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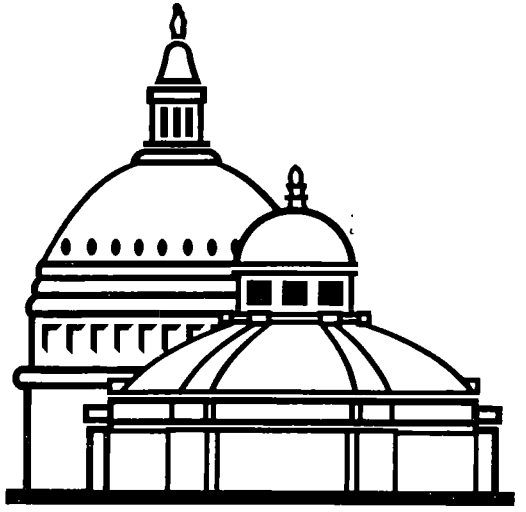

CRS Info Pack

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MAR 05 1993

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TO : The Hon. George Sangmeister

ATTN : David Wilk

RE :

The enclosed Info Packs have been forwarded in response to your recent inquiry.

However, the following Info Packs which you have requested are no longer available:

IP 400 D IP 430 D IP 350 D

For your convenience, we have attached this month's list of current Info Packs which is revised monthly and appears in *Update*. Please consult *Update* when placing future orders.

Should you desire further information on the topics listed above, feel free to contact CRS via letter, electronic mail, or by telephoning (202) 707-5700.

Sincerely,

CRS Congressional Reference Division

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Drug Abuse and Control
IP 30D

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

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

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

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

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

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

(continued on back)

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

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

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

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

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

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

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

We hope this information will be helpful.

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

Specific Drugs and Their Effects

TOBACCO

Effects

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

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

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

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

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

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ALCOHOL

Effects

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

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

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

CANNABIS

Effects

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

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

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

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

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

INHALANTS

Effects

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

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

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

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

COCAINE

Effects

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

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

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

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

OTHER STIMULANTS

Effects

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

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

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

DEPRESSANTS

Effects

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

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

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

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

HALLUCINOGENS

Effects

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

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

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

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

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

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

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

NARCOTICS

Effects

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

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

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

DESIGNER DRUGS

Effects

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

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

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

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

ANABOLIC STEROIDS

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

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

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

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

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

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

Rethinking Drugs

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

BY W. JOHN MOORE

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

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

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

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

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

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

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

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

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

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

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

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

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

THANKS, NANCY

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

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

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

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

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

Richard A. Bloom

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

Richard A. Bloom

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

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

GOOD NEWS

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

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

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

State and local findings seem to

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

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

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

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

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

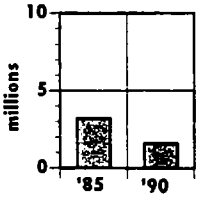
HELPING THE HARD CORE

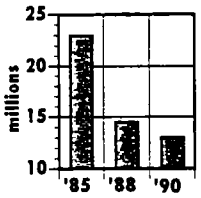
Much of the dispute over the status of the war on drugs involves numbers, particularly the number of addicts. NIDA's recent household survey pegged the number of weekly cocaine users at 662,000, down from the 1988 estimate of 862,000. (A person who uses cocaine at least once a week is said to be addicted.)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

DRUG USE: A MIXED REPORT

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

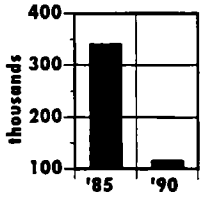
Casual use (on a monthly basis) of all illicit drugs is down among all elements of the population.

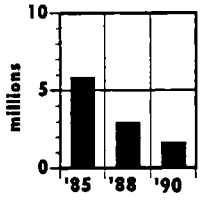




The same is true for adolescents (age 12-17).

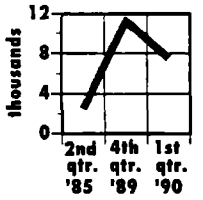
The number of Americans who use cocaine on a monthly basis is down sharply.

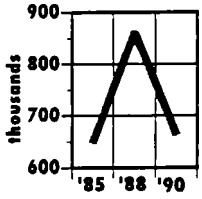




There has been a similar dramatic drop among adolescents.

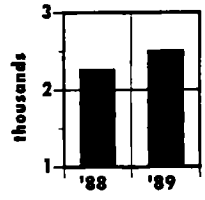
Even the number of weekly cocaine users is down after peaking in 1988.

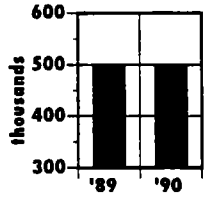




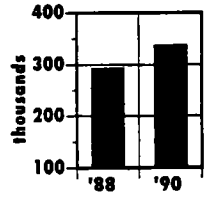
And drug-related emergency room visits, usually a faithful barometer of drug use, fell last year after rising from 1985-89.

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





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



. . .and daily cocaine users were up by 15 per cent.

SOURCE: National Institute on Drug Abuse

The Senate Judiciary Committee's study said that from May 1989 to December 1990, the number of hard-core users had increased from 2.2 million-2.4 million. "The Administration's undercount misleads the American public and lulls the country into a false sense of security about how far we have come" in stamping out drug abuse, Biden said at a Dec. 19 news conference.

The NIDA figures may be inaccurate for a host of reasons, skeptical experts say. For one thing, the institute's household survey asked people to voluntarily fill in detailed questionnaires; approximately 18 per cent of those contacted refused to participate. "Are people going to admit to drug use when there is a law enforcement crackdown going on?" asked William Butynski, executive director of the Washington-based National Association of State Alcohol and Drug Abuse Directors.

A bigger problem is that both the household and high school senior surveys don't include several fast-growing segments of the drug using population. For example, the high school senior survey doesn't include dropouts. The NIDA household survey, which claims to account for 98 per cent of the U.S. population, excludes college students living in dormitories, the homeless and prison inmates.

The result, some authorities say, is a tilt that reflects middle-class reductions in drug use while ignoring growing drug use among those left uncounted in surveys. "As the social status of users falls," the errors in the NIDA survey increase, because "the 2 per cent of the population not in the household survey contains a larger fraction" of drug consumers, said Mark A.R. Kleiman, a drug researcher at Harvard University's John F. Kennedy School of Government.

Research conducted by the Justice Department's National Institute of Justice (NIJ) on drug use among prisoners in 23 major cities found that this population of users is far larger and consumes more cocaine, crack and heroin than previously believed. "What the studies did was to provide the first estimates of the undercounting that was occurring," said the University of Maryland's Wish, who devised the NIJ study. According to Wish, the estimated number of weekly cocaine users among those arrested each year in the nation's largest cities ranges from 978,000-1.3 million people, far higher than NIDA's estimate for all frequent cocaine users.

"If our estimates are correct, the majority of the frequent cocaine users in the United States are persons with limited education, few job skills, unstable families, few social skills and a pattern of breaking the law and using drugs," Wish has written. "Their drug use is but one part of a constellation of deviant behaviors and disadvantaged backgrounds."

Richard A. Bloom

Peter Reuter of the RAND Corp. Epidemic is over, but not the problems.

SWITCHING STRATEGIES

For many drug policy analysts, numbers that show a decline in casual use but a surge in consumption means that there should be a replotting of the nation's drug strategy.

"From here on out, if the government believes the data that they present to the public, they have got to make some adjustment," said the Substance Abuse Center's Besteman.

The RAND Corp.'s Reuter compares what he fears may be the drug problem of the future with the heroin epidemic in the mid-1970s, when a tiny fraction of the population consumed vast quantities of drugs. "An aging cohort of urban males with expensive drug dependencies will be the source of an enormous volume of crime and disease," he predicted.

Some experts believe the Administration's emphasis on reducing the supply of drugs has become less important. Rangel and John Conyers Jr., D-Mich., chairman of the House Government Operations Committee, say they favor equally dividing the available antidrug money between the demand side of the equation, which includes education, prevention and treatment, and the supply side, which is primarily interdiction and enforcement. Roughly 70 per cent of the federal funds are now targeted at cutting off drug supplies.

Although tougher street-level enforcement has its advocates, others say that approach produces more problems than successes. Some older addicts might be scared by tougher enforcement efforts and decide to seek treatment, but others are likely to commit more crimes, especially property crimes, to pay for an increasingly expensive habit as drugs become scarcer, according to this line of thinking. Still others are likely to turn to a combination of drugs and alcohol, which often produces even more violence, said Arnold S. Trebach, president of the Drug Policy Foundation, a Washington-based group that advocates drug legalization. "Nothing in the criminal justice system shows that tougher law enforcement would reduce over-all cocaine use."

The criminal justice system could be a gateway to treatment, according to Wish. Prisoners in urban jails who are cocaine users could be ushered into treatment facilities at a fraction of the cost of imprisonment, he said.

Some cities and states are taking such steps. In Nevada, for instance, with the help of federal grant money, north Las Vegas police have hired treatment experts for each of the city's police stations, according to Liz Breshears, chief of the Bureau of Alcohol and Drug Abuse in the Nevada Human Resources Department.

Federal administrators maintain that treatment hasn't been neglected. Since the start of the Bush Administration, the government's priorities have been "the pregnant addict, the crack user, the high-risk user," Kleber said. "Don't confuse the philosophic rhetoric with where the funds went. The emphasis may have been on user accountability, drug-free workplaces and all of those things that try to impact on the so-called casual user, but the large-scale treatment money wasn't designated for that group." From 1987-90, public treatment slots climbed from approximately 800,000 to 1.5 million, according to the Office of National Drug Control Policy.

Demand for places in treatment centers is soaring. The good news is that more users of illicit drugs are seeking treatment. The bad news is that the growing demand reflects the dimensions of the problem. "If you look at the demand at the front door of treatment centers, you would not know that drug abuse has

gone down," said Mark R. Bencivengo, coordinator for municipal drug abuse programs in Philadelphia. His office gets 275 requests a week for treatment, and yet the city has only enough money for 370 beds in residential treatment facilities and a certain number of slots in outpatient clinics, he said.

Paying for treatment is just one problem facing state and local governments. Enlarging treatment centers may not be the best way to measure progress, especially if the quality of treatment goes down. A recent study by the Institute of Medicine found that from 1980-88, the amount of money spent per person in public treatment programs dropped. "Basically, what we did in the 1980s was greatly increase the number of people treated but lower the quality of the treatment," Reuter said. "Most treatment experts would say it is less important to cycle more and more people through treatment than to provide them with services that are worth a damn."

Drug policy official Kleber agrees that there's a need for accountability in drug treatment programs. But he blames Capitol Hill for at least part of the problem, noting that Congress has repeatedly failed to approve legislation that would link federal money to requirements that states be held accountable for the quality of drug treatment plans.

In any event, a growing problem for treatment centers is neighborhood opposition. The Office of National Drug Control Policy is reviewing the extent to which Washington can or should get involved in local siting decisions. In the meantime, the Justice Department has brought suits in federal court, using antidiscrimination provisions in the fair-housing statutes. Missouri Gov. John D. Ashcroft has pushed legislation requiring that treatment facilities be permitted in any areas zoned commercial or industrial unless community leaders can find an alternative site.

Just finding a suitable building in a big city is difficult enough, Bencivengo said. Competition for buildings even from community and government organizations can be fierce, he added. And neighborhood groups seek to block the move in many instances, usually by invoking zoning restrictions. "Try to put recovering substance abusers with AIDS in a neighborhood," Bencivengo said. "It's a political hot potato," with powerful political constituencies fighting often "disenfranchised" ex-drug users.

ROOT CAUSES

Treatment also may prove less successful with hard-core users, particularly those who are unemployed and uneducated. Many of these addicts may live in areas where crime is rampant and economic prospects bleak. The chances that a 30-day treatment plan will take if the user returns to his old environment are much lower than the prospects for a middle-class drug abuser, Colorado's Mendelson said.

"If you bring in a patient with double pneumonia, treat him and then kick him out of the hospital without any clothes on, what the hell is the good of the treatment?" Rangel asked. Rangel has introduced legislation that would establish the first federal commission in decades to investigate the underlying causes of drug abuse.

Rangel complained that inaccurate portrayals of the nation's drug problem as mostly a problem of the black underclass are unlikely to galvanize much political support. "This Administration and the Reagan Administration are afraid of entitlements. And they are afraid of the government getting involved in a new program that deals with the ills of the urban communities."

Asked whether an antidrug program that was aimed solely at hard-core users could lose popular support, Kleber acknowledged the possibility that "if the country feels that the problem is concentrated among the poor and the disadvantaged, . . . we will [not] be able to get the national consensus toward spending the resources that we need." Though the percentage of cocaine abusers in the underclass is high, he said, "the sheer numbers are much higher among the middle class."

Other analysts predicted that broad support for antidrug efforts will continue if for no other reason than the connection in the public's mind between drug use and crime.

Additional enforcement poses other problems. With minorities constituting a high percentage of those imprisoned, said Ethan Nadelmann, a Princeton University drug policy expert, harsh drug laws have disenfranchised a quarter of all black males age 18-25.

And in Miami, no longer a cocaine capital, new programs are starting to help hard-core users of all economic classes. According to Up Front's Hall, the city's cocaine epidemic peaked in the summer of 1986. Since then, Miami and surrounding Dade County have devised a comprehensive community-based antidrug strategy that Hall called reasonably successful. "If the patient had a temperature of 108 degrees, it is down to 103," he said.

Miami uses its criminal justice system to direct drug users into recently expanded treatment centers. At the same time, Miami and Dade County governments, working with private industry, established an addiction services board to coordinate antidrug efforts. Enforcement efforts have not been ignored; a heavy emphasis was put on halting street sales.

The results have been downward trends in virtually all drug statistics. But Hall, noting the increase in infant deaths caused by maternal cocaine abuse, cautioned against optimism. "We're just shaving the iceberg." ■

WHERE THE NUMBERS COME FROM

The federal government relies on several surveys for nationwide information on the use of illicit drugs. Here are the key studies:

Drug Abuse Warning Network—The National Institute on Drug Abuse (NIDA), part of the Health and Human Services Department, collects data quarterly from 431 hospitals, most of them located in 21 metropolitan areas, to determine the number of cocaine-related emergency room visits. Statistics are collected annually on deaths caused by cocaine and heroin.

Drug Use Forecasting—The Justice Department's National Institute of Justice collects quarterly statistics on drug use among prisoners in 23 U.S. cities. The information is based on anonymous urine samples and interviews with approximately 225 male and 100 female arrestees.

The National High School Senior Survey—Conducted for NIDA by the University of Michigan, the annual survey of alcohol and illegal drug use among adolescents draws on questionnaires sent to about 16,000 students in 135 private and public high schools around the country. Dropouts have not been included in the survey.

The National Household Survey—The annual NIDA survey estimates the use of alcohol, cigarettes and illicit drugs in the U.S. household population age 12 and older. The survey excludes persons living in group quarters, including students residing in college dormitories, hospital patients, the homeless, military personnel and prison inmates.

Source: *New York Times*, February 24, 1991, section 4, p.5.

From the Front Lines Of the War on Drugs, A Few Small Victories

By JOSEPH B. TREASTER

ALTHOUGH there is growing evidence that crack and cocaine, which have cut a mean, ugly swath across the country, are finally beginning to lose some of their allure, the grim saga of drug addiction is far from over. Millions of Americans remain entangled with the two drugs and other debilitating substances, and experts say that the aftershocks of the nation's worst drug epidemic are likely to be felt for generations.

The first infants born to mothers on crack and cocaine are entering public schools this year, many of them fumbling with basic skills, and thousands more are being delivered with deficiencies that are likely to haunt them — and society — as long as they live.

Even with crack and cocaine use believed to be falling sharply among casual, middle-class users and more modestly among heavier users, the police in New York and other cities say they are not seeing a marked difference on the streets. Weapons purchased with drug money seem to be everywhere and murders and robberies are soaring.

The prisons are jammed with drug criminals serving long sentences and the clogged courts may get even worse. In New York City, where felony cases jumped 72 percent in five years to an annual total of 52,905 in 1990, court officials say they expect the load to increase another 34 percent by 1993 as police and prosecution teams are beefed up to address the public's concerns about drugs.

"You can't see any decline in the seemingly endless stream of abused and neglected children coming into the family courts," said Matthew T. Crosson, chief administrator of courts in New York State, "and you certainly can't see any ebbing in our criminal courts, which are overflowing with about a thousand new cases a day."

Many fewer people suffering the ill effects of crack and cocaine have been turning up in hospital emergency rooms compared with a year ago. But there are still three or four times more of these cases than there were in the early 1980's.

Deeply troubling to many drug experts have been signs of a resurgence in the use of heroin, which tormented the country in the late 1960's and early 70's. Huge crops of opium poppies, the raw material for heroin, are being produced, and heroin is being sold on the street in an especially pure form that can be smoked like crack.

Some experts also worry that so-called designer drugs that can be made in home laboratories may gain popularity. Designer drugs with names like ice and ecstasy are cheap and powerful. But a slip by their illicit makers can also make them deadly. Seventeen people died in and around New York City this month when they got a lethal batch of a synthetic heroin called fentanyl.

For all the energy that has gone into fighting drugs, no one has devised reliable systems to measure how pervasive they are. No one knows how much cocaine, heroin and marijuana pour into the country each day nor how many people use the drugs. One Federal estimate puts the number of people who used cocaine at least once in the last year at 6.3 million in 1990, down from 8.2 million two years earlier. Using a variety of measures, the White House calculates that 5.7 million Americans suffer from serious drug problems, down from perhaps 5.9 million last year. But both figures, the experts say, may be on the low side.

> There may be fewer recreational drug users, but the hard core remains stubbornly intact.

The two most extensive Federally financed surveys are skewed toward people in the middle class and depend on their giving honest answers about increasingly unacceptable behavior. Nevertheless, these and other limited gauges, taken together with anecdotal evidence from the police, social workers and treatment specialists, lead experts to believe that crack and cocaine are being rejected more often. They also believe that marijuana, the most commonly accepted illegal drug in America, is less widely smoked.

Though the Federal Government has spent billions fighting drugs, it has been unable to put much of a dent in the flow of cocaine and heroin into the United States or to drive drug dealers off the streets. What is causing people to turn away from crack and cocaine, the experts say, is a radical change in attitude brought on by the drugs themselves, which have proved to be among the most vicious in man's pharmacopeia. "It was the bad experience," said Mark A. R. Kleiman, a drug policy specialist at Harvard University. "You think you're going to smoke some crack and have a good time and not get hooked like the other fool and suddenly you discover you are that other fool."

The decline of crack and cocaine has also gathered momentum as a strong tide toward healthier lives and temperance has swept the nation. The term "recreational drug" is now an anachronism, said Dr. David Musto, a drug historian at Yale University, adding: "People now believe any drug use is bad."

Some experts think the most useful contributions from the Bush Administration have been forceful anti-drug statements. "But it's not reasonable to think that an Administration that took office in January 1989 could have had that big an impact on the changes we're seeing now," said Mr. Kleiman. "It takes longer than that."

Mr. Bush and his predecessor, Ronald Reagan, have been criticized by many drug experts for devoting the lion's share of the drug budget to enforcement at the expense of treatment, education and research. While Mr. Bush asked Congress to increase drug spending by $1.13 billion in the coming fiscal year to $11.65 billion, the proportion for health-related activities fell to 30.3 percent from 31.2 percent of the current budget.

In its defense, the Administration points out that the new proposal includes $100 million for expanding treatment facilities, triple the amount in the current budget. Aides said the money would provide for 200,000 new

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treatment spaces, providing that states and private insurers come up with additional funds. But Mathea Falco, an expert on treatment at Cornell University Medical Center in New York City, said that given the fiscal crisis in most states, "it's unlikely they're going to be able to come up with enough money to make this treatment a reality."

Despite their criticism, the drug experts say they believe that aggressive law enforcement undoubtedly scared some people out of ever trying to buy drugs. "If the police hadn't been out there," Mr. Kleiman said, "the wave of cocaine use would have peaked at a much higher level."

At least 5.7 million Americans may have serious drug problems.

While evidence on the crack and cocaine trend have been building, a change of command has been under way at the White House office that directs national drug policy. William J. Bennett, an accomplished debater with a gift for the jazzy sound bite, resigned last fall to become head of the national Republican Party, but then changed his mind, saying the party post would have been a financial burden.

As his replacement, the president nominated Bob Martinez, the defeated governor of Florida who doubled the number of prison cells in his state and stiffened penalties for drug dealers. Mr. Martinez was known in Florida as personally warm but awkward at the podium, and aides acknowledged that with no experience in Washington he would be unable to match the insider maneuvering of Mr. Bennett, a former Secretary of Education. The Senate is expected to confirm Mr. Martinez's nomination this week.

Some of the least successful efforts at controlling drugs have been at the borders and in countries in South America and Asia where cocaine and heroin are produced. For the first time in recent memory, there has been a tiny shrinkage in the cultivation of coca, the plant from which cocaine is derived — down about 7,400 acres to a total of 526,000 acres. But the drop seems to be mainly a result of overproduction. Bad weather has curtailed opium growing, the State Department says, but, as with coca, probably not enough to affect sales of the refined product in the United States.

When President Bush took office in early 1989, drugs were the No. 1 issue in the country and, one aide said, "things seemed to be spinning wildly out of control."

Now with some modest accomplishments behind them, the sense of hopelessness is not so deep. "Obviously, the problem remains intolerably large," said David Tell, the deputy chief of staff in the drug policy office. "But you don't hear the panic and widespread predictions of failure anymore."

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Statistics

Drugs & Crime Data

November 1991

Fact Sheet: Drug Data Summary

As part of ongoing research, the Drugs & Crime Data Center & Clearinghouse has prepared this fact sheet to summarize current drug-related law enforcement and court statistics, as well as drug use among the criminal and general populations and Federal drug control costs.

Law enforcement

Arrests

In 1990, the Federal Bureau of Investigation (FBI) reported an estimated 1,089,500 State and local arrests for drug abuse violations in the United States. Over the past 10 years, these totals have increased substantially, but 1990 arrests are below the level reported in 1989.

Estimated arrests for drug offenses

Year	Total arrests	Sale/ manufacturing	Possession
1981	559,900	111,420	448,480
1982	676,000	137,904	538,096
1983	661,400	146,169	515,231
1984	708,400	155,848	552,552
1985	811,400	192,302	619,098
1986	824,100	206,849	617,251
1987	937,400	241,849	695,551
1988	1,155,200	316,525	838,675
1989	1,361,700	441,191	920,509
1990	1,089,500	344,282	745,218

In 1981, drug arrests were 5.2% of the total of all arrests reported to the FBI; by 1990, drug arrests had risen to 7.7% of all arrests.

Drug seizures

Many Federal agencies are involved in removing illicit drugs from the market. The Federal-Wide Drug Seizure System (FDSS) reflects the combined drug seizure efforts of the Drug Enforcement Administration (DEA), FBI, and the U.S. Customs Service within the jurisdiction of the United States, as well as maritime seizures by the U.S. Coast Guard.

FDSS eliminates duplicate reporting of a seizure involving more than one Federal agency. The following statistics indicate the total amount of drugs seized in fiscal 1990 by the Federal agencies participating in FDSS:

Drug	Pounds seized
Heroin	2,214
Cocaine	233,094
Cannabis	482,948

Asset seizures

In fiscal 1990, the DEA made 18,293 domestic seizures of nondrug property with a total value of about $1 billion.

Type of asset	Number of seizures	Value
Total	18,293	$1,068,268,486
Currency	7,622	363,717,740
Vehicles	5,674	60,579,075
Property	1,599	345,617,695
Other financial instruments	444	49,879,454
Vessels	187	16,522,303
Airplanes	51	25,586,000
Other	2,716	206,376,219

Law enforcement officers killed

Of 65 law enforcement officers killed in 1990, the FBI stated that 4 died during drug-related investigations or activities.

Courts

Federal offenders

According to the Administrative Office of the U.S. Courts, of the 46,725 defendants convicted between July 1989 and June 1990, 16,188 (35%) defendants were convicted of Federal drug offenses. Of these defendants—

- 13,036 pleaded guilty
- 31 pleaded no contest
- 2,973 were convicted in a jury trial
- 148 were convicted in a bench trial.

Of the 16,188 defendants sentenced for drug offenses in the Federal courts—

- 13,838 were sentenced to imprisonment (including 257 defendants receiving sentences that included a term of incarceration and probation)
- The average sentence length was 79.3 months
- 2,135 were sentenced to an average 32.3 months probation
- 64 were fined, and 151 received other sentences, including deportation, suspended sentences, and life sentences.

Offenders in State courts

According to the Bureau of Justice Statistics (BJS) National Judicial Reporting Program (NJRP), of an estimated 667,366 persons convicted of a felony in State courts in 1988, 111,950 persons (17%) were convicted of drug trafficking in State courts in 1988. This figure is approximately 50% greater than the number convicted in 1986, the year the survey was last done. Another 17% of all convictions in 1988 were for felony drug possession.

Of the 111,950 convicted for drug trafficking in 1988—

- 102,702 pleaded guilty
- 4,860 were convicted in a jury trial
- 4,388 were convicted in a bench trial.

An estimated 41% of drug traffickers received a State prison sentence in 1988, compared to 37% in 1986. In 1988, those felons sentenced with one conviction offense received an average maximum sentence of 61 months in prison; those with two conviction offenses were sentenced to an average maximum of 66 months; and those with three or more conviction offenses were sentenced to an average maximum sentence of 89 months in prison.

Drug use

Drug use among arrestees and offenders

The National Institute of Justice's (NIJ) Drug Use Forecasting (DUF) program administers urine tests to selected male arrestees in 23 cities and female arrestees in 21 cities. In 1990, the DUF program found that the percentage of male arrestees testing positive for an illicit drug at the time of arrest ranged from 30% in Omaha to 78% in San Diego. Female arrestees testing positive ranged from 39% in Indianapolis to 76% in Philadelphia.

The 1989 BJS Survey of Inmates in Local Jails reported that 77.7% of inmates had used a drug at some point in their lives. More than half the convicted inmates reported being under the influence of drugs or alcohol at the time of the offense.

Most serious offense	Under the influence of:		
	Drugs only	Alcohol only	Drugs and alcohol
All offenses	15.4%	29.2%	12.1%
Violent offenses	8.8%	30.7%	16.1%
Property offenses	18.2	17.9	12.8
Drug offenses	28.6	7.3	12.3
Public-order offenses	6.4	54.1	9.6

Overall, 13% of convicted jail inmates reported they had committed their current offense to obtain money for drugs. Almost 1 of 3 inmates convicted of robbery or burglary had committed the crime to obtain money for drugs, as had nearly 1 of 5 inmates convicted of drug trafficking.

The BJS 1987 Survey of Youth in Custody in long-term, State-operated juvenile institutions reported on juveniles, primarily under age 18, who indicated whether they were under the influence of either drugs or drugs and alcohol at the time of their offense.

Most serious offense	Under the influence of:	
	Drugs only	Drugs and alcohol
All offenses	15.7%	23.4%
Violent offenses	12.1%	24.2%
Property offenses	16.8	23.1
Drug offenses	34.4	24.9
Public-order offenses	15.9	20.6
Juvenile status offenses	15.3	17.6

Drug use in the general population

According to the National Institute on Drug Abuse (NIDA) 1990 National Household Survey on Drug Abuse, 74.4 million (37%) of Americans reported some use of an illicit drug at least once during their lifetime, 13.3% reported use

during the past year, and 6.4% reported use in the month before the survey was conducted.

	Past drug use:		
Respondent age	Lifetime	Past year	Past month
12–17	22.7%	15.9%	8.1%
18–25	55.8	28.7	14.9
26–34	62.6	21.9	9.8
35 and over	25.9	6.0	2.8

For those age 25 and under, an estimated 2,611,000 (5.3%) reported using cocaine (including crack), and 9,403,000 (19.2%) reported using marijuana at least once within the past year.

For those age 26 and over, 3,636,000 (2.4%) reported using cocaine (including crack), and 11,052,000 (7.3%) reported using marijuana at least once within the past year.

According to the NIDA 1990 High School Senior Survey, 47.9% of high school seniors reported use of an illicit drug at least once in their lives, 32.5% reported use of an illicit drug within the past year, and 17.2% reported use of a drug within the past month.

	Past drug use:		
Drug	Ever used	Past year	Past month
Marijuana	40.7%	27.0%	14.0%
Cocaine	9.4	5.3	1.9
Stimulants	17.5	9.1	3.7
LSD	8.7	5.4	1.9
PCP	2.8	1.2	0.4
Heroin	1.3	0.5	0.2

Emergency room and medical examiner statistics

In 1990, the NIDA Drug Abuse Warning Network (DAWN) reported an estimated 365,708 drug-related episodes in hospital emergency rooms nationwide.

A total of 5,830 drug abuse-related deaths were reported in 1990 by 135 medical examiners in 27 metropolitan areas.

Federal drug control budget

According to the Office of National Drug Control Policy, Federal spending on drug control programs has increased from $1.5 billion in fiscal 1981 to an estimated $10.5 billion in fiscal 1991. A total of $11.7 billion was requested for Federal programs for fiscal 1992.

Sources used to produce this Fact Sheet:

U.S. Department of Justice

Bureau of Justice Statistics:

BJS Special Reports—
Drugs and jail inmates, 1989, NCJ–130836, August 1991
Felony sentences in State courts, 1986, NCJ–115210, February 1989
Felony sentences in State courts, 1988, NCJ–126923, December 1990
Profile of jail inmates, 1989, NCJ–129097, April 1991
Survey of youth in custody, 1987, NCJ–113365, September 1988

Drug Enforcement Administration:

Annual statistical report, FY 1990
Statistical services section

Federal Bureau of Investigation:

Crime in the United States 1981 through 1990
Law enforcement officers killed and assaulted, 1990

National Institute of Justice:

Drug use forecasting 1990 annual report, NCJ–130063, August 1990

Administrative Office of the U.S. Courts

Annual report of the director, 1990

U.S. Department of Health and Human Services

Press release, January 24, 1991
Press release, July 2, 1991

National Institute on Drug Abuse:

Data from the drug abuse warning network, annual data 1990
National household survey on drug abuse: Population estimates 1990

Executive Office of the President

Office of National Drug Control Policy:

National drug control strategy: Budget summary, February 1991

This fact sheet was prepared by Anita Timrots, Candi Byrne, and Christine Finn at the Drugs & Crime Data Center & Clearinghouse. With funding from the Bureau of Justice Assistance, the Bureau of Justice Statistics sponsors this data center and clearinghouse to support drug control policy research. For further information about the contents of this fact sheet or other drugs and crime issues, call:

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Bush targets $12.7 billion for drug war

By Carleton R. Bryant
THE WASHINGTON TIMES

President Bush yesterday announced plans to step up the government's war on drugs by earmarking $12.7 billion of his new budget to combatting drug trafficking and usage.

"We haven't won this war yet, but I am determined that we will," Mr. Bush said at the unveiling of the 1992 drug control strategy at the Old Executive Office Building.

Speaking before a group that included top administration officials and ambassadors from Central and South America, Mr. Bush called for local, national and international cooperation in fighting illicit drug use and drug-related crime.

"It is imperative that we put more resources into our fight," the president said. "Accordingly, I am asking the Congress for fiscal '93 to provide $12.7 billion to wage this war on drugs. If Congress approves my request, funding for the war against drugs will have increased by 93 percent to nearly double the level of just three years ago when I took office."

Mr. Bush's new budget, which will be released tomorrow, contains provisions for beefing up several of the Justice Department's anti-drug operations, including a $500 million outlay for a program that targets violent criminals and gangs.

Called "weed and seed," the program combines federal, state and local resources in specially identified neighborhoods to "weeding out" drug dealers and "seeding in" community improvement projects.

But Democratic members of Congress were busy yesterday chipping away at the foundation of Mr. Bush's anti-drug plan.

"Regardless of what the administration is proposing here this time around, it does not amount to a hill of beans unless it gets priority on the federal agenda," said Rep. Charles Rangel, chairman of the House Select Committee on Narcotics.

In announcing his drug control strategy, Mr. Bush noted the results of a recent survey that show illicit drug use decreasing among the nation's high school seniors.

The survey showed current use down for cocaine and alcohol and annual use for those drugs and marijuana down in 1991. Compared with 1990, current cocaine use dropped from 1.9 percent to 1.4 percent and alcohol from 57 percent to 54 percent. Annual use of marijauna fell from 27 percent to 24; alcohol from 81 to 78; and cocaine from 5.3 to 3.5.

However, Sen. Joseph R. Biden Jr., Delaware Democrat and chairman of the Senate Judiciary Committee, said the president's "rosy" assessment ignores some basic facts. He cited the dramatic increases in the number of "hard-core" cocaine addicts since 1988 and emergency room admissions for cocaine overdoses as examples.

"[The president's] strategy contains the same flaws, the same failure to make the tough decisions, that have brought us to the current stalemate in the 'war on drugs,'" Mr. Biden said in a statement.

In a separate news conference, Attorney General William Barr outlined the Justice Department's proposed projects to fight drugs and violent crime. The department's budget calls for:

- Moving 85 FBI agents from counterintelligence activities to policing violent street gangs.
- Hiring 161 new prosecutors to indict armed criminals and gangs.
- Providing $411 million for fighting drug trafficking, an 8 percent increase over last year's budget. The funds will be used to hire 140 new Drug Enforcement Administration agents, 66 new FBI agents, 200 new Border Patrol officers and 134 new drug prosecutors.
- Allotting $114 million for the Bureau of Prisons to activate more than 4,600 new beds and earmarking $239 million for building new prisons to house an additional 3,482 convicts.

The new budget is a "major step forward for the 'weed-and-seed' program," Mr. Barr said.

The program is operating in Kansas City, Mo., Trenton, N.J., and Philadelphia. The budget calls for expansion to as many as 16 cities competing for $9 million this year and $20 million in 1993, Mr. Barr said.

- *This article is based in part on wire service reports.*

DIPPING DRUG USE

The federal government's annual survey of high school seniors shows a significant drop in drug use from 1990 to 1991. "Current use" refers to use within 30 days of the survey.

	1990	1991
Current use of cocaine	1.9%	1.4%
Current use of alcohol	57.0	54.0
Annual use of marijauna	27.0	24.0
Annual use of alcohol	81.0	78.0
Annual use of cocaine	5.3	3.5
Lifetime use of heroin	1.3	0.9
Lifetime use of marijuana	41.0	37.0
Lifetime use of cocaine	9.4	7.8

Source: Department of Health and Human Services

The Washington Times

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Source: *New York Times*, June 14, 1992, section 4, p.7.

20 Years of War on Drugs, and No Victory Yet

By JOSEPH B. TREASTER

STANDING on a bleak corner in the South Bronx littered with old heroin syringes and empty crack vials, it is hard to imagine that the United States has poured nearly $70 billion into fighting drugs in the last 20 years.

"I look at the message coming out of Washington that we're winning the war on drugs and I don't know what city they're talking about," New York's Police Commissioner, Lee P. Brown, said in a recent interview. "It's certainly not New York City."

It also does not appear to be Washington, Chicago, Los Angeles or any other big city.

In 1971, when Richard M. Nixon became the first President to declare war on drugs, the country had perhaps 1.5 million heroin addicts — up from perhaps 50,000 in 1960 — and legions of rebellious young people puffing marijuana.

Then in the 1980's a cocaine epidemic cut a swath through the heart of American society, starting as an expensive nose powder and changing into a cheap-per-dose but ferociously addictive crack-pipe load. Each President since Mr. Nixon has thrown more money into the battle. But the problem has persisted..

Now national surveys show middle-class cocaine use on the decline; it has dropped 22 percent since 1988. But Federal officials say 6.4 million Americans used it last year. Marijuana use has seen a similar decline from its 1979 peak but is now at roughly the same level among young adults — with about half having tried it — as it was 20 years ago, when war was declared.

In the meanest neighborhoods, where jobs are scarce and hope flutters on crippled wings, cocaine snorting and smoking is rising again. And the police say a flood of potent heroin is creating new addicts.

Drug-related crime is far worse than it was 20 years ago. Articles about machine-gun battles on street corners and children hit by dealers' bullets have become routine. Jittery addicts are still killing their grandmothers — or other peoples' — for drug money. Radios are still flying out of parked cars.

It may be too harsh to say the war has been lost. But on many fronts there seems to have been little progress.

Since 1971, the Drug Enforcement Administration has been created, Federal "drug czars" have come and gone and the military has been ordered into the fray. Different states have passed laws ranging from traffic tickets for smoking a marijuana cigarette to life sentences for selling heroin. The Governments of Turkey, Mexico, Thailand, Colombia, Peru and Bolivia have been threatened with diplomatic isolation or offered bribes for their farmers, herbicides for their drug crops and helicopters for their police. Panama has been invaded — a drug bust that took 26 American lives and more than 500 Panamanian ones.

Drug-related crime is far worse than it was 20 years ago. Articles about children hit by dealers' bullets have become routine.

Many drug experts contend that the United States, driven by Congresses and Presidents trying to look tough on crime, follows a fundamentally flawed policy: spending most of the money on law enforcement.

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Source: *New York Times*, June 14, 1992, section 4, p.7.

No one knows what will work against drugs — or whether the war, like an earlier one called Prohibition, ought to be abandoned as a failure, and drug abuse treated as a medical problem like alcoholism.

But experts say far more money should go for other tactics: anti-drug education for children, treatment for addicts and a search for more chemicals that, like methadone, block addictive drugs.

These are not new ideas. The bulk of the $3 billion that Mr. Nixon spent was for treatment and education. But it was soon outpaced by spending for enforcement.

For most of the Reagan years, even as crack sent overdose deaths and crime rates soaring, only about 20 percent of the budget went to treatment and education.

This year, the Bush Administration will spend nearly $12 billion on drugs, more than double what was spent in Mr. Reagan's last year in office. More than two-thirds of it is going to tactics that have consistently failed to cap the gushers of drugs: police training for South America, swarms of planes and boats, a picket of radar balloons and drug agents at the borders, more jails and battalions of police officers.

"It reminds me of that cartoon," said Dr. Herbert Kleber, professor of medicine at Columbia University and a former deputy director of the Office of National Drug Control Policy who quit when he couldn't get more money shifted to treatment. "This king is slamming his fist on the table, saying 'If all my horses and all my men can't put Humpty Dumpty together again, then what I need is *more* horses and *more* men.' "

Bob Martinez, who heads the Office of National Drug Control Policy, which makes him the current "drug czar," insists that the Bush strategy is to apply "pressure against all fronts." He says the drop in middle-class use implies "substantial, undeniable progress."

Cocaine Still Easy to Find

Critics of the law-enforcement emphasis believe that many Americans, seeing cocaine destroy friends, dropped it on their own, and that marijuana and cocaine use declined naturally as baby-boomers aged.

One indicator of how little effect the police have had in closing markets is that more than half the high school seniors questioned by University of Michigan researchers just last year said that finding cocaine was "fairly easy" or "very easy." Nearly 40 percent said the same for crack and about a third for heroin.

In the late 1980's, there was a flurry of support for legalizing drugs. Doing so, advocates said, would rout the gangs, cut crimes by addicts, and save billions in police, court and prison costs. Opponents argued that it would increase addiction, overdoses and hospital costs. But these days, said Dr. David F. Musto, a drug expert at Yale University, "Americans are moving increasingly toward seeing drugs as having no redeeming qualities whatsoever."

Still, many believe the drug budget should be spent differently.

Mark A. R. Kleiman, a drug specialist at Harvard, suggests focusing on addicted thieves and robbers, offering treatment and letting them stay out of jail by passing frequent urine tests. If three-quarters of them stopped using drugs, he estimates, crime would drop substantially and half the cocaine market would dry up.

The National Institute for Drug Abuse hands out grants for the search for a "methadone for cocaine," but has only $40 million of this year's budget.

In any case, many experts believe the solution lies not in foreign lands, at the borders or in prisons, but in the towns and cities of America. "If the 'war' is to be won, it will be won in the hearts and minds of people who might be inclined to consume drugs," said F. LaMond Tullis, a political scientist at Brigham Young University. Changing attitudes, he said, takes time, yields no get-tough-on-crime headlines "and is not amenable to someone's four-year cycle on his political campaign."

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Billions for Enforcement, but the Flood Still Gushes In

Pre-1970's
Cocaine and heroin were widely used between 1890 and 1915, often in wines or colas or as "cures" for opium or morphine addiction. Presidents Roosevelt and Taft led attacks on drug use. Marijuana was popular in the late 1930's. Stricter laws, the Depression and World War II dampened drug use. In the late 1960's, heroin, marijuana, amphetamine and hallucinogen use all soared.

Paraquat Scare
Mexican spraying of marijuana with herbicide frightens marijuana users.

Crack
Crack appears: violence by drug dealers soars. President Reagan calls for "drug-free" workplaces and random urine testing. $4 billion Anti-Drug Abuse Act also presses military into hunt. U.S. agents join Bolivian police in drug raids.

Nixon Declares War
Nixon declares war on drugs, warns Turkey to curb poppy farmers. Methadone treatment spreads.

Changing Targets
Heroin addiction surges as Mexican and Asian poppy fields open. Ford Administration de-emphasizes marijuana enforcement.

'No'
"Just Say No" campaign begins with Reagan election.

Panama
U.S. invades Panama to arrest Noriega. President Bush increases military role.

D.E.A. Is Born
Drug Enforcement Administration organized.

Decriminalization
Carter endorses decriminalizing small amounts of marijuana.

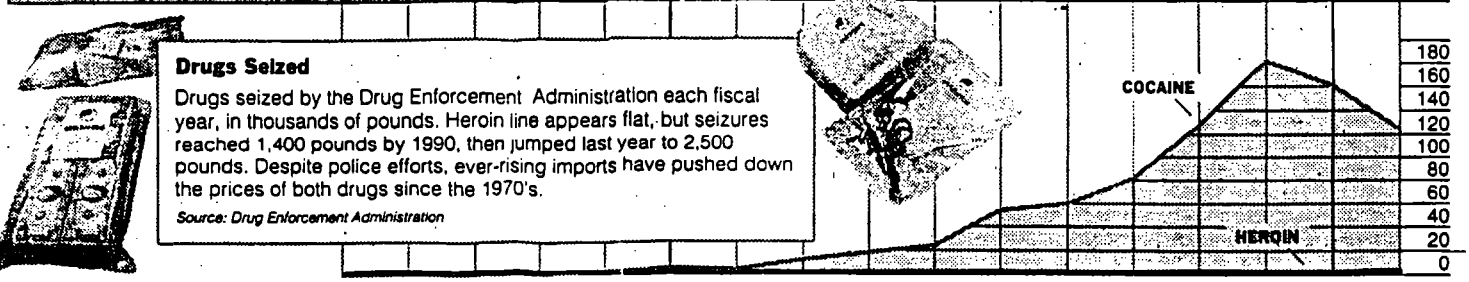
Deadly Trend
AIDS and needle use linked.

1970 '71 '72 '73 '74 '75 '76 '77 '78 '79 '80 '81 '82 '83 '84 '85 '86 '87 '88 '89 '90 '91

The Federal Price Tag
Total budgeted for anti-drug programs each fiscal year, in billions of 1991 dollars.

Sources: The Drug Abuse Council (1970-1974 figures), Office of Management and Budget (1975-1991). Figures before 1980 may not include all the drug programs in the later years.

Drug Arrests
Arrests per 100,000 people.
Source: Federal Bureau of Investigation



Drugs Seized
Drugs seized by the Drug Enforcement Administration each fiscal year, in thousands of pounds. Heroin line appears flat, but seizures reached 1,400 pounds by 1990, then jumped last year to 2,500 pounds. Despite police efforts, ever-rising imports have pushed down the prices of both drugs since the 1970's.
Source: Drug Enforcement Administration

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CRS Issue Brief

Drug Control: International Policy and Options

Updated February 4, 1993

by
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CONTENTS

Drug Control: International Policy and Options

SUMMARY

Efforts to greatly reduce the flow of illicit drugs from abroad into the United States have so far not succeeded. Moreover, over the past decade, worldwide production of illicit drugs has increased dramatically: opium and marijuana production has roughly doubled and coca production tripled.

Despite a national political resolve to deal with the drug problem, inherent contradictions regularly appear between U.S. anti-drug policy and other policy goals and concerns. U.S. narcotics policy seeks reduction of the supply of illicit drugs to the United States and reduction of user demand within the United States. On the other hand, important aspects of U.S. foreign policy aim at promoting the political and economic stability of U.S. friends and allies and avoiding excessive involvement in their internal affairs. Pursuit of anti-drug goals can undermine foreign policy interests and bring political instability and significant economic loss to countries where narcotics production has become entrenched economically and socially. Drug supply interdiction programs and U.S. systems to facilitate the international movement of goods, people, and wealth are often at odds. U.S. international narcotics policy requires cooperative efforts by many nations and must operate in the context of competing foreign policy goals. A major area of ongoing concern remains: how effective can international narcotics control programs be in helping to reduce U.S. domestic drug consumption?

The mix of competing domestic and international pressures and priorities has produced an ongoing series of disputes within and between the legislative and executive branches concerning U.S. international drug policy. Congress in the 1988 Drug Act has called for a reevaluation of that policy with a view towards formulating a more comprehensive approach. The Act requires the new "drug czar" to submit a national drug control strategy to the Congress by February 1st of every year. New to the U.S. strategy is an Andean initiative that calls for increased economic, military, and law enforcement assistance to Colombia, Peru, and Bolivia.

Policy options addressed in this brief include:

- Expansion of efforts to reduce foreign production at the source.
- Expansion of interdiction and enforcement activities to disrupt supply lines.
- Expansion of efforts to reduce worldwide demand.
- Expansion of economic disincentives for international drug trafficking.

ISSUE DEFINITION

Drug control policies continue to be a hotly debated public issue in the United States. Many look to the area of international narcotics control as a means of reducing America's domestic consumption of illicit drugs. A number of policy options are being considered. Critical areas of concern include: (1) how effectively can international narcotics control efforts contribute to the reduction of U.S. drug consumption; and (2) what are the foreign affairs consequences, tradeoffs, and dilemmas of existing international narcotics control programs and of alternative options?

BACKGROUND AND ANALYSIS

Problem

More than 26 million Americans buy and use illicit drugs, spending -- by most conservative estimates -- over $40 billion annually in a diverse and fragmented criminal market. Such drugs are to varying degrees injurious to the health, judgment, productivity and general well-being of their users. The addictive nature of many of these drugs, their high price and their illegality play a role in more than half the street crime in the United States. The U.S. illicit drug market generates enormous profits that enable the growth of diversified international criminal organizations, extend their reach into local neighborhoods, legitimate business, and even national governments. Such profits provide drug trafficking organizations with the resources to effectively evade and compete with law enforcement agencies, and in some instances, to challenge the authority of national governments.

Measured in dollar value, at least four-fifths of all the illicit drugs consumed in the U.S. are of foreign origin, including virtually all the cocaine and heroin. Of the marijuana consumed in the United States, 25% to 35% is domestically produced and virtually all of the hallucinogens and illegally marketed psychotherapeutic drugs and "designer" drugs are of domestic origin.

Little is known about the distribution of revenues from illicit drug sales, but foreign supply cartels exercise considerable control over wholesale distribution in the United States and illicit proceeds are often laundered and invested through foreign banks and financial institutions.

The Federal anti-drug initiative has two major elements: (1) reduction of demand and (2) reduction of supply. Reduction of demand is sought through education to prevent dependence, through treatment to cure addiction and through measures to increase prices and risk of apprehension at the consumer level. Reduction of supply (which accounts for about 30% of the $11.7 billion Federal anti-drug control budget requested for FY1992) is sought by programs aimed at destabilizing the operations of illicit drug cartels at all levels, and by seizing their products and assets. As most illicit drugs are imported, a major interdiction campaign is being conducted on the U.S. borders, at ports of entry, on the high seas, and on major foreign transshipment routes and production sites. An international program of source crop eradication is also being pursued. Federal policies for the reduction of illicit supply have major international components. These are discussed below.

Current International Narcotics Control Policy

The primary goal of U.S. international narcotics policy is to reduce the supply of illicit narcotics flowing into the United States. A second and supporting goal is to reduce the amount of illicit narcotics cultivated, processed, and consumed worldwide. U.S. international narcotics control policy is implemented by a multifaceted strategy that includes the following four elements: eradication of narcotic crops, interdiction and law enforcement activities in drug producing and drug transiting countries, international cooperation, and sanctions. The U.S. State Department's Bureau of International Narcotics Matters (INM) has the lead role coordinating U.S. international drug intervention and suppression activities.

In 1992, the Administration sought the authorization and appropriation of $173 million for INM costs and international operations in FY1993. Congress approved legislation authorizing (in H.R. 6187) and appropriating (in H.R. 5368) $147.78 million for INM programs for FY1993. In H.R. 6187, Congress also revised some of the guidelines governing the proceedures by which the President can certify that a major drug-producing or drug-transit country is cooperating fully with the U.S. anti-drug program and is thus qualified to receive U.S. foreign aid. It also changed the terms of the reporting requirements, eliminating some items from the list of subjects that must be discussed but also requiring more information on action to combat money laundering and to prevent the diversion of precursor chemicals (those used in the production of illicit drugs) from their legitimate commercial uses.

Eradication of Narcotic Crops

A longstanding U.S. official policy for international narcotics control strategy is to reduce cultivation and production of illicit narcotics through eradication. In 1991, the United States supported programs to eradicate coca, opium, and marijuana in 14 countries. These efforts are conducted by a number of Government agencies administering several types of programs. The United States supports eradication by providing producer countries with chemical herbicides, technical assistance and specialized equipment, and spray aircraft. The U.S. Agency for International Development (AID) funds development projects designed to promote creation of alternative income for farmers who abandon cultivation of illicit narcotics ($199 million for 1991). U.S. eradication policy receives informational support from the U.S. Information Agency (USIA) which publicizes the dangers of drug abuse and trafficker violence ($3.8 million for FY1991). In addition, AID sponsors drug education and awareness programs in 33 Latin American, Asian, and East European countries (about $16 million for FY1991).

Interdiction and Law Enforcement

A second element of U.S. international narcotics control strategy is to help host governments seize illicit narcotics before they reach America's borders. Training of foreign law enforcement personnel constitutes a major part of such endeavors. In 1991, the Department of State funded anti-narcotics law enforcement training programs for foreign personnel from more than 70 countries. In addition, the Department of State provides host country anti-narcotics personnel with a wide range of equipment to perform effectively, and U.S. Drug Enforcement Administration (DEA) agents regularly assist foreign police forces in their efforts to destabilize trafficking networks. U.S.

efforts to promote effective law enforcement against narcotics traffickers also include suggestions to nations on means to strengthen their legal and judicial systems.

International Cooperation

Essentially all elements of U.S. international narcotics control strategy require international cooperation. By use of diplomatic initiatives, both bilateral and multilateral, the Department of State encourages and assists nations to reduce cultivation, production, and trafficking in illicit drugs. These bilateral agreements and international conventions have thus far been largely ineffective in reversing the growth of international narcotics trafficking, in part because they lack strong enforcement mechanisms and are not uniformly interpreted by member nations.

U.S. international narcotics control strategy also requires cooperation among governments to coordinate their border operations to interdict traffickers. To this end, the U.S. Government has provided technical assistance for multinational operations in Colombia, Peru, and Ecuador. The United States also participates in multilateral assistance programs through the U.N. International Drug Control Program and actively enlists the aid and support of other governments for narcotics control projects. The U.N. currently assists 67 developing countries through development, law enforcement, education, treatment, and rehabilitation programs. For FY1992, the United States provided $4.2 million for the U.S. voluntary contribution to U.N. drug programs.

Sanctions

A fourth element of U.S. international narcotics control strategy, initiated by Congress in recent years, involves the application of sanctions against certain drug producer or trafficker nations. Such sanctions range from suspension of U.S. foreign assistance to curtailment of air transportation to target countries. Current drug sanctions legislation requires the President on March 1 of each year to submit to Congress a list of major illicit drug producing and transit countries that he has certified as eligible to receive U.S. foreign aid and other economic and trade benefits. This action sets in motion a 45-day congressional review process during which Congress can override the President's certification.

Certification may be granted because a major illicit drug producing or transit country has "cooperated fully" with U.S. narcotics reduction goals and/or has taken "adequate steps on its own" in tandem with U.S. goals. A country not qualified on the basis of full cooperation or adequate steps, may escape imposition of sanctions if the President certifies that U.S. "vital national interests" preclude implementation of sanctions on that country.

U.S. sanctions policy has been augmented with programs of economic assistance to major coca producing countries (see section in President Bush's Anti-Drug Strategy).

Policy Options

Overview

The primary goal of U.S. international narcotics control policy is to stem the flow of foreign drugs into the United States. A number of options have been proposed to

reshape and more effectively implement U.S. international narcotics control policy. Whatever options are selected will likely require funding on a scale sufficient to affect the drug problem. It is estimated that the illicit drug industry generates between $100 billion and $500 billion dollars a year for criminal organizations. The Office of National Drug Policy cites the figure of $110 billion for 1989. Policymakers face the challenge of deciding the appropriate level of funding required for the Nation's international narcotics control efforts within the context of competing budgetary priorities.

Another challenge facing the U.S. international narcotics control efforts concerns how to most effectively implement policy. Many argue that current U.S. policy is fragmented and overly bilateral in nature. Many of these analysts suggest that to achieve success, policy options must be pursued within the context of a comprehensive plan with a multilateral emphasis on implementation. For example, they point out that some studies indicate that interdiction can actually increase the economic rewards to drug traffickers by raising prices for the products they sell. Interdiction as part of a coordinated plan, however, can have a strong disrupting and destabilizing effect on trafficker operations. Some analysts suggest that bilateral and/or unilateral U.S. policies are ill-suited for solving what is in effect a multilateral problem. They cite the need for enhancing the United Nations' ability to deal effectively with the narcotics problem and for more international and regional cooperation and consultation on international narcotics issues. Proponents of bilateral policy do not necessarily reject a more multilateral approach. They point out, however, that such multinational endeavors are intrinsically difficult to arrange, coordinate, and implement effectively.

Many analysts believe that current efforts to reduce the flow of illicit drugs into the United States have essentially failed and that other objectives, policies, programs, and priorities are needed. Five major options, which could be pursued in various combinations as part of an overall effort, are set out below.

Another major congressional concern will be how to fund the new international initiative within existing budgetary constraints, and how other domestic, military, or foreign aid programs may be affected because of increased anti-drug expenditures.

Expansion of Efforts to Reduce Production at the Source

This option involves expanding efforts to reduce the growth of narcotic plants and crops in foreign countries before conversion into processed drugs. Illicit crops may either be eradicated or purchased (and then destroyed). Eradication of illicit crops may be accomplished by physically uprooting the plants, or by chemical or biological control agents. Development of alternative sources of income to replace peasant income lost by nonproduction of narcotic crops may be an important element of this option.

Proponents of expanded efforts to stop the production of narcotic crops and substances at the source believe that reduction of the foreign supply of drugs available is an effective means to lower levels of drug use in the United States. Furthermore, they argue that reduction of the supply of cocaine -- the Nation's top narcotics control priority -- is a realistically achievable option. For example, the Department of State believes that the supply of cocaine being shipped from Latin America to the United States could be reduced significantly if Latin American governments agree to institute massive herbicidal spraying sufficient to reduce cocaine cultivation by 50% in 1993.

Proponents of vastly expanded supply reduction options, and specifically of herbicidal crop eradication, argue that this method is the most cost-effective and efficient means of eliminating narcotic crops. They staunchly maintain that, coupled with intensified law enforcement, such programs will succeed since it is easier to locate and destroy crops in the field than to locate subsequently processed drugs on smuggling routes or on the streets of U.S. cities. Also, because crops constitute the cheapest link in the narcotics chain, producers will devote less economic resources to prevent their detection than to concealing more expensive and refined forms of the product.

Opponents of expanded supply reduction policy generally question whether reduction of the foreign supply of narcotic drugs is achievable and whether it would have a meaningful impact on levels of illicit drug use in the United States. They suggest that even if the supply of foreign drugs destined for the U.S. market could be dramatically reduced, U.S. consumers would simply switch to consumption of synthetic drug substitutes. Thus, they maintain, the ultimate solution to the U.S. drug problem is reduction of demand at the source and not reduction of supply at the source.

Some also fear that environmental damage will result from herbicides. As an alternative, they urge development, research, and funding of programs designed to develop and/or employ biological control agents such as coca-destroying insects and fungi that do not harm other plants.

Others question whether a global policy of simultaneous crop control is politically feasible since many areas in the world will always be beyond U.S. control and influence. Such critics refer to continuously shifting sources of supply, or the so-called "balloon syndrome": when squeezed in one place, it pops up in another. Nevertheless, many point out that the number of large suitable growth areas is somewhat finite, and by focusing simultaneously at major production areas, substantial reductions can be achieved if adequate funding is provided.

Some also question the value of supply reduction measures since world production and supply of illicit drugs vastly exceeds world demand, making it unlikely that the supply surplus could be reduced sufficiently to affect on the ready availability of illicit narcotics in the U.S. market. Such analysts also suggest that even if worldwide supply were reduced dramatically, it would first be at the expense of other nation's drug markets. The U.S. market, they argue, would be the last to experience supply shortfalls, because U.S. consumers pay higher prices and because U.S. dollars are a preferred narco-currency.

Political and Economic Tradeoffs. Many suggest that expanded and effective efforts to reduce production of illicit narcotics at the source will be met by active and violent opposition from a combination of trafficker, political and economic groups. In some nations, such as Colombia, traffickers have achieved a status comparable to "a state within a state." In others, allegations of drug-related corruption have focused on high-level officials in the military and Federal police, as well as heads of state. In addition, some traffickers have aligned themselves with terrorist and insurgent groups, and have reportedly funded political candidates and parties, pro-narcotic peasant workers and trade union groups, and high visibility popular public works projects to cultivate public support through a "Robin Hood" image. Because many groups that benefit economically from coca are so well armed, if the United States were successful in urging foreign governments to institute widespread use of chemical/biological control

agents, cooperating host governments could well face strong domestic political challenge and violent opposition from trafficking groups. Heavy military protection, at a minimum, would be required for those spraying or otherwise eradicating. It is possible that U.S. officials, businessmen and real assets might not be immune to terrorist-style attacks by traffickers worldwide.

For some countries, production of illicit narcotics and the narcotics trade has become an economic way of life that provides a subsistence level of income to large constituencies of masses from whom those who rule draw their legitimacy. "Successful" crop reduction campaigns seek to displace such income and those workers engaged in its production. In this regard, these campaigns portend real economic and political dangers for the governments of nations with marginal economic growth. Consequently, many analysts argue that the governments of such low-income countries cannot be expected to launch major crop reduction programs without the substitute income to sustain those whose income depends on drug production.

Use of Sanctions and/or Positive Incentives. Those promoting expansion of efforts to reduce production at the source face the challenge of instituting programs that effectively reduce production of narcotic crops and production of refined narcotics without creating unmanageable economic and political crises for target countries. A major area of concern of such policymakers is to achieve an effective balance between the "carrot" and the "stick" approach in U.S. relations with major illicit narcotics producing and transit countries.

Proponents of a sanctions policy linking foreign aid and trade benefits to U.S. international narcotics objectives argue against "business as usual" with countries that permit illicit drug trafficking, production, or laundering of drug profits. This policy includes a moral dimension that asserts that drug production and trafficking is wrong, and that the United States should not associate with countries involved in it. Such analysts maintain that U.S. aid and trade sanctions can provide the needed leverage for nations to reduce production of illicit crops, and/or their involvement in other drug related activities. They argue that both the moral stigma of being branded as uncooperative and the threat of economic sanctions prod many otherwise uncooperative nations into action. They further stress that trade sanctions would be likely to provide highly effective lever as most developing countries depend on access to U.S. markets.

Opponents of a sanctions policy linking aid and trade to U.S. international narcotics objectives argue that sanctions may have an undesirable effect on the political and economic stability of target countries, making them all the more dependant on the drug trade for income; that sanctions have little impact because many countries are not dependant on U.S. aid; that sanctions historically have little effect unless they are multilaterally imposed; and that sanctions are arbitrary in nature, hurt national pride in the foreign country, and are seen in many countries as an ugly manifestation of "Yankee imperialism." Finally, an increasing number of analysts suggest that if sanctions are to be fully effective, they should be used in conjunction with additional positive incentives (subject perhaps to a congressional certification/approval process) to foster anti-drug cooperation.

Alternatively, some suggest positive incentives instead of sanctions. They believe that narcotics producing countries must be motivated either to refrain from growing illicit crops, or to permit the purchase or destruction of these crops by government

authorities. Many argue that since the economic stability of nations supplying illegal drugs depends upon the production and sale of illicit narcotics, it is unrealistic to expect such nations to meaningfully limit their drug-related activities without an alternative source of income. The House Appropriations Committee report on the 1993 foreign operations appropriations bill suggests that when it comes to narcotics related economic development "there is too little emphasis in either actual funding or policy."

It has long been suggested by many analysts that a massive foreign aid effort -- a so-called "mini-Marshall Plan" -- is the only feasible method of persuading developing nations to curb their production of narcotic crops. Such a plan would be a multilateral effort with participation of the United States, Europe, Japan, Australia, other industrialized nations susceptible to the drug problem, and the rich oil producing nations. The thrust of such a plan would be to promote economic development, replacing illicit cash crops with other marketable alternatives. Within the framework of such a plan, crops could be purchased or else destroyed by herbicidal spraying and/or biological control agents while substitute crops and markets are developed and assured. Any such program would be coupled with rigid domestic law enforcement and penalties for non-compliance. Thus, it would require a U.S. commitment of substantially increased enforcement assets to be used against both growers and traffickers, and might require direct U.S. military involvement at the request of the host country.

Critics find much to be concerned about in these positive incentive concepts. They warn of the precedent of appearing to pay "protection" compensations -- i.e., providing an incentive for economically disadvantaged countries to go into the drug export business. They also warn of the open-ended cost of agricultural development programs and of extraterritorial police intervention. Finding markets for viable alternative crops is yet another major constraint.

Expansion of Interdiction and Enforcement Activities to Disrupt Supply Lines/Expanding the Role of the Military

Drug supply line interdiction is both a foreign and domestic issue. Many argue that the United States should intensify law enforcement activities designed to disrupt the transit of illicit narcotics as early in the production/transit chain as possible -- well before the drugs reach the streets of the United States. This task is conceded to be very difficult because the United States is the world's greatest trading nation with vast volumes of imports daily flowing in through hundreds of sea, air, and land entry facilities and its systems have been designed to facilitate human and materials exchange. This has led some analysts to suggest that the military should assume a more active role in anti-drug activities.

Congress especially has urged an expanded role for the military in the "war on drugs." The idea of using the military is not novel. Outside the United States, military personnel have been involved in training and transporting foreign anti-narcotics personnel since 1983. Periodically, there have also been calls for multilateral military strikes against trafficking operations, as well as increased use of U.S. elite forces in preemptive strikes against drug fields and trafficker enclaves overseas.

The role of the military in narcotics interdiction was expanded by the FY1989 National Defense Authorization Act. The conference report (H.Rept. 100-989) concluded that the Department of Defense (DOD) can and should play a major role in

narcotics interdiction. Toward this goal, Congress required DOD to promptly provide civilian law enforcement agencies with relevant drug related intelligence; charged the President to direct that command, control, communications, and intelligence networks dedicated to drug control be integrated by DOD into an effective network; restricted the direct participation by military personnel in civilian law enforcement activities to those authorized by law; permitted the military to transport civilian law enforcement personnel outside the land area of the United States; expanded the role of the National Guard in drug interdiction activities; and authorized additional $300 million for DOD and National Guard drug interdiction activities.

For FY1993, the Administration requested budget authority to use $1.26 billion from the DOD operation and maintenance account for drug interdiction and counter-drug activities. (Another $58.5 million would be spent in other DOD accounts for classified drug-suppression activities.) In H.R. 5006, Congress authorized the $1.26 billion budget authority, though it also required the Administration to put more emphasis than it had planned on detection and monitoring systems and on demand reduction by military units. (It also clarified existing law, to say that the DOD has authority to report on the movement of persons and vehicles transporting drugs on land as well as in the air and water.) In H.R. 5504, Congress appropriated $1.14 billion to fund these non-classified DOD activities. It directed the Administration to cut overall spending in this account by $150 million. It also added $12 million to the bill for the purchase of 12 light armored vehicles from Canada for use (unarmed) by the National Guard in drug intervention activities.

Despite the military's obvious ability to support drug law enforcement organizations, questions remain as to the overall effectiveness of a major military role in narcotics interdiction. Proponents of substantially increasing the military's role in narcotics interdiction argue that narcotics trafficking poses a national security threat to the United States; that only the military is equipped and has the resources to counter powerful trafficking organizations; and that drug interdiction provides the military with beneficial, realistic training.

In contrast, opponents argue that drug interdiction is a law enforcement mission, not a military mission; that drug enforcement is an unconventional war which the military is ill-equipped to fight; that a drug enforcement mission detracts from readiness; that a drug enforcement role exposes the military to corruption; that it is unwise public policy to require the U.S. military to operate against U.S. citizens; and that the use of the military may have serious political and diplomatic repercussions overseas. Moreover, some in the military remain concerned about an expanded role, seeing themselves as possible scapegoats for policies that have failed, or are likely to fail. The House Appropriations Committee report on the 1993 foreign operations appropriations bill expressed concern over a recent Administration decision to deploy U.S. Black Hawk helicopters to Guatemala, the Dominican Republic, and Jamaica and urged the Administration to perform a detailed study on the nature of the narcotics that threat to these countries and how best to respond to much-increased trafficking.

Expansion of Efforts to Reduce Worldwide Demand

Another option favored by many is to increase policy emphasis on development and implementation of programs worldwide that aim at increasing public intolerance for illicit drug use. Such programs, through information, technical assistance, and training

in prevention and treatment, would emphasize the health dangers of drug use, as well as the danger to regional and national stability. USIA and AID currently support modest efforts in this area. Some believe these programs should be increased and call for a more active role for the United Nations and other international agencies in development and implementation of such demand reduction programs.

Expansion of Economic Disincentives for Illicit Drug Trafficking

Proponents of this option say that the major factor in the international drug market is not the product, but the profit. Thus, they stress, international efforts to reduce the flow of drugs into the United States must identify means to seize and otherwise reduce assets and profits generated by the drug trade.

Policymakers pursuing this option must decide whether laws in countries where they exert influence are too lenient on financial institutions, such as banks and brokerage houses, which knowingly facilitate financial transactions of traffickers. If the answer is "yes," national leaders would then take concerted action to enact harsher criminal sanctions penalizing the movement of money generated by drug sales, including revocation of licenses of institutions regularly engaging in such practices. Finally, those supporting this option favor increased efforts to secure greater international cooperation on financial investigations related to money laundering of narcotics profits, including negotiation of mutual legal assistance treaties (MLATs).

President Bush's Anti-Drug Strategy

On Sept. 5, 1989, in a nationally televised speech, President Bush outlined a comprehensive anti-drug program with both domestic and international components. Detailed contents of the President's proposals were submitted to Congress in the White House's Sept. 5, 1989, National Drug Control Strategy. This strategy was fine tuned and resubmitted to Congress in an updated form on Jan. 25, 1990.

The President's strategy places emphasis on international cooperation in law enforcement, crop control, diplomacy, precursor chemical diversion, and research and development, and introduces the concept of focusing on "high-value" individuals involved in the drug trade and shipments of drugs. ("High value" does not necessarily refer to the dollar value of shipments, or the prominence of certain traffickers in the formal power structure, but their overall importance to drug trafficking based on the damage and disruptive effect their removal from the trafficking chain might have on the introduction of drugs into the United States.) The President's proposals also call for improved collection, analysis, and dissemination of drug-related intelligence; and improved command, control, and communications for anti-drug operations of Federal, State, and local law enforcement authorities and the U.S. Armed Forces. He also proposes increases in funding for Department of Defense anti-drug operations, primarily for interdiction of drug smuggling across the southern borders of the United States and surveillance and intelligence on domestic drug crops, but no fundamental changes in the nature of the Armed Forces' support for drug enforcement operations.

Multilateral initiatives are important aspects of the proposal that would seek to enlist European Community support for measures designed to reduce source and transit country production and distribution. One such proposed measure would be creation of

a joint intelligence collection center in the Caribbean basin. Seeking foreign cooperation in disrupting drug-related money laundering activities is another component of the international aspect of the President's strategy.

An "Andean initiative," estimated to cost about $2.2 billion over the next five years, is a major component of the President's strategy. The initiative will provide enhanced law enforcement, military, and economic assistance to Bolivia, Colombia, and Peru (estimated at $478 million for FY1993) in an attempt to dismantle drug trafficking organizations, isolate major coca growing regions, destroy labs, and block delivery of precursor chemicals. The initiative will focus on increasing the level of host nation military involvement in counter narcotics operations. U.S. military involvement will apparently be limited to providing logistical support, equipment, and training to host nation military forces, unless direct U.S. military assistance is specifically requested. Indeed, absent such a request, it does not appear that the President's strategy involves any substantial increase in the *scope* of U.S. military involvement in anti-drug efforts in Latin America, although the level of resources and personnel is being increased.

President Bush attended an Andean drug summit in Cartagena, Colombia, on Feb. 15, 1990, where he met with the presidents of Bolivia, Colombia, and Peru. The four Presidents agreed, in the communique issued after the meeting, to cooperate and exchange information in a variety of areas, including data on precursor chemical flows and money laundering activities, and to attack the drug trade from every angle: production, distribution, finance, and use.

Issues of concern to the Congress relating to the international aspects of the President's anti-drug strategy include the following:

(1) Will the President's proposed increases in military and economic assistance materially aid the Andean nations in combatting drug production and trafficking? If not, what funding levels, or greater amounts of direct U.S. involvement, or other approaches, are politically, diplomatically, and operationally feasible?

(2) How does U.S. involvement in anti-drug efforts in the Andean nations affect other aspects of American foreign policy in the region, and in Latin America generally? Does a concentration on drug-related issues obscure more fundamental issues of stability, democracy, and poverty; i.e., to what degree are drugs a major cause, or result, of the internal problems of certain Latin American countries?

(3) How will the United States ensure that U.S. military aid and equipment is in fact used to combat drug traffickers and cartels, rather than diverted for use against domestic political opposition or used as an instrument of human rights violations? How great is the risk that such diversions could take place, and is the degree of risk worth the possible gains to be made against drug production and trafficking?

(4) How extensive is drug related corruption in the armed forces and police of the Andean nations? What impact might such corruption have on the effectiveness of U.S. training and assistance to these forces?

(5) Will an enhanced role for the military in counter-narcotics support to foreign nations, result in U.S. casualties? If so, at what point, if at all, might Presidential actions fall within the scope of the War Powers Resolution; i.e., does the dispatch of military advisers to help other governments combat drug traffickers constitute the introduction of armed forces "into hostilities or into situations where imminent involvement in hostilities is clearly indicated by the circumstances"? (The War Powers Resolution requires the President to report such an introduction to Congress, and to withdraw the forces within 60 to 90 days unless authorized to remain by Congress.)

(6) Is a proper balance of resources being devoted to domestic (the demand side) vs. foreign (the supply side) components of an overall national anti-drug strategy? Are efforts to reduce the foreign supply level futile while domestic U.S. demand remains high? Are efforts to reduce domestic demand fruitless as long as foreign supplies can enter the country with relative impunity?

The new Clinton Administration has indicated that it may reorganize the Federal agencies responsible for managing the U.S. programs against international drug trafficking. The nature of the reorganization has not yet been revealed, however. Likewise, the new Administration's policy plans and emphases have not been announced. Most analysts believe that these will be more apparent as the nominees for the relevant Government posts are announced and when the 1993 International Narcotics Control Strategy Report (INCSR) is presented to Congress on or before April 1.

Additional Developments

Developments in Peru

The United States suspended most aid to Peru in protest of President Alberto Fujimori's decision on April 5 to suspend the constitution, dissolve the congress, and rule by decree. Pending a return to constitutional democracy, no further economic support funds or military assistance will be disbursed, and the entire U.S. assistance program is under review, according to the State Department. Humanitarian aid and Drug Enforcement Administration activities are continuing for the time being. U.S. military green beret counter-narcotic training for the Peruvian police has been discontinued. Counternarcotics activity appears generally to remain unaffected by current events. In fiscal 1992, the United States gave Peru $12.5 million in aid for anti-drug programs via the State Department's Bureau for International Narcotics Matters. In February 1993, the State Department indicated that $17.5 million had been allocated for Peru for this purpose for FY1993.

Mexico to Refuse U.S. Drug Aid

On July 25, 1992, Mexican President Carlos Salinas de Gorati announced that his country would no longer accept U.S. counter-narcotics aid, citing unwarranted U.S. interference that comes with such aid. The United States provided $20 million to Mexico in FY1992 for anti-drug programs. The Administration's FY1993 International Narcotics Control Aid request for Mexico totalled $27.5 million. In February 1993, the State Department indicated that no funds were being allocated for such programs for

FY1993. Administration analysts said, in 1992, that they see the Mexican announcement to be evidence of a greater overall effort by the Mexican government to beef up its drug control efforts by assuming control of U.S.-funded projects. They do not see it evidences a rift between the United States and Mexico precipitated by the kidnapping of Dr. Alverez Machain and other matters. (For more, see CRS Issue Brief 91061, *Mexico-U.S. Relations, 1988-1992: Issues for Congress.*)

LEGISLATION

P.L. 102-190, H.R. 2100

National Defense Authorization Act, FY1992 and 1993. In addition to other drug control funding authorizations, provides for additional Department of Defense support ($40 million total) for counter-drug activities of Federal, State, local, and foreign law enforcement agencies. Makes clear that the DOD lead role in detection and monitoring of aerial and maritime importation of illegal drugs into the U.S. is to be carried out in support of such agencies. Conference report (H.Rept. 102-311) passed House Nov. 18. Passed Senate Nov. 22. Signed into law Dec. 5, 1991.

P.L. 102-391, H.R. 5368

Foreign Operations, Export Financing, and Related Programs Appropriations, 1993. House and Senate Appropriations Committees denied Administration's requested $173 million for international narcotics control programs and kept appropriation at the 1992 level of $147,783,000. Approved by House Appropriations Committee (H.Rept. 102-585) June 18. Passed by the House June 25, 1992. Approved by Senate Appropriations Committee (S.Rept. 102-419) Sept. 23. Passed by Senate Oct. 1. Conference report (H.Rept. 102-1011) approved by House and Senate Oct. 4, 1992. Signed into law Oct. 6, 1992.

P.L. 102-583, H.R. 6187

International Narcotics Control Act of 1992. Slightly revised version of Title III of H.R. 2508, which consolidates and revises authorities and requirements pertaining to narcotics control (including the process certifying antidrug efforts of foreign aid recipients), with revisions generally designed to provide greater flexibility for the executive branch; exempts narcotics-related military assistance for FY1992 and FY1993 from prohibition on assistance for law enforcement agencies; and provides for Export-Import Bank financing of sales of defense articles or services for antinarcotics purposes. Conference report (H.Rept 102-96) for H.R. 2508 passed Senate but not House in 1991. H.R. 6018, introduced as separate vehicle for Title III, passed House Sept. 29 and was referred to the Senate Foreign Relations Committee Sept. 30, 1992. Following discussion, H.R. 6187 was introduced as clean bill. Discharged from House Foreign Affairs Committee and passed by House Oct. 6. Called up by unanimous consent and passed by Senate Oct. 7. Signed into law Nov. 2, 1992.

P.L. 102-484, H.R. 5006

National Defense Authorization Act for FY1993. Title X, *Subtitle E - Counter-Drug Activities*, extends authorization for DOD support to other agencies for counter-drug activities; requires Secretary of Defense to establish requirements for detection and surveillance systems to be used by DOD; requires identification and evaluation of such systems and preparation of a plan for development and use of improved systems by DOD. Reported by House Armed Services Committee (H.Rept. 102-527) May 19,

1992. Passed House June 5. Referred June 6 to Senate Committee on Armed Services. Senate bill S. 3114 reported by that Committee (S.Rept. 102-352) July 31, approved by Senate and inserted in lieu into H.R. 5006 Sept. 19. Conference report (H.Rept. 102-966) approved by House Oct. 3 and Senate Oct. 5. Signed into law Oct. 23, 1992.

S. 3097 (Gorton)

Precursor Chemical Regulation Act of 1992. Amends the Controlled Substances Act to further control the diversion of certain chemicals used in the illicit production of controlled substances. Introduced July 29, 1992. House companion bill, H.R. 5717 (Schumer) introduced same day. Very similar bill, Precursor Chemical Regulation Act of 1991, introduced June 27, 1991. Very similar provisions of that bill were incorporated into S. 1241 and H.R. 3371. S. 1241 passed Senate July 11, 1991 (71-26) and was inserted as substitute into H.R. 3371 by Senate on Nov. 21, 1991. House approved H.R. 3371 (305-118) on Oct. 22, 1991. House agreed (205-203) to conference report (H.Rept. 102-405) Nov. 27, 1991. Closure motion on conference report rejected in Senate May 6, 1992. Conference report considered in Senate, May 14, 1992. Closure motion rejected by Senate (55-42) on Oct. 1, 1992.

FOR ADDITIONAL READING

Bagley, Bruce Michael. U.S. foreign policy and the war on drugs: Analysis of a policy failure. Journal of interamerican studies and world affairs, v. 30, nos. 2 and 3, summer/fall, 1988: 189-213.

Lee, Rensselaer W., III. Making the most of Colombia's drug negotiations. Orbis, v. 35, spring 1991: 235-252. (LRS91-2712)

----- The white labyrinth: Cocaine trafficking and political power in the Andean countries. New Brunswick, NJ, Transaction publishers, 1989. 263 p. (HV5825.L37 1989)

Mabry, Donald J. The Latin American narcotics trade and hemispheric security. International third world studies journal and review, v. 1, no. 1, 1989: 33-40. (LRS89-6435)

----- The Latin American narcotics trade and U.S. national security. New York, Greenwood Press, 1989. 206 p. (HV5825.L37 1989)

MacDonald and Zagaris, International Handbook on Drug Control, Greenwood Press, 1992. 454 p. (HV5801.I575)

Perl, Raphael F. U.S. international drug policy: Recent developments and issues. Journal of interamerican studies and world affairs, v. 32, no. 4, 1990: 123-134. (LRS90-13157)

U.S. Congress. House. Committee on Armed Services. The Andean drug strategy and the role of the U.S. military; report prepared by Raphael F. Perl, Congressional Research Service, on a seminar held Nov. 9, 1989. Washington, U.S. Govt. Print. Off., 1990. 41 p. (101st Congress, 1st session. House. Committee print)

----- Cocaine production, eradication, and the environment: Policy, impact, and options; report prepared by Raphael F. Perl, Congressional Research Service, on a seminar held Feb. 14, 1990. Washington, U.S. Govt. Print. Off., 1990. 192 p. (101st Congress, 2nd session. Senate. Committee print)

----- Drug money laundering, banks and foreign policy; report prepared by Raphael F. Perl, Congressional Research Service, on a seminar held Sept. 27, Oct. 4, and Nov. 1, 1989. Washington, U.S. Govt. Print. Off., 1990. 35 p. (101st Congress, 2nd session. Senate. Committee print)

----- Narcotics interdiction and use of the military: Issues for Congress; report prepared by Raphael F. Perl and W. Roy Surrett, Congressional Research Service, on a seminar held June 7, 1988. Washington, U.S. Govt. Print. Off., 1988. 72 p. (100th Congress, 2nd session. House. Committee print) At head of title: H.Prt. 24

U.S. Congress. House. Select Committee on Narcotics Abuse and Control. Drugs and Latin America: Economic and political impact and U.S. policy options. Proceedings of a seminar held by the Congressional Research Service, Apr. 26, 1989; Report prepared by Raphael F. Perl. Washington, U.S. Govt. Print. Off., 1989. 135 p. (SCNAC-101-1-12)

U.S. Congress. Senate. Caucus on International Narcotics Control. Combatting international drug cartels: issues for U.S. policy; report prepared by Raphael F. Perl, Congressional Research Service, Library of Congress, on a seminar held on May 18, 1987, for the Caucus on International Narcotics Control of the United States Senate. Washington, U.S. Govt. Print. Off., 1987. 97 p. (100th Congress, 1st session. Senate. Committee print) At head of title: S.Prt. 100-45

U.S. Library of Congress. Congressional Research Service. Congress and international narcotics control, by Raphael F. Perl. [Washington] Oct. 16, 1989. 27 p. CRS Report 89-575 F

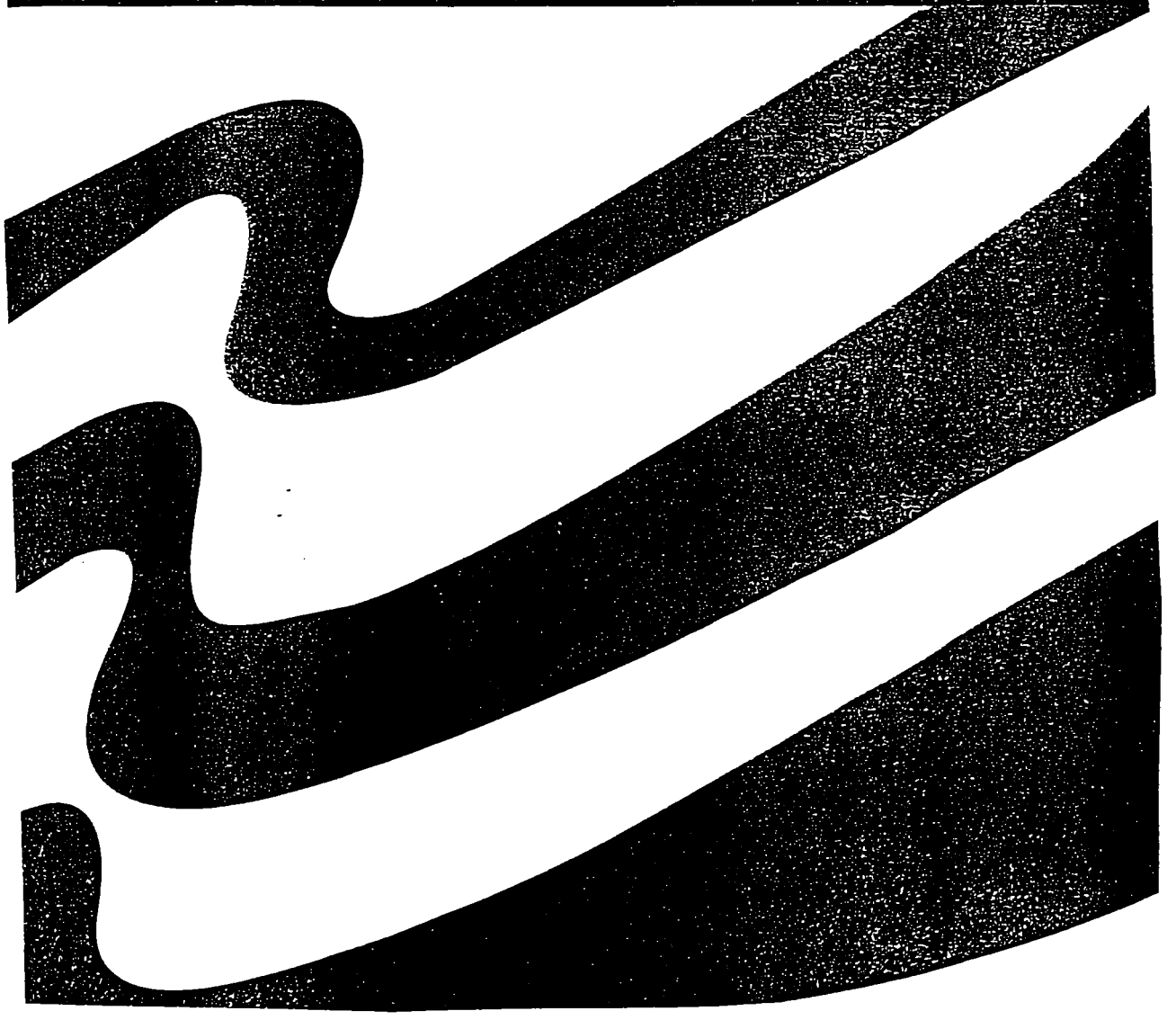
----- Drug control, by Harry Hogan. [Washington] 1988. (Updated regularly) CRS Issue Brief 87013

U.S. Department of State. Bureau of International Narcotics Matters. Narcotics Control Strategy Report. Executive Summary, March 1992. Mid-Year Update, September 1992.

Walker, William O., III. Drug control in the Americas. Rev. ed. Albuquerque, University of New Mexico Press, 1989. 317 p. (LRS89-6434)

"ENDING THE SCOURGE OF DRUGS AND CRIME"
[EXCERPT FROM]

BUDGET
OF THE
UNITED STATES GOVERNMENT
FISCAL YEAR 1993



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9. ENDING THE SCOURGE OF DRUGS AND CRIME

HIGHLIGHTS

Ending The Scourge of Drugs

The Administration's drug control funding request is $12.7 billion, an increase of $776 million, or a 6.5 percent increase over 1992, and nearly double the amount appropriated when President Bush took office.

The budget reflects the Administration's continuing commitment to ending the scourge of drugs and drug-related crime by expanding drug law enforcement programs, improving drug use prevention efforts, and increasing the availability of substance abuse treatment. It builds on the success made thus far, and it directs new funding to the toughest problems—dismantling drug trafficking organizations, preventing drug use by the hardest to reach users, and treating those most damaged by drug use.

- To attack drug trafficking organizations at the source and on the street, interdict the flow of illicit drugs into the country, and deny traffickers the profits from their illegal activities, the budget proposes $8.6 billion for expanding and targeting drug law enforcement, an increase of $443 million, or 5.4 percent over 1992. This is $4 billion or 88 percent more than was spent for drug law enforcement in 1989.
- To prevent people from becoming users—especially our youth—and persuade current users to stop, the budget proposes $1.8 billion for expanded and targeted drug use prevention programs, an increase of $77 million, or 4.5 percent over 1992. This is nearly $1 billion or 121 percent more than was spent for drug prevention programs in 1989.
- To treat and rehabilitate those whose lives and families have been disrupted by drug use, improve the quality of treatment, and to focus treatment on those with special needs, the budget proposes $2.3 billion to provide drug treatment services, an increase of $256 million, or 12.3 percent. In 1993, drug treatment will be provided to over 311,000 drug users, an increase of nearly 19 percent over 1992. This is over $1.1 billion or 94 percent more than was spent for drug treatment in 1989.

Fighting Crime

The Administration's request to help fight crime is over $15.8 billion, an increase of $1.2 billion, or 8.3 percent over 1992, and 59 percent larger than 1989. (These figures include some of the drug law enforcement programs discussed above.) The last section of this chapter discusses all Federal law enforcement expenditures, of which the drug control programs are one component. Law enforcement spending targets all criminal activity and reflects the Administration's commitment to strengthen all aspects Federal law enforcement.

- To investigate, arrest, and prosecute criminal enterprises, the budget proposes $9.0 billion in 1993, an increase of $653 million, or 7.7 percent over 1992. This is $2.9 billion or 48 percent more than was spent in 1989.
- To make neighborhoods safe from criminal gangs and violent armed criminals, the Departments of Justice and Treasury have created numerous special task forces in cities across the country to target the activity of these dangerous criminals.
- To ensure that criminals are punished for their crimes, the budget proposes $2.2 billion to house Federal prisoners and expand Federal prison capacity, an increase of $185 million, or 9 percent over 1992. These efforts will ensure that violent criminals serve their full sentences. This is $638 million or 44 percent more than was spent for prisons in 1989.
- To insure that criminals are held fully accountable, Federal criminal statutes should be reformed to protect law abiding citizens and not the criminals preying upon them.

ENDING THE SCOURGE OF DRUGS

The Administration's total request for drug control programs for 1993 is over $12.7 billion, a $776 million increase over 1992, or 6.5 percent, and nearly double the amount spent in 1989 (see Table 9–1).

The National Drug Control Strategy represents an integrated attack on the problem of drug use and drug-related crime—law enforcement, prevention and education, and drug treatment. Through expanded and focused law enforcement programs, Federal, State, and local law enforcement entities are better able to attack the drug distribution chain from the source countries where drugs are grown to the street corner vendor where they are sold. Through expanded and improved prevention and education programs, Federal agencies, private organizations, and corporations are getting the word out to children and the workforce on the dangers of drug use. Through the expansion of public and private care facilities, more and more victims are receiving rehabilitative care and are returning to society drug-free. The Federal funding split between law enforcement funding and prevention and treatment funding is shown in the chart "Drug Control Rises with Increasing Emphasis on Treatment and Prevention."

BUILDING A STRONG DRUG LAW ENFORCEMENT SYSTEM

The Administration's drug law enforcement request is $8.6 billion, an increase of $443 million, or 5.4 percent, and nearly double the amount spent in 1989.

A strong law enforcement system is essential if the availability of and demand for illegal drugs in this country are to be reduced. Since the publication of the first National Drug Control Strategy, spending on efforts to reduce the supply of illicit drugs on the streets has increased substantially (see accompanying Table 9–2). Much of the increased funding was needed to: put pressure on drug traffickers by stemming the flow of drugs over U.S. borders; put more agents and investigators into the field; equip them with state-of-the-art tools to do their jobs and; create the communications and intelligence systems to assist in focusing law enforcement efforts. This pressure deters would-be users and dealers, and removes drug criminals from the streets. The budget builds on the progress made to date.

The American people want and deserve the protection of effective law enforcement, swift prosecutions of those arrested, and the surety of punishment of those convicted of crimes. Federal law enforcement agencies continue to attack the drug trafficking industry in many ways: by working cooperatively in joint anti-drug task forces; by creating specialized drug law enforcement entities that target drug trafficking organizations at all levels; and by providing assistance to state and local law enforcement agencies. As a result, arrests for drug violations have esca-

Table 9–1. FIGHTING THE SCOURGE OF DRUGS

(Budget authority; dollar amounts in millions)

	1989 Actual	1992 Enacted	1993 Proposed	Dollar Change: 1992 to 1993	Percent Change: 1992 to 1993	Percent Change: 1989 to 1993
War On Drugs:						
Law Enforcement	4,584	8,166	8,609	+443	+5%	+88%
Prevention	806	1,707	1,784	+77	+5%	+121%
Treatment	1,202	2,080	2,336	+256	+12%	+94%
Total Drugs	6,592	11,953	12,729	+776	+7%	+93%

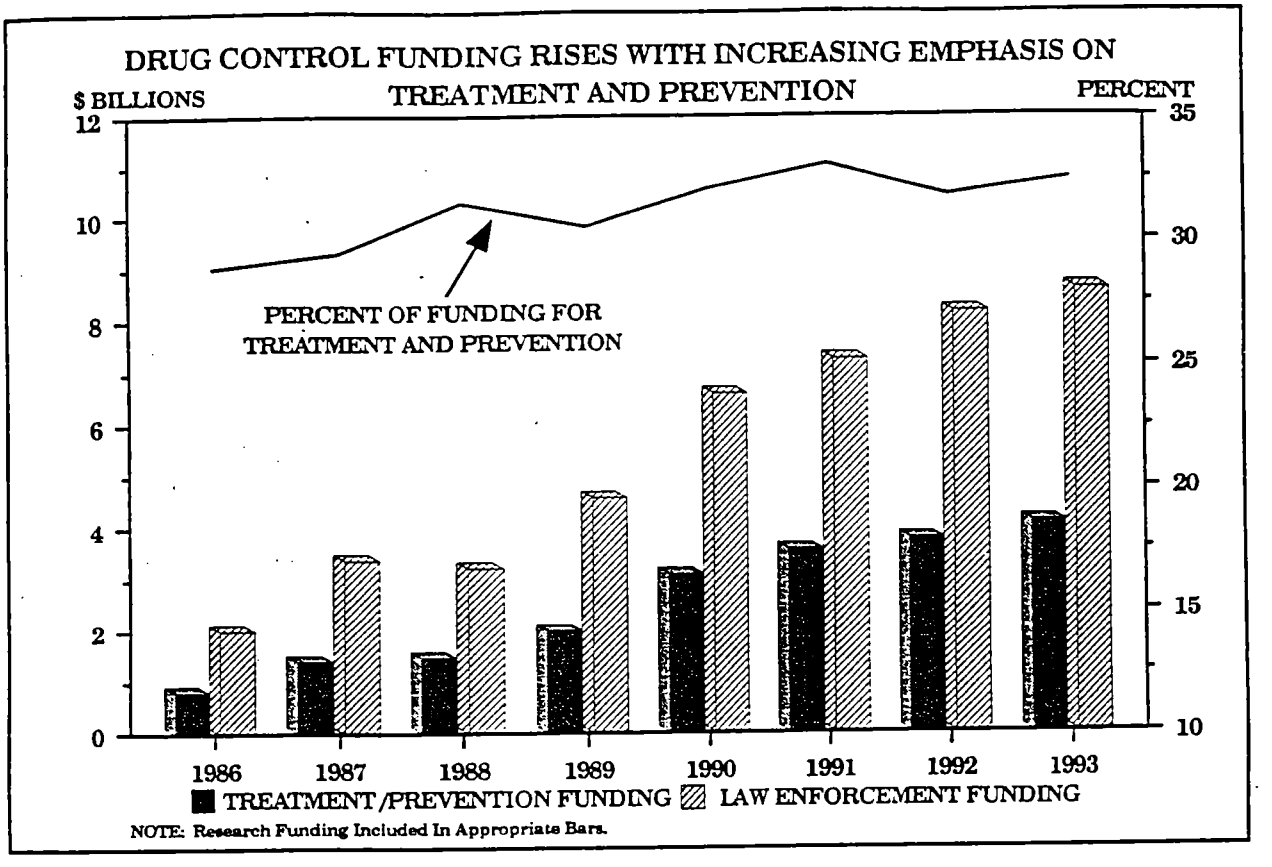


Table 9–2. DRUG LAW ENFORCEMENT RESOURCES GROW BY ALMOST $450 MILLION

(Budget authority; dollar amounts in millions)

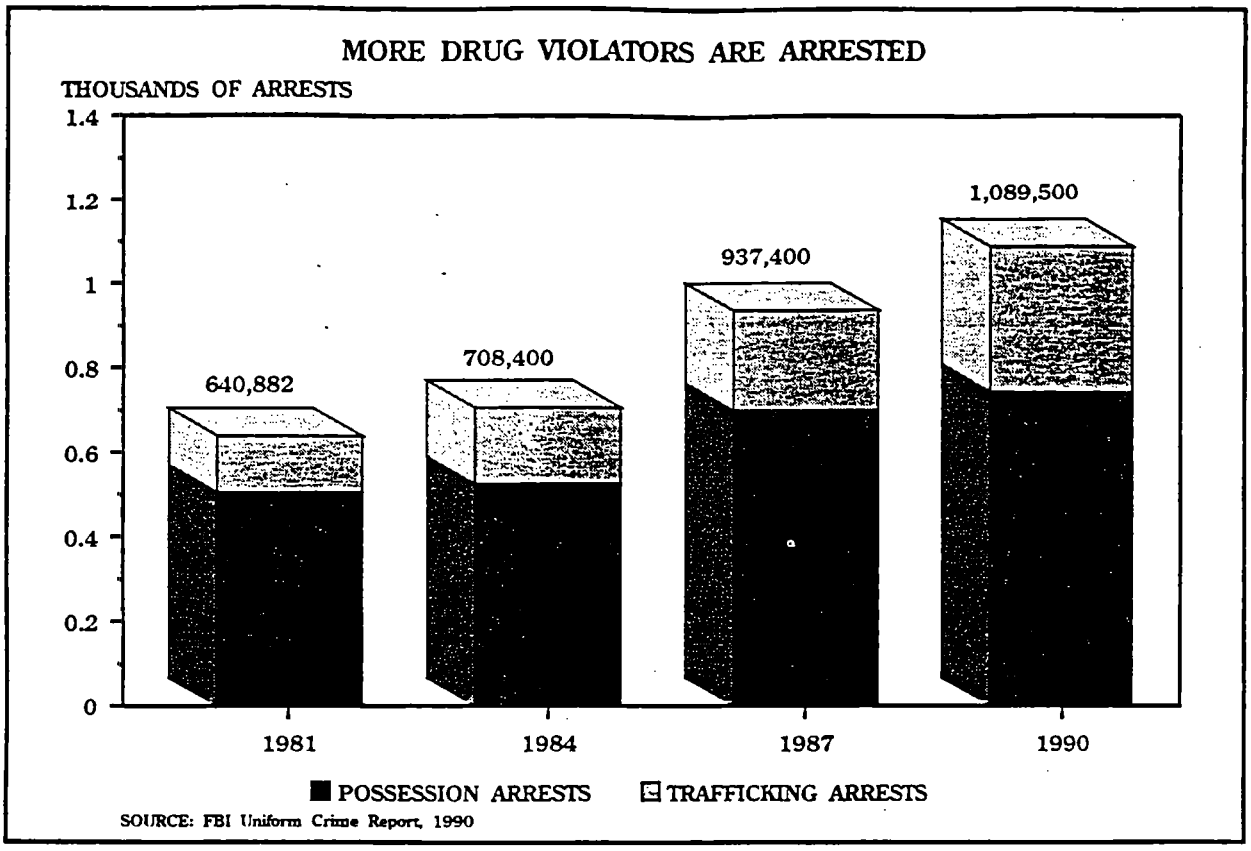
	1989 Actual	1992 Enacted	1993 Proposed	Dollar Change: 1992 to 1993	Percent Change: 1992 to 1993	Percent Change: 1989 to 1993
Law Enforcement	4,584	8,166	8,609	+443	+5%	+88%

lated rapidly, increasing by 70 percent between 1981 and 1990. (See accompanying chart, "More Drug Violators Are Arrested.")

Targeting Street Sales and Violence

The Department of Justice has expanded its domestic anti-drug efforts significantly to meet the challenge to law and order posed by drug trafficking and drug-related crime.

- To fight drugs at home, the budget requests $7.7 billion in domestic drug-related funding, an increase of $470 million over 1992 and almost double the amount spent in 1989.
- To focus Federal law enforcement efforts on locations most affected by drug trafficking, the budget provides $50 million to the Office of National Drug Control Policy for High Intensity Drug Trafficking Areas. These resources are targeted to support Federal law enforcement activity in Miami, Houston, New York, Los Angeles, and the Southwest Border.



- To attack organized crime's participation in drug crime, the Organized Crime Drug Enforcement Task Force (OCDETF) was established. By sharing assets and information, OCDE Task Forces have been responsible for the conviction of 16,658 members of criminal organizations and the forfeiture of considerable drug assets. The 1993 budget requests $399 million for OCDETF, an increase of $36 million, or 9.9 percent over 1992.

- To prosecute drug dealers and users, the budget proposes $235 million for the drug components of U.S. Attorneys and the Criminal and Tax Divisions of the Department of Justice, an increase of $27.4 million, or 13.2 percent over 1992. These increases allow for the efficient prosecution and processing of the growing number of arrestees.

Stemming The International Flow Of Drugs

The Administration is requesting nearly $3 billion in 1993 for international and interdiction programs to stem the flow of drugs into the United States, nearly double the amount spent in 1989.

Drug smuggling organizations have become sophisticated criminal enterprises. Major drug trafficking organizations are most susceptible to disruption at their organizational center, the traffickers' foreign base of operations. Investment in international cooperation and expanded detection, monitoring, and interdiction has begun to pay off. Interdiction successes have forced traffickers to shift their tactics, alter routes of entry, and try bolder moves of large quantities of cocaine and other drugs. The recent seizure of 12 tons of cocaine concealed in imported concrete fence posts testifies to the magnitude of financial loss being forced upon trafficking organizations. Since 1989, the Medellin Cartel has been incapacitated and the Cali Cartel has come under attack.

- To take the war to the drug traffickers' home territory, the budget proposes $768 million to support the Administration's Andean Strategy and other international

narcotics-related assistance programs. Funding for international counter-drug efforts has more than doubled since 1989.

- To protect U.S. borders from the inflow of illcit drugs, the budget proposes a total of $2.2 billion for interdiction activities, including the addition of 200 Border Patrol agents on the Southwest border.
- To stop smugglers and seize their illicit cargo, interdiction operations by the Coast Guard, U.S. Customs Service, and the Immigration and Naturalization Service are supported by detection and monitoring assistance from the Department of Defense.

Targeting Illicit Financial Operations

The Administration is requesting $117 million in 1993, $12 million over 1992, to attack the flow of illegal drug profits. Halting money laundering is essential to the overall strategy of dismantling drug trafficking organizations. The laundering of illegal drug profits through domestic and international banking organizations continues to be a lucrative target for Federal investigators. Recently, in a joint agency effort, Customs, IRS and the U.S. Attorneys arrested a major money launderer and broke his nationwide organization which is believed to have laundered over $750 million in drug proceeds. The Treasury Department's recently created Financial Crimes Enforcement Network (FinCEN) has principal responsibility for providing information to aid law enforcement agencies in attacking illegal cash flows and confiscating drug cash assets.

- To assist in the interception of funds and to help deny trafficking organizations the use of international banking systems, the budget proposes $18.2 million for Treasury's FinCEN operations, an increase of $2 million over 1992.
- To conduct money laundering investigations, enforce Federal government regulations, and to detect and deter money laundering through the domestic banking system, the budget proposes $111 million for Internal Revenue Service drug money laundering investigations, an increase of $8.3 million over 1992.

INCREASING EMPHASIS ON PREVENTION

To help curb drug use in America, the budget proposes $1.8 billion for drug prevention and associated research, an increase of $77 million, or 4.5 percent over 1992, and over twice the amount spent in 1989. For example, Drug Free Schools Emergency Grants which target localities with the most serious drug problems are increasing by 100 percent over 1992.

The costs imposed on society by the drug using population run into the tens of billions of dollars—over $60 billion annually by one recent calculation. Successful prevention programs keep people from ever using drugs and, for those who have started, get them to stop. The Administration continues to be committed to an aggressive drug abuse prevention strategy.

Drug Use Continues To Fall

According to the National Institute on Drug Abuse (NIDA) 1991 Household Survey, "current use of illicit drugs"—use within the past 30 days—has continued to fall. In 1985, an estimated 36.8 million Americans age

Table 9–3. THE INVESTMENT IN DRUG PREVENTION GROWS BY $77 MILLION

(Budget authority; dollar amounts in millions)

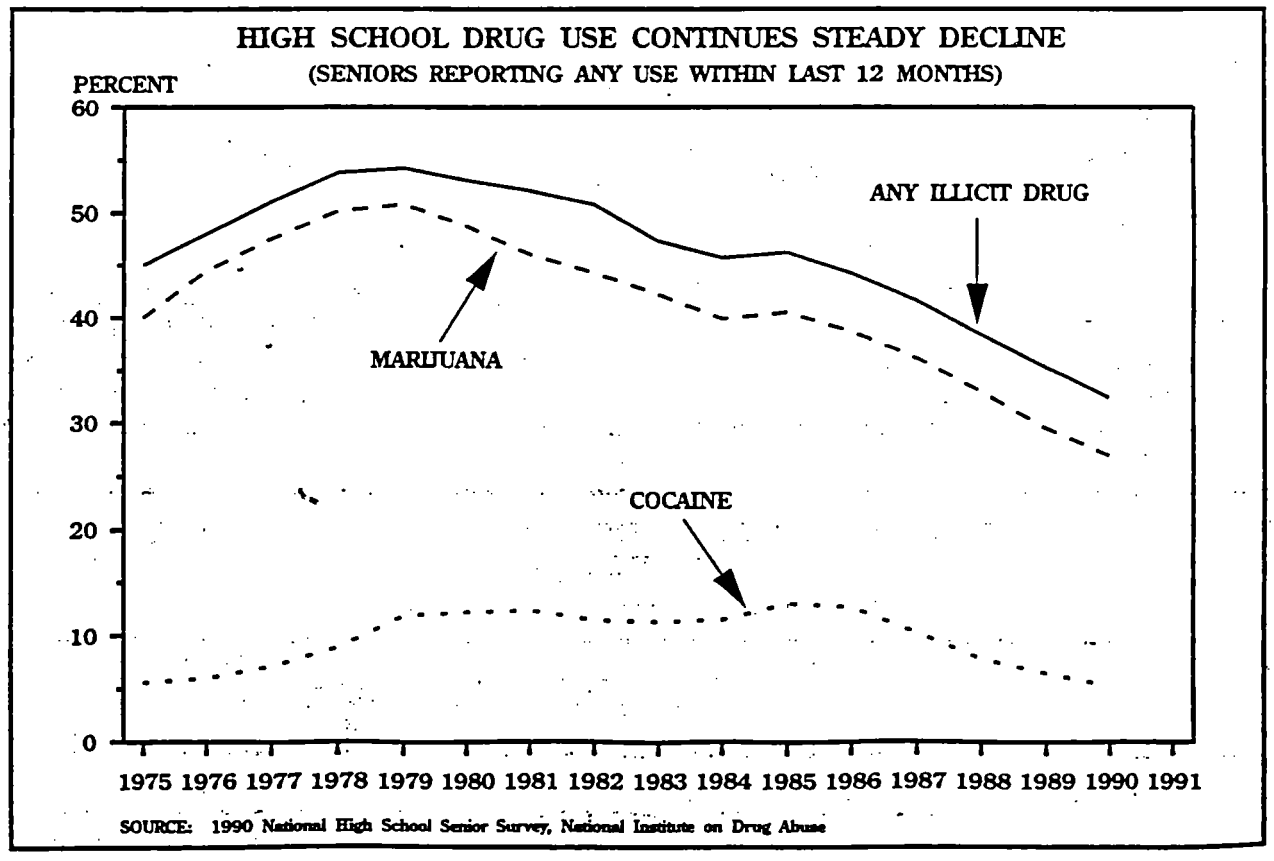
	1989 Actual	1992 Enacted	1993 Proposed	Dollar Change: 1992 to 1993	Percent Change: 1992 to 1993	Percent Change: 1989 to 1993
Prevention	806	1,707	1,784	+77	+5%	+121%

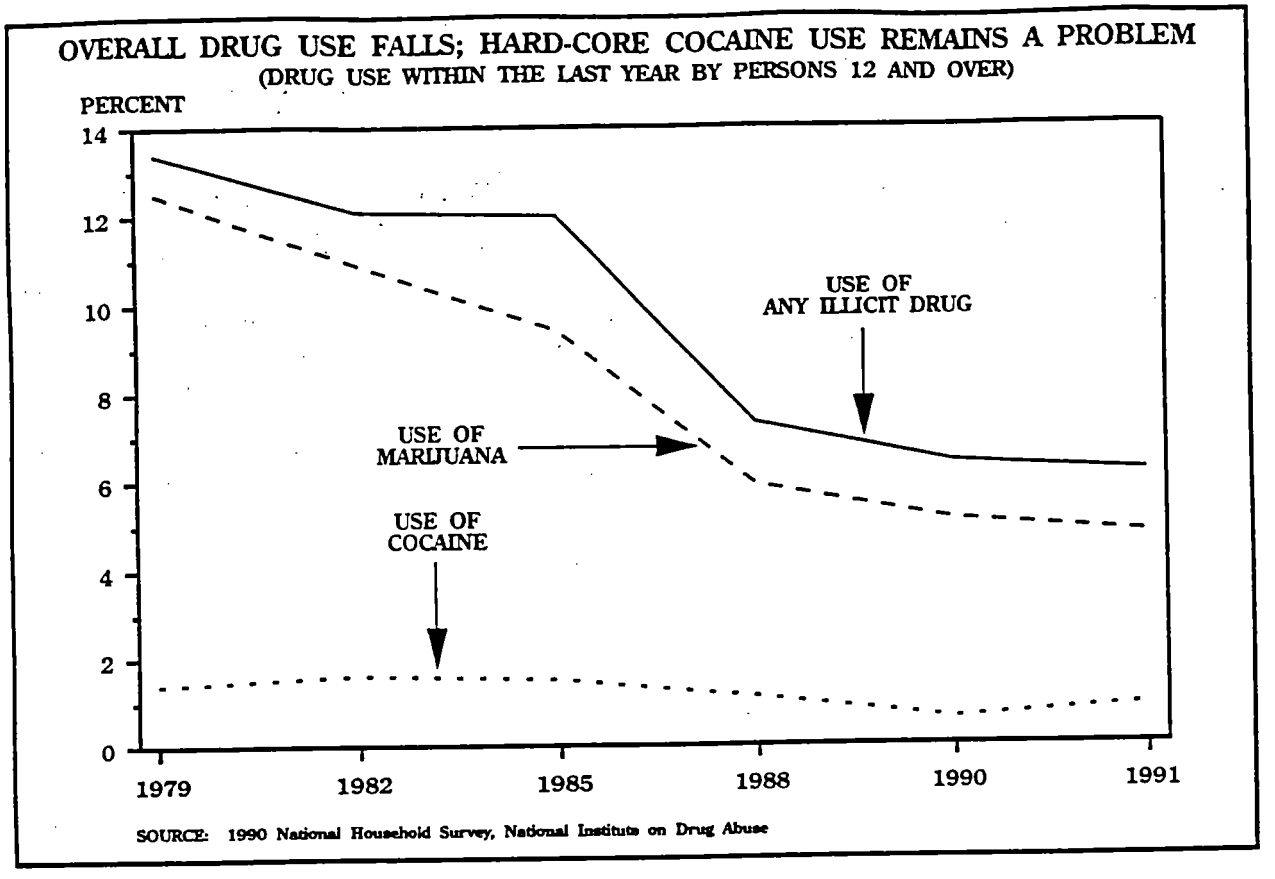
12 and older (19.3 percent of the population) had used marijuana, cocaine, or some other illicit drug at least once in the past year. In 1991, that estimate was down to 26 million Americans (12.8 percent of the population)—still too high, but progress nonetheless.

Particularly promising gains have been made among youth aged 12 to 17 years old. Current use among this group fell from 8.1 percent in 1990 to 6.8 percent in 1991—less than half the level of 1985 according to the 1991 Household Survey. These results indicate that the best chance of prevailing over drug use, preventing use by the youngest population, has so far been successful. Other major indicators of drug use, such as the High School Senior Survey and the Partnership for a Drug Free America's Attitude Tracking Survey, support these findings. The accompanying charts show these favorable overall trends.

The Partnership For A Drug Free America Survey shows similar results. When the Partnership Survey asked pre-teens if "smoking marijuana is OK sometimes," 8.6 percent responded "Yes" in 1987, while far fewer, 4.9 percent, responded "Yes" in 1991. These results indicate that the message about the dangers of drug use is getting out.

Although drug use in the population generally has fallen, some difficult-to-reach segments of society have made much less progress in ridding themselves of drugs. In 1991, the rate of current cocaine use among the age twelve-and-over population was 0.9 percent—essentially unchanged from 1990. However, the results show increased cocaine use among older age groups. One possible explanation for the increased use among individuals over age 35 is the aging of the high drug-using generation which may have begun taking drugs during the 1970's and early 1980's, or a relapse of hard-core users. This also points out one of the tragic facts of drug use—once you start using drugs, it is very difficult to get off and stay off.





While the 1991 Household Survey shows that casual use by the population as a whole continues a downward trend, other evidence suggests that hard-core drug use is largely unchanged. The Drug Abuse Warning Network (DAWN) collects data on the number of drug-related medical emergencies and deaths from hospitals across the country. After an encouraging period of declining reports since the third quarter of 1989, DAWN is reporting a slight upturn in emergency room "mentions" in the first two quarters of 1991. The results of these surveys indicate that fewer people are starting to use drugs, while some of those who started are having difficulty stopping.

Expanding and Targeting Prevention Efforts

Of the $1.7 billion requested for prevention programs, a substantial portion is targetted to specific key areas. Drug prevention programs target children and adolescents, seek to prevent the onset of substance abuse among non-users, encourage current users to quit, and seek to discourage current users from progressing to more dangerous practices (e.g., from experimentation to regular use or from non-intravenous to intravenous use).

Many of the Federal government's prevention programs are aimed at the high-risk segments of our society.

- To prevent drug use among high-risk youth, the budget includes $63.3 million, a 9 percent increase over 1992, for demonstration projects that identify and improve protective factors and diminish risk factors among youth at risk for drug abuse.
- To help local government agencies and community organizations coordinate drug prevention strategies, the budget proposes to increase funding for HHS's Community Partnership Grants by $15 million to $114 million in 1993, or 15 percent over the 1992 level.
- To educate the young about the evils of drug use, the Education Department's

Drug-Free Schools and Communities Grants will provide funds for programs which reach 90 percent of the eligible school aged children. Total Drug-Free Schools funding is being proposed at an all time high, $654 million in 1993.

- To reach communities most devastated by drug use, the targeted emergency grants in the Drug Free Schools and Communities program are proposed to increase 100 percent from the 1992 level, from $30 million to $60 million.
- To protect citizens living in public housing, the Department of Housing and Urban Development will provide $165 million, including $69 million for drug use prevention activities in and around public and assisted housing projects.

Preventing Drug Use in the Workplace

The workplace presents special opportunities to reduce drug use. Of the estimated 13 million current drug users in America, about 68 percent are employed. Employers have a vested interest in deterring drug use because drug users are more likely to miss work, have health problems, be involved in accidents, and either quit or be terminated.

The Administration has led the way in workplace prevention, by implementing drug testing of Federal employees to insure that the Federal workplace is drug-free and safe, encouraging States to assume a greater leadership role in deterring workplace drug use, requiring Federal grantees and contractors to maintain drug-free workplaces, and encouraging implementation of drug-free workplaces throughout the private sector. In 1991, legislation was enacted which requires expanded drug and alcohol testing of safety-related employees in the transportation sector. Increased testing will be required for safety-related aviation, railroad, trucking, and mass transit employees.

TREATING DRUG USERS

The budget provides over $2.3 billion for drug treatment and associated research, an increase of $256 million or 12 percent over 1992 and 94 percent over 1989. This funding will provide drug treatment to approximately 311,000 people in 1993, an increase of 49,000 or 18.6 percent over 1992, and 116,000 more annually since 1989.

To provide more drug treatment services, HHS Capacity Expansion Grants will be funded at $86 million, or eight times the amount provided in 1992. These grants supplement other funding received by the States to increase the number of treatment slots. Additionally, to enhance the quality of drug treatment, HHS Treatment Improvement Grants funding would grow to $124 million, an increase of 48.9 percent over 1992. These grants help States expand capacity and provide higher quality treatment services as well as better facilities and staff. They also finance "treatment campuses," where researchers and practitioners work together to provide patients with new treatment methods and associated social services.

Focusing On Children, Families, And Those With Special Needs

The budget provides treatment assistance to select groups, as follows:

- To treat inmates of Federal prisons, the 1993 budget provides $28 million, an in-

Table 9–4. **FEDERAL RESOURCES FOR DRUG TREATMENT RISE BY OVER 12%**

(Budget authority; dollar amounts in millions)

	1989 Actual	1992 Enacted	1993 Proposed	Dollar Change: 1992 to 1993	Percent Change: 1992 to 1993	Percent Change: 1989 to 1993
Treatment	1,202	2,080	2,336	+256	+12%	+94%

crease of $5 million over 1992. These programs provide aftercare services for up to six months to over 1,000 inmates participating in the Bureau of Prisons' drug treatment programs.

- To treat persons awaiting trial, the Judiciary requests $44 million for substance abuse services.
- To treat the Nation's veterans with drug and alcohol related problems, the budget provides $591 million to the Department of Veterans Affairs, an increase of $46.3 million over 1992.
- To provide treatment services directly to residents of public housing, the budget includes $20 million for treatment as part of the Department of Housing and Urban Development's Public and Assisted Housing Drug Elimination Grants.

Treatment services for individuals within the criminal justice system—prisoners, parolees, and probationers—are beneficial to the extent that they reduce criminal behavior and help these drug abusers lead productive, drug-free lives. According to the Institute of Medicine, "... pressure from the criminal justice system is the strongest motivation for seeking public treatment." Drug users who are on probation or parole have an added incentive to stay in a treatment program if they face the threat of being returned to prison.

Drug use by pregnant women and young mothers imposes great costs on their children, families, and society. Infants exposed to drugs can suffer from numerous ailments and disabilities, including fetal damage, premature delivery, malnutrition, and behavioral disorders which are difficult and costly to treat. The HHS Office of the Inspector General estimated in 1990 that the cost for hospital care, prenatal care, and foster care through age 5 was over $55,000 per "crack baby." The number of crack babies has been estimated at one to two percent of all live births, or 30,000 to 50,000 babies annually.[1]

The budget funds several programs that specifically address drug abuse problems associated with pregnant women, infants, children, and families:

- To prevent and reduce drug use among pregnant women, the budget includes $57.8 million, a 10 percent increase over 1992, for demonstration projects that provide pregnant women and their children with a full range of coordinated health and social services (e.g., intensive outreach, nutrition assistance, prenatal care, parenting skills training, and child care) to help them resist pressure to use drugs and to help them stop using drugs.
- To help the most disadvantaged in society, it is anticipated that $30 million more will be provided for treatment services for the poor and medically needy by the Health Care Financing Administration, primarily through Medicaid.
- To accelerate and help sustain the recovery process for those who receive drug treatment, the budget requests $72 million for the Vocational Rehabilitation State Grant program, an increase of 5.7 percent over 1992. These funds will assist those with serious drug dependencies to develop vocational skills.

Drug Treatment Research

The budget for treatment research will increase by $9 million, from $204 million in 1992 to $213 million in 1993. Treatment should address multiple dependencies (such as drugs and alcohol), mental illness, and other medical complications. Research sponsored by the National Institute on Drug Abuse (NIDA) has found that the longer drug users stay with a treatment program, the higher the probability they will remain drug-free.

The Administration continues to support research efforts to learn more about the nature and extent of addictive disorders: causes and consequences of drug abuse; the costs, benefits, and overall effectiveness of treatment methods; and new medications to treat drug abuse. This is evidenced in three ways:

- To expand efforts to improve drug treatment, the budget proposes $211 million for National Institute of Drug Abuse treat-

[1] Breshalov, Douglas , "The Children of Crack," *Public Welfare*, Fall 1989, pp. 6–11.

ment research, an increase of $9 million, or 9 percent over 1992.

- To track and evaluate the effectiveness of treatment resources, the budget allocates $17 million within the Alcohol, Drug and Mental Health Services (ADMS) block grant for the development of State data collection and information systems.
- Research funding will continue to provide for research into the relationship between drug use and the spread of HIV/AIDS.

Improving Accountability

To improve State accountability in the financing of drug treatment the budget includes funds for the second year of the State Systems Develop Program (SSDP), administered by the Department of Health and Human Services. The technical assistance that HHS will provide to the States through this program will help States measure more accurately the demand for and supply of drug abuse treatment, as well as assess and improve treatment quality. If the States have better information about who needs treatment and the quality of available treatment, they will be able to spend drug treatment resources—including Federal block grant funds—more effectively. The General Accounting Office recently recommended that the Federal government use the SSDP to improve accountability in the financing of drug abuse treatment.[2]

HHS will also improve accountability by requiring States to write Statewide drug treatment plans that describe how the State intends to spend Federal drug treatment funds. While continuing to pursue legislation for this purpose, the Administration proposes to effectuate as much of this change as possible through notice-and-comment rulemaking. Statewide drug treatment plans will allow HHS to ensure that States are spending their treatment resources effectively and to offer technical assistance where it is needed.

Table 9–6. **JUSTICE FUNDING TO FIGHT CRIME AND DRUGS INCREASES BY 10%**

(Budget authority; dollar amounts in millions)

	1989 Actual	1992 Enacted[1]	1993 Proposed	Dollar Change: 1992 to 1993	Percent Change: 1992 to 1993	Percent Change: 1989 to 1993
Bureau of Prisons	1,562	2,061	2,246	+185	+9%	+44%
Drug Enforcement Administration	534	717	788	+71	+10%	+48%
Federal Bureau of Investigation	1,439	1,926	2,143	+217	+11%	+49%
Immigration & Naturalization Service	1,135	1,355	1,529	+174	+13%	+35%
Legal Activities	247	384	420	+36	+9%	+70%
Organized Crime Drug Task Forces	—	363	399	+36	+10%	N/A
U.S. Attorneys	460	721	814	+93	+13%	+77%
U.S. Marshals	205	314	341	+27	+9%	+67%
Other Justice	1,150	1,968	2,115	+147	+8%	+84%
Total Department of Justice	6,732	9,809	[2]10,795	+986	+10%	+60%

[1] Excludes transfer of appropriations from other agencies for drug trafficking.
[2] Excludes $49 million in receipts from proposed fee.

92-258 L
Revised August 18, 1992

CRS Checklist of CRS Products

Drug Control: A Checklist of CRS Products

George Walser
Senior Bibliographer, Government and Law
Library Services Division

The production, distribution, and consumption of illegal narcotics are problems that have drawn increasing attention in Congress. This checklist serves as a guide to CRS products on this CRS Major Issue.

To order copies, follow the instructions at the end of the list. For a comprehensive listing of available products, search the CRS Products File (CRSP) under the heading *Drug abuse*

☐ Drug control: issue brief, by Harry Hogan. Updated regularly. ***IB87013***

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☐ AIDS prevention: State law regulating hypodermic devices which could affect needle exchange programs, by M. Ann Wolfe. Feb. 17, 1989. 24 p. ***89-234 A***

☐ Alcohol, drug abuse, and mental health block grant and related programs: issue brief, by Edward Klebe. Updated regularly. ***IB88009***

☐ The Andean Drug Initiative: background and issues for Congress, by Raphael F. Perl. Feb. 13, 1992. 19 p. ***92-172 F***

☐ Anti-Drug Abuse Act of 1988 (P.L. 100-690): summary of major provisions, by Harry Hogan, Charles Doyle, Edward Klebe and Raphael Perl. May 2, 1989. 79 p. ***88-288 GOV***

☐ The Anti-Drug Abuse Act of 1988 (P.L. 100-690): reports and other executive branch actions required, by Suzanne Cavanagh and William F. Woldman. July 7, 1989. 20 p. ***89-406 GOV***

- ☐ Cocaine/crack babies: health problems, treatment, and prevention, by Marilyn Littlejohn and Kenneth Thomas. Oct. 30, 1989. 15 p. — *89-601 SPR*
- ☐ Congress and international narcotics control, by Raphael F. Perl. Oct. 16, 1989. 27 p. — *89-575 F*
- ☐ "Crack" cocaine, by Edward Klebe. Revised Aug. 11, 1989. 8 p. — *89-428 EPW*
- ☐ Crime and drug control: comparison of pending Senate and House bills (S. 618 and H.R. 1400/S. 635), coordinated by Harry Hogan. May 17, 1991. 52 p. — *91-433 GOV*
- ☐ Crime and forfeiture, by Charles Doyle. Revised Nov. 5, 1990. 19 p. — *90-537 A*
- ☐ Crime Control Act of 1990 (P.L. 101-647): drug related reports and other executive branch actions required, by David Teasley. Sept. 4, 1991. 4 p. — *91-654 GOV*
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- ☐ Crime, drug, and gun control: comparison of major bills under consideration by the House Judiciary Committee, 102d Congress, coordinated by Keith Bea and Harry Hogan. Sept. 19, 1991. 147 p. — *91-687 GOV*
- ☐ Crime, drug, and gun control: comparison of major omnibus bills of the 102d Congress, coordinated by Harry Hogan. Revised Nov. 15, 1991. 132 p. — *91-737 GOV*
- ☐ Crime, drug, and gun control: highlights of conference agreement on H.R. 3371, 102d Congress, coordinated by Harry Hogan. Feb. 12, 1992. 5 p. — *92-156 GOV*
- ☐ Crime, drug, and gun control: summary of S. 1241 (102d Congress) as passed by the Senate. July 31, 1991. 32 p. — *91-581 GOV*
- ☐ Drug abuse and control: national public opinion polls, by Rinn-Sup Shinn. Feb 23, 1990. 56 p. — *90-109 GOV*
- ☐ Drug abuse in America: info pack, prepared by the Congressional Reference Division. Updated as needed. Includes CRS issue brief IB87013 and report 92-321 L. — *IP030D*
- ☐ Drug abuse statistics--the national household survey: background and policy concerns, by David Teasley. July 31, 1992. 12 p. — *92-610 GOV*

☐ Drug abuse: treatment, prevention and education; info pack, prepared by the Congressional Reference Division. Updated as needed. ***IP400D***
Includes CRS issue brief IB88009 and reports 90-412 EPW and 90-465 L.

☐ Drug control: existing Federal laws and pending legislation; info pack, prepared by the Congressional Reference Division. Updated as needed. ***IP430D***
Includes CRS issue brief IB87013 and reports 86-12 GOV, 89-288 GOV, and 86-968 GOV.

☐ Drug control: Federal efforts to reduce the supply; info pack, prepared by the Congressional Reference Division. Updated as needed. ***IP334D***
Includes CRS issue briefs IB87013 and IB88093 and reports 90-617 L, 92-119 GOV, 92-156 GOV and 92-172 F.

☐ Drug control: Federal financial assistance to State and local governments through the Byrne Program, by Keith Bea. Revised Jan 29, 1992. 60 p. ***92-119 GOV***

☐ Drug control: highlights of P.L. 99-570, Anti Drug Abuse Act of 1986 (drug-related provisions only), by Harry Hogan, Edward Klebe, Raphael Perl and Kent Ronhovde. Oct. 31, 1986. 15 p. ***86-968 GOV***

☐ Drug control: international policy and options; issue brief. Updated regularly, by Raphael F. Perl ***IB88093***

☐ Drug-exposed children and Federal early childhood education and development programs, by Steven R. Aleman. Mar. 18, 1992. 7 p. ***92-287 EPW***

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☐ Drug testing in the workplace: an overview of private sector employee and employer interests; by Gail McCallion. Apr. 24, 1992. 11 p. ***92-389 E***

☐ Drug testing: the response to drugs in the workplace; info pack, prepared by the Congressional Reference Division. Updated as needed. ***IP350D***
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☐	Drugs and Latin America: audio brief, by Raphael Perl. Apr. 26, 1989.	*AB50194*
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☐	Federal laws relating to the control of narcotics and other dangerous drugs, enacted 1961-1985: brief summaries, by Harry Hogan. Revised Jan. 15, 1986. 40 p.	*86-12 GOV*
☐	Forum: the drug problem. Congressional Research Service review, v. 10, Nov.-Dec. 1989. 28 p.	*REV 11-89*
☐	Governmentally mandated drug testing of public employees: a survey of recent constitutional developments, by Charles V. Dale. Feb. 23, 1990. 16 p.	*90-103 A*
☐	Heroin: legalization for medical use, by Blanchard Randall. Revised Jan. 28, 1988. 7 p.	*88-86 SPR*
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☐	International narcotics control and foreign assistance certification: requirements, procedures, timetables and guidelines, by Raphael F. Perl. Feb. 11, 1988. 33 p.	*88-130 F*
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☐	The role of the U.S. military in narcotics interdiction: audio brief, by Raphael Perl. June 7, 1988.	***AB50171***
☐	Substance abuse treatment, prevention, and education, by Edward R. Klebe. Aug. 21, 1990. 20 p.	***90-412 EPW***
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