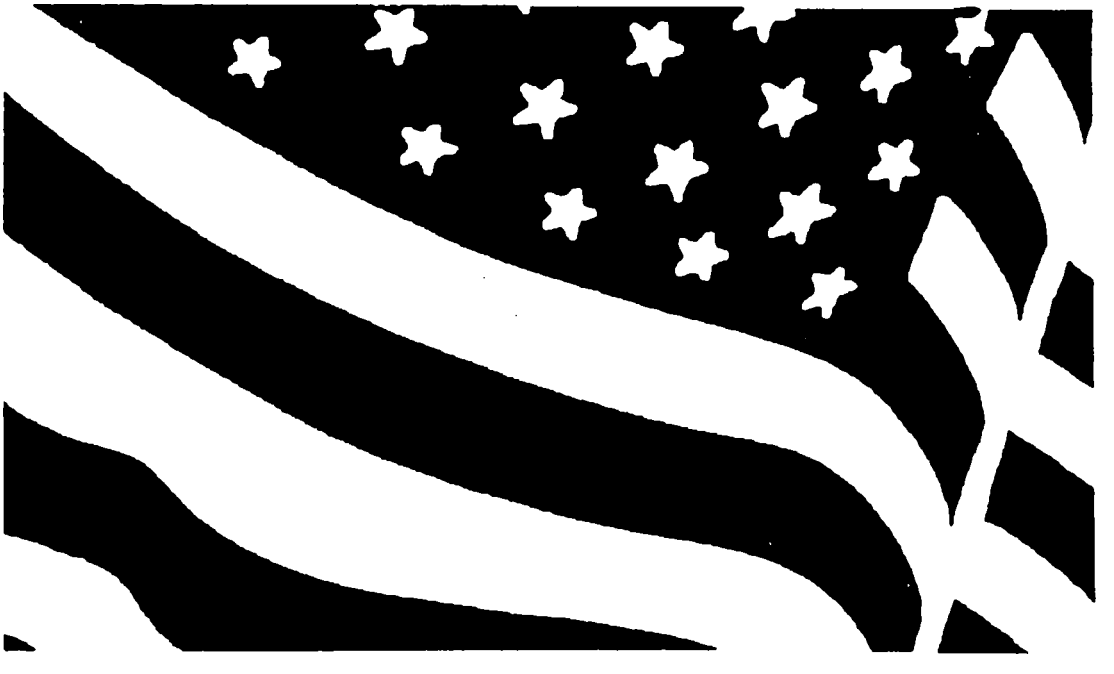
AMERICA'S DRUG STRATEGY:

Lessons of the Past... Steps toward the Future.

Prepared by the Majority Staffs of
The Senate Judiciary Committee and the
International Narcotics Control Caucus



April 1993

BIDEN 1993 DRUG STRATEGY

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STEPS TOWARD THE FUTURE

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Introduction

Senator Joseph R. Biden, Jr.

Chairman, Senate Judiciary Committee and

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The comprehensive national drug strategy I release today is the fourth in a series that began in 1990. This year's strategy shares the primary goal of all the others -- beating the drug epidemic. At the same time, this year's strategy stands apart from those offered in the past. Quite simply, the nation is poised at a unique moment of opportunity in two respects.

First, in contrast to when I began this process, we now have a history of focused debate on drug policy and a record compiled over the last four years of both successes and failures in the fight against illegal drugs. In other words, the nation has before it some hard lessons about what works -- and what does not -- in fighting drug addiction and drug related crime.

Second, the nation has a new President and will have a new Drug Director -- with all the hopes and possibilities that offers. A change in leadership brings new impetus for

all of us to step back from the political debate and step up to the difficult, but important, practical decisions that must be made. In other words, the time is ripe to take advantage of the lessons learned, to move with consensus towards future success.

I offer this strategy in an effort to help guide the nation towards future success in the long, critical battle against illegal drugs.

Are We "Winning the War"?

From the release of the first national drug strategy in September 1989 to the close of last month, the federal government spent $38.5 billion combatting the drug epidemic. As previous editions of this report have documented, and as every American knows, these enormous expenditures have not "won the war." Hard-core drug addiction, drug-fueled crime and violence, and drug supplies have, in fact, worsened since the release of the first drug strategy.

As disturbing as these facts are, they evoke to some an even more disturbing conclusion -- that the nation can not "win the war" against drugs. This, I reject.

As a nation, America can not surrender to an epidemic that costs America so many children, families, and neighborhoods, though success is sure to be hard-fought. Still, the experience of the past four years is instructive -- there are methods of fighting

the drug epidemic that work. The proof comes from law enforcement officials, drug treatment professionals, and educators from throughout the country who have developed countless anti-drug programs with a proven track record. The challenge, I repeat, is to learn the lessons of the past four years and focus our resources on those strategies that work.

Lessons of the Past ...

Four years ago, as the first Drug Director announced the first national drug strategy, I agreed to assist in implementing the strategy -- even though I disagreed with major components -- because many argued the strategy would work and there was no proof to the contrary, and because I believed the problem was too grave and urgent not to begin at once.

At the outset, it must be noted that the ability even to have a meaningful drug policy debate was a new development -- until there was a national Drug Director and a national drug strategy, there was no official to debate with and no policy to debate about. The scope and unwieldy nature of the drug problem mean that our response by necessity involves different law enforcement entities, both at the state and the federal levels.

With the creation of the Drug Director's Office, responsibility for coordinating the strategy resided for the first time in one office. I have continued efforts to ensure that the Office had the authority necessary to meet this responsibility. Now, President Clinton has agreed that the Drug Director will be a cabinet level position, a decision I believe is critical to the effectiveness of our national fight against drugs.

In the years since the first drug strategy and the first Drug Director arrived on the scene, I have vigorously debated what I, and many others, saw as serious shortcomings with that strategy. It was always my hope that such vigorous debate would produce, in the end, a consensus on how the nation could best fight the war on drugs.

The debate has yielded consensus on some of the key factual issues underlying the strategy. To cite a few examples, the nation knows that:

* There are currently about six million hard-core addicts;
* There is a drug treatment shortfall of at least 900,000 treatable hard-core addicts;
* Comprehensive drug education programs reach barely one of every two schoolchildren; and
* Even though more drugs are interdicted before reaching America, more drugs are entering the nation now than before the first strategy was released.

As necessary as reaching agreement on the size and scope of the drug epidemic is, consensus must be derived as well on the strategy itself -- using the lessons of the past four years. Past experience points to the direction our fight against the drug plague must take. While the past four years -- and the 200 pages of this report -- offer innumerable lessons, I outline a few of the most important lessons here.

Hard-Core Addicts Who Commit Crime: "One of Two Choices" -- Treatment or Jail

America cannot control the drug epidemic without controlling those at the root of the drug-fueled crime, violence, and human tragedy -- six million hard-core addicts. In my first drug strategy I offered a clear formula for meeting this key objective: "make sure that -- as soon as possible -- every hard-core user in America is faced with one of two stark choices: get into treatment, or go to jail and get treatment there."

A controversial view at the time, a consensus in support of this position has emerged from many quarters. Unfortunately, the nation remains far short of reaching this goal. For example:

- Today, 900,000 treatable hard-core addicts roam our streets; and
- Since the first drug strategy, at least 1,000,000 drug-addicted offenders were released from prison or jail <u>without</u> being treated.

Two key reasons underlie these shortcomings. First, the nation does not have enough drug treatment centers even for those addicts who seek treatment voluntarily. Second, the nation has not done all it can to force hard-core addicts into treatment, even those who are convicted criminals under the control of our criminal justice system.

The more difficult task -- of forcing criminals who are addicts into treatment, in conjunction with serving a prison sentence -- requires that the nation do more to hold hard-core addicts accountable. Our criminal justice system has arrested, tried, and convicted unprecedented numbers of drug addicts. Unfortunately, the experience of the past four years teaches the bitter lesson that addicts can buy drugs with virtually no chance of being punished. For example:

> Despite four million drug arrests since the first strategy, there are so many addicts buying drugs so many times that there is only about a one in 1,000 chance that an addict will even be arrested <u>each</u> time he or she buys drugs.

Plainly, we must do more. First, when a hard-core addict is sentenced to serve time behind bars, they must get treatment. Programs that provide drug treatment in prison reduce substantially the chance that an addict will return to drug abuse and crime once he or she has been released from jail. According to the first Drug Director, William Bennett, treated addicts are less than one-half as likely to return to crime as those left untreated.

Second, we must look to creative alternatives with proven track records. There are programs that have successfully encouraged drug-addicted criminals to get treatment and quit their addiction to avoid jail. For example, the Dade County Drug Court provides first-time and non-violent convicted addicts the opportunity of drug treatment, while holding them accountable through regular drug tests and the threat of sure punishment if they return to drug abuse. We must expand research into medicines that can help treat the hardest to reach of these addicts.

The key lesson -- the hard-core addict who commits criminal acts must face swift and sure punishment for violating the law and must get treatment while under the control of the justice system.

Breaking the Drug Treatment Gridlock

The first lesson follows directly from the second -- drug treatment works. Previous editions of this report have noted the growing, and now widespread, national consensus that drug treatment helps addicts beat their drug habit. But, by the previous Administration's own estimate, 900,000 treatable hard-core addicts remain on our streets and in our neighborhoods simply because we do not have a drug treatment system up to the task at hand.

We must treat every addict who needs and can benefit from help to beat their addiction. Quite simply, it defies logic that we would not make better use of a tool that has such proven results. Yet, for the past four years, this goal has floundered in the policy gridlock of Washington.

The desire to help every treatable addict has been lost in a maze of bureaucratic concerns about how -- not should -- the nation expand the drug treatment system. These concerns have focused on whether the drug treatment system can expand, where does it need to be expanded most, and can an expanded system maintain treatment quality. These are important questions that have been debated extensively. Meanwhile, the nation pays an enormous cost in crime, violence, and human tragedy while the debate wears on. Bureaucratic mazes must end; the treatment shortfall must be corrected.

The nation must make treatment available to all who seek it, ultimately -- I believe -- through reform of our health care system, but in the interim as well.

The key lesson -- the nation must get down to business and determine how to expand drug treatment to meet the 900,000 addict shortfall.

Drug Enforcement: Success on the "Front Lines"

Four years into our national drug strategy, it is more clear than ever that state and local law enforcement is among the most effective -- and under-utilized -- anti-drug efforts.

Traditionally, law enforcement's role in reducing drug abuse was thought to be reducing the drug supply -- a task primarily for federal drug enforcement. Since the release of the first drug strategy, funding to federal drug enforcement agencies has been boosted by $2.5 billion -- more than doubling the pre-strategy level. Some success can be attributed to this effort. Initially, cocaine prices were forced higher and cocaine purity were driven lower, indicating shorter supplies on America's streets.

In the last two years, however, this effort has been largely undercut. The ever-changing routes and tactics of sophisticated drug smugglers have again fed the cocaine supply, choking America's streets with the same cheap, high-potency cocaine as before the first strategy.

Today, growing evidence from the field indicates that there is a more lasting benefit of drug enforcement -- one that is achieved through the efforts of state and local law enforcement to raise the "hassle factor" to addicts and street pushers, not by federal law enforcement. These findings mirror what every American already knows, police

officers must be deployed where they do the most good -- walking our streets and patrolling our neighborhoods.

The programs that appear the most successful at raising the "hassle factor" and reducing crime are those that adopt the tactics of community policing. These tactics combine the talent and resources of police officers, community leaders, and citizens with the common goal of restoring the forces of order and civility to our neighborhoods.

> The key lesson -- vigorous state and local law enforcement efforts are a most promising, though too often neglected, component of the anti-drug effort.

Drug Supplies: Attacking the Source

Throughout the past four years, the nation has greatly increased federal funding for drug interdiction efforts. Virtually all of these additional dollars have been used to support Department of Defense activities outside our borders.

From the outset, I expressed pessimism about the wisdom of an interdiction policy aimed solely at chasing down international drug traffickers. As I offered in the first drug strategy, I believed that the nation must "go to the source and strangle the supply." Still,

at the time, the logic that a great superpower could beat the narco-traffickers rag-tag collection of small planes and speedboats was so appealing that the nation undertook a major interdiction effort.

Unfortunately, this logic was flawed, and the ever-changing routes and tactics of international traffickers kept drugs flowing into our nation. In each of the first three years of the strategy, the nation escalated the extradition effort, yet cocaine supplies were as plentiful as ever. The most recent drug budget, however, decreased the Defense Department's drug interdiction effort by nearly 15% (though still $400 million more than before the first strategy.) Thus, during the coming months, the nation will know -- on the basis of clear evidence -- of the effects of cutting the interdiction budget.

> The key lesson -- boosting the interdiction budget brought little "bang for the buck." If cutting interdiction resources brings no harm, the case for further reductions will be even clearer.

Steps toward the Future

What are the specific steps these lessons recommend? To summarize what is contained in more than 200 pages of this report, some of the key recommendations for action over the next four years include --

First, with respect to law enforcement, the past four years tell us that the federal drug effort must embrace a strategy that is truly national in scope -- committing a far greater share of the federal resources to aiding proven state and local law enforcement programs. The nation must also take the steps necessary to hold hard-core drug addicts accountable -- building more prisons, developing more cost-effective alternative sanctions for some offenders, and forcing into treatment the millions of hard-core drug addicts in our criminal justice system.

The past four years teach us as well that political leaders must face the tough choices -- particularly on resource allocation -- necessary to mount an anti-drug campaign based on results, not rhetoric. Political leaders must also summon the will to stand up to the special interests -- such as the National Rifle Association -- who have opposed gun control measure supported by the vast majority of the American public and our nation's law enforcement officers.

Second, with respect to drug treatment, the lessons of the past four years dictate that the nation must move to cut the 900,000 hard-core addict treatment shortfall. In the long run, I believe the most effective means of combatting drug abuse is through reform of the nation's health care system to make treatment readily available to all who need it. In the interim, we must take steps to target immediate and significant resources to expanding existing drug treatment programs.

Third, we must support efforts by the nation's top medical researchers to develop medicines to treat drug addiction. Significant promise exists in this research effort, which must be supported in the coming years. We must fully fund the Medications Development Program that leads the federal effort on this critical research. Current resources are sufficient to cover only a small part of the clinical trials and other tests that are necessary to bring these medicines from the laboratories to our streets.

Fourth, on the international drug front, the lessons of the past four years teach that America must accept the reality that increased efforts to chase the ever-changing routes and tactics of international drug kingpins have not diminished the amount of drugs pouring over our borders. Thus, it is time to reassess the wisdom of devoting massive resources to the international interdiction effort -- particularly to the Department of Defense, which has received the most significant funding increases during the past four years, but whose programs have not proven effective. For the current year, the Congress decreased the Department of Defense appropriation for drug interdiction by $100 million. The coming months will be provide a key opportunity to study the impact of this reduction. Then, this fall, when Congress sets the next year's budget appropriations, we will have the opportunity to decide whether to reallocate funds from this effort to programs here at home that have proven records of success.

At the same time, there are important alternative steps that hold more promise on the international front. These include re-orienting our international efforts to attack the

economic roots of cocaine production and focusing our international effort on new sources of drug production at the earliest stages, when countermeasures can be most effective. In addition, we must exercise leadership in diplomatic channels to raise the level of attention drug trafficking receives internationally, and to increase cooperation between governments in joining the fight.

Fifth, on the drug prevention front, the lessons of the past four years identify two general directions for the future steps. First, the nation must provide drug education and prevention programs for every schoolchild in the nation. Second, the nation must direct particular attention to the children in our juvenile justice system -- the children who are on course to be our next generation of drug addicts and violent criminals. For a few, unfortunately, the only steps that can be taken are harsh punishment necessary to protect us from these most violent and incorrigible juvenile criminals. For many, however, steps can be taken to reclaim these children as productive citizens -- if we have the wisdom to combine the stern threat of punishment with a compassionate hand of understanding and help.

Finally, to lead the nation's anti-drug effort, the lessons of the past four years teach the absolute necessity of tough, credible, and effective leadership by the Drug Director. The efforts to streamline the Drug Director's Office announced by President Clinton is consistent with the original intentions of Congress in creating the Office. What will win the drug was is more leadership -- not more bureaucracy. A key step in this

direction has already been taken by President Clinton -- his pledge to include the Drug Director as a member of his cabinet means that the more than fifty federal anti-drug agencies must begin to work together.

I have asked the President to follow through on this first step by naming a figure of national stature to the office of Drug Director and to give that individual the budget and other authority necessary to enable him or her to serve effectively -- to fulfill the mandate, and the promise, of the Office and make the tough decisions necessary to forge an effective, coordinated and cohesive anti-drug effort.

Concluding Thoughts: Where are we going from here?

In this war, there can be no retreat. If we continue to expose weaknesses in the current strategy and to build on the moments of success where they exist, and if we face the hard choices in allocating scarce resources and directing our energies to the most productive ideas, I am confident our nation can beat the epidemic of violence and wasted lives associated with illegal drugs. We must not waiver in our dedication to success -- the stakes are too high to choose any other course.

* * * * * * * *

In closing, I would like to thank the many people who played such a large role in assembling this Report. My colleagues on the Senate Judiciary Committee and their staffs, as well as the many administration officials and experts acknowledged in the appendices, deserve our gratitude.

I also want to thank the Judiciary Committee and Narcotics Control Caucus Majority Staffs, who have again done outstanding work on this Report. Brian McKeon, Kevin Howard, Lisa Monaco, Don Long, Steven Segaloff, Jennifer Vollen, Joel Vengrin, Larry Spinelli, and Cynthia Hogan have all played key roles. Above all, I want to thank Chris Putala for the phenomenal effort and tremendous intellect that went into his contribution to this document.

Some may have forgotten the drug war -- but these men and women have not. I am grateful to them for their dedication and their commitment to this vital effort.

Senator Joseph R. Biden, Jr.

April, 1993

FIGHTING THE DRUG WAR: TWENTY STEPS TOWARDS THE FUTURE

After four years of a National Drug Strategy, the Majority Staff of the Senate Judiciary Committee has taken a comprehensive look at the successes and failures of past strategies. Based on this analysis, the Committee has developed a proposal of "steps" to fight the drug war in the years ahead.

Our proposal focuses on twenty "steps toward the future" that we must take to promote a national drug policy capable of yielding the successes we so desperately need. While it is difficult to condense this whole strategy, the following pages summarize these twenty "steps."

FOCUSING ON HARD-CORE ADDICTION:

Since the inception of a National Drug Strategy, the focus on hard-core addicts has been inadequate. The destructive consequences associated with drug abuse -- crime and violence -- is caused, in large part, by the hard-core addict, not the casual user. To address the problem of treatment shortfall we must:

Step 1 Recognize that the key to success in the fight against drugs lies with the hard-core addict. We must direct resources at attacking the root of our drug problem: hard-core addiction.

Step 2 Act to stem the use of first-time use of hard-core drugs. The last four years have shown increases in the number of first-time needle users and users of heroin and cocaine and one-third of these first time users will become addicted.

STATE AND LOCAL LAW ENFORCEMENT:

State and local law enforcement make 95% of the arrests, prosecute 95% of the cases, and jail 95% of the criminals in this country. The federal government has not provided adequate aid to state and local law enforcement -- the front-lines of the drug war. We propose the following steps to target our nations streets:

Step 3 Develop a truly national drug strategy that focuses on and increases aid to state and local law enforcement.

Step 4 Break the cycle of drugs, crime, and jail. Focus on alternative punishment for drug criminals, that will provide needed treatment to keep criminals off the streets for the long term.

Step 5 Focus on law enforcement "substance" and on programs with a proven track record, such as community policing.

Step 6 Break the choke-hold of special interests and pass legislation to keep deadly weapons out of the hands of criminals.

TREATING AMERICA'S ADDICTS:

We have learned over the last four years that drug treatment works. Drug addiction has real human consequences and getting offenders off drugs impacts greatly on society. Drug treatment is extremely cost effective -- every one dollar spent on treatment of addicts will save three dollars later in the reduction of crime and social costs. We need to take steps to:

Step 7 Expand drug treatment programs in the short term and make treatment available to all addicts.

Step 8 Incorporate drug treatment over the long term into a national health care plan.

Step 9 Speed the development of medicines that hold treatment promises.

INTERNATIONAL EFFORTS AGAINST DRUGS:

International efforts to stop drug production and importation are America's "first line of defense." Over the last four years, while multilateral cooperation has been extraordinary, there have been missed opportunities. Our plan for international drug control follows these steps:

Step 10 Continued American leadership in the global arena. Given the possibility of new drug threats, the U.S. needs to maintain, indeed increase, its leadership role, particularly through diplomatic efforts to encourage international cooperation in the fight against drug trafficking.

Step 11 Debt relief should be granted to Andean governments in exchange for commitments to devote a portion of the savings to anti-drug programs.

Step 12 Stop new drug producing and trafficking threats in their infancy. Both China and the former Soviet Union are emerging as new threats on the world scene.

Step 13 Reassess funding of interdiction efforts -- particularly Department of Defense programs lacking measurable results and begin reallocating those resources to programs at home with proven records of success.

PREVENTING DRUG ABUSE:

Drug prevention and eduction is a guaranteed success to reduce the demand for drugs, unfortunately, resources devoted towards this end in the past have been sadly inadequate. Our plan suggests these "steps toward the future":

Step 14 Provide every child in every grade with comprehensive drug education.

Step 15 Address the consequences of drugs in nations schools. Guns and violence -- spurred by the drug trade -- are now an everyday part of many childrens' education.

Step 16 Fully fund the Office of Juvenile Justice and Delinquency Prevention so it can provide necessary federal leadership in dealing with juvenile justice.

Step 17 Support community-based drug education and prevention efforts. Local problems are best abated at the local level, with aid from the federal government.

THE OFFICE OF NATIONAL DRUG CONTROL POLICY:

The Office of National Drug Control Policy (ONDCP) was designed to have the power to coordinate the national anti-drug efforts. Unfortunately, this has not been the case in practice. To provide the nation with the requisite coordination of a drug policy, we suggest the following "steps toward the future:"

Step 18 Raise the Director of the Office of National Drug Control Policy to a cabinet level position.

Step 19 Clarify the coordination role of the ONDCP so it can direct the coordination of the various federal agencies with drug-fighting mandates.

Step 20 Keep the Office free from political activities so that it serves the interests of the country, not of partisan politics.

This strategy offers a blue print for the tough choices that face our nation; either stay the course -- and potentially lose future generations to the scourge of drugs -- or take the bold steps toward the future to make America a better place for us all. At bottom, we hope that this strategy will serve as starting point in the debate over the direction of the national drug policy.

AN OVERVIEW: FOCUSING ON HARD-CORE ADDICTION

Major Lessons of the Last Four Years

* While the number of "casual" drug users has declined by 50% since 1985, this drop has had no appreciable effect on the fight against drugs. In fact, the key consequences of the drug scourge -- crime, violence, medical costs, drug overdoses among many others -- have worsened even with these huge declines in "casual" drug abuse.

* Hard-core addicts fuel the drug scourge. Hard-core addicts cause most of the problems that fill our nation's prisons and jails, and deluge emergency rooms and maternity wards. Thus, the nation's response to the hard-core addict will determine our success -- or failure -- in ending the scourge of drugs.

Major Steps for the Next Four Years

* The nation must place our commitment and resources firmly behind a policy that attacks the scourge of drugs at its root: hard-core addiction.

* Attacking hard-core addiction requires a comprehensive plan that combines the resources and talents of law enforcement officials, drug treatment professionals, educators, medical researchers and citizens.

CHAPTER I

FOCUSING THE STRATEGY: HARD-CORE ADDICTION

America's hard-core drug addicts are at the center of our national drug problem -- they provide most of the demand for the traffickers' cocaine, heroin, and other drugs; commit much of the nation's crime and violence; and fill the nation's jails, prisons, hospital emergency rooms and maternity wards.

It is the nation's success -- or failure -- on the hard-core front of the anti-drug effort that will decide the level of drug-fueled crime, violence and human tragedy the nation must endure.

Gains against "casual" drug use are welcome news. But a principal lesson of the past four years teaches that even large reductions in "casual" drug use do not significantly lessen the toll of drug abuse in America. For example, from 1985 to 1991, in virtually every category, the number of "casual" drug users declined by nearly 50%. These are

huge declines, though it must be pointed out that most of these gains were achieved by 1988 -- nine months before the first drug strategy was released.

The important policy question suggested by these findings is what is the effect of this impressive drop? Unfortunately, despite the reality that the number of casual users today is far fewer than in the mid-1980s, every American knows that the drug crisis is actually far worse.

The reason for this popular judgement is that success or failure in the anti-drug effort is the product not simply of the number of drug users, but rather of the harms these users inflict on America. And, as every American knows, the harms caused by the drug crisis are worse than ever -- violent crime is at record levels, hospitals are crowded with drug addicts, and neighborhoods, streets, and schools across the nation continue to be degraded by the drug epidemic.

Why have the ills of the epidemic worsened while the total number of addicts has dropped so precipitously? As the first edition of this report predicted in January 1990, the harms of the drug epidemic result primarily from hard-core addicts, not from "casual" drug abusers. Hard-core addicts are a relatively small part -- about 25% -- of the drug-abusing population, yet they are responsible for the vast majority of the nation's drug-related social ills. Thus, it is not surprising that even cutting the number of "casual" drug

abusers in half -- as has been achieved -- while hard-core addiction has worsened, leaves America with a worsening drug epidemic.

Many of the most important indicators illustrate the worsening course of the epidemic over the past four years, for example:

* Notwithstanding a projected decline in the 1992 murder toll, the four years since the release of the first drug strategy have been the most murderous period in our nation's history;

* The violent crime toll -- again, the most severe outbreak of criminal violence in the nation's history -- further illustrates the crushing toll of the epidemic;

* Hospital emergency room drug overdoses have continued to increase since the release of the first drug strategy;

* Hard-core heroin addiction -- largely dormant since the 1970s -- has resurged under the flood of heroin supplies into America's cities and towns, and;

* Open air drug markets remain in business in every major city in the country because we don't have enough police, prosecutors, and prison and treatment space to shut these markets down.

In sum, the experience of the past four years dictates that the reductions in "casual" drug abuse have not brought appreciable improvements in the drug scourge. Thus, the key lesson we must take to heart is that an effective drug strategy must be directed towards those primarily responsible for the plague -- the hard-core addict.

"CASUAL" DRUG ABUSE: TRENDS OF THE PAST FOUR YEARS

As is noted above, the federal government's primary drug abuse surveys indicate significant declines in the number of "casual" drug abusers. This progress, however, has slowed dramatically -- and was achieved primarily before the release of the first drug strategy. In addition, significant increases in "first-time" drug abuse signal that even these gains may soon be lost.

"Casual" Drug Abuse

The yardstick most often used to assess drug abuse in America is the National Household Survey on Drug Abuse. Numerous studies -- including some of our own -- indicate that the Household Survey is ill-suited to measuring trends in hard-core drug abuse. As the government scientists who conduct the Household Survey have always recognized, the Survey "does not include some segments of the U.S. population which may contain a substantial portion of drug users, such as transients and those

incarcerated."[1] However, owing to the much larger number of "casual" drug abusers and several other factors, the Household Survey is likely to be a more accurate measure of casual drug abuse.

"Casual" drug abuse is most often measured according to the Household Survey's estimate of drug abuse "within the past month." (The most recent Household Survey provides drug abuse data for 1991. Due to changes in the Household Survey methodology called for by the previous Administration, the 1992 data will not be available for several months.)

As is indicated by the chart below, from 1985 to 1991, the number of "casual" drug users declined by more than 10 million -- a drop of nearly 50%. This is a huge drop, though it must be pointed out that 85% of this was achieved by 1988 -- 9 months before the first drug strategy was released. Still, the number of casual users today is far fewer than in the mid-1980s.

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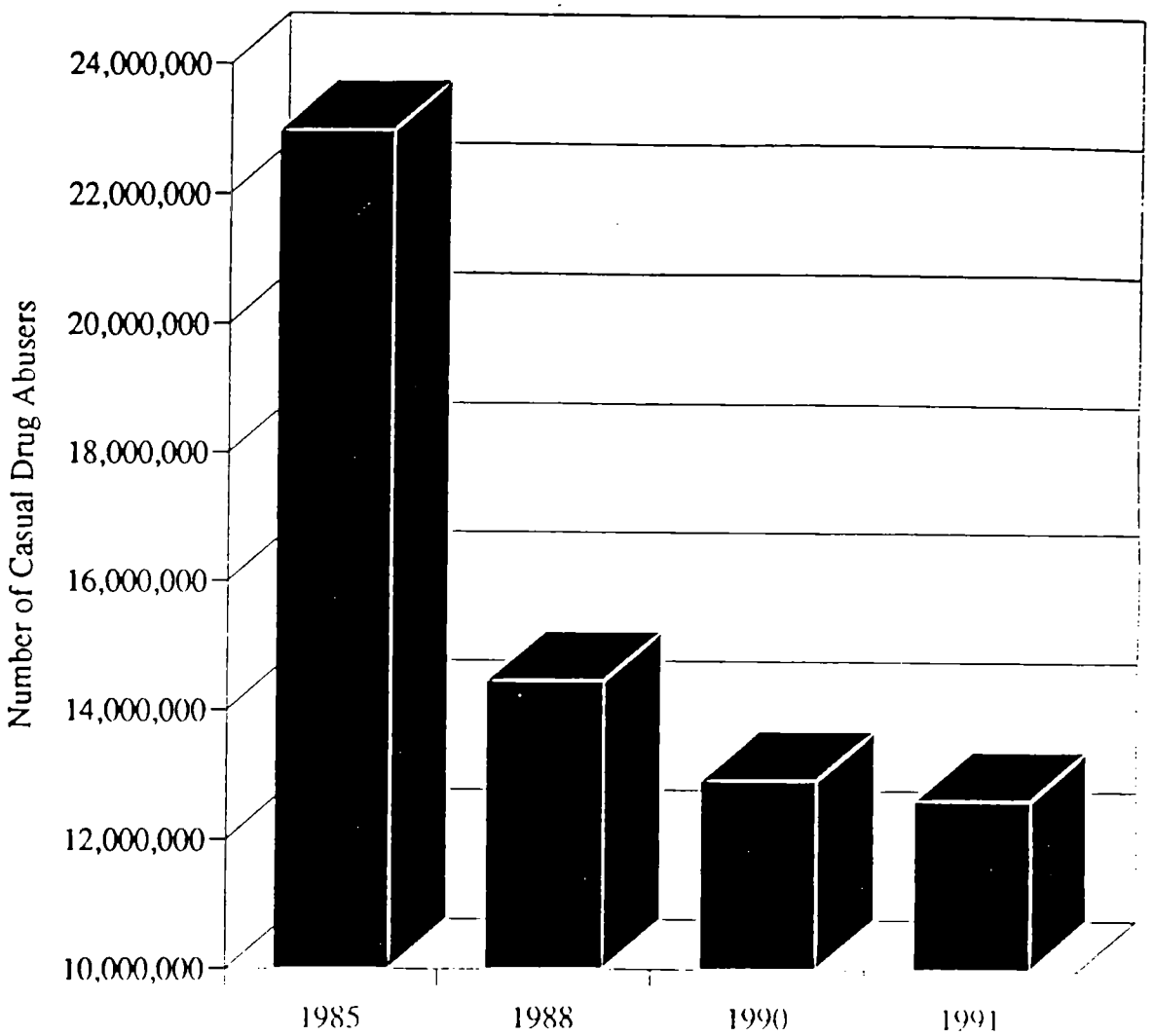
[1] "National Household Survey on Drug Abuse: Population Estimates 1991." U.S. Department of Health & Human Services, Publication No. (ADM) 92-1887. Page 10. The methodological problems plaguing the Household Survey are also detailed in "Hard-Core Cocaine Addiction: Measuring -- and Fighting -- the Epidemic," a majority staff report prepared for the Senate Judiciary Committee, May 1990.

Overall Drug Use



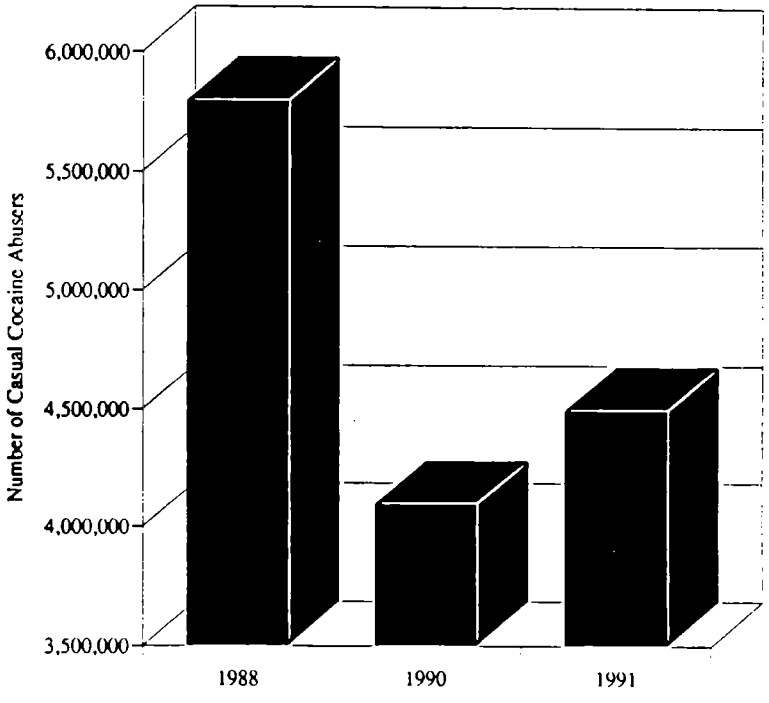
Source: Department of Health & Human Services, National Household Survey on Drug Abuse

"Casual" Cocaine Abuse

The previous Administration's assessment of "casual" cocaine abuse was based on the number of Americans admitting that they abused cocaine less often than once-a-month over the past year. (This more cautious estimate of "casual" drug abuse is also followed by this report.)

Here, again, significant declines have been achieved -- the decrease of 1.3 million "casual" cocaine abusers is equal to a 22% reduction. (The chart below illustrates.)

Casual Cocaine Abuse



Source: Department of Health & Human Services, National Household Survey on Drug Abuse

Of course, the increase from 1990 to 1991 is a clear warning signal. Fortunately, despite that increase, the level of occasional cocaine abuse remains lower in 1991 than it was in 1988.

"First-Time" Drug Abuse

While major reductions in casual drug abuse have been achieved, this report would be remiss if some important findings warning of future drug abuse were not presented. The 1988, 1990, and 1991 Household Surveys document the number of people admitting that they "ever used" these drugs. The change in the population admitting they "ever used" represents the number of new initiates since the previous Survey.

The Household Survey's estimate of first-time heroin abuse reveals one of the largest jumps. According to the 1990 Survey, 1,650,000 Americans admitted that they had "ever used" heroin. According to the 1991 Survey, this number topped 2,880,000. In other words, 1,230,000 Americans had used heroin for the first time during the intervening year -- an increase of about 75%.

The Household Survey's estimates of first-time needle use reveal other danger signs of a resurgent drug epidemic. Comparing the 1988 and 1991 Household Surveys

indicates a rise of first-time needle use of more than 1.2 million, or about 50%. (Not only does this huge increase in first-time needle use warn of the potential for hundreds of thousands of new hard-core drug addicts, but this increase is also sure to be accompanied by an increase in drug addicts infected with HIV, the virus that causes AIDS.)

The estimates of first-time crack-cocaine abuse offer similarly grim news. The rise in first-time use of crack-cocaine since 1988 is more than 1.4 million -- representing a 56% increase. A more detailed look at the data reveals that this increase occurred almost entirely during 1991. Between 1988 and 1990, the Household Survey indicates that about 270,000 American's tried crack-cocaine for the first time during these two years. From 1990 to 1991, the Household Survey estimates an increase of more than 1.1 million -- more than 40%, nearly seven-times the annual increase from 1988 to 1990.

Will all these first-time users of heroin and crack-cocaine be ensnared in the trap of hard-core addiction? Of course not. But, it is inevitable that many will. The Office of National Drug Control Policy's report "Understanding Drug Treatment" estimates that the nation must expect one-quarter to one-third of these first-timers to eventually become addicted[2].

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[2] "Understanding Drug Treatment." Office of National Drug Control Policy. June 1990. Page 4.

HARD-CORE DRUG ADDICTION: THE ROOTS OF THE EPIDEMIC

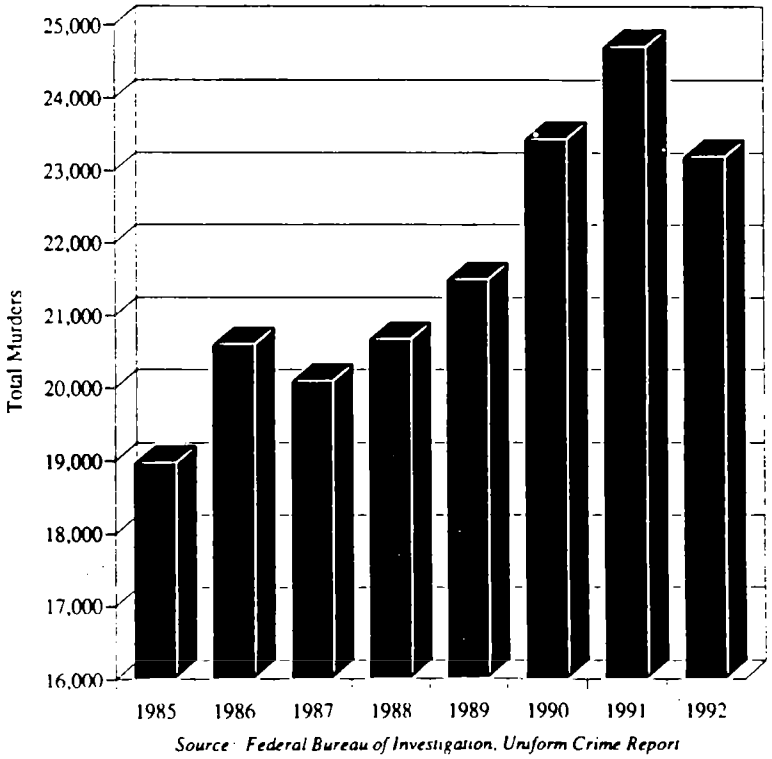
Despite the declines in "casual" drug abuse just detailed, the negative consequences of the drug epidemic continue to increase.

These consequences include violent crime tolls, the number of drug-addicted offenders in our criminal justice system, and the number of drug overdoses in the nation's hospital emergency rooms. These consequences are the most important measures of success -- or failure -- against the scourge of drugs, because they represent in the starkest terms the price all Americans pay for the drug epidemic. Unfortunately, these consequences are increasing, and at their root are America's hard-core addicts.

The Record Murder Toll

One of the clearest consequences of the current drug epidemic raging out of control has been the unprecedented rise in the nation's murder toll. While the Federal Bureau of Investigation has just recently projected that the 1992 murder toll will be slightly lower than the historic level of 1991, the years since the release of the first drug strategy have seen more murders than any such period in our nation's history. And, the trend since the mid-1980s is clear -- a steady rise.

The Rise of Murder

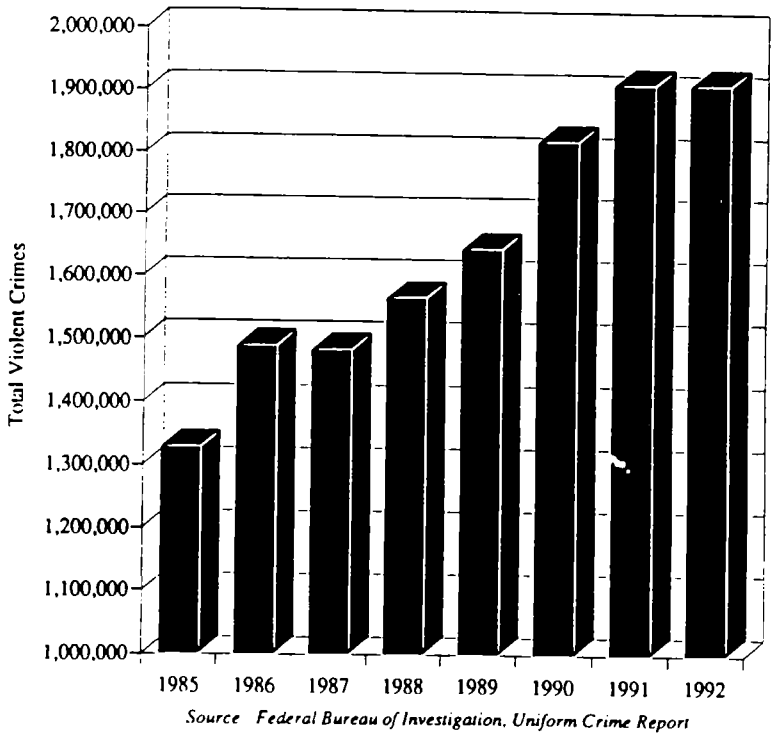


Source: Federal Bureau of Investigation, Uniform Crime Report

Record Violent Crime

Not only has the nation's murder toll risen to all-time highs, but the overall toll of violent crime in America has risen beyond any level of our history. (The chart below illustrates.)

Record Levels of Violent Crime

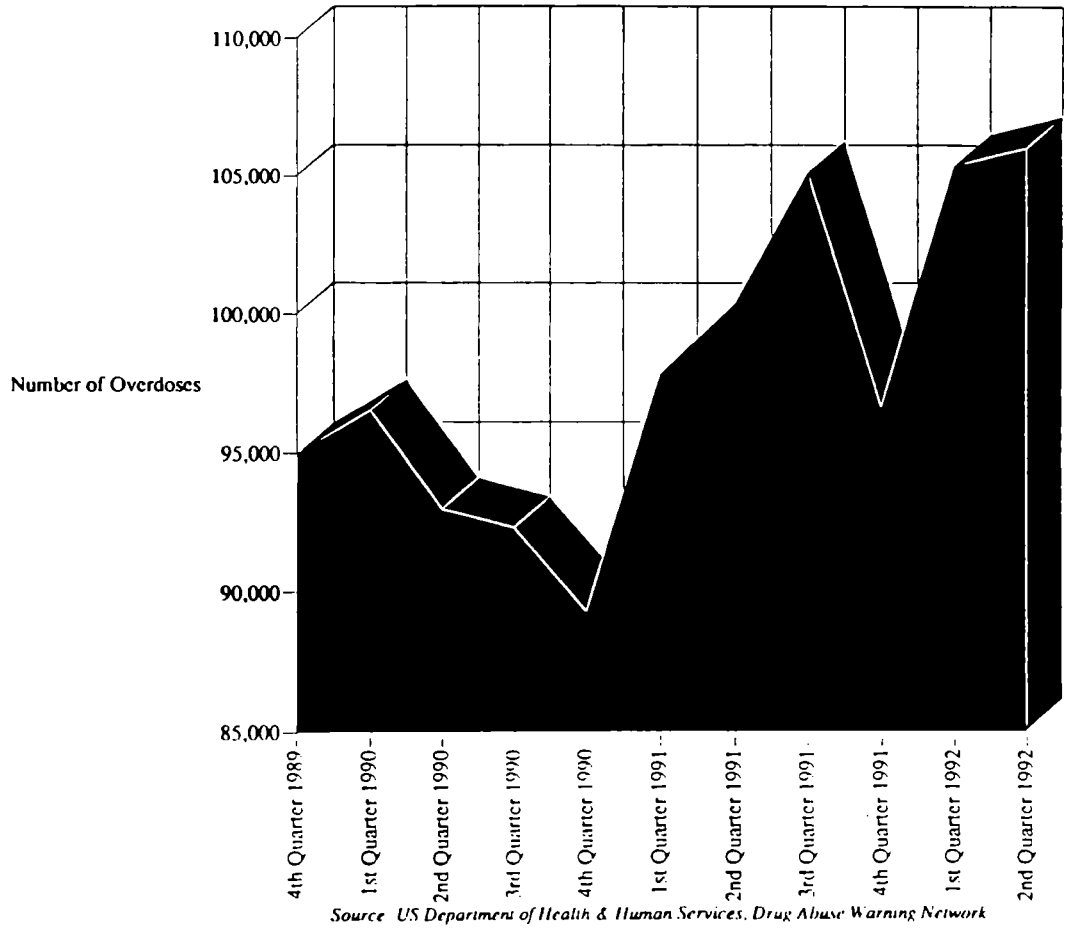


Source Federal Bureau of Investigation, Uniform Crime Report

Drug Overdoses in the Nation's Emergency Rooms

Another of the consequences of hard-core drug addiction is measured by the number of drug overdoses reported by the nation's hospital emergency rooms. The most recent hospital data available -- published by the National Institute on Drug Abuse's Drug Abuse Warning Network (DAWN) -- reveals drug abuse trends through June 1992.

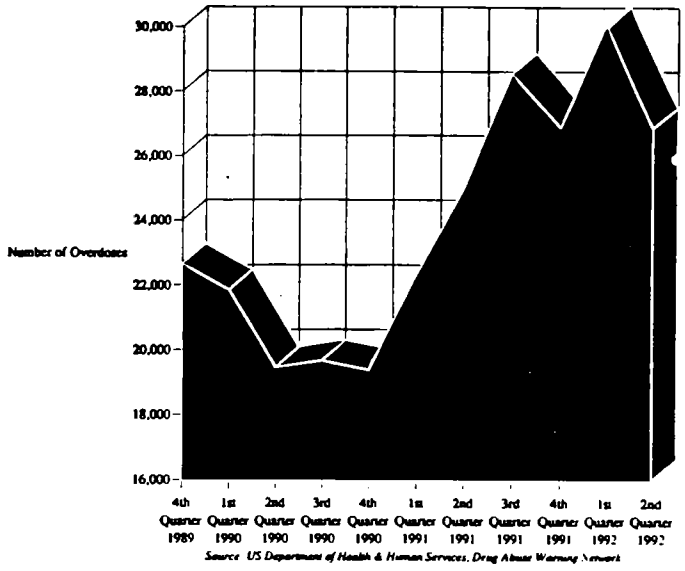
Drug Overdoses: More Than When the Strategy Began



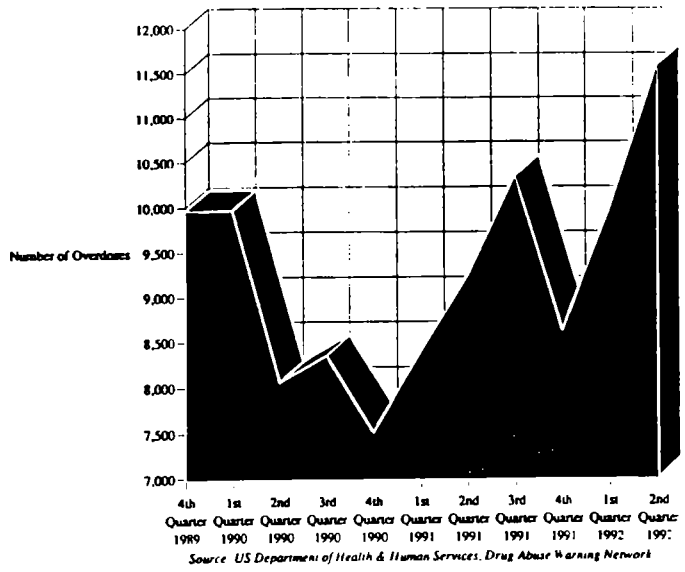
Source: US Department of Health & Human Services, Drug Abuse Warning Network

The pattern is confirmed by a detailed view of the drug overdoses caused by cocaine abuse and by heroin abuse:

Cocaine Overdoses: More Than When the Strategy Began



Heroin Overdoses: More Than When the Strategy Began



CONCLUSION

The overall lesson of the first four years of our national drug strategy teaches that our primary aim must be to control hard-core drug addiction.

"Casual" drug abuse declined during the past several years although most of these results were obtained before the first drug strategy went into effect. But Americans remain prisoners to the profound social ills caused by drugs because the hard-core addicts who consume the most drugs, commit most of the drug-fueled crime, and cause most of the drug-related human tragedy, remain uncontrolled.

The many ways America can -- and must -- meet the task of controlling hard-core addiction is the central theme of the chapters that follow. Focusing on hard-core drug addiction requires a comprehensive effort mounted by law enforcement officials, drug treatment professionals, educators, medical researchers, and every American. This effort begins with a clear understanding of the past years, and it demands a clear eye towards the years ahead.

TARGETING THE STREETS: STATE AND LOCAL LAW ENFORCEMENT

Major Lessons of the Last Four Years

* The key battle field for fighting the "war on drugs" is at the state and local level. In fact, ninety-five percent of crime in America is arrested and prosecuted at the state and local level.

* Over the last four years, 1.3 million people have been arrested under tough drug laws. But prison space has been unable to keep pace with the increase in arrests and sentence lengths for drug dealers.

* There has been a focus on law enforcement "symbols" rather than law enforcement "substance." The death penalty for drug kingpins was a highly touted way to reduce drug trafficking. However, as of February 1993, the Justice Department has sought the death penalty for only 19 drug kingpins -- with only one conviction.

* Special interests have successfully opposed legislative attempts to control criminal access to deadly weapons. These measures are supported by the vast majority of Americans -- including every major law enforcement organization in the country.

Major Steps for the Next Four Years

* Develop a truly national drug enforcement strategy that focuses resources to those who arrest, prosecute and jail the majority of drug criminals -- state and local law enforcement.

* Ensure swift and tough justice to drug criminals. Not only by constructing more prison cells, but by focusing on alternative punishments such as military-style boot camps and by providing treatment to drug addicted criminals. Since 1989, more than 900,000 drug addicted convicts have left prison without receiving any drug treatment.

* Federal legislators must stand up to the special interests and pass legislation to keep deadly weapons out of the hands of criminals. Passage of the Brady Bill and the DeConcini Assault Weapon ban are essential to ensure the safety of thousands of Americans.

CHAPTER II

TARGETING THE STREETS: STATE & LOCAL LAW ENFORCEMENT

In attacking the national drug epidemic, America's federal, state and local law enforcement officials have over the last few years met with some successes, and some failures. In both, there are important lessons. Indeed, the nation can learn how to fight drug related crime most effectively only from bold attempts that risk failure.

Today, our challenge is to review the record built over the last four years, from which clear patterns have emerged. Our challenge is to pay attention to the numerous "lessons" from law enforcement officials. The goal for tomorrow is to discard the failed methods while building affirmatively on the successes of yesterday's first steps.

What do we know? The past four years offer several insights:

* First, the supply of drugs offered by traffickers and the demand for drugs by addicts are linked and related. In the simplest terms, addicts are much less likely to stop abusing drugs that are readily available. And, of course, criminals are much more likely to risk trafficking in drugs if there are many addicts seeking drugs making the trade more profitable. Thus, a two-pronged approach -- fighting demand and supply at the same time -- if effective, is optimal.

* Second, some law enforcement strategies are more effective than others at achieving the goals of supply and demand reduction -- holding addicts accountable and breaking addiction, and punishing drug dealers to put them out of business. The successful strategies seem to share at least one key ingredient -- the swift and sure punishment of law breakers.

* Third, law enforcement professionals have developed several specific working programs which implement these theories, the most notable of which are community policing initiatives, drug treatment programs in prisons and jails, military-style boot camps and other intensive corrections programs.

If these are the lessons taught by the past years, our first look must be to the nation's drug enforcement system today. In other words, how does our current system match-up to what is needed?

Here, the story of the past four years is mixed. The budgets proposed by the previous Administration, as well as those passed by the Congress, have increased significantly the resources provided to federal drug enforcement agencies. With few exceptions, virtually every federal drug enforcement agency has received major increases. All told, federal drug enforcement efforts were boosted by nearly $2.5 billion over the four years of our national drug strategy -- an increase of more than double.

As hopeful and important as these increases are, we must recognize that the federal criminal justice system is responsible for arresting, prosecuting and incarcerating barely 5% -- or, 1 in 20 -- of the nation's criminals. Thus, even the large increases in the federal government's law enforcement ability represent only minor changes to the nation's ability to catch, try and punish drug criminals.

Unfortunately, state and local law enforcement has not received the same emphasis that federal enforcement has benefitted from over the past four years. Federal aid to state and local law enforcement has increased by $420 million in that time period. This is enough to add but 8,000 police officers to the nation's streets and neighborhoods -- about a 1% boost to the nationwide total. Or, this increase would pay for

approximately 28,000 offenders to attend military-style boot camp prisons -- barely 2% of the national prisoner total.

In sum, federal drug enforcement dollars cannot reach 95% of the battleground -- dooming the national enforcement effort to years of grinding stalemate.

For tomorrow and the days ahead, the nation can make meaningful strides against the scourge of drug addiction only if we are willing to earnestly assess how we can redirect the national drug policy from where we are today to the policies and programs that have proven successful. In other words, we must develop a plan. Doing so requires us to remove several "bottlenecks" that block the national anti-drug effort, and to summon the will and resources necessary to take several concrete steps.

What are the key policy and political barriers that must be removed? First and foremost, the nation must decide the federal government's proper role in drug enforcement. It now appears that the most crucial -- and also the most promising -- battleground is manned by state and local law enforcement officials, not federal law enforcement agencies. The federal government should abandon the rhetoric of the past drug strategies that left states for the most part on their own -- "Since most drug crimes

are prosecuted under State and local laws, State authorities bear the greatest burden in protecting their citizens from drug-related crime."[1]

> The next four years must see steps to fundamentally change this policy -- with the federal drug effort embracing a strategy that is truly national in scope. In plain english, this means a vastly greater commitment of federal resources to aiding proven state and local law enforcement programs.

Second, the willingness of some to emphasize law enforcement "symbols" over substantive criminal justice measures has diverted attention from the real work needed to fight the war on drugs. The federal death penalty is chief among the "symbols" that too many have claimed would make an important difference in the nation's ability to control the drug epidemic. Countless hours of debate over the death penalty for drug kingpins consumed the attention of national leaders for years. Yet more than four years ago, the Congress passed, and President Reagan signed into law, legislation providing the death penalty for drug kingpins. In these intervening years, the Justice Department has sought the death penalty for only 19 defendants. The worst of the nation's drug kingpins plainly deserve society's ultimate sanction -- that is why this measure enjoyed broad and bipartisan support. But, with 4 million drug arrests during these four years -- including 1.3 million drug dealers -- 19 offenders is a drop in the bucket.

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[1] "National Drug Control Policy." Office of National Drug Control Policy, February, 1991, p. 31. (Emphasis added.)

The next four years must see political leaders -- and the policies they implement -- to focus on substance, not symbols. Rhetoric does not fight crime -- only a concerted effort to make the hard choices -- to allocate scare resources and to choose programs based on real results -- can effectively fight the drug war.

A third weakness that has crippled our nation's effort to beat the drug epidemic is the fact that punishment for drug dealing is far from certain. Federal, state and local leaders have called on all levels of law enforcement to arrest more drug dealers -- and law enforcement has answered that call by arresting about 1.3 million over the past four years. At the same time, federal, state and local leaders have greatly increased the prison sentences for some categories of drug offenders. In fact, a greater proportion of drug dealers are serving time behind bars, some of them for a very long time.

Neither federal, state or local governments, however, have been able to afford enough prisons to keep pace with BOTH increased arrests and increased sentences for drug dealers. In other words, we have built enough prison and jail cells to put more drug dealers behind bars; but because so many have received such long sentences our prison system is overloaded and many offenders simply cannot be sent behind bars. In other words, America's criminal justice officials must face important choices to build more prisons where absolutely necessary (and where they can be afforded), allocating prison

cells to the most dangerous offenders, and providing cost-effective alternative punishments for all others who break the law.

The next four years must see steps to restore the certainty of punishment. This effort, by necessity, may require resisting the popular tendency to react by increasing sentence lengths. In addition, we must commit necessary resources to build some additional prisons and more military-style boot camp prisons and other cost-effective means of punishing offenders.

Finally, the hold of special interests has damaged the national effort against drug dealers. In particular, the NRA's unrelenting battle against efforts supported by the vast majority of Americans -- along with virtually every major law enforcement organization -- to control the spread of deadly weapons to drug criminals. The nation's law enforcement leaders are united in their support for measures that would make it as difficult as possible for convicted criminals and drug addicts to arm themselves. These include a ban on military-style weapons -- the "gun of choice" for violent drug gangs -- and the national criminal background check system of the Brady bill.

The next four years must see steps by political leaders to stand with the American people who live in fear of crime and with the law enforcement officers who must face armed criminals everyday, not with the NRA and its narrow agenda.

These are but some of the key barriers impeding the national effort against drugs. Without overcoming these obstacles, the nation stands little chance of being able to take the many steps necessary to conquer the drug epidemic. If these barriers can be broken, the past four years prove that there are specific steps that, if taken, promise meaningful improvements against the drug epidemic.

These include community policing programs that employ a very simple mechanism -- putting law enforcement exactly where law-breakers hope to prey. Community policing programs have a proven track record of controlling crime without flooding our courts and jails with arrests.

Another key step is to adopt punishment strategies that have proven track records -- recognizing, of course, that the nation must have a wide range of sanctions available for the many types of drug offenders coming through our nation's criminal justice system. The common foundation of all effective punishment strategies is holding offenders truly accountable for their actions -- in other words, guaranteeing swift and sure appropriate punishment. Keeping in mind the wide variety of drug offenders coming through the nation's courts, the past four years offer several promising programs, and several essential needs:

* While prison or jail cells -- by far the most expensive punishment method -- are necessary for many drug offenders, many others can and should be punished through less costly -- and more effective -- means. Military-style boot camp prisons are one option being used by states and communities across the nation. Boot camp prisons offer a shorter -- though much more intense -- sentence that is often better suited to first-time or non-violent offenders. The federal drug effort must emphasize this punishment option.

* The nation clearly needs more prison and jail cells. Today, the nation's prisons and jails are filled well beyond their capacity. Relieving this shortfall in a cost-effective manner is an absolute necessity, and surplus military facilities must be used much more often than they have in the past few years.

* The tremendous incidence of drug addiction among the nation's prison and jail inmates is a crisis that demands action -- for, quite simply, virtually every drug addict who goes to prison or jail will eventually return to the streets. Unbelievably, as many as 900,000 drug-addicted offenders have been released from prison or jail <u>without</u> being treated since the release of the first drug strategy in 1989. There are, however, numerous working examples that prove the worth of drug treatment in prisons and jails -- these must be expanded.

* While many drug offenders are sentenced to time behind bars, many more are sentenced to probation or parole. The sobering fact that so many offenders are released in our communities ought to make methods to ensure that offenders do not return to drugs a particularly high priority. The most successful programs for controlling offenders combine two key elements. First, offenders' abstinence from drugs must be assured, particularly with the use of drug testing. Second, any return to drug use must be punished -- absolute accountability for one's actions is the key.

The national drug effort must also adopt proven, common-sense approaches that help keep guns out of the hands of drug criminals and drug addicts. Two steps that are overwhelmingly supported by the American public are the Brady bill and Senator DeConcini's effort to ban domestic-manufacture of military-style assault weapons.

* According to the most recent figures available from the FBI, nearly 2,000 Americans were murdered by handguns purchased by convicted criminals at gunshops. This is the starkest case illustrating the urgent national need for swift passage of the Brady bill criminal background check system.

* Military-style assault weapons are clearly the "guns of choice" for violent drug dealers and street gangs. Moreover, these weapons have no legitimate sporting purpose. Their function is clear -- the brutal, indiscriminate delivery of a hail of deadly bullets. Passage of the DeConcini bill is the first step toward getting these weapons out of the hands of vicious thugs.

Finally, steps to support all aspects of the criminal justice system must accompany efforts to increase the national capacity to arrest and punish drug criminals. Quite simply, all these efforts produce only more gridlock unless the nation has the prosecutors, public defenders and judges sufficient to the task. One of the more glaring needs in the federal criminal justice system is the lack of judges -- in fact, the federal system suffers from 120 vacancies on the bench. These vacancies must be filled as quickly and as reasonably as possible if we are to alleviate the burden on the judicial system.

The experience of the past four years teaches that the national drug epidemic has taken a particularly severe toll on some areas of the country. Meeting these challenges requires extra efforts targeted to these specific areas.

* During the past four years, some of the nation's urban areas have been particularly hard-hit by the drug epidemic. Steps must be taken to target

aid -- including drug enforcement, treatment and prevention -- to these urban "battlezones."

* While urban drug "battlezones" are recognized by most Americans as a high-priority need, the havoc wreaked by drugs on rural America is overlooked by many. However, the plain truth is that drugs and drug-fueled crime are actually rising faster in America's rural areas than in America's largest cities. Steps must be taken to deliver comprehensive efforts -- tailored specifically to the special challenges facing rural America -- to these long neglected areas.

The pages that follow outline in much greater detail the drug enforcement policy "lessons" taught by the past four years. Along with a specific assessment of the drug enforcement policies and programs currently in place, the remainder of this chapter details the many "steps" necessary to take full advantage of these "lessons."

Perhaps the most important "lesson," however, is that the nation need not be held hostage by drug criminals. The national drug epidemic is not a "given." We can -- indeed we must -- beat the epidemic by fighting more, fighting better and fighting more efficiently.

WHAT ARE THE LESSONS OF THE PAST?

This section examines the recent history of the nation's struggle against the drug epidemic -- and what we know about combatting drug abuse. The specific question posed here is, how does law enforcement join with other efforts to control drug abuse?

A. Law Enforcement Works

Law enforcement works. However, the past four years offer key insights into just how law enforcement pressure controls the drug scourge -- insights that must be the basis for a national drug enforcement strategy. The view that emerges from the experience of the past years points to the central role of state and local law enforcement in the anti-drug fight. For example, it is now clear that pressure by federal law enforcement on major drug traffickers can squeeze drug supplies. Unfortunately, it is also clear that these major drug traffickers eventually adjust, and drug supplies rebound.

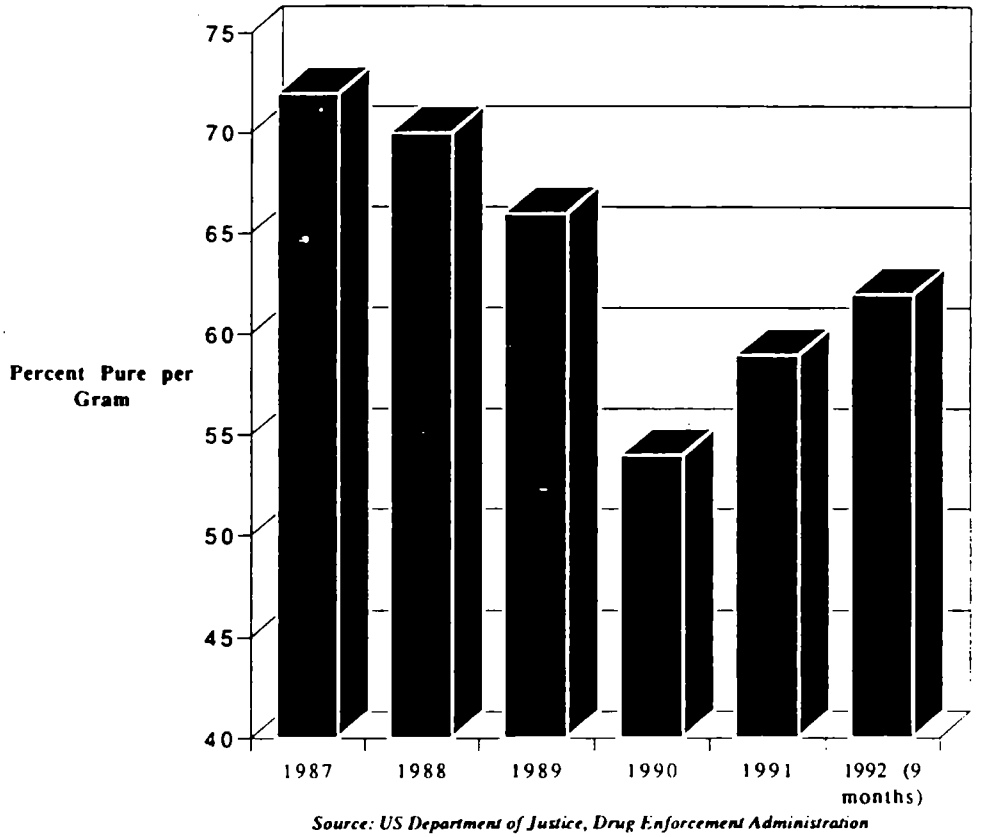
State and local drug enforcement pressure drug "markets" in a somewhat different way -- and one that is not a easily circumvented. Sustained local drug enforcement efforts simply "hassle" drug pusher off the street corners and then, with many fewer resources, keep watch to make sure the pushers do not return. In other words, while the

complexity of major drug trafficking operations permits continual adjustments to confound drug enforcement, the simpler tasks of street pushers allows them few options -- and, so, few ways to get around street drug enforcement.

At a Senate Judiciary Committee hearing convened in 1990, the committee heard evidence detailing the decline in cocaine purity and rise in cocaine price -- indicative of shortfalls in the supply of cocaine on our streets. This shortfall was the clear result of the drug-fighting efforts of Federal, state and local law enforcement officials. However, it is also clear that even with increased federal drug enforcement pressure, drug supplies have rebounded -- at least somewhat. For example, the average purity of cocaine bought in gram units declined from 66% to 54% during the first 16 months of the national drug strategy. This is equal to an 18% drop, or, in other words, a hard-core addict would have to buy nearly one-fifth more cocaine to achieve the same "high." However, the most recent information gathered by the DEA indicates that the purity of the cocaine sold by street pushers is on the rise. Still, hard-core addicts are getting "less-bang-for-the-buck" today than before the first drug strategy.

What is the importance of the decline -- despite the recent rebound -- of cocaine supplies on America's streets? At a Judiciary Committee hearing in September 1992, officials from the Office of National Drug Control Policy provided information that points to a fundamental link between drug supply and hard-core addiction. As the chart below illustrates:

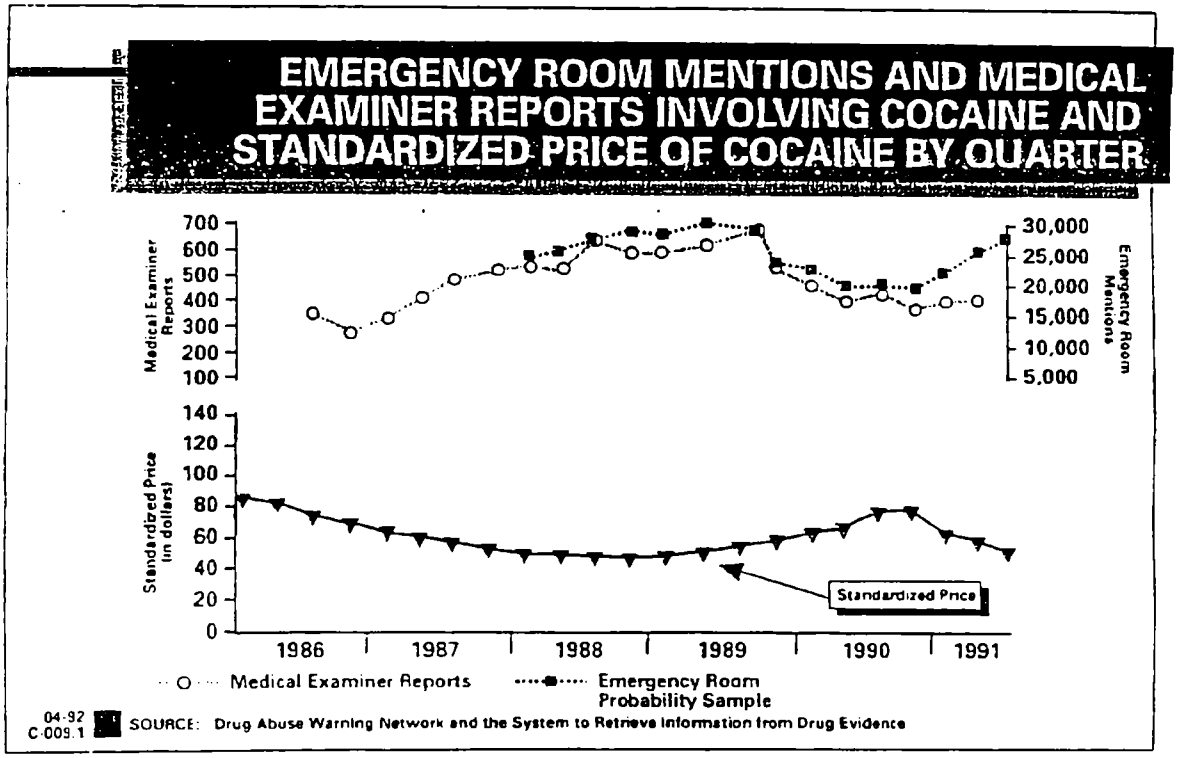
Cocaine on the Streets: The Recent Rise in Purity



Source: US Department of Justice, Drug Enforcement Administration

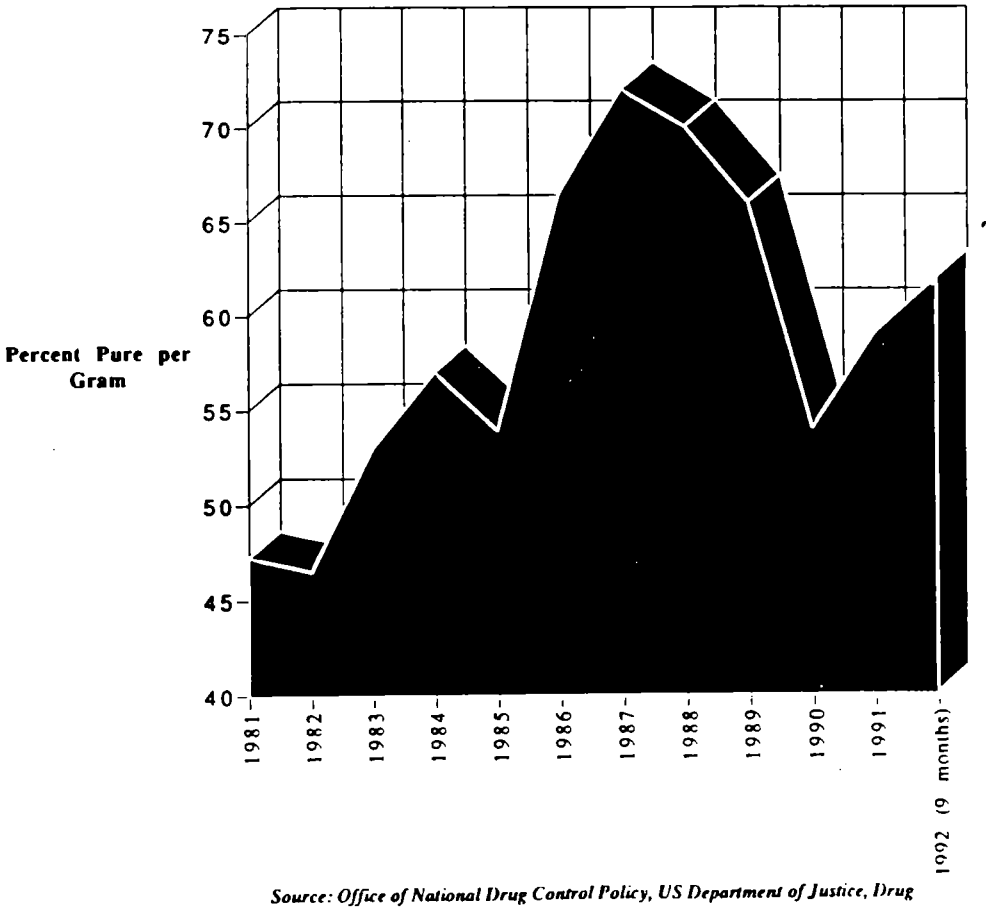
* Increasing cocaine supplies from 1986 to 1988, as well as in the first six months of 1991 (increased supply is documented by the declining "standardized price") produced increased hard-core abuse of cocaine. The increase in hard-core addicts is painfully apparent in the increase in drug overdoses in hospital emergency rooms and by a rise in deaths by drug overdose.

* Decreased cocaine supplies from mid-1989 through 1990 resulted in decreased hard-core cocaine abuse.



While the impact on cocaine supplies indicates the potential of drug enforcement, a broader look at cocaine supplies reveals the true enormity of the task facing law enforcement. As the chart below illustrates, the supply of cocaine in America today is much greater than at the start of the 1980s -- witness the 30% increase in the purity of the cocaine available on streets throughout America. Plainly, we have fallen so far behind the epidemic that we cannot rely on law enforcement pressure alone to bring the epidemic under control.

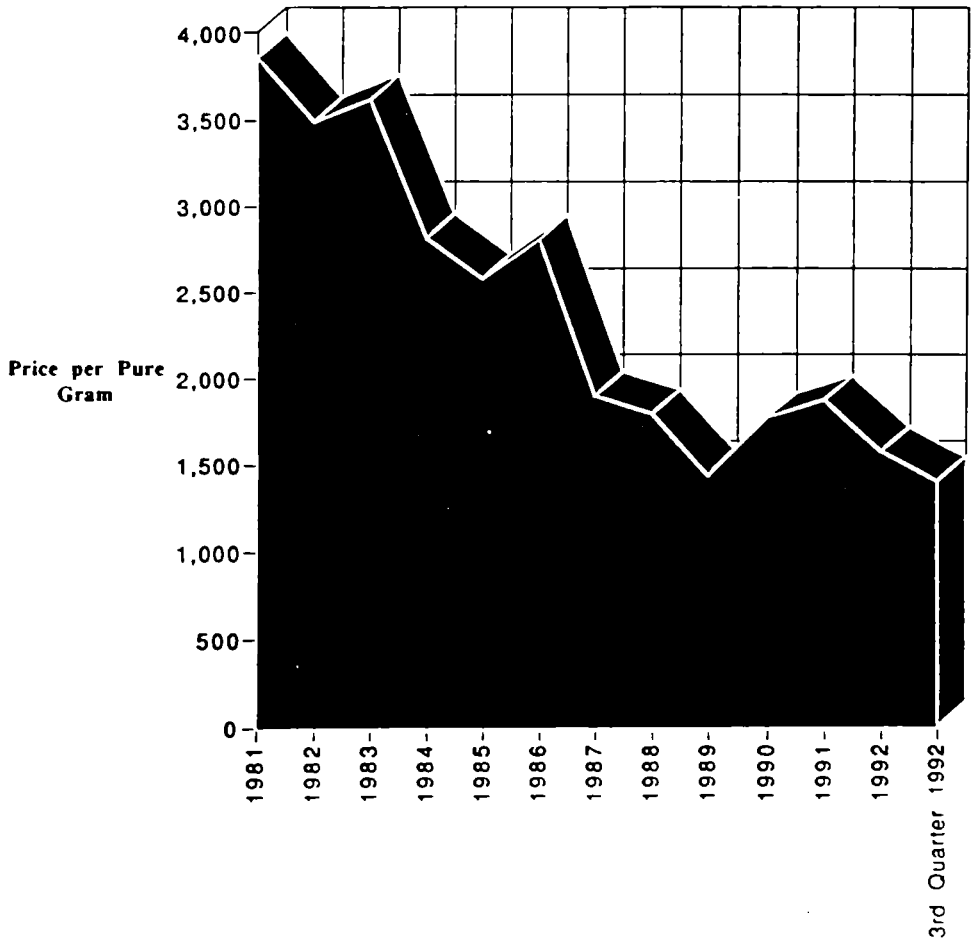
Cocaine on the Streets: The Recent Rise in Purity



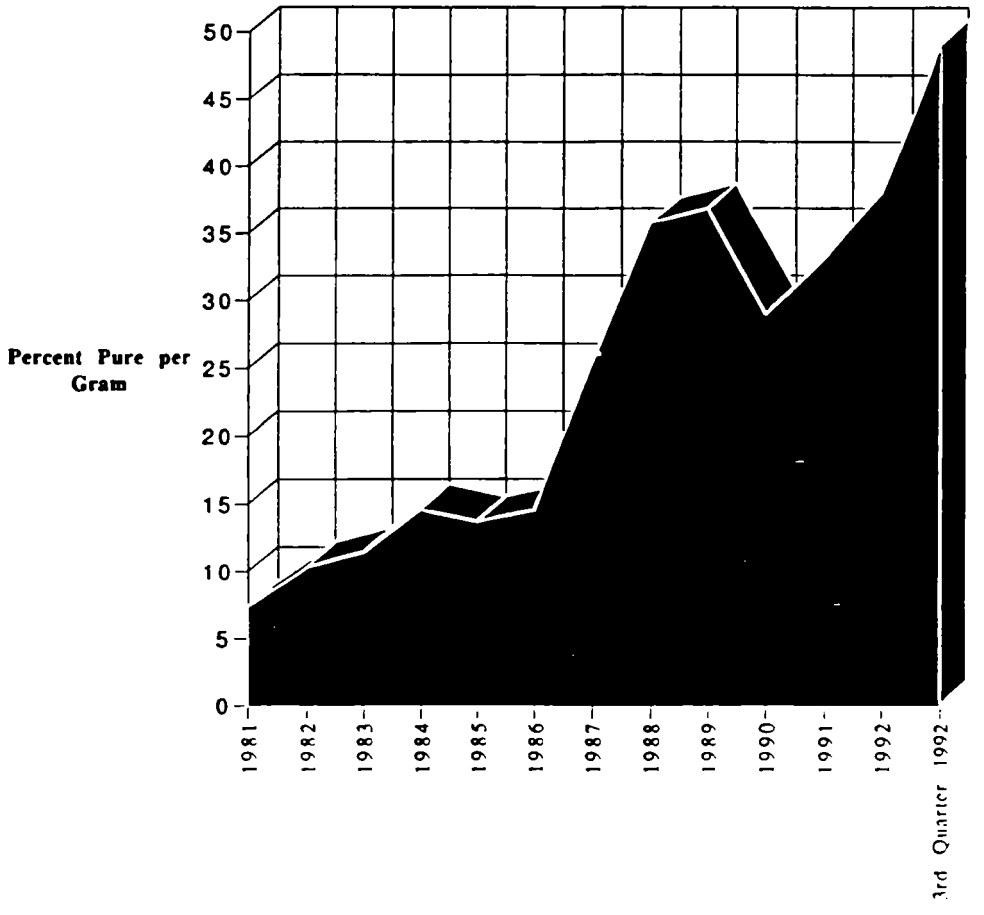
Source: Office of National Drug Control Policy, US Department of Justice, Drug Enforcement Administration

It also bears pointing out that the ominous trend of exploding heroin supplies will doubtless frustrate law enforcement efforts to regain control over the cocaine epidemic. As the two charts that follow illustrate, the heroin supply is skyrocketing. Heroin prices have fallen to less than one-half their level of a decade ago, and heroin purity has risen by 600% during the past decade.

Plummeting Heroin Prices



Escalating Heroin Purity

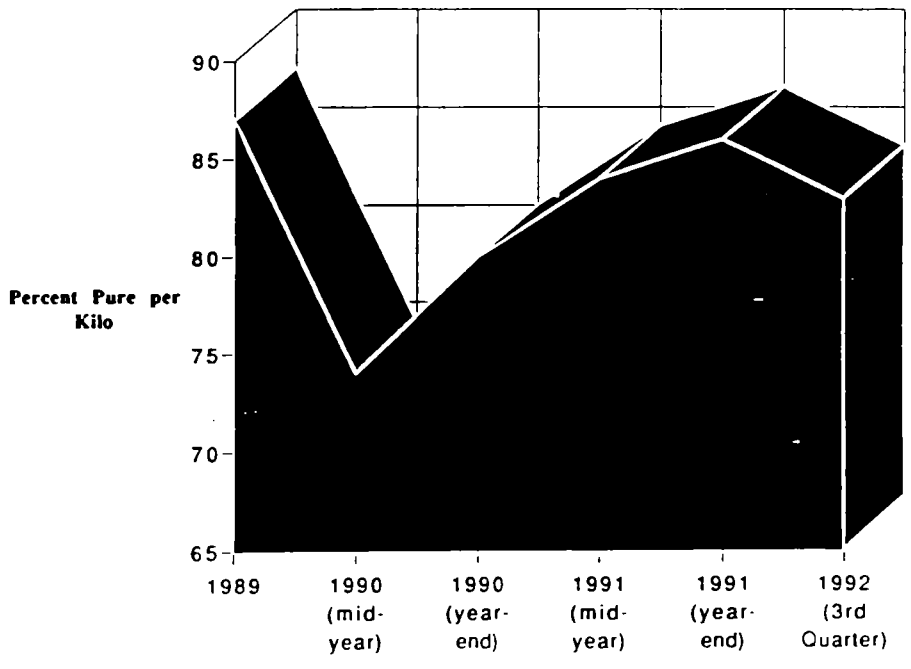


We must also take a closer look at where, in fact, cocaine supplies seem to have been squeezed -- and where they have rebounded -- to hone our analysis of law enforcement effectiveness. As indicated above, cocaine prices and purities on America's streets (cocaine grams), have rebounded, but prices are still higher -- and purities still lower -- than at the start of the strategy.

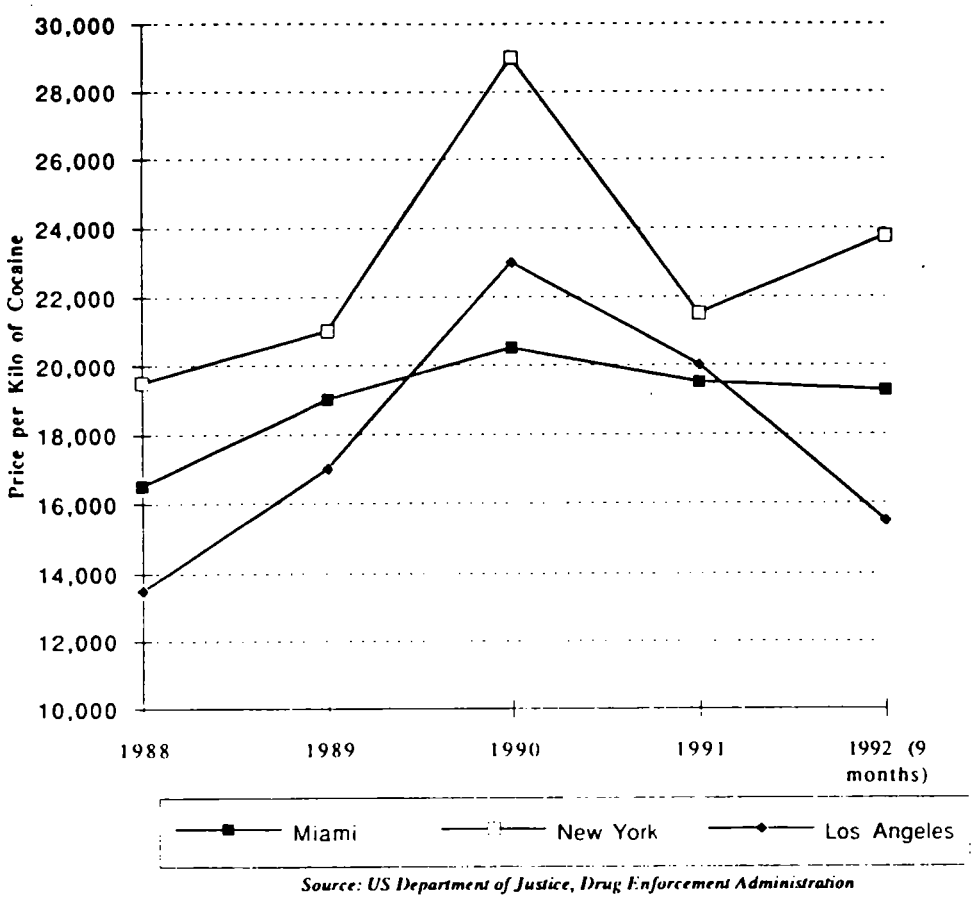
A different picture is revealed when we examine the developments in the major cocaine transit cities. During the first year of the strategy, law enforcement pressure achieved significant gains against major drug traffickers. In the major cocaine transit cities, changes in the price and purity of cocaine kilos (the amounts trafficked by drug kingpins) indicated significant cocaine shortfalls. According to the DEA, from the outset of the first strategy to the fourth quarter of 1990, the price of a kilo of cocaine climbed by 25%, from about $19,000 to about $24,000. In an even shorter period, the purity of cocaine kilos fell by 15%.

During the past year, however, virtually all of these gains have been lost. The most recent DEA surveys reveal that cocaine kilos are just as pure today as before the strategy, while they sell for only marginally higher prices.

Lost Opportunity: Rising Cocaine Purity for Drug Traffickers



The Lost Opportunity: Cheaper Cocaine for Drug Traffickers



Source: US Department of Justice, Drug Enforcement Administration

Greater successes have been achieved by state and local law enforcement at the "street level" (patrolled by state and local law enforcement) than at the "kingpin level" -- primarily the charge of federal law enforcement. These successes are illustrative of several points.[2] First, drug kingpins seem able to compensate for increased enforcement pressure in a way that street pushers are not. In other words, when faced with greater

[2] It must be pointed out that the analysis that follows is based largely on the pioneering work done by Harvard University's Dr. Mark H. Moore and Dr. Mark A.R. Kleiman, as well as Dr. Peter Reuter of the RAND Corporation.

difficulty in bringing cocaine into the United States, the drug kingpins reacted in a number of ways (smaller shipments that were tougher to interdict, and simply sending more cocaine shipments). The end result -- kilos of cocaine are as plentiful as ever!

Why didn't the same thing happen on the streets? The answer to this central question[3] rests on the observation that law enforcement pressure on the streets "works" by doing more than simply affecting supply. Police pressure at the street-level increases the "hassle" for drug pushers and drug addicts. Put most simply, if more police are walking the streets, it is more difficult to buy and sell drugs. As John Walters, then Supply Director for the Office of National Drug Control Policy, testified at a Judiciary Committee hearing in September 1992:

> "The presence of law enforcement in open-air drug markets breaks the connection between the supplier and the buyer just by standing there."

B. Punishment Must Be Swift And Sure

The overwhelming consensus of law enforcement professionals, researchers and the public is that effective punishment must be swift and sure. The nation must complement the increased efforts by law enforcement with enhanced surety of punishment for law-breaking.

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[3] Again, this report acknowledges that the research of Drs. Moore, Kleiman, and Reuter is the foundation for the analysis offered here; of course, any errors in the interpretation of the current data are the responsibility of the authors of this report.

"[T]his Strategy proposes numerous measures to help make sure that -- as soon as possible -- every hard-core user in America is faced with one of two stark choices: get into treatment, or go to jail, and get treatment there."

Chairman Joseph R. Biden, Jr., introduction to "Fighting Drug Abuse: A National Strategy." January 25, 1990.

"[W]ith respect to the concept of punishment, as I have spelled out again and again, punishment must be swift, it must be fair to be accepted, and it must be certain. There has got to be an expectation of punishment, because otherwise we cannot deter."

Testimony of Attorney General-Designate Janet Reno before Senate Judiciary Committee, March 10, 1993.

Unfortunately, the likelihood of a drug addict even being arrested for buying drugs is phenomenally low. An analysis of data provided by the FBI and the Office of National Drug Control Policy illustrates this point. In 1991, ONDCP estimates that between 274 and 442 metric tons of cocaine were available for consumption in the United States.[4] To take the low estimate, this means that 274,000,000 grams of cocaine were consumed in the U.S. in 1991. According to the FBI, there were a total of 559,000 arrests for buying, dealing, or possessing cocaine or heroin in 1991. To be as conservative as possible, we will assume (while recognizing that it is not the case) that all these arrests were for addicts buying cocaine. Simple division, then, offers the following conclusions:

[4] These data were provided by ONDCP in testimony before the Judiciary Committee on September 10, 1992. Data for previous years was published by ONDCP in "What America's Users Spend on Illegal Drugs." ONDCP Technical Paper, June, 1991.

* If addicts bought an average of 1 gram[5] (costing them about $100) every time they purchased cocaine, addicts faced only a one in 490 chance of being arrested EACH time they bought cocaine in 1991; or

* If addicts bought an average of only one-half gram (for about $50) every time they purchased cocaine, addicts faced only a one in 980 chance of being arrested EACH time they bought cocaine in 1991.

Again, all these estimates are based on the assumption that all the arrested identified by the FBI as "cocaine or heroin arrests" were for addicts purchasing cocaine (because FBI figures do not identify this specific subcategory.) However, the FBI figures do identify a smaller number of arrests for possession of cocaine or heroin. This number -- 333,000, or 60% of cocaine-heroin arrest total -- is a closer estimate of the number of arrests for buying cocaine. Applying this arrest figure to the analysis outline above reveals that the "risk of arrest" is even more remote -- between one in 820 and one in 1,640 each time an addict bought cocaine in 1991.

Plainly, the "risk of arrest" an addict faces each time they buy drugs is minuscule. And, of course, because only some arrested addicts receive any meaningful punishment, the risk of actual punishment is yet lower.

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[5] A single gram of pure cocaine is equal to 10 to 20 "rocks" of crack-cocaine.

The stark reality of this fact has led many state and local law enforcement leaders to implement drug testing programs for drug offenders who are released on parole or probation. The logic behind these programs is simple -- while these offenders are not likely to be arrested for buying drugs, regular testing means that they are sure to be caught if they use drugs.

It must be pointed out that drug testing is an effective deterrent to use only if the sanctions for failing a drug test are swift and certain. The most successful drug testing programs have found that gradually increasing sanctions for offenders who fail drug tests is the most effective method. Indeed, under such programs offenders rarely reach the most serious punishment, because they quickly learn that if they use drugs they will be caught and they will be punished.

Evidence of drug testing program successes:

* An intensive supervision program with regular drug testing and effective sanctions run by the District of Columbia's Pretrial Service's found that offenders in the program were rearrested at a rate that is less than one-third the rate of the offenders in the regular supervision program.

* An Oakland Drug Court program with regular drug testing found that the re-arrest rate was reduced by 45% when the program went into effect.

Another working example of an effort to bring sure punishment to drug offenders is the Miami-Dade County drug court program. Under a "carrots and sticks" approach, the drug court permits first-time drug offenders to return to the community under two conditions -- that they participate in a drug treatment program and that they stay off drugs. These conditions are rigidly upheld by mandatory drug testing. According to Attorney General Reno and the law enforcement officials in charge of the program, the key to its success is holding addicts accountable: If an addict returns to drugs, that addict returns to jail.

The results of this program illustrate the promise of this approach, for offenders who are not taking drugs are much less likely to be committing crimes. Every day an offender does not spend in jail saves taxpayer dollars -- dollars that can be redirected to treatment and hard-core, violent criminals. The Office of Substance Abuse in Miami, which runs the Dade County drug court, estimates the cost to put an offender in the county jail at $17,000 while the cost of the drug court program is only $700 per offender. And the Miami drug court has also proven effective in keeping offenders from being rearrested:

* From June 1989 to December 1991 -- 1,740 offenders have graduated from the drug court program; and only 3% have been rearrested.

* For the 1,269 offenders still in the program, only 7% have been rearrested. The rearrest rate was 33% before the drug court.

C. Law Enforcement Officials Have Developed Several Specific Programs that Work

Some of the most hopeful lessons of the past four years are found in the many specific drug enforcement programs that have yielded practical results. These programs include strategies for every facet of the criminal justice system: innovative ways of deploying police resources, model programs for prosecuting and trying drug offenders, and new efforts to punish and treat convicted drug criminals. The common theme of these real-world successes is that America need not be held hostage by drugs -- success can and will be achieved if the nation is bold enough to try.

Chief among the law enforcement strategies that built a promising track-record over the past four years is the encompassing notion of community policing. In reality, community policing is merely a new name for the old concept of allowing police officers to "walk the beat." In contrast to the policing efforts led by 9-1-1 systems, the focus is not simply to arrive quickly in response to a crime that has occurred. Rather, community policing initiatives aim to have police officers on our streets and in our neighborhoods before a crime can be committed.

Community policing can take many forms: from a return to the concept of a neighborhood police officer who knows every family, every business person, every corner of his or her "beat," to using the police as problem-solvers who work with the community to create innovative solutions to community problems. Police departments of cities and towns throughout the country are embracing a return to community policing. According to the National Center for Community Policing two-thirds of the police in the United States they have, or will have within the next year, some type of community policing program in effect in their department.[6]

Community policing has been cited as a key force behind a decrease in crime rates of some cities. In fact, community policing has been effective in both large and small communities.

* New York City's overall crime rate dropped 7.8% in 1992, the second year in a row that the overall crime rate has dropped. Homicides dropped by 17.6%. Mayor David Dinkins and Police Commissioner Raymond Kelly cited community policing as a major factor in the crime reduction.[7]

[6] From research by the National Center for Community Policing in cooperation with the FBI's behavioral sciences program.

[7] Parente, Michele, Newsday, March 19, 1993, p.7.

* The crime rate for homicides, rape robbery, assault, burglary, and theft was down 24.8% in Lawrence, Massachusetts, since the introduction of community oriented policing in 1990.[8]

* In the San Fernando Valley, California, police credit a community policing program begun in 1991, with drops in the homicide and rape rates in 1992.[9]

Community policing is plainly an effective means of allocating scarce police resources in ways that reduce crime and drug trafficking.

The implications for drug enforcement are hopeful indeed. As law enforcement leaders have testified repeatedly before the Judiciary Committee, policing strategies that call for simply periodic arrest "sweeps" of drug trafficking areas actually exacerbate the problems of our criminal justice system. These strategies overwhelm local prosecutors and clog local courtrooms to the point that "swift and sure" punishment is impossible.

In contrast, community policing efforts increase the "hassle" factor by making it much more difficult for drug pushers to sell drugs and for drug addicts to purchase them.

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[8] Hernandez, Efrain Jr., Boston Globe, January 21, 1993, p. 32.

[9] Meyer, Josh, Los Angeles Times, January 8, 1993, Section B, p.1.

To quote then-Supply Director of the Office of National Drug Control Policy, John Walters:

> "I think there is a growing sense in the country, as you know, that we need community policing, but there is not a clear consensus about what community policing means. It is not simply responding to 9-1-1 numbers; it is staying on the streets and establishing order... it is essentially directed not at finding low-level dealers and gathering them up, or street sweeps; it is a demand reduction activity. The presence of law enforcement in open-air drug markets breaks the connection between the suppliers and the buyer just by standing there; arrest as few as possible because, as you know, we spend a ton of money jailing these people."
>
> Testimony before Senate Judiciary Committee, September 10, 1992.

Drug treatment programs are a second strategy with a proven track record built over the past four years. Research on drug treatment programs has confirmed that addicts are one-tenth to one-third as likely to commit crime while they are in treatment, and less than one-half as likely to have returned to drug abuse and crime one year after leaving treatment. Some of the leading studies have indicated that even drug offenders who are <u>forced</u> to enroll in treatment are really as likely to stay off drugs and away from crime as those addicts who enter treatment voluntarily. This track record holds up even when drug treatment programs work with hard-core addicts in our criminal justice systems.

Shock incarceration programs -- such as military-style boot camp prisons -- have also been widely adopted by state and local law enforcement. Here again, the results are

promising. Offenders can be punished at a lower cost than a conventional prison, and often with lasting positive impacts when they do return to the streets.

A third law enforcement program that has more than proven its worth at the state and local level is the use of background checks to keep guns out of the hands of convicted criminals. In Delaware, for example, State Police Captain Ford reports that since beginning the background check program in 1991, about 1,800 gun purchases (7% of the total) were denied on the basis of the background check. Even more promising, 152 wanted criminals attempted to purchase a handgun -- and the background check system is credited with helping police arrest 111 of these wanted criminals. Given the current state of the war on drugs, we can ill afford to deprive law enforcement of their vital tool in the fight against drug criminals.

WHERE ARE WE TODAY?

This section examines the current state of the drug enforcement system. The aim is to assess where we measure up given the lessons taught by the past four years. Unfortunately, and in the starkest terms, the national drug strategy of the past four years has left a sorry record of accomplishment where it matters least, and failure where it matters most. In other words, the strategy has achieved some successes with the federal drug enforcement system, but very few successes with state and local drug enforcement.

A. Federal Drug Enforcement

The previous Administration's drug strategies consistently called for significant budget increases for several federal drug fighting agencies. Increases have been requested for the Justice Department, particularly for the DEA, the FBI's drug-fighting special agents, and for construction of additional federal prisons. Just as consistently, Congressional appropriators boosted the resources for these agencies, along with adding drug-fighting dollars for BATF agents, IRS, and other Treasury Department money laundering investigators.

All told, there has been an increase of $2.47 billion from the fiscal year 1989 to the fiscal year 1993 federal drug enforcement budget -- more than doubling the resources commanded by these federal agencies.

In the most concrete terms, the increases delivered since the first drug strategy mean that there are 625 more DEA agents combating the scourge of drugs, a 28% increase over pre-strategy levels. Los Angeles, New York City, Miami, San Diego and Houston -- all major drug trafficking centers -- received more than one-third of the additional DEA agents. The additional DEA agents also helped staff new DEA state/local anti-drug task forces bringing the national total to 94. The past three years also saw the addition of more than 282 new FBI special agents to the Bureau's drug fighting team. And, 378 assistant U.S. Attorney's have been added to prosecute drug cases since the release of the first drug strategy.

B. State & Local Law Enforcement

Regrettably, similar support has not been forthcoming to the state and local law enforcement officials on the front lines of the nation's fight against drugs. The previous Administration repeatedly sought major cuts in federal support. All told, during the four years of the Bush drug strategy, the Administration sought cuts in federal aid to state and local law enforcement of more than $250 million.

Congressional appropriators did reverse this effort -- adding more than $600 million to the Bush budgets during the first four years of the drug strategy[10] for a net result of an increase of about $420 million over pre-strategy levels; but more is needed.

Beyond the proposed budget cuts, the Bush Administration's actions -- through a variety of program "consolidations," "re-programmings," and a "15-percent-off-the-top" change in forfeiture proceeds -- further eroded federal support for state and local law enforcement. During the opening months of the drug strategy's second year, the Congress had to overcome the Bush Administration's repeated attempts to condition $450 million in federal grants to state and local law enforcement on mandated programs that would cost state and local law enforcement at least $250 million.[11] During the third year after the advent of the drug strategy, the Administration "capped" these mandated programs so they could divert no more than $100 million -- still equal to a 20% cut in federal aid -- to state and local law enforcement. This reduction is the equivalent to slashing 1,800 police officers from the ranks of state and local law enforcement agencies.

The latest information from the front lines confirms the costs of federal neglect of state and local law enforcement. The majority staff of the Senate Judiciary Committee

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[10] The first four years of the national drug control strategy include three completed budget cycles -- fiscal years 1990, 1991, 1992 and 1993.

[11] The $250 million cost estimate for the Administration's drug testing mandates was provided by the Office of National Drug Control Policy, in a January 18, 1991 letter to Judiciary Committee Chairman Joseph R. Biden, Jr.

surveyed America's ten largest cities and confirmed that the number of police officers in America's ten largest cities increased by less than one-half of 1% over the past year. And, today, the nation's ten largest cities have less than 3% more law enforcement officers (about 1,800) on the streets than they did before the release of the first national drug strategy.

The Number of Police Officers in America's 10 Largest Cities

City	1989	1990	1991	1992	% Increase 1989-92	% Increase 1991-92
New York	25,858	26,591	26,856	27,154	5.01%	1.11%
Los Angeles	7,893	8,381	8,198	7,832	-0.77%	-4.46%
Chicago	11,828	12,048	12,135	12,543	6.04%	3.36%
Houston	4,088	4,104	4,077	4,167	1.93%	2.21%
Philadelphia	6,263	6,651	6,424	6,400	2.19%	-0.37%
San Diego	1,857	1,882	1,886	1,912	2.96%	1.38%
Detroit	4,756	4,508	3,954	3,870	-18.63%	-2.12%
Dallas	2,472	2,747	2,857	2,868	16.02%	0.39%
Phoenix	1,917	1,940	1,982	1,973	2.92%	-0.45%
San Antonio	1,486	1,565	1,571	1,541	3.70%	-1.91%
Total	68,418	70,417	69,940	70,260	2.69%	0.46%

While this is an increase, no one can doubt that the failure of the previous Administration to embrace a truly national law enforcement program cost us a clear opportunity. Today, there are only a few more police officers patrolling our streets and neighborhoods. But, plainly, the state and local law enforcement officials -- including prosecutors and judges, and police officers -- who are responsible for arresting 95% of all drug offenders, trying 95% of all drug arrestees, and punishing 95% of all drug offenders, are overwhelmed.

WHAT ARE THE STEPS FOR TOMORROW?

The lessons of the past four years are clear. And our assessment of where we are today proves that the nation has much work to do before we have the enforcement program equal to the task of controlling the drug epidemic. This section begins by identifying the crucial drug policy "bottlenecks" that must be broken before we can hope to implement the many specific programs and policies so needed by our nation. Next, this section offers several specific steps for delivering such a workable, efficient and successful drug enforcement program.

A. Breaking the "Bottlenecks" -- The First Step

This report identifies four key policy "bottlenecks" that have stood in the way of meaningful progress against the drug epidemic for the past four years. Breaking the "bottlenecks" requires:

* A commitment to assist state and local law enforcement;
* A commitment to abandon arguments over law enforcement "symbols" and focus on law enforcement "substance";
* A commitment to restore the swiftness and surety of punishment, and;
* A commitment to resist the special interests who obstruct meaningful law enforcement measures.

1. Federal Assistance to State and Local Law Enforcement

The first key "bottleneck" facing federal policymakers is the decision to fundamentally re-align federal drug enforcement policy. Instead of constructing the task to its most narrow degree by focusing almost exclusively on federal law enforcement activities, the federal government must undertake to support an enforcement policy that is national in scope. A truly national enforcement policy means aiding those who need it most -- state and local law enforcement in the front lines of the fight against drugs.

While this is a question of resource allocation, it is also a question of emphasis and attention. Of course, it is not the proper role of the federal government to dictate policy and operation to state and local law enforcement. However, the federal government can and should do much more to build a cooperative working relationship with state and local law enforcement.

For too long, the federal drug enforcement policy has been conducted as if 95% of the job was performed by federal drug agents, federal prosecutors, and federal judges. Policymakers must recognize that, in fact, it is state and local law enforcement who are charged with fighting 95% of the battle. The nation's success or failure will rest almost completely with the actions waged on this 95% share of the battlefield.

2. Law Enforcement "Substance" Over Law Enforcement "Symbols"

Few areas of drug policy debate have produced more "bottlenecks" than crime legislation.

For the past four years, political leaders have touted the death penalty as the number one legal proposal to fight the drug war. Will this proposal fulfill its top billing? It is highly unlikely. Since November 1988, the President has had the authority to seek the death penalty in any case where a drug kingpin commits or orders a murder. The death penalty law now on the books has resulted in a single conviction and death sentence in over 46 months since the death penalty took effect.

Of course, capital trials are the most lengthy of all criminal trials. And, in fairness to the previous Administration, they have sought more than one conviction. In fact, the Justice Department has obtained 14 indictments under the 1988 kingpin statute, and seven of the indicted defendants have already gone to trial. Of those seven, however, only one was convicted and received a death sentence, five others were convicted and received life in prison (one defendant hung himself during his trial).

Still, the fundamental flaw with the previous Administration's focus is clear -- even if the Administration had been successful in 100% of their death penalty prosecutions (instead of 18%) 14 death sentences would have a negligible impact. In a nation so

plagued by drugs that more than 1.3 million drug traffickers have been arrested since the first drug strategy, a death penalty that affects only a fraction of offenders is a costly and ineffective remedy.

With this track record, why would any political leaders come back and ask for another death penalty law? The real answer for this proposal has more to do with rhetoric than reason: some want to sound "tough" on crime and drugs. And, it is much easier to sound tough by talking about the death penalty than to make tough decisions about where we can find the resources and develop the programs to fight the war on drugs. Chairman Biden supports the death penalty and tough punishment for all drug criminals. But no one should be fooled: death penalty proposals will not solve our drug problems.

"Reform" of another legal doctrine -- the "exclusionary rule" -- has also been touted as an important drug enforcement initiative. The exclusionary rule prevents the government from taking advantage of illegally seized evidence in a criminal trial. For example, the rule bars a prosecutor from using evidence that the police obtained by breaking down a person's door. The Supreme Court has already adopted a "good faith" exception for police mistakes as long as police have a warrant.

How many drug dealers will the exclusionary rule reform take off the streets? Certainly far fewer than would be off the streets if there were 10,000 more cops on the

beat or 10,000 weapons out of drug dealers' hands. Empirical studies show that the rule does not apply in 99% of all cases brought to court.[12] It affects less than 1% of all cases prosecutors handle. Not surprisingly, leading law enforcement officials, including the FBI Director, do not put this reform at the top of their list to fight drug-related crime. As Director Sessions has told the Judiciary Committee, the exclusionary rule is "extremely important to the fair play, and proper carrying out of the law enforcement responsibility."[13]

Habeas corpus is another legal reform highly touted by some as essential to the fight against drugs and crime. A writ of habeas corpus is a piece of paper that convicted criminals may file in court if they have been illegally jailed under federal law. Some seek to eliminate the writ in almost every case.

What does this legal proposal have to do with drive-by-shootings, robberies and other drug-related crimes? The answer is simple: nothing. Prisoners filing writs of habeas corpus are already in jail, they are not out on the street selling drugs or shooting rival gang members. Let no one be deceived: no drug trafficker is frightened by habeas corpus reform, no drug trafficker will give up his gun because of habeas corpus reform,

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[12] California Division of Law Enforcement, Office of the Attorney General (data from 1985 through 1990); Annual Report of the Delaware Judiciary (1990); see also "A Hard Look at What We Know (and Still Need to Learn) About the 'Costs' of the Exclusionary Rule," Am. Bar Foundation Research Journal at 617-21 (1983).

[13] Nomination of William S. Sessions to be Director of the FBI, Testimony before the Committee on the Judiciary, Senate Hearing No. 100-1080 at 31, 100th Cong., 1st Sess. (Sept. 9, 1987).

and no drug trafficker will end up in jail because of habeas corpus reform. We may win a paper war for judges and lawyers if we "reform" the habeas petition process -- something that does need to be done -- but we will win no drug war.

3. Restoring Swift and Sure Punishment

Today, the nation faces a severe punishment "bottleneck." Several factors have combined to leave America with a staggering number of prison and jail inmates (not to mention a staggering corrections budget), and -- at the same time -- an inability to ensure the swift and sure punishment of all drug dealers (let along all drug offenders). Over the past four years, Americans have paid billions to increase the number of imprisoned criminals from about 700,000 to about 1,000,000. Over this same period, Americans have paid billions to arrest about 1.3 million drug dealers, and another 2.7 million drug abusers.

According to the most recent Justice Department figures, the proportion of drug dealers being sentenced to serve some time in prison increased by 20%. We also know that federal, state and local policymakers have increased the length of time many of these convicted drug dealers will spend behind bars. Still, an amazing portion of convicted drug dealers -- about one in four -- are not sentenced to any time behind bars.

Plainly, something is wrong. Neither federal, state or local governments are able to afford enough prisons to keep pace with BOTH increased arrests and increased sentences for drug dealers.

The next four years must see steps to restore the certainty of punishment. One necessary step may be to restrain the popular tendency to increase the length of sentences. As is illustrated by the ever decreasing length of time a convicted drug offender can expect to spend behind bars, larger sentences actually reduce the certainty of punishment for drug dealers. Another necessary step may be to build still more prisons and jails -- though it is not clear whether the America taxpayer can afford to do so. As a result, a key direction for the national drug policy must be to develop more cost-effective methods of guaranteeing punishment for drug dealers and drug users, for example:

* Military-style boot camp prisons are one option being used by states and communities across the nation. Boot camp prisons offer a shorter -- though much more intense -- sentence that is often better suited to first-time or non-violent offenders. The federal drug effort must emphasize this punishment option;

* The nation clearly needs more prison and jail cells. Today, the nation's prisons and jails are filled well beyond their capacity. Relieving this

shortfall in a cost-effective manner is an absolute necessity, and surplus military facilities must be used much more often than they have in the past few years;

* There are, however, numerous working examples that prove the worth of drug treatment in prisons and jails -- these must be expanded, and;

* While many drug offenders are sentenced to time behind bars, many more are sentenced to probation or parole. The sobering fact that so many offenders are released in our communities ought to make methods to ensure that offenders do not return to drugs a particularly high priority. The most successful programs for controlling offenders combine two key elements. First, offenders' abstinence from drugs must be assured, particularly with the use of drug testing. Second, <u>any</u> return to drug use must be punished -- absolute accountability for one's actions is the key.

4. <u>Ending the Hold of Special Interests</u>

If we aim to stop drug dealers' violence, we must do all we can to take guns out of the hands of drug traffickers. Every day in this country, innocent persons suffer from the drug war's increasing gun carnage: bystanders shot in drive-by-shootings; children gunned down with semi-automatic weapons at school; and thousands of neighborhoods

held hostage by violent "turf" wars between heavily armed street gangs. We can no longer afford to ignore the pleas of law enforcement for greater protections against guns falling into the hands of dangerous criminals.

Bowing to the special interests of the gun lobby, many have consistently opposed efforts to halt the carnage by drug dealers on our streets -- even though each and every single major law enforcement organization in the country supports restrictions to prevent drug dealers from getting weapons. The nation must overcome this "bottleneck."

5. Controlling Military-Style Assault Weapons

The deadly flow of military-style assault weapons onto America's streets continued unabated over the past twelve months. The previous Administration banned the import of several types of assault weapons before the first drug strategy was released. This was a change for the better, and one that was endorsed by the nation's law enforcement community. But, the previous Administration refused to support Senator DeConcini's legislation that would ban the manufacture and sale of domestic military-style assault weapons.

As law enforcement officials have testified, and as Bureau of Alcohol, Tobacco and Firearms (BATF) weapon traces have confirmed, these weapons are the "guns of choice" for drug kingpins, drug traffickers, and teens involved in drug-dealing youth

gangs. For example, BATF data on gun traces show that assault weapons accounted for three of every 10 of the guns traced to drug cartels and organized crime.[14] And, in the words of one law enforcement official -- words that echo those of the Fraternal Order of Police, the National Association of Police Organizations, and every other major organization representing the men and women of law enforcement:

> "It's time we put an end to the carnage and havoc that occurs whenever an assault weapon gets in the hands of the wrong people."
>
> Charles Reynolds
> President, International
> Association of Chiefs of Police

Bureau of Alcohol, Tobacco and Firearms statistics have also confirmed the steady, and growing, flow of U.S.-manufactured assault weapons to the drug cartels of the South American source countries. In response to this crisis, we urged the previous Administration to stop this flow of deadly weaponry. Last year, the Administration responded to this call by placing an additional full-time BATF agent in Colombia to track illegal arms shipments from the United States. The new Administration should bring this same commitment to protect American citizens against assault-weapon wielding drug criminals here at home.

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[14] Cox Newspaper study of 43,758 Firearms Trace Request Forms filed at the U.S. Bureau of Alcohol, Tobacco, & Firearms.

odds in favor of those fighting the drug war and we must make that reversal one of our nation's top "national security" priorities.

This year, the Congress must pass and the President must sign significant new measures to assist law enforcement, authorizing funds for 100,000 more state and local law enforcement officers. President Clinton has long endorsed such a significant step forward, and we urge the Congress to help the President deliver on this promise.

2. Increasing Punishment Capacity

If we aim to put drug criminals in jail, we need the substance of a proposal to build more jails. States and localities are groaning under the burden of increasing prison populations. They need urgent help. Congress has authorized substantial and ongoing assistance to state and local prison authorities. Other legislative initiatives add military-style boot camps and drug treatment prisons, and other initiatives to house 40,000 federal, state and local offenders. In addition, ten new regional prisons would be constructed for state and federal prisoners who need drug treatment and ten military bases would be converted into boot camp prisons for young drug offenders.

We must also reinvigorate the federal effort to permit state and local governments to utilize surplus military facilities for corrections programs. While this policy has been

3. Judicial Vacancies

For the past four years, the federal anti-drug effort has been hindered by a chronic lack of judicial resources. Today, there are 120 judicial vacancies on the federal bench. Even worse, many judicial districts carrying the heaviest drug caseloads are short-handed.

If we hope to punish drug criminals surely and swiftly, we need to ensure that we have enough judges to impose that punishment. The courts are deluged with drug cases, and the backlog is increasing. And, yet, there are trial court vacancies in districts with some of the highest drug caseloads: Miami, Houston, New York, and Los Angeles. For example, eight judgeships in southern and western Texas, four judgeships in southern and eastern New York, five judgeships in southern and central California, and six judgeships in central Florida all stand vacant.

Of course, increased penalties and more prisons will do little if there are no judges to set penalties and impose sentences. We urge the new Administration to nominate qualified judges, particularly in those areas most burdened by drug caseloads, in a timely fashion.

The Congress has an obligation to promote better allocation of such cases, to identify the pragmatic priorities for managing cases, given the limited space on the

federal docket; and United States Attorneys must work effectively with state and local prosecutors within their districts, to encourage targeting of cases to the appropriate forum.

At her recent confirmation hearing, Attorney General Reno outlined the effective cooperation between the office she formerly headed as the Dade County States' Attorney, and the United States Attorney's Office for the Southern District of Florida.

She stated that, in her experience, state offices are better able to handle the high volume of smaller narcotics cases, while the federal courts offered the best forum for complex cases involving multi-state organizations with a nationwide impact.

The missions are parallel, she said, and cooperation -- including the cross-designation of agents between the federal and state law enforcement offices -- best serves the goal of effective law enforcement achieved with a minimum of duplication.

The Congress can work with the Attorney General to ensure better allocation of drug cases between federal and state courts.

4. Fighting Drugs in Rural America

The latest FBI crime figures show that the violent crime toll is growing faster in rural America than in large urban states; faster even in rural states than in America's largest cities. The latest figures from rural America clearly outline the grim shadow cast by the rural drug epidemic. As never before, drugs and violent crime have extended their death grip into our rural heartland. For example:

* Violent crimes rose 35% faster in America's rural counties than in America's eight largest cities;
* Rape soared by 8% in rural counties, nearly three times faster than in America's cities;
* Robbery rose twice as fast in rural counties as in America's eight largest cities, and;
* Arrests for violent assaults rose more than five times faster in rural counties than in America's cities.

Unfortunately, the federal commitment to fighting drug-related crime in rural America has been sorely lacking. For example, the DEA did not add a single special agent in 18 of America's 19 rural states. In other words, the total addition of two DEA agents in these 19 rural states is the equivalent of one additional agent per 1,000,000 square miles (an area six times larger than California).

The FBI's Heartland Strategy recognizes the crucial importance of attacking crime in rural America. But, the resources have simply not been made available to mount a comprehensive assault on the drug traffickers and violent criminals operating in America's rural states. For example, only 18 FBI drug agents were brought on board in rural states over the past twelve months; only one of 19 rural states -- South Dakota -- has received any additional DEA agents.

The FBI has undertaken an increased effort against the regional drug trafficking organizations concentrated in America's rural states. Without added resources, however, the FBI's rural drug enforcement efforts will come at the cost of decreases in other criminal investigations. Plainly, rural America needs relief from growing levels of drug abuse and drug-related violence. What follows is a comprehensive set of proposals to address the rural drug trafficking and abuse threat. Many of the proposals contained in this section are included in S.1313, the Rural Crime and Drug Control Act of 1991.[15]

Not only is rural America the place where drug abuse is growing fastest but it is also where support has been shrinking. Due to the peculiarities of law enforcement efforts in rural areas, current funding levels are effectively lower in rural areas than they are in other demographic regions of the country. I propose a $50 million grant program for state and local law enforcement agencies in rural areas that would be allocated according

[15] S.1313 was introduced on June 18, 1991, by Senators Biden, Baucus, Pryor, Harkin, Bumpers, Conrad, Daschle, Leahy, Heflin, Fowler and Bryan.

to a population-based formula, with special priority to the most rural states. Under this formula, every state would receive funding for increased rural law enforcement efforts.

I recommend that a minimum of 10 DEA agents be stationed in every state -- with every rural state receiving at least four additional agents. Given the high levels of rural drug abuse and the enormous amount of land that constitutes rural America, appallingly few DEA agents are assigned to the task of combatting rural drug use.

I propose that Task Forces be coordinated in every federal judicial district that includes significant rural areas. Headed by local U.S. Attorneys, these Task Forces would include personnel from the DEA, FBI, U.S. Park Police, Bureau of Land Management (BLM), and state and local law enforcement agencies.

Because of the various economic and social issues unique to law enforcement operations in rural America, authorities must group together and coordinate activities to ensure that resources are used as effectively as possible. Rural states are clamoring for this kind of inter-agency coordination, and we feel that their needs must be met. I propose that the Attorney General be directed to cross-designate agents from the U.S. Park Police, BLM, and other agencies to authorize them to conduct drug trafficking investigations outside federal lands. This plan would potentially add hundreds of "new" federal agents to the anti-drug force.

This is another measure designed to maximize the utility of federal agents in the anti-drug effort. Law enforcement manpower is so limited in rural states that it is senseless not to enlist the help of what federal agents there are in those areas.

5. Drug Emergency Areas

Clearly one of the most vivid lessons of the past four years is the need to target resources to areas particularly hard-hit by the epidemic. We must actively support these endeavors and answer successes with a renewed commitment to funnel resources to where they are needed the most. In 1990, Chairman Biden and other Senators proposed the Drug Emergency Areas Act, legislation which authorized $300 million to aid comprehensive anti-drug efforts in the areas of the country suffering the most effects of the epidemic. These comprehensive efforts were to support a coordinated anti-drug plan combining drug enforcement, treatment and prevention activities. While the previous Administration initially rejected this concept, President Bush did propose a reduced -- $20 million -- program he call the "Weed and Seed" initiative.

Last year, the Congress passed legislation similar to the Drug Emergency Areas Act authored by Senators Biden, Kennedy and Riegle that combined targeted crime drug-fighting with efforts to create "enterprise zones." In response to the drug and crime crises facing America this legislation proposed a targeted boost in federal aid of $500

million to supply vital assistance for drug and crime enforcement, school-based prevention and anti-gang programs, and drug treatment.

The key to this proposal is that it requires state and local officials to tailor their program to meet the specific needs of specific communities. Under this proposal, one of every five dollars must be spent on criminal justice programs, but it will be spent by those on the front lines who are the best equipped to fashion an anti-crime and drug program that responds to their needs. Only those intimately aware of the challenges facing the community can develop a balanced and effective plan that includes putting more police on the streets, finding innovative alternative to traditional corrections programs and providing programs to combat youth gangs and violence.

This proposal focuses proven strategies on those areas currently afflicted by a "drug emergency" by earmarking $60 million of the total aid package for tough law enforcement measures. For example, under this proposal as many as 1,000 police officers would be added to the streets hit the hardest by the blight of drugs and drug-related violence through proven efforts such as community policing, we can take back our neighborhoods from violent thugs and drug dealers.

CONCLUSION

The past four years are replete with lessons -- on the state, local and federal level -- of what works in the fight against drugs, and equally importantly, what does not. The lessons of the past include a shift in emphasis from the ill-conceived focus on federal law enforcement to proven and successful strategies on the state and local levels for fighting drug-related crime and dealing with convicted drug offenders. The strategies that have yielded positive results, as well as those that have garnered only modest success -- or outright failure -- provide ample evidence of where the most fruitful next steps will come in the fight against the drug epidemic. We must learn from past failures if we are to make real progress in ridding the nation of the scourge of drugs and drug-related crime. And, we must heed past successes if we are to learn where the lessons of the past four years can take us if we have the courage to go there.

TREATING AMERICA'S ADDICTS: "ONE OF TWO CHOICES"

Major Lessons of the Last Four Years

* The past four years have taught us that treatment works and that we must get offenders off drugs and keep them off. Every $1 spent on treatment of hard-core addicts saves $3 later in the reduction of crime and its social costs.

* A consensus has been formed that a significant portion of the drug-addicted population falls through the cracks of the current drug treatment system. Today, 900,000 treatable addicts remain untreated simply because the nation lacks adequate drug treatment capacity.

* While virtually every key policymaker agrees that addicts who can be treated should be treated, major progress has been stymied by years of debate about how to expand drug treatment.

* Drug addiction has real human consequences. The nation's emergency rooms treat more than 400,000 victims of drug overdoses every year. All told, drug addiction costs the nation's current health care system about $25 billion annually.

Major Steps for the Next Four Years

* Enhance cooperation between drug treatment programs and drug enforcement programs. Only by working in concert can we expand treatment effectively and efficiently.

* Incorporate drug treatment into a national health care plan that builds on the lessons of working smarter and more efficiently. The cost of treatment for hard-core addicts is minimal -- 1% to 2% of total health care expenditures -- particularly when compared to its possible dividends.

* Support the research and development that hold the keys to future successes. We must speed the development of medicines that show promise in the treatment of addiction and encourage partnerships among researchers in public and private industry.

CHAPTER III

TREATING AMERICA'S ADDICTS: "ONE OF TWO CHOICES"

In the more than four years since the release of the first drug strategy, the American public has settled comfortably into the knowledge that drug treatment is a vital component to the anti-drug campaign. Today, there is wide consensus that drug treatment does, indeed, help addicts beat their addiction. And, by helping drug abusers beat their addiction, treatment programs relieve all Americans of the enormous costs brought by drug addiction.

The well-deserved confidence in the role of drug treatment in the national strategy must not give way to the notion that drug treatment is the only method that will bring the drug epidemic under control. In other words, drug treatment programs must make better use of the strengths of drug enforcement programs, just as enforcement must make better use of the possibilities of treatment.

This is particularly vital as America turns to face the most important task of the anti-drug effort -- the challenge of hard-core addiction. (This report details the urgent national need for controlling hard-core addiction in a previous section.)

As Chairman Joseph R. Biden, Jr., offered in the first report of this series:

> "every hard-core addict [must be] faced with one of two stark choices: get into treatment or go to jail and get treatment there."
>
> "Fighting Drug Abuse: A National Strategy." January 25, 1990

While hard-core addicts are the most resistent to quitting drug abuse, the Office of National Drug Control Policy has recognized that at least one-half of the nation's hard-core addicts can beat their drug habit with the help of treatment.[1] However, it is also clear that getting hard-core addicts into treatment usually requires some form of compulsion[2] -- whether from a parent, a friend, an employer, or even the criminal

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[1] See "Understanding Drug Treatment." Office of National Drug Control Policy White Paper, June 1990.

[2] Among the definitive studies confirming that addicts who enter treatment under some form of compulsion are just as likely to be treated successfully as other addicts are the "Treatment Outcome Prospective Study" (TOPS), conducted by the Research Triangle Institute; and the work of UCLA

justice system. Thus, this report recognizes the value to drug treatment (and vice versa) of such criminal justice initiatives as community policing efforts -- making it more difficult for drug addicts to buy drugs -- and more direct approaches such as compulsory drug treatment for offenders released on probation or parole as well as for jail or prison inmates.

Of course, there are many more "lessons" to be drawn from the nation's experience with drug treatment. But, as with the other substantive chapters of this report we must begin at the beginning.

What do we know? The past four years offer numerous insights:

* First, drug treatment can reduce all of the ill-effects caused by drugs -- not simply drug abuse, but also criminality, unemployability, and the many health problems associated with drug abuse. In sum, drug treatment works.

* Second, reaching hard-core addicts requires drug treatment and drug enforcement to work in concert.

* Third, the drug treatment system is challenged by several distinct needs -- e.g., pregnant addicts, drug-addicted youth, and addicts in the criminal justice system.

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researchers Drs. Douglas Anglin and William McGlothlin on California's Civil Addict Program.

In reaction, drug treatment professionals have developed several specific programs that hold great promise for treating virtually every type of drug addict.

These are perhaps the key "lessons" of the past four years. But, before the nation can know what "steps" are necessary to take full advantage of these insights, we must examine the drug treatment system today. In other words, how does our current system match-up to what is needed?

There is no single question relating to drug treatment that has received more focus than the drug treatment shortfall -- the difference between the number of addicts that can be treated and the number of addicts that are being treated. The lengthy debate that has raged for nearly three years about the numbers -- particularly the central estimate of the hard-core addict population -- will not be detailed here. This report strives for meaningful consensus on the drug treatment policy, and every responsible estimate -- irrespective of the specific figure -- indicates that there is a major shortfall of drug treatment capacity facing the nation. In this spirit, this report simply recognizes that the Office of National Drug Control Policy estimated at a September 1992 Judiciary Committee hearing that there are roughly 900,000 TREATABLE hard-core drug addicts who cannot be treated due to the lack of drug treatment space.

A closer look at the national drug treatment system reveals shortfalls among even some of the "high-priority" sub-populations. For example, only about 30,000 pregnant addicts are being treated. Depending on the estimate, this represents as few as one in 10 pregnant addicts. Another example, at least 900,000 convicted criminals who entered jail or prison as drug addicts since the first drug strategy have been -- or soon will be -- released without being treated for their addiction.

> All told, while the nation has made significant advances by treating more addicts today than four years ago, the drug treatment system continues to lag far behind the epidemic. Unless and until, some parity is achieved in the number of addicts and the number of addicts treated, the nation cannot hope to make lasting progress against the scourge of drugs.

From here, the nation must develop the plan necessary to reach a goal all of us share -- effectively and efficiently treating every addict who needs, and can benefit from, help to beat their drug addiction. The plan requires two distinct efforts: First, the nation must identify and address the policy and political "bottlenecks" that constrict the national drug treatment system from reaching its full potential. And, second, the nation must summon the will and the resources to take several specific steps to implement a comprehensive drug treatment system.

What are the key policy and political "bottlenecks" that must be addressed? As was offered in the introduction to this chapter, the nation must reject simplistic arguments calling for just more treatment, or just more law enforcement. Policymakers at the federal, state and local levels must use law enforcement pressure in ways that take full advantage of drug treatment programs. And, they must use drug treatment in ways that complement the efforts of law enforcement to control and rehabilitate drug offenders.

A whole set of "bottlenecks" have developed during the debate between the previous Administration and the Congress over how to expand the nation's drug treatment system. These include:

* Whether to expand drug treatment nationwide through increases in the treatment "block grant," or to target only specific drug "hot-spots" through narrowly focused funding efforts;

* Whether the 900,000 addict drug treatment shortfall is localized in a relatively few areas of the country, or spread more generally throughout the nation, and;

* Whether the nation's drug treatment system can expand significantly, or if it must be slowly boosted to meet the 900,000 addict shortfall over several years.

Previous editions of this report have vigorously debated these points, and we continue to stand by the conclusions offered in the past. Moreover, Office of National Drug Control Policy officials from the previous Administration testified before the Judiciary Committee (September 10, 1992) that the drug treatment system could, indeed, expand quickly enough to treat 400,000 more addicts this year. Still, this report does not seek to engage a debate over "who was right" -- rather, we identify these key "bottlenecks" in recognition that the nation must determine to resolve them.

It is possible that each of these "bottlenecks" concerning how the nation might expand the treatment system could yield to empirical analysis. There is another method, however, by which to resolve these questions. The drug treatment system need not be defined solely by where government chooses to spend drug treatment resources. In other words, we need a drug treatment system that is designed in a manner that guarantees resources wherever they are both needed and can be provided.

One last "bottleneck" in this area of drug policy concerns the esoteric issue of budget "scoring." In plain english, budget "scoring" is the government's way of telling the American public how much it spent on a specific activity. The previous Administration

manipulated key areas of the drug treatment budget to distort the true picture of the federal government's support for drug treatment. Such distortions serve only to mislead the public; they must cease.

These are some of the major "bottlenecks" that obstruct important progress on the drug treatment front. If, but only if, these fundamental obstructions can be overcome, the stage will be set for the several specific steps that can actually deliver progress.

What are the key drug treatment steps to be taken in the years ahead?

Today, the nation faces a critical treatment shortfall -- 900,000 hard-core addicts who could be helped by drug treatment are not simply because the nation lacks the necessary treatment capacity. This shortfall requires immediate action, if only because it is in our self-interest to get addicts into treatment because, as is now widely agreed, treatment cuts crime, medical costs and all the other social ills caused by drug abuse. Such immediate action requires much greater utilization of the federal government's existing treatment programs -- including block grant programs that provide funding to states, "categorical" programs that provide aid directly to local treatment efforts, and the drug treatment programs such as those carried out by the Veterans' Administration. This report proposes an increase of about $1.3 billion. This increase is one that could be absorbed by the system in the near term; for, according to testimony before the Judiciary

Committee from leading Office of National Drug Control Policy officials, the national drug treatment system could expand to treat 400,000 more addicts this year.

For the long-term, the single most important step that can be taken in the months ahead is to incorporate drug treatment into a national health care plan. Health care professionals from around the country have long recognized the enormous and direct medical costs resulting from drug abuse. These medical costs -- that we all pay in the form of higher taxes or higher insurance bills -- include the cost for emergency room care for drug overdoses, costs from diseases associated with drug abuse (such as HIV and tuberculosis), and costs spawned by the drug trade (such as trauma care for drug-related gun injuries and drug-related child abuse).

In fact, one of the nation's leading drug research institutes -- the Center on Addiction and Substance Abuse (CASA) at Columbia University, headed by Joseph Califano and Dr. Herbert Kleber -- recently convened a major symposium of drug treatment professionals and public health researchers to study this issue. The clear recommendation of this group[3] -- "a substance abuse benefit is a vital part of true health system reform." The Center on Addiction and Substance Abuse has even offered a preliminary estimate of the total cost of drug addiction to our national health care bill: $20 to $30 billion.

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[3] The Center on Addiction and Substance Abuse at Columbia University convened these top national experts in collaboration with the Brown University Center for Alcohol and Addiction Studies.

Including drug treatment in any national health care plan would provide a drug treatment system that guarantees resources wherever they are needed and can be provided. In so doing, the nature of the system is fundamentally realigned to avoid all of the "bottlenecks" inherent in a system that is strictly defined in Washington.

This report recognizes that bringing such fundamental change to the drug treatment system will require several steps and careful study -- an analysis far beyond the scope or intention of this report. However, this report will present some of the major policy considerations the nation could face in implementing this important step.

In addition, this report will discuss some of the specific needs of the special sub-populations of drug addicts that may be beyond the reach of the current health care system. For example, mechanisms for compulsory treatment or confirming abstinence are challenges not faced in treating most medical conditions. However, treating the nation's hard-core addicts -- particularly those involved in the criminal justice system -- is likely to require just such steps.

Recent news of a major breakthrough in pharmacotherapeutic research renews the hope for new medicines to treat drug addiction. The research of Dr. Donald W. Landry (published in Science) details the development of an enzyme that may block the effects of cocaine on the brain. Last year, the Congress passed and President Bush signed into law legislation -- first introduced by Chairman Joseph R. Biden, Jr., and

Labor Committee Chairman Edward M. Kennedy in 1990 -- to speed the development of such medications. This legislation formed the Medications Development Program within the National Institute on Drug Abuse. Thus far, however, this valuable research program has not been fully funded. Full funding is but one of the many steps that must be taken in the months ahead.

The pages that follow lay out in much greater detail the drug treatment "lessons" taught by the past four years. Along with an analysis of the current drug treatment system, the remainder of this chapter offers many of the "steps" necessary to take full advantage of these "lessons."

WHAT ARE THE LESSONS OF THE PAST?

This section examines the recent history of the nation's drug treatment system. Of vital importance here is determining what we know about deploying drug treatment resources to combat the drug epidemic.

A. Drug Treatment Works

Testimony for the importance of drug treatment to the nation's ultimate success in beating the epidemic of drugs has come from several quarters in past years -- university researchers, law enforcement officials, drug treatment professionals, and even from the Drug Director's office. The Office of National Drug Control Policy's White Paper, "Understanding Drug Treatment," aptly summarizes the benefits of well-run drug treatment programs -- "we get results: addicts change their self-destructive pattern of behavior and stop or dramatically reduce drug use."[4] Several facts buttress these conclusions. For example, each dollar we spend treating hard-core drug addicts saves us three dollars in reduced crime and other social costs. And, each dollar spent treating drug-addicted mothers saves us five dollars in treating drug-damaged babies.

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[4] Introduction by Director William J. Bennett, "Understanding Drug Treatment." Office of National Drug Control Policy, June 1990. Page 2.

B. Reaching Hard-Core Addicts Requires Drug Treatment and Law Enforcement to Work in Concert

Plain and simple, many of the hard-core addicts who cause most of the nation's drug-fueled crime, violence, and human tragedy will not willingly enter a drug treatment program. Many will, but, a significant share will not. This fact is the crucial reason why law enforcement professionals must strive to both increase the availability of drug treatment in our jails and prisons and expand those drug enforcement programs that drive addicts into treatment.

The first mechanism is the most obvious -- the hard-core addicts behind bars, or under judicial supervision can be both encouraged and forced to enroll in treatment. As was detailed at Attorney General Janet Reno's confirmation hearing before the Senate Judiciary Committee, convicted drug users can be forced -- by use of both "carrots" and "sticks" -- to enter and complete drug treatment. As General Reno stressed repeatedly, holding addicts accountable through regular drug testing -- with sanctions surely following any return to drug abuse -- is an excellent incentive for addicts to successfully beat their addiction.

The second mechanism for encouraging addicts to seek treatment rests with law enforcement's ability to make drugs very difficult to buy. For example, community policing efforts that focus on drug trafficking areas make it much more difficult for

addicts to purchase drugs -- if only, as former ONDCP Supply Director John Walters observed at a Judiciary Committee hearing, the hassle-factor is increased markedly and, with astonishing simplicity, by police officers standing on the streetcorners favored by drug dealers and drug addicts.

C. Drug Treatment Professionals Have Developed Several Specific Programs that Work

Virtually every form of drug abuse has been addressed by drug treatment professionals. This is not to say that drug treatment cannot be improved -- it surely can, particularly by the development of medications to treat addiction. This merely recognizes that drug treatment programs have been successfully tailored to meet the particular needs of drug addicts.

To take one obvious example, the rise of drug addiction among women (a phenomenon not often seen until the rise of crack-cocaine) required numerous adaptations by drug treatment providers. One such adaptation -- opening childcare facilities in drug treatment programs.

WHERE ARE WE TODAY?

This section examines the drug treatment system as it is today. The aim is to assess where we match-up with -- and where we do not -- the lessons taught by the past four years. Unfortunately, the national drug strategy has been fundamentally flawed by the drug treatment system's inability to reach all of the nation's treatable hard-core addicts. The estimates provided by the Office of National Drug Control Policy -- under the previous Administration -- tell of a drug treatment shortfall of 900,000 treatable hard-core addicts. And, a closer look at several "high-priority" sub-populations reveals tremendous treatment shortfalls among pregnant addicts, addicts in our criminal justice system, as well as among both cocaine and heroin addicts.

Drug Treatment Shortfall -- The Overall Picture

As this report notes above, this year's edition will not offer detailed analysis of the hard-core addict total, nor of the total in treatment. Rather, we believe that in testimony before the Judiciary Committee last September, Office of National Drug Control Policy officials offered the reasonable estimate of a 900,000 addict treatment shortfall. The actual shortfall may be somewhat higher, but this estimate is credible. Moreover, with fewer than two million addicts being treated, the drug treatment system is in such obvious need for major expansion that it is of comparatively little consequence whether the treatment shortfall is 900,000 or 1.1 million.

Drug Treatment Funding -- The Overall Picture

The federal drug treatment budget now tops $2.2 billion. This represents a significant rise from the $1.1 billion spent by the federal government in the year before the first drug strategy. The credit for this important increase can be shared by previous Administrations and by Congressional appropriations. It should be noted, however, that Congress appropriated about $300 million more than the previous Administration requested during the past four years.

Our review of the current state of the drug treatment system would not be complete without a closer look at some of the "high-priority" drug treatment needs facing the country.

Special Focus: Cocaine Addiction

Today, the best estimates (based on the previous Administration's addict-counting methodology and relying on the most recent drug-use information) yield a national total of at least two million hard-core cocaine addicts. Applying the ONDCP estimate that only 50% of hard-core addicts are treatable, identifies a cocaine treatment need of about 1,000,000 treatable hard-core cocaine addicts.

How many of these cocaine addicts can the nation treat? Based on the most recent survey of public drug treatment centers, the national estimate of cocaine addicts in treatment topped 500,000 last year. This represents a significant gain from the pre-strategy level of approximately 300,000 cocaine addicts in treatment. But, this still leaves roughly 500,000 -- one of every two -- treatable hard-core cocaine addicts on the streets and in our neighborhoods.

Special Focus: Heroin Addiction

Public drug treatment centers are serving more addicts than ever before, adding about 11% over the past two years. The increase solely of heroin addicts in treatment, however, is rising more than 50% faster. The increase in treatment is also consistent with reports from drug treatment providers and researchers that increased heroin supplies let the pushers sell a high-purity form of smokeable heroin.

Unfortunately, with the number of hard-core heroin addicts at about one million -- and with all leading drug abuse indicators signalling a re-invigorated epidemic -- even the recent gains in treatment leave a shortfall of more than 200,000 treatable heroin addicts. (This number is based upon the ONDCP estimate that only one-half of all addicts are treatable.) Since heroin addiction is the only addiction for which a proven medical treatment exists, logic dictates that there are more treatable heroin addicts. Therefore, the treatment shortfall is actually much greater than the 200,000 estimate.

Special Focus: Pregnant Addicts

The number of pregnant addicts and their children, without question, is the single most terrifying sign that America's drug epidemic continues to rage out of control. Conservative estimates place the total number of drug-exposed babies born since the first drug strategy at about 1,000,000. Americans are already much too familiar with the enormous suffering -- and enormous medical costs -- of "crack" babies in hospital nurseries. Over the past two years, Americans began to see drug-damaged babies born during the first years of the crack-cocaine epidemic enter pre-school and kindergarten. As special education needs have doubled in many cities, we are only just beginning to feel the full impact of these first "echoes" of crack cocaine -- and its consequences -- on our nation's schools.

As great as this problem is, only 11% of all pregnant addicts are receiving drug treatment, according to the National Association of State Alcohol & Drug Abuse Directors. This is an increase over previous years -- significantly above the five of every 100 who were treated in the year before the first strategy. Even more recent data reveals the shocking rise of drug addiction among women. This same data is almost certain to reflect an increase in abuse among pregnant women as well. For example:

* In 1991, the number of women trying crack-cocaine for the first time rose 50% faster than did the number of men;

* In 1991, the number of women trying heroin for the first time rose 33% faster than did the number of men;

* In 1991, the number of women who were hard-core crack-cocaine addicts rose more than three-times faster than the number of men; and

* Between 1988 and 1991, the number of women using needles to inject drugs rose twice as fast as the number of men.

Thus, the modest gains on the treatment rolls may soon be off-set by the increase in pregnant addicts.

While many of the early fears that all "crack babies" would suffer irreparable harm due to *in utero* exposure to cocaine appear to be false, it is clear that -- at a minimum -- these children are going to need special attention when they enter school. In fact, teachers, school administrators and local officials from around the country have reported that their schools are being flooded by an enormous increase in children needing special education -- an increase that follows just a few years after the crack-cocaine epidemic first hit American cities.

In two of the cities first hit by the crack-cocaine epidemic -- Miami and Los Angeles -- the number of three to five year-olds in special education doubled between 1986, when the epidemic began, and 1991. Twenty cities are spending an additional $150,000,000 per year for special education classes since 1986. Unfortunately,

even in these twenty cities, too few of these toddlers have been helped, for there are only a handful of innovative programs designed to prepare them for kindergarten and the years ahead.

The chart below illustrates the impact on our school systems and the problems these children face when they reach the preschool years of three to five:

PRE-SCHOOL SPECIAL EDUCATION ENROLLMENTS ...

CHANGES SINCE CRACK-COCAINE

	Increase/Decrease
Los Angeles	269%
Atlanta	145%
New York City	72%
Chicago	55%
San Diego	55%
Dallas	-9%
Las Vegas	242%
Columbus, Ohio	120%
Jacksonville	83%
Austin	47%
Seattle	30%
Milwaukee	22%
New Orleans	21%
Fort Worth	19%
El Paso	19%
St. Louis	11%
Boston	-3%

The experience of the past four years offers clear evidence that early drug treatment intervention can prevent the birth of more drug-impacted babies. For example, a key ingredient to successfully treating pregnant addicts is to allow these addicts to care for their other children while they are in treatment. Quite simply, if women must give up their children they will not -- or can not -- join or complete the drug treatment programs they so desperately need.

Special Focus: Drug-Addicted Inmates

A staggering number of arrestees -- roughly ten million offenders -- pass through our nation's jails in a single year. Of course, a significant share of the nation's drug addicts are among these ten million offenders -- perhaps as many as four million. Many of these addicts could be detected and treated at the jail or referred on to treatment. In reality, the nation's jail officials are so overwhelmed that this is an unreasonable expectation.

But, while more than ten million arrestees pass through the nation's jails every year, most will only spend a few hours, or a few days, behind bars. There are, however, a smaller -- though still significant -- number of convicted offenders who spend enough time in a jail for a drug treatment program to intervene. How many? With the assistance of officials at the American Jail Association, we estimate that approximately 2.5 million offenders spend at least one month in jail.

Of these 2.5 million, about 40% admitted that they were current abusers of an illegal drug when they were arrested.[5] This yields an estimate of ten million drug-addicted inmates. The most recent Justice Department reports indicate that about 20,000 jail inmates are receiving drug treatment on any particular day. If one assumes that all of the inmates receiving drug treatment were these long-term prisoners, and if one assumes a very fast turn-over in jail-based drug treatment programs -- the most generous estimate places the treated-inmate total at 200,000. In other words, more than 800,000 drug-addicted offenders who spent significant time incarcerated in the nation's jails were released without being treated.

The number of prisoners in state and federal facilities during the third year of the national drug strategy neared 800,000. And, about 400,000 inmates are released from prison every year. Justice Department figures indicate that about one-half of all prisoners were serious abusers of illicit drugs when they entered prison -- yielding an estimate that there were 200,000 drug addicts among these 400,000 releases. Also according to Justice Department figures, about 40% of these released offenders received treatment for their drug addiction while behind bars. Thus, during the past year of the national drug strategy, an additional 120,000 drug-addicted prison inmates were released onto America's streets without being treated.

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[5] "Profile of Jail Inmates" U.S. Bureau of Justice Statistics, Department of Justice, April 1991.

This brings the total to more than 900,000 drug-addicted criminals being released from prison or jail without being treated.

WHAT ARE THE STEPS FOR TOMORROW?

It is clear from the lessons of the past four years, and from our assessment of where we are today, that the nation has much work to do before we have the drug treatment system up to the task of controlling the drug epidemic. This section begins by identifying the crucial policy "bottlenecks" that must be defeated before we can hope to implement the many specific programs and policies demanded by our nation. Next, this section offers several specific steps for delivering such an efficient and effective drug treatment system.

A. Breaking the "Bottlenecks" -- The First Step

This chapter identifies several key policy "bottlenecks" that stand in the way of important progress on the drug treatment "front" of the anti-drug campaign. Breaking these "bottlenecks" requires:

* A commitment to enhance the cooperation between drug treatment and drug enforcement programs;
* A commitment to determining the ways in which the drug treatment system can be expanded to eliminate treatment shortfalls without producing treatment "surpluses" or diminishing treatment quality, and;

* A commitment to avoid manipulations of the federal drug treatment budget.

How To Expand Treatment?

Many of the principal "bottlenecks" impeding the nation's progress toward delivery of drug treatment can be blamed on a variety of policy disputes over how to expand drug treatment.

"Strategic Strikes or a Broad Safety Net?"

One major dispute has involved the previous Administration's push for a new drug treatment funding mechanism -- the "Capacity Expansion Program." The program called for a $99 million "categorical" grant; that is, these dollars would be distributed directly to drug treatment centers to cover local treatment shortfalls. Also, under the previous Administration's proposal, the federal drug treatment block grant program would receive no additional dollars.

In essence, the dispute was predicated on the notion that the drug treatment system was generally sufficient to handle the drug epidemic, and that extra treatment dollars were needed to fill in the gaps and respond to localized drug treatment shortages.

While previous editions of this report have not disputed the fact that there are acute drug treatment shortages in specific cities and specific areas of the country; we have pointed out repeatedly that the treatment shortfall of 900,000 million addicts is so great that the drug treatment system must be insufficient throughout the country. In other words, the entire drug treatment system must be expanded before the federal government devotes sole attention to specific, localized drug treatment shortfalls.

Excess Treatment Capacity?

In September 1991, Drug Director Martinez, testified before the Senate Judiciary Committee that expansion of the nation's drug treatment system was not warranted, at least in part, due to significant excess treatment capacity. Senior ONDCP officials testified that the overall national "utilization rate" -- the portion of drug treatment beds being used to treat addicts -- was about 80%. However, these figures are from a one-day survey of drug treatment centers in September 1989 -- more than two years ago.[6]

Leaving aside several of the other important limitations of these data, it is clear that the national drug strategy must be based on more current data. For example, some of the most compelling evidence of general, nationwide drug treatment shortfalls was gathered from state and local treatment programs by the Department of Health and

[6] These results are provided by the 1989 "National Drug and Alcoholism Treatment Unit Survey" conducted by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism.

Human Service's Waiting List/Period Reduction Grant Program. Administered by the Office for Treatment Improvement, the Program provided approximately $140 million to 361 drug treatment centers in 34 states, Puerto Rico and the District of Columbia.

An interim report on the results in these 361 drug treatment centers presents a picture of drug treatment centers struggling to keep pace with the addicted population. The report yielded the following summary data: At the commencement of the program in September 1989, more than 26,000 addicts were waiting for treatment at these centers. By March 1990, nearly 20,700 of these addicts had received treatment. However, during this period, an additional 14,100 addicts signed up for treatment -- leaving a waiting list of nearly 20,000 addicts. In other words, addicts joined the end of waiting lines almost as fast as those at the front of the line could be treated.

The final results from 69 of the drug treatment centers were published in a December 1991 Department of Health and Human Services report. These final results confirm those noted in the interim data: 8,300 addicts were waiting for treatment at the commencement of the program; 13,000 addicts were actually treated during the program; an additional 5,900 addicts signed up for treatment; and 5,900 addicts were left waiting in line for treatment at the completion of the Waiting List Program.

Not only do the data from the Waiting List Reduction Program attest to the tremendous unmet demand for drug treatment, but also a closer look at the results from

specific drug treatment centers confirms that drug treatment shortfalls are not localized in any particular regions, states or cities. For example, the cities where waiting lists remain include: Sylacuaga, Alaska; Pinole, California; Immokalee, Florida; Elgin, Illinois; Garden City, Kansas; Kent, Washington; and New Richmond, Wisconsin.

The national drug policy must recognize what every American already knows -- severe drug treatment shortfalls remain in every corner of our country. The drug epidemic has spared no state, no city, no town and no village of our nation.

Expanding Treatment Capacity Without Diminishing Treatment Quality

The nation's experience over the past two years provides several hard facts illustrating that drug treatment has been expanded significantly and, all the while, drug treatment quality has been improved. For example, publicly-funded drug treatment centers are treating at least 29% more drug addicts today than in the last full year before the Bush Administration's first drug strategy. The increase in treatment for such high-priority populations as drug-addicted women (38%), and cocaine addicts (62%) is even greater.

It is also important to note that the quality of care provided by the drug treatment system has improved. The percentage of drug addicts in treatment solely to "dry-out" --

usually just to go back to the streets, and to drugs, in a few weeks time -- has declined by 25% even as the drug treatment system was expanding so massively.

We also recognize that ONDCP officials testified before the Judiciary Committee in September 1992 that the drug treatment system could efficiently and effectively expand to treat an additional 400,000 addicts in the next year.

Ending the Budget "Games"

Throughout the first three years of the drug strategy, the previous Administration's manipulations of drug treatment budget "scoring" has distorted the true picture of their funding requests. One of the most blatant examples of this effort is found in the Administration's "scoring" of the Department of Veterans Affairs drug treatment budget.

In fact, the Administration's 1992 drug strategy "scores" as "drug treatment" expenses "100 percent of the medical costs of patients with a primary diagnosis of drug abuse but who are not participating in drug treatment programs."[7] In other words, under the Administration's drug strategy, if drug abuse was the primary cause of kidney damage in a VA patient and drug abuse was the primary diagnosis for this VA patient, all of the costs of treatment -- such as kidney dialysis -- would be considered "drug treatment" expenses.

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[7]"National Drug Control Strategy, Budget Summary." Office of National Drug Control Policy, January 1992. (pp.194-196)

The Administration's 1992 drug strategy also claims that "100 percent of the medical costs of patients participating in drug treatment programs" are considered "drug treatment" expenses. In other words, if a drug addict suffered a serious accident and was subsequently treated by the VA for several broken limbs and, at the same time, was participating in a VA drug treatment program, the total VA medical bill -- surgery, bandages and casts, rehabilitation, and the direct cost of the drug treatment -- would be considered "drug treatment" expenses.

These manipulations serve no purpose other than misleading the American public, and they must cease.

B. Key Drug Treatment "Steps"

In recent months, policymakers appear to have settled into basic agreement that the nation is facing a large drug treatment shortfall -- estimated to be at least 900,000 treatable hard-core addicts. The fact that such general agreement has come to an area normally mired in controversy is good news. Now, the nation can turn its attention to the vastly more important questions concerning how to erase this shortfall.

As was pointed out above, several of the key drug treatment policy "bottlenecks" concern the general question: How can the nation expand drug treatment? This is the

fundamental question that must be addressed if the nation is to close the 900,000-addict drug treatment shortfall. This report has also submitted that for as long as the nation's drug treatment system is defined solely by how much the public is willing to spend on treatment, the real work of expanding drug treatment will be stalled in endless debate on just that -- how much should we spend? And, how much can we spend?

(It is also worth noting that no responsible drug policymakers have suggested that we should not treat every hard-core addict who is reachable through treatment. The questions that have been raised concern whether or not we have sufficient tax dollars available to treat every treatable hard-core addict). Much of the remainder of this chapter will be devoted to a proposal that appears to offer a solution to both key questions:

* Can the taxpayer afford to fund drug treatment for all treatable hard-core addicts? And,
* Can the drug treatment system efficiently and effectively treat all treatable hard-core addicts?

The proposal: incorporating drug treatment into a national health care system.

Drug Treatment and a National Health Care Plan

Of course, health care reform presents one of the most complicated and lengthy lists of public policy issues imaginable. This report does not, nor can it, attempt to review all possible issues surrounding the challenge of including drug treatment in national health care reform. However, this report does highlight at least some of the key issues and decisions involved in this challenge. And, while we acknowledge their specific contributions throughout this chapter, the work of the Substance Abuse Coverage and Health Care Reform Working Group recently convened by the Center on Addiction and Substance Abuse and the Brown University Center for Alcohol and Addiction Studies are responsible for many of the important insights and perspectives we offer in this report.

1. Can We Afford To Pay For Drug Treatment?

The short answer to this basic question is that we -- virtually every taxpayer -- are already paying for drug treatment in our health care system: about $20 to $30 billion every year. The national bill for drug treatment, however, is being paid by tax payers in the form of medical treatments for drug addicts. In other words, we are all paying -- through higher taxes, higher medical bills, and higher medical insurance bills -- for drug addicts to be treated for a whole host of illnesses and injuries:

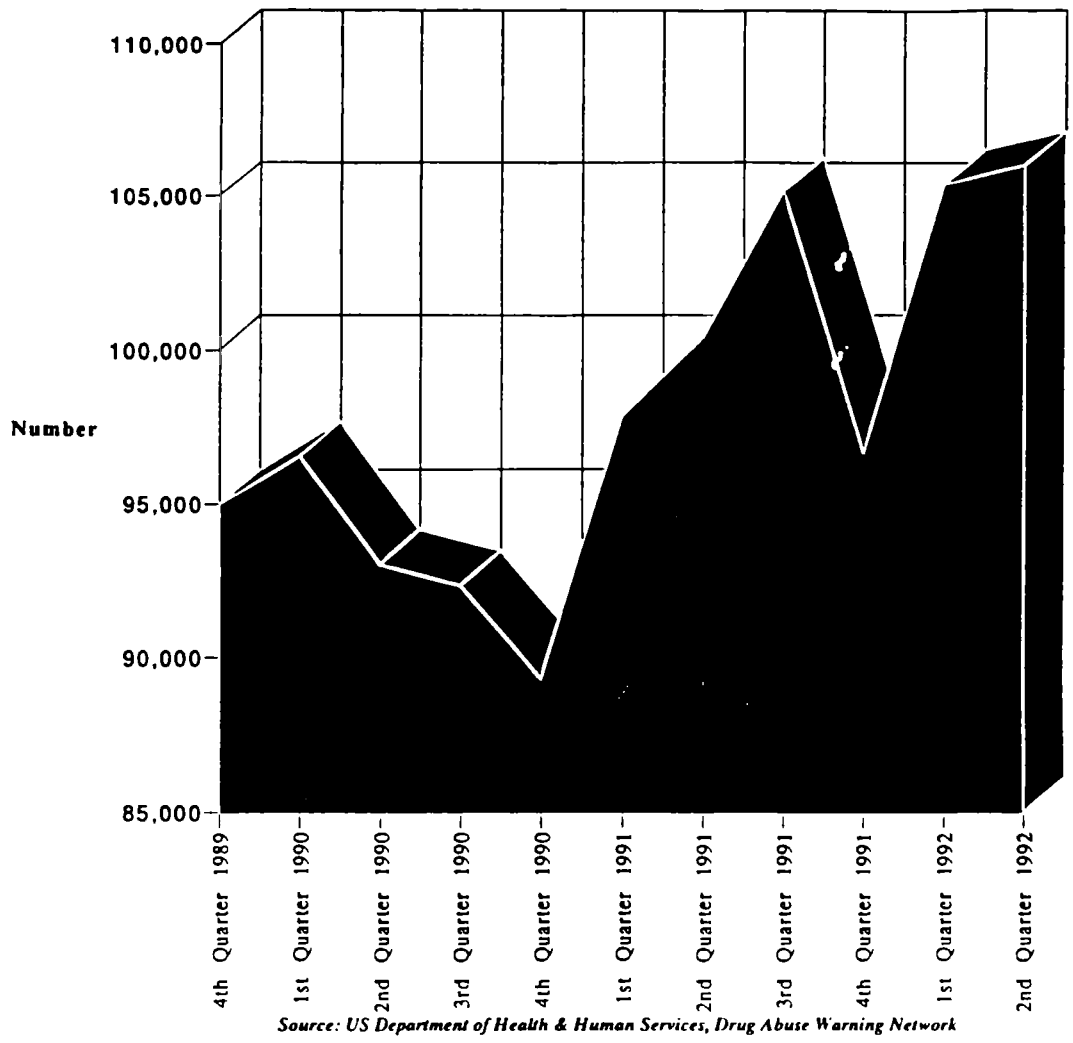
* For AIDS cases associated with intravenous (IV) drug abuse;
* For drug overdoses that result in emergency room treatment and, often, longer hospital stays;
* For gunshot injuries and other trauma cases associated with the drug trade;
* For tuberculosis and hepatitis cases associated with drug abuse, among many others.

All told, the CASA working group estimates a total health bill of $20 to $30 billion per year as the direct result of drug abuse.

The National Commission on Acquired Immune Deficiency Syndrome estimates that about 32% of all AIDS patients are IV drug users. With the national cost of treating AIDS patients approaching $5.8 billion by the end of 1991, and with the expectation that the cost will top $10 billion by 1994 -- the drug-related AIDS-treatment bill will soon reach $3 billion.

The Health and Human Services' Drug Abuse Warning Network, (DAWN) that gathers national data on drug overdoses in the nation's hospital emergency rooms, indicates in 1992 well over 400,000 drug overdoses resulted in a trip to the emergency room nationwide. (See chart below)

Drug Overdoses: More Than When the Strategy Began



Source: US Department of Health & Human Services, Drug Abuse Warning Network

The medical costs of drug overdoses -- an estimated $240,000,000 in 1992 alone, and about $780,000,000 since the release of the first drug strategy. Dr. Victor Tabbush has extensively studied the medical costs of drug overdoses, and his conclusions form the basis for this cost estimate.[8]

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[8] "The Effectiveness and Efficiency of Publicly Funded Drug Abuse Treatment and Prevention Programs in California: A Benefit-Cost Analysis." Dr. Victor Tabbush, University of California, Los Angeles, with the assistance of Economic Analysis Corporation, 1986. pp. 77-8.

The cost of trauma injuries has become a crushing financial drain on the nation's hospitals because so few trauma victims are insured -- particularly the victims of violence-related trauma. The result is, of course, higher medical insurance premiums. For example, a recent study concluded that more than 80% of the medical costs of violence-related trauma were borne by the public: 46% paid by Medicaid and Medicare, 8% paid by state and county funds, and 26% written off by hospitals as bad debt.[9] And, as is cited by the CADA report, 75% of trauma victims test positive for drug abuse.

2. How Much Would Including Drug Treatment in a National Health Care Plan Cost?

While the roughly three million treatable hard-core addicts total is an astonishingly large figure, such an addiction is still relatively rare (afflicting about one of every 80 Americans). This fact serves to minimize the cost to all Americans of including drug treatment in a national health care system. Thus, the CASA working group estimates the additional cost to be about $60 for every American.

The cost of treating all treatable hard-core addicts is also small relative to the total cost of our health care system -- representing 1%-2% of the total.

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[9] Dr. Garen J. Wintemute, "Initial and Subsequent Hospital Costs of Firearm Injuries." Journal of Trauma, Vol. 33, No. 4, 1992.

3. Implementing the Plan

Unlike those who suffer from most diseases, the victims of hard-core addiction may not actually want to be treated. Moreover, treating hard-core addicts is almost sure to require many stages of treatment -- each appropriate to a different period of recovery. Thus, including drug treatment in the national health care plan will likely require the use of a system often referred to as a "central intake model." Such a system would evaluate (and re-evaluate) drug treatment clients to match addicts to the most appropriate treatment.

The other important use for a central intake system is to help build a market for quality drug treatment. In other words, the central intake system would evaluate drug treatment programs, as well as addicts in order to send more patients to programs with better success rates, and fewer to those with less impressive success rates. Of course, such a system must exercise great caution to ensure that the success rates of programs are not artificially boosted by handling only the "easy" cases.

In performing this function of evaluating drug treatment programs, the central intake system offers the additional benefit of ensuring that only quality drug treatment programs stay in business, and that drug treatment programs are constrained from growing beyond the point where they can maintain quality. This answers the fundamental concern about the ability of drug treatment to expand. The current system

will expand as far as it can in the short term; and if there is still unmet demand, additional providers will be attracted to this drug treatment "market".

Pharmacotherapy: Medicines to Treat Drug Addiction

Researching and developing new medicines -- often called pharmacotherapies -- to treat drug addiction must be one of the federal government's top drug policy priorities. Drug treatment must be improved: more addicts must be brought into treatment; more addicts in treatment must complete their program; and more treated addicts must be stopped from relapsing into addiction.

Medical science, government and university researchers, as well as private industry are making headway on this front. In late 1989, a majority staff report to the Senate Judiciary Committee identified thirty promising medicines which may, for example, block the effects of cocaine, or diminish addicts' craving for the drug.

And, just weeks ago, Columbia University researcher Dr. Donald W. Landry published research results documenting the development of an enzyme that breaks down the cocaine molecule into two inert byproducts. While these results were achieved in a test tube -- and the researchers allow that they may be years away from proven clinical results with human subjects -- the promise of a drug that would block the effects of cocaine merits aggressive exploration of this possibility.

In 1992, legislation to speed the development of medicines to treat drug abuse (originally authored by Senators Biden and Kennedy in 1990) became law in the Alcohol, Drug Abuse, and Mental Health Reorganization Act. This legislation includes a five-part plan to bolster the federal research effort into pharmacotherapeutic medicines, to be headed by the Medications Development Program of the National Institute on Drug Abuse. This plan will also support close cooperation among university researchers, private industry, public drug treatment providers and federal researchers and regulators. This partnership approach will bring these vital medicines to addicts as soon and as efficiently as possible.

The ambitious effort within the National Institute on Drug Abuse is already making headway. Medications for both cocaine and heroin addictions are already undergoing pre-clinical and clinical research trials. This team has also been instrumental in speeding Food and Drug Administration approval for experimental use of such medicines. A new partnership between industry, government laboratories and university researchers is taking shape.

In sum, the science is hopeful, and the components of a national initiative are in place. Important steps, however, have yet to be taken to deliver on the early promise. For example, the Medications Development program is funded at less than one-half the level of similar programs conducted at the National Institute on Allergy and Infectious Diseases.

And, in the crucial area of medications for cocaine addiction, a severe shortfall in the preclinical research capacity continues to hamper the program. For example, the current funding provides only 10% of the necessary *in vitro* assay research; only 20% of the necessary drug self-administration research; only 60% of the necessary drug discrimination experiments; and only 70% of the locomotor capacity research necessary for a full-blown research effort.

Still, perhaps the single most distressing realization recalls the "rule of thumb" dictating that it is often necessary to be with 10,000 compounds to bring a single successful drug to market. Unfortunately, the Medications Development Program has been able to obtain barely 100 compounds each year -- some from as far away as the African continent. This is a crucial "bottleneck." Clearly, the pharmaceutical industry, university and private researchers must be encouraged to find and make available many more compounds.

The task ahead is daunting, but possible. What is more, the potential is too great not to try everything we can.

CONCLUSION

Of the lessons learned to date in the fight against drugs, the importance of treatment to anti-drug efforts cannot be understated. Treatment is a vital part of the anti-drug strategy first and foremost because it works. Drug treatment also is a proven cost effective means to getting offenders off of drugs and ensuring that when they return to the streets they stay off drugs.

Treatment is only part -- albeit an essential one -- of the anti-drug equation. If we are to be successful, we must first adhere to the lessons of the past by recognizing that drug treatment must be a top priority for future strategies: principally by incorporating drug treatment into national health care reform. Essential to any future success is a coordinated effort among drug treatment officials and law enforcement, especially in targeting the hard-core addict population.

The time is long passed for simplistic approaches calling for just more law enforcement or just more treatment. It is time to fight smarter and more effectively; this means summoning the best aspects of the past in comprehensive steps for the future.

DEFENDING AMERICA: INTERNATIONAL EFFORTS AGAINST DRUGS

Major Lessons of the Past Four Years

* The drug cartels are nothing if not resilient. By dispersing their operations, the cartels have made our task of fighting the drug war more complex.

* Strong U.S. diplomacy is needed to obtain international cooperation in the drug war.

* International counter-narcotics programs that are largely one-dimensional -- as was the Andean Initiative -- cannot succeed.

* New threats must be countered while still in their infancy, before they expand into major problems.

* The billions of dollars expended by the Pentagon in interdiction programs has availed us little in the way of reducing drug supplies.

Major Steps for the Next Four Years

* Maintain strong leadership in the international arena.

* Redirect assistance to police forces in the Andes that have the primary role in counternarcotics.

* Provide debt relief to the Andean nations.

* Maintain pressure on Peru to restore constitutional democracy.

* Change U.S. policy with regard to Burma -- the world's leading source of heroin -- in order to isolate the dictatorial regime.

* Address embryonic threats -- such as those posed by the expansion of the narcotics trade in China and the nations of the former Soviet Union -- before they explode.

* Redirect unproductive drug interdiction measures abroad to proven drug enforcement, treatment and prevention programs here at home.

CHAPTER IV

DEFENDING AMERICA: INTERNATIONAL EFFORTS AGAINST DRUGS

The drug war overseas has always been an important element of U.S. counter-narcotics policy. From Richard Nixon's program to eliminate opium production in Turkey to George Bush's Andean Initiative, Washington has looked beyond its borders to combat the drug trade. Fighting the drug war overseas -- where the most dangerous drugs used in the United States, cocaine and heroin, originate -- is the first line of defense in combatting the scourge of narcotics.

The second line of defense is the protection of our national borders against the influx of illegal drugs. Like our international programs, border protection is an effort that can only be undertaken by the federal government; no state or local government can assume the task.

Andean region of South America since 1989 has -- in cooperation with the Colombian government -- succeeded in placing the once-dominant Medellin cartel on the defensive, and led to the death or incarceration of many of Colombia's most notorious traffickers. But the vacuum created by the demise of the Medellin gangs has been filled by a cartel based in Cali; that organization now controls large percentages of the world's cocaine markets.

Similarly, the rapid growth of interdiction programs in recent years has deterred drug smugglers from trafficking drugs via Florida and the Caribbean, a favored route in the 1980s. But the cartels have developed alternatives; the most prominent is the Mexico corridor, through which over 60% of the cocaine sold in the United States now transits.

Many lessons have been learned that should instruct our policy in the new Administration.

* First, it is clear that drug traffickers are nothing if not resilient. The aggressive counter-narcotics effort in Colombia during the past four years forced the drug traffickers to spread their operations to other regions of the hemisphere, but it had no measurable effect on the amount of cocaine flowing to markets in the United States and Europe. And while we can take solace in disrupting the operations of the cartels, the geographic expansion of the drug trade only increases the complexity of our fight.

* Second, international counter-narcotics programs that are largely one-dimensional cannot succeed. The Bush Administration's "Andean strategy" focused primarily on enforcement, and failed to take steps to address the economic roots of coca cultivation in the region. Thus, while many Colombian traffickers have been killed or incarcerated, few Bolivian or Peruvian farmers have been persuaded to abandon the coca trade for legal alternatives.

* Third, new threats should be addressed while still in their embryonic stages, when countermeasures have a better chance of success. For instance, the Colombian government has moved quickly -- with assistance from the United States -- to combat the introduction of heroin cultivation into that country. But other looming problems around the globe have been largely ignored, leaving the new Administration with the prospect of an ever expanding list of drug battles to wage.

* Finally, we must accept the reality that the enormous resources poured into the Pentagon anti-drug budget has produced few results. The Defense Department received $1.2 billion out of the $12.7 billion allocated to drug programs in the last Bush budget -- roughly 10% of federal resources. Such an investment ought to yield tangible results. Yet there is little to show for the effort.

It is sometimes argued that programs that seek to interdict narcotics -- either at the source or at the nation's borders -- are doomed to fail. Perhaps the most forceful thesis for this debate is an objective economic analysis. Such analysis demonstrates that the lower end of the narcotics trafficking chain -- the farmers and traffickers -- accounts for such a small percentage of the final retail price of the narcotic that interdiction and eradication programs have a negligible effect on the street price.[1] Thus, the argument goes, such programs are fatally flawed because they can affect neither supply nor demand.

This thesis may persuade, but it does not convince. Internationally, the United States has an obligation to assist other nations to combat the drug trade. It is undisputed that demand for narcotics in this country helps to fuel the production of cocaine and heroin overseas. It would thus be irresponsible to abandon our friends and allies who have joined us in fighting this war. Domestically, it is a primary duty of the federal government to protect the nation's borders. We cannot -- indeed dare not -- shrink from this task, and thereby extend an open invitation to drug smugglers to enter our shores at will. Even the harshest critics of interdiction programs recognize that such policies have some deterrent value.

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[1] See, e.g., U.S. International Drug Policy, Hearing before the Caucus on International Narcotics Control, United States Senate, 101st Cong., 1st Sess. (1989), pp. 93-106 (prepared testimony of Peter Reuter).

In short, a nation must make a judgment about first principles: whether it wants to surrender certain domains to narcotraffickers. The United States has decided that it must not -- and that it is a national responsibility to combat the trade on all fronts. As former Jamaican Prime Minister Michael Manley once told the Judiciary Committee in 1989, we cannot "conceive of a society that is worth building....on the basis of a drug culture."[2]

That said, we are not suggesting that the United States blindly pursue the status quo, merely to maintain the appearance that we are willing to do battle everywhere. The change in Administrations offers an important opportunity to reflect on the past four years, and to chart a course for the rest of the decade.

What are the keys to a successful strategy? What follows is a discussion of ideas that are at the forefront of our policy.

Leadership in the Global Arena

A critical element of a successful drug war overseas is leadership in the international arena. The Bush Administration deserves credit for advancing the war on drugs among the community of nations. In 1990 and 1992, for example, then-President

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[2] U.S. International Drug Policy -- Multinational Strike Forces, Joint hearings before the Committee on the Judiciary and the Caucus on International Narcotics Control, United States Senate, 101st Cong., 1st Sess. (1989), p. 7 (statement of Prime Minister Manley).

Bush attended an important summit with the leaders of the Andean nations that highlighted the need for strong action. The United States has also played a key role in advancing the drug war in multilateral institutions, including the United Nations and the Group of Seven, the organization of leading industrialized nations.

An active diplomatic agenda must be the watchword of the new Administration on narcotics. Both multilaterally and bilaterally, the United States must press for strong cooperation on combatting the drug trade.

The question is one of emphasis. With all nations, the United States has a number of issues on the bilateral agenda which are raised consistently when senior officials from each side meet. Whenever U.S. officials sit down with their counterparts from Bolivia or Colombia, the narcotics issue is at the top of the table, as it should be. Unfortunately, the situation with the Andean countries is the exception, not the norm.

We do not suggest that narcotics must dominate each and every bilateral discussion engaged in by the United States. But as even the most junior diplomat knows, unless the profile of an issue is raised, the other side will not take our concerns seriously. And the profile of an issue will not have a high silhouette unless the President and the Secretary of State consistently voice our concerns, both here and abroad. We cannot hope to gain the full cooperation of our international partners without properly emphasizing the importance that we place on fighting the drug war.

Redirect Enforcement Resources in the Andes

We believe that the drug strategy should focus its enforcement resources in the Andean region on the police forces, which have the lead role in anti-narcotics enforcement in Bolivia, Colombia, and Peru. This approach contrasts with that of the Bush Administration's Andean strategy, which originally planned to pour a disproportionate amount of funds into the region's militaries. Specifically, the Andean plan envisaged spending $675 million in military aid to Bolivia, Colombia, and Peru over the five-year period of fiscal Years 1990 to 1994. The police forces, by comparison, were slated to received just $273 million.

As we noted in our last report, the Bush Administration began redirecting funds away from the military forces in the Andes in 1992.[3] This shift in strategy was overdue. Although we do not deny that the military in the Andes can assist law enforcement in some circumstances -- Congress has made a similar choice with respect to the U.S. military in this country -- we believe that the Bush Administration's emphasis on the Andean militaries was misguided.

An examination of the circumstances in each country reveals the folly of this approach. In Colombia and Peru, the military establishments are primarily concerned

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[3] See The President's Drug Strategy: Has it Worked?, a report of the majority staffs of the Senate Judiciary Committee and the International Narcotics Control Caucus, September, 1992, pp. 65-67.

with counterinsurgency, not counter-narcotics. Facing vicious leftist movements bent on overthrowing the government, military officials are willing to pledge fealty to the drug war in order to receive U.S. equipment and training.

In this context, it is inevitable that U.S. military equipment will be diverted to counterinsurgency operations in Colombia and Peru. Whether such operations will advance U.S. counter-narcotics goals is an open question. While the guerrillas in these countries[4] often cooperate with drug traffickers, the insurgents and the drug cartels do not always work hand in glove. In some regions of Colombia, the guerrillas have battled with the traffickers, who have formed small armies of their own.[5]

In Bolivia, the Bush Administration pressured the government to use the Army in the war on drugs.[6] One cannot imagine a more absurd idea. Unlike Colombia or Peru, Bolivia has no active insurgency that argues for involvement of Army units. Moreover, the Army was deeply involved in drug trafficking during the most recent military

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[4] In Colombia, the leading guerrilla organizations are the Revolutionary Armed Forces of Colombia (referred to by its Spanish acronym, FARC), and the National Liberation Army (ELN). In Peru, the leading groups are the Sendero Luminoso (Shining Path) and the Tupac Amaru Revolutionary Movement (MRTA).

[5] See, e.g., Department of State, International Narcotics Control Strategy Report (1990), p. 124.

[6] The Bolivian Air Force and Navy already assist law enforcement in counternarcotics efforts. Given the vast size of Bolivia -- roughly three times the size of Montana -- the argument for the use of these forces is more compelling.

dictatorship (1980-81),[7] and its proposed use in coca-growing areas sparked bitter protest among peasants.

There are many other reasons to be concerned about a rapid expansion of the military role in the drug war in South America, not least among them the threat to democratic institutions and the potential for human rights abuses. But in reaching our recommendation, we return to the principal question that guides our review -- does it work? Has the increased funding for the military in the Andean region achieved the desired result -- a reduction in the supply of narcotics? We reluctantly conclude that it has not.

Cocaine continues to pour out of South America at a steady rate.[8] Despite the arrest of many leaders of the Medellin cartel in Colombia, and the strong interdiction efforts of the Colombia government,[9] the narcotics industry in the region continues to flourish. Indeed, Colombian traffickers have now begun large-scale cultivation of heroin, and are dispersing their cocaine-trafficking operations around the region.

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[7] The military dictator of that period, General Luis Garcia Mesa, was recently convicted *in absentia* on charges of murder and corruption. The Interior Minister of that time, Col. Luis Arce Gomez, was extradited to the United States in 1989 and is currently serving a 30-year prison term on drug trafficking charges. See Nathaniel C. Nash, "Fugitive Bolivian Ex-Ruler Gets 30-Year Term," New York Times, April 22, 1993, at A8.

[8] The level of estimated coca leaf production in the Andes has increased by 12 percent since 1989, the year that the first national drug control strategy was released by the Bush Administration. Department of State, International Narcotics Control Strategy Report (annual reports, 1990-1993).

[9] The large majority of which have been carried out by the Colombian National Police, not the Colombian military.

This recommendation does not imply surrender to the cartels, or even the termination of all military aid. Neither does it suggest impatience -- we acknowledge that there are no instant victories in the drug war. It simply recognizes that it is foolish to devote an exorbitant amount of money to a program of questionable merit.

Debt Relief: Easing Economic Dependence

Debt relief should be granted to the Andean governments in exchange for a commitment to devote a portion of the savings in debt service to anti-drug programs.

First proposed by Senator Biden in August 1989, this initiative recognizes the link between the debt burden and the drug trade in the Andes. Over the past decade, the narcotics industry has become a central element for the economies of the region. In Peru, for example, where per capita incomes have fallen to levels of the 1960s, drug trafficking infuses approximately $1 billion into the economy annually.[10] In Bolivia, the coca industry generates roughly 10% to 15% of official GDP, and employs 350,000 people, over 10% of the workforce.[11]

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[10] This represents approximately 5 percent of Peru's gross domestic product, which stood at $20.6 billion in 1991.

[11] Office of Inspector General, Department of State, Drug Control Activities in Bolivia, October, 1991, p. 61.

A crackdown on the drug trade carries a tremendous risk of economic dislocation and social chaos. In addition, the loss of revenues to the economy deprives the Andean governments of resources needed to service debts owed to foreign creditors. Therefore, any effective counter-narcotics strategy must assist the Andean countries in the transition away from dependence on the drug trade.

To its credit, in 1991, the Bush Administration eliminated nearly $370 million in debt owed by Bolivia to the U.S. government, wiping out all of that country's obligations under the foreign aid program and 80% of its debt under the Food for Peace program.[12]

We urge the new Administration to provide similar debt relief for Colombia, and to consider such steps once constitutional democracy is restored to Peru.

Restoration of Democracy in Peru

The restoration of constitutional democracy in Peru has become the *sine qua non* of an effective counter-narcotics effort in Peru -- where nearly two-thirds of the world's supply of coca leaf is cultivated. The "self-coup" engineered by Peruvian President Alberto Fujimori on April 5, 1992 -- in which the Congress was dissolved and numerous

[12] Through its own devices, Bolivia has nearly eliminated its commercial debt burden. See, e.g., Thomas Kamm, "Bolivia Cleans Up Its Commercial Debt Using Ingenuity as Much as Austerity," Wall Street Journal, March 29, 1993, at A8.

members of the Supreme Court were dismissed -- has led to increasing power for the Peruvian military. Although Fujimori invoked the threat of drugs as one rationale for his putsch, the acreage of coca under cultivation in Peru increased by seven percent in 1992.[13]

Credible reports suggest strongly that the expansion of the narcotics trade has been aided by the Peruvian military.[14] Many of the drug trafficking areas in Peru are located in "emergency zones," where military officers have near total control.[15] Reports indicate that the military officers protect the narcotraffickers from law enforcement authorities, eliciting payoffs in exchange.

These charges remain, as yet, unsubstantiated, but we believe they are serious enough to warrant further investigation by U.S. government agencies.

There were already reasons to be skeptical about Peru's commitment to fighting drugs prior to Fujimori's coup. Of the serious problems confronting Peru, narcotrafficking ranked third at best on Fujimori's agenda, behind the economic crisis

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[13] Department of State, International Narcotics Control Strategy Report (1993), p. 13.

[14] See, e.g., Franciso Reyes, "Peru's Deadly Drug Habit: Behind the Fujimori Front, Corruption and Cocaine Trafficking are Booming," Washington Post, February 28, 1993, at C4; Gustavo Gorriti, "The Unshining Path: Fujimori and the Ruin of Peru," The New Republic, February 8, 1993, at 19.

[15] A "state of emergency" is in effect in many regions of Peru as part of the government's counterinsurgency effort. Executive branch authority in the emergency zones is vested in the local military command.

and the insurgency threat. The counter-narcotics effort has received even less attention since April 1992.[16]

All this is not to say that an independent Congress and judiciary in Peru will result in a dramatic turnabout in the drug war in that country. But there is little reason to believe that the continuation of the status quo -- in which a military that, in the main, answers to no civilian authority -- will bring any positive results in combatting the drug trade in Peru. The Clinton Administration should maintain pressure on the Fujimori government to continue on the path to constitutional democracy.

[16] See International Narcotics Strategy Report, Mid-year Update, Bureau of International Narcotics Matters, Department of State, September, 1992, p. 21.

Isolating the Regime in Burma

As in Peru, the United States will have little hope of stemming the flow of drugs from Burma[17] unless it focuses on the nature of the regime itself -- and takes diplomatic steps to help bring about constructive change.

It is hardly dramatic overstatement to say that the continuation of the State Law and Order Council (SLORC) regime in Burma[18] poses the greatest threat to controlling the flow of heroin from the Golden Triangle. Current data indicate that 50% of the world's supply of opium is cultivated in Burma.[19] Since the SLORC regime took power in 1988, opium production has doubled.[20]

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[17] The military dictatorship in Burma has renamed the country "Myanmar." This report will use the term "Burma," as does the State Department.

[18] The political situation in Burma deserves elaboration. The current military government (SLORC) seized power in September 1988, after brutally suppressing massive pro-democracy demonstrations. The SLORC agreed to hold elections in May 1990. Although the dictatorship severely restricted campaigning by government opponents, the opposition National League for Democracy (NLD) won 80 percent of the seats contested. The SLORC proceeded to ignore the election results, and arrested many opposition leaders, including Aung San Suu Kyi, who was awarded the Nobel Peace Prize in 1991 for her non-violent defiance of the SLORC regime; she remains under house arrest in the Burmese capital of Rangoon.

[19] Department of State, International Narcotics Control Strategy Report (1993), p. 257.

[20] Department of State, International Narcotics Control Strategy Report (1992), p. 251. It is worth noting here that nearly 60 percent of the heroin sold in the United States originates in the Golden Triangle of Southeast Asia, which encompasses parts of Burma, Laos, and Thailand. National Narcotics Intelligence Consumers Committee, The NNICC Report: The Supply of Illicit Drugs to the United States (1992), p. 23.

It is beyond dispute that the SLORC tolerates the drug trade. The State Department's International Narcotics Bureau, not known for its forthright reporting, states that:

> The military government's shift in 1988 of police and army resources from eradication and drug law enforcement efforts to suppression of domestic political opponents enabled traffickers to expand their opium cultivation, heroin refining, and trafficking.[21]

Another U.S. government report issued in 1992 goes a step further, and directly implicates the SLORC regime in aiding and abetting the drug trade:

> Assisted by the Burmese Government, the United Wa State Army (a former Burmese rebel group) expanded its operations along the Chinese border and....along the Thai border in 1990.[22]

The United States currently provides no direct assistance to Burma, but remains engaged on the narcotics front by means of a working-level liaison between the Drug Enforcement Administration and Burmese officials.

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[21] Department of State, International Narcotics Control Strategy Report (1992), p. 252. The government has essentially ceded control of certain areas with the Burmese borders to rebel groups with which it has reached an accommodation. Id.

[22] National Narcotics Intelligence Consumers Committee, The NNICC Report: The Supply of Illicit Drugs to the United States (1992), p. 30.

The U.S. government recognizes that there has been little, if any, progress in the drug war in Burma.[23] But the previous Administration took no steps to address the root cause of the problem -- the regime itself. The policy inherited by the Clinton Administration rests on the apparent presumption that the SLORC can be dealt with, a theme eerily reminiscent of the Reagan Administration's policy of "constructive engagement" with the apartheid government in South Africa.

The folly of this approach cannot be fully appreciated without an understanding of the SLORC regime's brutality. A spate of reports by the U.S. government, as well as human rights organizations and other bodies, demonstrate beyond a shadow of a doubt that the SLORC regime is one of the most repressive on the planet.[24] In 1992, rampages by army forces caused over 250,000 Muslims to flee to Bangladesh.[25] In refugee camps along the Thai-Burma border, tales are told of women forced to serve as porters for Burmese military units by day, and then are gang raped by the soldiers at night.[26] Other abuses of fundamental human rights are commonplace.

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[23] Burma has not been certified as having met the statutory requirement under the Foreign Assistance Act as "fulling cooperating" with the United States -- or is taking steps on its own -- to control narcotics, since 1989.

[24] See Department of State, Country Reports on Human Rights Practices for 1992 (1993), pp. 522-31; Institute for Asian Democracy, Towards Democracy in Burma (1992), pp. 12-15; Amnesty International, Myanmar: Recent Developments Related to Human Rights (1990); Asia Watch, Burma: Rape, Forced Labor and Religious Persecution in Northern Arakan. (1992).

[25] Department of State, supra note 24, p. 523.

[26] Committee staff interview with Mairead Corrigan Maguire in Washington, D.C. (March 23, 1993). Mrs. Maguire, the 1976 Nobel Peace Prize winner from Northern Ireland, recently joined a delegation of Nobel Peace laureates that visited Thailand to campaign for the release of Aung San Suu Kyi and to encourage Western sanctions against Burma. During their trip, they traveled to refugee camps along the Thai-Burma border. See Philip Shenon, "Nobel Winners Urge Release of Burmese Dissident," New York

U.S. drug policy toward Burma cannot focus solely on the issue of narcotics. Instead, it must recognize that the regime itself is an obstacle to fighting the heroin trade. Accordingly, our policy should seek the isolation of the SLORC government until it changes its policies.

The Clinton Administration should reexamine U.S. policy toward Burma, and consider new measures to isolate the regime. There is no shortage of diplomatic options. As a first step, the new Administration should seek an international arms embargo in the U.N. Security Council, as the Senate urged last year.[27] Economic sanctions should also be considered. Maintaining the current supine policy is unacceptable, because it guarantees that heroin from Burma -- the product of a deliberate policy by the government in Rangoon -- will continue to flood our shores at record levels.

Dealing With New Threats

China

In recent years, China has become a major transit country for heroin. Drug Enforcement Administrator Robert Bonner testified last year that the China corridor is now the second-most important route for heroin originating in the Golden Triangle of

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Times, February 18, 1993, at A12.

[27] S. Con. Res. 107, 102d Cong., 2d. Sess. (1992) (approved by the Senate by voice vote on May 19, 1992).

Southeast Asia.[28] In addition, cultivation of opium has been reported in 15 of the 22 provinces in China.[29]

It is not unduly alarmist to suggest that the potential expansion of the drug trade in China portends a serious danger for global efforts to combat heroin trafficking. Drug use and production was widespread in China prior to the 1949 revolution.[30] China shares a long border with Burma and Laos. The ability of the drug barons in the Golden Triangle to use the China corridor provides another avenue to Hong Kong, the central depot of international heroin shipments.

It should be noted that the Communist authorities in China viciously stamped out the drug trade in the 1950s, and are reportedly taking steps to combat heroin trafficking and use today.[31] Unfortunately, China has frozen most of its cooperative efforts on the narcotics front with the United States.[32]

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[28] See The New Heroin Corridor: Drug Trafficking in China, Hearing before the Committee on the Judiciary and the Caucus on International Narcotics Control, United States Senate, 102d Cong., 2d. Sess. (preliminary transcript), p. 17.

[29] Department of State, International Narcotics Control Strategy Report (1992), p. 265.

[30] At that time, China had an estimated 20 million opium addicts. Id. at 263.

[31] The New Heroin Corridor, supra note 28, at 21 (testimony of Judge Bonner) and 28 (testimony of Assistant Secretary of State Melvyn Levitsky). A credible report suggests that China undertook a "major military action" involving thousands of troops to destroy drug trafficking bases in Yunnan province last November. Lin Fan, "Beijing Uses Military Against Drug Bases," Chung Kuo Shih Pao (Taipei), November 24, 1992, p. 6, *reprinted in* Joint Publications Research Service, Narcotics, December 8, 1992, p. 17 (JPRS-TDD-92-050-L).

[32] The dispute stems from the so-called "goldfish" case, a controlled delivery of heroin in San Francisco that resulted from U.S.-China cooperation. A Chinese witness in the case applied for political asylum upon arrival in the United States. The refusal of the United States to return the witness, pending his asylum

China can take an important step toward strengthening U.S.-China relations by renewing its bilateral cooperation with the United States. Moreover, the United States should place this issue high on the bilateral agenda. Notwithstanding the persistent tensions in Sino-American relations over a range of issues, this is an area where our interests coincide -- and we should move quickly to take full advantage of the opportunity.

The Former Soviet Union

There are disturbing reports that heroin cultivation and trafficking are on the rise in the Central Asian republics of the former Soviet Union.[33] A growing user population across Central and Eastern Europe foreshadows a significant narcotics problem in the region.

Yet the economic chaos and political turmoil in most countries of the region -- combined with the limited government resources and experience to fight the drug

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hearing, has led China to freeze most cooperative anti-drug efforts with Washington. The New Heroin Corridor, supra note 28, at 24-29.

[33] See, e.g., Department of State, International Narcotics Control Strategy Report (1993), p. 402-09. Drug Enforcement Administration, Drug Trafficking and Abuse in the Former Soviet Union (October, 1992); United Nations International Drug Control Program, "Special UNDCP Fact-Finding Mission in Seven Republics of the Commonwealth of Independent States" (May, 1992); Rensselaer W. Lee III and Scott B. MacDonald, "Drugs in the East," Foreign Policy, (Spring 1993), pp. 89-107; Yuriy Kovalenko, "CIS Seen Emerging as New World Narcotics Center," Izvestia (Moscow), December 26, 1992, *reprinted in* Joint Publications Research Service, Narcotics, January 12, 1993 (JPRS-TDD-93-002-L), p. 43.

trade[34] -- make it highly unlikely that the newly independent states can take meaningful steps without multilateral assistance.

In sum, China and the nations of the former Soviet empire could become major exporters of narcotics within the next decade. Given the long history of opium production in China and Central Asia, not to mention their vast size, both could find serious drug industries in their midst before long. Even if these nations do not export drugs to the United States, this is an area of mutual interest -- about which we should be concerned and want to offer our assistance and expertise. Better to act now, while the drug trade is still in its infancy, instead of giving the drug merchants opportunities to expand their horizons.

Specifically, the new Administration should move quickly to offer technical assistance in law enforcement as well as treatment and education as a measure of our good faith and interest in cooperation. The State Department should also consider sending assessment teams to help determine the scope of the problems facing the nations of Eurasia.

[34] Department of State, International Narcotics Control Strategy Report, (1993), p. 402.

Spending Our Interdiction Resources Wisely

Our experience over the past several years demonstrates that massive border interdiction efforts have yielded only meager results toward the ultimate goal of cutting the supply and use of illicit drugs on the streets. For when you cut through all the policy debates, facts and figures:

> The simple fact of the matter is that after spending billion of dollars on the interdiction effort more cocaine and more heroin enters the country today than before the first drug strategy was released in 1989.

To be sure, significant gains -- in terms of raw seizures -- have been achieved. But, cocaine production has outstripped even the 50% boost in cocaine seizures. For example, from 1989 to 1992, U.S. and international efforts intercepted 107 more metric tons of cocaine. During this same period, however, coca production increased by 110 metric tons.[35]

On the heroin front, the picture is much the same. The latest data from America's streets offer a chilling picture of surging heroin supplies. For example, DEA statistics show a 25% drop in the street price of a gram of heroin from 1988 to September 1992. Over this same period, the purity of the heroin on America's streets

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[35] Department of State, International Narcotics Control Strategy Report (1993).

increased by 36%. The long-term picture is even more disturbing, with a rise in heroin purity of nearly 600% from 1981 to today.

The drug smuggling situation along the U.S. border has changed dramatically over the past five to ten years. As the federal government stepped up enforcement efforts against sea-borne smugglers, particularly in South Florida and the Caribbean, drug traffickers quickly shifted to smuggling through commercial and private aircraft. But it took federal interdiction agencies several years to adapt their enforcement efforts to the new threat from air-borne smuggling.

Smugglers, however, quickly adapted to the increased risk of seizure that resulted when massive federal resources were invested in air interdiction efforts. They began to utilize commercial cargo shipments to hide large quantities of U.S.-bound drugs. In addition, drug traffickers began to shift their operations away from south Florida, where the federal government had mounted a massive interdiction program, to the southwest border with Mexico.[36]

Admittedly, border interdiction is a formidable task. It requires the cooperation of numerous federal, state and local law enforcement agencies; the use of advanced

[36] It should be noted here that the interdiction effort along our southwest border is likely to become even more difficult in the coming years. There are two key reasons. First, the North American Free Trade Agreement will greatly increase the amount of cargo crossing our southwest border -- with even more cargo being shipped into the United States, narcotraffickers will have even more opportunities to hide their deadly cargo. Second, the Agreement may also decrease the controls on cargo shipments crossing our borders -- for example, "open-road" status throughout the continent could reduce current controls.

detection, surveillance and communications systems; the maintenance of sufficient ground-based law enforcement units to apprehend suspected smugglers; and accurate, real-time intelligence to sift through the hundreds of millions of planes, boats, cars and persons that legitimately cross the U.S. border every year.

Congress and the Bush Administration -- committed to meeting this challenge -- provided massive increases in the interdiction budget. For example, from 1988 to the current (1993) fiscal year, the total drug interdiction budget soared by 92%, with a boost of $870 million.[37]

The lion's share of these increases went to the Department of Defense, which has been saddled with the "lead role in detection and monitoring" of narcotics. In fiscal 1988, the Defense Department interdiction effort totaled $95 million; the current Pentagon interdiction budget is $743 million -- a more than seven-fold increase. The Defense Department's interdiction budget peaked in fiscal year 1992 at $854 million, before being reduced by $110 million for the current fiscal year.

Unfortunately, this massive investment has availed us little. The flow of drugs into the United States is undiminished. And funds appropriated to the Pentagon for anti-drug programs have been used to fund activities not related to narcotics control. Indeed, it is

[37] The drug interdiction budget peaked in the 1992 fiscal year, at more than $2 billion -- an increase of $1.1 billion over the 1988 level.

now apparent that the Pentagon's drug enforcement program is riddled with problems, wasting tens of millions of tax dollars per year.

The most glaring example of the Pentagon's poor counter-narcotics record was highlighted by the Department of Defense Inspector General in a July 1991 audit of drug interdiction efforts by Joint Task Force 5 (JTF-5) in the U.S. Pacific Command (USPACOM). Based in Alameda, California, JTF-5 is one of three joint military task forces established in 1989 to enhance the military's role in fighting drug trafficking along the U.S. border.

The Inspector General's report concluded that the problems of mismanagement and waste in JTF-5 were so extensive that the task force should be shut down. The report found that tens of millions of dollars were being wasted; military anti-drug efforts in the Pacific were mired in needless layers of bureaucracy; and that the random deployment of ships and other military resources were largely ineffective in catching drug smugglers. Among the specific findings:

* Military officials repeatedly tried to charge hundreds of millions of dollars in non-drug enforcement activities to drug enforcement accounts. For example, out of $195 million requested for drug enforcement efforts, more than $150 million was later ruled "invalid" because it was "unrelated to the counter-narcotics mission."

* The use of random naval patrols, costing millions of dollars, resulted in no identifiable seizures or apprehensions. According to the report, "the use of ships and aircraft for dedicated counter-narcotics operations in the USPACOM area of responsibility was ineffective."

* "[T]he proliferation of access to data bases unnecessarily increased the risk for potential compromise of sensitive counter-narcotics information."

Last year, senior officials at the Office of National Drug Control Policy assured the Committee that "the most serious problems" identified by the Inspector General have been corrected.[38] We remain skeptical. And, we urge the new Administration to undertake a comprehensive audit of all JTF operations.

Where Do We Go From Here?

First, the Pentagon must bear the burden of justifying the utility of its programs and must account for the use of resources. The Defense Department has steadfastly resisted the use of data on seizures and arrests in such evaluations, noting -- correctly -- that the military's role in drug enforcement is limited to providing support and assistance to civilian law enforcement agencies. But, the Pentagon cannot escape scrutiny of its

[38] Response of John Walters, Deputy Director of National Drug Control Policy for Supply Reduction to question submitted by Chairman Biden, May 6, 1992.

anti-drug efforts simply because traditional drug enforcement indicators are not applicable. The Defense Department must develop other objective indicators, or risk elimination of its role in the drug effort.

(During the previous Administration, it was often argued that increases in education and treatment should not be provided without proof that such programs would "succeed." Rarely was such a litmus test ever applied to interdiction programs, despite their enormous cost to the U.S. taxpayer. It is long past time that the nation should engage in stricter scrutiny of the efficacy of interdiction programs.)

This is not to suggest that we abandon the effort. There is undoubtedly some deterrent effect in maintaining interdiction efforts. But, as was pointed out above, the experience of the past four years demonstrates that even after a seven-fold increase (from 1988 to 1993), the Pentagon's drug interdiction effort has not restricted the flow of drugs into our nation. In sum, more interdiction dollars have not meant fewer drugs.

Still, the fact that more interdiction dollars did not bring fewer drugs does not necessarily mean that fewer interdiction resources will not mean more drugs. Many of the experts believe that both will be true -- that drug interdiction resources can be reduced without drug supplies increasing. And, there are experts who suggest a middle course -- arguing that changes in interdiction tactics could maintain the current pressure on the narcotraffickers with fewer resources.

Fortunately, this analysis will not have to rely on educated guesses alone. Instead, this examination will review the experience of the coming months -- for the most recent (1993 fiscal year) drug budget reduced Defense Department interdiction resources by about $110 million.[39] Thus, this reduction represents an important chance to see the potential impact of decreasing the interdiction effort.

If, as this report believes, this reduction does not result in major increases in the supply of drugs, we recommend that the Defense Department interdiction budget be cut by an additional $200 million -- a level that will return to the level of the first year of the national drug strategy. We also recommend that these savings be shifted to anti-drug programs with proven success -- such as community policing efforts, drug treatment programs or drug prevention activities.

(Of course, the level of drug supplies and the results of drug interdiction efforts are dependent upon a wide variety of factors -- the weather in the Andean coca-growing regions, political developments in the region, tactics of the traffickers, and many others. Thus, drug policymakers must exercise extreme caution in any analysis predicated on such general data.)

[39] This still leaves a drug interdiction budget that is nearly double the pre-strategy level.

In addition to evaluating -- and shifting -- drug resources, the report also recommends a complete review of the tactics and strategies employed to interdict drugs. The nation must determine if there are more cost-effective tactics that would achieve substantially the same results.

CONCLUSION

While America's international drug efforts and our interdiction efforts have long been a key element of our drug strategy, we must recognize that an effective drug strategy must put the failed policies of the past behind us and move towards policies proven to work. The past four years have emphasized a narrow range of international and interdiction efforts, and these efforts have met with only minimal success. Thus, the key lessons teach that we must undertake a broad-based international effort -- one that combines tough enforcement measures with economic assistance to wean the Andean nations' from their dependence on the coca crop.

Another key lesson confirms that drug interdiction and enforcement operations abroad must begin when the flow of drugs is at its nascent stages -- before an uncontrollable flood tide of drugs has risen. And, the other key lesson offers that the interdiction effort has not proven it's worth -- though it remains an open question about whether and how the nation might re-allocate these funds to programs with proven track records.

These are the key lessons. The nation must learn from them, and we must develop the steps that will take advantage of their promise.

PREVENTING DRUG ABUSE: PROTECTING OUR CHILDREN

Major Lessons of the Last Four Years

* Only one-half of our school children receive comprehensive drug education and prevention in schools, though drug prevention programs have proven a valuable component in the anti-drug effort.

* Drug use and trafficking among children has spurred an increase of weapons and violence in our schools. It is estimated that one in 20 children carried a deadly weapon to school in the past month and that 135,000 children carry a gun to school everyday.

* Each year more than 800,000 children enter the juvenile justice system and 80% of the juveniles in custody admit to using illegal drugs. Without a combination of tough punishment -- and compassionate assistance -- these children are already well on their way towards criminal "careers" and hard-core drug abuse.

Major Steps for the Next Four Years

* Reauthorize and fully fund the Drug-Free Schools and Communities Act to reach every child in every grade with comprehensive drug education and prevention.

* The Gun-Free Schools Act should be amended to include all dangerous weapons, and the Congress should pass the Safe Schools Act to provide $100 million to aid schools with purchase of security equipment and to fund gang-intervention and prevention programs.

* Equip the Office of Juvenile Justice and Delinquency Prevention so that it can provide the necessary federal leadership to help state and local juvenile justice systems to deal with juveniles in custody and to prevent criminal behavior.

* Communities throughout the country have developed successful community-based prevention programs. The drug strategy should help fund community-based intervention and encourage the development of these programs in all communities.

CHAPTER V

PREVENTING DRUG ABUSE: PROTECTING OUR CHILDREN

No child is immune from the dangers of drugs. Preventing future generations from using drugs should be the cornerstone of any national drug strategy. Three years after the nation began to focus its attention on developing a national strategy to combat drugs and their grim effects, it has become clear that education and prevention have been left off of the list of priorities. The time has come to use a truly successful weapon in the war on drugs -- reducing demand through prevention. It will be a long tenuous process -- child by child, school by school, town by town -- but this effort's great dividends far outweigh its costs. Today, four years after the first national drug strategy, it is undeniable that, when comprehensive drug education is in place, fewer school children abuse drugs.

There have been some tangible advances towards reducing the demand for drugs. Across the country a broad spectrum of business leaders, educators, law enforcement officers, community leaders and parents devote countless hours to exceptional drug prevention programs based on one underlying principle: in order to halt the spread of drugs among our nation's youth, we must prevent the next generation of Americans -- our children -- from ever starting. These men and women have started prevention programs in schools, Boys & Girls clubs and elsewhere throughout their communities. Despite the lack of federal focus and resources devoted to prevention the results to date are encouraging.

Some leaders have been hesitant to recognize the potential of drug prevention. Consider the statement by William Bennett, our first drug czar: "I do not agree that you can inoculate children against drug abuse by education...if you ask me what we should do, should we have drug education or should we have tough policy, and I have to chose only one, I will take policy every time because I know children."[1] Also, under previous Administrations, only 50% of America's students received comprehensive drug education under the Drug Free Schools Act; since Fiscal Year 1990 President Bush requested just over $4,000,000 and Congress has had to step in and increase the appropriation every year. President Bush's budget request gutted juvenile justice programs by slashing funding from $68 million to $7.5 million -- an 89% decrease. This constitutes ambivalence, at best, toward prevention efforts, and, at worst, callous disregard.

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[1]Senate Judiciary Committee hearing, February 1990.

Everyone now acknowledges the importance of drug prevention efforts, but for the past three years drug prevention programs have lacked the federal leadership and vision that is critical to effective demand-reduction initiatives. The time has come for the federal government -- which has the resources and capabilities to coordinate an effective and comprehensive preemptive strike on drugs -- to form a partnership with the thousands of state and local organizations and police forces that fight on the front lines of the drug war everyday. Let's apply the hard learned lessons of prevention and take the steps necessary to reduce the demand for drugs.

WHAT ARE THE LESSONS OF THE PAST?

A. Drug Education and Prevention Has Been Inadequate

Despite the demonstrated ambivalence towards prevention programs displayed by recent Administrations, a national consensus has been forged that an effective national drug control strategy must focus on comprehensive drug education and prevention. In fact, in a recent Gallup poll, 40% of the people surveyed felt that prevention should be the cornerstone of the war on drugs, while only 28% felt that interdiction and law enforcement was the answer. The strong conviction of this consensus can be seen in the tireless efforts of those individuals who commit themselves to drug prevention programs and make these programs work -- in spite of federal efforts.

In 1988, the Congress passed and the president signed into law, the Drug-Free Schools Act. All 50 states and the District of Columbia participate in the Federal Drug Free Schools and Communities Program that began in 1986. The meat of this program is a formula grant that allocates funds to states based on school-age enrollment for the implementation of a comprehensive, school-based drug education program.

For each of the last five years, Congress has increased these grants over the president's request, yet many of our school children have not received drug education.[2] While there have been some modest gains over the last three years, far too many school children still receive inadequate drug education or no drug education at all.

In the 1991-1992 school year, only two states could lay claim to providing a fully implemented drug education program in every grade.[3] Under the Drug Free Schools and Communities Program, all states not providing a comprehensive prevention program are supposed to lose all federal funding. This has yet to happen. This year alone 48 states could not provide that education. A close-up survey will show that most states are no where "near full" compliance with the Act. Four years deep in the national drug strategy and states continue to swim upstream.

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[2] In FY 1988, the local schools received $185,642,057; in FY 1989, they received $278,780,528; and in FY 1990 schools received a total of $333,597,000; in FY 1991 schools received $392,045,989; in FY 1992 the total for schools was $401,998,500.

[3]A comprehensive approach to drug education means more than a once a semester lecture about saying no to drugs. It is a call for drug education programs that include: (1) a policy against drug use; (2) teachers trained to recognize and report drug use and to share drug information with students; (3) peer-to-peer programs that create an environment where students can feel good about themselves and seek help for drug-related problems; (4) family involvement; and (5) coordination with community prevention efforts.

1992 PER-STUDENT FUNDS AVAILABLE FOR SCHOOL BASED DRUG EDUCATION AND THE PERCENTAGE OF STUDENTS EACH STATE CAN OFFER COMPREHENSIVE DRUG EDUCATION PROGRAMS

	PER-STUDENT $	% STUDENTS FULLY SERVED
NEW YORK	$21.84	99%
WYOMING	$20.15	92%
VERMONT	$18.88	86%
WISCONSIN	$17.67	80%
ALASKA	$16.50	75%
CONNECTICUT	$16.22	74%
DELAWARE	$16.08	73%
NORTH DAKOTA	$15.95	72%
CALIFORNIA	$14.61	66%
NEVADA	$13.79	63%
SOUTH DAKOTA	$13.79	63%
MAINE	$13.46	61%
HAWAII	$13.18	60%
MONTANA	$12.19	55%
RHODE ISLAND	$12.14	55%
ILLINOIS	$11.39	52%
TENNESSEE	$11.31	51%
NORTH CAROLINA	$11.11	50%
WASHINGTON	$11.06	50%
NEW HAMPSHIRE	$10.29	47%
ALABAMA	$10.01	45%
MISSISSIPPI	$9.98	45%
MASSACHUSETTS	$9.71	44%
MICHIGAN	$9.14	42%
FLORIDA	$9.09	41%
ARKANSAS	$9.02	41%
KENTUCKY	$8.99	41%
LOUISIANA	$8.93	41%
MINNESOTA	$8.90	40%
GEORGIA	$8.88	40%
ARIZONA	$8.88	40%
NEW JERSEY	$8.87	40%
WEST VIRGINIA	$8.80	40%
IDAHO	$8.80	40%
PENNSYLVANIA	$8.68	39%
SOUTH CAROLINA	$8.42	38%
MISSOURI	$8.26	38%
MARYLAND	$8.22	37%
NEW MEXICO	$8.21	37%
TEXAS	$8.14	37%
VIRGINIA	$8.13	37%
OKLAHOMA	$8.08	37%
OHIO	$8.02	36%
INDIANA	$7.92	36%
IOWA	$7.74	35%
OREGON	$7.74	35%
COLORADO	$7.73	35%
KANSAS	$7.70	35%
NEBRASKA	$7.60	35%
UTAH	$7.40	34%
WASHINGTON, D.C.	****	**
NATIONAL TOTAL	$10.98	50%

* Too many students are still left out of drug education programs, despite modest gains over the last three years. This year, 50% of the nation's school children were fully served under the program, while 35% were served in 1989-1990.[4]

* With the current resources, only 18 states can provide comprehensive drug education to more than one-half of all students.

* In 31 states, fewer than five of every ten students will receive comprehensive drug education.

* Only ten states can provide the resources to reach more than two-thirds of their students.

* In 1992, New York and Wyoming were the only two states that could reach all of their students in grades K-12 with the necessary drug education and prevention.

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[4]"The President's Drug Strategy: One Year Later", Senate Judiciary Committee, September 1990

B. Consequences of the Failure to Deal with Drugs in Schools

The tragic byproduct of drug use among children has been the proliferation of weapons -- especially guns -- in our schools. On any given day you can a find a horrifying story of school gun violence in most major newspapers. More disturbingly often in small town papers as well. The national figures are staggering:

* Each month one in five students carries a weapon to school.[5]

* On any given day in the United States, at least 135,000 students bring guns to school.[6]

* Every year, there are over three million crimes committed on school grounds.[7]

* In 1992, the number of weapons seized in seven of the nations largest school districts increased by over 100%.[8]

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[5] Centers for Disease Control, Morbidity and Mortality Weekly Report, October 11, 1991, Vol.40, No.40

[6]Children's Defense Fund, Children 1990: A Report Card, Briefing Book, and Action Primer, 1990

[7] Ostling, Richard N., Time (November 20, 1989), p.116

[8]Senate Judiciary Committee Hearing, "Kids and Guns: Why the Recent Rise", September 23, 1992.

C. OJJDP Has Been Underfunded

The Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP), the sole agency responsible for providing national leadership in juvenile justice programs, funds more than 70 programs designed to address the special needs of troubled youth. Programs like the National Court Appointed Special Advocate Association (CASA), which has trained over 30,000 volunteers to represent the best interests of over 100,000 abused and neglected children in juvenile court proceedings, and the Boys & Girls Clubs of America, are examples of the many outstanding programs supported through OJJDP.

Most recently, OJJDP has defined as one of its four major program goals, the prevention and control of illegal drugs. Unfortunately, past administrations have refused to provide adequate support for the Office of Juvenile Justice and Delinquency Prevention. Although it pledged to "accelerate" efforts to address juvenile delinquency, the Bush Administration requested an 89% cut in OJJDP's budget -- slashing the budget from $68 million to $7.5 million.[9] The Bush drug strategy argued that the requested $7.5 million would continue to fund the High-Risk Youth Program, a program aimed at youth who are most likely to use illegal drugs and alcohol. This level of support is plainly inadequate to the task.

[9]Department of Justice, Office of Justice Programs, Federal Register, "Final Comprehensive Plan for Fiscal Year 1991; Notice", February 14, 1991, p.6232.

During the 102nd Congress, the legislative branch made significant strides toward addressing the problems of epidemic juvenile delinquency. First, Congress reauthorized the Juvenile Justice and Delinquency Prevention Act, providing $150 million to deal with the challenge of children in the justice system and to fund new and innovative prevention methods. The Senate also passed legislation, for the second consecutive year, that would have provided the Office of Juvenile Justice and Delinquency Prevention with $100 million to fight juvenile involvement with drugs and crime. The anti-gang, anti-drug initiative, which passed the Senate overwhelmingly in 1989, and again in 1992, called for programs designed to help communities combat juvenile drug trafficking and gang activity.[10] These programs would provide the necessary federal assistance for outstanding juvenile drug demand reduction programs, but were not passed due to a filibuster that stalled the omnibus crime package of which they were a part. Despite the good intentions and hard work, much more needs to be done and more federal leadership is required.

D. Too Many Children Have Entered the Justice System

By failing to meet even the minimal requirements for early drug education, the federal government allows hundreds of thousands of children to fall through the cracks.

[10]Senator Biden introduced the Violent Crime Control Act of 1991, that would provide the Office of Juvenile Justice and Delinquency Prevention with $100 million. Eighty percent would be targeted to the states in the form of block grants and the remaining twenty percent will be used for national discretionary grants. Fifty percent of the funds will be devoted to law enforcement and fifty percent to prevention. Ten types of programs could be funded: five relating to decreasing juvenile drug trafficking and gang activity and five relating to prevention, education and treatment. The Senate passed this proposal on July 11, 1991.

Without comprehensive drug education programs in our schools and communities, too many children will fall into the ever-increasing category of "high-risk" or troubled youth. For example, teen gang membership is believed to be at an all-time high. The tragic outcome for many of America's troubled youth is a life of government custody. It is a disturbing reality that over 800,000 juveniles are taken into government custody each year. A closer look reveals even more alarming facts:

* Since 1985, the number of juveniles held in custody for substance abuse offenses has increased by nearly 150%.

* The vast majority of juveniles in custody (80%) admit to using illegal drugs.[11]

* Worse still, nearly half of the juveniles in custody reported illegal drug use before the age of 12.[12]

Early drug prevention efforts have already built an impressive track record. A comparison of the five states that provided the most comprehensive drug education

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[11] Krisberg, B., Thornberry, Terrence P., and Austin, J., Juveniles Taken Into Custody: Developing National Statistics, U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, March 1990.

[12] Ibid.

programs, with the five states that spent the least, reveals an alarming link between juvenile delinquency and the lack of drug education.

In 1990, the rate of juvenile arrests in the five states that provide the least amount of drug education was 46% greater than in the five states that provide the most drug education.[13]

Just as frustrating as the number of children already in the system is the number of children poised to enter the system. In fact, the number of gangs in the United States is growing at an alarming rate. Since 1985, the number of gangs in Los Angeles has more than doubled -- from 400 to over 900 in 1992. There are now more than 100,000 gang members walking the streets of Los Angeles. Gangs and drugs are inescapably intertwined. It is clear that the increase in drug trafficking fuels the increase in gang membership and gang-related violence. Nearly one quarter of all kids who commit murder are high on alcohol or drugs such as crack and PCP when they kill.[14]

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[13] A simple average was achieved through statistics provided by the Uniform Crime Reports, Crime in the United States, 1990, pps. 231-234.

[14] Ibid.

WHERE ARE WE TODAY?

A. Drug Education is Underfunded, Reaching Only One-Half of Our Students

Today, there are more than 47,000,000 children in the nation's classrooms learning a lot more than reading, writing and arithmetic. Often children are learning about drugs in school. During the Reagan/Bush years far too little attention and resources were invested in keeping our children from using drugs in the first place. In fact, previous administrations have paid little attention to the Drug-Free Schools Act, passed in 1988. For five straight years, Congress has had to resuscitate this vital program by authorizing an increase in funding over the administration's meager request.

This lack of foresight has left the country with a school system plagued by drug use and drug trafficking. Drug education and prevention programs are proven to work, but not every child is receiving adequate drug education in school, despite the mandate of the Drug Free Schools Act. It cost an estimated $22 per child per annum to successfully provide every child in every classroom with comprehensive drug education. Today, less than one half of the nation's students are receiving the prevention and education needed to help steer them clear of the treacherous and deadly path of drug use.

B. Drugs Have Brought Violence and Fear into America's Classrooms

Perhaps the most horrifying offshoot of failing to address drug prevention is the steady rise in violence throughout the classrooms of our nation. One in 20 children carried a deadly weapon to school in the last month, and an estimated 135,000 children carry a gun to school everyday. In any given month, in our secondary schools alone there are 282,000 students attacked (2,350 per hour).[15] Also, every month in our high schools, 12,500 teachers are physically threatened and 5200 are actually attacked.[16]

With fewer precious resources to combat the problem, schools, administrators and law enforcement have found themselves with their backs to the wall. By allowing the 1992 Crime Bill package to fall victim to a filibuster, the federal government killed the Safe Schools Act which would have provided $100,000,000 to help state and local education agencies combat violence on campuses. Fortunately, the Weapons Free School Act, enacted into law as part of the 1990 crime bill, has been called the best kept secret for stopping school violence by experts and is being utilized by more and more schools.

[15]Batsche, George and Moore, Benjamin; National Association of School Psychologists, report on Bullying; March, 1993.

[16]Ibid.

America's schools reflect the consequences of failing to provide drug education and prevention. The problems that plague America's classrooms are the same problems that plague America's communities. Schools are not immune to the poverty, crime, gangs and drugs that can be found in our neighborhoods. Today, children who enter the nation's classrooms do so having experienced and witnessed events that most of us could not imagine.

C. Lack of OJJDP Funding has Led to a Flawed Federal Leadership

Since the 1974 passage of the Juvenile Justice and Delinquency Prevention Act (JJDPA), the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has been the sole federal agency responsible for dealing with the tricky challenge of children in the criminal justice system. Today, its tasks are no easier and its future seems to hang in the balance annually. President Bush's Fiscal Year 1992 budget request slashed funding for OJJDP from $68 million to $7.2 million -- an 89% cut. Congress has had to continuously increase the authorization of funding for the office.

OJJDP oversees more than 70 programs that are designed to deal with the juvenile justice system and preventing youth from entering the system in the first place. But the funding and attention that this office has received is totally inadequately. It is incumbent upon the federal government to provide state and local efforts with necessary

resources and research in the field of juvenile justice. By neglecting the federal juvenile justice initiative, we have, in effect, ignored the state and local juvenile justice programs. As a result, today we have a juvenile justice system that, in the words of Attorney General Janet Reno, is a "step child" of the criminal justice system.

D. Too Many Children are Entering the Justice System

Due to a continued lack of investment in the drug war -- in particular, education and prevention -- more children are committing more serious crimes than ever before, and much of this crime is drug related. As a result, more children are at-risk and poised to enter the criminal justice system. Each year more than 800,000 children enter the juvenile justice system. Unfortunately, it appears that this number will continue to grow, with the 15-24 year olds committing more crimes than any other age group in the country. Gangs, a major breeding ground for drug use and drug trafficking, are at an all-time high. The Justice Department estimates that affiliates of the nation's two most notorious gangs, Los Angeles' Bloods and the Crips, are active in all fifty states. In the city of Los Angeles alone there are 950 gangs with a total membership of 100,000 youths.[17]

[17]Cavanagh, Suzanne and Teasley, David; CRS Report for Congress, Youth Gangs: An Overview; June 1992.

Today we are faced with a growing number of at-risk youth and the option of paying a penny to prevent juvenile delinquency now, or paying a pound to incarcerate criminals later. The average annual cost to legally detain a child is $29,600. This is more than the cost of tuition, room and board at the country's most expensive universities.[18]

WHAT ARE THE STEPS FOR TOMORROW?

A. Fully Fund Prevention Efforts

Due to persistent federal neglect of prevention programs, states have been forced to increase their spending on drug education from their own scarce resources. Through this increase, and by stretching the federal money dedicated to drug education, states are gradually building prevention programs. Given the financial history of the program, it seems unlikely that most schools could fully implement comprehensive prevention programs like the model curriculum distributed by the Department of Education. Often schools are able to train teachers, or purchase curricula, or assist drug involved youth and implement successful programs like DARE. But rarely are any of these valuable tools used in unison to effectively operate a comprehensive prevention program.

[18]Children's Defense Fund, State of America's Children: 1992, pg. 63.

Thus far, the federal commitment embodied in the Drug Free Schools and Communities Program falls short of the bare minimum necessary to educate school children about the dangers of drugs. Experts argue that $22 dollars per student is necessary to provide school children with comprehensive drug prevention programs. Yet President Bush's fiscal year 1992 drug strategy requested no additional dollars for schools to build comprehensive drug education programs that would be available to all school children. Furthermore, federal drug education dollars increased at a lower rate over the last school year than did state drug education dollars. [19] Full funding of the Drug Free Schools Act is essential if we are to provide students with the most valuable weapon in the war on drugs. If we make a commitment, but refuse to back it up with the necessary resources, we have not set an agenda to win the war on drugs -- merely stem the tide.

Throughout the country, specific programs are proving successful. The success comes from teaching children how to say no, not just telling them to say no. Successful programs start early and are repeated often, instilling the necessary skills to avoid the temptation to succumb to peer pressure, curiosity and all too often fear. We recommend that the federal government provide adequate resources -- at least $22 per student -- to fund successful programs and serve as an information clearinghouse. For

[19]During the 1989-1990 school year, the federal government spent $278,780,528 on drug education. During the 1990-1991 school year, the federal government spent $333,597,000, an increase of 19.6%. State drug education dollars increased from $81,550,129 in 1989-1990, to $113,929,079 in 1990-1991, an increase of 39%.

without national leadership in the fight to prevent drug abuse, teachers and administrators can waste their time and money in an attempt to start from ground zero.

Model Programs:

Drug Abuse Resistance Education (DARE): DARE is an example of a model drug prevention program that has been bolstered by federal support. [20] Over the past year, the number of police officers sent into classrooms as part of DARE's alcohol and drug awareness program, doubled from 3,500 officers in 1989, to 7,400 officers in 1990. These officers have shared the DARE message with almost five million elementary school students. Recent Congressional initiatives will ensure that DARE continues to expand and develop. In 1989, Congress authorized states to use a portion of their Drug Free Schools and Communities funds to bring law enforcement officers into classrooms for drug prevention programs. That funding was subsequently increased as a result of legislation introduced by Representative Nita Lowey (D-NY).[21] In addition, the Department of Justice's Bureau of Justice Assistance is authorized to support DARE programs.

[20]DARE sends specially trained police officers into classrooms once a week for 17 consecutive weeks in a semester. These officers teach students resistance skills through lessons on understanding alcohol and drug use, making wise decisions, resisting peer pressure, and alternative activities.

[21] Representative Nita Lowey's legislation to increase funding for DARE through the Drug-Free Schools and Communities program was signed into law as part of the Crime Control Act of 1990.

Kansas City STAR: In Kansas City the community is helping to prevent substance abuse by forming the Western Prevention Project -- the so-called Kansas City STAR Project. The Project is a comprehensive community program that encourages teenagers to avoid cigarettes, alcohol, and drugs. The program has proved far more successful than efforts that rely only on the classroom setting. The Project consists of ten activities utilizing interviews and role-playing with parents and other family members, and includes ten education sessions on resisting drug use.

Project Alert: Eight years ago the RAND Corporation embarked on an ambitious project to develop a school-based program for preventing the use of marijuana, cigarettes, and alcohol. The idea behind the program is to teach children how to resist the enormous pressures to use drugs. By teaching students to recognize both internal and external pressure through role playing and question and answer sessions, teachers are able to increase a child's "resistance" skills to drugs. After an extensive assessment of the drug prevention program, RAND recently concluded that drug prevention programs can indeed play an important role in reducing drug use among adolescents.[22]

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[22]Ellickson, Phyllis L, and Bell, Robert M., Prospects for Preventing Drug Use Among Young Adolescents, Rand Corporation, March 1990.

Quest International: Quest International is based on the notion that treating the root of the problem, rather than the symptoms, is critical to a successful drug prevention program. Designed to help young people develop positive social behaviors, this Gainesville, Ohio program involves families, schools, and peers in the drug prevention effort. Among the values emphasized are self-discipline, commitment to the family, and getting along with others. Parents of Lions-Quest children are pleased with the result -- 88% felt their child was more aware of the consequences of drug and alcohol use as a result of participation on Quest. Furthermore, 26% of the programs recognized by the Department of Education as exemplary Drug Free schools implemented the Lions-Quest program.

B. Rid Our Schools of Weapons and Violence

Schools are merely a reflection of the world that surrounds them. They are not immune to the poverty, pain, drugs and crime that happen in the streets. The crime and violence spurred on by the drug trade unfortunately has a better school attendance record than many students.

Hundreds of thousands of children carry guns and other deadly weapons to school everyday. They pack these weapons for one of three reasons: either they are a gang member or heavily involved in the drug trade and weapons are a necessary tool of the

trade; or they carry the weapon for show, to gain respect; or they fear for their lives as they walk through a war-zone to get to school.

Steps must be taken to reduce the incidence of crime and violence in schools. The federal government can lead this effort with a few initiatives. First and foremost, the Drug-Free Schools Act must be reauthorized and it must be appropriately funded. The best way to reduce the number of children using and selling drugs is to teach them facts -- the dangerous facts -- of drug use. Second, the Gun-Free Schools Act, which increases penalties for carrying a gun within 1,000 feet of a school, should be amended to include all deadly weapons. Thirdly, the Safe Schools Act, which was the unfortunate victim of a filibuster of the 1992 Crime Bill, must pass Congress. This would provide $100,000,000 for schools to purchase desperately needed security equipment to detect weapons and provide necessary gang-intervention and drug education programs.

C. Provide OJJDP With Necessary Resources

It is impossible for any single agency to eliminate or solve the problems of juvenile drug abuse and delinquency. But the Office of Juvenile Justice and Delinquency Prevention has the potential to make a real impact in these areas. Several outstanding community-based programs, with the support of OJJDP, are already making the difference.

Unfortunately, neither the drug director nor the Justice Department has provided adequate support for the Office of Juvenile Justice and Delinquency Prevention. In a speech last year on Juvenile Justice, then Attorney General William Barr stated that to deal effectively with the problem of juvenile crime and delinquency, the government should be granted more flexibility to try juveniles as adults.[23] This statement, coupled with the request to slash the OJJDP budget, paints a painfully clear picture that past Administrations have put little faith in the proven path of prevention.

Action must be taken to ensure adequate funds for the Office of Juvenile Justice and Delinquency Prevention and all of the innovative programs that fall under its umbrella.

D. Support Community-Based Programs to Reach High-Risk Kids

Lack of adequate prevention funding has yielded an increasing number of high-risk or hard-to-reach children. An aggressive and forward-thinking drug prevention program must address the emerging trend of children who live in single-family households, who live in poverty, or who are runaways or homeless. Meeting the most fundamental needs of these children is not as easy. The harsh reality is that we cannot always count on the family to provide children with the elemental teachings of life -- to teach them about personal values, self worth, and life goals. The fact is that many

[23]Barr, William P., U.S. Attorney General, Speech to the Governor's Conference on Juvenile Crime, Drugs, and Gangs, Milwaukee Wisconsin, April 1992.

community-based programs are helping to fill the role of educator and role-model for many at-risk youth. By incorporating those who can benefit most -- the diverse and often disadvantaged young population -- community-based prevention programs like the YMCA and the Boys and Girls Clubs of America help to address the problems of today's at-risk children.

The message is clear. If only seen from our own sense of enlightened self-interest, drug prevention efforts pay important benefits. The United States spent over $74 billion on the criminal justice system in 1990.[24] An increasing number of juveniles are becoming a part of the justice system. The overall juvenile admission rate to public and private custody facilities has increased 34% in the last decade.[25] Many of these youth, although troubled, are non-violent. In New York, 55% of youth admitted to the state juvenile facilities were non-violent. According to the Statewide Youth Advocacy, Inc., placing these same children in supervised community care would have saved the state more than $70 million.[26] The point is simple; the financial costs for placing juveniles in custody is enormous. Their rehabilitation costs the nation millions of dollars, and their rehabilitation is not guaranteed. We need to focus on prevention, where the results are

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[24]U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Sourcebook of Criminal Justice Statistics - 1991, p.2.

[25]U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Juveniles Taken Into Custody: Fiscal Year 1990 Report, September 1991, Exec.5.

[26]Children's Defense Fund, The State of America's Children: 1991, p.126.

proven everyday, in thousands of community-based programs across the nation. Not only is prevention a sound fiscal investment, prevention is a sound -- and essential -- investment in the future of our society.

The individuals who suffer most from drug and gang-ridden communities are the innocent individuals who must live in those communities. Families stay indoors and live in fear of gangs and drug peddlers. Parents are faced with the insufferable task of explaining a drive-by-shooting to their child. And when asked if they have ever seen or witnessed a drug transaction in their community or on the way to work, nearly one-third of the respondents to a recent New York Times Poll answered "yes." Within black communities the number shot up to over 50 %.[27] Many communities are terrified -- and they have every reason to be.

Frustrated by their drug-ravaged communities, people have started to fight back. Community leaders, churches, teachers and students are working together to provide a drug free message throughout their neighborhoods. The Community Youth Gang Services Project in Los Angeles serves as a link between the criminal justice system and the communities where the gangs live. Eighty-six gang counselors work for the Project -- some with over ten years of experience as mediators on the front lines of the gang war.[28]

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[27]DeParle, Jason, "Suffering in the Cities Persists As U.S. Fights Other Battles" New York Times (January 27, 1991), A1.

[28] Johnson, Ben, "Battle Fatigue" Los Angles Times (April 29, 1991), E1.

But the Community Youth Gang Services Project, a project funded by the city and county, suffers from a lack of adequate funds. Their budget has increased only modestly in the last decade, not enough to keep up with the shocking rise in gang membership and gang-related homicide.

Another successful community based program is the Miami Coalition for a Drug Free Community, in Miami, Florida. Started five years ago, by a broad coalition of people in Dade County, the program was initiated with funds raised from private sources. The coalition works to break down the drug and crime problem into small avenues -- like schools, families, religion, work, law enforcement and treatment -- then establishes priorities and policies to deal with each specific area. The Coalition coordinates all of these polices into a cohesive community-wide program. Since its inception, the number of volunteers has skyrocketed from several hundred to 18,050 and drug use among school-aged children has seen a steady decline.

One of the most promising projects targeted towards high-risk kids is **SMART Moves**, an aggressive intervention strategy taken on by the Boys & Girls Clubs of America. **SMART Moves** is a curriculum-based prevention program that involves all facets of the community. Boys & Girls Clubs staff members, parents, teachers, health professionals and peers are all work together in a comprehensive attempt to thwart drug use. The project targets high-risk youth at a young age and continuously teaches the

skills needed to steer clear of drugs well into the later teens. This easily flexible program can be adapted to clubs, schools, housing projects and camps.

CONCLUSION

Three years into the national drug strategy, drug education programs are flourishing in communities across the nation. Their success underscores the vital role that drug education plays in stopping the further spread of drug abuse. An increasing number of schools are incorporating imaginative and ambitious drug programs into their curriculum in order to reach school children of all ages. Community-based programs are, indeed, reaching the alarming number of high-risk children who are vulnerable to the drugs and gangs that are plaguing our streets.

Despite the encouraging advances in drug prevention, the overall picture is less promising. The vast majority of schools cannot provide even the most basic of drug prevention needs for their students. Forty eight states do not yet have the dollars needed for comprehensive drug education programs for every grade in every school. Yet for fiscal year 1992, the previous administration called for no additional dollars for schools to build comprehensive drug education programs.

But this is only part of the picture. Coupled with the lack of adequate drug education is an alarming rise in the number of high-risk youth. These youth are especially vulnerable to the drug and gangs that plague our streets. Without an ambitious drug campaign that addresses the special needs of these youth, we risk losing these children to an already overburdened justice system.

Today, the time has come to invest in the future of our children. To neglect the nation's children, is to neglect the future of our nation.

LEADING THE FIGHT: OFFICE OF NATIONAL DRUG CONTROL POLICY

Major Lessons of the Past Four Years

* A national drug strategy provides the country with a necessary starting point, a necessary predicate to honest and frank debate about how to address the drug epidemic.

* The federal drug policy is implemented by virtually every department of the federal government. Thus, the key task for the Office of National Drug Control Policy is to forge a comprehensive and cohesive anti-drug program. To date, however, the Office has not gained control of the many "turf battles" and inter-agency squabbles that have frustrated the anti-drug effort.

* The Office of National Drug Control Policy -- if it is viewed as a "political" entity -- will lose the credibility necessary to lead the drug effort.

Major Steps for the Next Four Years

* The Drug Director must have a seat in the President's Cabinet.

* While the implementation of the new "budget certification process" has provided the Office of National Drug Control Policy with a successful instrument to coordinate the various federal agencies with drug-fighting mandates, the authorities of the Office must be clarified to ensure the faithful implementation of the national drug strategy.

* The current legislation mandating that the Drug Director and key deputies refrain from partisan political activities for this year should be continued in future years.

CHAPTER VI

LEADING THE FIGHT: THE OFFICE OF NATIONAL DRUG CONTROL POLICY

Past strategy reviews have highlighted the need for greater coordination and stronger management of this nation's anti-drug efforts. Indeed, the key rationale for the creation of an office for a National Drug Director was the need for leadership and coordination among the numerous federal, state and local agencies charged with fighting the drug trade and reducing the demand for drugs.

Unfortunately, the primary lessons of the past four years illustrate the several means by which the authority of the Office of National Drug Control Policy can be compromised. Compromising the authority of the Office has cost past drug director's the ability to lead the national fight. And, as a direct result of this inability to lead, the national drug effort has been plagued by a litany of problems -- duplication of agency efforts, poor coordination of intelligence activities, infighting and bureaucratic turf battles among agencies.

Thus, the most important step to be taken by the next drug director is to recognize that much of the past failure to provide an effective and cohesive federal attack on drug trafficking and abuse can be attributed to the "politicization" of the Office of National Drug Control Policy. To be effective, the Drug Director must work publicly -- to use the office as a "bully pulpit" to advance the debate on drugs. And, the Director must be effective "behind the scenes" -- encouraging agencies to share information, cooperate on anti-drug investigations, and to marshall resources in the most efficient manner.

Politicization undercuts both endeavors. First, taking time to advance the political agenda of any Administration robs the Director of valuable time better spent fighting drug trafficking and abuse in this country. Second, using the Office as a bloated political dumping ground robs the nation and the drug-fighting effort of the nation's best and brightest experts on drug law enforcement, treatment and prevention strategies.

MAJOR LESSONS OF THE PAST FOUR YEARS

At least three key lessons are offered by the past four years.

A. A National Drug Strategy is Essential to the National Drug Effort

The development of the four National Drug Control Strategy reports represents an on-going success story for America's struggle against drugs. Prior to the 1988 drug director statute, there was no single document that outlined the federal government's priorities and policies for fighting drugs. Charging a drug director with this duty has brought into focus the drug policies implemented by virtually every federal agency. Thus, the National Drug Control Strategy provides the necessary starting point for a full and frank national debate on how to solve this nation's drug habit.

B. Strong Leadership is Essential to the National Drug Effort

The Office has no responsibility more important than tackling the daunting task of streamlining the federal anti-drug bureaucracy. This was the clear mandate in the National Narcotics Leadership Act that established the Office, as well as the emphasis that Congressional oversight committees have placed on this problem.

But, as previous Judiciary Committee majority staff reports have concluded:

> "Little or no progress has been made in consolidating the overlapping and duplicative efforts of federal anti-drug agencies. Coordination remains a problem, with effective inter-agency efforts more a function of the personalities of street-level supervisors and agents than of a coherent scheme with well-defined lines of responsibility and authority."

Unfortunately, this criticism applies with equal force today. As a result, the next Drug Director must assume a more aggressive role in streamlining the federal drug-fighting bureaucracy. Without such an effort, the problems of wasteful duplication, turf battles, and inter-agency infighting will continue to result in more lives lost to drug trafficking and abuse.

Specific Lesson -- Border Interdiction Efforts

Past strategies have documented Administration failures to effectively manage federal drug enforcement efforts. Nowhere is that failure more obvious than at the U.S. border.

The Administration has requested -- and received -- hundreds of millions of dollars to establish a "radar fence" to catch airborne drug smugglers along the southern border of the United States. The "fence" consists of numerous aerostat balloons that house sophisticated radar systems. However, the program has suffered a series of embarrassing setbacks. One aerostat broke away from its tethering mechanism. Another was shot down. And bad weather and mechanical failures frequently have grounded the

remaining aerostats. The problems in the aerostat program are not new. According to a 1989 Congressional study, the aerostats spent almost half their time on the ground due to maintenance, repairs, and weather conditions.

The failure of the Administration's border interdiction efforts were recently documented in an investigative study conducted by the Houston Chronicle. The five-month study reviewed thousands of cases filed in more than 20 federal district courthouses stretching from Brownsville, Texas to San Diego, California. According to the report, while more than $500 million was spent in 1991 to catch airborne drug smugglers, "the program did not result in a single arrest or drug seizure along the U.S. border." (emphasis added). One member of a "bust team" from the U.S. Customs Service told the Chronicle that his air unit had not been involved in a legitimate drug interdiction mission in the United States in more than three years.

According to Capt. B.C. Lyons of the Texas Department of Public Safety:

> "This thing [the aerostat program] should have been looked at a little closer, the logistics researched a little more before they ran out and threw these balloons up into the air. It is the typical wasting of federal funds."

Specific Lesson -- Duplication in Drug Intelligence Efforts

Management failures also plague federal drug intelligence efforts. Unlike the aerostat program, the problems themselves have not been the subject of public scrutiny. Nevertheless, the problem of duplicative computer systems run by the FBI, DEA and other federal agencies has been a significant cost to federal drug enforcement efforts.

A recent study by the General Accounting Office, entitled Drug Control: Inadequate Guidance Results in Duplicative Intelligence Production Efforts, documented the problems that have resulted from overlapping layers of drug intelligence systems. According to the GAO report:

> Where areas of responsibility overlap, we found that some of the analyses being performed were duplicative. . . . Where areas of responsibility were not the same, we found that many of the analyses were contradictory and resulting conclusions tended to support the continued mission of the organization performing the analysis.[1]

The Drug Director's office has done virtually nothing to correct the problems in federal drug intelligence collection efforts. For example, ONDCP has completely abdicated its role in the development of the National Drug Intelligence Center (NDIC). The mission of NDIC was to provide a centralized strategic drug intelligence center to support all federal drug enforcement agencies. Despite this mandate, the previous

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[1] Drug Control: Inadequate Guidance Results in Duplicate Intelligence Production Efforts, U.S. General Accounting Office, April 1992, GAO/NSIAD 92-153.

Administration continued to operate overlapping strategic drug intelligence centers. For example, the El Paso Intelligence Center (EPIC) continues to conduct strategic drug intelligence and analysis efforts and major upgrades to EPIC's capabilities have been proposed. Additionally, the Treasury Department's Financial Crimes Enforcement Network (FinCEN) also conducts strategic drug intelligence focused on financial investigations. The previous Administration did not put forward a rationale for maintaining these duplicative systems that cost tens of millions of dollars to operate.

These problems are not new. As we noted in last year's strategy report, reliable intelligence is one of the most critical components in the drug enforcement area. Accurate intelligence allows agencies to "think smarter" in targeting drug trafficking networks, dramatically increasing the chances that investigations will produce results.

Unfortunately, many of the problems have not been resolved. For example, the El Paso Intelligence Center (EPIC) houses nine federal drug enforcement agencies and provides tactical intelligence to front-line anti-drug troops. However, the separate computer and intelligence systems operated by each agency have never been fully integrated. As a result, when EPIC receives a lead, it must be separately typed into the computers of each agency at EPIC, wasting countless hours and increasing the risk that the lead is not fully disseminated.

Specific Lesson -- Failure to Streamline the Anti-Drug Bureaucracy

Overlap and duplication among federal drug enforcement agencies is not limited to intelligence collection activities. For example, at least a dozen federal agencies play a role in interdicting drugs at the border.[2]

Under current law, the president and the drug director have ample authority to initiate a restructuring of the federal anti-drug bureaucracy. The National Narcotics Leadership Act empowers the Drug Director to initiate changes in the organization and management of federal departments and agencies engaged in drug enforcement.

Unfortunately, the previous Drug Directors have failed to meet these responsibilities. The drug director statute required the Director to submit a comprehensive report on how to streamline federal anti-drug agencies. In response, the Bush Administration submitted a two-page letter, wholly lacking an analysis of the extent of the problem and possible solutions. The letter concluded:

> . . . ONDCP does not recommend major departmental reorganizations at the present time. Strategies I and II are only now being implemented and the efficiency and effectiveness of agency operations . . . must be evaluated before major realignments are contemplated.

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[2] Federal agencies with responsibilities for interdicting drugs along the U.S. border include: Border Patrol; Bureau of Alcohol, Tobacco and Firearms; Bureau of Land Management; Coast Guard; Customs Service; Federal Aviation Administration; OTIA; Park Police; and the Departments of Army, Navy, Air Force, and Marines.

Three full years have passed since ONDCP endorsed the structure for the federal anti-drug program in Strategy I. This time the new Administration must undertake the comprehensive review that Congress requested in the 1988 drug director statute.

C. Politicizing the Office of National Drug Control Policy

Perhaps the single most disturbing event in the previous Administration's approach to fighting drug trafficking and abuse has been the politicization of ONDCP under Director Martinez. While Director Martinez should have been using the office as a bully pulpit to educate the public, particularly young people, about the drug scourge, he transformed the office into a propaganda machine for the delivery of frequent partisan political attacks. While Director Martinez should have assembled a team of professional experts to develop and implement the National Drug Control Strategy, he packed the office with more political appointees than any other federal agency.

Ultimately, the use of the Office of National Drug Control Policy for partisan political gain has squandered the office's most important power: the ability to shape public attitudes about drugs. By waging the drug war in partisan political terms, the Office lost much of the moral authority that the authors of the statute and the first director worked so hard to vest in the office.

There is no task more important for the new Administration and the next drug director can undertake than to restore the public perception of the Office of National Drug Control Policy as a fair, honest and vigorous champion of the anti-drug effort.

SPECIFIC STEPS

The lessons of the past four years amply illustrate the need for strong, effective leadership of the national drug control policy. The Office of National Drug Control Policy was formed solely to provide such leadership. This section outlines some of the steps necessary for the Office to regain control of its original mandate.

A. Cabinet Status for the Drug Director

Only the President can decide whether the Drug Director sits in the cabinet. The previous President chose not to offer a cabinet seat to the Director. Unfortunately, the predictable result came true -- without a seat in the cabinet, the Drug Director was often unable to broker key drug policy disputes among cabinet-level agencies. Brokering such disputes was one of the central functions to be carried out by the Office of National Drug Control Policy. The next Drug Director must be granted a seat in the cabinet -- as has been promised by President Clinton -- if he or she is to carry out the complete mandate of the Office to lead our national fight against drugs.

B. Specific Authorities of the Office of National Drug Control Policy

The drug director statute offered the office several key budget and policymaking tools. Some of these tools have been implemented faithfully and have worked well. Other authorities, however, must be refined. And, still new authority must be developed in a few targeted areas.

Drug Budget -- Certification Process

The Office has achieved some success in the implementation of the "budget certification" process in the drug director statute. This law requires the President to develop both a comprehensive National Drug Control Strategy and a unified annual budget request that is sufficient to implement the strategy.

The Office of National Drug Control Policy plays a critical role in this process. The office must "certify" that the budget request of each federal agency with drug-fighting responsibilities under the National Drug Control Strategy is sufficient to meet these responsibilities. Should the Drug Director find that an agency's budget request is insufficient to meet its obligations, the Drug Director must "decertify" that budget and

transmit these findings to the president and, ultimately, to the Congress. The budget certification process is designed to ensure that the goals and objectives contained in the national strategy are supplied with sufficient resources to accomplish the goals.

The budget certification process has had a significant positive impact on the development of a coordinated national drug strategy and budget. According to ONDCP, the Drug Director initially decertified the budgets of six agencies during the fiscal 1993 budget cycle. In each case, ONDCP determined that the agency was not asking for enough money to do the job assigned in the strategy. For example, the Internal Revenue Service initially attempted to cut the number of criminal investigators assigned to drug money laundering cases. ONDCP, however, determined that the strategy not only prohibited a cut in the number of IRS agents devoted to money laundering cases, but required an increase to meet the IRS's obligations under the strategy. To avoid the threat of decertification, the Treasury Department revised its fiscal year 1993 budget request and added the positions as recommended by ONDCP. The result: more than $10 million was added in the fiscal 1993 budget for additional IRS money laundering agents.

In addition to the necessary funds for IRS criminal investigators, the certification process added tens of millions of dollars to the anti-drug budget requests of the Departments of Health and Human Services, Housing and Urban Development, Labor,

Veterans Affairs, and Education. In total, more than $115 million was added to the previous Administration's unified drug control budget request for fiscal year 1993 as a result of the certification process.

Still, the experience of the past four years demands that the budget certification authority be clarified. As detailed above, the current authority requires that the Drug Director certify drug agency budgets as consistent with national drug strategy. But, such "once-a-year," "yes-no" authority has proven ineffective in some cases. Specifically, the Drug Director must be empowered to give specific direction to agencies about how much to request for anti-drug funds. The Director of Central Intelligence (DCI) has similar authority, and it has proven essential to the national security functions carried out by the DCI.

Drug Budget -- Reprogramming and Transfers

The drug director statute mandates that the Director approve any proposed transfers of anti-drug funds (for transfers in excess of $5,000,000). This authority was to prevent agencies from shifting anti-drug funds during the budget year, unless the Drug Director certified that the change was in accordance with the national drug strategy. However, there have been several instances where this authority was either not exercised by the drug director, or was ignored by other agencies. For example:

* Last year, the DEA reprogrammed more than 10% (more than $70 million) of the agency's budget without providing advance notice to the Drug Director's office;

* Also last year, the Attorney General refused to transfer funds designated from the Justice Department Asset Forfeiture Fund in fiscal years 1992 and 1993. Instead, these funds were transferred to accounts which are not required to be used for drug control efforts; and,

* In 1990, the Customs Service failed to notify the Drug Director when it transferred funds appropriated for anti-drug activities to accounts supporting commercial inspections.

These and other abuses highlight the need for the Drug Director to be granted authority similar to that accorded to the OMB director. Specifically, the Drug Director must have the authority to review periodically agency drug budgets in order to monitor the use of funds during the year.

Drug Policy -- Certification by Drug Director

The drug director statute mandates that whenever an agency undertakes a change in drug control policy, that agency must notify the Drug Director, and the Director must

certify that the change is in accord with drug strategy. However, recent actions by some agencies indicate the need for a clarification of this authority. For example:

* Last year, without notifying the Drug Director, the DEA announced a policy of placing helicopters in Guatemala and taking over drug interdiction efforts in significant portions of the Caribbean. This change in policy obviously would have had far-reaching effects on the drug interdiction effort, as well as on the national drug strategy; and,

* Last year, the Health Care Financing Administration published Clinical Laboratory Improvement Amendment regulations which have a major impact on workplace drug testing programs. And, again, the Drug Director was not notified and could not evaluate the impact of this decision on the national drug control policy.

Thus, it is clear that the Drug Director's authority must be clarified to prohibit major drug policy changes unless the Drug Director certifies that the proposed change is consistent with strategy. (Of course, where exigent circumstances prevent advance approval, policy change ought to be rescinded within 180 days unless certified by Drug Director).

C. De-Politicizing the Office of National Drug Control Policy

This report has outlined the severe problems raised by the "politicization" of the Office of National Drug Control Policy. Here, the report offers some of the specific grounds for this observation.

First, it should be noted that Governor Martinez gave an explicit commitment to the members of the Senate Judiciary Committee at his confirmation hearing not to politicize the office. At this hearing, Judiciary Committee Chairman Joseph R. Biden, Jr., asked the nominee: "And so I ask you directly, Governor, are you going to campaign for political candidates if you are confirmed?" In response, Governor Martinez pledged: "I will never mix politics with the office." Governor Martinez continued: "I will never go into anyone's district and say this person should win this [election] because if he had been a Republican he would have done it...."

As Drug Director, Governor Martinez broke this pledge. According to the reports compiled by Senator Dennis DeConcini, Director Martinez frequently mixed politics with the official business of his office, for example:

* On at least five occasions, the Republican National Committee paid a portion of Martinez' expenses for trips he took to attend fund raisers, campaign events and political receptions;

* In August 1992, Martinez flew to Hawaii to discuss marijuana eradication efforts with state and local law enforcement officials -- and to attend a reception sponsored by the Republican Party; and,

* In July 1992, Martinez participated in a Republican Party "truth squad" meeting at a Madison Avenue office in New York that was arranged to bash Governor Clinton during the Democratic Convention.

In response to these and other abuses, the Congress passed legislation that prohibited the Drug Director, and the top deputies of the office, from making public appearances for political campaigns. This law holds for fiscal year 1993, it should be extended.

D. Staffing the Office of National Drug Control Policy

As originally intended by the drug director statute, the Office was to fulfill the general tasks of developing and refining a national drug strategy -- a strategy that would actually be implemented by existing federal agencies. This broad policy mandate was

designed to be carried out by a lean staff of top-flight experts armed with several general budget and policymaking powers.

Four years after the creation of the office, however, it had become a bloated bureaucracy used more as a political "dumping ground" than a repository of the nation's top drug experts. For example:

* The office acquired an administrative support staff (not counting secretaries) of 14 for an office of 140 people -- one of the highest such ratios in the federal government;

* The office acquired a general counsel's office of two attorneys. The current entire White House Counsel's office consists of only four attorneys;

* The office acquired Congressional and Public Affairs offices totalling ten employees -- again, one of the highest ratios in the federal government; and,

* The office acquired a staff of 20 professionals devoted solely to reviewing international supply-control efforts. This represented fully 20% of the office's professional staff, while the international effort commands barely 5% of the total drug budget.

CONCLUSION

The major lessons of the past four years, above all else, reveal the need for a national drug control strategy that can provide the country with a blueprint with which to wage the war on drugs. As we have learned, to be successful the national drug strategy must be comprehensive and must forge a coordinated effort among the many agencies involved in its implementation. A comprehensive anti-drug strategy, however, can only be as successful as the office that leads it -- unfortunately that leadership has been in short supply.

Contrary to its original mandate and the intention of the authorizing legislation, the Office of National Drug Control Policy has grown into a bloated, inefficient bureaucracy. What is sorely needed, today and in the coming months, is fundamental reorganization and an end to the political patronage of the past. If the office is to fulfill its tremendous promise it must begin with a commitment to uncompromised leadership.

APPENDIX A.

RESOURCE NEEDS

The national strategy offered here presents an appraisal of our efforts over the past four years, both our successes and our failures, and describes the approach to begin turning the tide against our nation's drug epidemic. The policies and programs necessary to provide such a comprehensive response are the product of four years of study, 52 Congressional hearings presenting the testimony of more than 230 of the nation's leading drug experts, contributions from members of the 101st, 102nd, and 103rd Congresses, and suggestions from almost every federal agency. The drug budget included in this appendix is defined by these objectives, just as a strategy to restore the nation's infrastructure is developed from an objective assessment of the miles of roads needing repair, the number of bridges needing repairs, and similar calculations.

The $14.8 billion anti-drug budget we propose today accounts for the lessons we have learned over the past four years. It targets the areas that have been over-looked in previous budgets and re-enforces those programs that have proven effective.

Funding Proven Programs

This budget accepts the realities of our war on drugs and increases funds for those areas most in need of support -- state and local law enforcement. As the strategy indicated earlier, much of the drug war is fought on the state and local front and support for law enforcement on this level is essential for success in fight the drug epidemic. This budget calls for more than $1.8 billion for state and local drug enforcement. These funds will go a long way towards meeting the President's pledge to put 100,000 police on the streets.

This strategy also provides for an increase in support for all domestic law enforcement. In fact, this increase includes $1.7 billion for federal law enforcement and prosecutors to fight drug trafficking and related crime. Given sufficient resources, law enforcement can be an effective weapon in the war against drugs.

The other facets of our efforts to reduce supply are also supported by this budget. We continue to fund the work of the Coast Guard and Customs Service at their present

levels. This budget does, however, reduce the Department of Defense's interdiction funding to the level of the first year of the strategy. Success with interdiction efforts have proven elusive. Despite Administration and Congressional support that has more than doubled the Defense Department interdiction effort, the results do not indicate any appreciable "bang for the buck." And, particularly in the face of proven success of state and local law enforcement, drug treatment and drug prevention, scarce federal dollars must be targeted to other areas of anti-drug effort.

This strategy also provides for significant increases in the funding for the demand side of the drug problem. For example, funding for drug education and prevention is increased by almost $370 million to support the efforts to keep people away from drugs, before they become enmeshed in web of drug addiction and crime.

Funding for Drug Treatment

The other major component of the "demand side" is drug treatment. Drug treatment has always been a large component of the drug budgets accompanying past editions of this report. Treatment has been a proven and effective means of fighting the drug war. In addition, it is one of the most cost effective means of dealing with drugs. This year's budget proposal calls for a direct funding increase of about $1.1 billion over last year's funding.

This increase is comparable with those sought in previous years. However, as this report calls for in preceding chapters, we strongly support the inclusion of drug treatment in national health care reform. Ultimately, the national health care plan is the primary hope for the fundamental changes necessary to provide drug treatment to all hardcore addicts who can be helped. Of course, one would even hope that some significant portion of such health care reform can be implemented in the very near term. Thus, while this report is committed to making significant increases in drug treatment resources, this is not committed to providing the specific funding sources solely identified herein. In other words, the budget presented here seeks drug funding through such programs as the Substance Abuse and Mental Health Administration (SAMHSA) and for the Health Care Financing Administration (HCFA). However, we would support any effort to shift drug treatment funding to other programs as might be required by the upcoming health care reform plan.

50/50 Split?

Some have called for a "50/50 split" in drug funding between supply and demand. This strategy rejects that distinction as both artificial and arbitrary. The purpose of the drug strategy is to determine the needs for a comprehensive anti-drug effort and then to allocate available resources based on those needs. Simply dividing drug resources by arbitrary proportions ignores the vital policy setting missions. The split in the drug budget we have proposed here is 64% for supply and 36% for demand. However, it

must be recognized that this budget does not include major funding increases for drug treatment because the outlines of national health care reform are not clear.

It should also be noted that for law enforcement, as for drug treatment and education and prevention, the largest increases proposed by this budget are for those programs that offer direct support for state and local efforts. We believe that getting drug dollars to the front-lines -- the streets, treatment centers and classrooms -- is the surest and most efficient method to beat the scourge of drugs.

In sum, the $14.8 billion drug budget we propose sets a bold target. The current budget climate will make this target even more difficult to reach. But, it would be folly to present any amount short of this target as sufficient for a comprehensive anti-drug effort.

BUDGET SUMMARY

(Dollar amounts in millions)

	1992 Budget	1993 Budget	1994 Proposal	Change 1993 - 1994
Law Enforcement	$5,000	5,400	6,200	800
Interdiction	2,000	1,700	1,600	-100
International	500	350	500	150
Treatment	2,200	2,400	3,500	1,100
Education/Prevention	1,500	1,500	1,900	400
Other	700	850	1,100	250
TOTALS	$11,900	$12,200	$14,800	$2,600

FEDERAL ANTI-DRUG BUDGET: 1992 - 1994

(Dollar amounts in millions)

	Anti-Drug Resources 1992	Anti-Drug Resources 1993	Anti-Drug Resources 1994
Law Enforcement	**$4,977.2**	**$5,375.0**	**$6,168.8**
F.B.I.	222.6	219.0	309.4
D.E.A.	730.3	756.0	820.7
U.S. Attorneys	206.7	207.0	218.7
Organized Crime & Drug Enforcement Task Force	363.5	385.0	411.4
Federal Prison System			
Prisons	1,296.5	1,334.0	850.0
Support of Prisoners	164.1	191.0	165.1
Office of Justice Programs	543.1	541.0	1,843.5
Other Justice Department	653.0	761.0	772.5
Judiciary	359.9	407.0	429.9
Department of Treasury			
I.R.S.	105.2	115.0	112.8
Alcohol, Tobacco & Firearms	135.9	152.0	156.4
Treasury Forfeiture Fund	---	192.0	---
Other	73.7	115.0	78.4
Interdiction	**1,960.0**	**1,746.0**	**1,652.1**
U.S. Coast Guard	518.0	499.2	499.2
Customs Service	589.9	489.1	489.1
Department of Defense	854.4	743.7	543.7
Immigration & Naturalization	67.7	70.1	70.1
National Drug Intelligence Center	---	---	50.0

	Anti-Drug Resources 1992	Anti-Drug Resources 1993	Anti-Drug Resources 1994
International	**$491.3**	**$350.1**	**$476.8**
Bureau of International Narcotics Matters	147.8	147.8	160.0
Agency for International Development	258.8	139.9	260.0
U.S. Information Agency	9.7	10.1	4.5
Military Assistance	75.0	52.3	52.3
Treatment	**2,200.0**	**2,368.0**	**3,477.6**
Office for Treatment Improvement	819.1	---	---
Substance Abuse and Mental Health Administration	---	884.2	1,849.7[1]
National Institute on Drug Abuse	359.2	403.8	448.8
Health Care Financing Administration	201.8	231.8	266.3[1]
Veterans Affairs	692.9	757.4	827.8[2]
Centers for Disease Control	28.6	31.2	35.0
Indian Health Service	35.2	44.9	50.0
Education & Prevention	**1,526.0**	**1,528.3**	**1,891.3**
Department of Education	715.2	701.0	1,119.7
Substance Abuse and Mental Health Administration	431.7	418.9	536.1
Gang Prevention (DOJ)	---	---	50.0
Housing & Urban Development	165.0	175.0	185.5

[1] Drug budget assumes level funding, at FY 1993, in recognition of role of health care reform in funding for drug treatment. (See also detailed explanation in introduction to this Appendix.)

[2] Veterans Affairs drug treatment funding relies on ONDCP budget scoring methodology developed for the Bush Administration's 1992 National Drug Control Strategy; a methodology this report continues to oppose. However, to permit multi-year comparisons this report is forced to rely on the methodology of the previous administration.

	Anti-Drug Resources 1992	Anti-Drug Resources 1993	Anti-Drug Resources 1994
Federal Workplace Treatment & Prevention	**148.2**	**157.3**	**172.7**
Department of Defense	89.7	86.8	94.4
Department of Labor	58.5	70.5	78.3
Research			
Counter Narcotics Technology Assessment Center	21.5	15.9	100.0
Office of National Drug Control Policy	**124.7**	**118.5**	**443.3**
Administration	19.0	18.0	18.3
Drug Emergency Areas	---	---	300.0
Miscellaneous	454.1	551.9	465.4
TOTAL	**$11,905.0**	**$12,211.0**	**$14,848.0**

APPENDIX B.

ACKNOWLEDGEMENTS

Chairman Biden, and the Judiciary Committee staff would like to express their gratitude to the countless men and women who they consulted over the past few years, and whose insights contributed richly to this Strategy.

Of course, the listing of these people that appears in this appendix in no way implies their endorsement of any of the ideas or recommendations made in this document. Indeed, many of those listed here are profoundly opposed to one or more of our proposals. But even where such differences exist, we appreciate the benefit of their input and views, which helped refine and shape ours.

We would also like to acknowledge the contributions of the Director, Deputies, Associate Director and the entire staff of the Office of National Drug control Policy. All were generous with their time and expertise in consulting with Chairman Biden, the committee members, and our staff over the past year.

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THE HON. ROBERT J. KERREY (D-NE)
United States Senate

STEVE KINNARD
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Jones, Day, Reavis & Pogue

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Executive Vice President & Medical Director,
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Professor of Psychiatry and Director
Division on Substance Abuse
College of Physicians and Surgeons and
NYS Psychiatric Institute, Columbia University

ROBERT KLIESMET
President
International Union of Police Associations

THE HON. HERB KOHL (D-WI)
United States Senate

JOHN C. LAWN
Former Administrator
Drug Enforcement Administration

DEBORAH LEAVY
Former Chief Counsel
Senate Subcommittee on Constitution

JON LEIBOWITZ
Counsel
Sen. Herb Kohl (D-WI)

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Director
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Brown University

THE HON. JOSEPH I. LIEBERMAN (D-CT)
United States Senate

ED LONG
Legislative Assistant
Senator Tom Harkins (D-IA)

DR. JOSEPH LOWREY
President
South Christian Leadership Conference

THE HON. CONNIE MACK (R-FL)
United States Senate

MARK KLEIMAN
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John F. Kennedy School of Government Harvard
University

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ADAMHA
U.S. Department of Health and Human Services

MICHAEL LANGER
Bureau of Alcoholism and Substance Abuse
Washington Department of Social and Health
Services

THE HON. PATRICK J. LEAHY (D-VT)
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DOUG LEES
Florida Department for Health and
Rehabilitative Services

WINSTON LETT
Chief Counsel
Senate Subcommittee on Courts and
Administrative Practice

JOHNNIE LEWIS
Red Hook Apartments
South Brooklyn

SHELLY LIST
Television Writer and Producer

DR. JOYCE LOWENSON
Albert Einstein College of Medicine

RHONDA LUNDQUIST
Minnesota Housing Finance Agency

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Department of Alcohol and Drug Addiction
Services
Columbus, Ohio

NAOMI MANESS
Florida Department of Health and Rehabilitative Services

THE HON. MICHAEL N. MANLEY
Prime Minister of Jamaica

MARGARET MARSHALL
Maine Department of Economic Development

THURGOOD MARSHALL, JR.
Counsel
Senate Judiciary Subcommittee on Immigration and Refugee Affairs

DON MATHIS
Office of Community and Intergovernmental Affairs
Georgia Department of Human Resources

MARION MATTINGLY
Children and Juvenile Justice Advocate
Washington, D.C.

ANNETTE MAYER
Commonwealth of Pennsylvania
Governor's Policy Office

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Harvard Medical School

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Milwaukee, Wisconsin

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Rutgers University

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University of Pennsylvania

LARRY MEACHAM
Connecticut Department of Corrections

SAMUEL DORIA MEDINA
Economic Advisor to the President of Bolivia

THE HON. CARRIE MEEK (D-FL)
U.S. House of Representatives

CHARLES MEEKS
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National Sheriff's Association

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Vermont Law School

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Colorado Department of Health

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Center on Addiction and Substance Abuse, and
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Columbia University

EUGENE METHVIN
Senior Editor
Reader's Digest

THE HON. HOWARD M. METZENBAUM (D-OH)
United States Senate

TOM MIESZKOWSKI
Professor
University of Florida, Tampa

LISA MIHALY
Program Associate for Child Welfare
Children's Defense Fund

NORWEETA MILBURN
Professor
Howard University
Washington, D.C.

RAY MINTZ
Director
Research and Engineering Division
U.S. Customs Service

THE HON. GEORGE J. MITCHELL (D-ME)
United States Senate

WALT MITCHELL
Los Angeles Police Department
Drug Abuse Resistance Education

CINDI MOATS
Director
Drug Free Schools and Communities Program
University of California, Irvine

DR. MARK MOORE
Harvard University

FRANK MONASTERO
Former Deputy Administrator
Drug Enforcement Administration

JENNIFER MORAN
Texas Commission on Alcohol and Drug Abuse

ROBERT MORGENTHAU
District Attorney
New York County

GREG MORRIS
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Office of Juvenile Justice and Delinquency Prevention
U.S. Department of Justice

LOIS B. MORRIS
Science Writer

HIS EXCELLENCY VICTOR MOSQUERA-CHAUX
Ambassador
Embassy of Colombia

DR. GERALD J. MOSSINGHOFF
President
Pharmaceutical Manufacturers Association

THE HON. DANIEL PATRICK MOYNIHAN (D-NY)
United States Senate

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Center on Addiction and Substance Abuse
Former Director, Employee Assistance Program
Champion International Corporation

LT. TIM MULLANEY
Lieutenant
Dover City Police Department
Dover, Delaware

KURT MULLENBERG
Managing Director
Kroll Associates

JAMES M. MURPHY, JR.
Assistant U.S. Trade Representative for Latin America

ED MURRAY
Director
Virginia Department of Corrections

DR. DAVID MUSTO
Yale Medical School

DENNIS NALTY
South Carolina Commission on Alcohol and Drug Abuse

THE HON. SAM NUNN (D-GA)
United States Senate

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Rhode Island Department of Mental Health, Retardation and Hospitals

CAROLYN OSOLINIK
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Iowa Department of Economic Development

DALE PARENT
ABT Associates

JOHN PENDELTON
Congressional Affairs
Federal Bureau of Prisons

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Office of Alcoholism and Drug Abuse
Alaska Department of Health and Social Services

PATRICK POULON
Family Shelter
Salt Lake City, Utah

MICHAEL QUINLAN
Director
U.S. Bureau of Prisons

MIKE QUIRKE
Wisconsin Office of Alcohol and Other Drug Abuse

THE HON. CHARLES B. RANGEL (D-NY)
U.S. House of Representatives

DR. ROBERT NEWMAN
President
Beth Israel Medical Center

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Professor of Psychiatry
University of Pennsylvania Medical School

JEREMIAH T. O'SULLIVAN
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Choat, Hall and Stewart

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Kansas Alcohol and Drug Abuse Services

ALAN PARENT
New Hampshire Office of Alcohol and Drug Abuse Prevention

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Director of Research at the Leonard Davis Institute of Health Economics
Wharton School
University of Pennsylvania

MIKE PHILINOPSKI
Pennsylvania Department of Health

BARRY PILLEN
South Dakota Division of Alcohol and Drug Abuse

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President and Executive Director
Addiction Research and Treatment CorporationJ.

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Executive Director
Delaware Criminal Justice Council

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Georgia Alcohol and Drug Abuse Administration

THE HON. JANET RENO
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U.S. Department of Justice

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Associate Chief of Emergency Services
Harlem Hospital

JOSEPH RILEY
Mayor
Charleston, South Carolina

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Rooks, Pitts and Proust

TED ROZEBOOM
Professional Staff Member
Senate Committee on Banking, Housing, and Urban Affairs

DR. MELVIN SABSHIN
Medical Director
American Psychiatric Association

THE HON. CHARLES B. SCHUDSON
Judge
Wisconsin Circuit Court
Milwaukee, Wisconsin

ROBERT SCULLY
President
National Association of Police Organizations

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New Jersey Department of Health

AL SHERWOOD
Department of Social Service
Utah Division of Substance Abuse

THE HON. ALAN K. SIMPSON (R-WY)
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THE HON. DONALD W. RIEGLE, JR. (D-MI)
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Native American Rights Fund

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United States Senate

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Division of Family and Children Services
Idaho Department of Health

THE HON. JIM SASSER (D-TN)
United States Senate

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National Association of Black Law Enforcement Executives

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Director
Federal Bureau of Investigation

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Augusta, Maine

JOHN R. SIMPSON
Director
U.S. Secret Service

GARY SLAIMAN
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Senate Subcommittee on Antitrust, Monopolies and Business Rights

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Kentucky Department of MH-MR Services

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National School Safety Center
Westwood Village, California

DAVE STEWART
Pitcher
Oakland A's

WANDA SUMMERS
Pawley's Island, South Carolina

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American Bar Association

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Virginia Department of Mental Health, Retardation and Substance Abuse Services

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U.S. Department of Justice

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RICHARD TRICE
Principal
Epworth Christian Academy
Delaware

THE HON. SAMUEL SKINNER
Secretary
U.S. Department of Transportation

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Director
Division of Pre-Clinical Research
National Institute on Drug Abuse

THE HON. ARLEN SPECTER (R-PA)
United States Senate

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Executive Director
Police Executive Research Forum

JAMES STERN
Special Agent
Federal Bureau of Investigation

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SHERIFF LYLE SWENSON
President
National Sheriff's Association

CATHY TAYLOR
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National Institute of Medicine

THE HON. STROM THURMOND (R-SC)
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American Correctional Association

TOM TSO
Chief Justice
Navajo Nation

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District of Columbia

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Minnesota Department of Human Services

DR. FRANK URYASZ
Director of Sports Sciences
National Collegiate Athletic Association

KATHY VALENTINE
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International Association of Chiefs of Police

MACK VINES
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Dallas, Texas

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Sen. Edward M. Kennedy (D-MA)

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Michigan Department of Public Health

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Chief Judge
Superior Court
District of Columbia

PETER VAIRA
Attorney
Fox, Rothschild, O'Brien and Frankel

ROBERT E. VAN ETTEN
President
Federal Law Enforcement Officers Association

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Student
University of Kansas

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Brandywine, Delaware

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National Institute on Drug Abuse

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University of California at Berkeley

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President
Police Foundation

LYDIA WILLIAMS
National Coalition for the Homeless
Washington, D.C.

RON WILLIAMS
Director
Stay 'n Out Drug Treatment Program
New York

SHIRLEY WILLIAMS
Oklahoma Homeless Programs Coordinator

WILLIE L. WILLIAMS
Commissioner
Philadelphia Police Department

DAVID WINFIELD
President
Winfield Foundation

ERIC WISH
Narcotics and Drug Research Institute
New York, New York

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Alcohol and Drug Abuse Division
Hawaii Department of Health

SANDRA YANCEY
Project Manager
Washington, D.C. Health Clinic

DR. STANLEY YANCOVITZ
Beth Israel Medical Center

JACK YELVERTON
Executive Director
National District Attorneys Association

ED ZBOROWER
Arizona Department of Health Services

APPENDIX C.

HEARINGS REVIEWING NATIONAL DRUG CONTROL POLICY

MARCH 1 & 2, 1989 -- **CONFIRMATION OF DR. WILLIAM J. BENNETT TO BE DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY**

Bennett, William -- Nominee
Warger, Cynthia -- Association for Supervision and Curriculum Development
De Lara, Jose Garcia, National President, League of United Latin American Citizens

APRIL 3, 1989 -- **STEROID ABUSE IN AMERICA**

Ashford, Evelyn -- Olympic gold medalist
Baker, Dorothy -- Member of the Executive Board of the U.S. Olympic Committee
Connoly, Pat -- Olympic athlete, Coach
Croce, Pat -- Athletic trainer
Davis, Otho -- Head trainer, Philadelphia Eagles
Katz, Dr. David -- Harvard Medical School
Langston, Dr. Edward -- American Medical Association
Quick, Mike -- All-pro receiver, Philadelphia Eagles
Williams, Diane -- Former U.S. national track champion
Yesalis, Dr. Charles -- Professor, Penn State University

APRIL 10, 1989 -- **CRACK TRAFFICKING IN RURAL AMERICA**

Batson, Margie -- Recovering drug abuser
Carpenter, William -- U.S. Attorney, District of Delaware
Chalfant, Richard L. -- Plant manager, General Foods Corp.
Collick, Stephani -- Senior, Cape Henlopen High School
Dennis, Sgt. Earl -- Maryland State Police
Dennis, Edward -- Assistant Attorney General, Department of Justice
Dixon, Rev. Walter -- Seaford, Delaware
Harrison, Larry -- Vice-principal, Laurel High School
Hutchinson, Cheif James C. -- Dover Police Department
Johnson, Elaine, Director, Office of Substance Abuse Prevention
Kelly, Thomas -- Deputy Administrator, DEA
Leighty, Sgt. Harvey -- Delaware State Police
McGlumphy, William -- Assistant Principal, Seaford High School
Oberly, Charles -- Attorney General of Delaware
Pugh, Capt. Chuck -- Seaford, Delaware Police Department
Rescigno, Robert -- Principal, Milford High School
Russell, Paul -- Tunabout Counseling center
Wood, Greg -- Teacher, Delmar High School

APRIL 19, 1989 (CAUCUS HEARING) -- **U.S. INTERNATIONAL DRUG POLICY**

Arpio, Joe -- Head of DEA's offices in Mexico and Turkey in mid 1970's
Asencio, Diego c. -- Former Ambassador to Brazil
Bensinger, Peter -- Administrator of DEA, 1976-81
Boyatt, Thomas D. -- Ambassador to Colombia, 1980-83
Craig, Richard -- Professor, Kent State University
Dillon, Robert -- Ambassador to Lebanon, 1980-83
Jova, Joseph John -- Ambassador to Mexico, Honduras
Lee, Rennselaer -- Global advisory
Mullen, Frances "Bud" -- Administrator of DEA, 1981-85
Reuter, Peter -- Senior Economist, Rand Corp.

MAY 9, 1989 -- **STEROIDS IN COLLEGE AND PROFESSIONAL FOOTBALL**

Courson, Steve -- Former NFL player
Fralic, Bill -- All-pro guard, Atlanta Falcons
Moyer, Jay -- NFL executive vice-president
Noll, Chuck -- Head coach, Pittsburgh Steelers
Paterno, Joe -- Head coach, Penn State University

Purzycki, Joe -- Head coach, James Madison University
Raymond, Harold -- Head coach, University of Delaware
Rozelle, Pete -- NFL commissioner
Schembechler, Bo -- Head football coach and athletic director of the University of Michigan
Schottenheimer, Marty -- Head coach, Kansas City Chiefs
Upshaw, Gene -- Exec. Director, NFL Players Assoc.

MAY 16, 1989 -- **HEARING ON CHILD ABUSE**

Schudson, Hon. Charles B. -- Wisconsin Circuit Court Judge, Milwaukee, Wisconsin
Gooch, Denise -- Mothers Against Raping Children, Clifton, New Jersey
Toth, Patricia A. -- Director, National Center for Prosecution of Child Abuse
Sugarman, Dr. Muriel -- Assistant in Psychiatry, Massachusetts General Hospital, Boston, Massachusetts
Burnley, Jane -- Director, Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice
Stewart, Betty -- Associate Commissioner, Children's Bureau, U.S. Department of Health and Human Services
Cramer, Robert E. -- District Attorney, Madison County, Huntsville, Alabama
Dell'Olio, Joseph M. -- Executive Vice President, Child, Inc., Wilmington, Delaware
McDonald Tom -- President, National Court Appointed Special Advocate Association, Louisville, Kentucky
Crisp, Jayne -- Director, Victim Witness Assistance Program, Thirteenth Judicial Circuit Solicitor's Office, Greenville, South Carolina

JUNE 6, 1989 -- **REGGIE WALTON NOMINATION**

Walton, Reggie -- Nominee
Besteman, Karst -- Exec. Director, Alcohol and Drug Problems Association of North America
Gruber, Charles -- Vice President, International Association of Police Chiefs
Olson, Lois, National Association of State Alcohol and Drug Abuse Directors
Slaby, Lynn -- President Elect., National Attorneys Assc.
Stokes, Dewey -- President, Fraternal Order of Police

JUNE 19, 1989 --(CAUCUS HEARING) **U.N. TREATY AGAINST DRUG TRAFFICKING**

Bunting, Frank -- Lieutenant, NY City Police
Constantine, Thomas -- Superintendent, NY State Police
Mochler, Bill -- Assistant Special Agent NY division, DEA
Pickering, Thomas -- U.S. Ambassador to the U.N.
Stutman, Robert -- DEA, Special Agent in Charge, New York
Thornburgh, The Hon. Richard -- Attorney General, U.S.
Voelker, Anthony -- Chief, Bureau of Organized Crime Control, NY City Police

JULY 25, 1989 -- **INCARCERATION AND ALTERNATIVE SANCTIONS FOR DRUG OFFENDERS**

Castle, Michael -- Governor of Delaware
Buchanan, John -- Lieutenant, Phoenix Police Department
Coughlin, Thomas -- Commissioner, NY State Dept. of Corrections
Dolente, Addis -- Program Manager, Substance Abuse Unit, Florida
James, Alan -- Director, Career Development Fortune Society NYC, Ex-heroin and cocaine addict
Wald, Bruce -- Director of the Key Program at Gander Hill Prison, Wilmington, Delaware

AUGUST 17, 1989 -- **INTERNATIONAL DRUG CONTROL**

Bailey, Norman -- Former National Security Council Senior staff Member
Duncan, Stephen -- Asst. Secretary of Defense for Reserve Affairs and Coordinator of Drug Enforcement
Gray, Gen. Alfred Jr. -- Marine Corps Commandant
Gregorie, Richard -- Former Chief Asst. U.S. Attorney, Miami, Florida
Merkle, Robert -- Former U.S. Attorney
Mermelstein, Max -- Former Drug Trafficker

AUGUST 31, 1989 -- **DRUGS IN THE 1990'S**

Binney, David -- Chief, Drug Section, FBI
Dunbar, Bryon -- U.S. Attorney., Montana
Escalderon, Audrey -- Director, Crash Golden Hill House, San Diego, California

Faggett, Dr. Walter -- Director, Substance Abuse Services, D.C. General Hospital
Halikas, Dr. James -- Professor of Psychiatry, University of Minnesota
Hall, James -- Executive Director, Upfront Drug Info. Center, Miami, Florida
Hopkins, William -- Director of Street Research, NY State Division of Substance Abuse Services
Kaemingk, Dennis -- Captain of Detectives, Mitchell, SD
Kosten, Dr. Thomas -- Acting Director, Substance Abuse Treatment Unit, Yale University
Peck, Dr. Carl -- Director, Drug Evaluation & Research, FDA
Schuster, Dr. Charles -- Director, National Institute on Drug Abuse

SEPTEMBER 7, 1989 -- **CONGRESSIONAL REVIEW OF NATIONAL DRUG CONTROL STRATEGY**

Bennett, William -- Director, National Drug Control Policy

SEPTEMBER 8, 1989 -- **ORGANIZED CRIME STRIKE FORCES**

Bonner, Robert -- U.S. District Judge
Harmon, James -- Atty., Bower & Gardner
Helfrey, David -- Former Strike Force Chief, Kansas City
Heymann, Phillip -- Professor, Harvard Law School
Hogue, Eades -- Former Strike Force Chief, New Orleans
Methvin, Eugene -- Senior Editor, Reader's Digest, Member of Commission on Organized Crime
Morgenthau, Hon. Robert -- District Atty., NYC
Mullenberg, Kurt -- Former Chief, Organized Crime and Racketeering Section, DOJ
O'Sullivan, Jeremiah -- Former Exec. Director, Commission on Organized Crime
Roller, Douglas -- Former Strike Force Chief, Cleveland and Chicago
Skinner, Samuel -- Secretary of Transportation of the U.S.
Slaby, Lynn -- President, National District Attorney's Assc.
Thornburgh, Richard -- Atty. General of the United States
Vaira, Peter -- Former Strike Force Chief, Chicago and Philadelphia

SEPTEMBER 11, 1989 -- **WISCONSIN RESPONDS TO THE PRESIDENT'S ANTI-DRUG POLICY (KOHL)**

Hyler, Queen -- President, People United Assc., Wisconsin
Fineberg, Francine -- Executive Director, Meta House for Women and Children
Vann, Michael -- Clinical Director, two youth clinics, Wisconsin
Hanaway, Don -- Attorney General, State of Wisconsin
McCann, Mike -- District Attorney, Milwaukee, Wisconsin
Small, Steve -- Professor, University of Wisconsin
Gardner, Judge Bill -- U.S. District Court, Milwaukee County
Peterkin, Robert -- Superintendent, Milwaukee Public Schools
Pnazek, Karl -- CEO, CAP services
De Lorm, Sarah -- Senior, Appleton West High School
Tyson, Dylan -- Student Body President, Appelton West H.School
Kramer, Staffert -- Freshman, University of Wisconsin
Williams, Vernell -- Student, Rufus King High School

SEPTEMBER 12, 1989 -- **REVIEW NATL. DRUG CONTROL STRATEGY**

Blue, Dan -- State Representative, NC
Gustafson, John -- President, National Assoc. of State Alcohol and Drug Abuse Directors
Johnson, Sterling -- Special Narcotics Prosecutor
Meeks, Charles -- Exec. Director, National Sheriffs Assc.
Quinn, Thomas -- Exec. Director, Delaware Criminal Justice Council
Riley, Joseph -- Mayor of Charleston, SC
Ugast, Fred -- Chief Judge, Superior Court, D.C.
Travisano, Anthony -- Exec. Director, American Correctional Association

SEPTEMBER 19, 1989 -- **DEATH PENALTY**

Anders, James -- Soliciter, Columbia, SC
Dennis, Edward -- Acting Deputy Atty. General
Gradess, Jonathan -- Exec. Director, NY State Defenders Association
Hampton, Ronald -- Exec. Director, Natl. Black Police Ass.
Kliesmet, Robert, President, International Union of Police Assc.
McCann, Michael -- Dist. Atty., Milwaukee, WI
Radelet, Michael -- Prof. of Sociology
Summers, Wanda -- Pawley's Island, SC
Vaughn, C. Roland -- Vice President, International Assoc. of Chiefs of Police

SEPTEMBER 20, 1989 -- **NOMINATION, STANLEY MORRIS TO BE DEPUTY DIRECTOR, NATIONAL DRUG CONTROL POLICY**

Morris, Stanley -- Nominee

SEPTEMBER 27, 1989 -- **FEDERAL DEATH PENALTY**

Cassell, Paul -- Asst. U.S. Atty
Ellis, Jim -- Professor of Law, American University
Epps, Sterling -- President, Federal Law Enforcement Officers Assc.
Fight, Edward Lone -- Chairman, Three Affiliated Tribes; Fort Berthold Reservation
Indritz, Tova -- Federal Public Defender, District of New Mexico
Kamenar, Paul -- Washington Legal Foundation
Kinnard, Steve -- Jones, Day, Reavis & Pogue
McKerrow, Nancy -- Asst. Public Defender
Mello, Michael -- Professor of Law
Roessel, Faith -- Staff Atty., Native American Rights Fund
Tso, Tom -- Chief Justice, Navajo Nation

OCTOBER 2, 1989 -- **DEATH PENALTY**

Baldus, David -- Professor of law
Chambers, Julius -- Director Counsel, NAACP Legal Defenses and Education Fund
Dennis, Edward -- Acting Deputy Atty. General, United States
Hill, William -- Deputy Atty. General, GA
Kamenar, Paul -- Exec. Director, Washington Legal Foundation
Katz, Dr. Joseph -- Professor, Georgia State University
Lowrey, Dr. Joseph -- President, South Christian Leadership Conference
Simmons, Althea -- Director, NAACP
Tabak, Ronald -- American Bar Association

OCTOBER 3, 1989 -- **SUPPLY OF DRUGS**

Allsbrook, Billy -- Past President, National Alliance of State Drug Enforcement
Atwood, Donald -- Deputy Secy, Defense Department
Burgreen, Robert -- Police Chief, San Diego, California
Lawn, John -- Administrator, DEA
Sessions, William -- Director, FBI

OCTOBER 31, 1989 -- **CREATIVE DRUG PREVENTION**

Goldsmith, Herbert -- President, Members Only
Green, Darrell, Defensive back, Washington Redskins
List, Shelly -- Writer
Winfield, David --Player, New York Yankees

NOVEMBER 6, 1989 (JOINT CAUCUS/JUDICIARY) -- **MULTI-NATIONAL STRIKE FORCE**

Manley, Hon. Michael -- Prime Minister of Jamaica

NOVEMBER 9, 1989 -- **(JOINT LABOR/JUDICIARY) IMPACT OF DRUGS ON CHILDREN AND FAMILIES**

Duran, Mike -- Specialized Gang, Supervision Unit, CA
Lewis, Johnnie -- Red Hook Apts, South Brooklyn
Stewart, Dave -- MVP, 1989 World Series
Tuckson, Dr. Reed -- Commissioner of Public Health, D.C.
Vaughn, Robert -- Student, University of Kansas

DECEMBER 12, 1989 -- **CHALLENGE OF DRUG ABUSE IN OUR CITIES**

Dinkins, David -- Mayor-Elect, NYC
Berkley, Richard -- Mayor, Kansas City, Missouri and past president of U.S. Conference of Mayors
Stutman, Robert -- Special agent in charge, DEA
Vines, Mack -- Chief of Police, Dallas, Texas
Stewart, Dave -- Pitcher, Oakland A's, MVP, 1989 World Series

JANUARY 18, 1989 (JOINT JUDICIARY/CAUCUS HEARING) -- **DRUG POLICY IN THE ANDEAN NATIONS**

Crespo-Velasco, His Excellency Jorge -- Ambassador, Embassy of Bolivia
Mosquera-Chaux, His Excellency Victor -- Ambassador, Embassy of Colombia
Atala-Nazal, His Excellancy Cesar -- Ambassador, Embassy of Peru

FEBRUARY 2, 1990 -- **CONRESSIONAL REVIEW OF NATIONAL DRUG CONTROL STRATEGY**

Bennett, William -- Director, Office of National Drug Control Policy

FEBRUARY 21, 1990 -- **CRIMINAL JUSTICE SYSTEM REFORMS**

Robertson, The Honorable James -- Justice, Mississippi Supreme Court
Chauvin, Stanley L. -- President, American Bar Association
Bright, Steve -- Director, Southern Prisoners Defense Committee
Martinez, the Hon. Bob -- Governor, State of Florida
Hill, William B. -- Deputy Attorney General, State of Georgia
Carnes, Ed -- Assistant Attorney General, State of Alabama

MARCH 1, 1990 -- **NOMINATION OF ROBERT SWEET TO HEAD THE OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION**

Sweet, Robert

MARCH 20, 1990 -- **HIGH-TECHNOLOGY WEAPONS IN THE WAR ON DRUGS**

Bayse, Dr. William -- Assistant Director, Technical Services Division, Federal Bureau of Investigation
Baker, William -- Asst. Director, Criminal Investigative Division, Federal Bureau of Investigation
Mintz, Ray -- Director, Research and Engineering Division, U.S. Customs Service
Immele, Dr. John E. -- Director, Conventional Defense Technology, Los Alamos National Laboratory
Brandenstein, Dr. Al -- Special Assistant to the Director for Law Enforcement, Defense Advanced Research Projects Agency

MARCH 27, 1990 -- **JOINT CAUCUS/JUDICIARY HEARING ON RECENT DEVELOPMENTS IN THE ANDEAN NATIONS**

Murphy, James M., Jr. -- Assistant U.S. Trade Representative for Latin America
Doria Medina, Samuel -- Economic Advisor to the President of Bolivia
Boecklin, George E. -- President, National Coffee Association of USA, Inc.

APRIL 3, 1990 -- **OVERSIGHT OF DEPARTMENT OF JUSTICE AND DRUG CONTROL**

Thornburgh, The Hon. Richard -- U.S. Attorney General

APRIL 19, 1990 -- **CREATIVE DRUG PREVENTION PROGRAMS**

Frank, Richard -- President, Walt Disney Studios
Agoglia, John -- Executive Vice-President of TV Business Affairs and Production for NBC
Disney, Roy -- Former Executive Producer of Disney Animated Special
Barun, Kenneth -- Vice President, Ronald McDonald Children's

MAY 8, 1990 -- **OVERSIGHT OF DEPARTMENT OF JUSTICE AND DRUG ENFORCEMENT**

Thornburgh, The Hon. Richard -- U.S. Attorney General

JULY 11, 1990 -- **NOMINATION OF ROBERT C. BONNER TO BE ADMINISTRATOR OF DRUG ENFORCEMENT ADMINISTRATION**

Bonner, Robert C. -- Nominee

JULY 17, 1990 -- **NEW DRUG REPORTS: DO THEY POINT TO A VICTORY IN THE WAR ON DRUGS?**

Caffrey, Ron -- Deputy Assistant Administrator for Operations, Drug Enforcement Administration
Musto, Dr. David -- Yale Medical School
Moore, Dr. Mark -- Harvard University

JULY 31, 1990 -- **MURDER RATES: WHY THE RECENT RISE?**

Williams, Willie L. -- Commissioner, Philadelphia Police Department
Cogan, Lawrence J. -- Chief Medical Examiner, Los Angeles County
Richardson, Dr. Lynn -- Associate Chief of Emergency Services, Harlem Hospital
Fox, Dr. James -- Northeastern University

AUGUST 21, 1990 -- **ASIAN GANGS, HEROIN, AND THE DRUG TRADE**

Bryant, Robert -- Deputy Assistant, Federal Bureau of Investigation
Stern, James -- Supervisory Special Agent, Federal Bureau of Investigation
Doyle, Jeff -- Senior Special Agent, Federal Bureau of Investigation

SEPTEMBER 6, 1990 -- **ONE YEAR REVIEW OF NATIONAL DRUG CONTROL STRATEGY**

Bennett, William -- Director, National Drug Control Policy

FEBRURARY 6, 1991 -- **REVIEW OF NATIONAL DRUG CONTROL POLICY**

Walters, John -- Acting Director, Office of National Drug Control Policy
Walton, Reggie -- Associate Director, Office of National Drug Control Policy
Morris, Stanley -- Deputy Director for Supply Reduction
Kleber, Herbert -- Deputy Director for Demand Reduction
Carnes, Bruce -- Director, Office of Planning, Budget, and Administration

FEBRUARY 26 & 27, 1991 -- **CONFIRMATION OF ROBERT MARTINEZ TO BE DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY**

Martinez, Robert -- Nominee
Graham, Robert -- Senator from Florida
Mack, Connie -- Senator from Florida
Coughlin, Lawrence -- Representative from Pennsylvania
Ashcroft, John -- Governor of Missouri
Foote II, Edward T. -- Chairman, Miami Coalition for a Drug Free Community, Miami, Florida
Weber, Ellen -- Legislative Counsel, Legislative Action Center
Dow, John W. -- Chief Executive Officer, The Crossing Rehabilitation Centers, Miami, Florida
Sonnett, Neal R. -- Immediate Past President, National Association of Criminal Defense Lawyers
Austin, James -- Executive Vice-President, National Council on Crime and

Deliquency
Shaw Jr., E. Clay, Representative from Florida
Butterworth, Robert A. -- Attorney General of Florida
Cahill, Donald L. -- Legislatve Chairman, Fraternal Order of Police

April 11, 1991 -- **DRUG PRODUCTION AND THE ENVIRONMENT**

Cousteau, Jean-Michel -- Founding Director, The Cousteau Society
Thompson, Frank -- Special Agent, California Department of Justice
Pearce, Paul -- President, Clandestine Laboratory Investigators Association, Camas, Washington
Brown, Robert -- Resident, Cherry Hill, New Jersey

April 18, 1991 -- **CRIME & DRUG CONTROL -- THE ADMINISTRATION'S VIEW**

Thornburgh, Richard L. -- United Staes Attorney General

April 23, 1991 -- **VIOLENT CRIME CONTROL -- THE LOCAL PERSPECTIVE**

Daley, Richard M. -- Mayor of Chicago, Illinois

Flynn, Raymond L. -- Mayor of Boston, Massachusetts and Vice President, U.S. Conference of Mayors
Thorton, Paul -- Council Member, Vienna, West Virginia; and Chairman, Small Cities Council, National League of Cities
Bishop, Steven C. -- Chief of Police, Kansas City, Missouri
Vaughn III, C. Roland -- Chief of Police, Conyers, Georgia, and First Vice President, Internatitonal Association of Chiefs of Police

May 15, 1991 -- **VIOLENT CRIME CONTROL LEGISLATION: THE LAW ENFORCEMENT PERSPECTIVE**

Stokes, Dewey R. -- National President, Fraternal Order of Police, Galloway, Ohio
Meeks, Charles -- Executive Director, National Sheriffs Association, Alexandria, Virginia
David, Robert L., -- President, Delaware State Troopers Association, Dover, Delaware
Preate Jr., Ernest D. -- Attorney General of Pennsylvania
Charron, Thomas J. -- President-Elect, National District Attorneys Association, Alexandria, Virginia

May 16, 1991 -- **COCAINE KINDERGARTNERS: PREPARING FOR THE FIRST WAVE**

Howard, Judy -- Professor, University of California at Los Angeles
Davis, Evelyn -- Child Development Specialist and Clinical Professor of Pediatrics, Harlem Hospital Center, New York, New York
Powell, Diane -- Director, Project DAISY, Washington, D.C.

September 26, 1991 -- **THE PRESIDENTS DRUG STRATEGY: TWO YEARS LATER -- IS IT WORKING**

Martinez, Robert -- Director, Office of National Drug Control Policy

May 19, 1992 -- (JOINT JUDICIARY/CAUCUS HEARING) **THE NEW HEROIN CORRIDOR: DRUG TRAFFICKING IN CHINA**

Bonner, Robert C. -- Administrator, Drug Enforcement Agency
Levitsky, Melvin --Secretary of State for International Narcotics Matters, Department of State

August 11, 1992 -- **RE-AUTHORIZATION OF THE OFFICE OF JUSTICE PROGRAMS**

Dillingham, Steven D. -- Acting Assistant Attorney General, Office of Justice Programs, Department of Justice
Mullaney, Lt. Timothy P. -- Fraternal Order of Police, Drand Lodge Legisaltive Committee, Dover, Delaware
Rosenblat, Dan -- Executive Director, International Association of Chiefs of Police, Arlington, Virginia
Meeks, Charles -- Executive Director, National Sheriffs' Association, Alexandria, Virginia
Blumstein, Dr. Alfred -- President, The American Society of Criminology, Carnegie Mellon University, Pittsburgh, Pennsylvania
Callaway, Robbie -- Assistant National Director, Boys & Girls Clubs of America, Rockville, Maryland

October 1, 1992 -- **CHILDREN & GUNS: WHY THE RECENT RISE?**

Chafee, Hon. John H. -- U.S. Senate (R-RI)
Byrne, Lt. Thomas G. -- Head of Chicago Police Department School Patrol Unit, Chicago, Illinois
Stephens, Ronald -- Executive Director, National School Safety Center, Westwood Village, California
Vinokur, Jack -- Director of Instruction, Brandywine School District, Brandywine, Delaware

March 9 & 10, 1993 -- **NOMINATION OF JANET RENO TO BE ATTORNEY GENERAL OF THE UNITED STATES**

Reno, Janet -- Nominee
Graham, Hon. Bob -- U.S. Senate (D-FL)
Mack, Hon. Connie -- U.S. Senate (R-FL)
Meek, Hon. Carrie -- U.S. House of Representatives (D-FL)