

THE NATIONAL DRUG CONTROL STRATEGY: 1996



The White House

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To the Congress of the United States

I am pleased to transmit to the Congress the *1996 National Drug Control Strategy*. This Strategy carries forward the policies and principles of the 1994 and 1995 Strategies. It describes new directions and initiatives to confront the ever-changing challenges of drug abuse and trafficking.

This past March I convened the White House Leadership Conference on Youth, Drug Use, and Violence in order to focus the Nation's attention on two major health problems faced by young people today — drug use and violence. The conference brought together over 300 young people, parents, clergy, community and business leaders, judges, prosecutors, police, entertainers, media executives, researchers, and treatment and prevention specialists from across America to examine solutions and keep us moving forward with proven strategies. The Vice President, General Barry McCaffrey, and I met with the participants in a series of roundtable discussions, discussing how to strengthen the efforts of families, the media, communities, schools, businesses, and government to reduce drug use and violence. Participants left with new energy and new ideas, determined to return home and begin implementing the solutions and strategies discussed that day.

This conference took place at an important juncture in America's ongoing fight against drug abuse. In the last few years our Nation has made significant progress against drug use and related crime. The number of Americans who use cocaine has been reduced by 30 percent since 1992. The amount of money Americans spend on illicit drugs has declined from an estimated \$64 billion five years ago to about \$49 billion in 1993 — a 23 percent drop. We are finally gaining ground against overall crime: drug-related murders are down 12 percent since 1989; robberies are down 10 percent since 1991.

At the same time, we have dealt serious blows to the international criminal networks that import drugs into America. Many powerful drug lords, including leaders of Colombia's notorious Cali cartel, have been arrested. A multinational air interdiction program has disrupted the principal air route for smugglers between Peru and Colombia. The close cooperation between the United States, Peru, and other governments in the region has disrupted the cocaine economy in several areas. Our efforts have decreased overall cocaine production and have made coca planting less attractive to the farmers who initiate the cocaine production process. And I have taken the serious step of cutting off all non-humanitarian aid to certain drug producing and trafficking nations that have not cooperated with the United States in narcotics control. Further, I have ordered that we vote against their requests for loans from the World Bank and other multi-lateral development banks. This clearly underscores the unwavering commitment of the United States to stand against drug production and trafficking.

Here at home, we have achieved major successes in arresting, prosecuting, and dismantling criminal drug networks. In Miami, the High Intensity Drug Trafficking Program, through its operational task forces, successfully concluded a major operation that resulted in the indictments of 252 individuals for drug trafficking and other drug-related crimes. Operations conducted by the Drug Enforcement Administration's Mobile Enforcement Teams program (MET), a highly successful federal tool for assisting local law enforcement, have resulted in more than 1,500 arrests of violent and predatory drug criminals in more than 50 communities across the nation.

But as the White House Leadership Conference on Youth, Drug Use, and Violence showed, now is the time to press forward. We must not let up for a moment in our efforts against drug abuse, and drug-abuse by young people, particularly.

There are many reasons why young people do continue to use drugs. Chief among these are ignorance of the facts about addiction and the potency of drugs, and complacency about the danger of drugs. Unfortunately, all too often we see signs of complacency about the dangers of drug use: diminished attention to the drug problem by the national media; the glamorization and legitimization of drug use in the entertainment industry; the coddling of professional athletes who are habitual drug users; avoidance of the issue by parents and other adults; calls for drug-legalization; and the marketing of products to young people that legitimize and elevate the use of alcohol, tobacco, and illicit drugs.

All Americans must accept responsibility to teach young people that drugs are illegal and they are deadly. They may land you in jail; they may cost you your life. We must renew our commitment to the drug prevention strategies that deter first-time drug use and stop the progression from alcohol and tobacco use to marijuana and harder drugs.

The National Drug Control Strategy is designed to prevent a new drug use epidemic through an aggressive and comprehensive full-court press that harnesses the energies of committed individuals from every sector of our society. As I said in the State of the Union, we must step up our attack against criminal youth gangs that deal in illicit drugs. We will improve the effectiveness of our cooperative efforts among U.S. defense and law enforcement agencies, as well as with other nations, to disrupt the flow of drugs coming into this country. We will seek to expand the availability and improve the quality of drug treatment. And we will continue to oppose resolutely calls for the legalization of illicit drugs. We will increase efforts to prevent drug use by all Americans, particularly young people.

The tragedy of drug abuse and drug-related crime affects us all. The National Drug Control Strategy requires commitment and resources from many individuals and organizations, and from all levels of government. For the Strategy to succeed, each of us must do our part.

We ask the Congress to be a bipartisan partner and provide the resources we need at the Federal level to get the job done. I challenge State and local governments to focus on drug abuse as a top priority. We ask the media and the advertising and entertainment industries to work with us to educate our youth, and all Americans, about the dangers of drug use. Finally, we invite every American — every parent, every teacher, every law enforcement officer, every faith leader, every young person, and every community leader — to join our national campaign to save our youth.

A handwritten signature in blue ink that reads "William J. Clinton". The signature is written in a cursive style with a large initial 'W'.

THE WHITE HOUSE

The National Drug Control Strategy: 1996

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The National Drug Control Strategy

I. THE PURPOSES OF THIS STRATEGY

The National Drug Control Strategy organizes a collective American effort to achieve a common purpose. The Strategy provides general guidance and specific direction to the efforts of the more than fifty Federal agencies involved in the struggle against illegal drugs and substance abuse. Further, this Strategy offers a common framework to State and local government agencies, to educators and health care professionals, to law enforcement officials and community groups, and to religious organizations, mass media, and American business to build a unified American counterdrug effort. The common purpose of that collective effort is to reduce illegal drug use and its consequences in America.

II. WHY WE MUST RESPOND TO THE DRUG PROBLEM IN AMERICA TODAY

Drugs affect the lives of millions of Americans. According to a recent Gallup Poll, almost one half (45%) of Americans report that either they, someone in their family, or a close friend has used illegal drugs. Of these, 28 percent characterized the drug use as moderate, while 29 percent described it as a serious addiction. More than half of those who reported knowing someone with a moderate or serious drug problem were living in households with incomes of \$35,000 or more, and most were white. Clearly, drugs are not a problem just for inner-city residents, or the poor, or members of some minority group — they affect all Americans from every social, ethnic, racial, and economic background.

Americans are especially concerned about the increased use of drugs by youth. In 1991, after several years of decline, the number of people trying marijuana for the first time showed a marked increase. The majority of these “initiates” to drug use were young people. Several recent surveys confirm that the rate of drug use among youth has continued to climb. Past-month use of all drugs among youth aged 12 to 17 increased by the rate of 50 percent between 1992 and 1994. With the exception of alcohol, drugs of all kinds are being used increasingly by youth. However, it is marijuana that is used most often. Among youth aged 12 to 17, the use of marijuana almost doubled between 1992 and 1994.

Americans are also troubled by hardcore drug use and its devastating consequences to society. Fewer individuals are using drugs on an occasional or non-addicted basis. In fact, this number has declined dramatically from its peak 17 years ago. However, the insidious nature of addiction has been realized as many of these formerly occasional users have progressed to chronic, hardcore drug use. Families and neighborhoods are being torn apart by the crime and health consequences that so often accompany addiction. While only one in four drug users is a hardcore drug abuser, this minority consumes the majority of the illegal drugs and commits a disproportionate number of drug-related crimes. About two thirds of these hardcore users come in contact with the criminal justice system each year. We can and must reduce the number of hardcore drug users.

The numbers underscore the unacceptable costs of illegal drug use to our society:

America has suffered 100,000 drug-related deaths in the 1990s alone — over 20,000 of our citizens die every year because of illicit drugs.

- In 1993, the year from which the most recent data is available, Americans spent an estimated \$49 billion on illegal drugs: \$31 billion on cocaine, \$7 billion on heroin, \$9 billion on marijuana, and \$2 billion on other illegal drugs.
- Federal, State, and local governments collectively spend about \$30 billion a year to reduce illegal drug use and trafficking and deal with their consequences.
- The annual social cost of illicit drug use is \$67 billion, mostly from the consequences of drug-related crime.
- Drug-related hospital emergency department visits continue to be at record levels — over one half million annually — owing in large part to the consequences of drug addiction.
- Drug use contributes significantly to property and violent crimes. Of nearly 712,000 prison inmates interviewed in June 1991, 62 percent reported they had used drugs regularly at some time in their lives, 50 percent reported drug use in the month before committing the offense that had sent them to prison, 31 percent said they were under the influence of drugs when they committed their crime, and 17 percent said they were trying to get money for drugs when they committed the crime. Of more than 20,000 adult, male arrestees tested in 1994 under the Drug Use Forecasting program, 66 percent were positive for use of at least one drug at the time of arrest.
- Each year over one million persons are arrested on drug-related charges.

Other drugs are now beginning to emerge that further threaten all Americans. Heroin presents a particularly grave threat to the American people. The surveys that track heroin use patterns are

discouraging. In 1993, the rate of heroin-related emergency room episodes was 64 per 100,000 population among persons ages 35 to 44, almost double of what it was in 1988 for this age group. The users of heroin are also initiating use of the drug at a younger age (the Monitoring the Future (MTF) study reports increased heroin use by 10th and 12th graders) and they are beginning to rely on routes of administration such as smoking and snorting, rather than injecting. This may make heroin use more accessible to a wider range of users, particularly those users of other drugs that were unwilling to inject drugs.

The continued rise in popularity of methamphetamine (also known as speed, crystal, crank, and ice) is also of increasing concern. For many years, methamphetamine use has been confined to certain areas of the country (the West and Southwest) and to certain distinct groups of users (motorcycle gangs and older polydrug users). The drug is now becoming more attractive to young users, and its use is expanding into other areas of the country such as Denver, Des Moines, Dallas, Atlanta, Philadelphia, and Minneapolis/St. Paul. Methamphetamine, used for its stimulant effect, is often combined in use with alcohol, heroin, and cocaine. An estimated 4 million persons in the United States have used methamphetamine at least once in their lives.

A third emerging drug, Rohypnol, presents a new challenge. Rohypnol is manufactured in Colombia, Mexico, and Switzerland, but is not legally marketed or sold in the United States. It has a sedative effect and is reported to be 7 to 10 times more potent than Valium.TM Chronic use produces heavy sedation, psychomotor impairment, headaches, tremors, and amnesia. As with other sedatives and tranquilizers, long-term use can lead to physical dependence and the need for medically supervised withdrawal. Rohypnol, a drug legally available by prescription in Europe and many other parts of the world, is reported to be increasingly popular among some groups of young people in the United States. It is frequently used in conjunction with alcohol, marijuana, and cocaine and has achieved a dubious reputation as a "date rape" drug because of its effects on memory loss, especially when combined with alcohol. On

March 5, 1996, Customs began seizing all quantities of Rohypnol at U.S. borders based upon the advice of DEA and the Food and Drug Administration.

The National Office of Drug Control Policy (ONDCP) is also monitoring two additional emerging drugs: LSD and PCP. The distribution pattern for LSD, which is now available in nearly every State, is unique within the drug culture. A proliferation of mail order sales has created a marketplace where the LSD sellers are generally unknown to the buyers, providing the highest-level traffickers with considerable insulation from drug law enforcement operations. The vast majority of users are white, middle-class high school and college students attracted by low prices, who perceive the drug as harmless.

PCP production appears to be centered in the greater Los Angeles, California, metropolitan area. PCP use peaked in the early to mid-1980s and was supplanted by the use of crack-cocaine. However, there are recent indications that PCP use has increased somewhat in a limited number of cities.

And finally, due to the serious problems posed by the increased use of marijuana, it must logically be included in any discussion of emerging drugs. While marijuana has been a problem in the United States for many years, the recent increases in use among young people and its rise in potency also warrant our concern as an emerging drug of abuse.

The drug trade is a growing threat to America's interests abroad. Drug-related corruption, intimidation, and dirty money undermine democratic governments and free-market economies around the world. This jeopardizes important political and commercial relationships the United States has with many countries.

III. THERE IS CAUSE FOR GUARDED OPTIMISM

Despite the recent upturn in casual drug use by our youth, we have made real progress in the past

decade as a result of a principled, long-term effort. Thanks to the bipartisan efforts of the Congress and three successive Administrations, along with the broad-based efforts of citizens and communities throughout the United States, we have made substantial progress since the 1970s when drug use was at its peak. We have moved from widespread social tolerance of drug abuse to a current environment in which the vast majority of Americans strongly disapprove of substance abuse and do not use illegal drugs. Consider how far we have progressed:

- While 72 million Americans have experimented with illegal drugs, the overwhelming majority quit of their own accord and oppose the use of illicit drugs.
- As a result of aggressive prevention efforts, the number of illegal drug users has fallen by half since 1985, from 22.3 million to 12.2 million "past-month" users.
- The number of new cocaine users plummeted from a million and a half in 1980 to about half a million in 1992. Overall, cocaine use has fallen 30 percent in the last three years alone.
- Between 1975 and the early 1990s, the number of new heroin users dropped by 25 percent.
- Homicides have decreased by 5 percent, and those that are judged to be drug-related are down approximately 25 percent.
- Workplaces are safer and more productive: drug use among U.S. workers decreased from 19 percent in 1979 to 8.1 percent in 1993, and three out of four companies with more than 250 employees have formal antidrug programs and policies in place.
- Since the late 1980s, U.S. Government seizures of drug trafficker assets have been about \$700 million a year.

Thanks to the bipartisan efforts of the Congress and three successive administrations, along with the broad-based efforts of citizens and communities throughout the U.S., we have made tremendous progress since the 1970s.

- Drug treatment programs have improved dramatically and are better linked with offender management and drug court programs, creating a mutually supporting dynamic between law enforcement and rehabilitation. Progress is being made in helping those who want help.
- Internationally, we moved from a standing start to a web of increasingly effective alliances, partnerships, and cooperative agreements:

— We essentially blocked the free flow of cocaine through the western Caribbean into Florida and the Southeast.

— Our interdiction efforts in South America have disrupted the trafficking patterns of cocaine traffickers in Peru, causing them to change flight routes and modes of transportation.

ONDCP helped to reaffirm the sentiment of millions of Americans who oppose the legalization of drugs.

— Six of the seven ringleaders of the Cali Cartel were arrested in 1995, and one recently was killed by the Colombian police while resisting arrest. Continued pressure on Colombian drug lords has resulted in a recent flurry of surrenders and arrests of “next generation” traffickers, causing further disruption of cartel operations.

— A third of the cocaine produced in South America is intercepted before it hits our streets or those of other countries.

— Due to increased enforcement activity and greater international focus and cooperation, money laundering has become tougher for traffickers and their front businesses.

— Key Asian countries have begun to arrest kingpins involved in heroin trafficking and to extradite them to the United States. Such efforts to attack these drug trafficking organizations are being intensified.

IV. RECENT DRUG CONTROL INITIATIVES

Recent drug control initiatives by the U.S. Government have helped to maintain the overall progress of the last decade. Highlights of current efforts to address the problems of illicit drug use and trafficking include:

- **A Reaffirmation of Anti-Legalization Sentiments.** ONDCP helped to reaffirm the sentiment of millions of Americans who oppose the legalization of drugs. In May 1995, the Office, in coordination with other Federal agencies, co-sponsored the 1995 “American Cities Against Drugs” conference in Atlanta, Georgia. Officials representing dozens of American cities, large and small, signed a declaration of resolute opposition to the legalization of illicit drugs.
- **A Comprehensive Marijuana Strategy Targeting Youth.** The Marijuana Strategy is targeted primarily at the Nation’s youth. It coordinates efforts at the Federal, State, and local level and includes both supply and demand reduction components. A 1995 highlight of the Marijuana Strategy was the Department of Health and Human Services National Conference on Marijuana Use Prevention, Treatment and Research. Also in 1995, the U.S. Department of Health and Human Services launched a national anti-marijuana information campaign.
- **A Methamphetamine Strategy.** To more effectively address the emerging methamphetamine problem, a comprehensive law enforcement, prevention, and treatment strategy coordinating the efforts at the Federal, State, and local levels has been developed. This project, begun at the request of the President, brings ONDCP, the Department of Justice, the Department of Health and Human Services, and other concerned Federal agencies together to lay the ground work for a response to the serious threat posed by methamphetamine use and trafficking. In conjunction with this effort, the Substance Abuse Mental Health Administration’s Center for Substance Abuse Prevention and the National Institute on Drug Abuse will be developing a methamphetamine information awareness and prevention initiative.

- Regulations to Reduce Children’s Use of Tobacco Products.** In August 1995, the Food and Drug Administration (FDA) proposed (i) restricting youth access to tobacco products, (ii) reducing the advertising, and promotional activities that make these products appealing to young persons, and (iii) an educational campaign, funded by the tobacco industry, aimed at teaching children the real health risks of tobacco products. Also, the Substance Abuse and Mental Health Services Administration (SAMHSA) recently published regulations to implement the Public Health Services Act, requiring as a condition of receiving Federal substance abuse block grant funds, that each State enact and enforce laws banning the sale and distribution of tobacco products to people under 18. Further, each State is required to perform annual, random, unannounced inspections of outlets that sell and distribute tobacco products, with the outcome of these inspections to be used as a measure of State success in enforcing their laws.
- Progress Against the Illegal Use of Alcohol by Underage Users.** President Clinton signed into law the “National Highway System Designation Act of 1995,” which requires States to adopt a Zero Tolerance standard for drivers under the age of twenty-one. This law makes it illegal for young people who have been drinking to drive an automobile. Alcohol-related crashes involving teenage drivers are down as much as 20 percent in those States which have Zero Tolerance laws on the books.
- A National Media Literacy Campaign for Parents, Youth, and Communities.** ONDCP has initiated a national effort to empower youth, parents, and communities with critical cognitive skills needed to challenge and resist the powerful media messages that glamorize or condone the use of alcohol, tobacco, and other illegal substances. The Media Literacy campaign is part of an overall increased emphasis on empowering youth to recognize the true risks associated with the use of illegal substances.
- Public-Private Prevention Partnership with Pharmaceutical Companies.** Fourteen major pharmaceutical companies have agreed to participate in a Federal-private sector prevention partnership. The goal will be the development and dissemination of prevention information to physicians throughout the Nation for distribution to their patients.
- A Presidential Initiative to Improve Community Oriented Policing Services (COPS).** The Department of Justice has provided resources to State, local, and Indian tribal governments to put an additional 34,000 police officers on the streets to keep Americans safe from drugs and crime. Employing community policing strategies, these new officers will work in partnership with communities to tackle drug trafficking, drug use, and related crime.
- High Intensity Drug Trafficking Areas (HIDTA).** The HIDTA program takes a strategic approach to drug trafficking in those areas of the country most impacted by drugs. It focuses on the major retailers and wholesalers of illicit drugs through efforts to coordinate better the drug enforcement efforts of Federal, State, and local law enforcement agencies. In addition, the HIDTA Executive Committee works to facilitate the flow of intelligence information among member agencies. In each HIDTA, the Executive Committee, upon the release of this new Strategy, is required to update its threat assessment and strategy annually, select co-chairpersons who serve, and select a full-time Director, approved by the Director, ONDCP. Section IV provides detailed information on the HIDTA program.
- DEA's Mobile Enforcement Team (MET) Initiative.** This project has been successful in reducing drug-related crime and violence in over 50 locations where such teams have been deployed. After approving a request from a Chief or Sheriff who is facing escalating drug-related violence, Federal agents work with State

The HIDTA program takes a strategic approach to drug trafficking in those areas of the country most impacted by drugs.

and local officers to target local drug organizations and their leaders. These Federal, State and local law enforcement teams reduce the influence of drug gangs and restore public confidence in the government; this is crucial in order to find witnesses who will come forward and cooperate to ensure that proper convictions are obtained, making streets and neighborhoods safe from those who would continue to perpetrate violent, drug-related crimes.

- **Safe Streets Violent Crimes Initiative.** The Federal Bureau of Investigation has established the Safe Streets Violent Crimes Initiative, designed to allow the Special Agent in Charge of each FBI field office to address the problems of street, gang, and drug-related violence. Through Safe Streets Task Forces (SSTFs) — FBI-sponsored long-term task forces manned by Federal, State, and local law enforcement officers and prosecutors — the FBI is able to better focus enforcement and investigative efforts on violent gangs, crimes of violence, and the apprehension of violent fugitives. As of January 30, 1996, 138 SSTFs have been established in 53 field offices. SSTFs involve the coordinated efforts of 708 FBI Special Agents, 1,033 State and local officers, and 183 Federal law enforcement officers from other agencies. Currently there are 32 Fugitive Task Forces, 64 Violent Crimes Task Forces, 33 Violent Crimes/Fugitive Task Forces, and 9 Major Offenders (property crime/carjacking) Task Forces in operation under this initiative.

Since Operation Hard Line was instituted, smuggling has shifted away from passenger vehicles into commercial cargo.

- **Drug Testing Accountability for Federal Arrestees.** The Department of Justice is developing a systematic multi-year approach to end drug abuse among offenders who cycle through the Federal, State, and local criminal justice systems, called: *Operation Drug TEST (Testing, Effective Sanctions, and Treatment)*. Under this initiative, defendants are tested for drugs as soon as possible after their arrest; judges use the test results in making pre-trial detention determinations and in setting conditions of continued testing, sanctions, and

treatment for defendants released into the community; and appropriate treatment and other drug abuse deterrence programs are made available to defendants, using the levers of criminal justice supervision to break the cycle of drug abuse and crime. The first steps of Operation Drug TEST include establishing a program providing for universal pretrial drug testing throughout the Federal system and implementing related prosecutorial guidelines. Simultaneously, linkages will be established between the testing program, sanctions, and treatment, both in correctional institutions and the community. Operation Drug TEST also calls for implementation of a coordinated program of Federal assistance to State and local jurisdictions to help them develop their own parallel systematic accountability programs of testing, effective sanctions, and treatment.

- **Investigation, Apprehension, and Removal of Criminal Aliens Involved in Narcotics Violations.** During Fiscal Year 1995, efforts by the Immigration and Naturalization Service (INS), in cooperation with other Federal, State, and local law enforcement agencies, have resulted in the joint investigation, apprehension, and removal from the United States of 17,555 illegal aliens who either possessed, imported, transported, or manufactured controlled substances.
- **Research Breakthrough in the Treatment of Cocaine Addiction.** Researchers from the National Institute on Drug Abuse and Columbia University, bolstered by ONDCP support, have made progress in the “Cocaine Treatment Discovery Program.” They have discovered compounds that show promise in blocking the effects of cocaine without interfering with the normal mood-modulating effects of dopamine, one of the brain’s essential neurotransmitters. This finding removes a major obstacle in the development of medications to address cocaine addiction.
- **Increased Border Security Against Smuggling.** U.S. Customs “Operation Hard Line” has reduced instances of port running along the Southwest border by 42 percent. Since Opera-

tion Hard Line was instituted, smuggling has shifted away from passenger vehicles into commercial cargo. The success against smuggling has continued with a 125 percent increase in narcotics seizures in commercial cargo along the Southwest border in Fiscal Year 1995.

- **Presidential Directive Against International Organized Crime.** The President in October 1995 used, for the first time ever, the authority provided him in the International Emergency Economic Powers Act for counternarcotics purposes. The President signed Executive Order Number 12978, directing the Secretary of the Treasury, in consultation with the Secretary of State and the Attorney General, to identify the leaders, cohorts, and front companies of the Cali organizations and to block their assets in the United States. The Executive Order also bars individuals and companies in the United States from trading with those identified individuals and their front companies.
- **An International Cocaine Strategy.** Drug trafficking organizations continue to target the U.S. drug market effectively, despite the unprecedented international and U.S. domestic law enforcement pressure that they face. Latin American producers are the sole suppliers of cocaine to the United States. They remain intent on meeting the demands of their most profitable market. The Cocaine Strategy focuses on the growing and processing areas of the source countries. This strategy reflects the need to target the available resources on areas where they can have the greatest effect. This approach responds to evidence that patterns of drug production and flow are changing and that a comprehensive regional approach is essential. From a tactical standpoint, antidrug efforts in the source countries should provide us with the best opportunities to eradicate production, arrest drug kingpins and destroy their organizations, and interdict drug flow. This Cocaine Strategy has already led to substantial success:

— Disruption in the Cocaine Production and Distribution Network. A regional air interdiction program has disrupted the major air route for smugglers between Peru and Colombia. The

cooperative effort between the United States, Peru, and other governments in the region has disrupted the coca markets on the ground, making coca cultivation financially less attractive to the farmers who initiate the cocaine production process.

— Arrests of Colombian Drug Cartel Leadership. Colombian law enforcement authorities, with U.S. assistance, arrested six of the seven Cali Drug Cartel leaders in 1995. One suspect subsequently escaped and was killed by Colombian National Police, while resisting arrest.

— Arrest of a Major Mexican Drug Trafficker. In January 1996, the leader of one of Mexico's four major cocaine smuggling organizations was arrested in Mexico and expelled to face U.S. charges.

— Largest maritime cocaine seizure in U.S. history. A multi-agency operation, comprised of elements of both the U.S. Coast Guard and Navy, seized more than 12 tons of cocaine from the NATALY I, a 112-foot Panamanian fishing vessel boarded in the Pacific Ocean 780 miles west of Peru. This action exemplifies interagency cooperation and the importance of maintaining a strong transit zone presence and flexible interdiction capability.

Latin American producers are the sole suppliers of cocaine to the United States.

- **An International Heroin Strategy.** The President recently developed a new international heroin strategy to blunt the impact of the growing potential heroin problem. It reflects the need for a significantly different approach than that prescribed for cocaine. The heroin industry is more decentralized, more diversified, and more resistant to law enforcement operations. International criminal groups, attracted by huge profits, are moving larger quantities of heroin to the United States. With the increased availability of heroin and a drastic increase in the purity of heroin on the street, consumption is increasing, even among adolescents. If left unchecked, these factors could lead to an epidemic of heroin use.

- **Disruption of Money Laundering Operations.**

The Departments of the Treasury, Justice, and State have been actively engaged in carrying out anti-money laundering efforts, both nationally and internationally. At the Summit of the Americas hosted by the President in 1994, the leaders of 34 nations in the Western Hemisphere agreed to a set of principles that included a commitment to fight drug trafficking and money laundering. The U.S. subsequently coordinated the development of a Communiqué on Money Laundering which was adopted by the international community in 1995 and which laid out a series of steps for countries to take to implement an effective anti-money laundering program.

V. STRATEGIC GOALS AND OBJECTIVES OF THE 1996 NATIONAL DRUG CONTROL STRATEGY

These goals:

- Facilitate objective measurement of the nation's progress towards reducing illicit drug use and its consequences;
- Are in accordance with Section 1005 of Public Law 100-690, as amended, which states that the National Drug Control Strategy must include “comprehensive, research-based, long-range goals for reducing drug abuse”; and
- Represent a strategic approach to solving the current major aspects of the drug problem.

The Strategy goals acknowledge that anti-drug efforts do not occur in isolation and must be long-term in focus. The five strategic goals and supporting objectives set forth in this strategy are a refinement of the 14 goals of the previous National Drug Control Strategy.

- **Aggressive Use of the Annual Certification Process.**

Certification involves evaluating the counternarcotics performance of countries that have been defined as major drug-producing or drug-transit countries. That performance is judged on the basis of their meeting the antidrug objectives enunciated in the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. For countries that are not certified, the United States cuts off most

forms of assistance and votes against loans by six multilateral development banks.

- **Successful Attacks on Major Drug Traffickers.**

Efforts of one component of the Miami HIDTA; principally U.S. Customs, the DEA and FBI, and the U.S. Attorney, resulted in the Operation Cornerstone indictments of 252 major drug traffickers. The Miami HIDTA task forces include all major Federal, State, and local law enforcement agencies.

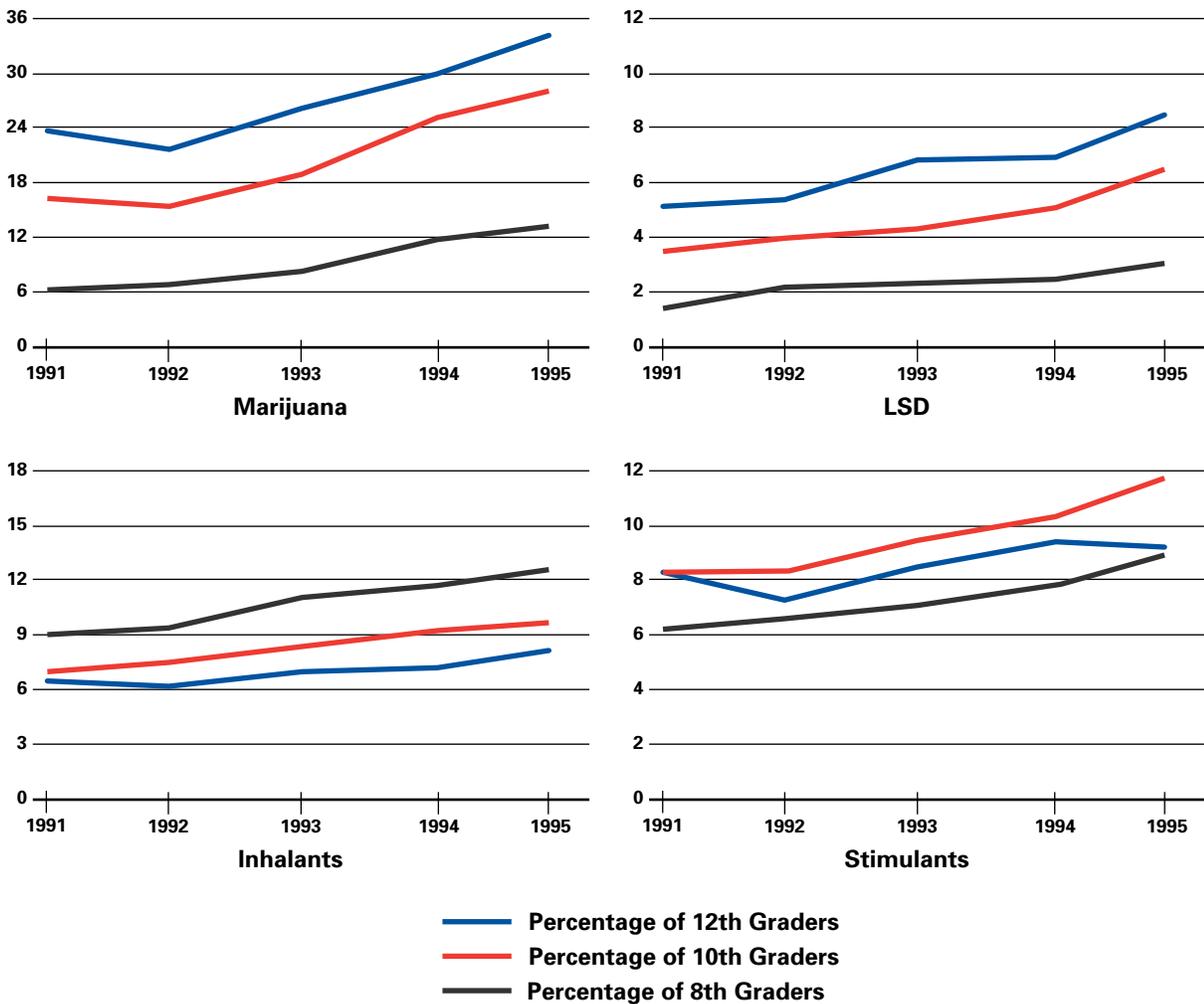
Despite past strides in addressing drug use and trafficking, tough challenges must be faced.

An upsurge in drug use by teens reflects the need to refocus and reinvigorate prevention efforts. We have yet to substantially influence either the availability or the purity of cocaine and heroin within the United States. Nor have we yet been able to reduce the number of hardcore drug users who sustain the criminal infrastructure of drug traffickers and fuel drug-related violence. International criminal organizations are building momentum along the Southwest border with Mexico and in the eastern Caribbean and Puerto Rico. Finally, emerging drugs threaten to spur new drug “epidemics” and accompanying waves of crime and violence.

The five goals and their supporting objectives underscore our central purpose and mission — reducing illicit drug use and its consequences.

They acknowledge that antidrug efforts do not occur in isolation and must be long-term in focus. Our efforts must also be linked with efforts to curb the use of alcohol and tobacco by those who are underage and the illicit use of other controlled

**Figure 1-1
Adolescent Drug Use**



Source: Monitoring the Future

substances. We must also recognize the need for prevention programs to deter first-time drug use among adolescents and other high-risk populations and to reduce the progression from casual use to addiction. We must uphold the belief that those who have started using drugs may need a hand in stopping. We also reaffirm that those who seek to profit from the drug trade must face the certainty of punishment. The smaller number of strategic goals does not imply a rejection of past goals or existing programs. Rather, the smaller number ensures that our message is unambiguous and that our commitment is clear. All Americans must understand our central purposes if this strategy is to be a worthwhile guide for action.

This Strategy is founded in a firm belief that **America can no longer tolerate the negative effects of drug use on the lives of our citizens** — the personal tragedies of millions of Americans whose children have been seduced by the glamour and availability of dangerous and illicit drugs and substances; the members of our families who have been killed, wounded, or assaulted by drug users and traffickers; and our schools, neighborhoods, and workplaces that have been ravaged by drugs. We cannot be satisfied with managing the drug problem so that its consequences are acceptable to the majority. Our task must be to break the cycle of addiction so that we can significantly reduce both illicit drug use and its consequences.

STRATEGIC GOALS AND OBJECTIVES OF THE 1996 NATIONAL DRUG CONTROL STRATEGY

Goal 1: Motivate America's youth to reject illegal drugs and substance abuse.

Objective 1: Increase the number of State governments and community organizations participating in the development of national prevention standards and a national prevention infrastructure.

Objective 2: Increase the number of schools with comprehensive drug prevention and early intervention strategies with a focus on family involvement.

Objective 3: Increase the number of community drug coalitions through a focus on the need for public support of local drug prevention empowerment efforts.

Objective 4: Increase, through public education, the public's awareness of the consequences of illicit drug use and the use of alcohol and tobacco by underage populations.

Objective 5: Reverse the upward trend in marijuana use among young people and raise the average age of initial users of all illicit drugs.

Goal 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

Objective 1: Increase the effectiveness of local police through the implementation of community and problem-oriented policing with a focus on youth and gang violence, drug-related homicides, and domestic violence.

Objective 2: Break the cycle of drug abuse and crime by integrating drug testing, court-authorized graduated sanctions, treatment, offender tracking and rehabilitation, and aftercare through drug courts and other offender management programs, prison rehabilitation and education, and supervised transition to the community.

Objective 3: Increase the effectiveness of Federal, State, and local law enforcement task forces that target all levels of trafficking to reduce the flow of drugs to neighborhoods and make our streets safe for the public.

Objective 4: Improve the efficiency of Federal drug law enforcement investigative and intelligence programs to apprehend drug traffickers, seize their drugs, and forfeit their assets.

Objective 5: Increase the number of schools that are free of drugs and violence.

Goal 3: Reduce health, welfare, and crime costs resulting from illegal drug use.

Objective 1: Increase treatment efficiency and effectiveness.

Objective 2: Use effective outreach, referral, and case management efforts to facilitate early access to treatment.

Objective 3: Reduce the spread of infectious diseases and other illnesses related to drug use.

Objective 4: Expand and enhance drug education and prevention strategies in the workplace.

Goal 4: Shield America's air, land, and sea frontiers from the drug threat.

Objective 1: Identify and implement options, including science and technology options, to improve the effectiveness of law enforcement to stop the flow of drugs into the United States, especially along the Southwest Border.

Objective 2: Lead efforts to develop stronger bilateral and multilateral intelligence sharing to thwart the use of international commercial air, maritime, and land cargo shipments for smuggling.

Objective 3: Conduct flexible interdiction in the transit zone to ensure effective use of maritime and aerial interdiction capabilities.

Goal 5: Break foreign and domestic drug sources of supply.

Objective 1: Destroy major trafficking organizations by arresting, convicting, and incarcerating their leaders and top associates, and seizing their drugs and assets.

Objective 2: Reduce the foreign availability of drugs through eradication and other programs that reduce drug crop cultivation and through enforcement efforts to attack chemical, money laundering, and transportation networks that support trafficking organizations.

Objective 3: Reduce all domestic drug production and availability and continue to target for investigation and prosecution those who illegally divert pharmaceuticals and listed chemicals.

Objective 4: Increase the political will of countries to cooperate with the United States on drug control efforts through aggressive diplomacy, certification, and carefully targeted foreign assistance.

Objective 5: Strengthen host nation institutions so that they can conduct more effective drug control efforts on their own and withstand the threat that narcotics trafficking poses to sovereignty, democracy, and free-market economies. In the source countries, aggressively support the full range of host nation interdiction efforts by providing training and operational support.

Objective 6: Make greater use of multilateral organizations to share the burdens and costs of international narcotics control to complement the efforts of the United States and to institute programs where the United States has limited or no access.

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This Strategy goal targets the increased prevalence of drug use and substance abuse by our youth. It directly confronts teen tolerance of drug use, teen use of marijuana and other illicit drugs, and the illegal use of licit substances by minors, e.g., alcohol, tobacco, and inhalants.

Several well-established drug indicators, including the Monitoring the Future (MTF) study, PRIDE, and the National Household Survey on Drug Abuse (NHSDA), reveal increased drug use among youth. The 1995 MTF, for example, provides information on drug use trends and patterns among 8th, 10th, and 12th grade students. Between 1994 and 1995, use of most illicit drugs increased among students in all three grade levels. In the 1995 MTF Report, investigators found that while marijuana use has shown the

sharpest increase, the use of other illicit drugs — including LSD, other hallucinogens, amphetamines, and inhalants — has also continued on an upward trend. In most instances, these increases began in the early 1990s and reversed a decade or more of decreases in drug use.

Increases in specific drug categories were significant (see Figure 1-1 on page 19). The use of marijuana, in particular, has increased steadily among 8th, 10th, and 12th graders. The upswing in marijuana use rates from 1994 to 1995 represents an increase for the third consecutive year among 10th and 12th graders, and an increase for the fourth consecutive year among 8th graders. Past year use of hallucinogens, including LSD (lysergic acid diethylamide), increased among 8th, 10th, and 12th graders. Past-month use of cocaine increased for 10th graders, primarily due to crack-cocaine use. Even heroin use is on the rise, with past-month heroin use having increased significantly among 10th and 12th graders.

Trends among youth in “perceived harmfulness and availability” of illicit drugs are equally disturbing. The MTF survey reveals a decrease among the percentage of 8th, 10th, and 12th grade students who say that trying marijuana or smoking it occasionally is a “great risk.” The perceived risk of marijuana use among seniors has decreased steadily from 1991 through 1995.

The National Household Survey on Drug Abuse (NHSDA) indicates that for youth aged 12 to 17, there has been a notable deterioration of attitudes about the perceived risk from using marijuana, crack cocaine, and anabolic steroids. The NHSDA also found notable increases in the perceived availability of marijuana, LSD, PCP, cocaine, and heroin.

The data from these surveys present a consistent and a disturbing picture: more kids are using drugs and feeling less concerned about doing so. In response, this Strategy elevates prevention initiatives to a more central role to effectively target the newest risk group: young casual users. Throughout the past year, in fact, the White House demonstrated leadership on drug

prevention programs for youth. First, the Office of National Drug Control Policy launched the National Drug Prevention System, a long-range strategy to strengthen relations between private sector groups and community prevention partnerships. Second, our government has strongly and consistently supported the Safe and Drug-Free Schools program. Third, President Clinton, ever mindful of the media's powerful role in shaping the attitudes of our Nation's youth, recently launched a national "media literacy" campaign designed to teach youth to "see through" the seductive media images that glamorize or condone the use of drugs and other substances.

This National leadership will continue to support initiatives to protect our youth against drug use. The White House Conference on Youth, Drug Use, and Violence was held March 7, 1996, in Greenbelt, Maryland to recognize positive role models among youth in order to counteract negative influences on our young people. In addition, the "Marijuana Strategy" is an ONDCP initiative that includes both demand and supply reduction components (discussed in detail elsewhere in this document). This initiative will continue in 1996 augmented by new efforts undertaken by the Departments of Justice, Health and Human Services, and Transportation.

The need to reverse drug abuse trends among adolescents is underscored by a recent demographic analysis. This analysis was conducted by Northeastern University Professor James Alan Fox and Carnegie Mellon University Professor Alfred Blumstein. The results of the study warn that a new demographic bulge — children of the baby boom generation — are beginning to approach a time of great vulnerability to crime, drug use, and other social pathologies. Currently, an estimated 39 million Americans are under the age of 10, the greatest number in this age group since the 1960s. If, ten years from now, this group abuses drugs at the same rate as today's youth, drug use will increase by alarming proportions. And if drug use increases by the same rate that it has for the past five years, by the year 2000, 1.4 million high school seniors will be using illicit drugs monthly.

The study also highlights the impact that increased drug use among today's youth could have on tomorrow's crime rates. There is a striking array of changes in juvenile crime since 1985 — a doubling of the homicide rate, a doubling of the number of homicides committed with guns, and a doubling of the arrest rate of nonwhites for drug offenses, all after a period of relative stability in these rates. These changes can be linked to the rapid growth of the crack-cocaine markets in the mid-1980s. To service that growth, juveniles were recruited by drug dealers and armed with guns. Many of the guns were subsequently diffused into the larger community of juveniles. The recklessness and bravado that often characterize teenagers behavior, combined with their lack of skill in settling disputes by methods other than physical force, have transformed what once would have been fist fights into shootings with lethal consequences. Specific strategies to diffuse gang activities and other drug-related violence among youth are discussed in detail under the next goal.

Attacking teen marijuana use is a high priority. Several Federal agencies are working in tandem with ONDCP on an anti-marijuana initiative. The Department of Health and Human Services has mounted an agency-wide campaign which has produced booklets, fact sheets, and a video for parents and teens. The Department of Transportation's successful "National Drunk and Drugged Driving Awareness" campaign has also created a heightened emphasis on the dangers of marijuana use.

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These anti-marijuana media efforts are also supported by ONDCP's media literacy campaign, as well as public service announcements using sports and entertainment stars. ONDCP is coordinating with other Federal agencies — including the Departments of Education, Health and Human Services, and the Partnership for a Drug Free America — to produce an entire series of public service announcements on marijuana aimed at young people.

Goal 2: Increase the safety of America’s citizens by substantially reducing drug-related crime and violence.

Objective 1: Increase the effectiveness of local police through the implementation of community and problem-oriented policing with a focus on youth and gang violence, drug-related homicides, and domestic violence.

Drug-related violence is committed by a small portion of drug users.

Objective 2: Break the cycle of drug abuse and crime by integrating drug testing, court-authorized graduated sanctions, treatment, offender tracking and rehabilitation, and aftercare through drug courts and other offender management programs, prison rehabilitation

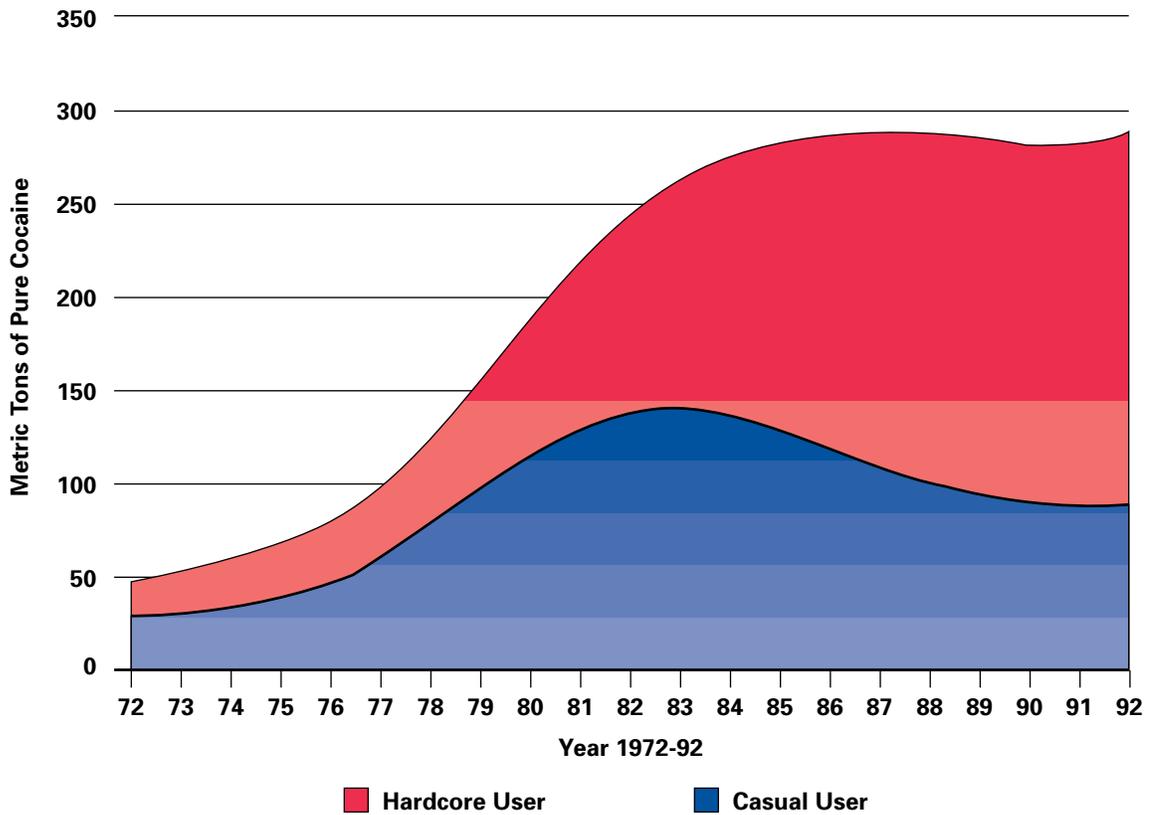
and education, and supervised transition to the community.

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Objective 5: Increase the number of schools that are free of drugs and violence.

**Figure 1-2
Annual U.S. Consumption of Cocaine by Type of User, 1972-92**



Source: *Modeling the Demand for Cocaine*, RAND Corporation

One of the major drug challenges facing our nation is protecting our citizens from drug-related crime and violence. Such violence is rampant in many areas of the country, with gang violence literally destroying entire neighborhoods. The drug-related violence is committed by a small portion of drug users. Hardcore drug users, while a minority of the total drug-using population, account for most of the demand for illicit drugs and commit a disproportionate number of crimes to support their drug habits. Reducing the number of hardcore drug users through linked treatment and enforcement programs can substantially reduce drug-related crime and violence. So too can efforts directed against open air drug markets and drug trafficking organizations. We must help our local authorities reclaim their streets and neighborhoods from drug dealers.

Community policing is a critical part of the Nation's antidrug effort. Community policing is not simply a local law enforcement program; it is an operational philosophy for neighborhood problem solving in which police officers interact with all residents of a specific neighborhood. The police patrol an area regularly and in such a manner as to establish a recognized and positive presence, maintain open communications, and create a trusting relationship.

Reduce adolescent violence. The Executive Branch has proposed legislation amending the Federal juvenile delinquency statutes to facilitate the vigorous prosecution of serious juvenile offenders. While rehabilitation must remain the primary focus response to most juvenile offenders, some criminal offenses are so serious that juveniles perpetrating them must forfeit the more lenient treatment generally afforded juvenile offenders. This proposed legislation would afford prosecutors the discretion to determine whether a juvenile offender should be prosecuted as an adult or a juvenile.

Drug-related violence continues to be a major problem. However, there has been an upturn in gang-related violence. Gangs — including the Crips, Bloods, Dominicans, Gangster Disciples, Jamaican “Posses,” and others — are responsible for widespread cocaine- and crack-related vio-

lence, which they use to establish and maintain drug distribution monopolies. The migration of gang and posse members to smaller cities and rural areas has also resulted in a dramatic increase in homicides, armed robberies, and assaults in many previously tranquil areas of the country.

A highly successful method for reducing drug-related crime and violence at the local level has been DEA's Mobile Enforcement Teams (METs). Since April of 1995, DEA has deployed 24 METs to neighborhoods around the country. The DEA teams provide trained personnel to do intelligence appraisals; money to make undercover buys and to pay informants to penetrate criminal organizations; sophisticated investigative and technical tools; and money to relocate witnesses to avoid reprisals from violent drug traffickers.

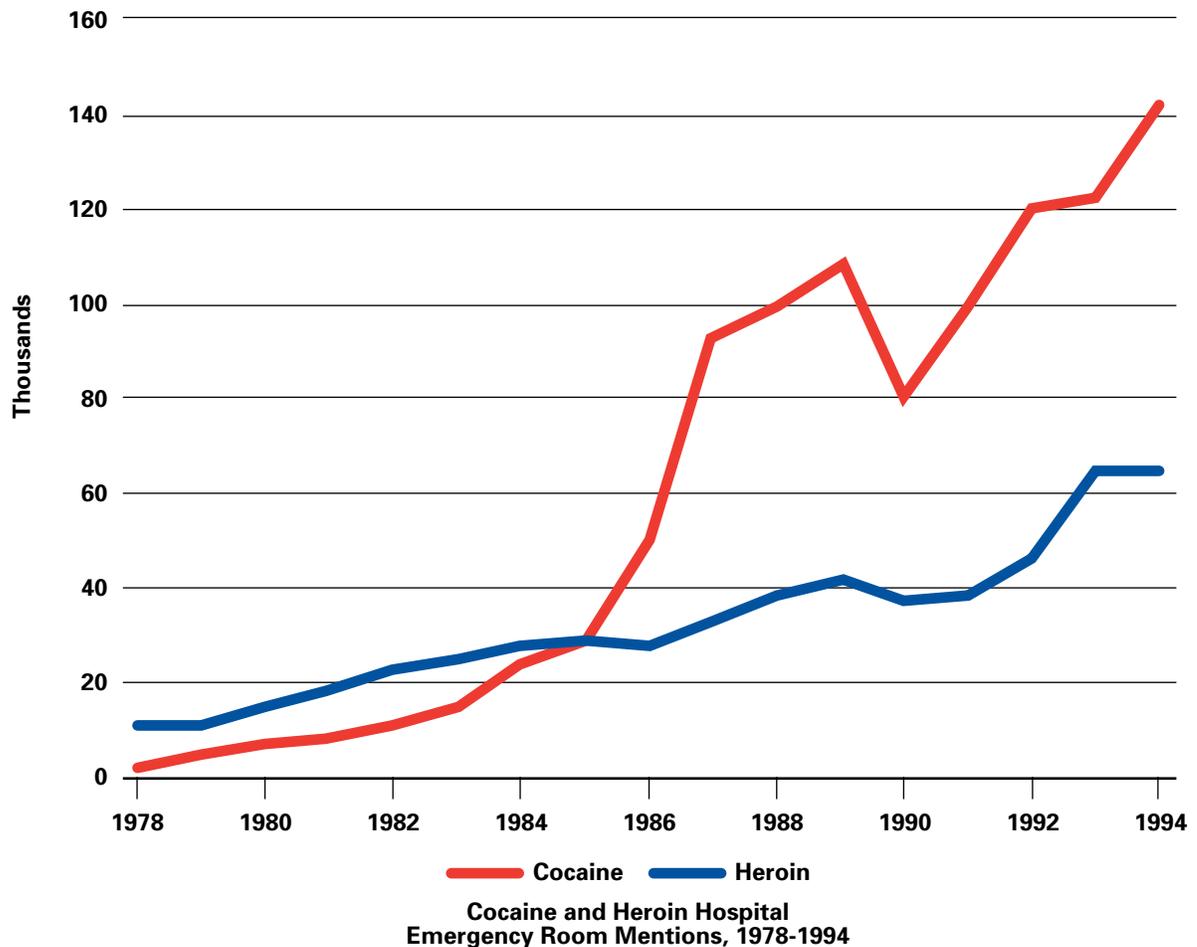
Another effort to reduce drug-related crime and violence is the FBI's Safe Streets Violent Crimes Initiative. Safe Streets Task Forces (SSTFs) sponsored by the FBI and manned by Federal, State, and local law enforcement officers and prosecutors, allow a better focus on enforcement and investigative efforts against violent gangs and crimes of violence.

To enhance information sharing between the DEA and the FBI, the two agencies created DRUGX. This is a fully integrated and automated drug intelligence data base that provides DEA and FBI personnel access to drug-related information from both DEA and FBI investigations. DRUGX includes information from active and closed cases. The U. S. Customs Service and the U. S. Marshals Service are expected to contribute their drug-related information to the DRUGX system in 1996.

Hardcore drug users are at the heart of the nation's drug problem. Two-thirds of the nation's supply of cocaine is consumed by about one-quarter of the total number of cocaine users (see Figure 1-2 on page 24). In order to get money for drugs, they commit crimes. Hardcore drug users frequently are “vectors” for the spread of infectious

One-quarter of the nation's supply of cocaine is consumed by about 30 percent of the total number of cocaine

Figure 1-3
Health Consequences



Source: HHS Drug Abuse Warning Network

diseases such as hepatitis, tuberculosis, and HIV. Tragically, hardcore drug users are often part of an intergenerational pattern of addiction.

The adequacy of the drug treatment system is only one aspect of solving the problem of hardcore drug use. Drug treatment services must also be effectively linked with criminal justice services. Hardcore addicts must be held accountable by the criminal justice system for their illegal behavior and they must receive support from the treatment system to change their behavior and end their drug use. Effective linkage between criminal justice and treatment systems also empowers judges to use a valuable range of treatment and punish-

ment options. The passage of Public Law 103-322, the Violent Crime Control Act of 1994, did a great deal to foster the coordination of the treatment and criminal justice systems, supporting drug courts and other nonviolent offender management programs, at the State and local level.

For hardcore users who have perpetrated serious crimes, we must insist on treatment in jail or prison. While rehabilitation of a drug offender is a long-term process, it is a logical investment because most drug offenders will eventually be returned to our communities. Effective correctional treatment includes accurate initial assessment of rehabilitative needs, appropriate

Figure 1-4
Some Major National Studies Illustrating Effectiveness of Treatment



Source: Substance Abuse and Mental Health Services Administration

programming within the correctional walls, and, most importantly, extensive transitional supervision and support as the offender is gradually reintegrated into the community.

Prison-based drug treatment has been shown to be an effective means of controlling drug use and recidivism to criminal behavior. Intensive treatment programs such as therapeutic communities (TCs) and aftercare are especially effective for serious offenders who are serving long-term jail and prison sentences

Studies show that Drug Courts can function as an alternative to prison and effectively coerce offenders into treatment. Offender management programs, such as Drug Courts and Treatment Alternatives to Street Crime (TASC), have linked drug-addicted individuals to appropriate forms of treatment. Progress has been made by drug court programs in Fort Lauderdale, Florida; Miami, Florida; Oakland, California; Portland, Oregon; New York City; and the District of Columbia. These programs have demonstrated that closely supervised, court-ordered rehabilita-

tion can be successful in reducing drug use, and freeing prison space for more serious and violent offenders.

Goal 3: Reduce health, welfare, and crime costs resulting from illegal drug use.

The Nation's hospitals report considerable increases in drug-related emergency department episodes.

Objective 1: Increase treatment efficiency and effectiveness.

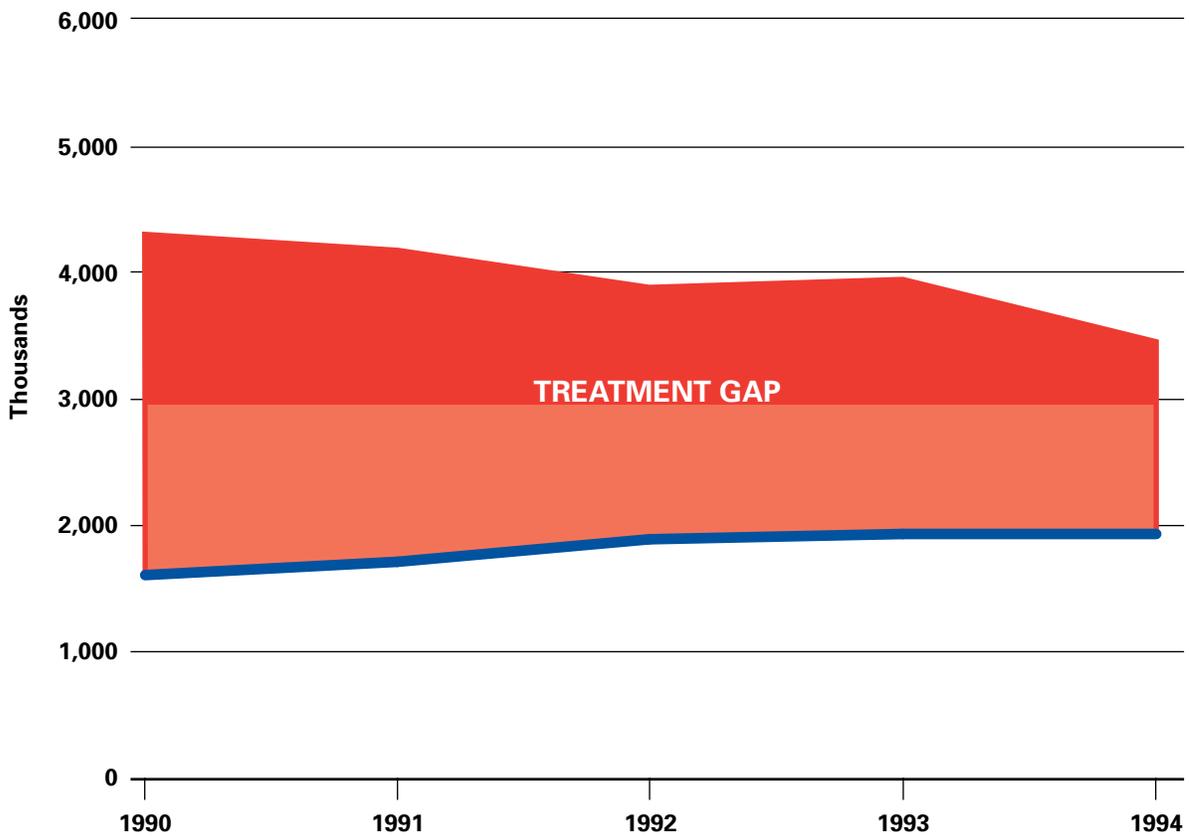
Objective 2: Use effective outreach, referral, and case management efforts to facilitate early access to treatment.

Objective 3: Reduce the spread of infectious diseases and other illnesses related to drug use.

Objective 4: Expand and enhance drug education and prevention strategies in the workplace.

U.S. health care costs related to drug use have been growing steadily. The Nation's hospitals

Figure 1-5
Changes in Treatment and Clients Treated



Source: 1996 Drug Treatment Capacity Study, HHS – SAMHSA

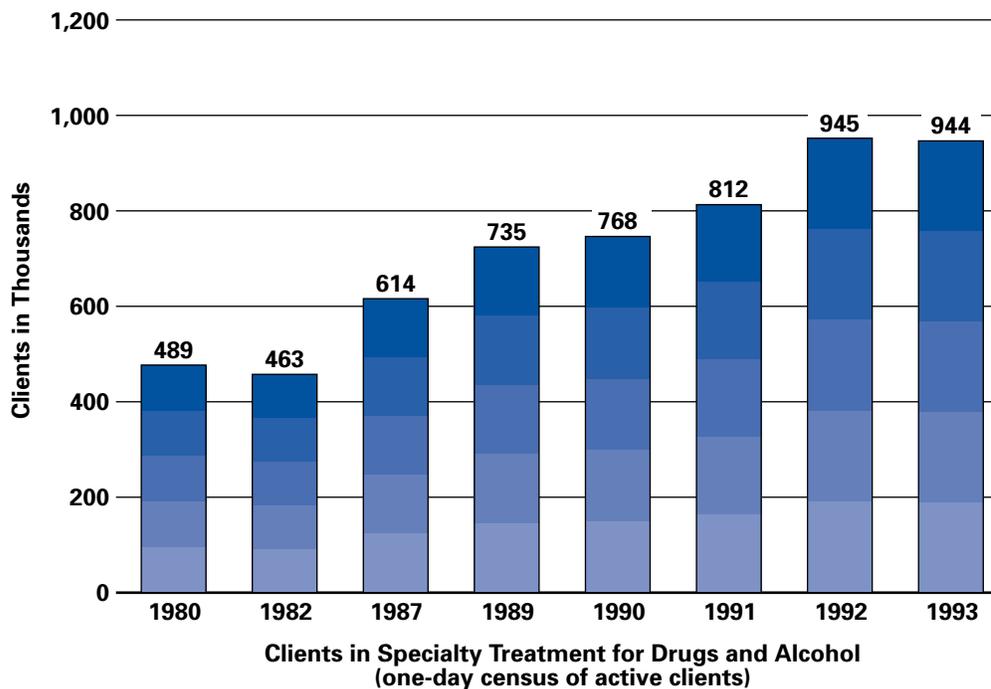
report considerable increases in drug-related emergency department (ED) episodes (see Figure 1-3 on page 26). In 1994, cocaine-related episodes reached an all-time high, with a total of 142,000 episodes reported, a 15 percent increase from 1993. Drug epidemiology and treatment specialists believe that a possible explanation for the current large number of ED episodes is that many chronic, hardcore cocaine users are now experiencing the consequences of long-term addiction. Because it is unlikely that drug-related ED visits and other health care costs can be reduced without first reducing the number of chronic, hardcore drug users, we have targeted the Strategy's focus on this population and increased efforts to get them into drug treatment.

Drug users are at high risk of contracting cer-

tain infectious diseases, such as HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome), hepatitis, tuberculosis, and sexually transmitted diseases. In addition, drug users are more likely to give birth to drug-exposed babies, and, as a consequence of their drug use, to be more prone to chronic illnesses such as cancer and some forms of mental illness. Drug users are also responsible for a disproportionate share of serious child abuse and neglect. In addition, drug users suffer a more frequent incidence of violent injury and are involved in more domestic violence.

Numerous studies support the logic and rationale of providing treatment to reduce drug use and its consequences. The research reveals that the societal costs of untreated addiction — e.g.,

Figure 1-6
Trend in Clients Treatment¹



¹ Estimates for years 1992/93 include adjustments for non-response.

Source: National Drug and Alcohol Treatment Unit Survey (HHS, August 1995)

violence, crime, poor health, and family breakup — far exceed the costs of providing treatment. A 1995 report from the U.S. Department of Health and Human Services (HHS) highlighted findings of seven research projects that supported the effectiveness of drug treatment (see Figure 1-4 on page 27). One research effort in particular — Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment — clearly demonstrates the benefits of treatment as it relates to criminal activity. The study shows that the level of criminal activity declined by two-thirds as a result of drug treatment. The longer hardcore users stay in treatment, the greater the reduction in their criminal activity and the costs associated with it. The same study, corroborated by other research, demonstrated that each dollar spent on drug treatment can save the taxpayers seven dollars by reducing or avoiding costs relating to criminal justice, health care, and welfare.

Action must be taken to both expand the treatment system's capacity and increase its efficiency and effectiveness. According to HHS, in 1994 approximately 3.6 million people had drug problems severe enough to be likely to need drug treatment services. Of the 3.6 million, about 1.85 million actually received treatment in 1994. The difference between estimates of the number needing treatment and the number receiving treatment left a "gap" of about 1.7 million persons likely to need treatment in 1994. Of the 1.7 million persons, approximately 1 million may be in need of publicly supported treatment.

Early intervention is critical in order to reach youth, many of whom would benefit most readily from treatment.

While the lack of treatment services continues to be significant, some progress has been achieved. According to HHS, the percentage of those who needed and received treatment

increased from 38 percent in 1990 to 52 percent in 1994 (see Figure 1-5 on page 28). According to a recent survey of drug treatment facilities, the number of clients in treatment has increased steadily since 1980 (see Figure 1-6, on page 29). We must build on this success, and forge ahead with new and innovative efforts to make more effective treatment available for those who need it.

Effective and timely treatment will allow us to intervene early in the cycle of addiction. Early intervention is critical in order to reach youth, many of whom would benefit most readily from treatment. This is also the most efficient way to do business. Intervention as early as is possible in the drug use continuum simplifies the task of the

Of particular concern is the flow of drugs across the Southwest Border, nearly 2,000 miles in length.

treatment provider and makes treatment less expensive and more successful. The drug user has had less time for the more insidious effects of drug use to take hold. Criminal behaviors are less entrenched, other high risk behaviors are less ingrained,

general health is better, and recovery and rehabilitation are less problematic.

Past efforts to reduce drug use in the Nation have had a positive impact on drug use in the workplace. According to the Household Survey, the number of drug users employed full-time or part-time declined from 15 million in 1985 (13% of employed adults) to 7 million in 1993 (6% of employed adults). This decline in drug use means increases in workplace safety and productivity. The U.S. business community has provided an invaluable boost to efforts to prevent drug use and to respond to it when it does occur. We are convinced that providing those in the workforce with information about drug use and its consequences, emerging trends in drug use, and the signs and symptoms of the use of specific drugs, can do much to assist in achieving the overall goal of reducing drug use.

Since the signing of Executive Order 12564 over ten years ago, the Federal Drug Free Workplace Program has been effective in dealing with employee drug abuse. Over the past decade, 130

Federal departments, agencies, and commissions have developed and implemented programs to discover drug use by Federal employees, and to assist those who desire to overcome their drug use or addiction. This program provides for applicant testing, random testing, accident testing, and reasonable suspicion testing, and all have been upheld by the courts. The Federal Drug-Free Workplace Program continues to set the “gold standard” for American businesses and non-Federal organizations.

Goal 4: Shield America’s air, land, and sea frontiers from the drug threat.

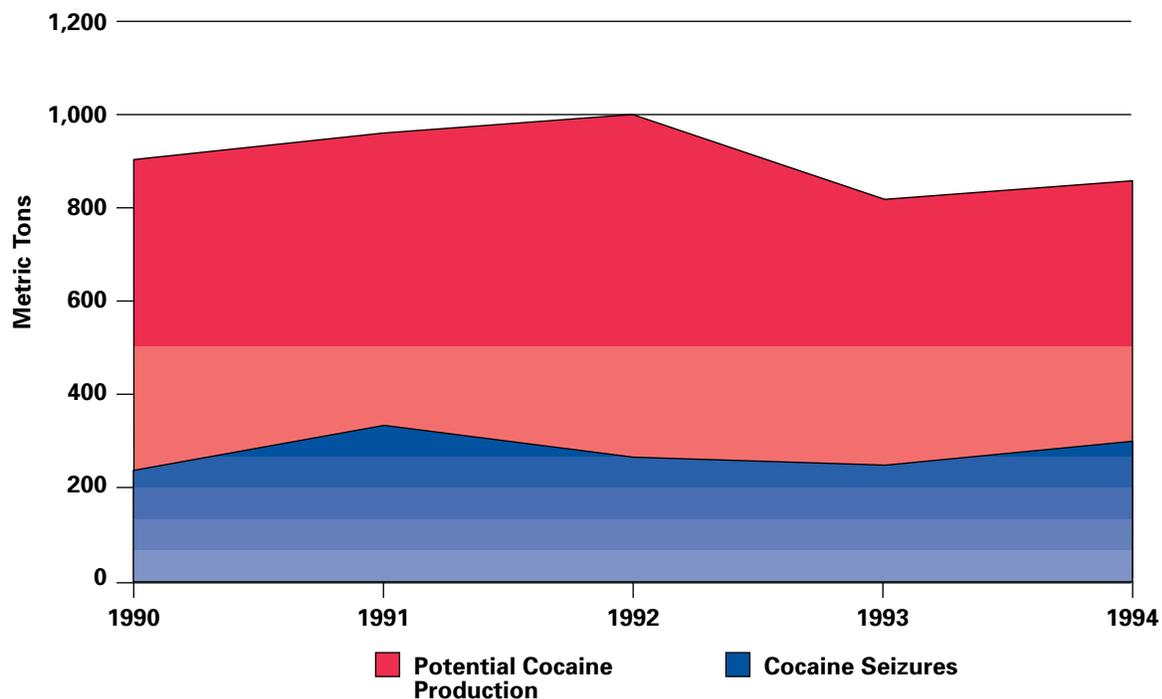
Objective 1: Identify and implement options, including science and technology options, to improve the effectiveness of law enforcement to stop the flow of drugs into the United States, especially along the Southwest Border.

Objective 2: Lead efforts to develop stronger bilateral and multilateral intelligence sharing to thwart the use of international commercial air, maritime, and land cargo shipments for smuggling.

Objective 3: Conduct flexible interdiction in the transit zone to ensure effective use of maritime and aerial interdiction capabilities.

Interdiction, a visible sign of our Nation's commitment to fight drugs, has both symbolic value as a demonstration of national will and real value as a deterrent to the flow of drugs. In addition to intercepting and seizing illicit drug shipments and apprehending smugglers, interdiction creates a deterrent effect by raising the perceived risks faced by traffickers and smugglers. Interdiction efforts increase drug organizations' cost of doing business by forcing them to take expensive counter-measures and to replace seized assets. However interdiction is difficult, especially along our borders. The Strategy calls for a comprehensive intelligence-based approach to Federal air, maritime, and land interdiction, and for enhanced border systems, operations, and activities. The United States Interdiction Coordinator (USIC), appointed by the Director, ONDCP,

Figure 1-7
Cocaine Seizures Versus Production



Source: 1995 NNICC

coordinates the efforts of U.S. agencies involved in international interdiction programs.

Most of the illicit drugs consumed in the United States are produced in other countries. Traffickers must smuggle them across the Nation's borders to get them to their ultimate destination: the American drug abuser. Of particular concern is the flow of drugs across the Southwest Border, nearly 2,000 miles in length. Current estimates indicate that as much as 70 percent of all cocaine coming into the United States is trans-shipped through Mexico and then across the U.S.–Mexico border. We will identify smuggling organizations through investigative activity, intensified cargo inspections, controlled deliveries, undercover operations, and effective analysis of drug-related intelligence. The country's principal border control agencies have expanded and enhanced their capabilities to manage the threat posed by the large numbers of people and vehicles that cross the border daily, both through the legitimate ports of entry and across the vast, unpopulated areas between ports.

Because protecting the Southwest Border is so important in the fight against drug trafficking, the Government will continue to improve Federal efforts in this region. Focused, intelligence-based interdiction that concentrates on the transportation and storage smuggling functions of major organizations involved in the importation of drugs must be a fundamental part of this Nation's domestic law enforcement effort. The response to the threat of drug smuggling must extend beyond simply seizing drugs as they enter the United States. Each seizure must be seen as part of an overall goal to prosecute those criminal organizations that pose the greatest threat to this country.

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Successfully coordinated, intelligence-based investigations of trafficking organizations that transport drugs across international borders almost always will have important interdictive effects, most notably a decrease in the amount of

drugs reaching the streets. To this end, Federal law enforcement, military, and intelligence agencies must continue to work to enhance and better coordinate their efforts to investigate, disrupt, dismantle, and destroy trafficking organizations responsible for moving substantial quantities of drugs across this Nation's borders.

Federal investigative and prosecutorial resources must continue to be directed toward drug trafficking organizations. By curtailing or interrupting their trafficking activities, even for a short time, a difference can be made in the overall availability of drugs. And every temporary shortage of drugs prevents some fraction of our Nation's youth from beginning to use drugs.

Cocaine trafficking has increasingly shifted to movement through Mexico and into the United States across the Southwest Border. The drug

U.S.-Mexican Binational Task Forces are also being established to enhance cooperative law enforcement efforts on both sides of the border.

traffickers are reacting to our successes against smuggling via air transit and other law enforcement success in the Eastern Caribbean. Traffickers continue to use varied means of transport. Larger shipments are frequently concealed in commercial maritime containerized or bulk cargo. General aviation

aircraft and large-capacity cargo planes, including in a few instances the use of large-capacity cargo planes such as 727-type jets, were used throughout 1995 to convey cocaine from South America to Mexico and various other staging points for further transport to the United States.

Interdiction must continue to be an important component of the drug strategy (see Figure 1-7 on page 31). First, interdiction results in drug seizures which reduce the amount of heroin and cocaine available internationally to supply the U.S. markets. Second, interdiction also disrupts the production and distribution pipeline, making smuggling operations more risky and costly, cutting the profits of established traffickers, and deterring potential traffickers from entering the trade. Interdiction can be successful regardless of whether or not drugs are seized, if they are not delivered to the next link in the traffickers' distri-

bution chain. Third, interdiction helps law enforcement agencies attack narcotics trafficking organizations, arrest traffickers, and seize assets. Fourth, interdiction efforts provide critical intelligence. Fifth, interdiction disrupts trafficking patterns, making the work of smuggling money, drugs, and precursor/essential chemicals more difficult. Finally, interdiction helps to keep the availability and price of drugs at a level beyond the means of our Nation's youth, thus promoting an environment in which demand reduction efforts may have a greater impact.

We are taking meaningful steps to protect our Southern border. The Departments of Justice and the Treasury have markedly improved law enforcement capabilities along the U.S. border. Indicative of this increased focus is Treasury's sizeable increase in the number of U.S. Customs agents and DOJ's significant increase in Border Patrol and other Immigration Officer representation along the Southwest Border. In addition, the Department of Justice and the U.S. Attorneys along the border have initiated the Southwest Border Project to specifically target the major drug trafficking organizations operating along the entire length of that border, from the Gulf of Mexico to Baja, California. These polydrug organizations dealing in cocaine, Mexican heroin, marijuana, and methamphetamine, attempt to corrupt law enforcement officials on both sides of the border to facilitate their smuggling operations. The intent of the Project is to coordinate DEA, FBI, Customs, the National Guard, and State and local police agencies' technical resources, intelligence capabilities, investigative, and prosecutive expertise to disrupt the operations of those trafficking organizations and, eventually, dismantle their infrastructures. U.S.-Mexican Binational Task Forces are also being established to enhance cooperative law enforcement efforts on both sides of the border. The Southwest Border HIDTA has reorganized into five Federal, State, and local partnerships which are developing systemic approaches to coordinating intelligence, interdiction, investigation, and prosecution efforts. These and other cooperative efforts clearly illustrate a new approach which holds promise for severely impacting the flow of drugs into the United States over the long term.

During 1995 the U.S. Customs Service implemented “Operation Hard Line” to stop drug smugglers from funneling their illicit drug cargo through U.S. ports. As a result, the number of port runners declined by 42 percent. Operation Hard Line also resulted in dismantling a major port-running organization in El Paso, Texas, which was reputed to have smuggled drugs in more than 2,000 instances. In addition, the U.S. Customs Service has since 1992 been supplying interceptor aircraft in a cooperative effort with the Mexican government to support Mexican aviation drug smuggling initiatives. This cross-border effort resulted in the seizure of more than ten tons of cocaine during Fiscal Year 1995.

The Immigration and Naturalization Service, primarily through the U.S. Border Patrol, has increased its efforts along the Southwest Border. Their efforts are primarily focused on illegal immigration, and their increased activities between the ports of entry make a significant contribution to the effort to reduce the flow of drugs. Likewise, the Drug Enforcement Administration and the FBI, along with the five U.S. Attorneys along the border, have combined resources for a coordinated investigative effort to dismantle the major Mexican and Colombian trafficking organizations operating in this region.

Goal 5: Break foreign and domestic drug sources of supply.

Objective 1: Destroy major trafficking organizations by arresting, convicting, and incarcerating their leaders and top associates, and seizing their drugs and assets.

Objective 2: Reduce the foreign availability of drugs through eradication and other programs that reduce drug crop cultivation and through enforcement efforts to attack chemical, money laundering, and transportation networks that support trafficking organizations.

Objective 3: Reduce all domestic drug production and availability and continue to target for investigation and prosecution those who illegally divert pharmaceuticals and listed chemicals.

Objective 4: Increase the political will of countries to cooperate with the United States on drug control efforts through aggressive diplomacy, certification, and carefully targeted foreign assistance.

Objective 5: Strengthen host nation institutions so that they can conduct more effective drug control efforts on their own and withstand the threat that narcotics trafficking poses to sovereignty, democracy, and free-market economies. In the source countries, aggressively support the full range of host nation interdiction efforts by providing training and operational support.

Objective 6: Make greater use of multilateral organizations to share the burdens and costs of international narcotics control to complement the efforts of the United States and to institute programs where the United States has limited or no access.

The Government has made it clear that the United States sees international criminal narcotics organizations as a threat to our national security.

Another critical challenge is to reduce the availability of drugs by reducing their cultivation and production and destroying the trafficking organizations that bring drugs to the United States or distribute them within our Nation. Because of our concern about drug use among our youth, additional efforts must be made to identify and attack the criminal groups and individuals that supply marijuana to young people, both internationally and domestically. Federal investigative and prosecutive efforts can play a significant role in attacking the major wholesale distributors. By curtailing or interrupting drug trafficking activities a reduction can be made in the overall availability of drugs. Every temporary shortage of drugs prevents some fraction of our Nation’s youth from possibly beginning to use and later abuse drugs.

The international narcotics control policy objectives of the United States remain clear and straightforward: reduce drug flows and create a hostile international environment for narcotics trafficking. We must also increase the risks and costs to the most senior traffickers, and facilitate

international cooperation. In addition, we need to create a receptive environment through international media outlets for the implementation of the U.S. and host country counternarcotics programs. Continued U.S. leadership in international narcotics control and the U.S. support of and cooperation with other nations is critical to efforts to stem the flow of illicit drugs across our borders.

The long-term objective of the United States is for all countries, especially major drug producing and drug transit countries, to meet their antidrug obligations under the 1988 United Nations Convention. The Government has made it clear that the United States sees international criminal narcotics organizations as a threat to our national security. Consequently the Strategy directs support to those countries that have the political will to battle major drug trafficking organizations. We seek the destruction of those organizations as well as a reduction in the flow of drugs to the United States through a number of law enforcement, interdiction, crop control, and other initiatives.

To assist in the achievement of this goal, the United States will continue to assist countries that demonstrate the political will to attack illegal drug production and trafficking. We will continue to use diplomacy and other measures to motivate countries that do not cooperate fully with the United States in combating international narcotics trafficking.

The ability of the United States to reach its counternarcotics objectives depends on strengthening the ability of narcotics producer and transit countries to attack the drug traffickers. If we are to demand increasing cooperation from foreign governments, then we must stand ready to assist them with programs to dismantle trafficking and production infrastructure. In conjunction with bilateral assistance programs, U.S. policy is also to encourage greater involvement from the United Nations, the Organization of American States, the Financial Action Task Force, the World Bank, and other international financial institutions. We must increasingly focus on cooperative narcotics control efforts between nations.

Significant and sustained progress in attacking drug trafficking organizations cannot occur unless the United States continues to take strong steps to prevent, detect, and enforce laws against money laundering. Unfortunately, multilateral efforts to eliminate money laundering “safe havens” around the world have been hampered in many respects. More than 100 nations have ratified the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Many of these countries have successfully adopted legislation to curb drug-related money laundering. However, the implementation of these laws has proceeded slowly. Several governments have failed to criminalize money laundering. Some lack sufficient regulatory authority to address the problem. Many do not have adequate data systems for monitoring trends within their territories.

Money laundering methods vary by country and region of the world. A number of factors cause this, including variations in the sophistication of banking and financial centers, the existence of underground banking systems that operate largely along the lines of ethnic ties, and, perhaps most importantly, enforcement pressure. Furthermore, the continuing evolution in money laundering legislation and economic developments worldwide have spawned a new generation of money laundering methods. Money laundering legislation is effective only when there is adequate legislation in other critical areas related to money laundering, such as asset forfeiture and conspiracy. Unfortunately, many countries have introduced financial laws in a piecemeal fashion. Some governments lack the legal groundwork that allows them to “package” legislation in such a way as to create a stronghold against money laundering.

In the coming year, considerable attention will be directed to establishing international standards, obtaining cooperative agreements concerning exchanges of information, establishing linkages for cooperative investigations, and overcoming political resistance in various key countries. Beginning with the Presidential Directive on International Organized Crime signed on October 21, 1995, we have initiated a full-scale attack on the “nerve centers” of money laundering organizations.

U.S. international counterdrug policy supports eradication and alternative development programs to eliminate the illegal production of drug crops. Alternative development is a necessary component because it creates alternative income and employment opportunities for drug crop cultivators. In so doing, it helps governments move toward prohibiting and, if necessary, eradicating drug crops. Further, it backstops crop control gains by reducing the urge of former or potential growers to cultivate new crops. Finally, alternative development and crop control also reduce the adverse environmental impact that results when growers destroy rain forest areas to plant their illicit crops.

Denial of the precursor and/or essential chemicals needed to produce narcotics is another means of reducing the supply of illicit drugs. The effectiveness of the 1988 U.N. Convention in denying precursor and essential chemicals to illicit drug producers depends upon diligent and effective monitoring and notification programs being established by all member nations, worldwide. As part of the International Strategy, the United States will assist source nations in developing methods of detecting and interdicting diversion of chemicals for the production of narcotics.

It has been estimated that as much as 25 percent of the marijuana consumed in the United States is domestically grown. Much of this marijuana is cultivated in remote locations, particularly in Alabama, Hawaii, Kentucky, Tennessee, and California. Significant quantities of the highest quality marijuana are also now being grown indoors, in sophisticated and efficient operations that generate considerable profit. To assist in better addressing the increasing marijuana problem, ONDCP will establish a policy and strategy working group made up of representatives from appropriate Federal law enforcement and land management agencies, as well as the Departments of Defense, Interior, and Agriculture. This working group will provide a forum to review the domestic marijuana-growing situation and make recommendations concerning changes in focus or efforts. The group's mission will be to decrease the availability of

domestically produced marijuana through eradication.

VI. RESOURCES TO MEET THE STRATEGIC GOALS

This Nation's drug problem cannot be solved overnight. This Strategy presents for the first time **a long-term planning commitment** extending to the year 2000 to pursue the necessary resources for key drug program areas. Future National Drug Control Strategies will be modified in response to emerging drug trends and related developments. Our Strategy's goals and objectives require long-term planning to ensure that resources are brought to bear against the drug problem in the most efficient way. We must focus on a sufficient span of time to properly develop and implement programs.

To ensure that Federal counterdrug efforts are coordinated most effectively, each of the nearly 50 Federal drug control agencies' strategic planning processes and budget submissions will be guided by the goals and objectives of this Strategy. ONDCP will use an annual certification process of Federal drug control agencies' budgets to help ensure that agencies fully achieve the Administration's strategic goals. The result of this coordination and review process is the FY 1997 Federal Drug Control budget request. In light of the changing drug situation, the President has directed ONDCP to review the FY 1997 budget request to develop recommendations for improvement through a reallocation.

The President's drug control budget request totals \$15.1 billion for FY 1997. These resources are grouped into four major categories: domestic law enforcement, demand reduction, drug interdiction, and international programs. In each of these general program areas there is an increase in the level of funding requested for FY 1997:

1. Resources for Domestic Law Enforcement increase by 9.3 percent in FY 1997 from \$7.6 billion in FY 1996 to \$8.3 billion in FY 1997. These resources support activities such as investigations, prosecutions, corrections, State and

local law enforcement assistance, regulatory and compliance programs, and other law enforcement efforts. Some examples of programs the Administration will fund in FY 1997 in this area are:

- \$644 million in drug-related funding for community-oriented policing grants.

- \$535 million for the Edward Byrne Memorial State and Local Enforcement Assistance Program to provide assistance to State and local governments involved in reducing drug use and violent crime.

- \$103 million for the HIDTA program, which targets the seven most critical drug trafficking areas of the country.

These resources are directed toward achieving the Strategy goal of increasing the Safety of America's Citizens by Substantially Reducing Drug-Related Crime and Violence.

2. Resources for **Demand Reduction** increase by 8.7 percent, from \$4.6 billion in FY 1996 to \$5 billion in FY 1997. Demand reduction includes resources for treatment, prevention, education, and research. Some of the major funding initiatives for this area include:

- \$540 million for the Safe and Drug Free Schools and Communities Program, which serves 40 million students in 97 percent of the Nation's school districts.

- \$371 million for drug prevention activities within SAMHSA. In addition, \$904 million in drug-related treatment resources is requested through SAMHSA's Substance Abuse Performance Partnership Grant.

- \$100 million for DRUG Courts to provide court-mandated drug treatment and related services to nonviolent offenders.

These resources support two Strategy goals: Motivating America's Youth to Reject Illegal Drugs and Substance Abuse, and Reducing

Health, Welfare, and Crime Costs Resulting From Illegal Drug Use.

3. Resources for **Interdiction** increase by 7.3 percent, from the FY 1996 estimated enacted level of \$1.3 billion to \$1.4 billion in FY 1997. These resources fund enhanced efforts to stop the flow of drugs in source and transit nations and along the U.S. border.

- \$504 million for the U.S. Customs Service's interdiction efforts, which include the Southwest Border Initiative.

- \$307 million for the INS to support drug-related activities, including \$107 million in drug-related resources for the Border Patrol, which is an increase of 23 percent over the estimated level for FY 1996.

- \$432 million for the Department of Defense's interdiction efforts in support of the counter-drug objective of the President's International Action Plan — to “reduce the flow of illegal drugs into the United States by encouraging reduction in foreign production, combating international traffickers and reducing demand at home.”

- These resources are directed toward achieving the Strategy goal of Shielding America's Air, Land, and Sea Frontiers From the Drug Threat.

4. Resources for **International** programs increase by 25.4 percent, from \$320 million in FY 1996 to \$401 million in FY 1997. Most of the resources for international programs support two agencies: the Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) and the Justice Department's Drug Enforcement Administration.

- \$193 million for international narcotics control for the INL, an increase of \$78 million over the FY 1996 enacted level of \$115 million. In FY 1997 this program will continue the implementation of the President's directive to place more emphasis on source countries, focus on programs that promote alternative develop-

ment, dismantle narcotics trafficking organizations, and interdict drugs. It will also strengthen democratic institutions in source countries, enabling them to fight international drug trafficking organizations more effectively. Further, it will place greater emphasis on multilateral efforts that can complement our programs.

— \$175 million for DEA's international drug control efforts to support activities such as the Foreign Cooperative Investigations program, which establishes diplomatic liaison, collect intelligence, and provides investigative assistance and training to host country officials. In addition, DEA cooperative with international

organizations on matters related to global supply and trafficking, and demand reduction issues.

These resources are directed toward achieving the Strategy goal of Breaking Foreign and Domestic Drug Sources of Supply.

Section III of this document provides more detail of the major initiatives funded through the FY 1997 request to meet each of the five goals and the objectives of the National Drug Control Strategy.

Supporting Sections

I. The Problem of Drug Use in America

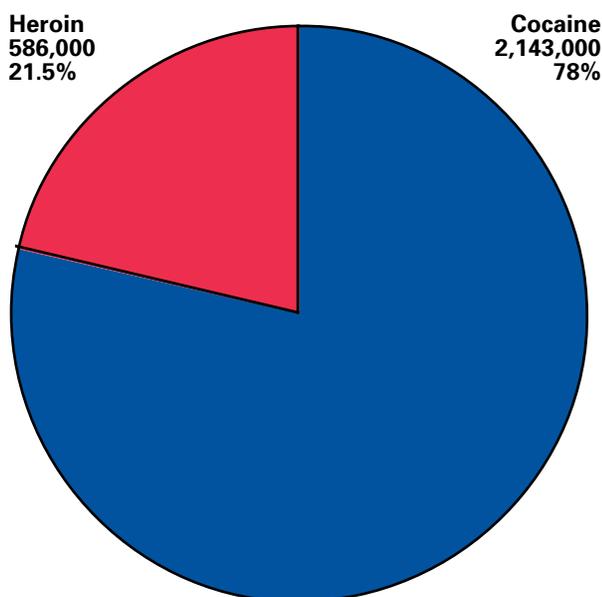
Illicit drug use and trafficking fuel crime rates, destroy neighborhoods, drain the Nation's resources, and threaten national security. Here are the facts:

- In 1993, the year from which the most recent data is available, Americans spent an estimated \$49 billion on illegal drugs: \$31 billion on cocaine, \$7 billion on heroin, \$9 billion on marijuana, and \$2 billion on other illegal drugs.¹
- During 1994, an average of 12.6 million Americans used illicit drugs each month (10.1 million used marijuana; 1.4 million used cocaine).²
- Of nearly 712,000 prison inmates interviewed in June of 1991, 62 percent reported they had used drugs regularly at some time in their lives, 50 percent reported drug use in the month before committing the offense that had sent them to prison, 31 percent said they were under the influence of drugs when they committed their crime, and 17 percent said they were trying to get money for drugs when they committed the crime.
- Of more than 20,000 adult, male arrestees tested in 1994 under the Drug Use Forecasting program, 66 percent were positive for use of at least one drug at the time of arrest.
- Each year over one million persons are arrested on drug-related charges.
- Drug-related hospital emergency department visits continue to be at record levels — over one half million annually — owing in large part to the consequences of drug addiction.
- Over 25,000 drug-related deaths occur annually. This includes deaths associated with drug use itself, AIDS, injury (whether accidentally or purposely inflicted), homicide, tuberculosis, and Hepatitis B and C.
- Foreign-based trafficking organizations are a direct and increasing threat to democracy and free-market economies abroad, undermining U.S. efforts to make America more secure and competitive. Traffickers continue to corrupt governments at the highest levels, further thwarting international counter narcotics efforts.

Despite these grim realities, the Nation's efforts to reduce illicit drug use and its associated problems have had a number of positive results. The chief result is that the overall number of drug users in the United States has decreased dramatically. In 1979 there were 24 million current users of illicit drugs, compared with 12 million in 1994 — a decrease of more than 50 percent.³ Progress has also been made in coordinating efforts to counter drug problems at the Federal, State, and local levels.

ONDCP's estimate of the number of hardcore users in 1993⁴ (see Figure 1-1) indicated that the number has remained fairly constant since 1988. The fact that the number of hardcore users has remained flat is due to the success of drug policies to stop many users from progressing into drug addiction. The expansion of this Nation's treatment capacity has enabled treatment providers to treat many more users. Without this expanded

Figure 1-1
2.7 Million Hardcore Drug Users in 1993



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

Source: ONDCP Report, *What America's Users Spend on Illegal Drugs*

capacity, the current number of hardcore drug users could have been much higher.

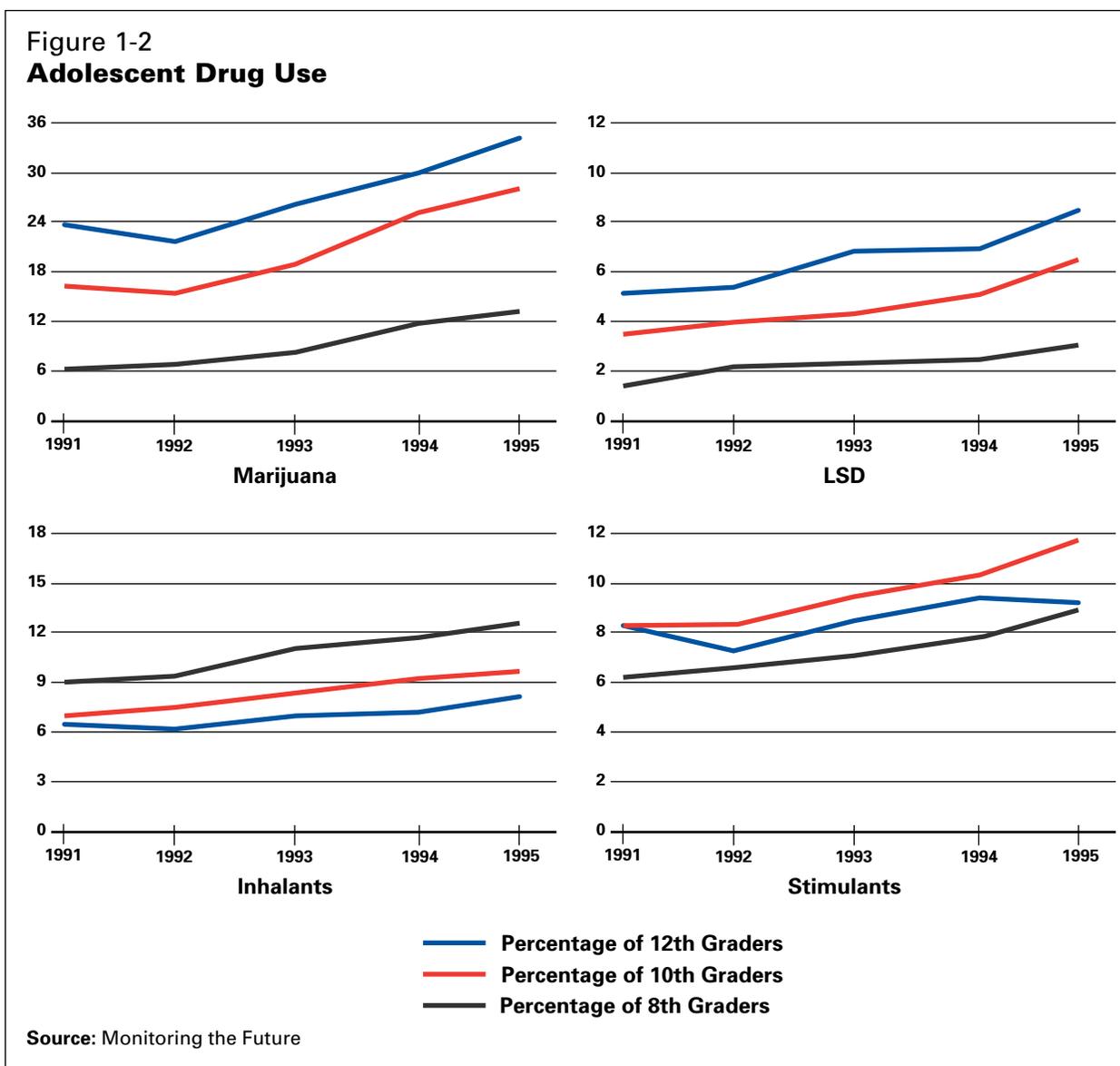
In the 1995 MTF Report, investigators found that while marijuana use has shown the sharpest increase, the use of other illicit drugs, including LSD, other hallucinogens, amphetamines, and inhalants has also continued on an upward trend.

DRUG USE BY YOUTH

While progress against casual use has been made in recent years, we have lost ground among our youth. Today, more adolescents are using illicit drugs. Several, well-established drug indicators, including the Monitoring the Future (MTF) study, PRIDE, and the National Household Survey on Drug Abuse (NHSDA), reveal increased drug use among youth. The 1995 MTF, for example, provides information on drug use trends and patterns among 8th-, 10th-, and 12th-grade students.⁵ Between 1994 and 1995, use of most illicit drugs

increased among students in all three grade levels. In the 1995 MTF Report, investigators found that while marijuana use has shown the sharpest increase, the use of other illicit drugs, including LSD, other hallucinogens, amphetamines, and inhalants has also continued on an upward trend. In most instances, these increases began in the early 1990s and reversed a decade or more of decreases in drug use.

Increases in specific drug categories were significant (see Figure 1-2). The use of marijuana, in particular, has increased steadily among 8th, 10th and 12th graders. The upswing in marijuana use rates from 1994 to 1995 represents an increase for the third consecutive year among 10th and 12th graders, and an increase for the fourth consecutive year among 8th graders. Past year use of hallucinogens, including LSD (lysergic acid diethylamide), increased among 8th, 10th, and 12th graders. Past-month use of cocaine increased for 10th graders, primarily due to crack-cocaine use.



Even heroin use is on the rise, with past-month heroin use having increased significantly among 10th and 12th graders.

Trends among youth in “perceived harmfulness and availability” of illicit drugs are equally disturbing. The MTF survey reveals a decrease among the percentage of 8th, 10th, and 12th grade students who say that trying marijuana or smoking it occasionally is a “great risk.” The perceived risk of marijuana use among seniors has decreased steadily from 1991 through 1995.

The National Household Survey on Drug Abuse (NHSDA) indicates that for youth aged 12 to 17,

there has been a notable deterioration of attitudes about the perceived risk from using marijuana, crack cocaine, and anabolic steroids. The NHSDA also found notable increases in the perceived availability of marijuana, LSD, PCP, cocaine, and heroin.

The need to reverse drug abuse trends among adolescents is underscored by a recent demographic analysis conducted by Northeastern University Professor, James Alan Fox, and Carnegie Mellon University Pro-

The MTF survey reveals a decrease among the percentage of 8th, 10th, and 12th grade students who say that trying marijuana or smoking it occasionally is a “great risk.”

fessor, Alfred Blumstein. The results of the study warn that a new demographic bulge — children of the baby boom generation — are beginning to approach a time of great vulnerability to crime, drug use, and other social pathologies.

Currently, an estimated 39 million Americans are under the age of ten, the greatest number in this age group since the 1960s. If, ten years from now, this group abuses drugs at the same rate as today's youth, drug use will increase by alarming proportions. And if drug use increases by the same rate that it has for the past five years, by the year 2000, 1.4 million high school seniors will be using illicit drugs monthly.

Heroin presents a particularly grave threat to the American people, not only as a current-use drug, but also as an "emerging drug," that is, as a drug which users are now trying for the first time.

The study also highlights the impact that increased drug use among today's youth could have on tomorrow's crime rates.⁶ The striking array of changes in juvenile crime since 1985 — a doubling of the

homicide rate, a doubling of the number of homicides committed with guns, and a doubling of the arrest rate of nonwhites for drug offenses, all after a period of relative stability in these rates — can be linked, according to Blumstein, to the rapid growth of the crack-cocaine markets in the mid-1980s. To service that growth, juveniles were recruited by drug dealers and armed with guns, the standard tools of the drug trade. Many of the guns were subsequently diffused into the larger community of juveniles. The recklessness and bravado that often characterize teenage behavior, combined with their lack of skill in settling disputes by methods other than physical force, have transformed what once would have been fist fights into shootings with lethal consequences.

EMERGING DRUGS

Heroin presents a particularly grave threat to the American people, not only as a current-use drug, but also as an "emerging drug," that is, as a drug which users are now trying for the first time. The surveys that track heroin use patterns are dis-

couraging. In 1993, the rate of heroin-related emergency room episodes was 64 per 100,000 population among persons ages 35-44, almost double of what it was in 1988 for this age group. The users of heroin are also initiating use of the drug at a younger age (the MTF study reports increased heroin use by 10th and 12th graders) and they are beginning to rely on routes of administration such as smoking and snorting, rather than injecting. This may make heroin use more accessible to a wider range of users, particularly those users of other drugs that were unwilling to inject drugs.

Today, there are signs of initiates into heroin use among a new generation of users who have never tried cocaine. Given that drug users are likely to initiate others when they themselves are new users, typically within their first year of use, the advent of young initiates into heroin use is particularly ominous. While heroin prevalence remains low relative to other drugs, the rate of new cases bears close watching for signs that an epidemic of heroin use is beginning.

The ONDCP *Pulse Check*, a quarterly report that provides subjective information from experts working in the field, confirms that, in those areas where high purity heroin is available, the practice of inhaling rather than injecting the drug continues to increase in popularity. Further, among new users of heroin, particularly the young, non-urban, middle income users who are increasingly evident in many areas, the ability to inhale the drug has made using it much easier and more acceptable than in the past, when injection was the only route of administration available. The combination of lower prices and increasingly active marketing to inhalers has had the effect of making heroin more accessible to a wider range of potential users. This increase in the numbers of young (under age 30) heroin users is of special concern. These heroin "initiates" are, in all probability, at the outset of long, downward spiral into hardcore addiction.

The continued rise in popularity of methamphetamine (also known as speed, crystal, crank and ice) is also of increasing concern. For many years, methamphetamine use has been confined to certain areas of the country (the West and South-

west) and to certain distinct groups of users (motorcycle gangs and older polydrug users). The drug is now becoming more attractive to young users and its use is expanding into other areas of the country such as Denver, Des Moines, Dallas, Atlanta, Philadelphia, and Minneapolis/St. Paul.⁷ Methamphetamine, used for its stimulant effect, is often combined in use with alcohol, heroin and cocaine. An estimated 4 million persons in the United States have used methamphetamine at least once in their lives.

In addition to its health consequences, methamphetamine presents a significant danger to the people producing the drug, to people living and working in the area, and to law enforcement officers taking action against the methamphetamine labs. The chemicals used in the manufacturing process are explosive, often toxic, and always harmful to the environment. There is also a high level of violence associated with both the manufacturers and users of methamphetamine.

A third emerging drug, Rohypnol, presents a new challenge. Rohypnol is manufactured in Colombia, Mexico, and Switzerland, but is not legally marketed or sold in the United States. It has a sedative effect and is reported to be 7 to 10 times more potent than Valium.TM Chronic use produces heavy sedation, psychomotor impairment, headaches, tremors, and amnesia. As with other sedatives and tranquilizers, long-term use can lead to physical dependence and the need for medically supervised withdrawal.

Rohypnol has been popular in Europe since the 1980s, particularly among cocaine users who use it to help alleviate the agitation associated with cocaine use. It often is sold in the manufacturer's original "bubble" packaging, giving many young people the impression that Rohypnol is a "safe drug." In Texas and Florida, it is frequently used by young people in conjunction with alcohol, marijuana, or cocaine. As of April 1995, the Drug Enforcement Administration (DEA) had documented more than 1,000 cases involving Rohypnol in Texas, Arizona, Florida, Alabama, Louisiana, and California.⁸

ONDCP is also monitoring two additional

emerging drugs: LSD and PCP. The distribution pattern for LSD, which is now available in virtually every State, is unique within the drug culture. A proliferation of mail order sales has created a marketplace where the LSD sellers are virtually unknown to the buyers, providing the highest-level traffickers with considerable insulation from drug law enforcement operations. The vast majority of users are white, middle-class high school and college students who are attracted by low prices, and who perceive the drug as harmless.

PCP production appears to be centered in the greater Los Angeles, California, metropolitan area. PCP use peaked in the early to mid-1980s and was supplanted by the use of crack-cocaine. However, there are recent indications that PCP use has increased somewhat in a limited number of cities.

HARDCORE DRUG USE AND ITS CONSEQUENCES

There are signs that the cocaine epidemic of the 1980's is receding. But while we are witnessing fewer initiates into cocaine use (see Figure 1-3) the Nation currently faces the problem of those users whose cocaine use has progressed to addiction. These users, numbering about 2.1 million, or 30 percent of the current cocaine-using population, account for over two-thirds of all the cocaine consumed in the United States today. It is these users who maintain the drug market and keep drug traffickers in business.

An estimated 4 million persons in the United States have used methamphetamine at least once in their lives.

While there is reason for optimism about the diminishing cocaine epidemic, there is cause for concern about a potential new epidemic from heroin. Since the early 1980's, the heroin sold on American streets has become cheaper and more pure. There is now growing evidence that heroin use may be on the rise. This cheaper, purer heroin first showed up among existing heroin users, and then among hardcore cocaine users who began to use or switch to heroin.

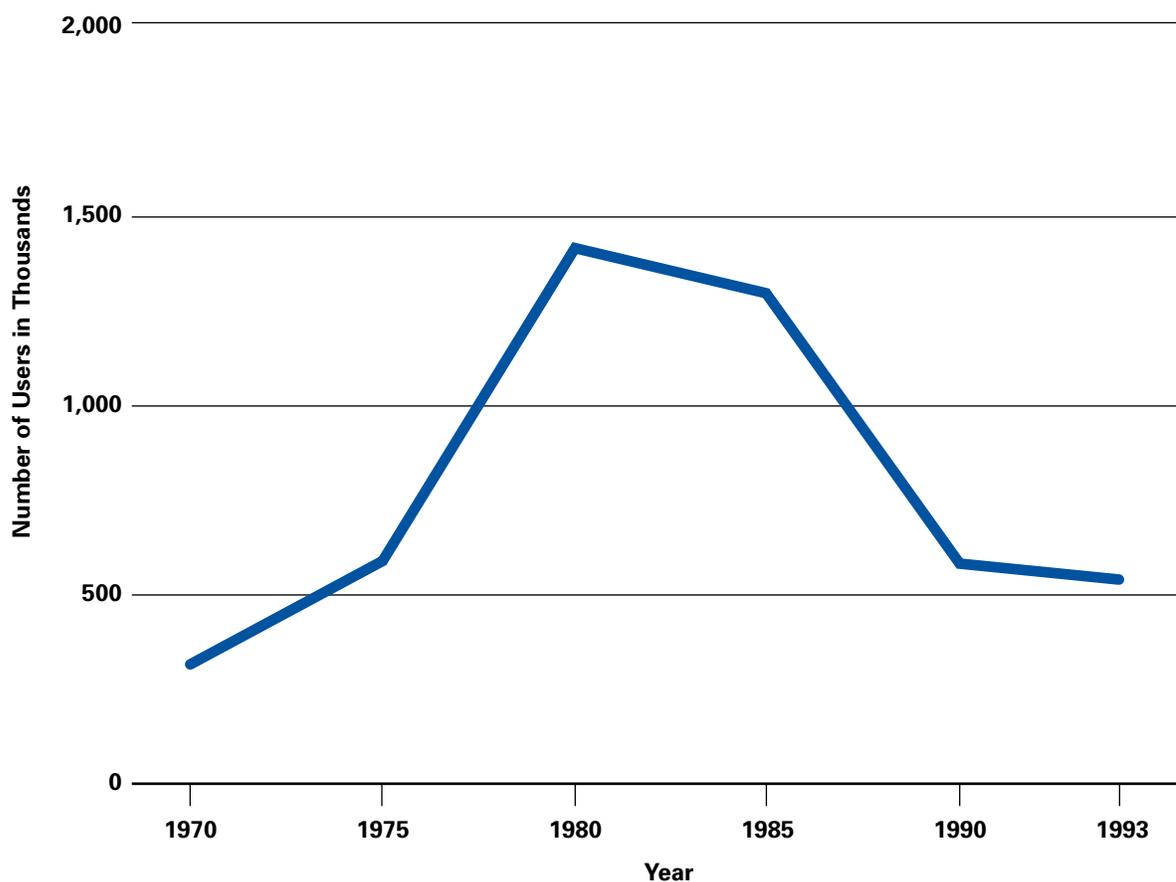
Hardcore drug users are at heart of the nation's drug problem. Two-thirds of the nation's supply of cocaine is consumed by about 30 percent of the total number of cocaine users (see Figure 1-4). Hardcore users are responsible for a disproportionate amount of crime, and the frequency and severity of their criminal activity rises dramatically during periods of heaviest use.

The CDC also estimated that nearly 60 percent of children with AIDS under age 13 contracted the disease from their mothers, who were either injecting drugs or were sex partners of injecting drug users.

Hardcore drug users frequently are "vectors" for the spread of infectious diseases such as hepatitis, tuberculosis, and HIV. Drug users are at high risk of contracting certain infectious diseases, such as HIV (Human Immunodeficiency Virus) and hepatitis. Hardcore drug users also engage in sexual

behaviors that put them at high risk for contracting and spreading sexually transmitted diseases (STD). A 1991 survey of State prisoners revealed a higher rate of STD infections among illicit drug users than nonusers. The survey showed that 7.1 percent of those testing positive for HIV reported sharing needles, while only 0.8 percent of those who reported no drug use tested positive for HIV.⁹ The Centers for Disease Control and Prevention (CDC) reported that more than a third of all AIDS (Acquired Immune Deficiency Syndrome) cases (37 percent) were associated with injecting drug use. The CDC also estimated that nearly 60 percent of children with AIDS under age 13 contracted the disease from their mothers, who were either injecting drugs or were sex partners of injecting drug users.

Figure 1-3
Number of New Cocaine Users Per Year



Source: National Household Survey on Drug Abuse

CONTINUED DRUG-RELATED CRIME AND VIOLENCE

Identifying the percentage of crimes related to illicit drugs is not a simple matter. In 1994, State and local law enforcement agencies made an estimated 1.35 million arrests for drug law violations.¹⁰ The largest percentage of these arrests were for drug possession (73.3%). However, no existing database provides definitive information on the prevalence of persons either committing crime under the influence of drugs or to obtain money to support their drug habit. There are three data sources that shed some light on this matter. One reports on homicide, another on victims' perceptions of their attackers, and the third on incarcerated persons.

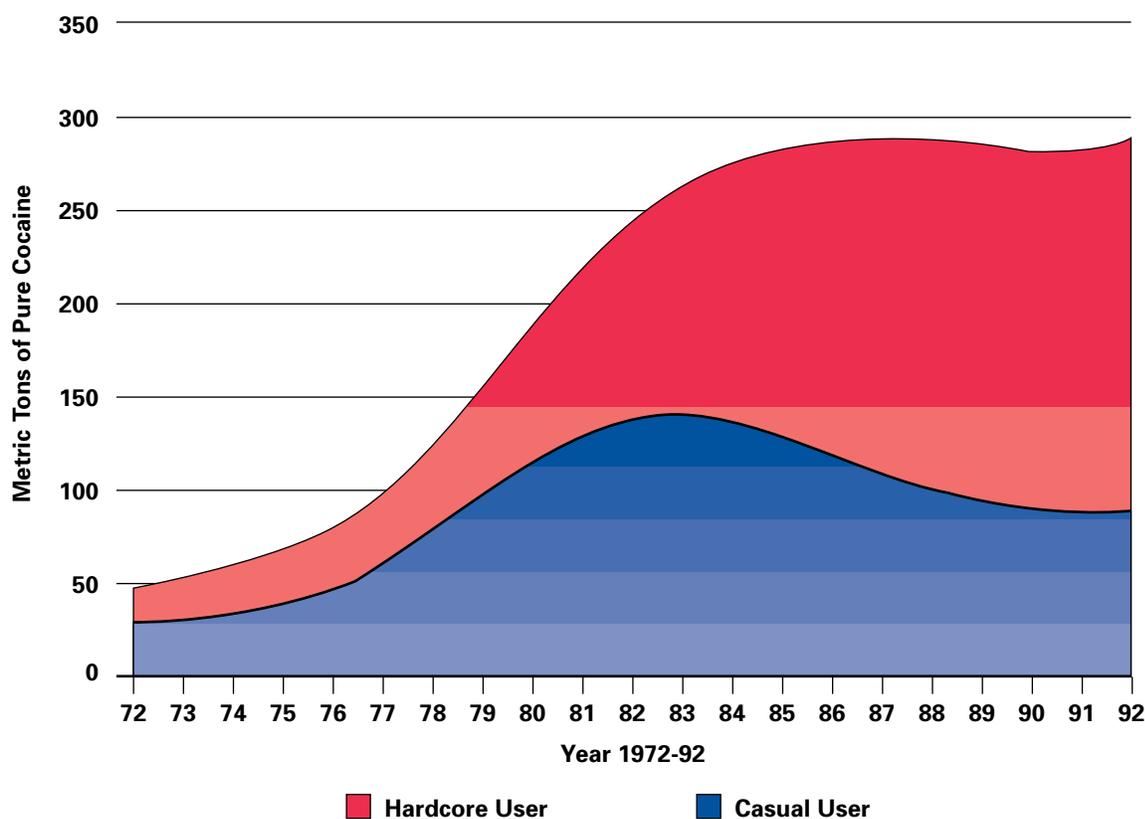
In 1994, the Uniform Crime Reports (UCR)

reported that 5.6 percent of all homicides in which the circumstances of the crime were known, involved drugs (see Table 1-1). While this percentage share is up slightly from 1993, it is substantially below the percentage of drug-related homicides for 1989, when drugs were found to be involved in 7.4 percent of homicides. Indeed, there has been a steady decline in drug-related homicides between 1989 and 1993.

In 1994, State and local law enforcement agencies made an estimated 1.35 million arrests for drug law violations.

The National Crime Victimization Survey (NCVS) inquires about whether the offender was perceived to be under the influence of drugs or alcohol at the time of the offense. While the question includes alcohol and thus inflates the percentages, it nonetheless

Figure 1-4
Annual U.S. Consumption of Cocaine by Type of User, 1972-92



Source: *Modeling the Demand for Cocaine*, RAND Corporation

less renders some information on the presence of drugs in crime. For those persons who indicated that they were victims of violent crime in 1992, 30.2 percent perceived their attacker to be under the influence of drugs or alcohol. This percentage represents a decrease from 36 percent in 1989 and 33 percent in 1991.¹¹

A significant percentage of incarcerated persons indicate that they committed their offenses in order to obtain money for drugs,¹² 17 percent of those in State prisons in a 1991 survey and 13 percent of jail inmates in a 1989 survey. But while drugs are indeed a factor in many crimes, there is a

The risk that a person between the ages of 12 and 17 would become a victim of a nonfatal, violent crime increased by 21 percent between 1987 and 1992

need to differentiate between the many individuals whose crime is tied to an addiction (drug possession) from the smaller percentage of persons who use violence to assert control over the drug market or who have committed more serious crimes in support of their drug use. The public must be

protected from these increasingly violent groups of drug dealers and from drug users who are violent and predatory.

The issue of drug-related crime and violence is especially serious in terms of how it has affected America's young people. The following statistics highlight the seriousness of the problem:

- The risk that a person between the ages of 12 and 17 would become a victim of a nonfatal, violent crime increased by 21 percent between 1987 and 1992;
- The rate of violent victimizations per 1,000

juveniles increased from 61 to 74, driven mostly by simple assault (see Table 1-2); and

- The risk of violence for those aged 18 to 24 increased by 24 percent, while the risk of violent victimizations for age groups older than 24 remained the same.¹³

Data provided by the National Center for Health Statistics show that injury was the leading cause of death for youth below age 20 in 1991. Homicide was second only to motor vehicle accidents as the leading cause of fatal incidents. Between 1986 and 1991, the number of youth dying in motor vehicle accidents declined by 20 percent, but homicide deaths rose substantially. According to one source, the number of juveniles murdered increased by 45 percent, from 1,738 in 1987 to 2,521 by 1994.¹⁴

According to a 1992 Gallup Survey, 41 percent of teenagers were afraid to walk alone at night in their neighborhoods. According to the 1994 Monitoring the Future study, high school seniors worried more about crime, violence, and drug use than about any other social issue. A study currently being conducted by researchers at Rutgers University indicates that a large percentage of violent incidents occur near schools.¹⁵

AVAILABILITY OF COCAINE, HEROIN, AND MARIJUANA

Between 1988 and 1993, the amount of cocaine available for consumption in the U.S. remained at a fairly constant level. However, cocaine availability appears to have increased in recent years. ONDCP estimates that a high range of 340 metric

Table 1-1
Drug-related homicides, 1989-94

	1989	1990	1991	1992	1993	1994
Number of homicides	18,954	20,273	21,676	22,540	23,271	22,076
Percentage drug-related	7.4	6.7	6.2	5.7	5.5	5.6

Source: FBI. Crime in the US, 1989-94. Compiled by ONDCP Drugs and Crime Clearinghouse, November 1995.

Table 1-2
Rate of violent victimizations per 1,000 juveniles, 1987-92

	All violent crimes	Robberies	Aggravated assault	Simple assault
1987	61	8	15	36
1988	61	9	16	36
1989	65	10	14	39
1990	66	11	16	37
1991	71	10	15	44
1992	74	11	20	42

Source: Snyder and Sickmund, 1995, p.23

tons of cocaine were available for domestic consumption in 1993.¹⁶ Cocaine seizure totals increased from 1989 to 1992, followed by a one year decline in 1993. In 1994, seizure totals again rose, but were followed by another decline in 1995.

Cocaine traffickers continue to use varied means of transport. Larger shipments are frequently concealed in commercial maritime containerized or bulk cargo. General aviation aircraft and large-capacity cargo planes, including Caravelle and 727 type jets, were used throughout 1995 to convey cocaine from South America to Mexico and various other staging points for further transport to the U.S.

Wholesale cocaine distribution in the U.S. is controlled primarily by the Cali Cartel in Colombia. Their operations are coordinated and controlled by key managers in Colombia. The primary bulk distribution centers in the U.S. include southern California, south Texas, New York City, and southern Florida. From these centers, cocaine is shipped throughout the United States for delivery to lower-level distribution groups in secondary cities.

This year's significant efforts and successes against the Cali Cartel and long-term structural changes in the illegal drug production and monitoring system have cast uncertainty on the structure of future drug operations. Currently, the Mexican-based poly-drug trafficking organizations are playing a more significant role. And as the role of Mexican traffickers continues to expand, the structure and control of wholesale cocaine distribution systems may change significantly.

Heroin is supplied to the United States from four source areas: Southeast Asia, Southwest Asia/Middle East, Mexico, and South America. In 1994 worldwide opium production fell from 3,745 metric tons to 3,409 metric tons due primarily to a drought in Southeast Asia (see Table 1-3). According to the Federal-wide Drug Seizure System (FDSS) which contains information about drug seizures in the U.S., national heroin seizures fluctuated in recent years, with an increase from roughly 1 metric ton in 1989 to 1.6 metric tons in 1993, and a slight decline in 1994 and 1995.¹⁷

Heroin presents an even more complex international control challenge than cocaine. Worldwide production, trafficking, and consumption patterns are on a larger scale and more diverse. Southeast Asian heroin, which accounts for about 60 percent of that consumed in the U.S., is transported to international markets by independent brokers and shippers. These brokers, traditionally drawn from the overseas-Chinese criminal populations, provide suppliers with the connections to ethnic Chinese criminals in the United States who function as wholesale distributors. In turn, these groups take advantage of contacts established in U.S. prisons and act as suppliers to local criminal organizations for retail distribution. Nigerian and West African groups, meanwhile, smuggle Southeast Asian heroin internationally and distribute it in the U.S. though their own contacts within local criminal groups.

The primary bulk distribution centers in the U.S. include southern California, south Texas, New York City, and southern Florida.

The manufacturing, transportation and wholesale distribution of Mexican heroin — according to DEA, about 5 percent of what is now being consumed in the U.S. — is controlled by long-time Mexican poly-drug traffickers. Retail (street level) distribution is controlled in the western U.S. by Mexican-American criminal networks and local gangs. Colombian heroin, which now accounts for 33 percent of the heroin seized in the U.S., is primarily trafficked by independent Colombian traffickers. Colombians have established themselves in the U.S. by distributing high-quality heroin — frequently above 90 percent pure — and by undercutting the price of their competition. It is likely that Colombian heroin traffickers will continue to attempt to increase their control and influence and expand their efforts to increase their share of this potentially expanding market.

Marijuana continues to be the most widely abused and readily available illicit drug in the United States.

Marijuana continues to be the most widely abused and readily available illicit drug in the United States. According to the National Narcotic Intelligence Consumers Committee (NNICC), it is difficult to estimate the amount of marijuana produced in the United States, as there are no national surveys conducted of cannabis cultivation.

An estimated 25 percent of the marijuana consumed in the U.S. is domestically grown. Much of this marijuana is cultivated in remote locations, particularly in Alabama, Hawaii, Kentucky, Tennessee, and California. Significant quantities of marijuana are also produced in indoor growing operations. The controlled environments of indoor operations enable growers to use more sophisticated agronomic techniques to enhance potency and productivity. Marijuana production and distribution in the U.S. is highly decentralized and generally controlled by a variety of groups and individuals ranging from large, sophisticated organizations that control cultivation and interstate trafficking to small independent traffickers operating at the local level.

From the four year period from 1992 through 1995, the DEA-sponsored Domestic Cannabis Eradication Program (DCE/SP) accounted for the seizure of assets worth more than \$217 million, made more than 47,000 arrests, seized more than 13,000 indoor growing operations, and eradicated almost 1.5 billion plants.¹⁸

ENDNOTES

- ¹ ONDCP Report, What America's Users Spend on Illegal Drugs, 1988-1993, Spring, 1995.

Table 1-3
Worldwide Potential Net Opium Production, 1989-1995
(in metric tons)

	1989	1990	1991	1992	1993	1994	1995
Afghanistan	585	415	570	640	685	950	1,250
India	—	—	—	—	66	82	71
Iran	—	—	—	—	—	—	—
Pakistan	130	165	180	175	140	160	155
Burma	2,430	2,255	2,350	2,280	2,575	2,030	2,340
China	—	—	—	—	—	25	16
Laos	380	275	265	230	180	85	180
Thailand	50	40	35	24	42	17	25
Colombia	—	—	—	—	—	—	65
Lebanon	45	32	34	—	4	—	1.5
Guatemala	12	13	17	—	4	—	—
Mexico	66	62	41	40	49	60	53
Total Opium	3,698	3,257	3,492	3,389	3,745	3,409	4,157

Source: INCSR, 1996

- 2 Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1994 National Household Survey on Drug Abuse*, Advance Report Number 10, September 1995.
- 3 Substance Abuse and Mental Health Services Administration's, *1994 National Household Survey on Drug Abuse*.
- 4 ONDCP Report, *What America's Users Spend on Illegal Drugs, 1988-1993*, Spring, 1995 and unpublished work relating to that project.
- 5 National Institute on Drug Abuse, *The Monitoring the Future Study, Institute for Social Research*, The University of Michigan.
- 6 This connection has been studied by Professor Alfred Blumstein of Carnegie Mellon University's H. John Heinz III School of Public Policy and Management. See Blumstein, A. *Violence by Young People: Why the Deadly Nexus?* U.S. Department of Justice, National Institute of Justice Journal Issue No. 229. August 1995. pp. 2-9.
- 7 Office of National Drug Control Policy. Summer 1995. *Pulse Check, National Trends in Drug Abuse*. Washington, DC.
- 8 Office of National Drug Control Policy. Summer 1995. *Pulse Check, National Trends in Drug Abuse*. Washington, DC.
- 9 BJS, 1993, p.5: *HIV in U.S. Prisons and Jails*.
- 10 FBI, *Crime in the United States, 1994*, page 217.
- 11 BJS 1992 *Criminal Victimization in the U.S., 1991* Washington, D.C.: U.S. Department of Justice, 53.
- 12 Bureau of Justice Statistics, *Drugs and Crime Fact 1993*, page 8.
- 13 Snyder, Howard N. and Sickmund, Melissa. 1995. *Juvenile Offenders and Victims: A National Report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- 14 Source: U.S. Department of Justice, Federal Bureau of Investigations, *Crime in the US*. 1993 and 1994.
- 15 The preliminary results of this study were presented by D. Gorman and P. Speer at the annual conference of the American Society of Criminology in November 1995 in Boston.
- 16 ONDCP's estimates of cocaine availability is based on a model developed by the RAND Corporation and modified by Abt Associates, Inc., under contract to the Office of National Drug Control Policy. A discussion of the model is included in Rhodes, W., et al., *What America's Users Spend on Illegal Drugs*, Abt Associates, Spring 1995. Basically, the model computes the inputs and outputs at several different steps in the processing of cocaine. It begins with estimates of the land area under cultivation and allows for losses from eradication, source country consumption, and seizures (in both source and transshipment countries). An estimate of the amount available for the U.S. market is derived after subtracting amounts seized by Federal authorities and shipments of cocaine to other countries.
- 17 The FDSS was established to avoid double counting of seizures when two or more agencies are involved in seizing drugs and both report the amount of drugs seized. However, drug seizures made by other Federal agencies, such as the Immigration and Naturalization Service or the Secret Service, only are counted when custody of drug evidence is transferred to one of the four agencies identified above. Furthermore, only limited information is available on the amount of drugs seized by State and local agencies. This is due to the fact that this information is not centrally, or even statewide, reported but also because it is subject to double counting when State and local agencies participate in a seizure involving one or more Federal, State, or local law enforcement agencies.
- 18 This is a compilation of data from DEA yearly reports on the Domestic Cannabis Eradication/Suppression Program.

II. Assessing Programs that Work

The key nature of the initiatives included in the 1996 Strategy is confirmed by the latest research and demonstration findings in several key areas; including prevention, treatment, and interdiction.

(NOTE: Some of the studies and other work capsuled below are found in more complete form in *The National Drug Control Strategy, 1996: Program, Resources, and Evaluation, Chapter III.*)

STOPPING DRUG USE THROUGH PREVENTION

A recent ONDCP study showed that youths who use tobacco and alcohol are often at higher risk for the use of other illicit drugs. For many of these adolescents, the decision to try drugs triggers a process that may lead to poor educational performance, dropping out of school, family problems, delinquency, criminal acts, and other high-risk behaviors. Drug prevention efforts are critical to stopping this progression, with all its unhealthy consequences and potential criminal activity. Clearly, the earlier that drug prevention programming can be introduced, the better. Research also has been conducted to estimate the potential benefits from a drug prevention program targeting high-risk youth. Between \$333,000 to \$809,000 can be saved for each individual who does not progress on to a lifetime of drug use.¹

IMPROVING TREATMENT THROUGH NEUROSCIENTIFIC ADVANCES

Researchers at the National Institute on Drug Abuse have made exciting advances in studies of opiate addiction. Most recently, a “cell model” was developed for studying how opiates, such as heroin, act in the brain. Using this model, researchers were able to demonstrate that it is possible to increase the levels of opiates in only those areas of the brain where they have their greatest pain-relieving effects. By doing so, doctors can provide more effective analgesia with fewer side-effects. Findings such as these provide the scientific underpinnings that will enable us to better understand opiate addiction and, eventually, treat it more successfully.

DEMONSTRATING TREATMENT EFFECTIVENESS

Numerous studies support the logic and rationale of providing treatment for drug users. The research reveals that the societal costs of untreated addiction — e.g. violence, crime, poor health, and family breakup — far exceed the costs of providing treatment. A 1995 report from the U.S. Department of Health and Human Services (HHS) highlighted findings of seven research projects that supported the effectiveness of drug treatment (see Figure 2-1). One research effort in particular, *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment*, clearly demonstrates the benefits of treat-

Figure 2-1
Some Major National Studies Illustrating Effectiveness of Treatment



Source: Substance Abuse and Mental Health Services Administration

ment as it relates to criminal activity.² The study shows that the level of criminal activity declined by two-thirds as a result of drug treatment. And the longer hardcore users stay in treatment, the greater the reduction in their criminal activity and the costs associated with it. The same study, corroborated by other research, demonstrated that each dollar spent on drug treatment saves the taxpayers seven dollars by reducing or avoiding costs relating to criminal justice, health care, and welfare.

Among the key findings in the other studies listed in Figure 2-1, the RAND study demonstrated that treatment was more effective than law enforcement as a means to reduce the demand for illicit drugs. The National Academy of Sciences (IOM) study demonstrated that treatment was effective in reducing criminal activity and emergency room visits and in increasing rates of employment.

III. Resources to Implement the National Drug Control Strategy

The goal of reducing illicit drug use in America is achievable only if the necessary resources are brought to bear in critical demand reduction and supply reduction program areas. For Fiscal Year (FY) 1997, the President has requested \$15.1 billion to fund drug control efforts (see Table 3-1). This request represents an increase of \$1.3 billion over the estimated FY 1996 enacted level of \$13.8 billion, or a 9.3 percent increase.¹ For the longer term, fiscal years 1998 through 2000, this Strategy identifies critical funding priorities to implement the National Drug Control Strategy goals and objectives.

NATIONAL FUNDING PRIORITIES FOR FYs 1998–2000

The National Drug Control Strategy organizes the national effort to achieve the central mission of reducing illicit drug use and its consequences. The past decade of Federal drug control efforts has taught us that progress in achieving this mission does not happen overnight. As with the treatment of cancer, this Strategy provides immediate treatments to remedy the symptoms and halt the spread, all the while targeting a long-term cure. The achievement of the Strategy's goals and objectives requires long-term planning to ensure that resources are brought to bear against the drug problem in the most efficient way, and are available for a sufficient span of time to properly develop and implement. To this end, the Administration will pursue the following funding priorities for FYs 1998–2000:

- Support prevention programs that help youth recognize the true risks associated with drug use and that target youth to reduce their use of illicit drugs, alcohol, and tobacco products;
- Support programs at the local level that create safe and healthy environments in which children and adolescents can live, grow, learn, and develop;
- Support programs that strengthen multi-agency linkages at the community level among prevention, treatment, and criminal justice programs, as well as other supportive social services, to better address the problems of drug abuse;
- Support programs that enhance treatment effectiveness, quality, and services so that those who need treatment can receive it;
- Support programs that reduce drug-related crime and violence;
- Support programs to target for investigation and prosecution those who illegally manufacture and distribute drugs and who illegally divert pharmaceuticals and chemicals;
- Support programs that increase workplace safety and productivity by reducing the effects of drug use on the job;
- Support research that identifies “what works” in drug treatment and prevention and develop new information about drug use and its consequences;

Table 3-1. Drug Control Funding: Agency Summary, FY 1995–FY 1997			
(Budget Authority in Millions)			
	FY 1995 Actual	FY 1996 Estimate¹	FY 1997 President's Request
Department of Agriculture			
Agricultural Research Service	6.5	4.2	4.7
U.S. Forest Service	8.9	8.9	8.9
Special Supplemental Program for Women, Infants, and Children (WIC)	13.9	15.0	15.3
Total, Agriculture	29.3	28.1	29.0
Corporation for National Service	25.6	32.9	38.5
Department of Defense	840.2	814.3	814.1
Department of Education	584.0	618.1	658.8
Department of Health and Human Services			
Administration for Children and Families	91.3	44.9	82.6
Centers for Disease Control and Prevention	44.5	44.1	61.1
Food and Drug Administration	6.8	6.8	6.8
Health Care Financing Administration	252.2	290.0	320.0
Health Resources and Services Administration	36.4	41.5	43.3
Indian Health Service	42.8	42.8	42.8
National Institute on Drug Abuse (NIDA)	436.9	458.4	466.3
Substance Abuse and Mental Health Services Administration	1,372.3	1,097.5	1,284.6
Total, HHS	2,283.2	2,025.9	2,307.5
Department of Housing and Urban Development	300.8	290.0	290.0
Department of the Interior			
Bureau of Indian Affairs	19.9	20.5	20.4
Bureau of Land Management	5.1	5.1	5.1
Fish and Wildlife Service	1.0	1.0	1.0
National Park Service	8.7	8.7	8.8
Office of Insular Affairs ²	1.3	0.2	0.2
Total, Interior	35.9	35.4	35.5
The Federal Judiciary	471.4	506.6	577.3
Department of Justice			
Assets Forfeiture Fund	506.7	444.4	433.0
U.S. Attorneys	213.3	236.7	256.1
Bureau of Prisons	1,703.5	1,820.2	2,037.4
Community Policing	428.9	595.0	652.1
Criminal Division	21.4	21.8	23.8
Drug Enforcement Administration	791.9	852.9	1,008.9
Federal Bureau of Investigation	607.3	624.2	731.6
Immigration and Naturalization Service	177.2	246.1	306.7
Interagency Crime and Drug Enforcement ³	374.9	359.8	372.0
INTERPOL	1.8	1.6	1.8
U.S. Marshals Service	280.5	322.7	347.0
Office of Justice Programs	487.7	667.7	677.7
Federal Prisoner Detention ⁴	198.8	243.5	292.4
Tax Division	0.5	0.3	0.4
Total, Justice	5,794.3	6,436.9	7,141.0

(Detail may not add to totals due to rounding)

¹ Includes the Administration's proposed adjustments to FY 1996 Continuing Resolution levels.

² Formerly the Office of Territorial and International Affairs.

³ Formerly the Organized Drug Enforcement Task Forces.

⁴ Formerly the Support of U.S. Prisoners.

Table 3-1. Drug Control Funding: Agency Summary, FY 1995–FY 1997 (continued)

(Budget Authority in Millions)

	FY 1995 Actual	FY 1996 Estimate ¹	FY 1997 President's Request
Department of Labor	60.0	60.9	60.9
Office of National Drug Control Policy			
Salaries and Expenses: Operations	10.4	10.9	16.8
Salaries and Expenses: CTAC ²	—	16.0	18.0
High Intensity Drug Trafficking Areas	107.0	103.0	103.0
Special Forfeiture Fund: Director's Discretion	17.6	—	—
Special Forfeiture Fund: Ballistics Technology	3.1	—	—
Special Forfeiture Fund: CTAC	8.0	—	—
Total, ONDCP	146.1	129.9	137.8
Small Business Administration	0.1	0.1	0.1
Social Security Administration	148.9	196.4	202.8
Department of State			
Bureau of International and Law Enforcement Affairs ³			
INL	105.0	135.0	193.0
FMF	13.2	—	—
ESF	19.8	—	—
Subtotal	138.0	135.0	193.0
Emergencies in the Diplomatic and Consular Service	0.2	0.3	1.0
Total, State	138.2	135.3	194.0
Department of Transportation			
U.S. Coast Guard	301.2	329.7	345.9
Federal Aviation Administration	17.7	20.0	21.9
National Highway Traffic Safety Administration	29.4	30.2	29.2
Total, Transportation	348.3	379.9	397.1
Department of the Treasury			
Bureau of Alcohol, Tobacco, and Firearms	153.9	172.1	176.4
U.S. Customs Service	543.5	550.9	588.4
Federal Law Enforcement Training Center	17.0	19.6	22.1
Financial Crimes Enforcement Network	11.5	11.6	11.6
Internal Revenue Service	74.4	67.5	67.8
U.S. Secret Service	71.5	67.9	72.8
Treasury Forfeiture Fund	196.4	184.5	173.1
Total, Treasury	1,068.3	1,074.1	1,112.1
U.S. Information Agency	9.8	9.1	9.3
Department of Veterans Affairs	966.5	1,009.1	1,056.0
Other Crime Control Acts	0.3	0.4	1.8
Total Drug Budget	13,251.2	13,783.5	15,063.5
Supply Reduction	8,559.2	9,211.6	10,093.0
Percentage of Total Drug Budget	65%	67%	67%
Demand Reduction	4,691.9	4,571.9	4,970.6
Percentage of Total Drug Budget	35%	33%	33%

(Detail may not add to totals due to rounding)

¹ Includes the Administration's proposed adjustments to FY 1996 Continuing Resolution levels.

² CTAC is part of Salaries and Expenses as of FY 1996.

³ In FY 1995, funding for Foreign Military Financing (FMF) and Economic Support Fund (ESF) programs were not included in the International Narcotics and Law Enforcement Affairs appropriation budget. For presentation purposes, the totals reported in this table for FY 1995 and 1996 include FMF and ESF. In addition, the consolidated International Narcotics (INC) program budget for FY 1997 includes funding for all these efforts.

- Support programs that reduce all domestic drug production and availability;
- Support programs that provide interdiction assistance to foreign countries that demonstrate the political will to stop traffickers from using their national territories to produce or transport narcotics;
- Support programs that promote regional cooperation in interdiction efforts, including intelligence-sharing and bi/multi-lateral agreements;
- Support programs designed to specifically restrict and reduce the flow of drugs into the United States, with special focus on the organizations responsible for smuggling drugs into the United States across the Southwest border with Mexico, and those responsible for the trafficking which brings drugs into America via the Caribbean;
- Support programs, including alternative development, to develop comprehensive regional counternarcotics efforts to reduce narcotic crop production, illicit drug manufacturing, and attack major criminal organizations involved in narcotics trafficking; and
- Support efforts by multi-lateral organizations such as the UNDCP, the World Bank, and OAS/CICAD to develop programs and provide assistance that complement or supplement our efforts to curb narcotics production and trafficking in key source and transit countries around the world.
- Resources for domestic law enforcement, by far the largest component of the National Drug Control Budget, increase by 9.3 percent in FY 1997 (from \$7.6 billion in FY 1996 to \$8.3 billion in FY 1997). In total, resources for domestic law enforcement comprise 55 percent of the total drug control budget in FY 1997. These resources support activities such as investigations, prosecutions, corrections, State and local law enforcement assistance, regulatory and compliance programs, and other law enforcement efforts;
- Resources for demand reduction increase by 8.7 percent, from \$4.6 billion in FY 1996 to \$5.0 billion in FY 1997. Demand reduction includes resources for treatment, prevention, education, and research. Together, demand reduction efforts comprise 33 percent of the total budget for drug control;
- Resources for drug interdiction increase by 7.3 percent, from the FY 1996 estimated enacted level of \$1.3 billion to \$1.4 billion in FY 1997. These resources fund enhanced efforts to stop the flow of drugs in source and transit nations and along the U.S. border. In total, interdiction spending accounts for 10 percent of the drug control budget; and
- Resources for international programs increase by 25.4 percent, from \$320 million in FY 1996 to \$401 million in FY 1997. Most of the resources for international programs support two agencies: the Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) and the Justice Department's Drug Enforcement Administration. Most of the increase in FY 1997 is for INL. International program resources comprise 3 percent of the total budget for drug control in FY 1997.

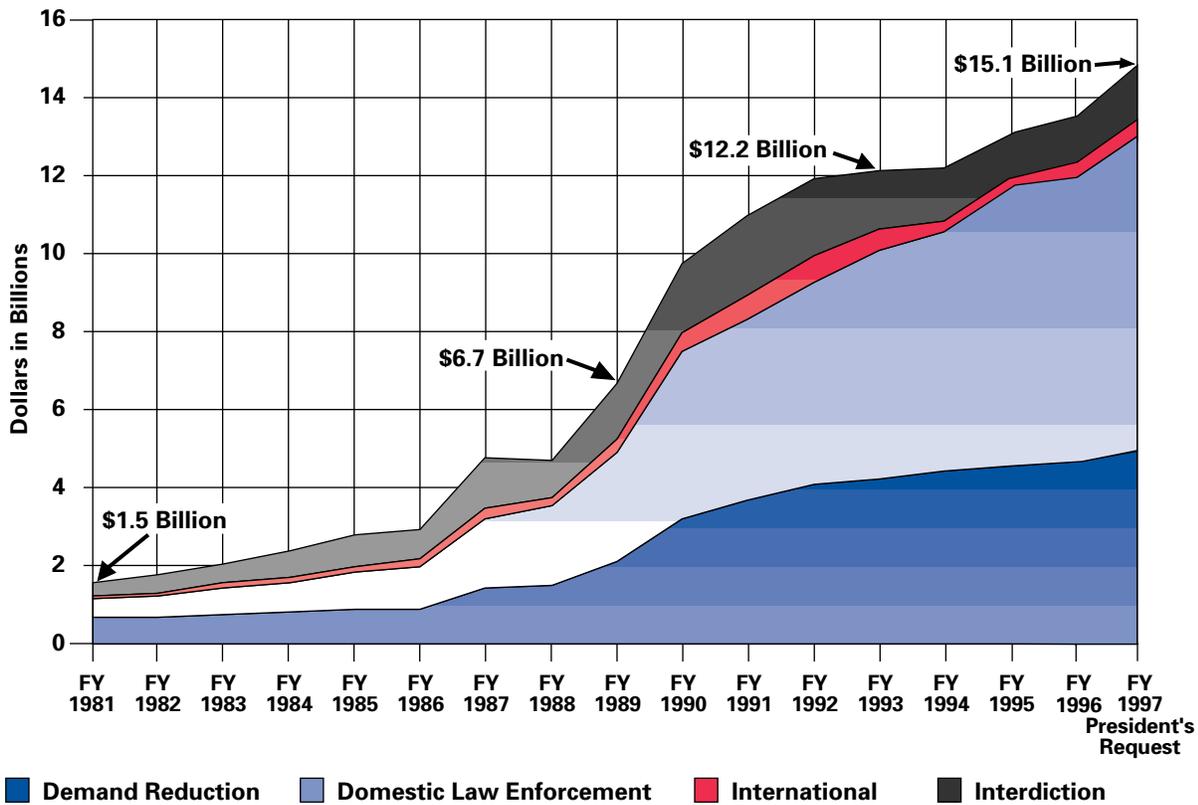
The achievement of the Strategy's goals and objectives requires long-term planning to ensure that resources are brought to bear against the drug problem in the most efficient way. . .

SUPPORTING STRATEGY GOALS: MAJOR FY 1997 BUDGET INITIATIVES

The Federal drug control budget provides funding in four major categories: domestic law enforcement, demand reduction, drug interdiction, and international program. Resources for each of these general program areas increased in FY 1997:

Figure 3-1, a historical perspective of Federal drug control spending, illustrates the ten-fold increase in Federal resources for drug control since FY 1981, when total drug control resources totaled \$1.5 billion. In constant 1987 dollars, resources for drug control have increased five-fold since 1981, from \$2.0 billion in FY 1981 to \$10.9 billion in FY 1997.

Figure 3-1
Federal Drug Control Spending by Function, 1981-97



The Administration's FY 1997 request includes critical enhancements to support the goals and objectives of the National Drug Control Strategy. The following section highlights the most significant initiatives under each goal.

1. Motivate America's youth to reject illegal drugs and substance abuse.

The Administration's National Drug Control Strategy puts a high priority on providing parents and communities with the resources to target youth and persuade them not to use drugs. It recognizes that the family is the first and most important line of defense against drug use and other high-risk behaviors. Families, where parents teach their children moral values and a sense of personal and social responsibility, where there are strong bonds and open communication between parents and children, and where there is a firm and consistent stand against drug use, produce

children who are far better equipped to resist the lure of drugs. The Strategy proposes comprehensive prevention programming to assist families and communities in motivating youth to stay away from illegal drugs and the abuse of other substances:

The Administration's FY 1997 request includes critical enhancements to support the goals and objectives of the National Drug Control Strategy.

- Administration for Families and Children (ACF) — A total of \$83 million is requested in FY 1997 for the ACF. The ACF administers several programs that target hard-to-reach and at-risk populations, including runaway and homeless youth, and youth gangs.
- The Safe and Drug Free Schools and Communities Program (SDFSC) — A total of \$540 million is requested in FY 1997 for the SDFSC program, including \$515 million to support

grants to governors and State educational agencies for drug and violence prevention. The request also includes \$25 million for SDFSC National Programs. In total, the SDFSC program serves 40 million students in 97 percent of the Nation's school districts.

Drug users report greater involvement in crime and are more likely than non-drug users to have criminal records.

- Community Partnerships — The budget request for the Substance Abuse and Mental Health Services Administration (SAMHSA) includes \$371 million for drug prevention activities. Included are resources to continue SAMHSA's Center for Substance Abuse Prevention's Community Partnership Projects. This activity helps coalitions of parents, schools, religious institutions, public housing, business, organized labor, industry, government, and professionals in developing and maintaining long-term prevention strategies.
- Corporation for National and Community Service — A total of \$39 million in drug-related resources is requested in FY 1997, to expand the involvement of volunteers in responding to a wide range of community needs, including drug prevention, by reaching out to high-risk youth and the communities in which they live.
- Department of Labor Drug Prevention Programs — A total of \$58.8 million in drug-related resources is requested by the Labor Department for drug prevention activities. These activities include employment and training, education, and counseling to help at-risk youth obtain the skills they need to avoid the lure of drug use and succeed as adults in the workplace. An additional \$2.1 million was targeted to support workplace programs.
- To reduce adolescent violence, the Administration has proposed legislation amending the Federal juvenile delinquency statutes to facilitate the vigorous prosecution of serious juvenile offenders. While rehabilitation must remain the primary focus response to most juvenile offenders, some criminal offenses are so serious that juveniles perpetuating them must forfeit the

more lenient treatment generally afforded juvenile offenders. The Administration's proposed legislation would afford prosecutors the discretion to determine whether a juvenile offender should be prosecuted as adult or a juvenile.

2. Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

Drug use and crime are strongly related. Drug users report greater involvement in crime and are more likely than non-drug users to have criminal records. Victims of crime experience personal injury, economic loss, and psychological trauma. The Administration's drug strategy continues the Administration's commitment to make streets safe for all Americans through the following programs:

- Community Oriented Policing — Almost \$2.0 billion is requested for community-oriented policing grants in FY 1997. Of this, \$644 million is "scored" as drug-related. This initiative serves as the vehicle for the Administration's strategy to fight violent crime and drug use by increasing the number of State and local police officers on the streets, promoting the use of community oriented policing techniques, and implementing training programs. The total budget request for this program in FY 1997 will fund additional officers in local communities, along with three other closely related programs: Police Recruitment, the Police Corps, and the Law Enforcement Scholarship Program.²
- The Drug Enforcement Administration's (DEA) Mobile Enforcement Teams (MET) — A total of \$20 million is requested in FY 1997 to support DEA's MET program. This program provides guidance and other direct assistance to local police agencies and State and Local police departments to disrupt and dismantle the most violent gangs involved in drug trafficking.³
- Edward Byrne Memorial State and Local Law Enforcement Assistance Program — A total of \$535 million is requested for the Byrne Program in FY 1997. Of this amount, \$418 million in drug-related resources is available to provide financial and technical assistance to States and

local units of government to control drug abuse and violent crime and to improve the criminal justice system. This program supports multi-jurisdictional task forces, demand reduction education programs involving law enforcement officers, programs that provide alternatives to incarceration in jails and prisons, the Weed and Seed Program, and programs to strengthen the operation of local judicial systems.

- **High Intensity Drug Trafficking Areas Program (HIDTA)** — A total of \$103 million is requested in FY 1997. The HIDTA program currently supports six “Gateway” HIDTAs — the Southwest Border, Houston, Los Angeles, Miami, New York, and Puerto Rico/U.S. Virgin Islands — the points through which the vast majority of drugs flow into the country, and one “Distribution” HIDTA — Washington, D.C./Baltimore — an area where drugs are distributed to a large number of chronic, hardcore drug users. Three HIDTAs — Miami, Puerto Rico/U.S. Virgin Islands, and Washington, D.C./Baltimore — include measurable drug treatment initiatives that concentrate on the clientele of the drug distribution organizations, as well as supportive and complementary prevention efforts. The program also supports three Empowerment HIDTAs — Atlanta, Chicago, and Philadelphia — which are limited exclusively to Empowerment Zones.
- **Drug Testing** — \$42 million is requested for the Administration’s criminal justice drug testing initiative. Under this initiative, as many as 60,000 Federal suspects arrested each year will be tested for illegal drugs before their first court appearance. Holding arrestees accountable for their drug use, in addition to any other illegal behaviors, and encouraging treatment for those who need it is expected to reduce drug use among this population of offenders. Indicators suggest this could, in turn, lead to a reduction in overall criminal behavior. State and local officials are urged to duplicate this Federal testing initiative. In support of this, a plan for providing technical assistance and support to State and local jurisdictions to develop their own parallel accountability programs will be included in the initiative.

3. Reduce health, welfare, and crime costs resulting from illegal drug use.

The economic cost of drug abuse is estimated to be more than \$67 billion a year, of which crime related costs are the major component. It is clear that chronic, hardcore drug users who fuel the continuing high demand for illicit drugs are responsible for much of the crime, violence, and health problems that plague this Nation. Thus, drug abuse treatment for this population of drug users is of critical importance if this Nation is to succeed in reducing the consequences of drug use. It is also clear that intervention early in the cycle of drug addiction is the best way to shrink the pool of drug users and their demand for drugs. The Administration has a number of initiatives in FY 1997 to reduce the economic costs of illicit drug use. Among them:

- **Drug Courts** — A total of \$100 million is requested in FY 1997 to support discretionary grants to State and local criminal justice agencies to provide court-mandated drug treatment and related services to nonviolent offenders. Grants will be used to provide for the full range of services for offenders; including individual needs assessments, referrals to treatment, mandatory drug testing, graduated sanctions, and a full range of aftercare services (i.e., relapse prevention programming, health care, education, and vocational training). Violent offenders are not eligible for the Drug Courts program.
- **Substance Abuse Treatment in Federal Prisons** — A total of \$25 million is requested in FY 1997 for this program. With this funding, the Federal Bureau of Prisons will be able to provide residential substance abuse treatment and arrange for appropriate transition services for all eligible inmates. Residential treatment includes individual and group activities, lasting from six to 12 months, provided in treatment facilities set apart from the general prison population.
- **Substance Abuse Treatment in State Prisons** — A total of \$36 million is requested in FY 1997,

The economic cost of drug abuse is estimated to be more than \$67 billion a year, of which crime related costs are the major component.

an increase of \$9 million over the FY 1996 level. This program provides funding for discretionary grants to States to develop and implement residential substance abuse treatment programs within their correctional facilities. To receive grants, States must outline a plan for substance abuse testing of prisoners and include coordination between the State or local drug and alcohol abuse agency and the Department of Health and Human Services (DHHS) in the development of residential treatment facilities.

- The Substance Abuse Performance Partnership Grant — The Administration is requesting \$904 million in drug-related resources out of the total \$1.3 billion for the Substance Abuse Performance Partnership Grant. This program is a major source of funds provided to the States to support substance abuse treatment. This program helps to expand and enhance the availability, delivery, and quality of addiction prevention and

One of the Administration's top priorities is to enhance our enforcement operations on the Southwest Border.

treatment services, nationally, while also enhancing State flexibility to target funds to local substance abuse treatment priorities. According to the most recent estimates provided by DHHS, approximately 1.8 million people received treatment in 1994, representing 52 percent of those who need treatment. Further, DHHS estimates that in 1994, 1.7 million more people might have benefited from treatment.

4. Shield America's air, land, and sea frontiers from the drug threat.

One of the Administration's top priorities is to enhance our enforcement operations on the Southwest Border. This focus is critical, because the vast majority of the cocaine now consumed in this country enters the United States along the Southwest Border. The current goal is to stop the flow of drugs at and between our ports of entry along the Southwest border. To this end, the Administration has proposed two initiatives in FY 1997:

- Customs Border Initiative — A total of \$588

million is requested for the U.S. Customs Service, of which \$504 million supports interdiction efforts. Included in this request is \$51 million to provide 657 additional Customs staff at ports-of-entry along the Southwest Border. These additional staff are needed to stop port runners, enhance interagency operations, expand the number of roving teams, augment block blitzes, and enhance other enforcement processes. The increased resources for Customs will supplement the Border Patrol along the Southwest Border.

- INS Southwest Border Initiative — A total of \$307 million in drug-related resources is requested for the Immigration and Naturalization Service (INS). This request includes \$15.1 million in drug-related resources for the Border Patrol, an increase of 25 percent over the estimated FY 1996 level. The request provides a total of 700 more Border Patrol agents (of which 105 are drug-related) to stem the flow of illegal drugs and illegal aliens across the Southwest border.
- To counter the emerging threat from Rohypnol, on March 5, 1996, Treasury Secretary Rubin and Customs Commissioner Weise announced that Customs had begun seizing all quantities of Rohypnol at the U.S. borders. This enforcement action was initiated in conjunction with DEA and the Food and Drug Administration (FDA), which had determined that Rohypnol was not approved for importation, sale, and distribution within the United States.
- In addition, the Department of Justice and the U.S. Attorneys along the border have initiated the Southwest Border Project to specifically target the major drug trafficking organizations operating along the entire length of that border, from the Gulf of Mexico to Baja, California. These polydrug organizations deal in cocaine, Mexican heroin, marijuana, and methamphetamine. The intent of the Project is to coordinate DEA, FBI, and State and local agencies' technical resources, intelligence capabilities, investigative, and prosecutive expertise to disrupt the operations of those trafficking organizations and, eventually, dismantle their infrastructures.

- In an initiative closely related to community policing, the U.S. Customs Service has begun a program called “Strategic Problem Solving” in the ports of entry along the Southwest Border, Louisiana, and South Florida. This program is one of the first attempts by a Federal agency to adapt local community or problem-oriented policing methods on a national scale. Teams of Customs officers and individuals from other law enforcement agencies, the trade community, and local officials will seek to develop and institute innovative ways to deter or prevent drug smuggling in their areas.

5. Break foreign and domestic drug sources of supply.

The President’s 1995 Strategy called for a gradual shift in interdiction focus from drug transit areas to countries that primarily serve as the source of supply for illegal drugs. Trafficker transportation assets, production facilities, and organizations are more vulnerable in the source countries, and interdiction assets can be utilized more efficiently. Experience has confirmed that interdiction in the source countries has been successful in disrupting production of cocaine. In order to keep the pressure on source countries, the Federal programs supporting source country drug enforcement and drug control must be enhanced.

- The FY 1997 budget request includes \$193 million for international narcotics control for the INL. This is an increase of \$58 million over the FY 1996 enacted level of \$135 million. In FY 1997 this program will continue the implementation of the President’s directive to place more emphasis on source countries, focus on programs that promote alternative development, dismantle narcotics trafficking organizations, and interdict drugs. It will also allow a greater emphasis on multilateral efforts to strengthen democratic institutions in source countries, making them more effective in fighting international drug trafficking organizations.
- The budget for FY 1996 reflects extensive efforts to integrate counternarcotics police and military law enforcement activities, drug awareness

and demand reduction programs, and sustainable development programs. The FY 1997 budget plan continues these efforts.

- The FY 1997 budget also continues support for eradication and alternative development programs to eliminate the illegal production of drug crops. Alternative development is a necessary part of the strategy because it creates alternative income and employment opportunities for drug crop cultivators. In so doing, it helps governments take the politically unpopular step of prohibiting and — if necessary — eradicating drug crops, and it backstops crop control gains by reducing the urge of former or potential growers to cultivate new crops.
- In conjunction with bilateral assistance programs, the FY 1997 budget continues efforts to encourage greater involvement from the United Nations, the Organization of American States, the Financial Action Task Force, the World Bank, and other international financial institutions to focus increasingly on cooperative narcotics control efforts between nations.

In addition, the U.S. will pursue a vigorous policy to curb sources of domestic production of illicit substances. Stopping foreign sources of supply alone will not curb demand through reduced availability, if the availability of other alternative drugs are permitted to increase. The principal drug threat from domestic sources of supply is marijuana. Other drugs like LSD and methamphetamine also pose significant threats to Americans. To counter the growing marijuana threat, the following actions will be taken:

- Marijuana Eradication — A total of \$10 million will be provided to continue DEA’s Domestic Cannabis Eradication/ Suppression Program in FY 1997. And to curb marijuana growing on our parks and public lands, the U.S. Forest Service, the National Park Service, the U.S. Fish and Wildlife Service, and the Bureau of Indian

The President’s 1995 Strategy called for a gradual shift in interdiction focus from drug transit areas to countries that primarily serve as the source of supply for illegal drugs.

Affairs will spend about \$7 million locating and destroying marijuana plants being cultivated.

To further address the problem of domestic marijuana production, ONDCP will establish a policy and strategic working group made up of representatives from appropriate Federal law enforcement and land management agencies, including the Department of Defense. This working group will provide a forum to review the domestic marijuana production situation and make recommendations concerning changes in focus or efforts. The group will also identify and develop alternative ways and means to enhance national capabilities to locate and eradicate domestically produced marijuana and reduce its availability.

IMPROVING STRATEGY PERFORMANCE THROUGH RESEARCH, DEMONSTRATIONS, AND EVALUATION

Facing today's fiscal reality of limited budget resources, decisions about the future course of action for drug control must reflect clear knowledge about what works.

The National Drug Control Strategy must be based on sound theory, solid research, and rigorous individual program evaluation. Facing today's fiscal reality of limited budget resources, decisions about the future course of action for drug control must reflect clear knowledge about what works. The Administration's

FY 1997 request for drug control includes \$559 million for research and evaluation.

- The Administration requests a total of \$466 million for the National Institutes of Health; \$312 million to support drug prevention and treatment research conducted by the National Institute on Drug Abuse, and \$154 million in drug-related AIDS research.
- The research program also supports ONDCP's Counterdrug Technology Assessment Center (CTAC), with a total of \$17 million requested in FY 1997. CTAC serves as the central counterdrug research and development center for the Federal government.

- In addition, the Administration is requesting \$352 million for substance abuse treatment and prevention demonstration grants, which will address the issue of increased access and effectiveness of services.

SUPPLY AND DEMAND RESOURCES

The Anti-Drug Abuse Act of 1988 requires the Director of ONDCP to report on spending for programs dedicated to supply reduction and demand reduction activities (see Table 3-2). Of the total \$15.1 billion request for FY 1997, \$10.1 billion is for supply reduction programs and \$5.0 billion is for demand reduction programs. The percentage of resources for supply reduction is 67 percent; 33 percent is for demand reduction programs. This is the same percentage allocation as provided in FY 1996. Of the total \$1.3 billion increase in resources requested for FY 1997, \$0.9 billion is requested for supply reduction programs and \$0.4 billion is requested for demand reduction programs.

Many view the supply/demand "split" as an artificial and misleading accounting of the resources spent on Federal drug control. There are several reasons for this. First, this accounting overlooks the fact that many supply reduction activities are intrinsically functions of the Federal government. Some supply reduction activities, such as control of our National borders and international drug control programs for example, are performed only by the Federal government. In contrast, most demand reduction activities are shared responsibilities between the the various levels of government and the private sector. A case in point is provided by drug prevention coalitions, which coordinate efforts by schools, churches, community organizations, individual citizens, and others. Second, the programs that are counted as supply reduction resources in fact support criminal justice costs. For example, the \$1.0 billion in the drug budget spent on prosecution, or the \$2.6 billion spent on Federal prisons do not represent supply reduction in the strictest sense. Including these resources in the supply/demand calculation overstates the importance of supply reduction in the

Table 3-2
Federal Drug Control Spending by Function, FY 1995–FY 1997

(Budget Authority in Millions)

Drug Function	FY 1995 Actual	FY 1996 Estimate ¹	FY 1997 President's Request	FY 96–FY 97 Change	
				\$	%
Criminal Justice System	6,545.4	7,105.1	7,790.5	685.4	9.6%
Drug Treatment	2,692.0	2,679.4	2,908.7	229.3	8.6%
Drug Prevention	1,559.1	1,430.1	1,591.6	161.5	11.3%
International	295.8	319.5	400.5	81.0	25.4%
Interdiction	1,280.1	1,339.4	1,437.2	97.8	7.3%
Research	542.2	569.6	559.2	-10.4	-1.8%
Intelligence	336.6	340.4	375.9	35.4	10.4%
Total	13,251.2	13,783.5	15,063.5	\$1,280.0	9.3%
Function Areas					
Demand Reduction	4,691.9	4,571.9	4,970.6	398.7	8.7%
Percentage	35%	33%	33%		
Domestic Law Enforcement	6,983.3	7,552.8	8,255.3	702.5	9.3%
Percentage	53%	55%	55%		
International	295.8	319.5	400.5	81.0	25.4%
Percentage	2%	2%	3%		
Interdiction	1,280.1	1,339.4	1,437.2	97.8	7.3%
Percentage	10%	10%	10%		
Total	13,251.2	13,783.5	15,063.5	\$1,280.0	9.3%
Supply/Demand Split					
Supply	8,559.2	9,211.6	10,093.0	881.4	9.6%
Percentage	65%	67%	67%		
Demand	4,691.9	4,571.9	4,970.6	398.7	8.7%
Percentage	35%	33%	33%		
Total	13,251.2	13,783.5	15,063.5	1,280.0	9.3%
Demand Components					
Prevention (w/ Research)	1,738.7	1,618.6	1,783.3	164.7	10.2%
Treatment (w/ Research)	2,953.2	2,953.3	3,187.3	234.0	7.9%
Demand Research, Total	440.8	462.4	470.2	7.9	1.7%

(Detail may not add to totals due to rounding)

¹ Includes Administration's proposed adjustments to FY 1996 Continuing Resolution levels.

overall Federal effort and understates the relative importance of demand reduction.

METHODOLOGICAL CHANGES TO THE ESTIMATION OF THE DRUG CONTROL PROGRAM BUDGET

For FY 1997, three agencies changed the methodologies used to compute drug control percentages of the total agency budgets. Each is briefly described below, along with a rationale to support these changes:

- Internal Revenue Service (IRS) — A methodological change has occurred in the computation of the IRS drug control budget that affects the FY 1995-1997 budgets. The IRS determines the amount of resources used for narcotics cases based on an average cost per FTE multiplied by the number of FTEs the IRS anticipates will be used for these cases. In FY 1995, it was discovered that the Criminal Investigations (drug-related) function had incorrectly included some FTE time that was not directly related to drug control. The drug budget percentage as a portion of the overall budget, therefore, decreased from an average of 25.3 percent as reported in the FY 1995 President's Budget Summary to 17.6 percent as reported in the FY 1996 President's Budget Summary.
- Community Policing — The Community Policing program provides flexibility to communities, giving local law enforcement agencies the resources to buy sophisticated crime equipment, hire support personnel, deploy more police officers, and implement community policing techniques. Community policing provides intensive street-level enforcement, which makes it more difficult for buyers and sellers to link up with each other and dissuades potential new users from starting to use drugs. In the past, one-third of the total resources for the Community Policing program was "scored" as drug-related. Of that amount, one-half was scored as "State and Local Law Enforcement Assistance" and the

other half as "Drug Prevention." Because all the program funds are in the form of discretionary grants to State and local law enforcement and other local entities, all of the drug-related resources for this program are being scored as "State and Local Law Enforcement Assistance." This change is reflected in the FY 1997 request, and prior year estimates have been adjusted accordingly.

- Emergencies in the Diplomatic and Consular Service — The drug-related portion of this agency budget has increased by \$0.7 million for FY 1997. This funding level represents a 12 percent increase from 5 percent of the total agency budget in FY 1996 to 17.0 percent in FY 1997. The Rewards Program request includes this additional funding because the Department believes this that program will have a major impact in supporting the Federal drug control priority of reducing illicit drug activity.

ENDNOTES

- ¹ At the time that the drug control budget was prepared, five FY 1996 appropriations bills had not been enacted into law. The agencies and programs normally funded by the five appropriations bills were operating under the terms of a continuing resolution (CR). This chapter includes adjustments for high-priority items that the President has previously requested or currently requests to be funded in excess of CR levels.
- ² Community policing is a critical part of the Nation's antidrug effort. Community policing is not simply a local law enforcement program; it is an operational philosophy for neighborhood problem solving in which police officers interact with all residents of a specific neighborhood or patrol area on an ongoing basis and in such a manner as to establish and maintain open communication and create a trusting relationship. The Crime Control Act, passed in 1994, established a six-year program to place 100,000 new police officers and sheriffs' deputies on the street to work with citizens to prevent and solve crimes. As of January 1996, DOJ's Office of Community Oriented Policing Services had authorized funding for over 33,000 additional officers, awarding over 9,000 grants totaling \$1.5 billion to State, local, and Indian tribal governments. Over 80 percent of the American public will be served this year by the officers added, to date, by COPS.

- ³ The DEA's Mobile Enforcement Teams (METs) have also been highly successful in targeting the violent organizations that manufacture and distribute emerging drugs. The MET initiative, a Federal tool for assisting local law enforcement, sends out teams of 10 to 12 DEA Agents, fully equipped to aid local police. A MET deployment to Arlington, Texas, begun in May, 1995, culminated in the arrest of 10 major suppliers of methamphetamine. Twenty-four pounds of the drug were seized, along with \$300,000 in cash.

IV. Targeting Problem Areas in the United States: The High Intensity Drug Trafficking Areas Program

The vast majority of cocaine and heroin flows into the United States through a few regional areas: South Florida, the Southwest Border, Los Angeles, Houston, Puerto Rico/U.S. Virgin Islands, and New York. The largest markets for these drugs are in several other critical areas including New York and the Washington D.C./Baltimore area. These critical areas have been designated as High Intensity Drug Trafficking Areas (HIDTAs) by the Director of the Office of National Drug Control Policy pursuant to the Anti-Drug Abuse Act of 1988, as amended. In particular, the 1988 Act requires the Director to consider a number of criteria, including the extent to which the area is a center of illegal drug production, manufacturing, importation, or distribution in the United States.

The HIDTA Program currently supports six “Gateway” HIDTAs — the Southwest Border, Houston, Los Angeles, Miami, New York, and Puerto Rico/U.S. Virgin Islands — the points through which the vast majority of drugs flow into the country, and one “Distribution” HIDTA — Washington, D.C./Baltimore — an area where drugs are distributed to a large number of chronic, hardcore drug users. Three HIDTAs — Miami and Washington, D.C./Baltimore, and Puerto Rico/U.S. Virgin Islands — include measurable drug treatment initiatives that concentrate on the

clientele of the drug distribution organizations. The program also supports three Empowerment HIDTAs — Atlanta, Chicago, and Philadelphia — which are limited exclusively to Empowerment Zones.

Having evolved to a program that primarily supports joint Federal, State, and local efforts in interdiction, investigation, prosecution, treatment, and prevention initiatives, the HIDTA Program is now also charged with measuring results; that is, measurably reducing drug trafficking in the critical areas. Because the HIDTA regions are the primary areas entrenched in the Nation’s drug problem, reducing drug trafficking in these designated regions will reduce the impact of drug trafficking in other areas of the country as well.

While measures of effectiveness will be continually refined, the primary evaluation will be on the overall accomplishments of each HIDTA based on established objective outputs and outcomes. A common standard based on the degree to which intelligence is systematically shared among agencies will be used to assess the level of cooperation and coordination in a HIDTA. In line with the Government Performance and Results Act, funding levels for each HIDTA will be tied to joint performance and adjusted on the bases of these overall indicators:

- The impact of dismantling or severely disrupting the most significant national, regional, and local drug trafficking organizations (particularly those having a harmful impact in other areas of the country) as portrayed in the baseline threat assessment.
- Verifiable drug intelligence or data which reflect major changes undertaken by traffickers to react to actions resulting from the implementation of the strategy of the HIDTA. (This includes significant increases in difficulty of communications; movement of drugs or drug-related money, security, etc.; or changes in the economics of trafficking.)
- Traditional statistical data (e.g., conviction, seizure, and treatment data).

The HIDTA Program implements its responsibility through the local, State, and Federal *joint ventures* in the designated areas. In each HIDTA, the joint venture includes a HIDTA Executive Committee; networked, collocated, joint task forces; an intelligence-sharing center; and coordinated activities of participating agencies. Overall effectiveness determines the support provided to each joint venture.

HIDTA Executive Committees (the local, State, and Federal partnerships) develop joint strategies and implement joint interdiction, investigation, prosecution, treatment, and prevention initiatives. The Committees are composed of law enforcement executives and prosecutorial officials, with approximately equal representation of State/local and Federal agencies. Some HIDTA Executive Committees also include treatment and other criminal justice officials. In each HIDTA, the Executive Committee selects its own Chairperson (currently, the positions are held by police chiefs, Federal Special Agents-in-Charge, and U.S. Attorneys) and its own program director to manage the day-to-day coordination.

Because of the large geographic expanse of the HIDTA on the Southwest Border of the United States and Mexico, the region encompasses five joint partnerships: Southern California, Arizona, New Mexico, West Texas, and South Texas.

Under the overall coordination of the Southwest Border HIDTA director and the Southwest Border HIDTA Executive Committee, each regional partnership has the status of a HIDTA executive committee and includes key local, State, and Federal representatives of agencies that perform major law enforcement roles in their respective areas.

Collocated law enforcement task forces include officers and agents from local and State agencies and from the Departments of Justice and Treasury. The “centerpiece” task force in most HDTAs is under Federal leadership and focuses on international and national drug trafficking organizations. The State and local task forces include Federal agents and focus on regional and local major drug trafficking organizations. The joint task forces work collectively to reduce duplication and to maximize the impact of law enforcement on drug trafficking in the HIDTA.

The joint task forces and agencies continue to be networked with pointer index and case management wide area networks.

Each HIDTA Executive Committee and the five joint partnerships in the Southwest Border HIDTA continuously update their regional threat assessments. These threat assessments establish the baselines against which regional program outcomes will be compared. Information is gathered from local and national intelligence sources and represents the “best estimates” of the major international, national, regional, and local drug trafficking and money laundering organizations operating in the HIDTA’s spheres of operation.

In FY 1995, three Empowerment HDTAs were designated: Chicago, Philadelphia - Camden, and Atlanta. These joint ventures are provided limited resources to reduce drug trafficking in designated Empowerment Zones. Depending upon accomplishments and the availability of additional resources, the strategies and programs for these Empowerment HDTAs may be expanded beyond the Empowerment Zones. It is anticipated that these joint ventures will develop into “distribution” HDTAs which have law enforcement, treatment, and prevention components like the Washington, D.C./Baltimore HIDTA.

The HIDTAs will continue to receive priority Federal drug control assistance. The Defense Department assigns priority support to the local, State, and Federal joint partnership in each HIDTA. This includes engineer, translator, and analytical support for joint task forces and regional intelligence centers. The priority of support among HIDTAs will be determined by the National HIDTA Committee based on overall

HIDTA performance. This priority listing will be provided to the Drug Coordinator of the Department of Defense. The Department of Housing and Urban Development assigns priority to the HIDTAs in its Drug Elimination grants.

Congress has appropriated \$103 million for FY 1996 to the joint partnerships. The President is requesting \$103 million for FY 1997.

V. Drug-Related Data

The need for ongoing and up-to-date information on the status of the availability, prevalence, and consequence of illicit drugs and drug use in this country is vital to the development, implementation, and maintenance of an effective national drug control strategy. In 1994, the Congress passed the Violent Crime Control and Law Enforcement Act of 1994 (hereafter referred to as the Crime Control Act). The Crime Control Act provided legislative reauthorization for ONDCP, but, more importantly, it extended the Office's mission to include assessing budgets and resources related to formulating and implementing the President's National Drug Control Strategy. This new authority allows ONDCP to participate in the agency budget process to help ensure that agencies strive to achieve the priorities, goals, and objectives of the Strategy. Specifically, ONDCP's reporting requirements under the Crime Control Act include responsibilities in the following areas:

- Assessing the reduction of drug use, including estimating drug prevalence and frequency of use as measured by National, State, and local surveys and by other special studies of the following:
 - High-risk populations, including those who drop out of school, homeless and transient people, arrestees, parolees, probationers, and juvenile delinquents; and
 - Drug use in the workplace, including productivity lost.
- Assessing the reduction of drug availability, as measured by the following:
 - The quantities of cocaine, heroin, and marijuana available for consumption in the United States;
 - The amount of cocaine and heroin entering the United States;
 - The number of hectares of poppy and coca cultivated and destroyed;
 - The number of metric tons of heroin and cocaine seized;
 - The number of cocaine-processing labs destroyed;
 - Changes in the price and purity of heroin and cocaine; and
 - The amount and type of controlled substances diverted from legitimate retail and wholesale sources.
- Assessing the reduction of the consequences of illicit drug use and availability, which includes estimating the following:
 - Burdens that drug users place on hospital emergency rooms, such as quantity of drug-related services;
 - The annual national health care costs of illicit drug use, including costs associated with people becoming infected with HIV (human immunodeficiency virus) and other communicable diseases;
 - The extent of drug-related crime and criminal activity; and

- The contribution of illicit drugs to the underground economy, as measured by the retail value of drugs sold in the United States.
- Determining the status of drug treatment in the United States by assessing the following:
 - Public and private treatment capacities within each State, including the number of drug treatment slots available in relation to the number of slots actually used and the number of intravenous drug users and pregnant women;
 - The extent within each State to which treatment is available to and in demand by intravenous drug users and pregnant women;
 - The number of drug users the Director estimates could benefit from drug treatment; and
 - The success of drug treatment programs, including assessing the effectiveness of the mechanisms in place Federally and within each State to determine the relative quality of treatment programs, the qualifications of treatment personnel, and the mechanisms by which patients are admitted to the most appropriate and cost-effective treatment setting.

The tables presented in this appendix contain the most current drug-related data on the areas required by the Crime Control Act to be assessed by ONDCP.

GOVERNMENT DRUG CONTROL SPENDING

Table 5-1. Federal drug control budget, 1988-1997 (in millions)

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997 ¹
Funds	4,707.8	6,663.7	9,758.9	10,957.6	11,910.1	12,177.6	12,184.4	13,251.2	13,783.5	15,063.5

¹ 1997 is the President's requested budget.

Source: Office of National Drug Control Policy.

Table 5-2. Drug control expenditure, by activity, and level of government, Fiscal Years 1990 and 1991 (in millions of dollars except percentages)

Expenditure type by level of government	Judicial and legal services								
	Total	Police protection	Courts only	Prosecution and legal services	Public defense	Corrections	Health and hospitals	Educational	Other
1991									
All State and local	\$15,907	\$4,223	\$540	\$649	\$260	\$6,827	\$2,784	\$503	\$120
State	8,965	695	303	195	80	4,638	2,405	399	251
Direct	7,451	637	228	168	73	4,342	1,611	340	53
Intergovernmental	1,513	57	74	27	6	296	794	60	198
Local	8,567	3,586	313	483	187	2,500	1,268	163	68
Direct	8,455	3,585	311	482	187	2,486	1,173	163	68
Intergovernmental	112	1	1	1	—	14	94	—	—
1990									
All State and local	\$14,075	\$4,035	\$496	\$594	\$256	\$6,045	\$2,184	\$366	\$100
State	7,476	677	284	191	74	3,899	1,878	303	170
Direct	6,248	618	209	159	70	3,648	1,250	259	34
Intergovernmental	1,228	58	75	32	4	251	628	44	136
Local	7,923	3,417	288	436	186	2,410	1,012	108	66
Direct	7,827	3,416	287	435	186	2,397	933	107	66
Intergovernmental	96	1	1	1	—	13	79	1	—
Percentage change, 1990 – 1991									
All State and local	13.0%	4.7%	8.8%	9.3%	1.6%	12.9%	27.5%	37.6%	20.4%
State	19.9	2.7	6.4	2.0	7.0	19.0	28.1	31.8	47.6
Local	8.1	4.9	8.6	10.7	0.5	3.7	25.2	51.5	2.9

NOTE: Intergovernmental expenditures consist of payments from one government to another. Such expenditures eventually show up as direct expenditures of the recipient government. Duplicative transactions between levels of government are excluded from the totals for all governments and for local governments.

— Represents zero or rounds to zero.

This was a one-time survey.

Source: Office of National Drug Control Policy.

DRUG USER EXPENDITURES

Table 5-3. Total U.S. expenditures on illicit drugs, 1988-93 (in billions of dollars)

Drug	1988	1989	1990	1991	1992	1993
Cocaine	\$41.9	\$43.2	\$39.5	\$35.8	\$33.7	\$30.8
Heroin	11.7	12.0	10.8	8.6	7.3	7.1
Marijuana	8.9	9.0	9.6	9.0	10.1	9.0
Other drugs	3.2	2.8	2.3	2.4	2.2	1.8
Total	65.7	66.9	62.2	55.9	53.3	48.7

Note: Amounts are in constant 1994 dollars.

Source: Abt Associates, Inc., "What America's Users Spend on Illegal Drugs, 1988-93," Spring 1995.

DRUG USE

Table 5-4. Trends in selected drug use indicators, 1979-94 (in millions of users)

Selected Drug Use Indicators	1979	1982	1985	1988	1990	1991	1992	1993	1994
Any illicit drug use ¹	24.8	23.4	22.3	14.5	12.9	12.8	11.4	11.7	12.2
Past month (current) cocaine use	4.4	4.2	5.3	2.9	1.6	1.9	1.3	1.3	1.3
Occasional (less than monthly) cocaine use	na	na	8.1	5.8	4.1	4.3	3.4	3.0	2.4
Frequent (weekly) cocaine use	na	na	0.6	0.9	0.7	0.6	0.6	0.5	0.7
Current marijuana use	23.1	20.5	17.8	11.6	10.2	9.7	9.0	9.0	9.8
Lifetime heroin use	2.5	1.9	2.0	1.9	1.7	2.7	1.8	2.3	2.2
Any adolescent illicit drug use ¹	4.4	2.9	3.2	1.9	1.6	1.4	1.3	1.4	2.1

na - not applicable

¹ Data are for past month (current) use.

Note: Any illicit drug use includes use of marijuana, cocaine, hallucinogens, inhalants (except in 1982), heroin, or nonmedical use of sedatives, tranquilizers, stimulants, or analgesics. The exclusion of inhalants in 1982 is believed to have resulted in underestimates of any illicit use for that year, especially for adolescents.

Sources: National Household Survey on Drug Abuse, National Institute on Drug Abuse (1979-1991), and Substance Abuse and Mental Health Services Administration (1992-93).

Table 5-5. Estimated casual and heavy cocaine and heroin user populations, 1988-93

Cocaine and Heroin Use	1988	1989	1990	1991	1992	1993
Cocaine						
Casual users (use less often than weekly)	7,347,000	6,466,000	5,585,000	5,440,000	4,331,000	4,054,000
Heavy users (use at least weekly)	2,526,000	2,611,000	2,456,000	2,219,000	2,349,000	2,238,000
Heroin						
Casual users (use less often than weekly)	539,000	504,000	470,000	368,000	290,000	229,000
Heavy users (use at least weekly)	601,000	616,000	542,000	474,000	452,000	500,000

Note: Data in this table are preliminary composite estimates derived from the National Household Survey on Drug Abuse (NHSDA) and the Drug Use Forecasting (DUF) program (see W. Rhodes "Synthetic Estimation Applied to the Prevalence of Drug Use," *Journal of Drug Issues*, 23(2):297-321, 1993 for a detailed description of the methodology). The NHSDA was not administered in 1989. Estimates for 1989 are the average for 1988 and 1990.

Source: Abt Associates, Inc., "What America's Users Spend on Illegal Drugs, 1988-93," February 1995.

Table 5-6. Trends in 30-day prevalence of selected drugs among 8th, 10th, and 12th graders, 1991-95

Selected drug/grade	30-Day Prevalence					1994-95 Change
	1991	1992	1993	1994	1995	
Marijuana/hashish						
8th grade	3.2	3.7	5.1	7.8	9.1	+1.3 s
10th grade	8.7	8.1	10.9	15.8	17.2	+1.4
12th grade	13.8	11.9	15.5	19.0	21.2	+2.2 s
Inhalants ^{1,2}						
8th grade	4.4	4.7	5.4	5.6	6.1	+0.5
10th grade	2.7	2.7	3.3	3.6	3.5	-0.1
12th grade	2.4	2.3	2.5	2.7	3.2	+0.5
Hallucinogens ³						
8th grade	0.8	1.1	1.2	1.3	1.7	+0.4
10th grade	1.6	1.8	1.9	2.4	3.3	+0.9 ss
12th grade	2.2	2.1	2.7	3.1	4.4	+1.3 sss
LSD						
8th grade	0.6	0.9	1.0	1.1	1.4	+0.3
10th grade	1.5	1.6	1.6	2.0	3.0	+1.0 sss
12th grade	1.9	2.0	2.4	2.6	4.0	+1.4 sss
Cocaine						
8th grade	0.5	0.7	0.7	1.0	1.2	+0.2
10th grade	0.7	0.7	0.9	1.2	1.7	+0.5 s
12th grade	1.4	1.3	1.3	1.5	1.8	+0.3
Stimulants						
8th grade	2.6	3.3	3.6	3.6	4.2	+0.6 s
10th grade	3.3	3.6	4.3	4.5	5.3	+0.8 s
12th grade	3.2	2.8	3.7	4.0	4.0	+0.0
Alcohol (any use) ⁴						
8th grade	25.1	26.1	26.2	25.5	24.6	-0.9
10th grade	42.8	39.9	38.2	39.2	38.8	-0.4
12th grade	54.0	51.3	48.6	50.1	51.3	+1.2

Notes: Level of significance of 1994-95 difference: s=0.05, ss=0.01, sss=0.001. Any apparent inconsistency between the 1994-95 change estimate and the respective prevalence estimates is due to rounding error.

Approximate weighted Ns	1991	1992	1993	1994	1995
8th grade	17,500	18,600	18,300	17,300	17,500
10th grade	14,800	14,800	15,300	15,800	17,000
12th grade	15,000	15,800	16,300	15,400	15,400

¹ For 12th graders: Data based on five questionnaire forms in 1991-95; N is five-sixths of N indicated.

² Unadjusted for underreporting of amyl and butyl nitrates.

³ Unadjusted for underreporting of PCP (phencyclidine).

⁴ For all grades: In 1993, the question text was changed slightly in one-half of the forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from forms using the original wording, while the data in the lower line came from forms using the revised wording. In 1993, each line of data was based on one of two forms for the 8th and 10th graders and on three of six forms for the 12 graders. N is one-half of N indicated for all groups. Data for 1994-95 were based on all forms for all grades.

Source: The Monitoring the Future study, Institute for Social Research, University of Michigan.

Table 5-7. Trends in harmfulness of drugs as perceived by 8th, 10th, and 12th graders, 1991-95

Drug	Percentage saying "great risk"*																		
	8th Grade				10th Grade				12th Grade										
	1991	1992	1993	1994	1995	1994-95 Change	1991	1992	1993	1994	1995	1994-95 Change	1991	1992	1993	1994	1995	1994-95 Change	
How much do you think people risk harming themselves (physically or in other ways), if they . . .																			
• Try marijuana once or twice	40.4	39.1	36.2	31.6	28.9	-2.7ss	30.0	31.9	29.7	24.4	21.5	-2.9sss	27.1	24.5	21.9	19.5	16.3	-3.2s	
• Smoke marijuana occasionally	57.9	56.3	53.8	48.6	45.9	-2.7ss	48.6	48.9	46.1	38.9	35.4	-3.5sss	40.6	39.6	35.6	30.1	25.6	-4.5ss	
• Smoke marijuana regularly	83.8	82.0	79.6	74.3	73.0	-1.3	82.1	81.1	78.5	71.3	67.9	-3.4ss	78.6	76.5	72.5	65.0	60.8	-4.2s	
• Try crack once or twice	62.8	61.2	57.2	54.4	50.8	-3.6sss	70.4	69.6	66.6	64.7	60.9	-3.8sss	60.6	62.4	57.6	58.4	54.6	-3.8s	
• Take crack occasionally	82.2	79.6	76.8	74.4	72.1	-2.3s	87.4	86.4	84.4	83.1	81.2	-1.9ss	76.5	76.3	73.9	73.8	72.8	-1.0	
• Try cocaine powder once or twice	55.5	54.1	50.7	48.4	44.9	-3.5sss	59.1	59.2	57.5	56.4	53.5	-2.9sss	53.6	57.1	53.2	55.4	52.0	-3.4	
• Take cocaine powder occasionally	77.0	74.3	71.8	69.1	66.4	-2.7s	82.2	80.1	79.1	77.8	75.6	-2.2ss	69.8	70.8	68.6	70.6	69.1	-1.5	
Approximate N	17,437	18,662	18,366	17,394	17,501		14,719	14,808	15,298	15,880	17,006		2,549	2,684	2,759	2,591	2,603		

Note: Level of significance of 1994-95 difference: s = 0.05, ss = 0.01, sss = 0.001. Any apparent inconsistency between the 1994-95 change estimate and the respective prevalence estimates is due to rounding error.

* Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, drug unfamiliar.

Source: The Monitoring the Future study, Institute for Social Research, University of Michigan.

Table 5-8. Prevalence of drug use among 6th-8th, 9th-12th, and 12th grade students, 1993-94 and 1994-95

	Annual Use			Monthly Use		
	1993-94	1994-95	Change	1993-94	1994-95	Change
Cigarettes						
6th-8th	26.3	28.1	+1.8 s	14.0	15.7	+1.7 s
9th-12th	41.5	44.4	+2.9 s	28.2	31.3	+3.1 s
12th	43.9	46.8	+2.9 s	31.4	34.6	+3.2 s
Beer						
6th-8th	39.3	30.8	-8.5 s	11.5	11.8	+0.3 s
9th-12th	56.5	57.4	+0.9 s	32.6	33.3	+0.7 s
12th	63.8	64.0	+0.2 s	41.0	40.6	-0.4
Wine Coolers						
6th-8th	29.9	29.8	-0.1	9.9	9.8	-0.1
9th-12th	52.0	51.7	-0.3	23.6	23.1	-0.5 s
12th	57.9	56.5	-3.4 s	26.5	25.6	-0.9 s
Liquor						
6th-8th	21.4	21.3	-0.1	8.3	8.5	+0.2
9th-12th	51.3	51.5	+0.2	27.2	27.4	+0.2
12th	59.9	59.5	-0.4	33.5	32.5	-1.0 s
Marijuana						
6th-8th	8.2	9.5	+1.3 s	4.9	5.7	+0.8 s
9th-12th	24.6	28.2	+3.6 s	15.6	18.5	+2.9 s
12th	28.9	33.2	+4.3 s	18.0	20.9	+2.9 s
Cocaine						
6th-8th	1.9	1.9	0.0	1.2	1.2	0.0
9th-12th	4.0	4.5	+0.5 s	2.4	2.6	+0.2 s
12th	5.1	5.3	+0.2	3.1	2.9	-0.2
Uppers						
6th-8th	3.4	3.3	-0.1	2.0	2.0	0.0
9th-12th	9.1	9.3	+0.2	5.1	5.1	0.0
12th	10.0	10.6	+0.6	5.6	5.6	0.0
Downers						
6th-8th	2.4	2.4	0.0	1.6	1.5	-0.1
9th-12th	5.3	5.5	+0.2 s	3.3	3.4	+0.1 s
12th	5.8	5.9	+0.1	3.8	3.6	-0.2
Inhalants						
6th-8th	5.9	6.3	+0.4 s	2.8	2.9	+0.1
9th-12th	6.9	7.5	+0.6 s	3.4	3.5	-0.1
12th	6.3	6.6	+0.3	3.4	3.0	-0.3 s
Hallucinogens						
6th-8th	2.1	2.4	+0.3 s	1.4	2.4	+1.0
9th-12th	6.6	7.7	+1.1 s	3.4	7.7	+4.35 s
12th	8.8	9.7	+0.9 s	4.2	9.7	5.5 s

Note: Level of significance of difference between the 1993-94 and 1994-95 surveys: s=0.05, using chi-square with variables year and use/no-use.

Sample Sizes

Grade	1993-94	1994-95
6th-8th	92,939	92,453
9th-12th	104,729	105,788
12th	18,320	20,698

Source: PRIDE USA Survey, 1993-94 and 1994-95.

Table 5-9. Drug use¹ by male booked arrestees: 1991-94

	1991			1992			1993			1994		
	Any Drug ²	Cocaine	Marijuana									
Atlanta	63	57	12	69	58	22	72	59	26	69	57	25
Birmingham	63	52	16	64	49	22	68	51	28	69	50	28
Chicago	74	61	23	69	56	26	81	53	40	79	57	38
Cleveland	56	48	12	64	53	17	64	48	23	66	48	28
Dallas	56	43	19	59	41	28	62	44	28	57	35	33
Denver	50	30	25	60	38	34	64	41	36	67	40	39
Detroit	55	41	18	58	37	27	63	34	37	66	34	38
Ft. Lauderdale	61	44	28	64	46	32	61	43	30	58	41	29
Houston	65	56	17	59	41	24	59	41	24	48	29	23
Indianapolis	45	22	23	52	23	35	60	32	42	69	47	39
Los Angeles	62	44	19	67	52	23	66	48	23	66	48	20
Manhattan	73	62	18	77	62	22	78	66	21	82	68	24
Miami	68	61	23	68	56	30	70	61	26	66	56	28
New Orleans	59	50	16	60	49	19	62	48	25	63	47	28
Omaha	36	14	26	48	16	38	54	19	42	59	26	44
Philadelphia	74	62	18	78	63	26	76	56	32	76	54	32
Phoenix	42	20	22	47	26	22	62	30	31	65	28	29
Portland	61	30	33	60	35	28	63	33	30	65	32	27
St. Louis	59	48	16	64	50	21	68	50	28	74	50	36
San Antonio	49	31	20	54	32	28	55	31	32	52	31	30
San Diego	75	45	33	77	45	35	78	37	40	79	30	36
San Jose	58	33	25	50	28	24	54	23	27	55	19	30
Washington, D.C.	59	49	11	60	44	20	60	37	26	64	38	30

¹ Percentage positive by urinalysis, January through December of each year.

² Any drug includes cocaine, opiates, PCP, marijuana, amphetamines, methadone, methaqualone, benzodiazepines, barbiturates, and propoxyphene.

Source: Drug Use Forecasting Program, National Institute of Justice

Table 5-10. Drug use¹ by female booked arrestees: 1991-94

	1991			1992			1993			1994		
	Any Drug ²	Cocaine	Marijuana									
Atlanta	70	66	8	65	58	13	74	68	16	72	62	15
Birmingham	62	44	10	59	46	13	55	41	12	63	50	17
Chicago	NA	NA	NA									
Cleveland	79	76	7	74	66	11	77	69	13	82	74	16
Dallas	56	45	11	66	48	24	61	43	19	63	46	22
Denver	54	41	16	61	50	19	66	47	24	68	51	22
Detroit	68	62	4	72	62	11	76	64	10	62	46	16
Ft. Lauderdale	64	55	14	62	47	21	60	45	20	62	52	18
Houston	59	52	8	54	44	12	53	43	15	48	36	13
Indianapolis	54	26	22	50	25	26	58	36	25	69	56	22
Los Angeles	75	62	9	72	58	13	77	59	15	72	53	12
Manhattan	77	66	11	85	72	12	83	70	19	90	80	15
Miami	NA	NA	NA									
New Orleans	50	42	7	52	44	8	47	37	14	32	25	7
Omaha	NA	NA	NA	NA	NA	NA	NA	NA	NA	58	34	28
Philadelphia	75	64	14	78	67	15	79	61	20	76	61	18
Phoenix	61	45	14	63	49	15	62	38	20	67	36	22
Portland	68	40	28	73	54	17	74	47	17	74	43	19
St. Louis	54	47	8	70	62	11	69	62	15	76	69	15
San Antonio	45	25	9	44	25	16	42	24	16	39	22	15
San Diego	73	40	20	72	37	25	78	36	25	76	18	20
San Jose	52	30	13	56	32	18	51	19	17	61	23	18
Washington, D.C.	75	68	6	72	64	8	71	62	9	67	55	10

¹ Percentage positive by urinalysis, January through December of each year.

² Any drug includes cocaine, opiates, PCP, marijuana, amphetamines, methadone, methaqualone, benzodiazepines, barbiturates, and propoxyphene. NA = Not applicable (data for females not collected at these sites).

Source: Drug Use Forecasting Program, National Institute of Justice

Table 5-11. Dropout rates for persons 18 to 20 years old by sex and race/ethnicity: 1980-93

All Races, Both Sexes			All Races, Male			All Races, Female			White, Both Sexes			White, Male			White, Female		
All Persons	High School Dropouts		All Persons	High School Dropouts		All Persons	High School Dropouts		All Persons	High School Dropouts		All Persons	High School Dropouts		All Persons	High School Dropouts	
	Number	Rate		Number	Rate		Number	Rate		Number	Rate		Number	Rate		Number	Rate
1993	24,100	12.7	11,898	1,575	13.2	12,202	1,494	12.2	19,430	2,369	12.2	9,641	1,379	13.0	9,790	1,125	11.5
1992	24,278	12.7	11,965	1,617	13.5	12,313	1,466	11.9	19,671	2,398	12.2	9,744	1,300	13.3	9,928	1,098	11.1
1991	24,572	14.2	12,036	1,810	15.0	12,536	1,676	13.4	19,980	2,845	14.2	9,896	1,520	15.4	10,119	1,324	13.1
1990	24,852	13.6	12,134	1,689	13.9	12,718	1,690	13.3	20,393	2,751	13.5	10,053	1,430	14.2	10,340	1,322	12.8
1989	25,261	14.4	12,325	1,941	15.7	12,936	1,702	13.2	20,825	2,926	14.1	10,240	1,572	15.4	10,586	1,354	12.8
1988	25,733	14.6	12,491	1,950	15.6	13,242	1,799	13.5	21,261	3,012	14.2	10,380	1,594	15.4	10,881	1,418	13.0
1987	25,950	14.5	12,626	1,948	15.4	13,324	1,803	13.5	21,493	3,042	14.2	10,549	1,593	15.1	10,944	1,449	13.2
1986	26,512	13.8	12,921	1,937	15.0	13,591	1,741	12.8	22,008	2,974	13.5	10,803	1,581	14.6	11,205	1,393	12.4
1985	27,122	13.9	13,199	2,015	15.3	13,923	1,804	13.0	22,632	3,050	13.5	11,108	1,637	14.7	11,524	1,413	12.3
1984	28,031	14.8	13,744	2,184	15.9	14,287	1,958	13.7	23,347	3,281	14.1	11,521	1,744	15.1	11,826	1,535	13.0
1983	28,580	15.4	14,003	2,379	17.0	14,577	2,031	13.9	23,899	3,428	14.3	11,787	1,865	15.8	12,112	1,563	12.9
1982	28,846	15.6	14,083	2,329	16.5	14,763	2,171	14.7	24,206	3,523	14.6	11,874	1,810	15.2	12,332	1,713	13.0
1981	28,965	15.6	14,127	2,424	17.2	14,838	2,097	14.1	24,486	3,590	14.7	12,040	1,960	16.3	12,446	1,629	13.1
1980	28,957	15.6	14,107	2,390	16.9	14,851	2,124	14.3	24,482	3,525	14.4	12,011	1,883	15.7	12,471	1,642	13.2

Black, Both Sexes			Black, Male			Black, Female			Hispanic Origin,* Both Sexes			Hispanic Origin,* Male			Hispanic Origin,* Female		
All Persons	High School Dropouts		All Persons	High School Dropouts		All Persons	High School Dropouts		All Persons	High School Dropouts		All Persons	High School Dropouts		All Persons	High School Dropouts	
	Number	Rate		Number	Rate		Number	Rate		Number	Rate		Number	Rate		Number	Rate
1993	3,516	16.4	1,659	258	15.6	1,857	319	17.2	2,772	907	32.7	1,354	470	34.7	1,418	439	31.0
1992	3,521	16.3	1,676	259	15.5	1,845	315	17.1	2,754	936	33.9	1,384	531	38.4	1,369	405	29.6
1991	3,504	15.6	1,635	252	15.4	1,869	296	15.8	2,874	1,139	39.6	1,503	668	44.4	1,372	473	34.5
1990	3,520	15.1	1,634	223	13.6	1,888	306	16.2	2,749	1,025	37.3	1,403	559	39.8	1,346	455	34.5
1989	3,559	16.4	1,654	307	18.6	1,905	277	14.5	2,818	1,062	37.7	1,439	580	40.3	1,377	482	35.0
1988	3,568	17.5	1,653	312	18.9	1,915	318	16.6	2,642	1,046	39.6	1,375	553	40.2	1,267	492	38.8
1987	3,603	17.0	1,666	312	18.7	1,937	298	15.4	2,592	849	32.8	1,337	461	34.5	1,256	387	30.8
1986	3,665	16.6	1,699	308	18.1	1,966	311	15.8	2,513	865	27.9	1,338	500	37.4	1,175	365	31.1
1985	3,716	17.6	1,720	323	18.8	1,996	332	16.6	2,221	700	31.5	1,132	405	35.8	1,091	295	27.0
1984	3,862	18.4	1,811	362	20.2	2,052	349	17.0	2,018	691	34.2	956	338	35.4	1,061	353	33.2
1983	3,865	21.5	1,807	435	24.1	2,058	398	19.3	2,025	759	37.5	968	396	40.9	1,057	363	34.3
1982	3,872	22.0	1,786	458	25.6	2,086	393	18.8	2,001	740	37.0	944	347	36.8	1,056	393	37.2
1981	3,778	21.7	1,773	419	24.2	2,049	402	19.6	2,052	790	38.5	988	428	43.3	1,064	362	34.0
1980	3,721	23.5	1,690	440	26.0	2,031	436	21.5	2,033	820	40.3	1,012	431	42.6	1,021	389	38.1

NOTE: Data for all years use 1980 census-based estimates; numbers are in thousands.

* Persons of Hispanic origin may be of any race.

Source: Current Population Survey, Bureau of Census

Table 5-12. Prevalence of past-month drug use for youth ages 12-21, by age, dropout status, type of drug used, and race/ethnicity: 1992 Youth Risk Behavior Survey (in percentages)

Race/ethnicity	Age	Dropout status	Marijuana past 30 days	Cocaine past 30 days
White	12-15	Nondropout	4.02	0.34
		Dropout	4.12	*
	16-21	Nondropout	15.93	1.61
		Dropout	27.60	4.12
Black	12-15	Nondropout	1.21	—
		Dropout	16.21	—
	16-21	Nondropout	13.24	1.00
		Dropout	20.80	4.40
Hispanic	12-15	Nondropout	3.96	0.81
		Dropout	*	*
	16-21	Nondropout	14.92	2.89
		Dropout	11.56	2.83
Other	12-15	Nondropout	4.56	*
		Dropout	*	*
	16-21	Nondropout	5.85	*
		Dropout	*	—

* Low precision, no estimate reported.
 — No respondents.

Source: National Health Interview Survey, Youth Risk Behavior Survey, Centers for Control and Prevention, National Center for Health Statistics, 1992.

Table 5-13. The lifetime costs of dropping out of high school (1993 dollars)

	Total Costs	Present Value (2% discount rate)	Present Value (10% discount rate)
Lost Wage/Productivity	\$360,000	\$186,500	\$15,300
Fringe Benefits	\$90,000	\$46,600	\$3,800
Non-Market Losses	\$113,000–\$450,000	\$58,300–\$233,200	\$4,900–\$19,200
TOTAL	\$563,000–\$900,000	\$291,000–\$466,000	\$24,000–\$38,300

Note: Numbers may not add due to rounding.

Source: Cohen, Mark. *The Monetary Value of Saving a High Risk Youth*, 1995.

Table 5-14. Summary of the monetary value of saving a high risk youth

	Total Costs	Present Value (2% discount rate)	Present Value (10% discount rate)
Career Criminal	\$1.2–\$1.5 million	\$1.0–\$1.3 million	\$650,000–\$850,000
Heavy Drug User	\$435,000–\$1,051,000	\$333,000–\$809,000	\$159,000–\$391,000
High School Dropout	\$563,000–\$900,000	\$291,000–\$466,000	\$24,000–\$38,000
LESS Duplication: (Crimes committed by heavy drug users)	(\$252,000–\$696,000)	(\$196,000–\$540,000)	(\$96,000–\$264,000)
TOTAL	\$1.9–\$2.7 million	\$1.5–\$2.0 million	\$0.7–\$1.0 million

Note: Numbers may not add due to rounding.

Source: Cohen, Mark. *The Monetary Value of Saving a High Risk Youth*, 1995.

DRUG USE CONSEQUENCES

Table 5-15. Trends in drug-related emergency room episodes and selected drug mentions, 1988-94

Emergency Room Episodes and Drug Mentions	1988	1989	1990	1991	1992	1993	1994
Total drug episodes (person cases)	403,578	425,904	371,208	393,968	433,493	460,910	508,895
Total drug mentions	668,153	713,392	635,460	674,861	751,731	796,762	884,389
Total cocaine mentions	101,578	110,013	80,355	101,189	119,843	123,423	142,410
Total heroin mentions	38,063	41,656	33,884	35,898	48,003	63,232	64,221
Total marijuana mentions	19,962	20,703	15,706	16,251	23,997	28,873	40,101

Source: Drug Abuse Warning Network, National Institute on Drug Abuse (1988-91), and Substance Abuse and Mental Health Services Administration (1992-94).

Table 5-16. Total crime, violent crime, and property crime and drug arrests, 1988-94

Crime Category	1988	1989	1990	1991	1992	1993	1994
Total crime index	13,923,100	14,251,400	14,475,613	14,872,883	14,438,191	14,144,794	13,991,675
Total crime rate ¹	5,664.0	5,741.0	5,820.3	5,897.8	5,660.2	5,484.4	5,374.4
Violent crime index	1,566,220	1,646,040	1,820,127	1,911,767	1,932,274	1,926,017	1,864,168
Violent crime rate ¹	637.2	663.7	731.8	758.1	757.5	746.8	716.0
Total murder victims	18,269	18,954	20,273	21,505	22,540	24,526	22,076 ²
Murders related to narcotic drug laws	1,027	1,402	1,367	1,344	1,291	1,287	1,239
Property crime	12,356,900	12,605,400	12,655,486	12,961,116	12,505,917	12,216,777	12,127,507
Property crime rate ¹	5,027.1	5,077.9	5,088.5	5,139.7	4,902.7	4,737.6	4,658.3
Arrests for drug abuse violations	1,155,200	1,361,700	1,089,500	1,010,000	1,066,400	1,126,300	1,351,400

¹ Rates per 100,000 population.

² Total number of murder victims for whom supplemental homicide information was received.

Source: *Crime in the United States; 1994: Uniform Crime Reports*, U.S. Department of Justice, Federal Bureau of Investigation, 1995.

Table 5-17. Federal and State prison and local jail inmate populations, 1988-94

Prison/Jail	1988	1989	1990	1991	1992	1993	1994
State prisons	562,605	629,995	684,544	728,605	778,495	828,566	914,193
Federal prisons	44,205	53,897	58,838	63,930	72,071	80,815	85,500
Total State and Federal prisons	606,810	683,382	743,382	792,535	850,566	909,381	999,693
Percentage of Federal prisoners who are drug offenders	44.8	49.9	52.3	57.0	59.6	60.8	59.5
Local jails	343,569	395,553	403,019	424,129	441,781	455,500	483,717

Sources: Correctional Populations in the United States, 1994; 1993; 1992; 1991; 1990; 1989. Jails and Jail Inmates, 1993-1994. Jail Inmates, 1992. Jail Inmates, 1990.

Survey of Inmates in Federal Correctional Facilities, and Survey of Inmates in State (population data), Bureau of Justice Statistics; Bureau of Prisons (drug offender percentage), Department of Justice.

DRUG TREATMENT

Table 5-18. One-day census of clients in treatment, by institutional setting, 1980–1993

	1980	1982	1984	1987	1989	1990	1991	1992	1993
Free standing/outpatient	197,255	172,562	291,441	306,406	376,575	383,182	426,562	506,774	503,684
Community mental health center	95,086	97,201	139,411	89,182	110,386	130,387	133,670	146,941	140,685
General hospital (including VA hospital)	49,529	53,389	83,950	63,039	65,729	61,902	62,338	91,720	95,826
Other specialized hospital	18,907	17,260	23,207	26,852	25,011	18,753	15,891	26,878	22,714
Halfway house/recovery house	17,891	14,434	27,142	17,049	18,306	17,358	15,830	23,125	24,343
Other residential facility	31,112	26,063	28,183	45,320	51,089	48,672	51,575	64,369	70,398
Correctional facility	12,143	9,983	13,303	9,434	14,196	26,082	39,270	30,658	38,353
Other and unknown	66,929	75,520	63,642	56,841	73,663	81,493	66,683	54,413	48,205
Total	488,852	466,412	670,279	614,123	734,955	767,829	811,819	944,878	944,208

Source: Substance Abuse and Mental Health Services Administration, Overview of the FY94 National Drug and Alcoholism Treatment Unit Survey (NDATUS): Data from 1993 and 1980-1993, August 1995, Table 5.

Table 5-19. Treatment need and percentage treated and not treated (treatment gap) (in thousands)

Year	1989	1990	1991	1992	1993	1994
Total Treatment Need	8,539	8,066	7,554	7,224	6,778	7,090
Level One*						
Needs treatment	3,938	3,733	3,304	3,329	2,864	3,537
Level Two*						
Needs treatment	4,601	4,333	4,250	3,895	3,914	3,553
Clients treated	1,570	1,633	1,649	1,815	1,848	1,847
Percentage treated	34%	38%	39%	47%	47%	52%
Percentage not treated	66%	62%	61%	53%	53%	48%

* The need for treatment varies according to the severity of the problem. To reflect these differences, HHS divided those needing treatment into two categories, termed Level 1 and Level 2, based on intensity of drug use, symptoms, and consequences. The more severe category of need is Level 2, meaning the severity of symptoms makes these users prime candidates for treatment. Level 2 users correspond to chronic, hardcore users discussed in the *National Drug Control Strategy*.

Source: Substance Abuse and Mental Health Services Administration, *The Need for Delivery of Drug Abuse Services*:

Table 5-20. One-day census of clients in alcohol and/or drug abuse treatment, by age group and by sex, 1980-93

Age/Sex	1980	1982	1987	1989	1990	1991	1992 ¹	1993 ²
Age Group								
20 years and under	74,451	63,115	98,052	114,818	86,326	82,242	95,773	105,368
21-44 years	292,331	289,935	400,731	474,210	527,815	553,067	710,877	697,729
45-64 years	99,580	89,274	74,827	82,191	91,401	95,598	129,275	131,350
65 years and over	7,194	6,734	6,569	7,134	7,214	7,464	8,954	9,761
Unknown	—	—	33,206	56,602	55,073	73,448	—	—
Total	473,556	449,058	613,385	734,955	767,829	811,819	944,880	944,208
Sex								
Male	358,021	337,245	430,132	494,095	535,836	562,388	671,438	663,968
Female	120,490	113,407	164,495	207,510	206,861	213,681	273,442	208,240
Unknown	—	—	19,076	33,350	25,132	35,750	—	—
Total	478,511	450,652	613,703	734,955	767,829	811,819	944,880	944,208

¹ Includes data imputed for 2,009 nonresponding providers based on a representative sample survey of nonresponding providers.

² Includes data for 2,070 nonresponding providers based on a survey of all nonresponding providers.

Source: National Drug and Alcoholism Treatment Unit Survey, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism.

DRUG AVAILABILITY

Table 5-21. Trends in cocaine supply, 1989-93 (in metric tons)

		1989	1990	1991	1992	1993
Coca leaf crop	Low	274,505	281,444	304,182	309,840	250,759
	High	322,335	330,516	357,218	356,211	292,561
Cocaine HCl available to export from producer countries	Low	708	705	748	771	581
	High	857	858	941	989	711
Shipped to the United States	Low	476	444	465	495	353
	High	588	559	609	659	450
Available for consumption in the United States (after discounting for Federal seizures)	Low	361	348	337	376	243
	High	473	463	481	539	340

Source: Abt Associates, Inc., "What America's Users Spend on Illegal Drugs," 1988-93, February 1995.

Table 5-22. Average price and purity of cocaine and heroin in the United States, 1981-95

	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Cocaine															
Purchases of 5 oz. or less															
Price per pure gram	275.12	286.54	242.57	208.76	212.50	162.14	119.15	106.29	103.70	158.77	112.52	106.96	108.41	91.06	95.95
Purity	47.53	46.87	54.53	58.62	55.00	67.76	77.00	78.95	76.70	66.88	75.06	25.48	71.81	73.47	69.96
Number of cases	985	1,353	1,833	2,391	3,389	3,538	3,829	4,441	4,699	3,833	5,245	4,245	2,965	3,807	4,398
Heroin															
Purchases of 5 grams or less															
Price per pure gram	3,374.70	3,367.18	3,422.96	2,927.12	2,585.75	2,667.68	1,884.10	1,806.46	1,171.09	1,855.12	1,940.63	1,640.05	1,465.62	1,272.19	1,259.23
Purity	6.73	9.07	11.34	13.75	14.16	16.34	21.80	30.18	30.31	24.24	26.37	34.22	37.22	48.76	52.83
Number of cases	852	985	802	728	769	676	577	619	504	686	868	499	263	295	381

Source: Abt Associates, Inc. using data from DEA's System To Retrieve Information from Drug Evidence, Drug Enforcement Administration, 1981-95.

Table 5-23. Federal-wide cocaine, heroin, and cannabis seizures, Fiscal Years 1989-95¹

Drug	1989	1990	1991	1992	1993	1994	1995
Cocaine (metric tons)	99.2	107.3	111.7	137.8	110.8	130.0	100.5
Heroin (kilograms)	1,095.2	815.0	1,374.4	1,157.2	1,594.8	1,270.4	1,146.3
Cannabis (pounds)	—	500,411	677,280	787,392	772,325	794,051	1,003,454

Source: Federal-wide Drug Seizure System, Drug Enforcement Administration.

Table 5-24. Worldwide potential net production, 1988-95 (in metric tons)

Country	1988	1989	1990	1991	1992	1993	1994	1995
Opium								
Afghanistan ¹	750	585	415	570	640	685	950	1,250
India	—	—	—	—	—	66	82	71
Iran ²	—	—	—	—	—	—	—	—
Pakistan	205	130	165	180	175	140	160	155
Total Southwest Asia	955	715	580	750	815	891	1,192	1,476
Burma	1,280	2,430	2,255	2,350	2,280	2,575	2,030	2,340
China	—	—	—	—	—	—	25	16
Laos	255	380	275	265	230	180	85	180
Thailand	25	50	40	35	24	42	17	25
Total Southeast Asia	1,560	2,860	2,570	2,650	2,534	2,797	2,157	2,561
Colombia	—	—	—	—	—	—	—	65
Lebanon ³	na	45	32	34	—	4	—	1.5
Guatemala	8	12	13	17	—	4	—	—
Mexico	67	66	62	41	40	49	60	53
Total above	75	123	107	92	40	57	60	120
Total opium	2,590	3,698	3,257	3,492	3,389	3,745	3,409	4,157
Coca leaf								
Bolivia	78,400	77,600	77,000	78,000	80,300	84,400	89,800	85,000
Colombia	27,200	33,900	32,100	30,000	29,600	31,700	35,800	40,800
Peru	187,700	186,300	196,900	222,700	223,900	155,500	165,300	183,600
Ecuador	400	270	170	40	100	100	—	—
Total coca leaf	293,700	298,070	306,170	330,740	333,900	271,700	290,900	309,400
Marijuana								
Mexico	5,655	30,200	19,715	7,775	7,795	6,280	5,540	3,650
Colombia	7,775	2,800	1,500	1,650	1,650	4,125	4,138	4,133
Jamaica	405	190	825	641	263	502	208	206
Belize	120	65	60	49	0	0	0	—
Others	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500
Total marijuana	17,455	36,755	25,600	13,615	13,208	14,407	13,386	11,489
Hashish								
Lebanon	700	905	100	545	—	565	—	—
Pakistan	200	200	200	200	200	200	—	—
Afghanistan	300	300	300	300	300	300	—	—
Morocco	85	85	85	85	85	85	—	—
Total hashish	1,285	1,490	685	1,130	585	1,150	—	—

¹ The U.S. Drug Enforcement Administration believes, based upon foreign reporting and human sources, that opium production in Afghanistan may have exceeded 900 metric tons in 1992 and 1993.

² While there is no solid information on Iranian opium production, the U.S. Government estimates that Iran potentially may produce between 35 and 75 metric tons of opium gum annually.

³ There is no information for 1992 production. For 1994, a vigorous eradication campaign reduced potential production to insignificant levels.

Source: *International Narcotics Control Strategy Report*, U.S. Department of State, 1996.

VI. Consultation

Section 1005 of the Anti-Drug Abuse Act of 1988, as amended, requires the President to develop and annually submit to Congress a National Drug Control Strategy. The law also requires the Director of the Office of National Drug Control Policy to help formulate the Strategy in consultation with a wide array of experts and officials, including the heads of the National Drug Control Program agencies, the Congress, State and local officials, and members of the private sector.

REGIONAL STRATEGY DEVELOPMENT CONFERENCES

In order to receive the views and recommendations of as many individuals and groups as possible, the Director convened regional strategy development conferences in San Francisco, California, and Miami, Florida. The conferences focused on key drug policy issues of importance to regional, State, and local leaders. Several themes emerged from all the conferences. While there were variations in ideas, the following themes were consistently expressed:

- The need exists for a more comprehensive drug enforcement effort across the Nation; one that integrates Federal, State, and local resources.
- Federal resources should be available to support more positive alternative programs for youth. Such alternatives, in addition to sports and other recreational activities, should include unstructured and structured peer support, mentoring, decision-making, conflict resolution, job shadowing, and educational programming. The programs ought to be showcased and they should acknowledge youth who make healthy decisions.
- There should be a greater emphasis placed on drug abuse prevention and education. Drug abuse prevention should be repeated throughout the school experience and provided at all grade levels, pre-kindergarten through 12th grade, with complementary sessions offered to parents.
- There is a clear need for continued and increased support for collaborative alternatives to incarceration. In addition, we must increase the capacity of treatment programs that serve those within the corrections system and take the steps needed to enhance their effectiveness. In addition, the capacity of treatment programs that serve those within the corrections system must be increased and needed steps must be taken to ensure their effectiveness.
- Greater emphasis should be placed on the principle that the media has an important responsibility to reduce the glamorization of drug use.
- The phrase “war on drugs” must be replaced with more persuasive language that portrays antidrug efforts as balanced, including both forceful and compassionate responses, where appropriate.
- Alcohol, tobacco, and inhalants have a natural link to the overall problem of drug abuse, and it is appropriate that they should be included in the Strategy. A stronger message should be sent to all Americans that alcohol and tobacco are illicit substances when used by youth.

- A need exists for a national standardized prevention, treatment, and research strategy — one that includes the goal of producing standard measures of effectiveness for all programs.
- Adequate and consistent Federal funding should be provided to support quality programs, both supply- and demand-related.
- U.S. Senators, Representatives, and State and local elected officials should be apprised about the effectiveness of treatment and prevention.
- Greater emphasis must be placed on parental responsibility.
- Community-based antidrug efforts need to be strengthened.

Conference attendees included over 700 State and local government officials and legislators, as well as individuals involved in drug control efforts in a variety of settings, including criminal justice, education, prevention, treatment, and the workplace. Sixty high school students also attended.

CONSULTATION WITH KEY LEADERSHIP

In a process used to assist in the development of every Strategy, letters requesting input were sent to members of the Cabinet, senior Federal officials and heads of drug control agencies, each United States Senator and Representative, directors and executives of public interest groups and private individuals, the Governor of each State and Territory, mayors, and State and local officials.

Responses were received from a broad cross-section of people from the public and private sectors. Helpful insights were also received from State and local officials, including Governors, mayors, law enforcement officials, and substance abuse program coordinators. Among private sector groups and individuals with experience and expertise in demand reduction who provided inputs were the Association of Therapeutic Communities of America, the National Association of State Drug and Alcohol Abuse Directors, the National Asso-

ciation of Alcoholism and Drug Abuse Counselors, the Community Anti-Drug Coalitions of America, and Operation PAR, Incorporated. Their perspectives on the Nation's drug problem and their thoughts and ideas concerning solutions were most helpful in the development of the 1996 National Drug Control Strategy.

CONSULT WITH AMERICA SURVEY (GALLUP POLL)

For the first time during the development of this Strategy, ONDCP has applied a new and innovative approach to the consultation process. This approach uses a major poll conducted by The Gallup Organization to provide a clearer view of how the American public views this country's drug problem and what actions and measures they would support. This poll, *Consult with America: A Look at How Americans View the Country's Drug Problem*, was conducted during January and February of this year.

This innovative method of gathering public input for the National Drug Control Strategy provides a new and extremely valuable source of information on which to base development of the Strategy. It also provides an excellent source of information about new initiatives that the American people want and would readily support. This Administration has, from the beginning, based its drug policy on a bottom-up, grassroots design. There appears to be no substantially better way to access the views and concerns at the grassroots level than with such a poll.

The results of the first *Consult With America* poll show that most Americans cherish the freedom they experience living in the United States today. However, when it comes to the things they are most concerned about, crime, violence, and drugs are at the forefront of the minds of millions of Americans. According to the Gallup poll, "crime and violence" is the top national concern among adults, with 16 percent giving it a "top-of-mind" mention and more than one in four (27%) naming it as one of the top two or three problems facing the country today. "Drugs" is mentioned as the

“top-of-mind” concern by about one of every ten adults (11%), but mentioned as one of the top two or three concerns by 19 percent of American adults, second only to “crime and violence.” Further, “drugs” is viewed as a concern by nearly twice as many adults as was found on a similar question asked in late 1991 and early 1993 (10% and 6% respectively). Americans from every social and economic background and from every race and ethnic group are concerned about drugs.

Almost half (45%) of Americans report either they, someone in their family, or a close friend has used illegal drugs. Of these, 28 percent say the use was moderate, while 29 percent characterize it as a serious addiction. More than half of those who knew someone grappling with drug abuse were living in households with incomes of \$35,000 or more and most were white. Clearly, drugs are a problem for all Americans — not just inner-city residents, or the poor, or members of a minority group. Other key findings of the poll are summarized below:

- Reducing violent crime tops the list of where Americans feel tax dollars should be spent, with 84 percent of adults saying this is an extremely important area.
- Children are also clearly a focus in the eyes of Americans, with more than eight of ten reporting that reducing illegal drug use among children and adolescents and increasing educational opportunities for children are extremely important areas for tax dollars to be spent (82% each).
- Reducing illegal drug use among adults is viewed as relatively less important than reducing use among children, with slightly more than one-half of all American adults (57%) reporting it as extremely important in terms of where tax dollars should be spent.
- Americans perceive a strong link between violent crimes and illegal drug use. Both illegal drug use and violent crimes are viewed as extremely important national concerns by the overwhelming majority of Americans. It is the crime and violence associated with drug use that most concerns Americans about drug use. Concern over illegal drug use and over crime and violence have increased significantly over the past five years.
- The reach and impact of drug use on children is also of prime concern among Americans.
- In the past five years, concern over illegal drug use has increased for the majority (60%) of American adults. Only 3 percent of American adults report that their concern over illegal drugs has decreased in the past five years.
- Fully two-thirds (67%) of American adults strongly agree that drug use often leads people to commit violent crimes.
- The majority (54%) of Americans name crack cocaine as the biggest problem out of a list of five major drugs which included powder cocaine, marijuana, heroin and other opiates and the inappropriate use of prescription drugs.
- The perception that crack is the biggest problem is much stronger among African American adults. Two-thirds (67%) see crack as the biggest problem.
- Young adults aged 25 or younger are nearly three times as likely to feel that marijuana is the biggest problem (16%).
- While most adults feel that drug use often leads to violent crimes, the majority of adults do not feel that smoking marijuana often leads to use of more serious drugs like crack and cocaine.
- Americans do not feel that drugs belong in the workplace. The majority (52%) of Americans strongly believe that employers should be allowed to fire any employee who is using drugs.
- Americans generally support prevention and rehabilitation programs to reduce drug use as well as interdiction programs to reduce the drug supply at both the source country and at the dealer level, rather than harsh penalties for

users. Most Americans also see a larger role for treatment programs.

- Fully one-half (51%) of all adults agree strongly that more drug treatment programs should be available to reduce drug use. Only 15 percent feel that once a person gets addicted to drugs, treatment and rehabilitation programs usually do not work. Furthermore, only 32 percent of Americans feel that harsh criminal penalties for using illegal drugs are an effective means of drug prevention.
- When asked to say which of five major drug strategies they feel would be *most effective* in terms of where money should be spent to fight the war on drugs, no single strategy is endorsed by a majority of adults. Government interdiction in reducing the supply of drugs from entering the United States and expansion of education programs about the dangers of drugs are each supported by about three in ten Americans (31% and 28% respectively). Additional efforts, including police action and criminal prosecution to stop the drug dealers are also supported by many (22%).
- When combining Americans' first and second choices for effective drug strategies, about one-half feel that reduction of the drug supply into the United States (50%), education programs (47%) and law enforcement of drug dealers (46%) are top strategies.
- Almost one-half (45%) of all Americans report that they, a family member or a close friend have ever used illegal drugs. Most Americans acquainted with a current or former drug user report that person as an occasional user, but many Americans report knowing a moderately or seriously addicted drug user. While reportedly only one-third (34%) of these drug users received treatment to end their drug use, the treatment programs apparently were effective for the majority of those who attended them.
- Only about one-third (34%) of residents who know someone who used illegal drugs report that the person obtained treatment for their

drug use. But three of four (73%) of drug users who obtained treatment for their drug use problem are reportedly drug free today.

- Americans have very different perceptions of who should be responsible for stopping drug use among different user groups. The overwhelming majority (81%) feel that families and parents should be responsible for stopping drug user among children under age 12.
- When it comes to illegal drug use among adults, Americans see the duty falling on the shoulders of each of us as individuals to stop the drug problem. Almost one-half (42%) of Americans feel that individuals are responsible for halting drug use. Many (22%) adults look to police for accountability in ending the drug problem, an additional 6 percent feel the Federal government should shoulder the burden.
- Youth peer pressure is felt to outweigh the influence of parents, the entertainment industry, school and all other sources in the formation of childrens' and adolescents' decisions to use alcohol, tobacco or drugs, or not. Parents are also felt to have a strong influence.
- While the media are seen to exert less influence on children and adolescents than peer pressure, encouragingly the message sent out via the media recently is perceived as being more a positive than negative influence by adults.

WHITE HOUSE LEADERSHIP CONFERENCE ON YOUTH, DRUG USE, AND VIOLENCE

Recent national surveys have documented an alarming increase in drug use, particularly marijuana, among America's youth. Violence has often accompanied this increased involvement with drugs. In response to these serious problems, the President convened on March 7 of this year the *White House Leadership Conference on Youth, Drug Use, and Violence*. Over 300 youth, researchers, parents, clergy, community and business leaders, entertainers, media executives, treat-

ment and prevention specialists, judges, prosecutors, and police from around the country met with the President, Vice President, and top Administration officials to discuss these issues and seek solutions. The suggestions of the conference attendees were included as consultation during the final development of this National Drug Control Strategy. A conference summary is included in Chapter VI of *The National Drug Control Strategy, 1996: Program, Resources, and Evaluation*.

The conference featured an address by the President to the assembled student body of Eleanor Roosevelt High School in Greenbelt, Maryland, where the conference was held. This was followed by a round table discussion between the President and selected participants. The afternoon was devoted to nine concurrent workshop sessions with the conference participants, each moderated by a member of the Cabinet or other top Administration official. The workshops focused on differing aspects of the issue including the juvenile justice system, law enforcement, communities, families, underage drinking, gangs and guns, prevention and treatment, the media, and schools. Recurring themes were raised in each workshop, including the need for communication between youth and adults, involving families in solutions, and providing youth with goals and hope for the future. Specific recommendations for effective strategies included:

- Strengthen the connection between the law enforcement community and teens.
- Give youth the ability to make the right decisions through education that challenges and provide the opportunities for choices.
- Develop a more coordinated approach among the law enforcement, juvenile justice, treat-

ment, and prevention communities to address the needs and problems of youth involved in drug use and violence.

- Create partnerships between schools, parents, and the community that cover all aspects of the school experience.
- Expand education efforts that emphasize the relationships between violence and the use of alcohol and other drugs.
- Support comprehensive gang prevention efforts which begin early and utilize an integrated approach to child development, education, family involvement, and nonviolent conflict resolution.
- Support the formation of coalitions of care providers as a mechanism to maximize availability and continuity of services for children and youth.
- Recognize the need for the juvenile justice system to deal with the entire family, providing counseling for all the members, not just the troubled juvenile.
- Enhance enforcement of minimum age drinking laws and enforcement against adults who supply alcohol to minors.

Participants were energized and committed to return to their communities and begin to implement the solutions and strategies that were generated at the conference to reduce drug use and violence among America's youth.



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