

National Drug Control Strategy

A Nation Responds to Drug Use



January 1992
The White House

134372

National Drug Control Strategy

A Nation Responds to Drug Use



January 1992
The White House

NCJRS

FEB 5 1992

ACQUISITIONS

134372

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this [redacted] material has been granted by
Office of National Drug
Control Policy

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the [redacted] owner.

For sale by the U.S. Government Printing Office
Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328
ISBN 0-16-036053-6

TO THE CONGRESS OF THE UNITED STATES:

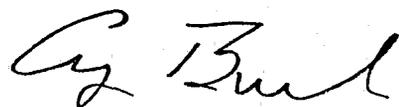
I am pleased to transmit today for the consideration of the Congress and the American people the 1992 National Drug Control Strategy, in accordance with section 1005 of the Anti-Drug Abuse Act of 1988 (Public Law 100-690; 21 U.S.C. 1504).

This is the Fourth National Drug Control Strategy, and it lays out a comprehensive plan for Federal drug control activities for Fiscal Year 1993 and beyond. The principal goal remains unchanged from the previous three Strategies: to reduce the level of illegal drug use in America.

We are fighting a two-front war against drugs. The first front is against casual drug use, and I am pleased to report that significant progress is being made here, particularly among our Nation's youth. Casual drug use is still too high, however, and this Strategy rightly continues to stress efforts to reduce it. The second front, against hard-core drug use, poses a more difficult challenge. Progress here is slower. There are still too many neighborhoods, families, and individuals who suffer the consequences of drug use and drug-related crime. To address this problem, the Strategy proposes a variety of carefully targeted and intensified efforts. I urge the Congress to expedite their enactment.

The war on drugs is vital to our country's economy, international competitiveness, and security. Previous Strategies have enjoyed bipartisan political and funding support in the Congress. I ask for your continued support in this critical endeavor.

THE WHITE HOUSE



Contents

Introduction	1
National Priorities	
Deterring New and Casual Users	33
Freeing Current Users	57
Focus on the Organization	79
Focus on the Supply Networks	99
Focus on the Street Dealer	113
Appendices	
A. High Intensity Drug Trafficking Areas	131
B. Federal Resource Requirements	139
C. Recommended State Legislation	149
D. Strategy Implementation	159
E. Acknowledgments	179
Acronyms	204
Index	207

Introduction

Barely three years ago, the Administration published the first comprehensive National Drug Control Strategy, setting forth a unified attack against illegal drugs. At the time, respondents to a 1989 Gallup poll identified drug use as the greatest threat to the Nation. Such a concern was well-justified. Americans spent nearly \$52 billion on illegal drugs in 1988. According to the National Household Survey on Drug Abuse, the number of people reporting cocaine use once a week or more rose to an all-time high in 1988. The Drug Abuse Warning Network reported 315 percent and 214 percent increases in the number of cocaine hospital emergency room cases and cocaine-related deaths between 1985 and 1988. Total arrests for drug law violations rose from 640,000 in 1985 to 1.2 million in 1988, an 81 percent increase.

To address this problem, the Administration undertook a thorough review of then-existing initiatives at the Federal, State, and local levels to control drugs — to see what worked and what didn't. In preparing the 1989 National Drug Control Strategy, Federal Executive Branch Departments and agencies, all 535 members of Congress, State and local officials, and other expert individuals and organizations were consulted. This consultation process continued to guide the development of companion Strategies in 1990 and 1991 and now, this, the National Drug Control Strategy for 1992.

The 1989 Strategy was a landmark document. Not only did it establish policies to unite the entire Federal effort and join State, local, and private sector efforts in a national partnership, but it committed unprecedented new resources for drug law enforcement, treatment, prevention efforts (in schools, communities, and the workplace), and

for our foreign allies. That Strategy marked a new beginning in other areas of the war on drugs as well. For the first time, the Federal government committed itself to measure progress by the actual reduction in drug use instead of the amount of drugs seized, or the number of arrests made, or the number of addicts treated. And these drug use goals were articulated publicly so that Americans could judge the success of anti-drug efforts.

Central to the new National Drug Control Strategy was the principle of user accountability. Simply put, those who chose to use drugs were to be held accountable. Some critics insisted that until the "root causes" of drug use had been addressed, the war on drugs could not be won. To this charge the Strategy spoke loudly and clearly: drug use is not caused by poverty (most poor people do *not* use drugs), racism (most minority individuals do *not* use drugs), or unemployment (most people who are unemployed do *not* use drugs). Nor is it caused by being a single parent or a teenage mother, or by low educational attainment. These are circumstances that can make life harder, indeed very hard, and they are important factors in locating and influencing drug use. But to explain the drug problem by pointing to social conditions is to "victimize" drug users and deprive them of personal autonomy — the freedom and the will not to use drugs. It is to deny the dignity of those who live in similar circumstances and do not use drugs. In short, the drug problem reflects bad decisions by individuals with free wills.

Effective drug policy, however, is considerably more complex than simply the principle of user accountability. No matter how much money government spends, no matter how many programs it implements, government alone cannot solve the drug problem. In the final analysis, the family must be the primary context in which we promote good health, morality, spiritual fulfillment, and the desire to achieve.

Yet the family should not be expected to assume responsibilities in isolation. Families need and deserve the support of their communities. To ensure a "culture of character" among the next generation of Americans, our neighborhoods must be bound together by common devotion to the protection and nurturing of children, and by common determination to pass on critical, life-sustaining values and beliefs such as self-discipline, personal responsibility, and service to others. In short, a culture of character at once arises from and serves to sustain "communities of concern," which foster and nurture healthy families and strong children.

Although individuals are responsible for their choices, actions can be taken to encourage them to make the right choices. For example, the Federal government's efforts to interdict the shipment of drugs into this country can reduce the supply of drugs on the street to make drugs more expensive and difficult to obtain. Ultimately, such efforts may make treatment more attractive. But such a result will follow only if effective treatment is available at the time drug users encounter increased difficulty in finding drugs. Drugs are insidious, and no strategy to combat them can be successful unless it understands the complex relationships between supply and demand and applies that understanding at the national level.

Starting from these premises, the Administration crafted and Congress funded a Strategy acknowledging that no single tactic pursued alone or to the detriment of other possible and valuable initiatives would be sufficient. That Strategy contained these major themes, which have been reflected in subsequent iterations of the Strategy, differing only in fine points:

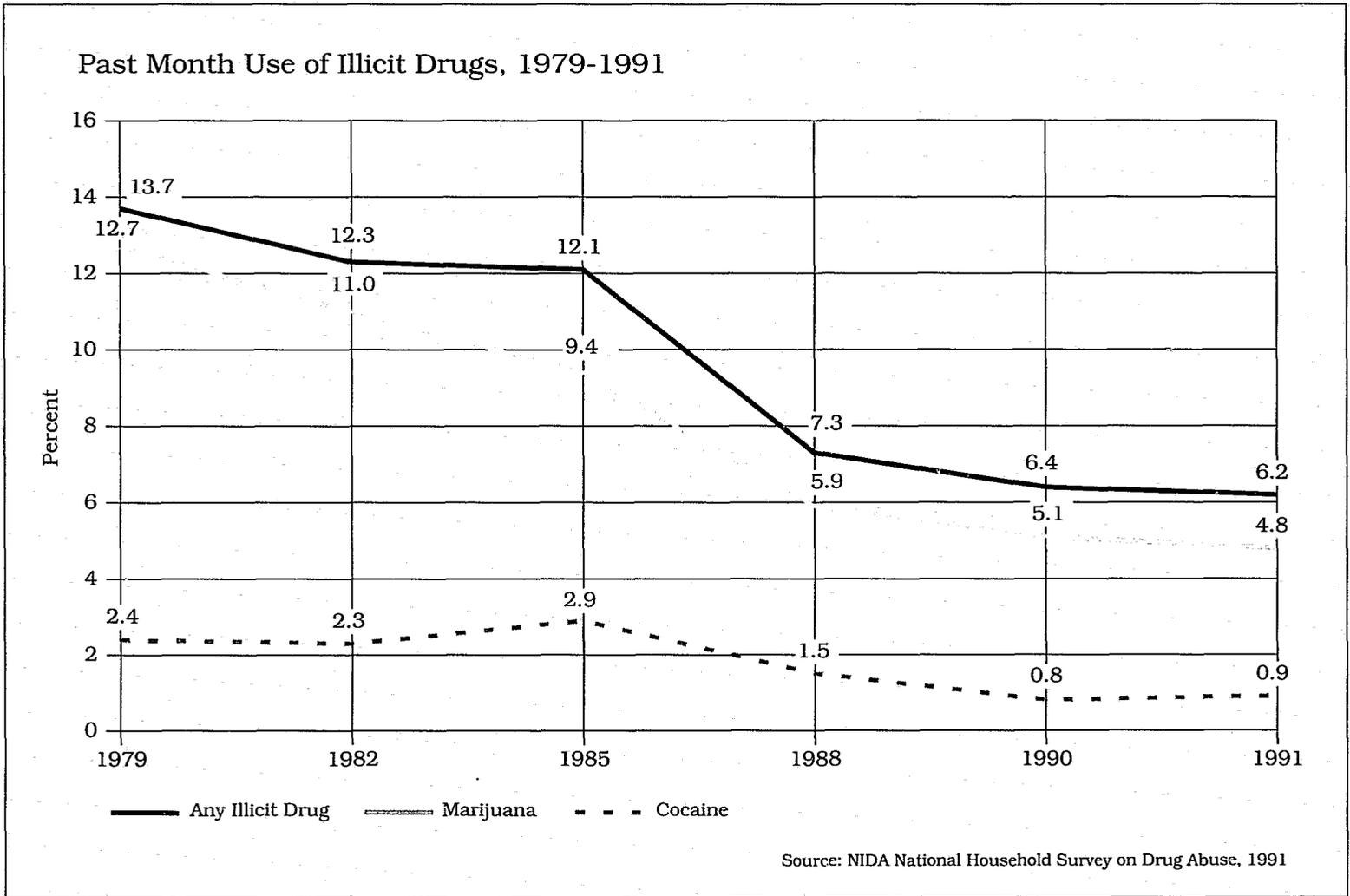
- Expanded treatment capacity, improved treatment capability, and more accountability for the use of Federal funds;
- Expanded, improved, and focused efforts at prevention and education;
- Increased international cooperation to assist in disrupting and destroying international drug trafficking organizations;
- Aggressive law enforcement in our communities to return control of our streets to law-abiding citizens;
- Increased interdiction efforts along our borders to raise the traffickers' cost of doing business and to disrupt and destroy trafficking organizations;
- Expanded use of the military;
- Expanded drug intelligence; and
- More supply- and demand-related research.

The Strategy is required by statute to establish long-range goals and two-year measurable objectives. The Administration developed nine such goals, five of which relate directly to the level of drug use in the United States. Last year the data indicated significant progress in the war on drugs. For example, drug use was down from about 23 million current users in 1985 to 13 million in 1990. Retail sales of cocaine and marijuana fell an estimated 24 percent between 1988 and 1990, while retail sales of heroin fell an estimated 22 percent. Four of the five two-year drug use goals established for 1991 were met or exceeded in 1991.

The 1991 data on drug use, however, tell a mixed story. As the chart on page five shows, the dramatic declines in drug use reported in last year's Strategy appear to have slowed, as indeed the Strategy predicted. The reality is that we are fighting a two-front war. The first front is against casual use, and we are winning. For those who are younger, and especially for adolescents, there is only good news. Drug use is down substantially for these groups over the last several years, showing that our efforts are, in effect, shutting down the pipeline and preventing the entry of new drug users.

If one looks further into the data, one discovers increases in drug use by those aged 35 and above, and these have a significant impact on overall drug use figures. For example, the chart on page five shows an increase in past month use of cocaine between 1990 and 1991. According to the 1991 Household Survey, most of this increase is attributable to those aged 35 and above. In fact, when this group is removed from the total, there is actually a 4 percent decrease in past month use of cocaine. Indeed, not counting those aged 35 and older, drug use in most categories and for most drugs showed marked decreases. The increase in this group may reflect a cohort effect: a significant group of aging drug users seems to be gradually making its way through society and is migrating through various age categories in the surveys. In addition, this increase may be occurring not among *new* users, but among those who were previous drug users who have relapsed. If that is the case, then it reinforces what we have long known: drug addiction is a chronically relapsing disorder, and the sad lesson of addiction is that once you decide to start using drugs, it is very difficult to get off drugs.

The second front is that of chronic, addictive drug use. Initial prevention and treatment efforts have reached those easiest to move away from drug use. It will be more difficult to get and keep the remaining users off drugs. Even though casual use, especially among younger people, continues to decline significantly, the problem of hard-

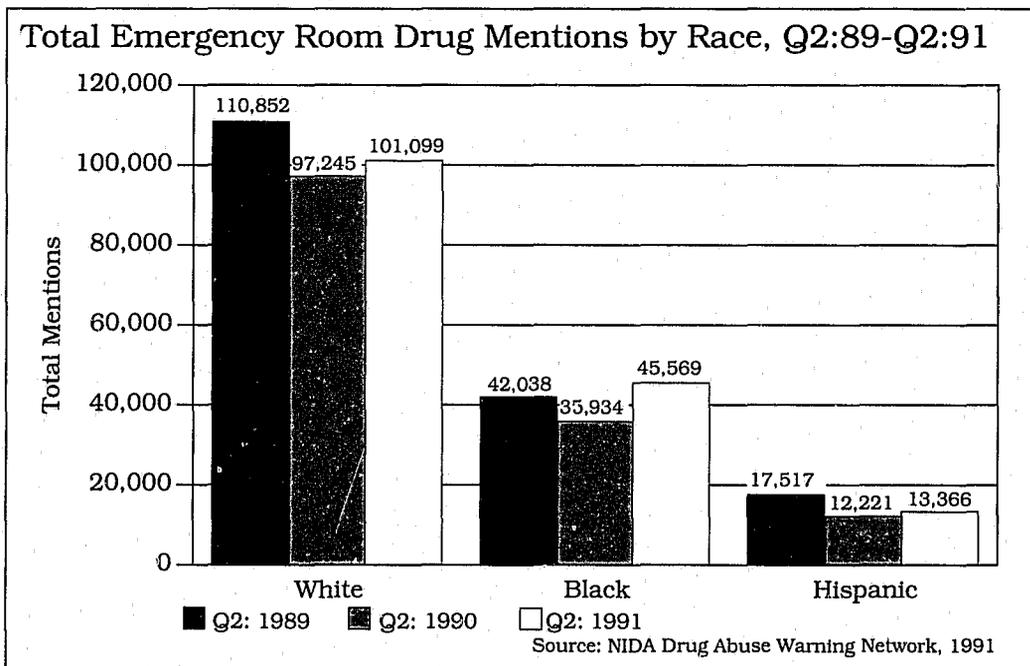
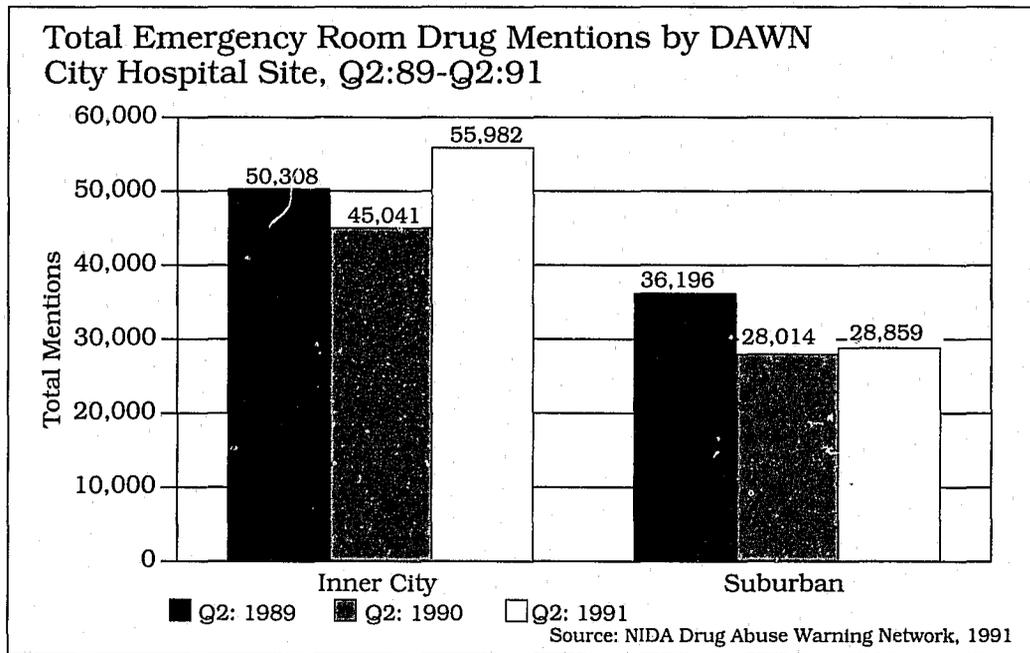


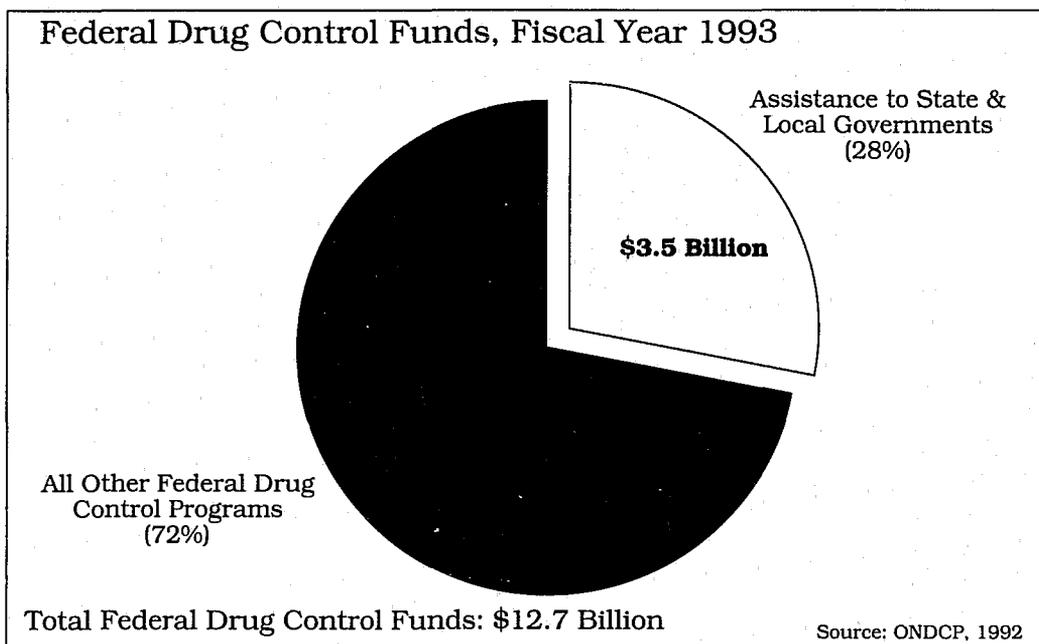
core use will only improve slowly. It has been estimated that 25 percent of drug users (those who are the most addicted users) consume 75 percent of all the illegal drugs consumed in the United States and are the most resistant to anti-drug use strategies. These heavy users are at the heart of the drug problem that we read about in our newspapers and see on television: open-air drug markets, crack houses, drug-exposed infants, abused and neglected children, gang violence, decaying neighborhoods, and drive-by shootings.

Nowhere is this more evident than in our urban areas. As the charts on page seven show, the drug problem is becoming increasingly concentrated in our inner-city and minority neighborhoods. This is by no means a problem of *every* inner-city neighborhood or of *every* minority member. On the contrary, most inner-city residents are people who, despite their poverty, confront and resist drug use every day. Most minority citizens do not use or sell drugs. They are, in fact, most often the victims, not the perpetrators, of drug crime. We cite these data to show that even though overall drug use is declining, drug use in some quarters remains a severe and stubborn problem.

But this information was not unexpected. The Administration anticipated these trends and crafted a programmatic response. For example, the 1991 Strategy continued to support block grants in prevention, treatment, and law enforcement, which are successful in providing support in the mainstream population. The Administration also recognized that it is difficult to reach inner-city and minority residents through such grants. Accordingly, the Administration called for increased funding through the more focused categorical and demonstration grants, such as the Capacity Expansion Program (CEP) and Drug Emergency Grants. These grants are targeted responses to urban, inner-city areas, as well as those individuals with multiple health problems and, especially, pregnant women. Unfortunately, Congress, apparently having other priorities, failed to provide the resources requested by the President last year. Congressional cuts result in 35,000 fewer people being treated than proposed by the President.

To reflect the changing and more difficult character of the drug problem, the 1992 Strategy refines the blueprint laid out in the 1991 Strategy with respect to the activities and responsibilities of the Federal Departments and agencies. It includes specific initiatives this fiscal year and the legislation and funding necessary to carry out the Administration's policy. Overall funding increases from \$11.9 billion in 1992 to \$12.7 billion in 1993. Since this Administration took office





in 1989, Federal drug resources will have increased by \$6.1 billion, or 93 percent.

But the increased concentration of addicted users suggests that some refinement is needed in our programmatic response. The 1992 Strategy will continue to support block grants in prevention, treatment, and law enforcement and will once again call for increased funding for categorical and demonstration grants, such as the CEP and Drug Emergency Grants. Recognizing the grave responsibilities and intense demands placed on State and local governments, the Federal government continues to provide financial and technical assistance to States and localities. As the accompanying chart shows, if the President's Fiscal Year 1993 request is fully funded, State and local governments will receive about \$3.5 billion from the Federal government for drug control programs, including drug law enforcement, treatment, and prevention efforts. This will be equal to more than one-fourth of the total Federal drug control funds in Fiscal Year 1993. Federal assistance to State and local law enforcement will be better coordinated with prevention and other demand reduction programs to attack the problem of drug crime in our cities. A comprehensive approach, Weed and Seed, has been developed to remove violent criminals and drug activity from an area and to revitalize the community once they have been removed and kept out. (This effort is described in the "Focus on the Street Dealer" chapter.)

The 1992 Strategy is organized to define clearly and succinctly the plan of attack and enumerate the actions to reduce drug use in the United States needed to be taken by Federal, State, and local governments, the private sector, and individuals. The overall objective of the Strategy is to reduce drug use. This is to be accomplished by reducing both the supply of and demand for drugs. Reducing the demand for drugs is to be accomplished by preventing and deterring new and casual users as a foremost objective, and by treating existing users. Separate chapters in the Strategy are devoted to laying out how these objectives are to be accomplished. The first chapter, "Deterring New and Casual Users," discusses the strategy for communities, schools, and those in the workplace to deter new and casual drug use. We have made remarkable progress in reducing drug use among the young. We will keep the pressure on to prevent Americans, especially our children and young adults, from ever starting to use drugs. We must also expand our efforts with adults in the workplace and in the populations that are most resistant to the anti-drug message.

The second chapter, "Freeing Current Users," describes steps that must be taken when prevention activities do not succeed. It calls for continued efforts to increase treatment capacity, to improve quality in the treatment system, and to hold treatment programs accountable for getting users off drugs. The Administration continues to place high priority on the support of drug use treatment research to improve the effectiveness of existing treatments and to develop and test new treatment strategies in a controlled research setting. More and more, the addicted user is playing a central role in the demand for drugs in the United States. Once again, the Administration will ask Congress to provide the resources it has failed to provide fully in the last two years.

Reducing the supply of drugs is to be accomplished by sharpening the focus of the attack on drug trafficking organizations, first by identifying the principal organizations and then by developing and implementing specific plans to dismantle those organizations. In addition, reducing the supply of drugs includes better targeted efforts against the transit networks of drug traffickers. Finally, drug supply will be reduced by attacking the market transaction at the street-dealer level. The third chapter, "Focus on the Organization," addresses the principal strategic goal of identifying and destroying trafficking organizations that produce, smuggle, or transport to or distribute drugs in the United States. Critical to this endeavor is the identification of elements that are essential to the organizations' continued existence and that are vulnerable to attack, including

leadership figures, operations centers, shipping facilities, financial assets, processing facilities, chemical suppliers, and distributors.

Identifying and targeting these organizations reflects long-standing Federal policy and is the culmination of our supply reduction strategy. Indeed, at the time the first Strategy was published (in 1989), we deliberately refrained from establishing numerical goals for the number of arrests made and the amount of drugs seized. While these measures are important, they detract from the larger, strategic priority of dismantling the more serious trafficking organizations.

The "Focus on Supply Networks" chapter addresses the primary goal of interdicting drug supplies by (1) denying the smuggler the use of air, land, and maritime routes, and (2) intercepting and seizing illicit drug shipments entering the United States.

The final chapter, "Focus on the Street Dealer," describes efforts to limit the retail sales of drugs by raising the stakes for individual sellers and users. Treatment and education stand little chance of succeeding if they must compete in a neighborhood where drug dealers flourish on every corner. The Strategy calls for efforts at all levels of government and by law enforcement officials and private citizens to assert themselves to restore order in these communities: crack houses must be closed, drug dealers must be chased out of apartment complexes, streets must be patrolled, and economic and social stability must be returned to the community. Though these activities are principally the responsibility of State and local government, the Federal government will continue to provide significant assistance in these efforts.

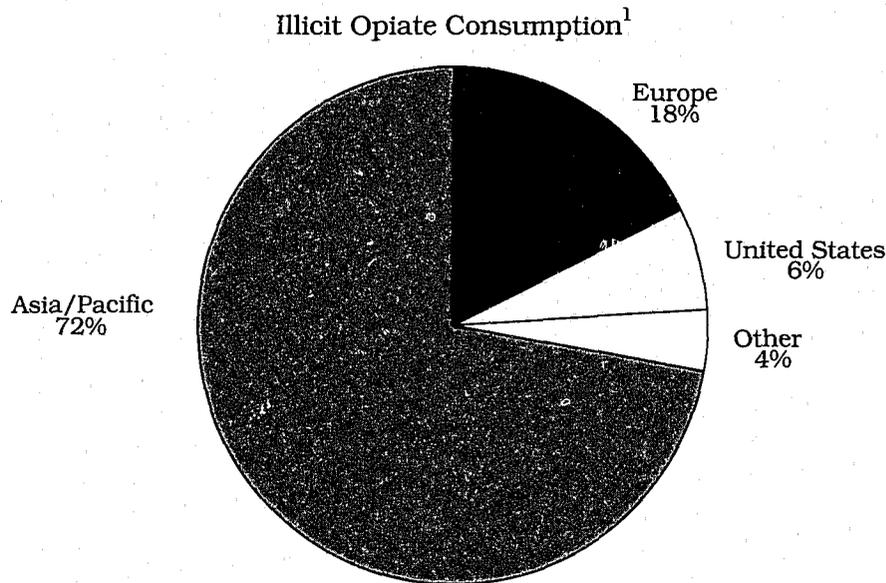
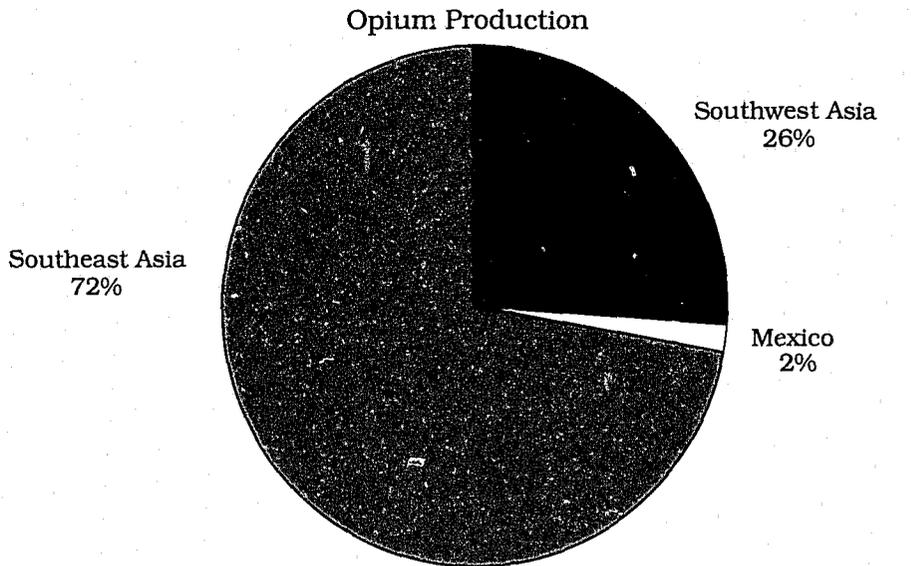
There are two additional points that must be made regarding the 1992 Strategy. First, this Strategy sharpens the focus on the treatment and prevention of alcohol abuse. America has a wellness agenda. Americans realize the importance of maintaining good health in order to avoid personal medical crises and to reduce health care costs. That is why environmental issues regarding clean air and pure water are so important to us. It is why we eat and drink in moderation and exercise our bodies. Smoking and the immoderate use of alcohol are inimical to this agenda. Yet, educational institutions report that alcohol, which is illegal for those under 21, is the most abused substance by students. Alarming, 30 percent of high school seniors in 1991 reported heavy drinking (five or more drinks in a row) at least once in the previous two weeks. Therefore, the 1992 Strategy acknowledges that drug programs are more likely to succeed if they also address the problems of underage drinking, and the Strategy adds as a goal the reduction in alcohol use by underage youth.

Although funding has been included in the National Drug Control Budget in prior years for prevention activities that focus on alcohol, a significant amount of funding for the treatment of alcohol abuse was not included. But there are many reasons to do so: the structure of prevention programs, that one frequently encounters a patient who is both a drug user and an alcohol abuser, and the repeated testimony of those in the field that alcohol is a major problem. For these reasons, and because alcohol is illegal for those under 21, beginning in Fiscal Year 1993 the National Drug Control Budget will also include estimates of resources devoted to treating those under age 21 who use alcohol, and adults whenever combined alcohol-drug use is a factor. The inclusion of existing funding, provided mainly through the Departments of Education, Health and Human Services, and Transportation for certain alcohol programs increases the proportion of effort placed on demand-reduction activities.

Second, on the basis of historical drug use patterns, pharmacologic factors in addiction, and current trafficking estimates, previous National Drug Control Strategies warned that the use of heroin could increase in the years ahead. Indeed, the price of heroin has dropped, the purity has increased, seizures by law enforcement officials have increased, and there has been an upsurge in heroin emergency room mentions in the first two quarters of 1991 — all, it would seem, indicative of a resurgence in heroin use. These data, while worrisome, must be put in perspective. As the charts on page 12 show, most of the world's opium is produced in Asia and the number of U.S. consumers of illicit opiates represents about 6 percent of the worldwide total. Further, the data do not show an increase in the proportion of young users seeking emergency room services. In fact, although there are undoubtedly some new users of heroin, the data suggest that they are older-aged users of other drugs who recently began using heroin.

On the basis of all the available evidence, we conclude that, today, the Nation as a whole has not seen a significant increase in heroin use. Nonetheless, it is essential that we keep up our guard as the availability and purity of heroin increase. Accordingly, a number of steps are being taken to prevent such a likelihood, including enhanced intelligence and law enforcement efforts in the New York City area, a major heroin importation and distribution center. Law enforcement efforts are described in greater detail in the "Focus on the Organization" chapter, and treatment and outreach efforts are discussed in the "Freeing Current Users" chapter.

International Opium Production and Illicit Opiate Consumption, 1990



¹ Estimates of global consumption vary considerably

Sources: INCSR and ONDCP, 1991

The National Drug Control Strategy has proven to be effective and there has been significant improvement in the drug problem in the United States. This is not to say that the problem is behind us. Quite the contrary. The levels of drug use and drug crime are still much too high. But there are reasons for hope: we are on our way to being more effective in shutting down the sources of supplies and our young people are rejecting the allure of drugs and the drug culture in overwhelming and growing numbers. Refinements, broadly described above, are necessary and are discussed in more detail in the following chapters.

The statute establishing the Office of National Drug Control Policy (ONDCP) requires that the Administration articulate "realistic and attainable" goals for the next two years and the next ten years. From the beginning, drug use has been the principal measure of success in the drug war, and it continues to be the principal indicator.

Progress to Date: Quantified Two- and Ten-Year Objectives

Section 1005 of the Anti-Drug Abuse Act of 1988 requires that each National Drug Control Strategy include "long-range goals for reducing drug abuse in the United States," and "short-term measurable objectives which the Director determines may be realistically achieved in the two-year period beginning on the date of the submission of the Strategy." Since it first satisfied the statutory requirements in the 1989 Strategy, the Administration has purposefully and firmly rejected most of the criteria against which drug policy success and failure historically have been judged. No matter how many people we treat for addiction, how many traffickers we arrest and convict, how many students we educate and warn, and how many drug shipments we find and seize, the levels of drug use remain our paramount indicators.

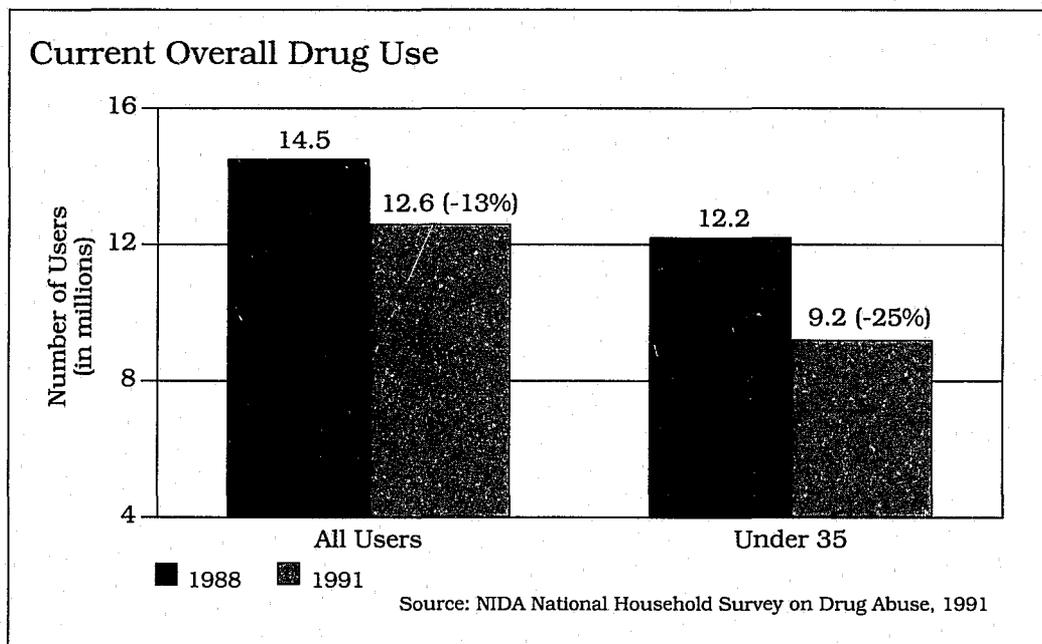
The 1992 National Drug Control Strategy lays out 10 detailed goals and objectives with specific numerical and proportional targets, almost all of which directly address the most urgent drug use problems. If levels and rates of national drug use do not fall, the Strategy is a failure — a test this document continues to invite. As the charts below show, the Strategy meets this test. Progress to date against stated goals, along with necessary future projections and revisions in each category, are discussed in detail below.

Current Overall Drug Use. The National Institute on Drug Abuse's (NIDA) National Household Survey on Drug Abuse, now conducted and published annually, tracks drug use in several broad categories (e.g., lifetime use, past year use, and past month use). Past month or "current" use is the most widely cited of NIDA's statistical measures, and it has become a common shorthand indicator of the state of our problem with drugs. The 1988 Household Survey identified an estimated 14.5 million current drug users in America.

The Administration's first National Drug Control Strategy in 1989 established the following goals for reductions in the number of current drug users (below 1988 figures): 10 percent (to roughly 13 million) in two years, and 50 percent (to roughly 7.3 million) in 10 years. The two-year goal was met in 1990 as the number of current overall drug users fell by 11 percent to 12.9 million.

The 1990 National Drug Control Strategy established new goals for reductions in the number of current users (below 1988 figures): 15 percent (to roughly 12.3 million) in two years, and 55 percent (to roughly 6.5 million) in 10 years. According to the 1991 Household Survey, current drug use has decreased by 13 percent, to an estimated 12.6 million Americans.

The slowing rate of decline is attributable to increases in drug use among those 35 and older, which mask real declines among the majority of younger users. When those aged 35 and older are



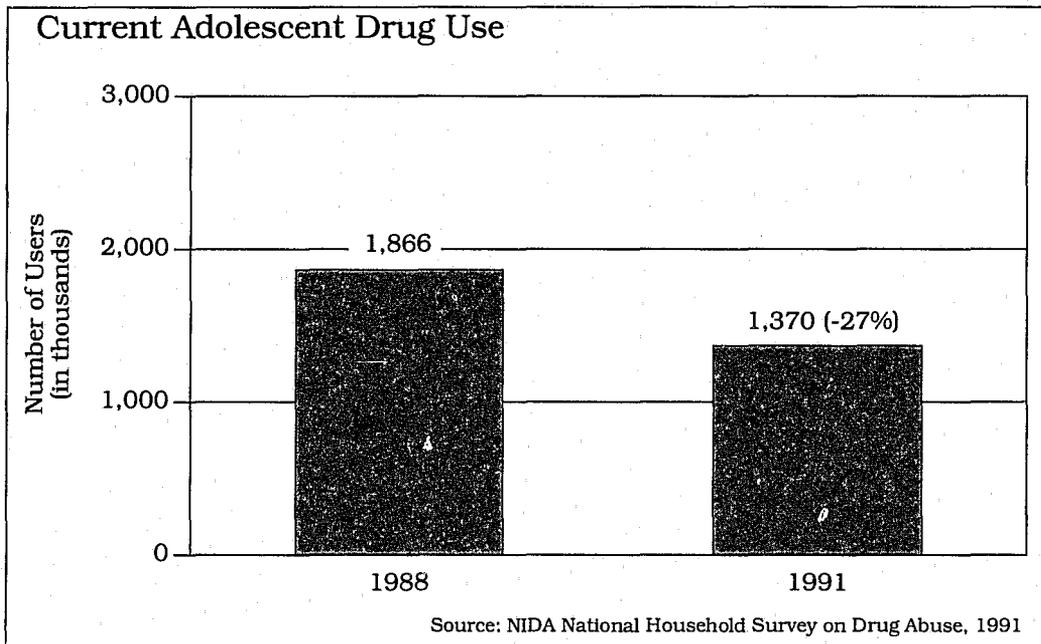
excluded from both the 1988 baseline and the 1991 calculations, the data show a *25 percent decline in current drug users*.

Because further reductions in current drug use remain a high national priority, this Strategy projects its existing goals for an additional year at the same rate, as follows:

Goal:	Reduce current overall drug use by 15 percent.
Actual:	Goal not met. Current overall drug use declined 13 percent from 1988 to 1991.
1994 Objective:	25 percent reduction below the 1988 level in the number of people reporting any illegal use of drugs in the past month.
2002 Objective:	65 percent reduction below the 1988 level in the number of people reporting any illegal use of drugs in the past month.

Current Adolescent Drug Use. Because adolescents (ages 12-17) are a particularly vulnerable group, they remain a major concern for the future. The first National Drug Control Strategy established the following goals for reductions in the number of current adolescent drug users (below the 1988 estimate of 1.9 million): 10 percent (to roughly 1.7 million) in two years, and 50 percent (to just under one million) in 10 years. The two-year goal was met in 1990 as the number of current adolescent drug users dropped to 1.6 million, a 13 percent decline.

The 1990 National Drug Control Strategy established new goals for reductions in the number of current adolescent drug users (below 1988 figures): 15 percent (to roughly 1.6 million) in two years, and 55 percent (to roughly 840,000) in ten years. According to the 1991 Household Survey, current adolescent drug use has decreased by 27 percent, to an estimated 1.4 million — *far exceeding the goal*.

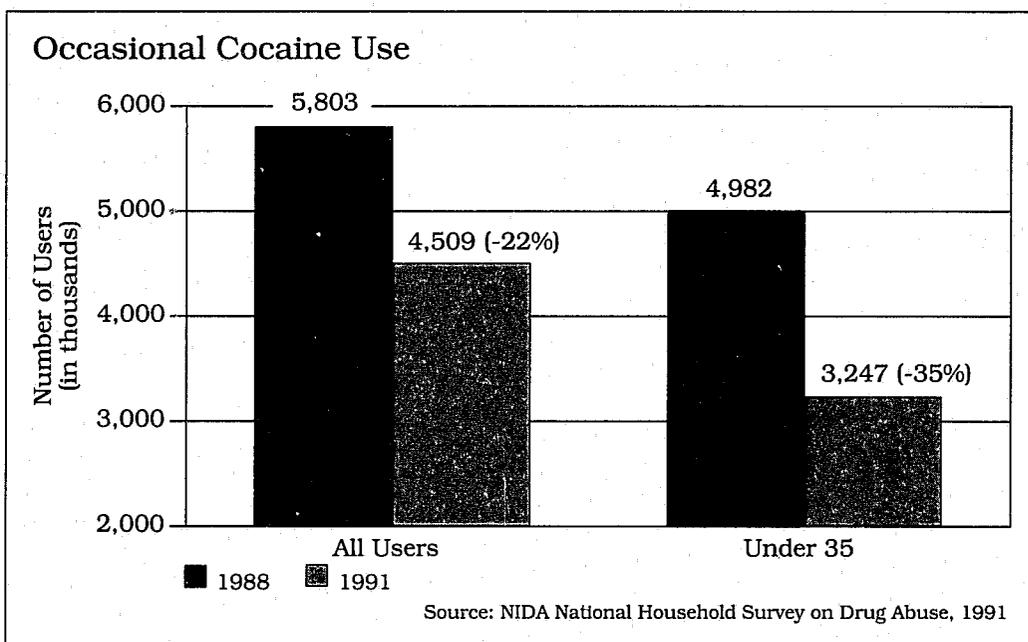


This Strategy projects its existing goals in this category for an additional year at the same rate, as follows:

- | | |
|-------------------------|---|
| Goal: | Reduce current adolescent drug use by 15 percent. |
| Actual: | Goal exceeded. Current adolescent drug use declined 27 percent from 1988 to 1991. |
| 1994 Objective : | 35 percent reduction below the 1988 level in the number of adolescents reporting any illegal use of drugs in the past month. |
| 2002 Objective: | 70 percent reduction below the 1988 level in the number of adolescents reporting any illegal use of drugs in the past month. |

Occasional Cocaine Use. Because drug use in individuals follows unpredictable patterns — and any cocaine use may lead to addiction — even relatively infrequent cocaine use is cause for concern. The 1988 Household Survey estimated that 5.8 million people were using cocaine on a less than once-a-month basis. The Administration's first National Drug Control Strategy established the following goals for reductions in the number of occasional cocaine users (below the 1988 estimate of 5.8 million): 10 percent (to just over 5.2 million) in two years, and 50 percent (to roughly 2.9 million) in 10 years. The two-year goal was met in 1990 as the number of occasional cocaine users dropped to 4.1 million, a 29 percent decline.

The 1990 National Drug Control Strategy established new goals for reductions in the number of occasional cocaine users (below 1988 figures): 15 percent in two years, and 55 percent in 10 years. According to the 1991 Household Survey, the number of Americans in this category increased from 4.1 million in 1990 to approximately 4.5 million in 1991. Nonetheless, the 4.5 million users represent a 22 percent decline from the 1988 level and this figure exceeds the goal. Again, these data are explained by increased use by people 35 and older. When those aged 35 and over are excluded from both the 1988 baseline figure and the 1991 total, the number of occasional cocaine users *declined by 35 percent from 1988.*

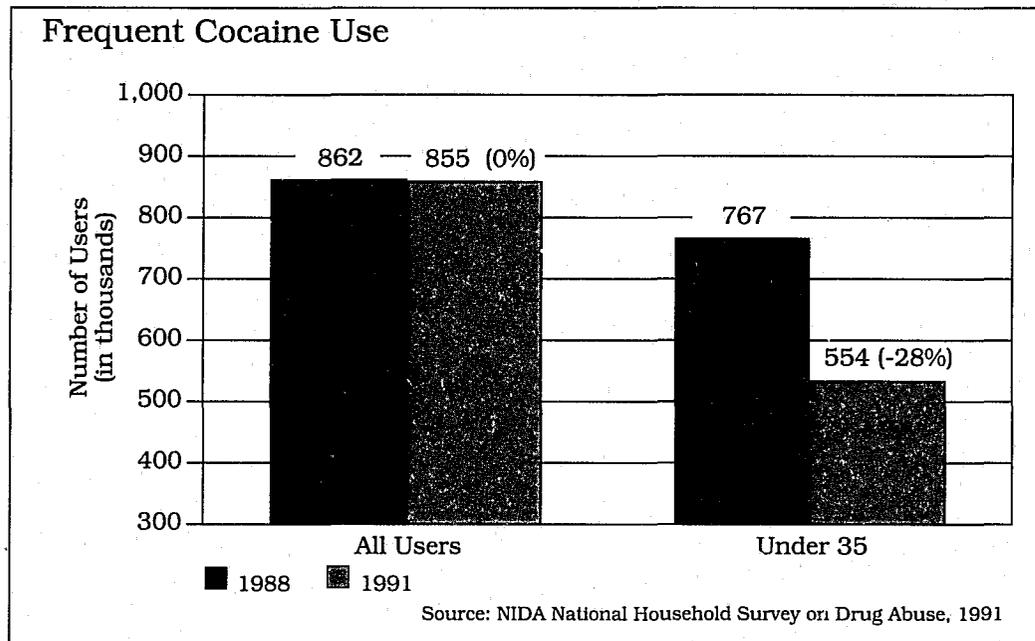


This Strategy projects its existing goals in this category for an additional year at the same rate, as follows:

- Goal:** **Reduce occasional cocaine use by 15 percent.**
- Actual:** **Goal met. Occasional cocaine use declined 22 percent from 1988 to 1991.**
- 1994 Objective:** **45 percent reduction below the 1988 level in the number of people reporting less than once-a-month cocaine use in the past year.**
- 2002 Objective:** **65 percent reduction below the 1988 level in the number of people reporting less than once-a-month cocaine use in the past year.**

Frequent Cocaine Use. Frequent or addictive cocaine use continues to represent the Nation's most serious and difficult short-term challenge. The first National Drug Control Strategy established goals designed to reflect the need for a sharp near-term break in this upward spiral and an eventual sharp reversal of its course: a 50 percent reduction in the *rate of increase* in the number of people reporting weekly or more frequent cocaine use after two years, and a 50 percent reduction (below the 1988 estimate of 862,000) in the total *number of people* reporting such use in 10 years. Data from the 1990 Household Survey estimated that not only had the upward spiral in increased usage been broken, but that the number of frequent cocaine users actually declined by about 23 percent from 1988 to 1990.

The 1990 National Drug Control Strategy established new goals for the number reporting frequent cocaine use: 60 percent reduction in the *rate of increase* in two years, and a 60 percent reduction (to roughly 345,000) in the *number of people* reporting weekly or more frequent cocaine use in 10 years. According to the 1991 Household Survey, the number of Americans in this category increased from 662,000 in 1990 to approximately 855,000 in 1991. It is true that, as



the above chart shows, the goal has been met. It is also encouraging that when those aged 35 and older are excluded from the 1988 baseline and 1991 data, we see a *decline of 28 percent in frequent cocaine users*. Still, nearly 200,000 more Americans reported frequent cocaine use in 1991 than in 1990. This is cause for concern.

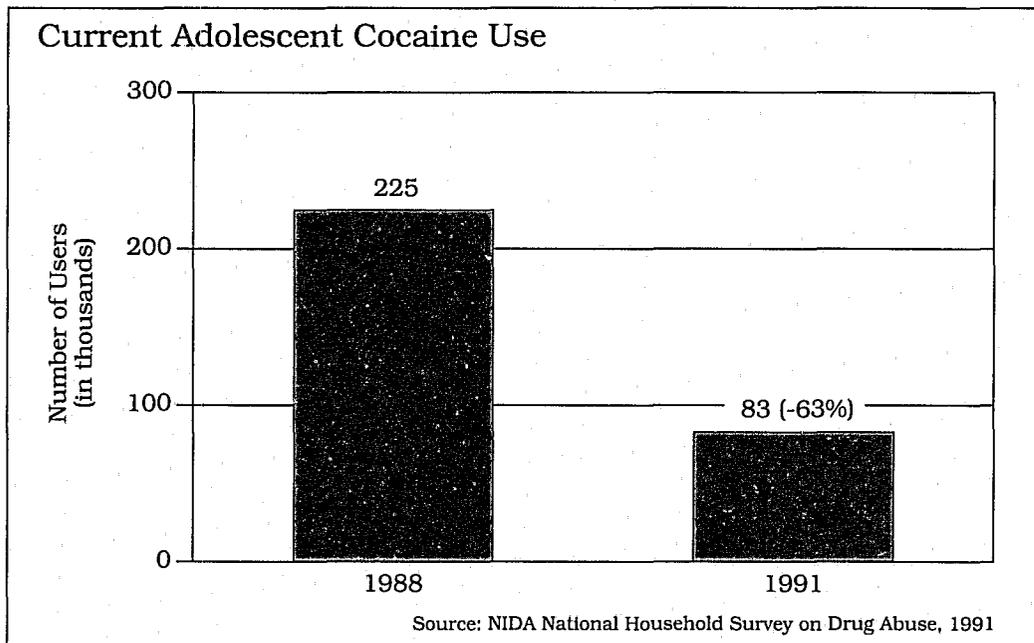
But it is important to keep in mind that there is a serious limitation to the data on frequent cocaine use. According to NIDA, the small number of survey respondents who fall within this category means that year-to-year (or even several year) changes in the number of those who reported frequent cocaine use are not statistically significant; indeed, they are highly unreliable. Therefore, great caution should be taken in not only interpreting the data but in predicting future trends. For this reason, future goals for this indicator will be expressed as “decreases in the level of users *from the previous year*,” rather than from the 1988 baseline. This Strategy recomputes the

1993 and 2001 goals (established in last year's Strategy) and projects its existing goals in this category for an additional year at the same rate, as follows:

- Goal:** Reduce the rate of increase of frequent cocaine use by 60 percent.
- Actual:** Goal met. There was no increase in the rate of frequent cocaine use between 1988 and 1991.
- 1993 Objective:** Decrease below the 1992 level in the number of people reporting weekly or more frequent cocaine use in the past year.
- 1994 Objective:** Decrease below the 1993 level in the number of people reporting weekly or more frequent cocaine use in the past year.
- 2001 Objective:** Decrease below the 2000 level in the number of people reporting weekly or more frequent cocaine use in the past year.
- 2002 Objective:** Decrease below the 2001 level in the number of people reporting weekly or more frequent cocaine use in the past year.

Current Adolescent Cocaine Use. Between 1985 and 1988, the decline in current (past month) cocaine use by adolescents was the smallest decrease recorded for any age group. Because special concern is warranted in this area, the first National Drug Control Strategy established its most ambitious goals for reductions in the number of current adolescent cocaine users (below the 1988 estimate of 225,000): 20 percent (to roughly 180,000) in two years, and 50 percent (to roughly 112,500) in 10 years. The two-year goal was met in 1990 as the number of current adolescent cocaine users dropped to 115,000, a 49 percent decrease.

The 1990 National Drug Control Strategy established new goals for reductions in the number of current adolescent cocaine users (below the 1988 figures): 30 percent (to roughly 157,000) in two years, and 55 percent (to roughly 101,000) in 10 years. According to the 1991 Household Survey, the number of Americans in this category dropped to approximately 83,000, *far exceeding the goal*.



Though further necessary reductions in current adolescent cocaine use may prove more difficult, this Strategy has revalidated and revised upward its relevant objectives, as follows:

- Goal:** Reduce current adolescent cocaine use by 30 percent.
- Actual:** Goal met. Current adolescent cocaine use declined 63 percent from 1988 to 1991.
- 1994 Objective:** 70 percent reduction below the 1988 level in the number of adolescents reporting cocaine use in the past month.
- 2002 Objective:** 80 percent reduction below the 1988 level in the number of adolescents reporting cocaine use in the past month.

Current Adolescent Alcohol Use. The 1988 Household Survey identified an estimated 5.1 million adolescents who reported current use of alcohol. This number dropped to 4.9 million in 1990 and 4.1 million in 1991 — a 20 percent decrease since 1988. Despite this downward trend, the number of underage alcohol consumers is still too high. Because of this and for the reasons noted earlier in this chapter, the Administration is adding a new goal to the nine established in the first National Drug Control Strategy:

- 1994 Objective:** 30 percent reduction below the 1988 level in the number of adolescents reporting any use of alcohol in the past month.
- 2002 Objective:** 50 percent reduction below the 1988 level in the number of adolescents reporting any use of alcohol in the past month.

Drug-Related Medical Emergencies. The Drug Abuse Warning Network (DAWN) compiles statistics concerning the frequency with which illegal drug use is mentioned by patients admitted to hospital emergency rooms. DAWN statistics are generally used to measure the health consequences of drug use, from which one can infer trends in frequent or addictive drug use. Between 1985 and 1988, DAWN emergency room mentions rose 315 percent for cocaine, 96 percent for marijuana and hashish, 51 percent for "dangerous drugs" (e.g., LSD), and 40 percent for heroin. The first National Drug Control Strategy established the following goals for reductions in the number of total DAWN mentions: 10 percent after two subsequent years (or eight quarters) of data collection, and 50 percent after 10 subsequent years (or 40 quarters) of data collection.

DAWN recorded dramatic decreases in emergency room drug mentions between the second quarter of 1988 and the second quarter of 1990: cocaine mentions dropped by 26 percent, marijuana and hashish mentions by 23 percent, and heroin mentions by 18 percent. For all drugs combined, DAWN mentions dropped by 18 percent during this period. This figure met the goal originally established for this category.

The methodology of DAWN was recently revised by the Department of Health and Human Services to create a nationally representative sample. Previously, DAWN data had two limitations: (1) they were not a representative sample of hospital emergencies across the country, and (2) since reporting hospitals were primarily in large metropolitan areas, drug use in rural areas went unreported. Now, however, the new sample provides estimates of emergency drug mentions for the United States as a whole.

The goals for 1991 and 1992 were based on DAWN's old non-representative sample. But beginning with this Strategy, the baseline for this indicator is being changed from the second quarter of Fiscal Year 1988 to the second quarter of Fiscal Year 1990 because the new national sample will provide a more reliable and more accurate picture of drug overdose emergencies. Accordingly, the 1993 and 2001 goals have been recomputed against that sample.

- 1993 Objective:** By second quarter 1992, a 5 percent reduction below the second quarter 1990 level in the number of emergency room mentions of cocaine, marijuana, heroin, and dangerous drugs.
- 1994 Objective:** By second quarter 1993, a 10 percent reduction below the second quarter 1990 level in the number of emergency room mentions of cocaine, marijuana, heroin, and dangerous drugs.
- 2001 Objective:** By second quarter 2000, a 40 percent reduction below the second quarter 1990 level in the number of emergency room mentions of cocaine, marijuana, heroin, and dangerous drugs.
- 2002 Objective:** By second quarter 2001, a 45 percent reduction below the second quarter 1990 level in the number of emergency room mentions of cocaine, marijuana, heroin, and dangerous drugs.

Drug Availability. Our two best indicators of drug availability are, first, estimated amounts of foreign-manufactured drugs currently entering the United States, and, second, reports by survey respondents concerning the ease with which drugs can be obtained in their neighborhoods. Reduced availability can have an important, beneficial effect on drug demand. As it becomes more difficult to search for, find, and purchase drugs — and as their price goes up because of it — fewer people (nonaddicts especially) are likely to begin or continue using them. A drop in basic availability indicators remains a focus of national effort. Consequently, the first National Drug Control Strategy established two sets of availability objectives: a 10 percent reduction in estimated amounts of drugs entering the United States after two years; a 10 percent reduction after two years in the number of people reporting that drugs are easy to obtain in their communities; and 50 percent reductions in both preceding categories after 10 years.

For data on the perceived availability of drugs in the community, ONDCP relied solely on the annual High School Senior Survey, the

leading indicator of drug use and attitudes toward drugs among our Nation's high school seniors and the only data set for which information was available on this indicator at that time.

Data from the 1990 High School Senior Survey were not available at the time the 1991 Strategy was published, so that goal was not reported on. Since then, the data have become available. These data indicate a decrease of 7 percent in the number of seniors reporting that cocaine and marijuana are readily available, and a 7 percent increase in the number of seniors who reported that heroin was readily available between 1988 and 1990. The declines for cocaine and marijuana continued in 1991 and we saw a reversal in the heroin trend. According to the 1991 High School Senior Survey, the data show 17 percent, 12 percent, and 2 percent decreases since 1988 in the number of seniors who reported that cocaine, marijuana, and heroin were readily available.

As for the availability of other dangerous drugs such as LSD, PCP, amphetamines, barbiturates, and tranquilizers, fewer high school seniors reported these drugs were readily available in 1990 than in 1988, except for LSD (up 15 percent) and PCP (up 4 percent). These trends continued in 1991 as fewer seniors reported that amphetamines, barbiturates, and tranquilizers were more readily available than in 1988. There was also some good news regarding LSD and PCP. The number of seniors perceiving LSD to be readily available (7 percent over 1988) was lower than in 1990; the number perceiving PCP to be readily available (2 percent below 1988) was slightly lower than in 1990.

Because the question of drug availability is an important one, a question was added to the 1991 Household Survey about perceived availability in the *general population* to refine our understanding of this indicator. Thus, beginning this year, the Strategy will use data from the Household Survey as the basis for setting numerical two- and ten-year goals for this indicator. According to the 1991 Household Survey, the following percentages of respondents reported that drugs were fairly or very easy to obtain: marijuana - 62 percent; cocaine - 44 percent; heroin - 28 percent; LSD - 28 percent; and PCP - 26 percent. These data become the 1991 baseline by which future goals for this indicator will be established.

As for the second indicator of drug availability, the amount of drugs entering the United States, it has become apparent that such estimates are imprecise and given to numerous interpretations. Obviously it is one thing to develop data on the amount of drugs seized

by the various law enforcement agencies; it is quite another to develop reliable estimates of the amount that is not seized. Therefore, during 1992 ONDCP will coordinate a study to determine a more precise method of estimating the amount of drugs entering the United States and report on it in the 1993 Strategy.

Because reductions in drug availability remain a high priority, this Strategy establishes relevant goals as follows:

- 1994 Objective:**
- 1) Reduction below a (to be established) baseline level in estimated amounts of cocaine, marijuana, heroin, and dangerous drugs entering the United States; and**
 - 2) 10 percent reduction below the 1991 level in the number of people reporting that cocaine, marijuana, heroin, and dangerous drugs are easy to obtain in their communities.**

- 2002 Objective:**
- 1) Reduction below a (to be established) baseline level in estimated amounts of cocaine, marijuana, heroin, and dangerous drugs entering the United States; and**
 - 2) 35 percent reduction below the 1991 level in the number of people reporting that cocaine, marijuana, heroin, and dangerous drugs are easy to obtain in their communities.**

Domestic Marijuana Production. Domestic production now supplies an estimated 18 percent of the marijuana available for consumption in the United States. In absolute quantity it had been growing in recent years until the initiation of major domestic marijuana eradication efforts. Not only is a sizeable domestic marijuana crop unconscionable in itself, but it undercuts necessary American anti-drug initiatives overseas. We cannot expect foreign countries to undertake vigorous anti-drug efforts inside their borders if we fail to do so at home.

The first National Drug Control Strategy established goals for reductions in domestic marijuana production. Subsequently, however, the data and methodology used to estimate production were determined to need revision. The National Narcotics Intelligence Consumers Committee Report estimates the *net* marijuana available in the United States, but the past year estimates are often revised based on new intelligence, thus making year-to-year comparisons difficult. Other information, such as the amount of marijuana eradicated, street prices, and anecdotal evidence of availability are readily available, but are more indicative of the effectiveness of law enforcement activities than of gross marijuana production.

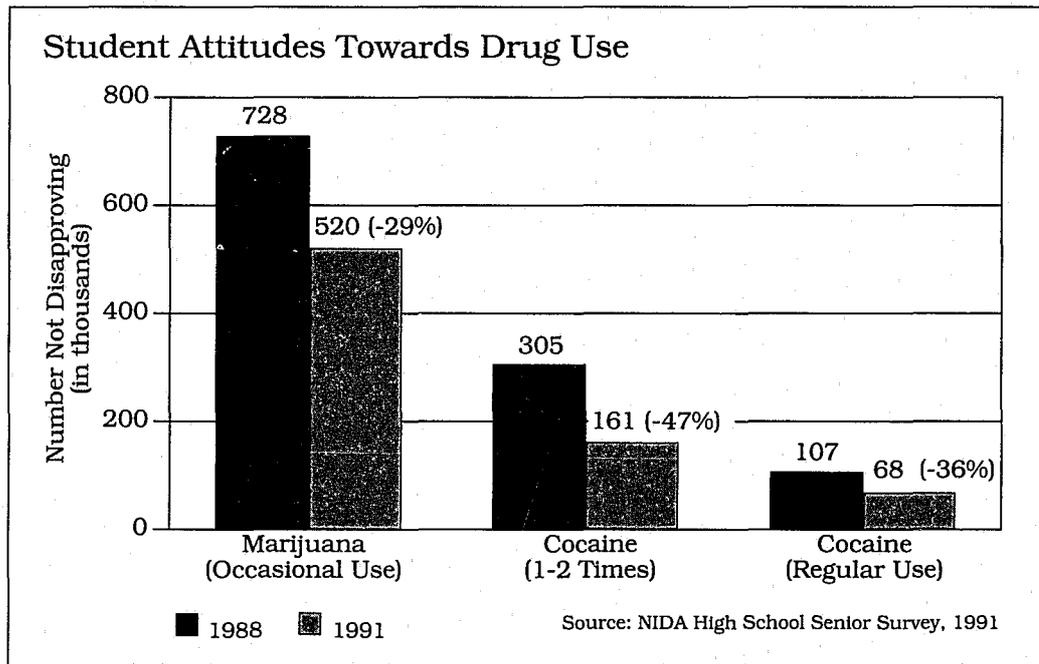
Because reductions in the availability of domestically grown marijuana remain a benchmark of national anti-drug resolve, efforts continue to obtain a more precise measure of our progress in this area and will be reported in the 1993 Strategy.

Student Attitudes Toward Drug Use. A necessary precondition for further national progress against drugs is that use increasingly be seen (particularly by young people) as unacceptable behavior. In recent years, High School Senior Surveys have indicated that more and more students view illegal drug use unfavorably. Still, effective education and prevention efforts are needed to help drive down the ever-lower percentage of young people who do not yet deplore illegal drug use.

In 1988, an estimated 728,000 high school seniors out of a total of 2.8 million reported that they did not disapprove of occasional marijuana use; 305,000 reported similar attitudes toward experimental cocaine use; and 107,000 responded the same way about regular cocaine use. Based on these data, the first National Drug Control Strategy established the following goals for reductions in the number of seniors reporting such attitudes: 10 percent in each category after two years, and 50 percent in each category in 10 years.

Data from the 1990 High School Senior Survey indicate that the number of seniors reporting that they did not disapprove of occasional marijuana use had dropped by 30 percent (to an estimated 512,000); for experimental cocaine use by 27 percent (to an estimated 223,000); and for regular cocaine use by 18 percent (to an estimated 87,000). In each case, these figures met Strategy goals for student attitudes.

The 1990 National Drug Control Strategy increased the goals for each of these to 20 percent in two years and 60 percent in 10 years. Data from the 1991 High School Senior Survey indicate that each of these goals was met: the number of seniors reporting that they did not



disapprove of occasional marijuana use had dropped by 29 percent below the 1988 baseline figure (to an estimated 520,000, up slightly from the 1990 figure); for experimental cocaine use by 47 percent (to an estimated 161,000); and for regular cocaine use by 36 percent (to an estimated 68,000).

The Strategy has revalidated and revised upward its relevant objectives, as follows:

- Goal:** Reduce the number of high school seniors who report that they do not disapprove of illegal drug use by 20 percent.
- Actual:** Goal met. Seniors not disapproving use of marijuana, experimental use of cocaine, and regular use of cocaine dropped 29 percent, 47 percent, and 36 percent respectively.
- 1994 Objective:** Reductions below the 1988 level in the number of high school seniors who report that they do not disapprove of illegal drugs: marijuana - 45 percent; experimental use of cocaine - 55 percent; and regular use of cocaine - 45 percent.
- 2002 Objective:** 70 percent reduction below the 1988 level in the number of high school seniors who report that they do not disapprove of illegal drug use.

From our progress to date on these indicators, we can take some comfort, and other data and surveys confirm these trends. But it would be a grave error to conclude that our task is over, or that by maintaining the current level of effort the problem of drugs will go away. Much remains to be done, and we must always be vigilant against the possibility that the encouraging trends we now see may level off or even reverse themselves. Nonetheless, we are on the right track, and if government, the private sector, and individuals stay the course, we will make further progress. The following pages outline in more detail what efforts the Federal government intends to make, and what others can do.

National Priorities

Chapter Highlights

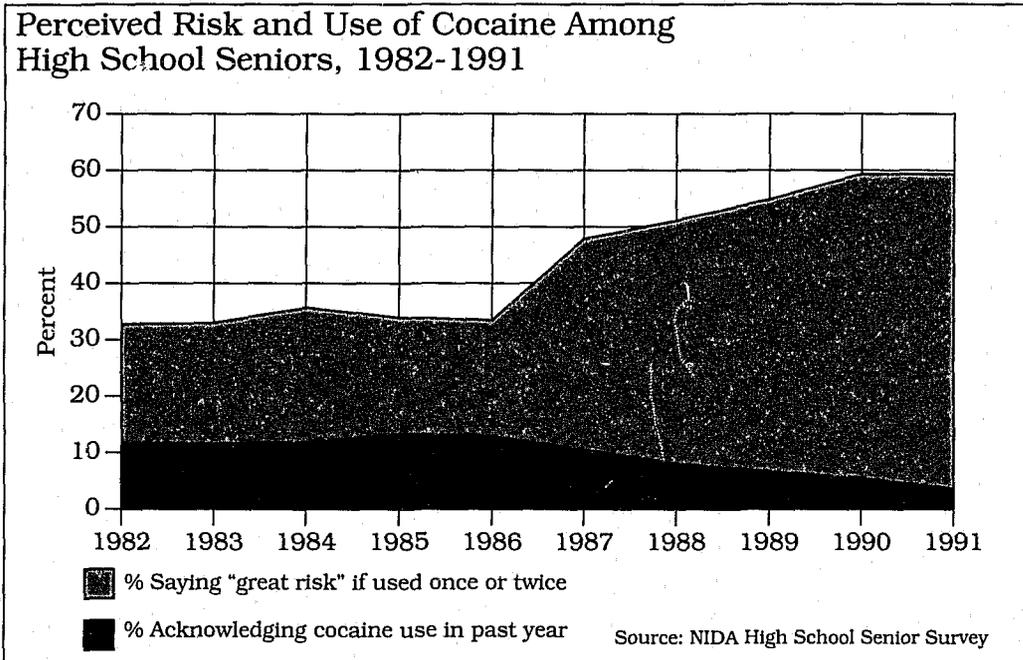
- Drug-free policies and programs enforced in all schools, colleges, and universities.
- Assistance for communities to mobilize resources in the fight against drugs.
- Accountability for publicly-funded prevention programs.
- User accountability policies and programs that employ civil, criminal, and social sanctions.
- Affordable, cost-effective drug-free workplace programs for small business.
- Continued financial, technical, and training support for drug elimination by the residents and managers of public housing.
- Focused outreach efforts for at-risk youth and pregnant women.
- Increased emphasis on controlling the availability and use of alcohol, tobacco, and steroids.
- Expansion of the Drug-Free Zone concept.

Detering New and Casual Users

One of the most important goals of the National Drug Control Strategy is to prevent Americans, especially the young, from ever using drugs. For those who have started, the goal is to get them to stop. Nonaddicted users, who still constitute the vast bulk of our drug-involved population, must be a principal target of prevention activities. As was stated in the first National Drug Control Strategy (1989), these casual users are likely to have a still-intact family, social, and work life. They are still likely to “enjoy” drugs for the pleasure they offer. And they are willing and able to proselytize their drug use, by action or example, to their nonuser peers, friends, and acquaintances. In short, the casual user is the means by which drug use spreads.

There are clear signs that Americans are accepting their responsibility in the fight against drugs. Schools are implementing anti-drug programs. Businesses are striving to achieve drug-free workplaces. The mass media are donating more than \$1 million a day to publicize the anti-drug messages of the Partnership for a Drug-Free America. And anti-drug coalitions are bringing together government officials and grassroots leaders in our communities.

The measure of success of these efforts is simple and practical: the number of Americans using drugs. Against this standard there is significant progress. For example, the number of current (past month) users of drugs has dropped from 23 million in 1985 to about 13 million in 1991 and the attitude of our young people towards drugs has changed dramatically. In fact, the percentage of high school seniors who perceive a “great risk” in using cocaine remains at an all-time high while the percentage acknowledging cocaine use in the last year is at an all-time low.



Despite this substantial progress, drug use remains unacceptably high and major challenges remain. The first is to maintain our national resolve. Many gains have been achieved through broad-based, sustained prevention efforts. Recent history has taught us, however, that any relaxation of vigilance brings the risk of a marked increase in drug use. All schools, colleges, and universities must accurately assess their problems, develop comprehensive anti-drug and anti-alcohol policies and programs, and vigorously enforce sanctions against students and employees who violate such policies. Training and support for community-wide coalitions and the volunteers eager to participate in anti-drug efforts must be available. Those in our communities who are at a higher risk of drug use or the effects of drug use — dropouts, gang members, runaway and homeless youth, and neglected and abused children — have to be reached. Small businesses, most of which have not implemented drug-free workplace programs, should do so. Law enforcement must keep the pressure on to reduce drug supplies, thus increasing the price of drugs and further reducing demand. Finally, there must be greater accountability for programs that receive taxpayers' dollars to fight drugs.

Preventing Drug Use: A Shared Responsibility. The job of providing elementary and secondary education, which includes drug prevention, belongs primarily to State and local governments. Mobilizing communities, businesses, and volunteers against drugs and

affecting changes in attitudes toward drug use are best accomplished by local community groups and the private sector. But there are also clearly defined Federal roles. The Federal government conducts demonstrations of what works in prevention and disseminates information about effective practices to replicate those approaches throughout the country. Through national leadership and targeted expenditures, the Federal government helps schools adopt and implement drug prevention programs and policies, gives communities the impetus to mobilize, and develops standards for exemplary policies and programs to fight drugs in the workplace.

The Federal government has been successful in reaching the vast majority of our young people in schools through the Drug-Free Schools and Communities Act (DFSCA) State and Local Grant Program and the Alcohol, Drug Abuse, and Mental Health Services (ADMS) Block Grant Program. These grants, targeted to the mainstream population, are distributed to recipients based on a formula that generally uses economic and demographic data (e.g., population) to determine the need for funds. The Federal government will continue to support these important grants.

But targeting specific subgroup populations that have not responded as well to broad-based demand reduction strategies is also needed. Thus, at least 42 percent of the Governor's portion of the DFSCA grant is used for high-risk youth. In addition, the Department of Education's Drug Emergency Grants are targeted to local educational agencies that serve an area in which there is a large number or high percentage of arrests for drug or alcohol use, convictions of youth for drug or alcohol-related crimes, and referrals of youth to drug and alcohol treatment and rehabilitation programs. The Department of Housing and Urban Development's Drug Elimination Grants help to eliminate drugs and drug-related violence from particular public housing facilities. And the Department of Health and Human Service's Community Partnership Grants enable communities to plan and implement comprehensive prevention programs that target hard-to-reach groups. Unfortunately, Congress cut the President's request for these high priority categorical grants by approximately \$75 million between 1989 and 1992. In fact, in Fiscal Year 1992, Congress cut over \$19 million (39 percent) from the President's request for the Emergency Grants. In order to continue to target and reach these critical populations, the Administration will continue to seek funding increases in these areas.

From 1989 to 1992, the Federal investment in drug prevention initiatives and programs, including prevention-related research, grew from \$772 million to nearly \$1.5 billion, an increase of 119 percent. The Administration is seeking a total of over \$1.6 billion for such activities in Fiscal Year 1993. This includes \$656.9 million for school-community programs, an increase of \$30.1 million over current levels; \$691 million for community prevention programs and related research, an increase of \$25 million; and \$165 million for Public Housing Drug Elimination Grants.

Prevention in the Community

Strengthening the ability of communities to mobilize all of their resources against drugs is one of the cornerstones of the Administration's drug prevention strategy. The Strategy encourages comprehensive community prevention plans that include sufficient resources for treatment and rehabilitation of addicts, meaningful sanctions for drug use, and involvement of all sectors of the community, including law enforcement. The deterrence value of law enforcement activities is widely acknowledged and Federal government grants fund a number of State and local law enforcement demand reduction initiatives.

User Accountability. Holding casual users accountable for their actions through meaningful criminal, civil, and social sanctions is integral to the National Drug Control Strategy. As noted earlier, the casual user, more than the addict, bears a major responsibility for the spread of drug use, because that person imparts the message that you can use drugs and still do well in school or maintain a career and family. On the presumption that law enforcement not only punishes but also instructs, laws and policies directed toward holding users accountable deter drug use by providing clear consequences for possessing or using illegal drugs.

Community Partnerships. Our Nation's heritage is one of citizens helping each other, of ordinary citizens banding together to solve common problems. The first National Drug Control Strategy called for citizens to organize community-wide drug prevention partnerships. Many cities and neighborhoods responded enthusiastically. Project SAFE in Iowa, Oregon Together, and Missouri's 100 are examples of statewide and regional coalition-building efforts. United Way of America and national organizations such as 4-H, Boys and Girls

Clubs, Boy Scouts, and YMCAs and YWCAs, have also played an important role in creating local coalitions.

The Federal government assists in promoting such efforts. In 1989 the Administration created, and Congress funded, the Community Partnership Program that has funded 252 community partnerships, sponsored conferences and workshops, and provided technical assistance to support anti-drug coalitions. Almost all community partnership grants support work with the whole array of community groups, as well as local law enforcement and the juvenile justice system. A focus of many of these coalitions is countering the street violence associated with open-air drug markets.

For Fiscal Year 1993, an additional \$14.9 million is requested for the Community Partnership Program for a total of \$113.9 million. An ongoing comprehensive evaluation of the program is being conducted to determine effective models and strategies that can be replicated. State governments should also consider using funds from the DFSCA Governor's Program, the Edward Byrne Memorial State and Local Law Enforcement Assistance Program, and the prevention set-aside of the ADMS Block Grant to develop and sustain community coalitions. At least 20 percent of the ADMS substance abuse funds, approximately \$103 million in Fiscal Year 1993, must be used for drug prevention or early intervention. To support replication of proven prevention strategies, States are encouraged to use at least 30 percent of this set-aside for new programs. ADMS Block Grant programs will be monitored to ensure that these funds are used to support effective primary prevention programs, and States will be required to submit detailed information on these programs as part of their 1993 ADMS Block Grant applications.

The President's Drug Advisory Council sponsored the second National Leadership Forum for community anti-drug coalitions in

COMMUNITY REPORT CARD

Making the Grade: A Report Card on American Youth, sponsored by the National Collaboration for Youth, has stimulated over 350 communities to convene Town Summit Meetings to assess problems confronting young people. Using readily available data from schools, police, and public health agencies, the Town Summit "grades" its community from A to F in six areas: Substance Abuse, Juvenile Crime, Teen Pregnancy, Youth Unemployment, Functional Illiteracy, and School Dropouts. Goals and objectives are then established for correcting poor grades.

January 1992. Hundreds of community leaders joined with Federal officials to highlight the work of local coalitions, share experiences, discuss common problems, and develop strategies for the future.

Volunteer and Coalition Training. Numerous community groups — churches and synagogues, veterans groups, organized labor, and others — have marshalled volunteers to combat drugs. Many need training and technical assistance to develop priorities and test strategies for dealing with local drug problems. To help meet these needs, the National Volunteer Training Center, in coordination with other Federal training programs, will expand Federal training and technical assistance to these coalitions, especially in communities that have not already received such assistance.

Federal training efforts will be focused to assist those in crucial positions in our communities who deal with drug-related problems. For example, training programs will be developed to better equip judges to recognize and manage drug cases involving children. The Federal government is also developing training materials for elementary school teachers in drug prevention approaches, particularly for elementary school children who have been exposed prenatally to crack and other drugs. Additional training will be provided for some Head Start teachers and staff to improve their capability to prevent or address parental drug use and the needs of drug-exposed children in the Head Start program.

Public Housing. Drug dealers often go after public housing because the residents are a “captive population.” Communities have taken steps to create drug-free schools, workplaces, and recreational areas. But all too often, the enforcement of drug laws in public housing is sadly lacking. If they have not already done so, mayors should work with housing authorities and resident groups to develop a law enforcement strategy for public housing so that, with the help of law enforcement, residents can evict drug dealers and take back control of their environment. Residents of public housing deserve no less protection than that afforded the rest of the community.

Funding for the Public Housing Drug Elimination Grant program has increased substantially, from \$8.2 million in 1989 to \$165 million in 1992. By the end of Fiscal Year 1992, over 1,300 grants will have been awarded to public housing agencies for such activities as innovative drug education and treatment programs, counseling, referral, and outreach; support of tenant patrols acting in cooperation with local law enforcement agencies; physical improvements designed to enhance security; and employment of security personnel and

CHICAGO PUBLIC HOUSING AUTHORITY

The Chicago Public Housing Authority's "Operation Clean Sweep" secures drug-affected public housing buildings from criminals, restores and improves the buildings, and organizes residents to resist further encroachment. Since 1988, nearly 70 of Chicago's 167 public housing buildings have been "swept," and buildings once plagued with drug dealers and vacant apartments are being returned to the residents. Social services, which diminished in the developments as drug dealers took over, have resumed in the swept buildings. Residents now receive the services required to reduce substance abuse, improve public health and education, and respond to other needs.

investigators. The President will request \$165 million for this program in Fiscal Year 1993.

In addition, the Federal government has provided training on how to eliminate drugs in public housing to more than 12,000 public housing staff, residents, and local service providers and agencies. Such efforts will continue.

Targeting Children and Adolescents. The most vulnerable victims of drug use are the children of drug-using parents. Parental drug use, combined with the dissolution of traditional family values, has placed these children at risk of developmental and emotional problems, child abuse or neglect, and abandonment by their parents.

Several Administration initiatives include services to ensure the safety and appropriate development of these children. The Emergency Child Abuse Prevention Program awarded nearly 100 grants in 1991 to State and local agencies for programs to prevent and treat child abuse and neglect in substance abusing families. A grant announcement issued in Fiscal Year 1991 supported collaborative efforts between Head Start and Target City grantees to address substance abuse issues.

Infants who are abandoned often wait for 18 months or longer for permanent placement or adoption. To provide these children a drug-free and supportive home environment as early in their lives as possible, the Administration will explore mechanisms, including legislation, to remove legal barriers to expedite their adoption. In addition, other model approaches, including foster care and small family-like group homes, will continue to be developed for the temporary care of these abandoned infants.

FOSTER CARE AND PARENTAL DRUG USE

A 1991 Federal report on children placed in foster care because of parental abuse or neglect found that children whose parents used drugs were twice as likely to be in foster care two years after being placed there than children whose parents did not use drugs.

Finally, three programs — the High-Risk Youth Program, the Youth Gang Drug Education and Prevention Program, and the Run-away/Homeless Youth Drug Prevention Demonstration Program — are testing innovative approaches to prevent drug use among adolescents, including special populations of hard-to-reach youth. The Administration is seeking approximately \$115 million for these programs in Fiscal Year 1993.

Alcohol. Unlike controlled substances such as marijuana and cocaine, alcohol can be legally possessed and used by those over the age of 21, subject to State regulation. In most States, therefore, the decision by adults to use alcohol has been seen as a personal choice and not as a matter for government intrusion. Most drug treatment professionals can attest that many drug addicts often abuse alcohol as well. In such instances, successfully treating a person for drug use requires successful treatment of the related alcohol problem. Further, many agencies and organizations in the public and private sectors that target drug use also target alcohol abuse, and it is difficult to separate these two aspects of their work.

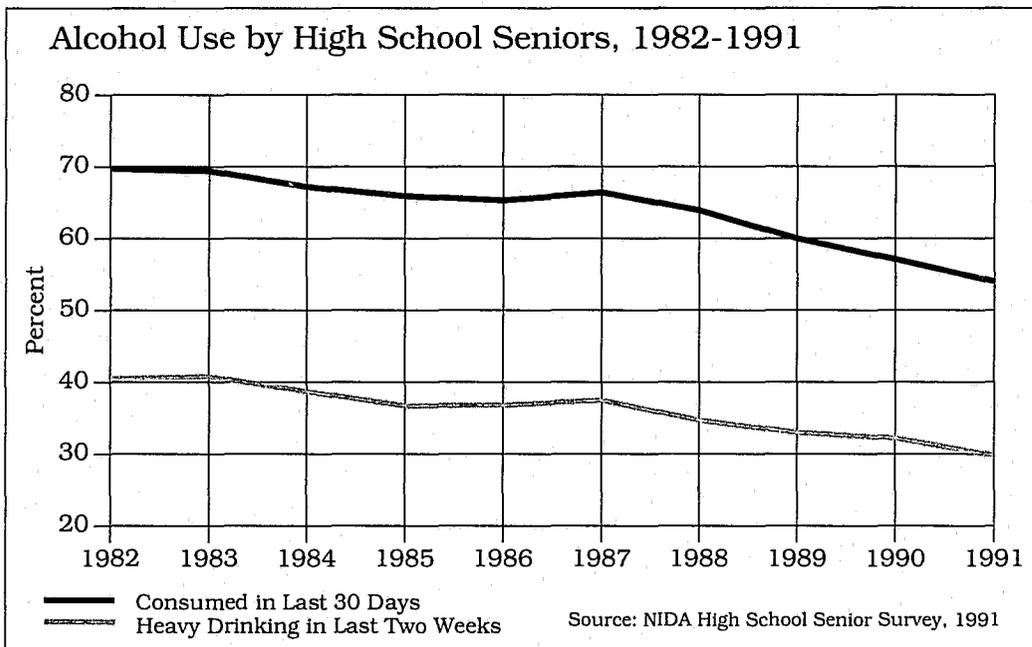
Although the data show a continuing decline in alcohol consumption among our youth, the number of underage alcohol consumers is still much too high. Most institutions of higher education as well as junior and senior high schools report that alcohol is a significant problem. As the chart on page 41 shows, 54 percent of high school seniors in 1991 said they had consumed alcohol in the previous month, while 30 percent reported at least one occasion of heavy drinking (five or more drinks in a row) within the previous two weeks.

Therefore, while illegal drugs remain the primary focus, starting this year the National Drug Control Strategy will devote additional attention to the nexus between alcohol abuse, especially by underage individuals, and drug use. Alcohol is already a significant part of the Strategy, particularly as alcohol is illegal for those under 21. Federal prevention programs in the Departments of Education, Health and Human Services, and Transportation already include alcohol in their

mandate. But this Strategy will also encompass programs that promote the treatment and prevention of both drug and alcohol abuse, while continuing to stress the importance of educating young people about the dangers of alcohol. These programs must be fully coordinated with drug education and treatment. Most important, beginning in Fiscal Year 1993, the National Drug Control Budget will include resources devoted to prevention and treatment of alcohol abuse.

The Strategy calls for a number of actions to address the serious problem of underage drinking. First, communities must be at the heart of effective action. It is a State and local responsibility to make sure that the laws relating to alcohol consumption are credible: we cannot expect young people to take the issue of alcohol use and abuse seriously if they see that the community does not take its own laws and regulations seriously. Therefore, States and localities must eliminate loopholes and enforce laws related to the consumption, sale, and distribution of alcohol. States are encouraged to review and adopt where necessary the policies, procedures, and legislation set forth in Appendix C, which are intended to restrict the availability of alcohol to youth by improving the effectiveness of State laws and local ordinances.

Second, parents must understand that they are the primary means by which children are taught that alcohol consumption issues



are, indeed, some of the most serious issues they will face as adolescents. Parents need to deliver clear messages to their children that alcohol use is harmful and, for those underage, illegal. Society has an important role to play in this endeavor, but it is parents who are children's most powerful teachers of right and wrong. Parents must insist on abstinence from alcohol for those underage; they must deglamorize alcohol as they are doing with drugs, educating their children about the medical, social, and legal consequences of using and abusing alcohol; and finally, they must set a good example.

Third, prevention strategies must continue to provide public information and education targeted at young people. Schools and communities are key to this effort. In that regard, any school receiving DFSCA or any other Federal funds must implement alcohol prevention programs and policies in substance abuse programs targeting children and adolescents or lose eligibility for any Federal financial assistance. Federal drug prevention training and technical assistance programs will continue to provide community groups and schools with information and material to help eliminate the sale of alcohol to those under 21 and to prevent young people from using alcohol.

Fourth, Federal agency policies related to the use, possession, and distribution of alcohol by underage persons will be reviewed to ensure all agencies adopt and promote a clear "no use" message for youth under 21. Federal statutes will also be reviewed to ensure that they are consistent with this Administration-wide policy.

The alcohol industry can play an important role in reducing the abuse of alcohol and illegal underage drinking. Recently, for example, representatives of the alcohol industry and the Surgeon General issued a joint statement in which the alcohol industry agreed to encourage individual companies to review their marketing practices. In addition,

**COMMUNITY COALITION ACTS TO STOP ILLEGAL
SALE OF ALCOHOL TO MINORS**

National Families in Action (NFIA) of Atlanta, Georgia found that although police had made 72 cases against establishments selling alcohol to underage youth, only one liquor license was suspended by the county authority. NFIA notified Parent Teacher Student Associations and parental pressure resulted in a Grand Jury investigation. As a result, the power to suspend or revoke licenses has been extended to county judges and licensed establishments are engaging in more rigorous self-policing.

the industry and the Federal government reaffirmed their intention to promote and improve educational efforts to combat illegal underage drinking at all levels, as well as their continuing commitment to help enforce relevant laws governing the consumption and purchase of alcoholic beverages.

The Administration supported and Congress passed an amendment to the Fiscal Year 1992 Transportation Appropriations Act that requires alcohol testing for approximately six million employees in safety-sensitive positions in the aviation, mass transit, highway, and rail industries. In addition, the new resolution requires drug testing for the same transportation sectors. Regulations will be published and effective in late 1992, with implementation across America scheduled for 1993.

Tobacco. Like alcohol, the data show a declining trend in tobacco use by teenagers and an increase in the percentage of high school seniors who disapprove of smoking. Despite these encouraging signs, tobacco use by underage youth is still too high. For many reasons, the Strategy supports initiatives to reduce the number of young people who use tobacco. First and foremost, such use is against the law in most States. Second, tobacco is a gateway to other more harmful drugs. Third, the health risks associated with tobacco use are well-documented. As with other substance abuse issues, tobacco use by underage youth should be attacked using prevention and enforcement efforts. Accordingly, those States that do not now prohibit the sale of tobacco to those under age 16 are encouraged to do so. All States are encouraged to review and, where necessary, adopt laws similar to the model legislation set forth in Appendix C.

As discussed above with regard to alcohol, changing attitudes and behaviors toward tobacco use and restricting access to it by underage youth are essential to preventing such use. While the Federal government will do its part in these efforts, it is parents who bear the primary authority and responsibility. The legality of adult tobacco use challenges parents and other adult family members to teach their children the dangers of tobacco use and that such use by underage youth is illegal and wrong.

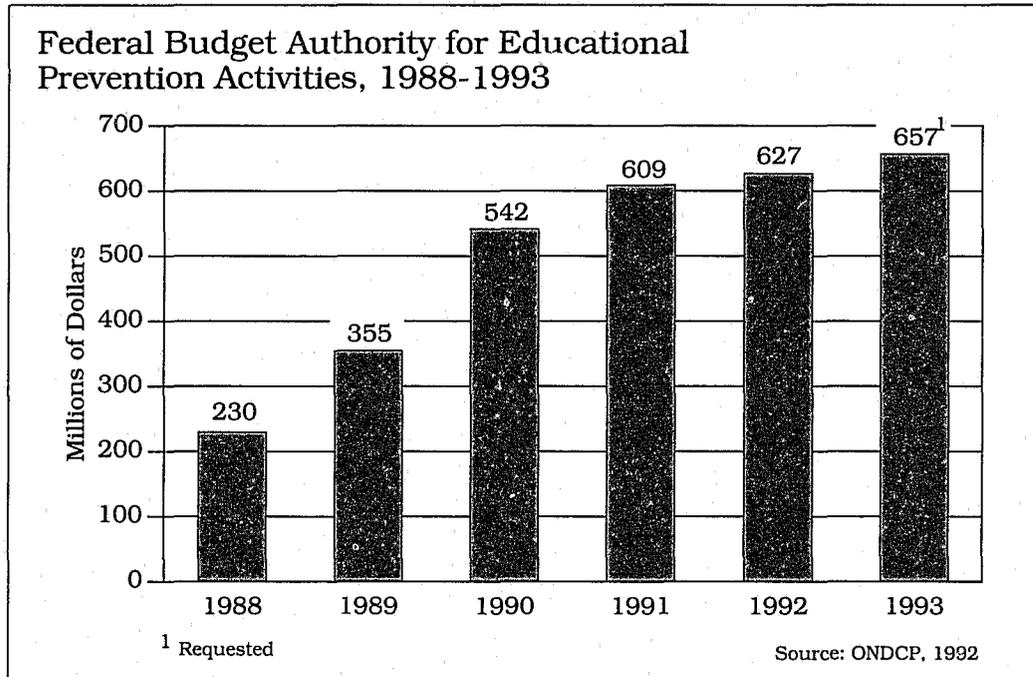
Prevention in the Schools

The job of our schools is to provide students with the knowledge, good habits, and self-discipline that lead to successful adulthood. Drugs are incompatible with these attributes. School-based drug education programs must do more than merely present facts to students about what drugs will do to their bodies and minds. They must emphasize that the illegal use of drugs is wrong and follow up with strong action by disciplining those who violate the law and school policy. The Strategy is consistent with and supportive of the six national goals contained in the President's education strategy, America 2000. Goal Six calls for all schools to be safe, disciplined, and drug-free by the year 2000.

States and local communities play the most critical roles in developing and implementing school programs and policies to prevent drug use. The role of the Federal government in these efforts is important, but limited to supporting States and local communities by providing leadership, disseminating information, and providing technical and financial assistance. For example, the Departments of Education and Health and Human Services initiated a project designed to produce several products for preschool (including Head Start) and elementary teachers and personnel that will describe what is known about drug-exposed children, the challenges they may pose for teachers, and promising strategies for working with these children in the classroom.

Financial assistance is provided principally through two grant programs. The DFSCA is the primary Federal vehicle for funding drug education in the Nation's classrooms. As the chart on page 45 shows, budget authority for educational prevention activities has grown steadily. In Fiscal Year 1993, a total of \$657 million is being sought for these activities. This includes \$508 million for the DFSCA grant program that must be used to *supplement*, not supplant, any State funds.

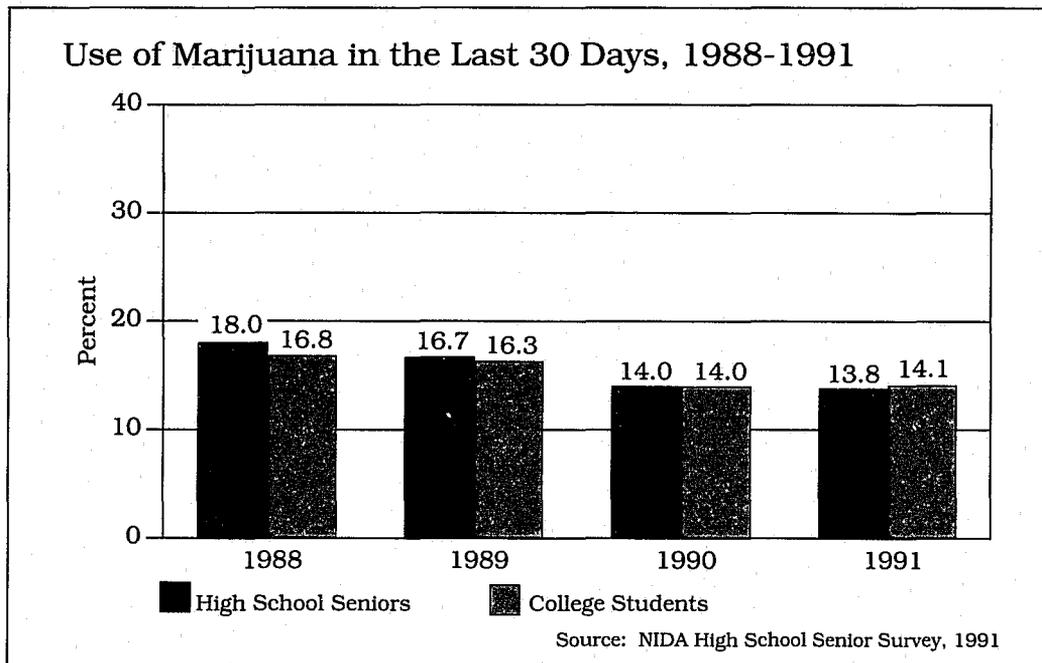
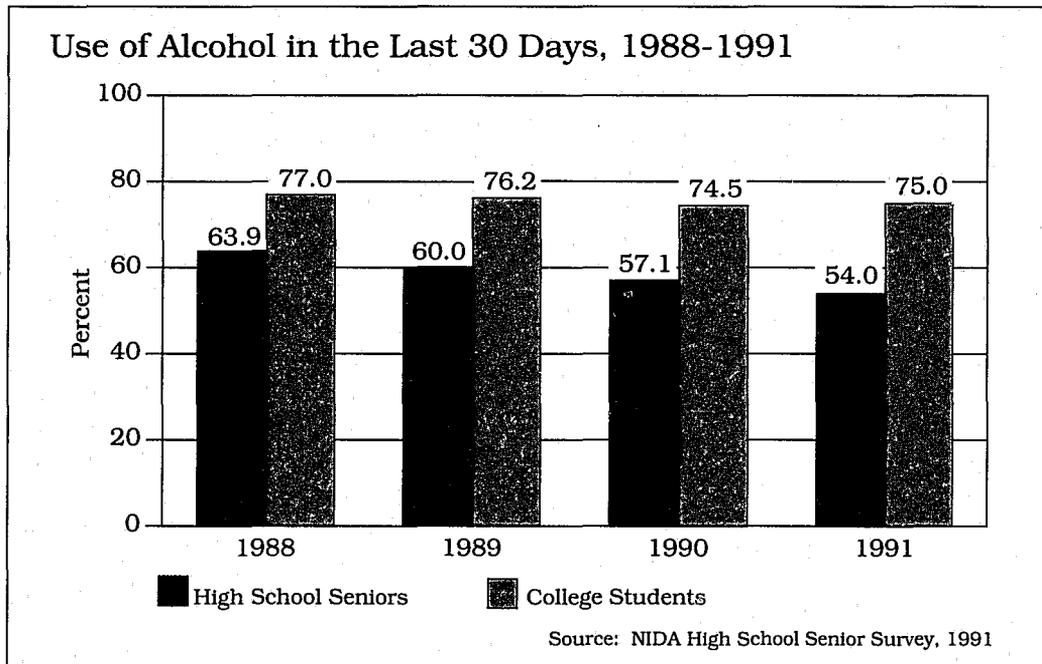
At the same time, the Drug Emergency Grant Program will focus on building effective programs in schools with significant drug and drug-related violence problems. Schools that qualify for these grants are encouraged to use the funds for security personnel, metal detectors, and other security-related assets to facilitate a safe, drug-free learning environment. Funding for this program will be increased from \$30.3 million in Fiscal Year 1992 to \$60.3 million in Fiscal Year 1993.



The Department of Education will monitor State education agencies for compliance with the provisions of the DFSCA, including those that require State and local education agencies to review the effectiveness of their prevention efforts, and implement changes to the program where needed. States are encouraged to report the results of such evaluations to local communities.

Institutions of Higher Education. Parents who entrust their children to colleges and universities expect that the values they have instilled in their children will not be eroded. Indeed, they hope their children will come out of college better persons. With respect to drugs and alcohol, therefore, it could reasonably be expected that usage data would drop sharply for those who have been exposed to higher education. This is not the case. As the charts on page 46 show, there is a substantial increase in the number of college students reporting alcohol consumption compared with the number of high school seniors reporting such use, and relatively no difference between the number of high school seniors and those in college who report using marijuana.

This is not an indictment of all institutions of higher education. Many college presidents provide the dynamic leadership that young people need and parents expect them to provide. However, some colleges and universities seem to operate as if the laws against drug



and alcohol use do not apply to them. At such institutions, for example, more attention may be given to student expressions that are offensive, but nonetheless within the law, than is given to violations of Federal and State drug and alcohol laws.

It is time for all of society's institutions, including higher education, to send the message loudly and clearly: there is no safe haven for illegal drug and alcohol use, particularly not at our institutions of higher education. The Higher Education Act, as amended by the DFSCA in 1989, requires colleges and universities to implement firm anti-drug and anti-alcohol policies for their employees and students. Drug prevention programs at a representative sample of post-secondary institutions, especially colleges and universities, will be monitored annually and corrective action required if violations of Federal requirements are found.

Colleges and universities must also prepare those entering service professions such as education, law, medicine, and the social sciences to know at least the basic facts about drugs and alcohol, including the symptoms of drug and alcohol use, ways in which drugs affect the mind and body, and appropriate methods to identify drug users and risk factors for drug use. The Administration will work with professional accrediting organizations and associations to ensure that such knowledge is required as a prerequisite to accreditation or certification. But the responsibility of these professionals goes beyond merely knowing basic facts about drugs and alcohol. Indeed, they have a responsibility to protect their patients and clients by warning them about the perils of drug use and alcohol abuse, and by providing proper guidance for those who are already addicted.

Drug-Free School Zones. Many States have passed Drug-Free School Zone legislation that provides for enhanced penalties for anyone convicted of a drug crime within 1,000 feet of a school. While arrests in many of these areas have increased, States need to develop implementation strategies that foster school, community, and law enforcement collaboration to reduce further the availability of drugs to, and the use of drugs by, our children. The Federal government will propose amending existing Federal law to designate Head Start classroom sites as part of a drug-free zone. In so doing, the government will ensure that our youngest children receive the same protection provided to older students. The Federal government will publish implementation guidelines to assist States in establishing drug-free schools.

Steroids. Widespread use of anabolic-androgenic steroids is a significant concern. Epidemiological data are limited, but there is some evidence of substantial use of these controlled drugs by adolescents and young adults to enhance athletic performance and improve physical appearance.

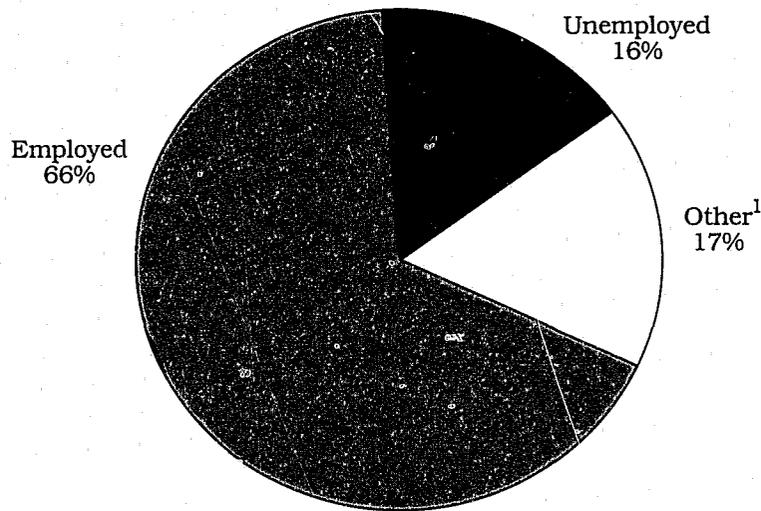
The Federal Interagency Task Force on Anabolic Steroids identified a need for additional research, enforcement, regulation, and prevention. Accordingly, greater emphasis will be placed in Federal research grant announcements on steroid health effects, neuropsychiatric and psychosocial effects, abuse liability, epidemiology, prevention, testing, treatment, and rehabilitation. Federal prevention materials will focus on key target groups such as bodybuilders, competitive athletes, parents, coaches, and physicians, as well as the general public. Information about effective programs to combat steroid use will be disseminated to educators, coaches, parents, prevention specialists, and community organizations. The Strategy encourages schools to incorporate this subject into all school prevention programs.

Prevention in the Workplace

The workplace presents special responsibilities and opportunities to reduce drug use in America. As chart on page 49 shows, 66 percent of the estimated 13 million current drug users are employed, making the workplace an important arena for drug prevention and intervention. Employers have a vested interest in ensuring a drug-free workplace because drug users are more likely to miss work, have health problems, be involved in accidents and thefts, and quit or get fired — all at a significant cost to employers through lost productivity and higher insurance claims. Employees also benefit from a drug-free workplace. In addition to enhanced personal safety, a drug-free workplace facilitates increased productivity and holds down costs, thus offering greater employment security, higher wages, and potentially increased profit sharing. The Office of National Drug Control Policy (ONDCP) will enlist the help of the Partnership for a Drug-Free America to create and disseminate advertisements emphasizing such benefits to the employer and employee.

It is reasonable to assume that many drug users in the workplace are, in fact, addicted and not just casual users. There is evidence that people with addictive disorders often value their jobs more highly than

Employment Status of Current Adult Drug Users, 1991



¹ Homemakers, students, and retirees

Source: NIDA National Household Survey on Drug Abuse, 1991

their families or other social support networks. Faced with the threat of job loss, the addicted employee is more likely to seek treatment. A comprehensive workplace substance abuse program can offer employees the help they need to seek and successfully complete a treatment program. Employers are encouraged to establish such programs to help their drug-using employees become fully productive employees.

The Federal Workplace. Executive Order 12564 requires the head of each Executive Branch agency to develop a plan to achieve a drug-free workplace with due consideration of the rights of the government, the employee, and the general public. The Administration remains committed to the goal that every Federal agency implements such a plan fairly and consistently and that each plan include a statement of agency policy, expectations, and intentions regarding drug use; an Employee Assistance Program (EAP); supervisory training; supervisory- and self-referrals to treatment; and provision for identifying illegal drug users, including drug testing. Of all Federal employees tested, only about one-half of 1 percent have tested positive for illegal drugs.

As the lead agency for the oversight of Executive Order 12564, ONDCP works in concert with other Federal agencies to ensure that the rights of Federal employees are protected, that quality control is

sound, and that the program is run in a cost-effective manner. As a first step, 137 Federal agencies were surveyed to identify variances in program costs, test-designated positions, drug testing frequency, and disciplinary action following a finding of illegal drug use. The survey found variances in some of these areas, and, under ONDCP leadership, steps are being taken to ensure greater consistency in implementing the Federal drug-free workplace program.

Federal Regulation of Business. The Drug-Free Workplace Act of 1988 and its implementing regulations require all contractors and grantees who have over \$25,000 in business with the Federal government to maintain drug-free workplaces. Additional regulations affecting Federal contractors and grantees in health- and safety-sensitive jobs have been issued by the Departments of Defense, Transportation, and Energy, and the Nuclear Regulatory Commission, and include, in some cases, drug testing.

The Department of Transportation (DOT) has also published regulations directing America's transportation sector to drug test all workers in safety-sensitive positions. When the provisions of legislation signed by the President in October 1991 are implemented, DOT estimates that these regulations will direct America's transportation sector to test over six million employees in safety-sensitive positions. This legislation, which adds mass transit employees and most of America's intrastate truckers to DOT's drug testing program, sends a strong signal that drug use in commercial transportation will not be tolerated, and that the Federal government is committed to ensuring that America's transportation systems are safe. According to the 1988 Household Survey on Drug Abuse, about 13 percent of transportation workers acknowledged illegal drug use. DOT reports that recent preliminary data show a positive test rate of less than 3 percent. This shows that the drug testing program required by DOT is having a strong deterrent effect on drug use in commercial transportation.

In addition, 34 States have recognized the pressing need for safer transportation modes and have adopted DOT's regulatory program for intrastate commercial motor vehicle operators. Florida and Montana have patterned their workplace drug testing statutes after the Federal program.

State Leadership. The Administration encourages States to assume greater leadership in promoting drug-free workplaces by enacting drug-free workplace legislation that subjects State employees holding sensitive positions to drug testing, requires corporations that

receive State contracts or grants to institute an anti-drug plan, and requires all State-licensed professionals convicted of a drug-related crime to participate in a drug treatment program or face license suspension. The 1990 ONDCP White Paper "Building A Drug-Free Work Force" includes model legislation to aid public and private sector employers who wish to adopt drug testing plans. Those States that have not already done so should adopt legislation that conforms with the model.

The Private Sector. Every employer should implement comprehensive drug-free workplace programs, comprising clear written policies against drug use; education of employees about the dangers of drugs and the availability of treatment referral and support; training of supervisors to understand and deal with drug problems among workers; an EAP; and, where appropriate, drug testing. The Administration encourages private sector companies to make greater use of drug testing among the general employee and management population, not just for those in safety-sensitive positions. (Experience has shown that employees are likely to be more accepting of drug testing if all employees are covered.) Drug testing is most effective as part of a comprehensive program and should be implemented with high standards of confidentiality and accuracy that are enforced and with an EAP available for workers who test positive. The Federal government will continue to provide technical assistance on drug testing guidelines and procedures for use by businesses.

EAPs help employees with problem assessment, provide referral to treatment and short-term counseling, and monitor progress during and after treatment. The Federal government will continue to sponsor demonstrations of, and provide information about, affordable EAP services, and develop and evaluate models of EAP service delivery components and referral strategies to ensure that clients' rehabilitation needs are matched to appropriate community services. Professional associations are encouraged to develop accreditation standards for EAPs based on the results of these evaluations.

The President's Drug Advisory Council is working to reduce the illegal use of drugs through the implementation of drug-free workplace programs in businesses throughout the United States. The Council, in conjunction with business and labor leaders, is developing a national initiative that will provide private sector resources to enable businesses to establish these programs. In fact, organized labor is increasingly recognizing its role in addressing the drug problem, and collective bargaining agreements frequently include anti-drug provisions.

To ensure that the private sector understands multiple anti-drug laws and regulations, the Federal government will develop and disseminate materials to help businesses comply with Federal drug-free workplace requirements.

Small Businesses. Large and medium-sized businesses more often than not have a drug policy, an EAP, and drug testing. In fact, a 1989 study by the Bureau of Labor Statistics showed that 87 percent of business establishments with over 5,000 employees had instituted drug-free workplace policies. However, small businesses, which employ over 50 percent of the work force, rarely have such policies. It is not unlikely, therefore, that drug users might be leaving the ranks of large businesses only to be employed by and become a primary burden on small business.

Traditionally, small businesses have been among the most productive enterprises. It is imperative that as large and medium-sized businesses create drug-free workplaces, small businesses take similar action so that they do not become a weak link in America's productivity. The Department of Labor and the Small Business Administration, in conjunction with ONDCP, will sponsor a national conference to help small businesses achieve drug-free workplaces. The Small Business Administration disseminates information about the harmful effects of drug and alcohol use to the small business community. Community civic organizations can also help. The Chambers of Commerce in the Atlanta area, for example, have developed an innovative program to help small businesses establish cost-effective drug-free workplace programs, which include educational materials and rehabilitation. Their goal is to reach 1,000 businesses in 1992.

In Fiscal Year 1993, the Small Business Administration will conduct research to determine whether job applicant drug screening in large businesses affects the pool of workers available to small businesses, the types of anti-drug programs best suited for small businesses, and the principal barriers to such programs.

Improving Prevention Programs

Many prevention activities in the education, health, and criminal justice arenas are targeted for evaluation. To improve the accountability of educational programs and to ensure they are effective and the funds properly targeted, the Department of Education will allocate \$1.5 million in Fiscal Year 1992 for data collection, evaluation, and follow-up research. A minimum of \$5 million will be provided for these activities in Fiscal Year 1993. Technical assistance to schools in the areas of assessment and evaluation will also be increased to improve the targeting of their prevention programs.

The Federal Role. The Federal government is assisting efforts to improve the effectiveness of prevention programs. For example, ONDCP has enlisted the help of the Partnership for a Drug-Free America to devise a comprehensive advertisement strategy that accommodates diversity in the population. Further, the Federal government conducts research to improve the quality of prevention programs. This research includes efforts (1) to improve existing and develop new analytical techniques to measure drugs in body fluids and tissues to deter drug use by improving detection methodologies, (2) to identify those factors associated with vulnerability to drug using behavior, (3) to better understand the physical effects of drugs on the body and on behavior so that improved performance assessment tests can be developed, and (4) to develop innovative approaches to halt the onset and progression of drug use and associated anti-social and health-related behaviors.

To identify and improve effective prevention practices that target at-risk children and adolescents, the Federal government will conduct studies on school drug education and prevention efforts and on the following:

- Violence and drugs among adolescents, especially those in schools and the juvenile justice system;
- Infants and young children of drug-using and alcohol-abusing adults at risk for child abuse or neglect;
- Opportunities and techniques for providing drug prevention services in public housing;

- Children entering elementary school who were exposed *in utero* to maternal drug use;
- Targeted approaches for drug prevention efforts with high-risk youth such as runaway and “street” teens at risk for drug use and AIDS; and
- Drug prevention in the workplace, especially efforts targeting spouses and dependents.

Demonstration grant programs have also produced innovative strategies for reaching out to drug-using pregnant women and practical guidance for helping drug-exposed infants and their caretakers. In addition, government research demonstration grant programs have developed intervention techniques targeted to AIDS-related risk behaviors that particularly affect women who use drugs or are the sexual partners of drug users. Further research will follow to develop and test strategies to reduce risk to women and their unborn children. Research will be conducted to better locate out-of-treatment drug users, the sexual partners of intravenous drug users, and other high-risk groups, as well as to develop innovative treatment and behavior change strategies for these groups. The results of these studies and research programs will be used to develop, in conjunction with the States, guidelines for improving the quality and effectiveness of State Prevention Plans.

Disseminating What Works. The Nation is replete with successful drug and alcohol prevention programs such as the one implemented by the Boys and Girls Clubs in public housing and the Student Assistance Program in New York. Critical to the success of demand reduction strategies is the availability of information about effective programs to prevention practitioners and community volunteers. To provide better access to Federal sources of drug information, ONDCP established the Federal Drug, Alcohol, and Crime Clearinghouse Network. One toll-free number (1-800-788-2800) connects a caller with any or all of seven major information sources: drug prevention, drug treatment, drug-free workplace programs, public housing drug initiatives, AIDS and drug use, crime, and national and international criminal justice efforts.

ASSISTING OUR YOUTH

Since 1987, more than 100 new Boys and Girls Clubs have been created in public housing. Where such clubs exist, there is significantly lower drug use, less juvenile delinquency, and more adult involvement with youth than in comparable public housing communities with no club.

The Student Assistance Program operating in Westchester, New York high schools provides intervention and prevention services for students of drug using or alcohol-abusing parents, who have themselves been using alcohol or other drugs, or exhibit behavioral and academic problems. Program evaluations show overall school attendance improves and reported substance abuse declines among students in the program.

In addition, the RADAR network, a Federal government electronic mail system, connects Federal, State, and community prevention programs and facilitates the exchange of information about effective prevention practices. All State substance abuse programs and most Federal prevention agencies are linked through RADAR so that they can quickly share the success of the programs they fund or conduct in schools, public housing, community coalitions, prevention research projects, and substance abuse programs.

Chapter Highlights

- Outreach to priority and hard-to-reach populations.
- Expanded and improved treatment for drug-using offenders in Federal and State institutional and community programs.
- Expanded and improved drug treatment, located in areas of greatest need, through the Capacity Expansion Program.
- Expanded training of drug treatment and drug research professionals.
- Establishment of national outcome criteria, and data collections and reporting requirements for publicly-funded programs.
- Enhanced treatment research.

Freeing Current Users

The treatment system is designed to get drug users off drugs and help them to stay off. In so doing, effective treatment can help reduce the social costs of drug dependency, including crime, drug-affected infants and children, the spread of HIV/AIDS, lost productivity, costly health care requirements, and the destruction of families, neighborhoods, and communities.

The first National Drug Control Strategy (1989) established the importance of effective treatment of drug-dependent individuals. Anticipating broad social progress in reducing drug use, the Strategy noted that millions of individuals would still need help to stop using drugs. Significant strides have been made in expanding treatment capacity, improving the quality of treatment, and directing it to users who are difficult to reach with conventional approaches. Treatment capacity has been expanded from 1.7 million persons in 1989 to a projected 1.9 million in 1993 (assuming State and local governments and the private sector do not reduce support for treatment services). Treatment providers nationwide are being studied so that lessons learned can help identify and eliminate critical problems in service delivery.

Federal assistance is channeled not only through the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant Program, but also through the Target Cities Cooperative Agreements, Critical Populations Grants, criminal justice programs, Campus Treatment Demonstration Projects, and the Capacity Expansion Program. The Target Cities Agreements, Critical Populations Grants, and criminal justice programs provide funds to some 156 projects in 41 States, the

District of Columbia, Puerto Rico, the Virgin Islands, and Micronesia. They are expected to become prototypes for the delivery of comprehensive therapeutic services.

But much remains to be done. Although past month drug use (as reported by national surveys) has declined by 45 percent since 1985, nearly 13 million Americans still use drugs monthly, and the rate of decline in drug use may be slowing, particularly among certain parts of the population. Despite increases in the Nation's treatment capacity, there is still a shortfall. Furthermore, treatment capacity is not always available in areas with the greatest need, while in other areas treatment services are underutilized. Thus, expanding the Nation's treatment capacity continues to be a priority, but with a view toward eliminating the unevenness in utilization.

Equally important, the treatment system needs qualitative improvements. For example, treatment programs may vary widely in quality and still receive Federal funding without being held accountable for the effectiveness of the treatment they deliver. Many treatment systems cannot assess the medical and psychological needs of users and match them with the most appropriate type of treatment. Relapse prevention techniques are not yet integrated into all treatment approaches. The "Not in My Back Yard" phenomenon continues to impede the siting of treatment programs in many communities. And as the capacity of the treatment system is expanded, the number of trained staff must be increased.

Expanding the Availability of Drug Treatment

Recent estimates show that in Fiscal Year 1992 there are approximately 2.77 million drug users in this Nation who need and can benefit from drug treatment. The national treatment system contains 599,000 slots with a capacity to serve 1.7 million Americans in need of treatment. The publicly subsidized treatment system, intended for those who cannot afford private (or unsubsidized) treatment, or for whom private treatment is otherwise unavailable, is primarily funded by Federal and State tax dollars. Estimates show that public tax dollars, both Federal and State, fund over half of the drug treatment delivered in this country. The Federal government provides half of the public funds.

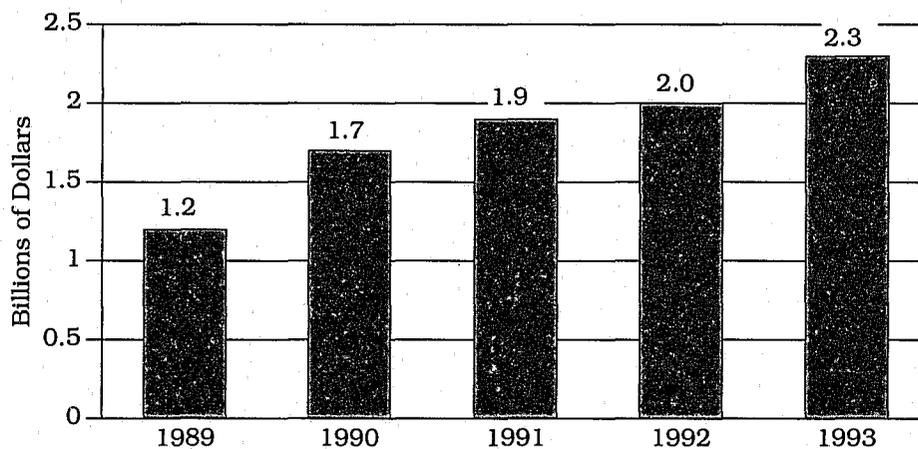
Grant Support. As the chart on page 59 shows, Federal funding for treatment services has grown steadily since 1989. The largest

Federal treatment funding program is the ADMS Block Grant to the States. Block grants like ADMS are designed to support services provided broadly across the Nation and, therefore, are distributed to recipients based on a formula that generally uses economic and demographic data (e.g., population) to determine the need for funds. Such grants have proven effective in supporting and expanding services to the general population, and the Administration will continue to support them.

The issue for the future, however, is not so much the amount of treatment, but its location. There is an underutilization of treatment facilities in many areas of the country, and block grant programs do not allow the Federal government to target shortage areas or hard-to-reach populations such as pregnant addicts, adolescents, prison inmates, the homeless, or residents of public housing. Instead, the Federal government must allocate the funds on a formula basis to each State, even though some States have a smaller number of people in these critical populations than other States.

To ensure these special populations are adequately reached, the Administration supports other grant approaches, so-called categorical grants, in addition to the block grant. Principal among categorical grants is the Drug Treatment Capacity Expansion Program (CEP), created by the Administration in Fiscal Year 1992 expressly to increase

Federal Budget Authority for Drug Treatment and Related Research, 1989-1993¹



¹ Funding for the Departments of Health and Human Services and Veterans Affairs and other Federal agencies.

Source: ONDCP, 1992

the number of drug treatment slots for areas and populations in greatest need of treatment. Applications for CEP grants are judged on the extent to which they document the need for treatment and, based on incidence data, target resources to particular population groups, types of treatment, or geographic areas. Priority will be given to those applications that expand the capacity of treatment programs, especially for high-risk groups, and for those that provide such services as central intake, assessment, and aftercare, in addition to basic treatment services. To ensure that States continue to fund these programs, matching funds are required and the Federal share will decrease each year over the life of the grant. States that can demonstrate extraordinary economic circumstances may apply for a waiver of the match requirement.

In 1992, approximately \$248.5 million was made available for categorical grants, including the Capacity Expansion Program as well as Treatment Improvement Grants, Crisis Area Grants, Residential Demonstration Grants for Women and their Children, research demonstration grants, and homeless grants. These grants are used to promote and demonstrate innovative approaches to treatment outreach, retention and quality improvement, and to expand treatment availability to hard-to-reach populations. The Administration will request a total of \$374.4 million for these programs in 1993, an increase of \$125.9 million.

Funding for the ADMS Block Grant, together with funding for categorical programs, will support nearly 94,000 drug treatment slots in 1992, capable of treating over 260,000 persons on an annual basis. Total national capacity in Fiscal Year 1992 will treat an estimated 1.7 million people with drug disorders. The Administration is seeking an additional \$133.6 million for these programs for Fiscal Year 1993, including major funding increases for the Capacity Expansion Program and for Treatment Improvement grants. These increases will generate over 17,000 additional Federal drug treatment slots, increasing national treatment capacity to 1.8 million people, when combined with non-Federal funding sources.

The Strategy places increased emphasis on identifying and providing treatment services for persons with comorbid substance abuse problems, as well as youth under 21 years of age with alcohol problems. Accordingly, nearly 33,000 Federal treatment slots will treat approximately 100,000 people in these categories in Fiscal Year 1993. When added to the overall drug treatment capacity estimates cited above, at least 1.9 million people will be able to receive treatment nationwide.

As noted earlier, the Administration continues to place a high priority on expanding the treatment system to eliminate the shortfall in capacity. Unfortunately, Congress does not appear to share the President's commitment. In Fiscal Year 1991, the Administration proposed a \$100 million increase for the drug portion of the ADMS Block Grant, but Congress provided only about one-fourth of this request. For Fiscal Year 1992, the Administration asked Congress for a total of \$358 million for the drug treatment activities of the ADMS Block Grant and an additional \$99 million for the new CEP program. Although Congress appropriated \$21 million more for the Block Grant than was requested, it appropriated \$90 million less for CEP, resulting in a net \$69 million cut to the President's request. The President's budget request would have treated an additional 25,000 people (assuming no reduction in support from non-Federal sources). The Congressional cut not only eliminated the increase requested by the President, it also resulted in 10,000 fewer people being treated than in the previous year.

For Fiscal Year 1993, the President is asking Congress for a total of \$2.3 billion for treatment and related research, including a total of \$86 million for CEP. Since States would be required to provide matching funds for their CEP grants, it is expected that the net effect of the President's budget and legislative programs, would increase the national capacity to treat more than our current estimate of at least 1.9 million people.

Maintenance of Effort. Block grants, such as those established for drug treatment, are designed to provide the States with broad support and considerable administrative latitude. Most States have used that latitude appropriately to focus treatment expansion in the areas of greatest need. Unfortunately, however, it appears that some States are using these Federal funds to reduce State expenditures rather than expanding treatment capacity. The use of ADMS funds in this manner is inconsistent with the Strategy, which seeks to *supplement* State spending to expand treatment services. To prevent this diversion of treatment funds, the Administration for two years has sought Congressional action on "Maintenance of Effort" legislation that would ensure that States do not use this increase in Federal funding for treatment as an opportunity to cut their own treatment budgets. Congress has not yet enacted this legislation, and the Administration strongly urges it to do so in this new session.

Drug Treatment for Veterans. At 171 medical facilities around the country, veterans receive help for the physical and mental health-related problems that often accompany drug use. However, treatment

for drug use itself has not been as readily available. To remedy this, the Administration has steadily increased funding for substance abuse treatment since Fiscal Year 1989 and these increases are reflected in the expansion of specialized treatment services by the Department of Veterans Affairs (VA). The number of VA medical facilities with drug treatment programs has grown from 140 in 1989 to 155 today. Out-patient treatment visits will grow from 684,000 in 1990 to a projected 1.4 million in 1993. VA has facilitated the entry of veterans recovering from substance abuse into the workplace, projecting nearly 90,000 patient visits in its compensated work therapy and therapeutic residence programs next year. The President requests an additional \$46.3 million in Fiscal Year 1993 to support these services.

Treatment Campuses. The 1990 Strategy outlined a Treatment Campus initiative, involving the creation of large, "multiple modality" treatment centers that would offer a variety of drug treatment approaches, enhanced treatment capacity, improved treatment quality, and the opportunity to evaluate the efficiency of different treatment methods. This initiative allows a number of different treatment providers to operate on the same site and share centralized services including intake and assessment, medical and psychiatric care, educational and vocational training, and recreational activities. This centralization will likely result in cost savings and uniformity of certain key services, which are essential for comparative evaluation.

In Fiscal Year 1991, \$18 million was made available for drug treatment campus awards, one in New Jersey and one in Texas. The two campuses, expected to be fully operational in 1992, will serve over 7,800 adolescents and adults (including pregnant women and their children) between 1992 and 1994. Federal funding will cover approximately 80 percent of the costs and an evaluation of these programs.

Treatment Facility Expansion. To expand the availability of treatment facilities, efforts will be increased to link a number of existing facility, transitional housing, and community development programs with drug treatment centers. Underutilized and closed military bases also offer communities the possibility of obtaining facilities that can be used for drug treatment, corrections, or sites for the homeless. The Director of the Office of National Drug Control Policy (ONDCP) wrote to all the Governors in August 1991 encouraging them to consider using such facilities. States have also been provided with listings of underutilized military properties, proposed base closings, and surplus Federal properties.

Private Insurance. About one-fourth of those treated for drug problems each year depend on private insurance as the primary source of payment for treatment services. The Institute of Medicine reported in 1990 that private insurance plans significantly increased their coverage (explicit written benefits) for drug treatment during the 1980s. However, large increases in the cost of health services over the same period, led many insurers to cut costs by limiting the nature or amount of coverage for drug treatment, allowing insurance reimbursement only for those services deemed to be necessary or appropriate after review. This latter function is often termed "managed care." Some treatment providers and patients have alleged that managed care can make it difficult for patients to obtain reimbursement for necessary and appropriate services. Managed care has also raised important questions about the effectiveness and quality of such drug treatment. ONDCP will seek to promote a resolution of these questions in meetings between representatives of the treatment community and the managed care industry, both of whom must also be held to reasonable standards of effectiveness. The Federal government is in the initial stages of developing treatment protocols through a public consensus building process, which will facilitate this process.

Improving the Quality of Drug Treatment

A massive investment in treatment capacity expansion requires planning, efficient management, and accountability for fiscal integrity, program performance, and treatment outcomes. The Strategy calls for accountability measures to ensure that treatment programs provide necessary services in a cost-effective manner and that they result in positive outcomes.

State Treatment and Prevention Plans. The Administration has been aggressive in its attempts to improve the effectiveness of treatment and increase its availability. The major effort to improve system effectiveness has been and will continue to be the State treatment and prevention planning process. A key component of these plans is State estimates of service needs at the local level. This enables States to properly target resources to the communities and populations most in need. The Administration will continue to support funding for the State Systems Development Program. This program provides grants to States for technical assistance to help develop data

on the incidence and prevalence of drug use and the availability of treatment services

For the past three years, the Administration has pressed for enactment of legislation that would condition receipt of Federal block grant treatment funds on a State's development, submission, and implementation of a treatment action plan. Congress has still not enacted this legislation. The Administration once again will seek this important measure and will move ahead with some elements of the treatment plan that are legislatively authorized by publishing regulations to establish a common planning process among the States for the ADMS Block Grant. A number of States have been working with Federal agencies in developing this process.

Outcome and Accrediting Standards. Treatment programs must be designed to get users off drugs, and these programs must be held accountable, primarily by the States, for their record in doing so. Success should be supported and States should cut off funds to those programs that fail to demonstrate success. Building on established measures such as the Addiction Severity Index, the Administration will identify treatment outcome criteria and those measurable characteristics of treatment programs that are predictive of positive outcomes. The resulting criteria will establish requirements for inclusion of certain data in national data collection efforts, applications for Federal funding, and in evaluations of treatment grants.

States must be able to demonstrate their progress in tracking treatment performance and results (some States, notably Oregon and Maine, have already moved in this direction). Performance contracts have replaced previous funding agreements with treatment providers, and are providing a basis for:

- Linking treatment funding to utilization rates;
- Incorporating into reporting requirements interim outcome measures, such as client retention and the number of drug-free days while in treatment;
- Establishing basic outcome measures (such as rates of and days to drug use and rearrest, completion of education, and employment placement, level, and retention) to assess the effectiveness of programs; and

- Developing methodologies for weighting interim and final outcome measures, in accordance with the addiction severity and case mix, to provide for fair comparison among programs.

All treatment programs receiving treatment funds should be subject to meaningful data collection requirements, as are hospitals and other health care facilities. This should include a review of staff, for training and certification; services, for extensiveness and quality; fiscal and program records, for management integrity; physical facilities, for compliance with health and safety codes; drug testing, to maintain program integrity; and the collection and analysis of program and client data, to evaluate process and outcomes. The Administration will develop model treatment protocols and standards and pursue a collaborative Federal-State program of technical assistance to help treatment providers achieve and sustain compliance with those standards. Public support for, and funding of, treatment programs should be contingent on meeting these standards. In the interim, treatment programs are encouraged to obtain accreditation voluntarily through State and national licensure/accreditation programs.

A study is underway to analyze State program standards, licensing, credentialing, and reimbursement requirements for drug treatment. The results will provide a comprehensive State-by-State profile of drug treatment standards and requirements. This effort will also improve understanding of the impact of certain State requirements on the development and operation of public and private drug treatment. Research is also being conducted on drug treatment quality assessment and quality assurance and to quantify the cost and utility of alternative approaches. This research will complement the information generated by the above study.

Treatment Staff. Quality training of treatment staff is essential to ensure effective treatment. Federal agencies that support treatment-related training are including accountability measures as they plan, fund, deliver, and evaluate their training activities. As part of the State Treatment and Prevention Plans discussed above, States will need to ensure that State training programs and allocation decisions are based on staff training needs assessments.

Linking Treatment and Primary Health Care. Sixty percent of persons with alcohol and drug problems receive all of their health care in the primary medical care system, usually from physicians, general health practitioners, clinics, and hospitals not specializing in addiction

treatment. This fact, coupled with the accentuated risk of multiple health problems associated with drug use and alcohol abuse (including AIDS, tuberculosis, and sexually transmitted diseases), underscores the need to strengthen the linkage between primary medical care and substance abuse treatment services. National drug treatment and health organizations are developing recommendations for linkage, which States can use in developing State Treatment and Prevention Plans. The Federal government has taken a leadership role in this endeavor through the development of the Linkage Initiative Project. The Project includes regional workshops, special issue work groups, the creation of a national steering committee, and a national conference planned for February 1992. The project is expected to yield a national agenda for services integration, including strategies and program directions for the future.

Reducing the Barriers to Employment. Studies show that employment is a predictor of success in treatment for recovering addicts. Only about one-third of those applying for publicly funded treatment programs are employed. Criminal records, poor work habits, and a lack of education, job skills, child care, and transportation are among the most difficult problems to overcome in obtaining employment. Drug treatment addresses drug use, but follow-up support services may often be needed for individuals to maintain sobriety, productivity, and responsible behavior. States are encouraged to work with State and community education, vocational rehabilitation, and employment services to address these barriers. Adult education programs, tutoring services, and remedial reading and literacy programs should be accessible to those in drug treatment. The Administration will continue initiatives to enable drug treatment programs to receive vocational and educational grant support under the Job Training Partnership Act.

To reach certain youth populations effectively, a demonstration project has been created at selected Job Corps sites to provide drug dependent Job Corps trainees job training and enhanced drug treatment simultaneously. If proven successful by the planned evaluation, this initiative will be expanded to additional Job Corps sites.

Targeting Hard-to-Reach Populations

As drug use and addiction decline in the mainstream population, special emphasis will be placed on those persons most in need of drug treatment — including pregnant women, intravenous drug users, adolescents, and those in the criminal justice system. This outreach effort will be tailored to address local needs and accommodate cultural diversity.

Pregnancy and Drug Use. It has been suggested that drug and especially crack addiction in pregnant women is a time bomb that has not yet exploded. Some experts have painted a dim picture of our society 20-30 years from now when we begin to pay for the fallout of the current drug epidemic in terms of social, medical, and human costs. Since all major classes of drugs cross the placenta, research will be conducted to delineate the influence of drugs on the development of a fetus, on the course of pregnancy, and on subsequent human development. Comprehensive, multifaceted research programs will also be initiated to improve our understanding of the factors that lead pregnant women into drug use, to identify barriers preventing them from seeking treatment, to improve the medical management of the maternal-fetal pair in the face of drug use, to improve the treatment of newborns exposed to drugs *in utero*, and to determine the long-term consequences of such exposure and therapeutic interventions. The Federal government has initiated two national studies, one of which has begun to yield data about the consequences of fetal drug exposure. These data will be used to guide development of effective treatment protocols.

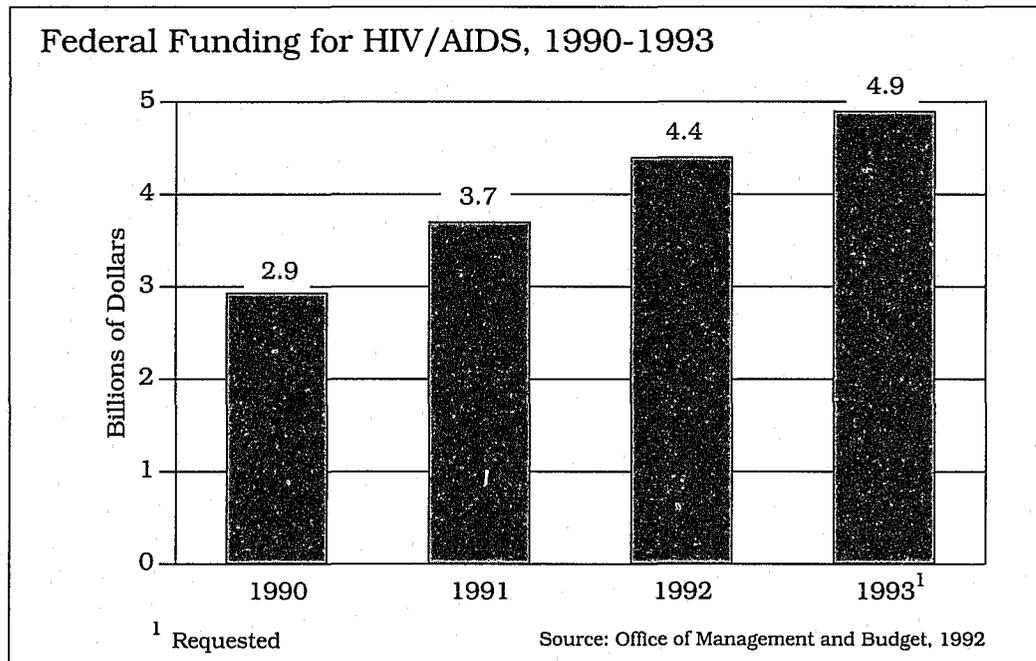
The Administration continues to foster the access to and expansion and improvement of treatment services for pregnant women and their children. For example, the Federal government is developing guidelines for effective treatment of pregnant women. It is funding residential treatment demonstration programs specifically designed for women and their children. It is also funding demonstration programs to help improve access to early medical, substance abuse, and other relevant treatment services that address the diverse needs of Medicaid-eligible, pregnant substance abusers and their infants. Evaluations have been initiated on the cost effectiveness of providing residential care for pregnant addicts. Pregnant women will also be a priority population to receive services under CEP grants and should be a priority under State Treatment Plans. The Federal program for addicted and “boarder” babies will be continued.

In working with pregnant addicts, the primary emphasis must be on outreach to link pregnant women with existing treatment services. Community health centers should direct pregnant women to drug treatment facilities as well as provide them with prenatal care. AFDC and other programs can become sources of referral as well.

The Administration's efforts are directed at encouraging individuals to seek treatment voluntarily. Many programs, however, lack the incentive or requirement to accept pregnant women and their children. The first response, therefore, should be to make the health and social services resources more easily available and accessible to help the drug involved individual or family. Despite society's best efforts to get pregnant addicts to seek treatment, some coercive methods may need to be used. Substance abusing mothers whose children are at risk of child abuse and neglect may be reported, even anonymously, to a State or local child protective services agency. Although the focus of these agencies is not on the parents, drug addiction, or on criminal sanctions but on protecting the children, such agencies may be helpful in getting parents into drug treatment as a condition of regaining their children from a temporary placement in foster care. Finally, coercion through the criminal justice system may be the only way that some pregnant addicts will enter and remain in treatment. As a rule, pregnant addicts should be diverted into treatment whenever they become involved in the criminal justice system.

HIV Infection and Drug Use. HIV infection and AIDS continue to be linked to drug use, particularly intravenous drug use (IVDU), which is associated with nearly one-third of reported AIDS cases. Alarming, Federal studies show that more than 40 percent of IVDUs have never been in treatment, even though many have had more than 10 years of IVDU experience. Therefore, it becomes extremely important to devise new ways to recruit drug users into treatment.

Regular health care for HIV-infected individuals will continue to be financed through existing public and private health financing mechanisms, as with other diseases. As the chart on page 69 shows, total Federal funding for AIDS prevention, treatment, research, and income maintenance will total \$4.9 billion in 1993, a 69 percent increase since 1990. In Fiscal Year 1992, the Administration provided approximately \$2.7 billion for the prevention and treatment of AIDS. In 1993, a total of \$3.1 billion will be requested for these activities, a \$400 million increase. A portion of these funds will be used to attract substance abusers at risk for HIV infection into drug treatment. These



programs have been effective in getting IVDUs into treatment and in reducing HIV/AIDS drug user risk behaviors. It is hoped that private and State funding will assist in continuing these efforts.

The Administration continues to support expanded treatment capacity for IVDUs, primarily through the ADMS Block Grant program, which requires States to use at least 50 percent of their drug allotment for outreach and treatment of these drug users. The Federal government will hold States accountable through State Treatment Plans to pursue a range of approaches to reduce HIV infection resulting from drug use and drug-related behavior, particularly among groups where such infection has been increasing: adult male IVDUs (who constitute the majority of IVDU-related infection), women, infants, adolescents, and young adults. Once in treatment, drug users should receive education, counseling, and testing as integral parts of the program.

Adolescents. Although statistics indicate that adolescents attending school are moderating their use of illicit drugs and alcohol, such use remains a national problem. The increase in AIDS cases among adolescents and the growing number of single teenage mothers suggest that a sizable number of adolescents are engaged in high-risk behavior associated with the use of alcohol and drugs.

The Federal government is developing appropriate treatment guidelines and protocols for the adolescent substance user. They will

include guidance on staff training in adolescent developmental issues and family therapy, guidance on the role of the family in the treatment process, and improved data collection procedures to ensure adequate information about adolescent substance users. In addition, Federal agencies that target adolescents with specific programs (e.g., education, health, justice, and job training) will coordinate these programs to improve access to treatment for adolescents using alcohol and drugs.

Medicaid. To provide needed treatment for those who cannot pay, Medicaid is expected to spend approximately \$161.5 million in Federal funding in Fiscal Year 1993. States have extensive options under Medicaid by which drug treatment can be covered, but few make full use of these options. Technical assistance will be made available to assist States that want to make greater use of Medicaid financing for drug treatment.

Treatment and the Criminal Justice System

In major cities, as many as 75 percent of those arrested for serious crimes test positive for drug use at the time of arrest. More than 50 percent of Federal prison inmates and 80 percent of State prison inmates report that they used drugs before incarceration. Because the population under the jurisdiction of the criminal justice system — arrestees, convicts, probationers, and parolees — tends to be much more heavily involved with drugs than the general population, the Strategy places high priority on treatment for this group.

Drug treatment and criminal justice are allies in the fight against drug use and appropriate actions by the criminal justice system can foster treatment effectiveness. Researchers have found that the threat of criminal justice sanctions motivates offenders to enter treatment and, perhaps more important, to stay in treatment for a period of time sufficient for behavior change (drug treatment effectiveness is directly related to length-of-stay in treatment). And getting treatment while under the supervision of the criminal justice system often means that an addict will have to complete very difficult treatment regimens, be held accountable through frequent drug testing as a condition of return to the community, and be closely supervised throughout the process.

DO DRUGS. DO TIME.

Under the Maricopa County, Arizona, *Do Drugs. Do Time.* program, arrest of a first-time felony drug offender for possession results in a short jail stay and triggers referral to the County Attorney for determination of eligibility for the Treatment Assessment Screening Center program. Those who report to the program: sign a statement admitting guilt; waive certain rights, such as a speedy trial; and pay assessments to the law enforcement fund and for all services received. Those who finish the program have their charges dismissed; those who fail to report or fail the program are subject to prosecution on pending charges. Nearly 65 percent and 40 percent complete the marijuana and cocaine programs respectively.

For these reasons, the Strategy supports the expansion and improvement of treatment for drug-dependent offenders, and the increased capability of the criminal justice system to identify, refer, and monitor offenders in treatment. These goals have spawned a number of collaborative efforts between the criminal justice and drug treatment communities, which encompass user accountability programs as well as community and institutional corrections. The Maricopa County, Arizona, user accountability program is an example of such collaboration.

Linking Treatment to Graduated Sanctions. For substance abusers convicted of a serious criminal offense, community drug treatment can be linked to intensive supervision programs and other intermediate sanctions to enhance public safety and ensure a treatment regime of sufficient intensity. And for those who are incarcerated and require drug treatment, transition from the institution to the community requires intensive supervision and treatment to check relapse and recidivism.

Programs that effectively link criminal justice and treatment have in common an infrastructure that provides for reliable offender management. An excellent example of such a program is the Treatment Alternatives to Street Crime (TASC) program, which serves many communities with tightly structured and documented testing, assessment, supervision, and a control model of offender management.

Fieldwork is under way to study the content, impact, cost, and effectiveness of a number of drug treatment programs provided in coordination with criminal justice programs and systems. This study is inventorying drug treatment programs within or operated in con-

junction with the criminal justice system, and is analyzing several program sites to assess their costs, operational characteristics, and their perceived and (to the extent possible) actual effectiveness.

Treating Federal Prisoners. Federal prisons, which had no comprehensive drug treatment programs prior to the 1989 Strategy, will continue to expand treatment capacity, with 15 programs operating at the beginning of Fiscal Year 1992 and an additional 16 scheduled to open before the end of the fiscal year. As many as 18,000 inmates with drug problems will receive drug education, counseling, and treatment this year. In addition, the U.S. Courts will coordinate with the Bureau of Prisons to supervise, monitor, and treat offenders in transition from Federal prisons to the community. The U.S. Courts will provide drug treatment to an estimated 20,000 defendants (both pretrial and post-conviction) during 1993. Evaluation of treatment programs and federally supported demonstrations of community and institutional treatment models should serve to improve Federal treatment and to provide the States with helpful information.

State and Local Programs. A comprehensive approach to drug treatment within the criminal justice system involves the identification of drug users, assessment and classification, referral to appropriate treatment, supervision in treatment, frequent drug testing, relapse prevention training, aftercare planning, and continuous monitoring. States are encouraged to provide such treatment to community and institutional corrections populations. The Bureau of Justice Assistance Block Grant program can be used to support the identification and referral to treatment of drug-using offenders, with a high priority given to younger persons and those who will soon be released from incarceration. Programs at the Department of Health and Human Services can also support this effort. Technical assistance will continue to be provided to help States develop and manage testing and treatment programs for offenders.

The Administration supports efforts to improve treatment effectiveness and accountability by recommending the expansion of TASC and TASC-like programs to identify, refer, and supervise drug offenders. Programs should adhere to the TASC model, including all of the critical program elements. Application of the TASC model of offender management to juvenile populations, pretrial diversion programs, and post-incarceration transition programs will be encouraged and evaluated for impact on system capacity, recidivism, and public safety. The Administration's legislative proposal will require State Treatment Plans to include comprehensive drug testing

that includes their criminal justice systems. The plans would also be required to contain implementation planning to expand drug treatment opportunities, including (when appropriate) individuals under criminal justice supervision.

Research and Development

Scientists in the United States perform the preponderance of the world's research on drug addiction and drug treatment, research that can lead to new therapies for addiction and more effective ways to deliver such therapies. For example, there has been significant progress in such areas as the discovery of drug receptors, drug detection technologies, survey techniques, new treatment modalities, and comprehensive prevention programs. Advances in biomedical research and gains in knowledge about the processes of the brain are needed, however, to develop even more effective substance abuse prevention and treatment strategies. Recent advances hold great promise for the development of new treatment and prevention approaches that will supplement and, in many cases, supplant, current medical practice.

Much of what is known about the physiology and psychology of addiction, and how to treat it, has been discovered at the Federal government's Addiction Research Center and by researchers funded by the Federal government. Federal research on drug addiction has increased by 64 percent between 1989 and 1992, and the Administration is requesting an increase of \$17.7 million for Fiscal Year 1993.

Drug Use Treatment Research. The Administration continues to place high priority on drug use treatment research. The primary purpose of such research is to improve the effectiveness of existing treatments and to develop and test new treatment strategies in a controlled research setting. Since behavioral techniques, counseling interventions, and psychotherapy are the primary methods for treating drug dependent persons, research initiatives will continue to be focused in these areas.

Experience shows that treatment can work if a drug user remains in treatment for a sufficient period. The Federal government will continue to examine ways to attract more drug users into treatment, increase their retention, and minimize relapse following treatment. Studies will also be conducted on the potential impact on entry into drug treatment and on its continuing success of concurrent psychiatric and medical disorders, social networks, and drug availability.

Research will also continue to concentrate on how effective treatment is, how well the client is matched with the proper treatment mode, and which programs work best. The Federal government is sponsoring outcome studies that will reveal the effectiveness of treatment and provide insights on how to improve treatment. Additional studies will examine different aspects of the organization and adequacy of the national drug treatment system.

AIDS and Drug Use Treatment Research. HIV infection and AIDS continue to have a devastating effect on IVDUs, their sexual partners, their children, and their communities. Drug use, particularly the use of crack cocaine, is being increasingly implicated in the sexual and perinatal transmission of HIV. The Federal government is conducting research on innovative community-based treatment strategies and will develop comprehensive support services. Further research will be conducted to examine the implications of poly- and multiple-drug use, nonopiate drug use, methamphetamine use, and nonintravenous routes of administration on AIDS risk behaviors; to develop new technology (e.g., single-use syringes) to reduce the threat of AIDS infection; and to identify cofactors that, together with factors related to HIV exposure, affect vulnerability, transmissibility, and the course of AIDS.

New Medications and Methods. The Administration is requesting \$48 million in 1993 for continued development of medications to treat addictions. The primary emphasis will continue to be on developing medications to treat cocaine addiction and improving medications for heroin addiction. The private sector is involved with this effort, providing voluntary expertise coordinated through the Pharmaceutical Manufacturers Association, and entering into cooperative research and development agreements with Federal research agencies.

Clinical trials are under way on a dozen potential cocaine addiction medications. Progress is being made in identifying the sites in the brain where cocaine acts, promising significantly improved ability to design cocaine medications that treat overdoses, reduce craving for cocaine, or attenuate or block euphoria when cocaine is ingested.

Performance standards and clinical protocols are being developed for methadone programs. A longer-acting alternative to methadone (called LAAM), depot naltrexone (a long-acting heroin blocker), and buprenorphine (for combined heroin/cocaine addicts) are showing considerable promise in treating heroin addiction and should be available within the next few years.

Data Collection. Research on the drug epidemic has received extensive attention in prior Strategies and this year's Strategy continues this emphasis. Drug-related data collection and evaluation research will continue to be supported with funds from the ADMS set-aside as well as from NIDA's research budget.

This research has resulted not only in improved knowledge about the extent of drug use in general and among special populations, but also in progress in eliminating such use. The leading drug use indicator, the National Household Survey on Drug Abuse, is now conducted annually and the sample size has been increased to obtain more timely and reliable information about drug use. Additional improvements in 1992 and 1993 will focus on sampling efficiency and methodological research. The High School Senior Survey, an annual survey of drug use among high school seniors, is being broadened to include younger students. The leading indicator of the consequences of drug use, the Drug Abuse Warning Network, has been improved to provide national estimates of drug-related emergency room visits. And national studies of newborn babies have begun to produce important information on the consequences of fetal drug and alcohol exposure. The Drug Use Forecasting program measures the prevalence and type of recent drug use among certain arrestees in selected American cities. Efforts are underway to determine the extent to which program findings forecast general drug trends and other community problems, and to expand the use of the findings for local treatment, enforcement, and prevention purposes.

To monitor the effect of treatment in reducing the rate of drug use, efforts will continue to expand surveys of public and private treatment facilities, including the characteristics of clients at admission and discharge. The National Drug Abuse Treatment Unit Survey (NDATUS) annually provides information about the location, scope, client utilization rates, and characteristics of treatment centers in 56 States and territories. Efforts to expand coverage of public and private treatment facilities will continue, so that NDATUS may be used as a base for conducting treatment-related surveys in the future, as well as the main inventory of drug-related treatment.

The Drug Services Research Survey provides data about treatment effectiveness, efficiency, and quality. In addition, several major surveys are planned to address the organization, content, and objectives of treatment. These surveys will yield detailed information on the range and diversity of existing therapeutic approaches and should provide potential avenues for strengthening the national treatment system.

Multiprogram treatment evaluation studies, such as the Drug Abuse Treatment Outcome Study (DATOS) and its companion study tailored to adolescents (DATOS-A), will be conducted regularly. DATOS is a longitudinal study of the effectiveness of methadone maintenance, short- and long-term residential, and nonmethadone outpatient drug treatment programs. In addition to client characteristics and treatment history, it assesses the relationship between treatment outcomes and client, program, and treatment factors. DATOS-A provides the same information for the adolescent population in outpatient and residential treatment programs.

To respond to dynamic questions on the nature and extent of the drug problem, what resources are available or needed to deal with the problem, and how well current strategies are working, the Quick Response Survey (QRS) mechanism was established. One of the first surveys will explore the treatment pattern of addicts. If a pattern is established, specific data needs can be addressed in more detailed surveys. The QRS mechanism can be used to address specific data needs as they arise.

Training Drug Researchers. Research is dependent upon the availability of highly qualified researchers. During the past 20 years, research on the biological, social, and behavioral bases of drug use and addiction has grown from studies done by a handful of experienced researchers to the present when over 2,000 scientists are working to improve the prevention and treatment of one of mankind's most vexing problems. Training an adequate number of behavioral and biomedical researchers is necessary to replace the researchers who are now reaching retirement age. This can be accomplished by targeting training efforts and by providing incentives for clinical professionals to enter drug use research. There is also a need to enhance training programs with up-to-date drug use curricula.

Chapter Highlights

- Identification and targeting of core, secondary, and local drug trafficking organizations.
- Increasing focus on heroin trafficking groups.
- Strong enforcement measures to reduce illegal chemical diversion, eliminate clandestine labs, and prevent the flow of weapons to drug traffickers.
- Enhanced efforts to eradicate domestically grown marijuana.
- Increased efforts to deny traffickers access to domestic and international financial systems.

Focus on the Organization

The presence of drugs on our streets and in neighborhoods is the result of a long and complex process, carefully controlled by networks of drug trafficking organizations. To eliminate the supply of drugs, it is necessary to identify these networks, to determine their most vulnerable points, and to dismantle them one at a time by attacking all of their vulnerable spots simultaneously. This may mean, for example, targeting the trafficking organization's leadership, operations centers, communications systems, shipping capability and transportation modes, processing facilities, chemical suppliers, and financial assets. To attack these organizations on all fronts requires coordination and concentration of all law enforcement efforts, from complex money laundering investigations to street-level arrests. A coordinated law enforcement attack is an absolute necessity, because the drug trafficking organizations are themselves often coordinated.

In general, a network of drug trafficking organizations consists of three levels. The first, *core organizations*, are tightly centralized and generally international in scope, although they also include major drug trafficking organizations indigenous to the United States. The core organization is usually responsible for all phases of drug trafficking, from production to distribution.

The core organizations depend on a variety of *secondary organizations* in the United States. These secondary organizations, which operate in many respects like subsidiaries of the core organization, usually perform only one function such as transportation, money laundering, or drug distribution within a single region. Since they are usually isolated from each other, the destruction of one rarely imperils another. But pressuring or disrupting the secondary

organizations is key to disrupting the entire network, because the core organization cannot survive without the services that secondary organizations provide.

Finally, *local organizations* distribute the drugs within a localized area. These organizations usually consist of mid- to low-level dealers who are easily replaced. But they, too, are necessary to the survival of core organizations, which are dependent on the delivery of their "product" to the consumer.

The drug trafficking business is vulnerable to disruption at various places along the drug trafficking continuum from production through distribution, sales, and ultimately capital formation. The essence of the supply reduction strategy is to target particular networks of drug trafficking organizations, viewing them as multinational business enterprises, and attack them at all levels, from core organizations at international and national levels to local organizations at the neighborhood level.

Targeting Core Organizations

Experience has shown that the drug trade is most susceptible to disruption at its organizational "center of gravity," the traffickers' home country base of operations. Key to disrupting these operations is the destruction of the trafficking infrastructure, through the investigation, prosecution, punishment, and, where appropriate, extradition of drug traffickers and money launderers; the seizure of drugs and assets; and the destruction of processing and shipping facilities. Focusing our actions against organizations makes new demands on our ability to collect and analyze intelligence. Accordingly, a primary emphasis of drug intelligence efforts must be on developing and integrating detailed information to support counter-organization operations. Intelligence must be drawn from all collection sources and from foreign and domestic law enforcement investigations.

Attacking trafficking organizations, highlighted in earlier Strategies, represents a shift in emphasis that provides greater focusing and targeting of Federal enforcement and international initiatives. The principal objectives of the United States are to strengthen the political commitment of the governments of drug producer and transit countries (1) to strengthen their laws, legal institutions, and programs and (2) to increase the effectiveness of their law enforcement and security activities to enable them to take effective

action against the drug trafficking organizations. Because of the multinational nature of the threat, the United States simultaneously pursues a series of coordinated regional strategies.

The Andean Countries. A major component of our international effort is the support of the principal cocaine producing countries (Colombia, Peru, and Bolivia) in their fight against drug trafficking organizations. Our Andean strategy contains four near-term goals. The first goal is to strengthen the political commitment and institutional capability of the governments of Colombia, Peru, and Bolivia to confront the cocaine trade. This requires us to:

- Encourage senior leadership to move effectively against drug trafficking;
- Strengthen the institutional capabilities of political, judicial, and enforcement authorities to arrest, prosecute, incarcerate, and, where appropriate, extradite key traffickers;
- Improve the physical security, training, efficiency, and integrity of law enforcement, judicial, and corrections personnel;
- Assist the host governments in determining the nature, level, and direction of their drug use problem; and
- Employ public awareness programs to promote a high level of host nation public support for vigorous national policies and actions to counter drug production, trafficking, and use.

The second goal is to work with the three source countries to increase the effectiveness of law enforcement and military activities against the cocaine industry, including planning law enforcement, paramilitary and military operations against trafficking organizations, and coordinating them with other countries. These will include operations to (1) isolate key growing areas, (2) block shipment and importation of precursor and essential chemicals, (3) destroy major processing and shipping centers, and (4) control key air and riverine corridors through coordinated detection and monitoring, and response. Eradication programs will be undertaken only after an assessment of their effect on total country production, their costs and benefits when compared with other drug control programs in the same country or areas, and the likely political consequences.

The third goal is to work with the countries concerned to inflict significant damage on the trafficking organizations by disrupting or dismantling the operations and elements of greatest value to them. This will require us to:

- Encourage government authorities to eliminate the power and control of the trafficking leaders and their key lieutenants by conducting operations against major trafficking organizations, in coordination with our own efforts and those of other countries;
- Assist the governments to impede the transfer of drug-generated funds, and to identify, seize, and remove key assets of major trafficking organizations;
- Assist the governments in suppressing the diversion of essential chemicals to cocaine laboratories in South America; and
- Share appropriate information with the three governments and encourage them to share their own information with us and among themselves.

The fourth goal is to strengthen and diversify the legitimate economies of the Andean nations to enable them to overcome the destabilizing effects of eliminating cocaine, a major source of income. Accordingly, we will:

- Encourage the adoption of sound economic policies that (1) embrace property ownership; (2) promote domestic and foreign private investment and foster properly regulated financial markets; (3) facilitate commerce and sustain economic stabilization; (4) eliminate confiscatory or arbitrary taxation; (5) improve laws of contract and exchange; and (6) improve methods of dispute settlement;
- Provide balance of payments assistance to reinforce economic policy reform and stabilization, thus promoting economic expansion by generating jobs, income, and foreign exchange;
- Support development activities that generate income-earning alternatives to help farmers abandon illicit coca production and processing, and make coca less attractive to potential new entrants;

- Support development activities that will expand diversified trade and investment opportunities, create jobs, and earn foreign exchange in the Andean economies in general. We will also continue to seek an expansion of trade in legal products between our countries through the Andean Trade Preferences Act and the Enterprise for the Americas Initiative, while encouraging the opening of non-U.S. markets to Andean products; and
- Promote efficient resource use by the public sector by decentralizing the acquisition, provision, and funding of public goods and services.

U.S. assistance is conditioned on drug-control performance and the existence of sound economic policies of the host countries. In some instances, assistance is further conditioned on a country's meeting specific human rights criteria.

Potential Source and Transit Countries. The Strategy aims to limit or deny the Andean trafficking organizations' access to the potential cocaine source countries (principally Brazil, Ecuador, and Venezuela) for the production, transportation, or financing of illicit drugs. The Strategy seeks to encourage the governments to take aggressive action against Andean traffickers' infringement on their territory. Key unilateral actions include (1) supporting investigations of drug trafficking organizations and their service providers and (2) developing and maintaining an alert intelligence posture in the region to provide information on the use of this territory by the Andean traffickers and early warning of the rise of indigenous trafficking organizations. (For information on the transit country strategy, see the Focus on the Supply Networks chapter.)

Heroin Production and Distribution. As noted in the Introduction, heroin drug use indicators and data on heroin price, purity, and seizures give some cause for concern. Thus, a number of steps are being taken to ensure that the United States is not taken unaware by a significant increase in heroin use. For example, since 56 percent of the heroin available for consumption in this country is imported from Southeast Asia, intelligence efforts will be focused on a better identification and understanding of Asian trafficking organizations. The Drug Enforcement Administration (DEA) and the Federal Bureau of Investigation will continue to target Chinese, Mexican, Nigerian, Sicilian Mafia, and other trafficking groups who, according to intelligence, are increasing their importation of heroin into the United

States. Particular emphasis will be given to law enforcement efforts in New York City, the most significant heroin importation point in the United States and a major heroin distribution center. For example, since Chinese traffickers control most of the heroin traffic from Southeast Asia to New York, DEA will establish a multinational intelligence and enforcement program targeting Asian heroin trafficking organizations.

Efforts are also being made to increase cooperation with foreign governments in the Pacific Rim (e.g., Japan, Hong Kong, Malaysia, and Thailand), including the updating of extradition treaties and the negotiation of Mutual Legal Assistance Treaties to facilitate the exchange of evidence and information.

In addition, the Office of National Drug Control Policy (ONDCP) is coordinating (1) an interagency heroin trafficking assessment, (2) a National Heroin Situation Analysis to ensure the availability of the most accurate information and to identify new areas for research, and (3) a series of Quick Response Surveys of various supply and demand indicators to serve as an early warning about national trends.

International Demand Reduction. U.S. domestic drug consumption is generally on the decline, but illicit drug use is increasing in virtually all other regions of the world. Other nations must understand that drug production, trafficking, and consumption threaten their national well-being and the entire community of nations. The U.S. international demand reduction strategy seeks to motivate other countries to act vigorously to curtail domestic drug supply and demand, and to work cooperatively with other nations to end the international trafficking in illicit drugs.

The United States has had extensive experience with anti-drug programs and, therefore, is in a unique position to help other nations assess the extent of their own drug problems and develop programs to reduce drug consumption. The United States provides general information, research findings, and technical expertise to other countries on our domestic demand reduction efforts in the areas of drug education, prevention, and treatment programs, and helps train foreign educators, health professionals, and other specialists. An International Visiting Scientist and Teaching Exchange Program is being established to create a network of international scientists knowledgeable about drug use research and methodologies. This program will provide technical assistance and training to foreign ministries of health and international organizations, disseminate research findings, and promote valid international standards for drug research.

The Federal Government will also continue to (1) conduct and fund a wide range of training courses for foreign educators, policy makers, health professionals, and other specialists in the fields of epidemiology, prevention, and rehabilitation, and (2) sponsor a broad range of exchange and information programs, including the International Narcotics Information Network database, regional drug experts conferences, International Visitor Programs, WORLDNET and Voice of America broadcasts, publications, overseas speaking tours by American experts, and workshops for foreign journalists. The latter are designed to heighten public awareness and build support for cooperation with U.S. international anti-drug activities. All these programs are targeted primarily at the leading producing and transit countries whose populations are becoming increasingly victimized by escalating drug use.

The United States also engages developed countries in support of international demand reduction objectives through consultative mechanisms, bilateral activities, and multilateral organizations such as the European Community, the Organization of American States, and other regional organizations. The United States has found that participation in binational research symposia is an efficient means for sharing scientific information and exploring opportunities for scientific collaboration. Several such symposia are planned for 1992. In addition, the United States works closely with international organizations to promote and disseminate research findings through information exchanges like the United Nations' drug use data compilation system. All of these efforts will continue to promote and strengthen the ability of the international community to combat the demand for drugs.

Targeting Secondary Organizations

The cartels cannot exist without the secondary organizations that establish and operate support activities to distribute drugs in America. Without these organizations, there would be no chemical supplies, storage warehouses, transportation networks, or revenue collection. The Strategy consists of countermeasures designed to destroy these organizations by identifying and targeting the organizations and their key personnel, while halting the illegal diversion of legitimate chemicals used in drug processing, eliminating clandestine labs, eradicating the crops, and, perhaps most important, cutting off the

traffickers' cash flow by stopping the laundering of the cash proceeds from drug sales.

Although street-level drug dealers tend to operate out of a single neighborhood or locality, the drug trafficking organizations that employ them frequently operate across jurisdictional boundaries. Identifying these regional organizations, investigating them, arresting their leaders and their lower-level employees, and seizing their drug contraband and assets are all tasks that may require cooperation among different Federal law enforcement agencies, as well as State and local law enforcement. One stimulus to such cooperation is the Federal asset forfeiture statute, which allows proceeds from Federal asset forfeitures to be shared with State and local agencies if they assisted in the investigation leading to the seizure. In the past two years, nearly \$630 million has been shared among cooperating State and local law enforcement offices in all 50 States and the District of Columbia.

Task forces are frequently the most effective means of dismantling such organizations. Organized Crime Drug Enforcement Task Forces (OCDETFs) draw upon the specialized skills of Federal agencies as varied as the Coast Guard and the Internal Revenue Service, as well as State and local law enforcement agencies. This international and national program is coordinated by the U.S. Attorneys' offices in 13 core cities throughout the country. Consistent with OCDETF guidelines, OCDETFs will target higher-level trafficking organizations operating within their respective regions. The OCDETFs also provide Federal financial support for local law enforcement participation in the Strategy. The Administration is seeking \$399.1 million for OCDETFs in Fiscal Year 1993, an increase of \$35.7 million (10 percent) over Fiscal Year 1992.

Federal law enforcement agencies can also play an important role in lending technical expertise to investigations of localized drug trafficking organizations. Organizations must be penetrated if they are to be dismantled, and Federal law enforcement frequently provides local law enforcement with the needed technology and resources. For example, in a series of operations in Queens, New York, information acquired through Federal law enforcement undercover operations and electronic surveillance was used by the New York City police to dismantle several drug trafficking organizations and arrest the money launderers who served them.

High Intensity Drug Trafficking Areas. Another major effort by the Federal government to increase pressure on trafficking enterprises

is the designation of certain areas of the country as High Intensity Drug Trafficking Areas (HIDTAs), making them eligible to receive targeted law enforcement assistance. International drug organizations are connected to domestic street-level drug dealers by a massive distribution network that runs through major American cities. The organizations oversee the distribution of drug imports to major domestic drug trafficking organizations in these cities — Houston, Los Angeles, Miami, and New York. Because of the crucial nature of such connections to the infrastructure of the organization, these cities, together with the Southwest Border as a whole, have been designated by the Director of ONDCP as HIDTAs and are the focus of special Federal law enforcement attention.

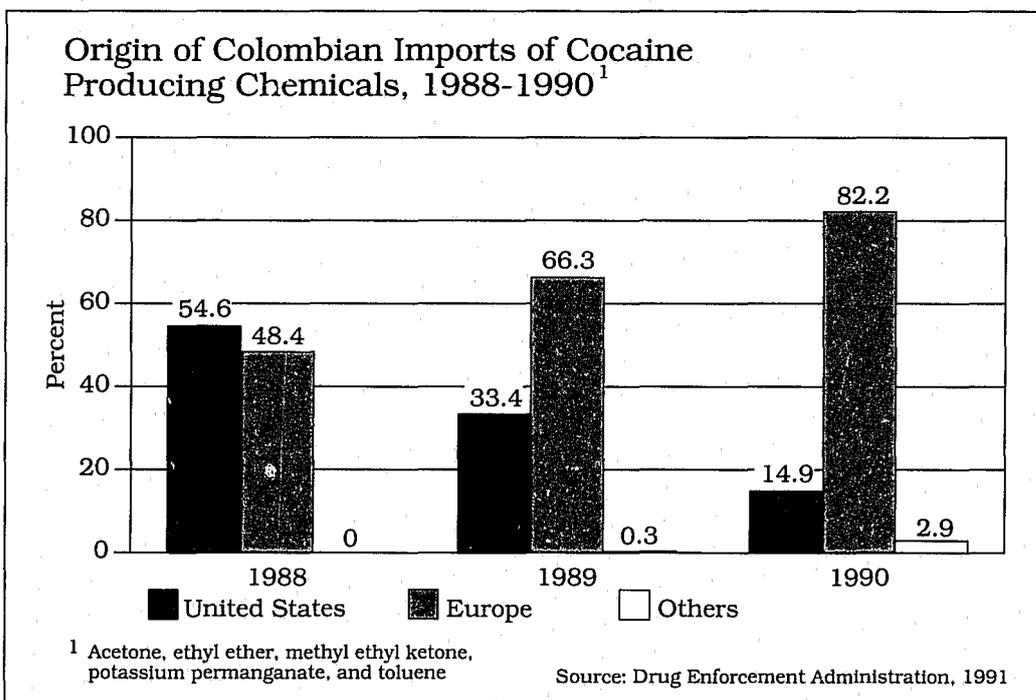
While drug networks throughout the United States must be destroyed, it is in the HIDTAs that such efforts will first be directed. A senior Federal HIDTA Coordinator in each area works with Federal, State, and local officials to implement the HIDTA program. In Fiscal Year 1992, each HIDTA Coordinator will, with State and local input, develop and implement plans targeting specific drug trafficking organizations and their key personnel. Fiscal Year 1992 HIDTA funds, approximately \$86 million distributed among the HIDTAs, will support these plans. (A full discussion of HIDTAs can be found in Appendix A.)

Precursor and Essential Chemicals. The production of illicit drugs requires precursor and essential chemicals. Since most of these chemicals are not manufactured in the cocaine and heroin source countries, drug trafficking organizations must usually obtain them through international commerce. An important goal of the Strategy is to prevent the diversion of chemicals to clandestine labs. Enforcement of the Chemical Diversion and Trafficking Act (CDTA) and international cooperation are key to this endeavor.

Domestically, a combination of strong enforcement measures and cooperation between Federal law enforcement officials and the legitimate chemical industry has made it more difficult for clandestine lab operators to obtain necessary chemicals. Operation CHEMCON, a Customs program to attack illegal trafficking in chemicals, is now operating at all U.S. border ports of entry. In Fiscal Year 1991, this operation seized 55 million pounds of precursor and essential chemicals. The Federal government has also assisted State and local law enforcement agencies in training personnel to combat chemical diversion. Further progress against such diversion could be improved if all States would adopt regulatory controls at least as strong as the CDTA. (For more information on proposed legislation, see Appendix C.)

As the accompanying chart shows, U.S. firms are accounting for a decreasing percentage of Colombian imports of chemicals used in the production of cocaine. Unfortunately, traffickers are finding alternative sources of chemicals to fill the void created by the decline in U.S. exports. The 1988 United Nations Convention on Illicit Traffic in Narcotics and Psychotropic Substances provides the minimum requirements for the international control of chemicals. Although more than 100 nations have signed this Convention, agreeing to monitor their exports of 12 chemicals and notify authorities in recipient countries of suspicious shipments, many source and transit countries have not ratified it.

Many initiatives are underway to resolve these matters. The United States already has bilateral agreements with Peru, Bolivia, Panama, Colombia, and Ecuador to ensure that chemicals are not diverted for illegal purposes. Participants in the Chemical Action Task Force, comprised of representatives from over 20 countries in Europe, Asia, and the Americas, have agreed in principle to improve the monitoring and regulation of the flow of precursor and essential chemicals. Extensive diplomatic initiatives are underway with the G-7 nations, the Organization of American States, and the United Nations to encourage the enactment of stringent chemical control legislation



and the development of effective law enforcement control practices. The United States has also provided training programs and assistance for the establishment of chemical monitoring units to a number of foreign governments.

Clandestine Labs. The vast majority of labs that produce cocaine and heroin are located outside the United States; most of the labs that produce methamphetamine and amphetamine operate in the United States. To escape detection, traffickers frequently hide labs in remote rural locations. Domestically, these labs can also be found in suburban neighborhoods, inner-city apartment complexes, adjacent to schools, and on Federal lands. ONDCP ensures that Federal agencies develop an integrated approach to detecting and eliminating illicit labs. DEA reports that 387 such labs were destroyed in Fiscal Year 1991.

Clandestine labs also poison the environment. To conceal their activities, lab operators dispose of the chemical by-products of the manufacturing process, including sulfuric acid and kerosene, by dumping them into the water or on the grounds surrounding the lab, polluting water supplies and destroying plant and animal life. The cost of cleaning up these labs continues to grow. In Fiscal Year 1991, the Federal government spent \$7.5 million for the cleanup of this hazardous waste, up from \$3.1 million the previous year. The Federal government is training State and local as well as foreign officials in detecting and destroying such labs.

Munitions. Drug trafficking organizations are dependent on firearms to protect their production, distribution, and sales operations. Most of these weapons are manufactured in the United States. The flow of weapons to drug traffickers is of grave concern to the United States and our drug fighting allies. In February 1990, President Bush and the Presidents of Colombia, Bolivia, and Peru signed the Declaration of Cartagena, in which the parties agreed to "strengthen controls over the movement of illegal weapons and explosives" and "to stem exports from the United States to illegal drug traffickers in the three Andean nations."

Successful investigations of violations of the Federal explosives and firearms laws by Customs and the Bureau of Alcohol, Tobacco, and Firearms (ATF) have disrupted trafficking operations by depriving them of their weapons and facilitating the conviction and incarceration of their members. Operation EXODUS, a Customs initiative to suppress illegal exports of U.S. munitions to foreign destinations, resulted in the seizure of 2,121 weapons and 118 arrests in Fiscal Year 1991. ATF's International Traffic in Arms Regulations (ITAR) program

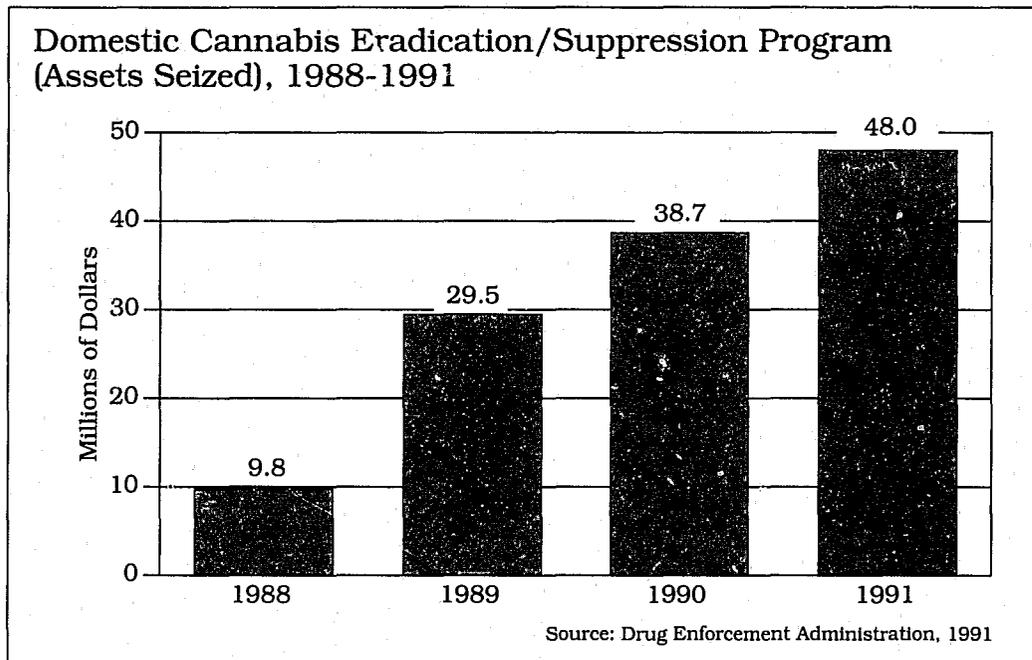
targets illegal trafficking of firearms, explosives, and ammunition to prevent them from falling into the hands of international drug dealers, terrorists, and other criminals abroad. In Fiscal Year 1991, ATF ITAR investigations resulted in recommendations to prosecute 374 defendants. There were 1,062 firearms seized in 1991 as a result of the ITAR program. In coordination with the Organization of American States, ATF will conduct training seminars for Latin American law enforcement officials in the coming year.

Marijuana Eradication. Approximately 18 percent of the marijuana available for consumption in the United States is domestically grown. The Strategy places a high priority on Federal and State efforts to eradicate this crop, thereby raising the cost of the product by reducing its availability. For example, Operation Wipeout combined the traditional manual eradication of marijuana with an herbicidal spraying program to eradicate about 753,000 plants of Hawaii's 1990 summer crop of marijuana, tripling its price. Similar operations will continue.

In addition to the arrest, prosecution, and punishment of marijuana cultivators and distributors, key to the Federal effort is DEA's Domestic Cannabis Eradication/Suppression Program, which coordinates efforts of Federal, State, and local police and the National Guard to eradicate domestically cultivated marijuana. In 1991, this program resulted in the eradication of more than 128 million plants, 8,717 arrests, and as the chart on page 91 shows, \$48 million in seized assets. The Administration is requesting \$13.8 million in funding for this program for 1993.

Much of the domestic cultivation of marijuana occurs on our public lands, which make up about one-third of this Nation's land area. The Administration is committed to ending such activity and returning public lands to their intended use. ONDCP will continue to coordinate Federal marijuana eradication efforts on public lands.

To disrupt further the domestic cultivation of marijuana, the Federal government is aggressively pursuing innovative technologies to detect indoor growing operations, as well as environmentally sound aerial eradication and delivery technologies, including research in the area of herbicides.



Targeting Illegal Financial Operations

Halting money laundering is important to the overall strategy of dismantling drug trafficking organizations. Money laundering is the process by which illicitly derived funds are converted to a form that a criminal organization can use. Therefore, every action by the United States or a cooperating foreign government that denies traffickers access to domestic and international financial systems increases the chance of exposure and arrest by compelling traffickers to resort to ever riskier methods of moving money.

The Federal drug money laundering strategy focuses on four areas: (1) improving intelligence and data analysis capabilities, (2) coordinating criminal investigations and prosecutions of suspected money laundering activities with law enforcement efforts directed against the trafficking organization as a whole, (3) achieving effective regulation and legislation at the Federal and State level, and (4) promoting international cooperation.

Financial Intelligence and Data Analysis. The Department of the Treasury's Financial Crimes Enforcement Network (FinCEN) is the Federal government's central repository for financial intelligence and analysis. Although Federal investigative agencies are the initial source

of drug-related financial crimes intelligence, FinCEN enhances investigations by these agencies and follows up financial leads to develop strategic analyses of major trafficking organizations. In 1991, FinCEN intensified its efforts to utilize the data and expertise of the several Federal agencies involved in the investigation of money laundering violations and to provide these agencies with an integrated intelligence picture of money laundering activity. FinCEN will continue to support the HIDTAs and, in concert with the 13 OCDETFs, other major programs on money laundering cases.

FinCEN will also continue to develop cash flow studies that assist in identifying abnormal cash activity at banks, targeting geographic areas for further investigation, and providing tactical leads on individual financial institutions, officers, and customers suspected of money laundering activities. FinCEN and the Federal financial regulatory agencies are developing a centralized Criminal Referral Database to coordinate suspicious and criminal referrals made by financial institutions throughout the United States.

Internationally, the United States draws on its own and foreign drug intelligence to monitor trends in money laundering, to identify vulnerabilities in the financial network, and to measure seizures and other indices of money laundering activity.

Investigation and Prosecution. The investigation and prosecution of money laundering violations play an important part in the Strategy, not just as an end in itself, but as an integrated piece of the overall law enforcement effort against trafficking enterprises. Because the key elements of major drug trafficking organizations are concentrated in the cities and areas designated as HIDTAs, the effort to integrate drug money laundering investigations with the larger organizational approach will be focused on the HIDTA program.

The leaders of drug trafficking organizations are usually more closely connected to the flow of cash than they are to the flow of drugs. Therefore, investigations into the financing of the trafficking enterprise frequently lead to the arrest of the money launderer and trafficking kingpin, as well as the seizure and forfeiture of key assets of the trafficking organization. In 1991, the Federal government obtained through forfeiture nearly \$630 million in cash and property from drug traffickers through the use of Federal asset forfeiture laws.

FinCEN and those agencies with direct jurisdiction over money laundering offenses coordinate information obtained during financial investigations with overall investigations of major drug trafficking organizations. The Multi-Agency Financial Investigations Center,

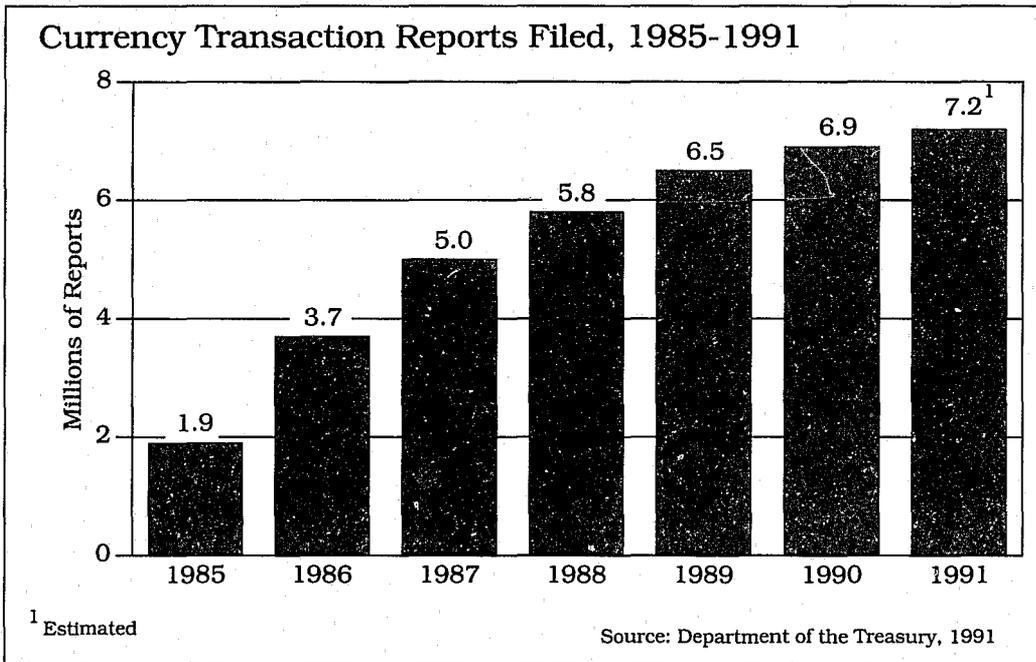
which focuses on operations and investigations derived from intelligence provided by Federal and State investigative agencies and intelligence centers, affords access to DEA's extensive files. The Center fosters coordination in related drug investigations to avoid duplication of effort and maximize the impact on drug organizations.

Ensuring sufficient resources to conduct drug money laundering investigations is a high priority of the Strategy. Accordingly, increased staffing and reorganization of the Internal Revenue Service's (IRS) Criminal Investigation Division will contribute to the attack on drug trafficking organizations by bolstering its ability to conduct such investigations.

Regulation and Legislation. The cornerstone of Federal government regulations to detect and deter money laundering through the domestic banking system is the requirement that financial institutions file currency transaction reports (CTRs) on all cash transactions in excess of \$10,000. As the chart on page 94 shows, bank compliance with this requirement has increased substantially. Financial institutions are also required by regulations to report suspicious transactions to the Federal government, even if the transactions involve amounts less than \$10,000. This is an important complement to large currency transaction reporting. Because most financial institutions devote substantial resources to training their employees about currency reporting and identification of potential money laundering schemes, approximately 53,000 CTRs were filed on suspicious transactions in 1990. To assist in the analysis of the large number of CTRs, FinCEN is redesigning an Artificial Intelligence System.

Additionally, trades and businesses are required to report receipt of currency over \$10,000 to the IRS. A new IRS regulation, soon to take effect, will expand this requirement to encompass certain large transactions that involve monetary instruments as well as currency. Enforcement of this regulation facilitates the tracking of large currency flows and makes it difficult for drug trafficking proceeds to enter regular financial channels without detection. Strengthening these enforcement efforts is a major focus.

In addition to CTRs and similar requirements on trades and businesses, financial institutions that intend to sell bank checks, cashier's checks and drafts, money orders, and travelers checks for currency in amounts between \$3,000 and \$10,000 must maintain chronological logs and detailed information of such transactions. This record-keeping requirement makes it more difficult for money



launderers to avoid CTR requirements by structuring their transactions below \$10,000.

The Currency and Monetary Instrument Reporting (CMIR) requirement prescribed in the Bank Secrecy Act requires that, with certain exceptions, persons transporting more than \$10,000 in monetary instruments across the U.S. border report the amount and related personal data to the Department of the Treasury through the U.S. Customs Service. Treasury regulations also require U.S. citizens to report annually their financial interest in or signatory authority over foreign financial accounts. All this information is maintained in a database that can be accessed by certain Federal officials for use in developing leads for investigations, prosecutions, forfeiture actions, and other related purposes.

Federal regulations are also under development that will require financial institutions to maintain enhanced records of domestic and international wire transfers of funds. These records will allow investigators and prosecutors to follow the paper trail of funds when drug traffickers and money launderers use the international payment system to "layer" funds through multiple transfers to disguise their origin.

As traditional domestic financial institutions increasingly bar their doors to drug traffickers, the traffickers have been forced to resort to

nonbank financial institutions (NBFI), particularly currency exchange houses. Although subject to CTR and other Treasury reporting and record-keeping requirements, NBFI traditionally have been regulated primarily by State government. However, some States need to go further to prevent NBFI from engaging in money laundering. States that have not done so are urged to pass legislation that provides for license issuance and renewal, including uniform and effective standards for the license application process; financial reporting, examinations, investigations, and enforcement; license revocation and termination; civil and criminal penalties; and State currency transaction reporting requirements.

States should also enact their own statutes criminalizing money laundering activity. The resources of the Federal government are most effectively used against regional, interstate, and international money laundering schemes; State governments, on the other hand, are in a better position to enforce the law against more localized money laundering schemes. Therefore, States should enact tough anti-money laundering legislation (such as section 412 of the Uniform Controlled Substances Act) and enforce this legislation by investigating and prosecuting money launderers within their jurisdiction. States should also pass effective asset forfeiture laws, so that when money laundering investigations and prosecutions indicate that property has been derived from or used to facilitate drug trafficking or money laundering offenses, it can be seized and forfeited.

Authority exists to forfeit the proceeds of foreign drug offenses if those proceeds are found in the United States; however, when the assets are located abroad, they are more difficult to seize and forfeit. Many governments do not currently have the legal authority to seize such assets, short of a criminal proceeding and conviction, or the authority to share seized drug assets with foreign governments that assist in their recovery.

The Administration assigns a high priority to securing increased cooperation from foreign governments on the identification, seizure, forfeiture, and the sharing of trafficker-owned assets. The U.S. government supports the general principle that those governments that contribute significantly to an investigation should share proportionately in the proceeds, along with the seizing country, and that sharing should be reciprocal among cooperating governments. Seized drug assets should be used to support anti-drug control programs, either to reduce production and supply, reduce demand, or support financial investigation programs. Such sharing would help

ensure that even the smallest nations along the drug trafficking routes have the training, technical assistance, and other resources to counter drug trafficking and money laundering. To overcome these problems, the United States seeks a broader mandate for asset forfeiture, seizure, and sharing by promoting the adoption of the United Nations Convention, the recommendations of the Financial Action Task Force, and, where appropriate, the Council of Europe Convention articles.

International Cooperation. The international nature of money laundering schemes requires cooperation among financial center countries and drug money laundering centers to prevent money laundering. Among the obstacles that frustrate international and domestic law enforcement efforts is the inability of law enforcement officials to obtain bank records and financial documents from some countries with strict bank secrecy laws, and the delay in obtaining such records from other countries as a result of the inefficiency of the procedures traditionally used to seek production of the information.

Considerable progress has been made recently in obtaining revisions in bank secrecy laws and eliciting cooperation to provide information about drug-related financial crimes from many of the world's major financial centers. The Administration continues to pursue bilateral agreements with major financial center countries on the recording and sharing of financial transaction data. The broadest and most common of these agreements are Mutual Legal Assistance Treaties, which generally impose an obligation on the parties to provide bank and business records to one another for use in criminal investigations and prosecutions. Through these agreements the United States could seek to freeze money transferred to accounts in the other jurisdiction by criminals who might otherwise have time to move profits out of the reach of law enforcement authorities. Moreover, the discussion and negotiation of these agreements has the salutary effect of increasing the domestic enforcement of a foreign government's anti-money laundering programs. The Administration will intensify its efforts to negotiate such agreements, as well as additional bilateral executive agreements specifically for the exchange of information in money laundering matters, such as records of large currency transactions.

The United States will also take advantage of every opportunity to enter bilateral discussions with countries to prevent money laundering. The goal is to encourage these countries to implement effective anti-money laundering measures and to cooperate formally and informally

with the United States on money laundering investigations, prosecutions, and related forfeitures.

The Administration continues to pursue its many multilateral initiatives to achieve international cooperation against money laundering. The model initiative is the Financial Action Task Force (FATF), first convened by the seven major industrial nations in 1989 and charged with formulating recommendations for combatting money laundering and improving international cooperation in this area. The FATF produced 40 recommendations that were endorsed by President Bush and the other leaders of the industrial nations at the 1990 Economic Summit in Houston. Most of these recommendations were already integrated into U.S. law and/or regulations at the time they were endorsed by the FATF. Other nations have also made significant efforts to enact laws that comport with the recommendations.

At its second round in April 1991, the FATF agreed to begin a five-year program to achieve a broad-based international agreement on cooperative action against money laundering. As part of this program, FATF members committed to a self-evaluation process beginning in 1991 and to a mutual evaluation process beginning in 1993. The third round of the FATF will focus on enhancing implementation of laws already passed by the member countries and will explore issues such as the role of NBFIs in money laundering. The FATF will also seek to expand the number of countries involved to address the spread of drug proceeds activity away from the traditional financial centers of Europe and the United States into smaller, developing nations.

Other continuing multilateral initiatives include the Caribbean Drug Money Conference first convened in June 1990 and an Experts Group first convened in November 1990 by the Organization of American States to draft model anti-money laundering statutes.

Chapter Highlights

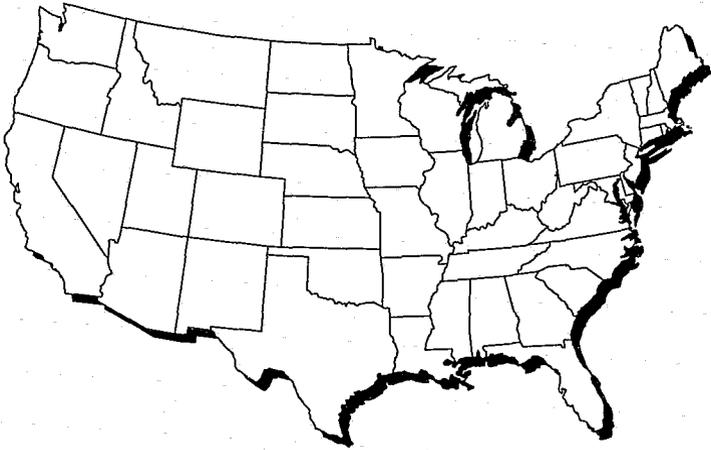
- Streamlined command and control of interdiction assets.
- Better intelligence to employ interdiction assets in a cost-effective way.
- Enhanced interdiction efforts to deny drug smugglers air, maritime, and land access routes to the United States.
- Assistance to key transit countries to prevent transshipment of drugs across their borders.
- Emphasis on research and development to enhance the effectiveness of law enforcement operations.

Focus on Supply Networks

The primary goal of interdiction is to deny the smuggler the use of the air, land, and maritime routes. This can best be done by establishing and maintaining an active patrol presence and by intercepting and seizing illicit drug shipments entering the United States. It is not necessary to blanket vast amounts of land, air, and sea with interdiction forces; seal our borders; arrest and incarcerate everyone engaged in transporting drugs; or seize every gram of cocaine or kilogram of marijuana crossing our border. Such an approach, given the thousands of daily legitimate border crossings, would be impractical and unrealistic and is not the intent of the interdiction strategy. Instead, the principal interdiction objective is to identify and target those elements of the drug smuggling process that are of highest value to trafficking organizations. Although they are important to the drug distribution process, low-level drug carriers are easily replaced and apprehending them generally causes no lasting or significant disruption to trafficking organizations. Since they possess little information on the organization's operations, they are of relatively little value to efforts to destroy these organizations. Mid-level traffickers on the other hand — pilots, money managers, and field managers — have broad knowledge of trafficking operations and are a primary target of efforts to disrupt transportation networks.

Further, interdiction forces must be “in the right place at the right time” to create maximum disruption of trafficking operations. This raises the traffickers' cost of doing business by forcing them to take expensive countermeasures such as using longer and more circuitous routes, training new personnel to replace those apprehended,

U.S. Border Crossings, 1991



Air

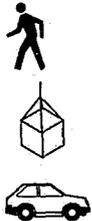


46,436,247

560,428

158,035

Land

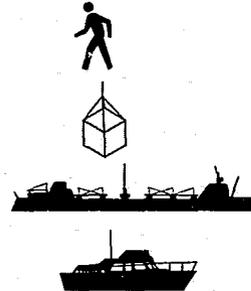


374,169,602

4,468,876

121,672,997

Sea



6,797,456

3,585,867

101,009

187,994

Source: U.S. Customs Service, 1991

purchasing sophisticated electronic equipment to detect law enforcement surveillance, developing new concealment techniques, replacing expensive seized assets, and stockpiling drugs closer to the production area, making them more vulnerable to foreign law enforcement efforts.

Improving Interdiction

The Federal government has made a significant capital investment in past years on interdiction equipment such as aerostats, aircraft, maritime vessels, and communications and detection systems. For the most part, this equipment and the personnel to operate them are now in place. Accordingly, as a general matter, overall interdiction resource levels and funding will remain basically level for the foreseeable future, while interdiction effectiveness will increase through better intelligence, planning, and tactics.

Federal interdiction efforts have prevented significant amounts of drugs from making their way to American streets. In Fiscal Year 1991, for example, Customs, the Border Patrol, and the Coast Guard made 17,600 drug-related arrests, seized a combined 229,600 pounds of cocaine with a street value estimated in excess of \$3 billion, and seized 3,000 pounds of heroin worth \$450 million. Nonetheless, drug trafficking organizations are resilient and adaptable, and escalating pressure will continue to be applied against their distribution networks. There continues to be a need for a streamlined and efficient command and control element; improved intelligence gathering, analysis, and coordination; and improved research and development efforts to apply state-of-the-art technology to law enforcement operations.

Command and Control. To streamline the command and control of the various interdiction assets of the numerous Federal agencies with interdiction missions, a process has been created to integrate counterdrug planning by the Coast Guard, Customs Service, the Drug Enforcement Administration, and the Department of Defense (DoD). This process, known as the National Counter-Drug Planning Process (NCDPP), uses as its national threat assessment the Interagency Assessment of Cocaine Movement published under the auspices of the Office of National Drug Control Policy (ONDCP). The law enforcement agencies, the intelligence agencies, and DoD participate in the production of the assessment. The NCDPP formalizes the planning

cycle and allows law enforcement officials to more efficiently allocate interdiction resources. By fully integrating the law enforcement community and DoD in the process, duplication of planning efforts is reduced and overlapping operations are avoided. All agencies have full representation and input into the counterdrug strategy development and planning process.

Intelligence. Most interdiction operations are "intelligence driven." In fact, over 75 percent of cocaine seized by Customs, and over 70 percent of cocaine seized by the Coast Guard in Fiscal Year 1991 were a result of prior information. The Border Patrol, with support from DoD, has significantly increased its capacity to develop intelligence and to employ that intelligence in seizure operations. Improved intelligence capabilities increase the odds of successful interdiction operations by ensuring that interdiction forces are concentrated in areas where traffickers are expected to be. In turn, successful interdiction operations can lead to the collection of strategic intelligence about the infrastructure and operations of drug trafficking organizations.

Federal intelligence priorities are the same as those articulated in prior Strategies. First, because Federal law enforcement agencies collect and process large amounts of information through investigations of criminal violations, the intelligence functions within those agencies must receive the resources necessary for them to provide support to their individual agencies and information to the larger drug intelligence community.

Significant improvements have been made in our intelligence collection and analysis of trafficking routes, modes of cross-border smuggling, and the shipment of drugs through nonsource countries. But more needs to be done. Therefore, the second priority is to facilitate increased coordination and cooperation to provide timely, tailored intelligence support to interdiction and enforcement operations. The Federal government has many intelligence centers, including the Drug Enforcement Administration-managed El Paso Intelligence Center (EPIC); the Customs Service's Command, Control, Communications and Intelligence (C3I) Centers; the Coast Guard's Intelligence Coordination Center, and area and district commands; and DoD's Joint Task Forces (JTFs) and the North American Air Defense Command (NORAD). Several cooperative intelligence efforts can serve as models for further improvements, such as the periodic Interagency Assessment of Cocaine Movement, and the trafficking intelligence briefings provided by the above centers at joint interdiction planning conferences.

EPIC continues to be the Federal government's central interagency tactical drug intelligence analysis center for support of interdiction operations. In response to previous Strategies, EPIC's capability to meet its expanding responsibilities is being enhanced and improved. Special emphasis is being placed on equipping EPIC with modern and sophisticated ADP systems and on upgrading its management and operational capabilities. Through these enhancements, EPIC will continue to improve its support to and integration with the other components of the interdiction effort.

Progress has been made in identifying redundancy in the ADP systems of the various drug control agencies and in developing systems with common database elements. As part of its responsibility to coordinate and improve communications systems, DoD has made significant progress in establishing dedicated communications and ADP capabilities necessary to tie various tactical law enforcement and DoD intelligence components together. Efforts to improve and expand these capabilities to ensure the timely and effective flow of tactical intelligence will continue.

Finally, the third priority is to continue to streamline and improve the Federal government's intelligence collection, analysis, and dissemination at the tactical and operational levels. Particularly important is the systematic and timely extraction of intelligence information from law enforcement sources and investigations. DoD continues its enhanced level of intelligence support to its detection and monitoring forces and has taken action to better integrate and coordinate its efforts to support the law enforcement agencies.

Research and Development. ONDCP's Counter-Drug Technology Assessment Center (CTAC) is developing, in conjunction with the Federal drug law enforcement agencies, recommendations to the Director of ONDCP that will establish near-, mid-, and long-term scientific and technological requirements of Federal, State, and local drug law enforcement agencies and for apportioning research resources. Once approved by the Director of ONDCP, CTAC will prioritize these requirements and oversee and coordinate counterdrug research and development initiatives with the activities of other Federal agencies.

Restricting Routes and Modes

Interdiction of land, sea, and air targets is accomplished in five major phases: detecting and monitoring the target; sorting legitimate traffic from that which might be illegal; intercepting potential smugglers; searching them; and, if they are violating the law, arresting them. DoD is the lead agency for detecting and monitoring airborne and maritime smugglers, and it also participates in the sorting phase of the interdiction process. Because counterdrug activities have been determined to be a high priority national security mission of the Department of Defense, DoD is planning to devote even more resources and expertise to the detection and monitoring effort. However, within the United States and its territories, DoD is prohibited from enforcing civil law and from direct participation in searches, seizures, and arrests. The law enforcement agencies are solely responsible for these actions.

Air and Maritime Interdiction. The goal of air interdiction is to deter smugglers using aircraft by denying them safe, direct, and economical routes to this country. A related goal is to seize the drugs and the aircraft and apprehend the smugglers. Air interdiction operations are conducted by the Coast Guard and Customs Service, assisted by other agencies depending on the location and assets needed. Detecting airborne smugglers is accomplished by using radar on airborne platforms and ships, ground- and sea-based aerostat radar, and fixed and mobile ground search radar. The Strategy calls for an effective air and maritime surveillance system along the southern U.S. border, in The Bahamas, and in Puerto Rico (which will cover the U.S. Virgin Islands). Currently, 10 aerostats are in place that, in conjunction with other existing and planned sensor systems, will enhance air corridor security along our entire southern border.

Despite the best efforts of the interdiction agencies to apprehend airborne drug traffickers, smuggling by private pilots is a significant means by which drugs are transported from foreign countries to the United States. When detected, many of these smugglers simply ignore directions to land, jettison their drugs, and flee. U.S. authorities currently have no legal means to compel aircraft to land. The Administration's National Drug Control Strategy Implementation Acts of 1990 and 1991 would have made it a criminal offense to fail to obey the order of an authorized Federal law enforcement officer to land an aircraft or bring-to a vessel. These proposals also would have clarified the role of the Coast Guard by providing it specific law enforcement

authority to order an aircraft flying over the high seas or U.S. territorial waters to land. Further, the Federal Aviation Administration would have been given authority to suspend summarily or revoke the registration certificate of an aircraft if its pilot refused such an order to land. Neither proposal was passed by Congress. Since these initiatives are critical to the success of our interdiction efforts, the Administration continues to urge Congress to pass them.

The goals of maritime interdiction are to deter potential smugglers from transporting drugs via maritime routes and to deny those not deterred the use of easy routes and means of shipping, thus increasing their risks and cost of doing business. Such efforts rely extensively on international cooperation. The Coast Guard, working in conjunction with the Department of State, is negotiating numerous bilateral agreements to further enhance such cooperation. Maritime interdiction on the high seas and in U.S. territorial seas is primarily the responsibility of the Coast Guard. Customs has identical jurisdiction in the territorial seas and is the lead agency at U.S. ports of entry.

Because of effective enforcement efforts in The Bahamas and South Florida, air and marine smuggling activity has shifted to Puerto Rico and the Virgin Islands as private aircraft drop illicit cargo to waiting boats. The interdiction agencies have made great strides in integrating the air and marine interdiction systems to respond to this dual threat: additional marine and air interdiction assets have been deployed to the area, an aerostat was installed and a Border Patrol sector established in Puerto Rico, and additional Customs investigators have been assigned to the Virgin Islands.

While the Caribbean still represents the greatest maritime smuggling threat, recent significant seizures have been made on the high seas in the Pacific Ocean and in the coastal waters of the Atlantic Ocean off the shores of Canada and the United States. Because there are no geographical choke points in these approaches to the United States and direct maritime routes from source and transshipment countries are difficult to predict, most interdiction actions result from intelligence or investigative leads. Coast Guard and DoD forces conduct random patrols in these areas to update legitimate traffic patterns and detect suspicious activity.

Land Interdiction. The goal of land interdiction is to disrupt the shipment of drugs, drug-related money, illegal munitions, and chemicals as they enter or leave the United States at and between the ports of entry, and where possible, to seize the contraband and arrest

INTERDICTION AT SEA

Customs and DEA agents teamed with the Coast Guard in July 1991 to intercept a stateless smuggling vessel, the *Malekula*, 460 miles west of Vancouver. When the Captain of the Coast Guard Cutter *Acushnet* requested permission to board, the Master of the *Malekula* scuttled the vessel to destroy the hashish aboard. The Master and five crewmen from the smuggling vessel jumped overboard, but were rescued and arrested by the Coast Guard. The Coast Guard recovered 32 bales of hashish.

those engaged in smuggling activities. Customs is the lead agency at ports of entry, while an Immigration and Naturalization Service agency, the Border Patrol, is the primary agency for drug interdiction between the ports.

The use of commercial conveyances and cargo containers by smugglers continues to be a serious threat. Nearly 1.3 million sea cargo container and conveyance inspections were made in Fiscal Year 1991. Because the physical inspection of cargo containers is extremely manpower intensive, National Guard personnel are used to add additional resources to this endeavor. If a substantial increase occurs in the use of containerized cargo to ship drugs, significant Federal resources can be shifted to selected container inspection sites.

In addition, several Federal agencies have undertaken research and development efforts to develop more effective and efficient methods for such inspections. For example, an acoustic system for detecting contraband in liquid tank trucks is being developed, and research is underway on devices to detect and locate explosives and drugs in large containers. Also under development is a project involving the nonimaging use of nuclear magnetic resonance technology to detect heroin, cocaine, and morphine in letter class and small parcel mail.

Even if advanced technology significantly improves our inspection capability and capacity, it will still not be possible to inspect each of the nearly eight million containers that enter the United States each year. Thus, the Customs Carrier Initiative solicits the support of legitimate business worldwide to enhance security at U.S. and foreign terminals and aboard aircraft and vessels. In return, the carriers' employees will be trained in security methods and procedures. Should illegal drugs be found aboard an aircraft or vessel of a signatory company acting in good faith, the agreement will be considered as a

mitigating factor in any legal proceeding. Over 1,800 air and sea carriers have signed agreements, and carrier employees will be trained in 25 countries. The Administration will promote similar programs between the major economic powers and air and sea carriers serving their country in high-risk routes. Also an outreach program with exporters, importers, and international freight forwarders who routinely use commercial containers will be developed.

In 1990, ONDCP designated the southernmost counties of California, Arizona, New Mexico, and Texas as a High Intensity Drug Trafficking Area (discussed in greater detail in Appendix A). Recent intelligence and threat assessments support the need to continue to focus enforcement efforts on the Southwest Border. Operation Alliance, a law enforcement coalition of Federal, State, and local law enforcement agencies, provides coordinated interdiction efforts along the Southwest Border. Further, Federal interdiction agencies are utilizing the unique skills and expertise of military personnel to provide assistance and training and are integrating these personnel into support functions, allowing agents and inspectors to devote a greater percentage of time to their border control mission. The designation of the Southwest Border as a High Intensity Drug Trafficking Area, the expansion of Operation Alliance activities, and DoD's support to border

DRUG SEIZURES: A RECORD YEAR

HEROIN: In May 1991, Customs Inspectors, assisted by members of the California National Guard, seized a record 1,080 pounds of heroin in a cargo container arriving at San Francisco. The shipment, purported to be plastic bags, originated in Thailand. Customs and DEA agents subsequently conducted a controlled delivery and arrested five persons.

HASHISH: In July 1991, as a result of information developed by FBI and Customs agents, the U.S. Navy intercepted the *Lucky Star* in the Pacific Ocean. The vessel was escorted to Pearl Harbor, where Customs seized a record 73 tons of hashish and arrested 15 crew members.

COCAINE: In November 1991, Customs and DEA agents seized 23,641 pounds of cocaine concealed inside 2,000 concrete fence posts imported from Venezuela by a Cali cartel owned firm in Miami. The cache was the second largest cocaine seizure in U.S. history. Five persons were arrested in the United States and Venezuelan officials arrested six others.

and land management law enforcement agencies will continue to enhance border security.

The illegal export of chemicals, currency, and munitions continues to be a matter of concern. Operation CHEMCON, a Customs program at all ports of entry, has resulted in numerous fines and chemical seizures. The United States continues to set the example with aggressive Federal drug money laundering investigations, prosecutions, seizures, and forfeitures. Finally, Customs and the Bureau of Alcohol, Tobacco, and Firearms have implemented programs to vigorously enforce the Arms Export Control Act, the Export Administration Act, and the Gun Control Act. (A further discussion of these topics can be found in the Focus on the Organization chapter.)

Restricting Transshipment

During the past few years, the illegal drug industry has relied less on direct shipment from source to destination sites and more on indirect routes where drugs are shipped through locations in intermediate countries. The transshipment of illegal loads through nonsource countries often creates many problems. For example, logistical and communications problems in coordinating law enforcement responses with foreign agencies are exacerbated; transshipment also disguises original embarkation from known source areas; and sovereignty concerns of the transshipment country must be addressed. The Strategy seeks to motivate transit country governments, particularly those in Central America, to take vigorous action against drug trafficking and use, with primary emphasis given to disrupting and dismantling the major cocaine transport organizations.

Borders of free countries are permeable and we cannot create a "Maginot Line" across which cocaine is not allowed to pass without disrupting legitimate trade. We will, however, continue to exert pressure to deny drug traffickers the use of routes into the United States. To accomplish this goal, bilateral and unilateral actions will be undertaken. The central principle of the bilateral component of the strategy is to induce the governments of the principal transit countries in the hemisphere to conduct operations to deny or interdict the

movement of drugs and chemicals in or through their countries. In support of this principle, the United States will:

- Assist key transit countries in developing and operating their own intelligence, detection and monitoring, and interdiction capabilities;
- Promote the compatibility and timely sharing of transit-related information, both bilaterally with the United States and multilaterally throughout the region;
- Encourage governments to deny traffickers ready access to aircraft through the strict application of civil aviation rules and regulations, and through seizure and forfeiture, or prolonged impoundment; and
- Promote public awareness of transit nations' vulnerability to drug use problems of their own, and encourage public support for national and international counterdrug efforts.

There is also an important aspect of the transit strategy that is focused outside the Americas. We will work with appropriate authorities in Europe and in other regions to improve capabilities directed against cocaine and other drugs being transported to the United States by circuitous routes, principally via commercial carriers.

U.S. unilateral actions against the transport of cocaine and other drugs to this country will focus on disrupting and dismantling the major transport organizations involved. An interagency concept of operations will be developed to govern detection and monitoring and interdiction activities. Key precepts of this plan will be:

- To use available intelligence information to alert airborne and seaborne reconnaissance, surveillance, and interdiction assets;
- To increase U.S. interagency operational coordination; and
- To achieve compatibility of detection and monitoring assets, to the maximum extent possible.

The planning of detection and monitoring operations is now maturing beyond the foundations laid in recent times — a foundation which had as its primary objective improving the coordination of interagency affairs. An interagency threat assessment is already being produced. Next, beginning at an early stage in the planning process, operational planning will feature the joint determination of detection and monitoring priorities, strategies, and task sharing.

As the lead agency for detection and monitoring, DoD will, in consultation with the other detection and monitoring agencies, develop, test, and implement enhancements to the operational planning process that meet the objectives listed above.

Mexico. Enforcement agreements with critical source and transshipment countries have been effective in restricting the transshipment of illicit drugs. A benchmark initiative was the establishment of the Northern Border Response Force (NBRF) by the Government of Mexico to deny air smugglers from drug source countries access to safe, direct, economical routes to major distribution areas in Mexico and the United States. The NBRF identifies, intercepts, and follows suspect aircraft to their landing sites inside Mexico and, if evidence is discovered, seizes the aircraft and contraband, and arrests those individuals involved. The United States will continue to provide equipment, training, and support to the NBRF.

The Caribbean. Other coordinated multi-agency task force air and marine interdiction efforts are hindering the use of Caribbean airspace and waters by drug traffickers. Operation Bahamas and the Turks and Caicos Islands (known as OPBAT), a multi-agency initiative to facilitate enforcement actions by strike force personnel from the United States, The Bahamas, and the Turks and Caicos Islands, continues to have considerable impact on drug smuggling flights into and out of those islands. In Fiscal Year 1991, for example, 14,500 pounds of cocaine and over 2,000 pounds of marijuana were seized as a result of OPBAT operations. In 1991, the United States completed construction and staffing of the fourth and final OPBAT site in The Bahamas.

Guatemala. As U.S. and Mexican enforcement activities have forced trafficker aircraft south from the U.S. border and northern Mexico, trafficking activity has increased noticeably in southern Mexico and Guatemala. Operation Cadence is a Department of State and Drug Enforcement Administration initiative that, in part, provides an airmobile response capability to interdict trafficking aircraft that land in Guatemala. Operation Cadence is staffed by an expanded

Guatemalan task force consisting of U.S. law enforcement advisors and Guatemalan law enforcement personnel. Since its inception in July 1991, the task force has assisted in the seizing of over 12 tons of cocaine, including an October 1991 seizure of nearly three tons.

Africa. While no African country produces sizable quantities of illicit drugs, indigenous organizations that transport heroin to the United States have been established in Nigeria and other African countries. Unilateral and multilateral programs to assist and encourage disruption of major heroin trafficking organizations will be strengthened.

Other Areas. The interdiction agencies will expand and establish new cooperative interdiction programs with high-threat area countries along major transportation routes. Through cooperative enforcement agreements with drug-producing and transshipment countries, joint apprehension teams will be established and intelligence and investigative resources expanded.

Chapter Highlights

- Heightened coordination by the Federal government of law enforcement against the most important and dangerous drug trafficking enterprises.
- Intensified prosecution of criminals who use firearms in the course of drug trafficking.
- Enhancements in prison management and increased use of alternative sentencing measures.
- Expanded use of sentences denying Federal benefits to convicted drug traffickers and possessors.
- Mandated comprehensive drug testing in State criminal justice systems, and increased use of drug testing in the Federal criminal justice system.

Focus on the Street Dealer

Unless street dealers can sell their illegal merchandise to consumers in exchange for cash, and return some of that cash to their suppliers, the trafficking enterprise cannot turn a profit and will ultimately go out of business. The objective of the Strategy is to take and hold ground to create a major disruption of the drug market and to raise the stakes for the individual sellers and users. But preventing retail drug dealers and consumers from meeting and exchanging drugs for cash poses a daunting challenge. It is neither possible nor desirable to maintain constant surveillance over every street corner and every alley.

Nonetheless, there are good reasons why the Strategy incorporates efforts to limit retail sales. First, the arrest and incarceration of street dealers makes retail drug sales difficult by making sellers harder to find. And while replacements may spring up for street dealers who are arrested, they do not do so instantaneously, and this delay will deter some consumers. Just as interdiction efforts can reduce the sale of drugs by constricting the supply and raising the price, so can efforts directed at street dealers reduce the sale of drugs, by forcing consumers to go to greater lengths and to take more risks to seek them out. Second, the arrest of retail drug dealers, followed by their incarceration, will deter some of those who are contemplating entering the drug trade. Third, law enforcement pressure on street dealers can often reinforce and mobilize community opposition to drug dealing and drug use. Fourth, the investigation and prosecution of street dealers can produce intelligence that is helpful in other aspects of the attack on trafficking organizations, such as interdiction operations, and can also lead to the arrest of criminals on higher rungs of the drug trafficking ladder.

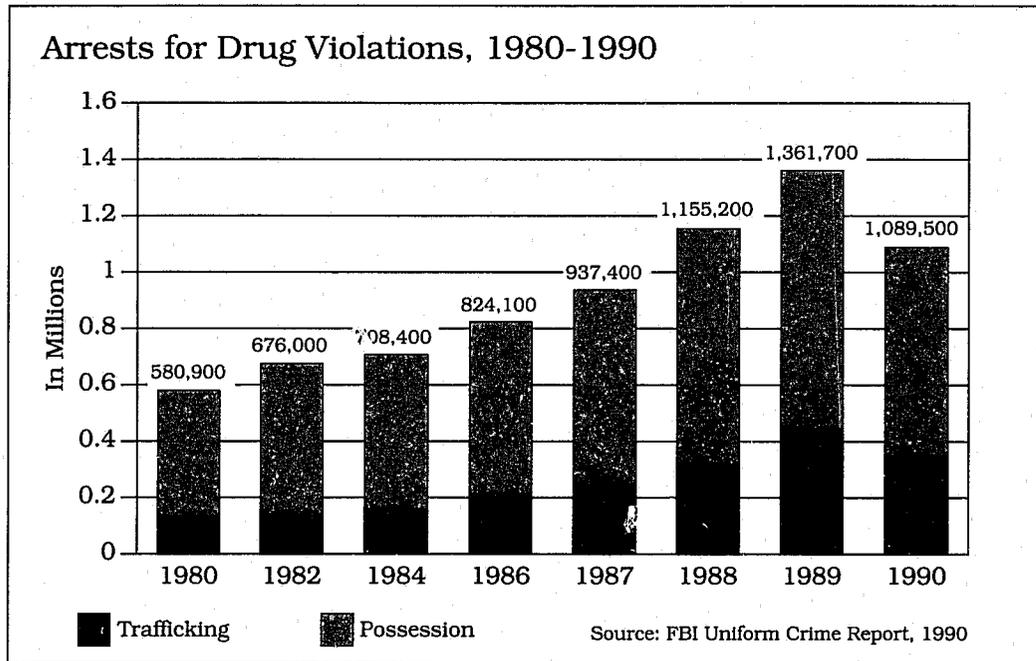
These benefits of an attack on retail drug dealers are multiplied when they are part of a sustained attack on the trafficking organization as a whole. The organization is dependent on a consistent, reliable revenue stream to pay its suppliers and to plan for future expansion. If that revenue stream is disrupted on a recurrent basis — because retail dealers are arrested, or because community police tactics force them to keep moving from neighborhood to neighborhood — then the organization will face periodic cash shortages. When coupled with the increased demands for cash caused by the other elements of the organizational strategy discussed in a previous chapter, the tactic of keeping retail dealers on the run and off-balance can force drug trafficking organizations into the criminal equivalent of bankruptcy.

The Strategy's plan of attack against retail drug dealers has two basic elements: arresting dealers (and deterring others who would take their place) and prosecuting and incarcerating them so that the trafficking organization loses their services.

Investigation and Arrest

Law enforcement investigations can play an important role in efforts to dismantle drug trafficking organizations. Except in areas where Federal authorities have exclusive jurisdiction, the investigation and arrest of street-level drug dealers will continue to be primarily a responsibility of State and local law enforcement. State and local agencies are best suited to determine which neighborhoods are most infested with drugs and how best to mobilize those neighborhoods against street dealers. As the chart on page 115 shows, arrests for drug trafficking and possession made by State and local agencies have increased steadily in the last decade. The number of these arrests dropped significantly for the first time last year.

The Federal government contributes to this effort in several important ways: by coordinating law enforcement efforts against drug trafficking enterprises, including gangs that operate in more than one State; by encouraging innovative approaches to removing drug dealers from the streets; by lending its expertise in specialized investigative techniques; and by information sharing. For example, the Federal government develops and maintains data on retail drug dealers that can be shared with law enforcement agencies at all jurisdictions and levels. Such databases enable Federal, State, and local investigators



and prosecutors to determine whether a person has a criminal record or is wanted in other jurisdictions. The National Drug Intelligence Center is developing a Unified National Drug Index System that will be available to Federal, State, and local law enforcement agencies. The System will contain information about ongoing investigations against common or related targets.

Community Policing. Apprehending and incarcerating retail drug dealers and their superiors is not the only way to intercept street-level drug sales. By maintaining a high profile in a community and by mobilizing the community to cooperate in repelling drug dealing, police can often deter street dealers from entering a neighborhood initially and can reclaim neighborhoods that the dealers have occupied. This tactic is part of a broader approach known as "community policing." Under community policing, as police are integrated into the community, members of the community will be inclined to support them more openly and vigorously.

The most important element of a community policing strategy is police patrols on foot. Studies have shown that citizens are more likely to believe that police are contributors to the safety of the community rather than an alien presence when police officers are seen walking the streets. Some communities have found that the presence of police officers standing in the vicinity of open-air drug markets or

"DROP A DIME" PROGRAM

In 1983, the Roxbury neighborhood of Boston, Massachusetts, experienced an influx of organized street-level drug dealing. Dealers carrying beepers were everywhere, drugs were sold from grocery stores, and many rooftops were occupied by young people employed as lookouts for dealers. In response, a tip line called "Drop a Dime" was established enabling residents to report drug crime to the police anonymously. The program proved so successful that similar tip lines were established across the State. The "Drop a Dime" program now receives about 2,000 tips a year, 90 percent of which are drug-related. Since 1983, it has passed on more than 20,000 tips to the Boston Police Department, the FBI, and other agencies. The Mayor and the Police Commissioner have attributed a recent drop in crime in Boston to "Drop a Dime" and other community crime watch groups.

conspicuously snapping pictures of dealers and prospective drug buyers deters potential customers and forces the drug dealers to leave the area.

In Charleston, South Carolina, the efforts of beat patrols keep drug dealers moving from block to block, preventing them from establishing a foothold. Police officers also knock on doors of suspected crack houses, which often frightens the dealers into flushing their inventory down the drain. In Yakima, Washington, and Fort Lauderdale, Florida, police deter drug buyers by sending owners of cars seen cruising near drug markets notices informing them that their vehicles were observed in a location known to be filled with drug dealers.

In many communities, anti-loitering ordinances deter suspected drug dealers from transacting business out in the open. Although some ordinances have been struck down by the courts, carefully drafted ordinances can withstand Constitutional muster and still prove effective in preventing retail drug sales. Typically, a violation of an anti-loitering ordinance requires a showing of an intent to sell drugs, as well as proof of one or more specific criteria, such as meeting several people in succession briefly, and covertly exchanging small packages and/or money. This year, the Administration will produce a Model Local Anti-Drug Loitering Ordinance for use by municipalities that want to strike at street-level drug dealers, while simultaneously protecting the civil liberties of innocent citizens.

Although community policing cannot completely terminate drug sales (a drug user who wants to buy drugs will probably always be able

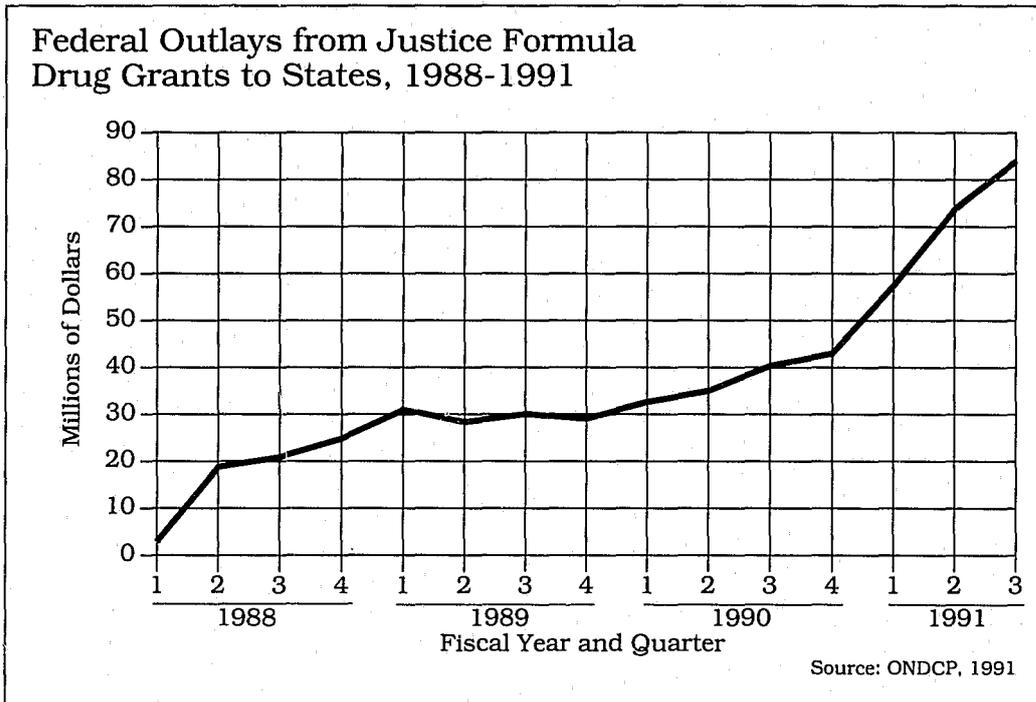
to find them), it keeps the organization from developing or maintaining a reliable, steady stream of revenue. Also, because many casual drug users will not wish to go to extravagant or risky lengths to buy drugs, preventing readily available retail outlets for drugs from emerging will deter many drug sales and remove criminal, and often violent, elements from the streets. Finally, the primary mission of the police remains public safety and law enforcement. Community policing policies, and police generally, should always be evaluated primarily for their effects in preventing crime.

Weed and Seed. A comprehensive multi-agency approach to law enforcement, community revitalization, and economic development will be initiated to reclaim neighborhoods embattled by drugs and crime. The effort will utilize law enforcement to remove violent criminals, eliminate drug activity from an area, and prevent criminal activity from returning. Weed and Seed will also provide broad economic and social opportunities developed in cooperation with other Federal, State, and local agencies along with private organizations and community groups. Working in partnership, these efforts will have a better chance of succeeding in enhancing public safety and rebuilding institutions, activities, and family life within the community.

While the Federal government will provide initial assistance to implement this initiative, it is essential that State and local governments, the private sector, and individual community members take responsibility for sustained social and economic improvements.

Criminal Justice Grants. Although States and localities must retain the lead in apprehending street dealers, the Federal government assists them in some important ways. One of the most important of these is financial assistance in the form of Anti-Drug Abuse Grants administered by the Department of Justice. These grants can be used to provide valuable "seed money" for new efforts by law enforcement and within the criminal justice system. Approximately 90 percent of these funds are awarded to States as block grants. As the chart on page 118 shows, outlays from these grants have grown steadily.

Task Forces and Interagency Cooperation. Another way in which the Federal government can assist State and local law enforcement agencies without usurping their proper role is by supporting the establishment of multi-agency, multi-jurisdictional law enforcement task forces. Because of the specialized expertise of the Federal agencies involved, they can apply law enforcement pressure along many different points of the illicit drug distribution network by, for example, unravelling money laundering operations, removing illicit



marijuana operations and clandestine labs from public lands, identifying illegal aliens for deportation, pursuing fugitives, and tracking dangerous weapons.

The Drug Enforcement Administration's (DEA) State and Local Task Forces yielded 6,337 arrests in 1991. These Task Forces, which have grown in number from 71 to 86 in the past year and are now found in 40 States, have proven particularly effective in combatting drug dealing in smaller cities and rural areas, where State and local law enforcement agencies may lack the depth of resources needed to target an entire drug trafficking organization. The Administration is requesting \$61.9 million for this program in Fiscal Year 1993.

Gangs. In many areas of the country, gangs have become the principal organizations that coordinate and conduct retail drug sales. Just as reducing retail drug sales in general is primarily the responsibility of State and local law enforcement, these agencies must take the lead in reducing drug sales by gang members. However, because many gangs such as the Los Angeles-based Crips and Bloods and the Jamaican "posses" operate on an interstate or even international level, Federal coordination of law enforcement efforts is needed.

The Federal government's strategy against gangs has two prongs. First, the strategy seeks to discourage youth from joining gangs. To this end, the Youth Gang Prevention Program provides discretionary grants to reduce and prevent drug trafficking and drug use by at-risk youth and to deter these youth from joining gangs. The Federal government also supports similar programs aimed at youth in public and publicly-assisted housing. The National School Safety Center located at Pepperdine University receives Federal funding to conduct research into youth gangs and other school safety-related issues. The Center has published a summary of some of its findings, entitled "Gangs in Schools" (copies can be obtained from the National School Safety Center, Pepperdine University, Malibu, California, 90265).

The second prong of the attack on gangs is to dismantle those that exist. The Bureau of Alcohol, Tobacco, and Firearms (ATF), DEA, the Federal Bureau of Investigation, U.S. Attorneys, and the U.S. Marshals Service all play major roles in tracking and investigating gang activity. Federal funding has been provided for model gang-related enforcement efforts at the State and local level, as well as research studies to examine gang structure and organization.

Many gangs and other drug dealers are dependent on firearms to protect their markets from competition and to intimidate and terrorize law-abiding members of their communities. Successful investigations of violations of the Federal firearms laws by the ATF have deprived them of their weapons. One such program, Project Achilles, has led to the prosecution and sentencing of over 2,400 criminals to mandatory prison terms. The Federal government's primary initiative for identifying and prosecuting violent armed criminals, including those who use firearms while trafficking in drugs, is Project Triggerlock. Triggerlock task forces, made up of Federal, State, and local law enforcement agencies, are coordinated by the U.S. Attorney in each of the 94 judicial districts. From its inception in April 1991 through November 1991, nearly 4,000 defendants were indicted.

State Legislation. Increased efforts by Federal, State, and local law enforcement to arrest street-level drug dealers are vital, but in many jurisdictions criminal statutes need to be updated to target the most problematic aspects of street-level drug dealing. While model State legislation is discussed in more detail in Appendix C, there are certain State laws that have particular applicability to the objective of ending retail drug dealing.

One sometimes-neglected aspect of retail drug dealing is the affiliated business of drug paraphernalia. Many drug users are dependent to some degree on drug paraphernalia to enhance their drug experience. Moreover, many retail drug dealers make money from paraphernalia sales. The vigorous enforcement of laws against the sale and use of drug paraphernalia damages retail drug traffickers and deters some users. Accordingly, most States have enacted anti-paraphernalia laws similar to the Model Drug Paraphernalia Act, which prohibits four separate offenses: (1) possession of drug paraphernalia, (2) manufacture or delivery of drug paraphernalia, (3) delivery of drug paraphernalia to a minor, and (4) advertising drug paraphernalia. Although the Act does not recommend particular criminal penalties for these offenses, ideally drug paraphernalia distributors should be subject to some period of incarceration. Those States that have not enacted such laws should do so.

As penalties for adults in the drug trade continue to be enhanced, drug traffickers are resorting to the services of juveniles. Again, most States have responded by enacting legislation providing for enhanced penalties for the use of juveniles in the drug business. These penalties should apply to the employment of juveniles in any aspect of a drug operation, including transporting and carrying drugs as well as the production and sale of drugs. To emphasize the severity of this offense, enhanced penalties should include mandatory minimum prison sentences for the offending adult. States that have not enacted such legislation should do so.

The laws in all States allow criminal prosecution when a juvenile is accused of certain crimes or when it is more appropriate to handle a juvenile in the adult criminal justice system. However, some State codes do not include options that are necessary for criminal prosecution of juveniles for serious drug offenses. These codes warrant re-evaluation. States should enact laws that provide for criminal addition, State laws should provide for the criminal prosecution of juvenile repeat offenders, gang members involved in the drug trade, and juveniles who sell drugs within drug-free youth recreation areas.

Other laws recommended to target street-level drug dealers and users include: (1) enhanced penalties for drug crimes within a Drug-Free School Zone; (2) mandating the suspension or revocation of occupational licenses for professionals convicted of drug crimes; and (3) mandatory eviction from public housing communities for drug distributors.

Prosecution and Punishment

The arrest of the street-level drug dealer is only part of the strategy for disrupting retail drug sales. The other part requires that dealers who are arrested be prosecuted and incarcerated once convicted. Attention to these aspects of the criminal justice system is essential if the system is to provide a credible deterrent to current and prospective drug dealers.

Two major bottlenecks can weaken the ability of the criminal justice system to prosecute arrested drug dealers: first, delay in trying accused offenders because of lack of prosecutors, judges, and other court personnel; and second, lack of jail and prison space. In jurisdictions where drug criminals remain free for months before trial, or receive lenient sentences or early release because of a lack of prison space, the safety of the community is endangered. Equally important, instead of being deterred from future crimes, drug dealers who are arrested may infer that they are invulnerable to punishment. Efficient and expeditious prosecution and, upon conviction, incarceration of those who are arrested for selling drugs is crucial if the criminal justice system is to get dealers off the streets and deter others from taking their place.

Courts and Prosecution. As with investigation and arrest of street-level drug dealers, prosecution at this level is primarily the responsibility of State and local governments. One innovative approach recommended in the 1991 Strategy and adopted by many State and local court systems, is known generically as a "drug court." Designed to help manage the flood of drug cases in urban courts, drug courts include pretrial diversion programs, special courts or judges, and/or distinctive case management systems. Some drug courts function as traditional courts and hear evidence and adjudicate guilt, while others monitor diversion programs, and still others serve as special plea bargaining forums. Some drug courts handle only first-time drug offenders; others handle all drug offenders. For example, several evening drug courts in Cook County, Illinois, were created in late 1989 to focus exclusively on drug cases. During the first 26 months of operation, the Cook County program reduced estimated average disposition time for criminal cases from 142 days to 108 days and decreased the backlog in the criminal courts by 22 percent.

At the Federal level, the number of prosecutors, public defenders, judges, and support staff has increased. For example, in 1990 the Administration supported, and received Congressional approval for,

PRO BONO PROSECUTORS

Faced with a huge increase in arrests in drug cases, the King County Prosecuting Attorney's office in Seattle, Washington, arranged for over 30 litigation associates from private law firms in Seattle to be sworn in as unpaid, or "pro bono," special deputy prosecutors. The program was a success: the volunteer prosecutors helped clear a backlog of over 500 felony drug cases and received extra trial experience, which made them more valuable to their law firms. Without them, many of the cases might have been dismissed under the State's speedy trial law.

the creation of 85 new Federal District and Appellate judgeships. New positions have been funded for attorneys, clerks, administrators, public defenders, probation staff, pretrial officers, and others employed by the Federal courts. Overall, Federal drug-related funding for courts, prosecutions, and corrections has increased from \$1.3 billion in Fiscal Year 1989 to \$2.2 billion in Fiscal Year 1992.

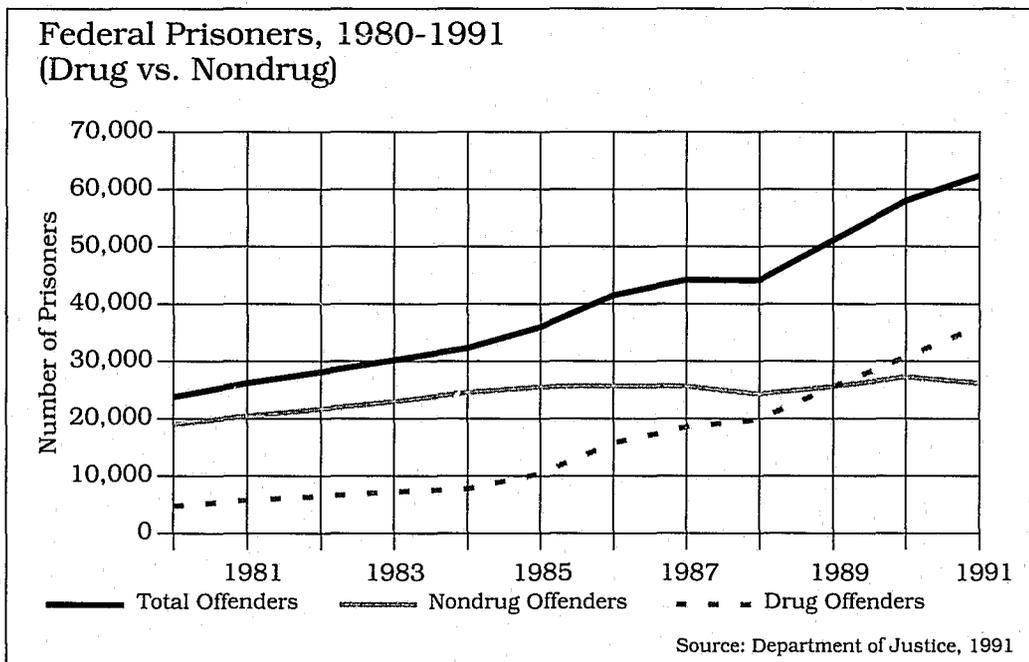
Prisons. Prisons and jails are a crucial, but sometimes-ignored component of any effective strategy aimed at street-level drug dealers. The chief role of prisons and jails in the National Drug Control Strategy is to punish drug criminals by keeping them isolated from the rest of society in a safe and humane fashion. Increasing sentence lengths for drug crimes, as well as increasing numbers of arrests for drug-related crime, have put an added burden on the ability of prisons and jails to meet this responsibility. For example, in 1980 fewer than 5,000 drug offenders, representing approximately 20 percent of the total Federal prison population, were in Federal prison. As the chart on page 123 shows, between 1980 and 1991, this number grew by over 600 percent, representing 56 percent of the population. At the State level, vigorous enforcement of the drug laws is putting a similar burden on prisons and jails. The number of sentences to State prisons for drug offenses grew by over 73 percent between 1986 and 1988, while the number of sentences for nondrug offenses *declined* by 4 percent during that period. Nor has the increase in drug offenders reached a plateau yet. The number of drug offenders in the Federal prisons is expected to rise to more than two-thirds of the total Federal inmate population by 1996.

As the number of inmates has increased, however, the number of spaces available in prisons and jails has not kept pace. In some jurisdictions, court-ordered population caps have limited increases in

the inmate population. In some States this has meant that judges and corrections officials have ordered prisoners released early, often with disastrous results. Although construction of new prison facilities and maintenance of old facilities may be costly, the cost to society of letting criminals back out on the streets, or not incarcerating them in the first place, is even greater.

Beyond the unacceptable alternative of unplanned early releases, there are several realistic alternatives to cope with the growing strain on our existing correctional facilities. First, prison management can be enhanced to cope with increased inmate population density. Second, greater use can be made of alternative sentencing. Third, more jail and prison cells can be constructed. These alternatives are not mutually exclusive, and many State correctional systems, as well as the Federal system, are using a combination of all three.

Each of these alternatives has advantages, limitations, and costs. The first alternative, which involves allowing population density to increase, may enhance the risk of disorder. But experience has shown that with skilled and innovative prison management, the population capacity of prison and jail facilities can be expanded safely. A 1989 study funded by the National Institute of Corrections found that in spite of a 33 percent rise in the prisoner population of selected crowded prisons from 1980 to 1985, the average number of escapes



and escape attempts in these institutions declined. Another survey (1986) of 694 State prisons found no relationship between prison crowding and incidences of violence.

The common denominator among institutions that have coped successfully with increases in inmate population is skilled and foresighted management. For example, the maximum-security California Men's Colony in San Luis Obispo, California, has the highest inmate-to-staff ratio and the lowest per-inmate expenditure of any maximum-security prison in California. Yet rates of violent assaults there have actually decreased while the prison population has substantially increased.

One key management tool for all successful prison administrators is a program of activities, such as work, school, and athletics, which keeps prisoners occupied. The Federal prison system makes extensive use of all of these options. In particular, the Federal Bureau of Prisons relies upon Federal Prison Industries, Inc. (UNICOR), a government corporation that produces products for sale to the Federal government, to employ a rapidly increasing number of inmates held in overcrowded conditions. UNICOR offers a major incentive to control inmate behavior. In addition, the Post-Release Employment Project found that inmates who participated in UNICOR programs showed a better adjustment in custody, were less likely to commit crimes upon release, and were more likely to stay employed than inmates who did not participate in these programs. UNICOR employs approximately one-fourth of the Federal inmate population. We will strive to maintain UNICOR's efforts to keep pace with the growing Federal inmate population.

Several States have taken advantage of a recent change in Federal law allowing up to 50 pilot projects in State correctional systems in which prisoners produce goods for the private sector in cooperation with industry. The program, known as Prison Industry Enhancement (PIE) and administered by the Bureau of Justice Assistance, has thus far involved fewer than 1,000 prisoners at a time. The relatively low participation level may be attributed, in part, to the legal requirement that prisoners in PIE projects be paid at the prevailing market wage. However, this idea has merit and the Strategy encourages more States to participate in these projects.

Greater professional training for prison personnel is also important as the prison population increases. Several thousand Federal, State, and local corrections professionals attended National Institute of Corrections sponsored training in Fiscal Year 1991. The Institute has

also provided technical assistance to State and local corrections programs through visits and grants, and it published guidelines in 1991 for improving substance abuse programs in prisons.

A number of correctional facilities have adopted special management techniques, such as "unit management," to minimize the negative impact of increases in prison population. Under unit management, the correctional institution is divided into small, independent treatment- or personality-related groups, each under the supervision of a unit manager, who reports to a warden or associate warden. Unit managers have offices within their units and have staffs assigned to those units. Because the number of inmates they supervise is relatively small, unit managers become sensitized to signs of potential problems.

In addition to enhanced prison management, some States and localities have had success with the second option for dealing with increased prison populations: alternative sentencing measures, such as electronic home monitoring devices, day reporting centers, and home confinement. Because personnel costs constitute 80 percent of the operating expenses of a typical prison, these measures can result in a considerable cost saving. Thirty-three States and the Federal government utilize "boot camps," or short-term shock incarceration programs. These programs involve intensive discipline in a military-like environment, generally targeted at young, first-time, nonviolent offenders who are often drug users. Offenders who complete boot camps describe the experience as difficult, but having a positive effect on their self-awareness and personal growth. Alumni of boot camps have recidivism rates equal to or less than those for comparable prisoners leaving traditional facilities, but at much less cost because of the shorter time span of incarceration.

The third option, building new prison facilities and expanding existing ones, is the most costly way of coping with increases in the prison population. Construction of new prisons is a long-term solution to increases in prison population. In the short-term, extensive use will have to be made of the other two options discussed above. Nonetheless, the Administration has shown that it recognizes the need for new prison beds, and it has expanded the total rated capacity of the Federal prison system from 31,727 beds in 1989, at the time of the first Strategy, to 45,861 beds funded through Fiscal Year 1992. Because over 90 percent of the incarcerated population in the United States are in State and local correctional facilities, it is even more important for State and local governments to increase their jail and

prison capacity. A survey by Corrections Compendium reports that in 1991 and 1992, State and local correctional agencies will spend \$6.8 billion to create nearly 128,000 additional prison and jail beds. While laudable, this commitment by State governments is still not enough. The number of prisoners under the jurisdiction of State correctional institutions grew by 75,000 in 1989 and by 52,000 in 1990, and is expected to continue to grow by even more in the future.

The National Institute of Justice will continue to serve as a clearinghouse and information service for State and local corrections agencies on innovative and economical ways to expand prison and jail space.

Denial of Federal Benefits. One technique for holding drug dealers and their customers accountable for their illegal actions is to deny them eligibility to receive Federal government benefits for a period of time. Under Section 5301 of the Anti-Drug Abuse Act of 1988, individuals who are convicted of a first offense of drug distribution under Federal or State law may, at the discretion of the sentencing judge, be made ineligible for any or all Federal benefits for a period of up to five years. Individuals convicted of a first Federal or State offense of drug possession may be made ineligible for any or all Federal benefits for a period of up to one year. Denial of Federal benefits is mandatory upon the third conviction for trafficking offenses. Among the 460 Federal benefits that may be denied under this provision are student financial aid, pilots licenses, small business loans, and scientific, artistic, and academic research grants.

Since the Denial of Federal Benefits Program went into effect in September 1990, there have been 205 cases in Federal courts in which a denial of Federal benefits was a part of the sentence. The majority of these sentences were for trafficking offenses. In addition, there have been 266 sentences handed down in State courts denying eligibility for Federal benefits. The Strategy strongly urges State and Federal judges to avail themselves of this sentencing option. Four States (Oregon, California, Rhode Island, and Texas) and a number of Federal courts have begun to implement the program. A user accountability public awareness program has also been implemented.

Drug Testing in the Criminal Justice System. Programs examining the effect of urinalysis drug testing at all stages of the criminal justice process, from immediately following arrest to post-conviction release, are under way. These types of programs serve many important purposes, and methods will be explored to provide State and local officials additional useful information on implementing

these programs. Because studies have shown that a high percentage of those convicted of drug distribution are themselves drug users, drug testing in the criminal justice system is a significant part of the Administration's strategy for dealing with retail drug dealers following their conviction. In addition to helping determine whether illegal drugs have been used, drug testing can also help determine whether offenders need drug treatment, and can give judges and probation and parole officials more information on which to base a decision as to whether to release an offender back into the community. Thus, the use of drug testing to detect substance abuse problems among offenders helps to ensure that scarce prison and jail space is allocated to those who most need to be isolated from the community.

In spite of these benefits, drug testing is still not as widespread in the Federal, State, and local criminal justice systems as it should be. Therefore, the Administration has proposed legislation that would require certain prisoners in the Federal system to pass periodic drug tests as a condition of probation, supervised release, or parole. Legislation has also been proposed that would condition the award of Bureau of Justice Assistance grants for improvement of State criminal justice systems upon the implementation of drug testing for targeted classes of defendants arrested, confined, or on probation or parole. However, no State would be required to spend an amount on drug testing greater than 10 percent of the amount of its Bureau of Justice Assistance grant. The Administration continues to urge Congress to pass this legislation and encourages States and localities to adopt their own initiatives for drug testing of offenders in the criminal justice system.

Appendices

High Intensity Drug Trafficking Areas

Section 1005 of the Anti-Drug Abuse Act authorizes the Director of the Office of National Drug Control Policy (ONDCP) to designate certain localities of the United States as High Intensity Drug Trafficking Areas (HIDTAs). In January 1990, the Director of ONDCP designated New York, Miami, Houston, Los Angeles, and the Southwest Border as HIDTAs. These designations were based upon criteria set forth in the law and extensive consultation and review of pertinent data, including the Federal Bureau of Investigation's system for classifying U.S. cities as first-, second-, and third-level drug distribution centers; the Drug Enforcement Administration's geographic drug enforcement profiles; and drug control program intelligence information.

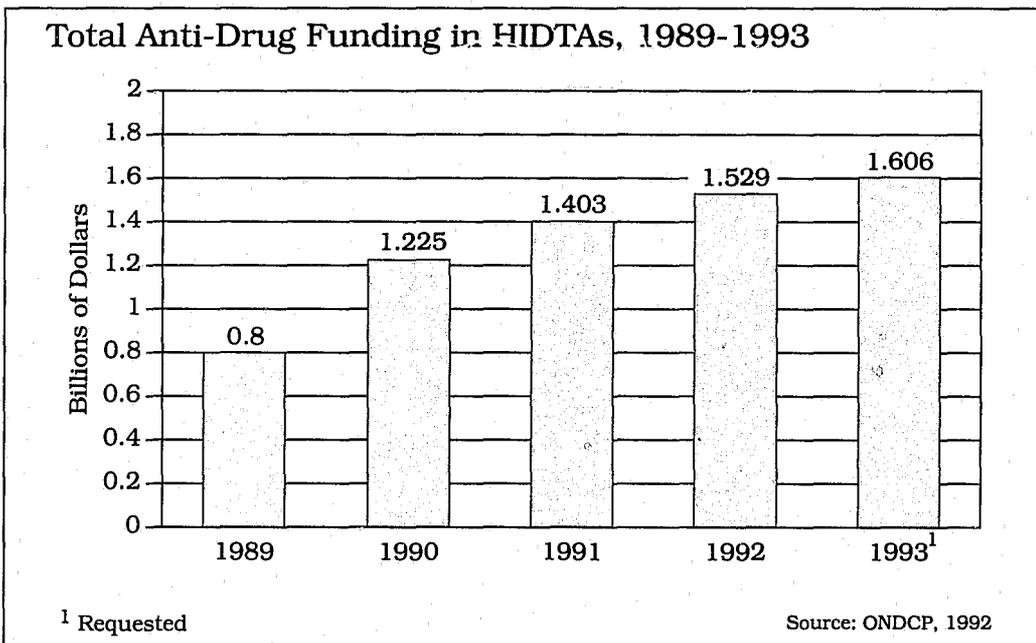
Many cities in the United States are experiencing substantial drug use problems, but the large-scale drug trafficking activities found in New York, Miami, Houston, Los Angeles, and along the Southwest Border are the source of much of the Nation's drug supply. The goal of the HIDTA program is to take concerted action in these five designated areas to identify and dismantle drug trafficking organizations, thereby alleviating the drug problem throughout the entire Nation.

The HIDTA program has a specific focus and objectives and is not intended to substitute for the comprehensive, fully integrated National Drug Control Strategy. Nonetheless, the program benefits the entire community by supplementing ongoing Federal, State, and local law enforcement initiatives to dismantle drug trafficking organizations. Between 1990 and 1992, the HIDTA program has allocated \$193 million to fund specific Federal, State, and local law enforcement initiatives and address multi-agency needs that could not be funded from agency operating budgets. For example, the number of Federal

law enforcement personnel has been increased in each area; existing Federal, State, and local criminal justice programs have been enhanced; and additional investigative and communications equipment has been purchased for use by law enforcement personnel in each area.

HIDTA program funding is in addition to other Federal funding in the designated HIDTAs. As the accompanying chart shows, total Federal resources available in these areas for supply and demand reduction initiatives, including HIDTA program funds, continue to increase. The Administration is requesting \$1.6 billion in total estimated Fiscal Year 1993 funding for Federal drug programs in the designated HIDTAs.

Coordination Structure. ONDCP coordinates implementation of the HIDTA program. The Metropolitan HIDTA Committee, chaired by the Department of Justice, coordinates the HIDTA program in New York, Miami, Houston, and Los Angeles. The Southwest Border Committee, chaired by the Department of the Treasury, coordinates the program in that area. Both committees prepare long-range plans, consult with State and local officials, develop proposals to refine specific area designations, conduct research, assess the needs of each area, and make recommendations concerning the allocation of HIDTA resources.



An Assistant United States Attorney in each of the four metropolitan HIDTA areas serves as the Area Coordinator, with a hybrid arrangement in the New York area (which includes three Federal judicial districts). A senior Federal official serves jointly as the Southwest Border Area Coordinator and Director of Operation Alliance (for a further discussion of Operation Alliance, see the Focus on the Supply Networks chapter). The Organized Crime Drug Enforcement Task Force administers the HIDTA program in each of the metropolitan areas and Operation Alliance administers the HIDTA program in the Southwest Border area.

1990 Program. In Fiscal Year 1990, \$25 million was provided to support Federal HIDTA initiatives — \$10.7 million for the Southwest Border and \$14.3 million for the metropolitan areas, almost evenly divided among the four cities. Program initiatives increased the number of Federal law enforcement agents in these areas; established multi-agency task forces and intelligence operations; and strengthened existing Federal, State, and local multi-agency operations.

ONDCP issued implementation guidelines at the inception of the program in 1990. The guidelines specified that the precise geographical areas encompassed within the designated HIDTA were to be defined at the local level, subject to change according to local circumstances; required Federal, State, and local law enforcement agency participation in the development of funding proposals; and specified that the HIDTA program proposals were to target drug trafficking organizations through the enhancement of multi-agency Federal, State, and local coordination, and investigatory and interdiction resources.

1991 Program. Of the \$82 million total 1991 program, 228 percent higher than the 1990 program, \$44 million was allocated to the metropolitan areas (\$10.6 million each for Houston, Los Angeles, Miami, and New York, and \$1.6 million for an inter-HIDTA money laundering investigation); \$30 million was allocated to the Southwest Border area; and \$8 million was devoted to research and development projects. These funds continued support for the programs established with 1990 funding, as well as multi-jurisdictional Federal, State, and local law enforcement efforts to dismantle drug trafficking organizations and their component operations.

For the State and local program, \$21 million was allocated to the four metropolitan areas to target violent gangs, enhance analytical and intelligence efforts, support asset forfeiture and financial disruption initiatives, and provide technology support for the law enforcement

community. The Southwest Border program allocated \$12 million in its area to fund information and intelligence networks, provide direct assistance to local law enforcement agencies, and increase personnel for multi-agency operations.

Program guidelines were refined in 1991 to place additional emphasis on disrupting drug trafficking organizations. Priorities included targeting the organizations' financial transactions, obtaining strategic and tactical intelligence about their operations, and applying advanced technology to law enforcement operations. State and local programs focused on multi-jurisdictional law enforcement operations to combat drug-related violence.

Pursuant to law, ONDCP conducted a review of the HIDTA program during the first quarter of 1991, focusing on the effectiveness of and need for the designations, with a re-evaluation of the basis and data upon which the original designations were made. The review confirmed that continued designation of the five areas as HIDTAs was warranted because of the nationwide effect of the international and domestic drug trafficking organizations operating in those areas, and because the HIDTA program was contributing substantively to drug control efforts in the areas.

However, the review also demonstrated that three modifications would improve the program. Accordingly, the following actions were taken: first, three HIDTA areas (New York, Los Angeles, and the Southwest Border) were expanded by adding counties to the areas originally encompassed within those HIDTAs; second, program modifications were made to transfer and allocate funds to the drug control program agencies more expeditiously; and third, HIDTA field managers were directed to target particular drug trafficking organizations in their areas and to allocate program funds in accordance with strategic plans to dismantle these organizations.

1992 Program. In 1992, \$86 million was appropriated — \$50 million for the Federal component and \$36 million for the State and local component. Of the \$50 million, \$28 million is approved for distribution among the four Metropolitan HIDTAs and \$22 million is approved for distribution to the Southwest Border HIDTA. In accordance with Congressional guidance, ONDCP is allocating the \$36 million in State and local funds as follows: \$20 million for distribution to the four Metropolitan HIDTAs and \$16 million for distribution to the Southwest Border HIDTA, divided equally among the four Southwest Border States.

The focus of the HIDTA program will be sharpened in Fiscal Year 1992 to target specific drug trafficking organizations, including those trafficking in heroin, in each of the designated areas. During the first half of Fiscal Year 1992, the four Metropolitan Area Coordinators and the Southwest Border Coordinator will compile a list of the most important drug trafficking organizations in their respective areas and develop and submit to ONDCP a strategic plan for dismantling each organization.

In support of efforts to target specific drug trafficking organizations, HIDTA funds continue to enhance drug law enforcement operations in the HIDTAs. More specifically, in Houston, the Federal HIDTA program is funding the six multi-agency drug squads established pursuant to the 1990 HIDTA area program and providing them with additional personnel and equipment. Also, a violent gang task force is being created and the program is providing investigations and operations support to HIDTA cases. Los Angeles is continuing to fund the Southern California Drug Task Force and the Joint Drug Intelligence Group. Program funds are supporting the establishment of satellite offices for the Intelligence Group.

Funding is continuing in Miami for the Institutional Money Laundering and the Violent Gangs and Career Criminal Task Forces and interdiction operations. In New York, the program funds fugitive apprehension, alien detention and deportation initiatives, and initiatives associated with drug gangs and violence, intelligence coordination, and foreign language support.

The Federal Southwest Border program is funding an array of investigations, interdiction, intelligence, and communications initiatives. These initiatives will strengthen the interdiction and investigatory effort at and between the ports of entry along the border.

The State and local HIDTA program will distribute the \$36 million noted above in consideration of proposals submitted to ONDCP by each HIDTA coordinator. These funds will be used for specific State and local initiatives including intelligence and information sharing systems, direct support to State and local law enforcement agencies, and other task forces and drug suppression programs.

1993 Program. For Fiscal Year 1993, the Administration is requesting \$50 million for the Federal component of the HIDTA program. This money will be used to complete the identification of major trafficking organizations in the HIDTA areas and to continue to implement strategic plans to disrupt and dismantle them.

HIDTA Areas. The following areas have been designated as High Intensity Drug Trafficking Areas:

- New York City (and a surrounding area that includes Nassau County, Suffolk County, and Westchester County, New York, and all municipalities therein; and Union County, Hudson County, and Essex County, New Jersey, and all municipalities therein);
- Los Angeles (and a surrounding area that includes Los Angeles County, Orange County, Riverside County, and San Bernardino County, and all municipalities therein);
- Miami (and a surrounding area that includes Broward County, Dade County, and Monroe County, and all municipalities therein);
- Houston (and a surrounding area that includes Harris County, Galveston County, and all municipalities therein); and
- The Southwest Border (and adjacent areas that include San Diego County and Imperial County, California, and all municipalities therein; Yuma County, Maricopa County, Pinal County, Pima County, Santa Cruz County, and Cochise County, Arizona, and all municipalities therein; Hidalgo County, Grant County, Luna County, Dona Ana County, Eddy County, Lea County, and Otero County, New Mexico, and all municipalities therein; El Paso County, Hudspeth County, Culberson County, Jeff Davis County, Presidio County, Brewster County, Pecos County, Terrell County, Crockett County, Val Verde County, Kinney County, Maverick County, Zavala County, Dimmit County, La Salle County, Webb County, Zapata County, Jim Hogg County, Starr County, Hildago County, Willacy County, and Cameron County, Texas, and all municipalities therein).

Federal Resource Priorities and Requirements

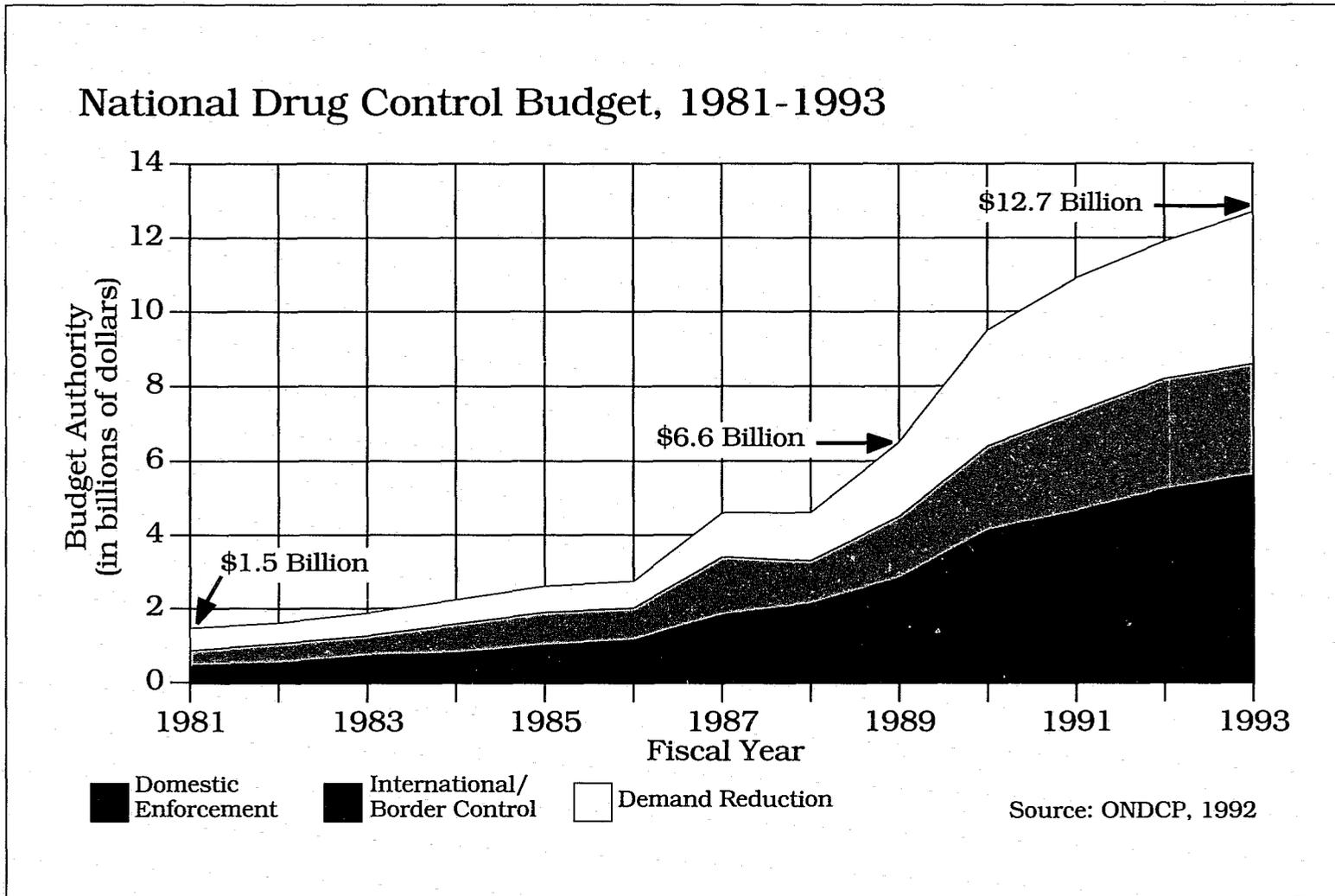
Federal spending on drug control programs has increased more than 750 percent since 1981, to a requested total of \$12.7 billion for Fiscal Year 1993. This request represents a \$6.1 billion (93 percent) increase since the beginning of the Administration and an increase of nearly \$780 million (6 percent) over Fiscal Year 1992.

Drug control resources fall into three major categories: those needed for demand reduction activities, those for domestic law enforcement programs, and those devoted to U.S. border control and international initiatives. The National Drug Control Budget graph on page 140 displays the level of resources devoted to each of these areas from 1981 through the President's request for 1993.

As stated in the previous Strategies, the Nation's drug control program is an integrated system. Changes made to one part of the system have an effect on the other parts of the system. Enhanced law enforcement, for example, invariably leads to increased pressure on the courts and prisons. Increased attention to user accountability motivates people to stop their drug use and this leads to more demand for treatment. Emphasis applied to one part of the system increases pressure on another part. Therefore, if we are to be successful in our fight against illegal drug use, we must view the drug control problem as an integrated system that will be most effective when all aspects of it are receiving proper and balanced attention.

The Anti-Drug Abuse Act of 1988 requires the Strategy to describe the balance of resources devoted to supply and demand reduction activities. Often, law enforcement resources are viewed entirely as supply reduction in nature and only those resources that are directly spent on education or treatment activities are considered demand reduction.

But a supply/demand distinction that looks only at the bottom line of the budget to determine whether our efforts are appropriately balanced overlooks three very important factors. First, many supply activities also have a profound effect on demand reduction, and are so intended. For example, arresting and punishing a juvenile for illegal drug use sends a message to his friends and schoolmates that will deter them from drug use. Thus, while approximately 68 percent of the 1993 Federal budget is for activities traditionally thought of as supply reduction (roughly the same percentage as Congress appropriated for 1992), a large portion of this funding will have an impact on and is aimed at reducing demand. Second, supply reduction activities are inherently expensive (patrol cars, aircraft, and prisons are all very costly), whereas many demand reduction activities rely less on capital outlays and more on community involvement and individual commitment. Getting schools to treat drug abuse seriously, for example, doesn't necessarily require a large budget. And third, many supply reduction activities are intrinsically government functions (and some, such as international operations and border control, can only be performed by the Federal government), whereas most demand reduction efforts can and should be shared by our schools, churches, and communities.



The remainder of this appendix presents program and budget priorities for Fiscal years 1993-1995, and concludes with a presentation, by agency, of resource requirements for Fiscal Years 1991-1993 and a listing of the National Drug Control Program Agencies. These resources are needed to implement the National Drug Control Strategy and to provide balanced funding for the overall drug program. Further detail on the National Drug Control Budget can be found in the companion volume entitled National Drug Control Strategy Budget Summary.

National Funding Priorities for Fiscal Years 1993-1995

- Focus Federal efforts on large-scale trafficking organizations.
 - Emphasize efforts to attack money laundering.
 - Emphasize asset seizure and forfeiture efforts.
 - Strengthen Federal efforts in the High Intensity Drug Trafficking Areas.
 - Reduce the availability of chemicals necessary for drug production.
- Improve strategic and operational intelligence capabilities and products and continue to automate information systems.
- Maintain effective programs in primary producer and transit countries.
- Emphasize multiagency and combined Federal, State, and local efforts.
- Emphasize the development and application of new research and technologies for supply and demand reduction activities.
- Focus increased efforts on prevention programs that target hard-to-reach populations, with emphasis on community-wide efforts.

- Continue to increase the availability and effectiveness of drug treatment services.
 - Address the treatment needs of hard-to-reach groups, such as those in the criminal justice system, adolescents, pregnant women, and those at risk of HIV infection.
- Focus on the secondary stages of effective drug treatment, including such efforts as vocational counseling and job training, and other efforts to “habilitate” recovering drug addicts.
- Improve and expand information and data collection programs.
- Emphasize treatment and prevention evaluations and information dissemination.

Section 1010 of the Anti-Drug Abuse Act of 1988 defines “National Drug Control Program Agency” as “any department or agency and all dedicated units thereof, with responsibilities under the National Drug Control Strategy.” In accordance with this definition, the Departments, bureaus, agencies, and accounts and divisions listed on page 146 have been designated as National Drug Control Program Agencies.

National Drug Control Budget Summary
Budget Authority (Millions of Dollars)

	1991 Actual	1992 Estimate	1993 Request
ACTION	\$12.5	\$12.3	\$13.4
Agency for International Development	202.9	279.0	260.9
Department of Agriculture			
Agricultural Research Service	6.4	6.7	6.7
U.S. Forest Service	9.7	9.4	9.3
	16.1	16.1	16.1
Department of Defense	1,042.5	1,274.6	1,223.4
Department of Education	683.1	715.6	751.0
Department of Health and Human Services			
Administration for Children and Families	106.3	111.0	121.5
Alcohol, Drug Abuse, and Mental Health Administration	1,557.0	1,609.9	1,793.9
Centers for Disease Control	29.3	28.8	31.5
Food and Drug Administration	6.5	6.7	7.0
Health Care Financing Administration	190.5	201.5	231.5
Indian Health Service	35.3	35.2	37.0
	1,924.9	1,993.1	2,222.3
Department of Housing and Urban Development	150.0	165.0	165.0
Department of the Interior			
Bureau of Indian Affairs	14.7	22.7	19.4
Bureau of Land Management	6.9	8.9	10.3
Fish and Wildlife Service	1.0	1.0	1.1
National Park Service	11.3	11.1	10.8
Office of Territorial and International Affairs	1.7	1.5	1.1
	35.7	45.2	42.7
The Judiciary	294.1	347.7	429.9
Department of Justice			
Assets Forfeiture Fund	421.1	421.0	439.0
U.S. Attorneys	161.6	188.7	215.9
Bureau of Prisons	1,027.5	1,293.5	1,454.4
Criminal Division	18.5	17.2	17.2
Drug Enforcement Administration	692.4	720.2	819.3
Federal Bureau of Investigation	180.3	231.4	243.7
Immigration and Naturalization Service	130.7	138.0	156.5
INTERPOL	1.3	1.8	1.9
U.S. Marshals Service	202.5	210.3	227.8
Office of Justice Programs	535.7	543.5	530.2

National Drug Control Budget Summary
Budget Authority (Millions of Dollars)

	1991 Actual	1992 Estimate	1993 Request
Department of Justice (continued)			
Organized Crime Drug Enforcement Task Forces	334.5	363.4	399.1
Support of U.S. Prisoners	135.1	153.4	187.9
Tax Division	1.2	1.3	1.5
	3,842.4	4,283.7	4,694.5
Department of Labor	67.6	73.2	72.6
Office of National Drug Control Policy	104.3	126.7	79.1
Small Business Administration	0.1	0.2	0.7
Department of State			
Bureau of International Narcotics Matters	150.0	171.5	173.0
Bureau of Politico/Military Affairs	107.6	121.2	140.8
Emer. in the Dip. and Consular Service	0.0	0.5	0.8
	257.6	293.2	314.6
Department of Transportation			
U.S. Coast Guard	718.6	672.1	679.1
Federal Aviation Administration	23.8	26.1	35.6
National Highway Traffic Safety Administration	7.2	8.2	9.4
	749.6	706.3	724.1
Department of the Treasury			
Bureau of Alcohol, Tobacco, and Firearms	123.2	131.5	141.3
U.S. Customs Service	674.1	759.3	752.9
Federal Law Enforcement Training Center	20.8	16.3	18.8
Financial Crimes Enforcement Network	12.8	14.4	18.2
Internal Revenue Service	93.2	102.8	111.1
U.S. Secret Service	53.6	44.7	62.9
	977.6	1,069.0	1,105.2
U.S. Information Agency	7.3	8.0	8.4
Department of Veterans Affairs			
Total Federal Program	473.1	544.2	590.6
	\$10,841.4	\$11,953.1	\$12,714.3
Weed and Seed			
Total Federal Program (Incl. Weed and Seed)	—	—	14.4
	\$10,841.4	\$11,953.1	\$12,728.7

Detail may not add to totals due to rounding. For further detail on the National Drug Control Budget, including historical patterns of Federal drug control spending, see the companion volume entitled National Drug Control Strategy Budget Summary.

National Drug Control Program Agencies and Accounts

ACTION

Agency for International Development

Department of Agriculture

Agricultural Research Service
U.S. Forest Service

Central Intelligence Agency

Department of Defense

Department of Education

Educational Research and Improvement
Elementary and Secondary Education
Post-Secondary Education
Special Education and
Rehabilitation Services

Department of Health and Human Services

Administration for Children and Families
Alcohol, Drug Abuse, and Mental Health
Administration
Centers for Disease Control
Food and Drug Administration
Indian Health Service

Department of Housing and Urban Development

Department of the Interior

Bureau of Indian Affairs
Bureau of Land Management
Fish and Wildlife Service
National Park Service
Office of Territorial and International
Affairs

The Judiciary

Department of Justice

Assets Forfeiture Fund
U.S. Attorneys
Bureau of Prisons
Criminal Division
Drug Enforcement Administration

Federal Bureau of Investigation
Immigration and Naturalization Service
INTERPOL/U.S. National Central Bureau
U.S. Marshals Service
Office of Justice Programs
Organized Crime Drug Enforcement
Task Forces
Support for Prisoners
Tax Division

Department of Labor

Office of National Drug Control Policy

Small Business Administration

Department of State

Bureau of International Narcotics Matters
Bureau of Politico/Military Affairs
Emergencies in the Diplomatic and
Consular Service

Department of Transportation

U.S. Coast Guard
Federal Aviation Administration
National Highway Traffic Safety
Administration

Department of the Treasury

Bureau of Alcohol, Tobacco, and
Firearms
U.S. Customs Service
Federal Law Enforcement Training Center
Financial Crimes Enforcement Network
Internal Revenue Service
U.S. Secret Service

U.S. Information Agency

Department of Veterans Affairs

Recommended State Legislation

No strategy to combat illegal drug use can ignore the crucial role played by State and local governments. Many States have already enacted much useful anti-drug legislation. States that do not adopt legislative deterrents, while neighboring jurisdictions adopt bold legislation, will become havens for drug activity. No State can afford that risk or that reputation.

The Administration urges State officials, particularly State legislators, to consult with law enforcement officials, State and local prosecutors, treatment and education officials, and others to determine what laws or modifications to existing laws are needed in their States. In November 1990, the Office of National Drug Control Policy released a White Paper entitled "State Drug Control Status Report," which contained a number of suggestions for State anti-drug legislation. The following is a brief list of provisions that should form the core of a State's anti-drug efforts.

Criminal Statutes

States should bolster their criminal codes with additional legislation tailored to the increased sophistication of today's drug trade. Among the statutes that State lawmakers should consider are the following:

Attempted Drug Crimes. Attempts to commit any drug crime should be punishable with up to the same penalty as if the offense had been completed. Such statutes permit law enforcement officers to

make drug arrests without consummating a sale or purchase with actual drugs.

Drug Paraphernalia Laws. Every State should enact a drug paraphernalia law based on the Model Drug Paraphernalia Act, originally drafted by the Drug Enforcement Administration in 1979. Such a law criminalizes the manufacture, distribution, and sale of paraphernalia intended for use with illegal drugs.

Wiretap Statutes. Some State laws governing the use of wiretaps and other electronic surveillance techniques may require dual consent, or may otherwise be outdated. These statutes should be amended to bring them into conformity with Federal law.

Conspiracy Statutes. Conspiracy statutes should be updated and expanded to enhance the ability of State officials to prosecute drug traffickers and dismantle the criminal enterprises they control. For example, the prohibition of joint trials of trafficking defendants renders impractical many State conspiracy statutes.

Money Laundering Statutes. States should enact criminal statutes to prohibit knowingly engaging in delivery, receipt, transfer, or any other transaction of funds derived from the proceeds of drug offenses. States should also pass other laws to control the activities of unregulated money exchange houses in their jurisdiction.

Precursor Chemical Control Statute. State laws should regulate the purchase of chemicals and, if appropriate, glassware and other equipment commonly used to manufacture and process drugs. Such laws are necessary to reduce the domestic production of drugs such as methamphetamine.

Maintenance, Control, and Use of Buildings. Landlords who knowingly allow their property to be used in connection with drug activity are just as responsible as the dealers themselves. States should adopt laws to punish landlords who continue to collect rents from tenants involved in the production or distribution of drugs, unless the landlord was reasonably unaware of the unlawful activity or notified the police of what was happening.

Designer Drugs. Chemists can synthesize new drugs that are almost identical to scheduled drugs but are sufficiently different that their manufacture and sale are legal. These drugs may be as dangerous as scheduled drugs. States should have emergency scheduling authority to prevent this practice and should also allow prosecution of those who engage in it.

Counterfeit Substances. Drugs produced in clandestine labs are often stamped with a legitimate company's trademark. It should be a criminal offense to misuse a trademark in this way.

Imitation Substances. Most drug operations keep noncontrolled substances that look like controlled substances on hand to sell to suspected informants, thereby escaping prosecution. It should be illegal to falsely represent a substance as being a controlled substance.

Enhanced Criminal Penalties

The certainty of punishment for drug users, dealers, and traffickers should be increased. Because jail and prison space is often limited, however, it should be reserved for the most serious drug offenders. States should consider the following enhanced sentences for the following drug crimes:

Mandatory Minimum Sentences for Specified Drug Crimes. Stiff, mandatory minimum sentences should be imposed for such offenses as drug trafficking, possessing large amounts of drugs that indicate the possessor is a trafficker and not a user, and employing minors in any aspect of the drug trade.

Drug-Free School Zones. States should impose enhanced penalties on anyone convicted of a drug crime within 1,000 feet of a school. These statutes need to be broadened to include not only schools, but playgrounds, youth centers, public swimming pools, video arcades, and other locations where youth typically congregate. State provisions should also be broadened to include colleges and universities as the Federal statute does. Such statutes should also cover *any* drug-related crime within the zone, including sales of drugs by adults to adults, and by children to other children.

Drug Transactions Involving Minors. States should impose additional penalties on anyone convicted of a drug crime involving a minor. (As noted above, such crimes should also be subject to mandatory minimum sentences.)

Bringing Drugs into Prisons and Jails. Anyone convicted of bringing or attempting to bring drugs into prison or jail should be subject to a stiffer sentence.

Continuing Criminal Enterprise. Drug kingpins should be subject to penalties at least as severe as their underlings. States should adopt continuing criminal enterprise statutes that impose enhanced penalties on individuals who participate in drug operations in a supervisory role. They should also authorize civil actions for treble damages to help reach individuals who may have fled the country or are otherwise unavailable.

Asset Forfeiture Laws

An effective State asset forfeiture law is a potent prosecutorial weapon in the war on drugs. States should amend their asset forfeiture laws to conform to the Model Asset Seizure and Forfeiture Act recently proposed by Federal, State, and local prosecutors. State asset forfeiture laws should achieve the following objectives:

- They should allow the use of civil proceedings, so that prosecutors need not wait for the conclusion of an often lengthy criminal trial before forfeiting assets obviously derived from or connected with the drug trade.
- They should recognize a *prima facie* case for the forfeiture of property if: 1) the defendant engaged in drug-related conduct; 2) the property was acquired during the period of time he engaged in such conduct; 3) there was no other likely source of income for the property.
- They should permit the authorities to seize and forfeit the real property owned by drug traffickers.
- They should assure that State asset seizure laws confer *in personam* jurisdiction over the defendant to permit prosecutors to seize *all* of his assets, including assets that are located out-of-state.
- They should allow authorities to have the power to substitute assets of an equal value belonging to the trafficker when drug-related assets are leased or mortgaged.
- They should protect the interests of innocent owners of seized assets by protecting the value and assuring the speedy return of such assets.
- They should provide for the expense of conducting future asset forfeiture programs by returning at least 90 percent of the proceeds derived from the sale of forfeited assets to law enforcement activities.

- They should specify time limits within which a State must initiate forfeiture and require that the State give notice of any pending forfeiture, thereby protecting potential purchasers of seized property.
- They should permit forfeiture of proceeds derived directly or indirectly from drug transactions. They should permit forfeiture of interests (such as stock ownership) that afford a source of influence over an enterprise established, controlled, or participated in to facilitate drug-related activities.
- They should provide that inchoate or preparatory offenses that further a drug operation and are punishable by more than one year in jail, such as an attempt or conspiracy to sell drugs, permit forfeiture.
- They should include a presumption that money or negotiable instruments found in close proximity to drugs or an instrumentality of a drug offense are proceeds of a drug transaction.
- They should provide that, except in exigent circumstances, occupied real property may only be seized after an adversarial determination of probable cause.
- They should include lien procedures that permit the State to establish its interest without removing people from their property.

User Accountability

One of the most important objectives of the National Drug Control Strategy is to hold drug users accountable for their illegal behavior. So-called "casual" or "intermittent" users are often responsible for introducing new users, especially children, to illegal drugs.

Intermediate Punishments. These punishments should be employed wherever possible for casual or nonviolent, first-time users. Intermediate punishments provide a broader range of sentencing options between traditional probation and imprisonment, reduce the need for additional prison and jail space, and provide certainty of punishment for drug users. Intermediate punishments include: shock incarceration (or so-called "boot-camps"), mandatory treatment at the

offender's expense, halfway houses, special day/night detention centers, intermittent confinement, intensive probation supervision, conditional discharge, restitution programs, community service, and civil and monetary penalties. Judges should also have the authority to require participation in a treatment program as a condition of probation for any convicted drug offender.

Suspension of Driver's and Occupational Licenses. Pursuant to Federal law, all States must enact legislation mandating a six-month suspension of driving privileges for anyone convicted of a drug offense. Failure to do so by October 1, 1993, will result in a 5 percent reduction of that State's allotment of Federal highway funds. The reduction will increase to 10 percent on October 1, 1995. Another way for States to hold users accountable is to condition the retention of a professional or occupational license of anyone convicted of a drug offense upon successful completion of a drug treatment program.

Procedures for Eviction from Public Housing Communities. States should provide statutory authority and procedures for the eviction of anyone convicted of a drug offense from State-funded public housing communities.

Suspension of State Benefits. States should consider suspending State-funded benefits of anyone convicted of a drug offense, including student loans, grants, and contracts. Exceptions can be made for certain welfare-related benefits, and provision could be made for restoration of all benefits upon entering and/or successfully completing a drug rehabilitation program.

User Fees. States should consider assessing a "user fee" against all convicted drug offenders to help fund education and treatment programs. This fee would be in addition to any jail term, fine, forfeiture, or restitution imposed by the court.

Prevention and Treatment

It is important that States enact laws that help prevent drug use and assure the availability of effective treatment programs for those addicted to drugs. Some useful prevention and treatment laws include the following:

Drug-Free Workplace Requirements for Contractors/Grantees. State law should require that State contractors and grantees implement drug-free workplace plans, including drug testing where appropriate.

Accountability of Treatment Programs. State law and policy should require publicly-funded treatment centers to monitor participants in their programs following the conclusion of treatment.

Drug-Free Workplace and Drug Testing Laws. State law should reduce legal uncertainty regarding the use of private employer drug testing plans. Such laws should clarify the standard of employer liability, the applicable testing and laboratory procedures, the employee's right to confirm positive results with a second test, the right to review by a medical officer, and any limitations on the right of privacy regarding test results.

Drug Testing for Public Employees. Many States require drug testing for State employees. Although most State executive branch officials have authority to implement such drug testing plans without legislation, States should enact such legislation, if necessary.

Alcohol and Tobacco

At the Federal level, the National Minimum Drinking Age Act of 1984 required States to raise their minimum purchase and public possession age to 21. States that did not comply faced a reduction in highway funds under the Federal Highway Aid Act. The Department of Transportation determined that all States have been in compliance with this Act since 1987. Many States also restrict the sale of tobacco to minors. These laws are good public policy, not only because of the health and safety risks posed by alcohol and tobacco use, but because they are gateway drugs. Consequently, restricting the availability of these substances to young people under the legal age is an important part of the larger fight against drug use.

Although States have enacted minimum purchase and public possession laws for alcohol, the Federal Act provided exceptions that in some States have become ways by which underage youth have access to alcohol. Specifically, the Act strictly defined the term "public possession," clarifying that it does not apply to possession:

- for an established religious purpose;
- when accompanied by a parent, spouse, or legal guardian 21 or older;
- for medical purposes when prescribed or administered;

- in private clubs or establishments; or
- in the course of lawful employment by a duly licensed manufacturer, wholesaler, or retailer.

In this environment, then, States are responsible for clarifying and enforcing underage drinking laws. At a minimum, States should adopt the measures discussed below to enhance the effectiveness of their current laws.

Regulating Vendors. Effective enforcement depends on accountability; if a single agency does not have the lead role in detecting and punishing violations, other agencies will not take responsibility. To improve enforcement of their alcohol and tobacco laws, States should create a single agency to regulate both alcohol and tobacco; give the agency enforcement authority in addition to regulatory authority; create a full range of administrative sanctions emphasizing license suspension and revocation; provide criminal penalties for alcohol sales to minors; and use license fees collected by the agency to finance enforcement efforts. States should enact civil liability statutes that impose liability on vendors or other adults who provide alcohol to minors, if the minor subsequently causes harm to a third party, and alcohol was a contributing factor in the injury.

Restrictions on the Availability of Alcohol. Aside from the Federal exceptions, State statutes should be reviewed and stiffened in a number of areas. It should be illegal not only to sell alcohol to minors but also to barter, furnish, or give alcoholic beverages to a person under 21. Minors should be prohibited from selling alcoholic beverages, unless they are carefully supervised by persons 21 or over. In addition, any person under 21 should be prohibited from purchasing, attempting to purchase, or possessing any alcoholic beverage. States should also prohibit the sale or possession of alcohol on school grounds, including universities (except for limited purposes such as at faculty centers and special events), and impose fines of at least \$500 to \$1,000 for providing alcohol to a minor, and consider more severe sanctions for those illegally providing alcohol to minors for profit.

Production and Sale of False Identification. The manufacture and sale of false identification has become a growing problem. The Federal government can assist in efforts to control this problem, but States should make it a felony to produce or sell false identification on a large scale (over 10 false IDs); make it a misdemeanor to provide a

minor with a false ID card; make it a misdemeanor to use false identification; limit by statute what is acceptable ID and develop forgery-proof ID cards; and make it a felony to steal or traffic in blank driver's licenses.

Dealing with Minors. In the past, the States dealt with minors much as they did with adults: offenses were misdemeanors punishable by fines or incarceration or both. The natural reluctance to put children in jail and the likelihood that parents helped pay the heavier fines made these statutes ineffective. The following proposals should be adopted if only because they are more likely to succeed: States should administratively or automatically revoke the driver's license of any minor who commits an alcohol-related offense or uses false identification to purchase alcohol; levy community service in lieu of fines for minors; provide school officials with civil immunity if they report incidents or conduct searches; and ensure that parents are actively involved in such penalties, such as participating with their children in counseling or alcohol education classes — not just by paying fines.

Tobacco Legislation. If tobacco is to be regulated effectively, a combined State enforcement authority is desirable, and the additional provisions listed below should be adopted. Tobacco dealers should be licensed by the States, and tobacco laws should be made to parallel those for alcohol, except for the legal age, the severity of penalties, and the level of attention paid to infractions by minors. There should be a full range of administrative and civil penalties, such as States imposing a graduated schedule of penalties for illegal sales, including monetary fines, license suspensions, and license revocations. The civil penalties could begin at \$100 per incident and increase to \$1,000 per incident and license suspension for repeat violations. Finally, States should ban cigarette vending machines, except in places not open to the general public, places not open to people under 18, or places under the direct visual surveillance of the owner of the premises.

National Strategy Implementation: 1989-1991

The Office of National Drug Control Policy (ONDCP) is responsible for establishing drug policies, objectives, and priorities to unify a diversity of anti-drug activities and efforts into a single comprehensive plan of action. This plan is published annually as the President's National Drug Control Strategy.

The overall policy goal of the National Drug Control Strategy is to reduce the level of drug use in this country. Each Strategy identifies major objectives by which to attain this goal. Federal Departments with drug-related missions submit implementation plans to ONDCP outlining the steps to achieve Strategy objectives. ONDCP approves each plan and then oversees progress in implementing these plans.

The following table summarizes Federal agency progress on implementing the 1989, 1990, and 1991 Strategy objectives. (Note: funding, planning, and coordination procedures create a necessary time lag between identifying an objective and fully implementing it. The category "Rolled Over" refers to those Strategy objectives that have an ongoing implementation status. For example, the objective "Improving International Demand Reduction Efforts" is a continuing objective that has been "rolled over" from the 1989 and 1990 Strategies into the 1991 Strategy.)

STRATEGY IMPLEMENTATION SUMMARY					
Strategy	OBJECTIVES				
	Complete	Rolled Over	On Track	Deleted	Total
1989	48	4	1	2	55
1990	26	9	39	3	77
1991	14	0	101	1	116
Total	88	13	141	6	248

Improving Coordination of Federal Supply and Demand Reduction Efforts. ONDCP is responsible for coordinating and overseeing the implementation by National Drug Control Program Agencies of the policies, objectives, and priorities established in the National Drug Control Strategy. Therefore, ONDCP established a network of committees and working groups to coordinate the full range of Federal supply and demand reduction efforts, including the Supply and Demand Reduction Working Groups, chaired by the ONDCP Deputy Directors of Supply Reduction and Demand Reduction respectively, and the Research and Development Committee, chaired by the Director of ONDCP.

The ONDCP Supply Reduction Working Group coordinates and oversees implementation by National Drug Control Program agencies of supply-related policies, objectives, and priorities. It oversees efforts in the following areas:

- The Border Interdiction Committee is an interagency forum that coordinates strategies to interdict drugs between source and transit countries and our border.
- The Public Land Drug Control Committee coordinates Federal, State, and local drug control programs on Federal lands.
- The Southwest Border and the Metropolitan High Intensity Drug Trafficking Area (HIDTA) Committees coordinate drug law enforcement efforts in these areas.

The ONDCP Demand Reduction Working Group coordinates and oversees implementation by National Drug Control Program Agencies of demand reduction policies, objectives, and outreach activities in the

areas of treatment, education and prevention, workplace, and international demand reduction.

The Research and Development Committee provides policy guidance for the research and development efforts of the National Drug Control Agencies and oversees the activities of the following ONDCP research and development working committees:

- The Data Committee works to improve the relevance, timeliness, and usefulness of drug-related data collection, research studies, and evaluations in both demand- and supply-related areas.
- The Medical Research Committee coordinates policy and general objectives on medical research conducted in the National Drug Control Agencies and promotes the dissemination of findings from that research.
- The Science and Technology Committee is chaired by the ONDCP Chief Scientist who oversees counterdrug research and development, testing, and evaluation activities throughout the Federal government. The Committee oversees the following working groups: the Automated Data Process Working Group; the Communications Interoperability Working Group; the Contraband Detection Working Group; the Detection and Monitoring Working Group; the Tracking and Surveillance Working Group; the Tactical Operations Support Working Group; the Special Projects Working Group; the Technology Coordination Working Group; and the Sensor and Surveillance Working Group.

This appendix presents an overview of the National Drug Control Strategy implementation progress and reviews the status of *selected key objectives* from the 1989, 1990, and 1991 Strategies. Strategy objectives are categorized as follows: Prevention, Treatment, International, Interdiction, Criminal Justice, and Intelligence.

Prevention

Major epidemiological systems have reported significant declines in drug use over the last three years.

- The National Household Survey on Drug Abuse estimated that current (past month) use of illicit drugs by those ages 12 and over declined by 13 percent, from 14.5 million in 1988 to approximately 13 million in 1991.
- Occasional (less than once-a-month) cocaine use fell by 22 percent between 1988 and 1991.
- The number reporting frequent (weekly or more) cocaine use was at the 1988 level in 1991.
- Among adolescents, current drug use fell 26 percent and current cocaine use fell by 63 percent between 1988 and 1991.

Assisting Local Drug Prevention Efforts. The 1989 National Drug Control Strategy announced a Presidential initiative to assist in combating drug use at the local level. Since that time, hundreds of partnerships have been established with Federal funds and local donations. Community partnerships bring together law enforcement, schools, businesses, service organizations, health providers, and others to coordinate local drug prevention efforts.

Disseminating Prevention Information. Because of the increasing demand for sound, practical approaches to prevent drug use, the Department of Education has produced a variety of prevention publications, including drug prevention curricula, a college president's handbook on maintaining drug-free campuses, and a parent's handbook on raising children to be drug free. The parent's handbook is the most requested publication in the Department's history with 15 million copies ordered. Drug prevention curricula have been distributed to 150,000 schools and 5,000 college president's handbooks have been distributed. Our education personnel are more informed on prevention measures than ever before.

ONDCP has coordinated the efforts of several Federal agencies to minimize the overlap among major Federal substance abuse and crime information clearinghouses. The public can now access information from these clearinghouses by calling the Federal Drug, Alcohol, and Crime Clearinghouse Network (1-800-788-2800).

Establishing Drug Prevention Programs in Educational Institutions. As a condition of receiving Federal funding, Local Educational Agencies (LEAs), State Educational Agencies, and Institutions of Higher Education are required to submit certifications that they have comprehensive drug prevention programs and anti-drug policies in place. Only six of more than 15,000 LEAs have not been certified. The Department of Education monitors compliance with the regulations on an annual basis.

Achieving Drug-Free Public Housing. The 1990 National Drug Control Strategy announced an initiative to assist public housing agencies and residents in eliminating the threat of drugs. Funding for the Department of Housing and Urban Development's (HUD) Drug Elimination Grant program has increased from \$8.2 million in Fiscal Year 1989 to \$150 million in Fiscal Year 1991. By the end of this year, over 1,300 grants will have been awarded to public housing agencies for such activities as innovative drug education and treatment, counseling, referral, and outreach; support of tenant patrols; physical improvements to enhance security; and employment of security personnel. These programs will serve approximately two million public housing residents. In addition, HUD has provided general training on how to eliminate drugs in public housing to more than 12,000 housing authorities/staff, residents, and local service providers and agencies.

Targeting High-Risk Youth. The Administration has awarded approximately 280 Federal grants to programs that target youth at high risk for using drugs. These programs include prevention projects for youth in the juvenile justice system, parental and family involvement in preventing drug use, and prevention strategies targeting children of substance abusers. In Fiscal Year 1991, these targeted prevention programs worked directly with 103,000 high-risk youth and 83,000 family members. An additional 225,000 people have participated in grant-sponsored training or educational functions.

Protecting Children. The Administration created a national network of research studies targeting substance using pregnant women and their infants. The 20 researcher-initiated grants are collaborating and pooling data on research designs and instruments. Projects funded by an additional 131 grants are developing comprehensive prevention and treatment systems for substance using pregnant and postpartum women and their infants. The results of the research will be used to identify effective strategies for preventing drug use during pregnancy and improving the health of infants affected by maternal drug use. In Fiscal Year 1991, grants from the Office for

Substance Abuse Prevention (OSAP) served about 20,000 women and infants.

The Administration responded to the problem of drug-affected infants abandoned in hospitals around the country by awarding 37 demonstration grants in Fiscal Year 1990 to prevent abandonment, to train hospital staff, and to expedite adoption of abandoned babies. Through Fiscal Year 1991, nearly 100 new grants were awarded to train child protection staff to identify and intervene with children at risk of abuse and neglect by drug-using parents and to test innovative strategies for resolving family crises where drugs are involved.

Stimulating Volunteer Mobilization. The Administration has several major initiatives to stimulate volunteerism in drug prevention activities. The White House Office of National Service has designated approximately 50 drug prevention programs as "Points of Light." The President's Drug Advisory Council has been instrumental in organizing the Alliance for a Drug-Free Society, a nonprofit organization dedicated to encouraging volunteerism in the war on drugs.

OSAP awarded the National Volunteer Training Center contract in September 1991 to train grassroots volunteers. Nearly 2,000 leaders of voluntary organizations and grassroots volunteers will receive intensive drug prevention training in the first year of the Center's operation. In addition, ACTION, the Federal agency dedicated to volunteer mobilization, requires participation by the private sector in all of ACTION's drug alliance grants.

ONDCP is working closely with the Partnership for a Drug-Free America (PDFA), a private sector, nonprofit organization that supports the largest volunteer media campaign in history. PDFA's mission is to reduce the demand for illegal drugs by using media communication to help bring about a public intolerance for illicit drugs. Since its founding in 1986, PDFA has organized over \$800 million in donated national and local media time and space. In 1991, the ABC Television Network made a commitment to PDFA to donate \$35 million of air time for anti-drug public service announcements.

ONDCP has also been working with members of the faith community, veterans groups, and the AFL-CIO to develop anti-drug programs.

Treatment

Expanding the Treatment System. As a result of increased Federal funding, we have seen an increase from approximately 70,000 Federal equivalent slots treating approximately 196,000 persons in 1989 to a projected 97,500 slots treating 273,000 individuals in 1991. Nationwide, the total number of persons treated increased from approximately 1.6 million in 1989 to a projected 1.7 million in 1991. This total grows to at least 1.8 million in Fiscal Year 1991 when slots for persons with comorbid substance abuse problems and youth under 21 with alcohol problems are included.

In addition, the 1990 and 1991 National Drug Control Strategies included an initiative to fund large treatment campus centers that offer a variety of drug treatment approaches and the opportunity to evaluate and compare them. Two Treatment Campus Demonstration Projects were awarded in 1991; they will have the capacity to treat approximately 700 individuals at a time and will serve approximately over 7,800 adolescents and adults between 1992 and 1994.

Expanding Treatment Services for Veterans. The Department of Veterans Affairs (VA) has steadily expanded its services for drug addicted veterans. Currently, treatment services are available at virtually every VA medical center. VA has focused on expanding specified drug treatment programs, including compensated work therapeutic communities, outpatient, residential, and domiciliary-based substance abuse programs. VA is also undertaking a rigorous evaluation of its treatment system, including an examination of the effectiveness of treatment services and the development of a long-term plan for treating addicted veterans.

Establishing a Job Corps and Treatment System Partnership. An alcohol and drug abuse treatment demonstration project was established at ten Job Corps sites in 1991. The goal of the project is to evaluate the effectiveness of using Job Corps sites to provide trainees who have drug problems both job training and drug treatment simultaneously.

Expanding HIV/AIDS Outreach Programs. The Federal government supports 41 community-based programs throughout the United States to study and change the high-risk behaviors of intravenous drug users (IVDUs) who are not enrolled in drug treatment. Since Fiscal Year 1988, over 40,000 individuals have been reached, 31 percent of whom entered treatment. Over 40 percent of

the IVDU's reached had never previously enrolled in a formal drug treatment program. Of these, 23 percent entered treatment.

Expanding Treatment Services in Crisis Areas. The 1989 Strategy announced the Administration's intention to channel assistance to communities that are among the hardest hit by the drug problem. Since that time, demonstration projects have been established in eight target cities. These projects support activities designed to improve the delivery, accessibility, and success of treatment services, strengthen the drug treatment infrastructure, and foster coordination and collaboration among local treatment programs. In 1990, its first full year of operation, the Target Cities Program served 34,000 clients in New York, San Juan, Los Angeles, Atlanta, Boston, Albuquerque, Milwaukee, and Baltimore.

Delivering Treatment Services to Critical Populations. The Federal government funded 94 projects in Fiscal Year 1991 that are expected to become national prototypes for delivering comprehensive therapeutic services and aftercare to critical populations, including adolescents, the homeless, residents of public housing, and those with multiple health problems. Examples of services include enhanced outreach efforts, staff training, psychological and psychiatric services, and educational and vocational counseling. Critical Populations Grants are serving treatment improvement needs in 35 States and territories.

Expanding Treatment Programs in Federal Prisons. Prior to the 1989 National Drug Control Strategy, there were no comprehensive treatment programs in Federal prisons. As a result of the President's Strategy, treatment programs have been established in Federal prisons to make treatment available to those who need it, want it, and can benefit from it. At present, some treatment is available in virtually every Federal prison.

Expanding State and Local Criminal Justice Treatment. Recognizing that a high proportion of offenders have drug problems, the Administration is directing funds to treat thousands of adult State offenders in programs intended to serve as models. Another 24 grants, primarily directed at juvenile offenders, were made to States in Fiscal Year 1991. Criminal justice treatment demonstration grants help States and local jurisdictions develop programs that screen their corrections populations for drug problems, refer them to appropriate treatment services, continue to monitor for drug using and criminal behaviors through intensive supervision and drug testing, and keep them engaged in drug treatment.

Researching Medications for Treating Addiction. The Administration has placed a high priority on research of medications to treat addictions. Great progress has been made toward identifying cocaine receptor sites in the brain. This achievement greatly facilitates efforts to design cocaine medications that treat overdoses, reduce craving for cocaine, or attenuate or block euphoria when cocaine is ingested. Clinical trials are underway on a dozen potential cocaine medications. Improved medications for treating heroin addiction are also being developed.

Conducting Maternal Drug Use Research. Critical information is needed about the consequences of fetal drug exposure to guide development of effective treatment protocols. One national study has begun to produce results and we will soon have significantly improved estimates of the extent and consequences of fetal exposure to illicit drugs.

Evaluating Treatment Services. Several studies have been initiated that will provide insights on how to improve the effectiveness of treatment. The Drug Abuse Treatment Outcome Study will follow 20,000 clients admitted to 50 treatment programs across the Nation. A parallel study of adolescent treatment will examine 6,000 adolescents.

The Drug Services Research Survey is a nationally representative survey of 1,200 drug treatment providers to examine critical problems in service delivery including waiting lists, treatment for pregnant women, how methadone is managed, and drug testing of clients. A national sample of treatment patients is being surveyed to study the outcome of treatment.

Other evaluation efforts include assessing treatment programs that successfully treat drug users, and that most effectively match client and treatment mode. Programs designed to deliver short-term treatment and improved methods for determining treatment availability and capacity are also being evaluated.

International

Expanding and Improving Data Collection. Measuring the success of supply reduction activities has been hampered by the difficulties in quantifying the extent to which seizure and eradication efforts translate into reduced drug supply. As part of the overall

expansion and improvement of data collection and evaluation efforts on the supply side, emphasis is being placed on improving statistics on production and shipment of illegal drugs to the United States. To motivate other countries to act vigorously to curtail domestic supply and demand, and to cooperate with other nations to curtail the international traffic in drugs, we also seek to expand and improve foreign country research on drug use, trends, and consequences.

Liberalizing Trade with Andean Countries. Participation in international trade is fundamental to enabling the Andean countries to develop economic alternatives to their illicit drug trade. This is one of the four near-term goals of the Andean Strategy, laid out in the 1991 National Drug Control Strategy. In the short term, the Andean Trade Initiative (ATI) is designed to achieve this goal; in the long term, the Enterprise for the Americas Initiative (EAI) will achieve it.

The ATI, announced by President Bush in November 1989, creates opportunities for expanded trade and investment between the Andean countries and the United States. As part of the initiative, there have been three Generalized System of Preferences reviews for products from Bolivia, Colombia, Ecuador, and Peru. Taken together, over 120 products, valued in excess of \$100 million, have been added. The second package of measures, including the Andean Trade Preferences Act (ATPA) to provide duty-free access for exports from Bolivia, Colombia, Ecuador, and Peru, was announced by the President in July 1990 and signed into law in December 1991.

The EAI encompasses all of the Americas, including the Caribbean, in an economic partnership. As the Andean countries' economies become strengthened under the ATI and ATPA, they will be able to join the larger western hemispheric free trade area inspired by the EAI.

Increasing Law Enforcement and Security Activities of Drug Source and Transit Countries. The 1989 National Drug Control Strategy stated "[a] cornerstone of our international drug policy must be to . . . motivate other countries to engage their own resources and efforts to defeat drug trafficking." Efforts to encourage and enable the Andean countries to increase their counterdrug activities have met with many notable successes. For example, with U.S. assistance, Colombia and Bolivia are reforming and expanding their judicial systems to prosecute traffickers more effectively. At the urging of the United States, Colombia and Bolivia have engaged their militaries in support of counterdrug efforts, and Peru has agreed to limited participation by its military and to augment the resources of its law enforcement agencies.

Total U.S. military aid in support of Andean nations' counterdrug operations has grown substantially. In 1988, the Andean nations received \$3 million. During 1990 and 1991, a total of \$203.5 million in military aid was provided in support of these countries. The Department of Defense (DoD) provided operational assistance in the form of mobile training teams, deployments for training, and short duration exercises.

U.S. support has facilitated increased counterdrug operations in other areas as well. As an example, support of The Bahamas and Turks and Caicos law enforcement programs has denied traffickers a significant area of transit operations, forcing a shift of trafficking farther away from the United States. All aspects of Mexican counterdrug efforts — seizures of drugs in transit, tracking of suspect aircraft, and opium poppy eradication — have increased with U.S. cooperation and economic support.

Interdiction

Eradicating Marijuana in the United States. The United States is a major marijuana producer. Approximately 18 percent of the marijuana available for consumption in the United States is grown domestically. The Drug Enforcement Administration's (DEA) Domestic Cannabis Eradication/Suppression Program supports operations in all 50 States. In 1991, 128 million marijuana plants were eradicated within the United States, and 4,600 weapons and \$48 million in assets were seized during eradication operations.

ONDCP, through its Public Lands Drug Control Committee (PLDCC), and the Departments of Agriculture, Interior, Defense, and Justice coordinated the eradication of 1.1 million cultivated marijuana plants in 1990, including an estimated \$500 million in high-grade marijuana from the Daniel Boone National Forest in Kentucky.

Operation Wipeout, a PLDCC-coordinated Federal, State, and local effort, is estimated to have eradicated 753,000 plants of Hawaii's summer marijuana crop in 1990. Approximately half of the plants were destroyed through aerial eradication. As a result of Operation Wipeout, the street price of marijuana tripled in Hawaii.

National Guard Counterdrug Efforts. In accordance with plans submitted by the Governors of 54 States and territories, National Guard personnel participated in counterdrug efforts in a Title 32 or "State" status. In Fiscal Year 1991, Guard personnel performed marijuana eradication operations (nearly 21 million plants eradicated

and over \$47 million in cash confiscated); conducted ground and aerial surveillance; and provided cargo container search assistance and aerial and ground transportation support. In Fiscal Year 1991, the National Guard expended 875,000 man-days, a sixfold increase over Fiscal Year 1989, in the performance of these activities. In one instance, a member of a National Guard unit assigned to assist Customs in the inspection of cargo containers discovered 1,100 pounds of heroin (with a reported street value of \$2 billion), the largest quantity of heroin ever seized in the United States.

Reducing Diversion of Precursor and Essential Chemicals.

Drug trafficking organizations, dependent upon raw chemicals to produce illicit drugs like heroin and cocaine, must import these chemicals from around the world, including the United States. The Federal government is taking action to halt this illegal diversion and thereby further disrupt drug trafficking operations.

Federal agencies are vigorously enforcing the 1988 Chemical Diversion and Trafficking Act (CDTA). In 1987, prior to the enactment of the CDTA, 88,275 metric tons of essential chemicals used in the production of cocaine were exported from the United States to South American countries. In 1990, exports of these chemicals had been reduced to 63,185 metric tons. The passage of the CTDA and State laws has led to a decrease in the number of clandestine labs operating in the United States. In 1991, the number of lab seizures reported by DEA dropped by 30 percent from the total in 1990.

To further ensure that chemicals are used for legitimate purposes, the United States has entered into several bilateral international agreements. To date agreements have been signed by the United States with Bolivia, Colombia, Ecuador, Panama, and Peru.

Southern Border Air Surveillance System. The Strategy calls for an effective air and maritime surveillance system along the southern U.S. border, in The Bahamas, and in Puerto Rico (which will cover the U.S. Virgin Islands). Currently, 10 aerostats are in place that, in conjunction with other existing and planned sensor systems, will enhance air corridor security along our entire southern border.

Sorting Air Targets. Air interdiction operations require both effective radar equipment and integrated intelligence systems. To improve detection capabilities, DoD is upgrading Joint Surveillance Systems radar, installing an automated air movement data system, operating airborne and mobile ground-based radars, providing ground-based radars throughout the Caribbean and Andean regions, increasing multinational interoperability of sensors and command and

control systems, and standardizing target definition and reporting procedures.

Integrating Law Enforcement C3I Systems. Because of a significant expansion of DoD's Anti-Drug Network (ADNET), participating law enforcement agencies are able to rapidly share tactical information and to access various databases on a secure network. The number of ADNET sites rose from 46 to 88 in 1991, and 129 operational units are projected this year. Plans also have been developed for information sharing on the Southwest Border and by the Joint Task Forces. ONDCP, with technical support from DoD, is leading the effort to develop an architecture that will allow the sharing of information from separate and incompatible databases.

Increasing Interagency Cooperation. To further integrate interdiction planning and to minimize overlapping operations, the National Counter-Drug Planning Process was initiated. This process resulted in the National Threat Assessment of the air and maritime cocaine smuggling threat. Updated quarterly, the Assessment is used by the military and drug law enforcement agencies to develop coordinated operational plans for the interdiction of illegal drugs. An example of increased cooperation in the field is the colocation of Operation Alliance with DoD's Joint Task Force 6 at Fort Bliss, Texas.

Supporting Drug Interdiction with DoD Initiatives. In addition to its statutory missions, DoD supports drug law enforcement interdiction efforts with a variety of programs, including construction and surveillance along the Southwest Border to help prevent illegal border crossings; medical, weapons, and tactical training; transportation; military dog teams; and increased counterdrug efforts by Reserve forces, including air and sea detecting and monitoring, transportation, training, and engineer projects.

DoD also established a regional system to expedite the process used to provide loans and transfers of DoD equipment to Federal, State, and local law enforcement agencies. Additionally, there are as many as 275 military and civilian personnel detailed at any one time to augment Federal law enforcement agencies to perform liaison, planning, analytical, and training functions.

Improving Border Interdiction Technology. To increase the effectiveness of land interdiction efforts, the Border Patrol is upgrading its border detection systems between the ports of entry. At ports of entry, DoD, in conjunction with Customs, has undertaken a new program to develop and apply advanced technology that can detect and locate contraband hidden in cargo containers and other conveyances.

The 1991 Strategy called for an accelerated installation of IBIS, the Interagency Border Inspection System, which integrates the lookout systems of INS, the Department of State, and Customs, and which provides for automated exchange of information from a dozen Federal law enforcement agencies. To date, IBIS equipment, including document readers, has been established at 40 air ports of entry and at 38 land border ports of entry. Installation at other ports is ongoing. These advances have substantially increased the capability to identify drug traffickers, money launderers, and other criminals attempting to enter the United States with false or altered passports and identification. With the linking of computer systems of the Departments of Justice and the Treasury, over 11,000 Federal law enforcement terminals have access to the IBIS system.

Improving Drug Enforcement Through Research and Technology. The Strategy places high priority on long-term research and better technology in support of drug enforcement initiatives. The Counter-Drug Technology Assessment Center (CTAC), established by ONDCP in 1991, serves as the central counterdrug enforcement research and development organization of the U.S. government. CTAC is headed by a Chief Scientist, who also serves as chairman of the ONDCP Science and Technology Committee.

ONDCP reported to Congress in 1989 on its plan to enlist Federal laboratory support for developing law enforcement technology. Top priority law enforcement counterdrug technology requirements have been identified and the information has been sent to 149 Federal laboratories to identify potential technology solutions. The Science and Technology Committee also funded and participated in the selection process of 54 drug enforcement research projects totaling \$40.5 million. These projects will improve our drug interdiction capabilities, including our ability to detect and monitor drug trafficking vehicles, and to identify container contraband entering the United States.

Technology and research efforts within the private sector can provide valuable assistance to law enforcement agencies and help reduce Federal research, development, testing and evaluation costs. The Science and Technology Committee conducted a three-day seminar for the private sector research and development industry to inform them of law enforcement's technological needs.

Criminal Justice

Denying Federal Benefits. The Denial of Federal Benefits Program under Section 5301 of the Anti-Drug Abuse Act of 1988 was implemented to permit State and Federal judges to deny Federal benefits to those convicted of drug possession or trafficking. Under the leadership of ONDCP and the Department of Justice, a list of over 460 deniable benefits from various Federal Departments and agencies was compiled and Federal, State, and local prosecutors and courts were informed of the provisions of the law and how to implement it. Since September 1990, there have been 205 sentences involving partial or complete denial of Federal benefits in Federal district courts and 266 sentences in State courts.

Expanding the Use of Intermediate Punishments. All those engaged in illegal drug use must be held accountable for their behavior, yet not all convicted drug offenders need to be incarcerated. Intermediate punishments, which expand the range of options between incarceration and unsupervised release, can provide innovative ways to ensure swift and certain punishment.

Many communities are experimenting with the promising initiatives identified in the first three Strategies: military style boot camps, house arrest, electronic monitoring, and intensive probation supervision. DoD is providing training to Federal, State, and local agencies on the establishment and operation of rehabilitation-oriented training camps for first-time drug offenders.

Expanding Prison and Jail Capacity. As the National Drug Control Strategy is implemented, increasing numbers of drug offenders are passing through the criminal justice system at the Federal, State, and local levels. Many of these offenders, such as certain first-time users, can be dealt with by using intermediate sanctions, including community-based correctional programs. It is imperative, however, that other drug offenders be removed from society and that there be sufficient space available for them in the Nation's correctional facilities.

The Federal government dedicated \$1.5 billion to Federal prison construction in Fiscal Year 1990. An additional \$374 million was appropriated in Fiscal Year 1991 to add another 6,075 beds to the Federal system. In Fiscal Year 1992, an additional 1,250 beds will be added at the cost of \$269 million. Cumulatively, approximately 60,000 beds are under design, construction, or in the planning stage in the Federal prison system through Fiscal Year 1997.

Out of the one million persons confined in U.S. prisons and jails, over 90 percent of them are incarcerated in State and local prisons and jails. The Federal government supports the efforts by State and local officials to expand prison and jail capacity. The application process for the Bureau of Justice Assistance Block Grant recognizes the construction and expansion of correctional capacity as an appropriate expenditure. In addition, the National Institute of Justice provides information on innovative ways to expand correctional space and capacity.

Eliminating Money Laundering. A top priority of the National Drug Control Strategy is a comprehensive money laundering strategy that focuses on: (1) improving intelligence and data analysis capabilities, (2) coordinating criminal investigations and prosecutions of suspected money laundering activities with law enforcement efforts directed against the trafficking organization as a whole, (3) achieving effective legislation and regulation at the Federal and State level, and (4) promoting international cooperation in stopping money laundering.

The Department of the Treasury's Financial Crimes Enforcement Network (FinCEN) relies on a multitude of financial data sources and provides analytical services to Federal, State, local, and foreign law enforcement to assist in the investigation and prosecution of money laundering and drug-related financial crimes. FinCEN has helped initiate cases, obtained information crucial to investigations and forfeiture actions, and located fugitives and suspects.

Enforcement efforts against money laundering and drug-related financial crimes have intensified. For example, the number of money laundering-related criminal investigations initiated by the Internal Revenue Service (IRS) and Customs has increased from 2,739 in 1986 to 4,845 in 1990. Even more dramatically, asset seizures by the IRS have gone from \$246,000 to over \$123 million in the same period. Compliance with anti-money laundering regulations has also increased. For example, the number of Form 8300s (reports by businesses of cash transactions over \$10,000) filed with the IRS has increased from 13,000 in Fiscal Year 1987 to 56,000 in Fiscal Year 1991.

As a result of the ONDCP money laundering control efforts, there has been increased emphasis on the issue by State legislatures, as well as regulatory and enforcement agencies. Some states have enacted money laundering and currency reporting statutes, and most regulate money transmitters to some degree. The Strategy also seeks to promote international cooperation in stopping money laundering and

the Administration continues to pursue bilateral and multilateral agreements to that end.

Strengthening Immigration Laws. In its proposed Strategy Implementation Acts of 1990 and 1991, ONDCP incorporated a series of revisions to the immigration laws to address the serious problem of foreign national involvement in drug-related crime. A number of these proposed amendments were incorporated in the Immigration Act of 1990, including provisions for expedited deportation procedures for drug traffickers. The provisions strengthened the immigration laws with respect to the national drug control effort and provided for general arrest powers for INS agents.

Intelligence

Improving Tactical Intelligence Sharing. The National Drug Control Strategy emphasizes the need to improve the collection and sharing of intelligence among the community of Federal, State, and local agencies that must have timely and accurate information for strategic as well as operational purposes.

The Unified National Drug Index System tracks drug investigations using the DEA's existing Narcotics and Dangerous Drugs Information System (NADDIS) and the new technology of its component NADDIS-X, now under development. Federal, State, and local law enforcement agencies will be provided electronic access to NADDIS-X to determine the existence of multiple drug investigations against common and related targets. For the first time, these agencies will have an efficient and effective national index with instantaneous, computer response capabilities. This will enable investigative agencies to rapidly retrieve critical data that will enhance investigations, provide leads, and avoid investigative duplication among agencies.

Expanding the El Paso Intelligence Center. The DEA-managed El Paso Intelligence Center (EPIC) was established to provide direct information exchange support to the anti-smuggling efforts of a variety of law enforcement agencies. The expansion and enhancement of EPIC is currently underway. Additional data processing support positions have been identified. Funds for the enhancement of EPIC are being provided by DoD, DEA, the Counternarcotics Center (CNC), and ONDCP.

DoD has undertaken Project Mountain Pass to upgrade EPIC. This multimillion dollar effort will significantly improve current operations,

thus allowing EPIC to support the anti-drug smuggling efforts of its clients in a timely way. Initial improvements are already in place and completion is scheduled for 1992.

Improving Strategic Intelligence. Our principal objective in the supply reduction area is to dismantle major drug trafficking organizations. This task requires a detailed picture of their structure and operations and significant progress has been made in such counter-organization intelligence. DEA and FBI focus most of their drug intelligence efforts against major organizations operating in the United States, with special emphasis on those with overseas connections. EPIC is focusing on major smuggling organizations operating in the Southwest Border region. The CNC is coordinating our foreign intelligence efforts against the primary foreign trafficking organizations producing illicit drugs for the U.S. market. DoD is upgrading facilities that will become the National Drug Intelligence Center. The Center will support and coordinate counter-organization intelligence among the agencies. In addition, Joint Regional Drug Intelligence Squads are being established in major U.S. metropolitan areas.

Exchanging Drug Enforcement Information. Effective drug enforcement operations and investigations require enhanced information sharing between law enforcement agencies. In most cases, the communication and data systems of law enforcement agencies are not interoperable. To ensure the interoperability of information systems between law enforcement agencies, ONDCP produced a comprehensive National Information Management and Communications Architecture Master Plan that identifies opportunities to access and potentially merge databases and share counternarcotics information.

Acknowledgments

Section 1005 of the Anti-Drug Abuse Act of 1988 requires that, in preparing the President's National Drug Control Strategy, the Director of the Office of National Drug Control Policy (ONDCP) seek advice from a broad range of sources. Specifically, the Act requires the Director to consult with: heads of National Drug Control Program Agencies; Members of Congress; State and local officials; and private citizens with experience and expertise in demand and supply reduction.

Accordingly, in the development of this, the fourth National Drug Control Strategy, ONDCP has conducted an extensive effort to solicit information, assessments, and recommendations on a number of related issues:

- The impact and implementation of the 1989, 1990, and 1991 Strategies.
- The current, overall effectiveness of various public and private sector anti-drug efforts.
- What works in individual drug control areas: the criminal justice system; drug treatment; education, workplace, and community action programs; international initiatives; and interdiction initiatives.
- Specific successful local, statewide, or national drug control programs, strategies, groups, or organizations.

- Goals and avenues for future improvement; changes in emphasis or tactical refinements; necessary new tools and resources; and better coordination and integration of effort across-the-board.
- Strategies for communicating anti-drug and drug-free public information and awareness messages.
- Strategies for generating necessary community support for particular drug control initiatives: treatment center and prison construction; neighborhood watch and police/neighborhood cooperation programs; drug-free public housing campaigns; user accountability mechanisms; and other education and primary prevention efforts.
- Hard data on how drug use begins and spreads; on the size, shape, and scope of the drug problem; on chronological and demographic drug use and drug control trends; and on public opinion and attitudes about drug use and its consequences.

By general category, ONDCP consulted:

All Federal Executive Branch Departments and Agencies.

ONDCP staff held formal meetings with officials of all Federal agencies. Each of these agencies was regularly consulted for advice and cooperative planning, both in implementing the 1989, 1990, and 1991 Strategies and in developing this, the 1992 Strategy. ONDCP has continued to ask these Drug Control Program Agencies to provide material on State and local drug programs and strategies developed in connection with applications for Federal funding.

Members of Congress. ONDCP staff consulted with members of the United States Senate and the United States House of Representatives.

State and Local Officials and Organizations. ONDCP staff consulted a number of governors, lieutenant governors, and State attorneys general; representatives from large, medium-sized, and small counties, cities, and towns; and other State and local officials involved in the development of community-wide anti-drug policies or programs; State and U.S. territory drug officials in particularly hard hit areas; selected district and State attorneys; and key members of those national organizations that represent State and local officials.

Other Expert Individuals and Organizations. ONDCP staff met or communicated with leading figures in each major drug-control area; with those organizations that represent them; and with other professional and special organizations whose current or possible future work might have a marked and beneficial effect on the Nation's drug epidemic.

Moreover, ONDCP staff has continued its review of the available literature on drugs begun as a part of the development of the 1989, 1990, and 1991 Strategies. This has included all previous Federal drug control strategies, plans, and reports, and other major official and private drug-related documents. The research and authorship of this information base has involved many years of work by many thousands of individuals, abroad and in the United States. Space constraints make specific acknowledgment of all of them impossible, but each has contributed to the understanding of drugs that helped in developing this Strategy.

All ONDCP consultations continued to give high priority to identifying existing and potential coordination and cooperation among the myriad individuals, groups, and agencies who must play a part in any successful national campaign against drug use. However worthy or helpful on its own, isolated efforts — in local, State, or Federal government; in our law enforcement, treatment, or prevention communities; in families, neighborhoods, schools, churches, synagogues, businesses, or service organizations across the country — will not be enough. Again, we are seeking to provide what is needed most: a fully integrated and coherent drug strategy. And integration and coherence cannot be established on paper alone. They must be established in practical fact — in the energy and dedication of every involved American, in every area, at every level.

For their invaluable counsel during preparation of this report, the Administration wishes particularly to thank the following public officials, agencies, organizations, and private citizens.

Federal Executive Branch Officials

ACTION

Hon. Jane Kenny
Director

Agency for International Development

Hon. Ronald W. Roskens
Administrator

Hon. Mark Edelman
Former Administrator

Central Intelligence Agency

Hon. Robert M. Gates
Director of Central Intelligence

Department of Agriculture

Hon. Edward Madigan
Secretary

Mr. John L. Evans
Deputy Assistant Secretary
Natural Resources and the Environment

Mr. Tom Lyons Branch
Chief
Law Enforcement Operations

Department of Commerce

Hon. Robert Mosbacher
Secretary

Department of Defense

Hon. Richard B. Cheney
Secretary

Hon. Stephen M. Duncan
Coordinator for Drug Enforcement
Policy and Support

LTG Martin L. Brandtner
Director for Operations
The Joint Staff

Ms. Sharon Cooper
Director
Domestic Policy

EG James R. Harding
Deputy Assistant Secretary of Defense for
Inter-American Affairs

Mr. Michael A. Wermuth
Deputy Assistant Secretary of Defense
Drug Enforcement Policy

Department of Education

Hon. Lamar Alexander
Secretary

Hon. John T. MacDonald
Assistant Secretary for Elementary
and Secondary Education

Mr. William Modzeleski
Director
Drug Planning and Outreach Staff

Ms. Debbie Rudy
Policy Analyst

Department of Energy

Hon. James D. Watkins
Secretary

Department of Health and Human Services

Hon. Louis W. Sullivan
Secretary

Hon. James Mason
Assistant Secretary for Health

Mr. Mark Barnes
Counsel to the Secretary for Drug Abuse Policy

Ms. Erica Cooper
Former Deputy Counsel to the Secretary for
Drug Abuse Policy

Dr. Frederick Goodwin
Administrator
Alcohol, Drug Abuse, and
Mental Health Administration

Dr. Jerome H. Jaffe
Associate Director
Office for Treatment Improvement

Dr. Elaine Johnson
Director
Office of Substance Abuse Prevention

Dr. Beny J. Primm
Administrator
Office for Treatment Improvement

Dr. Charles R. Schuster
Director
National Institute of Drug Abuse

Ms. Sarah Vogelsberg
Attorney Advisor

Department of Housing and Urban Development

Hon. Jack Kemp
Secretary

Mr. Bud Albright
Principal Deputy General Counsel

Mr. David Caprara
Director
Resident Initiatives Office

Ms. Julie Fagan
Director
Office for Drug-Free Neighborhoods

Mr. Francis A. Keating II
General Counsel

Department of the Interior

Hon. Manuel Lujan, Jr.
Secretary

Hon. Eddie Frank Brown
Assistant Secretary for Indian Affairs

Hon. John Schrote
Assistant Secretary for
Policy, Budget, and Administration

Mr. John Gannon
Director
Office of Enforcement and Security Management

Mr. Barton R. House
Director of Program Services

Mr. Gary Johnson
Drug-Free Workplace Program

Dr. Carol Lujan
Director
Office of Alcohol and Substance Abuse
Prevention
Bureau of Indian Affairs

Mr. David L. Mathews
Chief
Drug Program Coordination Staff

Dr. Mariano Pimentel
Medical Director

Department of Justice

Hon. William P. Barr
Attorney General

Hon. George Terwilliger III
Acting Deputy Attorney General

Hon. Robert C. Bonner
Administrator
Drug Enforcement Administration

Hon. William S. Sessions
Director
Federal Bureau of Investigation

Hon. Gene McNary
Commissioner
Immigration and Naturalization Service

Hon. K. Michael Moore
Director
United States Marshals Service

Hon. Jimmy Gurulé
Assistant Attorney General
Office of Justice Programs

Hon. Lourdes G. Baird
United States Attorney
Los Angeles, California

Hon. Michael Chertoff
United States Attorney
Newark, New Jersey

Hon. Dexter W. Lehtinen
United States Attorney
Miami, Florida

Hon. Andrew J. Maloney
United States Attorney
Brooklyn, New York

Hon. Otto G. Obermaier
United States Attorney
New York, New York

Hon. Ronald G. Woods
United States Attorney
Houston, Texas

Mr. William Alden
Chief
Office of Congressional and Public Affairs
Drug Enforcement Administration

Mr. William M. Baker
Assistant Director
Criminal Investigative Division
Federal Bureau of Investigation

Mr. Michael J. Balgley
Assistant Chief
Drug Section
Federal Bureau of Investigation

Mr. Phillip Baridon
Office of Policy and Management Analysis
Criminal Division

Mr. William A. Bayse
Assistant Director
Federal Bureau of Investigation

Mr. Richard Bly
Deputy Assistant Administrator
Office of Intelligence
Drug Enforcement Administration

Mr. Michael W. Carey
Associate Deputy Attorney General

Mr. John J. Coleman
Assistant Administrator for Operations
Drug Enforcement Administration

Mr. David Denton
Senior Counsel to the United States Attorney
New York, New York

Mr. G. Thomas Gitchel
Chief
State and Industry Section
Office of Diversion Control
Drug Enforcement Administration

Mr. W. Douglas Gow
Associate Deputy Director
Investigations
Federal Bureau of Investigation

Mr. Stephan H. Greene
Acting Deputy Administrator
Drug Enforcement Administration

Mr. Paul A. Higdon
Deputy Assistant Administrator
Office of International Programs
Drug Enforcement Administration

Mr. M. Wayne Huggins
Director
National Institute of Corrections

Mr. Douglas W. Hughes
Director
South Florida High Intensity
Drug Trafficking Area
Miami, Florida

Appendix E

Mr. David W. Johnson
Chief
Drug Section
Federal Bureau of Investigation

Mr. Frederick W. Kramer
Director
Organized Crime Drug Enforcement Task Force

Ms. Harri Kramer
Senior Policy Analyst
Office of the Attorney General

Mr. G. H. Kleinknecht
Associate Commissioner (Enforcement)
Immigration and Naturalization Service

Mr. Michael Lempres
Executive Associate Commissioner
Immigration and Naturalization Service

Mr. Charles Lewis
Assistant United States Attorney
Houston, Texas

Mr. Steven Madison
Assistant United States Attorney
Los Angeles, California

Mr. Jack K. Maier
Chief
Technology Development Unit
Drug Enforcement Administration

Mr. Darrell Mills
Chief
U.S. National Central Bureau
INTERPOL

Mr. Don W. Murray
National Drug Abuse Program Coordinator
Federal Bureau of Prisons

Ms. Sonia O'Donnell
Special Counsel to the United States Attorney
Miami, Florida

Mr. John T. Peoples
Chief
Cannabis Investigations Section
Drug Enforcement Administration

Mr. J. Michael Quinlan
Director
Federal Bureau of Prisons

Mr. George Regan
Assistant Commissioner (Intelligence)
Immigration and Naturalization Service

Mr. James B. Roche
Deputy Director for Operations
United States Marshals Service

Mr. Robert W. Ross
Drug Planning and Analysis Unit
Federal Bureau of Investigation

Mr. Stephen A. Schroffel
Director
Research and Development
Immigration and Naturalization Service

Mr. John F. Shaw
Assistant Commissioner (Investigation)
Immigration and Naturalization Service

Mr. Timothy J. Shea
Associate Deputy Attorney General

Mr. G. Wayne Smith
Associate Director for Operations
United States Marshals Service

Ms. Donna Sonageri
Assistant United States Attorney
Newark, New Jersey

Mr. Ron Trethric
Chief
Demand Reduction Section
Drug Enforcement Administration

Mr. Richard C. Weatherbee
Assistant to the Attorney General

Mr. David L. Westrate
Assistant Administrator
Planning and Inspection Division
Drug Enforcement Administration

Mr. Michael S. Williams
Chief
U.S. Border Patrol

Department of Labor
Hon. Lynn Martin
Secretary

Hon. Nancy Risque Rohrbach
Assistant Secretary for Policy

Mr. Roland Drottsch
Deputy Assistant Secretary for Policy

Ms. Judy Peterson
Substance Abuse Program Coordinator

Department of State
Hon. James A. Baker, III
Secretary

Hon. Melvyn Levitsky
Assistant Secretary
Bureau of International Narcotics Matters

Mr. J. Phillip McLean
Deputy Assistant Secretary for
South American Affairs
Bureau of Inter-American Affairs

Department of Transportation
Hon. Samuel K. Skinner
Former Secretary

Hon. James B. Busey
Administrator
Federal Aviation Administration

Hon. Kate L. Moore
Assistant Secretary for Budget and Programs

Mr. Lamar Allen
Senior Policy Analyst

Ms. Ida Dillard
Administrative Officer

CAPT Robert Haneberg
Chief
Intelligence Division
United States Coast Guard

ADM J. William Kime
Commandant
United States Coast Guard

Mr. Robert A. Knisely
Special Assistant to the Secretary
Office of Drug Enforcement and
Program Compliance

RADM Robert Kramek
Commander
Seventh Coast Guard District

RADM William P. Leahy
Chief
Office of Law Enforcement and
Defense Operations
United States Coast Guard

RADM Ronald M. Polant
Chief
Office of Command Control and
Communications
United States Coast Guard

CAPT Laurie Somers
Special Assistant
Telecommunication Systems Division
United States Coast Guard

Department of the Treasury
Hon. Nicholas F. Brady
Secretary

Hon. Peter K. Nunez
Assistant Secretary for Enforcement

Hon. Carol Hallett
Commissioner
United States Customs Service

Hon. Stephen E. Higgins
Director
Bureau of Alcohol, Tobacco, and Firearms

Hon. John Simpson
Director
U.S. Secret Service

Mr. Charles E. Brisbin
Director
Office of Law Enforcement

Mr. Brian Bruh
Director
Financial Crimes Enforcement Network

Mr. Peter G. Djinis
Director
Office of Financial Enforcement

Mr. Daniel Hartnett
Associate Director
Law Enforcement
Bureau of Alcohol, Tobacco, and Firearms

Mr. John E. Hensley
Assistant Commissioner (Enforcement)
U.S. Customs Service

Mr. Raymond D. Mintz
Director
Office of Enforcement Support
United States Customs Service

Mr. Inar Morics
Assistant Commissioner (Criminal Investigation)
Internal Revenue Service

Mr. Nick Procaccini
Senior Advisor for Drug Policy

Mr. Warren Reese
Director
Operation Alliance
San Diego, California

Mr. Charles F. Rinkevich
Director
Federal Law Enforcement Training Center
Glynco, Georgia

Mr. Raymond Shaddick
Assistant Director for Investigations
U.S. Secret Service

Mr. Douglas E. Smith
Chief, Applied Sciences Branch
United States Customs Service

Mr. Charles Sorrentino
Deputy Director for Law Enforcement

Ms. Nancy L. Worthington
Deputy Assistant Secretary
for Law Enforcement

Department of Veterans Affairs
Hon. Edward J. Derwinski
Secretary

Mr. Irwin Pernick
Counselor to the Secretary

Dr. Richard Suchinsky
Associate Director
Alcohol and Drug Dependence
Treatment Division

Executive Office of the President
Hon. Debra Anderson
Deputy Assistant to the President and Director,
Office of Intergovernmental Affairs

Hon. Richard Darman
Director
Office of Management and Budget

Hon. Thomas E. McNamara
Special Assistant to the President and
Senior Director for International Programs
and African Affairs
National Security Council

Hon. Brent Scowcroft
Assistant to the President for
National Security Affairs

Appendix E

Mr. R. Rand Beers
Director for International Programs
National Security Council

Mr. Daniel Casse
Associate Director
Office of Cabinet Affairs

Ms. Janet Hale
Associate Director for Economics and
Government
Office of Management and Budget

Mr. William Moss
Chairman
President's Drug Advisory Council

Ms. Gretchen Pagel
Associate Director of Policy
Office for National Service

Mr. C. Gregg Petersmeyer
Deputy Assistant to the President
Office for National Service

Mr. Roger B. Porter
Assistant to the President for
Economic and Domestic Policy

Mr. William T. Pryce
Special Assistant to the President and
Senior Director for Latin American Affairs
National Security Council

Dr. J. Michael Walsh
Executive Director
President's Drug Advisory Council

Office of Personnel Management
Hon. Constance B. Newman
Director

Mr. Allan D. Heuerman
Assistant Director for Employee
and Labor Relations

Ms. Mary La Montagne
Chief
Employee Health Services Branch

Small Business Administration
Hon. Susan S. Engeleiter
Administrator

Ms. Catherine S. Marschall
Associate Deputy Administrator for
Special Programs

United States Information Agency
Hon. Henry E. Catto
Director

Hon. Bruce S. Gelb
Former Director

Ms. Jean Cavanaugh
Research Librarian

Mr. Lee Johnson
Senior Policy Officer

Mr. Marshall R. Louis, Jr.
Program Development Officer

Ms. Rogene M. Waite
Director of Public/Corporate Affairs
International Broadcast Training Center
Voice of America

Members of Congress

U.S. House of Representatives

Hon. Neil Abercrombie (D-Hawaii)
Hon. Gary L. Ackerman (D-New York)
Hon. Bill Alexander (D-Arkansas)
Hon. Wayne Allard (R-Colorado)
Hon. Glenn M. Anderson (D-California)
Hon. Michael A. Andrews (D-Texas)
Hon. Robert E. Andrews (D-New Jersey)
Hon. Thomas H. Andrews (D-Maine)
Hon. Frank Annunzio (D-Illinois)
Hon. Beryl Anthony, Jr. (D-Arkansas)
Hon. Douglas Applegate (D-Ohio)
Hon. Bill Archer (R-Texas)
Hon. Richard K. Armey (R-Texas)
Hon. Les Aspin (D-Wisconsin)
Hon. Chester G. Atkins (D-Massachusetts)
Hon. Les AuCoin (D-Oregon)
Hon. Jim Bacchus (D-Florida)
Hon. Richard H. Baker (R-Louisiana)
Hon. Cass Ballenger (R-North Carolina)
Hon. Doug Barnard, Jr. (D-Georgia)
Hon. Bill Barrett (R-Nebraska)
Hon. Steve Bartlett (R-Texas)
Hon. Joe Barton (R-Texas)
Hon. Herbert H. Bateman (R-Virginia)
Hon. Anthony C. Beilenson (D-California)
Hon. Charles E. Bennett (D-Florida)
Hon. Helen Delich Bentley (R-Maryland)
Hon. Doug Bereuter (R-Nebraska)
Hon. Howard L. Berman (D-California)
Hon. Tom Bevill (D-Alabama)
Hon. James H. Bilbray (D-Nevada)
Hon. Michael Bilirakis (R-Florida)
Hon. Ben Garrido Blaz (R-Delegate, Guam)
Hon. Thomas J. Bliley, Jr. (R-Virginia)
Hon. Sherwood L. Boehlert (R-New York)
Hon. John A. Boehner (R-Ohio)
Hon. David E. Bonior (D-Michigan)
Hon. Robert A. Borski (D-Pennsylvania)
Hon. Rich Boucher (D-Virginia)
Hon. Barbara Boxer (D-California)
Hon. Bill K. Brewster (D-Oklahoma)
Hon. Jack Brooks (D-Texas)
Hon. William S. Broomfield (R-Michigan)
Hon. Glen Browder (D-Alabama)
Hon. George E. Brown, Jr. (D-California)
Hon. Terry L. Bruce (D-Illinois)
Hon. John Bryant (D-Texas)
Hon. Jim Bunning (R-Kentucky)
Hon. Dan Burton (R-Indiana)
Hon. Albert G. Bustamante (D-Texas)
Hon. Beverly B. Byron (D-Maryland)
Hon. Sonny Callahan (R-Alabama)
Hon. Dave Camp (R-Michigan)
Hon. Ben Nighthorse Campbell (D-Colorado)
Hon. Tom Campbell (R-California)
Hon. Benjamin L. Cardin (D-Maryland)
Hon. Thomas R. Carper (D-At Large, Delaware)
Hon. Bob Carr (D-Michigan)
Hon. Rod Chandler (R-Washington)

Hon. Jim Chapman (D-Texas)
 Hon. William (Bill) Clay (D-Missouri)
 Hon. Bob Clement (D-Tennessee)
 Hon. William F. Clinger, Jr. (R-Pennsylvania)
 Hon. Howard Coble (R-North Carolina)
 Hon. E. Thomas Coleman (R-Missouri)
 Hon. Ronald D. Coleman (D-Texas)
 Hon. Barbara-Rose Collins (D-Michigan)
 Hon. Cardiss Collins (D-Illinois)
 Hon. Larry Combest (R-Texas)
 Hon. Gary Condit (D-California)
 Hon. John Conyers, Jr. (D-Michigan)
 Hon. Jim Cooper (D-Tennessee)
 Hon. Jerry F. Costello (D-Illinois)
 Hon. Lawrence Coughlin (R-Pennsylvania)
 Hon. C. Christopher Cox (R-California)
 Hon. John W. Cox, Jr. (D-Illinois)
 Hon. William J. Coyne (D-Pennsylvania)
 Hon. Robert E. (Bud) Cramer (D-Alabama)
 Hon. Philip M. Crane (R-Illinois)
 Hon. Randy (Duke) Cunningham (R-California)
 Hon. William E. Dannemeyer (R-California)
 Hon. George (Buddy) Darden (D-Georgia)
 Hon. Robert W. Davis (R-Michigan)
 Hon. Peter A. DeFazio (D-Oregon)
 Hon. E. "Kika" de la Garza (D-Texas)
 Hon. Rosa L. DeLauro (D-Connecticut)
 Hon. Tom DeLay (R-Texas)
 Hon. Ronald V. Dellums (D-California)
 Hon. Ron de Lugo (D-Delegate, Virgin Islands)
 Hon. Butler Derrick (D-South Carolina)
 Hon. William L. Dickinson (R-Alabama)
 Hon. Norman D. Dicks (D-Washington)
 Hon. John D. Dingell (D-Michigan)
 Hon. Julian C. Dixon (D-California)
 Hon. Brian J. Donnelly (D-Massachusetts)
 Hon. Calvin M. Dooley (D-California)
 Hon. John T. Doolittle (R-California)
 Hon. Byron L. Dorgan (D-At Large, North Dakota)
 Hon. Robert K. Dornan (R-California)
 Hon. Thomas J. Downey (D-New York)
 Hon. David Dreier (R-California)
 Hon. John J. Duncan, Jr. (R-Tennessee)
 Hon. Richard J. Durbin (D-Illinois)
 Hon. Bernard J. Dwyer (D-New Jersey)
 Hon. Mervyn M. Dymally (D-California)
 Hon. Joseph D. Early (D-Massachusetts)
 Hon. Dennis E. Eckart (D-Ohio)
 Hon. Chet Edwards (D-Texas)
 Hon. Don Edwards (D-California)
 Hon. Mickey Edwards (R-Oklahoma)
 Hon. Bill Emerson (R-Missouri)
 Hon. Elliot L. Engel (D-New York)
 Hon. Glenn English (D-Oklahoma)
 Hon. Ben Erdreich (D-Alabama)
 Hon. Mike Espy (D-Mississippi)
 Hon. Lane Evans (D-Illinois)
 Hon. Eni F. H. Faleomavaega (D-Delegate, American Samoa)
 Hon. Dante B. Fascell (D-Florida)
 Hon. Harris W. Fawell (R-Illinois)
 Hon. Vic Fazio (D-California)
 Hon. Edward F. Feighan (D-Ohio)
 Hon. Jack Fields (R-Texas)
 Hon. Hamilton Fish, Jr. (R-New York)
 Hon. Floyd H. Flake (D-New York)
 Hon. Thomas M. Foglietta (D-Pennsylvania)
 Hon. Thomas S. Foley (D-Washington)
 Hon. Harold E. Ford (D-Tennessee)
 Hon. William D. Ford (D-Michigan)
 Hon. Barney Frank (D-Massachusetts)
 Hon. Gary A. Franks (R-Connecticut)
 Hon. Martin Frost (D-Texas)
 Hon. Jaime B. Fuster (D-Res. Comm., Puerto Rico)
 Hon. Elton Gallegly (R-California)
 Hon. Dean A. Gallo (R-New Jersey)
 Hon. Joseph M. Gaydos (D-Pennsylvania)
 Hon. Sam Gejdenson (D-Connecticut)
 Hon. George W. Gekas (R-Pennsylvania)
 Hon. Richard A. Gephardt (D-Missouri)
 Hon. Pete Geren (D-Texas)
 Hon. Sam Gibbons (D-Florida)
 Hon. Wayne T. Gilchrest (R-Maryland)
 Hon. Paul E. Gillmor (R-Ohio)
 Hon. Benjamin A. Gilman (R-New York)
 Hon. Newt Gingrich (R-Georgia)
 Hon. Dan Glickman (D-Kansas)
 Hon. Henry B. Gonzalez (D-Texas)
 Hon. William F. Goodling (R-Pennsylvania)
 Hon. Bart Gordon (D-Tennessee)
 Hon. Porter J. Goss (R-Florida)
 Hon. Willis D. Gradison, Jr. (R-Ohio)
 Hon. Fred Grandy (R-Iowa)
 Hon. William H. Gray, III (D-Pennsylvania)
 Hon. Bill Green (R-New York)
 Hon. Frank J. Guarini (D-New Jersey)
 Hon. Steve Gunderson (R-Wisconsin)
 Hon. Ralph M. Hall (D-Texas)
 Hon. Tony P. Hall (D-Ohio)
 Hon. Lee H. Hamilton (D-Indiana)
 Hon. John Paul Hammerschmidt (R-Arkansas)
 Hon. Mel Hancock (R-Missouri)
 Hon. James V. Hansen (D-Utah)
 Hon. Claude Harris (D-Alabama)
 Hon. J. Dennis Hastert (R-Illinois)
 Hon. Charles Hatcher (D-Georgia)
 Hon. Charles A. Hayes (D-Illinois)
 Hon. James A. Hayes (D-Louisiana)
 Hon. Joel Hefley (R-Colorado)
 Hon. W. G. (Bill) Hefner (D-North Carolina)
 Hon. Paul B. Henry (R-Michigan)
 Hon. Wally Herger (R-California)
 Hon. Dennis M. Hertel (D-Michigan)
 Hon. Peter Hoagland (D-Nebraska)
 Hon. David L. Hobson (R-Ohio)
 Hon. George J. Hochbrueckner (D-New York)
 Hon. Clyde C. Holloway (R-Louisiana)
 Hon. Larry J. Hopkins (R-Kentucky)
 Hon. Joan Kelly Horn (D-Missouri)
 Hon. Frank Horton (R-New York)
 Hon. Amo Houghton (R-New York)
 Hon. Steny H. Hoyer (D-Maryland)
 Hon. Carroll Hubbard, Jr. (D-Kentucky)
 Hon. Jerry Huckaby (D-Louisiana)
 Hon. William J. Hughes (D-New Jersey)
 Hon. Duncan Hunter (R-California)
 Hon. Earl Hutto (D-Florida)
 Hon. Henry J. Hyde (R-Illinois)
 Hon. James M. Inhofe (R-Oklahoma)
 Hon. Andy Ireland (R-Florida)
 Hon. Andrew Jacobs, Jr. (D-Indiana)
 Hon. Craig T. James (R-Florida)
 Hon. William J. Jefferson (D-Louisiana)
 Hon. Ed Jenkins (D-Georgia)
 Hon. Nancy L. Johnson (R-Connecticut)
 Hon. Tim Johnson (D-At Large, South Dakota)
 Hon. Harry Johnston (D-Florida)
 Hon. Ben Jones (D-Georgia)
 Hon. Walter B. Jones (D-North Carolina)
 Hon. Jim Jontz (D-Indiana)
 Hon. Paul E. Kanjorski (D-Pennsylvania)
 Hon. Marcy Kaptur (D-Ohio)

Appendix E

Hon. John R. Kasich (R-Ohio)
Hon. Joseph P. Kennedy, II (D-Massachusetts)
Hon. Barbara B. Kennelly (D-Connecticut)
Hon. Dale E. Kildee (D-Michigan)
Hon. Gerald D. Kleczka (D-Wisconsin)
Hon. Scott L. Klug (R-Wisconsin)
Hon. Jim Kolbe (R-Arizona)
Hon. Joe Kolter (D-Pennsylvania)
Hon. Michael J. Kopetski (D-Oregon)
Hon. Peter H. Kostmayer (D-Pennsylvania)
Hon. Jon L. Kyl (R-Arizona)
Hon. John J. LaFalce (D-New York)
Hon. Robert J. Lagomarsino (R-California)
Hon. H. Martin Lancaster (D-North Carolina)
Hon. Tom Lantos (D-California)
Hon. Larry LaRocco (D-Idaho)
Hon. Greg Laughlin (D-Texas)
Hon. Jim Leach (R-Iowa)
Hon. Richard H. Lehman (D-California)
Hon. William Lehman (D-Florida)
Hon. Norman F. Lent (R-New York)
Hon. Sander M. Levin (D-Michigan)
Hon. Mel Levine (D-California)
Hon. Jerry Lewis (R-California)
Hon. John Lewis (D-Georgia)
Hon. Tom Lewis (R-Florida)
Hon. Jim Lightfoot (R-Iowa)
Hon. William O. Lipinski (D-Illinois)
Hon. Bob Livingston (R-Louisiana)
Hon. Marilyn Lloyd (D-Tennessee)
Hon. Jill L. Long (D-Indiana)
Hon. Bill Lowery (R-California)
Hon. Nita M. Lowey (D-New York)
Hon. Charles J. Luken (D-Ohio)
Hon. Alfred A. McCandless (R-California)
Hon. Frank McCloskey (D-Indiana)
Hon. Bill McCollum (R-Florida)
Hon. Jim McCrery (R-Louisiana)
Hon. Dave McCurdy (D-Oklahoma)
Hon. Joseph M. McDade (R-Pennsylvania)
Hon. Jim McDermott (D-Washington)
Hon. Bob McEwen (R-Ohio)
Hon. Raymond J. McGrath (R-New York)
Hon. Matthew F. McHugh (D-New York)
Hon. Alex J. McMillan (R-North Carolina)
Hon. Thomas C. McMillen (D-Maryland)
Hon. Michael R. McNulty (D-New York)
Hon. Ronald K. Machtley (R-Rhode Island)
Hon. Thomas J. Manton (D-New York)
Hon. Edward J. Markey (D-Massachusetts)
Hon. Ron Marlenee (R-Montana)
Hon. David O'B. Martin (R-New York)
Hon. Matthew G. Martinez (D-California)
Hon. Robert T. Matsui (D-California)
Hon. Nicholas Mavroules (D-Massachusetts)
Hon. Ramono L. Mazzoli (D-Kentucky)
Hon. Jan Meyers (R-Kansas)
Hon. Kweisi Mfume (D-Maryland)
Hon. Robert H. Michel (R-Illinois)
Hon. Clarence E. Miller (R-Ohio)
Hon. George Miller (D-California)
Hon. John Miller (R-Washington)
Hon. Norman Y. Mineta (D-California)
Hon. Patsy T. Mink (D-Hawaii)
Hon. John Joseph Moakley (D-Massachusetts)
Hon. Susan Molinari (R-New York)
Hon. Alan B. Moilohan (D-West Virginia)
Hon. G.V. (Sonny) Montgomery (D-Mississippi)
Hon. Jim Moody (D-Wisconsin)
Hon. Carlos J. Moohead (R-California)
Hon. James P. Moran (D-Virginia)
Hon. Constance A. Morella (R-Maryland)

Hon. Sid Morrison (R-Washington)
Hon. Robert J. Mrazek (D-New York)
Hon. Austin J. Murphy (D-Pennsylvania)
Hon. John P. Murtha (D-Pennsylvania)
Hon. Jon T. Myers (R-Indiana)
Hon. David R. Nagle (D-Iowa)
Hon. William J. Natcher (D-Kentucky)
Hon. Richard E. Neal (D-Massachusetts)
Hon. Stephen L. Neal (D-North Carolina)
Hon. Dick Nichols (R-Kansas)
Hon. Eleanor Holmes Norton (D-Delegate,
District of Columbia)
Hon. Henry J. Nowak (D-New York)
Hon. Jim Nussle (R-Iowa)
Hon. Mary Rose Oaker (D-Ohio)
Hon. James L. Oberstar (D-Minnesota)
Hon. David R. Obey (D-Wisconsin)
Hon. Jim Olin (D-Virginia)
Hon. Solomon P. Ortiz (D-Texas)
Hon. William H. Orton (D-Utah)
Hon. Major R. Owens (D-New York)
Hon. Wayne Owens (D-Utah)
Hon. Michael G. Oxley (R-Ohio)
Hon. Ron Packard (R-California)
Hon. Frank Pallone, Jr. (D-New Jersey)
Hon. Leon E. Panetta (D-California)
Hon. Mike Parker (D-Mississippi)
Hon. Elizabeth J. Patterson (D-South Carolina)
Hon. Bill Paxon (R-New York)
Hon. Donald M. Payne (D-New Jersey)
Hon. Lewis F. Payne, Jr. (D-Virginia)
Hon. Donald J. Pease (D-Ohio)
Hon. Nancy Pelosi (D-California)
Hon. Timothy J. Penny (D-Minnesota)
Hon. Carl C. Perkins (D-Kentucky)
Hon. Collin C. Peterson (D-Minnesota)
Hon. Douglas (Pete) Peterson (D-Florida)
Hon. Thomas E. Petri (R-Wisconsin)
Hon. Owen B. Pickett (D-Virginia)
Hon. J.J. Pickle (D-Texas)
Hon. John Edward Porter (R-Illinois)
Hon. Glenn Poshard (D-Illinois)
Hon. David E. Price (D-North Carolina)
Hon. Carl D. Pursell (R-Michigan)
Hon. James H. (Jimmy) Quillen (R-Tennessee)
Hon. Nick Joe Rahall, II (D-West Virginia)
Hon. Jim Ramstad (R-Minnesota)
Hon. Charles B. Rangel (D-New York)
Hon. Arthur Ravenel, Jr. (R-South Carolina)
Hon. Richard Ray (D-Georgia)
Hon. Jack Reed (D-Rhode Island)
Hon. Ralph Regula (R-Ohio)
Hon. John J. Rhodes, III (R-Arizona)
Hon. Bill Richardson (D-New Mexico)
Hon. Thomas J. Ridge (R-Pennsylvania)
Hon. Frank D. Riggs (R-California)
Hon. Matthew J. Rinaldo (R-New Jersey)
Hon. Don Ritter (R-Pennsylvania)
Hon. Pat Roberts (R-Kansas)
Hon. Robert A. Roe (D-New Jersey)
Hon. Tim Roemer (D-Indiana)
Hon. Harold Rogers (R-Kentucky)
Hon. Dana Rohrabacher (R-California)
Hon. Ileana Ros-Lehtinen (R-Florida)
Hon. Charles Rose (D-North Carolina)
Hon. Dan Rostenkowski (D-Illinois)
Hon. Toby Roth (R-Wisconsin)
Hon. Marge Roukema (R-New Jersey)
Hon. J. Roy Rowland (D-Georgia)
Hon. Edward R. Roybal (D-California)
Hon. Marty Russo (D-Illinois)
Hon. Martin Olav Sabo (D-Minnesota)

Hon. Bernard Sanders (I-At Large, Vermont)
 Hon. George E. Sangmeister (D-Illinois)
 Hon. Rick Santorum (R-Pennsylvania)
 Hon. Bill Sarpalius (D-Texas)
 Hon. Gus Savage (D-Illinois)
 Hon. Thomas C. Sawyer (D-Ohio)
 Hon. Jim Saxton (R-New Jersey)
 Hon. Dan Schaefer (R-Colorado)
 Hon. James H. Scheuer (D-New York)
 Hon. Steven Schiff (R-New Mexico)
 Hon. Patricia Schroeder (D-Colorado)
 Hon. Richard T. Schulze (R-Pennsylvania)
 Hon. Charles E. Schumer (D-New York)
 Hon. F. James Sensenbrenner, Jr. (R-Wisconsin)
 Hon. Jose E. Serrano (D-New York)
 Hon. Philip R. Sharp (D-Indiana)
 Hon. E. Clay Shaw, Jr. (R-Florida)
 Hon. Bud Shuster (R-Pennsylvania)
 Hon. Gerry Sikorski (D-Minnesota)
 Hon. Norman Sisisky (D-Virginia)
 Hon. David E. Skaggs (D-Colorado)
 Hon. Joe Skeen (R-New Mexico)
 Hon. Ike Skelton (D-Missouri)
 Hon. Jim Slattery (D-Kansas)
 Hon. D. French Slaughter, Jr. (D-Virginia)
 Hon. Louise McIntosh Slaughter (D-New York)
 Hon. Christopher H. Smith (R-New Jersey)
 Hon. Lamar S. Smith (R-Texas)
 Hon. Lawrence J. Smith (D-Florida)
 Hon. Neal Smith (D-Iowa)
 Hon. Robert F. (Bob) Smith (R-Oregon)
 Hon. Olympia J. Snowe (R-Maine)
 Hon. Stephen J. Solarz (D-New York)
 Hon. Gerald B.H. Solomon (R-New York)
 Hon. Floyd Spence (R-South Carolina)
 Hon. John M. Spratt, Jr. (D-South Carolina)
 Hon. Harley O. Staggers, Jr. (D-West Virginia)
 Hon. Richard H. Stallings (D-Idaho)
 Hon. Fortney Pete Stark (D-California)
 Hon. Cliff Stearns (R-Florida)
 Hon. Charles W. Stenholm (D-Texas)
 Hon. Louis Stokes (D-Ohio)
 Hon. Gerry E. Studds (D-Massachusetts)
 Hon. Bob Stump (R-Arizona)
 Hon. Don Sundquist (R-Tennessee)
 Hon. Dick Swett (D-New Hampshire)
 Hon. Al Swift (D-Washington)
 Hon. Mike Synar (D-Oklahoma)
 Hon. Robin Tallon (D-South Carolina)
 Hon. John S. Tanner (D-Tennessee)
 Hon. W.J. (Billy) Tauzin (D-Louisiana)
 Hon. Charles H. Taylor (R-North Carolina)
 Hon. Gene Taylor (D-Mississippi)
 Hon. Craig Thomas (R-At Large, Wyoming)
 Hon. Robert Lindsay Thomas (D-Georgia)
 Hon. William M. Thomas (R-California)
 Hon. Ray Thornton (D-Arkansas)
 Hon. Esteban Edward Torres (D-California)
 Hon. Robert G. Torricelli (D-New Jersey)
 Hon. Edolphus Towns (D-New York)
 Hon. James A. Traficant, Jr. (D-Ohio)
 Hon. Bob Traxler (D-Michigan)
 Hon. Morris K. Udall (D-Arizona)
 Hon. Jolene Unsoeld (D-Washington)
 Hon. Frederick Upton (R-Michigan)
 Hon. Tim Valentine (D-North Carolina)
 Hon. Guy Vander Jagt (R-Michigan)
 Hon. Bruce F. Vento (D-Minnesota)
 Hon. Peter J. Visclosky (D-Indiana)
 Hon. Harold L. Volkmer (D-Missouri)
 Hon. Barbara F. Vucanovich (R-Nevada)
 Hon. Robert S. Walker (R-Pennsylvania)

Hon. James T. Walsh (R-New York)
 Hon. Craig Washington (D-Texas)
 Hon. Maxine Waters (D-California)
 Hon. Henry A. Waxman (D-California)
 Hon. Vin Weber (R-Minnesota)
 Hon. Ted Weiss (D-New York)
 Hon. Curt Weldon (R-Pennsylvania)
 Hon. Alan Wheat (D-Missouri)
 Hon. Jamie L. Whitten (D-Mississippi)
 Hon. Pat Williams (D-Montana)
 Hon. Charles Wilson (D-Texas)
 Hon. Robert E. Wise, Jr. (D-West Virginia)
 Hon. Frank R. Wolf (R-Virginia)
 Hon. Howard Wolpe (D-Michigan)
 Hon. Ron Wyden (D-Oregon)
 Hon. Chalmers P. Wylie (R-Ohio)
 Hon. Sindy R. Yates (D-Illinois)
 Hon. Gus Yatron (D-Pennsylvania)
 Hon. C.W. Bill Young (R-Florida)
 Hon. Don Young (R-At Large, Alaska)
 Hon. William H. Zeff, Jr. (R-New Hampshire)
 Hon. Dick Zimmer (R-New Jersey)

U.S. Senate

Hon. Brock Adams (D-Washington)
 Hon. Daniel K. Akaka (D-Hawaii)
 Hon. Max Baucus (D-Montana)
 Hon. Lloyd Bentsen (D-Texas)
 Hon. Joseph R. Biden, Jr. (D-Delaware)
 Hon. Jeff Bingaman (D-New Mexico)
 Hon. Christopher S. Bond (R-Missouri)
 Hon. David L. Boren (D-Oklahoma)
 Hon. Bill Bradley (D-New Jersey)
 Hon. John B. Breaux (D-Louisiana)
 Hon. Hank Brown (R-Colorado)
 Hon. Richard H. Bryan (D-Nevada)
 Hon. Dale Bumpers (D-Arkansas)
 Hon. Quentin N. Burdick (D-North Dakota)
 Hon. Conrad R. Burns (R-Montana)
 Hon. Robert C. Byrd (D-West Virginia)
 Hon. John H. Chafee (D-Rhode Island)
 Hon. Dan Coats (R-Indiana)
 Hon. Thad Cochran (R-Mississippi)
 Hon. William S. Cohen (R-Maine)
 Hon. Kent Conrad (D-North Dakota)
 Hon. Larry E. Craig (R-Idaho)
 Hon. Alan Cranston (D-California)
 Hon. Alfonse D'Amato (R-New York)
 Hon. John C. Danforth (R-Missouri)
 Hon. Thomas A. Daschle (D-South Dakota)
 Hon. Dennis DeConcini (D-Arizona)
 Hon. Alan J. Dixon (D-Illinois)
 Hon. Christopher J. Dodd (D-Connecticut)
 Hon. Robert Dole (R-Kansas)
 Hon. Pete V. Domenici (R-New Mexico)
 Hon. Dave Durenberger (R-Minnesota)
 Hon. J. James Exon (D-Nebraska)
 Hon. Wendell H. Ford (D-Kentucky)
 Hon. Wyche Fowler, Jr. (D-Georgia)
 Hon. Jake Garn (R-Utah)
 Hon. John Glenn (D-Ohio)
 Hon. Albert Gore, Jr. (D-Tennessee)
 Hon. Slade Gorton (R-Washington)
 Hon. Bob Graham (D-Florida)
 Hon. Phil Gramm (R-Texas)
 Hon. Chuck Grassley (R-Iowa)
 Hon. Tom Harkin (D-Iowa)
 Hon. Orrin G. Hatch (R-Utah)
 Hon. Mark O. Hatfield (R-Oregon)
 Hon. Howell Heflin (D-Alabama)
 Hon. Jesse Helms (R-North Carolina)

Hon. Ernest F. Hollings (D-South Carolina)
 Hon. Daniel K. Inouye (D-Hawaii)
 Hon. James M. Jeffords (R-Vermont)
 Hon. J. Bennett Johnston (D-Louisiana)
 Hon. Nancy Landon Kassebaum (R-Kansas)
 Hon. Robert W. Kasten, Jr. (R-Wisconsin)
 Hon. Edward M. Kennedy (D-Massachusetts)
 Hon. J. Robert Kerrey (D-Nebraska)
 Hon. John F. Kerry (D-Massachusetts)
 Hon. Herbert Kohl (D-Wisconsin)
 Hon. Frank R. Lautenberg (D-New Jersey)
 Hon. Patrick J. Leahy (D-Vermont)
 Hon. Carl Levin (D-Michigan)
 Hon. Joseph I. Lieberman (D-Connecticut)
 Hon. Trent Lott (R-Mississippi)
 Hon. Richard G. Lugar (R-Indiana)
 Hon. John McCain (R-Arizona)
 Hon. Mitch McConnell (R-Kentucky)
 Hon. Connie Mack (R-Florida)
 Hon. Howard M. Metzenbaum (D-Ohio)
 Hon. Barbara A. Mikulski (D-Maryland)
 Hon. George J. Mitchell (D-Maine)
 Hon. Daniel Patrick Moynihan (D-New York)
 Hon. Frank H. Murkowski (R-Alaska)
 Hon. Don Nickles (R-Oklahoma)
 Hon. Sam Nunn (D-Georgia)
 Hon. Bob Packwood (R-Oregon)
 Hon. Claiborne Pell (D-Rhode Island)
 Hon. Larry Pressler (R-South Dakota)
 Hon. David H. Pryor (D-Arkansas)
 Hon. Harry Reid (D-Nevada)
 Hon. Donald W. Riegle, Jr. (D-Michigan)
 Hon. Charles S. Robb (D-Virginia)
 Hon. John D. Rockefeller IV (D-West Virginia)
 Hon. William V. Roth, Jr. (R-Delaware)
 Hon. Warren B. Rudman (R-New Hampshire)
 Hon. Terry Sanford (D-North Carolina)
 Hon. Paul S. Sarbanes (D-Maryland)
 Hon. Jim Sasser (D-Tennessee)
 Hon. John Seymour (R-California)
 Hon. Richard C. Shelby (D-Alabama)
 Hon. Paul Simon (D-Illinois)
 Hon. Alan K. Simpson (R-Wyoming)
 Hon. Robert C. Smith (R-New Hampshire)
 Hon. Arlen Specter (R-Pennsylvania)
 Hon. Ted Stevens (R-Alaska)
 Hon. Steve Symms (R-Idaho)
 Hon. Strom Thurmond (R-South Carolina)
 Hon. Malcolm Wallop (R-Wyoming)
 Hon. John Warner (R-Virginia)
 Hon. Paul Wellstone (D-Minnesota)
 Hon. Timothy E. Wirth (D-Colorado)
 Hon. Harris Wofford (D-Pennsylvania)

State and Local Officials and Organizations

Governors

Hon. Joseph Ada, Guam
 Hon. Cecil D. Andrus, Idaho
 Hon. John D. Ashcroft, Missouri
 Hon. Norman H. Bangerter, Utah
 Hon. Evan Bayh, Indiana
 Hon. Terry E. Branstad, Iowa
 Hon. Carroll A. Campbell, Jr., South Carolina
 Hon. Gaston Caperton, West Virginia
 Hon. Arne H. Carlson, Minnesota
 Hon. Robert P. Casey, Pennsylvania
 Hon. Michael N. Castle, Delaware
 Hon. Lawton Chiles, Florida
 Hon. Bill Clinton, Arkansas
 Hon. Peter T. Coleman, American Samoa
 Hon. Rafael Hernandez Colon, Puerto Rico
 Hon. Mario M. Cuomo, New York
 Hon. Howard Dean, M.D., Vermont
 Hon. Lorenzon I. DeLeon Guerrero,
 Northern Mariana Islands
 Hon. Jim Edgar, Illinois
 Hon. John Engler, Michigan
 Hon. Alexander A. Farrelly, Virgin Islands
 Hon. Joan Finney, Kansas
 Hon. James J. Florio, New Jersey
 Hon. Booth Gardner, Washington
 Hon. Judd Gregg, New Hampshire
 Hon. Walter J. Hickel, Alaska
 Hon. Guy Hunt, Alabama
 Hon. Bruce King, New Mexico
 Hon. Ray Mabus, Mississippi
 Hon. James G. Martin, North Carolina
 Hon. John R. McKernan, Jr., Maine
 Hon. Ned Ray McWherter, Tennessee
 Hon. George S. Michelson, South Dakota
 Hon. Bob Miller, Nevada
 Hon. Zell B. Miller, Georgia
 Hon. Ben Nelson, Nebraska
 Hon. Ann W. Richards, Texas
 Hon. Barbara Roberts, Oregon
 Hon. Charles "Buddy" Roemer, Louisiana
 Hon. Roy Romer, Colorado
 Hon. William Donald Schaefer, Maryland
 Hon. George A. Sinner, North Dakota
 Hon. Stan Stephens, Montana
 Hon. Michael J. Sullivan, Wyoming
 Hon. Bruce G. Sundlun, Rhode Island
 Hon. Fife Symington, Arizona
 Hon. Tommy G. Thompson, Wisconsin
 Hon. George V. Voinovich, Ohio
 Hon. John Waihee, Hawaii
 Hon. David L. Walters, Oklahoma
 Hon. Lowell P. Weicker, Jr., Connecticut
 Hon. William Weld, Massachusetts
 Hon. L. Douglas Wilder, Virginia
 Hon. Wallace G. Wilkinson, Kentucky
 Hon. Pete Wilson, California

Mayors

Hon. Jerry E. Abramson
Louisville, Kentucky

Hon. Victor Ashe
Knoxville, Tennessee

Hon. Sidney Barthelemy
New Orleans, Louisiana
Hon. Gene Beyer
Orange, California

Hon. Thomas Bradley
Los Angeles, California

Hon. Frank F. Fasi
Honolulu, Hawaii

Hon. Alfred A. Hopkins
Annapolis, Maryland

Hon. Mary E. Hurley
Springfield, Massachusetts

Hon. Mike Johanns
Lincoln, Nebraska

Hon. Paul Johnson
Phoenix, Arizona

Hon. Jimmy Kemp
Meridian, Mississippi

Hon. Dick Kempthorne
Boise, Idaho

Hon. Sheila Lodge
Santa Barbara, California

Hon. Sue Myrick
Charlotte, North Carolina

Hon. Jim Naugle
Fort Lauderdale, Florida

Hon. Robert R. Nelson
Huntington, West Virginia

Hon. Meyera E. Oberndorf
Virginia Beach, Virginia

Hon. Maureen O'Connor
San Diego, California

Hon. Stephen R. Reed
Harrisburg, Pennsylvania

Hon. Norman Rice
Seattle, Washington

Hon. Gene Roberts
Chattanooga, Tennessee

Hon. John P. Rousdakis
Savannah, Georgia

Hon. Kurt L. Schmoke
Baltimore, Maryland

Hon. James Sharpe
Newark, New Jersey

Hon. Dorothy Storm
Freeport, New York

Hon. Bruce Todd
Austin, Texas

Hon. Karen L.R. Vialle
Tacoma, Washington

Hon. Thomas J. Volgy
Tucson, Arizona

State and Local Officials

Ms. Susan S. Addiss
Commissioner
Department of Health Services
State of Connecticut

Mr. Joshua C. Agsalud
Administrative Director
Office of the Governor
State of Hawaii

Mr. John Allen
Director
Division of Alcoholism and Drug Abuse
Department of Human Services
State of North Dakota

Ms. Fran McCabe Amprey
Drug Abuse Prevention Specialist
Department of Education
State of Maryland

Mr. Don L. Anderson
Commissioner
Department of Mental Health
and Substance Abuse Services
State of Oklahoma

Ms. Vernice Anthony
Director
Department of Public Health
State of Michigan

Hon. Peter Antonacci
Deputy Attorney General
State of Florida

Mr. Robert Araiza
Interim Director
Office of Alcohol and Drug Abuse Prevention
Department of Human Services
State of Arkansas

Mr. Robert F. Armstrong
Special Assistant to the Mayor
for Drug Control Policy
Philadelphia, Pennsylvania

Mr. Christopher G. Atchison
Director
Department of Public Health
State of Iowa

Mr. Robert Aukerman
Director
Alcohol and Drug Abuse Division
Department of Health
State of Colorado

Appendix E

Dr. John R. Bagby
Director
Department of Health
State of Missouri

Mr. John C. Bailey
State Health Commissioner
Indiana State Board of Health

Mr. James R. Ball
Program Manager
Department of Education
State of New Mexico

Ms. Ann R. Barone
Municipal Alliance Coordinator
Burlington County, New Jersey

Ms. Victoria Bergin
Deputy Commissioner for Curriculum
and Professional Development
Texas Education Agency

Ms. Edith Belden
Director
Division of Curriculum and Instruction
Department of Education
State of Georgia

Hon. Carol Bentley
Assembly Minority Whip
California State Legislature

Mr. Lawrence L. Binkley
Chief of Police
Long Beach, California

Ms. Eve M. Bither
Commissioner
Department of Education
State of Maine

Mr. Jeffrey J. Black
Supervisory Special Agent
Support Services Bureau
Department of Law Enforcement
State of Idaho

Mr. Sherman Block
Sheriff
Los Angeles County, California

Hon. Daniel T. Blue, Jr.
Speaker
North Carolina House of Representatives

Ms. Jean Bodman
Chair
City-County Task Force on
Alcoholism and Drugs
Colorado Springs, Colorado

Mr. Jerry Boisvert
Community Services Specialist
Office of Drug Policy
Department of Public Safety
State of Minnesota

Officer Christie-Lynne Bonner
Seattle Police Department
Seattle, Washington

Mr. William D. Booth
Commanding Officer
Bureau of Special Investigation
Los Angeles Police Department
Los Angeles, California

Dr. Joyce M. Boyd
Health Officer
Howard County Health Department
Columbia, Maryland

Mr. Eugene R. Boyle
Director
Bureau of Program Services
Department of Health
Commonwealth of Pennsylvania

Ms. Elizabeth M. Breshears
Chief
Bureau of Alcohol and Drug Abuse
Department of Human Resources
State of Nevada

Mr. William H. Broer, Jr.
Director
Bureau of Criminal Investigation
State of North Dakota

Mr. Lee P. Brown
Police Commissioner
New York, New York

Mr. Darryl Bruno
Administrator
Alcohol and Drug Abuse Division
Department of Institutions
State of Montana

Mr. William W. Carroll
Section Chief
Alcohol and Drug Abuse Services
Division of Mental Health and
Developmental Disabilities
State of North Carolina

Ms. Betty Castor
Commissioner of Education
State of Florida

Ms. Patricia Chamberlain
Interagency Coordinator
Bureau of Student Development and Health
Department of Education
Commonwealth of Massachusetts

Dr. Ardis Christensen
Assistant Superintendent for
Curriculum Development
Department of Education
State of Oregon

Hon. Joseph M. Clapps
First Assistant Attorney General
State of Illinois

Mr. Jack Clohan, Jr.
Director
Division of Alcohol and Drug Abuse
State of West Virginia

Dr. Wilmer S. Cody
Superintendent of Education
State of Louisiana

Mr. David C. Condliffe
Director
Mayor's Office of Drug Abuse Policy
New York, New York

Mr. Billy C. Cooper
Executive Director
Chattanooga Housing Authority
Chattanooga, Tennessee

Col. W.F. Corvello
Superintendent
Department of State Police
Commonwealth of Virginia

Mr. George C. Crawley
Assistant City Manager
Norfolk, Virginia

Ms. Victoria B. Crews
State Prevention Coordinator
Department of Alcohol and
Drug Addiction Services
State of Ohio

Mr. William Crimi
Drug Policy Coordinator
Mayor's Coordinating Council
on Criminal Justice
Baltimore, Maryland

Mr. Howard M. Cullum
Secretary of Health and Human Resources
Commonwealth of Virginia

Dr. King E. Davis
Commissioner
Department Mental Health, Mental Retardation,
and Substance Abuse Services
Commonwealth of Virginia

Col. Charlie T. Deane
Chief of Police
Prince William County, Virginia

Ms. Jean DeFratis
Director
Alcohol and Drug Abuse Programs
State of Wyoming

Hon. Robert J. Del Tufo
Attorney General
State of New Jersey

Hon. Mike DeWine
Lieutenant Governor
State of Ohio

Mr. Drew Diamond
Chief of Police
Tulsa, Oklahoma

Mr. Bob Dickson
Executive Director
Commission on Alcohol and Drug Abuse
State of Texas

Mr. Richard Dixon
Chief Administrative Officer
Los Angeles County, California

Mr. George J. Doane
Chief
Bureau of Narcotic Enforcement
State of California

Capt. Gus S. Drullias
Narcotics Group Commander
Los Angeles Police Department
Los Angeles, California

Mr. Robert Dubel
Superintendent of Education
Baltimore County, Maryland

Dr. Nancy Cassity Dunlap
Senior Executive Assistant for Collaboration
Department of Education
State of South Carolina

Dr. Frances J. Dunston
State Commissioner of Health
New Jersey Department of Health

Hon. Vernon J. Ehlers
State Senator
State of Michigan

Dr. John Ellis
Commissioner
Department of Education
State of New Jersey

Mr. Bob Etheridge
State Superintendent
Department of Public Instruction
State of North Carolina

Dr. Caswell A. Evans, Jr.
Assistant Director of Health Services
Director, Public Health Programs and Services
Department of Health Services
Los Angeles County, California

Mr. H. Dean Evans
Superintendent of Public Instruction
State of Indiana

Hon. Gail H. Ewing
Council member
Montgomery County Council
Rockville, Maryland

Mr. Vince Failla
Greater Indiana Council on Alcohol

Mr. Donald J. Farabaugh
Programs Specialist
Governor's Drug and Alcohol Commission
State of Maryland

Mr. John W. Farrell
Acting Assistant Commissioner
Division of Alcoholism, Drug Abuse, and
Addiction Services
Department of Health
State of New Jersey

Appendix E

Mr. Gary L. Faulkner
Executive Director
Governor's Office for a Drug-Free Kentucky

Hon. Charles C. Feaga
Council Member
Howard County, Maryland

Mr. Bruce Feldman
Executive Director
Drug Policy Council
Commonwealth of Pennsylvania

Ms. Lucille Fleming
Director
Department of Alcohol and
Drug Addiction Services
State of Ohio

Col. Marlin A. Flores
Deputy Secretary/Superintendent
Louisiana State Police

Mr. Mike Forrest
Drug Enforcement and Abuse Coordinator
Governor's Alliance on Substance Abuse
State of Iowa

Dr. Laurence R. Foster
Acting Health Officer
Department of Human Resources
State of Oregon

Mr. Oren R. Fox
Sheriff
Imperial County, California

Mr. Alan J. Frederickson
Assistant Commissioner
Director, Office of Drug Policy
St. Paul, Minnesota

Mr. Isaac Fulwood, Jr.
Chief of Police
Washington, D.C.

Mr. Terrance W. Gainer
Director
Illinois State Police

Mr. Fred Garcia
Director
Prevention/Intervention Services
Colorado Alcohol and Drug Abuse Division

Ms. Sandy Garrett
Superintendent of Education
State of Oklahoma

Mr. Daryl F. Gates
Chief of Police
Los Angeles, California

Hon. Kristine M. Gebbie
Secretary
Department of Health
State of Washington

Mr. Louis Gibson
Acting Director
Division of Alcohol and Drug Abuse
Department of Health and Hospitals
State of Louisiana

Ms. Sue Giles
Director
Division of Alcohol and Drug Abuse
Department of Mental Health
State of Missouri

Mr. Michael M. Gimbel
Director
Office of Substance Abuse
Baltimore County Government
Towson, Maryland

Dr. Stuart E. Gothold
Superintendent
Los Angeles County Office of Education
Los Angeles, California

Hon. C. Vernon Gray
Chairperson
County Council
Howard County, Maryland

Dr. Donna M. Green
Acting Commissioner of Health
Department of Health
The U.S. Virgin Islands

Mr. Edward DeLeon Guerrero
Executive Director
Criminal Justice Planning Agency
Government of the Northern Mariana Islands

Mr. Peter Leon Guerrero
Director, Bureau of Planning
Government of Guam

Mr. John S. Gustafson
Deputy Director
Division of Substance Abuse Services
State of New York

Mr. Edwin L. Hall
Administrator
Montana Board of Crime Control

Mr. Jim Hall
Director
Governor's Alliance for a Drug-Free Tennessee

Mr. Carl R. Harbaugh
Sheriff
Frederick County, Maryland

Ms. Fualaau Hanipale
Assistant Director
Alcohol and Drug Program
Social Services Division
Government of American Samoa

Ms. Verdía L. Haywood
Deputy County Executive for Human Services
Fairfax, Virginia

Mr. Malcolm Heard
Director
Division of Alcoholism and Drug Abuse
Department of Public Institutions
State of Nebraska

Mr. Mike Herrmann
Coordinator
Governor's Alliance for a Drug-Free Tennessee

Dr. John Higgins-Biddle
Executive Director
Alcohol and Drug Abuse Commission
State of Connecticut

Mr. Norman W. Hickey
Chief Administrative Officer
San Diego County, California

Mr. Cornelius Hogan
Secretary
Agency of Human Services
State of Vermont

Mr. Roy A. Holt
Assistant Director for Enforcement
Governor's Office of Drug Policy
State of Arizona

Mr. William M. Hose
Chief of Police
York, Pennsylvania

Mr. David Hudson
Director, Project SAFE
Des Moines, Iowa

Dr. Carlessia Hussein
Chief
Office of Health Planning and Development
Washington, D.C.

Mr. John R. Isom
Sheriff
Loudoun County, Virginia

Ms. Robble Jackman
Acting Assistant Commissioner
Division of Alcohol and Drug Abuse Services
State of Tennessee

Mr. Laurent D. Javois
Director
Division of Mental Health, Alcoholism,
and Drug Dependency Services
Department of Health
Government of the U.S. Virgin Islands

Ms. Loren A. Jones
Director
Division of Alcoholism and Drug Abuse
Department of Health and Social Services
State of Alaska

Mr. Stephen G. Kaplan
Administrator
Department of Alcohol and Drug Programs
Ventura County, California

Ms. Gerri Kariya
Director of Intergovernmental Relations
Los Angeles County, California

Mr. J. Craig Keener
Assistant Commander
Law Enforcement Program Coordinator
Government of American Samoa

Insp. Patrick E. Kelleher
Narcotics Division
New York City Police Department
New York, New York

Mr. Dennis M. Kenneally
Director
Chief Administrative Office
San Diego County, California

Hon. Joseph E. King
Speaker of the House
Washington State Legislature

Mr. Richard A. King
Acting County Executive
Fairfax County, Virginia

Insp. Joseph A. Koenig
Assistant Division Commander
Department of State Police
State of Michigan

Ms. Deborah L. Koss-Warner
Supervisor
Drug-Free Schools and Communities Program
Office of the Superintendent of
Public Instruction
State of Washington

Ms. Judi Kosterman
Special Assistant to the Governor on
Substance Abuse Issues
State of Washington

Mr. Lorne C. Kramer
Chief of Police
Colorado Springs, Colorado

Ms. Marilyn Kruegar
Commissioner, Second District
Saint Louis County, Minnesota

Mr. Jeffrey N. Kushner
Assistant Director
Office of Alcohol and Drug Abuse Programs
Department of Health and Human Services
State of Oregon

Dr. Donald S. Kwalick
State Health Officer
Department of Human Resources
State of Nevada

Mr. Vincent Lane
Chairman
Chicago Housing Authority
Chicago, Illinois

Mr. James V. Laney
Director
Division of Substance Abuse Services
State of Alabama

Mr. Gerald Lewis
Comptroller
State of Florida

Dr. Leifiga Liaiga
Director
Public Health Services
Government of American Samoa

Mr. Calvin A. Lightfoot
Director
Department of Corrections and Rehabilitation
Montgomery County, Maryland

Appendix E

Mr. Joe Lightsey
Education Specialist
Department of Education
State of Alabama

Ms. Joan Dyer Liversidge
Substance Abuse Coordinator
Division on Children and Youth
Department of Family Resources
Montgomery County, Maryland

Mr. James E. Long
Director
Department of Alcoholism and Substance Abuse
State of Illinois

Hon. Susan B. Loving
Attorney General
State of Oklahoma

Dr. John R. Lumpkin
Department of Public Health
Chicago, Illinois

Hon. Stan Lundine
Lieutenant Governor
Chairman, Governor's Anti-Drug Abuse Council
State of New York

Mr. Bruce N. Lynn
Secretary
Department of Public Safety and Corrections
State of Alabama

Mr. Robert H. Macy
District Attorney
Oklahoma City, Oklahoma

Mr. Timothy D. Mahoney
Director
Special Investigations Division
New York State Banking Department

Hon. Norman Maleng
King County Prosecutor
Seattle, Washington

Mr. Don Manghelli
Alcohol and Drug Program Coordinator
Division of Plans and Program Development
Department of Health and Human Services
Hillsboro, Oregon

Ms. Marlene E. Marshall
Commissioner of Health
State of Minnesota

Ms. Isabel Suliveres de Martinez
Secretary
Department of Anti-Addiction Services
Government of Puerto Rico

Mr. Bill Mathesius
County Executive
Mercer County, New Jersey

Mr. Dennis McCarty
Director
Division on Substance Abuse Services
Commonwealth of Massachusetts

Mr. William J. McCord
Director
Commission on Alcohol and Drug Abuse
State of South Carolina

Mr. Phillip S. McCullough
Director
Bureau of Community Programs
State of Wisconsin

Mr. A.C. McLane
Chief of Police
Tampa, Florida

Dr. Andrew M. Mecca
Director
Department of Alcohol and Drug Programs
State of California

Mr. Neil Meisler
Director
Division of Alcoholism, Drug Abuse, and
Mental Health
State of Delaware

Mr. Marschall M. Meyer
Chairman
Governor's Executive Advisory Council
State of Maryland

Mr. Doug Miller
Chief
Law Enforcement Planning
Department of Economic and Community Affairs
State of Alabama

Ms. Jeanette Miller
Prevention Assistance Team Coordinator
Office of the Governor
State of New Mexico

Mr. Larry W. Monson
Director
Office of Alcohol and Other Drug Abuse
State of Wisconsin

Mr. James T. Moore
Commissioner
Department of Law Enforcement
State of Florida

Ms. Suzanne H. Muncy
Acting Director
Department of Health
Montgomery County, Maryland

Hon. Tom Nolan
President
Board of Supervisors
Mateo County, California

Dr. Joel L. Nitzkin
Assistant Secretary
Office of Public Health
State of Louisiana

Mr. Andrew O'Donovan
Commissioner
Alcohol and Drug Abuse Services
State of Kansas

Mr. Andrew P. O'Rourke
County Executive
Westchester County, New York

Mr. Richard V. Ottman
Chief of Police
Huntsville, Alabama

Mr. Charles J. Overton III
Assistant Director
North Carolina State Bureau of Investigation

Mr. Thomas J. Pagel
Director
Division of Criminal Investigation
Office of the Attorney General
State of Wyoming

Ms. Terry G. Pappin
Substance Abuse Prevention Coordinator
Division of Family and Children's Services
Department of Health and Welfare
State of Idaho

Mr. Ken Patterson
Administrator
Division of Family and Children and Services
Department of Health and Welfare
State of Idaho

Ms. Kelly Pelz
Special Assistant to the County Executive
Montgomery County, Maryland

Ms. Jeannine Peterson
Deputy Secretary
Drug and Alcohol Programs
Department of Health
Commonwealth of Pennsylvania

Ms. Pamela Peterson
Acting Deputy Assistant Secretary
Alcohol and Drug Abuse
Department of Health and
Rehabilitation Services
State of Florida

Mr. William Pimentel
Deputy Director
Office of Substance Abuse
State of Rhode Island

Mr. Leon PoVey
Director
Department of Social Services
Division of Substance Abuse
State of Utah

Mr. Floyd O. Pond
Executive Director
Governor's Drug and Alcohol Abuse Commission
State of Maryland

Mr. Richard Powell II
Director
Office of Alcohol and Drug Abuse Programs
State of Vermont

Ms. Kathryn Power
Director
Office of Substance Abuse
State of Rhode Island

Hon. Ernest D. Preate, Jr.
Attorney General
Commonwealth of Pennsylvania

Hon. Warren Price III
Attorney General
State of Hawaii

Mr. Mujahid Ramadan
Coordinator
State Substance Abuse Programs
State of Nevada

Ms. Mellie Randall
Acting Director
Office of Substance Abuse Services
Department of Mental Health,
Mental Retardation, and Substance Services
Commonwealth of Virginia

Hon. H. Stanley Rebert
District Attorney
York County, Pennsylvania

Ms. Patricia A. Redmond
Director
Alcohol and Drug Services Section
State of Georgia

Mr. Riley W. Regan
Chairman
Governor's Council on Alcoholism
and Drug Abuse
State of New Jersey

Mr. James K. Reilly
New Hanover County Alcohol and
Drug Abuse Task Force
Wilmington, North Carolina

Mr. Nicholas V. Rifice
Chief of Police
Atlantic City, New Jersey

Hon. Douglas B. Riley
Chairman
County Council
Baltimore County, Maryland

Mr. C. Jim Roache
Sheriff
San Diego County, California

Ms. Anne D. Robertson
Director
Division of Alcohol and Drug Abuse
Department of Mental Health
State of Mississippi

Mr. Luis Rivera Roman
Advisor to the Governor
Government of Puerto Rico

Mr. Spencer Sartorius
Administrator
Health Enhancement Division
Office of Public Instruction
State of Montana

Appendix E

Ms. Geraldine Salazar
Director
Behavioral Health Services Division
Department of Health
State of New Mexico

Mr. Rick Sampson
Director
State Alcohol and Drug Abuse Administration
State of Maryland

Ms. Marquerite T. Saunders
Director
Division of Alcoholism and Alcohol Abuse
State of New York

Ms. Karen Schrock
Interim Administrator
Office of Substance Abuse Services
Department of Public Health
State of Michigan

Mr. Joseph L. Shillings
Superintendent of Schools
State of Maryland

Mr. Robert Shepherd
Drug Director
State of Arkansas

Mr. Alan C. Sherwood
Associate Director
Division of Substance Abuse
Department of Human Services
State of Utah

Maj. Gen. Joseph Skaff
Secretary
Department of Public Safety
State of West Virginia

Mr. James R. Smith
Deputy Superintendent of Education
State of California

Ms. Otistene Smith
Drug Education Program Advisor
Department of Education
State of Arkansas

Mr. Ronald G. Speckmann
Director
Office of Substance Abuse
State of Maine

Mr. Gaylord A. Sprauve
Drug Policy Advisor to the Governor
The U.S. Virgin Islands

Mr. Ken Stark
Director
Division of Alcoholism and Substance Abuse
Department of Social and Health Services
State of Washington

Mr. William K. Stover
Chief of Police
Arlington County, Virginia

Mr. Lawrence J. Strickler
Programs Specialist
Governor's Drug and Alcohol Abuse Commission
State of Maryland

Mr. Robert Sturlini
Des Plains Police Department
Des Plains, Illinois

Mr. Gilbert Sudbeck
Director
Division of Alcohol and Drug Abuse
State of South Dakota

Ms. Geraldine Sylvester
Director
Office of Alcohol and Drug Abuse Prevention
Department of Health and Human Services
State of New Hampshire

Ms. Shirley Talley
Grants Manager
Department of Public Safety
State of New Mexico

Mr. Wayne Teague
Superintendent of Education
State of Alabama

Mr. George B. Tellevik
Chief
Washington State Patrol
Olympia, Washington

Hon. Mary Sue Terry
Attorney General
Commonwealth of Virginia

Col. Elmer H. Tippett
Superintendent
Maryland State Police

Mr. Curt Topper
Policy Analyst
Office of Substance Abuse
Executive Department
State of Rhode Island

Mr. Grover C. Trask II
District Attorney
Riverside County, California

Mr. Michael Thompson
Criminal Justice Office
Los Angeles County, California

Mr. Danny Trujillo
Director
Drug-Free Schools and Communities Program
Department of Education
State of New Mexico

Mr. Michael Townsend
Director
Division of Substance Abuse
Department of Mental Health
and Mental Retardation Services
State of Kentucky

Dr. Cynthia Turnure
Director
Chemical Dependency Program Division
Department of Human Services
State of Minnesota

Mr. Johnie L. Underwood
Deputy Commissioner
Division of Addiction Services
Department of Mental Health
State of Indiana

Ms. Rochelle Ventura
Director of Alcohol and Drug Abuse Services
Los Angeles County Health Department
Los Angeles, California

Mr. Michael F. Vollmer
Executive Director
Governor's Commission on Drug Awareness
and Prevention
State of Georgia

Mr. Raymond T. Wagner, Jr.
Counsel to the Governor
State of Missouri

Mr. Franklin B. Walter
Superintendent of Education
State of Ohio

Dr. Martin P. Wasserman
Health Officer
Prince George's County, Maryland

Hon. Jack Welborn
State Senator
State of Michigan

Mr. H. Russell White
Commissioner
Department of Health
State of Tennessee

Officer Larry Wieda
Boulder Police Department
Boulder, Colorado

Mr. Eugene Williams
Administrator
Department of Justice
State of Wisconsin

Mr. Ted Williams
Director
Department of Health Services
State of Arizona

Ms. Elaine Wilson
Division Chief
Alcohol and Drug Abuse Division
Department of Health
State of Hawaii

Ms. Marilyn L. Wingfield
Director
Department of Mental Health
and Substance Abuse
Government of Guam

Lt. Gov. Dale Wolf
Chairman
Drug Abuse Coordinating Council
State of Delaware

Dr. Ann Wolfe
Director
Department of Environment, Health, and
Natural Resources
State of North Carolina

Dr. Gregg F. Wright
Department of Health
State of Nebraska

Mr. Thomas D. Wyatt, Jr.
Chief, Bureau of Drug Control
Department of Health and
Environmental Control
State of South Carolina

Mr. Ed Zborower
Program Representative for
Alcoholism and Drug Abuse
Department of Health Services
State of Arizona

Ms. Janet Zwick
Director
Division of Substance Abuse
Department of Public Health
State of Iowa

Other Expert Individuals

Ms. Lynda Adams
Executive Director
Alaskans for Drug-Free Youth
Ketchikan, Alaska

Ms. Whitney Adams
Rogers and Wells
Washington, D.C.

Ms. Naya Arbiter
Program Director
Amity, Inc.
Tucson, Arizona

Mr. Gary Bauer
President
Family Research Council
Focus on the Family
Washington, D.C.

Hon. Randolph Baxter
Judge
U.S. Bankruptcy Court
Cleveland, Ohio

Mr. Robert M. Beggan
Senior Vice President
United Way of America
Alexandria, Virginia

Mr. James H. Benham
President
Idaho Chiefs of Police Association
Pocatello, Idaho

Mr. Peter B. Bensinger
President
Bensinger, Dupont and Associates
Chicago, Illinois

Appendix E

Mr. Douglas Besharov
Resident Scholar
American Enterprise Institute for
Public Policy Research
Washington, D.C.

Mr. Richard D. Bonnette
Executive Director
Partnership for a Drug-Free America
New York, New York

Mr. Preston Bright
Bright Associates, Inc.
Washington, D.C.

Ms. Rebecca Brownlee
President
Alcohol and Drug Problems
Association of North America
Raleigh, North Carolina

Ms. Judith Burnison
Executive Director
National Association for Perinatal
Addiction Research and Education
Chicago, Illinois

Mr. James E. Burke
Chairman
Partnership for a Drug-Free America
New York, New York

Mr. James Callahan
Executive Director
American Society of Addiction Medicine, Inc.
Washington, D.C.

Mr. Robert Callaway
Assistant National Director
Boys and Girls Clubs of America
Rockville, Maryland

Mr. David N. Cavanaugh
National Association of Community
Health Centers, Inc.
Washington, D.C.

Mr. Lawrence J. Chisholm
Executive Director
National Masonic Foundation

Ms. Ivy G. Cohen
President
"Just Say No" International
Walnut Creek, California

Ms. Shirley D. Colletti
President
Operation PAR, Inc.
St. Petersburg, Florida

Ms. Eunice Conn
Uni-Bren International Corporation
Niles, Illinois

Dr. Samuel DuBois Cook
President
Dillard University
New Orleans, Louisiana

Mr. John J. Coppola
Executive Director
Catholic Family and Community
Services of Montgomery County
Amsterdam, New York

Mr. Don Coyis
Executive Director
White Bison
Colorado Springs, Colorado

Mr. Timothy Crater
Special Representative
Office of Public Affairs
National Association of Evangelicals
Washington, D.C.

Ms. Lynn Curtis
President
Milton Eisenhower Foundation
Washington, D.C.

Mr. John Daigle
Florida Alcohol and Drug Abuse Association
Tallahassee, Florida

Mr. Jon J. Daykin
Executive Director
Operation Results
Seattle, Washington

Mr. George K. Degnon
Executive Vice President
Association of State and
Territorial Health Officials
McLean, Virginia

Mr. Thomas J. Delaney, Jr.
Executive Director
Employee Assistance Professionals
Association, Inc.
Arlington, Virginia

Mr. Robert De Lappe
Director of Corporate Personnel
The Boeing Corporation
Seattle, Washington

Mr. Lee Dogoloff
Executive Director
America Council for Drug Education
Rockville, Maryland

Ms. Joy Dryfoos
Consultant
Hastings on Hudson, New York

Mr. Kenneth Eaton
Executive Director
Alcohol and Drug Problems
Association of North America
Washington, D.C.

Dr. James Emshoff
Department of Psychology
Georgia State University
Atlanta, Georgia

Dr. Mary Jane England
Executive Director
Washington Business Group on Health
Washington, D.C.

Ms. Leticia V. Espaldon
Agana, Guam

Mr. William S. Evans
Director of Community Relations
The Church of Jesus Christ of Latter Day Saints
Salt Lake City, Utah

Ms. Kathryn Feldelson
Associate Director
Connecticut Conference of Municipalities
New Haven, Connecticut

Mr. H. Geoffrey Fisher
Director
National Drug Abuse Council
Washington, D.C.

Ms. Carol G. Giannini
Metropolitan Washington Council
of Governments
Washington, D.C.

Ms. Sherry Harbaugh
Specialist in Family Ministry
Evangelical Lutheran Church in America
Chicago, Illinois

Ms. Jean Hardman
Education Programs Coordinator
Mothers Against Drugs
Shreveport, Louisiana

Rev. Thomas J. Harvey
Executive Director
Catholic Charities USA
Alexandria, Virginia

Mr. Thomas A. Hedrick, Jr.
President
Partnership for a Drug-Free America
New York, New York

Mr. Joe Heiney-Gonzalez
Deputy Director
Catholic Charities USA
Alexandria, Virginia

Mr. Daniel S. Heit
President
Therapeutic Communities of America
Pittsburgh, Pennsylvania

Mr. Basil Henderson
Children of Alcoholics
Washington, D.C.

Mr. Laurence Hewes
President and CEO
Corporation Against Drug Abuse
Washington, D.C.

Mr. Steve Hole
Juneau, Alaska

Ms. Karen Issokson-Silver
Vice President
Partnership for a Drug-Free America
New York, New York

Mr. Jeff Jacobs
American Public Health Association
Washington, D.C.

Mr. Norman O. Johnson
Executive Director
Therapeutic Health Services, Inc.
Seattle, Washington

Mr. Max K. Jones
Christian Church
Disciples of Christ
Fort Worth, Texas

Mr. Timothy Kaiser
Deputy Director
Public Housing Authorities Directors Association
Washington, D.C.

Ms. Jill Kinney
Co-Director
Behavioral Sciences Institute
Homebuilders Division
Federal Way, Washington

Dr. Jerry R. Kirk
President
National Coalition Against Pornography
Cincinnati, Ohio

Mr. Mark A. Kleiman
Harvard University
Cambridge, Massachusetts

Mr. Jeff Kramer
National Treatment Consortium
Washington, D.C.

Mr. Ford Kuramoto
Executive Director
NAPAFASA
Los Angeles, California

Ms. Beverly LaHaye
President
Concerned Women For America
Washington, D.C.

Dr. Timothy LaHaye
President
Family Life Ministries
Washington, D.C.

Dr. Richard Land
Executive Director
Christian Life Commission
Nashville, Tennessee

Mr. John Lee
President
New York Clearinghouse Association

Dr. David Lewis
President, AMERSA
Brown University
Providence, Rhode Island

Ms. Christine Lubinski
National Council on Alcoholism and
Drug Dependency
Washington, D.C.

Ms. Sarah Lynn
American Psychological Association
Washington, D.C.

Appendix E

Ms. Wilma P. Mankiller
Principal Chief
Cherokee Nation
Tahlequah, Oklahoma

Bishop Felton E. May
United Methodist Church
Harrisburg, Pennsylvania

Ms. Charlotte McCullough
Director
Chemical Dependency Initiative
Child Welfare League of America
Washington, D.C.

Dr. Robert S. McGee
President
RAPHA
Houston, Texas

Ms. Sylvia McGee
Executive Director
Drugs: Draw the Line
Seattle, Washington

Mr. William E. Milliken
President
Cities in Schools
Alexandria, Virginia

Mr. Rod Mullen
Executive Director
Amity, Inc.
Tucson, Arizona

Ms. Helen Munoz
National Coalition of Hispanic
Health and Human Services Organizations
Washington, D.C.

Mr. Louis Orr, Jr.
Colville Indian Precision Pine Company
Omak, Washington

Rev. Sean O'Sullivan
Central Office
Catholic Community Services
Miami Shores, Florida

Mr. Norris Palmanteer
Director of Personnel
Colville Tribal Enterprise Corporation
Coulee Dam, Washington

Mr. Mark Parrino
Northeast Methadone Treatment Coalition
New York City, New York

Mr. Gordon Raley
Executive Director
National Assembly of National Voluntary Health
and Social Welfare Organization, Inc.
Washington, D.C.

Dr. Donald R. Rardin
Director
Fremont Counseling Service
Lander, Wyoming

Dr. Richard Rawson
Director
Matrix House
Beverly Hills, California

Dr. Ike Reighard
Senior Pastor
New Hope Baptist Church
Fayetteville, Georgia

Mr. Fleetwood Roberts
National Black Alcoholism Council
Mitchellville, Maryland

Ms. Lori Rogovin
American Association of Counseling
and Development
Washington, D.C.

Ms. Sue Rusche
Executive Director
National Families in Action
Atlanta, Georgia

Mr. Paul Samuels
Legal Action Center
New York, New York

Mr. Abu-Karriem Shabazz
Executive Director
National Association of Black Substance
Abuse Workers, Inc.
New York, New York

Rabbi David Saperstein
Director Religious Action Center
Union of American Hebrew Congregations
Washington, D.C.

Dr. Eric Schaps
President
Developmental Studies Center
San Ramon, California

Ms. Geri Scott
Associate Program Director
Drug and Alcohol Concerns Office
United Methodist Church
Washington, D.C.

Dr. Sidney Shankman
Executive Director
Second Genesis, Inc.
Bethesda, Maryland

Mr. E. Del Smith
E. Del Smith and Company, Inc.
Washington, D.C.

Rev. Fred Smith
Program Manager
PAN Methodist Coalition
Christian Methodist Episcopal Church
Nashville, Tennessee

Dr. Andrea L. Solarz
American Psychological Association
Washington, D.C.

Dr. Andrew Spikard
Vanderbilt University
Nashville, Tennessee

Mr. James H. Strack
President
Jay Strack Association
Dallas, Texas

Ms. Pat Taylor
Center for Science in the Public Interest
Washington, D.C.

Mr. David Tevelin
Executive Director
State Justice Institute
Alexandria, Virginia

Mr. C.C. Torbert, Jr.
Chairman
State Justice Institute
Alexandria, Virginia

Mr. Michael Tretton
Chairman
Drugs: Draw the Line
Seattle, Washington

Ms. Katie True
True Kids Savings Kids
Lancaster, Pennsylvania

Msgr. Bryan O. Walsh
Executive Director
Ministry of Christian Service
Miami Shores, Florida

Ms. Juanita West
South Seattle Neighborhood Association
Seattle, Washington

Mr. James G. Wilson
Malibu, California

Mr. Joe Velasquez
Director
Department of Community Services
AFL-CIO
Washington, D.C.

Ms. Ellen Weber
Legal Action Center
Washington, D.C.

Mr. Leon M. West
Project Director
National Anti-Drug Program
Congress of National Black Churches
Washington, D.C.

Ms. Joy Johnson Willson
National Council of State Legislatures
Washington, D.C.

The following groups and their executive officers, staff, and members have been especially helpful in the formulation of this Strategy:

American Bar Association
American Correctional Association
American Jail Association
American Legislative Exchange Council
Association of State Correctional Administrators

Council of State Governments
Criminal Justice Statistics Association
Fraternal Order of Police
International Association of Chiefs of Police
International City Managers Association
Mothers Against Drunk Driving
National Alliance of State Drug Enforcement Agencies
National Association for the Advancement of Colored People
National Association of Attorneys General
National Association of Counties
National Association of Criminal Justice Planners
National Association of Housing and Redevelopment Officials
National Association of Pre-Trial Services
National Association of Social Workers, Inc.
National Association of State Alcohol and Drug Abuse Directors, Inc.
National Association of State Boards of Education
National Association of Towns and Townships
National Center for Neighborhood Enterprise
National Center for State Courts
National Conference of Chief Justices
National Conference of Juvenile and Family Court Judges
National Conference of State Legislatures
National Council of LaRaza
National Criminal Justice Association
National District Attorneys Association
National Governors Association
National Guard Association
National League of Cities
National Legal Aid and Defender Association
National Organization of Black Law Enforcement Executives
National Sheriffs Association
National Troopers Coalition
National Urban League
Police Executive Research Forum
The Police Foundation
United States Conference of Mayors

Acronyms

ADMS	Alcohol, Drug Abuse, and Mental Health Services
ADNET	Anti-Drug Network
ADP	Automated Data Processing
ATF	Bureau of Alcohol, Tobacco, and Firearms
ATI	Andean Trade Initiative
ATPA	Andean Trade Preferences Act
C3I	Command, Control, Communications, and Intelligence
CDTA	Chemical Diversion and Trafficking Act
CEP	Capacity Expansion Program
CMIR	Currency and Monetary Instrument Reporting
CNC	Counternarcotics Center
CTAC	Counter-Drug Technology Assessment Center
CTR	Currency Transaction Report
DATOS	Drug Abuse Treatment Outcome Study
DAWN	Drug Abuse Warning Network
DEA	Drug Enforcement Administration
DFSCA	Drug-Free Schools and Communities Act
DoD	Department of Defense
DOT	Department of Transportation
EAI	Enterprise for the Americas Initiative
EAP	Employee Assistance Program
EPIC	El Paso Intelligence Center
FATF	Financial Action Task Force
FBI	Federal Bureau of Investigation
FinCEN	Financial Crimes Enforcement Network
FY	Fiscal Year
HIDTA	High Intensity Drug Trafficking Area
HUD	Department of Housing and Urban Development
IBIS	Interagency Border Inspection System
INCSR	International Narcotics Control Strategy Report
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
ITAR	International Traffic in Arms Regulations
IVDU	Intravenous Drug Use
JTF	Joint Task Force
LAAM	Longer-acting Alternative to Methadone
LEA	Local Education Agencies
NADDIS	Narcotics and Dangerous Drugs Information System
NBFI	Nonbank Financial Institutions
NBRF	Northern Border Response Force

NCDPP	National Counter-Drug Planning Process
NDATUS	National Drug Abuse Treatment Unit Survey
NIDA	National Institute on Drug Abuse
NORAD	North American Air Defense Command
OCDETF	Organized Crime Drug Enforcement Task Force
ONDCP	Office of National Drug Control Policy
OPBAT	Operation Bahamas and the Turks and Caicos Islands
OSAP	Office for Substance Abuse Prevention
PDFA	Partnership for a Drug-Free America
PLDCC	Public Lands Drug Control Committee
QRS	Quick Response Survey
TASC	Treatment Alternatives to Street Crime
VA	Department of Veterans Affairs

Index

A

accrediting and outcome standards, 64
Addiction Severity Index, 64
ADMS Block Grant, 35, 37, 57, 59-61, 64, 69, 75
aerostats, 101, 104-105, 170
AFL-CIO, 164
Africa, 111
Agency for International Development, 144, 146,
AIDS, 54, 57, 66, 68-69, 74, 165
air interdiction, 104-105, 170
Albuquerque, New Mexico, 166
alcohol, 10-11, 22, 32, 35, 40-43, 45, 47, 52, 54-55, 57, 60, 65-66, 69-70, 75, 89, 108, 119, 155-157, 162, 165,
Alliance for a Drug-Free Society, 164
alternative sentencing, 112, 123, 125
America 2000, 44
amphetamines, 25
Andean Trade Initiative, 168,
Andean Trade Preferences Act, 83, 168,
Anti-Drug Network, 171,
anti-loitering ordinances, 116
Arizona, 71, 107, 136,
Arms Export Control Act, 108
arrest, 13, 70-71, 81, 86, 90-92, 99, 104-105, 113-114, 119, 121, 126, 140, 173, 175
Artificial Intelligence System, 93
Asia, 11, 83-84, 88
asset forfeiture, 86, 92, 95-96, 133 146, 152
Atlanta, Georgia, 42, 52, 166,
Automated Data Process Working Group, 161

B

Baltimore, Maryland, 166,
barbiturates, 25
Bolivia, 81, 88-89, 168, 170
boot camps, 125, 173
Border Patrol, 101-102, 105-106, 171
Boston, Massachusetts, 116, 166
Boys Clubs, 54-55,
Brazil, 83
budget authority, 44, 141, 144-145
Bureau of Alcohol, Tobacco, and Firearms, 89-90, 108, 119, 145-146,
Bureau of Justice Assistance, 72, 124, 127, 174

C

C3I, 102, 171,
California, 87, 107, 119, 124, 126, 131-136, 166
Campus Treatment Demonstration Projects, 57
Canada, 105
Capacity Expansion Program, 6, 8, 56-57, 59-61,
cargo containers, 106, 170-171
Caribbean, 97, 105, 110, 168, 170
Caribbean Drug Money Conference, 97
Carrier Initiative, 106
Cartagena, 89
Central Intelligence Agency, 146,
Chemical Action Task Force, 88
Chemical Control Statute, 150
Chemical Diversion and Trafficking Act, 87, 170
chemicals, 81-82, 85, 87-88, 105, 108-109, 142, 150, 170

China, 83-84
clandestine labs, 78, 85, 87, 89,
118, 150, 170
clearinghouse, 54, 126, 162,
Coast Guard, 86, 101-102,
104-106, 145-146
cocaine, 1, 4, 17-29, 33, 40, 71,
74, 81-83, 87-89, 99, 101-102,
106-111, 162, 167, 170-171
colleges: *see* Institutions of Higher
Education
Colombia, 81, 88-89, 168, 170
commercial transportation, 50
Communications Interoperability
Working Group, 161
community partnerships, 35-37,
162
community policing, 115-117
community service, 154, 157
conspiracy statutes, 150
Continuing Criminal Enterprise,
151
Contraband Detection Working
Group, 161
Cook County, Illinois, 121
core organizations, 79-80
Council of Europe, 96
Counter-Drug Technology
Assessment Center, 103, 172
counterfeit substances, 150
Counternarcotics Center, 175,
courts, 72, 116, 121-122, 126,
139, 173
Criminal Justice Grants, 117
Criminal Referral Database, 92
Crisis Area Grants, 60: *see also*
Target Cities
Critical Populations Grants, 57,
166
Currency and Monetary
Instrument Reporting, 94,
Currency Transaction Reports, 93
current adolescent alcohol use, 22
current adolescent cocaine use,
21-22
current adolescent drug use, 15-16
current overall drug use, 14-15

Customs, 87, 89, 94, 101-102,
104-108, 145-146, 170-172,
174

D

dangerous drugs, 23-26, 175
Data Committee, 161
Declaration of Cartagena, 89
Demand Reduction Working
Group, 160
Denial of Federal Benefits, 126,
173
Department of Defense, 101-105,
107, 110, 144, 146, 169-171,
173, 175-176
Department of Education, 35, 45,
53, 144, 146, 162-163
Department of Health and
Human Services, 23, 35, 40, 44,
72, 144, 146
Department of Housing and Urban
Development, 35, 146, 163
Department of Justice, 117, 132,
144-146, 173
Department of Labor, 52, 145-146,
Department of State, 105, 110,
145-146, 172
Department of the Interior, 144,
146
Department of the Treasury, 91,
94, 132, 145-146, 174
Department of Transportation, 50,
145-146, 155
Department of Veterans Affairs,
40, 62, 145-146, 165
designer drugs, 150
detecting and monitoring, 104, 171
Detection and Monitoring Working
Group, 161
District of Columbia, 58, 86
Domestic Cannabis
Eradication/Suppression
Program, 90-91
domestic marijuana production,
26-27

driving privileges, 154
 Drug Abuse Treatment Outcome Study, 76, 167
 Drug Abuse Warning Network, 1, 23, 75
 drug availability, 24-26, 73
 drug court, 121
 Drug Elimination Grants, 38, 163
 Drug Emergency Grants, 6, 8, 35
 Drug Enforcement Administration, 83-84, 89-90, 93, 101, 106-107, 110, 118-119, 131, 144, 146, 150, 169-170, 175-176
 Drug-Free School Zone, 47, 120, 151
 Drug-Free Schools and Communities Act, 35, 37, 42, 44-45, 47
 Drug-Free Workplace Act, 50
 drug paraphernalia, 120, 150
 drug-related medical emergencies, 23
 Drug Services Research Survey, 75, 167
 drug testing, 43, 49-52, 65, 70, 72, 112, 126-127, 154-155, 166-167
 Drug Use Forecasting, 75

E

Economic Summit, 97
 Ecuador, 83, 88, 168, 170
 electronic monitoring, 173
 Emergency Child Abuse Prevention Program, 39
 Employee Assistance Program, 49, 51-52
 employment, 38, 48, 64, 66, 120, 124, 156, 163
 Enterprise for the Americas Initiative, 83, 168
 El Paso Intelligence Center, 102-103, 175-176
 eradication, 26, 81, 85, 90, 167, 169

essential chemicals: *see* Chemicals
 Europe, 88, 96-97, 109
 Executive Order 12564, 49
 Export Administration Act, 108

F

false identification, 156-157
 Federal Aviation Administration, 105, 145-146
 Federal benefits: *see* Denial
 Federal Bureau of Investigation, 107, 116, 131, 176
 Federal Highway Aid Act, 155
 Federal Interagency Task Force on Anabolic Steroids, 48
 Federal resource priorities, 139
 Federal workplace, 49
 Financial Action Task Force, 96-97
 FinCEN, 91-93, 145, 174
 firearms: *see* Munitions
 Florida, 87, 107, 116, 131-133, 135-136
 Fort Lauderdale, Florida, 116
 4-H, 36
 frequent cocaine use, 18-20

G

gangs, 114, 118-119, 133, 135
 gateway, 43, 155
 Girls Clubs, 54-55
 Georgia, 42, 52, 166
 Guatemala, 110-111
 Gun Control Act, 108

H

halfway houses, 154
 hashish, 23, 106-107
 Hawaii, 90, 169
 Head Start, 38-39, 44, 47
 heroin, 4, 11, 23-26, 74, 78, 83-84, 87, 89, 101, 106-107, 111, 135, 167, 170

High Intensity Drug Trafficking Area, 87, 92, 107, 131-136, 160, 183
 high-risk youth, 35, 40, 54, 163
 High School Senior Survey, 24-25, 27, 75
 Higher Education Act, 47
 homeless, 34, 40, 59-60, 62, 166
 Hong Kong, 84
 house arrest, 173
 Household Survey, 1, 4, 14-15, 17-18, 21-22, 25, 50, 75, 162
 Houston, Texas, 87, 97, 131-133, 135-136

I

Identification, false, 156-157
 Illinois, 121
 imitation substances, 151
 Immigration and Naturalization Service, 106, 144, 146
 immigration laws, 175
 Institute of Medicine, 63
 institutions of higher education, 32, 34, 40, 45, 47, 151, 156, 163
 insurance, 48, 63
 Intelligence Coordination Center, 102
 intelligence, 3, 11, 27, 80, 83-84, 91-93, 98, 101-103, 105, 107, 109, 111, 113, 115, 131, 133-135, 141-142, 146, 161, 170, 174-176
 intensive probation supervision, 154, 173
 Interagency Assessment of Cocaine Movement, 101-102
 Interagency Border Inspection System, 172
 interdiction: *see* Air, Land, and Maritime
 intermediate punishments, 153, 173
 Internal Revenue Service, 86, 93, 145-146, 174

international demand reduction, 84-85, 159, 161
 International Narcotics Information Network, 85
 International Traffic in Arms Regulations, 89-90
 INTERPOL, 144, 146
 intravenous drug users, 54, 67-69, 74, 165-166
 investigation, 42, 80, 83, 86, 91-93, 95, 105, 111, 113-114, 119, 121, 131-133, 144, 146, 174-175

J

jails, 122, 151, 174
 Jamaica, 118
 Japan, 84
 Job Corps, 66, 165
 Job Training Partnership Act, 66
 Joint Drug Intelligence Group, 135
 Joint Regional Drug Intelligence Squads, 176
 Joint Surveillance Systems, 170
 Joint Task Forces, 102, 171

L

labs: *see* Clandestine Labs
 land interdiction, 105, 171
 landlords, 150
 law enforcement, 1, 3, 6, 8, 10-11, 26-27, 34, 36-38, 47, 71, 79-81, 84, 86-87, 89-92, 96, 98, 101-104, 107-108, 111-115, 117-119, 131-135, 139, 145-146, 149, 152, 160, 162, 168-169, 171-172, 174-176, 181
 legislation, 6, 39, 41, 43, 47, 50-51, 61, 64, 87-88, 91, 93, 95, 119-120, 127, 149, 154-155, 157, 174
 licenses: *see* Occupational Licenses

local organizations, 80
 loitering: *see* Anti-Loitering
 Los Angeles, California, 87,
 131-136, 166
 LSD, 23, 25

M

Mafia: *see* Sicilian Mafia
 Maine, 64
 Maintenance of Effort, 61
 Malaysia, 84
 managed care, 63
 mandatory minimum sentences,
 151
 marijuana, 4, 23-29, 40, 45, 71,
 78, 90, 99, 110, 118, 169
 maritime interdiction, 104-105
 Maryland, 166
 Massachusetts, 116, 166
 mass transit, 43, 50
 maternal drug use, 6, 32, 54, 59,
 62, 67-68, 143, 163, 167
 Medicaid, 70
 Medical Research Committee, 161
 medications, 74, 167
 methadone, 74, 76, 167, 202, 204
 Metropolitan HIDTA Committee,
 132, 160
 Mexico, 83, 107, 110, 136, 169
 Miami, Florida, 87, 107, 131-133,
 135-136
 Micronesia, 58
 Milwaukee, Wisconsin, 166
 Missouri's 100, 36
 Model Asset Seizure and Forfeiture
 Act, 152
 Model Drug Paraphernalia Act,
 120, 150
 money laundering, 79, 91-93,
 95-97, 108, 117, 133, 135,
 142, 150, 174
 Multi-Agency Financial
 Investigations Center, 92
 munitions, 78, 89-90, 105, 108,
 112, 118-119, 145-146, 169,
 171

Mutual Legal Assistance Treaties,
 84, 96

N

Narcotics and Dangerous Drugs
 Information System, 175
 National Counter-Drug Planning
 Process, 101, 171
 National Drug Abuse Treatment
 Unit Survey, 75
 National Drug Control Budget
 Summary, 144-145
 National Drug Control Program
 Agencies, 142-143, 146, 160,
 179
 National Drug Control Strategy
 Implementation Act, 104
 National Drug Intelligence Center,
 115, 176
 National Families in Action, 42,
 National Guard, 90, 106-107,
 169-170
 National Household Survey on
 Drug Abuse, 1, 14-15, 17-18,
 21-22, 25, 50, 75, 162
 National Information Management
 and Communications
 Architecture Master Plan, 176
 National Institute of Corrections,
 123-124
 National Institute of Justice, 126,
 174
 National Minimum Drinking Age
 Act, 155
 National School Safety Center, 119
 National Volunteer Training
 Center, 38, 164
 New Jersey, 62, 136
 New Mexico, 107, 136, 166
 New York, 11, 54-55, 84, 86-87,
 131-136, 166
 Nigeria, 83, 111
 nonbank financial institutions,
 94-95, 97
 North American Air Defense
 Command, 102

Northern Border Response Force, 110
 Nuclear Regulatory Commission, 50

O

occasional cocaine use, 17-18
 occupational licenses, 120, 154
 OPBAT, 110
 Operation Alliance, 107, 133, 171
 Operation Cadence, 110
 Operation CHEMCON, 87, 108
 Operation Clean Sweep, 39
 Operation EXODUS, 89
 Operation Wipeout, 90, 169
 opium, 11, 169
 Oregon, 36, 64, 126
 Oregon Together, 36
 Organization of American States, 85, 88, 90, 97
 Organizations: *see* Core, Local, and Secondary
 Organized Crime Drug Enforcement Task Forces, 86, 92, 133, 145, 146
 outcome and accrediting standards, 64

P-Q

Panama, 88, 170
 paraphernalia, 120, 150
 Partnership for a Drug-Free America, 33, 48, 53, 164
 PCP, 25
 Peru, 81, 88-89, 168, 170
 Points of Light, 164
 ports of entry, 87, 105-106, 108, 135, 171-172
 precursor chemicals: *see* Chemicals
 Precursor Chemical Control Statute, 150
 pregnant women: *see* Maternal Drug Use

President's Drug Advisory Council, 37, 51, 164
 prevention, 1, 3-4, 6, 8-11, 27, 32-45, 47-48, 53-55, 58, 63, 65-66, 68, 72-73, 75-76, 84-85, 119, 142-143, 154, 161-164
 prevention in the community, 36
 prevention in the schools, 44
 prevention in the workplace, 48, 54
 primary health care, 65
 Prison Industry Enhancement, 124
 prisons, 72, 122-125, 139-140, 144, 146, 151, 166, 174
 private insurance, 63
 Project Achilles, 119
 Project SAFE, 36
 Project Triggerlock, 119
 prosecution, 71, 80, 90, 92, 95, 112-114, 119-122, 150-151, 174
 public housing, 32, 35-36, 38-39, 53-55, 59, 120, 154, 163, 166, 180
 Public Land Drug Control Committee, 160
 Puerto Rico, 58, 104-105, 166, 170
 Quick Response Survey, 76, 205

R

RADAR network, 55
 research, 3, 9, 36, 48, 52-56, 60-61, 65, 67-68, 73-76, 84-85, 90, 98, 101, 103, 106, 119, 126, 132-133, 141-142, 144, 146, 160-161, 163, 167-168, 172
 Research and Development Committee, 160-161
 Residential Demonstration Grants for Women/Children, 60
 resource priorities, 139
 Rhode Island, 126
 root causes, 2
 runaways, 34, 40, 54

S

San Juan, Puerto Rico, 166
 San Luis Obispo, California, 124
 schools, 1, 9, 32-35, 37-38, 40, 42, 44, 47-48, 53, 55, 89, 119, 140, 151, 162, 181
 Science and Technology Committee, 161, 172
 secondary organizations, 79-80, 85
 Senior Survey, 24-25, 27, 75
 Sensor and Surveillance Working Group, 161
 sentences: *see* Mandatory Minimum Sentences
 Sicilian Mafia, 83
 Small Business Administration, 52, 145-146
 small businesses, 34, 52
 Southern California Drug Task Force, 135
 Southwest Border, 87, 107, 131-136, 160, 171, 176
 Southwest Border Committee, 132
 Special Projects Working Group, 161
 State and Local Task Forces, 118
 State benefits, 154
 State legislation, 119, 149
 State Systems Development Program, 63
 State Treatment and Prevention Plans, 54, 63, 65-67, 69, 72
 steroids, 32, 48
 street dealer, 8, 10, 113-127
 Student Assistance Program, 54-55
 student attitudes, 27
 Supply Reduction Working Group, 160

T

Tactical Operations Support Working Group, 161
 Target Cities, 39, 57, 166: *see also* Crisis Areas

TASC, 71-72
 Technology Coordination Working Group, 161
 Texas, 62, 87, 97, 107, 126, 131-133, 135-136, 171
 Thailand, 84, 107
 tobacco, 32, 43, 89, 108, 119, 145-146, 155-157
 Tracking and Surveillance Working Group, 161
 tranquilizers, 25
 transshipment, 98, 105, 108, 110-111
 Treatment Campus, 62, 165
 treatment capacity, 3, 9, 57-63, 69, 72
 Treatment Improvement Grants, 60
 treatment staff, 65
 Turks and Caicos Islands, 110, 169

U

U.S. Attorneys, 86, 119, 144, 146
 U.S. Information Agency, 145-146
 U.S. Marshals Service, 119, 144, 146
 UNICOR, 124
 Unified National Drug Index System, 115, 175
 Uniform Controlled Substances Act, 95
 unit management, 125
 United Nations, 85, 88, 96
 United Way of America, 36
 universities: *see* Institutions of Higher Education
 user accountability, 2, 32, 36, 71, 126, 139, 153, 180
 user fees, 154

V

Venezuela, 83, 107
 veterans, 38, 61-62, 164-165

Virgin Islands, 58, 104-105, 170,
Voice of America, 85
volunteers, 38, 122, 164

W

Washington, 116
weapons: *see* Munitions
Weed and Seed, 8, 117, 145
wiretap statutes, 150
Wisconsin, 166
workplace, 1, 9, 32, 34-35, 48-52,
54, 62, 141, 154-155, 161, 179,
WORLDNET, 85

Y

Yakima, Washington, 116
YMCA/YWCA, 37
Youth Gang Prevention Program,
119

Superintendent of Documents Publications Order Form

Order Processing Code:

*6182

Charge your order.
It's Easy!



YES, please send me the following publication:

To fax your orders (202) 512-2250

_____ copies of **1992 NATIONAL DRUG CONTROL STRATEGY**, S/N 040-000-00568 at \$12.00 each.

The total cost of my order is \$_____. International customers please add 25%. Prices include regular domestic postage and handling and are subject to change.

(Company or Personal Name) (Please type or print)

(Additional address/attention line)

(Street address)

(City, State, ZIP Code)

(Daytime phone including area code)

(Purchase Order No.)

May we make your name/address available to other mailers? **YES** **NO**

Please Choose Method of Payment:

Check Payable to the Superintendent of Documents

GPO Deposit Account -

VISA or MasterCard Account

(Credit card expiration date)

**Thank you for
your order!**

(Authorizing Signature)

1/92

Mail To: New Orders, Superintendent of Documents
P.O. Box 371954, Pittsburgh, PA 15250-7954

ISBN 0-16-036053-6



90000



9 780160 360534

Office of National Drug Control Policy
Executive Office of the President
Washington, D.C. 20500