

**Office of National Drug Control Policy
Agency Accomplishments
and Significant Actions
January 1993 - December 2000**



EXX

Office of National Drug Control Policy

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Foreword

This document, *Office of National Drug Control Policy Accomplishments and Significant Actions; January 1993 – January 2001*, summarizes the major activities of the Office of National Drug Control Policy (ONDCP) under its two directors, Dr. Lee Brown and General (USA, Ret.) Barry McCaffrey, during two terms of the Clinton-Gore administration.

The purpose of this document is to inform scholars about primary source materials that describe our agency's efforts to discharge the congressional mandate of coordinating all aspects of the national drug control strategy. This report chronicles the major initiatives, decisions, achievements, and challenges that occurred in federal drug prevention, treatment, law enforcement, interdiction, and international programs over the past eight years.

At the outset of the Clinton-Gore term in 1993, ONDCP was a relatively small agency. Thereafter, our coordinating authority was expanded through executive order and legislation. This augmentation was confirmed by Congress through reauthorization of ONDCP in 1998. Major agency accomplishments over the past eight years include:

- Establishing consensus that we need a comprehensive response – in terms of prevention, treatment, law enforcement, interdiction, and international cooperation – to address the problem of substance abuse, which costs America 52,000 drug-related deaths and a hundred billion dollars each year.
- Reversing the trend of increasing adolescent drug use, which began in 1992.
- Reducing the social stigma associated with drug treatment.
- Expanding alternatives to incarceration for non-violent drug-law offenders.
- Broadening cooperation with key drug transit and source countries like Colombia, Mexico, and Thailand.
- Developing multilateral and regional anti-drug strategies in conjunction with other nations and international organizations.
- Ensuring accountability of federal drug-control programs through a rigorous system of performance measures of effectiveness.

Many drug-control challenges remain as a new administration takes office in 2001. We are confident that the comprehensive *National Drug Control Strategy* – which was developed over the past eight years with the input of Congress, governors, mayors, non-governmental organizations, scientists, health professionals, public-safety officials, and committed citizens – provides a plan of action that can yield a 50 percent reduction in national drug-use rates and commensurate declines in the consequences of drug abuse.



Barry R. McCaffrey
Director
Office of National Drug Control Policy

AGENCY ACCOMPLISHMENTS AND SIGNIFICANT ACTIONS
JANUARY 1993 TO DECEMBER 2000

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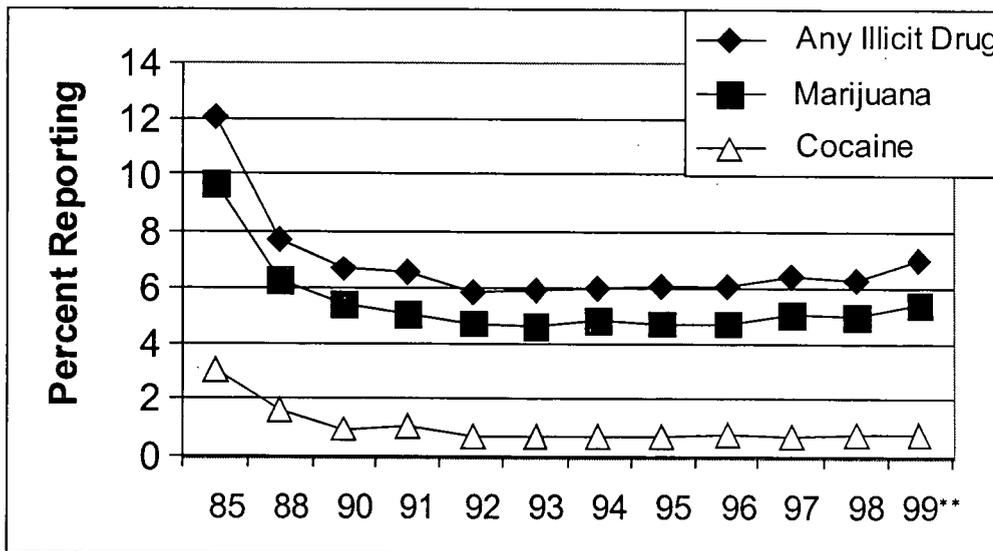
SECTION I

AMERICA'S DRUG USE PROFILE: 1993 – 2000

TRENDS IN CURRENT DRUG USE RATES

Drug use rates were relatively stable between 1992 and 1999 (Figure 1). Most year-to-year changes were statistically nonsignificant. An estimated 14.8 million Americans 12 years of age and older were current users of any illegal drug in 1999.* Drug use reached peak levels in 1979 when 14.1 percent of the population age 12 and over were current users. This figure declined substantially between 1985 and 1992, from 12.1 percent to 5.8 percent who were current users. Current use rates increased from 5.8 percent in 1992 to 6.1 percent in 1996. Since 1996 the number of current users remained steady, year-to-year changes being not statistically significant. An estimated 3.6 million people met diagnostic criteria for dependence on illegal drugs in 1999, including 1.1 almost 800 thousand youths between the ages of 12 and 17.¹

Figure 1: Percentage of U.S. Population Aged 12 and Older Reporting Past Month Drug Use



Source: 1999 National Household Survey on Drug Abuse, Aug. 2000

Drug use affects all Americans. More than half of our citizens (53 percent) say their concern about drug use has increased over the past five years; alarm is growing most in minority and low-income communities.² In 1999, a study by the National League of Cities cited use of illegal drugs, alcohol, and tobacco among youth as one of the top threats to America in the new millennium.³ Even citizens who do not come into contact with illegal drug users share the burden of drug abuse. All of us pay the toll in the form of higher health-care costs, dangerous neighborhoods, and an overcrowded criminal justice system.

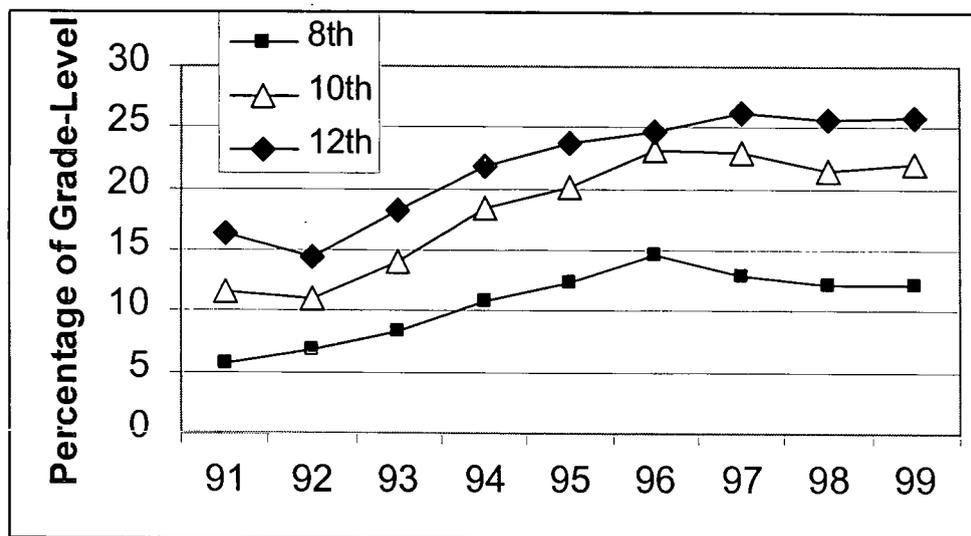
* Current use is defined as consumption of a controlled substance at least once within the previous thirty days.

** Paper and pencil instrument.

YOUTH DRUG USE TRENDS

Adolescent drug use rates began to rise in 1993. The *Monitoring the Future* (MTF) survey first found evidence of increased use of marijuana among eight graders and peaked in 1996. Among 8th, 10th and 12th grader, current use of any illicit drug rose steadily from 1992 to 1996 and 1997, when drug use rates flattened out (Figure 2).

Figure 2: Percentage of 8th, 10th, and 12th Graders Reporting Past Month Use of Any Illicit Drug



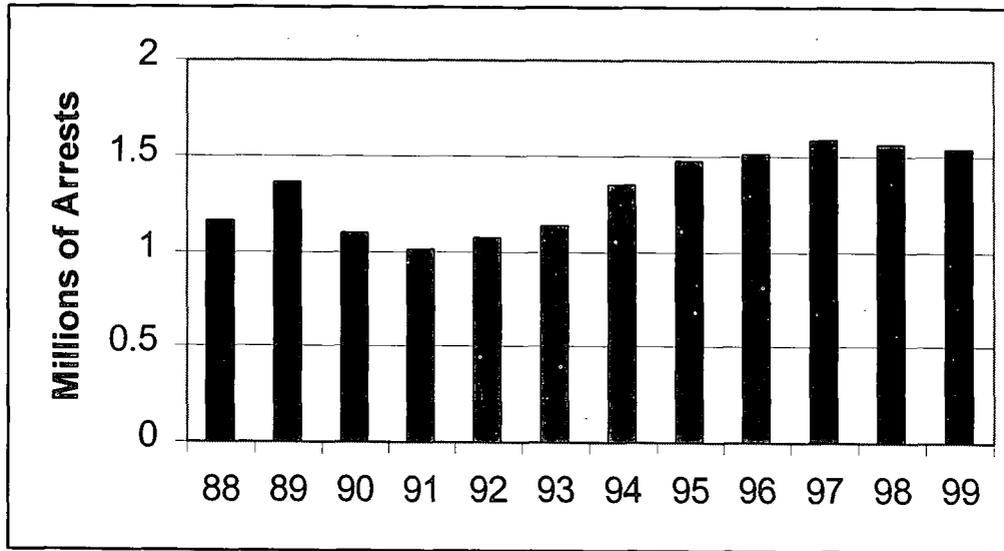
Source: 1999 Monitoring the Future Study

Drug use by adolescents as measured by the NHSDA also increased through 1997. Over the past two years, significant progress was made in addressing this problem, with drug use by 12-17 year olds declining by 21 percent between 1997 and 1999. Nine percent of youth age 12 to 17 reported current use of an illegal drug in 1999 – a 21 percent decrease from 11.4 percent in 1997. For the age group between 18 to 25 years of age, current use of any illegal drug has been rising since 1992 and currently stands at 18.8 percent. This increase reflects the maturing of youth that experienced greater drug-use rates between 1992 and 1996. General changes in drug use are closely linked to marijuana use rates – the most frequently used illegal drug.

DRUG RELATED ARRESTS

Arrests for drug-abuse violations increased between 1992 and 1997 before leveling off (Figure 3). The National Institute of Justice's (NIJ's) Arrestee Drug Abuse Monitoring (ADAM) drug-testing program reports that anywhere from 50 percent to 77 percent of adult males arrested for all offenses in 34 cities across the country in 1999 had tested positive for illegal drugs at the time of booking. Marijuana is the drug most frequently detected in the majority of cities, although cocaine exceeded marijuana in 10 cities. Multiple drug use remains a major problem among arrestees.

Figure 3: Arrests for Violation of Narcotic Drug Laws

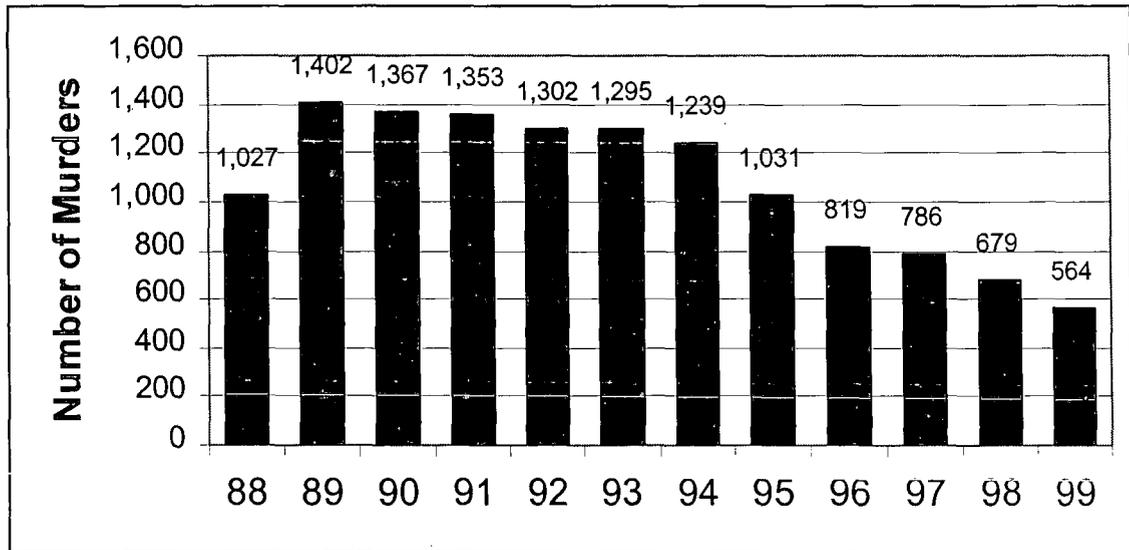


Source: Uniform Crime Reports, FBI, 2000

DRUG RELATED MURDERS

National crime rates in general declined between 1992 and 2000. Many crimes like murder, assault, prostitution, and robbery are often committed under the influence of drugs and alcohol or may be motivated by a need to obtain money for drugs. Substance abuse is frequently a contributing factor in family violence, sexual assaults, and child abuse. Reflecting plunging national crime rates, drug related murders also declined since 1992 (Figure 4).

Figure 4: Murders Related to Narcotic Drug Laws

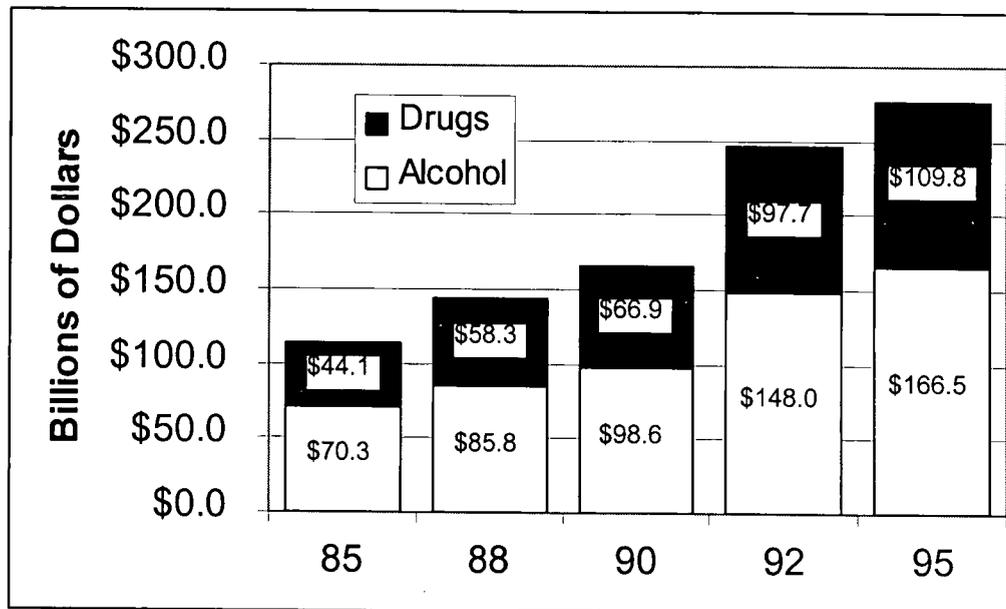


Source: Uniform Crime Reports, FBI, 2000

ECONOMIC COSTS OF ALCOHOL AND DRUG ABUSE

Illegal drugs exact a staggering cost on American society, and those costs increased over the past decade. In 1995, they accounted for an estimated \$110 billion in expenses and lost revenue.⁴ This burden is shared by all of society, directly or indirectly. Tax dollars pay for increased law enforcement, incarceration, and treatment. Health-care expenditures due to drug abuse cost America \$9.9 billion in 1992 and \$11.9 billion in 1995. Lost earnings comprise the largest portion of costs to society due to drug abuse, primarily due to premature deaths, impaired productivity, incarceration, and crime victimization, which accounted for \$69 billion in 1992 and \$78 billion in 1995.⁵

Figure 5: Economic Costs of alcohol and drug abuse

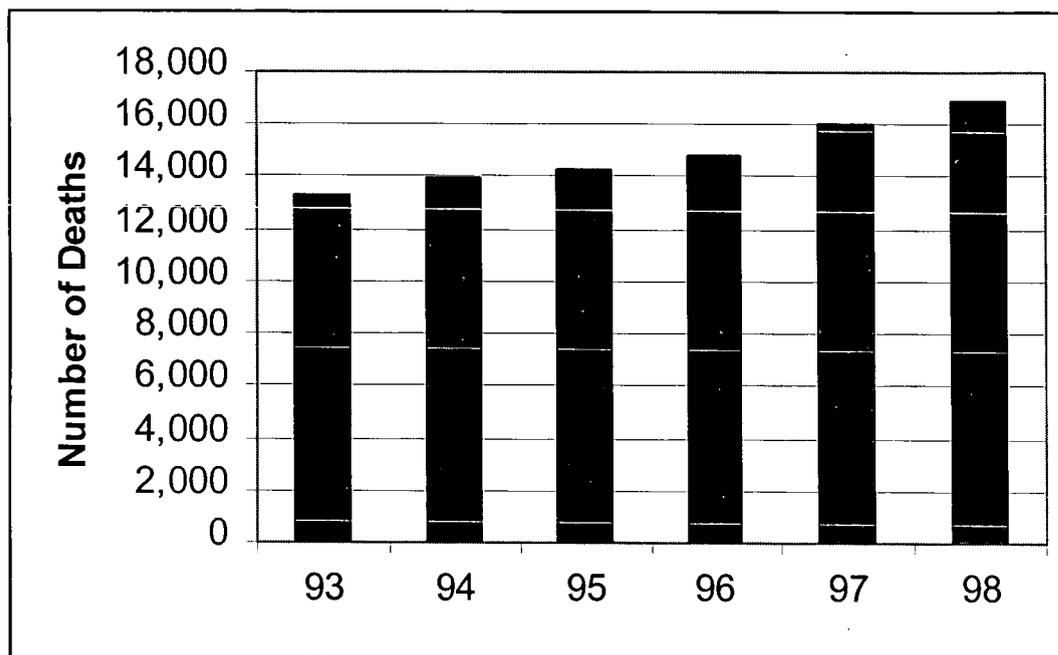


Sources: Rice et al. 1990; Robert Wood Johnson Foundation, 1993; National Institute on Drug Abuse & National Institute on Alcohol Abuse and Alcoholism, March 1998

DRUG-INDUCED DEATHS THROUGHOUT THE 1990s

Illegal drug use is responsible for the deaths of thousands of Americans annually. In 1998, the latest year for which death certificate data are published, there were 16,926 drug-induced deaths in America.⁶ Drug-induced deaths result directly from drug consumption, primarily overdose.* In addition, other causes of death, such as HIV/AIDS, are partially due to drug abuse. Using a methodology that incorporates deaths from other drug-related causes, ONDCP estimates that in 1995 there were 52,624 drug-related deaths.** This figure includes 14,218 drug-induced deaths for that year, plus deaths from drug-related causes. SAMHSA's Drug Abuse Warning Network (DAWN) also collects data on drug-related deaths from medical examiners in forty-one major metropolitan areas. DAWN found that drug-related deaths have steadily climbed throughout the 1990s,⁷ consistent with the nationwide trend in drug-induced deaths (Figure 6).

Figure 6: Number of Drug-Induced Deaths



Source: S. L. Murphy, "Deaths: Final Data for 1998," National Vital Statistics Reports, Vol. 48, No. 11, 2000.

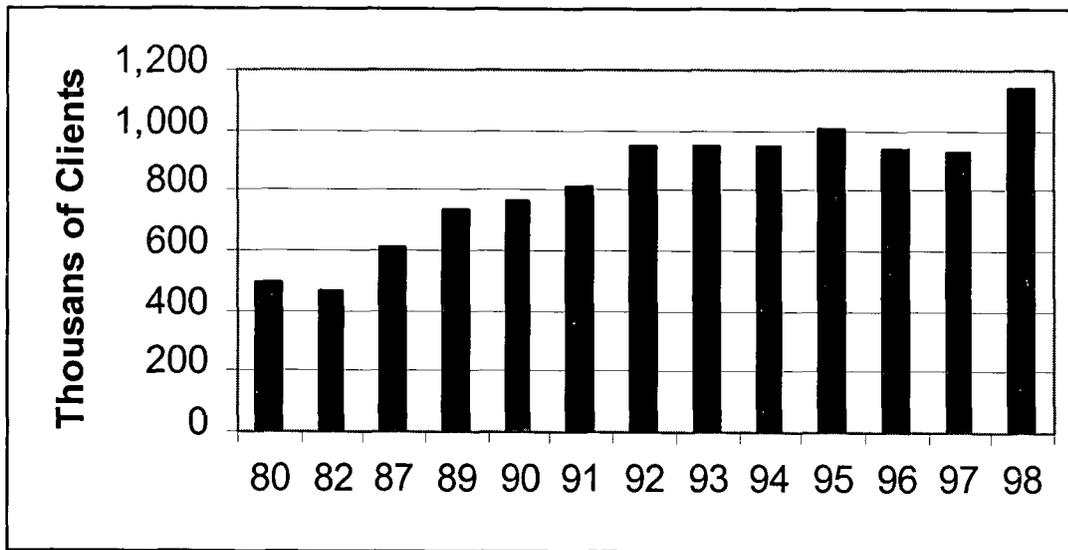
* Overdose deaths, including accidental and intentional drug poisoning, accounted for 90 percent of drug-induced mortalities in 1995. Other drug-induced causes of death involved drug psychoses, drug dependence, and nondependent use of drugs.

** Based on a review of the scientific literature, 32 percent of HIV/AIDS deaths were drug-related and included in the estimate of drug-related deaths. The following were also counted: 4.5 percent of deaths from tuberculosis, 30 percent of deaths from hepatitis B; 20 percent of deaths from hepatitis non-A/non-B; 14 percent of deaths from endocarditis; and 10 percent of deaths from motor vehicle accidents, suicide (other than by drug poisoning), homicide, and other deaths caused by injuries.

THE NUMBER OF AMERICANS IN TREATMENT SINCE 1992

Despite the steady increase in the number of Americans receiving drug treatment, a significant treatment gap – defined as the difference between individuals who would benefit from treatment and those receiving it – still exists. According to recent estimates drawn from the National Household Survey on Drug Abuse (NHSDA), the Uniform Facility Data Set (UFDS), and other sources, approximately five million drug users needed treatment in 1998 while 2.1 million received it. Limited funding for substance-abuse treatment is a major factor that restricts the availability of treatment. Over the last decade, spending on substance-abuse prevention and treatment rose to an estimated annual level of \$12.6 billion. Of this amount, public spending is estimated at \$7.6 billion.

Figure 7: One-day Census of Active Clients in Specialty Treatment for Drugs and Alcohol

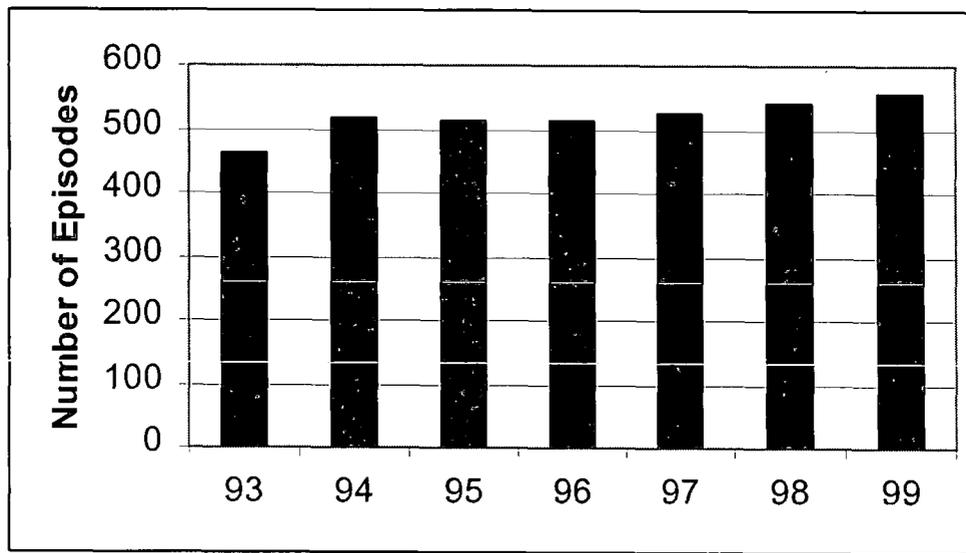


Source: Uniform Facility Data Set, DHHS/SAMHSA, 1995-98

HOSPITAL EMERGENCY ROOM MENTIONS

More than two thirds of people suffering from addiction see a primary-care or urgent-care physician every six months, and many others are seen regularly by medical specialists.⁸ The Drug Abuse Warning Network,⁹ which monitors drug abuse among persons treated at hospital emergency rooms, found that emergency department drug episodes increased from 432,493 in 1992 to 554,932 in 1999. Among the drugs mentioned most frequently in emergency department reports were alcohol in combination with drugs, cocaine, and heroin/morphine. Marijuana/hashish mentions increased throughout the 1990s, surpassing heroin mentions in 1999.

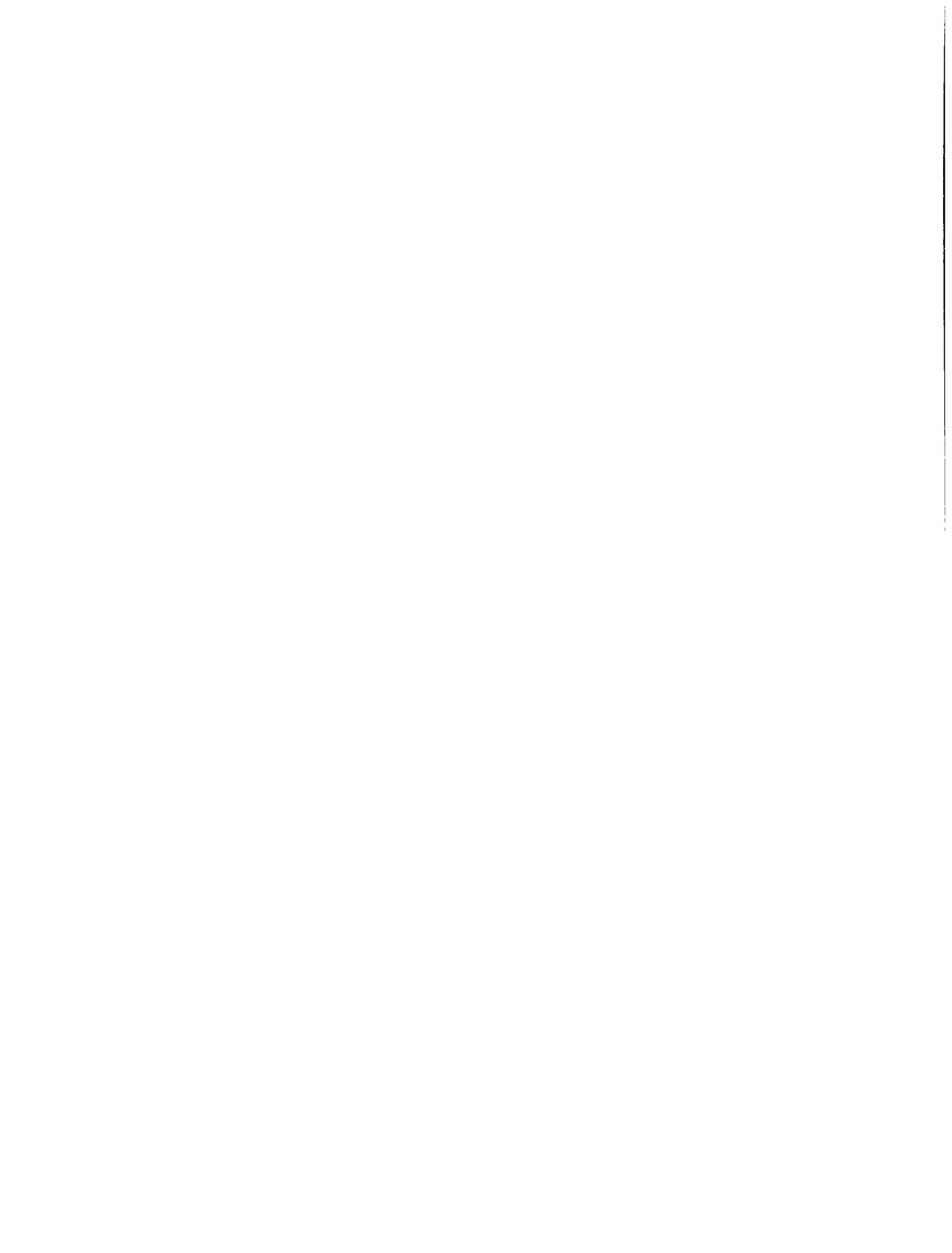
Figure 8: Total Drug-Related Emergency Department Episodes, 1993-1999



Source: 1999 Drug Abuse Warning Network (DAWN), SAHMSA, 2000

ENDNOTES

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- ¹ SAMHSA, Office of Applied Studies, *Summary of Findings from the 1999 National Household Survey on Drug Abuse* (No. SMA00-3466), 2000, p. 5.
- ² The Gallup Organization, *Consultation with America: A Look at How Americans View the Country's Drug Problem, Final Report*, November 22, 1999.
- ³ National League of Cities, National School Boards Association, Joe DiMaggio Children's Hospital and Youth Crime Watch, *Ten Critical Threats to America's Children: Warning Signs for the Next Millennium*, November 1999, p. 13.
- ⁴ NIDA, National Institute on Alcohol Abuse and Alcoholism, *The Economic Costs of Alcohol and Drug Abuse in the United States, 1992*, <http://www.nida.nih.gov/EconomicCosts/Chapter1.html#1.10>, January 11, 2000.
- ⁵ Ibid, <http://www.nida.nih.gov/EconomicCosts/Chapter1.html#1.2>, January 23, 2000.
- ⁶ Murphy, S.L., "Deaths: Final Data for 1998," *National Vital Statistics Report*, Vol. 48, No. 11, 2000.
- ⁷ SAMHSA, Office of Applied Studies, *Drug Abuse Warning Network Annual Medical Examiner Data 1998*, p. 50.
- ⁸ Leshner, Alan, "Science-Based Views of Drug Addiction and its Treatment," *Journal of the American Medical Association*, October 13, 1999, <http://jama.ama-assn.org/issues/v282n14/full/jct90020.html>, January 27, 2000.
- ⁹ SAMHSA, Office of Applied Studies, *Year-End 1999 Emergency Department Data from the Drug Abuse Warning Network* (SMA 00-346), 2000.



SECTION II

THE STATUTORY BASIS FOR FEDERAL DRUG CONTROL POLICY

REVIEW OF AUTHORITIES AND LAWS THAT ESTABLISH FEDERAL DRUG CONTROL POLICY¹

Drug abuse inflicts considerable damage on the American people. Each year, abuse of illegal drugs causes more than fifty thousand drug-related deaths. The annual costs to American society of drug use exceed one hundred billion dollars. A national problem, it demands a comprehensive solution involving not only federal programs but also efforts on the part of states, counties, cities, communities, families, civic groups, coalitions, and other organizations. The federal government has responded to drug abuse and trafficking with the following laws and executive orders:

- **The Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970** provided an effective approach to the regulation, manufacture, and distribution of narcotics, stimulants, depressants, hallucinogens, anabolic steroids, and chemicals used in the production of controlled substances.
- **The Comprehensive Crime Control Act of 1984** and other statutes passed by the 98th Congress reformed the bail and sentencing laws applicable to drug trafficking and other crimes, created a new offense with an enhanced penalty for distributing drugs near schools, and revised civil and criminal forfeiture laws.
- **The Anti-Drug Abuse Act of 1986** enhanced penalties for drug trafficking. It also created a new offense with an enhanced penalty for using a juvenile to commit a drug offense, amended the forfeiture laws, proscribed trafficking in controlled substance “analogues” (sometimes referred to as “designer” drug), created money laundering offenses, and proscribed use of interstate commerce to distribute drug paraphernalia.
- **Executive Order No. 12564 (1986)** made refraining from illegal drug use a condition of employment for all federal employees. This order required every federal agency to develop a comprehensive drug-free workplace program.
- **The Anti-Drug Abuse Act of 1988** established as a policy goal the creation of a drug-free America. A key provision of the Act is the establishment of the Office of National Drug Control Policy (ONDCP) to set priorities, implement a national strategy, and certify federal drug control budgets. The law specified that the strategy must be comprehensive and research-based; contain long-range goals and measurable objectives; and seek to reduce drug abuse, trafficking, and their consequences. Specifically, drug abuse is to be curbed by preventing youth from using illegal drugs, reducing the number of users, and decreasing drug availability.
- **Executive Order No. 12880 (1993) and Executive Orders Nos. 12992 and 13023 (1996)** assign ONDCP responsibility within the executive branch of government for leading drug control policy and developing an outcome-measurement system. The executive orders also chartered the President’s Drug Policy Council and established the ONDCP Director as the President’s chief spokesman for drug control.

- **The Violent Crime Control and Law Enforcement Act of 1994** extended ONDCP's mission to assessing budgets and resources related to the National Drug Control Strategy. It also established specific reporting requirements in the areas of drug use, availability, consequences, and treatment.
- **P.L. 105-20, The Drug Free Communities Act, 1997**, established the Drug-Free Communities Program.
- **P.L. 105-61, of October 10, 1997 - Treasury, Postal Service, and General Government Appropriations of fiscal year ending September 30, 1998**, expanded ONDCP's Counterdrug Technology Center's responsibilities to include a program for transferring successful counterdrug technologies developed with federal funding directly to state and local law enforcement agencies.
- **P.L. 105-277, the Office of National Drug Control Policy Reauthorization Act of 1998** (P.L. 105-277, Title VII, dated October 21, 1998; codified as 21 U.S.C. 1701, et seq.), renewed and expanded ONDCP's mandate and authority. It set forth additional reporting requirements and expectations. It also provided the authority to review and certify budget requests made by National Drug Control Program agencies and for preparation and submission of an annual consolidated National Drug Control Budget. ONDCP Circular, "Budget Instructions and Certification Procedures," explains in detail ONDCP's budget review and certification procedure activity.
- **P.L. 105-277, Title I, the Drug-Free Media Campaign Act of 1998**, authorizes ONDCP to establish the National Youth Anti-Drug Media Campaign.

THE ESTABLISHMENT OF ONDCP IN 1988

The Office of National Drug Control Policy (ONDCP) was created by Congress in the Anti-Drug Abuse Act of 1988, P.L. 99-570. At that time, a bi-partisan coalition in Congress was concerned that efforts of the Executive Branch to coordinate the nation's anti-drug programs were hampered by fragmentation and lacked effective leadership. As the 1988 Annual Report of the House Select Committee on Narcotics Abuse and Control noted:

“The State Department’s annual international narcotics control strategy reports confirm that the production of illicit narcotics crops abroad continue to escalate unabated and that the power of ruthless, international drug cartels threatens the survival of some fragile democratic governments in our hemisphere. The amount of illegal drugs crossing our borders continues to increase. Our cities, neighborhoods and schools are inundated with drugs that are readily accessible, cheaper, and more potent than ever before.

The demand for drug abuse treatment far exceeds the capacity of existing programs. Waiting lists are common. The lack of services is exacerbated further by the continuing “crack” cocaine epidemic and the growing problems of AIDS related to intravenous drug abuse.

Prevention and education offer the best hope for a long-term solution to Drug abuse, but it will take years for these efforts to yield results.”

The original ONDCP statute granted the agency's director broad authority to coordinate and oversee federal anti-drug efforts; required a yearly submission to Congress of a national drug

control Strategy; and the development of a national drug control budget for each fiscal year. A major challenge facing ONDCP early in its existence was to demonstrate its ability to: (1) ensure that all activities of federal drug-control program agencies appropriately supported the national strategy; (2) federal drug control program agency budgets were adequate; and (3) all policies and programs were appropriately coordinated.

ONDCP's initial authorization was scheduled to expire in October 1993, soon after the inauguration of President Clinton. An administration priority, consequently, was the reauthorization of the agency. To demonstrate commitment to the agency and empower the ONDCP Director, President Clinton granted Dr. Lee P. Brown, the new ONDCP Director Cabinet rank.

THE 1994 REAUTHORIZATION OF ONDCP

ONDCP's original authorization in the Narcotics Control Leadership Act, P.L. 100-690, expired on October 18, 1993. The National Narcotics Leadership Act Amendments became part of the President's crime bill, the Violent Crime Control and Law Enforcement Act of 1994, and authorized ONDCP through FY 1997². Among the major provisions of the 1994 reauthorization were:

- **July 1 Budget Recommendations.** The Director was given the responsibility to provide by July 1 of each year, budget recommendations to the heads of departments and agencies with responsibilities under the National Drug Control Program. These recommendations were to apply to the second following fiscal year and address funding priorities under the National Drug Control Strategy.
- **Certification of Adequacy of Budget Requests.** The Director was required to certify in writing the adequacy of budget requests of national drug control program agencies to implement the objectives of the National Drug Control Strategy for the year for which the request is submitted. For those agency requests he did not certify as adequate to implement the objective of the Strategy, the ONDCP Director was required to include in his decertification notification an initiative or funding level that would make the request adequate.
- **Funding Requests for Specific Initiatives.** The Director was required to request the inclusion in a department or agency's submission to the Office of Management and Budget funding requests for specific initiatives that are consistent with the President's priorities for the National Drug Control Strategy and ONDCP budget certification.
- **Funds Control Notices.** The Director was given the authority to issue a funds control notice to amounts appropriated to National Drug Control Agency accounts.

THE 1998 REAUTHORIZATION OF ONDCP

Congress passed the Office of National Drug Control Reauthorization Act of 1998 as part of the Omnibus Consolidated and Emergency Supplemental Appropriations Act for FY 1999 on October 21, 1998, P.L. 105-277. The act reauthorized ONDCP through FY 2003. The 1998 reauthorization put into law numerous reforms and changes to the development and implementation of the National Drug Control Strategy that were developed by Director Barry R. McCaffrey.³ These included:

- **Requirement for a long-term National Drug Control Strategy.** Beginning February 1, 1999, the *National Drug Control Strategy* was required to set forth a comprehensive plan for the next 5 years and beyond for reducing drug abuse and the consequences of drug abuse in the United States. The *Strategy* is required to include comprehensive, research-based, long-range, quantifiable goals for reducing drug abuse and the consequences of drug abuse in the United States. The Director must determine quantifiable and measurable objectives and specific targets that may be achieved annually under the *National Drug Control Strategy*. The Strategy must contain five-year projections for program and budget priorities. Each subsequent year, ONDCP was required to submit an Annual Report that detailed progress in accomplishing the goals and objectives of the *National Drug Control Strategy*.

- **Implementation of a robust performance measurement system.** The act required that the strategy include an assessment of federal effectiveness in achieving national strategy goals and objectives. It also directed that this assessment be tied to a performance measurement system. The Congress strongly endorsed the performance measurement system developed by ONDCP establishing clear outcomes for reducing drug use during the next five years. This performance measurement system is linked by the act to all agency drug control programs and to budgets receiving funds scored as drug control agency funding.

- **Five-year national drug control program budget.** The act requires ONDCP to develop a consolidated national drug control budget proposal to implement the *National Drug Control Strategy*, and to include 5-year projections for program and budget priorities. By July 1 of each year the Director of ONDCP is required to provide budget recommendations, including requests for specific initiatives that are consistent with the *National Drug Control Strategy*, to departments and agencies with drug control responsibilities. These recommendations apply to the next budget year and each of the four subsequent budget years. Budget requests of drug control program departments, agencies, and programs must be transmitted to the ONDCP Director at the same time as that budget request is submitted to their superiors and before submission to OMB. The ONDCP Director is required to review each drug control budget request and certify the adequacy of the request to implement the National Drug Control Strategy. Finally, the act requires the ONDCP Director to approve all reprogramming and transfer requests by a National Drug Control Program Agency in excess of \$5 million.

- **Expanded reporting requirements on drug control activities.** The act created a number of new requirements for reporting to Congress by ONDCP and other national drug control program agencies. Examples include reports on:
 - Progress in achieving the goals and objectives of the performance measurement system.
 - Resources required for an effective drug interdiction capability and to meet the highest level of previous interdiction success.
 - Accounting of all funds expended by agencies for drug control activities.
 - Annual assessment by the Secretary of Agriculture on the acreage of illegal drug cultivation in the United States.
 - Budget decertifications by the Director, including any recommendations.

- **Establishment of a President's Council on Counter-Narcotics.** The act established in law the President's Council on Counter-Narcotics to advise and assist the President in providing direction and oversight for the *National Drug Control Strategy*. The act directed that the ONDCP Director serve as the Executive Director of the Council, which shall ensure coordination among departments and agencies of the Federal government concerning the implementation of the *National Drug Control Strategy*. The act allows the Council to utilize established or ad hoc committees, task forces, or interagency groups, chaired by the Director or his representative, in carrying out the functions of the Council.
- **An effective and accountable High Intensity Drug Trafficking Area (HIDTA) Program.** The HIDTA program (which was established by Congress in 1990) was established by this act as a permanent program within ONDCP. The act authorized the ONDCP Director to obligate sums appropriated for the HIDTA program and to coordinate HIDTA activities with state and local officials, specifically in connection with record keeping and funds management.
- **Increased activities for the Counter-Drug Technology Assessment Center (CTAC).** CTAC serves as the central counter-drug technology research and development organization of the United States. CTAC was directed to continue its traditional support of short, medium, and long-term scientific and technological needs of drug law enforcement. The act gave CTAC expanded authority to identify basic and applied research needs and initiatives in the area of demand reduction, including: improving treatment through neuroscientific advances; and improving the transfer of biomedical research to clinical settings. The act directed that CTAC make a priority ranking of supply and demand technology needs according to fiscal and technological feasibility, as part of a National Counter-Drug Enforcement Research and Development Program. Finally, the act requires the ONDCP Director to oversee and coordinate counter-drug technology initiatives and related activities of other federal civilian and military departments.
- **Enhanced Foreign and Domestic Drug Intelligence Coordination.** The act assigned the ONDCP Deputy Director for Supply Reduction responsibility for foreign and domestic drug intelligence activities. The act also authorized the ONDCP Director to task the El Paso Intelligence Center and the National Drug Intelligence Center.
- **Establishment of a Parents Advisory Committee on Youth Drug Abuse.** The act established a sixteen-member Advisory Council on Youth Drug Abuse with four members appointed by the President and twelve appointed by the congressional leadership. The purpose of the Council is to advise the Director on drug prevention, education, and treatment and assist the Deputy Director for Demand Reduction in the analysis and consideration of prevention and treatment alternatives.
- **Reorganization of ONDCP.** The act reorganized the internal structure of ONDCP to permit more effective management of the national drug control program. Major changes included:
 - Creation of the position of Deputy Director of the Office of National Drug Control Policy. The Deputy Director serves as second in command at ONDCP.
 - Elevation of the Associate Director for State and Local Affairs to a deputy position with jurisdiction over domestic activities to reduce the availability and use of drugs, including the

coordination of Federal, state, and local drug law enforcement, domestic law enforcement, and promotion of coordination and cooperation among drug supply and demand reduction agencies of State and local governments.

- Assigning the Deputy Director for Demand Reduction responsibility for activities related to drug abuse education, prevention, treatment, research, rehabilitation, drug-free workplace, and drug testing.
- Empowering the Director to serve as spokesman of the Administration on drug issues and to monitor progress by drug control agencies in meeting drug control goals and objectives.
- Assignment of responsibilities to three sections of ONDCP:

The mission of **the Office of Demand Reduction (ODR)** is to develop and coordinate policies and programs dealing with drug abuse education, prevention, treatment, research, rehabilitation, drug-free workplace programs and drug-testing with an emphasis on reducing the use of illicit drugs. ODR coordinates the programs of federal agencies engaged in efforts to reduce the demand for illegal drugs. In addition, ODR works closely with a broad range of non-federal entities, including state and local governments, national associations representing demand reduction groups and organizations, anti-drug parent groups, civic organizations, and other domestic and international groups to encourage their support of demand-reduction programs and initiatives. ODR discharges its responsibilities through interagency meetings, conferences, and ad hoc assemblies.

The mission of **the Office of Supply Reduction (OSR)** is to develop and coordinate international policies and programs to detect, interdict, and reduce the supply of drugs and to coordinate international drug control strategies for cocaine, heroin, and other drugs. OSR provides agency oversight for implementation of all supply reduction programs and initiatives through interagency working groups. OSR tasks federal drug control program agencies classified via the Classified Annex to the *National Drug Control Strategy* and provides policy input to resource allocation issues for international and interdiction programs. OSR works through the United States Interdiction Coordinator (USIC) to ensure that interdiction assets are optimally coordinated.

The Office of State and Local Affairs (OSLA) provided oversight of domestic drug control efforts to reduce drug availability and use within the boundaries of the United States and its territories. The office developed and coordinated federal, state and local law enforcement policies, programs and initiatives in such diverse areas as federal, state and local law enforcement coordination at the Southwest Border, drug courts, D.A.R.E., economic empowerment, and law enforcement; and assisted in the evaluation of those efforts. The office established partnerships and facilitated other active relationships among federal, state and local governmental entities as well as public interest groups and non-governmental organizations (NGOs). The office also gathered input for the *Strategy* and promoted coordination and cooperation among the drug supply reduction and demand reduction agencies of the various states, territories, and local governments. State and Local Affairs administered the national High Intensity Drug Trafficking Area Program to focus and enhance law enforcement efforts in critical drug trafficking areas of the Nation. Finally, the office advised the Director of ONDCP on the views of State and local officials and coordinated ONDCP relationships and outreach efforts with State and local government agencies as well as NGOs and public interest groups.

ENDNOTES

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- ¹ Significant ONDCP documents related to legislation and executive orders are in Appendix 1 (Federal Drug Control Authorities).
- ² Letter from ONDCP Director Lee P. Brown to The Honorable Albert Gore, Jr., President of the Senate, Subject: N/A, November 12, 1993 and Statement by Director Brown before the House Committee on Government Operations, October 5, 1993.
- ³ Letters from Director Barry R. McCaffrey to Vice President Albert Gore, Jr. and Speaker Newt Gingrich, April 30, 1997; transmitting a draft bill summary (Parts I and II), a section by section analysis, and an ONDCP Press Release dated December 2, 1998.

SECTION III

EVOLUTION OF THE NATIONAL DRUG CONTROL STRATEGY¹

At the outset of the administration in 1993, the Office of National Drug Control Policy was required by statute to submit a new national drug control strategy each year to the Congress. ONDCP Director Dr. Lee P. Brown prepared an interim strategy in September 1993. Annual reports were submitted by ONDCP each year through 1999. Public Law 105-277 now requires the President to submit to Congress only an annual report on the progress in implementing the *Strategy*.^{*} Additionally, the law requires the administration to develop a long-term national drug strategy that is supported by a robust performance-measurement system and a five-year national drug control program budget.

The strategies submitted by the administration between 1993 and 2000 increasingly recognized the importance of preventing drug use by young people. The various documents affirmed that no single approach could rescue the nation from the cycle of drug abuse. A consensus was reached that drug prevention, education, treatment, and research must be complemented by supply-reduction abroad, on our borders, and within the United States. Each strategy shared the commitment to maintain and enforce anti-drug laws. All the strategies, with growing success, tied policy to a scientific body of knowledge about the nation's drug problems.

1993 INTERIM NATIONAL DRUG CONTROL STRATEGY: BREAKING THE CYCLE OF DRUG ABUSE²

The 1993 strategy recognized that "America is still in the midst of a drug epidemic." It characterized drug legalization as a "formula for self-destruction" and stated that the administration was unequivocally opposed to any "reform" that were certain to increase drug use. Departing from the previous focus on supply reduction activities abroad and efforts to reduce drug use by "the casual and intermittent user," the strategy recognized that the principal drug problem that required addressing was "hard core drug use and its disproportionate impact on society." This interim strategy proposed to:

- Make drug policy a cornerstone of domestic policy in general and social policy in particular, by acknowledging drug abuse as a public health problem.
- Target prevention programs to at-risk individuals.
- Expand treatment availability for hard core users inside and outside the criminal justice system.
- Work with nations that demonstrate the political will to end illegal drug trafficking.

The strategy was explicitly not a definitive statement of the Administration's drug control policy. It did not contain detailed or quantifiable goals and objectives. Its intent was to provide general direction prior to the release of a comprehensive strategy in 1994.

^{*} A revised National Drug Control Strategy may, however, be submitted at any time upon a determination by the President, in consultation with the ONDCP Director, that the National Drug Control Strategy is not sufficiently effective or when a new President or ONDCP Director takes office.

**1994 NATIONAL DRUG CONTROL STRATEGY:
RECLAIMING OUR COMMUNITIES FROM DRUGS AND VIOLENCE³**

The 1994 strategy built on the foundation set in the 1993 document. Focusing on “the most tenacious and damaging aspect of America’s problem – chronic, hardcore drug use and the violence it spawns. The strategy proposed the “largest increase in Federal support for the treatment of chronic or hardcore users.” This new focus was based on a recent National Institute on Drug Abuse study that found that every dollar spent on drug treatment saved seven dollars – yielding four dollars in reduced costs to the public and generating three dollars in increased productivity. The 1994 strategy noted that the “long-term decline in drug use among youth may have ended.” I made a commitment to reversing recent increased in adolescent drug use by 1996.

The 1994 strategy established the following specific objectives for hardcore drug use:

- Reduce the number of hardcore users through drug treatment at an average annual rate of 5 percent.
- Reduce the number of casual or intermittent drug users at an average annual rate of 5 percent.

Another significant strategic shift was a focus on source countries. The new strategy called for a “controlled shift” in emphasis from the transit zones to the source countries. The term-controlled shift was used because the Administration anticipated that the shift could precipitate a change in tactics by drug cartels.

The 1994 strategy established 14 long-term goals, with the overarching one being to “reduce the number of drug users in America.” Each goal was supported by short-term, successive 2-year objectives. The strategy noted the inadequacy of existing surveys and other instruments to track progress and reconvened the Research, Data and Evaluation Committee to recommend steps for improved drug data collection.

**1995 NATIONAL DRUG CONTROL STRATEGY:
STRENGTHENING COMMUNITIES’ RESPONSE TO DRUGS AND CRIME⁴**

The 1995 strategy recognized that “the crime-drug cycle continues. No community is untouched. More teenagers are smoking pot. Less of them think cocaine use is dangerous. Drug-using adults from every social strata are clogging court dockets, crowding emergency rooms, and abusing their innocent children.” Expanding on the goals and objectives introduced in the 1994 strategy, this plan established the following principles:

- Aggressive and coordinated law enforcement efforts.
- Expansion of community policing.
- Certainty of punishment for all drug offenders.
- Targeted prevention programs for at-risk individuals.
- Drug treatment for chronic, hardcore users.

- Expansion of international cooperation.
- Opposition to drug legalization.

In addition to principles, the strategy featured four “Actions Plans for (1) reducing the demand for illicit drugs; (2) reducing crime, violence, and drug availability; (3) enhancing domestic drug program flexibility and efficiency at the community level; and (4) strengthening interdiction and international efforts aimed at disrupting the production and flow of drugs into the United States.” Finally the strategy drew a distinction between drug dealers and drug users, noting that “Americans believe that drug dealers deserve tough criminal sanctions and that drug users should have the opportunity for intensive treatment to break their dependence on drugs.

1996 NATIONAL DRUG CONTROL STRATEGY⁵

The 1996 strategy was the first submitted by Dr. Lee P. Brown’s successor, General Barry R. McCaffrey. Following his assumption of duties in March 1996, Director McCaffrey convened representatives of all federal drug control program agencies to reassess the strategic direction of national drug control policy.⁶ This reassessment resulted in a consolidation of the 14 goals of the 1994 and 1995 strategies into five new goals that were supported, in turn, by 23 subordinate objectives:

- Motivate America’s youth to reject illegal drugs and substance abuse.
- Increase the safety of America’s citizens by substantially reducing drug-related crime and violence.
- Reduce the health, welfare, and crime costs resulting from illegal drug use.
- Shield America’s air, land, and sea frontiers from the drug threat.
- Break foreign and domestic drug sources of supply.

The 1996 strategy concluded that increases in adolescent drug use rates, which began in the early 1990s, had reversed a decade or more of decreases in drug use. The strategy also noted as disturbing a significant decrease in the number of youth who perceived drug use to be either harmful or risky. This was the basis for drug prevention becoming the priority goal of the new strategy. The strategy also summarized the extensive nature of the drug problem: drug-related hospital emergency department visits were at record levels – over half a million each year; more than 25,000 drug-related deaths occurred annually; no change in the number of hardcore users since 1998; unabated consumption of cocaine; and increasing drug availability.

1997 NATIONAL DRUG CONTROL STRATEGY⁷

The 1997 strategy maintained the strategic five-goal framework established in 1996. It expanded the subordinate objectives developed the previous year to 32 objectives. For the first time, the document noted the requirement for a long-term strategy that did not change significantly from year to year. Instead, it proposed a 10-year plan that included quantifiable measures of effectiveness. The strategy also suggested annual progress reports to Congress instead of new strategies.

In response to the alarming four-year trend of increasing drug use among youth, ONDCP proposed a paid, national media campaign to ensure anti-drug messages reach adolescents and the adults who influence them. The strategy also noted that more than half of all individuals brought into the nation's criminal justice systems. In response, it advocated expansion of testing and sanctions through coerced abstinence programs. In the area of performance measurement, the 1997 document reported that ONDCP, in conjunction with federal drug control program agencies, was developing a national performance system to measure progress of major drug programs supporting the strategy.

1998 NATIONAL DRUG CONTROL STRATEGY: A TEN-YEAR PLAN⁸

The 1998 strategy proposed a comprehensive ten-year plan to reduce drug use and its consequences to historic lows. It sought to reduce illegal drug use and availability by 50 percent by the year 2007, reducing drug use to just 3.1 percent of the household population aged twelve and over. This long-term strategy retained the goals and objectives developed since 1996. ONDCP rejected the metaphor of a "war on drugs," suggesting instead that drug control is a continuous challenge and that "the moment we believe ourselves victorious and drop our guard, the drug problem will resurface with the next generation. Addicts must be helped, not defeated.

The strategy was accompanied for the first time by a detailed performance measurement system developed by federal drug control program agencies. This plan – *1998 Strategy-Performance Measures of Effectiveness: A System for Assessing the Performance of the national Drug Control Strategy* – had at its nucleus twelve targets that defined specific results to be achieved by the strategy's five goals. It also had eighty-two supporting performance measures to delineate outcomes for the strategy's thirty-two objectives.

The strategy also identified critical data gaps, which had to be addressed to achieve the aggressive goals it established. For example, despite the stated goal of reducing domestic cultivation of marijuana 50 percent over the next ten years, there was no national survey to quantify the extent of cultivation.

1999 NATIONAL DRUG CONTROL STRATEGY⁹

The strategy presented to Congress in 1999 was reorganized to reflect the recent expansion of ONDCP's mandate and authorities and additional reporting requirements that resulted from the reauthorization of the agency in 1998. The document retained as the top priority the prevention of our youth from using illegal drugs, alcohol, and tobacco, rephrasing Goal 1 to include alcohol and tobacco. It noted the growing successes of drug courts and other programs that provided alternatives to incarceration for non-violent offenders. It stressed the need for better coordination between federal, state, and local law enforcement agencies, particularly in the Southwest border region. A major initiative in this area was the ongoing ONDCP-coordinated review of all counterdrug intelligence centers. The 1999 strategy reported that youth drug use rates, which had increased between 1992 and 1996, had leveled off. 1998 was the second straight year without significant increases in adolescent drug use rates. The continuing spread of methamphetamine from the West Coast in the early 1990s into the Midwest was also tracked by the report. Paralleling this expansion was the surge in methamphetamine laboratory seizures by law enforcement agencies.

2000 ANNUAL REPORT¹⁰

The 2000 Annual Report provided information on progress over the past year in implementing the *National Drug Control Strategy*. It detailed trends in drug use and availability; assessed the costs of drug abuse to society; and outlined accomplishments of federal prevention, treatment, law enforcement, interdiction, and international programs. Continuing its reliance on science, it reiterated that drug dependence is a chronic, relapsing disorder that can be addressed via treatment. For the first time, the ONDCP report addressed specific barriers and factors that limited treatment availability. The report retained the five goals that had guided national drug control efforts over the past four years.

Goals of the *National Drug Control Strategy*

1. Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.
2. Increase the safety of America's citizens by substantially reducing drug-related crime and violence.
3. Reduce health and social costs to the public of illegal drug use.
4. Shield America's air, land, and sea frontiers from the drug threat.
5. Break foreign and domestic drug sources of supply.

This initial annual report concluded that youth drug use had declined by 13 percent between 1997 and 1998, finally signaling a solid reversal of a troublesome trend. Other positive trends highlighted in the report included a reduction in drug-related murders to their lowest point in over a decade, and plunging coca cultivation in Bolivia and Peru.

CLASSIFIED ANNEXES TO THE NATIONAL DRUG CONTROL STRATEGY

Since the National Drug Control Strategy was first published, supply reduction issues have been incorporated in the document along with the other information on the government's progress in implementing its drug control strategy. Unclassified information concerning the international cultivation, production, and trafficking of illicit drugs, as well as the US governments responsive activities were included in the basic document. In addition, sections on related issues such as international money laundering, corruption, the movement of precursor chemicals and international demand reduction were also included.

Prior to 1996, attempts at publishing classified guidance for international programs were narrowly focused. Often these documents addressed specific presidential decision directives or geographic priorities. Often these documents were published infrequently and, thus, made it difficult for agencies with counterdrug programs to utilize the guidance in planning and building organizational funding plans.

With the publication of the strategy in 1996, it became clear that the unclassified format of the report made it difficult to explain the full range of international issues and programs necessary to fully implement the nation's drug control strategy overseas. As a result, ONDCP committed to

publishing a classified annex to the strategy in order to provide additional direction and a venue for issue identification and resolution.

In May 1996, the Director, ONDCP directed that a classified annex to the National Drug Control Strategy be developed. It was the Director's intention at that time to provide one single document that would:

- Serve as the baseline international strategy referral document for the future.
- Provide classified taskings to departments and agencies to implement the National Drug control Strategy, Goals 4 and 5.
- Serve as planning guidance for future budget development.
- Act as an authoritative interagency venue for issue identification and resolution.

As a result of that initial decision, three classified annexes have been developed. All have followed a common interagency development process. Initially intelligence, law enforcement, and military organizations were tasked to provide input to the Office of Supply Reduction within ONDCP. Working with interagency partners, ONDCP would then provide regional strategies for key source and transiting zone countries and delineate organizational tasks necessary to achieve goals 4 and 5 of the strategy. Document was then coordinated throughout the interagency prior to forwarding the document to the President for his signature.

Since the initial decision, the classified annex has been greatly enhanced as a tasking document. The 1997 document was a hybrid of previous formats a brief threat assessment followed by general tasking to the interagency. The 1999 Classified Annex published in spring 1999 offered an in depth global threat assessment with more specific taskings to departments and agencies. The 2000 version provided (1) a more refined threat assessment that further identified the threat posed by the manufacture and trafficking of synthetic drugs, (2) prioritized agency tasks, and (3) delineated lead agency from supporting unit taskings. It is the intent of ONDCP that the Classified Annex in its current form will be used by the agencies to build next year budgets and establish internal measures of effectiveness.

ENDNOTES

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- ¹ Significant ONDCP documents related to the National Drug Control Strategy and Annual Reports are in Appendix 2 (National Drug Control Strategies and Annual Reports, 1993-2000).
- ² ONDCP, *Breaking the Cycle of Drug Abuse, 1993 Interim National Drug Control Strategy*, September 1993.
- ³ ONDCP, *National Drug Control Strategy: Reclaiming Our Communities from Drugs and Violence*, February 1994.
- ⁴ ONDCP, *National Drug Control Strategy: Strengthening Communities' Response to Drugs and Crime*, February 1995.
- ⁵ ONDCP, *The National Drug Control Strategy, 1996*.
- ⁶ The Kennedy School of Government Case Program, *The General and the "War" on Drugs: Barry McCaffrey and the Office of National Drug Control Policy*, 1998.
- ⁷ ONDCP, *The National Drug Control Strategy, 1997*.
- ⁸ ONDCP, *The National Drug Control Strategy, 1998: A Ten Year Plan*.
- ⁹ ONDCP, *The National Drug Control Strategy, 1999*.
- ¹⁰ ONDCP, *The National Drug Control Strategy: 2000 Annual Report*.

SECTION IV

THE NATIONAL DRUG CONTROL BUDGET¹

EVOLUTION AND EXPANSION OF THE NATIONAL DRUG CONTROL BUDGET (FY 1994 to FY 2001)

The Office of National Drug Control Policy is responsible for developing the National Drug Control Budget. This budget incorporates all the resources for drug-related programs that are included in 9 of 13 appropriations bills. Beginning in 1989, data on Federal drug resources was compiled and published as an appendix within the National Drug Control Strategy. Since 1990, resource data is published annually as a separate volume of the National Drug Control Strategy, the Budget Summary, as well as in the Budget of the President. The Budget Summary details the resources requested by the President to reduce drug use and its consequences in America.

Specifically, the National Drug Control Budget is an estimate of the overall spending on drug-related programs and consists of the individual spending plans of over 50 agencies that manage these programs. The budget includes drug spending by the various departments to include the Departments of: Agriculture, Defense, Education, Housing and Urban Development, Interior Justice, Labor State, Transportation, Treasury, and Veterans Affairs. The budget provides an agency-by-agency review of specific drug control programs. It also reflects resources by each goal of the National Drug Control Strategy, as well as by the various functional areas to include demand reduction activities – prevention and treatment; domestic law enforcement; interdiction and international.

Significant progress has been made both at home and abroad in the fight against drugs. Important strides have been taken in addressing a problem that costs our society 52,000 deaths and \$110 billion a year.² The National Drug Control Budget includes resources to reduce drug use by young people; make treatment available to chronic users; interdict the flow of drugs at our borders; and target international and domestic sources of illegal drugs and crime associated with criminal enterprises.

From FY 1994 to FY 2001, the National Drug Control Budget rose from \$12.2 billion to \$19.2 billion (an increase of more than 50 percent).³ Increases in resources have been in the areas of Prevention and Treatment; Law Enforcement; Interdiction, and International. Since 1994, funding of the various functional areas have increased by the following amounts:

- Prevention increased 33 percent.
- Treatment increased 41 percent.
- Domestic Law Enforcement increased over 60 percent.
- Interdiction increased over 68 percent.
- International increased over 175 percent.

Major initiatives/programs supported by the National Drug Control Budget included:

- National Youth Anti-Drug Media Campaign
- Drug Courts
- Community Coalitions

- Safe and Drug Free Schools and Communities Program
- Criminal Justice treatment programs
- Closing the public system treatment gap
- High Intensity Drug Trafficking Area (HIDTA) Programs
- Southwest Border – Staffing (INS) and Technology (Customs)
- Support for Plan Colombia and drug control activities in the Andean region
- Intelligence Architecture Support and Regional Interdiction Architecture
- International Programs
- Community Oriented Policing Services (COPS)
- Drug Intervention Program
- Edward Byrne Memorial State and Local Law Enforcement Grant Program
- State Incentive Grants
- Public Housing Drug Elimination Program
- Mobile Enforcement Teams (MET)

SUPPORT OF FEDERAL BUDGET PROCESS THROUGH CONSOLIDATED BUDGET RECOMMENDATIONS

In order to support the long-term *National Drug Control Strategy*, the Administration decided to project drug-control budgets out over five years. This approach is consistent with 21 USC 1703 (c)(2) which directs ONDCP to submit to the President a consolidated National Drug Control Program budget proposal that is designed to implement the *National Drug Control Strategy*. The consolidated five-year budget recommendations play an important role in advancing the efforts to ensure adequate funding for the *National Drug Control Strategy*. Each year, the Director releases the national drug control budget proposal which identifies the funding requirements for each drug control program agency for the upcoming five year period. The ONDCP document is prepared prior to the release of decisions by the Office of Management and Budget (OMB) on the fall budget submissions of drug control agencies.

The ONDCP budget proposal details the program requirements over a five-year period in order to construct a multi-year budget that will support the *National Drug Control Strategy*. This long-term view is designed to support the achievement of performance plans required under the *Government Performance and Results Act* and the specific drug performance targets and measures being developed cooperatively with agencies and ONDCP. The proposal specifically provides programmatic details and identifies funding requirements for departments and agencies as well as detailing the budget requirements for each of the major drug funding priorities that support the Strategy.

The budget proposal is used by ONDCP to inform OMB about the multi-year programmatic and funding requirements of the *Strategy*. The document plays a crucial role in informing OMB of funding levels that have been identified as critical for departments, bureaus, and components, and their initiatives that support ONDCP's funding priorities. The funding and programmatic information in the budget proposal serves as the basis for ONDCP's negotiations with OMB as part of the OMB passback and appeals process.

BUDGET ALLOCATIONS IN SUPPORT OF INTERDICTION AND INTERNATIONAL PROGRAMS

The last five years have seen a marked increase in funding to support interdiction and international programs. Increases were largely in response to the international increase in drug production. Both global cocaine and heroin cultivation reached all time highs in 1995. Funding during this period was in marked contrast to the decrease in interdiction and international spending between 1993 and 1996 when interdiction resources were cut from \$1.5 billion to \$1.3 billion and funds for international drug programs were cut nearly by half. Additional resources were allocated through the normal budgetary process and other measures including:

Supplemental Administration budgetary requests. In April 1996, the Administration requested Congressional support for an additional \$250 million to assist a variety of demand and supply reduction programs. The Administration proposed to fully offset the \$250 million requested by rescissions from funds available to the Department of Defense. The request for fiscal 1996 would have funded:

- \$202 million in high impact supply reduction initiatives including enhanced source-nation interdiction efforts, especially along the air bridge linking the coca growing areas in Peru with the processing labs in Colombia; aircraft upgrades to support the air bridge and transit zone operations; increased patrols around Puerto Rico and the Virgin Islands; placement of non-intrusive inspection devices along the Southwest Border to detect drugs hidden in vehicle compartments; augmentation of domestic law enforcement activities, such as methamphetamine enforcement and crushing open air drug markets; and enhancements to drug intelligence activities.
- \$48 million to enhance drug demand reduction programs including implementing a media campaign and outreach program to increase youth awareness on drug abuse, linking the criminal justice system with drug treatment programs, so that criminal offenders can receive immediate drug treatment; and accelerating promising medical cocaine research, particularly the development of a vaccine that destroys cocaine in the blood stream.

Although the emergency supplemental request for 1996 was not approved by Congress, the package did provide the framework for increased appropriations in the FY 1997 budget.

The Western Hemisphere Drug Elimination Act. This act, introduced in both the House and Senate in July 1998, called for an additional \$2.3 billion "to provide the resources and the direction to wage a real war on drugs before they get to the borders of the United States." The plan was designed to cut the flow of drugs into the United States by 80 percent over three years. The legislation provided for increases in interdiction programs and provided additional funds to Colombia, Bolivia, Peru and smaller amounts to other Latin American countries to support their counterdrug efforts. While the administration agreed with the intent of the legislation, it opposed the act because the goal of reducing the flow of illegal drugs into the United States by 80 percent by 2001 was unrealistic and the act's proposals lacked strategic coherence. The Western Hemisphere Drug Elimination Act of 1998 was eventually enacted by Congress and authorized \$2.7 billion for use by drug control agencies for illicit drug supply reduction activities.

Colombia/Andean Ridge Initiative. In the spring 1999 – faced with information that showed potential cocaine production in Southern Colombia exploding – ONDCP initiated an interagency process to develop strategies to address this problem. ONDCP’s circulated a white paper outlining the consequences of increased coca cultivation in Southern Colombia. In August 1999, Director McCaffrey and Undersecretary of State Pickering conducted a fact-finding mission to Colombia. Upon their return, the Administration developed an interagency funding plan calling for \$1.3 billion in additional funding in FY 2000 and FY 2001. Due to funding caps and other competing priorities, the requisite funds were not included in FY2000 appropriations bills. In January 2000, Congress included funds for anti-drug efforts in the Andean Ridge within the FY2000 emergency supplemental bill. Colombia was begun in January 2000 and resulted in Congressional passage in June 2000.

DEVELOPMENT OF A NEW PARADIGM FOR DRUG CONTROL (A FIVE YEAR BUDGET LINKED TO TEN YEAR STRATEGY)

To support the long-term *National Drug Control Strategy*, ONDCP developed a multi-year drug control budget that was tied to the *Strategy's* goals and objectives. This long-term planning process supports the achievement of performance plans required under the *Government Performance and Results Act* and particularly the drug performance targets and measures required by the ONDCP Reauthorization Act of 1998. The first ever five-year National Drug Control Budget Proposal was issued in November 1997, covering fiscal years 1999 through 2003.⁴ Additional five-year budget documents were published in 1999 and 2000.⁵

ONDCP USE OF BUDGET AUTHORITIES

The *Office of National Drug Control Policy Reauthorization Act of 1998* requires ONDCP to review and certify agency drug control budgets. For those requests that are determined to be adequate, the ONDCP Director issues a written notice confirming the adequacy of the budget. Alternatively, the Director issues a written notice to the bureau/component head whenever he determines that an agency’s budget request is not adequate to implement the goals and objectives of the *Strategy*. This correspondence outlines funding levels and specific initiatives that would make the request adequate. In these cases, the Director also notifies the Cabinet Officer with responsibility for the bureau of the specific requirements for additional funding. The Director’s certification of the fall budget submission depends on the inclusion of these additional resources in the department’s fall budget.

ONDCP uses its statutory authorities that relate to the summer budget review process to ensure adequate funding is included in bureau/component requests for critical drug-related programs. For example, in August 1999, ONDCP notified the Agricultural Research Service (ARS) that the funding requested in its summer budget was not adequate to implement the *Strategy* because funding was not included to develop an assessment of the acreage of illegal drug cultivation in the United States. Letters to the Secretary of Agriculture and the Administrator of ARS called for “additional resources” to be included in order to conduct the required assessment.⁶ In addition to formally notifying department heads of key drug control efforts in agency/component budgets, the director used the summer review process as an opportunity to meet with cabinet officials before they make budget decision on bureau/component budgets. During these meetings, the Director identifies the drug control efforts in each department’s budget that are necessary for inclusion in their fall budget submissions in order to support fully the drug control strategy and ensure the certification of the submissions to Office of Management and Budget (OMB).

The Director reviewed and certified each department/independent agency's fall drug control budget submission to determine if they are adequate to implement the goals and objectives of the *Strategy*. For requests determined to be adequate, the director issued written notice certifying as to the adequacy of fall budget request. For inadequate requests, the Director issued a written notice to the department/independent agency head that the budget request is not adequate to implement the goals and objectives of the *Strategy*. ONDCP decertified one department's budget submission. In November 1997, following a series of negotiations aimed at redressing inadequacies in its request, the Director of ONDCP notified the Secretary of Defense that the FY 1999 drug-related budget of the Department of Defense could not be certified.⁷ To correct the deficiencies in the budget, the decertification letter called on the Secretary of Defense to include additional funding in its budget for several initiatives. The Defense budget request was amended to address ONDCP's concerns. As a result, additional funding was provided for several critical drug control initiatives.

IMPROVEMENTS TO THE DRUG CONTROL BUDGET PROCESS

Pursuant to 21 U.S.C. § 1703(c) "[f]or each fiscal year, the head of each department, agency, or program of the federal Government with responsibilities under the National Drug Control Program Strategy shall transmit to the Director a copy of the proposed drug control budget request of the department, agency, or program at the same time as that budget request is submitted to their superiors (and before submission to the Office of Management and Budget) in the preparation of the budget of the President submitted to Congress under section 1105(a) of title 31."

Prior to 1999, ONDCP used an informal process for collecting budget information from agencies – usually through memoranda to agency staff. The memorandum provided format requirements, along with ONDCP's budget development process for the summer and fall review. Usually ONDCP's budget guidance memoranda were issued in June--well into an agency's budget development process.

In order to standardize the drug budget process and bring greater accountability to this effort, ONDCP issued its first Circular ONDCP Circular: *Budget Instructions and Certification Procedures*, providing instructions for preparing drug budget submissions in May 1999.⁸ Specifically, this circular provides detailed guidance to implement 21 U.S.C. § 1703(c). In addition, it serves to assert ONDCP's authority over drug control spending government-wide and establishes a process to collect critical information on spending proposals for review by policy officials.

ESTABLISHING ACCOUNTABILITY FOR THE NATIONAL DRUG CONTROL BUDGET

In order to improve drug control funding accountability, Congress included language in ONDCP's 1998 Reauthorization Act that requires each National Drug Control Program agency to prepare a detailed accounting of all drug control funds expended during the previous fiscal year. Specifically, 21 U.S.C. § 1704(d) states that the Director of ONDCP shall, "... (A) require the National Drug Program agencies to submit to the Director not later than February 1 of each year a detailed accounting of all funds expended by the agencies...and require such accounting to be authenticated by the Inspector General of each agency prior to submission...and (B) submit

to Congress not later than April 1 of each year the information submitted to the Director [by the agencies].”

On December 17, 1999, ONDCP issued a circular to implement this provision of law.⁹ ONDCP used this new requirement to place additional emphasis on the accuracy and validity of drug budget methodologies. Specifically, the circular requires the agencies to make assertions and disclosures regarding the reasonableness and accuracy of the drug methodology used to calculate obligations of prior year budget resources. Each agency needs to address their methodologies in terms of the source of the data used, method of estimation, inclusion of all drug control activities, and capabilities of the supporting financial systems. In addition, agencies must highlight any material weaknesses or other findings by independent sources that may affect the presentation of prior year, drug-related obligations data.

Further, the law required that accounting reports be “authenticated” by agency Inspectors General. Since the law did not specify the scope of the authentication, ONDCP determined that an attestation review would satisfy Congress' intent. The circular requires the OIG to complete an attestation review consistent with the *Statements for Standards of Attestation Engagements*, promulgated by the American Institute of Certified Public Accountants. Accordingly, negative assurance conclusions about the reliability of management assertions were provided.

As a result of the FY 1999 accounting reports, several departments are re-examining their drug budget methodologies and working with ONDCP to obtain approval of revised methodologies. Also, ONDCP has become aware of a need to correct the presentation of prior year data in the annual *Budget Summary* document. As the FY 1999 accounting has been useful so far, ONDCP will work with agencies to improve future submissions. While this is an ongoing annual requirement, ONDCP will use future reports as a tool to continually improve drug budget accounting.

STRENGTHENING, VALIDATING, AND IMPROVING DRUG BUDGET METHODOLOGIES

The Office of National Drug Control Policy is responsible for the development and oversight of the National Drug Control Budget. This budget consists of the individual spending plans of about 50 agencies that manage a variety of drug-related law enforcement, health and education programs. Generally, appropriations bills for these entities do not identify unique funding levels for drug programs. In most cases, drug programs represent only a portion of their total activities and are imbedded in multi-function budget line items. Therefore, departments and agencies must estimate the drug-related portions of their budgets, using a drug budget accounting methodology that they develop. Many of these methodologies were first formulated in the early 1980s and need to be revisited and improved. In the late 1990s, ONDCP identified the need to examine carefully the methodologies used by drug control agencies to account for expenditures of counterdrug programs and activities.

In 1998, ONDCP entered into an agreement with the National Science Foundation and the Science and Technology Policy Institute (STPI) to examine the drug budget methodologies of several key drug control agencies. STPI is a Federally Funded Research and Development Center, operated by RAND. STPI reviewed the drug budgets of the Department of Veterans Affairs, Substance Abuse and Mental Health Services Administration, U.S. Coast Guard, Border Patrol, Customs Service, Federal Bureau of Investigation, Bureau of Prisons, Department of Defense, Health Care Financing Administration, and the Department of Education. This analysis

was completed in January 2000. The forthcoming report to be produced by STPI will include overviews of the drug methodologies for each of the ten agencies, identified the strengths and weaknesses of each agency's approach, and will provide overall conclusions and recommendations for improvement.¹⁰ STPI's overall conclusions are summarized below:

- Three agencies had successful methodologies that were appropriate and provided a reasonable estimate of the resources being devoted to anti-drug efforts;
- Three agencies began with a systematic approach for estimating drug expenditures, but did not apply it consistently, or included funds with no drug control nexus; and,
- Four agencies employed methodologies that lacked an empirical basis for their calculations and/or were based on out-dated information.

In addition, STPI offered the following recommendations for improvement:

- Methodologies should be based on a systematic approach that is well documented, replicable, and reconcilable with other reported figures.
- Methodologies should be based on current empirical data and avoid the use of expert judgment or best guesses.
- ONDCP should work with drug-control agencies to introduce more consistency in the way agencies calculate their drug budgets.
- Methodology descriptions included in the annual National Drug Control Strategy Budget Summary should be consistent, accurate and understandable.

The focus on the validity of drug budget methodologies was further enhanced by the congressional requirement for agencies to produce annually a detailed accounting of prior year drug-control expenditures. ONDCP's circular - *Annual Accounting of Drug Control Funds* - implements this new requirement and has agencies and the IGs focus their attention on a detailed explanation and review of drug budget accounting methodologies.

Based on the work completed by STPI and the agency accounting reports submitted for fiscal year 1999, ONDCP has collected significant information on drug budget methodologies. In September 2000, ONDCP entered into a second contract with RAND to analyze this information and recommend an approach for addressing the most critical deficiencies suggested by the STPI and agency reports. This contract will result in a near-term action plan that will outline the implementation of recommendations identified in the final STPI monograph and the agency accounting reports.

ENDNOTES

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- ¹ Significant ONDCP documents related to the federal drug control budget process are in Appendix 3 (National Drug Control Budget and Measuring Performance and Results).
- ² ONDCP, *National Drug Control Strategy: 2000 Annual Report*.
- ³ ONDCP, *2000 Office of National Drug Control Policy Proposal National Drug Control Budget FY 2001 – FY 2005*.
- ⁴ ONDCP, *1997 National Drug Control Budget, FY 1999 – FY 2003*.
- ⁵ ONDCP, *1999 National Drug Control Budget, FY 2000 – FY 2005*, ONDCP. (2000) *National Drug Control Budget, FY 2002 – FY 2006*
- ⁶ Letter from ONDCP Director Barry R. McCaffrey to the Honorable Dan Glickman, Secretary of Agriculture and Dr. Flyod Horn, Agricultural Research Service Administrator, subject: FY 2001 Summer Budget Recommendations, August 20, 1999.
- ⁷ Letter from ONDCP Director Barry R. McCaffrey to the Honorable William S. Cohen, Secretary of Defense, subject: FY 1999 fall Certification, November 6, 1997.
- ⁸ "Budget Instructions and Certification Procedures," ONDCP Circular, May 5, 1999.
- ⁹ "Annual Accounting of Drug Control Funds," ONDCP Circular, December 17, 1999.
- ¹⁰ Murphy, P., et al., *Improving Anti-Drug Budgeting*, (Santa Monica, CA: RAND, in press).

SECTION V

MEASURING PERFORMANCE AND RESULTS

ONDCP has implemented two programs to ensure that (1) the Strategy is accurately and objectively assessed and (2) to ensure that it continues to be informed by the most up-to-date scientific research. The first is the Performance Measures of Effectiveness (PME) system – created through an interagency process to assess the nation’s success in obtaining the goals and objectives of the Strategy. The second is a program of policy research and coordination. Each program is described in this section.

OVERVIEW OF PERFORMANCE MEASURES OF EFFECTIVENESS SYSTEM¹

Beginning in 1994, when the National Drug Control Strategy first included measurable long-term goals – calling for a 5 percent annual reduction in the number of casual and hardcore drug users – ONDCP sought to develop performance measures against which to assess progress in implementing drug control policy goals and objectives. In 1998, this process culminated with the development of a comprehensive Performance Measure of Effectiveness (PME) System.² This system was developed through an interagency process coordinated by ONDCP in conjunction with a wide range of stakeholders from both the public and private sectors and is intended to (1) assess the effectiveness of the National Drug Control Strategy; (2) provide the entire drug control community, including state and local governments, the private sector, and foreign governments critical information about what needs to be done to refine policy and programmatic direction; and (3) assist with drug program budget management at all levels.

The PME system assumes that achievement of the goals and objectives of the National Drug Control Strategy by federal and non-federal entities can be indicated through meeting its “performance targets.” Ninety-seven performance targets have been selected to measure the Strategy’s impact on drug use, availability, and consequences. Twelve impact targets are at the nucleus of the PME system and corresponds to the Strategy’s five goals. The remaining 85 performance targets correspond to the Strategy’s thirty-one objectives. The overarching targets of the PME system are to:

- Reduce overall drug use 50 percent by 2007 (with the base year being 1996).
- Reduce overall drug use 50 percent by 2007 (with the base year being 1996).
- Reduce crime and violent acts associated with drug trafficking and drug abuse by 30 percent and reduce the damaging health and social costs attributable to drug use by 25 percent by 2007 (with the base year being 1996).³

RELATIONSHIP OF THE PME SYSTEM TO GPRA

The PME System does not assess the achievements of any individual agency or program. As a vehicle for monitoring the progress of the entire drug control community towards meeting the targets of the Strategy, the system triggers in-depth program evaluations that will identify what went wrong, or what is going right. Evaluation of individual agency achievements is the responsibility of the agencies themselves as part of their Government Performance and Results Act (GPRA)

requirements. ONDCP itself meets the mandates of the Act by publishing its Strategic Plans and annual Performance Plans and Progress Reports.⁴

MANAGING FOR RESULTS

As ambitious long-term targets were selected, Federal managers became anxious about the limited control they had over complex targets such as changing patterns of youth drug use. Not only were fifty plus Federal agencies involved but state, local, and private sector agencies were responsible for actually delivering services. Clearly, managing performance was going to be more difficult than measuring it.

The Performance Measures of Effectiveness (PME) System allows ONDCP, not only to measure progress towards the targets, but also to coordinate the drug control community so as to act cohesively to meet them. We reconvened interagency working groups in order to focus on what needed to be done to achieve the ambitious targets selected.

Logic models were developed for each target: these identified factors that affect the target and activities to manipulate each factor.⁵ For instance, a target such as “reducing by 25% the proportion of drug-using offenders rearrested within a year of release” would be affected by a factor such as “incarceration procedures in state correctional facilities.” To manipulate this factor, the working group recommended “expanding the number of residential treatment programs” in such facilities. These logic models were then translated into action plans that identified gaps, existing programs, and needed modifications.⁶

The resulting action plans show what needs to be done, when, and by which agency. ONDCP and its partner agencies have started the process of linking them with budget initiatives. These action plans, which are staff working documents, will be calibrated frequently to reflect evaluation data and budget realities. In effect, ONDCP has marshaled small communities of stakeholders, committed to meeting the Strategy’s targets, in order to focus and integrate their efforts.

The next step is to involve state, local, and private sector representatives in order to develop national action plans with assigned responsibilities and commitments. We have begun this process of “nationalizing,” a lengthy, iterative one that will take many years to complete.

PERFORMANCE PARTNERSHIPS WITH STATE AND LOCAL GOVERNMENTS

Managing for results also involves working closely with non-federal entities in order to coordinate policy actions and share lessons learned to enhance national efforts. In 1999, ONDCP established formal performance partnerships between the federal government and the states of Oregon⁷ and Maryland,⁸ and with the city of Houston, Texas.⁹

The goal of the Oregon partnership is to reduce youth drug use and related crime in Oregon. ONDCP and Oregon are evaluating and quantifying the scope of youth drug use within the state and collaborating to reduce use and related crime. Partnership activities include raising community awareness, identifying cost savings for prevention programs, and disseminating information on effective programs, best practices, and evaluation systems.

The Maryland Partnership is focused around two goals. The first is to reduce overall youth drug use and the second is to reduce drug-use by juvenile and adult offenders. Efforts are underway

to develop specific recommendations for joint initiatives that support Maryland's focus on preventing delinquent behavior and helping children develop core values, as well as creating a "seamless system" of drug testing, sanctions, and treatment for adult and juvenile offenders.

The Houston Partnership is unique for several reasons. The partnership provides insight into community-based (county, city, and private) contributions as well as challenges faced by large metropolitan areas. Specifically, the partnership focuses on reducing illicit drug use among youth and adults as well as drug-related crime among youth.

OVERVIEW OF POLICY RESEARCH AND COORDINATION

ONDCP supports a program of drug control policy research to provide input to the Strategy on a variety of subjects, including the price and purity of illicit drugs, the flow and availability of illicit drugs in the United States, drug market patterns and emerging drugs, and the size and characteristics of the hardcore drug using population. ONDCP coordinates Federal drug control research efforts through an interagency committee process. Through this interagency process, ONDCP has been able to assist Federal agencies in improving and expanding data systems' capabilities to provide policy relevant information. Finally, ONDCP is developing a long-term research agenda through a project with the National Research Council.

ONDCP COORDINATION OF NATIONAL DRUG CONTROL RESEARCH

ONDCP influences research on drug control issues through the Drug Control Research, Data, and Evaluation Committee (DCRDEC), a federally appointed advisory committee to the ONDCP Director. ONDCP proposed establishment of the DCRDEC in 1994. The DCRDEC was established under the legislative authority and mandate of the 1994 violent Crime Control and Law Enforcement Act.

As chartered, the committee functions in accordance with the Federal Advisory Committee Act. The committee's objective is to provide an avenue of communication by which a distinguished panel of sixteen experts representing scientific, engineering, law enforcement, treatment, and associated international scientific communities may advise the ONDCP Director on questions related to national drug control research. As officially chartered, the DCRDEC is authorized to engage in the following activities:

- Address subjects approved by the Director, ONDCP that are related to supporting the President's National Drug Policy in areas of substance abuse treatment modalities, improved drug abuse rehabilitation techniques, counterdrug law enforcement technology, and drug-related data collection, analysis and evaluation;
- Review current and projected policies and procedures to provide advice on enhancing the ONDCP's effectiveness in execution of national drug research policy for enforcement and demand reduction at the federal, state, and local levels; and
- Recommend to the ONDCP various alternative research policies and initiatives for fulfilling the President's National Drug Strategy in the face of evolving political, economic, technological, and organizational circumstances, such as identifying technical assessments to be performed, special studies to be conducted, and advisory groups to be formed.

In January 1999, under the auspices of the DCRDEC, the Subcommittee on Data, Research and Interagency Coordination published a Report describing its accomplishments and outlining a list of proposed principles and action items that ONDCP should use to guide its National data policy priorities.¹⁰ The Report also includes a first-time inventory of all Federal drug-related data sources.

DEVELOPING A LONG-TERM RESEARCH AGENDA

In 1998, ONDCP contracted with the National Research Council (NRC), National Academy of Sciences, for the conduct of a 30-month study to draw upon the expertise of relevant disciplines in the scientific and practitioner communities to develop a synthesis of the relevant data and research regarding drug control policy, and to develop a long-term research agenda. The study is being conducted jointly by the Committee on Law and Justice and the Committee on National Statistics, both of the Commission on Behavioral and Social Sciences and Education, and the Board of Neuroscience and Behavioral Health of the Institute of Medicine.

Following an examination of the data and research, the NRC has been assessing relevant data sets and research studies that support policy analysis, examining how new models can be constructed from currently available information; describing data needed to develop advanced models for forecasting future drug trends; identifying the best use of resources to minimize drug use initiation rates and to reduce consumption, addiction, and relapse.

NRC prepared a report discussing the efficacy of existing cost-effectiveness studies, with a focus on resolving conflicts among existing cost-effectiveness studies that cut across interdiction, enforcement, prevention, and treatment¹¹. The report examined two major studies of the cost-effectiveness of current drug control strategies: the 1996 IDA study *An Empirical Examination of Counterdrug Interdiction Program Effectiveness*¹² and the 1994 RAND study *Controlling Cocaine: Supply Versus Demand Programs*¹³. The NRC concluded that both studies should be rejected and not be used to assess or set drug control policies. The second and final report will provide an assessment of drug-related data and research and recommendations, which will be considered along with those of the ONDCP-led Drug Control Research Data and Evaluation Committee in developing an agenda for refining and developing data sources to better inform drug policy.

EXPANSION AND IMPROVEMENT OF FEDERAL DRUG-RELATED DATA SETS

Over the past several years, ONDCP has worked closely with its federal partners to expand and improve several data systems key to informing policy and tracking its success. These data systems include the National Household Survey on Drug Abuse (NHSDA), the Arrestee Drug Abuse Monitoring (ADAM) program, the System to Retrieve Information on Drug Evidence (STRIDE), the Domestic Monitoring Program (DMP), and the National Treatment Outcome Monitoring System (NTOMS). Each of the cooperative efforts to expand and improve these data systems is described below. ONDCP also funds research to assist decision-makers in understanding past and current trends in drug supply and demand.

In addition to ONDCP's support to agencies conducting drug research, ONDCP also sponsors a research agenda to better inform drug policy development and decision-making. ONDCP's research covers three areas: 1) providing information in a timely manner on the hardcore drug user population, drug markets, and current and emerging trends in drug use in the United States, 2) estimation of domestic drug consumption and measurement of drug supply at various stages of movement toward U.S. markets, and 3) evaluation of the national media campaign against drug abuse.

- **Changes to the *National Household Survey on Drug Abuse (NHSDA)*.** The NHSDA has been conducted since 1972; every two to three years through 1988, and each year since 1991. Through 1991, the survey was administered by the National Institute on Drug Abuse; since 1992 it has been administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The NHSDA is the key source of information for the Government on drug use (including any illicit drug, marijuana, cocaine, heroin, methamphetamine, inhalants, hallucinogens, alcohol, and cigarettes) among the general U.S. population aged 12 and older. Limitations of the NHSDA data have included its lack of coverage of specific populations at particularly high-risk of using drugs, including the homeless, those living in group quarters, and the criminal and incarcerated; the lack of precision for some estimates of drugs with low prevalence, such as heroin; and the absence of state-level data.

Recognizing that the NHSDA: (1) was not capable of providing state-level estimates and that other DHHS efforts to provide them were not comparable or complete, and (2) produced unstable estimates for drugs with low prevalence, ONDCP coordinated and worked closely with SAMHSA, OMB, Congress, the States, and NGOs to develop and implement in 1999 an expanded and improved NHSDA. Beginning in the mid-1990s, ONDCP began to work with SAMHSA to urge the expansion of the NHSDA to provide state-level prevalence estimates that could be used for needs assessment and other requirements. At the same time, ONDCP coordinated with OMB and the Congress to ensure support for funding an expanded NHSDA. Additionally, with SAMHSA's support, ONDCP worked with the states and NGOs to enlist their support for an expanded NHSDA. The results of the expanded and improved 1999 NHSDA were released in August 2000 and have justified ONDCP's efforts. The 1999 NHSDA sample size is approximately 67,000; more than three times that of the 1998 survey. As a result, for the first time policy-makers, researchers, NGOs, and others have comparable state-level data on the use of selected drugs and rates of drug dependence. Additionally, estimates of the use of drugs with relatively low prevalence, such as heroin and cocaine, are now more stable and reliable than in prior survey years. The 1999 NHSDA also provides much more demographic detail, including drug use by single years of age for youth and young adults, and by more race/ethnicity categories than in prior years, including white, African American, Hispanic (Mexican-American, Cuban-American, Puerto Rican, Other Latin American), Asian (Chinese, Filipino, Japanese, Asian Indian, Korean, and Vietnamese), Native Americans, and multi-race/ethnicity.

- **Changes to the *Arrestee Drug Abuse Monitoring (ADAM)* program.** In 1997, the National Institute of Justice (NIJ) launched the ADAM program to obtain locally representative data on drug use, criminality, and other related behavior from the booked arrestee population. The ADAM program developed from the Drug Use Forecasting (DUF) program, which NIJ implemented in 1987. The primary purpose of ADAM, and the earlier DUF, is to provide local policy makers and researchers with drug-related data on an important segment of the criminal population, the booked arrestee. The primary advantage of ADAM over other population-based surveys is that it includes urinalysis in addition to self-reports of recent drug use behavior. The ADAM program addressed a number of limitations of the DUF program, including DUF's sample design which was not statistically representative of the community from which it was drawn and therefore did not permit generalizations concerning drug use among the booked arrestee population. A secondary purpose of DUF/ADAM is to provide a national perspective on drug use among the criminal population. However, because the number of DUF samples was small and representative, the resulting national perspective was of limited use.

ONDCP requires national-level data for its Performance Measures of Effectiveness system on drug use among populations not readily accessed through the NHSDA, including criminal populations. Recognizing this need, ONDCP coordinated with NIJ, OMB, and Congress to develop and support the implementation of ADAM. ONDCP served on the working group to advise on the redesign of the DUF program into ADAM; supported NIJ's budget request to expand the number of ADAM sites, and provided funding support to NIJ to design and implement the first 10 new ADAM sites. The 1999 ADAM report provides data from 35 ADAM sites. NIJ plans to increase the number of ADAM sites to 60 in the near future. With this large number of sites, NIJ should be able to model reliable national estimates of drug use among the booked arrestee population.

- **Changes to the *System to Retrieve Drug Evidence (STRIDE)* and the *Domestic Monitoring Program (DMP)*.** DEA developed and maintains two data sets which are critical to monitoring and understanding drug supply trends in the United States: the System to Retrieve Drug Evidence (STRIDE), and the Domestic Monitoring Program (DMP). DEA's STRIDE database contains information on all drug-analyzed samples. This data provides information on the purity of drug samples, the location of the sample, sample size, and type of activity that obtained the drug sample. Such data is useful in determining supply trends throughout the United States. One component of STRIDE is the Domestic Monitoring Program (DMP), which obtains drug samples through undercover purchases made on a quarterly basis in 22 major metropolitan areas of the United States. DMP data includes all of the previously mentioned STRIDE components, and additionally purity and source-area. One problem with the STRIDE/DMP data is the uncertainty in the sampling procedure used to collect the data. Seizures are not obtained randomly, and neither are the undercover purchases.

ONDCP utilizes the STRIDE/DMP data to develop trends in drug price/purity. These data are also used in other drug research, which estimates drug consumption and supply in the United States. In the interest of improving drug research, ONDCP assisted DEA in studying improvements to the STRIDE/DMP data set. DEA is a critical piece of ONDCP's research efforts to understand trends in drug price/purity and supply. ONDCP has supported research into improving the STRIDE/DMP data set for heroin¹⁴. These recommendations include: assessing the comprehensiveness of the data set, integrating the data with other data sets such as ADAM, and improving the analysis of the drug samples. These improvements will not only enhance the utility of the data for ONDCP's research, but will also broaden the application of the data for other research efforts.

ONDCP POLICY RESEARCH TO INFORM THE STRATEGY

ONDCP is conducting the following drug-related research projects to better inform the Strategy in the areas of hardcore users, treatment effectiveness, emerging drugs and drug markets, the price and purity of illicit drugs, and the flow and availability of drugs in the United States:

- **Development of the *Hardcore User Study/National Treatment Outcome Monitoring System*.** A population that is not sufficiently covered by the NHSDA is the hardcore drug using population. Research has indicated that this population is a so-called "hidden population" -- it is not adequately captured by the usual general population surveys, such as the NHSDA, because many hardcore users do not live in households or typically decline to be interviewed. However, studies have shown that this population, which comprises a quarter of all cocaine users,

consumes approximately two-thirds of the cocaine available for consumption in the United States. They also have higher rates of negative consequences associated with drug use (e.g., arrests, criminal behavior, health problems, unemployment, or unstable social relationships).

Any attempt to reduce the demand for drugs and their negative consequences must target the hardcore user. However, attempts to target hardcore users with effective demand reduction programs are hampered by the lack of knowledge of the size and characteristics of this population. Recognizing the limitations of the standard population-based surveys to provide these estimates for the hardcore user population, ONDCP initiated in 1992 a series of studies to estimate the size and characteristics of the hardcore drug using population. The pilot project was initiated in 1992 in Cook County (Chicago), Illinois. The results of this pilot project, released in 1997, indicated that it was feasible to develop models that would provide accurate, reliable, and valid estimates for this critical population¹⁵. The models were based upon detailed life-history interviews collected with three independent sampling strategies at booking facilities, treatment locations, and homeless shelters. ONDCP recently implemented the follow-on study to produce national estimates. This study, called RAMONA (Random Access Monitoring of Narcotics Addicts), has been combined with the Drug Evaluation Network System (DENS), a real-time treatment admissions data system developed and supported by ONDCP's Counterdrug Technology Assessment Center, to validate the models from the pilot study and produce national estimates. Starting next year, a third component – treatment outcome monitoring – will be added and the system renamed the National Treatment Outcome Monitoring System (NTOMS). Currently, ONDCP is funding the RAMONA/DENS study; however, with the advent of NTOMS, SAMHSA's Center for Substance Abuse Treatment will become the funding agency. When fully operational, NTOMS will provide critical information to ONDCP PME system on the size and characteristics of the hardcore user population, treatment outcomes, and waiting time.

- **The use of *Pulse Check* to identify emerging drug abuse trends.** ONDCP developed the Pulse Check¹⁶ project to provide a snapshot of the current state of drug abuse and drug markets in various regions across the country, with a focus on the hardcore user population. A number of sites across the country have been selected to help assess the drug problem at the community level. In 2000, the Pulse Check was redesigned to provide a consistent panel of sources across sites and to improve its ability to provide information on the nature and extent of the drug problem in various communities, emerging trends in drug use, and characteristics of sellers and hardcore users.

The enhanced Pulse Check provides insights from ethnographers, epidemiologists, law enforcement officials, and drug treatment providers across the country and is scheduled to be released on an alternate schedule from the National Institute on Drug Abuse's Community Epidemiology Working Group reports—the only other national effort focusing on new and emerging trends. As a result, data will be available throughout each year on new and emerging trends in a quick-turnaround manner, providing an early warning to policy and decision-makers, the law enforcement and treatment communities and others involved in addressing drug abuse.

- **Improvements to research on drug consumption, supply, and price/purity.** ONDCP's Office of Programs, Budget, Research, and Evaluations directs independent research into drug supply and drug consumption. This research is conducted in coordination with other federal agencies. One research project is an annual estimate of domestic consumption of each of the four major drugs: cocaine, heroin, marijuana, and methamphetamine.¹⁷ This initiative has

produced biennial drug consumption estimates since 1991, and is now an annual project. One critical supporting initiative of that project is to develop standardized drug price and purity trends, from the import wholesale level to the retail level.¹⁸ The consumption estimates provide an indication of the magnitude of the drug problem in America, the distribution among occasional and hard-core users, amount of money spent on the illegal sale of drugs, and trends in consumption. These data provide decision-makers with an understanding of the breadth of the drug problem to assist in prioritizing and focusing limited prevention and treatment resources against it.

Another research project is an annual estimate of drug supply.¹⁹ To date, cocaine and heroin supply has been estimated most completely. For cocaine, the project provides annual estimates of supply at several stages of movement from source to U.S. streets. These estimates are based on cultivation data, production information, and loss data from consumption and seizure data. One primary application of these estimates is to support ONDCP's Performance Measures of Effectiveness (PME) process.

Federal agencies are a critical piece in these research efforts. Agencies provide the bulk of the information, data, and review for these projects. For example, DEA provides data from their System to Retrieve Drug Evidence (STRIDE) and Federal-wide Drug Seizure System (FDSS); National Institute of Justice (NIJ) provides data from their Arrestee Drug Monitoring (ADAM) Program; the intelligence community provides data on drug cultivation and seizures; the law-enforcement agencies provide additional seizure information; and agencies such as HHS and NIJ provide treatment and drug prevalence data. These research efforts also feed back into agency efforts to focus and prioritize their resources against the threat.

ENDNOTES

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- ¹ Significant ONDCP documents related to the Performance Measures of Effectiveness System and ONDCP coordination of drug-policy research are in Appendix 3 (National Drug Control Budget and Measuring Performance and Results).
- ² ONDCP, *Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Policy, 1998-2007*.
- ³ ONDCP, *Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Policy, 1998-2007*, pp. v-vi.
- ⁴ Copies of annual reports submitted by ONDCP in compliance with GPRA are in Appendix 3 (National Drug Control Budget and Measuring Performance and Results).
- ⁵ Millar A, Simeone, R.S., and Carnevale, J.T., "Logic Models: A Systems Tool for Performance Management," *Evaluation and Program Planning*, Jan/Feb 2001 forthcoming.
- ⁶ ONDCP, *Performance Measures of Effectiveness: 2000 Annual Report*.
- ⁷ Agreement by Barry R. McCaffrey, Director, ONDCP and John A. Kitzhaber, M.D., Governor, State of Oregon, *Performance Partnership Agreement: A Federal/State Collaboration of Drug Control Efforts*, September 8, 1999.
- ⁸ Agreement by Barry R. McCaffrey, Director, ONDCP and Kathleen Kennedy Townsend, Lieutenant Governor, State of Maryland, *Performance Partnership Agreement: A Federal/State Collaboration of Drug Control Efforts*, April 2, 1999.
- ⁹ Agreement by Barry R. McCaffrey, Director, ONDCP and Lee P. Brown, Mayor, City of Houston, Texas, *Performance Partnership Agreement: A Federal/State Collaboration of Drug Control Efforts*, August 11, 1999.
- ¹⁰ ONDCP, *Report of the Drug Control Research Data and Evaluation Committee*, 1999.
- ¹¹ National Research Council, *Assessment of Two Cost-Effectiveness Studies on Cocaine Control Policy*, 1999.
- ¹² Crane, B.D., Rivolo, A.R., and Comfort, GC, *An Empirical Examination of Counterdrug Interdiction Program Effectiveness*, 1997.
- ¹³ Rydell, C.P. and Everingham, S.S., *Controlling Cocaine: Supply Versus Demand Programs*, 1994.
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- ¹⁶ ONDCP, *Pulse Check National Trends in Drug Abuse, March 1994*.
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- ¹⁸ Johnston, P., Rhodes, W., Carrigan, K., and Moe, E. (1999) *The Price of Illicit Drugs: 1981 through the Second Quarter of 1998*.
- ¹⁹ Layne M., Johnston, P., et al., *Estimation of Cocaine Availability*, 2000 and; Rhodes, W., Layne, M., et al. *Estimating Heroin Availability*, 2000.

SECTION VI

MAJOR AGENCY INITIATIVES AND ACCOMPLISHMENTS

INITIATIVES TO PREVENT DRUG USE

DEVELOPMENT OF EVIDENCE-BASED PRINCIPLES FOR SUBSTANCE ABUSE PREVENTION

The National Drug Control Strategy's Performance Measures of Effectiveness system required ONDCP to "develop and implement a set of research-based principles upon which prevention programming can be based." A subcommittee of the Interagency Demand Reduction Working Group (IDRWG) convened to develop research-based principles, based on literature reviews and guidance provided by the federal departments of Education, Justice, and Health and Human Services as well as the White House Office of National Drug Control Policy. The prevention interventions, which were the subject of these reviews, had been tested in laboratory, clinical, and community settings using the most rigorous research methods. In January 2000, the subcommittee approved fifteen Principles of Prevention. These were published in the 2000 Annual Report.

THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN¹

In 1997, the Office of National Drug Control Policy initiated plans for a National Youth Anti-Drug Media Campaign, with three goals:

- Educate and enable America's youth to reject illegal drugs
- Prevent youth from initiating use of drugs, especially marijuana and inhalants
- Convince occasional users of these and other drugs to stop using drugs

Under the Treasury-Postal Appropriations Act, 1998, Congress approved the President's drug control budget for FY 1998 (P.L. 105-61), which included funding "a national media campaign to reduce and prevent drug use among young Americans." This campaign, developed from a solid scientific base, collaborates with the Partnership for a Drug-Free America and a wide array of non-profit, public, and private sector organizations to develop messages that resonate with young people, parents, and other adult mentors.

The Campaign's Communications Strategy

After nearly a year of research and consultation with hundreds of drug prevention and behavioral specialists; experts in teen marketing, advertising, and communications; and representatives from professional civic, and community organizations, ONDCP published a communications strategy for the campaign that outlined five communication objectives for youth and six objectives for parents and other care-givers.² All ads and community programs are based on one or more of these core messages. Delivery mechanisms include a variety of media as well as major youth-based organizations, drug-prevention groups, schools, the faith community, the entertainment industry, and the Internet. The campaign relies upon expert behavioral and scientific research to insure that the messages are effective.

Target Audience

The goal of the National Youth Anti-Drug Media Campaign is to prevent drug use before it starts. Research indicates that young people who refrain from using psychoactive substances until age 21 rarely become users later in life. The earlier drug use is initiated, the more likely users are to consume progressively more dangerous substances. Reducing demand is the key to primary prevention. Consequently, the campaign's primary target audience is youth from 11 - 13 years of age, with messages also designed for older adolescents, parents and other adult influencers.

Role of the Media

Media have come to play an increasingly important role in public health campaigns, due to its wide reach and ability to influence behavior. Research shows that most people rely on the media as their primary source of information about health issues. The media can raise awareness, enhance knowledge and beliefs, and affect attitudes. There is evidence to suggest that public service media campaigns have helped influence behavior on public health issues, such as seat belt use, drunk driving, and Reyes Syndrome. The National Youth Anti-Drug Media Campaign uses a diverse media mix, including television, video, radio, print and the Internet to deliver both general and tailored public-service messages. The full range of media, including paid and public advertising, news, public affairs and entertainment programming is used to deliver accurate messages about illicit drugs.

Multicultural Outreach

The Media Campaign includes a very strong, ethnically diverse outreach component targeting youth, parents, and other adult influencers. The Campaign reaches African Americans, Hispanics, American Indians, Asian Americans, Pacific Islanders (including Chinese, Koreans, Vietnamese, Cambodians, Filipinos, Guamanians and Samoans), Alaskan Natives and Aleuts and prints material in seven languages. It works closely with local, ethnic community groups and media outlets to maximize dissemination of prevention messages.

Requirement for pro-bono matches

A key component of the Campaign is the requirement that media accepting advertisements are required to match the Campaign's purchases with an equal value of pro bono public service.³ The match may be in the form of public service announcements, programming input, or sponsorship of drug-use prevention programs. This one-for-one match requirement not only doubles the reach and scope of the Media Campaign but also benefits many drug-and health-related causes, whose PSAs are aired by networks to meet the match requirement.

Entertainment Media Outreach

The Campaign does extensive media outreach to reporters and organizations on a range of drug use issues, such as recent surveys or other data about youth drug use perceptions. The Campaign also sponsors content analyses (conducted by Stanford and Lewis and Clark Universities) to identify the nature of how drugs, alcohol and tobacco are depicted in film, television, music, and music videos popular with teens. These reports not only add a scientific objectivity to ONDCP's discussions with Hollywood, but also are of value in planning Campaign strategies and activities as they relate to this industry.

Conduct of the campaign in three phases

The National Youth Anti-Drug Media Campaign was developed in three phases:

Phase I: January - July 1998

This pilot phase consisted of television, radio, print, and outdoor advertising in 12 markets. Audience and awareness surveys and focus groups were conducted throughout Phase I to provide feedback to help shape Phases II and III.

Phase II: July 1998 - July 1999

Campaign messages began to run nationwide on national broadcast, cable, local television, radio, print and outdoor media. Campaign websites for youth, parents, and stakeholders were launched at the beginning of Phase II. Partnerships were developed with the private sector, community coalitions, and state and local governments.

Phase III: September 1999 - December 2002

The national media buy continues concurrent with further development of partnerships with groups such as media outlets, professional sports leagues, the entertainment industry, professional organizations, and youth and community-based groups. Paid advertising also continues to be accompanied by the pro bono match. Some of the initiatives in Phase III are:

- Behavioral and Creative Briefs developed in 1999 (late summer/fall). A behavioral brief is audience-specific and summarizes insights from relevant behavioral research that may improve the success of campaign messages with specific audiences. A creative brief is also audience specific and outlines the individual strategic message platforms against which creative executions should be developed. Behavioral and creative briefs were developed for the youth, parent and multi-cultural audiences.
- A major effort to encourage individuals and community groups to join anti-drug coalitions and to educate people about substance abuse prevention, the "You Can Help" campaign was launched in September 2000. The Campaign includes public service announcements and a Community Tool Kit, which relates how to join a drug-prevention organization and how to use the Public Service Announcements in local media markets.⁴
- The Tool Kit was created in the spring of 1999 in response to requests from Media Campaign partners to extend the reach and impact of Campaign messages in their communities. It is designed to reach target audiences including national, state, and grass roots partners both in and beyond the prevention community.
- The Parenting Tips brochure was conceived of as a single public response/fulfillment piece to insure that something was available to meet the demand for information from parents created by the launch of the Parenting Skills/Efficacy campaign in the fall of 1999.⁵ It was presented as part of the initial integrated campaign. The Parent Branding creative effort began in the summer of 1999.
- The General Accounting Office released a report in July 2000 on the Media Campaign, which concluded that ONDCP had complied with most statutory requirements regarding Media Campaign funds and program guidelines.⁶

- In an effort to create a unifying theme and generate new interest in anti-drug awareness, ONDCP, in coordination with the Partnership for a Drug-Free America, launched a \$22 million, four-month, "My Anti-Drug" youth branding initiative in September 1, 2000. This two-phased promotion asks kids to identify what stands between them and drugs - it asks for their "anti-drug." In November, the Campaign played back kids' responses to "My Anti-Drug" in the form of ads and on the Internet. The new branding initiative will reach kids of all backgrounds through traditional and non-traditional media. Postcards were created to solicit submissions, and "Partner Participation Packs" were sent to hundreds of Campaign partners suggesting ways to engage the kids in their organizations or communities in the "My Anti-Drug" campaign.

Evaluating the campaign's effectiveness

The authorizing legislation for the media campaign (P.L. 100-690) required that "the Director [of ONDCP] shall...report to Congress within 2 years on the effectiveness of the national media campaign based upon the measurable outcomes provided to Congress previously."

ONDCP initiated the campaign in three phases with an evaluation component for each phase. Evaluations of phases I⁷ and II⁸ were conducted by ONDCP's contractor CSR, Incorporated. For evaluation of Phase III, ONDCP entered into a Memorandum of Understanding with the National Institute on Drug Abuse to conduct an impact evaluation. NIDA was selected to ensure the independence of the evaluation and due to its impeccable reputation as the premiere research institute on drug abuse. NIDA convened several panels of experts to develop the science-based evaluation design⁹ and then through a competitive contract process, awarded a contract to Westat, the Annenberg School of Communication, and NDRI. The evaluation is designed to measure the impact of the National Youth Anti-Drug Media Campaign on the attitudes and behavior of parents and their children concerning illegal drug use.

The Phase III evaluation, which went into the field in November 1999, will complete 34,200 interviews by the end of the study in June 2003. The design includes a household-based survey using computer-assisted technology in which parents and youth from the same household are interviewed. The design includes a longitudinal component and an evaluation of environmental influences. Reports are being provided every 6 months throughout the life of the campaign. The first report on Phase III data was released in November 2000.¹⁰

THE DRUG-FREE COMMUNITIES PROGRAM

Our national drug problem is actually a series of local epidemics best confronted at the local level. The Drug-Free Communities Act of 1997 was created through a bipartisan act of Congress and signed into law by President Clinton on June 27, 1997.¹¹ The Act authorizes the Office of National Drug Control Policy to carry out a national initiative that awards federal grants directly to community coalitions in the United States. Such coalitions work to reduce substance abuse among youth, strengthen collaboration among organizations and agencies in both the private and public sectors, and serve as catalysts for increased citizen participation in strategic planning to reduce drug use over time. Drug-Free Community coalitions are also expected to synthesize data from all available sources to better document the nature and extent of local drug problems, including the underage use of alcohol and tobacco, and any use of illicit drugs and inhalants.

During the first three years of the program, three national competitions have awarded more than \$56 million to 307 coalitions in 49 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Of this number, 25 have been awarded to coalitions serving Native American communities, and approximately one-third to small towns or rural areas. The maximum award is

\$100,000 per fiscal year with each grantee having to match federal dollars with non-federal funds or in-kind support. Grantees may reapply for additional funding in as many as four subsequent years, though in declining amounts after year two. The program encourages local communities to build sustainable, effective mechanisms to devise and carry out more powerful prevention strategies in future years, relying primarily on local resources after the initial federal assistance.

At the national level, the Drug-Free Communities Program also represents a collaborative effort involving the White House Office of National Drug Control Policy, the Office of Juvenile Justice and Delinquency Prevention, and the Center for Substance Abuse Prevention. Oversight is provided by an eleven-member expert advisory commission appointed by the President. Commission members come from all parts of the United States and meet frequently to provide guidance to the Director of the ONDCP.

The Drug-Free Communities Act authorizes the program to operate for five years through FY 2002 and anticipates that as many as 450 coalitions will be supported through the funding mechanism. An independent evaluation is also being conducted. Special efforts are being made to engage smaller communities and rural areas in increased drug abuse prevention efforts.

In addition to its federal government partners, the program also collaborates with such private sector organizations as Community Anti-Drug Coalitions of America (CADCA), Join Together, the National Prevention Network, and many others.

THE PREVENTION THROUGH SERVICE ALLIANCE

On November 18, 1997 the Office of National Drug Control Policy hosted the first signing of a resolution by thirty-three civic, service, fraternal, women's, and youth organizations representing 40 million members worldwide. Organizations signing the agreement were as diverse as America, ranging from the Girls Scouts, to the Lions Clubs International, from VFW to AMVETS, and from 100 Black Men to the National Masonic Foundation for Children.¹²

The resolution committed the groups to commit to one million hours of volunteer service to youth drug prevention – a goal that has been met each year since 1997. This historic signing was held in the Old Executive Office Building and witnessed by Barry McCaffrey, Director of ONDCP, Harris Wofford, Director of the Corporation for National Service, and Vice President Al Gore. In three years, this alliance has grown to forty-eight member organizations representing over 100 million members worldwide.

The Prevention Through Service Alliance (PTSA) is supported by federal agency efforts in drug prevention in partnership with the private sector affiliate chapters found in every city and state in the United States, as well as internationally. Alliance projects have included training in media literacy; parenting and mentoring; use of volunteers; and drug education and prevention. The PTSA holds an annual summit to celebrate their accomplishments and to hold signing ceremonies for additional organizations. During the October, 2000 summit, five additional groups joined the alliance.¹³ With a new website that links the organizations together and to on-going substance abuse prevention programs for students, families, and communities, the alliance continues to grow and expand its influence on promoting healthy lifestyles.¹⁴

THE PRESIDENTIAL INITIATIVE ON YOUTH, DRUGS AND DRIVING

On October 19, 1996, President Clinton urged stronger measures to reduce the incidence of drug use by teens and reduce driving under the influence of drugs. He directed the Director of the Office of National Drug Control Policy and the Secretary of Transportation to formulate recommendations to him to meet these two goals.

A taskforce of federal agencies was formed led by Office of National Drug Control Policy and the Department of Transportation and including representatives of the Departments of Education, Health and Human Services, and Justice.¹⁵

On February 3, 1997, ONDCP Director Barry McCaffrey and Transportation Secretary Frederico Pena submitted a report detailing recommendations for a Presidential Initiative on Drugs, Driving and Youth to the President.¹⁶

The report detailed a comprehensive strategy designed to reduce both drug use by youth and driving under the influence of drugs. It has a four component strategy:

- **Demonstration program for drug testing driver's license applicants** – a demonstration project in two to four states over two years to test different drug testing strategies.
- **State incentive grants** – designed to improve state drugged driving laws. To receive funding, states must enact and enforce specified laws.
- **State drugged driving enforcement, prosecution, adjudication and publicity** - expanded and strengthened with federal support.
- **Prevention, education and treatment** - expanded to address youth drug abuse, education on drugged driving consequences and identified young drivers who have drug abuse problems and require treatment.

The strategy's four components work together to assure strong laws combined with effective enforcement, prosecution, and adjudication of these laws, drug testing for driver's license applicants; comprehensive drug prevention, education, and publicity; and treatment for those identified when appropriate.

Legislative History

Funding for the National Highway Transportation Safety Administration supports the Presidential Initiative on Drugs, Driving and Youth by conducting research on the incidence of drugs and driving and providing demonstration grants for training, technical assistance, and technology applications to law enforcement officers, prosecutors, and judges on alcohol and drug issues. (Dollars in Thousands)

1997	Requested	\$2,000	Enacted	\$0
1998	Requested	\$2,000	Enacted	\$1,400
1999	Requested	\$2,000	Enacted	\$1,400
2000	Requested	\$1,400	Enacted	\$1,138
2001	Requested	\$1,400	Enacted	\$1,200

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

Starting in the early 1990s the nation began to experience a rise in drug use, particularly marijuana use, among youth that has begun to decline only in the past two years. For example, according to the NHSDA, between 1979 and 1992, past month use of marijuana among 12 to 17 year olds declined 76 percent, from 14.2 percent to 3.4 percent. Between 1993 and 1997, it more than doubled, from 4.0 percent to 9.4 percent; since then it has declined 26 percent through 1999 to 7.0 percent. Research has shown that increased criminal behavior and violence often accompany such increases in drug use among youth.

In 1996, in response to the increase in youth drug use, President Clinton convened the White House Leadership Conference on Youth, Drug Use, and Violence on March 7, 1996 at Eleanor Roosevelt High School in Greenbelt, Maryland¹⁷. ONDCP was one of the lead agencies involved in the planning and execution of the conference. Director McCaffrey delivered opening remarks and co-chaired the opening plenary roundtable along with HUD Secretary Henry Cisneros. Director McCaffrey then delivered remarks to the student body of Eleanor Roosevelt High School and introduced the Vice President. The afternoon was given over to nine concurrent roundtables chaired by members of the Cabinet, including Director McCaffrey, and other high-ranking Administration officials. Topics included:

- Strengthening the Justice System Response to Juvenile Crime
- Strengthening the Law Enforcement Response to Juvenile Crime
- Making Schools Safe, Orderly, and Drug Free
- Strengthening Families and Creating Safe Passages for Youth
- Mobilizing Communities
- The Media's Role in Preventing Youth Drug Use and Violence
- Curbing Underage Drinking
- Reducing Drug Use Through Prevention and Treatment
- Reducing Youth Gang and Gun Violence

Participants in the roundtable included over 300 invited guests from around the country, including researchers, clergy, community activists, business leaders, entertainers, educators, media executives, treatment and prevention specialists, juvenile justice experts, judges, prosecutors, police, parents, and youth.

Director McCaffrey and Attorney General Reno chaired a concluding plenary session.

WORKPLACE PREVENTION INITIATIVES

In recognition of the relative lack of resources available to assist small businesses to deal with abuse in the workplace, Congress passed the Drug-Free Workplace Act of 1998, which directed the U.S. Small Business Administration to award grants to intermediaries, such as drug-testing firms and employee-assistance programs, regional treatment providers and the SBA's Small Business Development Centers.¹⁸ The initiative was designed to help small businesses implement drug-free workplace programs. The funding will be used to provide information and assistance to small business owners on establishing such programs. The program will also provide financial and technical assistance to small businesses that set up their own drug-free workplace programs.

The SBA, in conjunction with the White House Office of National Drug Control Policy, the Department of Health and Human Services, and the Department of Labor developed the program, released a request for proposals in May, 1999 and awarded grants and contracts to participants in September, 1999.

SBA awarded 16 grants to eligible intermediaries to provide financial and technical assistance to small businesses seeking to establish drug-free workplace programs. SBA also awarded 14 contracts to Small Business Development Centers to provide information and technical assistance to small businesses with respect to establishing drug-free workplace programs.¹⁹ Activities supported by the Drug Free Workplace Demonstration Program include:

- Providing financial assistance to small businesses to establish drug-free workplace programs (e.g., free or reduced costs for EAP services and/or drug testing)
- Educating small businesses on the benefits of a drug-free workplace
- Encouraging small business employers and employees to participate in DFWP programs
- Educating parents that work for small businesses on how to keep their children drug-free

SBA awarded participants option year grant and contract renewals in September 2000.

Legislative History

Congress authorized \$10 million for fiscal years 1999 and 2000 to carry out this legislation. In FY 1999, funding of \$4 million was appropriated for the program and in FY 2000, \$3.5 million was appropriated.

EFFORTS TO COMBAT DRUG USE IN SPORT

Banning Marijuana use in the Olympics

During the Nagano Olympics a Canadian snowboarder who won the Olympic gold medal tested positive for marijuana. This caused the Office of National Drug Control Policy to become seriously concerned about the impact of this victory on youth attitudes toward drugs; an Olympic gold medal seemed to directly undercut our messages to young people that drug use undermines a child's opportunities for success. ONDCP began a wave of efforts to get the IOC to ban marijuana from the games. In short course, these efforts were successful and the IOC banned marijuana.

Combating doping

In the course of our efforts to put in place an IOC ban on marijuana, athletes and sports officials at all levels—ranging from Olympians to high school coaches to youth athletes—informed ONDCP that they felt that the more urgent drug threat within the sports world was the use of performance enhancing drugs. These concerns were then scientifically grounded with the results of the 1999 Monitoring the Future Study, which found youth steroid uses increased, on average, roughly 50 percent over the prior year's study. The MTF study also reported that the levels of youth steroid use were now equal among both boys and girls and were on par with the level of cocaine use.

Creating a Drug Free Olympics

Based upon these concerns and studies, the United States began a coordinated effort to put in place an effective counter-doping program for the Olympics. Our efforts to address doping at the international ranks were premised on the understanding (as backed in scientific studies) that these elite athletes serve as role models for millions of young people who emulate their actions, from a batting stance to drug use.

The World Conference on Doping in Sport

In February of 1999, ONDCP led an inter-agency delegation to the first World Conference on Doping in Sport. At this conference, which occurred against the landscape of the IOC bid city bribery scandal, it became clear that the international community of nations lacked confidence that the IOC alone could adequately address the threat of doping in sport. Ultimately, the Conference resulted in, *inter alia*, a call for a new independent, international anti-doping agency.

Development of the IOC's proposed World Anti-Doping Agency

Following up on the Conference's call for such an agency the IOC commenced efforts with the sports community and certain select national representatives to establish a World Anti-Doping Agency (WADA). The United States and other concerned nations, such as Australia and Canada, were not consulted during this process.

In the fall of 1999, the IOC prepared to announce a WADA of its own creation and vision.²⁰ After reviewing the proposed WADA statute the United States determined that the proposed WADA was inadequate in a number of critical respects, including:

- Public participation
- Transparency
- Accountability
- Power sharing
- Efficacy and authority

Director McCaffrey sent IOC President Samaranch a letter outlining the concerns of the United States.²¹

To determine the proper course to respond to these failings the United States convened a high-level strategy meeting to determine a course of action. The meeting was led by Director McCaffrey, Counselor to the President Doug Sosnick, White House Counsel Charles Ruff, and Assistants to the President and Co-Vice Chairs of the White House Olympic Task Force Thurgood Marshall, Jr. and Mickey Ibarra. At this meeting it was determined that the United States would seek to build an international consensus to correct the flaws of the IOC's proposed WADA. The participants also determined that the United States needed a comprehensive policy to address both the domestic and international aspects of the doping problem.

Creation of the IOC's WADA

In November of 1999, the IOC prepared to establish their framework for the WADA and sought international "buy in" from a series of nations, in particular those of the European Union, for their proposed framework. To counter this effort, ONDCP began efforts to build international consensus that the IOC's proposal remained inadequate and that changes were necessary before the international community would participate in the WADA. For example, during a visit of the

Director of ONDCP to the United Kingdom, the United States and the UK reached agreement on a Joint Communiqué that reiterated the now shared view of our two nations that the IOC proposal was fundamentally flawed.

When the IOC saw that the United States was building international consensus regarding inadequacies of the WADA as proposed, the IOC sought United States support for its proposal. The IOC sent senior representatives to the White House to offer the US full participation in the WADA in exchange for its support of the proposed WADA. The United States, instead, reiterated its concerns about the proposed WADA. The IOC then moved forward with the creation of the WADA, however, so as not to alienate one of the most important Olympic nations, it also indicated a willingness to address the flaws that a growing number of nations perceived in the WADA framework.

Beginning the reform of the WADA: The Sydney Summit, Bilateral Talks, and the Montreal Summit

Following up on the IOC's new willingness to discuss the substantive concerns of the United States, the IOC and ONDCP began a high-level dialogue on the 17 most important shortcomings of the new WADA.

At the same time, the United States was also working closely with Australia and Canada to further international support for a reformed WADA. From November 14 to 17, 2000, Australia hosted a groundbreaking summit on the use of drugs and sport, which was attended by 27 governments. The Sydney, Australia, summit produced a strong communiqué, which greatly advanced the US policies with respect to the WADA and doping. As part of the communiqué the governments also established the International Consultative Group to coordinate anti-doping policies and governmental participation in the WADA.

After the Sydney Summit provided widespread international support for the US views, in December of 1999, IOC President Juan Antonio Samaranch traveled to the White House to meet with Director McCaffrey. This meeting resulted in a joint statement outlining the IOC's agreement to address the 17 specific aspects of the WADA that the United States believed required reform. It was agreed that these necessary reforms would be taken up in the first meeting of the WADA.

In May 2000, the Consultative Group held its first meeting in Montreal, Canada, to determine governmental participation in the WADA. The meeting focused on the delicate issue of what governments should sit on the WADA Board and how these nations would represent the other nations. The United States was allocated one of the original WADA governmental seats. In addition, in an appendix to the Montreal Communiqué, the international community also specifically supported the 17 areas of reform that the US and the IOC had agreed upon.

The first meeting of the WADA

Director McCaffrey led the US delegation to the first meeting of the WADA. The first action taken by the then-existing WADA Board was to grant full WADA Board membership to nations selected during the Montreal Summit. The WADA Board adopted most of the international community's suggested reforms, including rules on public participation, transparency, and conflicts of interest. The Board also began subcommittee efforts to lay the groundwork on a number of areas of reform that required more in-depth efforts, such as a new venue for the WADA headquarters and an athlete' anti-doping passport. With these changes in place, the WADA looked far more like the institution the United States and its other international partners called for, than the original IOC-formed WADA.

The Sydney Games

Over the short-term, the most important work of the WADA was to provide a more drug-free, level-playing field for the Sydney Olympic games. To achieve this the WADA Board, with the leadership of the United States, focused on two primary tasks:

- Creating a WADA out-of-competition drug testing program targeting the Sydney competitors prior to the games; and,
- Putting in place a WADA independent observer team to oversee the anti-doping programs of the 2000 summer games.

With respect to both of these key functions the WADA was able to implement in short order a fully effective program:

- **WADA Drug Testing**

Before the Sydney games began the WADA ran over 2,043 out-of-competition tests on the athletes preparing for the Sydney games. These tests cut across 27 summer sports and involved athletes from 82 nations, including the United States.

- **Independent Observers:**

The WADA put in place a team of international observers, drawn from a range of nations (including the United States, China, Finland, Canada and South Africa) and a variety of disciplines (including lab technicians, medical doctors, lawyers, and drug testing program administrators). This team observed all aspects of the Sydney games anti-doping programs—from the notification of athletes, to the taking and testing of samples, to legal challenges to the results. The athletes, sports administrators and even the members of the IOC Medical Commission, all have stated that the presence of the international observer team increased confidence in the system. This team provided to the WADA and the international community a full report of their efforts.²²

In addition to the gains made by the WADA specifically, the Sydney games also made a number of positive steps in the fight against drug use in sports, specifically:

- The implementation of a test for “EPO,” a banned substance that is used by athletes to increase their endurance.
- The development of a comprehensive protocol to govern the entire process of drug testing and results management for the games.

Taken as a whole, these efforts significantly improved the effectiveness of the anti-doping programs implemented in Sydney. In response to the new tests, nations cut from their team’s athletes and others suspected of doping. For example, China took the courageous step of removing 40 team members from their Sydney delegation. The drug testing at the games produced far better results: six medals were removed from athletes found to be doping; over 25 athletes tested positive at the games themselves. By way of comparison, at the Barcelona games there were only 5 positives, at Seoul there were 10 positives, in Los Angeles there were 12, and there were none at the Moscow games. And, in response to concerns about their program, United States Track and Field agreed to conduct an independent review of its anti-doping program.

Creating a United States federal policy on drugs in sports

Our efforts to combat doping internationally form an integral part of the United States' new comprehensive federal policy to address the problem of drugs in sports, which was released in October of 1999. This policy was developed through a full inter-agency process. The resulting policy focuses on drug use in sport at all levels, and includes both performance enhancing drugs and illegal drugs, such as marijuana and cocaine. While the policy touches on both international and domestic efforts, the primary impetus for the policy was the mounting body of scientific evidence pointing to the growing problems of drug use among American youth.

To ensure the effective implementation of this policy, on August 9, 2000, the President issued an Executive Order creating a White House Task Force on Drugs and Sport. This task force is charged with developing recommendations for federal actions to address the threat of drug use in sport, in particular the risks to youth.

PREVENTING YOUTH DRUG USE THROUGH ATHLETICS

In addition to our efforts to combat the use of drugs in sports, ONDCP launched an Athletic Initiative to use sports as a vehicle to help prevent young people from turning to drugs. This Initiative was premised on the following science-based conclusions:

- According to the Department of Health and Human Services, a child who plays sports is 49 percent less likely to get involved with drugs than a peer who does not play sports.²³
- Young people routinely cite athletes as important adult role models.
- Coaches are very involved with youth.

The Initiative has two goals:

- Ensure that athletes influence youth to reject drugs;
- Mobilize the sports world – from peewee coach to the pro – to educate kids about drugs.

The Initiative launched a number of important outreach vehicles to provide young people with the positive message of involvement in sports instead of drugs.

The National Coachathon

In 1998 ONDCP ran the first-ever Coachathon against Drugs. Coaches were asked to spend ten minutes or more, at least once during the week talking about the dangers of drugs to their players and students. With the assistance of the Department of Justice, ONDCP published and mailed out 100,000 *Coaches Playbooks against Drugs* to coaches across the nation in preparation for the event. The Coachathon ran high visibility events nationwide. The kickoff was held with Major League Soccer at their championship in Los Angeles. The anchor event was a basketball clinic for HUD children in the District. John Madden, the legendary coach and TV commentator, featured the Coachathon week in his live broadcasts on the Fox sports. Coaches, including Dennis Green of the Vikings (who served as an honorary co-chair) and Pete Carroll (then of the Patriots) held events in their cities. Coach Green also sent his team to schools across the Minnesota area and filmed a PSA, which was aired nationally and locally. Coach Carroll featured the event on his weekly television show. Over twenty other coaches and athletes from Major League Baseball and professional football teams also conducted events in their cities.

Other efforts

In 1998-99, 18 Major League Baseball teams teamed up with ONDCP:

- All 18 teams showed anti-drug PSAs at their home games. Through this effort we reached roughly 30 *million* people, with a large number being parents sitting with their children.
- High profile teams like the NY Yankees (which enjoyed a record setting season); Atlanta Braves (which went to the playoffs) were teammates.
- All teams provided stars to film PSAs—individuals such as Mookie Wilson of the NY Mets and Greg Zaun of the Florida Marlins.

ONDCP and the Department of Housing and Urban Development also teamed up with the NCAA to reach out to youth through sports:

- HUD provided the NCAA's National Youth Sports Program an increase of \$250,000 to an existing drug elimination grant. This increase provided 2,000 more at risk kids from public housing with the ability to participate in summer programs that focus anti-drug messages and educational assistance coupled with sports programs.
- Overall, the grant in total reached over 67,000 at risk kids in 47 states and the District of Columbia each year.

These efforts formed the basis for other sports-based programs in ONDCP's National Youth Anti-Drug Media Campaign.

FAITH INITIATIVE

Recognizing that clergy and laypersons of faith-based organizations are highly influential civic leaders, ONDCP encouraged the development of programs that provide much-needed counseling and drug treatment by faith-based organizations for members of their communities.²⁴

ONDCP SUPPORT OF D.A.R.E.

ONDCP and the administration were consistently supportive of D.A.R.E. America, the prevention program that reaches more than 300,000 classrooms. ONDCP encouraged the organization to subject its curriculum to academic scrutiny and participated in national meetings of D.A.R.E. officers.²⁵ In 2000, approximately 20 percent (\$41 million) of the resources that support D.A.R.E.'s important prevention efforts came from the federal government.

COUNTERING ATTEMPTS TO LEGALIZE DRUGS

Although the overwhelming majority of Americans reject illegal drug use, a small element would like to see drug use legalized in the United States. Knowing that the idea of making drugs like heroin, PCP, LSD, and methamphetamine legal and available would be abhorrent to most Americans, this group has developed several strategies aimed at incrementally accomplishing drug legalization.

First, they denounce current drug policy as prohibitionist, hoping to associate the negative connotations of Prohibition with a sensible drug policy. They claim that illegal drug use is part of the human condition, and we can never entirely prohibit it anyway. Another strategy is to draw a semantic distinction between “soft” and “hard” drugs. This strategy concedes that drugs like heroin may be harmful, but others, like marijuana and the hallucinogens, are not, and should therefore be legalized.

Harm reduction is a euphemistic name for the goal of drug legalization. This philosophy claims that harm is a result of prohibition, not drug use itself, and harm would be reduced if certain practices were adopted. For example, harm reduction proponents claim that because many heroin addicts commit crimes to support their habits, crime would be reduced if we gave heroin addicts free heroin. A call for decriminalization is yet another arm of the harm reduction strategy, and would mean *de facto* legalization. Decriminalization takes the view that while drug use remains illegal; penalties should be so minor as to not impose any serious punishment of those who would use illegal drugs. The truth is that our current drug laws were enacted exactly because there once was a time in America when drugs were legal, cheap, and available.

Not only have proponents of legalization tried to advance the notion that the “prohibitionist” approach to drug policy is a failure, and that harm reduction and decriminalization should be adopted, they have sought to gain acceptance of the use of marijuana through ballot initiatives in support of the medical use of marijuana and by attempts to legalize hemp for industrial purposes.

ONDCP has remained steadfast in maintaining a sensible drug policy based on scientific research that shows that drug use changes the brain.

On September 5, 1996, Director McCaffrey issued a press statement against the medical use of marijuana.²⁶ On September 12, he issued a statement against the legalization of marijuana.²⁷

In 1998, Deputy Director Donald R. Vereen held press conferences in Phoenix, Arizona, Las Vegas, Nevada, Portland, Oregon and Seattle, Washington stressing that medicine should be determined by science, not by ballot.

On June 16, 1999, Director McCaffrey testified before the House Government Reform and Oversight Committee’s Subcommittee on Criminal Justice, Drug Policy, and Human Resources on the Drug Legalization Movement in America.²⁸

On October 7, 1999, Director McCaffrey met with public officials, law enforcement officials, and members of the treatment community, and he also held a press conference there to respond to claims by New Mexico Governor Gary Johnson that drugs should be legalized.

MARIJUANA AS MEDICINE

Marijuana is a mixture of the dried leaves and flowering tops of the *Cannabis sativa* plant. It is generally smoked. The main active ingredient that causes the psychoactive effect in marijuana is THC, which stands for delta-9-tetrahydrocannabinol.

Marijuana is the most commonly used illicit drug; according to the *1999 Household Survey on Drug Abuse*, it is used by 75 percent of current drug users. Many people in America think marijuana is harmless. In fact, marijuana use has risks. Marijuana smoke contains carbon monoxide, nitrosamines, benzopyrene, and over 60 cannabinoid compounds. All of these are

respiratory irritants and potential carcinogens and may remain in fat tissue for several months. Someone who smokes marijuana regularly may have many of the same respiratory problems as tobacco smokers, including daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Marijuana use can also cause problems with memory and learning; difficulty in thinking and problem solving; loss of coordination; and increased heart rate, anxiety, and panic attacks.

The number of teens treated for marijuana use increased 155 percent between 1993 and 1998. About 49 percent of all patients admitted to treatment for marijuana use are under age 20. When young people smoke marijuana, they are not only using a drug that interferes with learning, but they are also becoming engaged in the drug culture.

The Medical Use of Marijuana – IOM Study

Medical advancement requires rigorous scientific testing before a new drug is released to the public. To recognize this reality is not to shut out the possibility of merit in the cannabis plant but it is to reject exaggerated claims for marijuana.

In response to anecdotal claims about marijuana's medical effectiveness, ONDCP asked the Academy of Science's Institute of Medicine (IOM) in January 1997, to conduct a review of the scientific evidence assessing the potential health benefits and risks of marijuana and its constituent cannabinoids. ONDCP believed that an objective and independent evaluation of research regarding the use of marijuana for medicinal purposes was appropriate given the ongoing national debate about marijuana and its health effects.

Specifically, ONDCP asked that the IOM consider:

- The science base and gaps in scientific knowledge regarding the use of marijuana for medicinal purposes
- Scientific information about marijuana's mechanism of action
- Peer reviewed literature on the uses of marijuana
- Costs associated with various forms of the component chemical compounds in marijuana and other pharmacotherapies for special medical conditions.

The \$1 million study was the most comprehensive summary and analysis of what was known about the medical use of marijuana at the time. It considered scientific evidence on several topics related to marijuana, including its pharmacological effects; the state of scientific knowledge; marijuana's ability to produce psychological dependence; risks posed to the public health; marijuana's history and the then current pattern of abuse; and the scope, duration and significance of abuse.

The IOM report *Marijuana and Medicine: Assessing the Science Base*, released in March 1999,²⁹ validated ONDCP's position on science-based medicine. ONDCP has always said that science should determine the practice of medicine. The IOM report highlighted the need for targeted research on the compounds in marijuana that may be helpful to those in medical need. The significant point of the study is that we need more scientific research to determine whether marijuana has medical benefits.

The report's six main points are:

- There is little future in smoked marijuana as medicine. Although marijuana smoke delivers THC and other cannabinoids to the body, it also delivers harmful substances, including most of those found in tobacco smoke. The long-term harms from smoking make it a poor drug delivery system, particularly for patients with chronic diseases. Medicines today are expected to be of known composition and quality. Even in cases where marijuana can provide relief of symptoms, the crude plant mixture does not meet modern standards of quality. If there is any future in cannabinoid drugs, it lies in versions with more consistent quality.
- Advances in cannabinoid science of the last 16 years have given rise to new opportunities for the development of medically useful cannabinoid-based drugs. Cannabinoids are being used to relieve symptoms, not as cures for underlying disease. The evidence indicates that cannabinoids reduce nausea and vomiting in about one quarter of patients receiving cancer chemotherapy. The effects of cannabinoids on symptoms are generally modest, and in most cases, there are more effective medicines. The study recommends further research, studies, and pre-clinical and clinical trials so that safe and effective cannabinoids might be added to the pharmacopoeia of drugs that treat these symptoms.
- A rapid onset form of THC should be developed. Formulations that can rapidly and directly deliver THC to the circulation include deep lung aerosols, nasal sprays, nasal gels, sublingual preparations; and rectal suppositories. Phase I clinical studies are underway for deep lung aerosols, nasal sprays, nasal gels, and sublingual formulations of Marinol®, the synthetic form of THC available in pill form and classified in Schedule III.
- Cannabinoid-based drugs may not become available. The report notes that the expectation of high profits is what drives drug development. Developing new drugs is an expensive, time-consuming process. According to the IOM, the average cost to develop a drug is \$200-\$300 million. The pre-clinical stage normally lasts 5-10 years, while clinical trials last about five years. On average, the FDA approves one new drug for every 5,000 drugs evaluated in the pre-clinical stage. Bringing marijuana to market as a new drug is fraught with uncertainty for at least three pharmacological reasons: marijuana is a plant; it is smoked; and it is a drug with potential for abuse. The study notes that market outlook in the U.S. is distinctly unfavorable for the marijuana plant and for cannabinoids found in the plant due to lack of interest by the drug industry.
- Marijuana may be addictive for some people. The study concluded that marijuana is indisputably reinforcing for many people. It states that a distinct marijuana/THC withdrawal syndrome has been identified, but it is mild and subtle compared to the profound physical syndrome of heroin withdrawal. The study notes that few marijuana users become dependent but those who do encounter problems similar to those associated with dependence on other drugs. Slightly more than 4% of the general population were dependent on marijuana at one time in their life. After alcohol and nicotine, marijuana was the substance most frequently associated with a diagnosis of substance dependence.

- There are strikingly regular patterns in the progression of drug use from adolescence to adulthood. The study notes that because it is the most widely used illicit drug, marijuana is predictably the first illicit drug most people encounter. Not surprisingly, most users of other illicit drugs have used marijuana first. In fact, most drug users do not begin their drug use with marijuana; they begin with alcohol and nicotine — and usually when they are too young to do so legally.

As a result of the IOM study, the Department of Health and Human Services revised its guidelines for researchers with NIH-approved grants to obtain marijuana for research. The federal government continues to support scientific research regarding marijuana.³⁰

“INDUSTRIAL” HEMP AND HEMP PRODUCTS

Marijuana (also known as marihuana), derived from the *Cannabis sativa* plant, is a hallucinogenic, illicit drug because of the effects caused by a substance it contains, tetrahydrocannabinol (THC). Until recently, it was believed that fiber from the stalk and products from the seeds of the *Cannabis sativa* plant did not contain the hallucinogenic substance, THC, found in other parts of the plant. Products made from the stalk and seed of the plant were commonly known as “hemp” products. Many “hemp” products, such as rope, fiber, machinery oil, birdseed, have traditionally been sold in the United States. However, once products from the *Cannabis sativa* seeds started to be designed for internal, human consumption, challenges to our Federal drug testing system disclosed that those products also contained THC. Placing all such products under scrutiny, because, under section 812(c) Schedule I(c)(17) of the Controlled Substances Act, any material, compound, preparation or mixture that contains *any quantity* of tetrahydrocannabinols is placed within Schedule I. The interagency, led by ONDCP, continues to examine this issue and is searching for a rational resolution.

The term “hemp” does not have a precise definition under the Controlled Substances Act (CSA) or any other Federal statute. However, marijuana does. Under section 802(16) of Title 21 of the United States Code, the definition of marijuana includes all parts of the *Cannabis sativa* plant except for certain compounds, derivatives, mixtures, etc. of the fiber from stalks, sterilized seeds, or oil or cakes made from such seeds. Commonly, many people refer to the exclusions from the definition of marijuana as “hemp,” although products made from other non-hallucinogenic plants are also commonly referred to as “hemp” products.

Marijuana is listed as a Schedule I drug under the CSA, but the definitional exclusions are not specifically excluded or otherwise listed under a CSA Schedule. Section 812(c) Schedule I(c)(17) of the CSA specifies that any material, compound, mixture, or preparation that contains any quantity of tetrahydrocannabinols (THC), that is not specifically excepted or separately listed in another schedule, is a Schedule I substance. Under section 1308 of Title 21 of the Code of Federal Regulations, Schedule I substances may not be imported into the United States or cultivated domestically without DEA registration and permits.

During the last several years, the interagency has been working to establish a meaningful explanation of the varying provisions in the Controlled Substances Act, pertaining to marijuana and THC. The consistent goal of those endeavors has been to establish clear enforcement guidance that will have as little effect on prior trade practices as necessary to protect public health and safety. As *Cannabis sativa* plants have not been legally cultivated commercially in the United States for decades, the source of hemp materials and products were foreign. Leaving the primary enforcement concern to the United States Customs Service (USCS), as they regulate imported goods. During

early deliberations pertaining to “hemp” enforcement, the Customs Service asked DEA for guidance. In November 1999,³¹ DEA responded that they would “not oppose the importation of sterilized cannabis seed, cannabis oil, or hemp products which may be contaminated by trace amounts of THC.” In their attempts to quantify “trace amounts,” USCS, in December 1999, published guidelines.³² In those guidelines, USCS specified that, “Any hemp product, or part thereof, which contains less than 0.3 percent THC, may be imported legally into the United States.” At the end of December 1999, the Director of National Drug Control Policy, Barry R. McCaffrey, determined that the 0.3 percent USCS pronouncement amounted to a significant change in drug policy that had not been cleared in accordance with Section 1704 of Title 21 of the United States Code. Accordingly, he directed³³ that USCS suspend its provision until such a policy change could be properly certified. In January 2000, the USCS published notification³⁴ that they were immediately suspending their field guidance pertaining to products containing THC and “returning to a zero-tolerance THC policy.”

Since early 2000, DEA has led an interagency effort to establish rules that will protect the health and safety interests of our citizens, logically enforce the Controlled Substances Act, and provide a means for the continuation of preexisting commerce that does not present a health, safety or diversion threat. Presently, to accomplish those goals, DEA is proposing, and is in the process of clearing through the interagency; three rules for release to the general public that:

- Clearly explain the history of applicable statutes and policies;
- Decontrol certain “hemp” products and processed raw materials that are not used or intended for use for human consumption; and
- Clarify the language of existing publications.

ONDCP continues to facilitate the effort.

ENDNOTES

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- ¹ Significant ONDCP documents related to the media campaign are in Appendix 5 (National Youth Anti-Drug Media Campaign).
- ² ONDCP, *The National Youth Anti-Drug Media Campaign Communication Strategy Statement*, 1998.
- ³ Public Law 105-277, div. D, title I, Sec. 102, Oct. 21, 1998, 112 Stat. 2681-752.
- ⁴ An example of the Community Drug Prevention Site Kit is in Appendix 5 (National Youth Anti-Drug Media Campaign).
- ⁵ An example of the Parenting Brochure is in Appendix 5 (National Youth Anti-Drug Media Campaign).
- ⁶ *Anti-Drug Media Campaign-ONDCP Met Most Mandates, but Evaluations of Impact are Inconclusive*, requested by Chairmen Ben Nighthorse Campbell, Senate Subcommittee on Treasury and General Government and Representative Jim Kolbe, House Subcommittee on Treasury, Postal Service and General Government, July 31, 2000.
- ⁷ CSR, Inc., *Testing the Anti-Drug Message in 12 American Cities, Phase I* (Report No. 1 & 2), 1998 & 1999.
- ⁸ CSR, Inc., *Investing in Our Nation's Youth: National Youth Anti-Drug Media Campaign Phase II Final Report*, 1999.
- ⁹ NIDA, *Evaluation of the National Youth Anti-Drug Media Campaign: Historical Trends in Drug Use and Design of the Phase III Evaluation*, 2000.
- ¹⁰ NIDA, *National Youth Anti-Drug Media Campaign: Campaign Exposure and Baseline Measurements of Correlates of Illicit Drug Use from November 1999 Through May 2000*, 2000.
- ¹¹ Public Law 105-20, June 27, 1997.
- ¹² Original Alliance member organizations are 100 Black Men of America, Inc., AMVETS, Benevolent and Protective Order of Elks, Big Brothers Big Sisters, Boys and Girls Clubs of America, Boy Scouts of America, B'nai B'rith Youth Organization, Camp Fire Boys and Girls, Campus Outreach Opportunity League, Civitan International, Fraternal Order of Eagles, General Federation of Women's Clubs, Girls, Inc., Girl Scouts of the USA, Independent Order of Odd Fellows, Jack and Jill of America, Inc., Junior Chamber International, Knights of Columbus, Lions Clubs International, Moose International, Masonic National Foundation for Children, National Exchange Club, National 4-H Council, National FFA Organization, National Panhellenic Conference, Optimist International, Pilot International, Quota International, Rotary International, Soroptomist International of the Americas, United Native Tribal Youth, Ruritan National, Sertoma International, The Links, Inc., Veteran's of Foreign Wars, YMCA of the USA, Youth Power, Youth to Youth International, YWCA of the USA, and Zeta Phi Beta Sorority, Inc.
- ¹³ The organizations that joined Alliance in 2000 are PRIDE Youth Programs, National Family Partnership, Sigma Gamma Rho Sorority, Parents Without Partners, and White Bison.
- ¹⁴ www.ptsanet.net.
- ¹⁵ ONDCP, *Meeting Summary of the President's Initiative on Youth, Drugs, and Driving*, November 14, 1996; ONDCP, *Meeting Summary of the President's Initiative on Youth, Drugs, and Driving*, December 4, 1996 and; ONDCP and the Department of Transportation, *President's Initiative on Youth, Drugs, and Driving Appendix: Background Papers*, January 1997.
- ¹⁶ McCaffrey, Barry R., Director ONDCP, and Federico Peña, Secretary of Transportation, *Presidential Initiative on Drugs, Driving and Youth*, February 3, 1997.
- ¹⁷ CSR, Inc., *White House Leadership Conference on Youth, Drug Use, and Violence* (unpublished monograph).
- ¹⁸ Public Law 105-277, div. C, title IX (Drug-Free Workplace Act of 1998), October 21, 1998.

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- ¹⁹ Small Business Administration press release dated October 5, 1999, “SBA Launches New Drug-Free Workplace Program for Small Businesses,” release No. 99-81.
- ²⁰ A draft of the WADA Statutes is included in Appendix 6 (Doping and Sports).
- ²¹ Other significant ONDCP documents related to doping and sports are in Appendix 6 (Doping and Sports).
- ²² Report by international observers is in Appendix 6 (Doping and Sports).
- ²³ HHS, *Adolescent Time, Risky Behavior, and Outcomes: An Analysis of National Data*, September 1995; NFHS, *The Case for High School Activities*, undated, available at www.nfhs.org; Collingwood, T., et al., *Physical Fitness Effects on Substance Abuse Risk Factors and Use Patterns*, 1991 and; Shields, E., *Sociodemographic Analysis of Drug-Use among Adolescent Athletes: Observations – Perceptions of Athletic Directors-Coaches*, 30 *Adolescence* 839-861, 1995.
- ²⁴ ONDCP met with the following religious leaders: Gordon Hinckley, President of Mormon Church; Cardinal William Keeler, Archbishop of Baltimore; Rev. H. George Anderson, Presiding Bishop Evangelical Lutheran Church in America; Rev. Ed Malloy, President of Notre Dame University; Rev. Jesse Jackson, Rainbow Coalition. Judi Kreamer, Pray For Children; Mr. Bill Fairback and Ms. Rebekah Rieke of Christian Embassy; Rev. Anthony Evans, President of DC Black Church Drug Initiative; Dr. C. Mackey Daniels, President of Progressive National Baptist Convention, Inc.; Mr. Denny Rydbery, President of Young Life Ministries; Dr. James Dobson – Focus on the Family; Mr. Josh McDowell – Josh McDowell Ministries.
- ²⁵ Remarks of Barry R. McCaffrey, Director ONDCP at the 13th Annual National D.A.R.E. Officers Association Dinner in Nashville, Tennessee, July 7, 2000.
- ²⁶ ONDCP press release dated September 5, 1996, “White House Drug Policy Director McCaffrey Issues Statement on Medical Use of Marijuana.”
- ²⁷ ONDCP press release dated September 12, 1996, “White House Drug Policy Director McCaffrey Issues Statement against Legalization of Marijuana.”
- ²⁸ Statement by General Barry R. McCaffrey Director, ONDCP before the House Committee on Government Reform, Criminal Justice, Drug Policy and Human Resources Subcommittee, subject: The Drug Legalization Movement in America, June 16, 1999.
- ²⁹ Joy, Janet E., & Benson, John A., Editors, *Marijuana and Medicine: Assessing the Science Base*, Institute of Medicine, 1999.
- ³⁰ Statement by Donald Vereen, Jr., M.D., M.P.H. Deputy Director, ONDCP before the House Committee on Appropriations, Subcommittee on District of Columbia Appropriations, subject: Medical Marijuana and National Drug Control Policy, September 29, 1999.
- ³¹ Letter from Administrator of Drug Enforcement, Donnie R. Marshall, to Commissioner of U.S. Customs, Ray W. Kelly, subject: N/A, November 16, 1999.
- ³² U.S. Customs Service memorandum to All Directors, Field Operations, from Director of Trade Programs, subject: Guidelines for the Trade Community Regarding the Importation of Hemp Seed and Related Products to be Disseminated (sic) to All Interested Parties, December 7, 1999.
- ³³ Letter from Director, Barry R. McCaffrey to U.S. Customs Commissioner, Raymond W. Kelly, subject: N/A, December 30, 1999.
- ³⁴ U.S. Customs Service memorandum to Directors of Field Operations, subject: Suspension of Guidelines Regarding the Importation of Hemp seed and Related Products, January 5, 2000.

SECTION VI

MAJOR AGENCY INITIATIVES AND ACCOMPLISHMENTS

INITIATIVES TO EXPAND DRUG TREATMENT AVAILABILITY¹

A constant focus of the administration and ONDCP was the significant treatment gap – defined as the difference between individuals who would benefit from treatment and those receiving it – that still exists. According to recent estimates drawn from the National Household Survey on Drug Abuse (NHSDA), the Uniform Facility Data Set (UFDS), and other sources, approximately five million drug users need immediate treatment while 2.1 million received it. Some modalities – namely methadone – fall far short of needed capacity. While treatment should be available to those who request it, society also has a strong interest in helping populations that need treatment but will not seek it. Drug-dependent criminal offenders and addicts engaging in high-risk behavior are important candidates for treatment, whether they seek it out or not.

Limited funding for substance-abuse treatment is a major factor that continues to restrict the availability of treatment. Over the last decade, spending on substance-abuse prevention and treatment rose to an estimated annual level of \$12.6 billion. Of this amount, public spending is estimated at \$7.6 billion. ONDCP worked with the administration and public-health agencies to address the factors that have limited treatment, including: restrictive policies and regulations; incomplete knowledge of best practices; resistance to treatment on the part of certain populations in need; and limited information on treatment at the state and local level. To improve treatment accountability, ONDCP piloted an information system with treatment programs around the country that will be expanded by DHHS into the National Treatment Outcome Monitoring System (NTOMS). Under NTOMS, treatment performance will be measured and compared. In addition, an agreement was negotiated with the states to establish a common set of outcome measures to be applied to programs receiving federal funding.

REGULATORY CHANGES TO MAKE PROVEN TREATMENT MODALITIES MORE AVAILABLE

ONDCP was a steady advocate for development of new medications and increasing access to new medications for drug addiction. Target-specific medications for the treatment of cocaine addiction remain under development. ONDCP continues to work closely with NIDA and Columbia University College of Physicians and Surgeons (under a contract with ONDCP/CTAC) on the synthesis of highly active protein compounds of catalytic antibodies which will act as a peripheral blocker and reduce serum cocaine concentrations in the blood. In 1998 ONDCP issued the Opioid Treatment Consultation document.²

Methadone

Methadone is the most thoroughly researched (almost 40 years) of all opiate addiction medications available on the market today. In 1995 the IOM (Institute of Medicine) was tasked by DHHS and Congress to review the current federal regulation of methadone. At the time the study was undertaken, the regulations had been in place for over 20 years and reflected a three-tiered system of oversight: FDA for safety, effectiveness, and consistency in quality; DEA to prevent diversion and illicit use, and; DHHS to regulate how and under what circumstances

methadone may be used to treat opiate addiction. The IOM study found that Federal methadone regulations had little impact on the quality of services and could probably be streamlined. ONDCP and DHHS undertook a full review of how best to regulate methadone treatment.

The end result of this effort was a plan to replace most of the process-oriented regulatory oversight with accreditation standards that focus on quality and permit greater use of clinical judgement in the prescription of methadone. The transition to an accreditation-based system marks a change in focus to the individual needs of the patient and patient rights. ONDCP was instrumental in assuring the field that necessary safeguards (including accreditation standards and a pilot feasibility study to assess the impact of accreditation on the almost 900 methadone treatment clinics and hospitals in the U.S.) would be put in place prior to such a transition. The partnership between ONDCP, DHHS and DOJ on this matter resulted in a joint-released document by the three agencies. In July 1999 a Notice of Proposed Rulemaking (NPRM) was issued to the field on the proposed changes. In October 1999 a hearing was held for public comment. The feedback to the NPRM and the public comments were overwhelmingly in favor of the transition to accreditation. The trends of the pilot study, which has been ongoing since September 1999 and will be finalized in 2002, indicate the impact of applying the standards to selected treatment programs has been positive.

ONDCP will continue to work closely with DHHS, particularly CSAT (which will assume primary oversight responsibilities from FDA with the implementation of the final rule) to ensure adequate funding for CSAT to provide necessary technical assistance to clinics and hospitals transitioning to accreditation.

Buprenorphine

Research over the past decade at major research institutes indicates the efficacy of the use of Buprenorphine and Buprenorphine/Naloxone in the treatment of opiate addiction. In October 2000 the President signed into law the Children's Health Act which included the Methamphetamine Anti-Proliferation Act. A section of the Methamphetamine Anti-Proliferation Act permits physicians to obtain waivers of the requirement to register separately with the DEA before administering Schedule IV or V narcotics medications. This section is known as the "Buprenorphine bill." If, and when, Buprenorphine (presently prescribed for treatment of pain only) is rescheduled by DEA for the treatment of opiate addiction, a private practitioner could be able to prescribe Buprenorphine or Buprenex (a combination form of the medication) to patients in need of treatment for opiate addiction, with minimum governmental red tape.

The use of Buprenorphine medication introduces an early intervention system for the treatment of opiate dependence. The language contained in the law imposes minimum requirements regarding education and training necessary for physicians interested in treating opiate addiction with Schedule IV or V medications. DHHS, working in coordination with NIDA, FDA and SAMHSA/CSAT is in the process of developing a Notice of Proposed Rulemaking (NPRM)³ establishing guidelines for education and training of physicians, a system for treatment referral for patients, and medication safety. To minimize confusion regarding the present capability of physicians to prescribe Buprenorphine, ONDCP supported the issuance of a letter to the field by DEA, FDA and DHHS warning physicians not to prescribe Buprenorphine for addiction treatment until it has been approved for such use and rescheduled.

LAAM (Levo-acetyl-methadol)

LAAM is a longer acting form of methadone that does not require daily dosing. LAAM was first researched for its efficacy in the treatment of opiate addiction in the late sixties and early seventies. However, it was not until 1992 that Bio-Development Pharmaceutical Company, under a Cooperative Research & Development Agreement (CRADA) with the National Institute on Drug Abuse (NIDA), first brought the drug to market.

ONDCP became actively involved in the process, when it was learned that insufficient advance information about the medication had been disseminated to the field prior. Few states had sufficient time to make the statutory changes necessary for the prescription of the medication. After two years of work, LAAM gained a foothold in a representative number of programs. In the interim, ONDCP worked with the FDA and the Department of Veteran's Affairs, to provide immediate access to LAAM for Veterans' hospitals, which operate under federal guidelines and face fewer obstacles to adding a medication to the formulary and treatment protocols. ONDCP co-sponsored a workshop with the IOM that served as the blueprint for private-public partnerships in medications development.

EVOLUTION OF FEDERAL POLICY ON NEEDLE EXCHANGE PROGRAMS

Since the discovery of AIDS in 1981, injection drug use has played an increasing role in the spread of HIV and AIDS. At present, approximately 40 percent of cases of AIDS reported in the U.S. have been linked to intravenous drug use. More than 70 percent of HIV infections among women are related either directly or indirectly to intravenous drug use.

The role of needle exchange programs in reducing the spread of HIV (the virus that causes AIDS) and promoting drug use has been a topic of intense debate. Public Law 105-78 prohibited federal funding of needle exchange programs (NEPs) unless the Secretary of Health and Human Services found that NEPs reduce the transmission of HIV and do not promote illegal drug use.

ONDCP's position on NEPs is that federal support for the programs would weaken anti-drug messages. Federal treatment funds should be reserved for proven interventions such as drug treatment. ONDCP notes that NEPs are almost exclusively located in disadvantaged, predominantly minority, low income neighborhoods where they are magnets for all social ills – pulling in crime, violence, addicts, prostitution, dealers, and gangs and driving out hope and opportunity.

On April 20, 1998 the Secretary of Health and Human Services announced her determination that NEPs do reduce HIV transmission and do not encourage the use of illegal drugs. However, the ban on federal funding was not lifted due to efforts by ONDCP. ONDCP fought to prevent lifting the ban on federal funding of NEPs with Director McCaffrey engaging a variety of concerned persons in the substance abuse field.⁴

REMOVAL OF POLICY BARRIERS: PARITY FOR SUBSTANCE ABUSE TREATMENT

With substance abuse parity in private insurance plans, coverage of substance abuse treatment services are subject to the same co-payments and lifetime benefit limits as medical-surgical benefits. At present, most insurance plans impose higher co-payments and reduced lifetime benefits for substance abuse services as compared to general medical-surgical coverage.

Seventy percent of drug users are employed and most have private health insurance. Yet 20 percent of public treatment funds were spent on people with private health insurance in 1993 due to limitations on their policies. Adolescents, many of whom are covered by parents' insurance plans and policies, will benefit significantly from parity. While about half of adults in immediate need of drug treatment receive it, HHS estimates that only about 20 percent of adolescents with the same immediate need receive treatment.

ONDCP believes that substance abuse parity in health insurance coverage is both good drug control policy and good health policy. Parity will improve public understanding of addiction, increase access to care, bring drug treatment into the mainstream of healthcare, and reduce suffering for millions of Americans.

The Federal government has taken an historic leadership role in this area.

- As of January 2001, parity will become a reality for federal employees and their families. Approximately 9 million federal workers and their families will now have access to substance abuse treatment services.
- In addition, the Department of Defense's Department of Health Affairs is moving to require parity for its TRICARE program and its estimated 8 million beneficiaries.

Providing and evaluating parity in substance abuse for approximately 17 million people will demonstrate the savings in reduced health and criminal justice costs by extending this benefit to all Americans.⁵

MEDICAID'S INSTITUTES FOR MENTAL DISEASES (IMD) EXCLUSION

The IMD (Institutes for Mental Diseases) exclusion restricts access to residential substance abuse treatment for individuals receiving Medicaid. The Medicaid statute was enacted in 1965 and included the IMD exclusion. The Health Care Financing Administration's current interpretation of the exclusion prohibits federal Medicaid payments for treatment of substance abuse disorders for individuals between the ages of 22 and 64 in facilities with more than 16 beds. The exclusion also prohibits payments for primary health care services for clients in an IMD. The IMD exclusion was designed to assure that States, rather than the Federal government, continued to have principal responsibility for funding inpatient psychiatric services.

States report the IMD exclusion is an impediment to implementing welfare reform. Counties are required to refer individuals for treatment if they cannot work due to substance abuse. Residential treatment programs, unlike outpatient programs, generally provide intensive

therapeutic services appropriate for individuals with the most severe addiction problems. A person referred to residential treatment for substance abuse in an IMD would lose access to medical care under Medicaid.

Changing the exclusion would expand access to treatment for those who have not yet been able to get off welfare and would assist some of the most needy – primarily women with children.

- ONDCP has worked with States, providers, and the U.S. Department of Health and Human Services (HHS) in developing a fuller understanding of the issue. In December 1999, participants at the *National Assembly on Drugs, Alcohol Abuse, and the Criminal Offender* raised the IMD exclusion as an impediment to providing residential treatment. Secretary Shalala agreed at that time to study the matter. HHS convened a working group to prepare a report and recommendation.
- ONDCP has recommended a simple administrative change -- removing "substance abuse" from HCFA's definition of mental disorders in the IMD exclusion. HCFA has already established several exceptions to the definition of mental disorders (i.e., mental retardation, senility, and organic brain syndrome). Like these other conditions, research shows an organic brain basis for addiction. Substance abuse disorders should similarly be excepted from this definition.
- Changing the IMD exclusion to exempt substance abuse has been a matter of discussion for many years. Director McCaffrey's continued focus on the issue has led to the involvement of and serious consideration by the Secretary of HHS.

ENDNOTES

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- ¹ Significant ONDCP documents related to agency efforts to expand drug treatment and availability are in Appendix 7 (Drug Treatment).
- ² ONDCP policy paper, "Opioid Agonist Treatment," March 1999.
- ³ PHS/DHHS, *Opioid Drugs in Maintenance and Detoxification Treatment of Opiate Addiction; Repeal of Current Regulations and Issuance of New Regulations; Final Rule* (docket number 98N-0617), October 18, 2000.
- ⁴ Significant documents related to the needle exchange program are in Appendix 7 (Drug Treatment).
- ⁵ Significant documents related to substance abuse treatment parity are in Appendix 7 (Drug Treatment).

SECTION VI

MAJOR AGENCY INITIATIVES AND ACCOMPLISHMENTS

INITIATIVES TO BREAK THE CYCLE OF DRUGS AND CRIME¹

THE NATIONAL ASSEMBLY ON DRUGS, ALCOHOL ABUSE, AND THE CRIMINAL OFFENDER

Substance abuse leads hundreds of thousands of people into the criminal and juvenile justice systems each year, many in need of treatment. There have been numerous creative responses to the challenges presented by the growing number of offenders with substance use disorders – TASC programs, boot camps, and drug courts to name a few. Unfortunately, the tendency of the justice systems to focus on individual programs, no matter how well results in episodic treatment of small percentages of the population in need. TASC programs and drug courts are operating effectively, but in only a small fraction of the counties in the United States. Systemic policies, not merely programs, must link treatment with the justice systems. Substance use disorders and related crime put both public safety and public health at risk, and require interventions that combine both justice and public health expertise.

ONDCP has led a multi-step approach to bring about needed collaboration. A March 1998 Consensus Meeting of scholars, policy makers, and practitioners, ONDCP, DOJ, HHS, took stock of existing knowledge regarding drug treatment and the justice system, probing scientific research and clinical experience to determine what is known with reasonable confidence. This was followed by a June 1999 meeting of forty stakeholder organizations to advise DOJ, HHS, and ONDCP, regarding policy to reflect established knowledge. Building on these efforts, a December 1999 a National Assembly on Drugs, Alcohol Abuse, and the Criminal Offender was co-sponsored by ONDCP, DOJ, and HHS. This unprecedented gathering of over 800 health and justice officials presented and discussed approaches to link the justice system with other service systems, to provide a series of opportunities for intervention with drug and alcohol disordered offenders:

- To prevent entry into the criminal/juvenile justice system for those who can be safely diverted to community social service systems;
- To limit penetration into the criminal/juvenile justice system for adult and juvenile nonviolent offenders through community justice interventions in concert with other social service systems; and
- To intervene with those who must be incarcerated or securely confined, through appropriate treatment and supervision, both during and after confinement.

The National Assembly yielded widespread consensus regarding: the need for public safety and public health agencies to work together in a consistent, collaborative manner, to provide the breadth of services required and to make full use of limited funding; the need for formal agreements to overcome the obstacles presented in bringing all of the essential actors to the table; the need to seize the opportunity presented by the juvenile and criminal justice systems' authority to mandate treatment; the critical importance of thorough assessment at the beginning of the process, to properly match services with needs and manage compliance with treatment requirements; the critical importance of post-incarceration transitional and follow up services

and support to foster safe re-entry into the community; and the need to make specific guidance on best practices available to practitioners.

Interagency follow up includes: a Web site; Policy Paper and Proceedings; State Assembly already held in Nevada, being planned by other states; technical assistance through the one stop shopping site; a compendium of promising practices is being created; interagency agreements are in the works among CSAT, CPO, and the Surgeon General's office; planning has begun on an April 2001 conference that will bring state mental health directors together with public health and public safety officials to address the needs of dually-diagnosed offenders.²

THE BREAKING THE CYCLE OF DRUGS AND CRIME PROGRAM

Adult and juvenile offenders in treatment must be closely supervised and their cases tightly managed. Supervision and treatment components must function as a team for case management where decisions regarding level of care, testing, supervision, and sanctions/incentives are made together. The power of treatment and justice working together is the consistent message to the offender, i.e., substance abusing and criminal behavior are unacceptable and the offender must change his/her behavior. Drug testing is an important offender management tool and should be used throughout the treatment process. Both treatment and justice agencies should have timely access to drug testing information as a routine operational procedure tied to sanctions and incentives, which in turn must be swift and certain, to reinforce the message of accountability.

Breaking the Cycle (BTC) is a system-wide intervention strategy designed to identify, supervise, and treat all drug-using defendants and delinquents. It tests the premise that continuous drug testing, treatment and supervision -- enhanced by proactive judicial involvement -- will reduce an arrestee population's level of drug use. This, in turn, should result in a decline in criminal behavior, an improvement in social functioning, and more effective use of criminal and juvenile justice resources.

The principal components of BTC are:

- Drug testing of all defendants at arrest
- Placement of the defendants in appropriate treatment
- Monitoring of compliance with the treatment conditions imposed by the court
- Imposition of a range of sanctions for those not in compliance with treatment conditions

ONDCP and NIJ awarded the first Breaking the Cycle grant in 1996 to the University of Alabama at Birmingham Treatment Alternatives to Street Crime Program (TASC). In 1998, three additional jurisdictions were selected to participate under the Breaking the Cycle initiative. Jacksonville, Florida and Tacoma, Washington are conducting Breaking the Cycle in their adult criminal justice systems. Lane County (Eugene), Oregon is conducting a juvenile Breaking the Cycle program.

All sites are subject to process and outcome evaluations. The outcome evaluation of Birmingham's Breaking the Cycle Program is complete and demonstrates that drug use and arrests were significantly lower for the BTC population than for the control group.

EXPANSION OF DRUG COURTS

Since its dedication at the White House on December 12, 1998, by General Barry McCaffrey, The Office of National Drug Control Policy has helped initiate and support the development of the National Drug Court Institute (NDCI).

NDCI's mission is promoting education, research and scholarship for drug court and other court-based intervention programs. During the past two and a half years, NDCI has sought to fulfill its mission by promoting education, research and scholarship for drug courts and other court based intervention programs through innovative training and technical assistance projects, publications providing critical information to the emerging field and enhancing the research capabilities of drug courts across the nation.

Education

NDCI provides comprehensive training to practitioners and interdisciplinary drug court teams. By the end of the year 2000 NDCI will have trained over 600 drug court practitioners in its comprehensive discipline – based skilled intensive training for judicial officers, prosecutors, defense attorneys, treatment providers, court administrators, and case managers. These intensive video – based training have been widely praised and adapted as an model for training of the Drug Court Program's Office of the Department of Justice.

Research

NDCI supports investigative projects aimed at the development of more effective drug court policies and procedures. NDCI has convened a series of research advisory committees and focus group providing publications at the development of more effective drug court policies and procedures. Additionally NDCI provides regionally based research workshops for drug court practitioners addressing the research and evaluation needs of the drug court practitioner.

Scholarship

NDCI disseminates important drug court specific research, evaluations and commentary. NDCI has provided an innovative approach to the development and dissemination of critical information to the drug court field. NDCI has accomplished its goal by producing a multitude of quality publications including:

- The biannual National Drug Court Institute Review (Comprised of scientific and legal articles for practitioners)
- A monograph series on critical topics (i.e., Drug Court Systems, DUI Drug Courts, Re-entry Drug Courts, etc.)
- NDCI fact sheets on important topics (Methamphetamines, Buprenorphine, Evaluations, Coercion in Drug Courts, etc.)
- The NDCI Newsletter, "the Institute," providing up to date information on the services and products of NDCI.

With the support of ONDCP, and the Congress, NDCI hopes to continue to fulfill its critical mission of providing critical information, training and other services to the drug court field.

OPERATING STANDARDS FOR PRISON-BASED THERAPEUTIC COMMUNITIES (TCs)

The contribution of incarceration alone to public safety is limited. Prisons/detention centers are a temporary response that addresses a third of the offenders under criminal justice supervision; the remaining 3.7 million offenders are in community programs. Over a million offenders under criminal justice supervision need, and are not getting, drug treatment. And each year over 550,000 people return to their communities from state and Federal Prisons; most untreated and many, therefore, dangerous, unemployable, and sick. Over 350,000 (two-thirds) will be rearrested within three years of release. With treatment during and after incarceration this level of recidivism can be sharply reduced.

The Therapeutic Community is often the modality employed in prison settings. When properly implemented, it has met with some success. However, the quality of implementation varies widely.

To provide guidance on the implementation of prison-based therapeutic communities (TCs), ONDCP supported the development of operating standards. The field testing of operating standards was conducted by Therapeutic Communities of America (TCA), with ONDCP support. The resulting document was made available in December 1999. This is a groundbreaking contribution that brings a new level of discipline to practitioner discussion of drug treatment. This comprehensive set of operating standards for prison-based TCs – over 120 standards across 11 program domains – has now been validated in operational prison settings. In its present form, the standards document provides a blueprint for state and local leaders, and it will eventually be put into a format appropriate for use by national accrediting organizations. The document is available at the National Assembly Star on the ONDCP web site.

THE DRUG-FREE PRISON ZONE DEMONSTRATION PROJECT

The availability of drugs in prison creates dangers for both staff and inmates and hinders the effectiveness of drug treatment and other programs. After discussions with the Director of ONDCP, which addressed the problems of large numbers of arrestees testing positive for drugs, large drug trade continuing in some prisons, and many inmates leaving prison still addicted and returning to drug use and crime, the Congress provided \$6 million for a Drug Free-Prison Zone demonstration project.

This initiative is being conducted jointly by ONDCP, the National Institute of Corrections, and BOP to interdict and control the availability of drugs in prisons. The program combines policy, testing, technology, treatment, and training, including a program of regular inmate drug testing, the use of advanced technologies (e.g., ion spectrometry) for detection of drugs entering facilities, and the training of correctional officers and other institutional staff.

Detection technology contributed to the results found by a recent evaluation of Pennsylvania's comprehensive drug interdiction program. The results showed drug use was down 64 percent, drug finds were down 41 percent, assaults on staff were down 57 percent, assaults on other inmates were down 70 percent, and weapons seized were down 65 percent. Similarly, at the Federal Correctional Institution in Tucson and the Metropolitan Detention Center in Los Angeles detection technology produced a reduction in the rate of serious drug-

related inmate misconduct (introduction, use, or possession of drugs) by 86 percent and 58 percent, respectively.

Twenty-eight BOP facilities are participating and gathering information on visitor screening, inmate drug testing, and five types of inmate misconduct. Results to date show reductions in drug use and in misconduct. Eight states (Alabama, Arizona, California, Florida, Kansas, Maryland, New Jersey, and New York) began participating in January 1999 and are employing a variety of education, training, interdiction, and treatment measures. The states have reviewed approaches to drug detection previously unknown to them. California has linked technology and intelligence with law enforcement agencies such as DEA, leading to arrests. New Jersey has created a highly effective mobile interdiction team that moves among state prisons. New York and Maryland are linking treatment with enforcement efforts. All states are putting comprehensive policies in place and making extensive use of testing and detection equipment. The initiative is being independently evaluated.³

ENDNOTES

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- ¹ Significant ONDCP documents related to agency efforts to break the cycle of drugs and crime are in Appendix 7 (Drug Treatment).
- ² ONDCP policy discussion paper, "Drugs, Alcohol Abuse, and Adult and Juvenile Offenders, Breaking the Cycle – Breaking Free of the Cycle: Policy for Community and Institutional Interventions to Safeguard Public Safety and Restore Public Health," 2000; *Conference Proceedings from National Assembly: Drugs, Alcohol Abuse, and the Criminal Offender*, December 7-9, 1999; *Summit Proceedings of Substance Abuse and the Criminal Justice System, Summit of Stakeholders*, June 25, 1999; *Conference Proceedings from Consensus Meeting on Drug Treatment in the Criminal Justice System*, March 23–25, 1998 and; *Therapeutic Communities In Correctional Settings: The Prison Based TC Standards Development Project, Final Report of Phase II*, December 1999.
- ³ *Drug-Free Prison Zone Project, Quarterly Report*, April 1, 2000 - June 30, 2000.

SECTION VI

MAJOR AGENCY INITIATIVES AND ACCOMPLISHMENTS

INITIATIVES TO ENFORCE THE NATION'S LAWS

THE HIGH INTENSITY DRUG TRAFFICKING AREA (HIDTA) PROGRAM¹

Establishment of Program in 1988

The Anti-Drug Abuse Act of 1988 authorized the ONDCP Director to designate areas within the United States which exhibit serious drug trafficking problems and harmfully impact other areas of the country as High Intensity Drug Trafficking Areas (HIDTA). In designating a new HIDTA, the Director of ONDCP consults with the Attorney General, Secretary of the Treasury, heads of national drug control agencies, and the appropriate governors. The 1988 statute established the following criteria for designating HIDTAs:

- The extent to which the area is a center of illegal drug production, manufacturing, importation, or distribution.
- The extent to which state and local law enforcement agencies have committed resources to respond to the drug trafficking problem in the area, thereby indicating a determination to respond aggressively to the problem.
- The extent to which drug-related activities in the area are having a harmful impact in other areas of the country.
- The extent to which a significant increase in the allocation of Federal resources is necessary to respond adequately to drug-related activities in the area.

The intent of the HIDTA Program is to improve the effectiveness and efficiency of drug-control efforts by facilitating cooperation between drug-control organizations through resource and information sharing, collocating and pooling resources, coordinating and focusing efforts, and implementing joint initiatives. The HIDTA Program also provides additional federal resources to designated areas to help eliminate or reduce drug trafficking and its harmful consequences. HIDTA funds help federal, state and local law enforcement organizations invest in infrastructure and joint initiatives to confront drug-trafficking organizations. Funds can also be used for demand reduction and drug treatment initiatives. Appropriations for the program grew from \$25 million in Fiscal Year 1990 to \$191.3 million in Fiscal Year 2000.

Designation of HIDTAs

HIDTA-designated counties comprise approximately 10 percent of all U.S. counties, targeting critical drug-trafficking problems in forty states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. Counties in the following areas have been designated as HIDTAs.

- In 1990, the ONDCP Director designated the first five HIDTAs to stem the flow of illegal drugs into the United States. The original five HIDTAs were Houston, Los Angeles, New York/New Jersey, South Florida, and the Southwest Border. The Southwest Border HIDTA includes counties in California, Arizona, New Mexico, and Texas.

- 1994 – Washington/Baltimore and Puerto Rico/U.S. Virgin Islands. The Washington/Baltimore HIDTA includes Maryland and Virginia counties as well as the District of Columbia.
- 1995 – Atlanta, Chicago, and Philadelphia/Camden.
- 1996 – Rocky Mountain, Gulf Coast, Lake County, Midwest, and Northwest HIDTAs. The Rocky Mountain HIDTA includes counties in Colorado, Utah and Wyoming. The Gulf Coast includes counties in Alabama, Louisiana and Mississippi. The Lake County HIDTA consists of a single county in the northwestern corner of Indiana. The Midwest HIDTA includes counties in six states: Iowa, Kansas, Missouri, Nebraska, North Dakota and South Dakota. The Northwest HIDTA includes counties in the state of Washington.
- 1997 – Southeast Michigan and Northern California.
- 1998 – Appalachia, Central Florida, Milwaukee, and North Texas. The Appalachia HIDTA includes counties in Kentucky, Tennessee, and West Virginia.
- 1999 – Central Valley California, Hawaii, New England, Ohio, and Oregon. The New England HIDTA includes counties in six states: Connecticut, New Hampshire, Maine, Massachusetts, Rhode Island, and Vermont.

Program Management

ONDCP manages and oversees the HIDTA Program. Major oversight functions include: designating HIDTAs; evaluating HIDTA threat assessments, strategies, initiatives, and proposed budgets; dispersing funds to regional HIDTA offices; and evaluating the program's performance. ONDCP issued program guidance to HIDTAs annually. In 2000, ONDCP began a comprehensive review process that included on-site evaluations of HIDTAs.

Each HIDTA is governed by its own Executive Committee comprised of approximately 16 members – eight federal members and eight state or local members. These committees ensure threat specific strategies and initiatives are developed, implemented, supported and evaluated.

Significant Program Accomplishments

Since the designation of HIDTAs in 1990, this law enforcement cooperation and coordination program has facilitated significant successes, including:

- El Dorado Task Force (New York/New Jersey HIDTA). This drug money laundering task force enabled U.S. Customs Service and Internal Revenue Service investigators to seize over \$140 million and make five hundred arrests.
- The indictment of more than two thousand major drug trafficker and seizure of one hundred thousand pounds of cocaine; seized over 100,000 pounds of cocaine in South Florida.
- The seizure of five tons of cocaine in the Los Angeles area in 1997.
- The 1997 Northern Manhattan Initiative dismantled seventy drug gangs in the Washington Heights section of New York City. Following the implementation of this initiative, crime in the neighborhood plummeted, with murders declining by 40 percent, robberies by 17 percent, burglaries by 30 percent, grand larcenies by 22 percent, and auto thefts by 33 percent.

- The 1999 Operation Groundhog Task Force (Southwest Border HIDTA) facilitated the seizure of a ton of cocaine in Tucson and the discovery of a 210-foot tunnel under the U.S. – Mexico border. HIDTA-sponsored investigations account for approximately 40 percent of all drug seizures along the Southwest border.
- In FY 1998, Los Angeles HIDTA task forces seized a total of 23.4 tons of illegal drugs, including 5.6 tons of cocaine, 13.2 tons of marijuana, 71 pounds of heroin, 4.5 tons of methamphetamine, 200 pounds of ephedrine, and 3.5 million pseudoephedrine tablets.

THE COUNTERDRUG TECHNOLOGY ASSESSMENT CENTER (CTAC)

In 1991, the Counterdrug Technology Assessment Center (CTAC) was established within the Office of National Drug Control Policy as the central counterdrug technology research and development organization of the U. S. Government. In 1998, these functions were continued under the ONDCP reauthorization. A Technology Transfer Program also was established in 1998 to transfer counterdrug technologies successfully developed by federal agencies directly to state and local law enforcement organizations. CTAC prepared periodic reports on the progress of the program called: *Counterdrug Research and Development Blueprint Updates*.²

Scientists and engineers from an array of technical disciplines assist in exploiting advances in science and technology to stem substance abuse and stop the illicit drug trade. Under CTAC-sponsored programs advanced technologies were developed to improve the capabilities of the medical, academic, scientific and criminal justice communities as they cooperate to solve the drug abuse problem.³

- Technology plays an important role in safeguarding our borders from the flow of illicit drugs. To examine shipments nonintrusively as they enter the country, gamma ray, coded aperture neutron and neutron probe technologies were developed and tested. These advanced nonintrusive inspection technology concepts will, in time, augment the X-ray and gamma ray systems now used to search conveyances and cargo for hidden drugs at ports-of-entry.
- In consultation with the National Institute on Drug Abuse, advanced neuroimaging facilities, infrastructure, and technology have been provided to the nation's leading medical research institutions working on the underlying causes of drug dependence.
- Technologies that meet the needs of police officers, narcotics investigation units, and prosecuting attorneys were developed. After these technologies were proven at the federal level, they were provided to state and local law enforcement agencies through the Technology Transfer Program.

Technology Development

Demand reduction technology development efforts have concentrated on the areas of neuroimaging and treatment technology and instrumentation, therapeutic drug assessment, treatment outcome effectiveness, and diversion of first-time juvenile drug offenders from the criminal justice system. In conjunction with the National Institute on Drug Abuse (NIDA), CTAC examined addiction research and the application of technology to expand the effectiveness or availability of drug treatment. These efforts sought to answer basic questions, such as:

- Why do some drug users become addicted while others do not?
- What changes occur in the brain that result in addiction and what can be done to reverse or mitigate the process?

Working toward this goal, CTAC committed to improving the tools available for world-class research scientists to explore and understand the underlying causes of substance abuse, dependence, and addiction. Our approach included working with NIDA on the deployment of promising/proven technologies for imaging the human brain activity of a subject on drugs, development and evaluation of therapeutic drugs for treating addiction with minimal side effects, and development of drug abuse treatment alternatives to incarceration.

- Research scientists have used sophisticated brain imaging equipment to map brain reward circuitry, blood volume and flow associated with drug metabolism, and interactions with potential therapeutic medicines. They are working to localize the brain circuitry that mediates drug addiction and characterize its temporal dynamics. In order to link rigorous experimentation done in non-human primates with clinical populations, a "micro" Positron Emission Tomography brain scanning capability is being developed to resolve the small brain structures in non-human primates and rodents.
- Innovative methodologies have been developed for estimating the number of hardcore drug users by region and nationwide. The vision is to provide a system architecture to project drug abuse trends, treatment modalities, and populations at risk across the nation in real time.

Supply reduction technology development efforts have concentrated on finding technological solutions to meet the needs of the officer on the beat. These technologies provide improved communications, surveillance and drug crime information sharing capabilities to make the law enforcement missions more effective, safe, and to ensure successful prosecutions.

- Advanced nonintrusive inspection technology concepts employing gamma ray and neutron technologies were developed to detect illegal drug shipments concealed within containerized cargo entering the United States.⁴ These technologies, along with those still to come from ongoing field and laboratory research, will improve our ability to search conveyances and cargo for hidden drugs at U.S. ports-of-entry.
- Other smaller-scale inspection tools that have been developed include flashlight-size ultrasonic instruments to detect concealed drugs in liquid filled tanks, hand-held gamma-based anomaly detectors that an officer can use to identify false compartments in walls or automobiles, canine breeding strategies that improve substance detection capabilities, and self-contained immunoassay-based substance identification kits that fit in an officer's jacket pocket.
- Innovative near-term improvements to communications interoperability capabilities were developed in conjunction with federal, state and local law enforcement agencies. These capabilities have improved coordination among multi-agency task forces, local law enforcement and other public safety agencies in responding to drug-related seizures and other complex operations.
- Information sharing networks with case management tools and data mining software were developed and demonstrated in strategic geographic areas throughout the United States.

- Advanced tracking and surveillance systems were developed and deployed that could easily integrate and present crime and case-related tactical and strategic information correlated with real-time positional data on a single display.
- Miniaturized surveillance and undercover communications devices were developed in conjunction with federal law enforcement agencies and are now being deployed for use by state and local agencies as part of the Technology Transfer Program.

Technology Transfer Program

In 1998 Congress authorized a Technology Transfer Program (TTP) to provide successfully developed technologies to state and local law enforcement agencies. The Technology Transfer Program was established to provide technologies developed with federal funding directly to state and local law enforcement agencies that may otherwise be unable to benefit from the developments due to limited budgets or lack of technological expertise. This program matched existing technology systems with state or local law enforcement agencies in need of those technologies and funded the technology transfer. Priority consideration was given to identifying candidates located in designated High Intensity Drug Trafficking Areas and the ability and willingness of potential recipients to share in the costs of new technology, either through in-kind or direct contributions. The technology areas available for transfer included information technology and analytical tools, communications, tracking and surveillance, and drug detection devices.

The vision of the TTP was to enhance the capabilities of state and local law enforcement agencies by transferring and leveraging successful prior investments in technologies developed for the federal agencies. The program provides state and local agencies with state-of-the-art, affordable, easily integrated and maintained technologies whose operational utility has been established by the federal agencies.

In its first three years from FY 1998 through FY 2000, the Technology Transfer Program delivered 1,808 pieces of equipment to 1,325 state and local law enforcement agencies in all 50 states. The program was successful in rapidly delivering technologies and training to approximately 9% of the 16,600 police departments and sheriffs' offices in the country over this three-year period.

The evaluation reports from the recipient agencies indicate that the technologies have been readily integrated into the operations of these state and local agencies. The technologies have contributed to improved counterdrug operations. In general, the result has been an increase in drug-related arrests with a dramatic improvement in officer safety at each agency.

International Technology Symposia

In support of the coordination and oversight of counterdrug technology initiatives with related activities of other federal civilian and military departments, international technology symposia were held in 1993, 1995⁵, 1997⁶, and 1999⁷. These gatherings served to reach out to the national and international counterdrug technology community within government, industry and academia and to review technological advancements that could be applied to the drug control efforts. From 1996 to 2000, fourteen regional one-day workshops were held with state and local law enforcement officers to gather user requirements and to identify potential applications for advancements in technology.

DEVELOPMENT OF STATE DRUG LAWS

State laws are an important vehicle for translating the concepts in the *National Drug Control Strategy* into action. The *Strategy's* policies are embodied within a tangible legislative framework with which state policymakers can shape policies and laws.

Congress in 1988 mandated the creation of a bipartisan commission to develop state drug laws. The resulting President's Commission on Model State Drug Laws drafted forty-four model drug and alcohol laws and policies covering enforcement, treatment, education, prevention, intervention, employment, housing, and community issues.

Since 1996, the Commission's non-profit successor — the National Alliance for Model State Drug Laws — has been conducting state model law workshops. These workshops brought together hundreds of diverse participants on the state level who recommended more than a hundred pieces of drug and alcohol legislation, programming, funding, and coordination initiatives. With these recommendations, state and local leaders have adopted new statutes, formed more effective multi-disciplinary partnerships, and streamlined legislative and programmatic applications.

STATE-LEVEL DRUG POLICY BALLOT INITIATIVES

Federal law requires that a substance be scientifically shown to be safe and effective before it can be designated a medicine. The Food and Drug Administration has strict requirements about the research and testing that must be done before chemicals and biological materials can be approved for use as medicines. Research has not demonstrated that marijuana smoke can be helpful as a medicine. Yet a well-organized, highly financed group that advocates the legalization of all drugs provided financial backing in several states to place referenda on state ballots that would legalize the use of marijuana "for medical purpose." In addition, ballot initiatives restricting asset forfeiture or mandating drug treatment in lieu of prison for drug offenders have appeared on several state ballots.

1996: In 1996, our national scientific procedure for approving medicines was circumvented in California and Arizona when voters in those states approved the use of marijuana as medicine. The referenda, Proposition 215 in California and Proposition 200 in Arizona, were backed financially largely by contributions from a handful of staunch supporters of drug legalization. These funds allowed proponents of legalization to pay to have signatures collected, but more importantly, paid for advertising that promoted the referenda as matters of compassion.

In California, *the Compassionate Use Act of 1996* allowed individuals to use and obtain marijuana for various medical conditions—not only terminal illness—with a verbal recommendation from a doctor. The referendum stated no age limit or limit on the amount of marijuana an individual could use or cultivate for personal use.

Arizona's Drug Medicalization, Prevention and Control Act of 1996 effectively legalized all drugs for anyone with two "prescriptions." The law also allowed the release of over 1,000 felons from prison if they were serving time for non-violent drug crimes.

Both initiatives were signed into law.

1998: Buoyed by their success in 1996, proponents of legalization poured more money into the ballot initiative process in 1998. In that year, voters approved the use of marijuana for medical

reasons in Alaska, Nevada, Oregon, and Washington. In Colorado, Nevada, and the District of Columbia, voters also approved of the medical use of marijuana, but the initiatives did not become law. In Colorado, the Secretary of State declared the initiative to be invalid after a signature count was ordered by the State Supreme Court. Although the initiative appeared on the ballot, all votes cast were invalidated. Nevada state law requires an initiative to pass in two consecutive elections; the medical marijuana initiative appears again on the 2000 ballot. An amendment to the DC appropriations bill prohibited the measure from becoming law.

1999: Voters in Maine approved a ballot initiative legalizing marijuana for medical use.

2000: In June 2000, Governor Benjamin Cayetano signed legislation legalizing medical use of marijuana. Hawaii is the first state to legalize marijuana through legislation, not the ballot initiative.

Initiatives appeared on the ballots in:

- Alaska: “99 Hemp” – marijuana would be regulated like alcohol; amnesty for those convicted in the past of marijuana crimes; considers restitution for those convicted in the past of marijuana crimes.
- California: Proposition 36 provides treatment rather than incarceration for possession or use of any Schedule I drug; prohibits drug testing.
- Colorado: repeat of medical marijuana initiative that appeared on 1998 ballot.
- Massachusetts: Question 8 – requires proceeds from asset forfeiture to be placed in a drug treatment fund; allows repeat offenders to elect treatment rather than prosecution.
- Nevada: 1998 medical marijuana initiative repeated in 2000 because state law requires initiatives to pass in two successive elections.
- Oregon: requires asset forfeiture funds to be placed in drug treatment fund.
- Utah: restricts use of asset forfeiture.

ONDCP has remained steadfast in maintaining a sensible drug policy based on scientific research that shows that drug use changes the brain.

- On September 5, 1996, Director McCaffrey issued a press statement opposing the medical use of marijuana. On September 12, he issued a statement against the legalization of marijuana.
- In 1998, Deputy Director Donald R. Vereen held press conferences in Phoenix, Arizona, Las Vegas, Nevada, Portland, Oregon and Seattle, Washington stressing that medicine should be determined by science, not by ballot.
- On June 16, 1999, Director McCaffrey testified before the House Government Reform and Oversight Committee’s Subcommittee on Criminal Justice, Drug Policy, and Human Resources on the Drug Legalization Movement in America.

- On October 7, 1999, Director McCaffrey met with public officials, law enforcement officials, and members of the treatment community, and held a press conference to respond to claims by New Mexico Governor Gary Johnson that drugs should be legalized.

ADMINISTRATION RECOMMENDATIONS ON SENTENCING POLICY

After an extensive study of the problems of crack and powder cocaine in our communities, the Administration found that the current federal penalties for crack cocaine target a lower level of the drug trade and fall disproportionately on African-Americans. As a corrective measure, the Administration proposed revising the cocaine penalty structure so that the possession of crack and powder cocaine is treated with less disparity in mandatory federal sentences. The Administration's proposal was part of the most comprehensive anti-drug strategy in American history. This effort involved stopping drug trafficking overseas and at the border, aggressively prosecuting drug offenders, and teaching youngsters to say no to drugs.

Congress passed legislation in 1986 that required federal judges to impose the same five-year minimum sentence on defendants convicted of possessing 5 grams of crack cocaine or 500 grams of powder cocaine. Thus, a 100-to-1 disparity was created for the same five-year minimum sentence for possessing crack cocaine versus powder cocaine. Federal sentencing policy came under increasing criticism during the 1990's as unfair and inefficient, in large part due to the disparity in sentencing between the two forms of cocaine.

In 1997, the United States Sentencing Commission (Commission) submitted to Congress a report containing recommendations regarding the crack and cocaine sentencing policy in the federal criminal justice system. At the request of President Clinton, ONDCP, in conjunction with the Department of Justice, studied the Commission's report, engaged in a comprehensive review of the subject and presented recommendations to address the disparity of the federal penalties between crack and powder cocaine.

Consistent with the Commission's report, ONDCP and the Department of Justice recommended that the threshold for five-year mandatory minimum sentences for crack be set at 25 grams and the corresponding threshold for powder be set at 250 grams.⁸ The proposal would substantially narrow the disparity in mandatory sentencing from 100 to 1 to 10 to 1. In addition to reducing the sentencing discrepancy, the proposal strengthens the Administration's strategy to fight cocaine traffickers in the following ways:⁹

- The new penalty structure assures that Federal resources target the worst cocaine traffickers and national and international drug rings. The current sentencing system, as applied to cocaine, undermines the effective diversion of responsibility between federal, state, and local law enforcement agencies. For example, imprisoning a lower-level crack dealer consumes a large amount of limited federal resources. When federal law enforcement resources are directed against lower-level street dealers, federal agents and prosecutors are diverted from larger-scale drug operations. The new penalty structure assures that federal resources target the worst cocaine traffickers and national and international drug rings. The structure encourages the federal government to utilize its powerful enforcement tools, such as RICO, drug kingpin statutes, wiretapping capabilities, and witness protection programs, that are best used to dismantle major drug trafficking organizations. At the same time, state and local law enforcement, which have better grasp on the events in local streets, should prosecute lower-level dealers.

- The new penalty structure addresses perceptions of unfairness in our federal criminal justice system. A sentencing scheme that punishes crack offenses much more severely than powder offenses has fostered a perception of racial injustice in our criminal system. This perception arises from the fact that African-Americans make up a large majority of those convicted of federal crack cocaine trafficking charges. By reducing the disparity in sentences between crack and powder cocaine, the perception that our law unfairly targets a single racial group will be reduced.¹⁰
- The proposed penalty structure for crack and powder cocaine maintains tough penalties in the federal system. The revised system would continue to provide tough mandatory sentences for mid-level crack dealers who, if they cooperate, could provide information critical to the prosecution of major drug dealers. The revised penalty would continue to punish crack dealers more severely than powder cocaine dealers do. This reflects the additional dangers associated with crack. Federal law enforcement would continue to prosecute lower-level crack cases that involve organized drug-dealing, use of weapons, use of minors, trafficking near schools, or other aggravating factors.

The Administration continues to encourage Congress to pass legislation that would reduce the disparity in federal penalties for crack and powder cocaine.¹¹

COUNTERDRUG INTELLIGENCE ARCHITECTURE REVIEW

The intelligence systems of US counterdrug agencies have evolved in a patchwork manner, which was vulnerable to both overlap and underlap. Recognizing the vital importance of drug intelligence to the drug control effort, in 1997, the Director of ONDCP, the Attorney General, the Director of Central Intelligence, and the Secretary of the Treasury, commissioned a White House Task Force¹² to review the global U.S. counterdrug intelligence system. This Task Force review process was strongly supported by the Congress when it directed the Administration, through The Treasury and General Government Appropriations Act, 1998, and the 1998 Intelligence Authorization Act to review the nation's drug intelligence system, including national centers such as the National Drug Intelligence Center, and to submit a plan to improve the drug intelligence system

In the fall of 1997, the Task Force began to examine the global U.S. drug intelligence system and to recommend ways to improve drug intelligence and information sharing. The Task Force found that there is no single, all-encompassing national counterdrug intelligence architecture. Instead, there are two loosely associated systems, one each for the intelligence and law enforcement communities. The Intelligence Community has a centralized intelligence-sharing system and interagency information-sharing structure; the law enforcement community does not. Within the law enforcement community, each agency has developed its own information-sharing and communication systems that serve agency-specific needs. Terminology, practices, techniques, and expectations vary widely within the law enforcement agencies and between the law enforcement and intelligence communities.

The Task Force found that while there were laudable achievements, boundaries among various law enforcement and intelligence components are largely bridged by carefully crafted legal interpretations and a mixture of ad hoc interpersonal relationships and informal mechanisms. This informal environment leads to gaps in analytic coverage, as well as incomplete and inaccurate

analysis and unnecessary duplication, single-agency perceptions of critical drug threats or issues, and occasional mistrust and confusion in the counterdrug community. At the operational level, some investigators and inspectors still complain of a shortage of actionable intelligence; they believe that they receive insufficient guidance and intelligence support from the national level. The Task Force noted the common complaint was that no one has the charter to define the “lanes of authority” for the different components and to monitor the components’ adherence to them.

In July 1998, the Task Force completed a baseline report¹³ that contained 89 recommendations to leverage past progress in drug intelligence and information sharing and to close gaps in coverage and coordination. A follow-on interdepartmental working group further refined the Task Force work into the draft General Counterdrug Intelligence Plan (GCIP)¹⁴. The GCIP turned the Task Force recommendations into 73 action initiatives grouped into the following topic areas: National Coordination; National Centers; Regional, State, and Local Cooperation; Foreign Coordination; Analytic Personnel Development and Training; and, Information Technology. On February 14, 2000, the President approved the *General Counterdrug Intelligence Plan* that was then transmitted to key congressional leaders.

The GCIP is truly a unique Federal intelligence plan: It is entirely unclassified and was published on the Internet so that it is readily accessible to Federal, state, local, and tribal law enforcement officers across the country. The GCIP is the interagency blueprint for improving the drug intelligence system. It creates a bold, new, three-tiered policy coordination and problem resolution mechanism designed to ensure effective and collaborative counterdrug intelligence across the drug law enforcement and intelligence communities. The focal point of this new structure is the senior interagency Counterdrug Intelligence Coordinating Group and its supporting staff, the Counterdrug Intelligence Executive Secretariat which will help resolve interagency drug information sharing challenges, as well as continually promote improvements in the drug intelligence system. The Counterdrug Intelligence Coordinating Group will receive policy guidance and input from the members of the President’s Council on Counter-Narcotics as well as the goals and objectives of the *National Drug Control Strategy*.

The GCIP underscores the necessity of collaborative interagency efforts, demonstrates the nation’s commitment to reducing the negative personal, societal, and economic effects of illicit drugs, and significantly advances cooperation between the law enforcement, interdiction, and intelligence communities and improve their ability to achieve the Administration’s counterdrug goals. The GCIP is expected to help significantly improve the ability of Federal, state, and local agencies to coordinate counterdrug activities. Better information flow will mean:

- Reduced risk to our law enforcement officers
- Safer streets, reduced illegal drug flow into our communities
- Less money for illegal drugs, more money for the legitimate economy

Implementation of the GCIP is well underway. Some initiatives are already complete – such as rewriting the mission statements of key national centers with drug intelligence responsibilities. Other initiatives have started, but may require many months or several years to complete. Other drug intelligence challenges, not specified in the GCIP, are being identified and addressed by the newly created drug intelligence coordination process. Success depends on the participation of state and local government and law enforcement organizations to continually improve the sharing of drug intelligence and law enforcement information. The GCIP is assisting international, interagency, and

inter-community efforts to counter the devastating impact of illegal drug abuse and trafficking on our communities.

Cooperative efforts are improving among the four national centers with drug intelligence responsibilities: The Director of Central Intelligence's Crime and Narcotics Center (CNC), the Treasury Department's Financial Crimes Enforcement Center (FinCEN), the National Drug Intelligence Center (NDIC), and the El Paso Intelligence Center (EPIC). FinCEN, NDIC, and EPIC have already implemented their new missions articulated in the GCIP; CNC's mission was judged appropriate and not changed. The Counterdrug Intelligence Coordinating Group has met regularly and is actively overseeing government-wide GCIP implementation. The Counterdrug Intelligence Coordinating Group and the Counterdrug Intelligence Executive Secretariat, under the oversight of the participating members of the President's Council on Counter-Narcotics, provide a permanent mechanism to continually promote improvements to the drug intelligence system. The Counterdrug Intelligence Executive Secretariat already is helping agencies resolve problems and is promoting replication of best practices. Currently there are 18 people, from 9 agencies, on this staff. By 2001, the Counterdrug Intelligence Executive Secretariat staff will grow to about 35 as called for in the GCIP.

ENDNOTES

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- ¹ Significant ONDCP documents related to the HIDTA Program are in Appendix 8 (Enforcing the Nation's Laws).
 - ² Significant ONDCP documents related to the CTAC Program are in Appendix 9 (The CTAC Program).
 - ³ ONDCP and CTAC, *Ten Year Counterdrug Technology Plan and Development Roadmap*, July 1998.
 - ⁴ ONDCP and CTAC, *Non-Intrusive Inspection Systems Technology Assessment and Engineering Trade-off Study*, September 1996.
 - ⁵ ONDCP and CTAC, *1995 ONDCP International Workshop: Drug Abuse Treatment Technology* in Baltimore, Maryland, August 15-16, 1995.
 - ⁶ ONDCP and CTAC, *Harnessing Technology to Support the National Drug Control Strategy* in Chicago, Illinois, August 18-21, 1997.
 - ⁷ ONDCP and CTAC, *1999 ONDCP International Technology Symposium* in Washington, D.C., March 8-10, 1999.
 - ⁸ Letter from Attorney General Reno and Director McCaffrey to President Clinton, subject: Crack and Powder Cocaine Sentencing Policy in the Federal Criminal Justice System, July 3, 1997.
 - ⁹ ONDCP, *National Drug Control Strategy: 2000 Annual Report*, p. 72.
 - ¹⁰ McCaffrey, Barry R., "Race and Drugs: Perception and Reality New Rules for Crack Versus Powder Cocaine," *100 Report, The Official Information Source of the 100 Black Men of America, Inc.*, summer, 1998.
 - ¹¹ McCaffrey, Barry R., "Cocaine: Will Congress Act?" *Crisis*, Sep/Oct 1998.
 - ¹² The Classified Annex to the Report of the White House Task Force on the Coordination of Counterdrug Intelligence Centers and Activities with Departmental Comments, July 23, 1998 (SECRET). Included in Appendix 15 (Classified Documents).
 - ¹³ The Report of the White House Task Force on National Counterdrug Intelligence Architecture Baseline Inventory, January 14, 1998 (SECRET). Included in Appendix 15 (Classified Documents).
 - ¹⁴ The General Counterdrug Intelligence Plan, February 2000.

SECTION VI

MAJOR AGENCY INITIATIVES AND ACCOMPLISHMENTS

INITIATIVES TO REDUCE THE SUPPLY OF ILLEGAL DRUGS¹

ASSESSMENTS OF THE INTERNATIONAL DRUG THREAT

The international drug threat continues to pose significant challenges to the United States of America. At the outset of the Clinton Administration illicit drugs flowed into the U.S. as demand remained high in communities throughout the nation. Significant changes over the last decade have made the international drug trade an ever-increasing threat. In the U.S., while cocaine use and hard-core heroin use have stabilized, the threats posed by high-purity synthetic drugs such as methamphetamine and MDMA continue to rise. The illicit drug industries based in Colombia and Mexico continue to pose the greatest challenge to U.S. interagency counter-drug efforts. Colombian traffickers have expanded coca cultivation within Colombia to 67 percent of the total world crop.

The evolution of the international drug trade in the last decade is highlighted by the expansion of worldwide markets for, and the trafficking of, illegal drugs, and by greater involvement by a growing number of players. Many organized crime groups—including those from Russia, China, Israel, and Italy—have cultivated and expanded ties to drug trafficking organizations to obtain cocaine, heroin, and synthetic drugs for their own distribution markets and trafficking networks. Non-traditional trafficking groups, including insurgencies and extremist organizations such as Colombia and Afghanistan, have also turned to the drug trade to raise revenues.

In 1991, ONDCP issued a requirement for an interagency threat assessment of cocaine movement to support the DOD/Customs/Coast Guard-created National Counterdrug Plan. The Interagency Assessment of Cocaine Movement (IACM), now in its 20th edition, has been produced semiannually by the Defense Intelligence Agency since then. IACM provides a strategic threat assessment of global cocaine movement for senior-level policymakers to support resource allocation, policy and budget decisions.

Cocaine²

Changes in the cocaine industry in the Andean source countries and the significant growth of non-U.S. markets have resulted in a more diversified trafficking environment, offered new opportunities for non-Colombian cocaine traffickers, and expanded the cocaine trade. However, despite law enforcement successes in the mid-1990s that effectively ended the Cali Cartel's control of the illicit drug industry, Colombian traffickers remain dominant in the international cocaine trade. The pattern of strategic shift in coca cultivation and production from Peru and Bolivia to Colombia – evident since 1995 – is continuing. In the early 1990s, the primary mode of transporting cocaine was via air transport; however, today, traffickers make heavy use of go-fast vessels. Of the overall amount of cocaine detected leaving South America, 512 metric tons of cocaine potentially moved toward the U.S. during 1999, of which 130 metric tons were seized en route. More cocaine entered the U.S. in 1999 by land conveyances across the southwestern border than by any other mode of transport in any other geographical area of the U.S.

Heroin³

Heroin use in the United States has increased significantly since the early 1990s, although it appears to have leveled off in recent years. The combination of higher purity heroin, lower prices, and ready availability has contributed to greater use in rural and prosperous suburban areas and to greater use among young Americans. Today, about 75 percent of the heroin comes from Colombia and Mexico. Since the mid-1990s, Colombia has been the single largest source of supply for the U.S. market; Colombian heroin is dominant in the northeast--the largest U.S. heroin market--and the south.

Historically, most of the world's illicit opium for heroin production was grown in the "Golden Triangle" – Burma, Laos, and Thailand – in Southeast Asia. Since 1999, after a major shift in production, Afghanistan has been the world's leading producer of opium. Burma is now the world's second largest source of illicit opium, and accounts for 80-90 percent of Southeast Asian opium. The amount of Southeast Asian heroin destined for the U.S. is estimated to be about three metric tons. Currently, about 25 percent of heroin bound for the U.S. comes from Southeast Asia.

The DEA Heroin Signature Program connected 82 percent of the U.S. heroin seizures tested in 1998 with Colombian or Mexican origins, and recent interagency analysis indicates that roughly 75 percent of the heroin entering the U.S. comes from Colombia and Mexico.

The Synthetic Drug Threat

A dramatic surge in worldwide production and consumption of amphetamine-type stimulants that began in the early 1990s shows no indication of slowing down, despite increasing government and international organization awareness of, and attention to, the issues. The use of synthetic drugs like methamphetamine and MDMA (ecstasy) in the U.S. is increasing at rates that may approach that of cocaine and heroin. Producers and traffickers are attracted to synthetic drugs because, compared to heroin and cocaine, they are less costly and simpler to produce.

Methamphetamine

In recent years, Mexican trafficking groups have revolutionized the production and distribution of methamphetamine (meth) by operating large-scale laboratories that produce unprecedented quantities of high-purity product. These "superlabs" are capable of producing over ten pounds of meth in a single production cycle. In 1998, 70 of the 1,654 clandestine drug lab seizures in which DEA participated involved superlabs; 56 of them were seized in California.

Despite trafficker advances in meth production, DEA's System to Retrieve Information from Drug Evidence indicates that the purity of exhibits of meth has dropped from 60.5 percent to 27.2 percent in May 1999. The primary crossing points for smuggling Mexican meth into the U.S. appear to be along the southwest border in San Ysidro, California, and increasingly Laredo, Texas. Meth seizures on the southwest border have increased dramatically in recent years, from 7 kilograms in 1992 to more than 1,400 kilograms in June 2000.

Ecstasy

Use of ecstasy appears to be widespread in every major U.S. city and there are indications of trafficking and abuse in small towns as well. Use of the drug is largely associated with the underground "Rave" youth subculture. Raves provide large, open spaces for all-night dancing, lounging and physical interaction. Data on ecstasy seizures reveal that one-quarter of all seizures in the U.S. occur at Newark International Airport in New Jersey or John F. Kennedy International Airport in New York. DEA reports a significant recent increase in ecstasy seizures. From 1993 to

1998, the number of ecstasy tablets submitted to DEA labs for testing increased from 196 to 143,600. Seizures from January through May 1999 totaled over 216,300 tablets, and DEA expects seizures to double by early 2000. Recent seizures come from flights from Paris, Dusseldorf, and various cities in Switzerland. Israeli crime groups are also very active in manufacturing and distributing ecstasy; however, the vast majority of ecstasy is produced at labs in the Netherlands, and is distributed not only to this nation, but also to Europe and Asia.

DETECTION, MONITORING, AND INTERDICTION AND ASSOCIATED ORGANIZATIONAL ISSUES

Interdiction drug programs were de-emphasized during the first four years of the administration due to the overriding need to bring budget deficits under control.

Between 1993 and 1996 there was negative growth in drug interdiction programs. During that period, the interdiction budget shrank by approximately 13 percent. Being that a large portion of detection and monitoring and support to interdiction activities were carried out by the Department of Defense, the effect of this shrinkage was most evident in the loss of ship steaming and air flight hours. Detection and monitoring activities during this period shrank significantly.

Even under the lower funding levels, there were several marked successes in interdiction. Of particular significance were the Peruvian accomplishments against the drug trafficking air-bridge between 1995 and 1997. Faced with increased coca cultivation and the growing entrenchment of the drug trade, Peru instituted an aggressive air interdiction program.⁴ During 1995, alone, over 23 narcotics aircraft were forced down seized or destroyed. Although only a relatively small number of aircraft ferrying coca leaves from Peru and Colombia were shot down; the affect on coca movements was dramatic. The United States was able to assist the Peruvian effort with radar and intelligence support during 1995.

Starting in 1996, the interdiction budget reversed course growing 47% by 2000.⁵ With this increase began an effort to rebuild a drug interdiction capability within both the transit and source zones. This ramp up was difficult. The shrinkage in DOD force structure in the post Cold War had resulted in less Detection and Monitoring and interdiction assets available for the drug mission. In addition, detection and monitoring equipment that remained available ended up being multi tasked for a number of contingency operations. Consequently, D&M and interdiction missions were increasingly filled with law enforcement assets. By the end of 1999, D&M in the source zone was almost exclusively being handled by the United States Customs Service. The United States Coast Guard was increasingly tasked to provide D&M and interdiction resources for the transit zone.

ONDCP has been involved in every facet of the Counterdrug Detection and Monitoring/Interdiction mission as well as the organizational structure that supports these efforts. This involvement falls into three major categories; budgetary and resource support, organizational development, and asset coordination.

Beginning in 1996, ONDCP played a central role in justifying increased government expenditure on interdiction. In March 1996, at presidential direction, ONDCP led the development of the request for additional support for national drug programs. In April, the administration submitted a \$250 million emergency supplemental for Congressional consideration.⁶ Over 60 percent of this money was targeted against lagging interdiction programs. Although this request was not approved by Congress, it set the stage for further increases in interdiction programs throughout the remainder of the administration including support for partner nation and US

Customs Service upgrades as part of the \$1.3 billion package for Colombia approved by Congress in the summer of 2000.^{7&8}

ONDCP was also involved in the interdiction issue in the area of organizational development. Prior to 1996, the interdiction community was a loosely configured group of law enforcement agencies and the Department of Defense responding to several different changes of command. ONDCP put great emphasis on the concept of the United States Interdiction Coordinator (USIC) to further organize the community. Originally, established by Presidential Directive in 1993, the purpose of the USIC was to establish better coordination of the detection and monitoring and interdiction assets of both the Department of Defense and U.S. Law Enforcement agencies. The USIC, according to the directive, reported directly to the Director, ONDCP.⁹ ONDCP supported manning and resourcing a small USIC staff, convening a Joint Staff/J3-USIC chaired meeting, and strengthening the authority of the USIC. Since its establishment, the J3/USIC conference has met quarterly to review past activities and plan for future operations. The success of the USIC concept in transit and source operations has encouraged the establishment of an equivalent position in the arrival zone of the United States. In spring 2000, there was a tentative agreement among the agencies involved in arrival zone operations to establish the position of the Arrival Zone Interdiction Coordinator (AZIC.)

ONDCP played a major role in coordinating the re-alignment of the drug interdiction centers. To mirror changes in the Unified Command Plan, which ceded responsibility for the Caribbean from USACOM to USSOUTHCOM, and as a result of the inability of the United States and Panama to reach agreement on the Multinational Counterdrug Coordination Center, the Director, ONDCP directed the USIC in October 1998 to lead the effort for consolidating the assets of Joint Interagency Task Force East and Joint Interagency Task Force South. ONDCP not only supported the consolidation of the units but also ensured proper interagency resourcing of the remaining centers. This realignment was reflected in the National Interdiction Command and Control Plan (NICCP) published in May 1999.

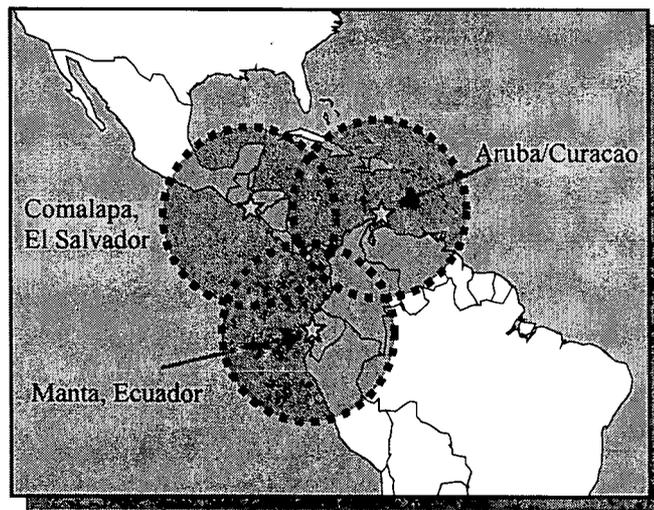
With the re-establishment of budgetary support and development of an interagency organizational concept, ONDCP ensured interdiction assets were being used to support the national drug control strategy. ONDCP, through the vehicle of the Classified Annex to the National Drug Control Strategy, tasked the USIC to begin developing interagency planning guidance (IPG) on an annual basis. The IPG, first published in 1998, provides the operational commander with a prioritized list of mission areas that support the national drug control policy. In addition, USIC was also tasked with assessing the resources required for carrying out the missions set forth in the IPG. To accomplish this responsibility, the Classified Annex directed USIC established the interdiction planning and asset management group (IPAMG).¹⁰ This resulted in a better utilization of available interdiction and Detection and Monitoring assets.

ESTABLISHMENT OF FORWARD OPERATING LOCATIONS (FOL)

Since the early 1980's, Howard Air Force Base in Panama was the primary operating base for air interdiction and detection and monitoring (D&M) flights in Central and South America. Likewise, Rodman Naval Station near the Pacific entrance to the Panama Canal was increasingly used during the last decade by U.S. Naval and Coast Guard entities as the forward operating base for maritime drug interdiction efforts in the Eastern Pacific and Western Caribbean. With the impending transfer of Howard and Rodman, the United States, in the mid-1990s began reviewing options for re-basing operations in Panama. In 1995, President Clinton and President Perez Balladares agreed to explore if there would be benefits to both nations for the United States to

maintain a presence in Panama. Between 1996 and 1998, the USG and the GOP pursued the possibility of establishing a regional multi-lateral counternarcotics center in Panama. However, due to domestic considerations, President Balladares was unable to secure domestic consensus for an agreement with the United States. In September 1998, the United States and Panama issued a joint statement ending MCC negotiations. As a result, the USG, toward the end of 1998, began to examine other options for maintaining a counterdrug architecture in the region.

The concept that eventually evolved was one of Forwarding Operating Locations. FOLs are not bases but a series of agreements allowing the United States access to airfields in Manta, Ecuador; Curacao and Aruba; and El Salvador. DOD, almost immediately, initiated a process in September 1998 to identify alternative arrangements that would maintain the counternarcotics coverage we enjoyed from Howard. By April 1999, interim agreements had been attained in Ecuador and the Netherland Antilles. In November 1999, the United States and Ecuador signed a ten-year agreement for the use of the airfield at Manta. In March 2000, similar agreements were signed with the Kingdom of the Netherlands and El Salvador. In addition, many of the maritime operations previously conducted from Rodman were incorporated into an agreement with Costa Rica in 1999. The FOL's are anticipated to provide better coverage at less cost than similar operations out of Howard and Rodman.



Forward Operating Locations - 2000

ONDCP played a major role in transitioning drug activities out of Panama, which had served as a main hub of activity for our counterdrug operations for the past two decades, to the new FOL concept. In 1997, ONDCP played a central role in alerting the administration that it needed to consider other options aside from the MCC because of Panamanian domestic issues. When negotiations for a MCC in Panama did end in 1998, ONDCP provided the programmatic impetus for developing and implementing the new FOL concept. Beginning in fall 1998, ONDCP was diligent in supporting the need for the new architecture and assisting State and Defense officials in negotiating these new basing agreements. The FOL concept was supported in congressional testimony throughout 1999. In developing the Emergency Supplemental of FY2000, ONDCP made FOL support a major consideration.

BILATERAL COOPERATION WITH MEXICO

Counterdrug cooperation between the U.S. and Mexico showed a remarkable improvement during the Clinton administration. The U.S. has worked more closely with Mexico to reduce the demand for illegal drugs through prevention, education and public awareness, treatment, training and research. In addition the two countries increased cooperation to stop drug trafficking, money laundering, diversion of essential and precursor chemicals, and firearms trafficking.

In March 1996, President Clinton agreed with his Mexican counterpart to create the High-Level Contact Group on Drug Control (HLCG) in order to develop a shared strategic view of the problem and the most important ways in which to combat the illegal drug phenomenon. This plan was formulated and fostered by ONDCP. The HLCG began their work by producing a "*Bi-national Drug Threat Assessment*" on drug abuse, trafficking and drug-related crimes for both countries. The HLCG fostered the development of groups of experts on reducing the demand for illicit drugs, combating money laundering, interdicting illicit drug trafficking and combating the diversion of essential and precursor chemicals, and addressing the problem of illegal firearms trafficking in order to undertake bilateral cooperation programs on these issues.

High-Level Contact Group (HLCG)

The creation of this high-level bilateral consultation mechanism specialized in drug control has facilitated the decision-making and agreement processes between both governments, allowing the bilateral cooperation efforts against drug consumption, drug trafficking and drug-related crimes to be effectively led.

Since the inception of the High Level Contact Group (HLCG), the U.S. and Mexico have proceeded with technical exchanges and cooperative projects in illicit cultivation control, drug treatment, and demand reduction. In the area of law enforcement, the US and Mexico have cooperated in the arrest of major traffickers. We have also improved interdiction and eradication. In demand reduction, we cooperated in reducing demand for illegal drugs in both countries through science-based prevention, treatment, communications, research, and linking the public health and public safety systems.

US/Mexico Binational Threat Assessment

The "*Bi-national Drug Threat Assessment*"¹¹ produced by the HLCG, was presented to both presidents at their meeting in May 1997. It was signed by President Clinton and President Zedillo as the "*Declaration of the Mexico-U.S. Alliance Against Drugs*", which declared that both nations were united in an alliance to combat drug trafficking and abuse. It also instructed the HLCG to develop a shared anti-drug strategy to complement each country's national policies and programs.

US/Mexico Binational Strategy

In February 1998, the HLCG adopted the "*Mexico-U.S. Bilateral Cooperation Strategy Against Drugs*,"¹² a broad and balanced binational cooperation plan, that would respond to the complexity of the problem in the United States and in Mexico. Experts from both governments drafted it to maximize the combined efforts from both countries. The *Strategy* contains 16 main cooperation guidelines and establishes specific objectives and actions for each.

For the first time, the effort of bilateral cooperation took a shared comprehensive approach to the problem. Currently, the USG and the GOM have in place mechanisms and procedures to design and to follow through on bilateral programs to: exchange sensitive information, share

experiences in public education, treatment and scientific research, facilitate legal cooperation, and develop training programs for drug treatment professionals and drug law enforcement officials.

US/Mexico Performance Measures of Effectiveness

In February 1999, in order to monitor the progress and achievements in the implementation of the *Strategy*, both governments approved the *Performance Measurements of Effectiveness*¹³ as an additional tool to assess the implementation of the strategy and to analyze its efficiency in combating the problem.

A general assessment of the 16 major Alliance Points covered by the Performance Measures indicates that, while problems still exist, overall we are making progress.¹⁴ We are well ahead in several of the Alliance Points, such as demand reduction, production and distribution of drugs, extradition, chemical control and money laundering.

EFFORTS TO IMPROVE LAW-ENFORCEMENT COORDINATION AT THE SOUTHWEST BORDER

A major ONDCP initiative during Director McCaffrey's tenure was improving coordination between federal, state, and local law enforcement agencies with drug-control responsibilities along the Southwest Border (SWB) and other vulnerable border regions. ONDCP's concerns about federal ineffectiveness were outlined in a 1998 White Paper: *Organizing Drug Control efforts Along the United States Southwest Border*.¹⁵ The paper concluded, "the flow of drugs across the Southwest Border has not been significantly curtailed despite tactical success that has caused changes in smuggling routes and techniques" and tabled a series of recommendations for interagency consideration. ONDCP also sought to address coordination problems between drug-control program agencies along the Southwest Border by directing The Interdiction Committee to develop an Arrival Zone Interdiction Plan and to determine the best structure to handle issues along the border.

THE SOURCE ZONE STRATEGY

In November 1993, the President signed a decision directive that provided a policy framework for U.S. international drug control efforts as part of the Administration's over-all counter-drug policy. The President designated the Director, Office of National Drug Control Policy as responsible for oversight and direction for all counter-drug policies, in coordination with the National Security Council. The President's directive, the result of an exhaustive eight-month review of U.S. international policies and strategies, instructed Federal agencies to change the emphasis in U.S. international drug programs from the past concentration largely on stopping narcotics shipments to one focusing more directly on the sources of illicit drug production and cultivation in South America and Asia. This included assisting "source countries" in addressing the root causes of narcotics production and trafficking through assistance for sustainable development, strengthening democratic institutions, and cooperative programs to counter narcotics traffickers, money laundering and supply of chemical precursors. The President stressed the need for American leadership in the fight against international drug trafficking. He pledged to work with the Congress to ensure adequate funding for international counter-drug programs.

The source zone strategy has been key to international counterdrug efforts over the last decade. ONDCP has provided consistent leadership since the inception of PDD-14 to gradually shift our emphasis in the area of international programs to the source zones. Through numerous visits to the region between 1997-2000, the Director, ONDCP sought to develop a regional

consensus on the issue of drug trafficking. Rather than drawing upon the historic dichotomy of producer and user nations, ONDCP made every effort to emphasize that drug use and abuse was a shared problem. Certainly drug use endangers US citizens. But it also puts fledgling democracies, growing economies and all societies at risk. In visits to the region, international demand reduction and treatment issues were emphasized along with the issues of eradication and interdiction.

Increased programmatic and budgetary emphasis has also been placed on the source zones. ONDCP supported supplemental funding in 1997 and 2000 that was mostly targeted at the source zone regions of South America. These additional assets provided a wide array of support to partner nation's eradication and interdiction efforts as well as assistance in judicial reform and alternative development in these countries.

ONDCP was also in the forefront of shifting the US interdiction effort from solely focused on interdicting drugs at our borders. Through participation in interagency forums such as the counternarcotics interagency working group (CN-IWG) and the Joint Staff/J3-USIC conference, ONDCP has been successful in emphasizing the importance of source zone interdiction planning. Through documents such as the Interdiction Planning Guidance (IPG) and the Classified Annex to the National Drug Control Strategy emphasis on these growing regions have been further institutionalized. Bolivia and Peru exemplify the Source Zone Strategy's success.

Bolivia

Bolivia built a remarkable record of counterdrug success from 1997-1999. The Administration of President Hugo Banzer and Vice President Jorge Quiroga achieved a 55% reduction in area under cultivation in three years (from 1997-1999). This achievement, which is the result of sustained eradication and law enforcement efforts, combined with an extensive alternative development program, has reduced potential cocaine production in Bolivia from 200 metric tons in 1997 to less than 70 metric tons in 1999. Bolivia continues to make rapid progress towards their goal of complete elimination of all illicit coca production by the end of 2002. Almost all the coca in traditionally the largest coca growing region, the Chapare, has been eliminated (approximately 3,000 hectares remain). The Government of Bolivia plans to launch an eradication campaign, preceded by alternative development programs, in the Yungas in calendar 2001. The Yungas is where 12,000 hectares of coca are produced for licit use (for chewing or use in commercial or medicinal productions). However, the Government of Bolivia believes that at least several thousand hectares produced in the Yungas are diverted for illicit use. In spite of protests by coca growers in September 2000, we expect the Government of Bolivia to continue with their highly effective counter-drug programs in 2001.

Peru

In the previous five years, 1995-1999, Peru achieved a remarkable two-thirds reduction in area under coca cultivation. From 1995-1997 coca reductions were largely a result of low coca prices which led coca farmers to abandon their crops in the field. The low coca prices were the direct result of a highly successful drug interdiction effort directed by the Peruvian Air Force, with intelligence assistance from the United States. However, in 1999 the air interdiction effort became less effective due to traffickers diversifying transportation routes and techniques. The result of these new trafficker tactics has been the increase of drug flights in and out of Peru and higher coca prices. The Government of Peru has, however, stepped up its eradication campaign in order to continue coca reductions. We expect that with sustained U.S. law enforcement, alternative development, and interdiction assistance to Peru, and continuing aggressive eradication efforts, Peru will continue to make progress towards reducing illicit coca cultivation.

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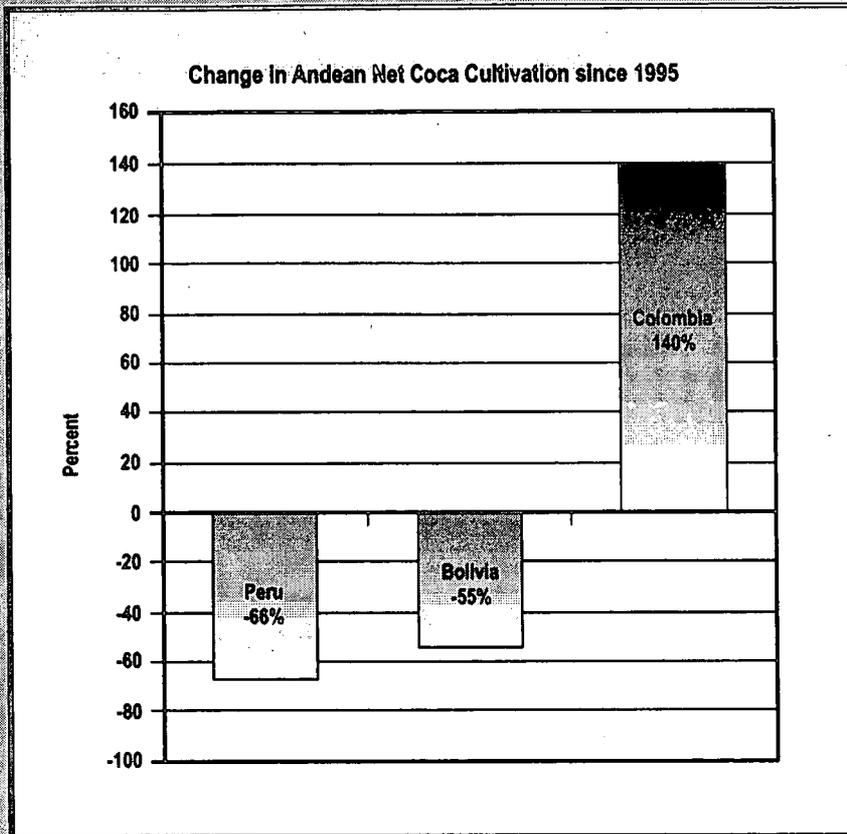


Figure 1. (U) Change in Andean Net Coca Cultivation. Expressed in percent change in hectares since 1995.

COLOMBIA¹⁶

Counterdrug efforts with Colombia were challenged continually from 1995-2000. Relations with the Government of Colombia were strained during the corrupt Samper administration, though the US maintained cooperative counterdrug efforts at the tactical level, including an aggressive aerial eradication program against both coca and opium poppy. Nevertheless, Colombia's drug production skyrocketed during that same period. This rapid increase in drug production threatens to undermine the overall regional progress in coca reduction due to successful programs in Peru and Bolivia. Coca cultivation has risen an average of 20% per year for the last five years, making Colombia by far the largest producer of coca and cocaine in the world. Colombia's opium poppy cultivation, which had been stable, rose 23% in 1999.

Colombian government forces captured and incarcerated the major Cali Mafia kingpins in the mid-1990s. The days when the big mafias controlled nearly all aspects of drug trade are gone. The mafias have been replaced by loose associations of area specialists (growers, processors, chemical providers, transporters, money launderers, etc.). This has made organizational attack a much more difficult proposition. The Colombian drug trafficking situation has been further

complicated by the increasing involvement of the guerrilla and illegal self-defense groups in all aspects of the drug trade.

Andres Pastrana was elected president in 1998 and took office in August of that year. In October 1999, President Pastrana and his team produced a new national strategy – *Plan Colombia* – to address the whole array of Colombia's challenges. Plan Colombia is a 3-year, \$7.5 billion strategy. The Government of Colombia will provide \$4 billion and is looking to the international community to provide the remaining \$3.5 billion.

In support of the Colombian Government strategy and to serve our own national interests, the US Government developed a proposal for a \$1.3 billion support package in late 1999¹⁷ and submitted it to Congress in February of 2000. ONDCP spearheaded the Administration's inter-agency effort on Plan Colombia. Congress approved the package and the President signed the bill in July 2000. The assistance package is balanced and comprehensive with a counterdrug focus. It is regional in scope with Colombia as the focus. The Administration and Congress moved the assistance package from a concept to reality in less than one year, which is record time.

With the Colombia aid package, ONDCP broadened the discussion of supply reduction efforts. There is now a clear understanding that the problem is regional – not national -- in scope and requires a regional response. We have also shifted our concept of counterdrug efforts beyond just eradication and lab destruction, and include alternative economic development, anti-money laundering efforts, anti-corruption efforts, asset forfeiture, extradition, chemical control, and programs to strengthen the legitimate power of the democratic state and expand government control of and presence in its own national territory.

COUNTERING THE SPREAD OF METHAMPHETAMINE

Since the mid-1980s, the world has faced a wave of synthetic stimulant abuse. Approximately nine times the quantity of such drugs were seized in 1993 compared to 1978, the equivalent of a 16 percent average annual increase.¹⁸ The principal synthetic drugs produced clandestinely are amphetamine-type stimulants. Domestic manufacture and importation of methamphetamine poses a continuing public-health threat. In the past, outlaw motorcycle gangs largely supplied methamphetamine. More recently, Mexican-based trafficking groups dominated wholesale trade in the United States. These organized crime groups have developed large-scale laboratories – both in Mexico and the United States – capable of producing enormous quantities of methamphetamine. The manufacturing process involves toxic and flammable chemicals. Abandoned labs require expensive, dangerous clean up.

The 1996 National Methamphetamine Strategy (updated in May of 1997) was the principal basis for the federal response to this problem.¹⁹ It was buttressed by the Comprehensive Methamphetamine Control Act of 1996, which increased penalties for production and trafficking while expanding control over precursor chemicals like ephedrine, pseudoephedrine, and phenylpropanolamine. It also created a Methamphetamine Interagency Task Force, co-chaired by the Attorney General and the Director of ONDCP. The Task Force brought together federal and non-federal experts who reviewed current practices regarding methamphetamine and, in regional conferences, listened to the perspectives of people confronting the methamphetamine problem locally. The Task Force published a report that describes the methamphetamine problem and makes recommendations in the areas of law enforcement, prevention and education, and treatment.²⁰ The report also establishes research priorities to advance the understanding of the nature and effects of the methamphetamine problem and to measure the effectiveness of prevention, enforcement, and

treatment interventions. A final section discusses promising strategies that the federal government should undertake to assist communities in combating methamphetamine. The Methamphetamine Trafficking Penalty Enhancement Act of 1998 was signed into law as part of the omnibus spending agreement for FY 1999, further stiffening sanctions against this dangerous drug.

REDUCING DOMESTIC MARIJUANA CULTIVATION

Marijuana is the most readily available illegal drug in the United States. While no comprehensive survey of domestic cannabis cultivation has been conducted, the DEA estimates that much of the marijuana consumed in the United States is grown domestically, both outdoors and indoors, by commercial and private operators. Recognizing that successful domestic cannabis eradication must be supported by information about the acreage of illegal drug cultivation, Congress, in ONDCP's 1998 reauthorization, directed the Secretary of Agriculture to submit to the ONDCP director an annual assessment of illegal drug cultivation in the United States.²¹ The Department of Agriculture did not prepare this report in either 1999 or 2000.

ENDNOTES

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- ¹ Significant ONDCP documents related to supply reduction activities are in Appendix 10 (Supply Reduction and International Drug Control Cooperation) and Appendix 15 (Classified Documents).
 - ² ONDCP, *1999 Annual Assessment of Cocaine Movement*, March 2000.
 - ³ U.S. Government, *Global Heroin Threat to the United States*, July 2000.
 - ⁴ ONDCP, *National Drug Control Strategy Classified Annex (SECRET)*, February 11, 1997. Included in Appendix 15 (Classified Documents).
 - ⁵ ONDCP fact sheet, "Analysis of Change in Federal Drug Control Resources over Various Times Periods since ONDCP's creation," undated.
 - ⁶ White House press release dated April 12, 1996, "Announcing Administration's Request for \$250M in Supplemental Appropriations."
 - ⁷ Letter from ONDCP Director Barry R. McCaffrey to Congressman Jim Kolbe, Chairman of the Committee on Appropriations, United States House of Representatives, subject: Allocation of \$60.0 Million from ONDCP's Special Forfeiture Fund, February 13, 1997.
 - ⁸ Statement by General Barry R. McCaffrey Director, ONDCP before the House Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, subject: Colombian and Andean Region Counterdrug Efforts: The Road Ahead, February 15, 2000.
 - ⁹ Letter from Lee Brown, Director, ONDCP to Admiral Robert Kramek, Commandant, United States Coast Guard, subject: United States Interdiction Coordinator, May 19, 1994 (CONFIDENTIAL). Included in Appendix 15 (Classified Documents).
 - ¹⁰ ONDCP, *National Drug Control Strategy Classified Annex (SECRET)*, February 11, 1997. Included in Appendix 15 (Classified Documents).
 - ¹¹ *US/Mexico Bi-National Drug Threat Assessment*, May 1997.
 - ¹² *US/Mexico Bi-National Drug Strategy*, February 1998.
 - ¹³ *US/Mexico Bi-National Performance Measures of Effectiveness*, February 1999.
 - ¹⁴ *Main Results of the Mexico-US Bi-National Cooperation against Illicit Drugs 1995-2000*, August 2000.
 - ¹⁵ ONDCP white paper, "Organizing Drug Control Efforts along the United States Southwest Border," September 3, 1998.
 - ¹⁶ Significant ONDCP documents related to Colombia and Plan Colombia are in Appendix 11 (Plan Colombia).
 - ¹⁷ Memorandum from Acting Deputy director for Supply Reduction Robert E. Brown, Jr. to ONDCP Director Barry R. McCaffrey, subject: Update on Colombia/Andean Ridge Funding Package, December 29, 1999.
 - ¹⁸ United Nations, United Nations International Drug Control Programme, *World Drug Report*, 1998, p. 19. (<http://www.un.org/ga/20special/wdr/wdr.htm>), January 29, 1999.
 - ¹⁹ Department of Justice, *National Methamphetamine Strategy*, April 1996.
 - ²⁰ Department of Justice, *Methamphetamine Interagency Task Force Final Report*, January 2000.
 - ²¹ Section 705(a)(2)(B)(3) of the ONDCP Reauthorization Act of 1998.

SECTION VI

MAJOR AGENCY INITIATIVES AND ACCOMPLISHMENTS

INTERNATIONAL DRUG CONTROL COOPERATION¹

INTERNATIONAL DEMAND REDUCTION

The devastating consequences of drug use and its adverse effects on the health and safety of their citizens, families, and communities affect all countries. Recognizing that no government can reduce drug use and its consequences by itself, the United States works closely with individual countries and regional organizations on demand-reduction initiatives.

U.S. Objectives in International Demand Reduction

- Build public and political support in producing and transit countries for cooperation with US in reducing supply
- Strengthen will in the international community for comprehensive anti-drug policies comparable to those in the US
- Increase understanding in key countries and regions of their own drug consumption problems through better epidemiological surveys and public awareness initiatives
- Educate the international community about US policies, programs, and successes in combating drug abuse
- Build effective multilateral alliances to combat drug use

Priority Countries and Regions

- Countries on our own border
- Major source or transit countries

ONDCP Efforts

- Briefed visiting scholars (32 countries in 1999), practitioners, and government officials from numerous countries on drug prevention materials, models of effective prevention and treatment programs
- Supported or spoke at international anti-legalization Non Government Organizations (NGOs) meeting (US Cities Against Drugs – Atlanta; World Cities Against Drugs – Stockholm; International Symposium Against Drugs in Switzerland – Zurich).
- Forged unprecedented US/Mexico cooperation in drug demand reduction; jointly developed threat assessment, strategy, and measures of effectiveness.
- Represented US demand reduction interests at the regional meetings of the Caribbean Coordinating Mechanism (United Nations Drug Control Program, European Union, and Organization of American States).
- Planned and led demand reduction component of Miami conference of Caribbean nations, sponsored by ONDCP.
- Supported demand reduction component of ONDCP/Department of State conference on multilateral strategies.
- Assisted in development of PDFA-style media partnership in Latin America.
- Shared data sets among various countries to enhance surveillance of many associated health problems such as HIV-AIDS, family violence, alcoholism, and youth drug use.

United States and Mexico

Over the past three years, the United States and Mexico have increased their cooperation among both governmental and NGOs in addressing the causes and consequences of drug abuse in both countries. Three successful bi-national drug demand reduction conferences have taken place:

- The first conference held in 1998, in El Paso, Texas, and attended by 350 participants, resulted in proceedings and recommendations for future efforts to strengthen drug demand reduction in both countries.² That same year, both governments worked together to develop the United States/Mexico Bi-National Drug Strategy under the leadership of the US/Mexico High Level Contact Group (HLCG),
- Alliance Point One of the Strategy, to *“Reduce the demand for illicit drugs through the intensification of anti-drug information and educational efforts, particularly those directed at young people, and through rehabilitative programs,”* became a blueprint for actions needed to implement the partnerships forged. In addition, both governments identified measures (Performance Measures of Effectiveness - or PME) by which to evaluate the effectiveness of those actions,
- At the second conference held in 1999, in Tijuana, Mexico,³ and attended by 350 participants, conferees reviewed the PME for Alliance Point One (including results obtained from bi-national demand reduction activities, meetings, and border demand reduction initiatives), identifying progress made and new actions needed. Both governments worked together to integrate recommendations obtained into the Alliance Point One PME. Both countries signed a joint declaration in 1999.
- A third Bi-National Drug Demand Reduction Conference was held on May 31- June 2, 2000 in Phoenix, Arizona.⁴ Four hundred and twenty people attended this event which continued to feature professional development skills seminars, a bi-national research symposium linking the public health and public safety, extensive training on treatment methods, prevention strategies, youth coalitions, and dissemination of materials. The conference strengthened a sustainable mechanisms for future bi-national collaboration,
- Mexico has agreed to host a fourth conference in 2001.

Caribbean

In October 1998, the United States sponsored a Caribbean Drug Control Conference held in Miami, Florida. The conference brought together government officials, policy makers, law enforcement officials, academicians, and Caribbean Basin experts to discuss drug control issues.

The main objective was to improve coordination of national and regional drug control programs. The demand reduction plenary session provided a diverse panel of speakers and officials who presented a theme entitled *An Integrated Science-Based Approach for Demand Reduction*. It addressed the issue of building a bridge between science-based information gathering and an integrated drug control policy.

In addition, ONDCP provided leadership to demand reduction symposium of drug control directors from CARICOM nations in Bridgetown, Barbados, in March 1999. This meeting

reviewed the progress to date of the plans submitted by each nation in accordance with the Barbados Plan of Action.

Central America

In October 1999, Dr. Donald Vereen, Deputy Director, ONDCP attended a demand reduction summit in Guatemala. Hosted by the Guatemala and the U.S. Government the conference:

- Brought together representatives from eight countries from the Central American Region as well as representatives from the United Nations Office for Drug Control and Crime Prevention (UNODCCP) and the Organization of American States (OAS) Inter-American Drug Commission (CICAD).
- Addressed the importance of epidemiological data collection and research for understanding the drug issue locally and to identify and prioritize next steps as laid out in the Sub-Regional Program of Cooperation on Drugs Issues for Central America, 1999 – 2003.

Europe

The United States enjoys an excellent relationship in counterdrug cooperation with the United Kingdom, whose national drug control strategy is very similar to our own. In addition to cooperating on law enforcement matters, our two nations are cooperating in many other areas, including research and development and technology exchange such as brain imaging for drug abuse treatment research, drug treatment outcome evaluations; sharing information on the use of Drug Courts; and policy development.

With ONDCP support, the United Kingdom adopted a 10-year strategy with Performance Measures of Effectiveness.

European Visits

- In 1997, Dr. Adger Hoover, then Deputy Director for ONDCP participated at the Latin America against Drugs Conference in Sao Paulo, Brazil. He met with government and other anti-drug officials to discuss the US Drug Control Strategy.
- In 1997, Daniel Schechter represented the US Government at the 2nd International Symposium against Drugs in Switzerland.
- In 1998, Daniel Schechter, Deputy Director for Demand Reduction (Acting) represented the US Government at the World Cities against Drugs Symposium, held in Stockholm.
- In 1998, Director McCaffrey met with UN Drug officials and visited treatment and prevention programs in Stockholm, Vienna, Zurich, Amsterdam, The Hague, Rotterdam, London and Lisbon.
 - While in Stockholm, Director McCaffrey toured drug treatment facilities and discussed drug policy issues with Swedish officials.
 - In Vienna in addition to viewing treatment programs, Director McCaffrey met with the Executive Director of the UN Drug Control Program (UNDCP), Pino Arlacchi, to discuss world wide drug control efforts and consulted with Austrian officials who currently hold the presidency of the EU.

- In Switzerland and in The Netherlands, Director McCaffrey viewed a heroin maintenance clinic and drug treatment sites and consulted with government and non-government officials.
- In Lisbon, Director McCaffrey attended an historic meeting of US and EU drug officials at the European Monitoring Center for Drugs and Drug Addiction.
- In 1999, Dr. Donald Vereen, participated at the International Congress on Alcohol, Drugs and Other Dependencies in Vienna, Austria. He met with UN and European government and non-government officials to discuss the US Drug Control Strategy.
- In late 1999, Director McCaffrey and UK Drug Czar Keith Hellawell met in the first ever US/UK Drug Summit to explore expansion of cooperation between the two nations.
- Dr. Vereen represented the US Government at the US/South Africa meeting on substance abuse in Capetown, South Africa in July 2000.
- In October 2000, Daniel Schechter, participated at the ministerial meeting of the Pompidou Group, comprised of 42 European nations that are in the Council of Europe, plus several other nations in observer status. The US is in this group, along with Mexico and other countries.

China and Southeast Asia

Director McCaffrey led a U.S. government anti-drug mission to China, Vietnam and Thailand, June 16-25, 2000. These countries face rapidly increasing rates of heroin and methamphetamine trafficking and addiction. The goal of the mission was to establish a closer dialogue with the countries on drug control policy. Director McCaffrey was accompanied by Rand Beers who manages all U.S. International Narcotics Control programs; Dr. Timothy Condon, Associate Director of NIDA, which conducts more than 85% of the world's drug abuse research; U.S. Coast Guard Rear Admiral James Olson, Director of Joint Interagency Task Force West, responsible for coordinating U.S. counterdrug support in Asia; and William Simpson, a senior DEA official and Southeast Asia regional expert. Highlights of the trip include:

- **BEIJING**, meetings with senior Chinese drug-policy officials; the third annual meeting of U.S.-China Liaison Group on Law Enforcement Cooperation; visit treatment facilities.
- **KUNMING**, meetings with city officials; visit Daytop International treatment center.
- **HONG KONG**, meetings with city officials; visit port and container facilities; asset forfeiture check handover ceremony.
- **HANOI**, meetings with senior government officials; lunch address to American Chamber of Commerce; and discuss agreement for counternarcotics cooperation; Visit Vietnamese Army Museum.
- **BANGKOK**, meetings with senior government officials; convene Southeast Asia Regional Counternarcotics Conference of U.S. officials from twelve countries; address International Law Enforcement Academy.

International Drug Control Cooperation

The U.S. Government encourages private sector initiatives including non-government organizations working in drug prevention and education. Examples include:

Consejo Publicitario Argentina, the Parcerias Contra Drogas in Brazil, and the Alianza para una Venezuela, Peru, and Uruguay sin drogas. Approximately \$120,00 from the State Department and the lead work of Roger Pisani, helped establish these national organizations and contributed to the generation of more 120 million dollars in anti-drug media messages in these countries.

The contribution of the U.S. Department of State to the Colombo Plan's Drug Advisory Program and the Drug Prevention of the Americas led to the increase commitment from other donors, particularly Japan, Korea and Australia. As a result of these contributions, drug treatment and drug prevention coalitions throughout South America and Southeast have been developed. Three international conferences have been accomplished. The most recent conference was held in Palermo, Italy. Dr. Don Vereen participated as keynote speaker at the opening plenary. 72 countries were represented, among the guests were: (NGOs), civic organizations, government officials, social scientists experts and drug prevention specialists from around the world to discuss the following goals:

- To make-available Internet technology to those working on drug abuse prevention.
- To strengthen the commitment to develop a global coalition network on primary prevention, as formulated by commitments made at the Lima (1998) and the Bangkok Global Drug Prevention Conferences held in 1999.
- To support the three pillars of drug policy: prevention, treatment, and enforcement/interdiction.

Through the dynamism of the OAS/CICAD, a strong hemispheric consensus has developed and resulted in a regional anti-drug strategy. With Department State funding OAS/CICAD has launched training and technical assistance programs in all major narcotics control areas, including demand reduction systems to strengthening national drug control agencies.

MULTILATERAL COUNTER-DRUG COOPERATION

The growing trend toward greater cooperation in the Western Hemisphere is creating unprecedented regional drug-control opportunities. Although multilateral efforts are not expected to supplant bilateral relationships with major drug producing or transiting nations, they provide an increasingly useful supplement to unilateral US efforts. The era in which the region's anti-drug efforts were largely driven by a series of distinct, bilateral initiatives between the United States and selected Latin American and Caribbean countries is giving way to one that increasingly includes multilateral approaches.

Increased multilateral cooperation began to accelerate after the First Summit of the Americas, held in Miami in 1994. Heads of State signed an action agenda that has been implemented over the past three years. All governments endorsed the 1996 Anti-Drug Strategy in the Hemisphere and the 1995 Buenos Aires Communiqué on Money Laundering, which specified principles for cooperation. When the Second Summit of the Americas was held in

Santiago, Chile in April of 1998, the hemisphere's leaders were ready to take the next step towards closer multilateral cooperation.

At the Santiago Summit 34 Presidents, including President Clinton, agreed to create a new Hemispheric Alliance against Drugs. The centerpiece of this Alliance was a pledge to create a Multilateral Evaluation Mechanism--essentially a hemispheric system of performance measurement. The Multilateral Evaluation Mechanism, or MEM, is an unprecedented initiative designed to ensure that every nation in the hemisphere develops and implements a comprehensive national drug control strategy. Specifically, Summit participants agreed to: "...Develop, within the framework of the Inter-American Drug Abuse Control Commission (CICAD-OAS), a singular and objective process of multilateral governmental evaluation in order to monitor the progress of their individual and collective efforts in the Hemisphere..."

After 18 months of discussion and negotiation, the Multilateral Evaluation Mechanism (MEM) was inaugurated during the twenty-sixth regular session of CICAD in Montevideo, Uruguay (October 5-8). The establishment of the MEM will have no direct impact on the United States' annual drug certification process, which is required by law. The MEM, however, should facilitate more effective counterdrug efforts by all the nations in the hemisphere.

Although individual nations in the hemisphere have made progress in developing and implementing comprehensive counterdrug strategies, many are yet to develop an adequate system to collect and report basic statistics on drug use, production, seizures, arrests, money laundering, chemical diversion and drug trafficking. In addition, the data that many nations collect is based on different methodologies. This prevents accurate regional comparisons, discourages information sharing and makes it difficult to develop a hemispheric picture of the drug problem and how it is changing over time. The MEM, negotiated by an Intergovernmental Working Group of the Organization of American States' Inter-American Drug Control Commission (OAS/CICAD), is designed to fix such problems.

The initial steps in implementing the MEM have already begun. National evaluation reports, and a Hemispheric report, both with recommendations, will be written by an independent MEM Government Experts Group (with representatives from each of our 34 countries) and approved by CICAD. Results of the first round of evaluations will be formally reported to the Hemisphere's presidents at the 3rd Summit of the Americas in April 2001 in Quebec City, Canada.

WESTERN HEMISPHERIC DRUG POLICY LEADERSHIP CONFERENCE

The Western Hemisphere Drug Policy Leadership Conference, sponsored by the Office of National Drug Control Policy (ONDCP), the Department of State, and the Inter-American Drug Abuse Control Commission (CICAD), was held in Washington, D.C. from November 3-5, 1999. National drug policy leaders and delegations representing 34 countries of the Americas to the Conference heard detailed presentations on a variety of drug-related topics and held comprehensive discussions on how to address new challenges in the new century.

This first-ever Western Hemisphere Drug Policy Leadership Conference took place almost precisely between the Santiago 2nd Summit of the Americas in April 1998 and the Quebec City 3rd Summit of the Americas scheduled for April 2001. The conference brought together the men and women who, following the Santiago Summit Mandate, negotiated the Multilateral Evaluation Mechanism, a hemispheric performance measurement system. The

MEM will help to create a new hemispheric counterdrug relationship focused on the common problem of drugs and based on mutual respect and cooperation.

During the conference presentations were made from the hemisphere's top counter-drug experts both demand and supply with respect to the Future Changes in Drug Use: Patterns and Trends; Research and Science Findings: Public Health Impact of Drug Abuse and Addiction; Current and Future Trends in Drug Trafficking; Law Enforcement Strategies for the Future; Future Challenges to Drug Control Policy; Social and Economic Costs of Drugs; and The Multilateral Evaluation Mechanism. Presentations have generated thorough discussion and led to emergence of consensus on a number of important principles.

During discussions, senior drug policy leaders reached consensus that they would meet again, subject to CICAD's call, to assess our progress and challenges, perhaps mid-year, 2001, after the next Summit of the Americas. Furthermore several other items were agreed that included discouraging the legalization of drugs due to the severe health threat posed by consumption of illicit narcotics; share information about successful antidrug programs; coordinate and cooperate regionally and hemispherically on interdiction of drugs, chemicals, and money; develop tailored anti-drug media campaigns that effectively make use of television, radio, internet, magazines; employ anti-drug messages at large gatherings of people, such as concerts and sporting events; increase prevention and education information available on the Internet; encourage treatment of those in prison or otherwise under criminal justice supervision, and aggressively support the multilateral spirit and momentum that we have achieved.

UNITED STATES-UNITED KINGDOM BI-LATERAL DRUG CONTROL COOPERATION

Beginning in 1997 the Office of National Drug Control Strategy began an extensive dialogue with the Government of the United Kingdom on Drug Control Cooperation. This series of communications, exchanges, information sharing, and other contact lead to an UK-US Drug Summit held in London in October 1999. This summit established a framework for continuing UK-US cooperation on drug control at the highest levels of each respective government.

In 1997 ONDCP'S General Counsel, Mr. Edward H. Jurith, was selected to be an Atlantic Fellow in Public Policy, a program sponsored by the British Government. This assignment lasted ten-months at the University of Manchester pursuant to 5 USC 3396. In addition to examining British heroin abuse trends and community-based interventions targeting chronic addiction, the General Counsel was asked by the UK Anti-Drugs Coordinator to assist in the development of a new drug control strategy for Britain that was released in May, 1998.

In June 1998 Director McCaffrey met with the UK Anti-Drugs Keith Hellawell at the United Nations General Assembly Special Session on Drug Abuse and Drug Trafficking. The Director and Mr. Hellawell discussed areas of future US-UK cooperation on drug control and conducting a bilateral summit on issue of mutual concern the following year. In October 1998, Mr. Hellawell accepted the invitation of ONDCP and served as the keynote speaker at the Caribbean Regional Drug Control Conference on October 15, 1998 in Miami.

The US-UK Drug Summit was held in London, October 24-26, 1999. In addition to Director McCaffrey, representatives from ONDCP, and the Departments of States, Justice, and Health and Human Services met with their counterparts in the British Government. These UK officials included the Rt. Hon Mo Mowlam, MP, Minister for the Cabinet Office, Mr. John Battle

MP, Minister of State for Foreign and Commonwealth Affairs, The Rt. Hon Paul Boateng MP, Minister of State at the Home Office, Mr. Charles Clarke MO, Minister of State at the Home Office, and Mr. Robin Young, Permanent Secretary at the department for Culture, Media and Sport. At the time of the summit, British Prime Minister Tony Blair commented that only by government cooperating closely at all levels and by learning the lessons of what works will the fight against drug misuse be won.

Discussions at the UK-US Drug Summit covered the following topics:

- Drug prevention and research
- Drug treatment programs
- Drugs and criminal offenders
- Drug-related science and technology transfers
- Trends in drug availability and drug markets
- Performance measures of effectiveness and program accountability for national strategies.
- Doping in sports.

The summit recognized the importance of drug prevention targeting use and treatment programs to reduce the damaging consequences of drug use and drug trafficking.⁵

The United Kingdom and the United States agreed that a network of experts would continue bilateral discussions on:

- Assessing the nature and extent of drug markets
- Exchanging knowledge of best practices in drug prevention and treatment programs
- Enhancing the use of science and technology for law enforcement efforts targeting drug trafficking and availability.
- Fostering community-base anti-drug programs.

With respect to the issue of combating doping in sports, the US and UK agreed that the International Olympic Committee's (IOC) proposed independent world anti-doping agency must advance the five following principles:

- A truly independent and accountable world anti-doping agency
- Testing vulnerability on a 365 day-a-year, no notice basis
- No statute of limitations for doping offenses
- The preservation of sample to invest in the long-term reputation of clean athletes
- Advanced research

Since the October 1998 US-UK Summit, ONDCP and the British Government have continued an ongoing dialogue on drug control issues and on effective measures to combat doping in sports.

U.S. – EU DRUG FORUM

The first-ever *U.S. – EU Drug Forum* was held at the European Monitoring Center for Drugs and Drug Addiction in Lisbon, Portugal in July 1998. The purposes of the forum included:

- promote greater international drug control cooperation
- examine differing national responses to the drug problem
- expand understanding in Europe of U.S. drug control activities

The forum underscored the potential for greater global and transatlantic cooperation on demand and supply reduction issues. For example, Sweden's restrictive drug policy has made its national drug abuse levels the lowest in Western Europe. "Harm reduction" drug control policies in the Netherlands and Switzerland have caused concern in neighboring countries.

UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON DRUGS

UNGASS marked the 10th anniversary of the adoption of the 1988 UN Drug Convention and the opportunity to further adopt concrete actions to implement the 1988 UN Convention. Representatives from 150 countries, including 32 Heads of State and Heads of Government, attended the three-day session, 8-10 June 1998.

President Clinton delivered a major address during the opening day session highlighting the need for shared responsibility in combating the global drug problem and the need for multilateral cooperation. While other senior government representatives addressed the Plenary Session, giving overwhelming support to concrete actions against the drug problem, six side panels were conducted to discuss specific aspects of demand reduction and supply reduction issues.

The formal business of the final Plenary Session, 10 June, was to adopt the five Action Plans and two Declarations developed for UNGASS over the preceding fifteen months by some 130 governments meeting in preparatory sessions in Vienna. The Action Plans address: Precursor Chemicals, Amphetamine-Type Stimulants (ATS), Judicial Cooperation, Money Laundering, and Eradication of Illicit Drug Crops and Alternative Development. The separate Declarations are Guiding Principles of Drug Demand Reduction and a strong Political Declaration. These documents were unanimously adopted by UNGASS and set timetables and benchmarks of 2003 and 2008 to meet goals for the full implementation of the 1988 UN Drug Convention. Progress in meeting these goals will be monitored by the Commission on Narcotics Drugs (CND).

All agreed to mobilize support for the efforts of UNDCP to develop a specific strategy to eliminate or significantly reduce all drug crops by 2008.

The spirit and end result of UNGASS was to end the debate between drug producing and drug consuming nations, and to unite all nations in addressing a global drug problem. Formal addresses to the Plenary, as well as debates and discussions in the panels, called for specific actions and measures to combat this scourge on all societies and abandoned the figure pointing

of the past. A consensus was reached that this is a common problem requiring shared responsibility to meet the challenge for a more drug free world.

PROMINENT INTERNATIONAL EXCHANGES

The Office of National Drug Control Policy (ONDCP) receives international visitors and initiates travel abroad in order to strengthen US international counternarcotic policy and coordination worldwide. In the past four years, international travel has included areas to Western Hemisphere, Europe, Australia and Southeast Asia. Primary trip objectives also integrate central themes to explain the US National Drug Control Strategy; encourage international cooperation; learn more from countries with similar objectives; and conduct drug policy discussions with appropriate drug policy officials.

From March 1996 to date ONDCP has continually been engaged in drug policy discussions domestically and abroad with senior drug policy officials through office visits, conferences, and international meetings. Several international agreements, memorandum of understanding, and other formal documents represent the steps forward in cooperation between nations worldwide to counter illegal narcotics. Notable USG supported events include the United Nations General Assembly Special Session on the World Drug Problem in 1998; the construction of the Multilateral Evaluation Mechanism for the Western Hemisphere⁶; and the creation of the World Anti-Doping Agency (WADA) in 2000.

Western Hemisphere

In the Western Hemisphere, (specifically Mexico, the Caribbean, and Latin America) there has been a strong US effort to eliminate illegal drug cultivation and production; destroy drug-trafficking organizations; interdict drug shipments; and safeguard democracy and human rights. Through prominent exchanges and contribution of significant resources, the US has been able to support supply and demand reduction initiatives in Western Hemisphere. These initiatives include: the creation of a US/MX High Level Contact Group; USG financial support for *Plan Colombia*, the First Western Hemisphere Drug Policy Leadership Conference; and Bolivia's success in reducing their overall coca production.

Europe

In Europe, the price of cocaine is dropping while cocaine consumption rates are rising, indicating increasing that supply is increasing. ONDCP was also concerned over the emergence of harm reduction policies in some European countries. Three significant European trips included Vienna/Amsterdam/The Hague/Scotland in 1997; Stockholm, Vienna, Zurich, Amsterdam, Lisbon, and London in 1998⁷; and recently to London, Brussels, Lisbon, and Paris in 1999. Overall trip objectives were to explain the US National Drug Control Strategy; review European Drug Policies; visit drug treatment facilities; conduct meetings with treatment and prevention NGO representatives, law enforcement, and other UK officials; and develop bilateral, regional, and multilateral cooperation involving illicit drug issues.

Southeast Asia

ONDCP traveled to Southeast Asia in 1994, 1996 and 2000 to explain U.S. Drug Policy and share information on prevention, treatment, and law enforcement issues; to assess the drug situation in China and the SEA region; and to establish a mechanism for continuing US-China/SEA dialogue on drug demand and supply reduction issues. The June 2000 trip⁸, in particular marked a historic, first-ever visit by a U.S. Drug Policy Director to China and Vietnam, and fortified our twenty-year counternarcotics (CN) relationship with Thailand. From a

foreign policy perspective, the trip demonstrated that our international drug control approach should consider the drug control needs of our partner nations and not focus exclusively on issues related to reducing the supply of drugs to the United States. Where appropriate, drug policy cooperation can transcend other foreign policy differences and contribute to stronger and mutually beneficial bilateral relations. In the future, we expect to: (1) increase long-standing CN cooperation with Thailand; (2) establish enhanced cooperation with China on specific counterdrug objectives and encourage their regional leadership; and (3) explore avenues for developing increased cooperation with Vietnam.

ENDNOTES

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- ¹ Significant ONDCP documents related to international drug control cooperation are in Appendix 10 (Supply Reduction and International Drug Control Cooperation).
 - ² ONDCP and SAMHSA, HHS, *Proceedings of the First United States and Mexico Bi-National Drug Demand Reduction Conference: March 19-20, 1998*.
 - ³ ONDCP and the Ministry of Health through the National Council on Addictions of Mexico, *Proceedings of the Second United States and Mexico Bi-National Drug Demand Reduction Conference: June 23-25, 1999*.
 - ⁴ ONDCP and the SAMHSA, HHS, *Proceedings of the Third United States and Mexico Bi-National Drug Demand Reduction Conference: May 31- June 2, 2000* (unpublished).
 - ⁵ Joint Communiqué from the US-UK Drug Summit, October 24-26 1999 and; UK Anti-Drugs Coordinator press release dated October 26, 1999, "UK & US Drug Czar Summit Ends – A Closer Working Relationship."
 - ⁶ ONDCP fact sheet, "Development of a Multinational Evaluation Mechanism, October 2, 1999."
 - ⁷ ONDCP Final Europe Trip Report – July 11-18, 1998.
 - ⁸ ONDCP Final China/Southeast Asia (SEA) Trip Report – June 16-25, 2000.

SECTION VII

CONSULTATION

The Office of National Drug Control Policy Reauthorization Act of 1998 requires ONDCP to consult a wide array of experts and officials while developing and implementing the *National Drug Control Strategy*. It requires the ONDCP Director to work with the heads of the National Drug Control Program agencies, Congress, state and local officials, private citizens and organizations with expertise in demand reduction, private citizens and organizations with experience in supply reduction; and appropriate representatives of foreign governments.

CONSULTATION WITH CONGRESS

ONDCP and the Congress work together on a bipartisan basis to develop, implement, fund and oversee the comprehensive national drug control strategy. One of the principal ways ONDCP conducted dialogue with the Congress was through hearings. During the eight years of the Administration, ONDCP was a witness at seventy-two hearings covering all aspects of drug policy formulation, execution, funding and enforcement.¹

Another way Congress carried out its oversight responsibility is through the General Accounting Office (GAO) review process. Since 1993, seventy-two GAO reviews were conducted on varying facets of drug control policy. Those reports that dealt primarily with ONDCP are listed below, with an excerpt of the findings.²

1993

- **Drug Control-Reauthorization of the Office of National Drug Control Policy**, requested by Chairman John Conyers, Jr., and Representative William Clinger, Jr., House Committee on Government Operations. **Summary of findings:** "ONDCP should be reauthorized. We believe there is a continuing need for a central planning agency to provide leadership and coordination for the nation's drug control efforts."
- **Drug Control – The Office of National Drug Control Policy-Strategies Need Performance Measures**, requested by House Subcommittee on Treasury, Postal Service, and General Government, Committee on Appropriations. **Summary of findings:** "If ONDCP is reauthorized, it needs to develop improved program evaluation measures for assessing progress under the annual drug control strategies."

1998

- **Drug Control-Planned Actions Should Clarify Counterdrug Technology Assessment Center's Impact**, requested by Chairman Charles Grassley, Senate Caucus on International Narcotics Control. **Summary of findings:** "CTAC has a coordination process in place for identifying counterdrug technology needs and selecting and funding R&D projects to meet those needs. However, we identified shortcomings in CTAC's design and execution of the process."
- **Drug Control-Information on High Intensity Drug Trafficking Areas Program**, requested by Chairman Charles Grassley, Senate Caucus on International Narcotics Control. **Summary of findings:** "ONDCP has implemented the HIDTA program through programmatic and financial guidance and a general framework that is intended to set broad

program parameters while allowing flexibility at the local HIDTA level to meet local conditions and needs.”

- **Research and Development: Counterdrug Technology Assessment Center’s Process for Funding Projects**, requested by Chairman Charles Grassley, Senate Caucus on International Narcotics Control. **Summary of findings:** “This letter describes CTAC’s process for funding the R&D projects and its use of other government agencies as its contracting and technical support agents.”

1999

- **Drug Control-ONDCP Efforts to Manage the National Drug Control Budget**, requested by Chairman John Mica, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, House Committee on Government Reform. **Summary of findings:** “The process ONDCP used to certify fiscal year 1999 drug budgets was generally consistent with the requirements of the Anti-Drug Abuse Act of 1988.”

2000

- **Pricewaterhouse Coopers’ Review of the Office of National Drug Control Policy**, requested by Chairman Ben Nighthorse Campbell, Senate Appropriations Committee, Subcommittee on Treasury and General Government and Chairman Jim Kolbe, House Appropriations Committee, Subcommittee on Treasury, Postal Service and General Government **Summary of findings:** “It is our opinion that ONDCP is results oriented and effective in performing its responsibilities externally, but inefficient with regard to internal operations.”
- **Anti-Drug Media Campaign: ONDCP Met Most Mandates, but Evaluations of Impact are Inconclusive**, requested by Chairman Ben Nighthorse Campbell, Senate Appropriations Committee, Subcommittee on Treasury and General Government and Representative Jim Kolbe, House Appropriations Committee, Subcommittee on Treasury, Postal Service and General Government. **Summary of findings:** “ONDCP has complied with most statutory requirements regarding Media Campaign funds and program guidelines, although ONDCP may not be able to fully comply with certain congressional requirements that were enacted after the initial legislation establishing the Campaign. Various indicators, such as the Department of Health and Human Service’s Substance Abuse and Mental Health Service Administration’s National Clearinghouse for Alcohol and Drug Information (NCADI) data support the conclusion that the Campaign was having some positive effects during phases I and II.”

CONSULTATION WITH NATIONAL DRUG-CONTROL PROGRAM AGENCIES

ONDCP works closely with agencies that have been charged to oversee drug prevention, education, treatment, law enforcement, corrections, and interdiction. Input from fifty-two federal agencies was used to update goals and objectives; develop performance measures; and formulate budgets, initiatives, and programs. ONDCP chaired interagency demand-reduction and supply-reduction working groups. Interdiction operations were shaped by the United States Interdiction Coordinator (USIC) and the Interdiction Committee (TIC). ONDCP also coordinated the activities of U.S. members of the U.S. - Mexico High Level Contact group for Drug Control.

CONSULTATION WITH STATE AND LOCAL OFFICIALS

ONDCP consults regularly with state and local officials when implementing the *Strategy*. Governors from all states and territories, along with state drug-control agencies, provide input in the areas of prevention, treatment, and enforcement. ONDCP worked closely with organizations like as the National Governor's Association, Council of State Governments, U.S. Conference of Mayors, and National Association of Counties to coordinate policies and programs. Perspectives on the *Strategy* were solicited each year from every mayor of a city with at least 100,000 people as well as key county officials. In addition, local prevention experts, treatment providers, and law-enforcement officials offered "street-level" views of the drug problem along with potential solutions.

CONSULTATION WITH PRIVATE CITIZENS AND ORGANIZATIONS

As ONDCP developed and implemented the *National Drug Control Strategy*, the agency sought opinions from and worked with literally thousands of non-governmental organizations and individuals including: community anti-drug coalitions; chambers of commerce; editorial boards; the entertainment industry; law-enforcement and legal associations; medical associations and professionals; non-governmental organizations; and religious institutions.³

DISSEMINATION OF INFORMATION BY THE CLEARINGHOUSE

The Drug Policy Information Clearinghouse (DPIC) supports the White House Office of National Drug Control Policy (ONDCP). A component of the National Criminal Justice Reference Service, the Clearinghouse is staffed by subject matter specialists and serves as a resource for statistics, research data, and referrals useful for developing and implementing drug policy. In addition to disseminating ONDCP and the U.S. Department of Justice's Office of Justice Programs (OJP) drug-related publications, the Drug Policy Information Clearinghouse operates and maintains ONDCP's website (www.whitehousedrugpolicy.gov), writes and produces documents on drug-related topics; coordinates with Federal, State, and local agencies to identify data resources; and maintains a reading room offering a broad range of policy-related materials.

The Clearinghouse produces a range of products that are beneficial to a broad audience of practitioners and policymakers. Among the products offered:

- Topical fact sheets.
- In-depth information packets.
- Electronic drug use indicator profiles of States and cities.
- State-level drug-related resources and contacts.
- Lists of street terms for drugs and drug-related terminology.

Clearinghouse subject matter specialists are available to assist researchers in a variety of capacities. Services offered to researchers include:

- Customized database searches.
- Dissemination of ONDCP and OJP documents.
- Referrals to appropriate agencies, organizations, and sources of information.

- Access to a library collection of documents on drug-related topics, including State and local data sources.
- Data verification.
- Online information access through the ONDCP Web site (www.whitehousedrugpolicy.gov).
- Copies of statistical and informational electronic presentations.
- Maintains an ONDCP mailing list.
- Operates a fax-on-demand service.
- Contributes to JUSTINFO, the NCJRS electronic newsletter.
- Maintains a conference calendar.
- Manages a public reading room

Major clearinghouse accomplishments since October 1994 include:

- 64,669 requests for information processed.
- 1,452,875 documents distributed.
- 4499 documents distributed via Fax-on-demand service.
- 58,310 information packets developed and mailed since 1998.
- 243 Staffed conference exhibitions.
- 301 conferences supported with publications.
- 4,499 documents distributed via Fax-on-Demand service since 1996.
- 3,702 Drug-related publications acquired for library and document database.
- Created 50 state and 76 city/county statistical profiles.
- Maintained a mailing list of 16,764 people.

USE OF THE WORLD WIDE WEB FOR EXCHANGE OF INFORMATION

The ONDCP web site www.whitehousedrugpolicy.gov was established in 1996. The ONDCP information Clearinghouse maintains this Web site, which is an online resource providing instant access to up-to-date information. The site includes: overviews of ONDCP; public affairs information; electronic versions of the *National Drug Control Strategy* in English and Spanish; information about the National Youth Anti-drug Media Campaign and all other ONDCP programs; as well as access to publications and other important drug-policy Web sites. Since 1997, the ONDCP Web site had 7,8873,592 site hits and 1,419,567 user sessions. ONDCP also sponsors sites for parents and youth including, www.theantidrug.com, www.freevibe.com, and www.mediacampaign.org.

- www.mediacampaign.org – This is the main Web site for the Media Campaign. This Web site provides campaign information; news updates; an online gallery of television, radio, and print ads; and links to resources. Since 1998, this Website had 1,369,435 site hits and 311,331 Mediacampaign.org user sessions.
- www.playclean.org - This Web site provides information about policies to prevent the use of performance-enhancing drugs in sports at all levels. The site also encourages youth participation in sports as a tool to prevent drug use.

PUBLIC DIPLOMACY

Another important aspect of ONDCP's consultation activities was the agency's extensive public diplomacy and public affairs activities. The ONDCP Public Affairs Office generated wide coverage of drug policy issues in both print and broadcast media. Public affairs activities included:

- Dissemination of press releases.
- Conduct of press conferences and editorials boards.⁴
- Placement of opinion editorial articles.⁵
- Publication of articles and speeches in journals and other publications.⁶

CONSULTATION WITH REPRESENTATIVES OF FOREIGN GOVERNMENTS AND INTERNATIONAL ORGANIZATIONS

ONDCP coordinated international drug-control policies with global and regional organizations including the United Nations (particularly the United Nations Drug Control Programme), the European Union, the Organization of American States Inter-American Drug Abuse Control Commission (CICAD), the Caribbean Community (CARICOM), and the Association of South-East Asian Nations (ASEAN). ONDCP and U.S. agencies also worked in partnership with authorities in major transit and source nations to confront international criminal organizations, develop plans to stop money laundering, deny safe havens to international criminals, and protect citizens and democratic institutions from corruption or subversion. ONDCP's most extensive interaction with a foreign government was with the Government of Mexico through the formation of the US/Mexico High Level Contact Group on Drug Control (HLCG).

ENDNOTES

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- ¹ Written statements submitted by ONDCP witnesses at congressional hearings between January 1993 and December 2000 are in Appendix 12 (Congressional Testimony).
 - ² GAO reports related to drug policy between January 1993 and December 2000 are in Appendix 13 (GAO Reports and Testimony).
 - ³ Organizations with which ONDCP consulted are listed in the *National Drug Control Strategy* beginning in 1998.
 - ⁴ A chronological list of editorial board meetings and copies of specific speeches are in Appendix 14 (Public Diplomacy and Outreach).
 - ⁵ A chronological list and selected ONDCP opinion editorials are in Appendix 14 (Public Diplomacy and Outreach). Two compendiums of opinion editorials were also published by ONDCP: *Strategic Communications: Selected Writings*, ONDCP, May 1999 and *Strategic Communications: Selected Writings*, ONDCP, December 2000.
 - ⁶ Selected newspaper articles and press releases placed by ONDCP are in Appendix 14 (Public Diplomacy and Outreach).

APPENDIX 1
FEDERAL DRUG CONTROL AUTHORITIES

Statutory Authorities
(Publicly available – not included)

The Anti-Drug Abuse Act of 1988 – Public Law 100-690 (Title I, Subtitle A), November 18, 1988, 102 STAT 4181, *et seq.*, as amended by Public Law 103-322 (Title IX, Subtitles A&B), September 13, 1993, 108 STAT 1986, *et seq.* Codified at 21 U.S. Code §1501-1509.

The Drug-Free Communities Act of 1997 – Public Law 105-20, June 27, 1997, 111 STAT 224 *et seq.* Codified at 21 U.S. Code §1521-1548.

The Office of National Drug Control Policy Reauthorization Act of 1998 – Public Law 105-277 (Division C, Title VII), October 21, 1998, 112 STAT 2681-670, *et seq.* Codified at 21 U.S. Code §1701-1713.

The Drug-Free Media Campaign Act of 1998 – Public Law 105-277 (Division D, Title I), October 21, 1998, 112 STAT 2681-752, *et seq.* Codified at 21 U.S. Code §1801-1804.

Executive Orders
(Publicly available – not included)

President's Drug Advisory Counsel – Executive Order 12696, November 13, 1989, 54 F.R. 47507, as amended by Executive Order 12756, March 18, 1991, 56 F.R. 11903, and revoked by Executive Order 12869, September 30, 1998, 58 F.R. 51751. Revitalized by statute at 21 U.S. Code §1709.

The National Drug Control Program – Executive Order 12880, November 16, 1993, 58 F.R. 60989, as amended by Executive Order 13008, June 3, 1996, 61 F.R. 28721.

Seal of the Office of National Drug Control Policy – Executive Order 12911, April 25, 1994, 59 F.R. 21121.

The President's Drug Policy Counsel/President's Counsel on Counter-Narcotics – Executive Order 12992, March 15, 1996, 61 F.R. 11287, as amended by Executive Order 13023, November 6, 1996, 61 F.R. 57767. Separately established at 21 U.S. Code §1708.

Miscellaneous Authority References
(Included)

Statement by Dr. Lee P. Brown Director, ONDCP before an ONDCP reauthorization hearing by the U.S. House of Representatives' Committee on Government Operations, subject: N/A, October 5, 1993.

Letters from ONDCP Director Lee P. Brown to The Honorable Albert Gore, Jr., President of the U.S. Senate, and to The Honorable Thomas S. Foley, Speaker of the U.S. House of Representatives, subject: N/A, November 12 1993, transmitting a draft ONDCP reauthorization bill and a section-by-section analysis of the draft bill.

Letters from ONDCP Director Barry R. McCaffrey to The Honorable Albert Gore, Jr., Vice President of the United States, and to The Honorable Newt Gingrich, Speaker of the United States House of Representatives, subject: N/A, April 30, 1997, transmitting a draft ONDCP Reauthorization Bill, a draft bill summary (Parts I & II), and a section-by-section analysis of the bill.

ONDCP press release, dated December 2, 1998, "National Drug Policy Director McCaffrey to Discuss Expanded Powers Granted by Congress to Address Drug Problem."

ONDCP fact sheet addressing expanded powers provided to ONDCP by the ONDCP Reauthorization Act of 1998, December 8, 1998.

APPENDIX 2
NATIONAL DRUG CONTROL STRATEGIES AND ANNUAL REPORTS, 1993-2000

Breaking the Cycle of Drug Abuse, 1993 Interim National Drug Control Strategy, ONDCP, September 1993.

National Drug Control Strategy: Reclaiming Our Communities from Drugs and Violence, 1994 (Executive Summary).

National Drug Control Strategy: Reclaiming Our Communities from Drugs and Violence, ONDCP, February 1994.

National Drug Control Strategy: Strengthening Communities' Response to Drugs and Crime, 1995 (Executive Summary).

National Drug Control Strategy: Strengthening Communities' Response to Drugs and Crime, ONDCP, February 1995.

The National Drug Control Strategy, 1996 (NCJ160086), ONDCP, 1996.

The National Drug Control Strategy, 1997 (Executive Overview).

The National Drug Control Strategy, 1997 (NCJ163915), ONDCP, 1997.

The National Drug Control Strategy, 1998: A Ten Year Plan (NCJ168639), ONDCP, 1998.

The National Drug Control Strategy (Spanish and Portuguese), 1998: A Ten Year Plan, ONDCP, 1998.

The Kennedy School of Government Case Program, *The General and the "War" on Drugs: Barry McCaffrey and the Office of National Drug Control Policy*, 1998.

The National Drug Control Strategy: 1999 (Overview).

The National Drug Control Strategy: 1999 (NCJ174460), ONDCP, 1999.

The National Drug Control Strategy: 1999 (Spanish and Portuguese), ONDCP, 1999.

The National Drug Control Strategy: 2000 Annual Report (NCJ180082), ONDCP, 2000.

Report on the Development of the 1996 National Drug Control Strategy. Public-and Private-Sector Consultation, CSR, Inc., June 1996.

APPENDIX 3
THE NATIONAL DRUG CONTROL BUDGET AND
MEASURING PERFORMANCE AND RESULTS

Budget

State and Local Spending on Drug Control Activities, ONDCP, October 1993.

State and Local Spending on Drug Control Activities, ONDCP, December 1993.

National Drug Control Strategy: Budget Summary, ONDCP, 1994.

National Drug Control Strategy: Budget Summary, ONDCP, 1995.

National Drug Control Strategy: Budget Summary, ONDCP, 1996.

National Drug Control Strategy: Budget Summary (NCJ163927), ONDCP, 1997.

Office of National Drug Control Policy Proposal National Drug Control Budget FY 1999 – FY 2003, ONDCP, November 1997.

National Drug Control Strategy: Budget Summary (NCJ168640), ONDCP, 1998.

Office of National Drug Control Policy Proposal National Drug Control Budget FY 2000 – FY 2004, ONDCP, November 1998.

National Drug Control Strategy: Budget Summary, ONDCP, 1999.

FY 1999 Budget Highlights: Federal Drug Control Programs, ONDCP, March 1999.

ONDCP Circular: Budget Instructions and Certification Procedures, May 5, 1999.

ONDCP Circular: Annual Accounting of Drug Control Funds, December 17, 1999.

National Drug Control Strategy: Budget Summary (FY 2001) (NCJ180083), ONDCP, 2000.

Office of National Drug Control Policy Proposal National Drug Control Budget (FY 2001 – FY 2005), ONDCP, December 2000.

Performance Measurement and GPRA

“Performance-Based Management and Public Policy: National Drug Control as a Case Study,” A. Millar, R. Simeone, and J. Carnevale, (unpublished).

“Logic Models: A Systems Tool for Performance Management,” *Evaluation and Program Planning*, A. Millar, R. Simeone, and J. Carnevale, (no date).

Fiscal Year 1999 Annual Performance Plan, ONDCP, February 25, 1997.

Fiscal Year 1997-2002 Strategic Plan, ONDCP, 1998.

Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy, 1998-2007 (NCJ168953), ONDCP, 1998.

Performance Measures of Effectiveness: Implementation and Findings (NCJ174462), ONDCP, 1999.

FY 2000 Annual Performance Plan, ONDCP, February 1999.

Agreement between General Barry R. McCaffrey Director, ONDCP and Kathleen Kennedy Townsend Lieutenant Governor, State of Maryland, *Performance Partnership Agreement: A Federal/State Collaboration of Drug Control Efforts*, April 2, 1999.

Agreement between General Barry R. McCaffrey Director, ONDCP and Lee P. Brown Mayor, City of Houston, Texas, *Performance Partnership Agreement: A Federal/State Collaboration of Drug Control Efforts*, August 11, 1999.

Agreement between Barry R. McCaffrey Director, ONDCP and John A. Kitzhaber M.D., Governor, State of Oregon, *Performance Partnership Agreement: A Federal/State Collaboration of Drug Control Efforts*, September 8, 1999.

Performance Measures of Effectiveness 2000 Annual Report (NCJ180143), ONDCP, 2000.

FY 2001-FY2007 Strategic Plan, ONDCP, 2000.

FY 2001 Annual Performance Plan and FY 1999 Performance Report, ONDCP, March 2000.

General

Drug Addiction and Federal Disability Benefits, D. Boyum, December 9, 1994.

Federal Drug-Related Data Needs Assessment, CSR, Inc., October 1995.

Consult with America A Look at How Americans View the Country's Drug Problem, Summary Report, Gallup, March 1996.

Report of the Drug Control Research Data and Evaluation Committee, ONDCP, January 1999.

Consultation with America A Look at How Americans View the Country's Drug Problem, D. Steiger, July 1999.

Epidemiology

Socioeconomic Indicators by Metropolitan Area, CSR, Inc., November 5, 1993.

Characteristics of Heavy Cocaine User, D. Hunt and W. Rhodes, August 1993.

Increase in Use of Selected Drugs: Monitoring the Future Study of 8th-, 10th-, and 12th-Graders, R. Clayton, June 6, 1994.

Heroin Users in New York, Chicago, and San Diego, D. Boyum and A.M. Rocheleau, November 1994.

Adolescent Alcohol/Tobacco Use, R. Gruberg, T. Brazil, and G. Williams, August 1995.

Prevention

Substance Abuse Prevention: What Works, and Why, C. Smith and S. Langenbahn, August 1993.

Prevention Effectiveness: Assessing Alternative Evaluation Methodologies, CSR, Inc., May 1995.

Academic Panel Meeting on the National Strategy Initiative for African American Males, G. Lawrence and A. Rogers, August 1995.

Drug Prevention Programs for High-Risk Youth, C. MacAllum, November 1995.

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Drug-Free Schools and Communities Initiatives, CSR, Inc., June 1997.

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An Inventory of State Prevention Activities Funded Under the 20 Percent Prevention Set-Aside of the Substance Abuse Prevention and Treatment Block Grant, NASADAD, October 1999.

Treatment

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Socioeconomic Evaluation of Addictions Treatment, President's Commission on Model Drug Laws, December 1993.

Factors Affecting the Demand for Drug Abuse Treatment. W.S. Condelli and D.L. Fountain, October 1994.

General Framework for Conducting Benefit-Cost Analyses of Drug Abuse Treatment Programs, D.W. Anderson, J.L. Teague, and J.J. Collins, J.J., October 1994.

Costs and Benefits of Drug Treatment and Drug Enforcement: A Review of the CALDATA and RAND Studies, D. Boyum, January 27, 1995.

Managed Care and Substance Abuse Treatment, D. Boyum, February 28, 1995.

International Experiences in Heroin Maintenance Programs, H. Gramckow, November 13, 1995.

Treatment Protocol Effectiveness Study ONDCP, 1996.

The Management of Publicly Funded Treatment Services in the United States, CSR, Inc., August 1997.

Coercing Coerced Treatment: How Far Should Public Policy Go? Paper presented to the American Society of Addiction Medicine, New Orleans, J.T. Carnevale, C.G. Freel, S. Guha, and T.S. Zobeck, April 1998.

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Annotated Bibliography of Studies and Research on International Drug Consumption and International Drug Laws, CSR, Inc., March 16, 1993.

Drug Use in the Workplace and the Effects of Drug Testing, CSR, Inc., May 24, 1993.

International Drug Consumption Estimates, CSR, Inc., July 9, 1993.

A Plan for Estimating the Number of "Hardcore" Drug Users in the United States – Preliminary Findings, R. Simeone and W. Rhodes, Fall 1997.

Crime, Violence, and Law Enforcement

Bridgeport: Cutting Off Access by the Suburban User, J. Epstein and S. Sifre, September 15, 1993.

Guns, Drugs, and Violence in Urban Areas, D. Kennedy, June 8, 1994.

Assessing the Relationship of Drug Use and Violence in the General Population, R.L. Flewelling, M.E. Moore-Gurrera, and J.J. Collins, February 1995.

Defining Drug-Related Violence, D. Boyum, August 22, 1995.

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Policy Implications of Co-Occurring Substance Abuse and Family Violence, CSR, Inc., October 1996.

Police and Communities Together Against Drugs. A Community Policing Guide for Police Administrators and Local Government Officials, H.P. Gramckow, 1997.

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Adolescent Drug Trafficking: Influences and Risk Factors, CSR, Inc., August 1997.

The Drug Use Forecasting Program; An Examination of Drug Trends Among Adult Booked Arrestees (1987-1995), CSR, Inc., August 1997.

Youthful Offenders: Theory and Practice of Adolescent Drug Trafficking, CSR, Inc., August 22, 1997.

Connection between Child Maltreatment and Youth Delinquency and Drug Petitions, CSR, Inc., September 1997.

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Crop Substitution in the Andes, R. Lee and P. Clawson, December 1993.

Thailand Narcotics Study, R. Lee, March 1994.

What America's Users Spend on Illegal Drugs, 1988-1993, W. Rhodes and P. Scheiman, Spring 1995.

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U.S. Drug Policy in the Andes, G. Bruce, March 1998.

The Domestic Monitor Program and the Heroin Signature Program: Recommendations for Changes, W. Rhodes and L. Truitt (Abt Associates), June 30, 1998.

Assessment of Two Cost-Effectiveness Studies on Cocaine Control Policy, National Academy of Science, National Research Council, C.F. Manski and J.V. Pepper, 1999.

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Inhalants Facts and Figures, ONDCP, January 1998.

Cocaine Facts and Figures, ONDCP, February 1998.

Crack Facts and Figures, ONDCP, February 1998.

Heroin Facts and Figures, ONDCP, February 1998.

Marijuana Facts and Figures, ONDCP, February 1998.

Steroids Facts and Figures, ONDCP, February 1998.

Women and Drugs Facts and Figures, ONDCP, February 1998.

Methamphetamine Facts and Figures, ONDCP, April 1998.

Data Snapshot: Drug Abuse in America 1998, ONDCP, May 1998.

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Drug Markets and Prices

Analysis of Cocaine and Heroin Market Structure, D. Boyum, March 11, 1993.

Measuring Heroin Availability: A Demonstration, A.M. Rocheleau and M.A.R. Kleiman, September 1993.

The Relationship between Drug Prices and Crime, D. Boyum, 1994.

Modeling the Demand for Cocaine, S.S. Everingham, and C.P. Rydell, 1994.

Drug Procurement Practices of the Out-of-Treatment Chronic Drug Abuser: A Cooperative Agreement of AIDS Community-Based Research Consortium Project, R.H. Needle and A.R. Mills, 1994.

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Controlling Cocaine, Supply Versus Demand Programs, C.P. Rydell and S.S. Everingham, 1994.

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The Price of Illicit Drugs: 1981 through the Second Quarter of 1998, P. Johnston, W. Rhodes, K. Carrigan, and E. Moe, February 1999.

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Pulse Check National Trends in Drug Abuse, ONDCP, 1994 (December, March, and July).

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Pulse Check National Trends in Drug Abuse, ONDCP, Spring 1996.

Pulse Check: Special Edition. Methamphetamine Trends in Five Western States and Hawaii, ONDCP, January 1997.

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Responding to Drug Use and Violence: Helping People, Families, and Committees. A Directory and Resource Guide of Public- and Private-Sector Drug Control Grants, ONDCP, January 1995.

APPENDIX 4
DRUG PREVENTION

General

Remarks by General Barry R. McCaffrey Director, ONDCP before the White House press corps, subject: Plans as Director, ONDCP and White House Leadership Conference on Youth, Drug Use and Violence, March 6, 1996.

Reducing Drug Abuse in America: An Overview of Demand Reduction Initiatives, ONDCP, January 1999.

Remarks by General Barry R. McCaffrey Director, ONDCP at the 13th Annual National D.A.R.E. Officers Association Dinner, July 7, 2000.

The Drug-Free Communities Program

Public Law 105-20, June 27, 1997 (The Drug-Free Communities Act of 1997).

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Master List of Drug-Free Communities Grantees (FY 1998 - FY 2000).

Countering Attempts to Legalize Drugs

ONDCP press release dated September 5, 1996, "White House Drug Policy Director McCaffrey Issues Statement on Medical Use of Marijuana."

ONDCP press release dated September 12, 1996, "White House Drug Policy Director McCaffrey Issues Statement against Legalization of Marijuana."

The Destructive Impact of Drugs on the United States: How the Legalization of Drugs Would Jeopardize the Health and Safety of the American People and Our Nation, ONDCP, June 16, 1999.

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ONDCP document, "Statement on Marijuana as Medicine," August 15, 1997.

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Letter from Administrator of Drug Enforcement, Donnie R. Marshall, to Commissioner of U.S. Customs, Ray W. Kelly, subject: N/A, November 16, 1999.

U.S. Customs Service memorandum to All Directors, Field Operations, from Director of Trade Programs, subject: Guidelines for the Trade Community Regarding the Importation of Hemp Seed and Related Products to be Disseminated (*sic*) to All Interested Parties, December 7, 1999.

Letter from ONDCP Director, Barry R. McCaffrey to U.S. Customs Commissioner, Raymond W. Kelly, subject: N/A, December 30, 1999.

U.S. Customs Service memorandum to Directors of Field Operations, subject: Suspension of Guidelines Regarding the Importation of Hemp seed and Related Products, January 5, 2000.

Faith initiative

Remarks by General Barry R. McCaffrey Director, ONDCP at the National Day of Prayer, Cannon House Office Building, Cannon Caucus Room, subject: National Day of Prayer, May 6, 1999.

Taped remarks by General Barry R. McCaffrey Director, ONDCP at the National Day of Prayer, Cannon House Office Building, Cannon Caucus Room, subject: National Day of Prayer, May 6, 1999.

Taped Interview by General Barry R. McCaffrey Director, ONDCP at Focus on the Family Headquarters, subject: Protecting Children from Drugs: Just Say No, Colorado Springs, Colorado, July 11, 2000.

APPENDIX 5
THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN

Public Law 105-277, div. D, title I, Sec. 102, Oct. 21, 1998, 112 Stat. 2681-752.

Parenting Skills: 21 Tips & Ideas to Help You Make a Difference (in English, Spanish, Chinese, Cambodian, Korean, and Vietnamese).

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Statement by General Barry R. McCaffrey Director, ONDCP before the House Subcommittee on Early Childhood, Youth and Families, subject: Building a more effective safe and drug-free schools and communities program, August 3, 1999.

Statement by General Barry R. McCaffrey Director, ONDCP before the House Committee on Government Reform, Criminal Justice, Drug Policy and Human Resources Subcommittee, subject: The Evolving Drug Threat in Colombia and other South American Source Zone Nations, August 6, 1999.

Statement by General Barry R. McCaffrey Director, ONDCP before the House Committee on Government Reform, Criminal Justice, Drug Policy and Human Resources Subcommittee, subject: The Drug Threat along the Southwest Border, September 24, 1999.

Statement by Donald Vereen, Jr., M.D., M.P.H. Deputy Director, ONDCP before the House Committee on Appropriations, Subcommittee on District of Columbia Appropriations, subject: Medical Marijuana and National Drug Control Policy, September 29, 1999.

Statement by General Barry R. McCaffrey Director, ONDCP before the Senate Committee on Foreign Relations, subject: The Evolving Drug Threat in Colombia and other South American Source Zone Nations, October 6, 1999.

Statement by General Barry R. McCaffrey Director, ONDCP before the House Committee on Government Reform, Criminal Justice, Drug Policy and Human Resources Subcommittee, subject: The National Youth Anti-Drug Media Campaign, October 14, 1999.

Statement by General Barry R. McCaffrey Director, ONDCP before the Senate Committee on Commerce, Science and Transportation, subject: Combating the Use of Drugs and Doping in Sport, October 20, 1999.

Statement by General Barry R. McCaffrey Director, ONDCP before the House Appropriations Committee, Treasury Postal Service and General Government Subcommittee, subject: The National Youth Anti-Drug Media Campaign and Entertainment Industry Outreach, October 21, 1999.

Statement by Alan Levitt, Senior Advisor and Chief of the Media Branch, ONDCP before the Senate Appropriations Committee, Treasury and General Government Subcommittee, subject: The National Youth Anti-Drug Media Campaign, February 3, 2000.

Statement by Donald Vereen, Jr., M.D., M.P.H. Deputy Director, ONDCP before the House Commerce Committee, Subcommittee on Telecommunication, Trade and Consumer Protection, subject: The National Youth Anti-Drug Media Campaign, February 9, 2000.

Statement by General Barry R. McCaffrey Director, ONDCP before the House Committee on Government Reform, Criminal Justice, Drug Policy and Human Resources Subcommittee, subject: Colombia: Are We Sitting on our assets? – February 15, 2000.

Statement by General Barry R. McCaffrey Director, ONDCP policy before the Senate International Narcotics Control Caucus and Finance Committee, Subcommittee on International Trade, subject: U.S. Counterdrug Assistance for Colombia and the Andean Region, February 22, 2000

Statement by General Barry R. McCaffrey Director, ONDCP before the House Appropriations Foreign Operations Subcommittee, subject: Emergency Supplemental Request for Assistance to Plan Colombia and Related Counternarcotics Programs, February 29, 2000.

Statement by General Barry R. McCaffrey Director, ONDCP before the House Appropriations Committee, Treasury Postal Service and General Government Subcommittee, subject: The Office of National Drug Control Policy's Fiscal Year 2001 Budget, March 23, 2000.

Statement by General Barry R. McCaffrey Director, ONDCP before the Senate Appropriations Committee, Treasury and General Government Subcommittee, subject: The Office of National Drug Control Policy's Fiscal Year 2001 Budget, April 6, 2000.

Statement by General Barry R. McCaffrey Director, ONDCP before the House Committee on Government Reform, Criminal Justice, Drug Policy and Human Resources Subcommittee, subject: The National Youth Anti-Drug Media Campaign, July 11, 2000.

Statement by Donald Vereen, Jr., M.D., M.P.H. Deputy Director, ONDCP before the Senate Caucus on International Narcotics Control, subject: Ecstasy, July 25, 2000.

Statement by General Barry R. McCaffrey Director, ONDCP before the House Committee on Government Reform, Criminal Justice, Drug Policy and Human Resources Subcommittee, subject: Illegal Drug Use Trends, September 19, 2000.

Statement by Donald Vereen, Jr., M.D., M.P.H. Deputy Director, ONDCP before the House Committee on Government Reform, Criminal Justice, Drug Policy and Human Resources Subcommittee, subject: Management and Oversight of the National Youth Anti-Drug Media Campaign, October 4, 2000.

APPENDIX 13
GENERAL ACCOUNTING (GAO) REPORTS AND TESTIMONY 1993-2000

1993

Drug Control Status Report on Counterdrug Technology Development, requested by Senators Sam Nunn and John Warner, U.S. Senate Committee on Armed Services, January 28, 1993.

Drug Control-Increased Interdiction and its Contribution to the War on Drugs, requested by Chairman, Subcommittee on Treasury, Postal Service and General Government, Committee on Appropriations, U.S. Senate, February 25, 1993.

Drug Control-Coordination of Intelligence Activities, requested by Chairman John Conyers, Jr., House Committee on Government Operations, April 2, 1993.

War On Drugs-Federal Assistance to State and Local Drug Enforcement, requested by Chairman Gary Condit, House Subcommittee on Information, Justice, Transportation and Agriculture Committee on Government Operations, April 29, 1993.

Drug Control-Revised Interdiction Approach is Needed In Mexico, requested by Chairman Lee Hamilton and Representative Benjamin Gilman, House Committee on Foreign Affairs, May 10, 1993.

Drugs-International Efforts to Attack a Global Problem, requested by Chairman Lee Hamilton and Representative Benjamin Gilman, House Committee on Foreign Affairs, June 23, 1993.

Confronting the Drug Problem-Debate Persists on Enforcement and Alternative Approaches, requested by Chairman John Conyers, Jr., House Committee on Government Operations, July 1, 1993.

Mandatory Minimum Sentences-Are They Being Imposed and Who is Receiving Them, requested by House Committee on the Judiciary, Subcommittee on Crime and Criminal Justice, July 28, 1993.

The Drug War-Columbia is Undertaking Antidrug Programs, But Impact Is Uncertain, requested by Chairman John Conyers, Jr., and Representative William Clinger, Jr., House Committee on Government Operations, August 10, 1993.

Drug Control-Heavy Investment in Military Surveillance is Not Paying Off, requested by Chairman John Conyers, Jr., and Representative William Clinger, Jr., House Committee on Government Operations, September 1, 1993.

Drug Control-Reauthorization of the Office of National Drug Control Policy, requested by Chairman John Conyers, Jr., and Representative William Clinger, Jr., House Committee on Government Operations, September 29, 1993.

The Drug War-Columbia is Implementing Antidrug Efforts, but Impact is Uncertain, requested by House Subcommittee on Legislation and National Security, Committee on Government Operations, October 5, 1993.

Drug Control-Reauthorization of the Office of National Drug Control Policy, requested by House Subcommittee on Legislation and National Security, Committee on Government Operations, October 5, 1993.

Mandatory Minimum Sentences-Are They Being Imposed and Who is Receiving Them, requested by Chairman Charles Schumer, Subcommittee on Crime and Criminal Justice, Committee on the Judiciary, November 4, 1993.

Drug Control-The Office of National Drug Control Policy-Strategies Need Performance Measures, requested by House Subcommittee on Treasury, Postal Service, and General Government, Committee on Appropriations, November 15, 1993.

Illicit Narcotics-Recent Efforts to Control Chemical Diversion and Money Laundering, requested by Chairman Lee Hamilton and Representative Benjamin Gilman, House Committee on Foreign Affairs, December 8, 1993.

1994

Money Laundering-US Efforts to Fight it are Threatened by Currency Smuggling, requested by Chairman Sam Nunn, Permanent Subcommittee on Investigations, Committee on Government Affairs, March 9, 1994.

Drug Control-US Counterdrug Activities in Central America, requested by House Subcommittee on Information, Justice, Transportation and Agriculture, Committee on Government Operations, August 2, 1994.

Drug Control-US Drug Interdiction Issues in Latin America, requested by House Subcommittee on Legislation and National Security, Committee on Government Operations, October 7, 1994.

LTR Concerning Various Matters Relating to the Use of Electronic Surveillance Equipment On Aircraft to Assist in the Interdiction of Individuals Suspected of Smuggling Drugs, requested by Chairman Jack Brooke, House Committee on the Judiciary, November 15, 1994.

Information Provided on U.S. Antidrug Efforts in Peru, requested by Chairman John Conyers, Jr., and Representative Alfred McCandless, House Subcommittee on Legislation and National Security, Committee on Government Operations, December 7, 1994.

Drug Activity in Haiti and Any Related Involvement by the Haitian Military, requested by Chairman John Conyers, Jr., and Representative Alfred McCandless, House Subcommittee on Legislation and National Security, Committee on Government Operations, December 28, 1994.

Report on the Adequacy of U.S. Efforts to Secure the Southwest Border, requested by Chairman Gary Condit, House Subcommittee on Information, Justice, Transportation and Agriculture, Committee on Government Operations, December 29, 1994.

1995

(pertinent testimony below/no reports issued)

Testimony by Laurie Ekstrand, Associate Director, Administration of Justice Issues, General Government Division before the Subcommittee on Immigration and Claims, House Committee on the Judiciary, subject: Border Control-Revised Strategy is Showing Some Positive Results, March 10, 1995.

Testimony by Joseph Kelley, Director-in-Charge, International Affairs Issues, National Security and International Affairs Division, before the Subcommittee on National Security, International Affairs and Criminal Justice, House Committee on Government Reform and Oversight, subject: Drug War-Observations on the U.S. International Drug Control Strategy, June 27, 1995.

Testimony by Joseph Kelley, Director-in-Charge, International Affairs Issues, National Security and International Affairs Division, before the Subcommittee on Coast Guard and Maritime Transportation, House Committee on Transportation and Infrastructure, subject: Drug War-Observations on the U.S. International Drug Control Efforts, August 1, 1995.

1996

Drug Control-U.S. Heroin Program Encounters Many Obstacles in Southeast Asia, requested by Chairmen William Clinger, Jr., House Committee on Government, Benjamin Gilman, Committee on International Relations, William Zeff, Jr., Committee On Government Reform and Oversight, March 1, 1996.

Terrorism and Drug Trafficking-Threats and Roles of Explosives and Narcotics Detection Technology, requested by Chairmen Benjamin Gilman and Lee Hamilton, House Committee on International Relations and Senator Alfonse D'Amato, March 27, 1996.

Drug Control U.S. Interdiction Efforts in the Caribbean Decline, requested by Chairman William Zeff, Jr., Subcommittee on National Security, International Affairs and Criminal Justice, House Committee on Government Reform and Oversight, April 17, 1996.

Drug Control-Couthernarcotics Efforts in Mexico, requested by Chairmen Charles Grassley, Senate Caucus on International Narcotics Control and William Zeff, Jr., House Subcommittee on National Security, International Affairs and Criminal Justice, June 12, 1996.

Terrorism and Drug Trafficking-Technologies for Detecting Explosives and Narcotics, requested by Chairmen Benjamin Gilman and Lee Hamilton, House Committee on International Relations and Senator Alfonse D'Amato, September 4, 1996.

1997

Drug Control-Longstanding Problems Hinder U.S. International Efforts, requested by Chairman J. Dennis Hastert, Subcommittee on National Security, International Affairs and Criminal Justice, House Committee on Government Reform and Oversight, February 27, 1997.

Drug Control-Observations on Elements of the Federal Drug Control Strategy, requested by Chairmen Frank Wolf, Subcommittee on Transportation and Related Agencies and John Edward Porter, Subcommittee on Labor, Health and Human Services and Education, House Committee on Appropriations, March 14, 1997.

Drug Control-U.S. Heroin Control Efforts in Southwest Asia and the Former Soviet Union, requested by Chairman Charles Grassley, Senate Caucus on International Narcotics Control, May 9, 1997.

Drug Control-Update on U.S. Interdiction Efforts in the Caribbean and Eastern Pacific, requested by Chairmen J. Dennis Hastert, Subcommittee on National Security, International Affairs and Criminal Justice, House Committee on Government Reform and Oversight, Bill McCollum, Subcommittee on Crime House Committee on the Judiciary, October 15, 1997.

1998

Drug Control-Planned Actions Should Clarify Counterdrug Technology Assessment Center's Impact, requested by Chairman Charles Grassley, Senate Caucus on International Narcotics Control, February 3, 1998.

Drug Control-U.S. Counternarcotics Efforts in Colombia Face Continuing Challenge, requested by Chairmen Charles Grassley, Senate Caucus on International Narcotics Control; Benjamin Gilman, House Committee on International Relations and J. Dennis Hastert, Committee on Government Reform and Oversight, February 12, 1998.

Customs Service-Process for Estimating and Allocating Inspectional Personnel, requested by Senator Dianne Feinstein, April 30, 1998.

Law Enforcement-Information on Drug Related Police Corruption, requested by Representative Charles B. Rangel, May 28, 1998.

Drug Control-an Overview of U.S. Counterdrug Intelligence Activities, requested by Chairman J. Dennis Hastert, Subcommittee on National Security, International Affairs and Criminal Justice, House Committee on Government Reform and Oversight, June 25, 1998.

Drug Control-U.S.-Mexican Counternarcotics Efforts Face Difficult Challenges, requested by Chairmen Charles Grassley, Senate Caucus on International Narcotics Control and J. Dennis Hastert, Subcommittee on National Security, International Affairs, and Criminal Justice, House Committee on Government Reform and Oversight, June 30, 1998.

Drug Control-Information on High Intensity Drug Trafficking Areas Program, requested by Chairman Charles Grassley, Senate Caucus on International Narcotics Control, September 3, 1998.

Research and Development: Counterdrug Technology Assessment Center's Process for Funding Project, requested by Chairman Charles Grassley, Senate Caucus on International Narcotics Control, September 24, 1998.

1999

Drug Treatment: Summary of Federal Programs, Funding, and Performance Goals, requested by the honorable Dennis Hastert, Speaker of the U.S. House of Representatives, February 24, 1999.

Agency Performance Plans-Examples of Practices That Can Improve Usefulness to Decision Makers, requested by Chairman Fred Thompson, Committee on Government Affairs, U.S. Senate, February 26, 1999.

Terrorism and Drug Trafficking-Testing Status and Views on Operational Viability of Pulsed Fast Neutron Analysis Technology, requested by Senator Ben Nighthorse Campbell and Senator Byron Dorgan, Subcommittee on Treasury and General Government, Senate Committee on Appropriations, April 13, 1999.

Drug Control-ONDCP Efforts to Manage the National Drug Control Budget, requested by Chairman John Mica, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, House Committee on Government Reform, May 14, 1999.

Crime Technology-Federal Assistance to State and Local Law Enforcement, requested by Senator Mike DeWine, June 7, 1999.

Drug Control-DEA's Strategies and Operations in the 1990s, requested by Chairmen Charles Grassley, Senate Caucus on International Narcotics Control and Representative Bill McCollum, Subcommittee on Crime House Committee on the Judiciary, July 21, 1999.

2000

Drug Control: U.S. Efforts in Latin America and the Caribbean, requested by Chairman Charles Grassley, Senate Caucus on International Narcotics Control, February 18, 2000.

Pricewaterhouse Coopers' Review of the Office of National Drug Control Policy, requested by Chairmen Ben Nighthorse Campbell, Senate subcommittee on Treasury and General Government and Jim Kolbe, House Subcommittee on Treasury, Postal Service and General Government, June 26, 2000.

Anti-Drug Media Campaign-ONDCP Met Most Mandates, but Evaluations of Impact are Inconclusive, requested by Chairmen Ben Nighthorse Campbell, Senate Subcommittee on Treasury and General Government and Representative Jim Kolbe, House Subcommittee on Treasury, Postal Service and General Government, July 31, 2000.

Drug Control-U.S. Assistance to Colombia Will Take Years to Produce Results, requested by Chairman John Mica and Representative Patsy Mink, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, House Committee on Government Reform, October 17, 2000.

APPENDIX 14
PUBLIC DIPLOMACY AND OUTREACH
(This appendix lists the extensive public diplomacy activities of ONDCP)

Opinion Editorials

(Published opinion editorials are listed by year. Selected opinion editorials are contained in the two volumes of Select Writings)

Strategic Communications, Selected Writings, ONDCP, December 2000.

Strategic Communications, Selected Writings, ONDCP, May 1999.

1996

13 September	<i>Christian Science Monitor</i>	Stopping the Flow of Drugs
24 September	<i>Washington Times</i>	Parents, Teens Need Drug Talks
07 October	<i>San Francisco Chronicle</i>	Proposition 215 is Bad Medicine
17 October	<i>Dallas Morning News</i>	Drug Policy Critique Not Balanced
04 November	<i>Wall Street Journal</i>	The White House War on Drugs
22 December	<i>Washington Times</i>	Moving in Risky or Safe Direction on Drugs?

1997

02 January	<i>Los Angeles Times</i>	Mass Manipulation of Young Minds
02 January	<i>USA Today</i>	Legalization is Real Goal
12 January	<i>Denver Post</i>	Media Can Alter Message
12 March	<i>Washington Post</i>	A Drug-Free Open Society
13 March	<i>Journal of Commerce</i>	Legalize Drugs? Never!
16 March	<i>Washington Times</i>	Getting a Fix on Drug Use History
17 March	<i>Roll Call</i>	Drug Czar on Marijuana Myths
06 April	<i>Denver Rocky Mountain News</i>	Seeking a Cure to Drug Culture
23 May	<i>USA Today</i>	National Focus Leads to Progress Against Drugs
30 May	<i>Christian Science Monitor</i>	The New Front in the Drug War: the Media
10 June	<i>Omaha World-Herald</i>	Meth Menace Leaves Trail of Crime
14 July	<i>St. Louis Post Dispatch</i>	Don't Call It a War on Drugs
22 July	<i>Cedar Rapids Gazette</i>	Put More Effort in Drug Treatment
07 September	<i>Memphis Commercial Appeal</i>	Teens and Drugs: Just Say 'Know'
09 September	<i>Washington Post</i>	Medical Marijuana? Don't Do It, D.C.
05 October	<i>Washington Times</i>	War on Drugs and Stereotypes
10 October	<i>Los Angeles Times</i>	Cooperation with Mexico; Flaws and All
16 October	<i>Arizona Republic</i>	US Must Cooperate in Mexico's Drug War
19 October	<i>Rocky Mountain News</i>	Teens Key to Winning Drug 'War'
14 October	<i>Austin American Statesman</i>	US Cooperation with Mexico Still Best Way

01 November	<i>New Orleans Times Picayune</i>	Education Is the Key to Less Drug Use by Youth
21 November	<i>Monterrey County Herald</i>	Keeping Teens Off Drugs
05 December	<i>San Antonio News Express</i>	Media Campaign: A Key in Cutting Youth Drug Use
1998		
09 January	<i>San Diego Union Tribune</i>	Using the Media to Help Fight Drug Use
13 January	<i>Idaho Statesman</i>	Idaho Media Campaign Targets Youth, Drug Abuse
13 January	<i>Washington Times</i>	Kids and Drugs: What Works
January	<i>Arizona Daily Star</i>	Media Should Join Government to Push Anti-Drug Message
16 January	<i>Denver Post</i>	Advertising is a Key Weapon in War Against Drug Abuse
18 January	<i>Sioux City Journal</i>	Anti-Drug Campaign Targets Siouland
20 January	<i>Oregonian</i>	A New Message; Portland Will Test Anti-Drug Campaign
25 January	<i>Racine Journal Times</i>	Anti-Drug Ads Tested in State
06 March	<i>Washington Times</i>	A New Plan to Fight Drugs
10 March	<i>Louisville Courier-Journal</i>	A New Media Campaign on Drugs
17 March	<i>Reforma</i>	Dos Claves para Reducir el Uso de las Drogas
17 March	<i>El Norte Monterrey</i>	Dos Claves para Reducir el Uso de las Drogas
18 March	<i>El Paso Times</i>	Drug Problem Requires Cooperation
06 May	<i>Biloxi Sun Herald</i>	When Kids Know the Truth About Drugs, Use Declines
25 May	<i>Morning Call Allentown</i>	Nation Let Down Vietnam Veterans, But Never Again
May/Jun	<i>Sheriff</i>	Confronting the US Drug Problem
02 June	<i>Salt Lake Tribune</i>	American History with Drug Use Teaches Anti-Legalization
10 June	<i>Washington Times</i>	Drugs International
25 June	<i>Arizona Republic</i>	Anti-Drug Effort Must Begin at US-Mexico Border
July	Netherlands paper	Short Drug History, Anti-legalization
13 July	<i>Dagens Nyheter</i>	Vi Forklarar Inte Krig Mot Knarket
14 July	<i>New Orleans Times Picayune</i>	Media Helpful in Anti-Drug Youth Drive
16 July	<i>Het Parool</i>	Legalization of Drugs is Out of Date and Dangerous
16 July	<i>Haagsche Courant</i>	We Have Learned Our Lesson: Drugs Should Never Be Legalized
27 July	<i>Los Angeles Times</i>	Legalization Would Be the Wrong Direction
29 July	<i>Cleveland Plain Dealer</i>	Message Out to Kids
29 July	<i>Chicago Tribune</i>	Media Blitz Is Effective Against Drugs
29 July	<i>New York Daily News</i>	We Need More Methadone Not Less
31 July	<i>Oregon Bulletin</i>	Harm Reduction Strategy Won't Work

02 August	<i>Houston Chronicle</i>	Legalization of Drugs Wrong Regardless of How It Is Done
02 August	<i>San Diego Union Tribune</i>	Confronting America's Drug Problem
06 August	<i>Cincinnati Enquirer</i>	Decriminalizing Drugs Is Wrong
19 August	<i>Clarín</i>	La Legalizatiocion de las Drogas Seria un Error
20 August	<i>Miami Herald</i>	Legalizing Drugs is Wrong
Summer	<i>Chicago Daily Defender</i>	Crack Versus Powder Cocaine
Summer	<i>D.A.R.E.LINE International</i>	Treatment Saves Money and Lives
02 September	<i>Washington Times</i>	Crippling Prosecutors
04 September	<i>Los Angeles Times</i>	Respect Will Come When Drugs Are Forced to Go
09 September	<i>Minneapolis Star Tribune</i>	World of Sports Needs to Set Straight its Messages about Drugs
09 September	<i>St. Petersburg Times</i>	The Sports World Should Be Drug Free
30 September	<i>Washington Post</i>	A Clean and Sober NBA
07 October	<i>San Francisco Examiner</i>	Giuliani is Wrong: Methadone Works
Sep/Oct	<i>The Crisis</i> (NAACP publication)	Cocaine: Will Congress Act?
Fall	<i>TCA News</i>	ONDCP Director Barry McCaffrey Speaks Out on Treatment
18 October	<i>Las Vegas Review-Journal</i>	Seeing Through the Haze of Medical Marijuana
21 October	<i>Washington Times</i>	The Marijuana Vote
22 October	<i>Christian Science Monitor</i>	Under Kitchen Sink: Home Product 'Drug' Problem
29 October	<i>Arizona Republic</i>	Approval of Proposition 300 Would Quash Drug Legalization Efforts
30 October	<i>USA Today</i>	Ballot-box Prescriptions Risky
01 November	<i>Washington Times</i>	Yes or No for Marijuana?
20 November	<i>Los Angeles Daily News</i>	Media Meeting Objectives of Drug Campaign
25 November	<i>Oregonian</i>	U.S. Drug Policy Sound, Despite What Molly Ivins Might Think
02 December	<i>San Antonio News Express</i>	Column on Drug War Thirty Years Too Late
05 December	<i>Star Tribune Minneapolis</i>	Country Doesn't Need to View Fight Against Drugs As War
09 December	<i>San Diego Union Tribune</i>	Anti-Drug Campaign Is Reaching Our Youth
09 December	<i>Raleigh News and Observer</i>	Drug Legalizers Make Weak Case
13 December	<i>Greensboro News and Record</i>	Molly Ivins Was Wrong to Criticize US Drug-Fighting Policy and Efforts
<u>1999</u>		
14 January	<i>Chicago Sun Times</i>	Send Right Message to Kids About Drugs
25 January	<i>USA Today</i>	Heroin Access Spurs Need for Methadone
01 February	<i>Physicians Weekly</i>	Is Medical Marijuana an Oxymoron?
13 February	<i>Tallahassee Democrat</i>	Government At All Levels Must Fight Illegal Drugs

21 February	<i>Charleston Post-Courier</i>	Drug Control: Educating Youth is Key to Success
28 February	<i>Scranton Tribune</i>	Methadone Needed to Save Lives, Reduce Crime
14 March	<i>Medford Mail Tribune</i>	Nation's Leader in Anti-Drug Effort Says Fight Can Be Won
19 March	<i>Los Angeles Times</i>	Clinton Was Right to Certify Mexico
20 April	<i>Hartford Courant</i>	Children: the Uncounted Victims of Drugs
21 April	<i>Seattle Post Intelligencer</i>	Mentoring: A Classic Way to Help Children Avoid Risky Behavior as Teens
04 June	<i>Miami Herald</i>	Drug Courts Offer Treatment to Nonviolent Offenders
25 June	<i>El Mexicano</i>	Mexico los EU se Oponen a las Drogas Ilicitas Mediante la Cooperacion y no la Confrontacion
27 June	<i>San Diego Union Tribune</i>	Resisting Drugs through Cooperation
29 June	<i>Washington Post</i>	Don't Legalize Those Drugs
25 July	<i>Arizona Republic</i>	Resist Passing Laws of Self-Destruction
08 August	<i>El Paso Times</i>	McCaffrey Cities Progress, Problems in US/Mexico
10 August	<i>Houston Chronicle</i>	ABC's of Drugs Should be a Part of School Curriculum
11 August	<i>Daily Oklahoman</i>	Breaking Cycle of Drug Use Key to Making Nation Safer
Jul/Aug	<i>Law Enforcement News</i>	Tough Anti-Drug Talk is No Longer Enough
04 September	<i>Tampa Tribune</i>	Drug Office Offers Parents Safe Online Sites for Teens
14 September	<i>Buffalo News</i>	Parents Should Evaluate Drug Prevention
20 September	<i>Orlando Sentinel</i>	Programs at their Children's Schools Latest Anti-Drug Effort Not Just an Ad Campaign
22 September	<i>Deseret News</i>	Drug-Free Games to Set a Global Standard
07 October	<i>Albuquerque Journal</i>	Sanctions Provide Damage Control Drugs Require
07 October	<i>Maine Sunday Telegram</i>	Question #2 on Tuesday
04 November	<i>Reforma</i>	Reducir Danos, Si; Legalizar, No
17 November	ABC News Online	There's No Need to Legalize Marijuana
17 November	Yahoo News	There's No Need to Legalize Marijuana
16 December	<i>Houston Chronicle</i>	HIDTA piece
29 December	<i>Star Ledger</i>	Law Enforcement Team Puts a Dent in Drug Trade

20 January	<i>Billings Gazette</i>	Tackling Meth Threat
08 February	<i>El Universal</i>	<i>Esfuerzos de Estados Unidos Contra Lavadode Dinero</i>
15 February	<i>Wyoming Tribune-Eagle</i>	Meth Leaves Trail of Crime, Death
19 February	<i>Savannah Morning News</i>	America Gets the Message on Drugs
27 February	<i>Washington Times</i>	A Bipartisan Drug War
02 March	<i>Boston Globe</i>	Rescuing Colombia
05 March	<i>Folha de Sao Paulo</i>	Uniao na Politica Antidrogas
14 March	<i>Cleveland Plain Dealer</i>	Ammunition for the Drug War
15 March	<i>Providence Journal</i>	Drug Treatment: A Strategy That Cuts Taxes and Saves Lives
15 March	<i>Chicago Sun Times</i>	Drug War Comes at High Price
10 April	<i>Pittsburgh Post-Gazette</i>	Why We Must Help Colombia
		Strengthen the Government in Bogota
		to Help Stop the Flow of Drugs
22 March	<i>San Diego Union-Tribune</i>	Colombia Needs Support in Its Drug Fight
24 March	<i>Journal of Commerce</i>	Aid for Colombia and America
27 March	<i>Fort Worth Star-Telegram</i>	International Involvement in Colombia Is Desperately Needed
27 March	<i>Arlington Star-Telegram</i>	International Involvement in Colombia
30 March	<i>Post-Tribune Gary</i>	Nation's Drug Problem Requires Systemic, Comprehensive Solution
		Desperately Needed
04 April	<i>Post and Currier</i>	Addiction Treatment Essential
06 April	<i>Financial Times</i>	A Drug Problem for Everyone
06 April	<i>Baltimore Sun</i>	Prevention, Treatment Go Together
16 April	<i>Buffalo News</i>	Why Helping Colombia Is in America's Interest
17 April	<i>Washington Post</i>	A Way to Beat Illegal Drugs
17 April	<i>Newark Star-Ledger</i>	Colombia's Drug Battle Is Our Drug Battle
17 April	<i>Fort Lauderdale Sun-Sentinel</i>	Alternate Development Needed in Drug War
18 April	<i>Arizona Republic</i>	U.S. Can't Afford to Abandon Drug Wars in Colombia
21 April	<i>Burlington Free Press</i>	How Best to Solve State's Heroin Problem
05 May	<i>El Nuevo Herald</i>	Estados Unidos y la Ayuda a Colombia
12 May	<i>Richmond Times-Dispatch</i>	Classic Involvement: Mentoring Will Help Children Through Odyssey of Life
14 May	<i>Idaho Falls Post Register</i>	Can We Win the Drug War?
14 May	<i>Albany Times Union</i>	Invest in Colombia for Sake of U.S
21 May	<i>Denver Post</i>	Fighting Drugs Is a Matter of Faith
21 May	<i>Charleston Gazette</i>	Plan Could Cut Supply of Drugs on U.S. Streets

22 May	<i>Wall Street Journal</i>	The <i>New Yorker's</i> Revisionist History
02 June	<i>Arizona Republic</i>	U.S.-Mexico Cooperation Gets Results in Drug War
06 June	<i>San Francisco Chronicle</i>	In-Prison Drug Programs Should Be Expanded
11 June	<i>Vallejo Times Herald</i>	Fighting the Drug Problem
15 June	<i>Cape Coral Daily Breeze</i>	A Father's Role in Fighting Drug Abuse
15 June	<i>DefianceCrescent-News</i>	Fathers Play Key Role in Fight against Drugs
15 June	<i>Cambridge Daily Jeffersonian</i>	Dad's Role in Fighting Drug Abuse
16 June	<i>Statesboro Herald</i>	The Father's Role in Fighting Drug Abuse
16 June	<i>Manassas Daily Journal</i>	The Father's Role in Fighting Drug Abuse
16 June	<i>Chicago Muslim Journal</i>	Better Relations with Dad Keep Kids Drug-Free
16 June	<i>Noticias del Mundo</i>	Una Mejor Relacion con Papa Contribuye a una Vida Sin Drogas
16 June	<i>Washington Times</i>	A Father's Role in Combating Drugs
16 June	<i>Kenosha News</i>	Fathers' Roles Key in Drug Resistance
17 June	<i>Orange Leader</i>	Father's Role in Fighting Drug Abuse
17 June	<i>Memphis Tri-State Defender</i>	Mom Is First, But Father Knows Best in Drug-Counseling Sessions
17 June	<i>Concord Monitor</i>	Fathers Day Gift: Talk with Kids about Drugs
17 June	<i>Fort Pierce Tribune</i>	Fathers a Key Anti-Drug Solution
17 June	<i>Geneva Kane County Chronicle</i>	The Father's Role in Fighting Drug Abuse
17 June	<i>Florida Today</i>	Good Relations with Dad Keep Kids Drug-Free
18 June	<i>Coshocton Tribune</i>	The Father's Role in Fighting Drug Abuse
18 June	<i>Decatur Daily</i>	The Role of Father in Fighting Youths' Drug Abuse
18 June	<i>Redding Record Searchlight</i>	Dads Give Kids a Fighting Chance Against Drugs
18 June	<i>Zanesville Times Recorder</i>	The Father's Role in Fighting Drug Abuse
18 June	<i>Santa Maria Times</i>	The Father's Role in Fighting Drug Abuse
		Active One
18 June	<i>Deseret News</i>	Come On, Dad, Help Mom Fight Drug War
18 June	<i>Stuart News</i>	Fathers Increasingly Vital in Fighting Drug Abuse
18 June	<i>Vindicator Youngstown</i>	Fathers Can Fight Drug Abuse

18 June	<i>Morning News of Northwest</i>	Fathers Important in Fighting Drug Abuse
18 June	<i>Burlington County Times</i>	Kids Need to Hear Dad's Anti-Drug Lesson
18 June	<i>Herald Times Reporter</i>	Make Father's Day Occasion to on Drugs
18 June	<i>Daily News Longview</i>	Dads, It's a Good Day to Talk with Kids
18 June	<i>Herald Press</i>	The Father's Role in Fighting Drugs
23 June	<i>La Raza</i>	Una Mejor Relacion con Papa
26 June	<i>Insight News</i>	Contribuye a una Vida Sin Drogas
28 June	<i>Xinhua News Agency</i>	Better Relationship with Dad Keeps Kids Drug-Free
29 June	<i>Baltimore Sun</i>	U.S. Official Calls for International Cooperation on Drug Control
13 July	<i>Fresno Bee</i>	Ecstasy' Is Anything But Comprehensive Effort Needed to Curtail Nation's Drug Use
08-14 July	<i>Asian Times</i>	Int'l Cooperation Is Key to Reducing Drug Use
25 July	<i>Washington Times</i>	No Ecstasy: Drug Is Growing Threat to U.S.
02 August	<i>Orlando Sentinel</i>	Ecstasy Is Hardly a Pleasure
03 August	<i>Deseret News</i>	Ecstasy Poses Health Threat
03 August	<i>San Diego Union Tribune</i>	Fighting the Ecstasy Epidemic
04 August	<i>Red Deer Advocate</i>	Ecstasy Is Hardly a Pleasure
04 August	<i>Modesto Bee</i>	Risky Ecstasy
04 August	<i>Nando Times</i>	Risky Ecstasy
04 August	<i>Fresno Bee</i>	Risky Ecstasy
04 August	<i>Anchorage Daily News</i>	Risky Ecstasy
04 August	<i>Rock Hill Herald</i>	Risky Ecstasy
04 August	<i>Carroll County Times</i>	Despite Danger, Ecstasy Use Is Rising
08 August	<i>Prince William's Journal</i>	Ecstasy Should Hardly Be Referred to as a Pleasure
08 August	<i>The Arlington Journal</i>	Ecstasy Should Hardly Be Referred to as a Pleasure
08 August	<i>Alexandria Journal</i>	Ecstasy Should Hardly Be Referred to as a Pleasure
08 August	<i>Fairfax Journal</i>	Ecstasy Should Hardly Be Referred to as a Pleasure
09 August	<i>News Gazette Champaign</i>	Ecstasy' Is a Popular Drug that Produces Nightmare
20 August	<i>Birmingham News</i>	Birmingham Breaks the Cycle of Drugs and Crime
21 August	<i>San Francisco Examiner</i>	... But It Brings Danger with Its Bliss
23 August	<i>Bangor Daily News</i>	Heroin Addiction Needs Proper Treatment
23 September	<i>El Paso Times</i>	U.S., Mexico Unite in Fight

20 October	<i>Indianapolis Star</i>	Drug Courts and Programs Reduce Abuse
24 October	<i>Orlando Sentinel</i>	McCaffrey: Let's Break Cycle of Drugs and Crime
26 October	Scripps Howard News Service	Drugs and Prison: a Workable Approach
29 October	<i>Washington Times</i>	Drugs and Prison: a Workable Approach
12 November	<i>Deseret News</i>	Salt Lake Games Must Raise Anti-Doping Efforts to the Next Level

Letters to the Editor and Articles
(Items in bold font are included in the appendix)

<u>1996</u>		
Spring	<i>Joint Forces Quarterly</i>	A Former CINC Looks At Latin America
Summer	<i>Airpower Journal</i>	Perspectiva Optimista Sobre Nuestros Vecinos del Sur
<u>1997</u>		
Spring	<i>Maryland State Trooper</i>	Why Government Must Respond to Legalization
Summer	<i>South Carolina State Trooper</i>	Why Federal Government Must Respond To Legalization
13 July	<i>San Diego Union Tribune</i>	Q & A
24 July	<i>Washington Times</i>	DC Doesn't Need Marijuana Initiative
Fall	<i>Trooper</i>	National Drug Strategy Seeks 10-Year Commitment
04 September	<i>USA Today</i>	Drug Policy Director Misrepresented
November	<i>Army</i>	Vietnam Letters
18 December	<i>Wall Street Journal</i>	Junkie America Feeds Drug Trade
Winter	<i>DAREline International</i>	We're on a Perilous Path
<u>1998</u>		
11-12 January	widely syndicated	two-part Dear Abby pieces
15 January	<i>Keeping Kids Drug Free: DARE Official Parents' Guide</i>	Forward
06 April	<i>USA Today</i>	Drug Use Threatens Virtues of Athletics
01 May	<i>DAREline International</i>	America Launches Anti-Drug Youth Campaign
24 May	<i>Miami Herald</i>	Voices from Vietnam
05 June	<i>United Nations Chronicle</i>	Illegal Drugs: A Common Threat to the Global Community
05 June	USIA wires	UN Talks Welcomed as the Harbinger of World Unity against Drugs
July	<i>Recovered</i>	Drug-Abuse Treatment Saves Taxpayer Dollars and Resources

July	<i>Drug Education for Youth</i>	America's Drug Problem
01 August	<i>Vital Speeches of the Day</i>	Communicating in Today's Multimedia Market
01 September	<i>Washington Post</i>	Drug Treatment: Cost Effective and Humane
27 October	<i>Seattle Times</i>	We Should Use Science, Not the Ballot Box, to Minister to Disease
04 November	<i>Washington Times</i>	Bipartisan Support for Anti-Drug Funding Earns Gratitude
09 November	<i>USA Today</i>	White House Drug Chief Rejects War Analogy
December	<i>DAREline International</i>	National Drug-Control Strategy – A Ten-year Plan to Reduce Drug Use and Its Consequences by 50 Percent
December	<i>Loyola International and Comparative Law Journal</i>	Efforts to Combat Money Laundering
<u>1999</u>		
25 March	<i>Washington Times</i>	Incarcerations Alone Will Not Stop the Cycle of Drug Abuse
25 April	<i>International Society for Addiction Medicine</i>	National Drug Control Strategy
July	<i>Global Issues: Confronting Drugs, Community Initiatives (USIA)</i>	Finding Common Cause in the Campaign Against Drugs
August	<i>Airpower Journal</i>	Drogas Ilegais: Ameaca Comum a Comunidade Global
04 October	<i>Child Health Day</i>	Maternal and Child Health Bureau reprinted inhalant op-ed in child health kit
05 October	<i>Washington Times</i>	Choppers to Colombia
29 December	<i>Washington Times</i>	Differing Views on Teen Drug Study
<u>2000</u>		
19 January	<i>Washington Post</i>	Drug Dealings with Network TV
21 January	<i>New York Daily News</i>	White House Nod For TV Scripts?
Jan/Feb	<i>Drug Watch World News</i>	Legalizing Drugs is a Bad Idea
Jan/Feb	<i>Drug Watch World News</i>	The National Youth Anti-Drug Media Campaign
02 February	<i>San Francisco Examiner</i>	Drug Czar Backs TV Effort
02 February	<i>Chicago Sun Times</i>	Feds Are Not Involved Behind Scenes on TV
04 February	<i>USA Today</i>	No 'Federal Interference' in Creative Process
09 February	<i>St. Louis Dispatch</i>	Anti-Drug Messages
12 February	<i>Milwaukee Journal Sentinel</i>	Anti-Drug TV Campaign Plays Important Role
06 March	<i>Washington Post</i>	Equitable Sentences for Powder and Crack
06 March	<i>Washington Times</i>	Drug Certification Process Is Not All Politics
24 March	<i>Philadelphia Inquirer</i>	Costs of Drug Use

15 May	<i>Vital Speeches of the Day</i>	Methadone Treatment: Our Vision for the Future
August	<i>Connections</i>	Drug Abuse and the Criminal Justice System: Saving Lives and Preventing Crime Through Treatment
August	<i>Taro Leaf</i>	General McCaffrey Responds to <i>New Yorker</i>
19 August	<i>Washington Post</i>	Drugs and Crime
24 August	<i>Business Week</i>	Unethical Reasons for Legalizing Drugs
06 October	<i>Atlanta Constitution</i>	No Probe of Drug Czar
11 October	<i>Rocky Mountain News</i>	Drug Control Office Protecting Public Purse
11 October	<i>St. Petersburg Times</i>	The Drug Office Responds
31 October	<i>Los Angeles Times</i>	McCaffrey's Record

Speeches and Interviews

(Items in bold font are included in the appendix)

		<u>1996</u>
26 June	UN Economic and Social Council in New York City	The Transnational Challenge of Illegal Drugs
10 December	American Chamber of Commerce in Mexico City	U.S. – Mexico Counterdrug Cooperation
		<u>1997</u>
Spring	<i>Harvard International Review</i>	Plan of Attack: Formulating Drug Policy
07 March	Harvard University	Illegal Drugs in Context: America's Historical Experience
02 July	Commonwealth Club San Francisco, California	The 1997 National Drug Control Strategy: Reducing Drug Use and Its Consequences in America
05 November	American Bankers Association Washington, D.C.	American Bar Association Money Laundering Enforcement Seminar
11 November	Vietnam Memorial, Washington, D.C.	Veterans Day Ceremony
		<u>1998</u>
Summer	<i>State Substance Abuse Quarterly</i>	SSAQ Interview with General Barry McCaffrey
Fall	<i>YMCA Discovery</i>	Interview
Winter	<i>Drug Abuse Update</i>	Update on the Office of National Drug Control Policy
29 May	Foreign Press Center National Press Building Washington, D.C.	Hemispheric Drug Control Efforts

		<u>1999</u>	
11 February	University of Miami, FL		Hemispheric Drug-Control Challenges
29 June	Albany, New York		First Annual Criminal Justice and Substance Abuse Conference
October	<i>Update</i>		Interview with General McCaffrey
		<u>2000</u>	
12 April	American Methadone Treatment Association Conference		Methadone Treatment: Our Vision for the Future
	San Francisco, CA		
28 May	Vietnam Memorial Wall		Memorial Day Ceremony
	Washington, D.C.		
Summer	<i>Crystal City Etc.</i>		Man with a Mission and a Heart
June	<i>Dialogo</i>		McCaffrey One-on-One with <i>Dialogo</i>
June	<i>The Retired Officer Magazine</i>		Soldiering On
08 June	National Security Seminar		National Security Challenges
	The Army War College		
	Carlisle Barracks, PA		
22 June	Hanoi, Vietnam		Illegal Drugs: A Common Threat to the Global Community
07 July	13th Annual National D.A.R.E. Convention		D.A.R.E.: A Premier Prevention Program
19 July	<i>The Hill</i>		Drug Education and Prevention are Ex-General's Top Priorities
Jul/Aug	<i>Field Artillery Journal</i>		Prosecution of Armed Conflict
01 August	DEA Ecstasy/Club Drugs Conference in Crystal City, VA		The Dangers of Ecstasy "Dancing with Darkness"

Newspaper Articles

(Since 1995, approximately 17,120 articles have been published about General Barry R. McCaffrey. Listed below and included in this appendix is a list of hand-selected articles from the last six years.)

1996

"Clinton Choice For Drug Czar Envisions Two-Prong Strategy," *The San Diego Tribune*, Arthur Golden, January, 25, 1996.

"Drug Czar Nominee Marks Shift; Clinton's Choice Called Bolder Than Predecessor," *The Dallas Morning News*, David LaGessee, January 28, 1996.

"He's At The Front Lines Once Again: Today Retired Gen. Barry McCaffrey Begins Leading the US War Against Drugs And He Has Every Confidence Which Side Will Win," *The Los Angeles Times*, Gregg Zoroya, March 6, 1996.

"Delivering a Message New Drug Czar Criticizes Needle Exchange," *The San Diego Union-Tribune*, May 21, 1996.

"Drug Czar has Heart In Work And Reason On Wrist," *The Seattle Times*, Peyton Whitely, August 18, 1996.

1997

“Drug Czar Says Mexico Committed to Fight,” *The San Diego Union-Tribune*, Kelly Thornton, July 3, 1997.

“Less Disparity Urged in Cocaine Sentences Reno, Drug Czar Give Report to Clinton,” *The Dallas Morning News*, New York Times News Service, July 22, 1997.

“McCaffrey’s Detailed 10-Year Plan Gives War on Drugs Fighting Chance,” *The Sun-Sentinel (Fort Lauderdale, FL)*, July 26, 1997.

“Drug Czar Ends Tour, Lauds Effort At Border,” *The San Diego Union-Tribune*, Gregory Gross, August 20, 1997.

“US Drug Czar, Breaking Silence, Meets Colombia President,” *The Buffalo News*, Associated Press, October 20, 1997.

“Drug Control Chief Won’t Let Pentagon Just Say No,” *The Washington Post*, Bradley Graham, November 24, 1997.

1998

“Drug Czar Encouraged by New Treatment Court,” *The New York Daily News*, Bill Farrell, April 2, 1998.

“Drug Czar Sings Mexico’s Praises,” *The Atlanta Journal Constitution*, Susan Ferriss, April 8, 1998.

“America’s Drug Warrior; McCaffrey Commits Truth During European Tour,” *The San Diego Union-Tribune*, July 24, 1998.

“Drug Czar’s New Plan For Border; Overhaul Would Name Boss to Each Crossing,” *The Arizona Republic*, Jeff Barker, August 23, 1998.

“Drug Czar Praises Treatment at Prisons; Programs Save Money, General Says,” *The Columbus Dispatch*, Nancy J. Smeltzer, November 19, 1998.

1999

“Drug Czar Urges Olympic Reforms,” *The Dallas Morning News*, Gregory Katz, February 3, 1999.

“Former General McCaffrey Wins Praise for Effectiveness,” *The Dallas Morning News*, Tracey Eaton, August 3, 1999.

“McCaffrey Touts Nationals Progress in War on Drugs As Teen Usage Drops,” *The Buffalo News*, Agnes Palazzetti, September 15, 1999.

2000

“We Can Keep Our Kids Drug Free For Life,” *Parade Magazine*, Lyric Wallwork Winik, January 16, 2000.

“Drug Czar Talks Sense on Sentencing,” *The San Francisco Chronicle*, Debra J. Saunders, April 14, 2000.

“Taking Command in Drug Crisis,” *The Baltimore Sun*, Scott Shane, April 16, 2000.

“Head of US Drug Policy Sees End of Certification; Judgemental Process Disappearing,” *The Washington Post*, Kevin Sullivan, August 8, 2000.

“McCaffrey to Leave in January,” *The Washington Post*, Peter Slevin, October 17, 2000.

“Drug Free Olympics Lose a Champion in McCaffrey,” *Los Angeles Times*, Alan Abrahamson, October 17, 2000.

ONDCP Web Sites

Youth Focus

www.freevibe.com
www.whatsyourantidrug.com
www.icountadvisors.com
www.strightscoop.org

Parent Focus

www.theantidrug.com
www.laantidroga.com (Spanish)
www.youcanhelpkids.org

Teacher, Coach, and Mentor Focus

www.teachersguide.org
www.playclean.org

General Focus

www.mediacampaign.or
www.whitehousedrugpolicy.gov

Editorial Board Meetings

Miami Herald	April 25, 1996
San Diego Union-Tribune	May 22, 1996
Los Angeles Times	May 23, 1996
Washington Post	June 6, 1996
New York Times	June 11, 1996
Washington Times	June 24, 1996
Wall Street Journal	June 26, 1996
USA Today	July 24, 1996
Honolulu Advertiser	September 9, 1996
Richmond Times	September 17, 1996
Christian Science Monitor	September 26, 1996

Raleigh News and Observer	September 30, 1996
Buffalo News	November 8, 1996
Baltimore Sun	December 16, 1996
CNN	January 7, 1997
Atlanta Journal & Constitution	January 7, 1997
Indianapolis Star & News	January 28, 1997
New York Daily News	February 6, 1997
Seattle Times	February 18, 1997
Ft. Lauderdale Sun Sentinel	March 24, 1997
Miami Herald	March 25, 1997
Chicago Sun-Times	April 3, 1997
Louisville Courier Journal	April 15, 1997
Portland Press Herald	June 11, 1997
San Diego Union-Tribune	July 1, 1997
USA Today	July 28, 1997
Boston Globe	July 31, 1997
Orlando Sentinel	August 5, 1997
Yakima Herald Republic	August 22, 1997
El Paso Times	August 24, 1997
Memphis Commercial Appeal	September 8, 1997
Newsweek	September 12, 1997
Denver Post	September 20, 1997
New Orleans Times-Picayune	November 3, 1997
San Antonio Express-News	December 5, 1997
Arizona Daily Star	January 16, 1998
CNN	January 20, 1998
Los Angeles Times	February 18, 1998
Philadelphia Inquirer	February 23, 1998
NY Times	March 31, 1998
Washington Times	April 28, 1998
Tampa Bay Tribune	May 1, 1998
Biloxi Sun-Herald	May 7, 1998
Boston Herald	May 8, 1998
Milwaukee Journal-Sentinel	May 11, 1998
Salt Lake Tribune	June 1, 1998
Arizona Republic	June 15, 1998
Minneapolis Star-Tribune	July 28, 1998
Miami Herald	August 20, 1998
San Antonio Express-News	August 31, 1998
Newark Star-Ledger	September 2, 1998
Raleigh News	September 11, 1998
Virginia Pilot	September 20, 1998
Columbus (OH) Dispatch	November 19, 1998
Baltimore Sun	December 17, 1998
The State (Colombia, SC)	February 16, 1999
Charleston Post Courier	February 17, 1999
Medford Mail-Tribune	March 15, 1999
Oregonian	March 16, 1999
New York Times	March 22, 1999
Hartford Courant	March 31, 1999
The Defender	April 7, 1999

Cincinnati Inquirer	April 9, 1999
Topeka Capital-Journal	April 14, 1999
Kansas City Star	April 15, 1999
Christian Science Monitor	April 29, 1999
New Orleans Times-Picayune	June 14, 1999
Albany Times-Union	June 29, 1999
US News & World Report	July 12, 1999
Austin-American Statesman	August 9, 1999
Houston Chronicle	August 11, 1999
Daily Oklahoman	August 13, 1999
Deseret News	September 23, 1999
Washington Times	December 1, 1999
Kiplinger News Letter	December 2, 1999
Arizona Republic	January 6, 2000
Billings Gazette	January 20, 2000
Columbus Dispatch	March 8, 2000
Chicago Tribune	March 29, 2000
San Francisco Chronicle	April 12, 2000
Birmingham News	August 22, 2000
Wall Street Journal	October, 2000
Chicago Tribune	October, 2000

APPENDIX 15
CLASSIFIED DOCUMENTS

General

Classified Annex to the 1996 National Drug Control Strategy, A Briefing for the Director, ONDCP, May 31, 1996. (SECRET)

National Drug Control Strategy: Classified Annex, ONDCP, February 11, 1997. (SECRET)

National Drug Control Strategy: Classified Annex on Drug Interdiction, International, and Law Enforcement Policy & Programs, ONDCP, 1999. (SECRET/NOFORN)

National Drug Control Strategy: Classified Annex on Drug Interdiction, International, and Law Enforcement Policy & Programs, ONDCP, 2000. (SECRET/NOFORN)

Plan Colombia

Memorandum from Dep. Director for Supply Reduction, Thomas Umberg to ONDCP Director Barry R. McCaffrey, subject: Principal's Committee Meeting on Colombia (U), August 16, 1999. (SECRET)

Letter from ONDCP Director Barry R. McCaffrey to George Tenet et al, Director CIA, subject: Colombia, August 17, 1999. (SECRET)

Forward Operating Locations and Interdiction

Letter from ONDCP Director Lee Brown to Admiral Robert Kramek, Commandant of the U.S. Coast Guard, subject: United States Interdiction Coordinator, May 19, 1994. (CONFIDENTIAL)

Letter from ONDCP Director Barry R. McCaffrey to Ambassador John Negroponte, Special Coordinator for Post-1999 U.S. Presence in Panama, subject: ONDCP Continuing Support for MCC (U), May 21, 1997. (SECRET)

Letter from ONDCP Director Barry R. McCaffrey to Ambassador Thomas Pickering, Under Secretary of State for Political Affairs, subject: Establishment of a Multinational Counterdrug Center in Panama (U), August 5, 1997. (SECRET)

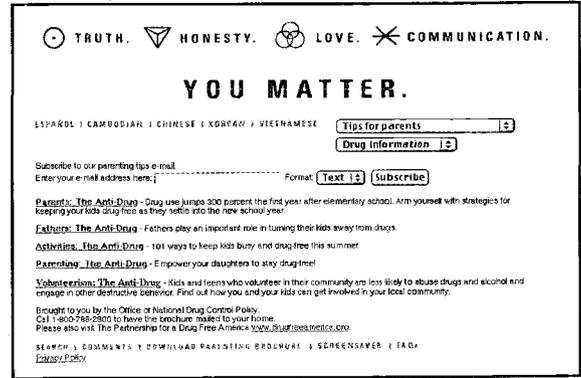
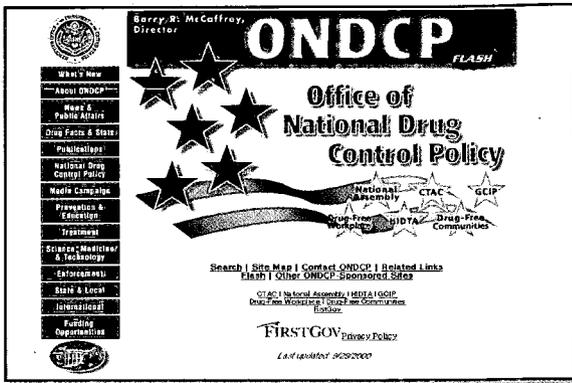
Letter from ONDCP Chief of Staff Janet Crist to James B. Steinber, Deputy Assistant to the President for NSA, subject: Importance of the MCC in Panama (U), December 2, 1997. (CONFIDENTIAL)

Counterdrug Intelligence Architecture Review

The Report of the White House Task Force on National Counterdrug Intelligence Architecture Baseline Inventory, January 14, 1998. (SECRET)

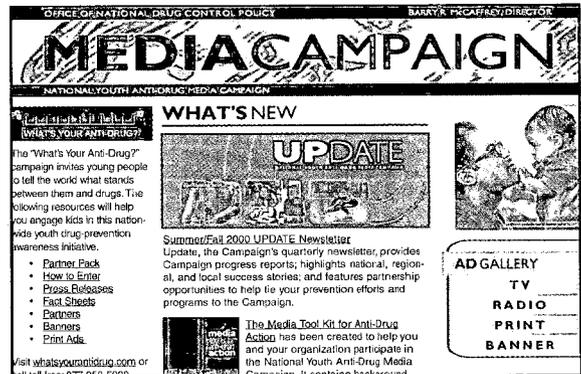
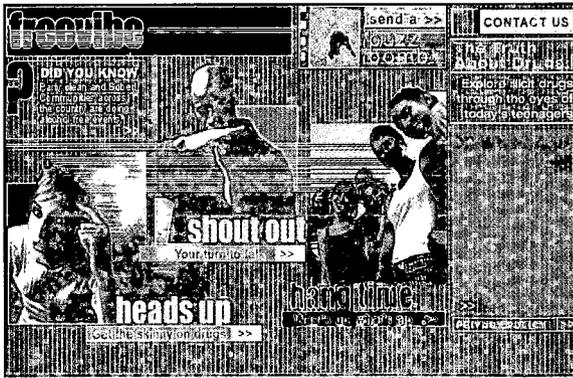
The Report of the White House Task Force on the Coordination of Counterdrug Intelligence Centers and Activities with Departmental Comments, July 23, 1998. (Law Enforcement Sensitive)

The Classified Annex to the Report of the White House Task Force on the Coordination of Counterdrug Intelligence Centers and Activities with Departmental Comments, July 23, 1998. (SECRET)



- The President's drug policy
- Current data on drug use
- Prevention, treatment, and enforcement programs
- ONDCP initiatives, news, testimony
- Links to other valuable resources

- Provides parents and other adults strategies to help raise healthy, drug-free children
- The site also encourages adoption of positive parenting practices through the main themes of love, trust, honesty and communication
- The site offers information in Spanish, Korean, Vietnamese, Chinese and Cambodian



- Helps kids 10 - 15 understand the dangers of substance abuse and emphasizes the importance of making responsible decisions
- Site features moderated bulletin boards, role-playing games, media literacy tools and drug facts

- The primary National Youth Anti-Drug Media Campaign site
- Provides resources and links for Media Campaign partners, community groups, and the media
- Site features fact sheets, press releases, and Media Campaign advertisements

National Drug Clearinghouse: 1-800-666-3332

Media Campaign Clearing House: 1-800-788-2800