



National Drug Control Strategy

The White House
February 2005



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U P D A T E

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TO THE CONGRESS OF THE UNITED STATES:

I am pleased to transmit the 2005 National Drug Control Strategy prepared by my Administration, consistent with the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1705).

Three years ago, my Administration issued its first National Drug Control Strategy. That Strategy set ambitious two- and five-year performance-based goals: (i) to lower the rate of drug use by 10 percent over 2 years among both youth and adults; and (ii) to lower the rate by 25 percent over 5 years. We are making steady progress toward our goals. We have exceeded our two-year goal of reducing drug use among young people by 10 percent, and we are on track to reach our five-year goal.

I am grateful for the strong bipartisan support in the Congress for previous Strategies. I ask for your continued support as we work together to prevail in this critical endeavor.

A handwritten signature in black ink, appearing to read "George W. Bush". The signature is fluid and cursive, with a large, prominent "G" and "B".

THE WHITE HOUSE



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INTRODUCTION

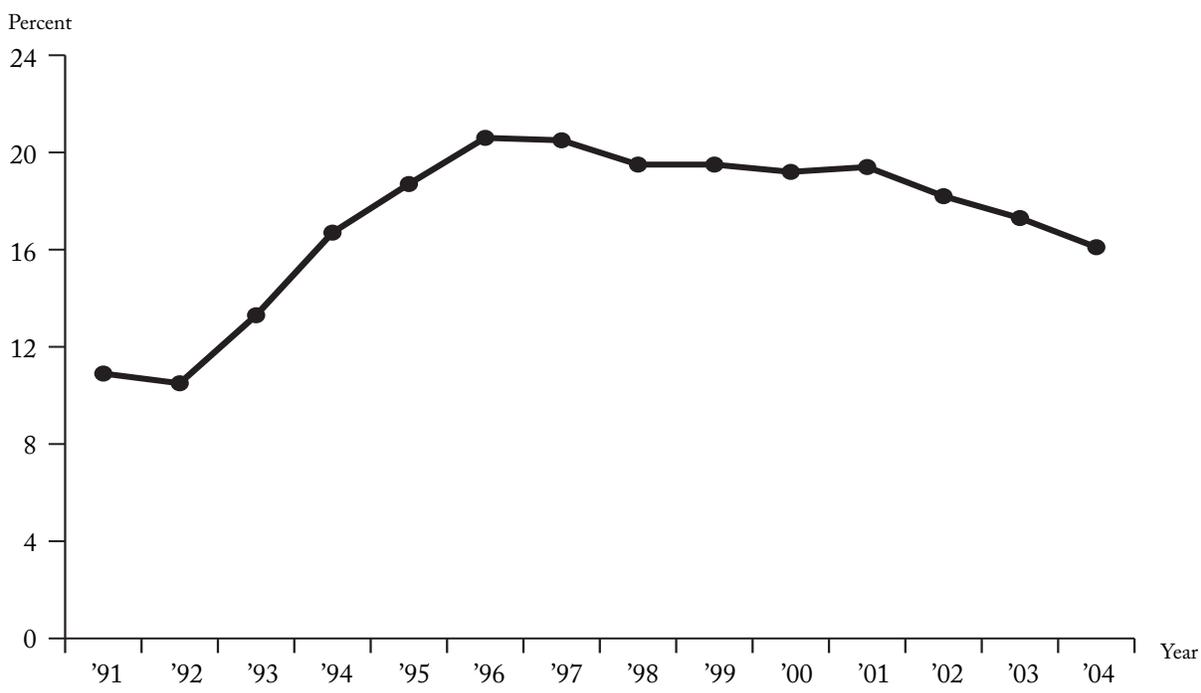
Three years ago this month, President Bush released the Administration's first National Drug Control Strategy. Consistent with his view of government, it was a document that clearly laid out a plan for accountable results in achieving a single goal—reducing drug use.

The President's decision to hold his Administration accountable for helping drive down drug use followed a decade during which the use of drugs by young people had doubled. It came at a time when fully half of 12th graders had used an illegal drug at least once by graduation. It was seen, and rightly, as

an audacious challenge to the skeptics, who invariably counsel despair when it comes to illegal drugs.

The President's goal—a 10 percent reduction in youth drug use over two years—has been met and exceeded. Youth drug use has dropped by 11 percent over two years, and now a third year of data puts the program ahead of schedule for the five-year goal, with a three-year drop of 17 percent (see Figure 3). Figures for adult drug use will become available with the publication, this summer, of the 2004 National Survey on Drug Use and Health.

Figure 1: Past-Month Use of Any Illicit Drug by 8th, 10th, and 12th Graders Combined



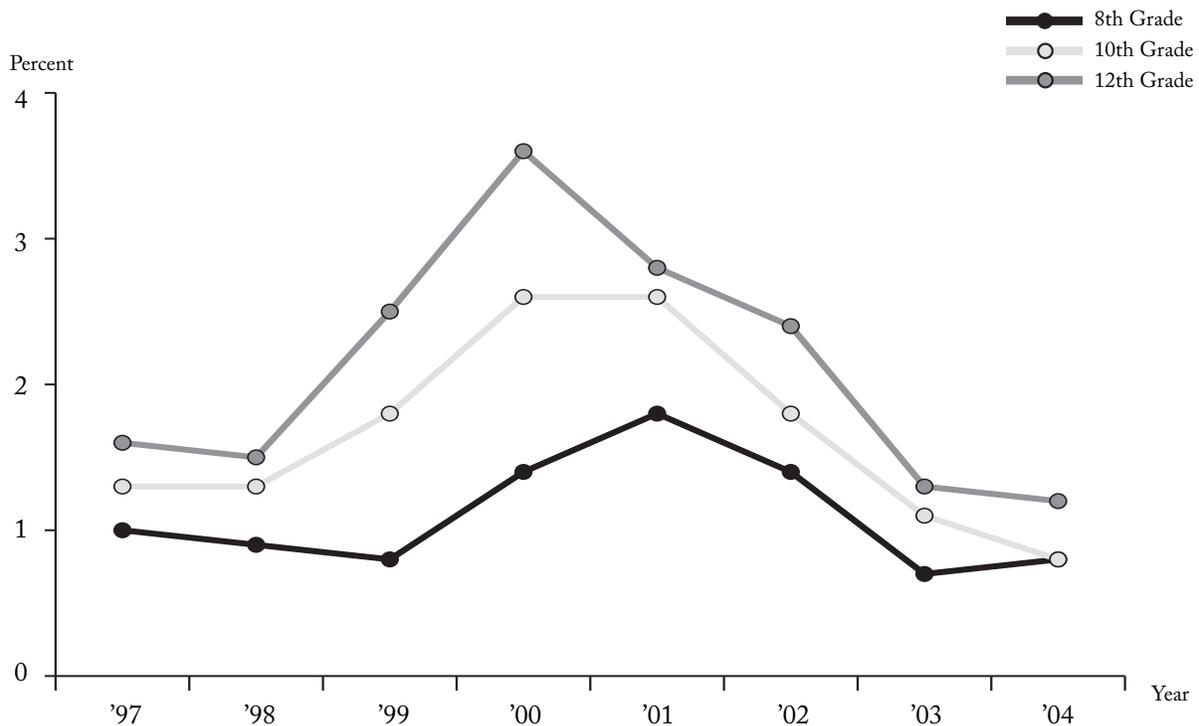
Source: Monitoring the Future, 2004

Monitoring the Future: What the Latest Survey Tells Us

Among the Monitoring the Future survey’s findings are the following statistically significant changes since 2001 in substance use among grades 8, 10, and 12 combined:

- Use of any illicit drug in the past 30 days (so-called “current” use) declined 17 percent, from 19.4 percent to 16.1 percent. Similar declines were seen for past-year use (down 13 percent) and lifetime use (down 11 percent).
- Marijuana, the most commonly used illicit drug among youth, also declined significantly. Current use declined 18 percent, while past-year use declined 14 percent.
- Use of the hallucinogens LSD and MDMA (Ecstasy) plummeted, with past-year and current use of LSD down by nearly two-thirds and lifetime use down by 55 percent. Past year and current use of Ecstasy were each cut by more than half, while lifetime use was down 41 percent.
- Use of amphetamines, traditionally the second most commonly used illicit drug among youth, also dropped over the past three years. Lifetime use declined 20 percent, while past-year use fell

Figure 2: Past-Month Use of MDMA (Ecstasy), by Grade



Source: Monitoring the Future (2004)

21 percent and current use fell 24 percent. Past year and current use of methamphetamine among youth declined 25 percent each.

- The use of alcohol, the most commonly used substance among youth, also declined. Lifetime, past year, and current use each declined 8 percent. Cigarette smoking among youth continued to decline, with 20 percent reductions in lifetime and current use.
- Monitoring the Future began collecting data on the nonmedical use of OxyContin in 2002. In 2004, there was a 24 percent increase in past year use of OxyContin for all three grades combined compared to 2002, from 2.7 percent to 3.3 percent.

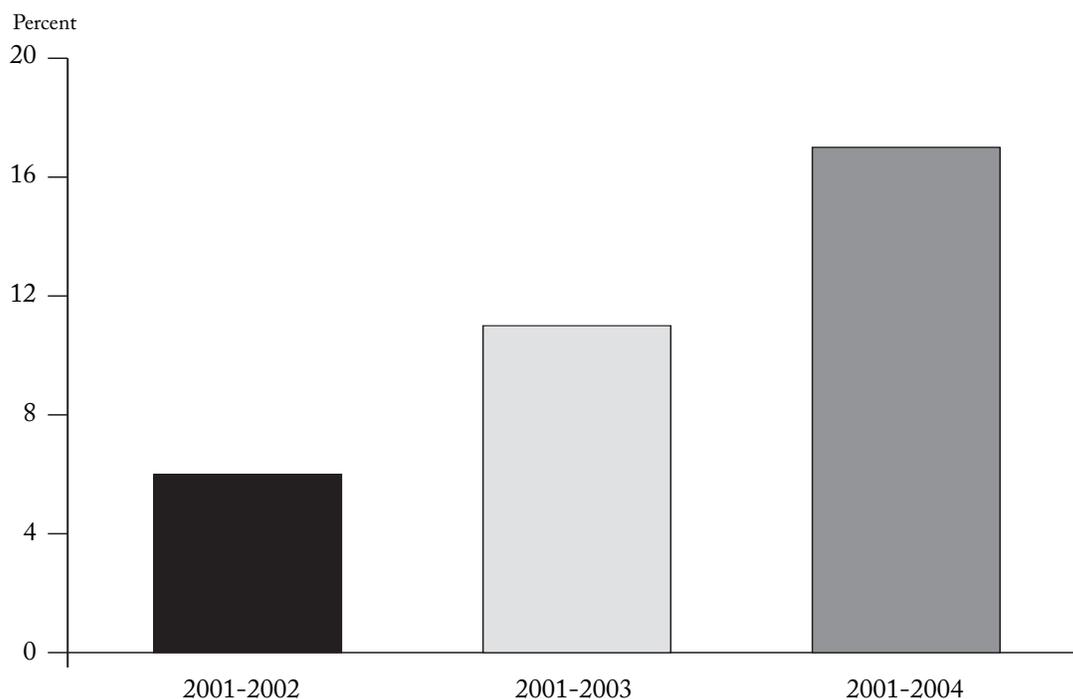
- Exposure to anti-drug advertising (of which the federally funded media campaign is the major contributor) has had an impact on improving youth anti-drug attitudes and intentions. Among all three grades, such ads have made youth to a “great extent” or “very great extent” less favorable toward drugs and less likely to use them in the future.

A Balanced Strategy

“Balance” is a word that is not often used in the field of drug control. As previous iterations of the Strategy have noted, effective prevention

Figure 3: Progress Toward Two- and Five-Year Goals

Reduction in Youth Drug Use (Cumulative)



programs are helped when adults and individuals in positions of responsibility are clear and unambiguous in their opposition to drug use. When prevention works, the load on the treatment system is eased. Drug treatment programs are more effective when the market for illegal drugs is disrupted and drugs are not pure, inexpensive, and readily available. Interdiction programs take drugs off the market in tandem with the success of treatment and prevention efforts, preventing what could otherwise be a glut in availability that could draw in new users.

This balance is evident in the way the drug budget is constructed. As the Strategy and accompanying budget summary lay out in more detail, the President's drug control budget request for fiscal year 2006 proposes to spend 38.7 percent

of the drug control budget on drug treatment and prevention, including new funding in support of the President's commitment to increase spending on drug treatment (the fiscal year 2006 treatment request is \$3.25 billion, a 4.5 percent increase over 2005). The budget allocates the remaining 61.3 percent among law enforcement budgets, international programs, drug-related intelligence spending, and interdiction activities—program areas that have expanded in recent years principally because of the growth of programs combating heroin production in Afghanistan (see Figure 4).

The chapters that follow are keyed to the Strategy's three priorities—Stopping Use Before It Starts, Healing America's Drug Users, and Disrupting the Market, with each chapter offering

NATIONAL DRUG CONTROL STRATEGY GOALS

- Two-Year Goals:**
- A 10 percent reduction in current use of illegal drugs by 8th, 10th, and 12th graders.
 - A 10 percent reduction in current use of illegal drugs by adults age 18 and older.
- Five-Year Goals:**
- A 25 percent reduction in current use of illegal drugs by 8th, 10th, and 12th graders.
 - A 25 percent reduction in current use of illegal drugs by adults age 18 and older.

Note: Progress toward youth goals is measured from the baseline established by the 2001 Monitoring the Future survey. Progress toward adult goals is measured from the baseline of the 2002 National Household Survey on Drug Use and Health. All Strategy goals seek to reduce current use of any illicit drug. Use of alcohol and tobacco products, although illegal for youths, is not captured by "any illicit drug."

concrete examples for each priority. The chapter on Stopping Use Before It Starts examines the distinct roles of schools, communities, and the media in making parents more effective in the crucial challenge of guiding young people to avoid drugs and alcohol. It describes the remarkable promise of tools such as student drug testing, follows the efforts of one community to protect young people from underage drinking, and summarizes new research on the development of the adolescent brain.

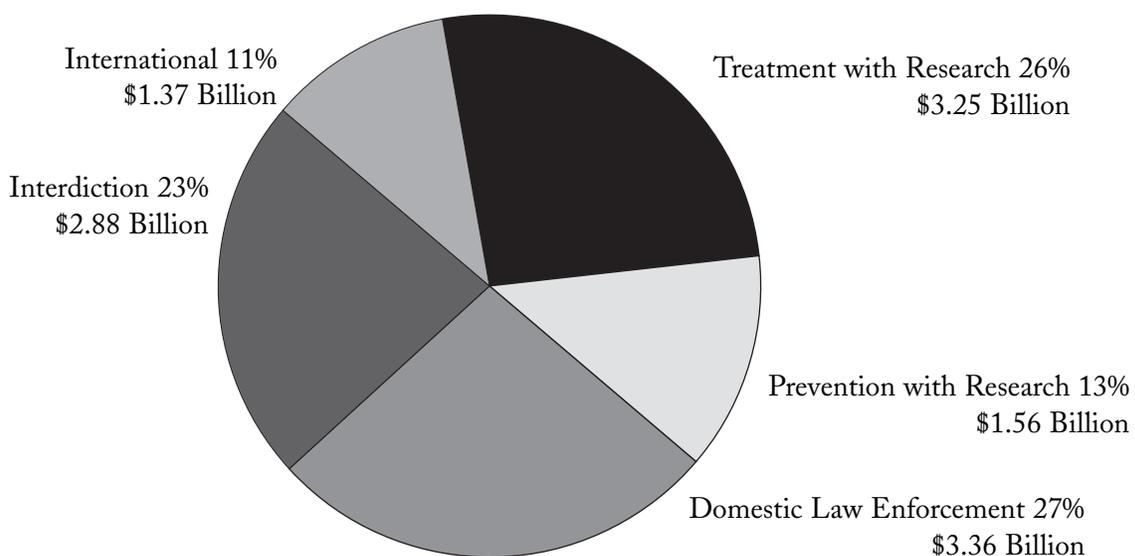
The section on Healing America's Drug Users addresses the special challenge of helping the dependent and profiles the Nation's first Access to Recovery voucher recipient as she navigates life after prison and the competing demands of drug treatment and a job search. Chapter II describes a treatment facility that has been highly successful

in helping addicted mothers with children, and a faith-based program in Harlem that helps former prisoners cope with the challenge of life on the outside. It describes a new effort that uses physicians to target drug users still on the pathway to addiction, screening them in emergency rooms for evidence of drug dependence and referring them to treatment as needed, and highlights the role of drug courts, where the power of the criminal justice system is combined with the skillful healing of treatment providers in service of the drug dependent individual.

The section on Disrupting the Market provides a progress report on the efforts we are making—both foreign and domestic—to disrupt the availability and purity of illegal drugs, through source country efforts, interdiction programs, and investigative operations. Chapter III profiles

Figure 4: A Balanced Strategy

Fiscal Year 2006 Drug Budget



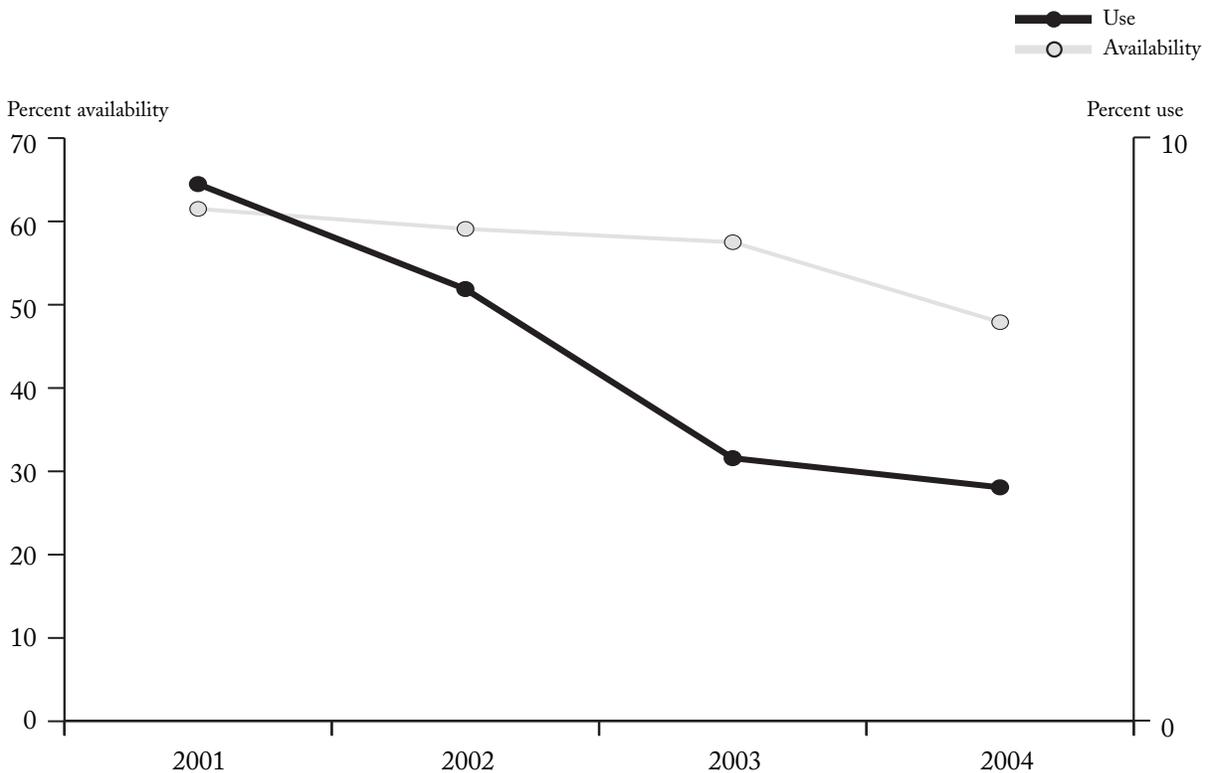
source country programs such as the coca eradication effort in Colombia, which have led to major reductions in the production of cocaine, reducing the amount of the drug available worldwide in a way that is not even close to being made up by neighboring countries. Also profiled are our interdiction programs, which seize a large and growing proportion of South America's cocaine output; the efforts of law enforcement to dismantle trafficker organizations root and branch while seizing their funds; and the strategy for disrupting the drug trade in Afghanistan.

Undermining Our Cities: Drug Use Exports Needed Resources

Drug use as a phenomenon is not limited to urban or rural settings, but new estimates of the amount of money Americans spend on illegal drugs reveal something remarkable about the extent to which the concentration of drug users in our cities hurts those cities economically (see Figure 7 and 8).

In seven American cities, estimated annual expenditures by drug users total \$1 billion or

Figure 5: Making Drugs Harder to Find Means Fewer Teens Using Drugs: Ecstasy

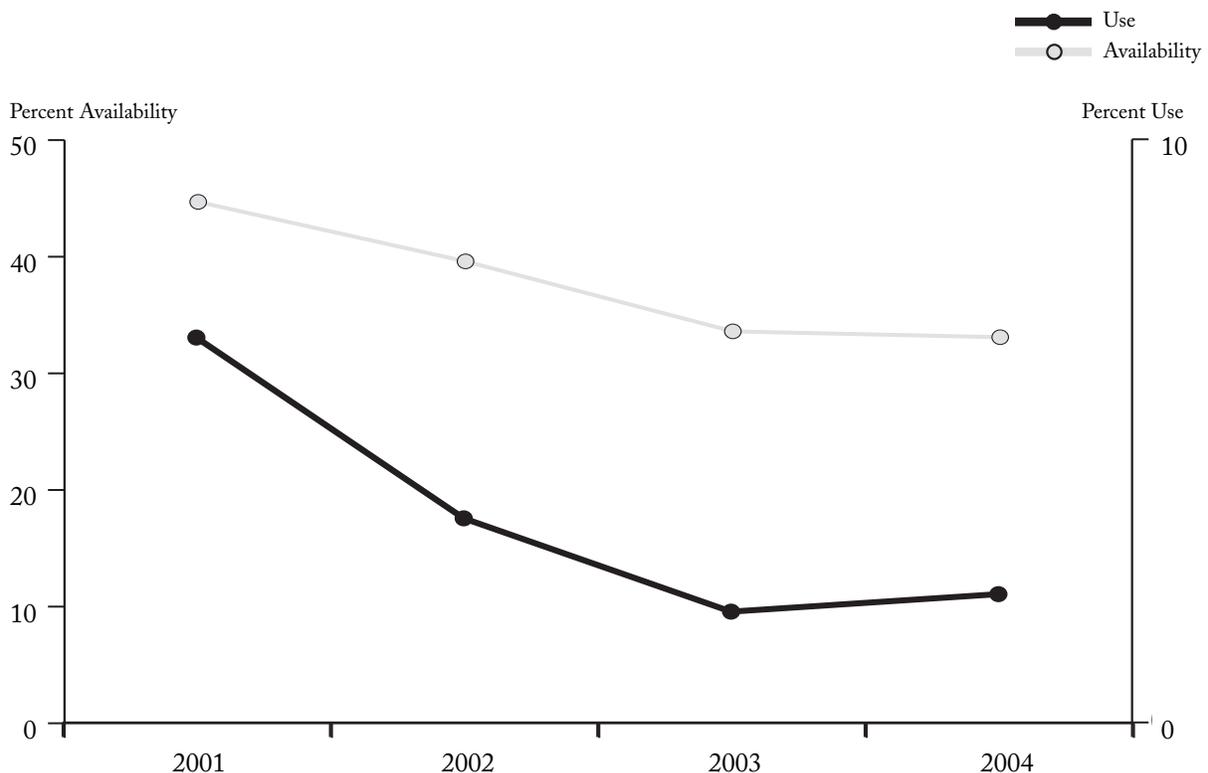


more—money that is drained out of the legitimate economy. Not surprisingly, three of the same cities have to spend \$1 billion or more in costs directly attributable to their residents' drug use, with health care costs the single biggest expense. (An additional 18 cities broke the barrier of \$1 billion in costs when indirect costs such as drug-related illnesses and opportunity costs are included.)

Such costs represent an unacceptable drain on the economies of America's cities—an underreported problem that exports vast amounts of individual and government capital that could be put to work in the service of everything from job creation to education reform.

The enormous social consequences of drug use would be far worse were the price and availability of illegal drugs not so successfully circumscribed by the activities of interdiction and law enforcement. The drug trade is a market phenomenon. As we interrupt the supply of drugs we make them more scarce and more expensive, diminishing drug use and leading some to seek treatment. We also know that an even greater impact than price of drugs on behavior is the overall legal status of substances. Sixteen million Americans are dependent on alcohol compared to 5 million who are dependent on an illegal drug (see Figure 9).

Figure 6: Making Drugs Harder to Find Means Fewer Teens Using Drugs: LSD



Past-year use of Ecstasy or LSD by 12th graders, and percent of 12th graders saying Ecstasy or LSD is "fairly easy" or "easy" to get.
Source: Monitoring the Future (2004)

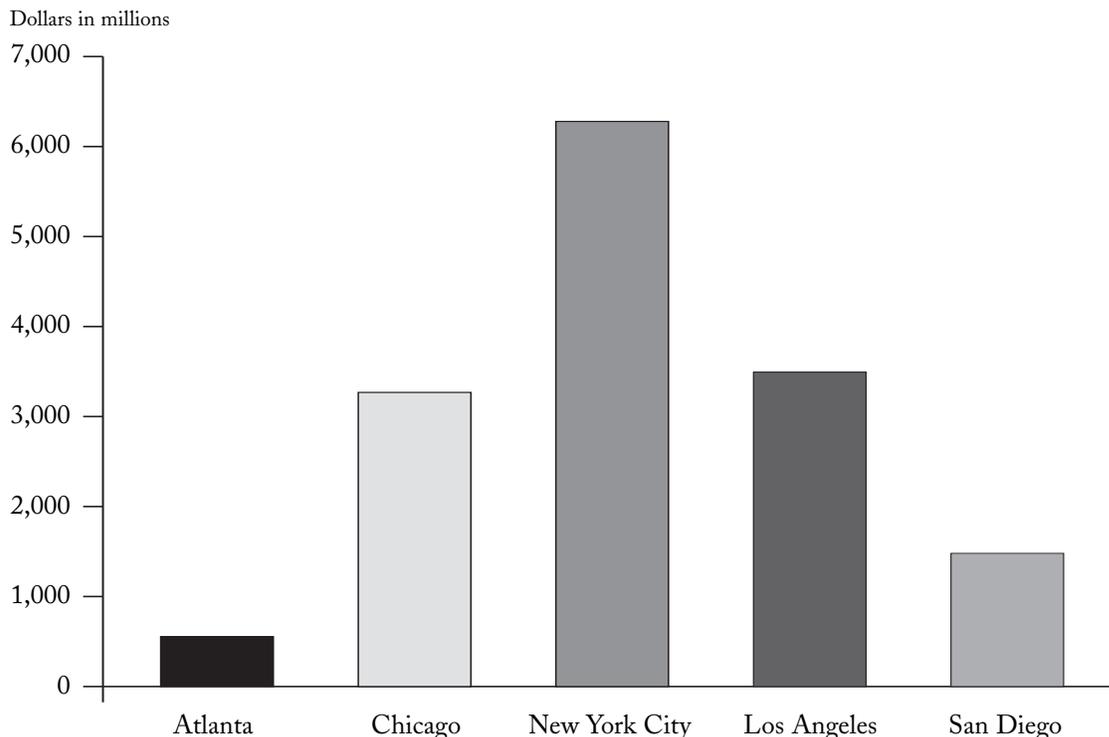
The President's Management Agenda: Budgeting for Results

Focusing the efforts of the Federal Government on the single goal of reducing drug use is a useful reminder of the singular purpose of drug control efforts. When Americans teach young people about the dangers of drug use, when treatment specialists help free the addicted, when communities unite to drive out drug dealers, or when law enforcement agents dismantle a trafficking organization, the goal should always be the same—reducing drug use.

When we treat people for addiction, when we counsel young people to avoid drug use, and when trafficking organizations are dismantled, it means nothing unless drug use is reduced.

Programs and efforts that do not reduce drug use must be restructured or eliminated, an effort to use taxpayer money wisely that this Administration takes seriously. As part of this Administration's effort to integrate budget and performance, the new drug budget, proposed and outlined for Congress in detail in 2002 and first presented in 2003, not only ties to identifiable line items in the President's budget but also includes key performance information for each program. The performance information presented here was used

Figure 7: What America's Users Spend on Illegal Drugs



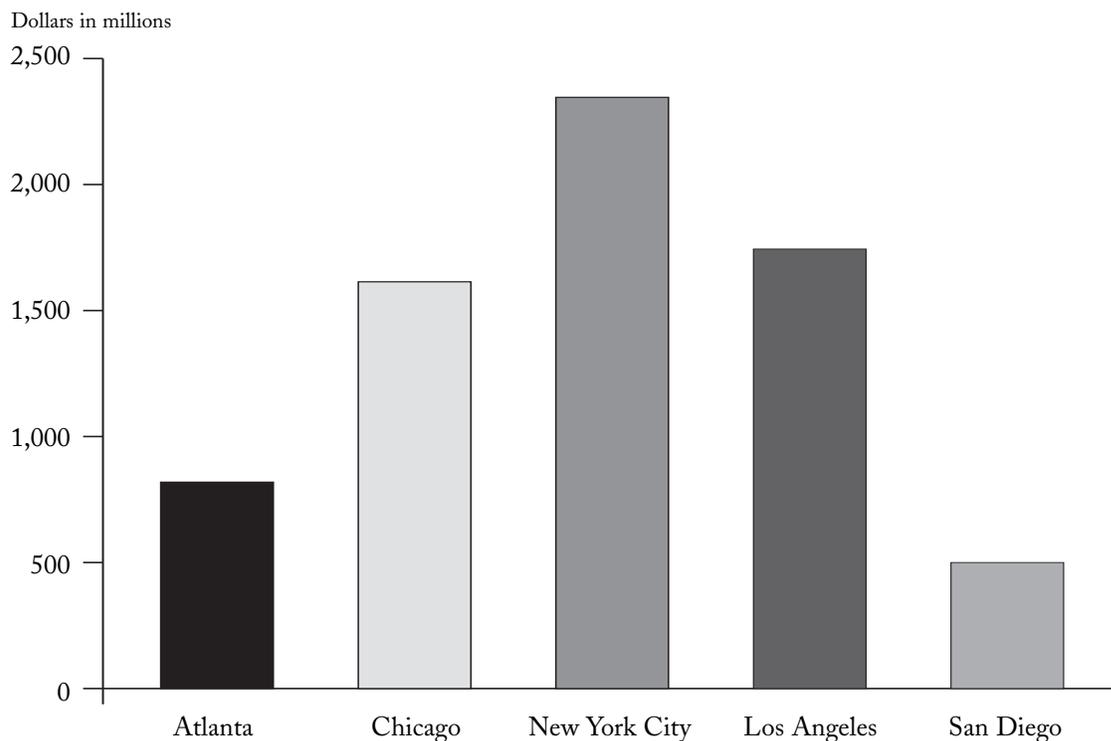
by the Administration to formulate the fiscal year 2006 budget.

Building on agency efforts under the Government Performance and Results Act, and working with the Office of Management and Budget in implementing its Program Assessment Rating Tool (PART), the Office of National Drug Control Policy has made data on program performance central to budget decision making. In the President's fiscal year 2005 budget, programs comprising about 45 percent of the drug budget were assessed. With new assessments conducted for the fiscal year 2006 budget and updates of prior assessments, just over 50 percent of the drug budget was assessed.

The goal of the National Drug Control Strategy and its three national priorities—Stopping Use Before It Starts, Healing America's Drug Users, and Disrupting the Market—drive the budgeting process. Each program's effectiveness in contributing to the accomplishment of those goals helps determine its resource level. Demonstrably effective programs receive continued support. Programs for which results have not been demonstrated, in some cases, receive reduced resources.

The PART process has encouraged the development of a variety of data collection initiatives, designed to ensure that programs are being managed efficiently. The effectiveness of the

Figure 8: Estimated Direct Costs of Drug Abuse



Sources: Unpublished analyses from The Economic Costs of Drug Abuse to Society and What America's Users Spend on Illegal Drugs 1998–2003.

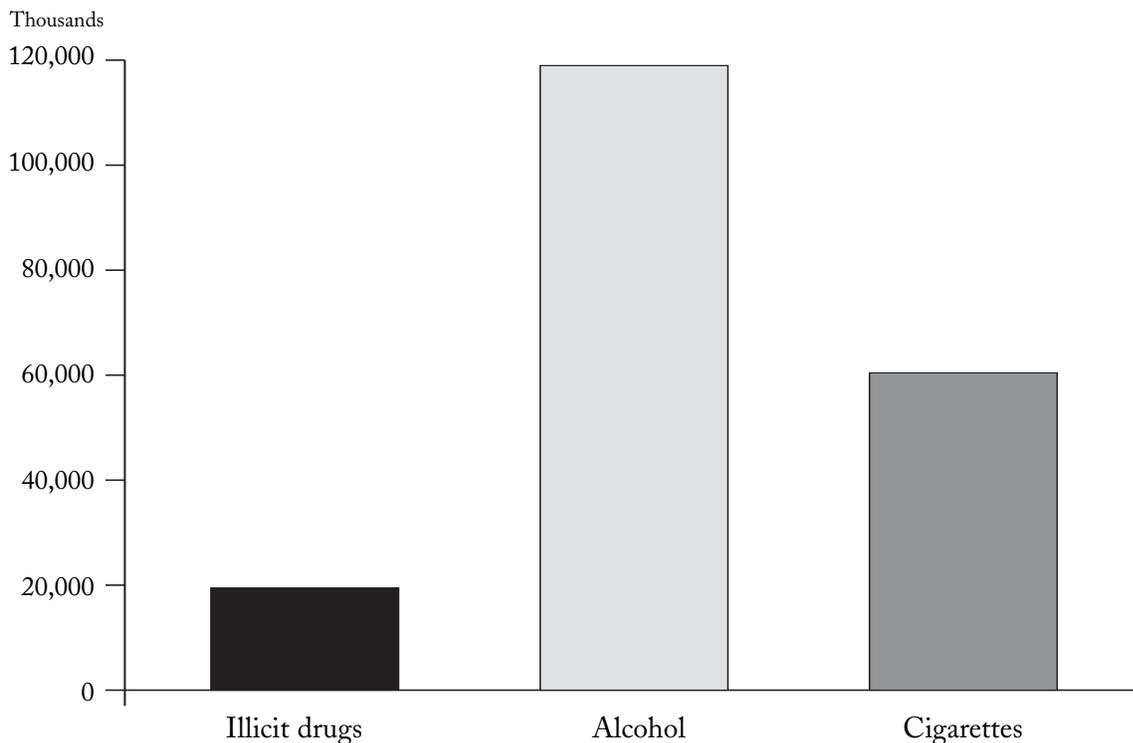
President's Access to Recovery initiative, for example, is being measured to ensure that it provides real outcomes for people using a set of seven measures, including abstinence from drugs, increased employment, and decreased involvement with the criminal justice system. Ultimately, these seven "national outcomes" will be aligned across other programs, including the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

For fiscal year 2006, two prominent drug control initiatives modified as a result of their performance are the High Intensity Drug Trafficking (HIDTA) and the Safe and Drug-Free Schools programs. The PART assessment

finds that the HIDTA program has not been able to demonstrate results.

The HIDTA program will be moved to the Department of Justice (DOJ) at a reduced funding level of \$100 million. This will enable law enforcement managers to target the drug trade in a manner that is strategic, complements the retooled Organized Crime Drug Enforcement Task Force (OCDETF) program, and preserves the program's worthy elements such as intelligence sharing and fostering coordination among State and local officials. DOJ will retain the program's strong focus on supporting State and local law enforcement efforts, but will reformulate its operations to function within current funding levels. Criteria for retaining

Figure 9: Treating Drugs Like Alcohol and Cigarettes?: Current Users by Substance



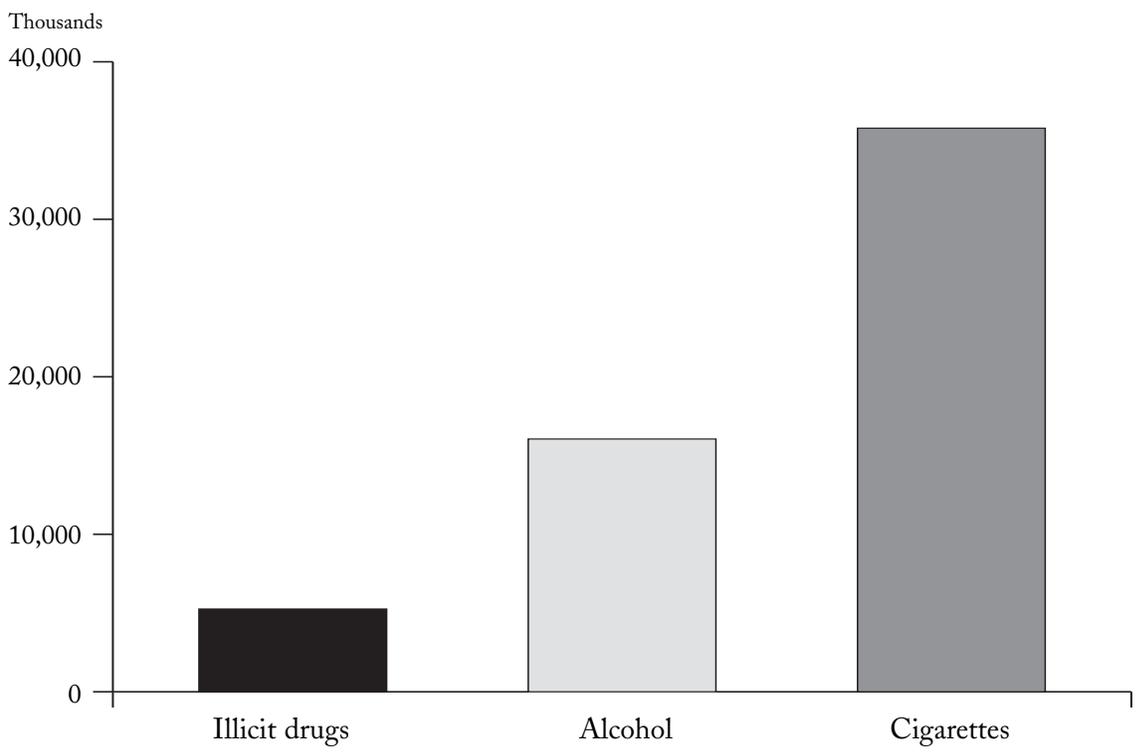
HIDTA designation will favor regions best able to support the goals of the President's National Drug Control Strategy and the DOJ drug strategy.

The Administration proposes to terminate funding for the state grants portion of the Safe and Drug-Free Schools program because of its inability to demonstrate effectiveness and the fact that grant funds are spread too thinly to support quality interventions. Instead, the request includes significant increases for SDFSC national program activities that provide direct support to local educational agencies, in amounts sufficient to make a real difference, so that the Department of

Education can support drug prevention and school safety projects that are structured in a manner that permits grantees and independent evaluators to measure progress, hold projects accountable, and determine which interventions are most effective.

By integrating program goals and effectiveness information into the National Drug Control Strategy, the Administration has provided a sound basis for program accountability through the adjustment and reallocation of Federal resources to programs that are successful and can demonstrate results.

Dependent Users by Substance (in thousands)



Source: Special tabulation from the National Household Survey on Drug Use and Health (2002 and 2003).

National Drug Control Strategy:
NATIONAL PRIORITIES

Stopping Use Before It Starts: Education and Community Action

Parents: The Main Ingredient

The Strategy discusses a variety of prevention programs, including school- and community-based programs, student drug testing programs, and public service advertisements. These diverse approaches help parents keep kids away from drugs and alcohol. Yet none of these programs is enough to make a decisive difference without significant parental involvement.

Student drug testing programs, for instance, reinforce parental admonitions against drug use but also provide parents with needed information, even when the information is the good news of a negative test result. A campaign of public service advertisements sponsored by a public-private partnership confronts parental misconceptions head-on by equipping parents with proven

techniques for monitoring teen behavior. Community-level prevention strategies include programs that support parents' wishes when parents cannot be there to watch, multiplying the number of watchful eyes in the community to deter young people from using illegal drugs or alcohol.

But all roads lead back to parents—and for good reason. Available research is unambiguous about the importance of having parents discuss the dangers of illegal drugs and underage drinking with their children. Parents and other caregivers need to do more than simply talk about drugs and alcohol. They also need to act—by monitoring the behavior of teen children, knowing where their teenagers are at all times, particularly after school, and knowing whom they are with and what they are doing. Such techniques have proved remarkably effective in keeping teenagers away from drugs.

PROTECTING THE ADOLESCENT BRAIN

Preventing drug use is important for many reasons—some obvious and some not so obvious—including recent scientific findings on the adolescent brain. Although the brain grows rapidly in early childhood, major changes are still taking place in the brain during adolescence. This is a time,

according to recent research, when “pruning” of cells takes place. Certain cells live on and others die during this crucial time in brain development. Using substances that alter the brain while it is developing can have devastating long-term consequences.

In fact, the greatest single barrier to increased parental monitoring seems to be self-inflicted—the view of some parents, particularly baby boomers, that monitoring their child is nagging or, worse, authoritarian behavior that could drive a wedge between them and their child. Such parents may be more comfortable reaching out to their child as a friend rather than in the more customary role of guardian, monitor, and guide. They may struggle to reconcile their own past drug use, wondering whether it is hypocritical to

lay down an unambiguous line that drug use is wrong and will not be tolerated. Worse still, kids report that parents are not typically as vigilant as their parents believe themselves to be.

The good news is that parental monitoring has been shown to be remarkably effective in reducing a range of risky behaviors among young people. Studies indicate that kids who are monitored are one-fourth as likely to use illegal drugs and one-half as likely to smoke cigarettes as kids who are

FISCAL YEAR 2006 BUDGET HIGHLIGHTS

- Education—Student Drug Testing: +\$15.4 million.** The President’s fiscal year 2006 budget proposes \$25.4 million for student drug testing programs. This initiative provides competitive grants to support schools in the design and implementation of programs to randomly screen selected students and to intervene with assessment, referral, and intervention for students whose test results indicate they have used illicit drugs. Funding of \$2 million made available during the first two years of this initiative was used by 79 middle and high school administrators for drug testing programs. These efforts sent a message that local community leaders care enough to help those students showing warning signs of drug abuse and that they want to provide a drug-free learning environment to all students. With increased funding in fiscal year 2006, more schools will have access to this powerful tool.
 - Research-Based Grant Assistance to Local Educational Agencies: +\$87.5 million.** This enhancement will support the implementation of drug prevention or school safety programs, policies, and strategies that research has demonstrated to be effective in reducing youth drug use or violence and for implementation and scientifically based evaluation of additional approaches that show promise of effectiveness. Under this proposed new activity, grantees would be required either to carry out one or more programs, practices, or interventions that rigorous evaluation has demonstrated to be effective or to carry out a rigorous evaluation of a promising program, practice, or intervention to test its effectiveness and thereby increase the knowledge base on what works in the field. In making awards, the Department of Education would ensure the equitable distribution of grants among urban, suburban, and rural local education agencies.
-

not monitored. Put another way, the research confirms what many parents of teenagers tend to doubt: kids really do listen to their parents, and

they do respond to parental expectations. For example, surveys show that two-thirds of youth ages 13 to 17 say losing their parents' respect is

STUDENT DRUG TESTING: THE SAINT PATRICK HIGH SCHOOL EXPERIENCE

Founded in 1861, St. Patrick High School is Chicago's oldest Catholic high school for boys. Five years ago, St. Patrick formed a task force of parents, community leaders, administrators, and faculty to explore the idea of a student drug testing program. The upshot was a recommendation to drug test all students randomly at least once each year.

"We have had amazing results from hair testing," says principal Joseph G. Schmidt. "We have 1,022 guys at St. Patrick. We have tested all of them, and only nine have tested positive. That's one percent."

Each family with a child at St. Patrick pays \$60 per year to administer the test, which can identify marijuana, cocaine, opiates, methamphetamine, phencyclidine (PCP), and MDMA (Ecstasy). A positive test triggers a notification of the student's family, at which point the student is typically referred to counseling. Consequences occur only if there is a second positive test anytime within a student's four-year high school career.

"First, they have a confidential meeting with me," says Rudy Presslak, dean of students. "And if it was a one-time thing

and they feel they can stop on their own, that's the end of it. We encourage them to meet with the counselors here at the school, however, and if the parents feel that it's a bigger problem, they can see an outside counselor."

"We pull 10 to 15 kids [at a time] for hair testing," adds principal Schmidt. "It takes maybe five minutes per kid, mostly for paperwork. We snip an inch and a half of hair, which tells us if they have used drugs in the past 90 days. The parents are very supportive. And they appreciate getting the letter saying, 'Your kid tested negative.'"

The students seem to appreciate the program as well.

"For the kids who would be tempted to use, it's an incentive not to," Schmidt says. "And for the kids who wouldn't use anyway, it's an easy way to say no when someone pressures them."

"The other day I heard a couple of our kids talking to a kid from another school," adds dean Presslak. "They were telling him, 'We don't have drugs here at St. Patrick.'"

one of the main reasons they do not smoke marijuana or use other drugs.

The National Youth Anti-Drug Media Campaign, an integrated effort that combines advertising with public communications outreach, has drawn on these insights, in the process developing a series of advertisements that coach parents in monitoring teen behavior and promote early intervention against signs of early drug use. The President's fiscal year 2006 budget proposes \$120 million for ONDCP's media campaign.

Student Drug Testing: Giving Kids an “Out”

Nearly three years have passed since the U.S. Supreme Court broadened the authority of public schools to drug test students, making this powerful tool available to any school battling a drug problem. Since that historic ruling, a number of schools across the country have seized this opportunity to implement drug testing programs of their own.

STUDENT DRUG TESTING: THE POLK COUNTY EXPERIENCE

While shopping at a grocery store near her home in central Florida, Audrey Kelley-Fritz found all the proof she needed that her county's student drug testing program was working.

“I had a kid taking my groceries out to the car at the Publix,” says Kelley-Fritz, who runs a student drug testing program for Polk County high school students.

“He said he didn't have anything to worry about with the school's new drug testing policy, but he was after two of his friends, saying, ‘I keep telling them they have to give it up before school starts, because they [school officials] are going to find out.’”

“Now that is what I like to hear,” says Kelley-Fritz. “Not only are we making it

easier for the one kid to say no in a party situation—this kid is exerting positive peer pressure on his teammates.”

Polk County's program was begun after school officials decided to think creatively about bringing down the school district's drug use numbers, which are measured every other year by a state survey. “Our drug use numbers were higher than for the rest of the state,” says Kelley-Fritz. “We were doing all sorts of things for prevention, but it just didn't seem like it was enough.”

A community forum and federal demonstration grant later, the program was on its way. “Virtually none of the parents even raised a question about it,” says Kelley-Fritz. “Most of the questions

Student drug testing programs are an excellent means of protecting kids from behavior that destroys bodies and minds, impedes academic performance, and creates barriers to success and happiness. Drug testing is powerful, safe, and effective, and it is available to any school, public or private, that understands the devastation of drug use and is determined to confront it. Many schools urgently need effective ways to reinforce their anti-drug efforts. Drug testing can help them.

Schools considering adding a testing program to their prevention efforts will find reassurance in

knowing that drug testing can be done effectively and compassionately. The purpose of testing, after all, is not to punish students who use drugs but to prevent use in the first place. Testing helps to ensure that users get the help they need through a student assistance program, to stop placing themselves and their friends at risk. Random drug testing is not a substitute for all our other efforts to reduce drug use by young people, but it does make those efforts work better.

Indeed, student drug testing is that rare tool that makes all other prevention efforts more effective.

centered around why we were not testing for steroids, since we were testing athletes. Well, this year we are adding steroids.”

Polk County had ample reason to believe that a student drug testing program would help drive down drug use. One of the county’s high schools had started a testing program for student athletes in 1997 and saw marijuana use drop by 30 percent virtually overnight. The program was cancelled after four years because of a budget crunch, and drug use quickly returned to pre-testing levels.

Roughly 40 percent of student athletes in the county’s 14 public high schools and a Catholic high school that piggybacked onto the program are tested randomly in a given year.

“They sometimes feel that as athletes they are being singled out,” says Kelley-Fritz.

“We tell them, ‘You are the leaders of the campus. You have a responsibility.’”

If a student tests positive, the specimen is sent to another lab for confirmation. If the results are still positive, the specimen goes to the school board’s medical review officer, who calls the parents and tries to account for any possible medical reason for the result. Barring that, the student is entered into a ten-day program of education and assessment, after which he can return to whatever sports activity he had been involved in before the drug test.

“From then on, they are tested at least once every other month, typically for a year,” says Kelley-Fritz. “If they blow another test, they are removed from the team for the remainder of that season plus one calendar year.”

By giving students who do not want to use drugs an “out,” testing reduces the impact of peer pressure. By giving students who are tempted by drugs a concrete reason not to use them, testing amplifies the force of prevention messages. And by identifying students who are using illegal drugs, testing supports parental monitoring and enables treatment specialists to direct early intervention techniques where they are needed.

As one high school principal put it, “For the kids who would be tempted to use, it’s an incentive not to. And for the kids who wouldn’t use anyway, it’s an easy way to say no when someone pressures them.”

The Strategy profiles two schools that have initiated testing programs, a public system in central Florida, and a Catholic boy’s school in Chicago (see boxes, pages 17-19). One employs traditional urine screening; the other hair testing. These schools have experienced positive reactions from parents and students. Both find that testing has contributed to remarkably low levels of drug use. Both also conclude that their use of testing, far from being a source of controversy, has made their schools more attractive to parents.

TAKING BACK THE PROM

Every year around prom time, teen drunk-driving deaths begin appearing in the news with greater frequency. Nine years ago, in Kansas City, Kansas, a group of parents decided that they had had enough of teenage drinking and drug use and set out to do something about it.

What came to be known as the Tri-County Northland Coalition pulled together existing community prevention efforts that were being run out of 15 area school districts. Vicky L. Ward helps run the coalition: “We found that local business groups and others who wanted to help might not have the ability to go to 15 monthly meetings. But they could come to one meeting.”

The group used everything from billboards to full-page newspaper ads to get out the

message that parents could be held legally liable for allowing keg parties. “People tend to think about the need to affect kids’ norms,” says Ward. “But the real problem is making sure that the parents know what the norms are. Kids by and large will follow the norms set by the adults.”

Adults sometimes have to be reminded of the liability that can follow from being involved with a keg party or so-called open house party. Says Platte County prosecuting attorney Eric G. Zahnd, “It is certainly not uncommon for an adult to be sued when a teen leaves a party after drinking and is injured or injures somebody else.”

The coalition followed up through an initiative with local merchants to tag every keg rented in the tri-county area. Keg

The President's fiscal year 2006 budget proposes \$25.4 million for student drug testing programs, supporting schools in the design and implementation of programs to screen selected students randomly and to intervene with assessment, referral, and intervention for students whose test results indicate they have used illicit drugs. Funding of \$2 million made available during the first two years of this initiative was used by 79 middle and high school administrators for drug testing programs. With increased funding in fiscal year 2006, more schools will have access to this powerful tool (see box, page 16).

Catalyzing Civic Action through Community Coalitions

Americans of all ages serve others in countless ways, from mentoring a child to teaching someone to read. Americans have also increasingly come together to form community anti-drug coalitions to present a united community front in the fight against drug use. Community coalitions catalyze civic action and serve to connect individuals from such disparate parts of

tracking, as it is called, links rented kegs back to the person who actually paid for them. "There's actually a number on the keg that tracks back to a number I have to sign for with my driver's license," says Ward. "If the police come upon a keg party, they can take that keg back to the place where it was rented and then find out who rented it."

So far, the law's effect has been principally deterrent. And that's just fine with prosecutor Zahnd: "Even if I never have to enforce that law, the deterrent effect of having it out there is real."

The coalition works with anyone who might inadvertently facilitate teen drinking or drug use, including limousine rental firms. Parents who rent a limousine have to sign a form affirming that minor occupants do not have the right to do anything illegal

and that services will be terminated on the spot if they do break the law. "A couple years back, we had a limo driver who noticed the kids drinking or using illegal drugs," says Zahnd. "He stopped the car and told them, 'I'm not going to take you any further. You need to call your parents.'"

Hotel and motel managers are given a schedule of local proms and asked to warn customers not to rent rooms for underage parties. "Now, a month before prom season, we have motels calling us asking us for the list," Ward says.

Not surprisingly, the Northland Coalition has seen significant reductions in substance abuse among the youth in their tri-county area. Use of cigarettes, alcohol, and marijuana declined among all grades surveyed between 2000 and 2004—another example of what committed parents can do.

the community as health care, law enforcement, business, drug treatment, and education.

There are now more than 5,000 community coalitions nationwide, and no two are exactly

GOING TO THE CORNER: A CLEVELAND NEIGHBORHOOD FIGHTS BACK

Reverend Richard J. McCain is pastor of the Southeast Cleveland Church of Christ, an evangelical church in southeast Cleveland. But lately, it is his other role, as project director of a community anti-drug coalition, that is keeping him busy.

“The biggest concern our residents have is reducing street corner drug dealing,” says McCain. “There’s a major problem with crack cocaine in southeast Cleveland. Marijuana is a problem particularly among young people and has become almost more of a problem than alcohol.”

The city’s suburbanites are not helping either.

“People find it convenient to pull off the highway, buy some drugs [in southeast Cleveland], and then get back on the road. Residents just felt unsafe with all the corner dealing. People were not going to the corner store because they had to walk past the drug dealers.

“So we went to the corner.”

McCain and his colleagues from the Substance Abuse Initiative of Greater Cleveland use a deceptively simple method for taking back neighborhoods from street corner drug dealers—showing up.

“We call them street corner anti-drug vigils,” says McCain. “We encourage the residents to take the attitude that the street corner is just as much theirs as the dealers’. We come out with hotdogs and hamburgers and a grill. We have a guy who likes to bring a boom box.

“We always work closely with the police. They assign one or two cars just to give an increased sense of safety to the residents and to show that the residents and the police are working together.”

The normal buyers will come by—residents recognize the cars—but they won’t stop because the dealers are not out.

One such corner was 124th and Bartlett, a busy spot for dealers. Residents were complaining that the dealers were coming up to cars and offering them drugs.

“The police came in and softened it up for us first,” McCain says. “They assigned increased patrols, stepped up monitoring of traffic signs and lights, and made sure there were no parking violations. We got the businesses involved, and they donated some soft drinks and hotdogs. Then we brought in the residents.”

The dealers and the buyers don’t know when

alike. One such coalition, based in Kansas City, Kansas (see box, pages 20-21), organized parents

and retailers with the goal of making a special effort to keep kids away from drugs and alcohol

McCain's crew is going to be there, but timing is important. "The first of the month, paydays, weekends are usually busy," McCain says. "Those are times when we encourage folks to go out to disrupt the dealers."

It typically takes six weeks to four months to see results, so before designating a "drug-free zone" (there are now ten, with three more in the works), the coalition looks for a neighborhood group that has staying power.

"One area was really tough; we had the residents out there on and off for a year," McCain says. "But these guys are entrepreneurs. They are going to look for someplace where they do not face the same obstacles."

McCain has little patience for people who say he is just moving the problem around. "We get people who say, 'You are not stopping them, you are just moving them.' We have people say, 'You drove them off 144th and Bartlett, but now they are at 133rd and Milverton.' Well, we drove them out of 133rd and Milverton too.

"We had a guy dealing on 176th and Harvard. We did not get him arrested but we moved him off that corner. Then he came to 144th and Bartlett—same thing. Finally, he moved to 139th and Kinsman. We were able to work with the police and get him arrested. It took us a while, but we got him. And we encouraged the residents to come to court

when he comes up for trial and let the judge know that this man has been a blight in our area and not to give him a lenient sentence.

"Fear is probably one of the biggest problems we face. The residents get comments like, 'Who's going to protect you when the police leave?' As a minister, I tell people to remember that we have somebody higher looking over us who is looking out for our children and our neighborhoods. We encourage folks to keep it light, not confront anybody. So far we have not had any problems."

McCain's contacts with local businesses have also led to a focus on code violations by neighborhood liquor stores. "Most of our neighborhood stores are very helpful, but some of them are selling alcohol and cigarettes to minors," McCain says. "We work with the police to do compliance checks on those businesses.

"We had one bar that not only was selling to minors but they were selling crack out the back door. We threatened to report them. They laughed at us and said, 'You are not.' We went to the ABC [alcoholic beverage control] board and got them shut down. We are just trying to get the city to step up and enforce the law."

McCain has worked with Catholic and Muslim groups, as well as community-based social service agencies, but makes no bones about what motivates him. "I believe the church needs to be focused on the community," he says.

during prom time. Another coalition, based in Cleveland (see box, pages 22-23), uses the community's time and energy to run drug dealers off street corners.

The Drug Free Communities support program funds these and other community groups that seek to form and sustain effective coalitions to fight the use of illegal drugs. To further the efforts of these important coalitions, the Administration proposes \$80 million during fiscal year 2006.

Pushing Back Against Steroids

When athletes use steroids and performance-enhancing drugs, they risk their health and send a terrible message to other young people, who otherwise stand to learn so much from sports, including the meaning of teamwork and the relationship between achievement and hard work.

The use of steroids and performance-enhancing drugs in sports is a growing problem that calls for action. Last year, the President signed a law adding 18 steroid precursors, including androstenedione, or "andro," to the list of banned anabolic steroids. The new law also increases penalties for offenses involving steroids.

Keeping professional athletes away from banned steroids and performance-enhancing drugs will take a concerted effort by team owners, union representatives, coaches, and players. These groups need to come together to implement credible drug policies and set a healthier and more positive example for America's young people.

Internationally, thanks to the World Anti-Doping Code, things are better today than at any other time in recent memory. The code, which has been agreed to by the International Olympic Committee, National Olympic Committees, and the international sporting federations, brings uniformity to the list of substances from which athletes must abstain and regiments the punishments and procedures to be implemented in the case of a code violation.

In addition to helping develop the code, the United States is a leading supporter of the World Anti-Doping Agency (WADA), which monitors code compliance among athletes, sports federations, and nations and helps ensure a level playing field for the athletes of every nation—including ours—that competes internationally. The United States also supports the mission of the United States Anti-Doping Agency in its education and research programs and testing of elite amateurs.

Healing America's Drug Users: Getting Treatment Resources Where They Are Needed

As risky behaviors go, drug use ranks among the worst. While it is difficult to draw precise inferences from the data available, the likelihood that an adult who uses drugs on at least a monthly basis (a so-called “current” user) will go on to need drug treatment is approximately one in four—high enough to constitute a substantial risk but low enough that many individuals are able to deny the obvious risks or convince themselves that they can

“manage” their drug-using behavior. One drug treatment practitioner compares the problem to that of people who do not wear seatbelts. Although such people are risking self-destruction at every turn, every trip that ends safely actually reinforces the erroneous belief that seatbelts do not matter.

There is a word for this problem—“denial.” Addicts deny the nature and severity of their

FISCAL YEAR 2006 BUDGET HIGHLIGHTS

- **Substance Abuse and Mental Health Services Administration (SAMHSA)—Access to Recovery: +\$50.8 million.** Through Access to Recovery (ATR), the President is committed to providing individuals seeking alcohol and drug treatment with vouchers to a range of appropriate community-based services. The fiscal year 2006 budget proposes \$150 million for ATR, an increase of \$50.8 million over the fiscal year 2005 enacted level. By providing vouchers, ATR promotes client choice, expands access to a broad range of clinical treatment and recovery support services, and increases substance abuse treatment capacity. Vouchers may be used to access various services, including those provided by faith- and community-based programs.
 - **Substance Abuse and Mental Health Services Administration (SAMHSA)—Screening, Brief Intervention, Referral, and Treatment (SBIRT): +\$5.8 million.** This initiative supports one of the Strategy's goals to intervene early with nondependent users and stop drug use before it leads to dependence. This initiative will improve treatment delivery to achieve a sustained recovery for those who are dependent on drugs. SBIRT is designed to expand the continuum of care available to include screening, brief interventions, brief treatments, and referrals to appropriate care. By placing the program in both community and medical settings such as emergency rooms, trauma centers, health clinics, and community health centers, the program can reach a broad segment of the community.
-

problem even in the face of mounting evidence to the contrary. Denial explains why such a small percentage of the more than four million Americans who meet the clinical definition of dependence and are therefore in need of drug treatment actually seek it in a given year.

Not only does denial keep people from seeking help, it also maintains the destructive behavior long enough to allow the disease of addiction to gain an even firmer hold and be transmitted to peer groups and friends. The power and tenacity of denial are thus real and must be met with a force of equal and opposite magnitude.

AN ANGEL ON MY SHOULDER: ATR OPENS DOORS TO TREATMENT

Note: Portions of the following were adapted from the case narrative of the recipient of the Nation's first Access to Recovery voucher.

On December 13, 2004, the state of Wisconsin issued the Nation's first Access to Recovery voucher to Kimberly Washington, a 41-year-old mother from Milwaukee.

Washington was admitted to treatment from her most recent stay in jail. Her incarcerations stemmed from drug-related offenses such as shoplifting and forgery. Because of a long history of cocaine abuse that started at age 22, Washington is unable to care for her children. Although she has three years of college and has managed a restaurant, prior felony convictions are now a barrier to employment, and she has no income.

Washington was screened by a Milwaukee County central intake unit, where it was determined she would benefit from

residential treatment. Given a choice of providers, she selected an agency called Meta House, having heard positive things about it from other women in jail. She liked the fact that Meta House would allow her one-year-old baby to stay with her in treatment when she is ready for reunification and that the agency provides an array of recovery support services along with treatment. In addition to reunification with her children, Washington hopes to get help finding employment.

Like all Wisconsin ATR clients, Washington has been assigned a recovery support coordinator, who will support her throughout her enrollment in ATR, even after leaving Meta House. The coordinator will help her put together a recovery support team, including service providers, her probation officer, members of her family, and other supports in the community, that will help develop a plan to attain her goals and sustain her recovery post-treatment. Washington has a strong religious background and sees her faith as intimately linked to her recovery.

Chapter I of the Strategy describes this opposing force in terms of its public manifestations, including a media campaign to encourage parents to monitor their children's behavior, community efforts to enforce standards of conduct by young people at risky periods like prom time, and school-based efforts to protect students through drug testing programs.

This section of the Strategy describes that opposing force in its more focused and institutional forms. These include drug courts, where the power of the criminal justice system is combined with the skillful healing of treatment providers in service of the drug dependent individual. They include hospital emergency

In response to Wisconsin's invitation, Milwaukee's faith community has developed an ATR Faith Community Advisory Council, which is developing and coordinating the resources of the faith community to support recovery. Even though her treatment provider, Meta House, is not a faith-based organization, the recovery coordinator is available to support Washington's desire to reconnect with her church. The coordinator will also recruit faith community members for her recovery support team. The council will search among its congregations for a member who is willing to employ Washington despite her felony record.

This coordinated approach to care would not have been available to Washington without ATR. "Knowing there's someone, or something, like an angel on my shoulder gives me hope, and motivation, that I will not fail this time," says Washington. "Someone will be there."

The Access to Recovery program is the result of the convergence of numerous forces demanding customer choice as well as increased cost-effectiveness,

accountability, and results. ATR seeks to leverage the twin benefits of client choice with careful Federal oversight and performance measurement, rewarding high-performing providers. The fiscal year 2005 round of funding totaled \$99.2 million and supports programs in 14 states and one tribal organization. The President's fiscal year 2006 request contains \$150 million for ATR.

"With the voucher, people sit down with the assistance of a case manager and choose a provider," says John T. Easterday, project director for the ATR program in the state of Wisconsin. "Part of the process is deciding what it is that this individual really needs to succeed while in treatment."

Faith-based providers of treatment and ancillary services are welcome to sit at the table with everybody else. "Getting the faith community involved was comparatively easy," says Easterday. "In a lot of these areas, they were already leading the charge." He adds, "Faith means the hope that I can improve, the knowledge that I can abstain, and the certainty that I am worth it."

rooms, where doctors are now screening individuals for evidence of drug dependence and referring them to treatment as needed. They also include nonprofit organizations that serve the needs of formerly addicted prisoners reentering society. These groups support their clients' first tentative steps in freedom, steering them away from established patterns of crime and drug use and into recovery after what for too many has been a life of addiction.

Empowering individuals by allowing them to choose among various drug-treatment programs is a goal of President Bush's Access to Recovery (ATR) initiative, which allows drug dependent individuals who are so inclined to turn to faith-based programs in time of need.

WOMEN AND CHILDREN FIRST: A TREATMENT CENTER THAT THINKS "FAMILY"

On Martin Luther King Jr. Avenue in Washington, D.C., a couple of blocks from the bustle of the Anacostia Freeway, sits the largest private provider of behavioral health services to children and families in the Nation's capital. The Center for Mental Health is a treatment center founded on the belief that addicts, particularly women, are not atomized individuals but often mothers with responsibilities.

"Some 85 percent of the women we treat have minor children," says Dr. Johanna Ferman, the center's chief executive officer. "To get a parent into treatment on a consistent basis, you have to deal with the concerns of a parent with children, a central concern being making sure that that child will be cared for during treatment."

Transportation to the treatment facility is another key concern.

"We have patients who have three or four kids," says Ferman. "They're not going to be able to negotiate getting those kids taken care of and getting over here. So we go to them. We have a fleet of twelve vans that go out into the community. You want to reduce every barrier to getting people into treatment and staying there. You want to take away people's excuses. And transportation and childcare are classically the biggest barriers to a woman entering and staying in treatment."

The center's insistent attention to physically getting people to treatment seems to be paying off. A University of

The President has committed to expanding the drug treatment system through the ATR initiative. The fiscal year 2006 budget proposes \$150 million for ATR, an increase of \$50.8 million over the 2005 enacted level.

Their connection to the community is so strong that faith-based and other community organizations have been called on to help reintegrate returning prisoners. Indeed, the transforming power of faith is an integral part of

many drug treatment programs. As one practitioner put, “Faith means the hope that I can improve, the knowledge that I can abstain, and the certainty that I am worth it.”

Illinois study found that the center had a remarkable 72 percent success rate in meeting the treatment goals, significantly higher than that of comparable programs.

But Ferman does not stop with the moms. She wants to help their children too.

“Some of these children have been exposed to drugs during pregnancy,” says Ferman. “Some have been witnesses to violence, to sexual behavior—all of which are tremendously traumatizing. And these kids have parents who are only intermittently available or not available at all.

“By the time [these children] are five years old, they are not school-ready. When people pick up the newspapers and read headlines with teachers saying, ‘We can’t deal with these kids,’ these are the kids they are talking about. School is a social setting, and these kids lack the social and emotional skills to handle a social learning environment.”

The Center for Mental Health maintains cutting-edge treatment programs for these youngest victims of drug dependence, in some cases starting before birth. “If a woman is pregnant, we make sure that she’s got prenatal care,” Ferman says. “We work with her to provide in-home services, and make sure she’s getting clean. We have case managers who will go out and visit her to assist with life’s challenges—from housing to paying the utility bills to making sure there is enough food in the house. If a client is not staying clean, we will move her into residential care.”

Over more than a decade, the center has moved hundreds of previously dysfunctional families from welfare and other forms of institutional dependence, including chronic stays within the child welfare system, into stable families and gainful employment.

“The center is a place for hope,” says Ferman. “We believe in the capacity of very, very ill people to recover.”

The Power of Pressure: Coercing Abstinence through Drug Courts

Programs like Exodus Transitional Community target a specific population: reentering prisoners, many of whom were drug dependent before being incarcerated. Drug courts represent another approach to handling drug dependent individuals who are arrested for non-violent offenses, such as theft, arising from their drug-using behavior.

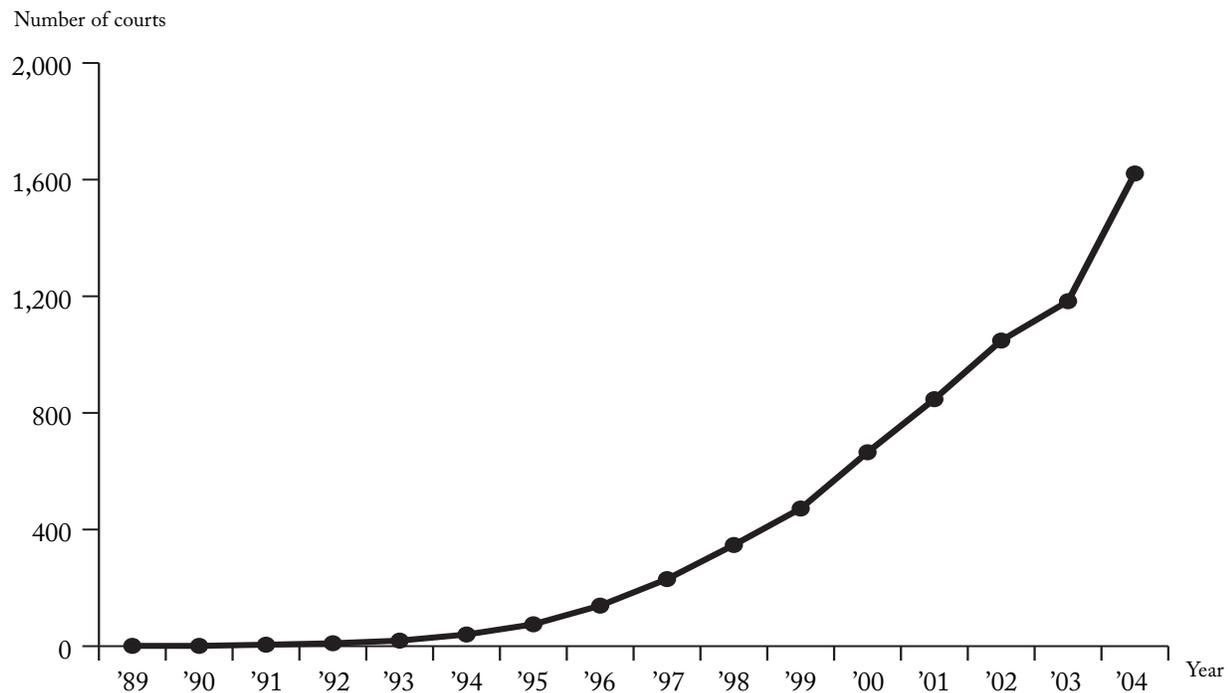
Drug courts use the authority of a judge to coerce abstinence through a combination of clear

expectations and careful supervision—a remarkable example of a public health approach linked to a public safety strategy.

The best drug courts are more demanding than prison, with intensive requirements including frequent treatment sessions, regular public hearings, and, of course, frequent mandatory drug tests.

As Judge Jeffrey Rosinek, who runs the Miami Drug Court (see box, next page), puts it: “Why would you want to take a program that is going to make you go to treatment twice a week, undergo drug testing twice a week, and attend twice-a-week fellowship meetings like Narcotics Anonymous? It’s so much easier just to use your drugs.”

Figure 10: Number of Drug Courts Nationwide



Source: National Drug Court Institute

Drug court programs have a real effect on criminal recidivism. A National Institute of Justice study compared rearrest rates for drug court graduates with those of individuals who were imprisoned for drug offenses and found significant differences. The likelihood that a drug court graduate would be

rearrested and charged for a serious offense in the first year after graduation was 16.4 percent, compared to 43.5 percent for non-drug court graduates. By the two-year mark, the recidivism rate had grown to 27.5 percent, compared to 58.6 percent for non-graduates.

MIAMI'S DRUG COURT: "SAVING LIVES ONE ADDICT AT A TIME"

For Judge Jeffrey Rosinek, who runs the Miami Drug Court, drug court is so different from a traditional court that they might as well not be called by the same name.

"In a traditional court, there is a prosecutor on one side, a defense attorney on the other side, and a judge in the middle," says Rosinek. "Here, the court is unified and non-adversarial. Everyone is here to get that person off drugs. These people have never seen a judge who does that. They have never had a team of people who are there to help them the way we are."

Rosinek presides over the country's oldest drug court, founded in 1989. The court has roughly 1,600 clients at any given time—whom it keeps for a minimum of 12 months. Many stay for 18 months, and some for more than two years.

The drug court's mix of supportive cheerleading and persistent confrontation is what it takes to get many dependent individuals to start down the road to recovery, although the confrontation usually comes first.

"Our job is to use every way including coercion to get them off those drugs, because most people simply do not want help," says Rosinek. "The judge and their attorney might tell them, 'Try it and see how you feel when you have been clean for a few weeks,' at which point they are starting to feel that maybe it's working. And at the drug court, they have a whole team of people pulling for them."

When clients come in for their monthly hearing, the judge receives a two-page report that spells out whether they are employed, what they are doing in treatment, and the results of the all-important drug tests. "If it's not a good report, I'll drug test them again right there," says Rosinek. "We try graduated sanctions. The final sanction is jail—but we always take them back." Clients can also earn special rewards, such as free bus passes, for good conduct.

The most recent drug court class graduated in February 2005, bringing the number of program graduates to well over 10,000. "We are saving lives one addict at a time," says Rosinek, "by convincing people that they have to give up their past life to have a life."

The drug court movement continues to grow rapidly (see Figure 10). There were just a handful of courts operating in 1991, when the President’s National Drug Control Strategy first called attention to the idea. Today there are 1,621 courts in operation in all 50 states—an increase of more than 400 courts in just the past year.

To support and broaden this promising trend, the Administration recommends a funding level of \$70.1 million for the drug courts program in fiscal year 2006, representing an increase of \$30.6 million over the 2005 enacted level.

This enhancement will increase the scope and quality of drug court services with the

FROM PRISON TO THE PROMISED LAND: HELPING ADDICTS MAKE THE TRANSITION

The first time many of Julio Medina’s clients have the urge to use drugs is about an hour after leaving prison.

“When you get out of prison in New York, you take a bus down through New Jersey and past the city skyline,” says Medina. “We have people literally say that when they see the skyline, they start to get the urge to go out and [buy drugs].”

Medina is executive director of Exodus Transitional Community, a faith-based nonprofit organization in Harlem that helps prisoners make the transition to stability and, ultimately, a job. Exodus is one of 16 pilot sites in a three-year reentry initiative called Ready4Work, a program of the Department of Labor.

“Our name comes from Exodus,” says Medina. “Remember, the Israelites were in bondage, then the wilderness, before they reached the promised land. Our clients come out of prison; that’s their bondage.

They think being ‘outside’ is the promised land, but all too many end up in a different kind of bondage—drug addiction.”

Medina, who has served time in prison himself, understands why returning inmates so often return to a life of crime, but he uses that understanding to good effect.

“I tell these guys, ‘Look, I was locked up. And I never heard anyone say they wanted to come back to prison,’” Medina says. “People [in prison] would talk about the job they were going to get. I remember people even saying that they couldn’t wait to start paying taxes. And then those same people would be coming back into prison six months later. And so often the reason they gave was, ‘I couldn’t cope with it, so I just went out and got high.’”

“They have all these plans. They’re going to live with their mom, reunite with their wife, they’re going to see their kids. And

goal of improving retention in, and successful completion of, drug court programs. Funding is also included to generate data on drug court program outcomes.

Screening and Intervening: Short-Circuiting the Path to Addiction

The first priority of the Strategy is to stop drug use before it starts. It should be obvious that

the reality is that their wife is with someone. The kids don't know them. And their mom doesn't want them back because the last time they were home they stole their son's Christmas present to get money to cop drugs. And they are in the wilderness. They start to use drugs again, and it's the beginning of a downward spiral."

"But some of them also realize how frail they are and how desperately they need to latch onto something," says Medina. That's where Exodus comes in.

Medina sees his first responsibility as giving people realistic expectations about life after prison, a sort of bookend to the orientation inmates receive on beginning incarceration. "We tell people, 'It's a tough job market, and you have to compete with people who don't have a felony record.'"

It takes some prodding, but many of Medina's clients blossom and show remarkable creativity and receptiveness to the job market. "It's hard being a drug

addict," says Medina. "You have to get money every day to stay high. The challenge for us is to get that creativity channeled in a good direction. I just had a guy come back. He's working three jobs; he's silk-screening T-shirts and he wanted help with his resume because he wants to go after a job with better pay."

The availability of drugs is a major problem. "We're in Harlem," says Medina. "Just to get here, people have to walk by drug spots. It makes my job so much harder. On the other hand, I can honestly tell people that they have won half the battle just by getting here in the morning."

Exodus is nondenominational, and its services are open to all ex-offenders regardless of religion. Clients are invited to sit for silent prayer time in the morning, but participation is voluntary, and some prefer not to. Medina's dedication is as real as it is irrepensible. "I get up every day and feel lucky to be serving these men and women," he says.

robust efforts involving community action and public education are central to an effective drug control program—one that seeks to denormalize drug use by creating a climate of public intolerance toward the drug-using behavior that all too often leads to addiction.

Considerably less obvious is how to target drug users still on the pathway to addiction—those individuals whose drug use is on the verge of causing noticeable levels of difficulty with work and relationships. It is never easy to identify individuals with such an incipient problem. A new approach

holds much promise, however, using the reach of physicians to identify problems as early as possible.

This new approach, known as Screening, Brief Intervention, Referral and Treatment (SBIRT)—and more informally as screen and intervene—is being fielded in medical facilities from major city hospital emergency rooms to a system of rural health clinics.

SBIRT has a special utility for addressing the underreported problem of drugged driving on our Nation’s highways. Almost eleven million drivers

SCREENING AND INTERVENING

How does SBIRT work in practice? The answer to this question is coming from six state-level sites and one tribal council, that are implementing the approach under a five-year federal grant.

Michael S. Cunningham oversees 21 SBIRT sites for the state of California. “The intent of SBIRT is to identify the nondependent drug users,” says Cunningham. “These are people whose behavior is such that they are starting to show the strain of their drug use but who have yet to run afoul of those institutions that would result in a referral, such as the criminal justice system.”

“We want to get to people before they become too entrenched in their bad habits,” adds Theodora Binion Taylor, who oversees an SBIRT program for a large community

hospital in Chicago. “We know from the research that the sooner we act, the greater the likelihood of sustained recovery.”

How does an individual end up on the receiving end of an SBIRT screening?

“Let’s say you have an automobile accident,” says Cunningham, “and you present yourself as a patient in one of those hospitals where we have SBIRT services. Once you are stabilized, you are going to be interviewed by a health advisor. These people are very good at building rapport and guiding you through a list of questions. This in turn results in an assessment, which is provided to your doctor.”

Doctors have always had the ability to refer patients to a treatment program, a traditional course but one that is appropriate

per year get behind the wheel of a car while under the influence of an illegal drug. Drugged drivers have a much higher than average likelihood of having a serious accident and thus coming into contact with medical professionals. In fact, it is estimated that illegal drugs are used by approximately 10 to 22 percent of drivers involved in fatal motor vehicle crashes.

The SBIRT approach capitalizes on this alarming fact by placing the drug screening resources where the users are likely to be. In an SBIRT setting, for instance, a motorist involved in an accident may

be asked about his drug use history before discharge; this screening, in turn, may unearth a developing drug use problem.

A Continuing Focus on Prescription Drug Safety

Surveys show that the non-medical use of prescription drugs, particularly narcotic painkillers, continues to rise in several

only for individuals who are already dependent on illegal drugs or alcohol. Where SBIRT breaks new ground is by giving doctors a range of possible interventions, from a brief counseling session to a short treatment program of up to six sessions to a full-blown inpatient treatment admission complete with detoxification.

“Let’s take the example of James,” says Cunningham. “James just turned 21, and he and his buddies went through the ritual of ‘21 and 21’—having 21 drinks in a row. James ended up wrecking his car. This is the first time James drank that much, but we would still do an intervention with him. A doctor needs to sit down and say ‘Look where this behavior is leading you.’”

“People are surprisingly receptive to being lectured when it’s delivered by a doctor. They came for help, and this is part of their prescription.”

“Tom, on the other hand, goes out with his buddies. They smoke some marijuana and use some cocaine,” says Cunningham. “Tom is still gainfully employed and has not yet had any major family problems. But his drug use has been slowly increasing over time, he’s starting to miss Mondays at work, and he’s had some arguments with his wife.” Problems are starting to show up, in other words. But Tom may not need detox or a full-blown course of treatment. “Tom might be a good candidate for brief treatments,” says Cunningham.

In total, the pilot SBIRT sites have now interviewed some 113,000 patients. In 15 percent of cases the patient’s drug use was deemed to warrant some form of brief intervention, while 2 percent of those interviewed were found to be in need of drug treatment.

populations. The number of people who had used pain relievers non-medically at least once during their lifetime increased 5 percent, to 31.2 million Americans, from 2002 to 2003. Among young adults, the non-medical use of any psychotherapeutics in the past month (“current use”) increased from 5.4 to 6.0 percent. Also

among young adults, current non-medical use of pain relievers increased by 15 percent, from 4.1 to 4.7 percent.

Although this is an emerging drug abuse problem, the challenge it presents is of a different order from the traditional drug threats. Existing as they

CURTAILING DOCTOR SHOPPING: THE IDAHO EXPERIENCE

Doctor shoppers in Idaho are finding life more difficult, thanks to a statewide computer network that monitors purchases of most controlled substances. The system receives electronic records from Idaho’s 240 pharmacies, including the practitioner who wrote the prescription, the pharmacy that filled it, the patient’s name and address, the drug and amount that was dispensed, and how it was paid for.

“If you have a controlled substance prescription filled in this state, it will be in our database,” says Richard Markuson, who runs the Idaho board of pharmacy. “Patients attempting to obtain controlled substances by doctor shopping and visiting a number of different pharmacies will show up as well.

“If our database indicates a patient has visited five or more practitioners and received controlled substance prescriptions we will notify those practitioners. This alerts them that a patient may be getting

into trouble and gives them a chance to intervene and assist the patient.”

For instance, a practitioner may enter into a “contract” with a patient. “If the patient breaks that contract, the practitioner might refuse to see the patient any longer,” Markuson says.

Although the system was designed to identify doctor shoppers through analysis of purchase patterns after the fact, it has also become a useful tool for practitioners to review patterns of use on new or questionable patients before writing a prescription.

“If a physician has concerns about a patient, they simply fax us a request for the patient’s profile and that information is returned to them within two hours,” says Markuson. “We receive over 800 inquiries a month from practitioners.”

Idaho’s entire program, including staff costs, is budgeted at \$170,000 per year.

do in every pharmacy in every city and town in America, prescription drugs are both more ubiquitous and more susceptible to regulatory control, with the mechanisms to reduce the threat of prescription drug misuse substantially within the scope of state and Federal regulatory authority. What is needed is continued improvement in the surveillance of practices like “doctor shopping” coupled with more careful and responsible medical oversight, preserving legitimate access to needed medicines while deterring unlawful conduct.

In fact, there is already some indication that effective measures can make a difference. Rural America, which had been especially hard hit by the use of oxycodone-based drugs, including OxyContin, has experienced a 54 percent decline in current use of illicit drugs in just one year; driven in large measure by a 78 percent drop in the non-medical use of pain relievers.

State-level prescription drug monitoring programs (PDMPs) (see box, previous page for a description of Idaho’s program) have taken a leading role in detecting and deterring the diversion of popular

prescription controlled substances, such as OxyContin and Vicodin. PDMPs, as they are known, are operational or plan to be operational in 24 states in 2005, with Ohio, Alabama, Wyoming, and New Mexico all establishing programs in the past year. Additionally, at least six states—New Jersey, Tennessee, South Carolina, Iowa, Missouri, and New Hampshire—are contemplating legislation to establish programs of their own. Some states, notably Mississippi and Oregon, expect to implement the program through administrative rule rather than legislation.

State PDMPs typically track prescription drug sales at the pharmacy level, helping pharmacists ensure the validity of prescriptions and helping physicians confirm that would-be abusers of prescriptions are not doctor shopping for prescription drugs. In the end, everybody benefits: doctors can better assist a patient when they know the patient is not receiving prescriptions from other doctors, the potentially abusing patient can only be the beneficiary of an intervention when his or her abuse comes to light, and law enforcement has better information on which to target the occasional unscrupulous practitioner or pharmacist.

FISCAL YEAR 2006 BUDGET HIGHLIGHT

- **Office of Justice Programs—Drug Courts Program: +\$30.6 million.** The President’s budget includes funding of \$70.1 million for the drug courts program in fiscal year 2006. This enhancement will increase the scope and quality of drug court services with the goal of improving retention in, and successful completion of, drug court programs. Funding to generate data on drug court program outcomes is also included. The drug courts program provides alternatives to incarceration, using the coercive power of the court to force abstinence and alter behavior by drug-dependent defendants with a combination of clear expectations, escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.
-

Disrupting the Market: Attacking the Economic Basis of the Drug Trade

The strategy of the U.S. Government is to disrupt the market for illegal drugs—and to do so in a way that both reduces the profitability of the drug trade and increases the costs of drugs to consumers. In other words, we seek to inflict on this business what every legal business fears—escalating costs, diminishing profits, and unreliable suppliers.

But how do we disrupt a market whose profits seem limitless?

First, it is important to understand that the drug trade is not in fact limitlessly profitable. Like every other business, the supply of and demand for illegal drugs exist in equilibrium; there is a price beyond which customers, particularly young people, will not pay for drugs. It follows that, when supplies are disrupted, prices go up, or drug

supplies become erratic. Prices rising too much can precipitate a crisis for the individual user, encouraging an attempt at drug treatment. Use, in turn, goes down.

But that begs the question of how to disrupt.

Many drug trafficking organizations are complex, far-flung international businesses, often compared to multinational corporations. Yet others have more in common with the vast numbers of small networked businesses that exploit the communications revolution to get the best deal and price on goods and services almost anywhere on the globe. These organizations function as networks, with business functions accomplished by loosely aligned associations of independent producers, shippers, distributors, processors,

FISCAL YEAR 2006 BUDGET HIGHLIGHTS

- **Drug Enforcement Administration—Priority Targeting Initiative: +\$22.6 million and 55 Special Agents.** This initiative will strengthen DEA's efforts to disrupt or dismantle drug trafficking and money laundering Priority Target Organizations, including those linked to trafficking organizations on the Attorney General's Consolidated Priority Organization Target list.
 - **Organized Crime and Drug Enforcement Task Forces (OCDETF)—Fusion Center Initiative: +\$14.5 million.** This request provides base funding for the ongoing operations and maintenance of the OCDETF Fusion Center beyond fiscal year 2005. The Fusion Center has been developed to collect and analyze drug trafficking and related financial investigative information and to disseminate investigative leads to OCDETF participants.
-

marketers, financiers, and wholesalers. Such networked organizations pose special challenges to law enforcement and interdiction forces, because the very nature of a network is to be resistant to the disruption or dismantling of individual business entities. As this Strategy demonstrates, networked organizations are not immune from being attacked, disrupted, and dismantled.

One way to severely disrupt a networked organization is to damage or destroy most of the elements in one horizontal layer of the network—especially a layer requiring critical contacts or skills—faster than the organization can replace them.

For instance, typically, a Colombian trafficking organization may sell partially refined cocaine to a

second organization, which routes it through final processing and then sells it to a broker. The broker may then sell to a second trafficking organization, which hires a transporter in conjunction with other traffickers to spread risk. The transporter typically moves the finished cocaine to Mexico in exchange for a portion of the profits. Once in Mexico, the cocaine is handled by entirely different sets of transporters and wholesalers. A Colombian transporter who can choose from among a dozen wholesalers cannot be disrupted simply by targeting a single wholesaler group. The transporter can, however, be significantly disrupted if, for example, eight of twelve wholesalers have been disrupted or taken out of operation.

This Strategy describes how the U.S. Government, in concert with international allies,

FISCAL YEAR 2006 BUDGET HIGHLIGHTS

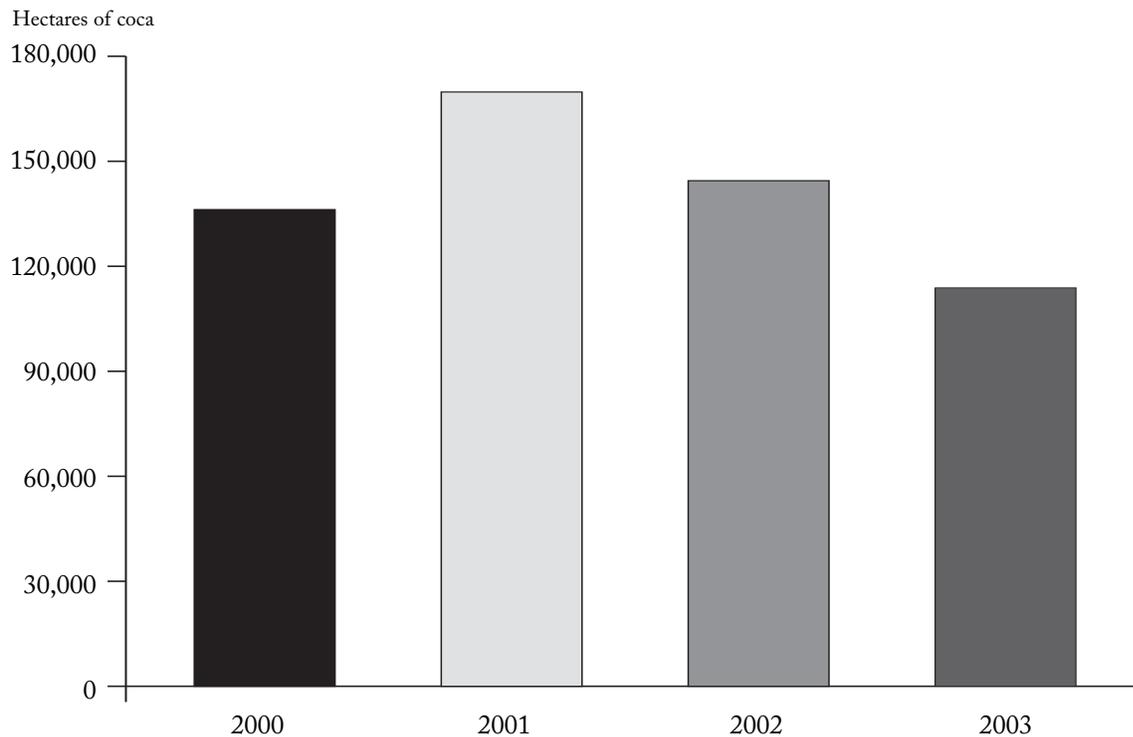
- **OCDETF—Transfer of FBI Drug Resources: +\$50.0 million and 365 Special Agents.** This request transfers \$50 million from the FBI's direct drug budget by providing these resources as part of OCDETF. This funding can be effectively focused on targeting major drug trafficking organizations and their financial infrastructure. The infusion of these resources will increase OCDETF's ability to disrupt and dismantle major international, national, and regional networks, particularly to the extent that such organizations are engaged in financial crimes, public corruption, and other activities within the expertise of the FBI.
 - **Department of State—Andean Counterdrug Initiative (ACI): \$734.5 million.** The request will fund projects needed to continue the enforcement, border control, crop reduction, alternative livelihoods, institution building, administration of justice, and human rights programs in the region. The ACI budget provides support to Colombia, Peru, Bolivia, Ecuador, Brazil, Venezuela, and Panama. Also included in the fiscal year 2006 ACI request is \$40 million for the Critical Flight Safety Program. This program will stop degradation and extend the life of Vietnam-era aircraft to maintain a viable fleet for counternarcotics missions.
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is seeking to target networks by attacking entire business sectors, such as the transporter sector. The Strategy lays out several examples, including destroying the economic basis of the cocaine production business in South America by fumigating the coca crop, seizing enormous and unsustainable amounts of cocaine from transporters, and selectively targeting major organization heads for law enforcement action and, ultimately, extradition and prosecution in the United States. Rather than provide an encyclopedic discussion of all supply reduction programs, the Strategy articulates examples of the creative ways in which the U.S. Government is hurting the drug trade.

Attacking the Means of Production

After years of steady increases, cocaine production in the Andes is, for the third straight year, decreasing. An aggressive program of eradication, begun in earnest with the election in mid-2002 of Colombian President Alvaro Uribe, has cut Colombia's potential cocaine production by one-third compared with the year before he took office (see Figure 11). And, although final production estimates for last year are not yet available, 2004 was the third consecutive record year for

Figure 11: Colombia: Coca Under Cultivation



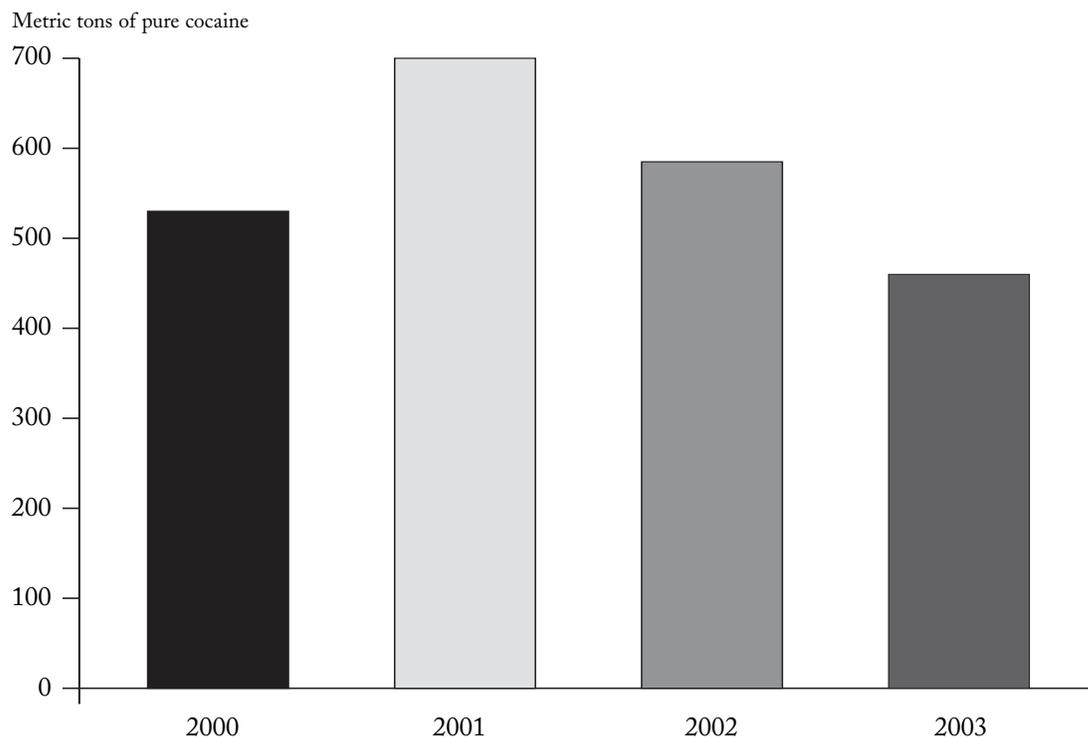
eradication, with 120,713 hectares sprayed by the eradication forces of the Colombian National Police (see Figure 13) against coca plantations, which had totaled 113,850 hectares at the end of 2003. In other words, Colombian forces sprayed enough herbicide to cover more than the entire coca crop as it stood at the beginning of 2004, leaving many growers in the unenviable position of replanting at a furious pace to maintain production, relocating to other areas, or getting out of the business altogether.

Crucially, progress in Colombia has not been offset by increases in Peru or Bolivia. There was a net decrease in the total area cultivated in those countries in 2003, including a remarkable 15

percent drop in Peru. Only trace amounts of coca are cultivated in neighboring Venezuela, Ecuador, Panama, and Brazil.

Coca eradication remains a major and unavoidable problem for traffickers because of the crop's inherent vulnerability. We can locate the coca fields and destroy them before the raw material is harvested and processed and becomes invisible in the illicit smuggling world. Large-scale eradication is an effective means of targeting trafficker networks because most growers are affected, reducing the production available to all traffickers. With Colombia producing one-third less cocaine than it was just two years earlier, there simply is less to go around.

Figure 12: Colombia: Potential Cocaine Production

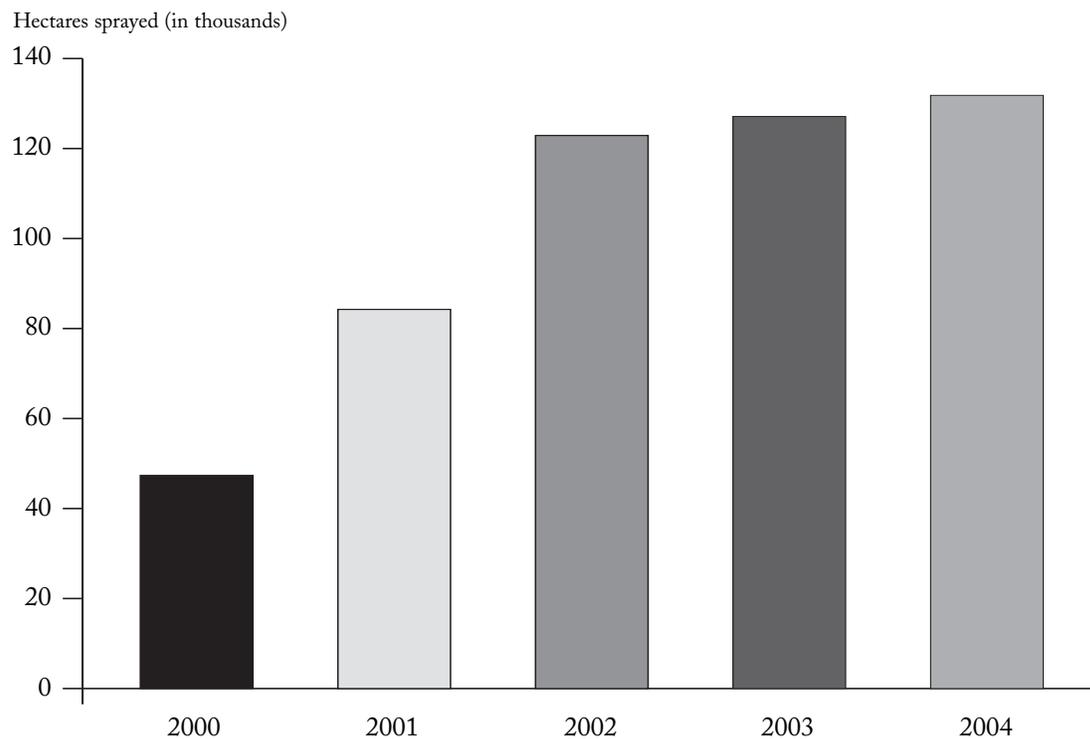


Eradication has dramatically reduced cocaine production capacity. It is also denying the narcoterrorists crucial revenues—reducing the amount of money flowing into the coffers of the Revolutionary Armed Forces of Colombia (FARC) at a time when the guerrilla movement is under sustained attack by the Colombian military.

cultivation data is available. To put further pressure on heroin traffickers, President Uribe has advanced an initiative to seize farms involved in the cultivation of illicit crops, especially poppy.

The Government of Colombia continues its relentless attack on poppy cultivation and heroin production. Eradication programs supported by the U.S. Department of State sprayed or manually eradicated 4,152 hectares during 2004—an amount almost equal to the entire poppy crop at the end of 2003, the most recent year for which

Figure 13: Eradicating Coca in Colombia



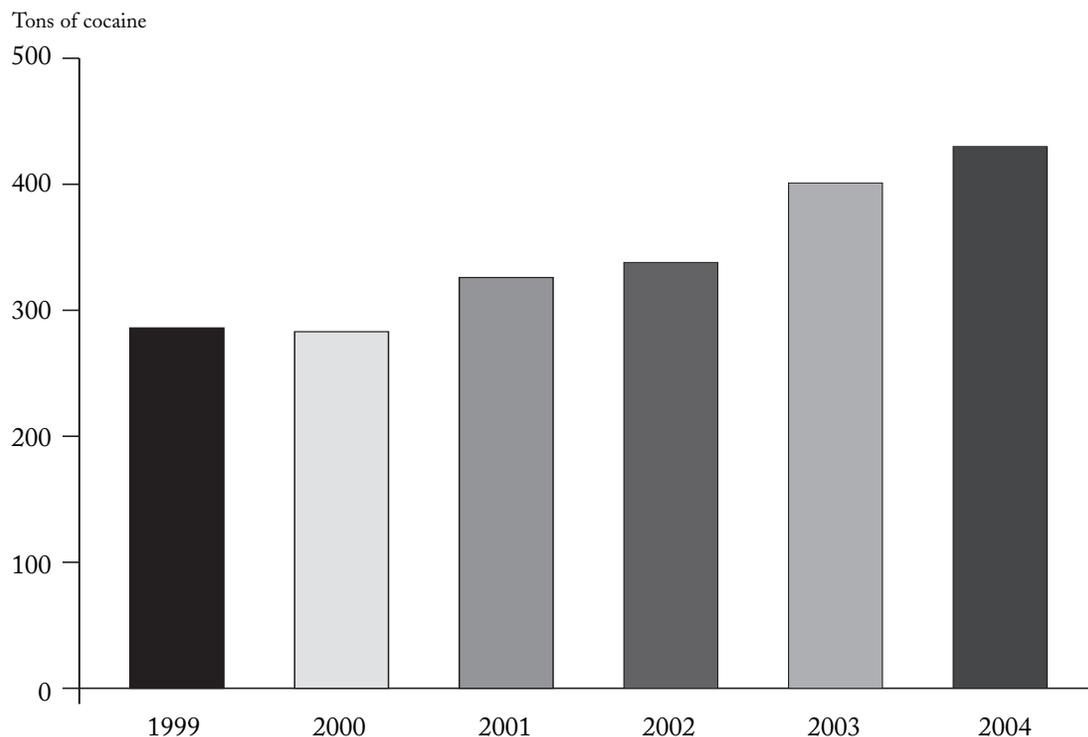
Bigger Seizures through Better Intelligence: Disrupting the Market by Targeting Transporters

Coca eradication in Colombia represents a strategic opportunity to target the drug crop at a vulnerable point—when it is growing in the field and exposed to attack. Another key trafficker vulnerability occurs with the shipment by go-fast boats and fishing vessels of hundreds of tons of cocaine annually, typically from Colombia to Mexico en route to the United States.

The extent of this vulnerability can be summed up in a single fact: Since 2000, we have consistently increased the amount of U.S.-bound cocaine seized each year in the transit zone—even as potential production has dropped by roughly 100 metric tons a year of export-quality cocaine.

In 2003, the United States and our allies seized or forced the jettisoning of 210 metric tons of cocaine headed through the transit zone before it could reach U.S. consumers. Adding in seizures in South America, Mexico, and elsewhere, the United States and our allies removed 401 metric tons of cocaine—about half of the world’s potential production—from distribution channels.

Figure 14: Cocaine Seizures Are up Worldwide



In 2004, those figures rose to 248 and 430 metric tons, respectively—against a backdrop of declining production in Latin America.

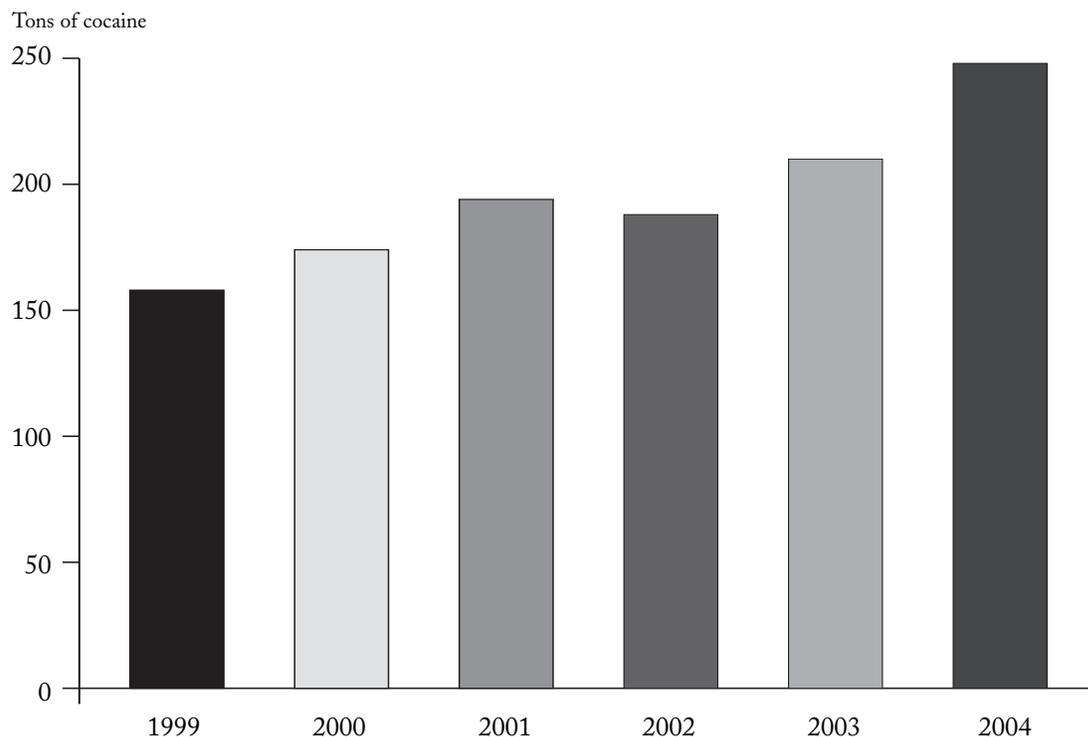
That this occurred despite periodic redeployments of interdiction forces to cover homeland security missions is strong testament to the crucial role of intelligence. Simply put, better intelligence has produced more seizures and a more efficient interdiction system.

Much of that intelligence has been the result of an unusually productive military-law enforcement collaboration (see box, page 48). But even the best intelligence is not worth having if the interdiction assets are not there to act on it. Supportive interdiction agency leadership from the

Departments of Homeland Security and Defense have managed to maintain interdiction force structure commitments despite the demands of other homeland security missions and the war on terror.

Complementing the exceptional success of operations targeting transit zone cocaine movement, the Colombian Navy, Marines, and the Colombian National Police have developed their own joint capability to disrupt cocaine export at Colombian north and west coast staging areas, where cocaine is positioned before being loaded onto fishing vessels and go-fast boats. These and other Colombian operations seized about 74 metric tons of cocaine in 2004 and are poised to expand in 2005.

Figure 15: Seizures of U.S.-Bound Cocaine Are Up



The category “U.S.-Bound” includes seizures and other losses due to jettisons, sinkings, and plane crashes, in transit and arrival zones, as well as seizures inside the United States. Seizure data for 2004 include estimates for internal U.S. seizures. At the time of publication, Federal-wide Drug Seizure System data for internal U.S. seizures was not complete. Source: Consolidated Counterdrug Database.

Dismantling Transporter Networks: A Law Enforcement Case Study

As we have seen, attacks on networks can involve focused enforcement by interdiction forces, as with the remarkably successful efforts against trafficker movements departing Colombia. They can involve strategic efforts against a market segment, as is the case with coca eradication programs in the Andes. But they can also be a

product of law enforcement operations, which have the capacity to eradicate major organizations root and branch.

One such operation, which came to fruition in 2004, coincided with a significant reduction in the flow of cocaine to the United States through the Caribbean—a reduction that continues to this day.

For years, about one-third of the cocaine heading toward the United States was moved through the Greater Antilles toward Florida. Approximately 10 percent of the total U.S. supply was handled by two organizations, one run by Colombian CPOT

TWO ORGANIZATIONS—ONE REINVENTED INTERDICTION SYSTEM

To a great degree, the effectiveness of the U.S. Government's interdiction effort is the result of creative collaboration between different types of organizations: those in the military and interdiction fields and those in Federal law enforcement.

- Operation Panama Express, an Organized Crime Drug Enforcement Task Force (OCDETF) initiative managed jointly by DEA, FBI, and the Bureau of Immigration and Customs Enforcement, has greatly expanded interdiction-related intelligence collection and dissemination and ensured that follow-on investigations and prosecutions continue to develop intelligence leads and sources.
 - Joint Interagency Task Force South is a primary consumer of the intelligence created by Panama Express. Known as JIATF-South, the task force provides one of the most sophisticated command, control, communications, and intelligence centers in the world, capable of fusing all-source intelligence and using it to drive ongoing interdiction operations.
 - Interdiction-related intelligence for JIATF-South and Operation Panama Express is provided by the El Paso Intelligence Center, through its participation in a multiagency program that analyzes drug trafficking organizations traveling through the eastern Pacific Ocean and the Caribbean Sea.
-

Elias Cobos-Muñoz and the second headed by Melvin Maycock and Pedro Smith.

A 29-month DEA-led investigation led to the arrest of all three CPOT targets, as well as more than 50 of their colleagues in Colombia, Panama, Jamaica, The Bahamas, the United

States, and Canada.

More important, it disrupted organizations supplying an estimated 10 percent of the cocaine imported into the United States—roughly 30 metric tons per year. In seeming confirmation of this disruption, which was amplified by the

SEVEN DAYS IN SEPTEMBER: INTERDICTION AGENCIES AND THE POWER OF TEAMWORK

In the span of seven days this past September, two fishing vessels yielded the largest and the second-largest maritime cocaine seizures in history—some 26 metric tons, or more than a month's supply for U.S. cocaine markets.

For the crew of the *Lina Maria*, the first indication that something had gone wrong was the appearance overhead of a propeller-driven aircraft belonging to the Bureau of Immigration and Customs Enforcement (ICE). The Cambodian-flagged vessel was identified some 300 miles southwest of the Galapagos Islands and tracked until a Coast Guard boarding team embarked on a U.S. Navy frigate could complete preparations for the boarding. The Coast Guard team boarded the vessel and within minutes had taken control of the bridge and the engine room, locating some 13.9 metric tons of cocaine in short order.

Intelligence collected during that seizure was then turned against another target. The

San Jose was located by a maritime patrol aircraft of the Coast Guard, after an arduous search within an area roughly the size of the United States. Once again, a special Coast Guard detachment effected the boarding, this time seizing 12.1 metric tons of cocaine. Two additional seizures within the next month brought the total to 39 metric tons.

The chain of events that ended with the takedown of the *Lina Maria* and the *San Jose* began where such events typically start—with actionable intelligence. In this case, agents of the DEA, FBI and Department of Homeland Security had spent years developing enough intelligence on the movement of vessels like the *Lina Maria* to permit an educated guess as to the vessel's course and whereabouts. The takedowns were also made possible by Joint Interagency Task Force South, which coordinated a search by Navy ships as well as ICE, Navy, and Coast Guard maritime patrol aircraft.

deployment of international forces following the ouster of President Jean Bertrand Aristide in Haiti, intelligence estimates assess that there has been a significant reduction in the amount of cocaine flowing through the central and eastern Caribbean to the United States—from roughly one-third of total flow to perhaps 10 percent.

Cases like those pursued under the Caribbean Initiative will cause an even greater impact on the flow of drugs entering the United States as law enforcement pays renewed attention to the enduring problem of financial support services. This is a key effort in that major traffickers, whether international or domestic, typically insulate themselves from their drug distribution networks, but almost all remain closely linked to the proceeds of their trade. Efforts in this area are

already bearing fruit. DEA's asset seizures are up from \$383 million during fiscal year 2003 to \$523 million in 2004, and the number of seizures valued more than \$1 million rose by more than half.

In order to continue the illicit production of cocaine, sources of supply must move their proceeds out of the United States to a place where these funds can be used to finance future drug supplies. Strategically targeting these monies for seizure and denying revenue to international sources of drug supply will cause the significant disruption to the supply of illegal drugs entering the United States and is a major focus of the Department of Homeland Security, through the Bureau of Immigration and Customs Enforcement, and the Department of Justice, through the OCDETF program.

FOCUSING ON NETWORKS: THE CPOT LIST

Organizations are built around people—managers, leaders, and implementers. Whether in business or in the criminal underworld, in traditional linear organizations or in networked organizations, people are at the core of successful organizations. A first step toward dismantling a trafficker network is to identify these key leaders, then dismantle the organizations they manage. Over the past two years, the U.S. Government has identified 58 major trafficking organizations, 12 of which have links to terrorist organizations, and added them to the Consolidated Priority Organization Target (CPOT) list.

In two years, we have dismantled 14 organizations while severely disrupting an additional eight. The heads of 17 CPOT organizations—nearly 30 percent of the total CPOT targets—have been arrested. Organizations dismantled during fiscal year 2004 were responsible for shipping an estimated 44 metric tons per year of cocaine—and 500 kilograms per year of heroin—to the United States.

Indictment alone, while a significant step, does not put traffickers behind bars. To make faster progress on the crucial next step in the judicial process, DEA has established a new Fugitive Apprehension Program to pursue, locate, and apprehend

Such efforts include the bulk currency initiative, in which DEA, ICE, and the Internal Revenue Service are collaborating to ensure the coordination of all U.S. highway interdiction money seizures and related intelligence; the black market peso exchange initiative, targeting the largest known money laundering system in the Western Hemisphere, responsible for moving an estimated \$4 billion worth of drug proceeds annually from the United States to Colombia; and the wire remitter initiative, which tracks drug proceeds that are sent from the United States to Latin America as well as other countries where drug production and drug-related money laundering are prevalent.

Securing the Future of a Free and Democratic Afghanistan

Progress toward a safe and democratic Afghanistan has been steady and significant. That progress, however, faces a threat that requires renewed attention by the Afghan Government and a helping hand from the international community. The threat is illegal drugs and a booming drug trade that transforms innocent and otherwise honest farmers into laborers trapped in the service of a criminal enterprise. The trade in illegal narcotics, if left unchecked, threatens to crowd out legitimate enterprise and undermine institutions. The challenge is to free Afghan

CPOTs and their first- and second-tier associates.

Consistent with efforts by President Vicente Fox to target the powerful drug trafficking organizations operating in Mexico, the Fugitive Apprehension Program has led to Operation United Eagles, a successful collaboration between the United States and Mexico to bring high-level fugitives to justice.

As part of the operation, 67 specially trained Mexican federal agents arrested eight individuals, including five lieutenants of CPOT Arellano Felix. The Tijuana-based Arellano Felix Organization has been

one of the most powerful and violent trafficking groups in Mexico, responsible for more than 100 drug-related murders in the United States and Mexico.

The U.S. Department of State's narcotics rewards program has been a key tool in efforts to apprehend major traffickers. The program can pay up to \$5 million for information leading to the arrest and conviction of major traffickers operating outside the United States. It paid out more than \$4 million in rewards in 2004 and more than \$17 million since the program's inception.

farmers from their dependence on poppy cultivation so that they may become producers of crops that feed their people and grow their nation.

In 2004, Afghanistan produced some 207,000 hectares of opium poppy. Current cultivation levels equate to a potential production of 4,950 metric tons of opium. This represents a 239 percent increase in the poppy crop and a 73 percent increase in potential opium production over 2003 estimates (see Figures 16 and 17). Adverse growing conditions are the principal reason the percentage increase for potential production is not proportional to the increase in cultivation.

If all of Afghanistan's opium were converted to heroin, the result would be 582 metric tons of heroin. By comparison, Colombia and Mexico

combined produced roughly 22 metric tons of pure heroin in 2003, more than enough to satisfy U.S. consumption. The level of opium and heroin production in 2004 does pose an immense threat to Europe, Southeast Asia, Iran, Pakistan, and Russia—all major consumers of Afghan heroin.

According to United Nations estimates, illicit poppy cultivation and heroin production in Afghanistan and the region generate nearly \$3 billion, equivalent to about 60 percent of Afghanistan's gross domestic product. This level of illicit income fosters instability and supports criminals, terrorists, and militias. Further, the large incomes from the opium crop and heroin trafficking inhibit the normal development of the Afghan economy by sidetracking the

IMPROVING INTELLIGENCE AND INTELLIGENCE SHARING

Accurate, timely intelligence and intelligence sharing across organizational boundaries are thus at the heart of disrupting the market for illegal drugs. Here, much work is under way, and much remains to be done. The intelligence and law enforcement communities must learn more about the way drugs are produced and trafficked, identify vulnerabilities in drug trafficking organizations and their financial infrastructures, and support enforcement efforts to attack these vulnerabilities. Additionally, the Administration will continue its efforts to improve intelligence and information sharing by drug enforcement agencies.

- The Administration has established the Drug Intelligence Fusion Center under the Organized Crime and Drug Enforcement Task Forces (OCDETF) program. When fully operational, the Center will provide member agencies with a comprehensive data warehouse with access to investigative drug and related financial information and intelligence possessed by OCDETF member agencies, National Drug Intelligence Center, Financial Crimes Enforcement Network, and other sources. The Center can compile a complete intelligence picture of targeted
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labor pool and diminishing the attractiveness of legal farming and economic activities.

Narcotics production has been a major problem for Afghanistan for the better part of a decade. It is a problem that the Afghan people clearly recognize and one that will be solved only with their determined leadership and perseverance, along with the assistance of the international community. It is not a problem that defies solution: Colombia's dramatic progress against a pervasive narcotics trade demonstrates the power of credible, coordinated, and comprehensive policies to reduce the destabilizing threat of drugs. Working with the United Kingdom, the United States is prepared to assist Afghanistan in this effort, at an estimated cost of over \$800 million in fiscal year 2005.

Our assistance will rest on five pillars. First, we will assist the Afghan Government with a public affairs campaign designed to discourage poppy cultivation and dissuade participation in any aspect of the drug trade. Toward this end, the Afghan Government may choose to pursue an amnesty policy for narcotics involvement.

These efforts will be enhanced by the second pillar, increased law enforcement. We will help the Afghans build a special narcotics prosecution task force and aid construction of judicial and detention facilities expressly for counternarcotics cases.

Progress against the drug trade benefits from establishing the alternative livelihoods needed for poppy farmers to feed their families and prosper.

drug trafficking organizations and their financial infrastructure.

- DEA's Collection Requirements Management System will enable it to identify and address the intelligence needs and requirements of DEA enforcement operations, identify intelligence gaps, and coordinate with other agencies within the Departments of Justice and Homeland Security, and the Intelligence Community to complete the intelligence picture.
- An ONDCP-sponsored research project has resulted in the first advanced method for remote sensing of marijuana cultivation. This method, which will be

applied to the principal marijuana growing areas of the United States, will enable more accurate assessments of the extent of cultivation and, hence, the quantity of marijuana produced domestically. The intelligence the system generates will enable more effective and more resource-efficient targeting of marijuana cultivation for purposes of eradication.

- The Significant Investigation Impact Measurement System, developed by DEA, will enable law enforcement to examine the concrete impact of a seizure or organizational takedown through the collection of law enforcement, public health, and social services statistics.

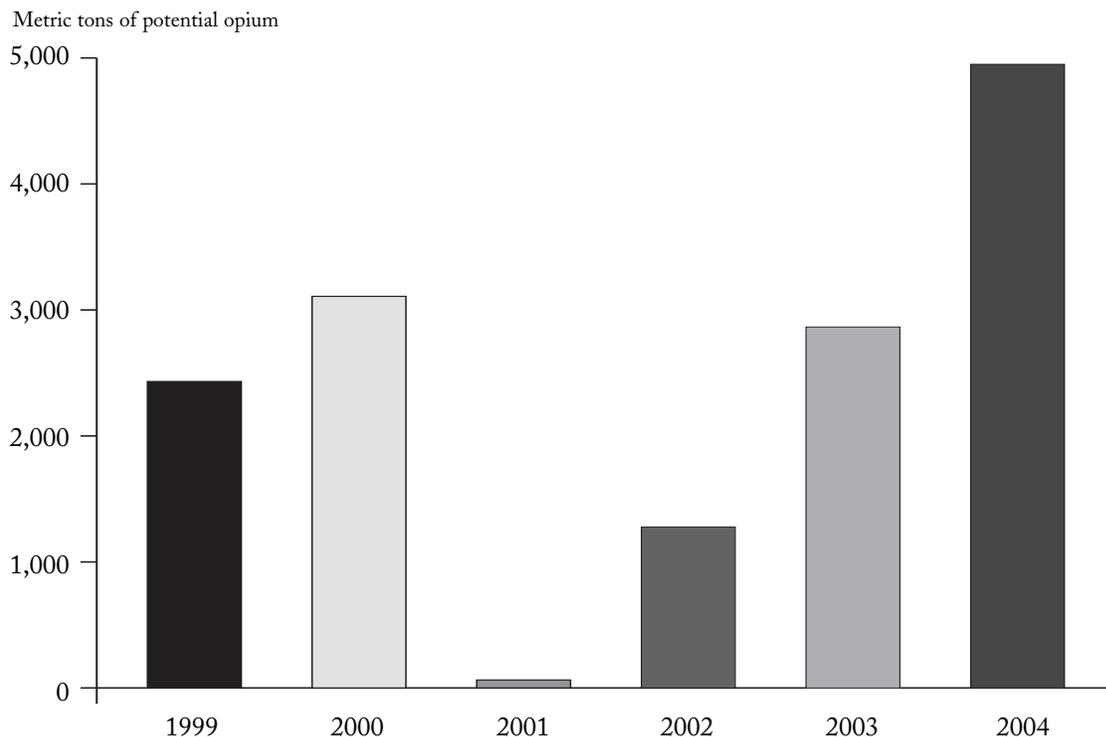
Our third pillar will create new opportunities for growing legitimate and high-value crops. These fresh livelihood opportunities will initially be made available in key provinces targeted for poppy eradication, including Helmand, Kandahar, Nangarhar, and Badakhshan. Micro-credit programs, improved irrigation, and access to improved seeds and better roads will make turning away from poppy cultivation a viable alternative.

Nothing the Afghan Government does to quell the drug trade can be effective without aggressive eradication programs—our fourth pillar. Farmers in the past have faced little risk from growing poppy and were able to reap three to four times more profits than from food crops. Destroying

poppy fields outright will be a powerful tool to discourage any future planting of illicit crops. We have set a goal for 2005 of eradicating 15,000 hectares of poppy and are working with the Afghan Government to apply the best and most effective mix of eradication methods.

The fifth pillar is interdiction. Our goal is to help the Government increase the size and mobility of its counternarcotics police while accelerating the pace of their efforts. More police forces will be trained, high-impact targets arrested, drug-related intelligence sharing improved, and the pressure points of the drug trade identified and suppressed. We will help with the construction of border checkpoints that will assist in narcotics

Figure 16: Afghanistan's Growing Opium Production



Source: U.S. Government.

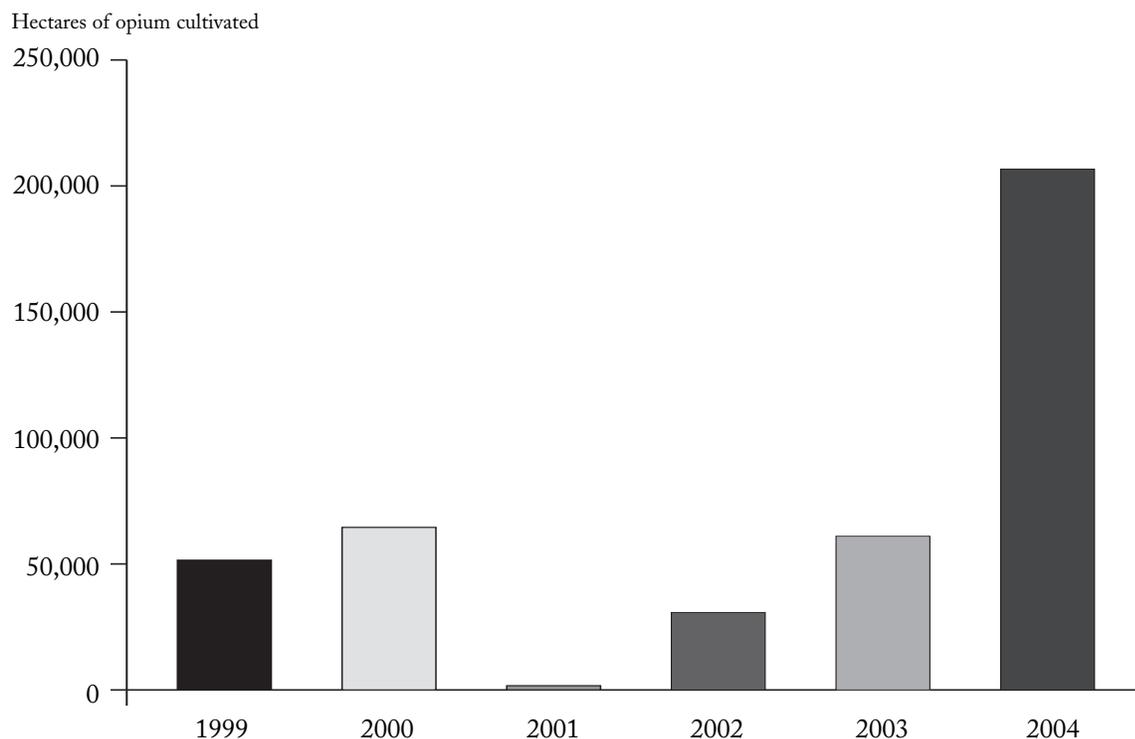
interdiction. Because interdiction occurs on both sides of the border, we will also work with Afghanistan's neighbors to formulate a regional strategy, and help them build their capacity to protect their own borders.

The stakes are high, not only for the future stability of Afghanistan but also for the United States, our allies, and partners. A vibrant drug trade fosters corruption, undermines the rule of law, can finance terror, and will destabilize the region. It threatens all that the courageous Afghan people have achieved. In a troubled region's newest democracy, there is simply no place for the drug trade.

Targeting Synthetic Drugs

Globally, the production and use of the synthetic drugs amphetamine, methamphetamine, and MDMA (Ecstasy) remain serious problems. There are numerous foreign sources for synthetic drugs and their precursors, including countries in Asia, Europe, and North America. Use patterns are strongly regional, with methamphetamine consumed in the United States and Asia. Amphetamines and Ecstasy are the drugs of choice in Europe. U.S. law enforcement continues to act in cooperation with law enforcement officials worldwide to disrupt foreign sources of the pseudoephedrine and ephedrine that are used

Figure 17: Expanding Poppy Cultivation in Afghanistan



Note: Net cultivation in hectares. Source: U.S. Government.

to produce much of the methamphetamine used in the United States and Mexico.

Mexico is the largest foreign source of the methamphetamine distributed in the United States. Although flow estimates are elusive, production appears to be increasing in that the amount of methamphetamine seized within Mexico rose during 2003, as did seizures along the U.S.-Mexico border in 2003 and 2004. Moreover, Mexican criminal groups based in California and Mexico control most of the wholesale distribution of methamphetamine in the United States.

In Asia, the largest source of amphetamine and methamphetamine in the world, the United States will continue to support efforts by law enforcement officials in the region to disrupt Asian synthetic drug traffickers.

Although Asia provides only a minor amount of the methamphetamine used in the United States, it is the major source of the bulk precursor chemicals used by large, illicit methamphetamine production laboratories in Mexico and the United States.

Europe supplies most of the Ecstasy distributed in the United States, but since the success of major enforcement efforts in the United States, Canada, and Europe, Ecstasy use continues to decline in the United States.

U.S. law enforcement officials are confronting and disrupting the synthetic drug markets through both organizational attack activities targeting major synthetic drug trafficking organizations and chemical control initiatives focused on keeping critical precursors out of traffickers' hands.

FISCAL YEAR 2006 BUDGET HIGHLIGHTS

- **DEA—Central/Southwest Asian Operations: +\$22 million.** This proposal provides permanent funding for Operation Containment in Afghanistan and will ensure full DEA support for the ongoing interagency efforts of poppy investigation and enforcement. DEA, in combination with the Departments of State and Defense, is implementing a comprehensive counternarcotics strategy aimed at reducing heroin production in Afghanistan and contributing to the stabilization and redevelopment of the country.
- **Department of State—Afghanistan: +\$166.2 million.** The President's budget includes an increase of \$166.2 million in support of counternarcotics programs in Afghanistan. This enhancement will bring total counternarcotics funding to \$188.0 million in fiscal year 2006. Funds will be used to expand the Central Poppy Eradication Force of 100-member Afghan teams to continue the annual poppy crop eradication campaign. These resources will also support a demand reduction program and a public affairs campaign aimed at reducing use and publicizing the eradication program. With the opium production of Afghanistan increasing, farmers must be presented with options to resist the lure of opium planting.

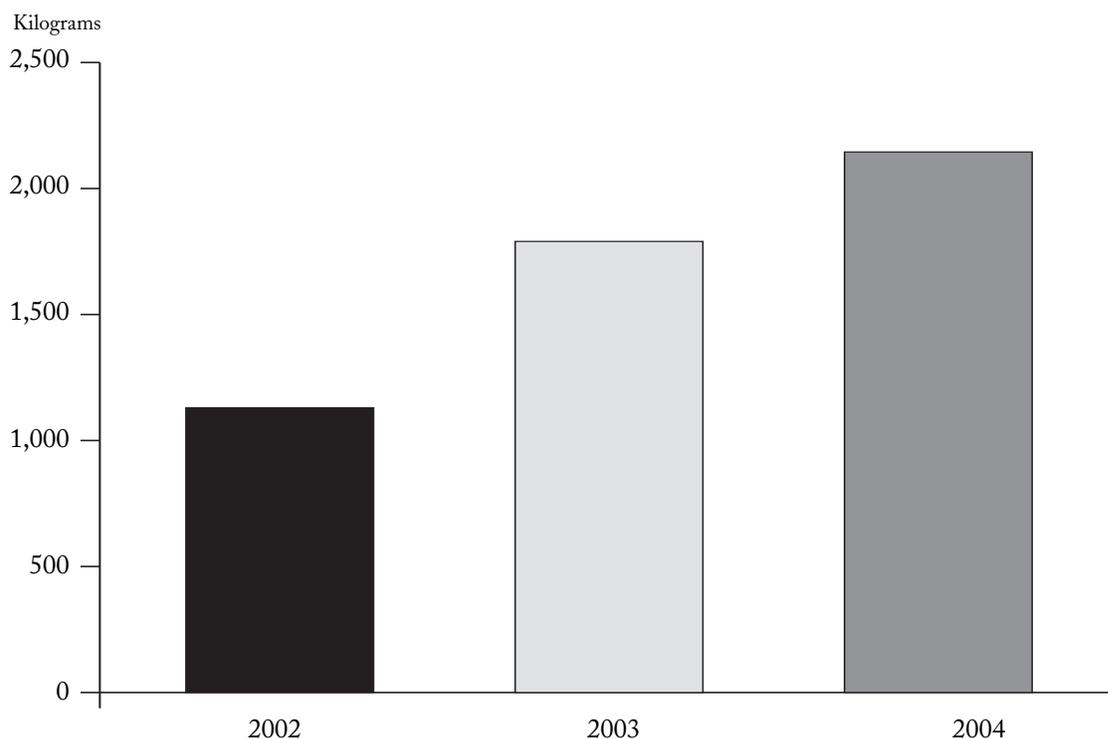
As an example, as recently as 2001, Canada was the primary transit country for the bulk pseudoephedrine used by large, illicit methamphetamine production laboratories in the United States. Operation Northern Star—an investigation involving DEA and the Royal Canadian Mounted Police—changed all that. Northern Star resulted in 78 arrests and the seizure of enough pseudoephedrine to produce more than 22,000 pounds of methamphetamine. Canada has also placed restrictions on the import and export of pseudoephedrine and other precursors by Canadian firms.

The overall result of these two efforts has been a 92 percent reduction in methamphetamine

precursor seizure events inbound from Canada (from 531 in 2001 to 40 in 2004) and a 96 percent drop in such seizures by weight (from 46,046 pounds in 2001 to 1,624 pounds in 2004). Traffickers appear to have largely abandoned their once-plentiful Canadian precursor source. A similar change may be under way in the Canadian Ecstasy market, after Operation Candy Box yielded more than 130 arrests, the confiscation of \$6 million in illicit proceeds, and the seizure of more than 500,000 Ecstasy tablets in March 2004.

In Mexico—where four of the ten identified Consolidated Priority Organization Targets are linked to the methamphetamine trade—continued bilateral organizational attack efforts have the

Figure 18: Rising Methamphetamine Seizures on the Southwest Border



Source: El Paso Intelligence Center

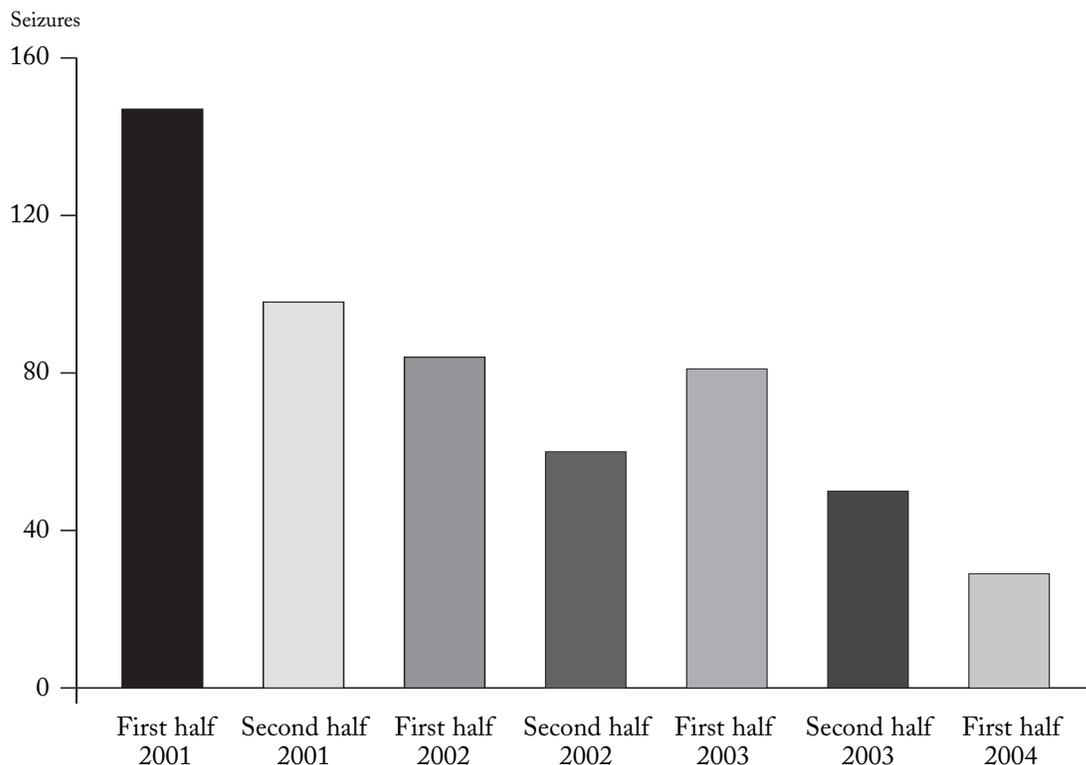
potential to significantly disrupt the illicit synthetic drug market. U.S. law enforcement will seek to magnify the impact of these organizational attack efforts by assisting their Mexican counterparts with the identification and dismantlement of the expanded methamphetamine production infrastructure within that country. Chemical control efforts also must be augmented through increased bilateral import-export information sharing as well as new initiatives targeting the illicit flow of precursor chemicals from Asia to drug traffickers in Mexico.

In Europe, The Netherlands and Belgium have been partners in law enforcement activities against the Ecstasy trade. U.S. law enforcement will

continue its organizational attack efforts with Dutch and Belgian law enforcement agencies, while working to realize the full potential of multilateral chemical control initiatives such as Project Prism throughout Europe.

In Asia, the United States will continue to support efforts by law enforcement officials in China and Burma to disrupt Asian synthetic drug traffickers. Yet the greatest impact on synthetic drug availability in the United States may be attained through programs targeting the illicit flow of precursor chemicals emanating from that region. DEA already has developed an intelligence sharing network with Chinese authorities to improve chemical controls. U.S. law enforcement

Figure 19: Methamphetamine Super Labs Seized Nationwide



Note: 2004 data are preliminary. Source: El Paso Intelligence Center

officials will seek similar arrangements with other Asian countries linked to the illicit precursor chemical trade to support the disruption of methamphetamine and Ecstasy markets worldwide.

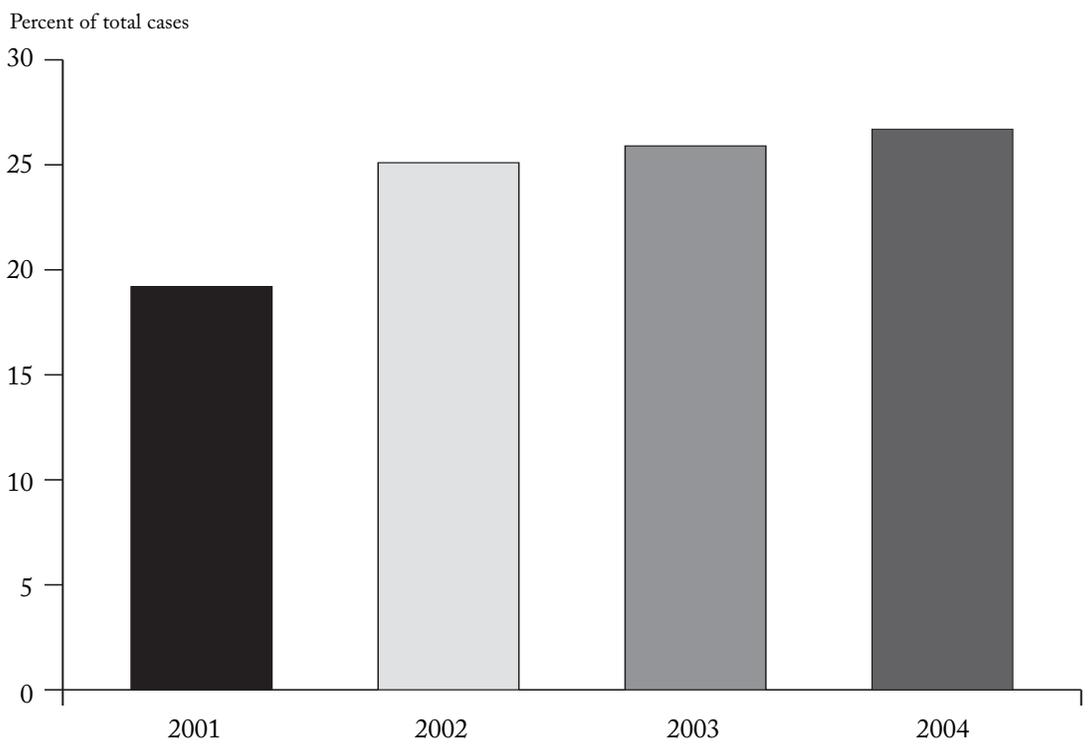
Within our borders, the production and use of methamphetamine remain serious problems. Although law enforcement analysis of seizures suggests that less than half of the methamphetamine consumed within the United States is actually produced in small laboratories operating inside our borders, the labs themselves constitute a significant hazard. A recent trend toward declining seizures of so-called “super labs” (laboratories capable of producing at least ten

pounds of methamphetamine in a day) suggests that production of methamphetamine is moving out of the country, possibly in response to reduced availability of precursor chemicals like bulk pseudoephedrine (see Figure 19).

Federal law enforcement agencies and programs continue to focus on disrupting the domestic market for methamphetamine. The OCDETF program, for example, has seen a steady increase in investigations involving methamphetamine (see Figure 20).

An ongoing review among Federal agencies is exploring various steps to further control methamphetamine production. These steps

Figure 20: More Cases Involving Methamphetamine



Note: OCDETF cases involving methamphetamine or methamphetamine and other drugs, by fiscal year. Source: U.S. Department of Justice.

include working with Congress to lower the Federal limit on retail sales of pseudoephedrine, thus making it more difficult for criminals to acquire enough of the precursor to produce meaningful amounts of methamphetamine. Additionally, the Administration has recommended the removal of a loophole in current law that allows larger purchases of

pseudoephedrine in blister packs. Although the exemption was initially implemented on the expectation that methamphetamine manufacturers would not undergo the difficult process of removing small amounts of pseudoephedrine from a large number of blister packs, the emptied blister packs are commonly found at methamphetamine lab sites.

National Drug Control Strategy:

APPENDIXES

National Drug Control Budget Summary

Drug Control Funding: Agency Summary,

FY 2004–FY 2006 (Budget Authority in Millions)

	FY 2004 Final	FY 2005 Enacted	FY 2006 Request
Department of Defense	\$953.3	\$906.5	\$895.7
Department of Education¹	594.4	592.9	233.0
Department of Health & Human Services			
National Institute on Drug Abuse	987.7	1,006.1	1,010.1
Substance Abuse and Mental Health Services Administration	2,488.7	2,490.5	2,498.8
Total HHS	3,476.4	3,496.5	3,508.9
Department of Homeland Security			
Customs and Border Protection	1,070.5	1,429.0	1,510.9
Immigration and Customs Enforcement ²	574.4	357.5	453.3
U.S. Coast Guard ²	772.5	844.9	972.7
Total DHS	2,417.3	2,631.5	2,936.9
Department of Justice			
Bureau of Prisons	47.7	48.6	49.7
Drug Enforcement Administration	1,703.0	1,785.4	1,892.7
Interagency Crime and Drug Enforcement ²	548.5	553.5	661.9
Office of Justice Programs ³	241.7	283.9	317.8
Total DOJ	2,541.0	2,671.5	2,922.3
ONDCP			
Counterdrug Technology Assessment Center Operations	41.8	41.7	30.0
High Intensity Drug Trafficking Area Program	27.8	26.8	24.2
Other Federal Drug Control Programs	225.0	226.5	-
Total ONDCP	522.2	507.0	267.5
Department of State			
Bureau of International Narcotics and Law Enforcement Affairs	949.5	898.7	1,075.7
Department of the Treasury			
Internal Revenue Service ²	—	—	55.6
Department of Veterans Affairs			
Veterans Health Administration ⁴	411.1	457.1	532.9
Other Presidential Priorities⁵	2.2	1.0	2.5
Total Federal Drug Budget	\$11,867.4	\$12,162.7	\$12,431.1

¹ The reported amount does not include the School Emergency Preparedness Initiative, which was removed from the drug budget.

² In FY 2004 and 2005, the Organized Crime and Drug Enforcement Task Force funds for the Departments of Treasury and Homeland Security were appropriated in the Department of Justice Interagency Crime and Drug Enforcement (ICDE) accounts. Beginning in FY 2006, the Departments of Homeland Security and Treasury will request their ICDE funds directly from their respective appropriations committees as part of their direct appropriations.

³ The Department of Justice, Office of Justice Programs includes two additional programs: Prescription Drug Monitoring and COPS' Meth Lab Cleanup. Also included beginning in FY 2006 is the Domestic Cannabis Suppression Program (formerly included in the Drug Enforcement Administration).

⁴ The Department of Veterans Affairs excludes funding for Other Related Treatment Costs, because these costs are not drug-related.

⁵ Includes the Small Business Administration's Drug-Free Workplace grants and the National Highway Traffic Safety Administration's Drug Impaired Driving program.

Acknowledgments

Consultation

The Director of ONDCP consults with a variety of experts and officials while developing and implementing the National Drug Control Strategy. Specified consultants include the heads of the National Drug Control Program agencies, Congress, state and local officials, citizens and organizations with expertise in demand and supply reduction, and appropriate representatives of foreign governments. In developing the National Drug Control Strategy, ONDCP consulted with both houses of Congress and 15 federal agencies. At the State and local level, 55 Governors were consulted, as well as the National Governors Association, U.S. Conference of Mayors, and National Association of Counties. ONDCP also solicited input from a broad spectrum of nonprofit organizations, community anti-drug coalitions, chambers of commerce, professional associations, research and educational institutions, and religious organizations. The views of the following individuals and organizations were solicited during the development of the National Drug Control Strategy.

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 Columbia University – Mailman School of Public Health
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 Community Behavioral Health
 Community Resources for Justice
 Concerned Women for America
 Congress of National Black Churches
 Crystal Cathedral
 D.C. Black Church Initiative
 Department of Community and Human Services/Cross Systems Integration Efforts – WA
 Detroit Empowerment Zone Coalition
 Drug Abuse Resistance Education – D.A.R.E.
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 Drug-Free America Foundation
 Drug Watch International
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 Empower America
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 United Synagogue of Conservative Judaism
 University of Arizona – Department of
 Sociology
 University of Kansas
 University of Kentucky – Center for
 Prevention Research
 University of Memphis – Department of
 Psychology
 University of Notre Dame
 University of Rhode Island Community
 Research & Service Team
 University of South Carolina – Department
 of Criminology and Criminal Justice
 University of South Carolina – Department
 of Psychology
 University of Wisconsin – Madison
 Utah Council for Crime Prevention
 Washington Business Group on Health
 White Bison
 Yakima County Substance Abuse Coalition
 YMCA of America
 Young Life

Office of National Drug Control Policy

Washington, D.C. 20503