THE NATIONAL DRUG CONTROL STRATEGY: 1996

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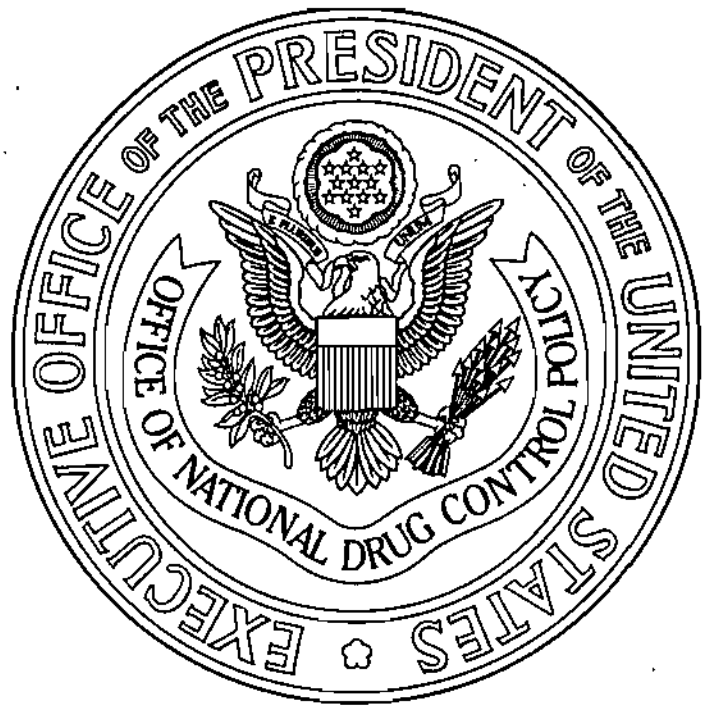
The 1997 National Drug Control Strategy

Executive Overview



Barry R. McCaffrey
Director
Office of National Drug Control Policy

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

February 25, 1997

Dear Colleague:

Drug abuse and its consequences are a terrible menace to our society. Each year illegal drugs kill more than 16,000 Americans and cost taxpayers nearly seventy billion dollars. More than half of all people brought into the nation's criminal justice system have substance abuse problems. Three and a half million Americans are chronic drug users. Almost a million Americans are currently undergoing some form of substance dependency treatment program. Forty five percent of us as Americans know someone who has suffered an addictive problem. There is perhaps no other issue that cuts across more areas of national concern than does drug policy. Drug abuse affects both national security and public health considerations. Addiction fundamentally undermines the justice and educational systems. Finally, drug abuse and trafficking afflict entire communities at home and undermine democratic political institutions abroad.

Our collective challenge is to organize ourselves so that we can deal more effectively with this fundamental threat to our children and our future. Sensible long-term drug strategy can reduce the consequences of drug abuse. If we coordinate a truly national response to this problem we can substantially reduce drug use and its consequences. We are confident we can improve the quality of life for all Americans. This is the central purpose of the *1997 National Drug Control Strategy*.

This *Strategy* is both a statement of will and a guide to action. It is designed to provide guidance for the long-term. It proposes a ten-year strategic commitment supported by five-year budgets. Continuity of effort can help ensure success. The *Strategy* addresses the two sides of the challenge: limiting availability of illegal drugs and reducing demand. Developed in consultation with public and private organizations, the *Strategy* will be America's main guide in the struggle to decrease illegal drug use.

Your continued leadership and commitment to reducing drug use and its consequences in America is appreciated. An American partnership at the local, state, and federal levels can dramatically decrease the anguish caused by drug abuse in our families, schools, workplaces, and communities. Thanks for your support.

Best wishes,

Barry R. McCaffrey
Director

The 1997 National Drug Control Strategy: Highlights

- **A comprehensive, ten-year plan.**
  - The *1997 Strategy* proposes a ten-year commitment supported by five-year budgets so that continuity of effort can help ensure success.
  - It provides a long-term vision that can be implemented, measured, and adapted to secure our goal of substantially reducing drug use and its consequences in America.
  - Incorporates a self-assessment process (measures of effectiveness).
- **Main effort is to reduce the demand for illegal drugs.**
  - Number one priority is to decrease use of illegal drugs, alcohol, and tobacco by youths.
  - Seeks more effective, efficient and accessible drug treatment programs.
  - Supports the expansion of drug-free workplaces.
  - Opposes the legalization of marijuana and other dangerous drugs.
  - Seeks to increase the safety of our citizens by breaking the cycle of drugs and violence.
- **Aggressive supply reduction programs complement demand reduction efforts.**
  - Devotes greater resources to protecting the southwest border and other vulnerable air, land, and sea frontiers.
  - Seeks the elimination of coca cultivation destined for illicit consumption within the next decade.
  - Reinforces interdiction efforts in the "source Country" and "transit" zones.
  - Supports the counter-drug efforts of committed democracies and multilateral organizations.

The *National Drug Control Strategy* is America's main guide in the struggle to decrease illegal drug use. Developed in consultation with public and private organizations, it sets the course for the nation's collective effort against drugs. It leaves room for growth, incorporation of new advances in science and technology, better operations, intellectual expansion, and the most efficient use of national resources. The *National Drug Control Strategy* will undoubtedly adapt over the years as conditions change. It will, however, organize our efforts toward the stated goals and objectives.

STRATEGIC GOALS AND OBJECTIVES OF THE *1997 NATIONAL DRUG CONTROL STRATEGY*

Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

Objective 1: Educate parents or other care givers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Objective 2: Pursue a vigorous advertising and public communications program dealing with the dangers of drug, alcohol, and tobacco use by youth.

Objective 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Objective 4: Provide students in grades K- 12 with alcohol, tobacco, and drug prevention programs and policies that have been evaluated and tested and are based on sound practices and procedures.

Objective 5: Support parents and adult mentors in encouraging youth to engage in positive, healthy lifestyles and modeling behavior to be emulated by young people.

Objective 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.

Objective 7: Create a partnership with the media, entertainment industry, and professional sports organizations to avoid the glamorization of illegal drugs and the use of alcohol and tobacco by youth.

Objective 8: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Objective 9: Develop and implement a set of principles upon which prevention programming can be based.

Objective 10: Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

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

Objective 1: Strengthen law enforcement — including federal, state, and local drug task forces — to combat drug-related violence, disrupt criminal organizations, and arrest the leaders of illegal drug syndicates.

Objective 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

Objective 3: Help law enforcement to disrupt money laundering and seize criminal assets.

Objective 4: Develop, refine, and implement effective rehabilitative programs — including graduated sanctions, supervised release, and treatment for drug-abusing offenders and accused persons — at all stages within the criminal justice system.

Objective 5: Break the cycle of drug abuse and crime.

Objective 6: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Goal 3: Reduce health and social costs to the public of illegal drug use.

Objective 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Objective 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Objective 3: Promote national adoption of drug-free workplace programs that emphasize drug testing as a key component of a comprehensive program that includes education, prevention, and intervention.

Objective 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Objective 5: Support research into the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.

Objective 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

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

Objective 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Objective 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the southwest border, Puerto Rico, and the U.S. Virgin Islands.

Objective 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit zone countries in order to reduce the flow of illegal drugs into the United States.

Objective 4: Support and highlight research and technology — including the development of scientific information and data — to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

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

Objective 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Objective 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.

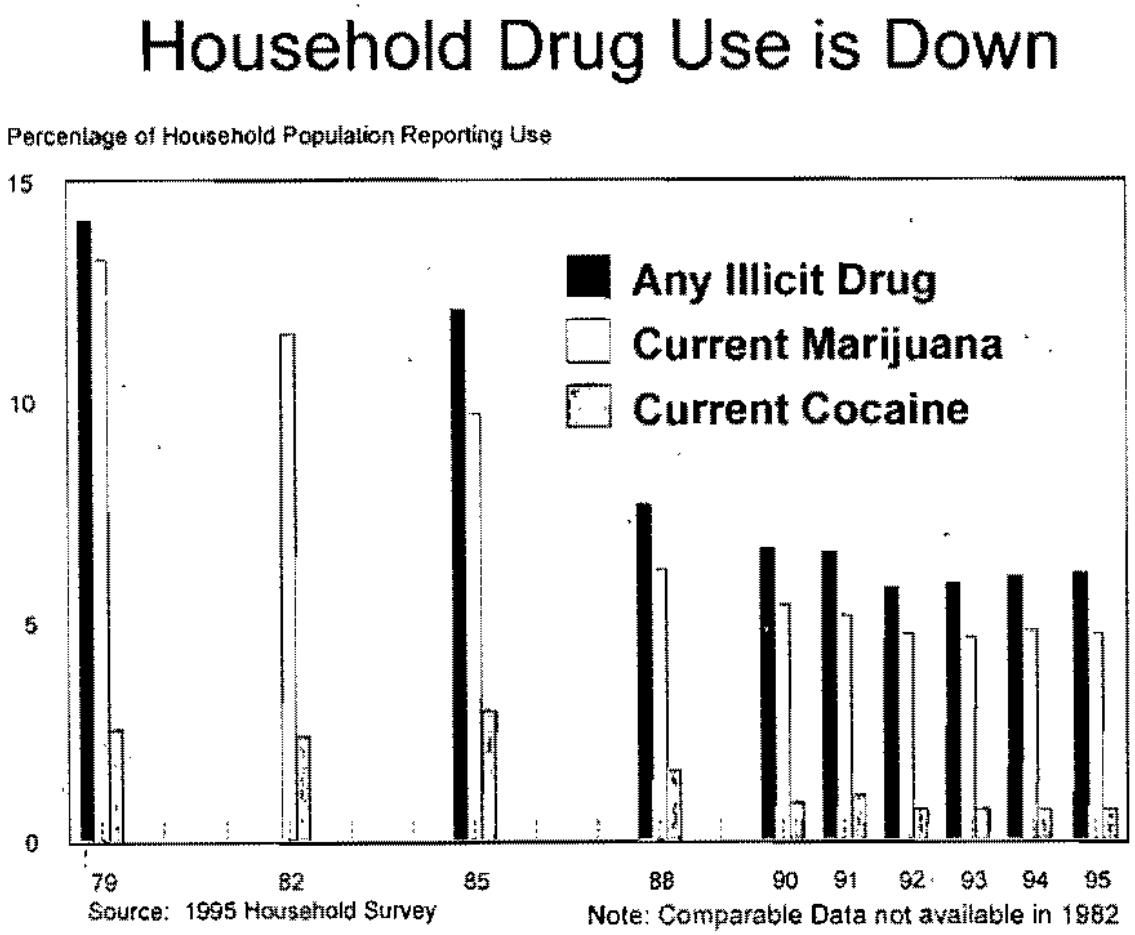
Objective 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.

Objective 4: Develop and support bilateral, regional, and multilateral initiatives and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Objective 5: Promote international policies and laws that deter money laundering and facilitate anti-money laundering investigations as well as seizure of associated assets.

Objective 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

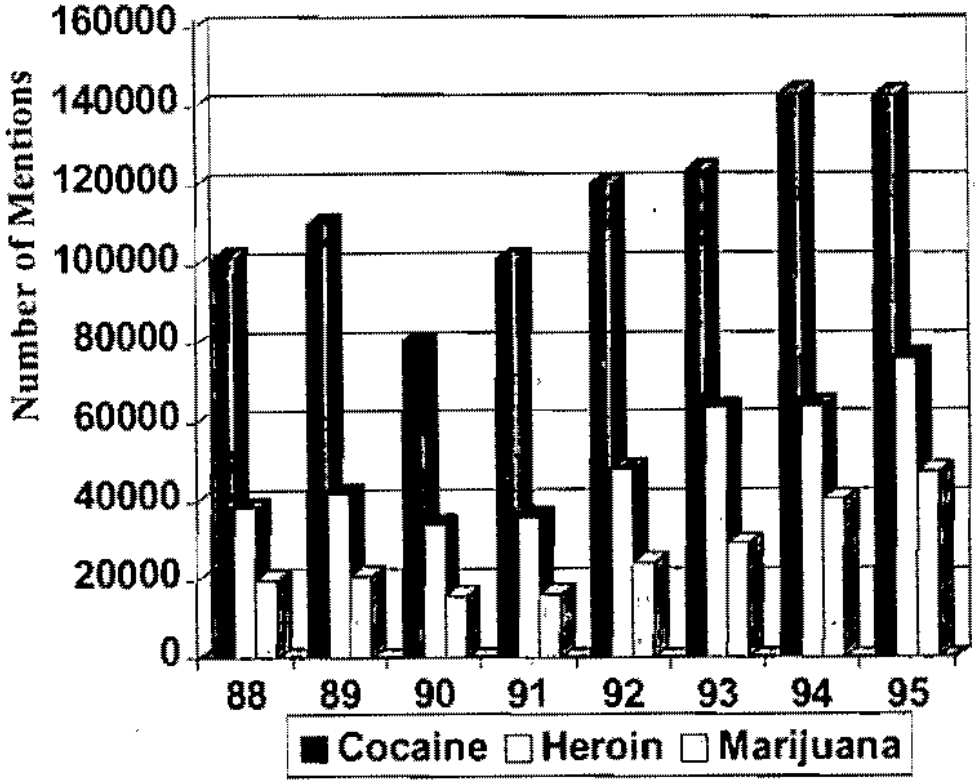
Casual drug use has dropped dramatically in the past decade



Casual drug use has dropped by almost 50 percent since 1979. Today, an estimated 12.8 million Americans use illegal drugs on a current basis (within the past thirty days), down from 1979's high of twenty-five million. The number of cocaine users has also declined dramatically, dropping from 5.7 million in 1985 to 1.5 million in 1995. Marijuana remains the most commonly used drug, being smoked by 77 percent of illegal drug users. Almost three quarters of drug users are employed. More than a third of all Americans aged twelve and older have used illegal drugs. Fortunately, nearly sixty million Americans who used drugs during their youth, as adults reject these substances.

The social and health costs of illicit drug use are staggering

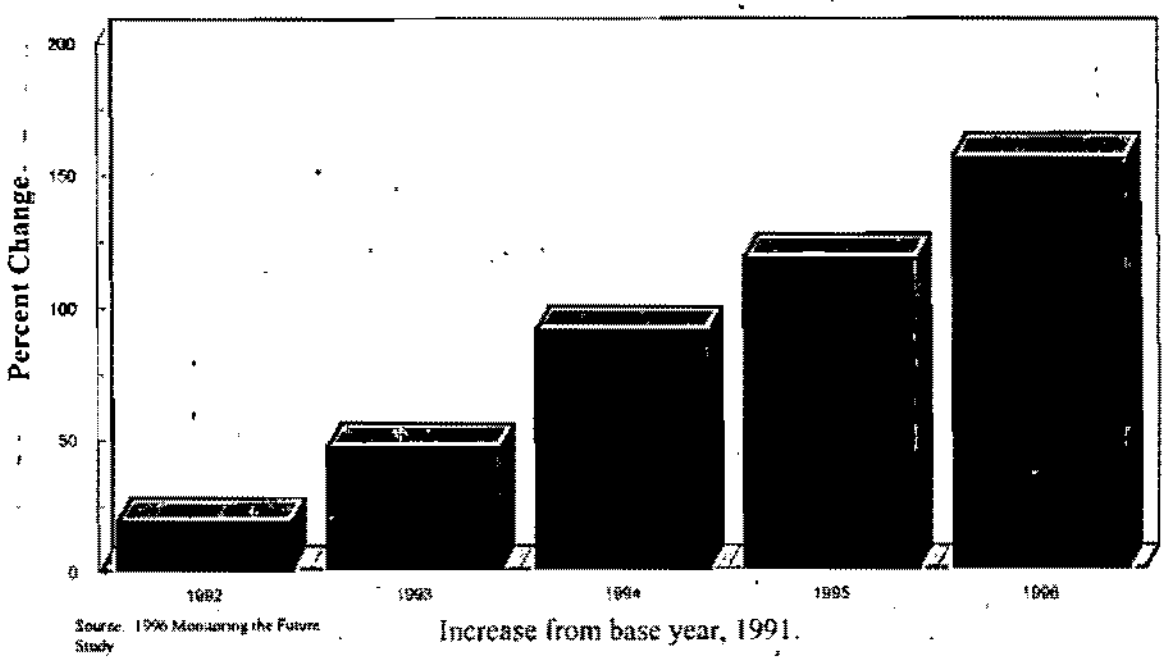
Trends in Drug-Related Emergency Room Mentions of Cocaine, Heroin and Marijuana, 1988-95



Drug-related illness, death, and crime cost the nation approximately sixty seven billion dollars, or $260 for every man woman, and child in America. This figure includes unnecessary health care, crime, and lost productivity resulting from substance abuse. Illicit drug use hurts families, businesses, and neighborhoods; impedes education; and chokes criminal justice, health, and social service systems. More than a half million drug-related emergencies occur each year. Heroin-related deaths increased dramatically in Phoenix (up 34 percent), Denver (up 29 percent), and New Orleans (up 25 percent) between 1993 and 1994, while the number of heroin-related medical emergencies more than doubled between 1990 and 1995. Nearly 40 percent of deaths connected with illegal drugs strike those in their thirties. AIDS is the fastest-growing cause of all drug-related deaths. More than 33 percent of new AIDS cases occur among injecting drug users and their sexual partners. About five percent of women use illegal drugs during their pregnancy, increasing the risk of infant mortality. Drug use also lowers workplace productivity. A U.S. Postal Service study found that among drug users, absenteeism is 66 percent higher, health benefit utilization is 84 percent greater in dollar terms, disciplinary actions are 90 percent higher, and that there is significantly higher employee turnover.

Illicit drug use among youth is skyrocketing

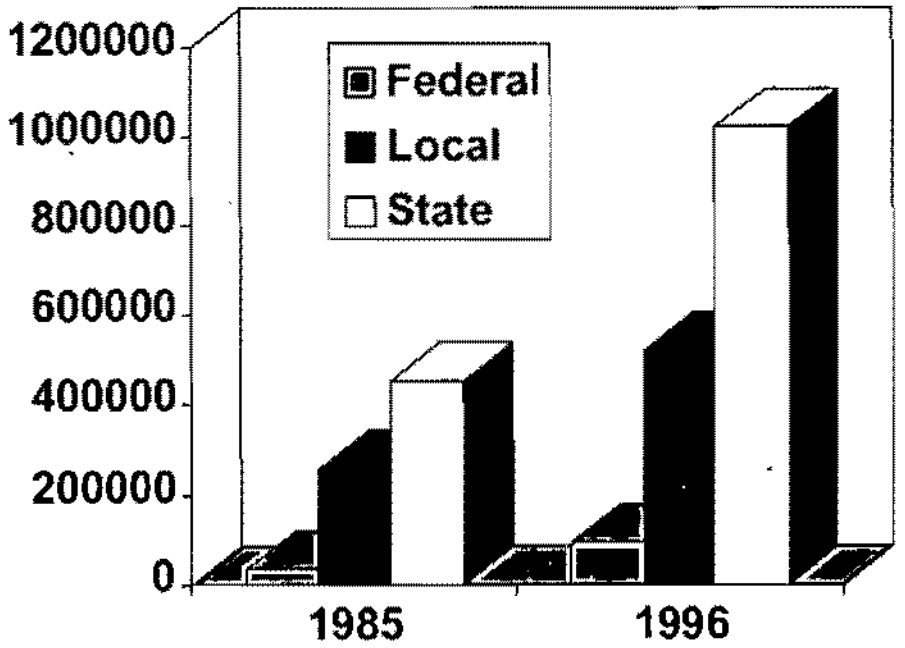
Percentage Increase in 30-Day Drug Use Rates Among 8th Graders Between 1991 and 1996



The most alarming drug trend is the increasing use of illegal drugs, tobacco, and alcohol among youth. The use of illicit drugs among eighth graders is up more than 150 percent over the past five years. In 1995, 10.9 percent of all youngsters between twelve and seventeen years of age used illicit drugs on a past-month basis. This rate has risen steadily since 1992's 5.3 percent -- the historic low in the trend since the 1979 high of 16.3 percent. More than half of all high school students use illicit drugs by the time they graduate. Marijuana is the illicit drug most frequently used by our children. The gateway" characteristics of this drug are underscored by the finding by Columbia University's Center on Addiction and Substance Abuse that children who smoke marijuana are eighty-five times more likely to use cocaine than peers who never tried marijuana. Eighty-two percent of those who try cigarettes do so by age eighteen. Approximately 4.5 million American children under the age of eighteen now smoke, and every day, another three thousand adolescents become regular smokers. Alcohol also has a devastating impact on young people. 7,738 intoxicated drivers between the ages of sixteen and twenty were fatally injured in 1996. The average age of first drinking is declining and is now 15.9 years, down from a 1987 average of 17.4 years. The most important drug policy challenge is to reverse these dangerous trends.

Drug-related crime and violence remain intolerably high

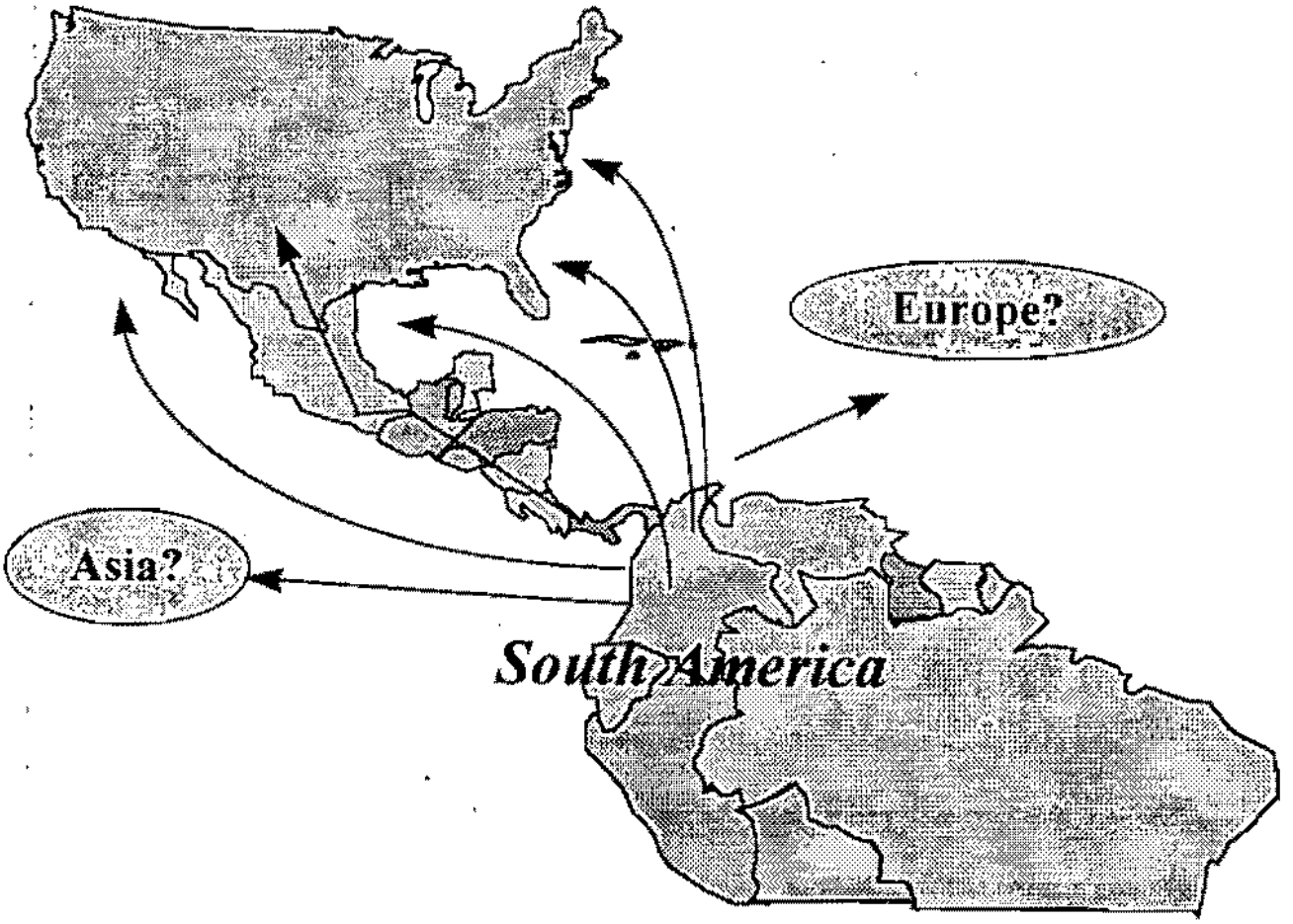
Number of persons held in State or Federal prisons or in local jails, 1985 and 1996



Source: Bureau of Justice Statistics, 1996

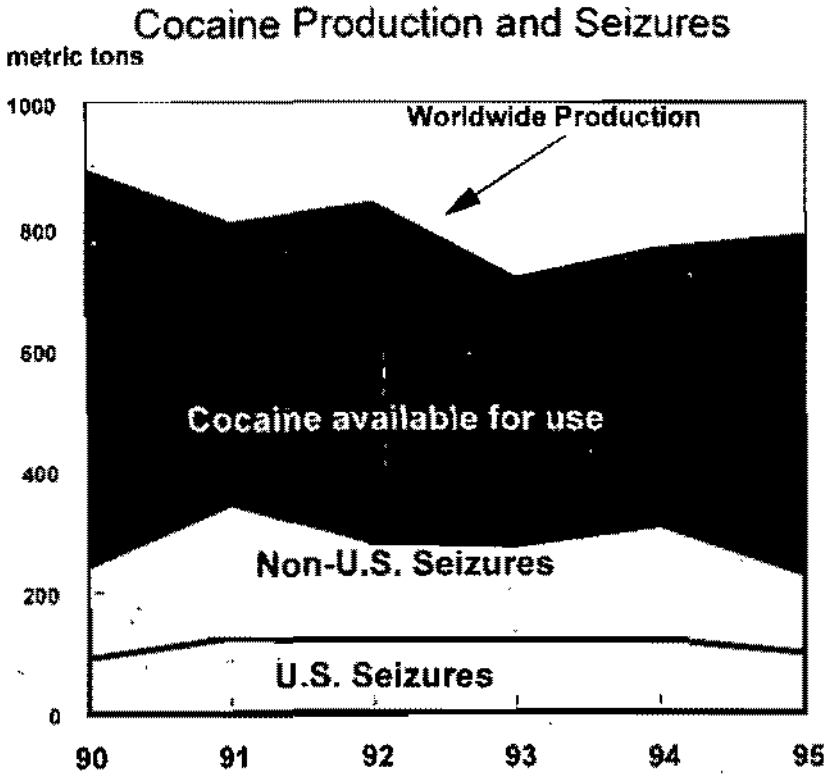
Americans from every social and economic background, every racial and ethnic group, and every locale remain deeply concerned about the nexus between drugs, crime, and violence. With the exception of drug-related homicides, which have declined in recent years, drug-related crime is continuing at a strong and steady pace. Drug offenders crowd our jails. In 1994, state and local law enforcement agencies made more than a million arrests for drug law violations. That same year, 59.5 percent of federal prisoners were drug offenders. 31% of felony convictions in 1994 were for drug offenses. The increase in drug offenders accounts for nearly three quarters of the total growth in federal prison inmates since 1980. Although the United States cannot arrest is way out of the drug abuse problem, incarceration is entirely appropriate for many drug-related crimes. If our drug laws are to be effective, they must be seen as equitable, and punishment must be on a par with the offense. One of our major challenges is to break the nexus between drugs and crime. Alternative judicial processes for non-violent drug offenders and drug treatment in the criminal justice setting can decrease drug use and criminal activity and reduce recidivism.

Our air, land, and sea frontiers remain vulnerable to drug traffickers



Each year, sixty million people enter our country on more than 675,000 commercial and private flights. Another six million come by sea and 370 million by land. In addition, 116 million vehicles cross our land borders with Canada and Mexico, More than 90,000 merchant and passenger ships dock at our ports, carrying more than nine million shipping containers and four hundred million tons of cargo, while another 157,000 smaller vessels visit our many coastal towns. Amid voluminous trade, drug traffickers seek to hide illegal substances that destroy our citizens and ruin neighborhoods. Our immediate challenges are to prevent drug trafficking across the southwest border, close the Caribbean "back door," and stop drugs from entering via other vulnerable entry points such as South Florida, New York, the Pacific Northwest, and our border with Canada. Existing organizations and initiatives -- like the three Joint Inter-Agency Task Forces (East, West, South), the Domestic Air Interdiction Coordination Center, Joint Task-Force Six, and Operation Alliance, which address the southwest border problem, as well as High Intensity Drug Trafficking Areas (HIDTA)s and other cooperative interagency efforts -- must remain the building blocks for this effort.

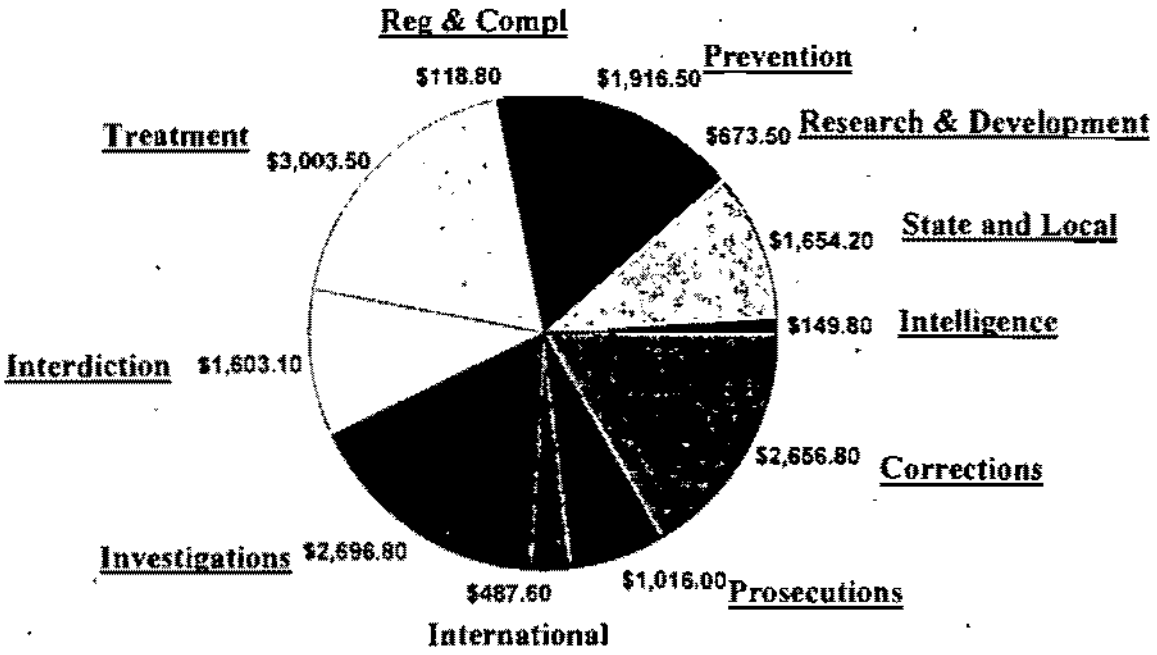
Interdiction
can reduce the supply of illegal drugs



A five-stage grower-to-user chain links the drug producer in a foreign land with the consumer in the United States. The stages are: cultivation, processing, transit, wholesale distribution, and retail sales on the street. International drug control programs have demonstrated that they can be particularly effective when they focus on severing the chain at the source. Our national efforts against coca cultivation and the production and trafficking of cocaine are guided by Presidential Decision Directive 44, the Western Hemisphere counterdrug strategy. Our goal is to completely eliminate within the next decade the cultivation of coca destined for illicit cocaine production. Our ongoing support to interdiction efforts in South America have helped reduce coca cultivation in Peru by 18% and temporarily disrupted large segments of the cocaine industry in Peru and Colombia, while U.S. cocaine seizures have averaged 125 tons a year since 1993. Efforts against production and trafficking of heroin are guided by Presidential Decision Directive 44, the President's heroin control policy of November 1995. The heroin interdiction challenge is enormous. Potential global heroin production has increased about 60 percent in the past eight years to about 375 metric tons. We have little influence with the governments of the two major source countries, Afghanistan and Burma, where 85% of the world's opium poppy supply is grown. Trafficking organizations are highly cohesive and difficult to penetrate. They use multiple routes and methods. Heroin is a low bulk, high value commodity. Individual couriers can carry several million dollars worth of heroin. Consequently, worldwide seizures in 1995 netted only thirty-two metric tons while U.S. seizures were just 1.3 metric tons.

Highlighted FY 1998 Drug Control Initiatives

FY98 President's Request
(by Function, Dollars in Millions)



- **National Media Campaign** — $175 million is requested in FY 1998 for a national media campaign targeting illegal drug consumption by youth. This initiative would rely on high-impact, anti-drug television advertisements aired during prime-time to educate and inform the public about the dangers of illegal drug use.

- **Safe and Drug-Free Schools** — $620 million is requested for FY 1998, an increase of $64 million (11.5 percent) over the FY 1997 appropriation. New resources would provide grant assistance to governors and state educational agencies for drug and violence prevention programs.

- **Community Oriented Policing (COPS)** — $510 million in drug-related resources is requested in FY 1998, an increase of $41 million (9 percent) over FY 1997. COPS serves as the vehicle for the Administration's strategy to fight violent crime and drug use by increasing the number of state and local police officers on the streets.

- **Prevention and Treatment Research** — $522 million is requested in FY 1998 for the National Institute on Drug Abuse (NIDA), an increase of $33 million (6 percent) over FY 1997. These additional resources will further NIDA's efforts in conducting basic drug prevention and treatment research.

- **Youth Treatment Initiatives** — $19 million is identified in the FY 1988 HHS budget to support innovative interventions for juvenile offenders which integrate community-wide education, law enforcement, substance abuse treatment, and mental health services; studies of treatment effectiveness for adolescents with co-occurring substance and mental health disorders; and expansion and assessment of comprehensive substance abuse treatment services for adolescents.

- **Youth Prevention Initiatives** — $98 million is identified in the FY 1998 HHS budget for activities designed to prevent marijuana and other drug use among American youth. The initiative will provide State Incentive Grants, raise public awareness and counter pro-drug messages, and expand State level data collection activities.

- **Drug Courts** — $75 million is requested in FY 1998, an increase of $45 million (150 percent) over FY 1997. These grants support state and local criminal justice agencies to provide court-mandated drug treatment and related services to nonviolent offenders.

- **INS Southwest Border Initiative** — $367 million in drug-related resources is requested for the Immigration and Naturalization Service (INS) in FY 1998, an increase of $48 million over FY 1997. This request provides for an additional five hundred Border Patrol agents to stem the flow of illegal drugs and illegal aliens across the southwest border.

- **International Narcotics Control and Support for Peru** — The FY 1998 budget includes $214 million for the State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL). Included in the INL budget is $40 million for Peru, an increase of $17 million over FY 1997. In FY 1998 this program will continue the implementation of the President's directive to place more emphasis on source countries, focus on programs that promote alternative development, dismantle narcotics trafficking organizations, and interdict drugs.

National Funding Priorities for FY 1998-2002

- **Reducing Youth Drug Use** — The centerpiece of our national counterdrug strategy remains the prevention of drug use by children. Youth-oriented prevention programs today can reduce the number of addicted adults who will cause enormous damage to themselves and our society tomorrow.

- **Reducing the Consequences of Chronic Drug Use** — The national drug control strategy also recognizes that significant reductions in illegal drug consumption cannot occur without addressing the problem of chronic drug use. Chronic drug users comprise about 20 percent of the drug-using population yet consume over two-thirds of the supply of drugs. By reducing the number of dependent drug users, we can lessen the adverse health and welfare consequences of illegal drug use as well as attendant criminal activity.

- **Reducing Drug-related Crime and Violence** — Domestic law enforcement has helped take back our streets from the ravages of the drug trade. Of particular concern is the relationship between drugs and crime. A disproportionate number of more than twelve million property crimes and almost two million violent crimes that occur each year are committed by drug users or traffickers.

- **Stopping the Flow of Drugs at U.S. Borders** — Unless we shield our borders from the flow of illegal drugs, the United States will never stem the tide of drug abuse. Interdiction is the key to stopping drugs from crossing our borders and reaching our neighborhoods.

- **Reducing Domestic and Foreign Sources of Supply** — Interdiction programs alone cannot prevent drugs from flowing into the United States and reaching our children. Therefore, the national drug control strategy must target sources of supply as well. Working with source and transit nations offers the greatest prospect for eliminating foreign sources of supply. Cocaine, heroin, and frequently methamphetamine are produced outside the United States; these illegal drugs cause the greatest harm to our citizens.

- **Maintaining Strategy Flexibility** — A long-term strategy must be versatile and contain the infrastructure to respond to new drugs. America's drug problem is not static, as indicated by the recent emergence of methamphetamine. While the use of some drugs declines (e.g., cocaine), other substances make a comeback (e.g., methamphetamine, marijuana, and heroin). Still other drugs are used for the first time. Our strategy must contain the means to identify and monitor new drug use trends so that programs can address them proactively.

As of 1 February 1997

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

Biography of Barry R. McCaffrey
Director, Office of National Drug Control Policy

Barry McCaffrey was confirmed by unanimous vote of the U.S. Senate as the Director of the White House Office of National Drug Control Policy (ONDCP) on 29 February 1996. He serves as a full member of the President's Cabinet and as the senior drug policy official in the Executive Branch. He is also a member of the National Security Council and the President's Drug Policy Council. Prior to confirmation as ONDCP Director, he was the Commander-in-Chief of the U.S. Armed Forces Southern Command coordinating all national security operations in Latin America.

General McCaffrey began his military career as a 17-year old Cadet at West Point. He served four combat tours: Dominican Republic, Vietnam (twice), and Iraq. When he retired from active duty, he was the most highly decorated and the youngest four star general in the U.S. Army. He twice received the Distinguished Service Cross, the nation's second highest award for valor. He also received two awards of the Silver Star for heroism and three Purple Heart medals for wounds sustained in combat. During Operation Desert Storm, he commanded the 24th Infantry Division and led the 200 kilometer "left hook" attack into the Euphrates River Valley.

Director McCaffrey graduated from Phillips Academy, Andover, Massachusetts and the U.S. Military Academy. He has a Master of Arts degree in Civil Government from American University and taught American Government, National Security Studies, and Comparative Politics at West Point. He also attended the Harvard University National Security Program. Director McCaffrey is a member of the Council on Foreign Relations and an associate member of the Inter-American Dialogue.

General McCaffrey served as the JCS assistant to General Colin Powell. While serving as the Director for Strategic Plans and Policy on the Joint Chiefs of Staff, he supported the Chairman as the principal JCS Staff advisor to the Secretary of State and to the U.S. Ambassador to the United Nations. Among the many awards he has received for his service are: the Department of State's Superior Honor Award for support of the Strategic Arms Limitation Talks; the NAACP Roy Wilkins Renown Service Award; and decorations from the French, Brazilian, and Argentine governments.

Barry McCaffrey is married to the former Jill Ann Faulkner. They have three married children: Sean, a U.S. Army infantry Captain; Tara, a U.S. Army Washington National Guard nurse; and Amy, a school teacher.

ONDCP

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- operates a toll-free 800 number staffed by drugs and crime information specialists
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- answers requests for specific drug-related data
- performs customized bibliographic searches
- advises requesters on data availability and of other information resources that may meet their needs
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