FOIA Number: 2018-0758-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Todd Summers

Subseries:

OA/ID Number: 21086

FolderID:

Folder Title:
Agencies - ONDCP [Office of National Drug Control Policy] - National Heroin Action Plan

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	1	3

DRAFT

Executive Office of the President
Office of National Drug Control Policy

National Heroin Action Plan (DRAFT)

August 14, 1998

August 14, 1998

Foreword

Heroin has no known medical uses, yet approximately 320,000 Americans use heroin occasionally and 810,000 people are chronic heroin users. In 1995 alone, 141,000 people tried heroin for the first time. According to the *1996 National Household Survey on Drug Abuse*, we have a picture that shows the recent increases in new heroin use are "comparable to the increases seen in the heroin epidemic of the late 1960s."

That there are more heroin addicts than casual users may be due to the fact that heroin is highly addictive, and tolerance to it develops very quickly. At the moment, most long term heroin users are over 30, but we should be alarmed that the mean age of initiation to heroin dropped from 27.3 years in 1988 to 19.3 years in 1995. If we do not confront the heroin problem now, we could be faced with a new, younger generation of chronic heroin users, whose addiction will result in personal and family tragedy as well as huge social costs.

Ignoring the heroin problem can be deadly. Parents in Plano, Texas, one of the nation's ten safest cities, were unaware that heroin was a problem in their town until eleven students overdosed from the drug in 1997. Orlando, Florida and Baltimore, Maryland are experiencing similar tragedies. Tragically, many people who think that smoking or snorting heroin can spare them from the serious consequences associated with injecting heroin are dead wrong.

Many federal agencies are involved to some degree in eliminating drug use or availability. While each agency has worked at solving some aspect of the drug problem, never before has a plan proposed a coordinated comprehensive effort to consider all aspects of the heroin problem simultaneously. This *Heroin Action Plan* is an overarching U.S. policy initiative that takes every aspect of the heroin problem into account. For example, it considers children who have never tried heroin, but who are watching TV shows that normalize or even glorify heroin use; it takes into account the hardcore heroin user who needs intensive treatment to overcome his or her addiction; it considers ways to monitor the activities of heroin traffickers in the United States who seek to profit from the tragedy of heroin use; and it recognizes the significant challenge to stemming the flow of heroin produced outside our borders, especially in areas where the United States has little or no access.

We believe that the Heroin Action Plan is a roadmap that will help agencies reach the goals of the *1998 National Drug Control Strategy*. Because it is also tied to the *Performance Measures of Effectiveness*, it assigns accountability to solving the heroin problem, and provides a vehicle for evaluation. We can gauge the results of programs

and initiatives designed to reduce heroin use and availability, and alter course if necessary, plan future budgets more accurately, and strengthen promising programs.

We thank the many experts in and outside of the federal government who contributed to this plan. We believe it is unique in its comprehensiveness, and that it is an essential step in focusing attention and resources on a very serious national problem.

Barry R. McCaffrey
Director

NATIONAL HEROIN ACTION PLAN

Table of Contents

I. The Heroin Threat

Heroin is a highly addictive narcotic synthesized from the opium poppy. It activates many regions of the brain, especially those responsible for producing pleasurable sensations and physical dependence. Heroin has a much higher addictive potential than most illicit drugs. Users find they crave the drug, and attempts to stop using it result in unpleasant physical withdrawal symptoms. Tolerance to heroin develops quickly, and progressively larger doses are needed to produce the same level of effect initially experienced.

Heroin is typically sold as white or brownish powder, or as the black sticky substance known on the streets as "black tar" heroin. In its powder form, heroin varies in color because of impurities in manufacturing, or from additives. Pure heroin is rarely sold on the street, but is most often diluted with sugars, starch, powdered milk, quinine, or any number of other fillers and adulterants. Heroin users do not know the what has been used to "cut" the drug, nor do they know the strength of the heroin they have purchased, and risk overdose or even death. Traditionally the purity of heroin available on the street has ranged from 1 to 10 percent; however, recent seizures have uncovered "consumer" heroin at purity levels that exceed 90 percent.

The National Institute on Drug Abuse (NIDA) points out:

> One of the most detrimental long-term effects of heroin is addiction itself. Addiction is a chronic, relapsing disease, characterized by compulsive drug seeking and use, and by neurochemical and molecular changes in the brain. Heroin also produces profound degrees of tolerance and physical dependence, which are also powerful motivating factors for compulsive use and abuse. As with abusers of any addictive drug, heroin abusers gradually spend more and more time and energy obtaining and using the drug. Once they are addicted, the heroin abusers' primary purpose in life becomes seeking and using drugs. The drugs literally change their brains.[1]

Heroin use is responsible for many health and social costs. According NIDA, heroin use is associated with serious health conditions, including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis. Data collected by the Department of Justice's Arrestee Drug Abuse Monitoring Program (ADAM) show that although older arrestees (36+) are more likely to use opiates than younger ones, several cities (New Orleans, Philadelphia and St. Louis) are

A, B & / or C ?

[1] *Heroin: Abuse and Addiction*, (National Institute on Drug Abuse Research Report Series), p.2.

experiencing the opposite. In these cities, according to ADAM, " the consequences of this new generation of opiate users could be felt for years as the cohort ages and moves through a variety of public health services."[2]

A. Growing U.S. Heroin Market

Prior to 1990, the United States experienced the effects of four major shifts in production of heroin tied directly to its availability from a particular source. The first was created by Turkish heroin supplied through the so-called "French Connection" in the late 1960s. This was followed by surges of Mexican heroin in the mid-1970s, Southwest Asian heroin in the late 1970s, and Southeast Asian heroin in the early 1980s.[3] These periods of heightened heroin availability were met with aggressive enforcement action and crop eradication. In the 1980s, the public's attention was turned away from the heroin problem to an intense interest in the cocaine/crack plague. Still, the heroin problem persisted.

In the 1990s, Latin American heroin (Colombia and Mexico) began flooding into the United States. This corresponded with a new, more dramatic and, arguably, more deadly rise in heroin availability and use. Recent data from the Community Epidemiology Working Group (CEWG), *Pulse Check*, and the Drug Use Forecasting (DUF) program, as well as other national surveys, show that heroin use, availability, and consequences have risen in many large cities across the country. These three sources independently confirmed major rising heroin problems in several of the same cities.[4] (See Figure II-1.)

---

2 *1997 Annual Report on Adult and Juvenile Arrestees*, (Arrestee Drug Abuse Monitoring Program, National Institute of Jusrice, July 1998), p.2.

3 James Inciardi, *The War on Drugs*, (Palo Alto, CA Mayfield Press, 1989), p. 70.

4 *Epidemiologic Trends in Drug Abuse*, (Community Epidemiology Work Group, National Institute of Health, National Institute on Drug Abuse, June 1997); *Drug Use Forecasting*: *Annual Report on Adult* and *Juvenile Arrestees*, (U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, 1996); *Pulse Check: National Trends in Drug Abuse*, (Executive Office of the President, Office of National Drug Control Policy, Summer 1997).

Problem Heroin Areas in the United States*

CEWG	*Pulse Check*	*DUF*
Newark (New Jersey)	Newark (Delaware)	Washington, DC
New York City	New York City	New York City
Seattle	Seattle	Portland
Chicago	Chicago	Chicago
Philadelphia	Bridgeport	Philadelphia
San Antonio	San Antonio/El Paso	San Antonio
Boston	Boston	Detroit
St. Louis	Denver	Phoenix

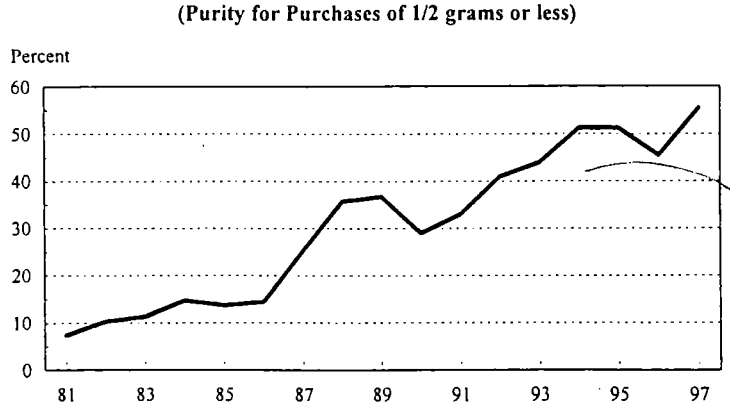
* These lists of cities reflect where data are collected, not differences in results.

Figure II-1

The resurgence in the popularity of heroin can be partly attributed to two key factors: first, the purity is higher than ever and, second, prices are at historic lows. Nationwide, purity has gone from 7 percent in 1981 to an average of 57 percent at the beginning of 1997, with levels reaching 90 percent in some areas of the northeastern United States. Over the same period, heroin prices have dropped more than 72 percent.[5] (See Figures II-2 and II-3.).

5 *Prices of Illicit Drugs: 1981-1997*, (Abt Associates, Incorporated under contract to the Office of National Drug Control Policy, 1997).

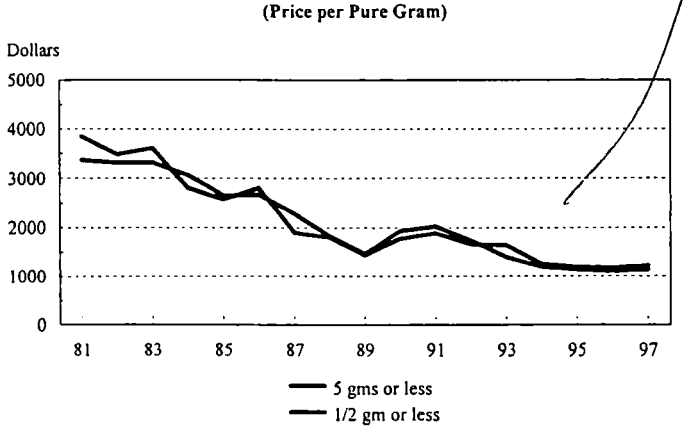
Heroin Average Purity, 1981 - 1997



Source: Abt Associates for ONDCP using data from DEA's SystemTo Retrive Information from Drug Evidence (STRIDE).

Figure II-2

Heroin Average Price, 1981 - 1997



Source: Abt Associates for ONDCP using data from DEA's SystemTo Retrive Information from Drug Evidence (STRIDE).

Figure II-3

Aggravating the situation is the erosion of traditional social taboos regarding heroin use. Increased purity levels allow users to smoke, snort, or inhale the drug, mitigating the danger of being exposed to HIV/AIDS that is associated with needle contamination. Avoiding the "junkie" stigma also renders these alternative modes of administration more socially acceptable and encourages experimentation. However, heroin is highly addictive regardless of how it is administered, and users who smoke, snort or inhale the drug eventually do inject it once they have become addicted. Some crack cocaine users combine heroin and cocaine into a "speedball," believing that heroin will mellow out some of the more unpleasant effects of cocaine. Adding to these disturbing trends is the sensationalization of heroin in music, the entertainment and fashion industries, and club scene, which contributes to the perception of heroin as chic, a "celebrity" drug and socially acceptable. Because a younger generation has grown up without hearing of the detrimental effects and serious risks associated with heroin use, they are at risk.

While most users are long-term drug abusers in their 30s and 40s, there is evidence of increased heroin use among younger Americans to include college students and suburban youths, who, according to the *Monitoring the Future* survey, may begin abuse as early as the eighth grade.

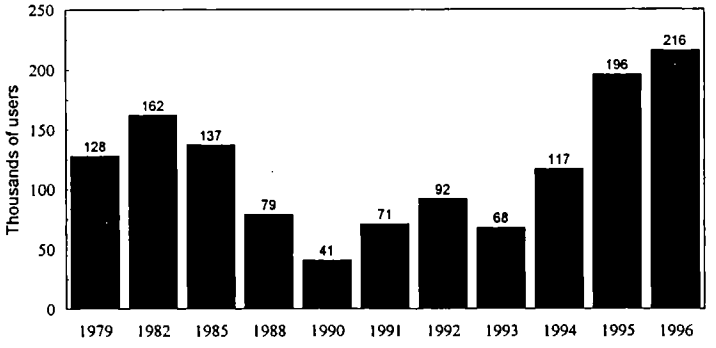
National Household Survey on Drug Abuse (NHSDA) data show that past month (current) use of heroin in the household population has risen dramatically in recent years, climbing from 41,000 in 1990 to 216,000 in 1996. Heroin initiation in the household population has increased by more than two and one-half times in the last three years alone. The number of heroin initiates in the household population rose to 141,000 in 1995, the last year for which initiation data are available. This is the highest number of heroin initiates in the household population since the *Household Survey* began tracking such data.[6] (See Figure II-5.) The 1996 *NHSDA* found that the mean age of initiation declined from 27.3 years in 1988 to 19.3 years in 1995.

It is important to note that the *Household Survey* tracks drug use in the household population only. Thus, it underestimates total prevalence because it most likely excludes chronic drug users, many of whom are not part of traditional households.[7] (See Figure II-4)

6 *National Household Survey on Drug Abuse*, (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 1997)

7 *Ibid.*

While the numbers are still low, the NHSDA shows a significant increase since 1993 in current use of heroin.

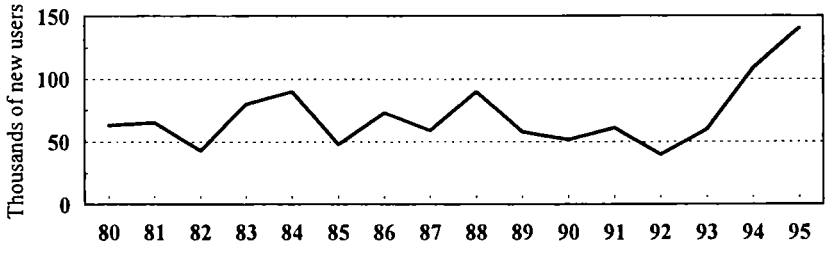


Source: 1996 National Household Survey on Drug Abuse

Figure II-4

Note: these charts will be updated as new Household Survey data becomes available.

Heroin Initiation Has Grown Rapidly in Recent Years.



	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95
—	63	65	43	80	90	48	73	59	90	58	52	61	40	60	109	141

Source: 1996 National Household Survey on Drug Abuse

Figure II-5

Estimates of the size of the population that uses drugs heavily, or "chronic users," are imprecise because many individuals who are deeply involved in drugs are difficult to locate for interviews. Accurate numbers need to be established. However, researchers

now estimate the number of chronic heroin users-to be nearly 810,000.[8] (A chronic abuser is defined as an individual who uses illegal drugs on fifty-one or more days in the year prior to being interviewed.) Chronic users probably consume a majority of all the heroin available in the United States. They pose particular problems since many of them do not have stable residences and, therefore, cannot be accessed with traditional outreach efforts. In addition, since these users often inject the drug, they face a myriad of health problems, such as hepatitis, tuberculosis, and HIV/AIDS.

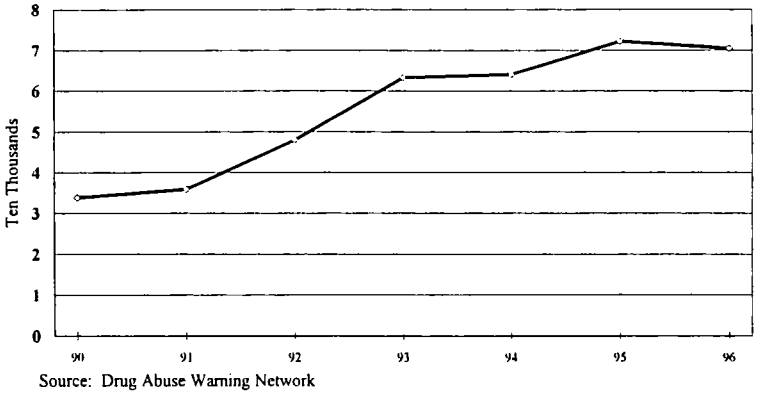
Confronting the heroin problem is complicated by the increasingly sophisticated heroin marketing methods used within the United States. Dealers have adjusted to changing drug habits.[9] Many, primarily those who previously dealt cocaine, are now "double breasting" (selling both heroin and cocaine). Abundant supply combined with aggressive marketing help drive demand.

The social costs of increasing heroin use are reflected in the rise in heroin-related medical emergencies between 1990 and 1996. Nationwide drug-related emergency department mentions increased 31.3 percent from 1990 to 1996, and heroin-related episodes rose 108 percent during the same period. Although data supplied by the Drug Abuse Warning Network (DAWN) indicates that heroin-related episodes were virtually unchanged between 1995 and 1996, they remain 108 percent higher than in 1990. (See Figure II-6.)

8 *What American Users Spend on Illicit Drugs: 1988-1995*, (Executive Office of the President, Office of National Drug Control Policy: 1997), p.8.

9 *Pulse Check: National Trends in Drug Abuse*, (Executive Office of the President, Office of National Drug Control Policy, Summer 1997), pp. 3-9.

Hospital Emergency Room Mentions for Heroin, 1990-1996



Source: Drug Abuse Warning Network

Figure II-6

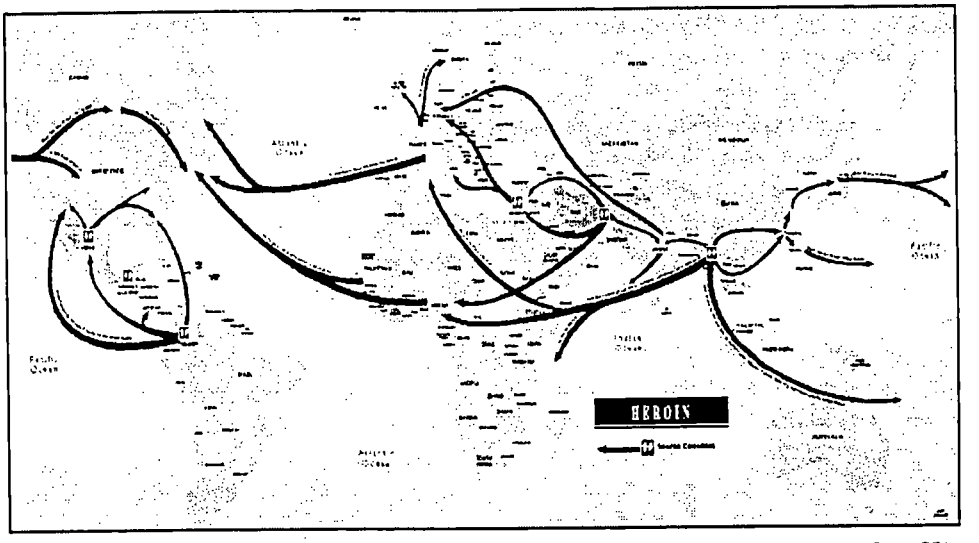
Note: Chart will be updated as new data becomes available.

It is important to recognize while heroin use is a serious threat to America, it poses even greater problems for other countries. Heroin use is increasing throughout the world. It is a significant problem in Europe, is increasing dramatically in Russia, Pakistan and elsewhere.

B. Increasing Global Heroin Supply

Unlike cocaine, which is produced for world markets in quantity and quality only in the three Andean countries (Peru, Colombia, and Bolivia), heroin is supplied from three diverse areas of the world: Southeast Asia (principally Burma and Laos); Southwest Asia (principally Afghanistan and Pakistan); and Latin America (Colombia; and Mexico). (See Figure II-7.)

Heroin Sources and Trafficking Routes



Source: DEA

Figure II-7

Note: Updated map will be substituted when available.

Worldwide poppy cultivation has risen in recent years and potential opium production has been over 4,000 metric tons for the last three years.[10] There is now potential to supply the illicit market with over 360 metric tons of heroin. Burma and Afghanistan produce almost 90 percent of available opium.[11] Sustained high-levels of production in Burma, Laos, and Afghanistan, account for the bulk of the 1997 crop. (See Figure II-8.) In just the last five years, total worldwide potential heroin production has risen by more than 20 percent.[12]

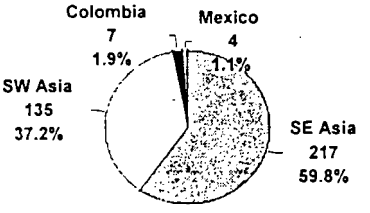
10 *International Narcotics Control Strategy Report*, (U.S. Department of State, Bureau of International Narcotics and Law Enforcement Affairs, 1998).

11 *Major Coca & Opium Producing Nations: Cultivation and Production Estimates, 1993-1997. (Director, Central Intelligence, Crime and Narcotics Center).*

12 *World Drug Report*, (United Nations, United National International Drug Control Programme, 1997).

Potential Heroin Production, by Source, 1997 (in metric tons)

- Potential heroin production is now estimated at 363 metric tons*
- US heroin consumption is approximately 12 tons, just over 3 percent of the potential global production



*Note: This assumes that all opium is converted to heroin, since there is no way to estimate how much stays in the source countries.

Source: CIA/CNC estimates; Abt Associates for ONDCP

SE Asia: Burma, Laos, Thailand
SW Asia: Afghanistan, Pakistan

Figure II-8

The decentralized nature of heroin networks complicates intelligence collection and law enforcement operations. Unlike the cocaine trade, heroin trafficking is a worldwide industry run by widely dispersed, loosely associated, ethnically-based criminal organizations. They usually move heroin shipments in a series of exchanges. Additionally, heroin trafficking groups are engaged in other activities that provide opportunities for concealment and avoidance of law enforcement efforts; these activities allow them to use air and maritime cargo containers, express mail, and body couriers.

One common link to all criminal organizations is the insatiable desire to generate huge profits from the sale of narcotics, and the conversion of those profits into usable assets. Accordingly, the *Heroin Action Plan* stresses not only the need to stop the flow of drugs, but also the need to attack the financial aspects of heroin trafficking.

C. Potential for Worsening Heroin Situation Over Next Five Years

Based on our analysis of recent and historical data, lessons learned in addressing the cocaine problem, and the overabundant global supply of heroin, we can expect—absent significant government intervention—that heroin use will continue to climb over the next five years. If the purity of heroin remains high and the prices remain low, heroin will be snorted or smoked by new users who will, most likely, graduate to injection as their habit becomes established. This will lead to corresponding increases in health ailments such as HIV/AIDS and hepatitis. Treatment of addicts will continue to be complicated as more polydrug abusers emerge.

Colombian and Mexican heroin sources of supply will continue to be a greater threat to the United States as traffickers with links to those nations exploit existing cocaine and marijuana distribution networks and employ more aggressive marketing techniques. We can expect cocaine and marijuana traffickers tied to Mexico and Colombia to use transportation, wholesale distribution, and money-laundering networks they have established over the last decade to expand their already considerable involvement in the U.S. heroin market. This is particularly true for the East coast, where there are established cocaine markets run by Colombian and Dominican distributors. We can expect heroin produced in Mexico, either in black tar or brown powdered form, will be marketed in the Western half of the United States. Southeast and Southwest Asian produced heroin will continue to be smuggled using ethnic enclaves throughout the United States. Asian gangs and Nigerian traffickers will exploit price differences and their global connections to Southeast and Southwest source areas to move heroin to the United States.

Left unchecked, we can expect Transnational Criminal Organizations (TCOs), particularly Russian and Asian, to enter the heroin trade on a greater scale. The flood of opium products, including heroin, flowing from Southeast and Southwest Asia offers a highly lucrative illicit commodity for TCOs. Without enhanced international cooperation and increased support to regional efforts, the heroin trade, and the vast illicit profits it produces, will pose a major threat to fragile, emerging democracies in Central/Eastern Europe, Asia, and Africa. The financially strengthened TCOs will also pose a menace to Western Europe and the United States.

D. Conclusions

The preceding data depict an alarming increase in global supplies of heroin and a corresponding rise in American demand. National heroin use trends, particularly among younger drug users, are heading upward. Oversupply combined with extensive domestic distribution networks and a populace unaware of the dangers of heroin use are fueling demand. Without a well-coordinated and focused national effort against this threat, the situation will probably continue to deteriorate. We must take action to forestall a heroin epidemic in the United States.

II. Blueprint For a *National Heroin Action Plan*

Purpose of the *National Heroin Action Plan*

The purpose of the *National Heroin Action Plan* is to address the heroin threat in the United States through coordinated, interdependent action by federal, state, and local departments and agencies. The *Heroin Action Plan* is not a strategy. Rather it provides direction for full implementation of the *National Drug Control Strategy* (NDCS) as it applies to heroin. The specific activities outlined in this document bridge the vision and goals detailed in the *National Drug Control Strategy* and the objectives and performance targets described in ONDCP's *Performance Measures of Effectiveness* as they apply to combating heroin. The *Heroin Action Plan* explains methods and techniques that prevention and treatment professionals, law enforcement officials, and community groups are employing to tackle the multi-dimensional aspects of the heroin problem. Successful implementation of the *Heroin Action Plan* will stem the recent rise in heroin use and significantly reduce chronic heroin use over the long-term.

Framework of the *National Heroin Action Plan*

The *Heroin Action Plan* has been developed consistent with the guiding principles of the *1998 National Drug Control Strategy*: it is democratic, outcome-oriented, comprehensive, long-term, wide-ranging, realistic, and science-based. The *Heroin Action Plan* addresses the heroin problem facing our nation within the framework of the following goals of the *Strategy*:

- **Implement Goals 1 and 3** by focusing on heroin demand reduction programs to increase public awareness, promote stronger prevention and education initiatives, and enhance treatment approaches.

- **Implement Goals 2 and 5** by improving the performance of domestic law enforcement agencies in gaining and disseminating information on heroin trafficking, and in dismantling and disrupting criminal organizations involved in heroin importation and distribution.

- **Implement Goals 4 and 5** by improving international programs that support eradication of heroin sources of supply, interdiction of global heroin traffickers, and dismantling and disruption of international criminal organizations involved in heroin production and distribution.

Additional guidance in developing programs is derived from the following references:

- 1997 Drug Enforcement Administration (DEA) Heroin Conference
- 1997 National Institute on Drug Abuse's (NIDA) Conference on Heroin Use and Addiction
- National Institutes on Health (NIH) Consensus Development Conference on Heroin
- Presidential Decision Directive/NSC-44 (PDD-44), U.S. Policy on International Heroin Control (Classified), November 1995.
- 1998 NDCS Classified Annex (March 1998) (Classified) This document has not yet been submitted for clearance, per OMB
- 1998 ONDCP/DOJ Consensus Meeting on Drug Treatment in the Criminal Justice System

A full bibliography of materials used to prepare the *Heroin Action Plan* can be found in Section VI.

Vision for a *National Heroin Action Plan*

America's effort to combat all illicit drugs focuses on both supply and demand for such substances. The following precepts guide our efforts:

- **The key to ending the recent growth in heroin use lies in concerted demand reduction efforts.**
- **Attacking sources of supply and international trafficking supports demand reduction efforts.**
- **Enhanced domestic law enforcement, by identifying, investigating, and prosecuting the purveyors of heroin and forfeiting their assets, further supports demand reduction activities, reduces the social costs of heroin use, and protects the innocent.**

The Heroin Action Plan provides a framework for Departments and agencies to follow in implementing their heroin control programs.

III. A Call to Action

A. Strategic Context for Anti-Heroin Activities

Historically, combating international heroin sources of supply as the primary policy emphasis has met with limited success in reducing availability. Since the early 1990s, however, with new and surging sources of supply, the overall equation has changed significantly. Analysis of the current situation indicates a compelling need for greater priority towards demand reduction efforts while re-focusing supply reduction programs. A new approach is required which will be comprehensive, balanced, action-oriented, and aimed at demand as well as supply. This new policy should encompass all aspects of the heroin problem, domestic and international.

On the domestic scene, increasing demand reduction efforts (i.e., education, prevention, and treatment) and improving the effectiveness of law enforcement are essential steps for reducing heroin use and availability. The international challenges to significantly reducing the enormous worldwide supply of heroin are formidable. The lack of access to the major heroin sources of supply (i.e., Burma and Afghanistan), the daunting proliferation of high purity/low price heroin readily available in the Western Hemisphere, and the diversified and decentralized nature of the heroin trafficking industry continue to challenge the effectiveness of supply reduction programs. We must, however, expand our efforts to combat international heroin trafficking and reduce supply, particularly where access to opium growing areas is possible (i.e., Colombia and Mexico). In the near- term, this is a critical element to stemming the flow of heroin to the United States. However, focusing on the demand for heroin is the key to long-term success.

Launching a concerted effort to reduce the demand for heroin can produce near-term results. The best way to prevent a heroin epidemic is through a comprehensive balanced effort. Incorporating supply reduction programs, through enhanced domestic law enforcement investigative efforts and improved international cooperation, will help reduce heroin availability to give demand reduction programs a better opportunity to be effective.

Taken together, **Demand Reduction**, **Domestic Law Enforcement**, and **International Programs** constitute the three pillars of the *Heroin Action Plan*. They accomplish the following:

(1) Provide focus and enhancements to ongoing heroin-related activities.

(2) Clearly define goals and objectives to address the problem.

(3) Identify gaps in existing approaches to the heroin problem.

(4) Challenge agencies to create activities to meet the goals of the *Heroin Action Plan.*

B. How Agencies Should Use This Document

Federal, state, and local government agencies charged with responsibilities for all drug control should use the *Heroin Action Plan* to guide the development of specific implementation programs and activities. Agencies may find that they have programs already in existence that support the *National Drug Control Strategy* as it applies to heroin. This document will help agencies to identify any gaps that may exist in their heroin control programs, and provide them guidance in creating new programs and initiatives. While every action may not necessarily result in creation of new programs, ongoing activities should reflect the principles detailed in the *Plan.*

In the following section, guidelines for anti-heroin actions are provided, and include a list of relevant agencies who are responsible for that action. This list is to ensure that each agency's programs and initiatives complement those of other agencies engaged in a similar mission and to provide a framework for collaboration. Each anti-heroin action also lists: a **goal**, that is, a major directive of the *National Drug Control Strategy;* an **objective,** or major line of action to achieve the desired goal; and **impact targets,** key outcome targets for tracking impact of the *Strategy* goal as measured by the ONDCP *Performance Measures of Effectiveness (PME)*

There are no reporting requirements or measurements associated with the *Heroin Action Plan* per se. Rather, this plan is a guide to achieving the measurable objectives and targets as set forth in the *PME.* Progress will be monitored through reductions in heroin use and availability as measured by the various sources of information and data listed below in Section C.

C. Performance Measures of Effectiveness

The *Performance Measures of Effectiveness* is a tool for evaluating the progress of the *National Drug Control Strategy. PMEs* hold individual federal, state and local agencies to results-oriented programs, and demands accountability of all involved in drug control efforts.

Measuring the effectiveness of the *Heroin Action Plan* in meeting planned program milestones (short and long-term) will be derived using two sources:

1. ONDCP's Performance Measures of Effectiveness (PME) system, which consists of performance targets and measures for the *National Drug Control Strategy's* five Goals and thirty-two Objectives. The PME system will evaluate

all program activities designed to affect the use, availability, and consequences of all illicit drugs, including heroin.

2. Additionally, ONDCP will use the following sources of information and data to help in specifically tracking the *Heroin Action Plan* progress:

- ONDCP *Pulse Check*
- National Household Survey on Drug Abuse (NHSDA)
- Drug Abuse Warning Network (DAWN)
- Monitoring the Future Study (MTF)
- DEA's Heroin Signature Program (identifies sources, though not actual availability of heroin)
- Domestic Monitor Program (includes surveys for price and purity)
- Annual National Narcotics Intelligence Consumers Committee (NNICC) Reports
- CIA/CNC Annual Opium Cultivation Estimates
- UNDCP and other international drug reports
- Community Epidemiology Working Group (CEWG)
- State Needs Assessment Program
- Treatment Episode Data System (TEDS)
- Uniform Facility Data System (UFDS)

To help meet the goals, objectives and targets of the NDCS, ONDCP consulted with agencies involved in heroin control, and developed concrete activities for attacking the heroin problem.

IV. Attacking the Problem: Anti-Heroin Activities

A. Demand Reduction

Everyday, someone makes the decision of whether or not to use illegal drugs. It is essential that we influence that decision, and in effect, reduce the overall demand for drugs, especially heroin. We must reach three groups: those who have never tried heroin, those who have tried it and still use it "casually," i.e. occasionally, and chronic heroin users. The primary purpose of our demand reduction efforts is to reduce the number of heroin initiates and casual users of heroin through effective education and prevention programs, while implementing treatment programs to significantly reduce chronic heroin use. Strategic direction for this effort is derived from Goals 1 and 3 of the *1998 National Drug Control Strategy.* The PME end-states, and performance impact targets for goals and objectives contained in the *National Drug Control Strategy* will be applied to efforts to reduce demand for heroin.

1. Analyze the Problem

In order to develop an effective strategy to combat the heroin problem, we must first know the full extent of the problem. Accurate numbers and demographic characteristics of heroin users need to be established, as do trends in use and trafficking patterns and regional variations of the problem. When baseline data are established, information must be disseminated to policy makers at the local, state and national levels in order that policy and programs can be established and measured and resources can be allocated appropriately.

- ***Promote programs that facilitate understanding of opiate abuse.*** Ongoing surveys such as the National Household Survey on Drug Abuse, the Monitoring the Future study, the National Institute of Justice's re-engineered Drug Use Forecasting (DUF) program which is now called the Arrestee Drug Abuse Monitoring (ADAM) program, State Needs Assessment Programs, Treatment Episode Data System (TEDS), Uniform Facility Data System (UFDS) and Department of Defense (DOD) Worldwide Survey must continue. Such well-established surveys provide detailed baseline data against which program and policy initiatives can be measured. Improvements in the survey technology that estimates the number of chronic users need to be emphasized as these surveys are fine-tuned from year-to-year. One approach has been developed by an ONDCP-funded pilot project that estimated the number of hard-core users in Cook County, Illinois. Nationwide implementation of this program might provide a method for

tracking change in the number and demographics of heroin users as well as chronic users of other drugs. **[Relevant Agencies:** HHS, DEA, DOL, DOT, HUD, VA, DOJ]
(Goal 3: Objective 6 Targets 1, 2, 3)

- ***Establish national and international agreement on demand-side baseline measurement.*** In order to measure the effectiveness of this action plan, agreement must be reached on baseline measures that describe the magnitude of the heroin use problem. Measuring techniques that can contribute to this process are essential. For example, ONDCP's *Pulse Check* uses information collected from ethnographic researchers and epidemiologists, law enforcement agents, and substance abuse treatment providers to document a timely account of changes and trends in the use pattern of heroin and other illicit drugs. Support for baseline measurement statistics could be further improved by the development and reporting of heroin use information by local and state prevention, intervention, treatment and criminal justice agencies. Development of reliable information about heroin use must be encouraged and disseminated to policy makers at local, state and national levels. **[Relevant Agencies:** HHS, DOL, DOT, HUD, VA, DOS]
(Goal 3: Objective 6 Targets 1, 2, 3)

look at the paradigms / modalities / funding - data / admin / data

2. Enhance Education / Prevention Programs and Measures

Research indicates that there are certain "risk factors" in homes, schools, and society at-large that increase the likelihood that children will become involved with drugs. Conversely, "protective factors" exist that tend to insulate children from drug use. Effective programs can be put into place that will reduce the risk factors and increase the protective factors associated with heroin use. Programs should be aimed not only at youth themselves, but also at parents and other adults who influence children. Also, programs should be targeted to the specific needs of the population they serve, be research-based, and be proven effective. It is important that research be continued and enhanced to ensure that all education prevention programs are researched-based.

- ***Support comprehensive school-based prevention and education efforts.*** The centerpiece of our education and prevention program for reducing the demand for heroin will focus on the youth of America. Not only do we need general solid, well-researched and comprehensive school-based prevention and education efforts, we need to identify and support specific strategies as they pertain to heroin use. For example, we need to target populations already abusing alcohol, tobacco and marijuana since these might lead to heroin use. Since heroin use is increasing in our adolescent population, there is an important need to target our prevention and education efforts at the sixth and seventh grade levels. Helping teens refuse the offer to use heroin by teaching them social resistance strategies is one strategy. **[Relevant Agencies:** HHS, ED, DOD, BIA, DOC, DOT, OJJDP]

(Goal 1:Objective 4 Targets 1, 2 Goal 4: Objective 3 Targets 1, 2)

- ***Involve parents in the prevention and education process.*** Education and prevention can take place in many settings. Repetition of messages from different sources is as important for preventing heroin use as is for learning other behaviors or skills. For this reason, parents must be involved in the process. More importantly, NIDA-supported research has shown that parental involvement is the key to drug abuse prevention. Technical assistance and education programs directed towards parents can provide them the tools that they need to prevent heroin use in their children, recognize symptoms of heroin use, understand intervention and the treatment process. Establishing parent networks to provide parents with access to training and technical assistance may be one way to further this effort. **[Relevant Agencies:** HHS, DOL, BIA, ED]
  (Goal 1: Objective 5 Targets 1, 2)

- ***Develop and integrate community-based programs.*** Community-based prevention and education efforts have been proven to be very effective. Even more could be accomplished by effective coordination at the local level to assess needs, plan services and create collaborative programs among youth-serving agencies and organizations. Likewise, integration of community-based initiatives involving home, school and faith communities with local law enforcement agencies will permit them to better target the heroin use problem. Implementation of the Drug Free Communities Act of 1997 will support communities in their development of comprehensive, long-term plans and programs to prevent and treat heroin use among youth. **[Relevant Agencies:** HHS, ED, BIA, DOL, DOT, DOC, OJJDP]
  (Goal 1: Objective 6 Targets 1, 2)

- ***Develop programs for hard-to-reach populations.*** Many who are at risk for heroin use are no longer under the influence of home or school. School-based education and prevention programs do not reach truants, college-aged young adults, and pregnant women for example. A continuum of prevention, education and treatment services must be developed that reaches these and other hard-to-reach groups. Involving the faith community, community sports programs, public housing officials and others who interact with member of these hard-to-reach populations can provide conduits through which to provide information on the harmful effects of heroin, skills to resist heroin initiation, and valuable information on treatment for opiate addiction. **[Relevant Agencies:** HHS, ED, BIA, HUD]
  (Goal 3, Objective 1, Target 1)

- ***Develop workplace prevention and education programs.*** According to the 1996 NHSDA, an estimated 6.1 million current illegal drug users were employed full-time. This number represents 6.2 percent of the labor force aged eighteen and

older. According to a 1997 SAMHSA study done in conjunction with the Department of Labor and the Small Business Administration, 11 percent of workers in businesses with 25 or fewer employees admitted current, illegal drug use. Reaching heroin users through workplace programs is an excellent way to convey information about the addictive nature of the drug, prevention strategies, and referrals for treatment. Effective programs include written anti-drug policies, education, employee assistance programs, drug testing, and training for supervisors. **[Relevant agencies:** HHS, DOL, DOT, SBA, DEA]
(Goal 3, Objective 3, Target 1)

- ***Coordinate community efforts to increase awareness of the heroin use problem.*** Coordination and promotion of community efforts at a national level is an important goal. Alliances of national civic, youth-serving fraternal and women's organizations have been formed which could, as part of an ongoing prevention and education program, address heroin use specific issues. Increasing Youth Media Literacy efforts through workshops and national campaigns that employ the media to transmit and translate societal messages to youth is yet another approach. Likewise, HHS-sponsored regional symposia conducted as part of the Youth Substance Abuse Prevention Initiative will reinforce these education and prevention efforts at five regional centers. **[Relevant Agencies:** HHS, ED, BIA, DOL, DOT, DOC, OJJDP]
(Goal 1: Objective 10 Targets 1, 2; Goal 1: Objective 9 Target 2)

3. Enhance Treatment Approaches

Heroin is a highly addictive substance with a short duration of action. When heroin is injected, it reaches the brain within eight seconds, and provides a "rush" of pleasurable sensation. Over time, tolerance to heroin develops, and users take larger amounts of heroin in the futile attempt to replicate the sensation of the first heroin rush. When heroin is withdrawn, unpleasant phsysiologic reactions occur. Users continue to take the drug in order to avoid the withdrawal syndrome. Research has confirmed that heroin is addictive even if not administered through injection.

Yet heroin addiction is a biopsychosocial disease that *can* be treated. A recent Drug Abuse Treatment Outcome Study by the National Institute on Drug Abuse found that outpatient methadone treatment reduced heroin use by 70 percent. Treatment of heroin addicts usually involves some pharmacological treatment as well as programs that motivate and assist heroin users to change their lifestyles. Finding effective treatment programs for heroin users becomes more imperative as recent changes in the welfare system dictate that current welfare recipients, many of whom have drug-related problems, be moved into the workforce.

- ***Expand the comprehensive treatment approach for opiate addiction.*** For heroin addicts, methadone treatment has been extensively documented as effective. Treatment with methadone has resulted in heroin addicts remaining in treatment and eventually decreasing or stopping their heroin use. The federal government also supports the use of other pharmacotherapies such as levomethadyl acetate hydrochloride (LAAM), and naltrexone, particularly when combined with supporting behavioral therapies, psychosocial counseling and other rehabilitative services. Current plans are underway to shift methadone maintenance programs to oversight by SAMHSA/CSAT, which is developing an accreditation system for methadone and alternative pharmacotherapy programs. Building upon this initiative will permit expansion of pharmacotherapy programs, improvement of quality, and addition of other services to those programs. Integrating other services, such as HIV/AIDS prevention services, testing, counseling and follow-up services will further enhance methadone maintenance programs. In addition to pharmacology-based programs, programs such as therapeutic communities and drug-free outpatient programs featuring graduated sanctions are excellent modalities that can reach the heroin addict. The comprehensive nature of this programming is essential to handle the many dysfunctional areas of an addict's life. **[Relevant Agencies:** HHS, VA, FDA, DOJ]
  (Goal 3: Objective 1 Targets 1, 2, 3 Goal 3: Objective 2 Targets 1, 2,3)

- ***Increase treatment capacity, delivery and outreach for heroin users.*** The number of individual heroin users in need of treatment is far greater than the number of those being treated. To remedy this, the 1998 federal budget included an additional $200 million for block grants to the states for treatment of drug dependency. In FY 1998, SAMHSA/CSAT initiated a competitive grant program of targeted capacity expansion which allows states and communities to address their most urgent treatment needs, including the need for additional treatment capacity for opiate addiction. SAMHSA/CSAT also funded a new grant program designed to identify exemplary treatment approaches for adolescents, with an emphasis on adolescent heroin users. Both treatment and prevention programs should be controlled at the local and state levels where both the problems and the solutions are best understood. The heroin use treatment capacity is often non-existent in rural and remote areas. Provision must be made to meet the needs of individuals in these areas with the understanding that drug addiction is not only an individual problem but a family problem and that families need to participate in the rehabilitation process if it is to be successful. **[Relevant Agencies:** HHS, VA, BIA, DOJ]
  (Goal 3: Objective 1 Targets 1, 2, 3 Goal 3: Objective 2 Targets 1, 2,3)

- ***Address issues of treatment matching and relapse prevention.*** While heroin use affects all segments of our population, certain groups of individuals are affected differently. According to the 1996 NHSDA, 67 percent or past year heroin users were male; 22 percent were 12-17 years of age, and 21 percent were 35 years and

older; 69 percent were white, 21 percent black, and 9 percent were Hispanic. According to DAWN in 1995, heroin was mentioned in 4,178 deaths; 84 percent of these were male, 8 percent under 25 years of age, and 67 percent older than 35. All treatments are not equally effective for all groups and, according to criteria developed by the American Society of Addiction Medicine (ASAM), treatment must be matched not only to a target population but to the specific needs of the individual. In the treatment of relapsing disorders, multiple treatments are often necessary. Like most drug dependencies, heroin addiction is characterized by relapse; therefore, the improvement of treatment protocols so that periods of abstinence are increased and relapse minimized remains a continuing focus of research and demonstration. Research to date indicates that, for addicts under criminal justice supervision, treatment entry and retention, and abstinence can be enhanced with the use of graduated sanctions and incentives. **[Relevant Agencies:** HHS, VA, BIA, DOL, DOJ]
(Goal 3: Objective 6 Target 1; Goal 3: Objective 2 Targets 1, 2,3))

- ***Target research programs for special populations.*** To meet the unique needs of certain populations such as adolescents, pregnant and post-partum women and native Americans, special programs may need to be designed, tested and evaluated. SAMHSA/CSAT recently has funded over 50 residential programs for women and children that address the needs of an under-studied and ethnically diverse population. Similar programs should be designed for those populations of heroin users not previously studied. For example, the alarming increase in adolescent heroin use over the past few years should be studied in detail. Treatment programs for these adolescents need to be tested in the field so that we can learn what works for this population. Other populations may require specific treatments. For example, research indicates that methadone maintenance provided within the context of a comprehensive program can reduce neonatal mortality and morbidity associated with pregnancies of drug-dependent women. Treatment outcomes need to be evaluated with consideration of the patient's community environment. **[Relevant Agencies:** HHS, BIA, VA, DOJ]
(Goal 3: Objective 5 Target 1; Goal 3: Objective 1 Target 2)

- ***Support the training of health care professionals on enlightened treatment for opiate and other addicted clients.*** Awareness by health care professionals of the characteristics of heroin use and its appropriate treatment is critical to success of the treatment solution. This issue should continue to be addressed by conferences that focus on heroin use treatment, CSAT Treatment Improvement Protocols (TIPS), as well as 11 university-based Addiction Technology Transfer Centers (ATTCs) which train substance-abuse counselors and other health, social-service and criminal-justice professionals. The initial success of these training programs suggest that these and similar efforts can be developed to further educational goals. For example, medical school education on drug-related problems is often given insufficient attention. Treatment for heroin use is less well-studied. A

related problem is that many community-based treatment personnel lack professional certification. The Administration supports a flexible system that would respect the experience of treatment providers while they earn professional credentials. **[Relevant Agencies:** HHS, DOL, ED]
(Goal 3: Objective 4 Targets 1, 2; Goal 1: Objective 10 Targets 1, 2, 3; Goal 2: Objective 6 Target 1; Goal 3: Objective 6 Target 1; Goal 3: Objective 1 Target 5)

4. Combat Heroin in the Criminal Justice System

The time during which heroin-using criminals are in the criminal justice system—be it pre-trial detention, incarceration, or parole—is an excellent time to test and treat them for substance abuse. The criminal justice system can provide the motivation to break the cycle of drug abuse and crime. It is important, however, that any treatment provided in and by the criminal justice system be complemented with follow-up care/aftercare.

- ***Expand Criminal/Juvenile Justice Treatment Network Systems.*** Demonstration programs such as the "Breaking the Cycle" program in Birmingham, Alabama, and CSAT's seven criminal/juvenile justice networks around the country have been very successful in treating abusers. These programs provide extensive screening and assessment services, continuum of care treatment services including prevention, outpatient, residential, self-help, criminal justice oversight and graduated sanctions for non-compliance as well as other services that foster recovery and permit an individual to become a productive member of society. These models of integrated justice system treatment networks should include testing, uniform screening and assessments, a treatment network with ancillary services and special problems such as dual-diagnosed disorders. These models should be capable of tracking heroin-dependent offenders across justice agencies, including the courts (pretrial/sentence), corrections (jail/probation), and allow for multiple points of entry into treatment. Technical assistance and replication of successful, well-tested programs, including alternative pharmacotherapies, should be made available. **[Relevant Agencies:** HHS, DOJ, NIJ]
(Goal 2: Objective 4 Targets 1, 2, 3, 4; Goal 2: Objective 6 Target 1; Goal 3: Objective 1 Targets 1, 2, 3)

- ***Develop diversionary programs as alternatives.*** One promising mandated treatment program is the Drug Court. Drug Courts have placed 65,000 nonviolent drug-law offenders into court-supervised treatment programs instead of prisons or jails. On average, over 70 percent of drug-court participants stay in treatment. Among drug-court graduates, criminal recidivism ranges from 2 to 20 percent. Without such programs, the underlying problems of drug abuse would remain and society would be forced to warehouse prisoners. Therefore, it is important to increase the capacity of the criminal justice system to refer heroin addicts to

appropriate treatment and rehabilitation services through model programs such as Drug Courts and Treatment Alternatives to Street Crimes (TASC). The progress of heroin addicts in these programs should be carefully monitored as to their treatment retention rate, compliance, abstinence, program completion and ability to become a productive member of society. **[Relevant Agencies:** DOJ, HHS] **(Goal 2: Objective 5 Targets 2, 3; Goal 2: Objective 6 Target 1)**

- ***Provide treatment to incarcerated heroin addicts.*** It is estimated that more than half the offenders in our criminal justice system have a substance abuse problem. As President Clinton has noted, "enforcing coerced abstinence within the criminal justice system is critical to breaking the cycle of crime and drugs...Convicted offenders who undergo drug testing and treatment while incarcerated and after release are approximately twice as likely to stay drug- and crime-free as those offenders who do not receive testing and treatment." The Attorney General has submitted a proposal to tie Federal prison construction grants to states to their ability to develop programs for drug testing, intervention and treatment. These plans should be tailored to the nature of the problem. For example, heroin use problems could be addressed not only by conventional treatment programs such as therapeutic communities which have proven to be successful, but by establishing methadone maintenance and continuing-care programs for heroin addicts. Aftercare has been shown to enhance the positive effects of treatment significantly, including reduction in recidivism. This model, not prevalent in the criminal/juvenile justice system, should be thoroughly evaluated and the success of these projects in the treatment of heroin users documented and distributed to appropriate agencies. **[Relevant Agencies:** DOJ, HHS] **(Goal 2: Objective 4 Targets 1, 2, 3, 4; Goal 2: Objective 5 Target 1)**

5. Monitor and Evaluate Progress

Each action point in this *Heroin Action Plan* is designed to move us closer to the overall objectives of the *National Drug Control Strategy*: to reduce drug use and availability as well as their consequences. We are committed to reducing drug use and availability by 50 percent by 2007, as compared to their 1996 levels. In addition, we are committed to reducing the crime and violence consequences of drug use by 30 percent in that same time period, and the health and social costs of drug use by 25 percent. *Performance Measures of Evaluation* (PMEs) have been designed to measure progress and insist on accountability to assure that the programs put forth produce the desired results. By carefully monitoring and evaluating progress, we can more quickly react to outside events and changing trends, alter course if necessary, and strengthen the most effective programs. It is vitally important then that data collection instruments and evaluation procedures are timely and efficient.

- ***Create timely mechanisms for monitoring progress of heroin use reduction.*** Some drug abuse data collection projects provide reports infrequently, either yearly or at the termination of the project. These studies provide a broad, thorough and indispensable understanding of the heroin and overall drug use picture, but feedback provided by these studies may lag far behind the actual effect of national efforts to reduce the use of heroin. Timely data input on the national status of illicit drug use could permit rapid course correction to avoid costly mistakes in strategy. Therefore, "snapshots" of the drug use picture should become an important additional measurement tool, and could take many forms. For example, existing data collection systems such as the *National Household Survey* could provide preliminary data sets. Other programs could feed data on a real-time basis to a national database set up to collect and interpret such data. Although, through the Drug Evaluation Network Study (DENS), some point-in-time client data is being collected from treatment institutions, still more information could be obtained from drug abuse prevention, heroin testing (both in federally mandated and general population testing), and drug abuse assessment facilities. Finally, data could be collected using statistically sophisticated polling techniques that would have as an added advantage the ability to address issues not necessarily covered by large national studies. This may become particularly important for efforts to reduce heroin use among special populations, such as homeless individuals, not adequately surveyed by existing programs. **[Relevant Agencies:** HHS, DOL, DOJ, HUD, VA]
  (Goal 3: Objective 6 Targets 1, 2, 3; Goal 3: Objective 1 Target 4)

- ***Evaluate effects of individual initiatives.*** The challenge of a *National Heroin Action Plan* is one of sorting out and parceling out the contribution that each initiative brings towards accomplishing goals, objectives and targets. In short, the problem for evaluators will be in determining which initiatives give us the best return on our investment. A thorough program evaluation process should be initiated to evaluate strategic thrusts. New tools of program evaluation and statistics should be brought to bear on this task. Studies should focus both on the characteristics of program initiatives that work (such as modality of treatment) as well as the personality or demographic characteristics (such as employment status) of heroin abusing individuals that make some of them more receptive to certain prevention or intervention strategies. Economic modeling studies should be undertaken to develop cost-offset, cost-benefit and cost-effectiveness models of the effects of the national heroin initiatives. It is important that both short-term and persistent (long-term) effects of these initiatives be studied and that sufficient attention is given to individual follow-up evaluations. **[Relevant Agencies:** HHS, DOL, DOJ]
  (Goal 3: Objective 6 Targets 1, 2, 3; Goal 2: Objective 6 Target 1; Goal 1: Objective 10 Targets 1, 3; Goal 1: Objective 4 Target 1; Goal 1: Objective 9 Targets 1, 2)

6. Increase Public Awareness and Disseminate Information

While the crack epidemic of the 1980s raised the American consciousness to the dangers of cocaine, the American public remains largely unaware of the threat that heroin poses. Two images of heroin exist simultaneously: that it is a "cool, chic" drug used by rock stars and fashion models, and that it is the drug of choice used by needle-tracked junkies. Both views relegate heroin use to a narrow segment of society. Heroin is used by all segments of society. Parents in the upper-middle class suburb of Plano, Texas, were surprised when 11 teenagers died of heroin overdoses in a 12-month period.

The heroin problem will not go away until we take decisive action to convince America that there *is* a problem.

- ***Use the National Youth Anti-Drug Media Campaign to stress messages addressing heroin use.*** The increase in heroin use among young Americans is of great concern. Media "heroin cool" images can contribute to a decreased perception of risk associated with heroin use, and to increased heroin use itself. Combating this is the purpose of the National Youth Anti-Drug Media Campaign. The campaign is designed to change attitudes, increase risk perception, deliver personal testimonials, portray dangers of drug use and, ultimately, reduce the number of children and teens who use drugs. The focus of the campaign is "primary prevention," that is preventing any drug use before it starts. Being able to snort or smoke heroin rather than inject it has resulted in increased use by youth. According to the National Household Survey, the mean age of initiation declined from 27.3 years in 1988 to 19.3 years in 1995. Some media campaign ads were created to specifically show the dangers of heroin use. The famous "Frying Pan" TV spot, for example, graphically portrays the effects of heroin use, not only on the user, but on the family and friends of the user as well. Another facet of the media campaign is to affect the content of movies, television, advertisements, etc. The campaign will work with the entertainment industry to ensure that the effects of heroin use are not glamorized or normalized, but rather portrayed accurately, and consequences clearly identified.
  [Relevant Agencies: ONDCP, HHS, ED, DJC, DOT]
  (Goal 1: Objective 2 Targets 1, 2, 3; Goal 1: Objective 7 Target 1; Goal 1: Objective 5 Targets 1, 2)

- ***Develop mechanisms for knowledge dissemination and application.*** ONDCP fully expects that, as a result of implementation of the *Heroin Action Plan*, a substantial body of knowledge will be developed about heroin use and its prevention and treatment. Dissemination of this information is a critical component of the strategy. Conventional methods of knowledge dissemination should be employed, such as journal articles, media coverage, conference presentations, world-wide web, etc. However, additional new and creative avenues of information dissemination should be considered. Some examples

include: (1) develop a fact sheet for Drug Courts and other criminal justice professionals on treatment for heroin addiction, highlighting methadone treatment as a proven treatment regime, and distribute at all national professional association conferences and relevant workshops; and (2) develop and integrate into all prison/jail technical assistance and training assignments a component on heroin dependence and treatment, including the utility of methadone maintenance, as well as promising new pharmacological therapies, such as bupernorphine. In short, information gathered should be synthesized and disseminated to those who can benefit from them. Application of products which promote manualization and replication of well-developed and researched techniques should be a primary goal of the knowledge dissemination process. **[Relevant Agencies:** HHS, ED, DOJ] **(Goal 1: Objective 6 Target 1; Goal 1: Objective 9 Target 2; Goal 1: Objective 10 Targets 1, 2 Goal 2: Objective 6 Target 1; Goal 3: Objective 1 Target 5)**

7. Research and Development

Research on heroin use and addiction is expanding the body of knowledge about heroin use and has led to more accurate means of detecting heroin use and more effective treatment protocols. Research and development should be expanded to further refine detection methods, study the nature of heroin addiction, and design more effective treatments.

- ***Improve the understanding of heroin use and addiction.*** Basic, clinical and epidemiological research must continue to provide society with a better understanding of the characteristics of heroin use. Increased emphasis should be given to special populations at great risk for heroin use, such as children and adolescents. Drug prevention and treatment must be research-based. Drug policy should be based on science, not ideology, and the American people must understand that control of drugs like heroin which are likely to be abused is based on scientific studies and intended to protect public health. Research protocols must take into account the constantly evolving heroin use pattern, risk factors and community-specific problems. Every effort must be made to disseminate the results of research to the widest audience and in a timely manner. Improvements need to be made in the treatment of heroin addiction. Access to pharmacotherapies is at present limited with significant gaps in service delivery. Education of all health professionals will help the stigma and misconceptions about addiction. Unfortunately, many medical and mental health care providers who do not specialize in treating drug abuse are dealing with patients who do abuse drugs, including heroin. We must increase the ability of these professionals to recognize and treat or refer heroin abusing patients. **[Relevant Agencies:** HHS, DOJ] **(Goal 2: Objective 6 Target 1; Goal 1: Objective 4 Target 1; Goal 3: Objective 6 Targets 1, 2; Goal 3: Objective 5 Target 1; Goal 1: Objective 9 Target 1; Goal 1: Objective 10 Target 1)**

- ***Develop economic models of the effects of heroin use on public health programs.*** The economic costs of heroin use for the public health system are enormous. The estimated 810,000 chronic users represent that segment of the abusing population whose medical costs to society are greatest. In 1995, heroin was mentioned in over 4,000 deaths, over 72,000 emergency room visits and, in a 1993 single treatment census, 112,000 clients were in methadone treatment programs alone. Chronic users often use heroin in combination with other drugs, thus exacerbating their medical problems. Since many chronic abusers live in unstable environments and may be without employment, the health care costs are largely borne by public-funded programs. In addition, over one-third of AIDS cases are attributable to injection drug use, primarily heroin use. Hepatitis C is the primary form of chronic hepatitis found in IV heroin addicts. Almost half of hepatitis C cases demonstrate liver function abnormalities indicating persistent infection that has the potential to be contagious and progress to cirrhosis, liver failure, and hepatacellular carcinoma. This represents a large and under-recognized impact of heroin on the public health. Research and evaluation studies could be conducted to evaluate the impact of heroin use on programs such as Medicaid, Medicare, Managed Care as well as medical coverage in the private sector and welfare-to-work programs. Long-term econometric models might be developed that take into consideration changing patterns of use due to either demand shifts (perhaps secondary to changes in heroin purity and availability) and progress made in ameliorating the heroin use problem. **[Relevant Agencies:** HHS, DOJ, Treas.]
  (Goal 3: Objective 6 Targets 1, 3)

- ***Improve testing to detect heroin use.*** According to the *National Household Survey on Drug Abuse*, 33 percent of past year heroin users worked full time. Many of these users may fall under pre-employment testing, mandatory or safety sensitive urinalysis, such as Department of Transportation programs, or drug testing programs in the general workforce. Urinalysis is the drug testing program of choice, but alternative drug testing techniques should be considered as scientific evidence regarding their accuracy becomes clear. Further research on forensic tests for heroin use should focus on improving the sensitivity, accuracy and reliability of testing technology both in urine and in alternate matrices such as sweat, saliva and hair. Any advances in testing technology that would minimize false positives due to poppy seed ingestion while keeping detection thresholds low would represent a significant advancement of the state-of-the-art and, if it could be employed in ongoing workplace testing programs, substantially contribute to the detection of heroin use in those settings. **[Relevant Agencies:** HHS, SBA, DOT]
  (Goal 3: Objective 3 Target 1; Goal 2: Objective 4 Targets 1, 3, 4)

B. Domestic Law Enforcement Activities

Law enforcement plays a key role in the *Heroin Action Plan* . It complements demand reduction by reducing the availability of heroin, thereby providing an environment that enhances demand reduction programs. Strategic direction for this effort is derived from Goal 2 of the *1998 National Drug Control Strategy*. Activities described in the *Heroin Action Plan* seek to improve the effectiveness of U.S. law enforcement agencies' (LEA) efforts against domestic heroin distribution and trafficking organizations, resulting in more arrests, prosecution, conviction, and incarceration of key leaders, resulting in a weakening of their organizations. The PME end-states and performance measures/impact targets for goals and objectives contained in the *National Drug Control Strategy* will be applied to heroin-related law enforcement initiatives.

1. Enhance Domestic Heroin Intelligence Efforts

Law enforcement must fight a variety of crimes and criminals within local jurisdictions with limited resources. It is vital, then, to have the best possible intelligence in order to allocate personnel and resources to the best advantage. Knowing patterns of heroin use and heroin trafficking provides the basis for effective strategies. Figure IV-1 shows areas of high heroin use within the United States. Domestic intelligence can uncover the identities of organizations and their leadership, trafficking patterns, distribution routes, and money laundering operations, as well as local ties to international criminal organizations. Working from the "bottom to top" (i.e., U.S. to international sources), law enforcement should use criminal intelligence information related to domestic heroin distribution to identify links to international criminal organizations.

Illustration of U.S. Cities with High Arrestee Heroin Use - -
Heroin Use is Highest in Large Urban Centers

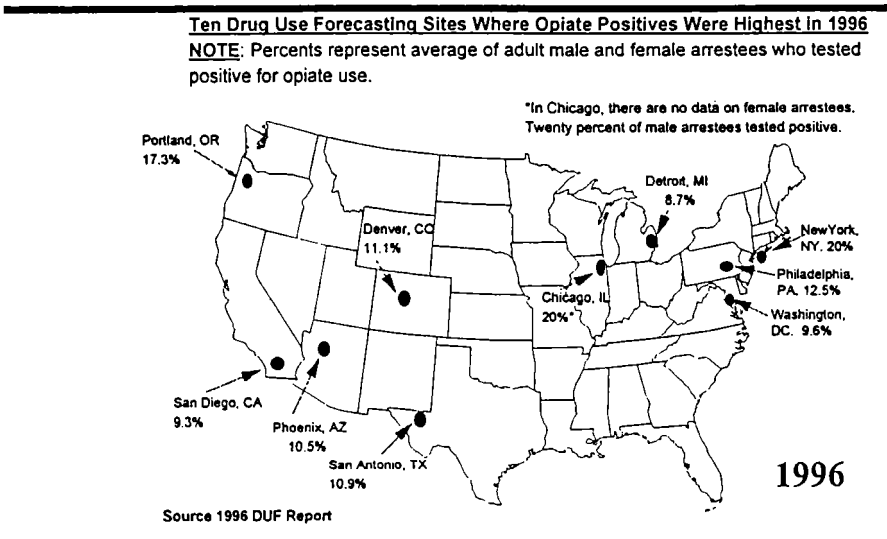


Figure IV-1

Note: This map being updated/corrected.

- ***Expand ability to collect and analyze information.*** Collecting information on heroin cultivation, traffickers, smuggling routes, and heroin itself presents unique challenges in that heroin comes from four distinct regions of the world. DEA has developed a Heroin Signature Program which allows analysts to determine the country of origin of heroin samples seized in the United States. This, and other programs such as the Domestic Monitor Program and Heroin Brand Name Program as well as the U.S. Custom Service's Combined Agency Border Intelligence Network must be continually evaluated and expanded where necessary to allow for the widest possible accumulation of data on heroin. Members of the intelligence community also must review their individual areas of responsibility, identify gaps in intelligence gathering, and develop effective means to collect and analyze information on heroin availability in the United States and on heroin traffickers and their routes. Improving data collection will give agencies the most accurate information available from which to extrapolate strategic and tactical intelligence. **[Relevant Agencies:** DOJ, DOD, USCS, Dept. of Treas., BJS, HHS, NIJ]
  (Goal 4: Objective 2 Target 2; Goal 4: Objective 4 Target 2; Goal 4: Objective 3 Target 2; Goal 2: Objective 6 Target 1)

- ***Improve the utilization of information at all levels of law enforcement.*** Trafficking trends and other global intelligence can be used by policy makers to develop a broad strategy and commit resources. Making tactical heroin intelligence available to and easily accessible by state and local law enforcement agencies makes it possible for them to anticipate rather than react to heroin traffickers, who are adept at eluding law enforcement by frequently changing couriers or routes. In order to be more effective, law enforcement efforts should focus on the cities with the greatest heroin use. This will allow law enforcement at all levels to better allocate funds, personnel, and equipment to heroin hot spots. **[Relevant Agencies:** DOJ, USCS, Dept. of Treas., BJS, HHS, NIJ]
  (Goal 2: Objective 6 Targets 1, 2)

2. Dismantle and Disrupt Criminal Organizations Engaged in Heroin Trafficking

Although heroin traffickers in the United States may appear to be small independent groups operating in a narrow geographic area, they are actually members of sophisticated, international organizations whose networks reach around the world. Simply arresting individual traffickers has little effect on the heroin problem; the larger organizations must be dismantled, or at the least, disrupted, in order to make a difference in the heroin problem. Law enforcement at this level must be a coordinated effort among

federal, state, local and international agencies, and must involve aggressive prosecution of those arrested.

- ***Identify those individuals and organizations within the United States responsible for heroin trafficking***. Because heroin enters the United States from many parts of the world, domestic heroin traffickers are diverse, usually ethnic groups. Identifying these traffickers, as well as their areas of operation, their couriers and techniques, any gangs they may be using as distributors, and ultimately their sources of supply is the first goal of law enforcement. Prioritizing a list of heroin targets helps to identify progress in reducing the heroin trafficking problem. Identifying markings on heroin packaging, for example, allows law enforcement to identify various organizations and measure the scope of their operations. **[Relevant Agencies:** DEA, FBI, USCS, Dept. of Treas.**]**
  (Goal 2: Objective 1 Target 3)

- ***Target leadership and trafficker vulnerabilities***. Many heroin traffickers who operate on the streets of the United States are connected to complex international criminal organizations. Law enforcement must use state-of-the art equipment such as computers and communications systems —as well as old-fashioned police work—to gather information, arrest traffickers, secure witnesses, and make successful cases against heroin traffickers that will lead to prosecution and conviction. Through multi-jurisdictional cooperation and information sharing, law enforcement can connect traffickers to homicide and other acts of violence. Investigating their money laundering operations can tie them to financial crimes. Joint, systemic efforts such as Organized Crime Drug Enforcement Task Force (OCDETF) and High Intensity Drug Trafficking Area (HIDTA) programs coordinate federal, state and local responses in areas where trafficking is especially intense. When a trafficker or even a cell leader is arrested, others quickly fill in the gap. However, arresting the leaders of cells operating in the United States, or shutting down a major distribution network, communications system, or money laundering operation can seriously disrupt an organization's ability to operate profitably. Enlisting support from financial institutions and other agencies is effective in disrupting heroin traffickers. **[Relevant Agencies:** DEA, CIA, DOD, FBI, USCS, IRS-CID, ATF, Secret Service, FinCen, Dept. of Treas.**]**
  (Goal 2: Objective 1 Target 3; Goal 5: Objective 2 Target 1)

- ***Promote aggressive prosecution of major heroin traffickers***. Removing heroin traffickers from our streets is essential if we are to reduce illegal drug use and availability by 50 percent in the next ten years. Also, forfeiting traffickers' ill-gotten wealth further weakens the large criminal syndicates responsible for heroin trafficking **[Relevant Agencies:** DOJ**]**
  (Goal 2: Objective 1 Target 3)

3. Monitor and Analyze the Problem

Using current crime statistics, arrest statistics and heroin use and availability statistics, we can gain a sense of how successful we have been in dismantling and disrupting criminal organizations involved in heroin trafficking. Successful law enforcement operations and programs should be studied, and the results of the studies disseminated to other law enforcement entities.

- ***Study effectiveness.*** By prioritizing a list of identifiable heroin targets, it is possible to monitor success in disrupting, dismantling or otherwise rendering them ineffective. By studying those law enforcement programs that were most successful in resulting in arrests or otherwise dismantling heroin traffickers/organizations, we can duplicate their success in other jurisdictions. Information should be shared with other law enforcement agencies through periodic conferences. **[Relevant Agencies:** DOJ, DOC, DEA, FBI, Dept. of Treas.]
  (Goal 2: Objective 3 Target 2)

- ***Monitor effect of asset forfeiture.*** Asset forfeiture is a valuable law enforcement tool. By analyzing the impact of asset forfeiture on trafficking organizations, we can develop valuable information that will be helpful to states in aggressively applying asset forfeiture statutes, and disseminate asset forfeiture information to other law enforcement agencies. **[Relevant Agencies:** DOJ, DOC, FBI, USCS, IRS-CID, ATF, Secret Service, Dept. of Treas.]
  (Goal 2: Objective 3 Target 1)

- ***Develop Standards for HIDTAs.*** HIDTAs can improve their scope and efficiency by adopting National HIDTA Developmental Standards. Also, the HIDTA threat assessment gives a baseline against which to measure the number of heroin organization disrupted or dismantled within the HIDTA's domain. **[Relevant Agencies:** ONDCP, DOJ, DEA, FBI, IRS-CID, ATF, USCS, Secret Service, Dept. of Treas.]
  (Goal 2: Objective 2 Target 1)

4. Research and Development/Technology

Advancements in technology can improve the effectiveness of law enforcement against domestic heroin distribution and trafficking. Domestic technology applications begin at border crossing points / ports-of-entry with improved inspection of cargo, conveyances and passengers for concealed shipment of heroin. Furthermore, distribution of heroin within the United States can be disrupted with technology applications focused on tracking, surveillance and apprehension of drug trafficking organizations.

- ***Inspection Technology.*** The inspection of shipments for concealed heroin differs from inspecting for cocaine in that cocaine shipments tend to be larger in size and—hard as cocaine is to find—easier to find than smaller shipments of heroin. The primary method of introducing heroin into the United States is through the use of commercial air passengers to conceal heroin on their person or swallow the drug. Additionally, since the notional shipment *size* for heroin smuggling can be one-tenth of a cocaine shipment for the same profit, heroin smugglers can use postal and express shipping services to bring their product into the country. While not a replacement for inspectors or investigative intelligence, special technology employed not only by U.S. Customs Service but also by Postal inspectors and FAA personnel, as well, is needed to support domestic law enforcement operations to detect and identify heroin shipments as they are smuggled into the United States. The presence of heroin can be detected using physical, chemical and biological devices. **[Relevant Agencies:** ONDCP, USCS, DOT, DOJ, Dept. of Treas., U.S. Postal Inspection Service]
(Goal 2: Objective 6 Target 1; Goal 5: Objective 6 Target 3; Goal 4: Objective 4 Target 5)

- ***Tracking and Surveillance.*** Many technologies are being developed for use by the federal, state and local law enforcement organizations to combat drug trafficking. The applications of these technologies typically support general law enforcement functions which apply to disrupting heroin traffickers, as well as, cocaine traffickers, organized criminals and international cartels. Technology applications are being pursued by domestic law enforcement organizations in the areas of navigation and tracking; communications; and audio and video surveillance. **[Relevant Agencies:** USCS, DOD, USCG]
(Goal 2: Objective 6 Target 1; Goal 5: Objective 6 Target 3; Goal 4: Objective 4 Target 5)

- ***Information Management.*** The identification and subsequent targeting of trafficking organizations relies upon the timely access and processing of intelligence data. These applications rely on advancements in high speed, large bandwidth networks, electronic document imaging, multi-media case management techniques, electronic authentication, smart cards, biometrics, and decision support systems. **[Relevant Agencies:** DOJ, DEA, NDIC, BJS, NIJ]
(Goal 2: Objective 6 Target 1; Goal 4: Objective 4)

C. International Programs

Reducing heroin availability in the United states is a significant challenge due to the lack of access to the major heroin sources of supply and the diversified and decentralized nature of the heroin trafficker industry. International cooperation is central to addressing this challenge and plays a key role in achieving the goals defined by the *National Heroin Action Plan*. The focus of international programs is to improve

cooperation on access to source regions, eradication programs, disruption of global trafficking networks, and demand reduction. The long-term aim is to significantly reduce opium cultivation and dismantle major international heroin trafficking organizations. These actions will enhance domestic demand and supply reduction initiatives and strengthen U.S. law enforcement programs. Strategic direction for this effort is derived from Goals 4 and 5 of the *1998 National Drug Control Strategy*. The PME end-states, and performance measures/impact targets for goals and objectives contained in the *National Drug Control Strategy* will be applied to heroin-related international programs.

1. Improve Heroin Worldwide Intelligence Data Base

The global nature of the heroin problem necessitates the sharing of information worldwide. Accurate intelligence on opium cultivation, production, transshipment, distribution, money laundering systems, and individual traffickers is essential for effective law enforcement action. Intelligence gathering in source countries that the United States does not have diplomatic relations with complicates the intelligence issues, and necessitates cooperation from neighboring countries and international bodies such as the United Nations.

- ***Inventory worldwide heroin intelligence and identify gaps.*** Support interagency efforts to improve U.S. government estimates of the flow and availability of heroin into the United States. Consolidating the information of all the law enforcement and intelligence entities involved and identifying gaps in intelligence is a vital first step in understanding the and attacking the problem. Enlisting the assistance of international law enforcement-organizations is necessary in order to gain intelligence in areas where the United States has little or no access. U.S. agencies must work together and encourage the cooperation of our international partners to begin characterizing heroin transportation methods and routes. Understanding heroin flow, a necessary condition for optimal resource allocation, requires the sharing of information between agencies and the establishment of an interagency heroin movement database. **[Relevant Agencies:** DEA, DOD, CIA, FBI, USCS, USCG, NDIC]
  (Goal 4: Objective 2 Targets 1, 2,3; Goal 4, Objective 2, Targets 1, 2, 3)

- ***Identify key targets.*** International intelligence should be used to identify heroin organizations' key figures, associates, production facilities, storage sites, trafficking routes, key brokers, U.S. distributors, money laundering mechanisms, essential chemical sources, assets and money laundering organizations/institutions, as well as other factors associated with the heroin trafficking organizations. This information should be tied to domestic heroin data from federal, state and local law enforcement sources to detect links to international trafficking organizations. **[Relevant Agencies:** DOJ, DEA, FBI, CIA, DOD, USCS, FinCen, IRS-CID]

(Goal 3: Objective 3 Targets 1, 2, 3; Goal 4: Objective 2 Targets 1, 2; Goal 2: Objective 1 Targets 2, 3; Goal 5: Objective 2 Target 2)

- ***Expand cooperation among heroin intelligence-gathering agencies.*** We should seek to improve and expand intelligence sharing with our allies. EUROPOL (European Union Police Organization), INTERPOL (International Police Organization), and other international law enforcement organizations each have heroin intelligence information that, when shared, improves the international data base of information, and increases the effectiveness of international law enforcement. Greater cooperation among law enforcement agencies from heroin source and transit nations should be encouraged. **[Relevant Agencies:** DOS, DOJ, DEA, USCS, FBI, CIA]
  (Goal 5: Objective 4; Targets 1, 2, 3; Goal 4: Objective 3 Targets 1, 2, 3; Goal 5: Objective 1 Target 2.

2. Reduce Global Sources of Heroin

Opium is grown and produced in three major areas of the world: Southeast Asia, Southwest Asia, and Latin America (Colombia and Mexico). Although Colombia and Mexico are small producers by world standards, they are important sources to the United States because virtually all of their opium is probably destined for the U.S. heroin market. The United States is working directly with the governments of both countries to eradicate opium poppy cultivation and take other enforcement actions against heroin trafficking. Currently, direct U.S. government access to the major Asian opium-producing areas in Burma and Afghanistan is severely limited by security or political factors. We have access, however, through multilateral, non-governmental, and regional organizations and contacts, and we should continue to use them to increase our antidrug influence and to establish, strengthen, and expand antidrug initiatives in the region.

- ***Focus heroin supply reduction efforts.*** Because we have access to certain growing areas through bilateral cooperation, we should increase U.S. efforts to support law enforcement, interdiction, precursor chemical controls, crop eradication, and alternative development to the following countries, in priority order: Colombia, Mexico, Laos, Thailand, and Pakistan. We need to also cooperate closely with international organizations (such as UNDCP) and neighboring countries (i.e., Thailand, Laos, China, Pakistan, etc.) to gain access to or influence cooperation against opium poppy cultivation, heroin production and trafficking in Burma and Afghanistan. In so doing, we should seek opportunities to address opium poppy cultivation and production in Burma and Afghanistan without undermining the other important United States interests in advancing democracy and human rights. For example, the United States should encourage improved Burmese/People's Republic of China (PRC) bilateral enforcement along their common border to reduce the flow of essential chemicals from the PRC to Burma, and the flow of heroin from Burma through the PRC to international

markets. **[Relevant Agencies:** DEA, DOD, DOS, FBI, NSA, USCG, USIC, USCS, Dept. Of Treas.]

(Goal 4: Objective 3 Targets 1, 2, 3; Goal 5: Objective 4 Targets 1, 2, 3)

- ***Support UNDCP drug control programs and promote regional initiatives.*** UNDCP has initiated programs including crop eradication and alternative development initiatives in source countries in Southeast and Southwest Asia. The UNDCP goal is to eliminate or significantly reduce illicit opium poppy cultivation by 2008. The United States should work closely with UNDCP to mobilize international support to achieve this goal. We need to foster enhanced cooperation with the Association of Southeast Asian Nations (ASEAN) as well as countries like Thailand, Laos, Pakistan, and China in order to gain access to Burma and Afghanistan and win cooperation in combating opium cultivation, heroin production and trafficking. We must use ASEAN forums to hold Burma accountable for cooperation. **[Relevant Agencies:** DOS, CIA, DEA, USIC] **(Goal 5: Objective 4 Targets 1, 2, 3; Goal 4: Objective 3 Targets 1, 2, 3)**

3. Strengthen International Cooperation on Combating Heroin

Limits already exist on the amount of opium that can be legally grown, and many countries have enacted domestic laws in compliance with international agreements that establish chemical control regimes and criminalize the illicit diversion of essential chemicals used in heroin production. Enlisting the help of source countries in enforcing existing laws and treaties, taking aggressive action on crop eradication, and controlling the amount of essential chemicals imported/exported is necessary if we are to reduce the global sources of heroin. International law enforcement cooperation will be sought to target major heroin traffickers and to bring them to justice.

- ***Promote international support for confronting the global heroin problem.*** We should use the Action Plans and Declarations adopted at the UN General Assembly Special Session (UNGASS) on the World Drug Problem (June 1998) as excellent instruments through which to focus international attention on the heroin problem. The UNGASS documents form the basis for pursuing closer cooperative relationships on a regional and bilateral basis with key heroin source and transit countries. We should also seek cooperative agreements with other nations that are producers of precursor chemicals for heroin. **[Relevant Agencies:** DOS, DOJ, DEA, FBI]

  (Goal 5: Objective 4 Targets 1, 2, 3; Goal 5: Objective 5 Target 1)

- ***Encourage opium eradication.*** Cooperate with EU, CICAD, and, as appropriate, bilaterally and multilaterally with EU/OAS member states, and encourage the

governments of Colombia, Mexico, Laos, Thailand, and Pakistan to enhance opium poppy eradication efforts, providing additional resources where appropriate. Support multinational efforts in support of crop eradication and alternative development programs in Burma and Afghanistan. **[Relevant Agencies:** CIA, DEA, DOS, FBI]

(Goal 5: Objective 4 Targets 1, 2, 3;Goal 5: Objective 5 Target 1)

- ***Increase diplomatic and political efforts.*** Increasing diplomatic pressure on heroin source and transit countries to fully implement the goals and objectives of the 1988 UN Drug Convention should be undertaken by all countries with an interest in combating the international heroin problem. The United States will or should also employ the U.S. Government Certification Process to pressure nations to cooperate with international heroin control efforts. **[Relevant Agencies:** DOS, ONDCP, DEA, FinCEN, Treas, USCS]
  (Goal 5: Objective 4 Targets 1, 2; Goal 5: Objective 5 Target 1)

4. Promote Coordinated International Law Enforcement Efforts

The United States should expand Federal law enforcement agencies' efforts to bring international law enforcement to bear against principal heroin trafficking organizations with the support of the intelligence community through coordinated regional initiatives in Southeast Asia, Southwest Asia, and other heroin trafficking regions. Implementation should be guided by PDD-44 and NDCS Classified Annex.

- ***Share important case information***. Reducing the heroin problem in the United States requires cooperative, international law enforcement efforts against principal heroin trafficking organizations. Improved coordination with the intelligence community and enhanced multinational relationships with Southeast Asia, Southwest Asia, and other heroin trafficking regions is required. Information sharing and regional cooperation is fostered through training, intelligence collection and conferences. Collection should include gathering and sharing information on heroin-related corruption in producing and transit countries. **[Relevant Agencies:** DEA, FBI, USCS, USCG, DOD]
  (Goal 4: Objective 3; Targets 1, 2, 3; Goal 5: Objective 3 Target 1; Goal 5: Objective 4 Target 1)

- ***Target major heroin traffickers***. Heroin traffickers are diverse groups requiring diverse enforcement strategies. It is necessary, therefore, to enhance law enforcement efforts against Colombian, Mexican, Southeast Asian and Southwest Asian heroin traffickers. Nigerian-based heroin trafficking organizations must be dismantled, and independent operators involved in heroin trafficking put out of business. We must also improve intelligence information on Russian Transnational Criminal Organization (TCO) links to heroin trafficking to the

United States. The United States must assist host nation governments in building criminal cases against heroin traffickers and heroin-related official corruption. **[Relevant Agencies:** DEA, CIA, DOS, FBI, USCS, DOD, IRS-CID, Secret Service, ATF]
(Goal 4: Objective 3 Targets 1, 2, 3; Goal 5: Objective 4 Target 1; Goal 2: Objective 1 Target 3)

- ***Target trafficker vulnerabilities***. Depriving heroin traffickers of their leadership, production capabilities, distribution networks, and financial underpinnings severely weakens their organization. We should expand intelligence sources and cooperative efforts to target communications, command, and money laundering operations of major heroin trafficking organizations, and control essential precursor chemicals used in the production of heroin. **[Relevant Agencies:** DEA, CIA, DOD, DOS, FBI, USCS, FinCEN, Dept. of Treas., IRS-CID]
(Goal 5: Objective 3 Target 1; Goal 4: Objective 3 Targets 1, 2, 3 Goal 2: Objective 1 Target 3)

- ***Enlist DOD support where necessary***. After identifying DEA, FBI and host-nation requirements, it may be necessary to enlist the support of the U.S. Department of Defense, who can provide secure communications, mapping, linguistics, training, and analysis support for counter-drug operations. **[Relevant Agencies:** DOD, DEA, DOS, FBI, USCS, USCG]
(Goal 4: Objective 2 Targets 1, 2, 3;Goal 4: Objective 3; Targets 1, 2, 3; Goal 5: Objective 4 Targets 1, 2, 3)

- ***Train international law enforcement counterparts***. Expand U.S. training to prosecutors and judges as well as selected military and police forces involved in heroin suppression and interdiction operations, to include Mexico, Colombia, and nations in Southeast Asia and Southwest Asia and Eurasia. **[Relevant Agencies:** DOS, CIA, DEA, DOD, FBI, USCS, USCG, IRS-CID]
(Goal 4: Objective 2; Targets 1, 2, 3 Goal 4: Objective 3 Targets 1, 2, 3 Goal 5: Objective 3 Targets 1, 2; Goal 5: Objective 4 Targets 1, 2)

- ***Seek extradition of international heroin traffickers***. Many international heroin violators have been indicted in the United States, yet remain at large in other countries of the world. Effective extradition agreements are essential to international anti-trafficking efforts. **[Relevant Agencies:** DOS, DOJ, DEA, FBI]
(Goal 2: Objective 1 Targets 1, 2, 3 Goal 4: Objective 3; Targets 2, 3 Goal 5: Objective 3 Target 2; Goal 5: Objective 4 Target 1; Goal 5: Objective 2 Targets 1, 2)

5. Promote International Demand Reduction Activities

As we come to realize that the demand for heroin is driving the opium market, we understand how important it is to reduce demand worldwide. The United States must share effective demand reduction principles, programs and techniques with other countries in order to reduce worldwide demand for heroin. Several conferences have begun to address demand reduction on a regional and worldwide basis. More information sharing must take place, especially in the areas of research and treatment.

- ***Support international demand reduction efforts.*** Several multinational organizations, such as the Organization of American States Inter-American Drug Abuse Control Commission (OAS/CICAD) and UNDCP, are involved in reducing demand for heroin. Their efforts should be encouraged and supported, as should our bilateral anti-heroin programs with Mexico. **[Relevant Agencies:** ONDCP, HHS, ED, OJJDP
(Goal 5: Objective 4 Targets 1, 2, 3)

- ***Promote proven principles of demand reduction.*** Demand reduction programs are not equally effective for all groups. Support research-based programs in foreign countries that address needs of special populations at risk for drug use. Also, promote prevention and treatment for drug use. Encourage partnerships between and among governments, the private sector, and communities to develop and promote demand reduction. **[Relevant Agencies:** ED, HHS, ONDCP, OJJDP] **(Goal 5: Objective 4 Targets 1, 2, 3; Goal 3: Objective 1 Target 5; Goal 3: Objective 2 Targets 1, 2, 3; Goal 2: Objective 6 Target 1; Goal 1: Objective 4 Target 2)**

6. Monitor & Analyze

The relatively recent entry of Colombia into the heroin trade is indicative of ever-changing heroin trafficking patterns, and points out the need to monitor the worldwide heroin situation closely. Being aware of the present situation and the ability to analyze patterns and trends allows us to be proactive in our approach to combating the heroin problem. This analysis should be conducted, in cooperation with international and domestic law enforcement, by the intelligence community at the national level, with input from regional analysts who have areas of responsibility which include heroin source and transit countries. Reporting of this analysis should be on at least a semi-annual basis to the anti-heroin community.

V. Heroin Action Plan: Summary Statement

The goals set forth in the *National Drug Control Strategy* to reduce both the availability of illicit drugs in the United States and the demand for these drugs by 25 percent by 2002, and by 50 percent by 2007, are not merely abstract aspirations. Rather, they are real, achievable goals designed to ensure a higher quality of life in the United States. The *Strategy* is backed by a record-high budget and performance measures of effectiveness that will ensure its success. This *Heroin Action Plan* addresses only one facet of the *Strategy*: heroin. In addressing both the demand and supply of heroin, this plan calls for actions which guide responsible agencies in meeting the goals of the *Strategy* and achieving the objectives and targets of the *PME.* The heroin problem in the United States must be attacked on three fronts: demand reduction, domestic law enforcement, and international operations. While these initiatives need to occur in concert and are mutually supportive, the primary focus needs to be on demand reduction activities.

Demand reduction, including both prevention and treatment, is an important key to solving the heroin problem. Through demand reduction initiatives we can focus our resources directly and entirely on the people who are at greatest risk and inoculate ourselves against higher levels of drug abuse in the future. Recent studies show that a new generation of users is unaware of the dangers of heroin, and their parents are equally unaware of the pervasiveness of heroin abuse in their families and communities. Deborah Barr, for example, describes herself as "...one of those parents that was in total denial. Drugs couldn't touch my squeaky-clean family. My daughter was perfect, pretty and smart." Her daughter Tish died of a heroin overdose on January 12, 1995, one year after graduating from high school. Similar stories are taking place in Plano, Texas, and Baltimore, Maryland. High purity, low cost deadly heroin is readily available in cities and towns all across America; knowledge of its risks is less so.

While enhancing public awareness of the risks associated with heroin, we must bring greater attention to more effective long-term treatment programs in order to help those chronically addicted to heroin to combat their dependence and eventually reject this extremely harmful substance. Treating their addiction as a disease requires the utilization of proven pharmacological approaches, along with sustained counseling, to achieve the long-term goals of the *Heroin Action Plan.*

Once heroin reaches our shores, reducing its availability becomes the responsibility of domestic law enforcement. Collecting timely, accurate intelligence about traffickers and trends is the first step to reducing heroin availability in the United States. Acting on this intelligence with a well-coordinated response by highly-trained, technologically-advanced law enforcement professionals from the federal, state and local

levels is essential. By strengthening law enforcement, and improving the ability of HIDTAs to react to the heroin crisis, we can substantially reduce drug-related crime and violence.

The *Heroin Action Plan* recognizes the international nature of the heroin problem, and includes steps to reduce cultivation and production and to increase interdiction, where possible, in order to reduce the amount of heroin entering our country. With sources of supply widely dispersed around the world and major sources not accessible to the United States, we require greater international cooperation to be more effective. It is important to especially support the efforts of UNDCP on the global front, as well as bilateral initiatives and those of OAS/CICAD in our own hemisphere.

The Office of National Drug Control Policy has set forth this plan of action to reduce heroin use and availability. Execution of the plan will take place at the international, federal, state, and local levels. A concerted effort by all with responsibility under this *Heroin Action Plan* can forestall a heroin epidemic in this country.

VI. Bibliography

National Heroin Action Plan

1. *1996 National Household Survey on Drug Abuse,* Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 1997.

2. *Anti-Drug Abuse Act of 1988,* U.S. Congress, Washington, D.C., 1988.

3. *Controlled Substances Act, Title III of the Comprehensive Drug Abuse Prevention and Control Act of 1970,* U.S. Congress, Washington, D.C., 1970

4. *Epidemiologic Trends in Drug Abuse*, (Community Epidemiology Work Group, National Institute of Health, National Institute on Drug Abuse, June 1997

5. *Executive Orders Nos. 12880* (November, 1993), *12992* (March 1996) and *13023* (November, 1996), Executive Office of thePresident, Washington, D.C.

6 *Drug Abuse Treatment Outcome Study*, National Institutes of Health, National Institute on Drug Abuse, 1997.

7. *Drug Courts: Overview of Growth, Characteristics, and Results,* Government Accounting Office, Report to the Committee on the Judiciary, U.S. Senate, and the Committee on the Judiciary, U.S. House of Representatives, July, 1997.

8. *Drug Use Forecasting: Annual Report on Adult and Juvenile Arrestees*, U.S. Department of Justice, Office of Justice Programs, National Institute of Justice (1996).

9. Inciardi, James. *The War on Drugs*. Palo Alto (CA): Mayfield Press. 1989.

10. *International Narcotics Control Strategy Report*. U.S. Department of State, Bureau of International Narcotics and Law Enforcement Affairs: 1998.

11. *LAAM in the Treatment of Opiate Addiction,* Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 1995.

12. *Major Coca & Opium Producing Nations: Cultivation and Production Estimates*, 1992-1997. Central Intelligence Agency, Crime and Narcotic Center: February 1998.

13. *Mid-Year Preliminary Estimates from the 1996 Drug Abuse Warning Network,* Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies: 1997.

14. *National Drug Control Strategy,* Executive Office of the President, Office of National Drug Control Policy, 1998.

15. *The National Treatment Improvement Evaluation Study, Preliminary Report: The Persistent Effects of Substance Abuse treatment—One Year Later,* Substance Abuse and Mental Health Services Administration, Center for Substance Abuse treatment, September, 1996.

16. *The NNICC Report 1996*: The Supply of Illicit Drugs to the United States. National Narcotics Intelligence Consumers Committee, July 1997.

17. *Performance Measures of Effectiveness,* Executive Office of the President, Office of National Drug Control Policy, 1998.

18. *Presidential Decision Directive/NSC-44*: *U.S. Policy on International Heroin Control* (Classified), November 1995.

19. *Preventing Drug Use Among Children and Adolescents,* National Institutes of Health, National Institute on Drug Abuse, 1997.

20. *Prices of Illicit Drugs*: 1981-1997. Abt Associates, Incorporated under contract to the Office of National Drug Control Policy: Summer 1997.

21. *Pulse Check: National Trends in Drug Abuse.* Executive Office of the President, Office of National Drug Control Policy: November 1997.

22. *What America's Users Spend on Illicit Drugs: 1988-1995.* Executive Office of the President, Office of National Drug Control Policy: November 1997.

23. *World Drug Report.* United Nations, United Nations International Drug Control Programme: 1997.

Note: For Interagency use only; this page will not be printed in final document.

NATIONAL HEROIN ACTION PLAN
Distribution Plan

Department/Agency	Number of Copies
Department of Health and Human Services	5
National Institute on Drug Abuse (NIDA)	45
Substance Abuse and Mental Health Services Administration (SAMHSA)	45
Department of Justice	10
Drug Enforcement Administration (DEA)	30
Federal Bureau of Investigation (FBI)	30
National Drug Intelligence Center	5
Department of State (for further distribution to Ambassadors of major producer and transit countries)	60
U.S. Agency for International Development (U.S.AID)	10
Department of Education	10
Department of Treasury	5
U.S. Customs Service (USCS)	30
Internal Revenue Service	5
Department of Transportation	5
U.S. Coast Guard (USCG)	10
U.S. Interdiction Coordinator (USIC) (for further distribution to Joint Interagency Task Forces/JIATF and The Interdiction Committee/TIC	15
Central Intelligence Agency Crime and Narcotics Center (CNC)	60
Department of Defense	60
National Security Council (NSC)	5
Office of the Vice President	5
White House Chief of Staff	5

U.S. Congress	15
ONDCP	150
TOTAL	**525**

ONAP?