the family courts," said Matthew T. Crosson, chief administrator of courts in New York State, "and you certainly can't see any ebbing in our criminal courts, which are overflowing with about a thousand new cases a day."

Many fewer people suffering the ill effects of crack and cocaine have been turning up in hospital emergency rooms compared with a year ago. But there are still three or four times more of these cases than there were in the early 1980's.

Deeply troubling to many drug experts have been signs of a resurgence in the use of heroin, which tormented the country in the late 1960's and early 70's. Huge crops of opium poppies, the raw material for heroin, are being produced, and heroin is being sold on the street in an especially pure form that can be smoked like crack.

Some experts also worry that so-called designer drugs that can be made in home laboratories may gain popularity. Designer drugs with names like ice and ecstasy are cheap and powerful. But a slip by their illicit makers can also make them deadly. Seventeen people died in and around New York City this month when they got a lethal batch of a synthetic heroin called fentanyl.

For all the energy that has gone into fighting drugs, no one has devised reliable systems to measure how pervasive they are. No one knows how much cocaine, heroin and marijuana pour into the country each day nor how many people use the drugs. One Federal estimate puts the number of people who used cocaine at least once in the last year at 6.3 million in 1990, down from 8.2 million two years earlier. Using a variety of measures, the White House calculates that 5.7 million Americans suffer from serious drug problems, down from perhaps 5.9 million last year. But both figures, the experts say, may be on the low side.

> There may be fewer recreational drug users, but the hard core remains stubbornly intact.

The two most extensive Federally financed surveys are skewed toward people in the middle class and depend on their giving honest answers about increasingly unacceptable behavior. Nevertheless, these and other limited gauges, taken together with anecdotal evidence from the police, social workers and treatment specialists, lead experts to believe that crack and cocaine are being rejected more often. They also believe that marijuana, the most commonly accepted illegal drug in America, is less widely smoked.

Though the Federal Government has spent billions fighting drugs, it has been unable to put much of a dent in the flow of cocaine and heroin into the United States or to drive drug dealers off the streets. What is causing people to turn away from crack and cocaine, the experts say, is a radical change in attitude brought on by the drugs themselves, which have proved to be among the most vicious in man's pharmacopeia. "It was the bad experience," said Mark A. R. Kleiman, a drug policy specialist at Harvard University. "You think you're going to smoke some crack and have a good time and not get hooked like the other fool and suddenly you discover you are that other fool."

The decline of crack and cocaine has also gathered momentum as a strong tide toward healthier lives and temperance has swept the nation. The term "recreational drug" is now an anachronism, said Dr. David Musto, a drug historian at Yale University, adding: "People now believe any drug use is bad."

Some experts think the most useful contributions from the Bush Administration have been forceful anti-drug statements. "But it's not reasonable to think that an Administration that took office in January 1989 could have had that big an impact on the changes we're seeing now," said Mr. Kleiman. "It takes longer than that."

Mr. Bush and his predecessor, Ronald Reagan, have been criticized by many drug experts for devoting the lion's share of the drug budget to enforcement at the expense of treatment, education and research. While Mr. Bush asked Congress to increase drug spending by $1.13 billion in the coming fiscal year to $11.65 billion, the proportion for health-related activities fell to 30.3 percent from 31.2 percent of the current budget.

In its defense, the Administration points out that the new proposal includes $100 million for expanding treatment facilities, triple the amount in the current budget. Aides said the money would provide for 200,000 new

treatment spaces, providing that states and private insurers come up with additional funds. But Mathea Falco, an expert on treatment at Cornell University Medical Center in New York City, said that given the fiscal crisis in most states, "it's unlikely they're going to be able to come up with enough money to make this treatment a reality."

Despite their criticism, the drug experts say they believe that aggressive law enforcement undoubtedly scared some people out of ever trying to buy drugs. "If the police hadn't been out there," Mr. Kleiman said, "the wave of cocaine use would have peaked at a much higher level."

At least 5.7 million Americans may have serious drug problems.

While evidence on the crack and cocaine trend have been building, a change of command has been under way at the White House office that directs national drug policy. William J. Bennett, an accomplished debater with a gift for the jazzy sound bite, resigned last fall to become head of the national Republican Party, but then changed his mind, saying the party post would have been a financial burden.

As his replacement, the president nominated Bob Martinez, the defeated governor of Florida who doubled the number of prison cells in his state and stiffened penalties for drug dealers. Mr. Martinez was known in Florida as personally warm but awkward at the podium, and aides acknowledged that with no experience in Washington he would be unable to match the insider maneuvering of Mr. Bennett, a former Secretary of Education. The Senate is expected to confirm Mr. Martinez's nomination this week.

Some of the least successful efforts at controlling drugs have been at the borders and in countries in South America and Asia where cocaine and heroin are produced. For the first time in recent memory, there has been a tiny shrinkage in the cultivation of coca, the plant from which cocaine is derived — down about 7,400 acres to a total of 526,000 acres. But the drop seems to be mainly a result of overproduction. Bad weather has curtailed opium growing, the State Department says, but, as with coca, probably not enough to affect sales of the refined product in the United States.

When President Bush took office in early 1989, drugs were the No. 1 issue in the country and, one aide said, "things seemed to be spinning wildly out of control."

Now with some modest accomplishments behind them, the sense of hopelessness is not so deep. "Obviously, the problem remains intolerably large," said David Tell, the deputy chief of staff in the drug policy office. "But you don't hear the panic and widespread predictions of failure anymore."

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Statistics

November 1991

Fact Sheet: Drug Data Summary

As part of ongoing research, the Drugs & Crime Data Center & Clearinghouse has prepared this fact sheet to summarize current drug-related law enforcement and court statistics, as well as drug use among the criminal and general populations and Federal drug control costs.

Law enforcement

Arrests

In 1990, the Federal Bureau of Investigation (FBI) reported an estimated 1,089,500 State and local arrests for drug abuse violations in the United States. Over the past 10 years, these totals have increased substantially, but 1990 arrests are below the level reported in 1989.

Estimated arrests for drug offenses

Year	Total arrests	Sale/ manufacturing	Possession
1981	559,900	111,420	448,480
1982	676,000	137,904	538,096
1983	661,400	146,169	515,231
1984	708,400	155,848	552,552
1985	811,400	192,302	619,098
1986	824,100	206,849	617,251
1987	937,400	241,849	695,551
1988	1,155,200	316,525	838,675
1989	1,361,700	441,191	920,509
1990	1,089,500	344,282	745,218

In 1981, drug arrests were 5.2% of the total of all arrests reported to the FBI; by 1990, drug arrests had risen to 7.7% of all arrests.

Drug seizures

Many Federal agencies are involved in removing illicit drugs from the market. The Federal-Wide Drug Seizure System (FDSS) reflects the combined drug seizure efforts of the Drug Enforcement Administration (DEA), FBI, and the U.S. Customs Service within the jurisdiction of the United States, as well as maritime seizures by the U.S. Coast Guard.

FDSS eliminates duplicate reporting of a seizure involving more than one Federal agency. The following statistics indicate the total amount of drugs seized in fiscal 1990 by the Federal agencies participating in FDSS:

Drug	Pounds seized
Heroin	2,214
Cocaine	233,094
Cannabis	482,948

Asset seizures

In fiscal 1990, the DEA made 18,293 domestic seizures of nondrug property with a total value of about $1 billion.

Type of asset	Number of seizures	Value
Total	18,293	$1,068,268,486
Currency	7,622	363,717,740
Vehicles	5,674	60,579,075
Property	1,599	345,617,695
Other financial instruments	444	49,879,454
Vessels	187	16,522,303
Airplanes	51	25,586,000
Other	2,716	206,376,219

Law enforcement officers killed

Of 65 law enforcement officers killed in 1990, the FBI stated that 4 died during drug-related investigations or activities.

Courts

Federal offenders

According to the Administrative Office of the U.S. Courts, of the 46,725 defendants convicted between July 1989 and June 1990, 16,188 (35%) defendants were convicted of Federal drug offenses. Of these defendants—

- 13,036 pleaded guilty
- 31 pleaded no contest
- 2,973 were convicted in a jury trial
- 148 were convicted in a bench trial.

Of the 16,188 defendants sentenced for drug offenses in the Federal courts—

- 13,838 were sentenced to imprisonment (including 257 defendants receiving sentences that included a term of incarceration and probation)
- The average sentence length was 79.3 months
- 2,135 were sentenced to an average 32.3 months probation
- 64 were fined, and 151 received other sentences, including deportation, suspended sentences, and life sentences.

Offenders in State courts

According to the Bureau of Justice Statistics (BJS) National Judicial Reporting Program (NJRP), of an estimated 667,366 persons convicted of a felony in State courts in 1988, 111,950 persons (17%) were convicted of drug trafficking in State courts in 1988. This figure is approximately 50% greater than the number convicted in 1986, the year the survey was last done. Another 17% of all convictions in 1988 were for felony drug possession.

Of the 111,950 convicted for drug trafficking in 1988—

- 102,702 pleaded guilty
- 4,860 were convicted in a jury trial
- 4,388 were convicted in a bench trial.

An estimated 41% of drug traffickers received a State prison sentence in 1988, compared to 37% in 1986. In 1988, those felons sentenced with one conviction offense received an average maximum sentence of 61 months in prison; those with two conviction offenses were sentenced to an average maximum of 66 months; and those with three or more conviction offenses were sentenced to an average maximum sentence of 89 months in prison.

Drug use

Drug use among arrestees and offenders

The National Institute of Justice's (NIJ) Drug Use Forecasting (DUF) program administers urine tests to selected male arrestees in 23 cities and female arrestees in 21 cities. In 1990, the DUF program found that the percentage of male arrestees testing positive for an illicit drug at the time of arrest ranged from 30% in Omaha to 78% in San Diego. Female arrestees testing positive ranged from 39% in Indianapolis to 76% in Philadelphia.

The 1989 BJS Survey of Inmates in Local Jails reported that 77.7% of inmates had used a drug at some point in their lives. More than half the convicted inmates reported being under the influence of drugs or alcohol at the time of the offense.

Most serious offense	Under the influence of: Drugs only	Alcohol only	Drugs and alcohol
All offenses	15.4%	29.2%	12.1%
Violent offenses	8.8%	30.7%	16.1%
Property offenses	18.2	17.9	12.8
Drug offenses	28.6	7.3	12.3
Public-order offenses	6.4	54.1	9.6

Overall, 13% of convicted jail inmates reported they had committed their current offense to obtain money for drugs. Almost 1 of 3 inmates convicted of robbery or burglary had committed the crime to obtain money for drugs, as had nearly 1 of 5 inmates convicted of drug trafficking.

The BJS 1987 Survey of Youth in Custody in long-term, State-operated juvenile institutions reported on juveniles, primarily under age 18, who indicated whether they were under the influence of either drugs or drugs and alcohol at the time of their offense.

Most serious offense	Under the influence of: Drugs only	Drugs and alcohol
All offenses	15.7%	23.4%
Violent offenses	12.1%	24.2%
Property offenses	16.8	23.1
Drug offenses	34.4	24.9
Public-order offenses	15.9	20.6
Juvenile status offenses	15.3	17.6

Drug use in the general population

According to the National Institute on Drug Abuse (NIDA) 1990 National Household Survey on Drug Abuse, 74.4 million (37%) of Americans reported some use of an illicit drug at least once during their lifetime, 13.3% reported use

during the past year, and 6.4% reported use in the month before the survey was conducted.

	Past drug use:		
Respondent age	Lifetime	Past year	Past month
12–17	22.7%	15.9%	8.1%
18–25	55.8	28.7	14.9
26–34	62.6	21.9	9.8
35 and over	25.9	6.0	2.8

For those age 25 and under, an estimated 2,611,000 (5.3%) reported using cocaine (including crack), and 9,403,000 (19.2%) reported using marijuana at least once within the past year.

For those age 26 and over, 3,636,000 (2.4%) reported using cocaine (including crack), and 11,052,000 (7.3%) reported using marijuana at least once within the past year.

According to the NIDA 1990 High School Senior Survey, 47.9% of high school seniors reported use of an illicit drug at least once in their lives, 32.5% reported use of an illicit drug within the past year, and 17.2% reported use of a drug within the past month.

	Past drug use:		
Drug	Ever used	Past year	Past month
Marijuana	40.7%	27.0%	14.0%
Cocaine	9.4	5.3	1.9
Stimulants	17.5	9.1	3.7
LSD	8.7	5.4	1.9
PCP	2.8	1.2	0.4
Heroin	1.3	0.5	0.2

Emergency room and medical examiner statistics

In 1990, the NIDA Drug Abuse Warning Network (DAWN) reported an estimated 365,708 drug-related episodes in hospital emergency rooms nationwide.

A total of 5,830 drug abuse-related deaths were reported in 1990 by 135 medical examiners in 27 metropolitan areas.

Federal drug control budget

According to the Office of National Drug Control Policy, Federal spending on drug control programs has increased from $1.5 billion in fiscal 1981 to an estimated $10.5 billion in fiscal 1991. A total of $11.7 billion was requested for Federal programs for fiscal 1992.

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This fact sheet was prepared by Anita Timrots, Candi Byrne, and Christine Finn at the Drugs & Crime Data Center & Clearinghouse. With funding from the Bureau of Justice Assistance, the Bureau of Justice Statistics sponsors this data center and clearinghouse to support drug control policy research. For further information about the contents of this fact sheet or other drugs and crime issues, call:

1–800–666–3332

or write Drugs & Crime Data Center & Clearinghouse, 1600 Research Boulevard, Rockville, MD 20850.

Source: *Washington Times*, January 28, 1992, p.A3

Bush targets $12.7 billion for drug war

By Carleton R. Bryant
THE WASHINGTON TIMES

President Bush yesterday announced plans to step up the government's war on drugs by earmarking $12.7 billion of his new budget to combatting drug trafficking and usage.

"We haven't won this war yet, but I am determined that we will," Mr. Bush said at the unveiling of the 1992 drug control strategy at the Old Executive Office Building.

Speaking before a group that included top administration officials and ambassadors from Central and South America, Mr. Bush called for local, national and international cooperation in fighting illicit drug use and drug-related crime.

"It is imperative that we put more resources into our fight," the president said. "Accordingly, I am asking the Congress for fiscal '93 to provide $12.7 billion to wage this war on drugs. If Congress approves my request, funding for the war against drugs will have increased by 93 percent to nearly double the level of just three years ago when I took office."

Mr. Bush's new budget, which will be released tomorrow, contains provisions for beefing up several of the Justice Department's anti-drug operations, including a $500 million outlay for a program that targets violent criminals and gangs.

Called "weed and seed," the program combines federal, state and local resources in specially identified neighborhoods to "weeding out" drug dealers and "seeding in" community improvement projects.

But Democratic members of Congress were busy yesterday chipping away at the foundation of Mr. Bush's anti-drug plan.

"Regardless of what the administration is proposing here this time around, it does not amount to a hill of beans unless it gets priority on the federal agenda," said Rep. Charles Rangel, chairman of the House Select Committee on Narcotics.

In announcing his drug control strategy, Mr. Bush noted the results of a recent survey that show illicit drug use decreasing among the nation's high school seniors.

The survey showed current use down for cocaine and alcohol and annual use for those drugs and marijuana down in 1991. Compared with 1990, current cocaine use dropped from 1.9 percent to 1.4 percent and alcohol from 57 percent to 54 percent. Annual use of marijuana fell from 27 percent to 24; alcohol from 81 to 78; and cocaine from 5.3 to 3.5.

However, Sen. Joseph R. Biden Jr., Delaware Democrat and chairman of the Senate Judiciary Committee, said the president's "rosy" assessment ignores some basic facts. He cited the dramatic increases in the number of "hard-core" cocaine addicts since 1988 and emergency room admissions for cocaine overdoses as examples.

"[The president's] strategy contains the same flaws, the same failure to make the tough decisions, that have brought us to the current stalemate in the 'war on drugs,'" Mr. Biden said in a statement.

In a separate news conference, Attorney General William Barr outlined the Justice Department's proposed projects to fight drugs and violent crime. The department's budget calls for:

- Moving 85 FBI agents from counterintelligence activities to policing violent street gangs.
- Hiring 161 new prosecutors to indict armed criminals and gangs.
- Providing $411 million for fighting drug trafficking, an 8 percent increase over last year's budget. The funds will be used to hire 140 new Drug Enforcement Administration agents, 66 new FBI agents, 200 new Border Patrol officers and 134 new drug prosecutors.
- Allotting $114 million for the Bureau of Prisons to activate more than 4,600 new beds and earmarking $239 million for building new prisons to house an additional 3,482 convicts.

The new budget is a "major step forward for the 'weed-and-seed' program," Mr. Barr said.

The program is operating in Kansas City, Mo., Trenton, N.J., and Philadelphia. The budget calls for expansion to as many as 16 cities competing for $9 million this year and $20 million in 1993, Mr. Barr said.

- *This article is based in part on wire service reports.*

DIPPING DRUG USE

The federal government's annual survey of high school seniors shows a significant drop in drug use from 1990 to 1991. "Current use" refers to use within 30 days of the survey.

	1990	1991
Current use of cocaine	1.9%	1.4%
Current use of alcohol	57.0	54.0
Annual use of marijauna	27.0	24.0
Annual use of alcohol	81.0	78.0
Annual use of cocaine	5.3	3.5
Lifetime use of heroin	1.3	0.9
Lifetime use of marijuana	41.0	37.0
Lifetime use of cocaine	9.4	7.8

Source: Department of Health and Human Services

The Washington Times

Source: *New York Times*, June 14, 1992, section 4, p.7.

20 Years of War on Drugs, and No Victory Yet

By JOSEPH B. TREASTER

STANDING on a bleak corner in the South Bronx littered with old heroin syringes and empty crack vials, it is hard to imagine that the United States has poured nearly $70 billion into fighting drugs in the last 20 years.

"I look at the message coming out of Washington that we're winning the war on drugs and I don't know what city they're talking about," New York's Police Commissioner, Lee P. Brown, said in a recent interview. "It's certainly not New York City."

It also does not appear to be Washington, Chicago, Los Angeles or any other big city.

In 1971, when Richard M. Nixon became the first President to declare war on drugs, the country had perhaps 1.5 million heroin addicts — up from perhaps 50,000 in 1960 — and legions of rebellious young people puffing marijuana.

Then in the 1980's a cocaine epidemic cut a swath through the heart of American society, starting as an expensive nose powder and changing into a cheap-per-dose but ferociously addictive crack-pipe load. Each President since Mr. Nixon has thrown more money into the battle. But the problem has persisted..

Now national surveys show middle-class cocaine use on the decline; it has dropped 22 percent since 1988. But Federal officials say 6.4 million Americans used it last year. Marijuana use has seen a similar decline from its 1979 peak but is now at roughly the same level among young adults — with about half having tried it — as it was 20 years ago, when war was declared.

In the meanest neighborhoods, where jobs are scarce and hope flutters on crippled wings, cocaine snorting and smoking is rising again. And the police say a flood of potent heroin is creating new addicts.

Drug-related crime is far worse than it was 20 years ago. Articles about machine-gun battles on street corners and children hit by dealers' bullets have become routine. Jittery addicts are still killing their grandmothers — or other peoples' — for drug money. Radios are still flying out of parked cars.

It may be too harsh to say the war has been lost. But on many fronts there seems to have been little progress.

Since 1971, the Drug Enforcement Administration has been created, Federal "drug czars" have come and gone and the military has been ordered into the fray. Different states have passed laws ranging from traffic tickets for smoking a marijuana cigarette to life sentences for selling heroin. The Governments of Turkey, Mexico, Thailand, Colombia, Peru and Bolivia have been threatened with diplomatic isolation or offered bribes for their farmers, herbicides for their drug crops and helicopters for their police. Panama has been invaded — a drug bust that took 26 American lives and more than 500 Panamanian ones.

Drug-related crime is far worse than it was 20 years ago. Articles about children hit by dealers' bullets have become routine.

Many drug experts contend that the United States, driven by Congresses and Presidents trying to look tough on crime, follows a fundamentally flawed policy: spending most of the money on law enforcement.

Source: *New York Times*, June 14, 1992, section 4, p.7.

No one knows what will work against drugs — or whether the war, like an earlier one called Prohibition, ought to be abandoned as a failure, and drug abuse treated as a medical problem like alcoholism.

But experts say far more money should go for other tactics: anti-drug education for children, treatment for addicts and a search for more chemicals that, like methadone, block addictive drugs.

These are not new ideas. The bulk of the $3 billion that Mr. Nixon spent was for treatment and education. But it was soon outpaced by spending for enforcement.

For most of the Reagan years, even as crack sent overdose deaths and crime rates soaring, only about 20 percent of the budget went to treatment and education.

This year, the Bush Administration will spend nearly $12 billion on drugs, more than double what was spent in Mr. Reagan's last year in office. More than two-thirds of it is going to tactics that have consistently failed to cap the gushers of drugs: police training for South America, swarms of planes and boats, a picket of radar balloons and drug agents at the borders, more jails and battalions of police officers.

"It reminds me of that cartoon," said Dr. Herbert Kleber, professor of medicine at Columbia University and a former deputy director of the Office of National Drug Control Policy who quit when he couldn't get more money shifted to treatment. "This king is slamming his fist on the table, saying 'If all my horses and all my men can't put Humpty Dumpty together again, then what I need is *more* horses and *more* men.' "

Bob Martinez, who heads the Office of National Drug Control Policy, which makes him the current "drug czar," insists that the Bush strategy is to apply "pressure against all fronts." He says the drop in middle-class use implies "substantial, undeniable progress."

Cocaine Still Easy to Find

Critics of the law-enforcement emphasis believe that many Americans, seeing cocaine destroy friends, dropped it on their own, and that marijuana and cocaine use declined naturally as baby-boomers aged.

One indicator of how little effect the police have had in closing markets is that more than half the high school seniors questioned by University of Michigan researchers just last year said that finding cocaine was "fairly easy" or "very easy." Nearly 40 percent said the same for crack and about a third for heroin.

In the late 1980's, there was a flurry of support for legalizing drugs. Doing so, advocates said, would rout the gangs, cut crimes by addicts, and save billions in police, court and prison costs. Opponents argued that it would increase addiction, overdoses and hospital costs. But these days, said Dr. David F. Musto, a drug expert at Yale University, "Americans are moving increasingly toward seeing drugs as having no redeeming qualities whatsoever."

Still, many believe the drug budget should be spent differently.

Mark A. R. Kleiman, a drug specialist at Harvard, suggests focusing on addicted thieves and robbers, offering treatment and letting them stay out of jail by passing frequent urine tests. If three-quarters of them stopped using drugs, he estimates, crime would drop substantially and half the cocaine market would dry up.

The National Institute for Drug Abuse hands out grants for the search for a "methadone for cocaine," but has only $40 million of this year's budget.

In any case, many experts believe the solution lies not in foreign lands, at the borders or in prisons, but in the towns and cities of America. "If the 'war' is to be won, it will be won in the hearts and minds of people who might be inclined to consume drugs," said F. LaMond Tullis, a political scientist at Brigham Young University. Changing attitudes, he said, takes time, yields no get-tough-on-crime headlines "and is not amenable to someone's four-year cycle on his political campaign."

Source: *New York Times*, June 14, 1992, section 4, p.7.

Billions for Enforcement, but the Flood Still Gushes In

Pre-1970's
Cocaine and heroin were widely used between 1890 and 1915, often in wines or colas or as "cures" for opium or morphine addiction. Presidents Roosevelt and Taft led attacks on drug use. Marijuana was popular in the late 1930's. Stricter laws, the Depression and World War II dampened drug use. In the late 1960's, heroin, marijuana, amphetamine and hallucinogen use all soared.

Paraquat Scare
Mexican spraying of marijuana with herbicide frightens marijuana users.

Crack
Crack appears; violence by drug dealers soars. President Reagan calls for "drug-free" workplaces and random urine testing. $4 billion Anti-Drug Abuse Act also presses military into hunt. U.S. agents join Bolivian police in drug raids.

Nixon Declares War
Nixon declares war on drugs, warns Turkey to curb poppy farmers. Methadone treatment spreads.

Changing Targets
Heroin addiction surges as Mexican and Asian poppy fields open. Ford Administration de-emphasizes marijuana enforcement.

'No'
"Just Say No" campaign begins with Reagan election.

Panama
U.S. invades Panama to arrest Noriega. President Bush increases military role.

D.E.A. Is Born
Drug Enforcement Administration organized.

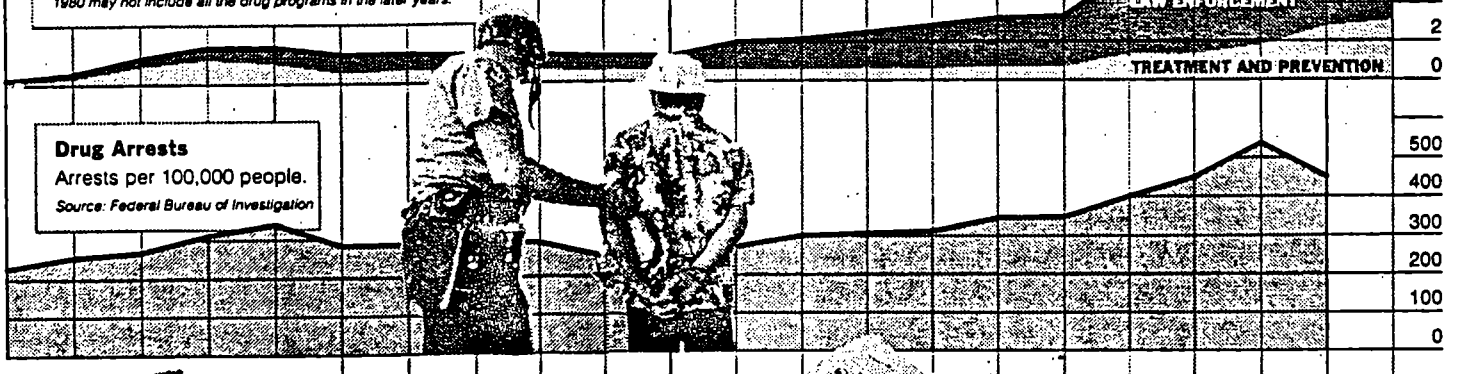
Decriminalization
Carter endorses decriminalizing small amounts of marijuana.

Deadly Trend
AIDS and needle use linked.

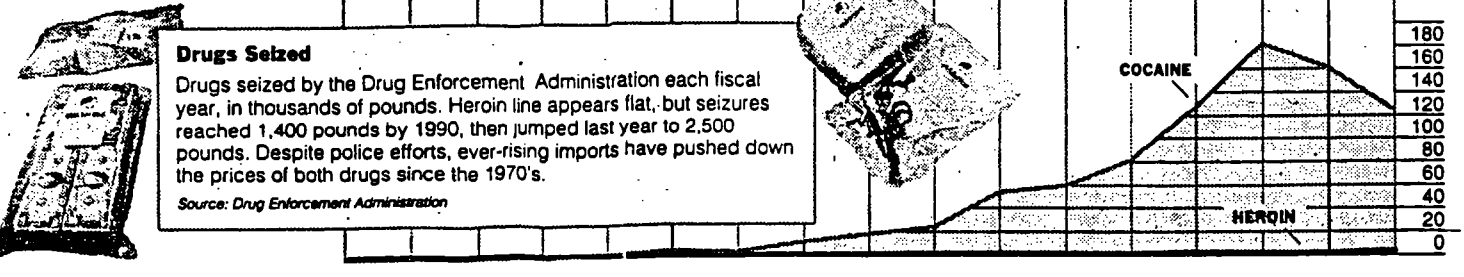
1970 '71 '72 '73 '74 '75 '76 '77 '78 '79 '80 '81 '82 '83 '84 '85 '86 '87 '88 '89 '90 '91

The Federal Price Tag
Total budgeted for anti-drug programs each fiscal year, in billions of 1991 dollars.

Sources: The Drug Abuse Council (1970-1974 figures); Office of Management and Budget (1975-1991). Figures before 1980 may not include all the drug programs in the later years.



Drug Arrests
Arrests per 100,000 people.
Source: Federal Bureau of Investigation



Drugs Seized
Drugs seized by the Drug Enforcement Administration each fiscal year, in thousands of pounds. Heroin line appears flat, but seizures reached 1,400 pounds by 1990, then jumped last year to 2,500 pounds. Despite police efforts, ever-rising imports have pushed down the prices of both drugs since the 1970's.
Source: Drug Enforcement Administration

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Daniel Patrick Moynihan

Neutralizing 19th-Century Science

In the current issue of the American Scholar, I have an essay on drug abuse titled, "Iatrogenic Government." The term, from iatros, Greek for physician, refers to illness or injury induced by medicine in both the narrow and wider sense of that term. It is something doctors worry about. One such doctor was Norman Zinberg, professor of psychiatry at the Harvard Medical School. His life work concerned the way Americans in general and doctors in particular deal with drugs such as heroin and cocaine. The point being that these drugs first appeared as medicines, purchased at drugstores.

Following Dr. Zinberg's death in 1989, a lecture was endowed in his name at the John F. Kennedy School at Harvard. I was asked to give the first of these, which I did last winter, and which is now published. I began with the proposition that we are dealing here with yet another instance of the impact of technology on human society. The development of organic chemistry in German universities early in the 19th century made it possible for natural products of the poppy or coca plants to be raised to levels of fearsome strength. Doctors at first prescribed the medicines, then came to abhor them. But by then they had been let loose on society and were doing great harm.

The subtitle of the lecture was "Social Policy and Drug Research." My thesis was—is—that medical science has tended to avoid this subject. With rare and noble exceptions such as Vincent Dole and Marie Nyswander, who jointly developed the methadone treatment of heroin addiction, and of course Zinberg (who challenged the very idea of addiction), there have been few medical scientists working in the field. It has little prestige. There is a continuing effort to find blocking agents and such like treatments, but not much result, and in all truth, not much effort. Or so I believe. I cannot prove this. But addressing an audience that included a large number of medical scientists, I thought I would put the question to them. In effect, I asked were they still inhibited by what they had "done."

To make my point I recounted some personal experiences. In 1968 I was asked by President-elect Nixon to be his assistant for urban affairs at a time of an intensely perceived "urban crisis." I returned to Washington to find that this manifested itself not least in public anxiety—fear—of crime associated with a sudden rise in heroin use. I had not been in the White House basement long when I was asked across Pennsylvania Avenue to the boardroom of a prestigious bank, where a group of business and professional leaders of the capital had assembled. They asked me in the most direct terms to ask the president to garrison the city with federal troops. Such was the alarm at drug-induced violence.

I replied that we could not do that, but we could do something about heroin. I did not know this, but the case could be made. The French Connection, as it would come to be known from a movie starring Gene Hackman, was no secret. About 85 percent of heroin consumed here was processed in Marseilles from Turkish opium. Certainly it was no secret to someone from New York, where the impact was first felt. I reasoned that the French could be persuaded to

Taking Exception

break the link and —this is central—would be able to do so, Why? Because it is France.

On Aug. 8, 1969, the president sent his urban proposals to Congress: a guaranteed income, revenue sharing with cities, new employment and training initiatives. At the president's direction, I now turned to heroin. On Aug. 29, I left for Istanbul, then Paris. By late autumn it was agreed among the governments to put an end to this traffic, which was done. We had, however, no illusions that this marked the end of our problem.

Specifically, we understood that the end of one supply of heroin would give rise to another. (It did: "Mexican brown.") More important, it was understood that we were dealing with an aspect of urban policy. In dealing with drugs, we are required to choose between an urban crime problem and a general public health problem. We have in effect chosen an urban crime problem. In the lecture I argued that this imposes on us the obligation to mobilize the health sciences to try to find a range of pharmacological response. The Anti-Drug Abuse Act of 1988, which set up the drug "czar" and the current apparatus, sets out as one of its principal purposes: "To increase to the greatest extent possible the availability and quality of treatment services so that treatment on request may be provided to all individuals desiring to rid themselves of their substance abuse problem."

I wrote that passage. But little has happened. We still don't get it.

With exceptions. On June 27 George F. Will published in The Post an article, ["Our Harmful Drug Policy," op-ed], in which he laid out the argument in the American Scholar with further comments of his own. He was particularly skeptical of efforts to seal our borders, and asked, "Is it too much to ask that [drug abuse] be taken as seriously by medical researchers as AIDS is?" But above all, in the manner that defines his unique sensibility in our time, he pointed to what Sydney Smith would call the "moral danger" of a policy that protects the majority population at the expense of the minority. Howsoever unwitting.

We have now had an official response. Robert C. Bonner, administrator of the Drug Enforcement Administration, writes The Post [July 15] to deplore the fact that Will has joined those "prophets of doom" who believe interdiction "is hopeless and that our drug control policies may cause more harm than good." Will's mistake was to cite an exchange I had had with George P. Shultz shortly after the French agreed to close down Marseilles. Shultz had shown little interest until I allowed that as long as there was a demand there would somehow be a supply. Not so, writes Judge Bonner:

"Working with the DEA in Marseilles, French authorities arrested and prosecuted nearly all major French heroin traffickers, most of whom were sentenced to lengthy prison terms. Manufacture of heroin in France came to a halt. And most important, the increase in heroin use and addiction that started in the United States in the 1960s was reversed, and the number of heroin addicts stabilized and declined."

Well, for a while. For he goes on to tell us:

"With the Colombian cartels joining other international heroin traffickers, we are seeing a glut of heroin in the United States."

Nothing daunted, his letter concludes, "What worked to destroy the French connection can work again."

There is nothing the matter with an agency head defending his agency (if done with care; I would point out that the DEA was not created until July 1973, long after the French had acted.) But there can be a good deal wrong with denial in the face of failure. As for Colombian cartels, the United States Government Manual, 1992/93 records that "DEA immobilizes these organizations by arresting their members, confiscating their drugs, and seizing their assets." How come then the new "glut of heroin in the United States"?

I invited Judge Bonner to come see me about his letter, which he most graciously did. I asked, had he read the article that prompted Will's commentary. He had not, nor did he know there was one. (Will writing of the exchange with Shultz: "Moynihan recalls this in his essay 'Iatrogenic Government' in the American Scholar quarterly.") I can report that Bonner's boss, Attorney General Janet Reno, has read it. But does she have to do everything in Washington? Something larger than turf is involved here.

The writer is a Democratic senator from New York.

Clinton/GS

THE WASHINGTON POST MONDAY, JULY 26, 1993

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TALKING POINTS ON PRESIDENT'S DRUG POLICY HISTORY

BROWN ELEVATED TO CABINET LEVEL:
The President made the Director of the Office of National Drug Control Policy a member of the Cabinet and of the Domestic Policy Council to ensure that drug policy efforts were included in other relevant domestic policy initiatives. For the first time, a drug director participated in budget review meetings with the President and other members of the Cabinet, and weighed in on other policy initiatives that have historically not included input from ONDCP.

INTERIM DRUG STRATEGY UNVEILED IN SEPTEMBER:
The 1993 Interim Drug Strategy acknowledged drug abuse as a public health problem, as well as a criminal justice issue. Drug policy was linked to efforts to stimulate the economy, empower communities, curb youth violence, and reform health care. The drug strategy took on the most challenging aspect of the drug problem -- chronic drug use.

COMMUNITY POLICING DIRECTLY TIED TO ANTI-DRUG EFFORTS:
On December 20, 1993, the Administration made its first down payment on the commitment to put 100,000 more cops on the street by announcing the first round of community policing grant awards. Over 200 law enforcement agencies will receive more cops under this supplemental, a presence that will make a difference in our efforts against drug use and other drug-related crimes.

SIGNED A PRESIDENTIAL DECISION DIRECTIVE ON NEW INTERNATIONAL DRUG CONTROL POLICY:
On November 3 the President signed a decision directive that provided a policy framework for U.S. international drug control efforts as part of the Administration's over-all counter-drug policy. It provides for a controlled shift in our international policy from solely interdiction efforts to other areas such as law enforcement, training, court reform, and other activities in source countries. The President designated Director Brown as responsible for oversight and direction for all counter-drug policies, in coordination with the National Security Council.

PRESIDENT REFERRED EMPHASIZED DRUG PROBLEM IN HIS STATE OF THE UNION ADDRESS:
"We must remember that drugs are a factor in an enormous percentage of crimes. Recent studies indicate, sadly, that drug use is on the rise again among our young people. The crime bill contains more money for drug treatment for criminal addicts, and boot camps for youthful offenders that include incentives to get off drugs and to stay off drugs.Our administration's budget with all its cuts can paint a large increase in funding for drug treatment and drug education. You must pass them both. We need them desperately."

DRUG POLICY TODAY:

FINAL STRATEGY UNVEILED NEXT WEEK:
Includes substantial increases for treatment and prevention programs (with the biggest increase ever in treatment for hard-core user) and aid to local law enforcement agencies.

OTHER AGENCY INITIATIVES RELATED TO DRUGS:

NATIONAL SERVICE
The National Service bill has public safety as one of its four major components. The program will work with police departments and community organizations to develop, among other things, youth crime and drug prevention programs.

CRIME BILL
The crime bill includes community policing, boot camps for first time non-violent drug offenders, drug courts specifically designed for drug-related offenses, and drug treatment for prisoners.

EDUCATION
In the education arena, there will be a significant increase in the budget for Drug-Free Schools program (have asked for $660 million - up from $491 million last year -- includes money for Safe Schools) In addition, as part of the Administration's Safe Schools Act, funds are targeted to local school districts that are experiencing high rates of drug use, crime, violence, and disciplinary problems.

HEALTH CARE
The Administration has included substance abuse treatment in the comprehensive benefit package for all Americans in the Health Security Act.

EMPOWERMENT ZONES
The Empowerment Zones and Enterprise Communities Program is geared towards strengthening neighborhoods hit hardest by the problems associated with drug abuse. It also increases the availability of relevant social services to help reduce drug dealing and abuse.