

Exhibit 2 (con't.)

• If confirmed, what do I bring to the table?

- Optimism.

-- As a member of the President's team, we will demonstrate to the American people that we can actually successfully do something about this problem. We are not helpless. We put astronauts on the moon. We beat polio and the Mafia. We won Desert Storm in 31 days and the Cold War in 45 years.

- There is no reason to believe that the American people with our enormous spiritual and moral strength, our respect for law, and our compassion for our children cannot control the menace of drug abuse and the criminality it engenders.

- Thirty one years of association with an American military team that demands results and which overcame a serious drug abuse problem of our own.

- Finally, commitment to provide leadership, energy, and organization to our counterdrug efforts.

• President Clinton and the legislation that authorized this position have provided me the requisite authority to effectively coordinate the national counterdrug effort.

- However, this challenge to our youth, to our future, to our safety, and to our health cannot be met by government alone.

- It is one we must all collectively face up to: government officials; law enforcement officers; teachers and coaches; religious leaders; parents; family members; health care providers; entertainers; and journalists.

- All of us as Americans are fed up with the devastation that illicit drug use has brought to American families, neighborhoods, and work places. All of us must share the responsibility to address this problem.

• Senators, thank you for the privilege of coming before this Committee.

- I will be forthcoming in responding to your questions and will take careful note of your views.

- If confirmed I will welcome a continuing partnership with the Congress in creating programs to implement our strategy.

Exhibit 2 (con't.)

- A lot of progress has already been made. In many ways, we are not losing the so called "War on Drugs."
 - A decade of hard work and the support of Congress has already substantially reduced illegal drug abuse.
 - In 1979, more than 22 million Americans used illegal drugs. 3 million used cocaine.
 - Today, less than 12 million Americans use illegal drugs regularly. Around three million could be classified as hard core users, including those incarcerated. The number of cocaine users has dropped 30 percent in the past three years.
 - But there are still serious problems to face up to.
 - While the number of hard core drug users has remained steady at about three million. These addicts are using ever increasing tonnages of cocaine, heroin, methamphetamines, and other drugs.
 - Medical costs of drug abuse now exceed \$20 billion per year. More than 500,000 emergency room episodes last year were drug related.
 - Teenage use of marijuana has doubled in the past three years. This statistic tells us that our prevention programs must be more effective. We cannot cut back on these programs.
 - About 300 metric tons of Latin American cocaine are being smuggled into the U.S. every year along with increasing quantities of Burmese and Colombian heroin and Mexican methamphetamines.
- A fundamental principle of American society is that the law must provide equal protection to all. Yet drug abuse and trafficking are having a disproportionate effect on our poor, our minorities, and our cities.
 - We must extend a helping hand to those most in need. Many of our fellow citizens lack secure neighborhoods, safe schools, and healthy work environments. Trust in our public institutions is declining as a result. We must guarantee the safety of the families and working men and women in our urban areas.
 - We must reduce the damage inflicted on those sectors of our society. There can be no safe havens for drug traffickers and no tolerance for those who would employ children. We cannot tolerate open air drug markets in our cities; markets fueled by suburban money and which exacerbate the drug crisis.

Exhibit 2 (con't.)

- Addressing drug abuse requires a systems-based approach and long-term commitment.
 - Our current national drug policy is basically sound and features many successful programs. I have been an integral part of this strategy the past two years; we have made progress.
 - But we need to create an operational construct that links those successes together into a coordinated effort.
 - We also need to reach a better consensus on our strategy and to establish an active international coalition.
 - Treatment, prevention, education, enforcement, and interdiction must all be synergistic components of that policy.
 - In my own view we must be even more successful in our efforts to convince American youth that experimentation with illicit drugs is dangerous. They must understand that casual drug use is like playing Russian roulette. Some of them for sure will be destroyed by addiction.
 - We must also find ways to reduce drug consumption by both adult casual and hard-core users.
 - However, we must focus as a priority on reducing consumption among the three million hard core users who consume 75% of the total tonnage of illegal drugs. A focus of treatment programs on hard core addicts can cause a reduction of drug-related property crimes and also drug trafficking and the violence and mayhem it spawns.
 - One of my early intentions if confirmed will be to examine the evidence on what works and what doesn't in drug treatment programs. We owe our Congress and the American people a full accounting of the costs and pay-offs of all components of our drug strategy.
 - Effective treatment regimes are essential to reducing drug consumption. Specifically, let me underscore my conviction that drug testing and then treatment of convicted criminals prior to and following release from prison is vital. We simply must provide treatment to these people if we expect to protect the American people from violence and property crimes.
 - Finally, allow me to offer a judgment that while illicit drug use constitutes a great menace to our society, the ways in which we address this challenge must be equitable and respectful of the freedoms and rights outlined by our Constitution. This is a free society and we must conduct our public policy with an absolute respect for the law.

Exhibit 2 (con't.)

- Today, illicit drug use and tolerance of drug use by teenagers is once again rising dramatically.
- The damage caused to America by illegal drug use is intolerable. We must and can reduce this terrible burden on the American people.
- And we can't reduce that burden without enforcement. Law enforcement is critical. Because of it, illegal cocaine costs 15 times as much as the same substance sold in legal form. Without it there would be a catastrophic rise in the availability and usage of illegal drugs.
- The metaphor "War on Drugs" is inadequate to describe this terrible menace facing the American people. Dealing with the problem of illegal drug abuse is more akin to dealing with cancer.
- Wars are relatively straightforward. You identify the enemy, select a general, assign him a mission and resources, and let him get the job done.
- In this struggle against drug abuse, there is no silver bullet, no quick way to reduce drug use or the damage it causes.
- Step number one is to mobilize the societal family - the same as when helping a cancer patient. As the President noted in the State of the Union address, "the challenge begins at home, with parents talking to their children openly and firmly."
- Then we must implement a long-term comprehensive plan that goes to the heart of the problem - reducing the availability of illegal drugs and their use.
- It is wrong to sell drugs. This should be punished. It is also wrong to use illegal drugs. However, this is much more than a law enforcement problem. It requires a sustained and coordinated systems approach.
- Clearly you can't defeat cancer if you give up hope. Nor can you make progress against illicit drug trafficking and use if you give up hope. And the answer to self-destructive proposals such as legalization is an unequivocal no.
- Addressing the use and trafficking of heroin, cocaine, methamphetamines, marijuana, or other illicit drugs requires a systems approach. Each facet of the problem will require a focused program that attacks the disease while limiting damaging effects. We must design, test, and implement programs which are affordable and which do not cause unintended consequences while going after the root cause of the problem.

Exhibit 2

Opening Statement of General Barry R. McCaffrey,
Director Designee of the Office of National Drug Control Policy
Submitted for the Record to the Senate Committee on the Judiciary
Tuesday, 27 February 1996

• It is an enormous honor to appear before this distinguished committee to be considered for the position as Director, Office of National Drug Control Policy. I take very seriously the great responsibility that President Clinton has asked me to accept. The President's instructions to me were to help create a cooperative, bipartisan effort among Congress and the Federal, state and local governments. President Clinton and I share the view that the American people can and must both reduce illicit drug use and also protect our youth and society from the terrible damage caused by drug abuse and drug trafficking.

- A lot of energy and magnificent leadership has been dedicated to addressing these problems over the years. Many American leaders including President Reagan, President Bush, and now President Clinton have provided a strategic vision and encouragement.

-- However, I would be remiss to not publicly applaud the positive role that Congress has played in this effort. Senator Hatch and Senator Biden, your leadership and creativity on these issues has been crucial. So too have been the contributions of many other key congressional leaders such as Senator Feinstein, Representative Charles Rangel, and Representative Bill Zeff.

-- I would also like to specifically recognize the efforts of Attorney General Janet Reno, Secretary of Education Dick Riley, Secretary of Health and Human Services Donna Shalala, DEA Administrator Tom Constantine, and FBI Director Louis Freeh.

- In the last two weeks I have been encouraged by my preparatory discussions with these superb public servants.

- If confirmed by the Senate, I can assure you that we, the senior officials of government, will work together to forge a coherent strategy and in a responsive manner to Congressional viewpoints.

• We should have no doubt that illicit drug use is a major menace to public health, the safety of our society, and to the well-being of our youth.

- In 1962, fewer than 4 million Americans had ever experimented with illegal drugs. Today, more than 80 million have. We are vulnerable. The good news is that most of those 80 million quit using drugs.

- In the 1990s alone, illegal drug abuse has cost America more than \$300 billion and 100,000 dead.

- At least one third of all property crimes, assaults, or murders have a drug connection.

Exhibit 1 (con't.)

- b. You might insist on far more relevant analysis within each agency.
- c. It may be unrealistic to talk of shifting resources between federal law enforcement and treatment programs.
- d. Shifting resources among law enforcement agencies will be hard but worth considering.
- e. The federal v. local roles...
 - Task forces.
 - Federal funding.

Exhibit 1 (con't.)

8. A long term commitment to using law enforcement to prevent drug abuse would also watch and respond to certain political "land mines."
 - a. The length of federal mandatory minimum sentences and their structure (the crack versus powder ratios) are nearly indefensible and the cost is very great.
 - b. The results of over a million drug arrests and one hundred thousand drug commitments to penitentiaries each year are very costly in terms of the effect on minority youth in big cities. Looking for alternatives here would be very worthwhile.
 - c. Asset forfeiture must be kept reasonable.
 - d. Needle exchange.
9. The case for greatly expanding treatment is quite persuasive, if not conclusive.
 - a. There is significant evidence that methadone maintenance (for opiates) and therapeutic communities work.
 - b. These seem to have benefits well in excess of their costs.
 - But there are real questions about how they could be expanded.
 - c. Treatment complements law enforcement that is otherwise focused on making the life of addicts more difficult.
 - d. Coerced treatment appears to work as well as voluntary treatment.
10. The case for prevention programs addressed to use of drugs is much shakier. There is some but little evidence of success. Almost nothing is now being done in the area of prevention of dealing.
11. The case for trying mandatory testing of everyone under supervised release pending trial or after trial and conviction is very strong.
12. The relations of ONDCP to the operating agencies are complex.
 - a. ONDCP has a natural lead role in drug research.
 - What are the possible interactions with NIH?
 - What relations with DOJ funded research?

Exhibit 1 (con't.)

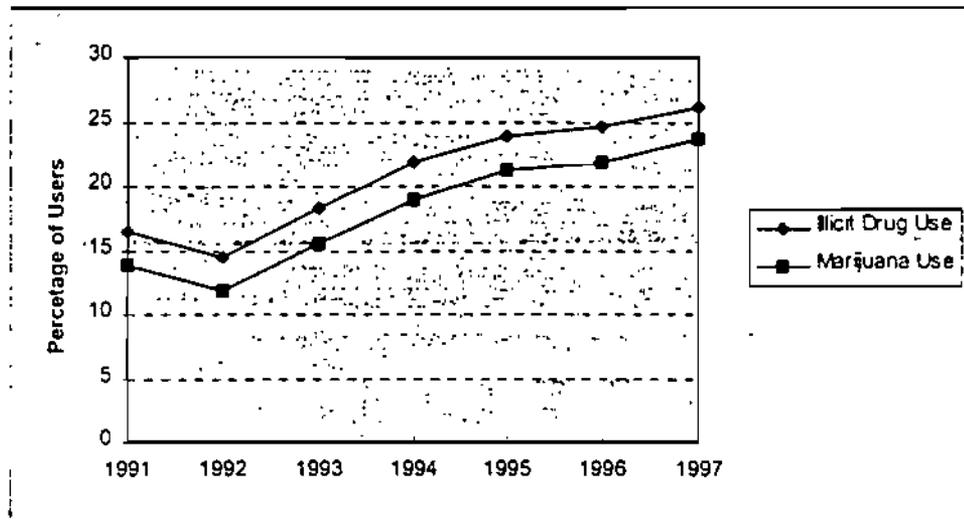
- c. One strong candidate is arrest of significant numbers of the leadership of an organization in the U.S. or abroad on the theory that the network of relationships based on trust required for drug dealing will take time to replace.
5. Increasing the dollar cost of a drug on the street may increase or decrease the total amounts paid by addicts, depending on whether they reduce their purchases by a smaller or greater percent than the percent increase in the drug price.
 - a. If it increases the total spent by addicts, it is reasonable to expect a variety of sorts of bad consequences at the same time as you would get some reduction of use by those addicts.
 - More crime.
 - Worse disruption of lives of addicts and families.
 - More powerful drug organizations.
 - b. The three possible connections of drugs to violence and what we know about each.
 - Biology.
 - Supplier.
 - User.
 6. Drug law enforcement can increase or decrease violence. This is another area that enforcement agencies tend to ignore. A sensible focus for law enforcement would target the areas and methods that are least productive of drug violence and other serious harms.
 7. One such possibility arises from the fact that users also face a second type of cost (in addition to the dollar price of the drugs) that can be increased to reduce usage.
 - a. They also face the risks, time, energy, and inconvenience of finding a dealer and completing a transaction.
 - b. We can also increase these costs by a variety of forms of street enforcement.
 - c. The bad consequences in 5(a) above should not take place if you increase the non-dollar cost of drugs to an addict.
 - d. But you incur the costs of large numbers of prosecutions

Exhibit 1

TWELVE CENTRAL ISSUES FOR MEETING WITH GENERAL MCCAFFREY

1. Overall object is to:
 - a. Reduce the damage associated with drug use, drug dealing, and drug control.
 - b. Reduce the number of people using drugs.
 - Teen age surveys going the wrong way.
2. Alcohol and tobacco deserve to be included in the list of drugs of serious concern.
 - Although outside ONDCP mandate.
3. In thinking about reducing drug usage, it is more useful to think of increasing the total price (or temporarily disrupting the availability) of a drug to users than in terms of eliminating or massively reducing the supply of the drugs in the United States because:
 - a. Despite seizures and arrests, the supply will be available within a reasonable time.
 - b. Enforcement raises the costs to dealers.
 - c. That increase will be reflected in the dollar price users pay and will discourage use.
4. To increase the dollar cost of drugs as much as possible for a dollar of law enforcement expenditure, you should look for the disruption of the supply system which is most costly or time consuming for drug suppliers to remedy.
 - a. This crucial question is never addressed
 - b. Comparing physical seizures or arrests per dollar is not the right way to do this.

Figure 2: Trends in Prevalence of Drug Use Among 12th Graders, 1991-1997



Numbers drawn from the University of Michigan's Monitoring the Future Survey. "Illicit" drugs do not include alcohol and tobacco. Figures for 8th and 10th graders show an even more dramatic rate of use increases.

An Unpredictable Endgame

At the end of 1997, it remained to be seen whether McCaffrey's sophisticated strategy for gaining control over the drug budget would succeed and whether the public would ultimately respond to McCaffrey's drug prevention efforts. "This is a story in progress," says McCaffrey. "It's my judgment that the grade on ONDCP is two years from now."

Yet despite the importance McCaffrey attached to gaining control over the federal government's anti-drug budget and asserting ONDCP's prerogatives, McCaffrey did not believe his success or failure would ultimately depend on the amount of power he accrued for ONDCP. "At the end of the day, the amount of authority I have is less important than my ability to table good ideas and my ability to work the government process to get them adopted," says McCaffrey. "My powers stem solely from my perceived ability to work in cooperation with [HHS Secretary Donna] Shalala, [Attorney General Janet] Reno, and others, which is pretty strong but it is fundamentally dependent on that ... It takes years and you have to build a team, but I think that's going to be the solution. I think we do have a growing consensus on the strategy and a growing commitment to providing more resources."

In the end, says McCaffrey hopefully, "Good ideas will drive out bad ideas, but only if the good ideas are articulated."

submission to OMB to fund the Andean Coca Reduction Initiative, a program designed to disrupt cocaine exports, and \$24 million for a similar effort in Mexico. McCaffrey also requested increased funding for interdiction efforts in the Caribbean and funds to beef up the National Guard's interdiction activities.

The Defense Department, however, ignored McCaffrey's request. On November 6, 1997, McCaffrey carried out a threat that previous drug "czars" had often made but never actually delivered on: he decertified the Defense Department's proposed \$809 million anti-drug budget and directed the DOD to submit a request for an additional \$141 million to OMB. In an accompanying letter sent to Cohen that same day, Sens. Charles Grassley, R-IA; Dianne Feinstein, D-CA; Paul Coverdell, R-GA.; and Bob Graham, D-FL., asked him to support McCaffrey's requests and warned that "it is not acceptable that the agency charged with protecting our national security would shirk its responsibility in the effort to win this most crucial war."

Cohen and his aides were reportedly shocked by the public decertification of the Pentagon. They testily defended their decision to not accept McCaffrey's request. "We have reviewed your request and think that the amounts being asked for are excessive," responded Cohen in a letter to McCaffrey.⁴¹ Pentagon spokesman Kenneth Bacon vowed that the DOD would resist McCaffrey's demands.

President Clinton ultimately decided to split the difference. On December 12, 1997, during a visit to a Coast Guard facility in Florida with McCaffrey, Clinton announced that he was increasing the anti-drug portion of the military budget by \$73 million -- half of McCaffrey's request. That same day McCaffrey revealed that Clinton had asked him to devise a strategy to "substantially stop" the inflow of drugs into the United States from Mexico within five years without disrupting trade with Mexico that Clinton could present to the nation in his 1998 State of the Union address.⁴² The enthusiastic embrace of McCaffrey's fall interdiction initiatives contrasted sharply with the muted response to his calls for reducing sentencing disparities and decentralizing the methadone treatment system.

Youth Drug Use Stays High

Yet despite McCaffrey's accomplishments, two years into his term of office the problem of drug use among secondary school students continued, by most accounts, to creep upward. Although a survey by HHS showed a leveling off in teen drug use in 1997, the "Monitoring the Future" survey showed a continuing upward trend. (See Figure 2.)

⁴¹ "Pentagon Rejects Demand to Boost Anti-Drug Budget," *Reuters*, November 8, 1997.

⁴² "Drug Czar Tells of New Efforts As Clinton Trumpets Successes," *New York Times*, December 12, 1997, p. 32.

that would enable policymakers and the public to determine which programs are contributing to the achievement of ONDCP's five major goals and the 32 objectives associated with those goals.

The Lure of the War on Drugs

Although McCaffrey continued to champion certain initiatives supported by demand-reduction advocates and ONDCP continued its work on a multi-year budget and measurement system, McCaffrey did not ignore the growing Congressional demand for tougher supply-reduction initiatives. During the fall of 1997, McCaffrey launched several initiatives to shore up his supply-reduction credentials.

On September 16, 1997, ONDCP released a report that praised Mexico's recent cooperation with the United States on anti-drug efforts and announced an initiative to secure the US-Mexican border using high-technology screening systems originally developed to scan Soviet nuclear warhead containers. McCaffrey announced that over the course of the next several years the government would deploy the scanning systems—essentially giant X-ray machines—at a number of major border crossings on the US-Mexican border where they could be used to scan some of the 3.5 million trucks crossing into the United States from Mexico every year. The overall goal, McCaffrey told reporters, was to eliminate "the enormous tonnage of drugs in recreational use." He cautioned that the initiative would not stop hard-core users from getting drugs but said that "we want to make sure it isn't out at parties for casual users." "There is no question that this will work," McCaffrey declared with characteristic confidence.³⁹

Congressional reaction to McCaffrey's praise for Mexico was lukewarm; however, Sens. Paul Coverdell, R-GA, and Diane Feinstein, D-CA, who had emerged as two of McCaffrey's most outspoken critics, were delighted by McCaffrey's border initiative. "It seems like there are encouraging signs of cooperation on both sides of the border," said Coverdell, "but I am most pleased that the focus is on securing our perimeter, our first line of defense."⁴⁰

Decertifying the Defense Department

On September 24, 1997, McCaffrey sent Secretary of Defense William Cohen a letter asking him to increase the Department of Defense's (DOD) budget request for anti-drug activities. "The DOD counter-drug program appears to be systematically under funded," wrote McCaffrey. He went on to note that fiscal year (FY) 1998 funding was 34 percent below FY 1992 and that counter-drug programs in Central and South America, which had been halved in FY 1994, needed to be restored. McCaffrey asked Cohen to add an additional \$141 million in funding in its budget

³⁹ "US to Wage High-Tech War on Drugs at the Mexican Border," *New York Times*, September 17, 1997, p. 5.

⁴⁰ *Ibid.*

Connecting to the "Real" Budget Process

Although the controversies over medical marijuana and the certification of Mexico were major distractions, McCaffrey tried to stay focused on the budget issue and the question of how he could connect ONDCP's budget certification process to the "real" budget process controlled by OMB. In the spring of 1997, ONDCP began its effort to force the various departments to sign-on to the idea of developing five-year budgets. By requiring agencies and departments to develop five-year budgets, ONDCP hoped to gain some control over what agencies proposed. ONDCP planned to send out budget "guidance" specifying the program areas ONDCP wanted the agencies to focus on and initiatives it wanted included in the president's next budget.

The prospect of developing five-year budgets was not well received. "Many of the agencies are somewhat resistant to this," says one staff member. "ONDCP can have its five-year process, but the civilian part of government only budgets one year at a time. So this is relatively new to most of our regular contacts out there." Several agencies bluntly refused to participate, only to be overruled by their department heads.

Not everyone at OMB was enthusiastic about having some agencies develop multi-year drug budgets either, primarily because it threatened to introduce a major kink into the budgeting process. While civilian agencies did calculate "out-year" expenditures, they didn't factor new programs into those calculations. How would a multi-year budget that called for new spending programs in "out-years" affect, among other things, the president's avowed goal of producing a balanced budget by the year 2002? (The impact would be minor, argued McCaffrey's staff, \$16 billion out of a total budget of almost half a trillion dollars.)

Nevertheless, despite concerns among OMB staff members, OMB Director Franklin Raines supported the idea. In June 1997, Raines and McCaffrey circulated a joint memo to the heads of every drug control department and agency proclaiming both agencies' shared commitment to creating a serious five-year national drug control budget. In July 1997, ONDCP and OMB began a joint effort to develop a five-year drug control budget.

That fall ONDCP focused in on the next stage of McCaffrey's plan to increase ONDCP's influence over the anti-drug budget—creating a performance and measurement system. The existence of an independent, credible evaluation systems was one of the primary tools McCaffrey hoped to use to rationalize the allocation of drug control resources. By the end of 1997, ONDCP was in the final stages of developing a set of concrete, comprehensive goals and an objective system for measuring whether those goals had been achieved. As its major goals, ONDCP would propose a 50 percent reduction in the entry of illicit drugs into the country and in the use of illicit drugs by 2007 (a goal that echoed Bennett's unfulfilled pledge to reduce drug use and availability by 50 percent by the year 2000). ONDCP was also developing roughly one hundred specific "targets"

methadone treatment to heroin addicts.³⁶ "It's very bold for McCaffrey to go out and say this," said Mark Parrino, the director of the American Methadone Treatment Association at the time. "It's a far cry from the 'Just Say No' era."³⁷

Motivating Kids to Say No

Indeed, McCaffrey did distinguish his youth prevention campaign from the rhetorical anti-drug campaigns of the 1980s. Youth prevention, says McCaffrey, "doesn't mean giving [kids] lectures about the dangers of drug abuse. It means giving them alternatives between 3:00 p.m. and 7:00 p.m. They're safe in the schools, but then they walk out the doors. We've got to sort out what we are going to do about our children."

McCaffrey believed that ultimately this effort would have to be a local one. "This is really a local and state issue as much, or more so, than a federal issue," acknowledges McCaffrey. There were important things McCaffrey thought that ONDCP could do to assist this process—putting good ideas into the public marketplace for state and local government and encouraging the formation of local anti-drug coalitions by providing seed money were two frequently mentioned ideas—but as of late 1997 ONDCP's role in supporting this local effort remained rather inchoate.

In other respects, however, McCaffrey's strategy for encouraging youths not to experiment with drugs did harken back to the "Just Say No" period. In October 1997, Congress approved a major component of McCaffrey's prevention campaign—a plan to spend roughly half a billion dollars over the next five years on a national anti-drug campaign focused on youths. In the past the government had relied on advertising agencies and the networks to donate their time to produce and air public service announcements; now, for the first time, the government would be directly purchasing a large segments of air time. The campaign, which began in early 1998, with \$175 million in federal money for the first year, marked the largest social-marketing campaign in US history.³⁸ According to McCaffrey, once the campaign is up and running, "we're going to be targeting 9-17 year olds [with public service announcements] four times a week, with 90 percent market penetration during prime time."

Despite some grumbling on Capitol Hill, McCaffrey's legislative agenda still seemed to enjoy widespread support in Congress.

³⁶ Methadone is an addictive but non-euphoric synthetic substance that blocks the euphoric effects of heroin while easing heroin withdrawal symptoms. It is widely administered to heroin addicts. Under the current system, because of concerns about methadone's addictive qualities, methadone had generally been dispensed from highly-regulated clinics in often arbitrary dosages prescribed by federal guidelines rather than by doctors.

³⁷ "McCaffrey proposes overall of methadone treatment system," *Alcoholism and Drug Abuse Week*, October 6, 1997, p. 1.

³⁸ "A Social Contract: In the Next Five years, Congress will spend a cool billion on anti-drug advertising," *Adweek*, November 3, 1997, p. 33. Under the complicated terms of the legislation, roughly half of the funding was to come from private industry, for a total of roughly \$1 billion over five years for McCaffrey's anti-drug campaign.

Although McCaffrey's rejoinder succeeded in temporarily silencing Barr, McCaffrey's honeymoon with conservatives in Congress was over. The conservative *Washington Times* declared that McCaffrey and the Clinton administration were "hell-bent on retreating from muscular approaches to fighting drugs." The article went on to quote an anonymous Congressional Republican aide who declared that McCaffrey "has been a bitter disappointment." "He has not been a drug czar but a drug nanny. Congress wants action with measurable goals and objectives. Instead, he gives us platitudes."³³

The criticism of McCaffrey from Congressional drug warriors did not, however, move demand-reduction advocates to rush to his defense. Indeed, some demand-reduction proponents, particularly treatment providers, also showed signs of souring on McCaffrey. "While many in the field remain czar-struck with Gen. Barry McCaffrey, a national press that has been equally enamored of the good general is waking up to the fact that McCaffrey's proselytizing has not translated into any meaningful changes," opined columnist Bob Curley in the pages of *Alcoholism & Drug Abuse Week*, a widely-read publication in the drug treatment field.³⁴ Drug policy experts also began to question McCaffrey's youth prevention program. "I am unimpressed that any prevention program is effective, so we need some fundamental reexaminations here as well," said Dr. Floyd Bloom, the editor of the prestigious magazine, *Science*.

McCaffrey, however, felt quite comfortable defending himself. Although McCaffrey in his public statements was quick to praise members of Congress of both parties for the anti-drug efforts, he did not hesitate to respond forcefully to challenges to his authority. To the chagrin of some on his staff, McCaffrey did not simply attempt to conciliate Congressional critics. Rather, he fought back, traveling to the districts of Congressional critics and presenting his arguments directly to the constituents of hostile members of Congress. In effect, McCaffrey was challenging his Congressional critics to confront him with their criticisms publicly and wagering that if they did he, McCaffrey, would prevail over them with their own constituents. In his first two years in office, no member of Congress took up this challenge.

In the late summer and early fall of 1997, McCaffrey proposed several significant reforms which he knew would be welcomed warmly by liberals and draw criticism from conservatives. In August, McCaffrey and Reno came out in favor of reducing the sentencing disparities between individuals arrested with "crack" cocaine and individuals arrested with powder cocaine—a proposal immediately rejected by Republicans.³⁵ In October 1997, McCaffrey delighted treatment advocates by proposing to allow individual doctors with training in addiction treatment to provide

³³ "McCaffrey's No-Win War on Drugs," *Washington Times*, February 24, 1997, p. 8.

³⁴ "New physicians' group could revolutionize drug war," *Alcoholism & Drug Abuse Week*, July 21, 1997, p. 5.

³⁵ Under the terms of a law passed at the beginning of a crack epidemic, possession of 5 grams of "crack" cocaine could result in a five-year prison term—the same penalty meted out to individuals in possession of 500 grams of powder cocaine. Critics argued the severe penalties for "crack" unfairly penalized minorities, who were more likely to be arrested with "crack" than whites.

the effectiveness of marijuana "should be only a scientific issue," declared McCaffrey. "It should have nothing to do with drug politics."³¹

The Mexican Connection Explodes

Since his first day in office, McCaffrey had embraced his role as the administration's point person on US policy towards Mexico. On February 18, 1997, just a week before President Clinton intended to certify that Mexico was cooperating with the America's anti-drug efforts, Mexican officials disclosed that ten days earlier they had arrested the head of Mexico's anti-drug effort, Gen. Jesus Gutierrez Rebollo, on charges that he was on the payroll of one of Mexico's largest drug cartels. McCaffrey, who earlier had praised Rebollo as a "a guy of absolute, unquestioned integrity," was embarrassed as subsequent news reports revealed a wealth of evidence pointing toward Gutierrez Rebollo's drug connections. Nevertheless, a week later the administration pressed ahead and certified Mexico's anti-drug efforts.

Souring on McCaffrey

McCaffrey's unwavering defense of certification for Mexico angered many members of Congress. To opponents of that decision, the argument that Mexico was fully cooperating with US efforts to combat drugs seemed ludicrous. John Walters, a high-ranking ONDCP official during the Bush administration, excoriated McCaffrey for coddling Mexico and ignoring what Walters saw as obvious signs of pervasive corruption. Sens. Diane Feinstein, D-CA, Paul Coverdell, R-GA, and Alfonse D'Amato, R-NY, emerged as the leaders of a vocal group of Congressional critics of McCaffrey's Mexican policy.

When McCaffrey presented his 1997 national drug control strategy to Congress in the spring of 1997, he encountered even more critics. Drug warriors in Congress, annoyed that McCaffrey had proposed to spend only 10 percent of the anti-drug budget on interdiction, were beginning to lash out at the drug "czar." At a hearing before Congress, Rep. Bob Barr, R-GA, attacked McCaffrey for his lack of enthusiasm for waging a "war" on drugs.

McCaffrey, however, refused to be cowed. "I must remind you, if I may, quite publicly now, you are dealing with a guy who has been wounded in combat three times," in response to Barr's criticisms. "I know all about war."³²

³¹ "US Plans to Study Issue of Medical Marijuana," *New York Times*, January 31, 1997, A14. Proponents of medical marijuana were unimpressed by McCaffrey's change of tact. They believed that given the federal government's well-documented history of downplaying evidence in favor of marijuana and the rigors of the FDA approval process, the offer to let the FDA review marijuana was disingenuous.

³² "Czar McCaffrey Fails to Cut Supply of Illegal Narcotics," *Washington Times*, March 31, 1997, p. 13.

In formulating his response to the passage of the medical marijuana referendums, McCaffrey considered how his reaction would affect his primary goal—preventing youths from using drugs. The "Monitoring the Future" surveys conducted by the University of Michigan showed that the number of teenagers who thought that regular marijuana use was harmful had started to fall. Not surprisingly, declining levels of concern about the effects of marijuana use coincided with increases in marijuana use. McCaffrey had made reversing these trends one of his primary goals. At the very moment McCaffrey was attempting to restigmatize the use of marijuana among young people, the people of Arizona and California had passed referendums—referendums heavily funded by outside interests whom McCaffrey identified with the forces of drug legalization—that recognized marijuana as a medicine, and soon doctors would be writing prescriptions for pot. This, McCaffrey believed, was exactly the wrong signal to be sending. It was essential, McCaffrey decided, to move forcefully against this dangerous development.

And move forcefully he did. On December 30, 1996, with Attorney General Janet Reno and Secretary of HHS Donna Shalala at his side, McCaffrey announced a variety of measures the federal government would take to punish doctors who prescribed marijuana, ranging from the revocation of their licenses to prescribe medicine to possible federal prosecution. When asked by a reporter if there was any evidence that marijuana could be useful in a medical situation, McCaffrey replied, "No, none at all. There are hundreds of studies that indicate it isn't."

McCaffrey's tough stance—and outright denials that there was *any* evidence whatsoever suggesting marijuana might have beneficial effects—caused an out-cry from many doctors, as well as some liberal drug policy groups. Media outlets contrasted McCaffrey's hard-line response with the needs of doctors trying to relieve terminally-ill patients in chronic pain. *The New England Journal of Medicine* denounced McCaffrey's reaction as "misguided, heavy-handed and inhumane."

The reaction to McCaffrey's hard line was not uniformly negative. Congress was generally supportive, as were many anti-drug organizations that emphasized youth prevention. President Clinton was also pleased and urged McCaffrey not to back down on the issue. Nonetheless, McCaffrey was disturbed by the public outcry against his proposals. He worried that his harsh initial reaction had cost him the support of his natural allies—people inclined to support an increased focus on demand-reduction efforts. As a result, McCaffrey attempted to soften his rhetoric without fundamentally changing his stance.

One week after he had dismissed the case for medical marijuana in his press conference with Shalala and Reno, McCaffrey announced that at the same time he had been marshalling the federal government's forces for a tough response to the medical marijuana movement, ONDCP had given the Institute of Medicine, a branch of the National Academy of Sciences, nearly \$1 million to fund a review of the health effects and potential medical use of smoked marijuana. Decisions about

making progress toward meeting those objectives. Agencies whose efforts were not producing results (as determined by the measurement system) would for the first time face pressure from the policymakers, both in the executive branch and in Congress, to either start delivering or give up their resources. "Three years from now, if your program isn't delivering an output function on this strategy, you are out of the ball game," says McCaffrey.

Only when a multi-year drug control budget was in place did McCaffrey believe that the national drug control strategy would really begin to affect budgetary decisions. Departments and agencies, predicts McCaffrey, "are going to get increasingly entangled in a five-year budget, which will leave them vulnerable to me making an argument to invest in drug prevention [as a way to] save in criminal justice. Fifty-five percent of the budget is law enforcement and prisons. You want to cut down on that? You can't do it this year. I'll always lose that argument, but if I can get a five year budget, I can postulate some changes in the algorithm [in out years]." An objective system to measure performance would be additional ammunition for the director of ONDCP.

It would be a long-term process—one which most departments and agencies would bitterly resist—but McCaffrey was confident that with time and the continued support of the president and his fellow cabinet officers he could succeed in bridling departments and agencies with a multi-year budget developed largely by ONDCP and a measurement system.

In November 1996, President Clinton was reelected for a second term. Clinton's reelection was good news for McCaffrey. "If Dole had been elected—he's an admirable man, I've known him for years—I doubt he would have fired me," speculates McCaffrey, "[but] it would have taken me six months to get my ideas back on the table." However, unfortunately for McCaffrey, Clinton was not the only electoral victor. State referendums permitting the use of marijuana for medicinal purposes also triumphed in Arizona and California. These state referendums would be the first of a series of unexpected developments that would focus the public's attention on ONDCP and force McCaffrey to define himself more by his spontaneous responses than by his carefully thought-out strategy.

Medical Marijuana

During the late summer and fall, McCaffrey had done some campaigning against the medical marijuana initiatives in California and Arizona. However, even McCaffrey conceded it had not been a particularly effective campaign. "We had no money; we were already short [of time]; the polls were abysmal; we were being told, 'Look, if you want to beat the referendums, the only way to do it is you get millions of dollars and buy TV time,'" said McCaffrey.³⁰ Now that the medical marijuana initiatives had passed, however, the task fell to McCaffrey to organize the administration's response.

³⁰ "McCaffrey's No-Win Drug War," *Washington Times*, February 24, 1997, p. 6.

children's issues, was reportedly delighted with McCaffrey's decision to emphasize youth prevention. McCaffrey's strategy, with its echoes of Nancy Reagan's "Just Say No" campaign, also resonated with Republicans. Even advocates of drug treatment responded enthusiastically to McCaffrey's presentation: although many drug treatment advocates were agnostic about the efficacy of prevention efforts, they were pleased by McCaffrey's clear emphasis on demand-reduction measures and by his assurances that providing treatment to hard-core drug addicts would be a priority for ONDCP.

The optimism aroused by McCaffrey's rhetoric was, however, somewhat tempered by ONDCP's actual budgetary proposals for the coming fiscal year. Although McCaffrey had repeatedly proclaimed his desire to dramatically increase the share of anti-drug money being spent on demand-reduction initiatives, ONDCP's new budget request continued the status quo ante: the bulk of the federal government's drug control money would continue to go to traditional supply-side activities, such as domestic law enforcement, interdiction, and source-country eradication efforts. Of the \$15.1 billion that ONDCP proposed to spend in fiscal year 1997, roughly \$10 billion would go to supply-reduction activities. Demand-reduction initiatives were given an 8.7 percent increase in a budget that proposed to increase over-all anti-drug spending by 9.1 percent. Only about 10 percent of ONDCP's budget request would be spent on prevention, ostensibly McCaffrey's number one priority.²⁹

Officials at ONDCP privately acknowledged that the actual drug control budget did not reflect the drug control strategy. However, they didn't have much patience with treatment and prevention advocates who expected an immediate shift in resources away from law enforcement and interdiction programs—something they believed Congress would never agree to. ONDCP's efforts to increase spending on prevention programs (and treatment programs too) would be a gradual, long-term effort.

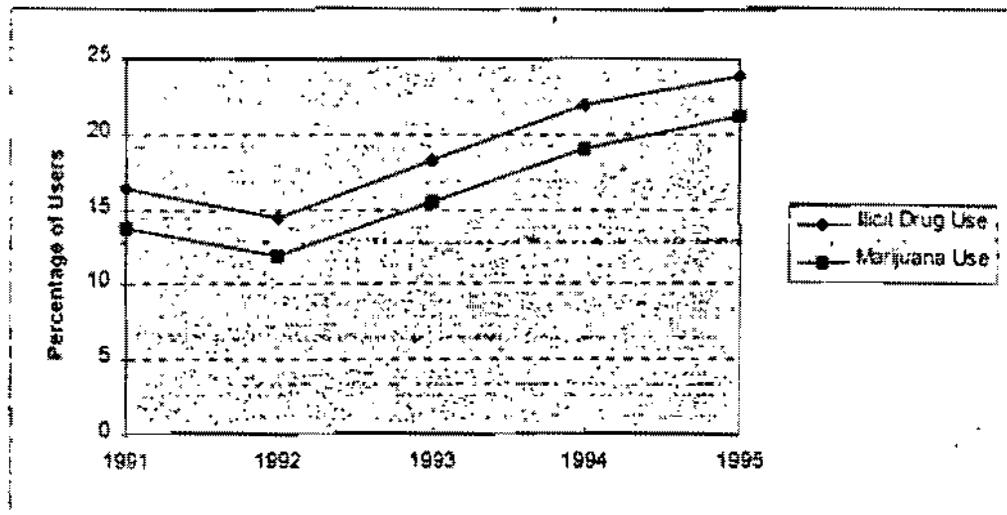
Controlling the Purse Strings

McCaffrey and his advisers were deeply concerned about ONDCP's anemic authority over the budget process and were determined to rectify the problem. Toward that end, McCaffrey and his advisers developed a plan for gradually gaining greater control over the anti-drug budget.

His plan had three steps. The first, represented by the first national drug control strategy, was to articulate ONDCP's five core goals and the 32 objectives associated with those goals. The next step would be to develop multi-year budgets (similar to the multi-year budgets used by the Defense Department) in order to provide the anti-drug effort with continuity from one year to the next. Finally, ONDCP would develop specific measurements to gauge whether agencies were

²⁹ "Disappointing Drug Strategy Signals Decade of Frustration," *Alcoholism and Drug Abuse Week*, May 6, 1996, p. 5.

Figure 1: Trends in Prevalence of Drug Use Among 12th Graders, 1991-1995



Numbers drawn from the University of Michigan's Monitoring the Future Survey. "Illicit" drugs do not include alcohol and tobacco. Figures for 8th and 10th graders show an even more dramatic rate of use increases.

It was also clear that kids who stayed clear of illicit drugs throughout their teenage years almost never used illicit drugs later in life. "It was a no brainer," says McCaffrey. "No booze, no cigarettes, no drugs. You're 21; you are home free. You never have a drug problem. Everyone told me that. So that was the number one goal."

Focusing on preventing youths from using drugs also seemed like a sure-fire political winner. Surveys consistently suggested that youth prevention efforts were one of the most popular ways to combat drug abuse. (Providing treatment to addicts, by contrast, was consistently seen as one of the least popular approaches to reducing drug use.) McCaffrey hoped that emphasizing youth prevention (while continuing to support law enforcement and treatment efforts) would allow him to chart a path between the drug warrior faction and the treatment-for-addicts faction.

On April 29, 1996, President Clinton joined McCaffrey at a middle school in Miami to unveil the new national drug strategy. It articulated five major goals: "Educate and enable America's youth to reject illegal drugs as well as tobacco and alcohol"; "Increase the safety of America's citizens by substantially reducing drug-related crime and violence"; "Reduce health and social costs to the public of illegal drug use"; "Shield America's air, land, and sea frontiers from the drug threat"; and "Break foreign and domestic drug sources of supply." Although McCaffrey emphasized that the United States would continue its vigorous supply-reduction efforts, the focus was clearly on kids.

McCaffrey's decision to make youth prevention the centerpiece of his anti-drug efforts was well-received, as he had calculated it would be. President Clinton, who liked to champion

interagency drug issues was a lone Navy captain on the Joint Chiefs of Staff. Reasserting ONDCP's bureaucratic prerogatives, organizing ONDCP to run with the crisp efficiency to which McCaffrey was accustomed, and staffing back up to 150 staff positions became major endeavors.

Given these challenges, McCaffrey decided to ask Congress for permission to delay the release of his first national drug control strategy. (His preferred release date was July 4.) Congress, however, rejected his request. McCaffrey had less than two months to develop a comprehensive new drug control strategy.

Drafting the National Drug Control Strategy

McCaffrey approached the task of crafting his first national drug control strategy with the zeal of a new convert, as indeed he was. (Until accepting the job of drug "czar," McCaffrey had not been aware that there was a yearly national drug control strategy.) Now, however, he was convinced that developing a compelling strategy would give him important additional leverage. "If I write the paper, and we are talking about my paper, I just own the interagency process," explains McCaffrey. "From the time we walked in there, we have had the paper on the table."

What was on that paper was equally important. McCaffrey needed to find a demand-reduction emphasis that was sound policy and sound politics. McCaffrey was keenly aware that Brown's attempt to increase spending on drug treatment for hard-core addicts—a constituency that was not politically attractive—had gone nowhere, even with a Democratic Congress in office. So McCaffrey decided to focus on achieving a more attractive goal—preventing drug use among America's children.²⁶

The drug policy experts who had gathered to brief McCaffrey at Harvard just a few weeks earlier had expressed considerable skepticism about prevention efforts. McCaffrey, however, believed that focusing on youth prevention was both sound politics and sound policy. The argument for emphasizing youth prevention (an argument which in some ways resembled William Bennett's "contagion" theory of drug use) seemed to McCaffrey to be exceptionally strong. Increasing drug use among secondary school students was clearly the most worrisome trend in present-day drug use. (See Figure 1 for a chart of drug use among 12th graders.)

²⁶ McCaffrey enjoyed unusual discretion in developing his national drug control strategy. Although Vice President Al Gore and President Clinton signed-off on the final drug control strategy, the White House played no role in formulating ONDCP's strategy.

successfully, in favor of certification. It was a major foreign policy question, and McCaffrey emerged from the meeting as the administration's point-person on the issue.

The next day, March 7, McCaffrey teamed up with President Clinton and several cabinet secretaries to host a White House Leadership Conference on Youth, Drug Use and Violence. As if to emphasize his interest in demand-reduction measures, McCaffrey chaired the session on "Reducing Drug Use Through Treatment and Prevention" and repeatedly emphasized his determination to focus on demand-reduction measures.

McCaffrey's unexpected emphasis on prevention and treatment programs surprised and delighted demand-reduction advocates. Little more than a month earlier, many prevention and treatment professionals had worried that McCaffrey, whom they saw as the US military's point-person for drug interdiction, would put even more emphasis on supply-side drug reduction efforts. Now, many began to hope that McCaffrey might actually emerge as a champion of demand-reduction measures. "I thought McCaffrey would be militantly law and order, but he constantly talked about a holistic approach," said one treatment provider. "He made a strong statement that he's going to be spending his time making the case for treatment, said another. "He seems to think that it's a slam dunk -- if you spend more money on treatment, you reduce crime and recidivism."²⁷

In the weeks that followed, President Clinton announced the formation of a drug council, which he would chair and which would include most of his cabinet. The President's Drug Policy Council would meet at least once a year and provide a forum for cabinet members to brief the president on their department's contributions to the anti-drug effort. In addition, Clinton announced that McCaffrey, like Attorney General Janet Reno, would sit in on most full National Security Council meetings. McCaffrey also moved quickly to reassert control over the interagency working group, the formal mechanism for developing and coordinating drug policy among the various departments and agencies with drug control responsibilities, which during Brown's tenure had languished at the State Department.

At the same time he was trying to reassure prevention and treatment professionals that he strongly supported their demand-reduction agenda, McCaffrey and the small team of military advisors he brought with him to ONDCP were also trying to deal with myriad institutional problems. They were appalled at the extent of disorganization they found within ONDCP when they arrived. After assessing the office, McCaffrey team of advisors concluded that ONDCP was not coordinating the activities of the various departments and agencies with anti-drug responsibilities to any significant degree. The interagency process by which ONDCP was supposed to develop policy with other agencies had broken down almost completely. As best McCaffrey's advisers could determine, the only person in the federal government actively working on

²⁷ "Impressed by Symbolism, Summit Attendees Wait for Substance," *Alcoholism and Drug Abuse Week*, March 18, 1996, p. 12.

Developing an Anti-Drug Paradigm

McCaffrey found the approach to controlling drug abuse outlined at Harvard to be quite persuasive. The notion that the goal of drug control programs should be to reduce the damage associated with drug use, drug dealing, and drug control made sense to him. Clearly, it was unrealistic to think about completely eliminating drug abuse; the challenge was to manage and minimize drug abuse so that it did as little damage to the body politic as possible. McCaffrey was already considering a new metaphor for the nation's anti-drug effort instead of a "war" against drugs. McCaffrey wanted to deal with the "cancer" of drug abuse. The argument for expanding drug treatment programs to treat this "cancer" seemed very convincing.

However, McCaffrey knew from Lee Brown's experience in office that the Director of ONDCP who emphasized demand-reduction initiatives at the expense of vigorous supply-reduction activities did so at his own peril. McCaffrey's experiences at SOUTHCOM had already convinced him that an intensified interdiction effort was not the answer to the United States' drug problem. Clearly, if his national drug control strategy was going to propose sound policies, it needed to have a strong demand-reduction focus. But it would also have to be palatable to a Republican congressional majority that seemed determined to intensify the "war" on drugs.

McCaffrey's Debut

McCaffrey soon had an opportunity to expound publicly on his thinking about the US drug problem. In testimony before the Senate Judiciary Committee on February 27, 1996, McCaffrey declared that he viewed drug abuse as a problem that was not amenable to a military response. Consequently, McCaffrey declared that he believed that the metaphor of a "war" on drugs was "inadequate." Instead, he suggested that the nation ought to deal with the problem of illegal drug abuse like people deal with cancer in the family. Although McCaffrey emphasized the continued importance of vigilant law enforcement, his comments clearly indicated he had no intention of commanding a reinvigorated "war" against drugs. (See Exhibit 2 for the full text of McCaffrey's testimony.)

Although many congressional Republicans were on the record supporting an increase in military involvement on the war on drugs, McCaffrey's comments apparently caused them no concern. Republicans and Democrats alike showered McCaffrey with praise, and on February 29, 1996, he was unanimously confirmed.

On March 6, 1996, McCaffrey was sworn into office. Right after his swearing in, McCaffrey went to his first Cabinet meeting, which focused on whether or not the administration should certify that Mexico was a full and active participant in the anti-drug effort. McCaffrey argued,

the United States needed to focus on providing treatment to the nation's roughly three million hard-core addicts?

Several days after his nomination had been announced, McCaffrey received an unexpected offer of assistance in answering these questions from Philip Heymann, a professor at Harvard Law School who had served as the Deputy Attorney General for the first year of the Clinton administration. Heymann called McCaffrey in Panama and offered to assemble a group of drug policy experts from around the country to brief McCaffrey on what the state-of-the-art thinking on drug control was. McCaffrey accepted Heymann's proposal, and on February 19, 1997, he flew up to Cambridge, Massachusetts, for a day-long briefing.

The "Expert" Approach to Drug Policy

ONDCP's approach to drug control had always had three main components—a supply-reduction component; a treatment component; and a prevention component. The experts Heymann had assembled had recommendations for ONDCP in each of these fields of activity:

Law Enforcement/Interdiction. Most of the drug policy experts who briefed McCaffrey at Harvard agreed that it was unreasonable to think that supply-reduction activities would eliminate or massively reduce the supply of drugs in the United States. However, supply-reduction activities could serve the valuable purpose of increasing the total price (or temporarily reducing the availability) of a drug to users, thus discouraging use. In order to increase the costs of drugs as much as possible, ONDCP should attempt to disrupt the supply system in the way that would be most costly for drug suppliers to remedy. However, it would be important to disrupt drug supply in ways that did not result in increased violence.

Treatment. The assembled experts agreed that "the case for greatly expanding treatment is quite persuasive, if not conclusive." Drug treatment, including coerced treatment, they said, seems to be a cost-effective way to deal with the United States' hard-core drug users.

Prevention. Most of the drug policy experts were less sanguine about drug abuse prevention efforts. "The case for prevention programs addressed to use of drugs is much shakier. There is some but little evidence of success." One area where prevention efforts might be more productive, the group agreed was in convincing youths to avoid dealing drugs. (See Exhibit 1 for a text of the agenda.)

interdiction, the most expensive and least effective component of our national drug strategy and one that has had a negligible consequence on the availability of drugs."

The militarization of the anti-drug effort that Republican presidential candidate Bob Dole was calling for seemed ready to begin at once, under President Clinton.

McCaffrey's Attitudes Toward Drugs

Unbeknownst to the White House, however, McCaffrey inclined toward a different approach. McCaffrey's one real experience with the war on drugs had been during his stint as the head of SOUTHCOM in Panama. There McCaffrey had spent roughly a quarter of his time coordinating the military's extensive interdiction efforts in the Caribbean basin and in the Andes. His experiences in Latin America had left him convinced that while interdiction efforts could achieve tactical victories, interdiction would not make the strategic or decisive difference in the outcome of the "war" on drugs. Republican proposals to step-up the use of the military for interdiction missions were, McCaffrey believed, sheer madness. McCaffrey might be stepping onto the public stage as a drug warrior in good standing, but he had no intention of conducting any type of "war" on drugs.

Nor was McCaffrey inclined to look to tougher law enforcement as the solution to the United States' drug problem. Like most military professionals of his generation, in the 1970s and 1980s McCaffrey had watched the US Army confront and defeat a drug problem that had reached crisis levels.²⁶ The army had not arrested its way out of its drug problems. Rather, committed non-commissioned officers (NCO) had made it clear to the enlisted men serving under them that drug use wouldn't be tolerated and that the army would do everything it could to help its soldiers kick their habits. McCaffrey believed that the army's response to its drug problem could, to some extent, serve as a model for how society as a whole should respond. He believed American society would not arrest its way out of its drug problem; however, it was less clear who, if anyone, in American society was capable of assuming the role NCOs had played in the army.

What, then, should his approach to drug control be? Although McCaffrey had a well-developed sense of what would not work, he still needed to develop a positive drug control strategy, quickly. (His confirmation hearings were scheduled for late February.) Should he, like Bennett, focus on casual users, or should he hew to Brown's principled but unpopular position that

²⁶ McCaffrey spoke frequently of his personal experiences with drug abuse in the US Army. "The US Army that I was part of and so loved was almost destroyed by alcohol abuse and illegal drugs in the '70s," said McCaffrey in one of his first public statements after being nominated to be the Director of ONDCP. "Up to two-thirds of our battalion was using drugs all the time or some of the time, and the impact on our discipline, on rape, violence, spiritual loss of focus, physical health was atrocious." "McCaffrey's No-Win War on Drugs," *Washington Times*, February 24, 1997, p. 8.

soldier.²³ Clinton opted for the soldier. The president's advisors quickly narrowed in on one soldier in particular – General Barry McCaffrey.

The Administration's Choice

McCaffrey seemed the perfect shield with which to deflect Republican attacks on the drug issue. At age 53, McCaffrey was the US Army's youngest four-star general, as well as its most decorated combat officer. He was a hero of two wars. For his service in Vietnam, McCaffrey had received (among his many other decorations) two Distinguished Service Crosses, the nation's second highest military award, as well as a wound he still bore. In the Persian Gulf War, McCaffrey had been a celebrated field commander, leading the famous 300-mile "left hook" behind Iraqi lines to attack the Iraqi rear. As commander of US Army's Southern Command (SOUTHCOM), McCaffrey had successfully coordinated one of America's largest drug interdiction efforts. He also got along well with the president.²⁴ Politically, McCaffrey seemed unassailable.

He was also willing to take on the job.²⁵ "I knew that that position, being a Cabinet officer, having 150 people, having the following kinds of authority, could be a policy coordinating position with enormous impact," says McCaffrey.

On January 23, 1996, President Clinton announced his appointment for the next drug "czar" during his State of the Union address. Dressed in uniform and seated next to the First Lady, McCaffrey rose to receive two standing ovations from the 104th Congress.

Not everyone, however, was pleased with McCaffrey's appointment. Many treatment advocates were dismayed by Clinton's decision to appoint a general to lead the nation's anti-drug effort. "It appears to be a naked political move," said Eric Sterling, the head of the Criminal Justice Policy Foundation, soon after McCaffrey's nomination was announced. "With [Lee] Brown, there was an acknowledgment that we needed to make treating hard-core users a top priority. I thought that was right on target. General McCaffrey has no background in treatment or prevention, or in working in communities with state or local governments. What he has is experience with

²³ "A Reluctant Campaigner," *Newsweek*, October 21, 1996, p. 36.

²⁴ Ironically, in the early days of the Clinton administration McCaffrey had been at the center of one of several tiffs that broke out between the Pentagon and the White House. While at the White House McCaffrey had been snubbed by a staffer who, in response to his greeting, replied, "I don't talk to the military." McCaffrey related the incident to colleagues back at the Pentagon; from there it was leaked to the press (though the participants remained unnamed). A political brouhaha broke out as Republicans sought to portray the new administration as anti-military. In a phone call to the *Washington Post* McCaffrey confirmed the incident but insisted that relations between the Pentagon and White House were fine. Clinton later invited the general to the White House for a jog, where the two men reportedly hit it off. Soon thereafter McCaffrey received his fourth star.

²⁵ McCaffrey did, however, extract several promises from President Clinton, including a pledge to reverse his earlier decision to slash ONDCP's staff and restore funding for 150 positions. See "A Czar Among Bureaucrats," C15-98-1426.0 (Case Program, Kennedy School of Government, Harvard University, Cambridge, 1997) for a detailed account of McCaffrey's deliberations about whether he should take the job and his negotiations with the Clinton administration.

among youths ages 12-17 had nearly doubled, rising from 1.6 million in 1992 to 2.9 million in 1994.¹⁹

This was political dynamite, and Republicans were quick to blame the increase on Clinton. They charged that unlike his predecessors, Clinton had not spoken out forcefully and frequently against drugs. They also pointed to the Clinton administration's reductions in spending on interdiction as evidence that the United States had effectively opened its borders to a torrent of drugs. Since the Clinton administration had encouraged Mexico to take sole command of interdiction efforts in its territory, arrests and drug seizures had fallen by more than 50 percent, and Mexico had become the primary pathway for drugs to enter the United States.²⁰ Republican presidential candidate Bob Dole vowed that if elected he would reinvigorate the United States' interdiction efforts and use the military to fight a real war on drugs.

Brown's attempt to focus concern on hard-core addicts and increase funding for prevention programs was now completely forgotten. Youthful marijuana users were now the subject of concern. Polls around the time showed that how the presidential candidates dealt with "the problem of drug abuse in the US" would be a top priority in determining how more than a third of the public would vote.²¹

On December 12, 1995, Brown announced he was resigning from the post of drug "czar" to accept a teaching position at Rice University in Houston. Three days later HHS released another study showing that the percentage of eighth, tenth, and twelfth graders using marijuana had risen significantly from 1994 to 1995, from 13 percent, 25.2 percent, and 30.7 percent respectively to 15.8 percent, 28.7 percent, and 34.7 percent.

Suddenly, the Clinton administration found itself with a major political liability. "They're going to kill us with this," moaned one senior level Justice Department official at the time.²² The administration needed to make a preemptive strike, and clearly the easiest way to do this would be to find a new drug "czar" with the stature to deflect Republican attacks. That fall presidential senior advisor Rahm Emanuel presented Clinton with a list of four generic types he could appoint as drug "czar" — a tough high school principal, a big city police chief, a prominent prosecutor, or a

¹⁹ This was not a new development. As early as 1992, the Monitoring the Future Survey conducted by the University of Michigan had indicated that marijuana use among 8th graders was rising. The 1993 survey had shown rising rates of marijuana use among 8th, 10th, and 12th graders.

²⁰ "Drugs Flow as Policing is 'Mexicanized,' Diminished US Role Below Border Plays into Traffickers' Hands," *Washington Post*, September 8, 1996, p. A01.

²¹ *The Gallup Monthly Monitor*, February 1996, p. 10. A January 1996 Gallup poll reported that how the presidential candidates dealt with "the problem of drug abuse in the US" would be a "top priority" in how 35 percent of the electorate voted—slightly less important than "the availability of good jobs in the US" (36 percent) but slightly more important than "the federal budget deficit" (33 percent).

²² "The Politics of Drugs: Back to War," *Newsweek*, August 26, 1996, p. 57.

simply didn't seem interested in his activities and generally ignored him. The White House was no help in remedying the situation. The president spoke out on drugs infrequently, and on several occasions the White House denied Brown's request for permission to appear as a guest on the national Sunday morning political talk shows. The White House was always focused on other issues and wanted to stay "on message."

It soon became clear to most people that despite Brown's Cabinet-level position, the president wasn't paying much attention to him or to the issue of drugs in general. Republicans began to castigate Clinton for being "AWOL" — "Absent Without Leadership" — from the war on drugs. Even Democrats got in on the action. "I've been in Congress for over two decades," declared Rep. Charles Rangel, D-NY, "I have never, never, never seen a President who cares less [about drugs]."¹⁸

The New Congress

In November 1994, Republicans regained control of the House and Senate. Any chance of eventually convincing Congress to support increased spending on drug treatment was at an end. Suddenly, Brown found himself facing a different challenge — ensuring ONDCP's survival.

In early 1995, Sen. Richard Shelby, R-AL, the new chairman of the Senate Appropriations subcommittee that controlled ONDCP's funding, informed Brown that he intended to "zero out" ONDCP's funding. Ranking minority member Sen. Robert Kerrey, D-NE, announced that he supported Shelby's measure. In July 1995, the Senate Appropriations Committee as a whole voted to eliminate ONDCP.

Luckily for ONDCP, Biden and Sen. Orrin Hatch, R-UT, (who in 1994 replaced Biden as chairman of the Senate Judiciary Committee) intervened. And in exchange for a presidential promise to speak out on the issue, Kerrey and Shelby agreed to continue funding for ONDCP for fiscal year (FY) 1996. However, Kerrey warned, "the bottom line for me is, if it is not effective, I will be back here next year suggesting that this Senate vote to zero out the drug "czar." Get the job done or let us find some other organization or somebody else that can do it."

Clouds on the Electoral Horizon

In the fall of 1995, as the Clinton administration geared up for the upcoming presidential elections, a major problem appeared on the electoral horizon. In September HHS released the results of its 1994 National Household Survey on Drug Abuse. Against a backdrop of otherwise unexceptional results one statistic stood out: between 1992 and 1994, the rate of marijuana use

¹⁸ "General Clinton, Losing the Drug War," *The Weekly Standard*, May 13, 1996, p. 9.

help those who need help and arrest those who are trafficking in drugs. But I don't think we should declare war against our own people."¹⁷

Brown believed he was coming into office with a strong hand despite his reduced staff and small budget. For one thing, he was the first director of ONDCP to be a full-member of the president's Cabinet. Brown believed that this gave him significant new clout. "I can't think of a time where a Cabinet member refused to cooperate with me [and that was] because I sat at the table with him," says Brown. "I was a colleague, not a sub-level position. Before I got there agencies wouldn't even return phone calls from the staff of the office I assumed. That all changed because I was a Cabinet member reporting directly to the president."

Brown Runs Into Trouble

During his first months in office, Brown's plan to shift the federal government's resources and attention to chronic, hard-core drug users seemed to be on track. Clinton was on the record in favor of such a shift, and many congressional Democrats, particularly Biden, were enthusiastic about the idea. Consequently, when Brown asked Congress to provide an additional \$355 million to create 140,000 new treatment slots, he was hopeful it would accede to his request.

But it was not to be. Congress balked at the idea of giving \$350 million to the administration to spend as it chose. Explains one congressional aide, "Tom Harkin is the head of this appropriations committee; he's in Iowa. Do I want to write the administration a check for \$350 million so they can send, let's see, two-thirds of the money to New York City, a quarter to Los Angeles, and the rest to Chicago? Well, maybe that makes policy sense; we can debate that later ... but it certainly didn't make political sense." Congress rejected Brown's request. Instead, it approved only \$57 million for Brown to spend as he pleased—a sum that Brown describes as "grossly inadequate." A Democratic Congress had rejected Brown's number one priority in his first year in office.

Advocates of increased spending on treatment were dismayed. They were also alarmed by the reports that the administration's budget negotiators had acquiesced to the reduction without even informing Brown. It seemed that the White House was unwilling to expend any political capital to support its professed drug control strategy. While Brown insisted that he had more authority within the executive branch than any previous drug "czar," many other policymakers came to the conclusion that he was in fact a marginal figure.

This perception was exacerbated by the difficulties Brown was experiencing in his attempts to raise the public profile of his anti-drug campaign. The media, particularly the national media,

¹⁷ Eva Bertram, Morris Blachman, Kenneth Sharpe, Peter Andreas, *Drug War Politics: The Price of Denial* (Berkeley: University of Chicago Press, 1996), p. 118.

In October 1993, Brown issued a 31-page "interim" drug control strategy that proposed to focus more attention and resources on providing drug treatment. However, it provided few details about how ONDCP would do this or anything else. When Brown appeared before the Senate Judiciary Committee to discuss his "interim" strategy, he encountered harsh criticism from both Republicans and Democrats on the panel. Sen. Dennis DeConcini, D-AZ, warned Brown that he "was in a very difficult position, with not much authority and I consider not much support from the administration" and warned that if the Clinton administration didn't take more of an interest in ONDCP, Congress might well decide to eliminate it altogether.¹⁴

In November, Clinton responded to charges of inaction with an important anti-drug initiative. Presidential Decision Directive (PDD)-14 directed executive branch agencies to shift their efforts from interdicting drugs entering the United States from the Caribbean and Mexico to attacking the drug supply at its source in Colombia, Bolivia, and Peru, where coca (the primary ingredient for cocaine) was cultivated. PDD-14 also reportedly embraced the Mexican government's desire to "Mexicanize" its anti-drug efforts.¹⁵ Many US programs that supplied Mexico with high-tech equipment and training, as well as financing for programs to eradicate marijuana and poppy fields, were discontinued. The Mexican government, eager to free itself from paternalistic American programs, was delighted by this change of tact in US policy. Many members of Congress, however, were dismayed; a scaled-back US interdiction effort was not the kind of anti-drug initiative they had been looking for.

In February 1994, Brown released his first full-length national drug control strategy. Unlike the vague "interim" strategy, this document called for a major change in the nation's drug control strategy. While he pledged to continue to work hard to discourage casual drug use, Brown announced that his focus would be on what he considered to be the heart of the nation's drug problem – the demand for drugs by the nation's 2.7 million cocaine and heroin addicts. "Treating America's drug problem must start with an aggressive effort to finally break the cycle of hard-core drug use," the strategy declared. Brown's number one priority would be to dramatically increase the number of drug treatment slots for this population.¹⁶

Brown made it clear that there would be other changes as well. Whereas Bennett had framed the drug problem as a moral question, Brown viewed the drug problem as largely a public health issue linked to other societal problems. Consequently, Brown rejected the notion of a "war" on drugs. "You wouldn't hear us using the metaphor 'drug war,'" announced Brown. "We should

14 "Senators Say Drug Plan Needs Quick Fix or Else," *Washington Post*, October 21, 1993, p. A10. Congress eventually succeeded in pressuring the Clinton administration into restoring funding for about 40 positions.

15 "Drugs Flow as Policing is 'Mexicanized,' Diminished US Role Below Border Plays into Traffickers' Hands," *Washington Post*, September, 8 1996, p. A01. The exact language of PDD-14, which is a classified document, remains unknown.

16 *National Drug Control Strategy: Reclaiming Our Communities From Drugs and Violence* (Washington, DC: The White House, February 1994), p. 1.

experts were cautiously optimistic. They hoped that Clinton would support a shift in resources away from supply-reduction efforts, particularly the large interdiction efforts run by the Pentagon and the Coast Guard, and toward demand-reduction efforts, such as efforts to provide more treatment slots for hard-core drug users and addicts.

First Steps

Soon after his inauguration, the Clinton administration announced its first major action in the field of drug policy: in order to meet a campaign promise to reduce the size of the White House staff by 25 percent, ONDCP's staff would be cut from roughly 150 positions to less than 25 positions. The administration also proposed slashing ONDCP's operational budget by almost 70 percent to about \$5.8 million.¹³ However, in order to demonstrate that it still valued ONDCP, the administration announced that the Director of ONDCP would for the first time become a full-fledged member of the cabinet.

Yet the new administration showed no great interest in filling this new Cabinet-level position. While Bush had nominated Bennett to head ONDCP within a month of his inauguration, the top slot at ONDCP remained unfilled throughout the spring of 1993, prompting grumbling from members of Congress interested in drug control policy.

Finally, in late April 1993 with all of his other Cabinet positions filled, Clinton announced his nominee to be the nation's next drug "czar" — Lee Brown, the well-respected former chief-of-police in Atlanta, Houston, and New York City who held a Ph.D. in criminology.

"We now will have an effort that is coordinated as one, pulled together and anchored by Lee Brown," declared the president at Brown's swearing-in. "No longer will the Office of the Director of Drug Policy [sic] operate separately from the rest of the government, consigned to being just a bully pulpit. Now it will work hand-in-hand with the other Cabinet agencies, and in doing so, our effectiveness will be increased."

Lee Brown's Tenure

Brown was sworn into office on July 1, 1993. His first task was to downsize his staff to roughly 25 positions. Brown was also required by Congress to present a new national drug control strategy as quickly as possible. Given the difficulty of getting up to speed on the issues while dramatically reducing his staff, Brown asked Congress if he could delay presenting his national drug control strategy until early next year. Congress, however, rejected his request for a delay and insisted that he produce a document as soon as possible.

¹³ "Drug Control: Reauthorization of the Office of National Drug Control Policy," US General Accounting Office, September 1993, (GAO/GGD-93-144), p. 18.

The Changing of the Guard

Still, most members of Congress professed to be satisfied with Bennett's first year in office. Although ONDCP was struggling to assert authority over drug control spending, Bennett had emerged as a high-profile anti-drug crusader who did not hesitate to spar (in an attention-getting fashion) with Congress over drug control strategies. And by late 1990, ONDCP's senior staff had begun to carve out a clearly defined place in the executive branch and started to build a smoothly working organization. Then in November 1990, as the country prepared for war in the Persian Gulf, Bennett announced that he was resigning.

With Bennett's departure, ONDCP virtually disappeared from the public consciousness. Bennett's successor, former Florida governor Bob Martinez was widely viewed as a lightweight who had been appointed to the position as a reward for his political support in the past. Martinez lacked Bennett's political clout, as well as his knack for attracting publicity, and during the latter part of the Bush administration ONDCP's public profile slipped badly. Indeed, at times it seemed that the only publicity the agency could get was bad publicity, such as the press reports that followed the disclosure that a whopping 40 percent of ONDCP employees were political appointees.

By the end of the Bush administration, even some liberal Democrats had begun to miss the sense of purpose and public attention that Bennett had brought to the drug issue. "The absence of Bennett was felt as at least a kind of national spokesperson," says Eric Sterling, the head of the left-leaning Criminal Justice Policy Foundation. "[W]hen Bennett left there wasn't anybody."

Clinton Takes Command

The 1992 presidential elections held out the prospect for a change in the federal government's approach to drug control. During the campaign Democratic presidential candidate Bill Clinton offered what had become the standard Democratic critique of President Bush's drug policies. Clinton promised that he would be tough on drug-related crime (even accusing Bush of failing to fight "a real war on drugs"); however, Clinton also said that the federal government needed to be "smart" about fighting drugs. Being smart meant focusing more attention and resources on the relatively small number of hard-core drug users, whom studies showed committed the most crime and whose numbers did not seem to have been affected by the Bush administration's war on drugs.

For the most part, however, Clinton tried to avoid the issue of drugs as much as possible. Early in the campaign Clinton had been ridiculed for saying that while he had tried to smoke marijuana as a college student he "didn't inhale"; since then he had shied away from speaking out on the issue. Still, when Clinton was elected president in November 1992, many drug policy

"implementation plans." If the budgets and implementation plans submitted were not satisfactory, ONDCP would "decertify" their budgets, thus making congressional approval unlikely.

ONDCP's efforts to assert its authority were not well received. Many departments, particularly HHS, complained that ONDCP was trying to micromanage its activities and was burdening it with trivial demands and requests for detailed implementation plans. However, these conflicts gradually eased as agencies became accustomed to working with ONDCP and discovered a ready detour around ONDCP – the budgeting process run by OMB.

The *Anti-Drug Abuse Act of 1988* required agencies with anti-drug responsibilities to send the drug-related portions of their budget requests to ONDCP before submitting them to OMB. However, time constraints often forced agencies to submit their overall budget requests to OMB before they had received ONDCP's comments—a development that undermined ONDCP's authority. "Agencies tried to accommodate us somewhat but generally their submission would go over and our main discussion would be with OMB itself," says a budget analyst who worked for ONDCP during the Bush administration. Even though ONDCP had developed its own budget process, in the end it had to lobby OMB to get the money for the programs it wanted to fund.

ONDCP did not, however, depend completely on OMB's good-will to achieve its goals. The Director of ONDCP could, in theory, bypass OMB and go directly to the president with funding requests. ONDCP could also threaten to "decertify" the budget requests of agencies and departments that ignored its recommendations. On several occasions the director of ONDCP came close to taking this step. In 1990 ONDCP sent "draft" decertification letters to the departments of Veterans Affairs and Housing and Urban Development. As a result of these threats, both agencies shifted money away from other projects and toward anti-drug abuse programs in their budget requests. ONDCP threatened to decertify five agencies in 1991 unless they increased the anti-drug portions of their budget requests. All five subsequently complied.¹¹

Nevertheless, the threat of decertification was almost entirely reactive. While it could dissuade agencies from getting too far out of line with their budget requests, it was not having much success in setting agencies' budget priorities early on. "In terms of any real authority to affect what the numbers would be, the 'czar' was given no authority to do that," says one close observer.¹²

¹¹ "Drug Control: Reauthorization of the Office of National Drug Control Policy," US General Accounting Office, September 1993, (GAO/GGD-93-144), pp. 64-65.

¹² In addition, ONDCP had to rely on departments and agencies to estimate their anti-drug expenditures. Since there were no standards as to how these figures should be calculated, many outside experts suspected agencies of greatly inflating the size of their anti-drug contributions. See Patrick Murphy's "Keeping Score: The Frailties of the Federal Drug Budget" (Rand Drug Research Center Issue Paper, January 1994) for a comprehensive discussion of this problem.

intelligence and common sense to a debate long dominated by ignorance and confusion."⁸ In January 1990 Biden released his own anti-drug strategy, which called on the government to focus its activities on hard-core drug addicts, whom Biden contended were at the root of America's drug and crime problems.⁹

A new round in the debate over what was the best way for the United States to deal with its drug problem seemed to have begun. However, ONDCP's other mission—setting priorities for and coordinating the activities of the various agencies with anti-drug responsibilities—proved to be more of a challenge.

Finding Its Place in the Budget Process

Although most agencies welcomed the influx of new money that came with the intensified war on drugs, they quickly made it clear that they were not going to greet the new drug "czar" with equal enthusiasm. ONDCP's first major clash was with the agency it most resembled, the Office of Management and Budget (OMB).

OMB was determined to ensure that the certification process did not cast the president (or OMB itself) in a bad light. If OMB decided to trim an agency's budget request after ONDCP had already certified that request as "adequate," it might appear to Congress that the president was skimping on the war on drugs. Congress would then have an opportunity to attack the president for being "soft" on drugs. In order to defuse this concern, ONDCP agreed to certify preliminary budget requests as "more than adequate." This gave OMB room to trim back budget requests without making it seem like the president was underfunding the anti-drug effort.¹⁰ OMB and ONDCP thus agreed early on to maintain the united budgetary front that Congress had hoped ONDCP would pry open.

The understanding with OMB in place, ONDCP began to flesh out how the certification process would work. In accordance with Congress's wishes, ONDCP announced that early in the budget process it would provide each agency with "program and budget guidance" for the drug-related portion of their budgets. (This "guidance" might range from specific funding priorities to policy suggestions.) ONDCP would send budget submission requirements to the various agencies and departments specifying which agencies had to submit budgets, the dates those budgets were due, and the specific information required. ONDCP would also require agencies to develop

⁸ "A Drug Policy, At Last," *New York Times*, August 4, 1989.

⁹ *Fighting Drug Abuse: A National Strategy*, prepared by the Majority staffs of the Senate Judiciary Committee and the International Narcotics Control Caucus, January 1990, p. 12.

¹⁰ There was not much danger that the Bush administration would be charged with underfunding the war on drugs. In Bennett's first year in office, he proposed increasing anti-drug spending from \$5.7 billion in fiscal year (FY) 1989 to \$7.9 billion in FY1990.

Most observers thought Bennett would need all of his savvy to coordinate the 32 agencies and 11 Cabinet-level departments engaged in the war against drugs. ONDCP, with its \$12 million operational budget and 80-person staff (the number eventually rose to around 150) would have to oversee such mammoth agencies as the Justice Department and 14 of its constituent agencies, including the Drug Enforcement Administration (DEA), the Federal Bureau of Investigations (FBI), and the federal prisons system; the Department of Health and Human Services (HHS) and five of its constituent agencies; the Treasury Department (primarily the Customs Service); the State Department; the Department of Defense (DOD); the Department of Transportation (primarily the Coast Guard); the Education Department; the Department of Housing and Urban Development; the Interior Department; the Agriculture Department; and the Labor Department.⁵

Bennett knew this would be a major challenge. "We were not suffering under any illusions about the way this was structured," says John Walters, William Bennett's chief of staff at ONDCP. "The structure of the office clearly provides a limited amount of power to make the trains run on time and make everybody march in tune ... It specifically limits the claims of executive privilege over documents and internal matters, and it clearly is designed to have this person, because he's supposed to be the right hand leader of the President, be a way of criticizing the President for anything that is criticizable regarding the President."⁶ Nevertheless, Bennett and his staff believed they were well-positioned to capitalize on Bush's commitment to make fighting drugs a major domestic priority.

Bennett's Tenure

After his confirmation in March 1989, Bennett and his staff faced the challenge of translating ONDCP's powers on paper into powers in practice. Their first task was to draft a national drug control strategy. In September 1989, the strategy was unveiled. According to Bennett's strategy, drugs were not so much a public health problem (as liberal drug experts liked to argue) but a "crisis of national character." Bennett made it clear that his focus would be on casual drug users, whom he viewed as the "carriers" of the drug contagion, rather than on hard-core addicts.⁷

Bennett's strategy was well-received, even by those who disagreed with many of its recommendations. The *New York Times* editorial board hailed it for bringing "refreshing

⁵ ONDCP would also control a \$139 million special forfeiture fund. *National Drug Control Strategy* (The White House: September 1989), p. 122.

⁶ Congressional Democrats asserted that many of the limitations on ONDCP's powers were included at the insistence of the Reagan administration.

⁷ Bennett proposed dramatic increases in both supply-reduction initiatives (such as deploying the military to interdict drugs coming into the country) and demand-reduction initiatives (such as increased funding for prevention and treatment); however, the primary focus was clearly on supply-reduction.

agencies of the federal government with drug control responsibilities. Departments and agencies would then prepare budget requests which reflected ONDCP's priorities and send copies of their budget requests to ONDCP and to the Office of Management and Budget (the agency with the ultimate responsibility for determining what the president's budget request to Congress would be.) The Director of ONDCP would "certify" that they were in compliance with the national drug control strategy. Agencies that did not submit budget requests that reflected the priorities of the national drug control strategy would be "decertified." Any budget submission that had been "decertified" could expect a frosty reception on Capitol Hill.⁴

Congress hoped that the Director of ONDCP's high public profile, coupled with the power of "certification," would give the drug "czar" the ability to manage the 30-odd federal departments and agencies with drug control responsibilities and rally the nation to deal with the problem of drug abuse. In addition, Congress hoped that ONDCP would turn out to be the focal point around which a wider national drug policy debate could take place. As one key Congressional aide put it,

I think what was always hoped for was a point of focus -- a budget document we could argue about; something we can point to. How would you have an argument about drugs if the way we do appropriations bills in Congress is subcommittee-by-subcommittee? ... Structurally, it was just so split up there was no point to start arguing. If there's no document, if there's no office, if there's no person with whom to have the argument, then the argument doesn't exist.

Out of these public debates, it was hoped that a better, more vigorous anti-drug effort would gradually emerge.

Picking A Drug Czar

On January 13, 1989, newly-elected President George Bush announced that he had chosen William Bennett to be the first director of ONDCP. Bennett, a Harvard-trained lawyer with a Ph.D. in philosophy, had surged to national prominence in the mid-80s as the combative conservative chairman of the National Endowment for the Humanities and then as the Secretary of Education. During his tenure Bennett had taken on many of his departments' traditional clients and in the process gained a reputation as one of Washington's savviest and most articulate conservatives.

⁴ See "A Czar Among Bureaucrats: General Barry McCaffrey Considers a Role in the War on Drugs," C15-98-1526.0 (Case Program, Kennedy School of Government, Harvard University, Cambridge, MA, 1997) for a more detailed discussion of ONDCP's powers and place in the larger budget process.

abuse. In undertaking such ambitious projects, McCaffrey gambled that his personal standing as a military hero and his bureaucratic savvy would help him avoid the obstacles that had sunk many of his predecessors and enable him to chart a fundamentally new course for the nation's drug control efforts.

Background

Some, perhaps most, drug policy experts doubted that ONDCP was capable of supporting such ambitious plans. In many ways, the history of the office seemed to bear out this skepticism.

The idea of creating a Cabinet-level drug "czar" first emerged in the late 1970s in response to mounting evidence that the various government agencies engaged in the anti-drug fight were spending more time protecting their respective turfs than coordinating their activities.² In 1981, Sen. Joseph Biden, D-DE, introduced legislation to create a "Director of Narcotic Operations and Policy," a position modeled on the Director of Central Intelligence, who would have the power to coordinate the federal government's anti-drug law enforcement and interdiction activities. The proposed position was quickly dubbed the "drug czar."

For years, the administration of President Ronald Reagan rejected the idea of creating a drug "czar," denouncing it as an attempt by Congress to meddle in the affairs of the Executive Branch. However, after vetoing legislation creating the position of drug "czar" three times, Reagan finally gave in and in November 1988 signed Biden's *Anti-Drug Abuse Act of 1988* which created the nation's first high-ranking drug "czar" — the Director of the Office of National Drug Control Policy (ONDCP).

The position that emerged from the *Anti-Drug Abuse Act of 1988*, however, was a "czar" in name only. Contrary to popular perception, the Director of ONDCP did not have the formal authority to coordinate the actual operations of the various law enforcement agencies involved in the fight against drugs.³ Instead, the Director of ONDCP received a more ambiguous type of formal authority—the authority to help set the budgets of agencies with drug control responsibilities.

The process was supposed to work in the following manner: Every year ONDCP would issue a national drug control strategy that would present a single, coherent approach to addressing the nation's drug problem. This strategy would recommend what the overall level of anti-drug spending should be and how that money should be allocated among the various departments and

² Every president since Richard Nixon had designated a drug "czar" of some sort; however, those figures had typically been low-level, White House staffers. See Dan Baum's *Smoke and Mirrors: The War on Drugs and the Politics of Failure* (Boston: Little, Brown, 1996) for a history of the "war" on drugs and the drug "czar" concept.

³ Instead, the Director of ONDCP would be able to deploy personnel "with the concurrence of the [relevant] Secretary of a department or head of an agency" and "recommend" changes to the president.



The General and the "War" on Drugs: Barry McCaffrey and the Office of National Drug Control Policy

In January 1996, Gen. Barry McCaffrey resigned his position as the head of the US Army's Southern Command in Panama, to become the Director of the Office of National Drug Control Policy (ONDCP)—the nation's fourth drug "czar." In doing so, McCaffrey, the most decorated senior officer in the US military at the time of his retirement, a hero of the Vietnam War and the Persian Gulf War, exchanged an extraordinary career in the military for the challenge of reinvigorating the nation's anti-drug effort and reviving an office which had shown few signs of vitality to begin with.

McCaffrey knew that leading an effective anti-drug effort would be as challenging as any assignment he had ever undertaken. ONDCP was in disarray; drug use among teenagers was skyrocketing; and as the November presidential elections approached Republicans were intensifying their attacks on the Clinton administration for its anemic anti-drug efforts. ONDCP itself had atrophied to the point where members of Congress from both parties had begun to discuss eliminating the office altogether. Many observers had concluded that ONDCP's lackluster performance in recent years reflected the flawed design of an office that was inherently unworkable.

McCaffrey, however, thought otherwise. He believed that renewed public concern about drug abuse among kids, the promises of extensive new powers for ONDCP that he had extracted from the Clinton administration before accepting the office, and his own ability to get things done put him in a position to have "an enormous impact" on drug abuse in the United States.¹ The sweeping scope of his ambitions reflected this judgment. McCaffrey came into office determined to resuscitate ONDCP and rejuvenate the federal government's anti-drug effort. Soon after taking office, McCaffrey added another, even more ambitious goal to his agenda—calling off the "war" on drugs and redirecting the nation's anti-drug efforts into more effective channels of combating drug

¹ See "A Czar Among Bureaucrats: Gen. Barry McCaffrey Considers a Role in the War on Drugs," C15-98-1426.0 (Case Program, Kennedy School of Government, Harvard University: Cambridge, MA, 1997) for an account of McCaffrey's decision to accept the job as Director of ONDCP and a comprehensive account of ONDCP's history.

REPORT ON THE DEVELOPMENT OF THE
1996 NATIONAL DRUG CONTROL STRATEGY

PUBLIC- AND PRIVATE-SECTOR CONSULTATION

Pursuant to the National Narcotics Leadership Act of 1988
(Public Law 100-690, Section 1005, Title I, Subtitle A)

Prepared for:

Executive Office of the President
Office of National Drug Control Policy
750 17th Street, N.W., 8th Fl.
Washington, DC 20503

Prepared by:

CSR, Incorporated
Suite 200
1400 Eye Street, N.W.
Washington, DC 20005

June 1996

TABLE OF CONTENTS

FOREWORD	iii
SECTION I. BACKGROUND	1
Sample Letter: Request From the Director for Views and Recommendations on the 1996 National Drug Control Strategy	3
List of Responses Received	7
SECTION II. SYNTHESIS OF VIEWS AND RECOMMENDATIONS	13
Domestic Issues	15
International Issues	17
Community Issues	18
SECTION III. SUMMARIES	19
Federal Departments and Agencies	21
Members of Congress	43
Governors	49
Mayors	55
State and Local Officials	65
Public Interest Groups and Individuals	103
APPENDIXES	
Appendix A: Section 1005, Anti-Drug Abuse Act of 1988	A-1
Appendix B: Summary of Forum on Integrating Information and National Drug Policy ..	B-1
Appendix C: Summary of Regional Strategy Development Conferences	C-1
Appendix D: Summary of Consult With America Survey (Gallup Poll)	D-1
Appendix E: Summary of White House Leadership Conference on Youth, Drug Use, and Violence	E-1

FOREWORD

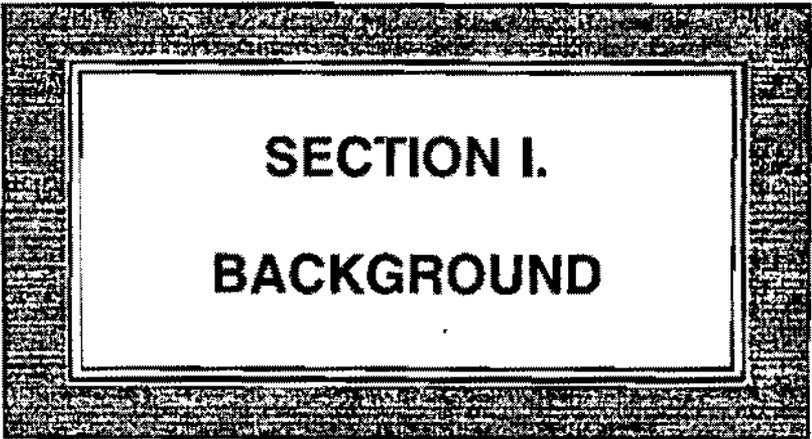
Section 1005 of the Anti-Drug Abuse Act of 1988 requires the President to develop and annually submit to Congress a *National Drug Control Strategy*. The law also requires the Director of the Office of National Drug Control Policy (ONDCP) to help formulate the Strategy in consultation with a wide array of experts and officials, including the heads of the national drug control program agencies, the Congress, State and local officials, and representatives of the private sector.

In developing the *1996 National Drug Control Strategy*, the Director of ONDCP has continued the expanded consultation process begun last year. Developing and implementing the Strategy is a process that continues throughout the year, and the consultation process has been conducted over the last 12 months as well.

The consultation process consisted of the following five key components:

- Views and Recommendations of Key Leaders and Experts From the Public and Private Sectors;
- Forum on Integrating Information and National Drug Policy;
- Regional Strategy Development Conferences;
- Consult With America Survey (Gallup Poll); and
- White House Leadership Conference on Youth, Drug Use, and Violence.

Sections II and III present the views and recommendations of key leaders from Federal, State, and local agencies and private organizations. Summaries of the Forum on Integrating Information and National Drug Policy, the regional strategy development conferences, the Consult With America Survey, and the White House leadership conference are presented in Appendixes B through E.



SECTION I.
BACKGROUND

**SAMPLE LETTER:
REQUEST FROM THE DIRECTOR
FOR VIEWS AND RECOMMENDATIONS
ON THE NATIONAL STRATEGY**



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

Dear:

The Anti-Drug Abuse Act of 1988, as amended by the 1994 Crime Control Act, requires the President to develop and annually submit to Congress a *National Drug Control Strategy*. The law also requires my office to help formulate the Strategy in consultation with a broad array of experts and officials, including the U.S. Congress, State and local officials, and members of the private sector. Therefore, I am writing to solicit your advice as I begin the process of developing the 1996 National Drug Control Strategy.

Drug-related violence and crime continue to be among the most profound problems confronting the Nation. Drugs drain our communities of life and deprive our citizens of the safety and prosperity they deserve. Recognizing this, President Clinton continues to make this issue one of his top priorities.

Strategy implementation is the cornerstone of our current efforts toward the translation of a policy document into an action plan. These efforts reflect the importance of providing a strong comprehensive approach to addressing the problem of illegal drugs, including enforcement, interdiction, prevention and treatment activities and international narcotics control efforts directed at the production of illegal drugs. We intend to continue these efforts and improve upon this action-oriented approach in the 1996 Strategy.

I encourage your participation in the 1996 effort to develop the Strategy. Please let us have your recommendations for refining the current Strategy; let us know about your exemplary programs; offer your perspectives. Your input is especially critical in light of the increasing Federal program and budget pressures. It is incumbent on us all to maximize the effectiveness of our drug control efforts to reduce drug use and its consequences in this Nation.

We hope that you will join us in enhancing the plan of action for implementing the National Drug Control Strategy. To assist you in developing your input, a copy of the *Executive Summary of the 1995 National Drug Control Strategy* is enclosed. Because the next Strategy is due to Congress by February 1, 1996, I would appreciate receiving your recommendations in writing by November 17, 1995. I look forward to working with you in the important months ahead.

Enclosure

Sincerely,

Lee P. Brown
Director

LIST OF RESPONSES RECEIVED

RESPONSES RECEIVED (as of January 31, 1996)

Summary

Federal Departments and Agencies	20
Members of Congress	3
Governors	4
Mayors	8
State and Local Officials	35
Public Interest Groups and Individuals	21
Total Responses Received	91

FEDERAL DEPARTMENTS AND AGENCIES (20)

Bureau of Alcohol, Tobacco and Firearms: John W. Magaw, Director	Department of the Treasury: Ronald K. Noble, Under Secretary (Enforcement)
Corporation For National Service: Harris Wofford, Chief Executive Officer	Federal Bureau of Prisons: Kathleen M. Hawk, Director
Department of Agriculture: Dan Glickman, Secretary	Federal Law Enforcement Training Center: Charles F. Rinkevich, Director
Department of Agriculture: James R. Lyons, Under Secretary, Natural Resources and Environment	Indian Health Service (HHS): Michael H. Trujillo, M.D., Director
Department of Commerce: Ronald H. Brown, Secretary	Internal Revenue Service: Donald K. Vogel, Assistant Commissioner (Criminal Investigation)
Department of Defense: H. Allen Holmes, Drug Enforcement Policy and Support	Substance Abuse and Mental Health Services Administration (HHS): Nelba Chavez, Ph.D., Administrator
Department of Energy: Archer L. Durham, Assistant Secretary	U.S. Coast Guard: N.T. Saunders, Rear Admiral, Chief, Office of Law Enforcement and Defense Operations
Department of Health and Human Services (HHS): Peter B. Edelman, Acting Assistant Secretary, Planning and Evaluation	U.S. Customs Service: George J. Weise, Commissioner
Department of State: Kenneth C. Brill, Executive Secretary	U.S. Secret Service: Eljay B. Bowron, Director
Department of Transportation, Office of Drug Enforcement and Program Compliance: Albert Alvarez, Director	U.S. Small Business Administration: Philip Lader, Administrator

MEMBERS OF CONGRESS (3)

Orrin G. Hatch: U.S. Senate (R-UT)
Arlen Specter: U.S. Senate (R-PA)

Fred Upton: House of Representatives
(R-6-MI)

GOVERNORS (4)

Hawaii	Governor Benjamin J. Cayetano
Illinois	Lieutenant Governor Bob Kustra
Kentucky	Governor Brereton C. Jones
Virginia	Governor George Allen

MAYORS (8)

Austin, Texas	Mayor Bruce Todd
Columbus, Ohio	Mayor Gregory S. Lashutka
Denver, Colorado	Mayor Wellington E. Webb
Honolulu, Hawaii	Mayor Jeremy Harris
Irving, Texas	Mayor Morris H. Parrish
New Haven, Connecticut	Mayor John DeStefano, Jr.
Saint Paul, Minnesota	Mayor Norm Coleman
San Antonio, Texas	Mayor William E. Thornton

STATE AND LOCAL OFFICIALS (35)

City of Allentown, Pennsylvania, Department of Police: Lt. Michael P. Combs, Vice and Intelligence Unit	State of Arkansas, Office of the Governor: Joe H. Edmonds, State Drug Director
City of Dallas, Texas, Police Department: Bennie R. Click, Chief	State of California, Department of Alcohol and Drug Programs: Andrew M. Mecca, Dr.P.H., Director
City of Fort Lauderdale, Florida, Fort Lauderdale Police Department: Major Al Ortenzo	State of Connecticut, Addiction Services: Thomas A. Kirk, Jr., Deputy Commissioner
City of Newark, New Jersey, Police Department: Thomas C. O'Reilly, Chief	State of Georgia, Department of Human Resources: Tommy C. Olmstead, Commissioner
City of Portsmouth, Virginia, Police Department: Lt. Kenneth R. Davis	State of Hawaii, Alcohol and Drug Abuse Division: Elaine Wilson, Chief
County of Los Angeles, California, Commission on Alcoholism: Charles G. Rubin, Chairperson	State of Indiana, Office of the Governor, Public Safety and Drugs: Bobby J. Small
County of Los Angeles, California, Sheriff's Department Headquarters: Sherman Block, Sheriff	State of Maryland, Department of Health and Mental Hygiene: Martin P. Wasserman, Secretary
County of Mendocino, California, Community Works Partnership: Anne Oliver	Commonwealth of Massachusetts: Brackett B. Denniston III, Chief Legal Counsel

State of Michigan, Center for Substance Abuse Services: Karen Schrock, Chief
State of Michigan, Office of Drug Control Policy: Thomas A. Ginster, Acting Director
State of Missouri, Missouri Highway Patrol: James F. Keathley
State of Nevada, Commission on Substance Abuse Education Prevention, Enforcement and Treatment: Dorothy B. North, Chairman
State of New Hampshire, Office of Alcohol and Drug Abuse Prevention: Geraldine Sylvester, Director
State of New Jersey, Department of Health: Leah Z. Ziskin, M.D., Deputy Commissioner
State of North Carolina, Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Julian F. Keith, MD, Chief
State of Ohio, Department of Alcohol and Drug Addiction Services: Luceille Fleming, Director
State of Oregon, Department of State Police: LeRon R. Howland, Superintendent
Commonwealth of Pennsylvania, Governor's Policy Office: Charles B. Zogby, Director

State of Rhode Island: Patricia A. Nolan, Director of Health
State of South Carolina, Department of Alcohol and Other Drug Abuse Services: Beverly G. Hamilton, Director
State of Utah, Division of Substance Abuse: F. Leon PoVey, Director
Commonwealth of Virginia, Department of Mental Health, Mental Retardation and Substance Abuse Services: Timothy A. Kelly, Commissioner
State of Washington, Community-Based Family Services: Mary Frost, Acting Assistant Director
State of West Virginia, Department of Military Affairs and Public Safety: Joseph J. Skaff, Secretary
State of West Virginia, Division on Alcoholism and Drug Abuse: M. Lynn Evans and Bidly Bostic, Acting Prevention Coordinators
State of Wisconsin, Bureau of Substance Abuse Services: Philip McCullough, Director
State of Wisconsin, Department of Health and Social Services: Joe Lekan, Secretary

PUBLIC INTEREST GROUPS AND INDIVIDUALS (21)

American Correctional Association: James A. Gondles, Jr., Executive Director
Canadian Association of Chiefs of Police: Barry V. King, Chair, Drug Abuse Committee
Center for Science in the Public Interest: George A. Hacker, Director, Alcohol Policies Project
Central Nebraska Council on Alcoholism, Incorporated: Jeanette Sulzman, Executive Director

Community Anti-Drug Coalitions of America: James E. Copple, President
Illinois Church Action on Alcohol Problems: Anita R. Bedell, Executive Director
Mr. Rick Kritzer, Columbus, Ohio
Legal Action Center: Ellen M. Weber, Co-Director of National Policy
Maryland Underage Drinking Prevention Coalition: Bonnie M. Holmes, Executive Director

Narcotics Anonymous: Lee Manchester,
Communications

National Association of Alcoholism and
Drug Abuse Counselors (NAADAC):
Linda Kaplan, Executive Director

National Association of State Drug and
Alcohol Abuse Directors, Incorporated:
John S. Gustafson, Executive Director

National School Boards Association:
Thomas A. Shannon, Executive Director

ONDCP Regional Drug Strategy Conference,
San Francisco, California: Youth
Working Group

Operation PAR, Incorporated: Shirley D.
Coletti, President

Pennsylvania Council on Alcohol Problems:
Brian W. Smith, Executive Director

Physician Health Services: John A.
Fromson, M.D., Director

Somerville, Massachusetts. Community
Partnership: Rosemarie Boardman,
Director

Therapeutic Communities of America:
Linda R. Wolf Jones, Executive Director

University of Minnesota, School of Public
Health: Alexander C. Wagenaar, Ph.D.

University of Pennsylvania, Department of
Psychiatry, Treatment Research Center:
Charles P. O'Brien, M.D.

SECTION II.

**SYNTHESIS OF VIEWS
AND
RECOMMENDATIONS**

This section of the report provides a synthesis of the views and recommendations solicited from agencies, groups, and individuals. The section is organized into the following three functional categories: Domestic Issues, International Issues, and Community Issues.

DOMESTIC ISSUES

GENERAL VIEWS

- Ensure adequate funding and resources for drug control efforts.
- Continue to improve the quality of research, information, and technological capabilities for drug prevention, treatment, and enforcement efforts.
- Emphasize the importance of providing drug prevention, intervention, and treatment services to individuals in the criminal justice system.
- Place additional emphasis on the importance of partnerships between the criminal justice and drug treatment communities.
- Increase the share of the Nation's drug control budget allocated to reducing the demand for drugs through prevention, treatment, and research programs.
- Emphasize that drug and alcohol problems are public health problems that can be treated and prevented but cannot be solved by the criminal justice system alone.
- Encourage cooperation and collaboration among Federal, State, and local agencies and discourage overlapping of efforts.
- Aggressively support the policy against drug legalization.
- Allow States and localities to develop and administer drug prevention and treatment programs with flexible, rather than strict, Federal guidelines.
- Recognize that substance abuse is a public health problem with social and criminal justice ramifications.

DRUG ABUSE EDUCATION

- Encourage the use of peer education prevention programs and encourage and support positive peer involvement.
- Ensure that drug education programs are relevant to today's youth.

- Expand anti-alcohol educational efforts within schools and deglamorize alcohol use.
- Emphasize drug education for children beginning at an early age.

PREVENTION

- Emphasize the importance of continued and increased involvement of law enforcement in drug prevention activities.
- Expand the focus on primary prevention efforts, targeting all segments of the population in addition to high-risk populations.
- Provide positive alternative activities for adolescents that continuously reinforce the prevention message.
- Focus on youth.
- Emphasize preventing drug use in the workplace.
- Increase efforts to reach children at risk for substance abuse.
- Include a strong substance abuse prevention focus in major national policy initiatives.

TREATMENT

- Promote efforts to ensure that managed care systems are flexible in responding to people needing comprehensive, integrated, long-term, and continuous drug abuse treatment.
- Define specific strategies to ensure that drug treatment services are available and accessible to all hardcore drug users, including those who are institutionalized.
- Provide alternatives to incarceration for first-time drug users (e.g., drug treatment).
- Support treatment and aftercare programs for drug abusers who also are criminal offenders.
- Make more drug treatment options available for those who seek drug treatment.
- Continue to support drug courts.
- Continue to target intensive drug treatment for chronic, hardcore drug users.
- Expand treatment capacity.

- Support the inclusion of drug treatment in workplace substance abuse programs.
- Emphasize treatment for alcohol-related problems.

DOMESTIC DRUG LAW ENFORCEMENT

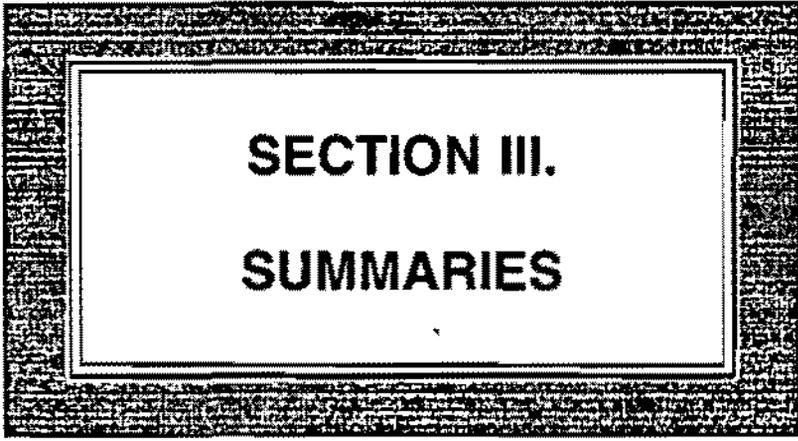
- Focus increased attention on drugs that are domestically manufactured (e.g., marijuana and methamphetamine).
- Expand and make more extensive use of formal and informal multiagency task forces.
- Increase support for discretionary grant funding given directly to local law enforcement agencies through the Bureau of Justice Assistance.
- Improve and expand information and data collection programs.
- Improve coordination of Federal, State, and local efforts.
- Continue to support asset forfeiture.

INTERNATIONAL ISSUES

- Continue to emphasize efforts to obtain bilateral and multilateral international drug control agreements.
- Present clearly how the international cocaine and heroin trades threaten U.S. domestic and international policy interests.
- Continue with the current strategy: Strong demand reduction policies coupled with complementary drug interdiction efforts in source countries and in the transit zone will continue to reduce availability of illicit drugs in the United States.
- Intensify and focus efforts to collect drug control intelligence and detect drug smuggling activity.
- Highlight policy and program instruments that are especially important to U.S. international drug control strategy—law enforcement, investigations, interdiction, crop eradication, development of alternatives, certification of cooperating countries, diplomacy, intelligence collection and dissemination, and public awareness—and explain how they are interrelated.
- Commit resources to help drug-producing countries refocus their economies.

COMMUNITY ISSUES

- Emphasize how communities can make a difference using their own resources, aside from or without Federal grant moneys.
- Emphasize Federal, State, and local government partnerships and allow State and local officials to determine the priority needs of their communities.
- Increase funding to State and local jurisdictions for evaluation of community-based programs.
- Strengthen and maintain community linkages between drug treatment and drug prevention agencies as well as other groups.
- Emphasize support to and importance of community efforts against drug use and violence.
- Encourage an increase in the number of community anti-drug coalitions.
- Increase emphasis on community-based demand reduction initiatives.



SECTION III.

SUMMARIES

FEDERAL DEPARTMENTS AND AGENCIES

BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

John W. Magaw, Director

Summary

The Bureau of Alcohol, Tobacco and Firearms (ATF) is tasked with enforcing Federal firearms, arson, and explosives laws. The ATF frequently becomes involved in investigations into drug trafficking and crimes of violence because they involve firearms. The Director of the ATF highlights three the ATF programs for inclusion in the 1996 National Drug Control Strategy.

Recommendations

• Demand Reduction Through Prevention

— *Gang Resistance Education and Training (G.R.E.A.T.) Program.*—The G.R.E.A.T. Program trains local uniformed police officers to help children set goals; resist pressures to use drugs; learn how to resolve conflicts without violence; and understand how gangs, drug use, and youth violence impact the quality of their lives.

• Domestic Law Enforcement

— *Achilles Program.*—The Achilles Program, consisting of 21 congressionally mandated task forces nationwide, uses special Federal statutes with minimum mandatory enhanced sentences to incarcerate armed, violent drug traffickers for long periods of time.

— *Project LEAD.*—During Fiscal Year 1996, the ATF will implement a cohesive nationwide strategy to disarm criminals that targets illegal firearms traffickers who supply firearms to violent criminals and drug traffickers. Consisting of an illegal firearms tracking information system, Project LEAD will enable the ATF to significantly increase its capability to identify, arrest, and prosecute illegal firearms traffickers.

CORPORATION FOR NATIONAL SERVICE
Harris Wofford, Chief Executive Officer

Summary

Under the National and Community Service Act, the Corporation engages Americans of all ages and backgrounds in community-based service designed to meet the Nation's educational, human, public safety, and environmental needs. Through its major programs—AmeriCorps, Learn and Serve America, and the National Senior Service Corps—the Corporation is harnessing the talents, energy, and commitment of ordinary citizens to fight illegal drugs. Participants are engaged in a wide variety of antidrug activities, from conducting education and prevention activities to directly assisting law enforcement efforts.

Recommendations

Recognize the important roles that national service and community volunteer programs have in engaging ordinary citizens in efforts to reduce the use of illegal drugs, as indicated below:

- AmeriCorps
 - This year, 25,000 AmeriCorps members will serve full time in 438 communities, tackling some of America's toughest problems. A sizeable portion of these individuals will be directly and indirectly involved in activities that intend to reduce drug use, crime, and fear in communities.
 - In five cities, the Corporation is a partner with the Department of Justice Weed and Seed program.
- Learn and Serve America
 - Learn and Serve activities that help reduce illegal drug use include those that organize afterschool "safe havens" and leading gang and drug prevention efforts. Members develop crime prevention workshops and provide victim assistance services.
- National Senior Service Corps
 - Volunteers are involved in a range of intergenerational drug education programs.
 - Seniors serve as tutors, mentors, and caregivers to children and teenagers with special needs. They give one-on-one attention to young people who are either at risk of becoming involved in illicit drug use or who are already involved.

DEPARTMENT OF AGRICULTURE
Dan Glickman, Secretary

Summary

Secretary Glickman highlights the efforts of the Department of Agriculture's Food and Consumer Service, Forest Service, Agricultural Research Service, and the Drug-Free Workplace program. He presents recommendations regarding the WIC program (Special Supplemental Food Program for Women, Infants, and Children), marijuana eradication on public lands, priorities assigned for military support, and drug-free workplace initiatives.

Recommendations

- Reemphasize expanding drug abuse treatment and counseling infrastructure and services to better meet the needs of WIC's high-risk population.
- Develop a clear, concise, and comprehensive strategy to deal with domestic marijuana production and the domestic manufacture of methamphetamines.
- Establish a centralized point for all requests for military assistance to law enforcement agencies where requests can be better prioritized, thus ensuring a more equitable allocation of resources.
- Emphasize the reduction of illicit coca and opium cultivation through a balanced program of economic and agricultural development incentives, coupled with coca and opium reduction targets in key production countries.
- Continue support for drug-free workplace programs which include employee counseling and rehabilitation, employee education and training for supervisors, and testing of selected categories of employees.

DEPARTMENT OF AGRICULTURE
James R. Lyons, Under Secretary
Natural Resources and Environment

Summary

Under Secretary Lyons presents two areas of major concern: (1) the continued use of national forest lands to grow marijuana and manufacture methamphetamines and (2) the current prioritization process for military support resources.

Recommendations

- Present a clear, concise, and comprehensive approach to dealing with domestic production of marijuana and domestic manufacture of methamphetamines.
- Emphasize the need to provide an equitable allocation of military support resources between High Intensity Drug Trafficking Areas and other law enforcement support priorities.

DEPARTMENT OF COMMERCE
Ronald H. Brown, Secretary

Summary

Secretary Brown commented on the implementation of the Department of Commerce's drug-testing program. He states that only an extremely small percentage of employees in positions designated for testing test positive for illegal substances.

Recommendations

None provided.

Summary

Mr. Holmes emphasizes that the 1996 National Drug Control Strategy provides an excellent opportunity for the Administration not only to publicize the successes in international supply reduction, but also to present ways for the Administration to build on these successes.

Mr. Holmes presents recommendations regarding (1) source nation strategy, (2) transit zone strategy, and (3) arrival zone strategy.

Recommendations

- **Source Nation Strategy**
 - Increase regional cooperation through the development of a multinational, regional collaboration against drug traffickers.
 - Develop a coordinated interagency plan to support host nations in detecting, monitoring, and interdicting drugs being transported through the extensive river network in the drug growing and producing region.
- **Transit Zone Strategy**
 - Greatly increase U.S. cooperation with and support to Mexico.
 - Intensify and focus intelligence and detection efforts on maritime drug trafficking vessels including transit nation port inspection and transit zone interdiction.
 - Develop a plan to improve the interdiction of drugs coming through or into Puerto Rico. This plan should address interdiction of drugs both before they enter and as they leave Puerto Rico. The critical elements should include local maritime smuggling and the lack of Puerto Rico-to-U.S. cargo.
- **Arrival Zone Strategy**
 - U.S. Customs Service should purchase and employ large container nonintrusive cargo inspection systems at U.S. land border ports of entry.
 - Intensify and focus intelligence and detection efforts on maritime drug trafficking vessels, including port of entry inspection.

DEPARTMENT OF ENERGY
Archer L. Durham, Assistant Secretary

Summary

The Department of Energy is interested in using emerging alternatives to urine testing that can identify drug use over a longer period of time than current drug testing methods.

Recommendation

- The Office of National Drug Control Policy and the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, support the further development and improvement of alternative drug-testing technologies.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Peter B. Edelman, Acting Assistant Secretary, Planning and Evaluation

Summary

Mr. Edelman expresses concern that even as the Administration confronts a disturbing increase in drug use among youth and a decrease in adolescents' concerns about the dangers of drug use, Congress is slashing the drug budget. These reductions are exacerbated by cuts to various welfare programs. As Congress dismantles the safety net of welfare programs, more and more people who currently are teetering on the edge of poverty will succumb to substance abuse. The need for drug treatment and drug prevention services surely will increase.

Recommendations

- Broaden the Administration's approach to demand reduction activities beyond specific programs of drug treatment and drug prevention and submit a Strategy that addresses substance abuse from a public health perspective.
- Emphasize improving public health outcomes.
- In evaluating the role of the Department of Health and Human Services (HHS) in the Strategy, include HHS programs that are highly relevant, such as child welfare, children's mental health, income support, and biomedical research.
- Give HHS more flexibility to formulate a cohesive approach to substance abuse by shifting the emphasis of the Strategy from process-oriented measurements such as capacity expansion to quantifiable health outcome measurements.
- The Office of National Drug Control Policy should develop new Strategy goals and objectives that represent a list of substance abuse indicators including incidence of drug use, emergency room reports, medical examiner data, rates of HIV (human immunodeficiency virus) transmission, rates of tuberculosis infection, drunk driving, and domestic violence.
- Link accountability to expenditures and demonstration of program effectiveness through qualitative public health indicators to help enlighten Congress and marshal public support for the Strategy.
- Work with the private sector to ensure that managed care initiatives do not reduce substance abuse treatment availability.

DEPARTMENT OF STATE
Kenneth C. Brill, Executive Secretary

Summary

International narcotics control continues to be an integral part of the United States' overall drug and crime control effort. It increasingly is a major foreign policy objective in its own right. Two years ago, the Administration significantly refocused its international narcotics control efforts on source countries and less on interdiction efforts between transit countries to achieve better, longer lasting, and more efficient results. That policy, and the strategies flowing from it, are succeeding and the United States has a positive message to convey and should use the 1996 National Drug Control Strategy to do so.

Recommendations

- Present clearly how the international drug trades of cocaine and heroin threaten U.S. domestic and international interests.
- Emphasize that unconstrained drug production and drug trafficking abroad lead to increased drug availability at home, which undercuts U.S. domestic demand and supply reduction efforts.
- Present U.S. policy in a simple and straightforward manner: The United States wants to reduce drug flow and create a hostile international environment for narcotics trafficking, increase the risks and costs to the most senior traffickers, enlist the cooperation of other countries in stopping drug trafficking, and prevent drug trafficking from threatening important policy interests.
- Ensure the message is clearly understood: The United States has identified the most serious threats to the country's interests and is focusing its efforts and resources on the most critical—but not necessarily the easiest—targets.
- Highlight policy and program instruments that comprise the country's international strategy—law enforcement, investigations, interdiction, crop eradication, alternative development, certification, diplomacy, intelligence, and public awareness—and explain how they are interrelated. Do not present the country-by-country travelogue-type discussion presented in previous years.
- Tell the good news stories. Present U.S. policy is producing significant results even though it has never been fully funded.
- Reiterate the near-, medium-, and long-term international narcotics control objectives.

DEPARTMENT OF TRANSPORTATION
Office of Drug Enforcement and Program Compliance
Albert Alvarez, Director

Summary

Director Alvarez presents an overview of the Department of Transportation's (DOT's) initiatives and programs considered essential to the national Strategy to reduce the demand for and supply of illicit drugs. Specifically, Director Alvarez summarizes ongoing programs by DOT agencies—the U.S. Coast Guard, the Federal Aviation Administration, the Federal Highway Administration, and the National Highway Traffic Safety Administration—and reviews current DOT interagency programs with the Departments of State, Justice, and Defense and the Drug Enforcement Administration.

Recommendations

- Continue to emphasize the pursuit of international agreements that address overflight and entry, shipboarding, intelligence sharing, and other international issues.
- Recognize the critical role of the Federal Highway Administration's Drug Interdiction Assistance Program, which provides drug interdiction training to State and local law enforcement officials.

DEPARTMENT OF THE TREASURY
Ronald K. Noble, Under Secretary (Enforcement)

Summary

Under Secretary Noble forwards copies of correspondence by the U.S. Customs Service; the U.S. Secret Service; the Bureau of Alcohol, Tobacco and Firearms; and the Criminal Investigation Division of the Internal Revenue Service. Included with the materials was a paper titled *Assessment of U.S. Money Laundering*, prepared by the Financial Crimes Enforcement Network.

Recommendation

The following functional areas should receive appropriate priority within the 1996 National Drug Control Strategy:

- Antismuggling efforts;
- Sanctions enforcement;
- Drug-related financial crimes;
- Money laundering investigations and initiatives;
- Drug-related violent crime; and
- Federal, State, and local law enforcement cooperation.

FEDERAL BUREAU OF PRISONS
Kathleen M. Hawk, Director

Summary

Critical to the Bureau's drug treatment programs are intensive treatment for chronic, hardcore drug users and the development of a community drug treatment infrastructure for drug-involved offenders. Expanded law enforcement efforts continue to have the potential to bring more inmates into Federal and State prisons.

The Bureau continues to expand its treatment programs for alcohol- and drug-dependent inmates and has developed a significant community transition program that ensures continued treatment for inmates who transfer from institutions to community corrections centers.

Recommendations

- Continue to target intensive drug treatment for chronic, hardcore drug users.
- Continue to emphasize the development of a community drug treatment infrastructure for the drug-involved offender.
- Develop a monitoring system to measure the impact of enhanced law enforcement efforts on Federal and State incarceration rates. This will facilitate Federal, State, and local government efforts to better predict and allocate appropriate resources to support their prison systems.

FEDERAL LAW ENFORCEMENT TRAINING CENTER
Charles F. Rinkevich, Director

Summary

Although the Federal Law Enforcement Training Center (FLETC) is not directly involved in drug interdiction and demand reduction, the training provided by FLETC and other law enforcement training organizations to Federal, State, and local law enforcement personnel is vital to the success of these efforts. However, the 1995 National Drug Control Strategy does not contain a goal or action plan that supports the dedication of resources to drug interdiction and demand reduction training.

Recommendation

Include in the 1996 National Drug Control Strategy a goal and an action plan for training similar to the following:

- *Goal.*—The Strategy support Federal, State, local, and international law enforcement agencies' drug interdiction and demand reduction efforts by identifying existing training and developing specialized training to improve the effectiveness of law enforcement efforts in these areas.
- *Action Plan.*—An action plan should be developed to
 - Identify and provide training for law enforcement officers, school officials, social services personnel, and other community organization staff at the local level;
 - Provide training to meet the needs of small towns and rural communities;
 - Implement Community Oriented Policing training for small towns and rural communities;
 - Facilitate the process of improved crime reporting to include a better system for tracking gang activity and drug trafficking;
 - Identify and provide computer training for targeted international law enforcement agencies and include training for drug intelligence analysts and agents; and
 - Enhance the abilities and effectiveness of Federal, State, local, and international law enforcement agencies by providing training in the investigation of computer crimes and in the use of computers as an investigative tool.

Summary

Dr. Trujillo concurs with the goals of the current National Drug Control Strategy and urges continuation of the public health approach to addressing the problems of alcoholism and substance abuse. He presents five specific recommendations regarding the prevention and treatment of substance abuse.

Recommendations

- Consider not only alcohol and illicit substance abuse concerns; also include messages about inhalant abuse.
- Encourage Federal, State, local, private, and academic drug prevention and treatment entities to include tribes and urban Indian organizations in their programs.
- Support budget initiatives that provide for additional construction, renovation, and maintenance resources for local prevention and treatment facilities.
- Emphasize the critical linkage between drug prevention and treatment programs and agencies and law enforcement and judicial services.
- Support continued funding of successful prevention and treatment demonstration projects.

7

INTERNAL REVENUE SERVICE
Donald K. Vogel, Assistant Commissioner
(Criminal Investigation)

Summary

The primary mission of the Internal Revenue Service's (IRS's) Criminal Investigation (CI) division in Federal narcotics law enforcement is to use the financial investigative expertise of its agents to financially disrupt and dismantle—through investigation, prosecution, and asset forfeiture—major narcotics and money laundering organizations, in conjunction with the efforts of other narcotics law enforcement agencies within the Departments of the Treasury, Justice, and Transportation.

The IRS CI participates extensively in the Organized Crime Drug Enforcement Task Forces and the High Intensity Drug Trafficking Areas (HIDTAs) and pursues the financial disruption of illicit, drug-related international criminal organizations.

Recommendations

- The 1996 National Drug Control Strategy should emphasize the importance of placing IRS CI Special Agents in overseas posts.
- The Strategy should support the expansion of and adequate funding for specialized domestic and international law enforcement training conducted by the IRS CI in money laundering and financial investigative techniques.

== SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION ==
Nelba Chavez, Ph.D., Administrator

Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) focuses on two key concerns: (1) legislative trends toward the "reinvention" of health and human services delivery at the State and national levels and (2) the depth of proposed budget cuts for SAMHSA demonstration programs.

Creating new challenges and barriers to achieving the current National Drug Control Strategy objectives are State health reform/managed care initiatives; reform of the Aid to Families with Dependent Children and child welfare systems; new limits on Supplemental Security Income, medicaid, and medicare; and trends toward the disenfranchisement of documented legal residents and other underserved populations.

Furthermore, Fiscal Year 1996 proposed funding levels will require termination of numerous demonstration projects prior to their completion, preventing these projects from generating vital knowledge in the areas of systems structure, financing, quality assurance, and clinical efficacy. Termination of these projects will result in a decreased ability of States and treatment providers to meet the fiscal requirements of providing "more with less" in future years.

Recommendations

- Clearly state the effect of limited Congressional appropriations and clearly label Congressional action as a chief impediment to White House goals.
- Focus on meeting the needs of underserved populations, including severely affected hardcore substance abusers.
- Strongly oppose reductions in funding demonstration grant programs.
- Consider alternative funding vehicles, such as limited use of special forfeiture funds, to support funding of demonstration grant programs.

U.S. COAST GUARD

**Office of Law Enforcement and Defense Operations
N.T. Saunders, Rear Admiral, Chief*****Summary***

The U.S. Coast Guard supports the National Drug Control Strategy mainly through the drug interdiction program, by significantly disrupting air and maritime drug trafficking routes to the United States through seizures, deterrence and displacement. Coast Guard Law Enforcement Detachments supplement U.S. Navy, United Kingdom, and Netherlands warships, providing a force multiplier in the Caribbean region to expand law enforcement reach.

Recommendations

- *Continue with the current strategy.*—Strong demand reduction policies coupled with complementary drug interdiction efforts in source countries and in the transit zones will continue to reduce availability of illicit drugs in the United States.
- *Maintain a credible transit zone presence.*—Transit zone interdiction efforts remain successful. Agencies should maintain an interdiction capacity and a focused intelligence capability in the transit zone to disrupt the flow of drugs from source countries.
- *Continue bilateral and multilateral cooperation through agreements with source and transit zone countries.*—Interdiction operations that rely on increased participation by regional and source country forces require practical bilateral and multilateral agreements to facilitate effective results.
- *Maintain pressure on source and transit zone countries to achieve positive results.*—Source and transit zone countries must take responsibility for drug movements through their territories, on their vessels and aircraft, and by their citizens.

U.S. CUSTOMS SERVICE
George J. Weise, Commissioner

Summary

Commissioner Weise submits a paper that presents a summary of the Customs Service's operations and programs in support of the National Drug Control Strategy. He highlights the Customs Service's performance and accomplishments in (1) Southwest Border operations, (2) smuggling and financial investigations, (3) cross-border money laundering operations, (4) multiagency task forces, (5) asset identification and removal, (6) international cooperation, and (7) aviation and marine support.

Recommendations

None provided.

U.S. SECRET SERVICE
Eljay B. Bowron, Director

Summary

The U.S. Secret Service continues to encounter drug offenders during investigations involving financial systems crimes, particularly in cases involving organized criminal groups based in West African, Asian, and Russian nations, who persistently target financial institutions with a multitude of fraudulent schemes to secure funding for their drug operations.

Recommendations

- Expand and make more extensive use of formal and informal multiagency task forces to investigate groups that profit from the illegal drug market and its associated enterprises.
- Enhance existing law enforcement partnerships to focus on the interrelationship between financial crimes and drug trafficking-related violent activities.
- Establish closer working relationships with the International Association of Chiefs of Police and the National Association of Attorneys General to develop new working relationships with local and State police authorities.

U.S. SMALL BUSINESS ADMINISTRATION
Philip Lader, Administrator

Summary

Mr. Lader urges the Office of Drug Control Policy to consider the needs of small businesses by emphasizing the effects of substance abuse on the American economy, specifically worker productivity, health care costs, workers' compensation claims, and economic losses from crime-related activities.

Recommendations

- Focus on the needs of small businesses by emphasizing that small businesses, constrained by the costs of drug-free workplace programs, generally do not offer them to their employees. Federal efforts should provide resources to the small business community to assist them in reaching these employees.
- Encourage voluntary implementation of drug-free workplace programs through greater use of incentives, such as discounts in workers' compensation premiums.
- Examine initiatives to ease the regulatory burden on small businesses while simultaneously enhancing compliance.
- Target at-risk workers in urban areas by encouraging the greater use of gainful employment as a critical element in the recovery process for chronic, hardcore drugs users.
- Discuss substance abuse in the context of its linkage with health care costs, workers' compensation costs, and crime.

MEMBERS OF CONGRESS

Summary

Senator Hatch presents his recommendations regarding (1) strategy goals, (2) availability of treatment, (3) focus on hardcore drug users, (4) interdiction effectiveness, (5) the dilution of the focus of the national drug control program, (6) budget scoring of prevention programs, (7) funding of treatment initiatives with High Intensity Drug Trafficking Area (HIDTA) program funds, and (8) legalization of illicit drugs.

Recommendations

- Strategy Goals
 - Continue the previous practice of numerically quantifying progress toward the 14 National Drug Control Strategy goals.
- Availability of Treatment
 - The 1996 Strategy should contain a more realistic estimate of the number of individuals seeking treatment that are not being served as well as a plan to target treatment resources to geographic areas with the greatest treatment shortfalls.
 - Address the issue of whether the need for multiple treatment admissions for the same individuals accounts for some of the estimate of the need for increased treatment capacity.
- Focus on Chronic, Hardcore Users
 - Adopt a more balanced focus; that is, support law enforcement and interdiction. Do not support treatment expansion at the expense of supply reduction activities.
- Interdiction Effectiveness
 - Renew and increase the focus on interdiction, linked closely with enforcement agency investigations.
 - Include in the 1996 Strategy an initiative to conduct a thorough, rigorous analysis of the usefulness of increased transit zone interdiction.
- Dilution of Focus
 - Do not dilute the focus on the drug control program with social policy issues beyond the scope of ONDCP's mission (e.g., alcohol, teen smoking, the AmeriCorps program, the assault weapons ban, and national health care reform).

Senator Orrin G. Hatch *(continued)*

- Budget Issues
 - Discontinue the practice of scoring 50 percent of the Administration's request for community policing funds in the "prevention" category.
- High Intensity Drug Trafficking Areas
 - The HIDTA program funds, designed to support targeted law enforcement programs, should not be used to fund treatment initiatives.
- Legalization
 - Include a strong statement outlining the Administration's opposition to legalization and to those proposing incremental legalization under the rubric of harm reduction, medicalization, or decriminalization.

SENATOR ARLEN SPECTER
(R-Pennsylvania)

Summary

The recent information on drug use is extremely troubling. Drug use is up among all categories of users, but most troubling is the increased usage by young people. Unless the President becomes personally engaged in the effort to combat illegal drugs, no combination of strategies will be effective. Senator Specter supports increased resources dedicated to drug prevention and drug treatment.

Recommendations

- President Clinton should take a leadership role in expanding drug prevention and drug treatment programs.
- The Office of National Drug Control Policy should facilitate improved coordination between the Departments of Health and Human Services and Education on drug prevention and drug treatment programs.
- The Office of National Drug Control Policy should critically review the resources devoted to international interdiction.

REPRESENTATIVE FRED UPTON
(R-6-Michigan)

Summary

Representative Upton expresses a special interest in drug-free workplace programs. He has worked closely with local officials and the private sector to support and develop community programs to fight substance abuse. He enclosed an executive summary of a program in Kalamazoo, Michigan, called "Drugs Don't Work," a joint initiative of the Kalamazoo and Battle Creek County Chambers of Commerce. The initiative's objective is to develop programs to assist local employers to implement a drug-free workplace program.

Representative Upton also presented several concerns related to the current national drug control policy, including the following:

- Previous pilot drug-free workplace programs were not comprehensive enough. The initiatives addressing the future of young people stopped short of the long-term vision needed to address the longevity of the substance abuse problem.
- The Drug-Free Workplace Working Group, sponsored by the Office of National Drug Control Policy, was composed of representatives of Federal agencies but should include business leaders as well.
- In many cases, efforts to expand and improve collection of substance abuse-related data do not include measures of workplace substance abuse-related health care costs, productivity, absenteeism, workers' compensation costs, and workplace accidents.

Recommendations

- Include an evaluation requirement in grant policies to measure the impact of drug-free workplace programs on safety, health care costs, and productivity. Require all funded programs to include a comprehensive evaluation plan structured according to a national model for acquisition of uniform data.
- Require drug-free workplace criteria to be included in all funded comprehensive community-based programs to create healthy role models for today's youth.
- Require all community programs that receive Federal funding to recruit business leaders, in addition to community leaders, to serve on local task forces.
- Organize and conduct a national drug-free workplace conference that will have as its goal to develop a national coalition of community and business leaders and an action plan to address substance abuse prevention through the workplace.

GOVERNORS

HAWAII
Governor Benjamin J. Cayetano

Summary

Like many States, Hawaii initially responded to the illicit drug problem by increasing law enforcement efforts. Narcotics task forces and prosecution teams, using Edward Byrne formula grant funds, successfully disrupted drug dealing and drug trafficking. The Statewide Narcotics Task Force was particularly effective in interdicting drugs at airports. Coordinated marijuana eradication missions resulted in a marked decrease in the availability of Hawaii-grown marijuana.

Recommendations

- Increase demand reduction efforts.
- Enhance access to drug treatment, particularly for the criminal justice population.
- Support the establishment of Drug Courts.
- Continue research validating the linkage between drugs and crime.
- Continue the focus on a comprehensive approach to fighting drugs that includes law enforcement, drug prevention, and drug treatment.

Summary

Cooperation among Federal, State, and local agencies is critical for increasing the efficiency of drug prevention and interdiction activities and for eliminating duplication of effort. The Illinois strategy incorporates a multidisciplinary approach with a strong emphasis on community involvement.

Recommendations

- Outline a multiyear plan of action, rather than just current activities.
- Remove prescriptive mandates and set-asides.
- Move to an outcome-based system rather than prescribing how States spend funds.
- Place a priority on education regarding the risks, dynamics, and treatment of addiction.
- Maintain the focus on prevention and balance it with intervention and treatment initiatives.
- Provide communities with models and assistance to conduct creative problemsolving.
- Support continued funding for the Safe and Drug-Free Schools and Communities Program and the Edward Byrne Memorial State and Local Law Enforcement Assistance Program.
- Lower the threshold on U.S. Attorneys' Federal guidelines for adopting States' cases.
- Continue the priority on domestic drug interdiction along transportation routes.
- Support additional funding for programs targeted toward street gangs.
- Continue to improve information sharing.
- Continue the priority on investigating and prosecuting drug conspiracies.

KENTUCKY
Governor Brereton C. Jones

Summary

Previous national drug control strategies have highlighted concerns related to cocaine, heroin, and marijuana, in that order. In Kentucky, however, the main drug problem is the persistence of marijuana cultivation and trafficking. Governor Jones presents an overview of regional multijurisdictional narcotics task force operations in Kentucky and relates concern over reduced funding to the Kentucky Army and Air National Guard, whose resources are vital to the marijuana eradication efforts in Kentucky.

Recommendations

- Include attention to State and regional issues, in addition to national issues, in the National Drug Control Strategy.
- Ensure continued funding for the Edward Byrne formula grant program, as these funds are critical to Kentucky's marijuana eradication efforts.
- Maintain adequate personnel and funding levels for the Kentucky Army and Air National Guard.

VIRGINIA
Governor George Allen

Summary

Governor Allen highlights several programs under way in Virginia. The programs include (1) elimination of parole and establishment of truth-in-sentencing; (2) creation of a framework to enhance interagency cooperation; (3) strong emphasis on prevention messages, especially with high-risk youth; (4) a pilot program to bring law-related education into the classroom; (5) encouragement of community involvement and establishment of mentoring programs; and (6) involvement of students in an interactive video used as a teaching tool in schools.

Recommendations

None provided.

MAYORS

AUSTIN, TEXAS
Mayor Bruce Todd

Summary

Mayor Todd states that the citizens of Austin, Texas, place a considerable amount of emphasis on community involvement in the fight against drug use and a high priority on addressing the problem of local gangs involved in drug use and drug trafficking.

Recommendation

- Increase emphasis on drug education that targets youth.

COLUMBUS, OHIO
Mayor Gregory S. Lashutka

Summary

Illicit drug use and related crime are scourges on the Nation's neighborhoods. Action at all levels of government, coordinated with social and private agencies, is needed to effectively address these problems. The four-part action plan outlined in the 1995 National Drug Control Strategy is an effective blueprint for communitywide involvement.

Recommendation

- The 1996 National Drug Control Strategy should be based on the philosophy of support and assistance to State and local initiatives.

DENVER, COLORADO
Mayor Wellington E. Webb

Summary

Mayor Webb highlights several Denver, Colorado, programs that have successfully addressed the problems associated with drug use and drug trafficking. These programs include Operation Weed and Seed, the Denver Drug Court and the Metro Gang Task Force, and efforts made possible through the Mountain States Organized Crime Drug Enforcement Task Force (OCDETF).

Recommendations

- Continue funding the OCDETF program.
- Increase support for discretionary grant funding given directly to local law enforcement agencies through the Bureau of Justice Assistance.

HONOLULU, HAWAII
Mayor Jeremy Harris

Summary

The people of Hawaii have not been shielded from the array of drug-related crimes and violence and realize the importance of a national strategy that can be translated into a unified plan of action.

Mayor Harris summarized several key programs in Hawaii that have shown positive results, including the following:

- *Community Policing.*—Through Community Policing, growing numbers of people are showing their willingness to work in partnership to improve the community and their quality of life.
- *Drug Court.*—The establishment of a Drug Court in December 1995 will allow first-time drug users and probation violators to enter into drug treatment programs.
- *Substance Abuse Task Force.*—This task force brings together drug prevention, drug treatment, criminal justice, and other supportive community services to recommend strategies to the State of Hawaii that will reduce illicit drug use and its consequences.
- *Juvenile Programs.*—The Honolulu Police Department has organized programs to target young people who are at high risk of involvement with drugs, gangs, and crime. The programs include the following:
 - Police Activities League;
 - Drug Abuse Resistance Education;
 - No Hope in Dope;
 - Acquiring Knowledge, Awareness, Motivation and Inspiration Youth Project; and
 - Evening Counseling Program.

Recommendations

None provided.

IRVING, TEXAS
Mayor Morris H. Parrish

Summary

Mayor Parrish highlights the proactive approach and programs used by the Irving, Texas, Police Department to address the problems associated with the use and distribution of illegal drugs. The programs focus on (1) street- and mid-level law enforcement, (2) multiagency task forces, (3) interdiction units, (4) gang units, (5) drug education and demand reduction programs, (6) the Irving Police Athletic League, (7) youth action centers, and (8) the Positive Role Model in Drug Education program.

Recommendations

None provided.

NEW HAVEN, CONNECTICUT
Mayor John DeStefano, Jr.

Summary

Mayor DeStefano summarizes New Haven's multiple strategies for addressing drug-related crime and violence. The approach relies heavily on New Haven's successful community policing program, which contains drug prevention, intervention, and treatment components.

Recommendation

None provided.

SAINT PAUL, MINNESOTA
Mayor Norm Coleman

Summary

Mayor Coleman reviews several strategies that have worked well in Saint Paul, including the Saint Paul Police Department's F.O.R.C.E. (Focusing Our Resources on Community Empowerment) Unit, the Safe House Program based in subsidized and public housing, and multijurisdictional law enforcement programs.

Recommendations

- Continue to support comprehensive approaches to address the illegal drug problem and the many negative effects that it brings to a community.
- Continue and strengthen incentives for Federal, State, and local law enforcement agencies to work together.
- Continue to support local drug enforcement efforts through grant funding.
- Continue to support the multijurisdictional approach in drug enforcement.

SAN ANTONIO, TEXAS
Mayor William E. Thornton

Summary

Mayor Thornton states that drug trafficking routes have been displaced from Florida to south central Texas in recent years, and as a result, San Antonio, Texas, the Nation's ninth largest city, suffers from the effects of violent street crime perpetuated by drug trafficking. This problem has been addressed by new community policing initiatives and vigorous law enforcement operations.

Recommendations

- Continue High Intensity Drug Trafficking Area funding.
- Continue to support funding of the Department of Justice's Operation Weed and Seed program.
- Make more funds available to local law enforcement agencies, contingent on the development of plans that clearly demonstrate Federal, State, and local law enforcement collaborative approaches.
- Increase emphasis on joint law enforcement operations.
- Place special emphasis on strategies that impact demand reduction programs.

STATE AND LOCAL OFFICIALS

ALLENTOWN, PENNSYLVANIA

**Lt. Michael P. Combs
Department of Police**

Summary

Current strategies and policies for drug control are not working. The United States cannot continue to spend time, money, and resources on a system that is failing. Spending more money to hire police officers will not decrease or solve the drug problem. The country should not continue to spend money on rehabilitation programs that do not work. As long as people live in poverty and despair, they will continue to use drugs. As long as people cannot get decent jobs to earn respectable salaries, they will sell drugs.

Recommendations

- Focus efforts into areas on the economy and education.
- Strengthen the economy to provide more decent jobs.
- Improve education to provide greater opportunities to obtain good jobs.

DALLAS, TEXAS
Bennie R. Click, Chief of Police

Summary

Chief Click presents recommendations in four drug enforcement areas that he believes need strengthening. The four areas are (1) user accountability, (2) demand reduction/drug education, (3) supplier accountability, and (4) workplace policies.

Recommendations

- **User Accountability**
 - Expand the asset forfeiture laws to include the forfeiture of casual users' vehicles.
 - Require that conditions for probation and parole on drug-related offenses include mandatory drug treatment programs and periodic urine tests.
 - Suspend drivers licenses for 1 year, with mandatory urine tests before reinstatement.
 - Suspend State and Federal benefits such as welfare, student loans, grants, and contracts for individuals convicted of drug offenses.
- **Demand Reduction/Drug Education**
 - Increase coordination among drug prevention, drug treatment, and law enforcement personnel.
- **Supplier Accountability**
 - Expand Drug-Free Zones laws to include youth centers, public swimming pools, video arcades, and other locations where youth congregate.
 - Strengthen asset forfeiture laws to allow seizure of substitute personal property of equal value when offenders use leased or mortgaged vehicles and facilities that cannot be seized.
- **Workplace Policies**
 - Ensure that companies doing business with any Government agency have a drug-free workplace policy that includes periodic, random drug testing.

FORT LAUDERDALE, FLORIDA
Fort Lauderdale Police Department
Major Al Ortenzo

Summary

Major Ortenzo forwards a copy of *Fort Lauderdale Police Department Drug Control Strategies*, which highlights the programs undertaken by the department to address the local drug problem and its associated crimes. Major Ortenzo presents five recommendations relating to strategies at the Federal level.

Recommendations

- Increase efforts to establish effective control of the Nation's borders—by land, air, and sea.
- Reduce excessive Federal and judicial guidelines, which negatively impact prison population capacities and increase both construction and operation costs.
- Direct more Federal resources (e.g., Organized Crime Drug Enforcement Task Forces, High Intensity Drug Trafficking Areas, and grants) to assist the local agencies most heavily engaged in law enforcement efforts related to drugs imported and transported across State lines.
- Expand efforts by the Office of National Drug Control Policy to evaluate, publish, and distribute information about successful counterdrug programs.
- Continue and increase funding for regional counterdrug training academies such as those in California and Mississippi.

NEWARK, NEW JERSEY
Thomas C. O'Reilly, Chief of Police

Summary

Chief O'Reilly states that the scourge of illegal drugs on the streets of the United States is catastrophic. Public opinion still firmly opposes the legalization of drugs. Moreover, most people still believe that marijuana is physically addictive and that its use leads to the use of hardcore drugs. More importantly, the general public continues to accept the negative stereotypes associated with drug use and, therefore, continues to support strict enforcement.

Recommendations

- Continue to emphasize measures to reduce the availability of illicit drugs.
- Continue to publicize the atrocities associated with the "drug menace."
- Continue to emphasize criminalization.
- Continue to work toward the goal of stamping out illicit drug use.
- Support aggressive measures to confiscate guns from juveniles.
- Place added emphasis on the illegal gun market, through which guns are acquired and distributed to juveniles.
- Control crime before it happens through a risk-focused prevention program.

PORTSMOUTH, VIRGINIA
Portsmouth Police Department
Lt. Kenneth R. Davis

Summary

Lt. Davis highlights several initiatives undertaken recently by the Portsmouth Police Department, including a new joint task force with the Federal Bureau of Investigation that focuses on violent crime (including drug-related crime); the Portsmouth Community Policing Program; and the Neighborhood Impact Officers and Crime Prevention Officers program.

Recommendations

None provided.

COUNTY OF LOS ANGELES, CALIFORNIA

**Commission on Alcoholism
Charles G. Rubin, Chairperson**

Summary

The Commission on Alcoholism is extremely concerned about the effect that youth-oriented advertising and the use of alcohol brand names on nonbeverage products (e.g., t-shirts) have on impressionable and vulnerable youth ages 11 to 20 because alcohol plays an important role in legitimizing the use of other drugs in the minds of children.

Recommendations

- Support the restoration of funding for preventing and treating alcohol abuse.
- Give renewed and greater attention to the problem of promoting alcohol use to children by the beverage industry.
- Adopt the approach used in the President's tobacco initiative at the Food and Drug Administration. Tobacco presents a long-term health risk to the user, but alcohol presents a present risk during each use, not only to the drinker, but to others (e.g., those affected by drunk drivers).
- Expand anti-alcohol educational efforts within schools and deglamorize alcohol use.
- Reduce the marketing of alcohol beverages to underage persons with an effective initiative that includes the following:
 - Prohibits the promotion and advertisement of alcohol on any audiotape, audiodisc, videotape, video arcade game, computer game or in film;
 - Prohibits outdoor advertising within 1,000 feet of any school or playground where youth under age 21 are likely to be present;
 - Permits only black-and-white, text-only advertising in print publications that have an underage readership of more than 15 percent, or 2 million, whichever is less;
 - Permits the sponsorship of events in corporate name only—no product names;
 - Requires that all nonlabel alcohol advertising carry a health warning; and
 - Bans the sale or giveaway of nonbeverage products that carry the name of an alcoholic beverage.

COUNTY OF LOS ANGELES, CALIFORNIA
Sherman Block, Sheriff

Summary

Sheriff Block agrees with the focus of the national drug control program to reduce both the demand for and the availability of illicit drugs. He also strongly supports the drug court initiative.

Recommendations

- Strict controls should be placed on funding for school drug prevention and education programs to ensure the funds are not diverted for other purposes.
- Support additional funding to expand the drug court initiative throughout the United States.
- Continue intensive efforts to dismantle national and international drug trafficking organizations.
- Continue to assist and support drug control programs in source and transit countries.
- Do not reduce funding for interdiction programs; increase funding for border control efforts along the U.S. Southwest Border, and make the area a top priority.
- Increase funding for the High Intensity Drug Trafficking Area program and for multijurisdictional task forces.
- Increase funding for the hiring of police officers as a national priority.

COUNTY OF MENDOCINO, CALIFORNIA
Anne Oliver, Community Works Partnership

Summary

The Mendocino County Community Works Partnership has been actively pursuing substance abuse prevention strategies. The strategies are specific to each community in this mountainous, rural county, where alcohol and drug abuse per capita is disproportionately high and where the volume of marijuana and methamphetamine production and use have had profound social and economic effects.

Recommendations

- Adopt alcohol, tobacco, and other drug use as a public health issue.
- Endeavor to ensure that the application of resources to prevention and treatment should be at least equal to resources aimed at interdiction and enforcement.
- ONDCP should continue to make alcohol use by youth a top priority.

STATE OF ARKANSAS

Joe H. Edmonds
State Drug Director

Summary

Mr. Edmonds expresses concern about the increased use of illicit drugs by youth. Law enforcement and drug treatment programs play very important roles, and sustained support for these efforts is vital. It is a proven fact that prevention works. Educators, community members, law enforcement officials, and parents must be involved in drug control efforts and work together.

Recommendations

- Continue to expand drug prevention and drug education efforts.
- Make more drug treatment options available for those who seek drug treatment.
- Continue to punish those who rob the Nation's children of a healthy and successful future.
- Continue to emphasize international drug control efforts.
- Ensure adequate funding and resources for drug control efforts.
- Continue to improve the quality of research, information, and technological capabilities for drug control efforts.

STATE OF CALIFORNIA
Department of Alcohol and Drug Programs
Andrew M. Mecca, Dr.P.H., Director

Summary

The increase in alcohol and other drug-related problems facing individuals and communities requires strong leadership at the Federal level. The 1996 National Drug Control Strategy should provide the leadership necessary to join Federal, State, and local constituencies in a common campaign to reduce alcohol and other drug related problems.

Recommendations

- Continue to support Federal funding for technical assistance to States and have the State serve as the primary broker of technical assistance services.
- Have the Office of National Drug Control Policy provide Federal leadership for national research on drug treatment and drug prevention policy to ensure the reduction of bureaucratic redundancies.

STATE OF CONNECTICUT

Thomas A. Kirk, Deputy Commissioner for Addiction Services

Summary

The 1996 National Drug Control Strategy should include a strong statement about alcohol abuse because so many persons ruin their lives and the lives of others through alcohol abuse. The centerpiece of the Strategy should be demand reduction.

Recommendations

- Change Goal No. 1 to read: "Reduce the number of drug users and alcohol abusers in America."
- Enhance support for improving and tracking drug treatment outcomes.
- Increase national-level support for community partnerships.
- Enhance the sensitivity of the law enforcement and criminal justice communities to the chronic, recidivist nature of addiction.
- Shift a greater proportion of resources from interdiction to demand reduction.

STATE OF GEORGIA
Department of Human Resources
Tommy C. Olmstead, Commissioner

Summary

Responding on behalf of Governor Miller, Commissioner Olmstead states that the Department of Human Resources supports the priority on reducing the demand for illegal drugs, treatment combined with appropriate legal sanctions, drug courts, and outreach programs for high-risk populations. Commissioner Olmstead expressed concern that managed care firms are using treatment strategies that are not effective for substance abusers and do not meet criteria established by the American Society of Addiction Medicine.

Recommendations

- Continue to support adequate drug treatment resources.
- Support primary drug prevention programs that have been evaluated and show proven effectiveness.
- Support increased drug treatment opportunities for offenders who have drug dependency problems.
- Continue to support Drug Courts.
- Require offenders convicted for a second DUI (driving under the influence) offense to complete a drug treatment program.
- Continue to support substance abuse research.

STATE OF HAWAII
Alcohol and Drug Abuse Division
Elaine Wilson, Chief

Summary

Ms. Wilson expresses total agreement that drug prevention and drug treatment efforts are needed to bring about a long-term solution to illicit drug use.

Recommendations

- The Office of National Drug Control Policy (ONDCP) should work closely with the Center for Substance Abuse Prevention (CSAP) to review funding requests for additional efforts that might lead to unnecessary replication of drug prevention efforts and misspent funds. CSAP is a rich repository for what works, how it works, when it works, and for whom it works.
- Emphasize the use of the comprehensive treatment model and the Treatment Improvement Protocols developed by the Center for Substance Abuse Treatment.
- ONDCP should use the results of the National Structured Evaluation of drug treatment programs to base drug treatment policy planning and implementation, not just information dissemination.
- Emphasize the importance of additional longitudinal research to document the successes of drug prevention initiatives.
- Support additional school-based drug prevention and drug treatment initiatives.
- Continue ONDCP's involvement with the faith community, including advocacy of seminary-based instruction on drug prevention.
- Emphasize the need for research that stringently evaluates the efficacy of the Drug Abuse Resistance Education program and the need to respond to the program's identified weaknesses.
- Strengthen efforts to educate both youth and adults about how to evaluate media messages. Include a component addressing working with the media to evaluate their own work, their own message(s), and the power of those messages.

Office of the Governor—Public Safety and Drugs
Bobby J. Small, Executive Assistant

Summary

Mr. Small discusses a dilemma in Indiana that continues to limit the Federal Government's ability to address the illicit drug problem. Specifically, in Indiana, drug control policymakers believe that the abuse of household chemicals, aerosols, and "legal drugs"—including tobacco and alcohol products—is virtually no different from the abuse of illicit drugs. However, on the Federal level, both law and policy limit drug control strategies to illicit drugs. Mr. Small also discusses a concern in Indiana that local planning efforts among the myriad of agencies involved in community coalitions are made more difficult by too many isolated funding mechanisms.

Recommendations

- The Administration should seek legislative authority to expand the purview of the Office of National Drug Control Policy to include legal drugs so that the Federal Government will be following the same prevailing practices as the majority of States.
- Incorporate provisions to the 1996 National Drug Control Strategy that call for increased levels of collaboration between the alcohol and other drug prevention and treatment and criminal justice funding agencies of the Federal Government and community coalitions.

STATE OF MARYLAND
Department of Health and Mental Hygiene
Martin P. Wasserman, M.D., J.D., Secretary

Summary

Responding on behalf of Governor Glendening, Dr. Wasserman concurs with the emphasis the Office of National Drug Control Policy places on innovative substance abuse prevention and treatment strategies as a cornerstone of the national strategy to reduce the demand for illicit drugs. He indicates that it also is most important that the Strategy continue to focus on managed care as an effective strategy to address the shortage of drug treatment capacity by allocating existing resources more efficiently. Dr. Wasserman recommends the drug treatment and drug prevention areas listed below be highlighted:

Recommendations

- *Acupuncture.*—Highlight acupuncture as an innovative approach to detoxification.
- *Needle Exchange.*—Highlight the 3-year pilot program that Baltimore, Maryland, is conducting which includes a rigorous evaluation component.
- *Adolescent Services.*—Identify youngsters in need of special treatment or prevention services and make appropriate referrals to community-based programs.
- *Women and Children.*—Expand services specifically targeting pregnant and postpartum women and their premature babies.
- *Linking Criminal Justice and Drug Treatment.*—Expand this critical area of collaboration.
- *Prevention Training Curriculum.*—Encourage implementation of training curricula for addiction prevention professionals.
- *Drug Prevention Programming Targeting High-Risk Youth.*—Encourage expansion of these programs to include strong evaluation components.

COMMONWEALTH OF MASSACHUSETTS
Brackett B. Denniston III, Chief Legal Counsel

Summary

Responding on behalf of Governor Weld, Mr. Denniston states that the Governor believes that an effective drug control strategy requires a concentrated effort to curtail both the supply of and the demand for illegal drugs. Remaining free of drugs is primarily an individual responsibility, and keeping society free of drug dealers is primarily a governmental responsibility.

Recommendations

- Emphasize the destruction of organizations responsible for importing and distributing illicit drugs in the United States.
- Vigorously pursue the destruction of the illegal drug transportation infrastructure along the Southwest U.S.-Mexico border.
- Focus Federal efforts on State- and local-level illegal drug suppliers in States where suppliers exercise an inordinate amount of influence on the communities in which they operate.
- Use the Federal Government's minimum mandatory sentencing structure and asset forfeiture laws to achieve maximum effect in targeting drug organizations for elimination.
- Apply governmental resources to demand reduction, but in a more limited fashion than to supply reduction.

STATE OF MICHIGAN
Center for Substance Abuse Services
Karen Schrock, Chief

Summary

The Center for Substance Abuse Services has been working to forge linkages with other statewide systems to better serve the substance-abusing offender. Some examples include the 70-member Criminal Justice/Substance Abuse Roundtable, a new agreement with District courts that governs drunk-driving assessments, and new training initiatives with the Office of Delinquency Services, Department of Social Services.

Recommendations

- Emphasize reducing the shortage of treatment capacity.
- Place additional emphasis on the importance of partnerships between the criminal justice and drug treatment communities.
- Place additional emphasis on the juvenile justice system.
- Address alcohol and tobacco in the National Drug Control Strategy.

STATE OF MICHIGAN
Office of Drug Control Policy
Thomas A. Ginster, Acting Director

Summary

Mr. Ginster summarizes actions and initiatives to reduce drug abuse in Michigan. The cornerstone of Michigan's comprehensive drug program is the combination of law enforcement and "treatment prevention." Drug treatment programs focusing on intensive drug testing encourage both personal responsibility and program accountability.

Group counseling and other forms of drug treatment must be available for those who seek it; however, ultimately it is the drug user's decision to rid himself or herself of the painful and destructive addiction that leads to success. Intensive drug testing programs tied to sanctions stiffen the resolve of drug-addicted offenders to confront their problems on a daily basis and to seek treatment if they cannot overcome the problem by themselves.

Recommendations

- Allow States the latitude to focus on community problemsolving.
- Send a clear signal and a no-use message by exhibiting zero tolerance and by requiring drug testing for juveniles and adults.

STATE OF MISSOURI
Missouri Highway Patrol
James F. Keathley, Division of Drug and Crime Control

Summary

Mr. Keathley agrees with the current focus of the National Drug Control Strategy. Educational programs and drug treatment programs are very important in reducing drug use. The reduction of available illicit drugs also is important for those drug users who complete drug treatment programs to derive the full benefits of the programs.

Recommendations

- Ensure the relevance of drug education programs to today's youth.
- Initiate mandatory drug treatment programs for first-time offenders.
- Suspend State and Federal aid to drug offenders until they successfully complete drug treatment programs.
- Encourage mandatory drug testing for all recipients of State and Federal aid.
- Require convicted drug offenders to complete a drug-testing program before being considered for parole.
- Continue matching Federal funds for State and local law enforcement task forces.
- Allow percentages of seized and forfeited assets to go directly from the Federal level to the originating local law enforcement agency.
- Enhance law enforcement intelligence sharing.

STATE OF NEVADA
Commission on Substance Abuse Education:
Prevention, Enforcement and Treatment
Dorothy B. North, Chairman

Summary

Ms. North forwards a copy of Nevada's 1995 progress report and 1996 master plan titled *Beating Drugs: A Workable Plan for Nevada*, which highlight Nevada's programs in drug education and prevention, law enforcement, and drug treatment. Ms. North states that the Commission on Substance Abuse Education is disappointed by recent Federal funding cuts. The cessation and recinding of Federal demonstration treatment program funding, the cuts in the Byrne formula grants, and the funding cuts under the Safe and Drug-Free Schools and Communities Act are distressing.

Recommendations

None provided.

STATE OF NEW HAMPSHIRE
Office of Alcohol and Drug Abuse Prevention
Geraldine Sylvester, Director

Summary

Ms. Sylvester believes the Office of National Drug Control Policy (ONDCP) should expand and strengthen the involvement of State alcohol and drug agencies. She recommends the following:

Recommendations

- Enroll States as partners with ONDCP to address alcohol and other drug problems.
- Increase collaboration with State drug and alcohol agencies.
- Involve States and local communities in prevention research and programming.
- Maintain a balance of drug prevention, intervention, and drug treatment services, especially for participants in the Aid to Families with Dependent Children and Supplemental Security Income programs.
- Enhance involvement of States with Federal interagency data coordination because States are the primary sources and users of Federal data.
- Engage in joint projects with States to address substance abuse problems of special populations.
- Emphasize the importance of providing drug prevention, intervention, and drug treatment services to individuals in the criminal justice system.

STATE OF NEW JERSEY
Department of Health
Leah Z. Ziskin, M.D., Deputy Commissioner

Summary

Dr. Ziskin replied on behalf of Governor Whitman. Dr. Ziskin's recommendations convey the broad policy issues supported by the National Association of State Alcohol and Drug Abuse Directors.

Recommendations

- Increase the involvement of State governors and State alcohol and drug authorities in all Federal addiction prevention and treatment partnership initiatives with local communities.
- Provide equal recognition of the importance of prevention, intervention, and treatment services for alcohol and drug use problems.
- Emphasize the importance of continuing advocacy for increased Federal funding of alcohol and other drug prevention and treatment including the Prevention and Treatment of Substance Abuse Block Grant.
- Support the promotion of substance abuse as a health problem, and alcohol and other drug prevention and treatment as cost-effective interventions.
- Emphasize the importance of providing integrated prevention and treatment services to pregnant and parenting women, recipients of Federal disability benefits, and criminal offender populations.

STATE OF NORTH CAROLINA
**Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**
Julian F. Keith, M.D., Chief, Substance Abuse Services

Summary

Drug abuse is a multifaceted public health issue surrounded and clouded by moralistic overtones. Any reduction in the Substance Abuse Prevention and Treatment Block Grant will nullify the Nation's efforts in drug prevention, outreach, and drug treatment of intravenous (IV) drug users.

A managed care model of delivering alcohol and drug prevention and drug treatment services will be woefully inadequate in addressing a treatable chronic, relapsing disease that requires a long-term approach rather than a quick fix. A managed care model of drug prevention and drug treatment will not provide effective case management and wraparound services for patients who present with comorbid disorders, low educational achievements, poor social and vocational skills, and inadequate housing. Finally, a managed care model will grossly neglect primary and secondary (outreach and intervention) prevention. The two are contrary to any entity that is directed to reduce short-term cost without regard to long-term consequences.

Recommendations

- Emphasize the need to provide adequate funding to address illicit drug use as a public health issue.
- The Office of National Drug Control Policy should undertake a major initiative to educate the Nation and public policymakers that alcohol and drug policies should emanate from a public health disease model, not a confusing and destructive moralistic model.
- Expand HIV (human immunodeficiency virus) outreach and expand prevention, outreach, and treatment services to IV drug users.
- Emphasize the need for a funding stream, separate but complementing a capitated managed care model for delivering alcohol and drug prevention services.

STATE OF OHIO
Department of Alcohol and Drug Addiction Services
Luceille Fleming, Director

Summary

Primary among Ohio's concern is that the Strategy continues to view drug abuse and addiction from an almost totally criminal justice perspective. This downplays the destructive influence of addiction on all of our national endeavors—from welfare reform and economic development to education and health care. It also ignores the roles that other public systems can play and the resources they can bring to community efforts to reduce the demand for drugs.

Recommendation

- Recognize in the 1996 National Drug Control Strategy that drug abuse, in addition to being a crime, is a critical health, social, and economic issue. The national response must be to coordinate resources, programs, and regulations in all these sectors to achieve an effective, balanced strategic approach to the problem.

STATE OF OREGON
Department of State Police
LeRon R. Howland, Superintendent

Summary

The National Drug Control Strategy focuses predominantly on community involvement derived from Federal programs such as Operation Weed and Seed and the Edward Byrne Memorial State and Local Law Enforcement Assistance Program, yet many communities receive little or no funding from these programs. The United States must create a policy and strategy that focuses more on community empowerment. The Strategy also omits statistical data concerning methamphetamine and does not place an appropriate level of importance on methamphetamine as an insidious drug. The national focus seems to have shifted to violent crime rather than drugs, yet drugs continue to be associated with the root cause of violent crime.

Recommendations

- Place additional emphasis on how communities can make a difference as a community, not as a Federal grant recipient.
- Focus a stronger media campaign on drugs as a root cause of violence.
- Focus increased attention to drugs that are domestically manufactured (e.g., marijuana and methamphetamine).

COMMONWEALTH OF PENNSYLVANIA
Charles B. Zogby, Director, Governor's Policy Office

Summary

Mr. Zogby is replying on behalf of Governor Ridge. He states that no community is immune from the problems of illicit drug use and its consequences. States can handle a larger role in coordinating and managing the array of interrelated, yet often uncoordinated, services and programs aimed at combating illicit drug use.

Recommendations

- The 1996 National Drug Control Strategy should highlight efforts regarding prevention, treatment and intervention targeting at-risk youth, as well as children already involved in the juvenile justice system.
- While developing plans to restructure and consolidate programs, the Federal Government should consider consolidating all Federal at-risk programs into a single block grant to the States to implement community-based strategies.
- Encourage increased collaborative efforts between Federal, State, and local governments.

Summary

Responding on behalf of Governor Almond, Dr. Nolan concurs with the current direction of the National Drug Control Strategy, particularly the priority focus on chronic, hardcore drug users and the relationship of drug use to crime. She also agrees that there is a strong relationship between alcohol and current drug problems, that the focus on hardcore drug use should be coordinated at all points with the criminal justice system, and that information and data are keys to informed policy development.

Recommendations

- Continue to focus drug prevention efforts on high-risk children, especially schoolchildren whose parents or siblings are active drug users.
- Pursue tax increases on tobacco and alcohol to fund drug treatment and drug prevention strategies.
- Increase national- and State-level attention on the increasing cost of substance abuse to the health care system.

STATE OF SOUTH CAROLINA
Department of Alcohol and Other Drug Abuse Services
Beverly G. Hamilton, Director

Summary

Responding on behalf of Governor Beasley, Ms. Hamilton states it is of paramount importance for the stakeholders at the Federal, State, and community levels, both public and private, to closely coordinate efforts to address the Nation's alcohol and other drug abuse problems. Ms. Beasley expresses support for the focus on cooperation and collaboration among demand reduction organizations, as well as joint efforts between demand reduction and supply reduction organizations.

Recommendations

- Continue emphasis on managed care and the increase in efficient use of drug treatment services resulting from involvement of these organizations.
- Enhance support for providing alcohol and other drug treatment in the criminal justice system. There must be a capacity to provide structured followup treatment (or more wraparound services) for individuals exiting the criminal justice system.
- Place more specific emphasis on establishing intervention and drug treatment programs within the juvenile justice system.
- Address the use of alcohol, as well as other drugs, by the Nation's youth.

STATE OF UTAH
Division of Substance Abuse
F. Leon PoVey, Director

Summary

Mr. PoVey provides several recommendations on behalf of Governor Leavitt. He briefly discusses States' involvement at the community level; Federal, State, and local partnerships; and a desire to see greater priority given to drug prevention programs.

Recommendations

- The 1996 National Drug Control Strategy should define partnerships specifically and acknowledge the States' long-term involvement with communities.
- Include in the Strategy policies related to alcohol, tobacco, and other drugs.
- Move to equalize funding between supply-and-demand reduction programs to quickly achieve 50-50 funding.
- Emphasize Federal, State, and local government partnerships and allow State and local elected officials to determine the priority needs of their communities.
- Increase priority for drug prevention services, including primary prevention and early intervention, as positive and useful tools in combating the increase in youth's use of alcohol, tobacco, and other drugs.

COMMONWEALTH OF VIRGINIA
Department of Mental Health, Mental Retardation
and Substance Abuse Services
Timothy A. Kelly, Commissioner

Summary

Commissioner Kelly expresses support for the current strong emphasis on drug prevention and agrees that prevention efforts are the key to the long-term solution to the Nation's drug abuse problems. He summarizes four Virginia programs focusing on community-based prevention planning; research-based, neighborhood programs for high-risk youth ages 10 to 14; pregnant and postpartum women and infants; and ensuring that tobacco products are not sold to youth.

Recommendation

- The 1996 National Drug Control Strategy should expand the focus on primary prevention efforts, targeting all segments of the population as well as high-risk populations.

STATE OF WASHINGTON
Community-Based Family Services
Mary Frost, Acting Assistant Director

Summary

Ms. Frost summarizes recommendations made to the Governor by the Governor's Council on Substance Abuse and reviews three statewide programs.

Ms. Frost presents one specific national-level concern. The substance abuse prevention system often is pitted against itself for diminishing resources. A recent example is Congress' proposal to transfer \$200 million from the Safe and Drug-Free Schools and Communities Act (SDFSCA) to the Center for Substance Abuse Prevention for prevention demonstrations. Another example is the Senate's proposal to transfer \$102 million from the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) to the Center for Substance Abuse Treatment for treatment demonstrations. While demonstration grants are needed, it is worse than counterproductive to remove the basic, community infrastructure provided by the SDFSCA and SAPTBG in reducing substance abuse and violence at the community level.

Recommendation

- Continue to support adequate funding for all demand reduction components. Drug prevention, intervention, drug treatment, and law enforcement all are integral components of the substance abuse reduction system.

STATE OF WEST VIRGINIA
Department of Military Affairs and Public Safety
Joseph J. Skaff, Secretary

Summary

Secretary Skaff concurs with the current focus of the National Drug Control Strategy, particularly its priority focus on demand-reduction and drug prevention programs. He states that the Strategy's strong commitment to assessment, evaluation, and research should be continued.

Recommendation

- Increase State and local funding for the evaluation of community-based programs.

STATE OF WEST VIRGINIA
Division on Alcoholism and Drug Abuse
M. Lynn Evans and Bidy Bostic, Acting Prevention Coordinators

Summary

Prevention is an integral part of the comprehensive approach to illegal drugs, but inadequate emphasis is placed on preventing the use of "gateway drugs," such as alcohol and tobacco. Concerning drug use by young people and drug-related violence, not enough research has focused on the causes of violence by youth, nor have prevention messages aimed at youth been effective.

Recommendations

- Stress preventing adolescent use of alcohol and tobacco.
- Encourage more short-term and longitudinal studies on the causes of youth violence, inclusive of all cultures and areas of the Nation.
- Disseminate updated information concerning the status of the National Drug Prevention System.
- Stress the importance of multiagency, multistate collaboration and recognize the importance of the National Prevention Network as a valuable prevention vehicle.
- Emphasize the importance of continued and increased involvement of law enforcement in drug prevention activities.
- Use peer education prevention programs and encourage and support positive peer involvement.
- Continue to focus on simplifying the grant application process.
- Stress that for drug prevention to be effective, it must be comprehensive, grassroots oriented, and community based.
- Emphasize the importance of data and information collection, dissemination, and collaboration.

STATE OF WISCONSIN
Bureau of Substance Abuse Services
Philip McCullough, Director

Summary

Alcohol and drug dependence is America's most serious health problem, affecting every community, both urban and rural. Drug prevention and drug treatment initiatives are effective in addressing these social problems.

Recommendations

- Continue to provide adequate Federal and State funding for alcohol and drug abuse services to further enhance creation of a system that addresses the multifaceted nature of substance abuse.
- Continue efforts to strengthen Federal and State partnerships, with a strong emphasis on funding effective drug prevention activities.
- In addition to efforts to stem the tide of substance abuse, national policies must focus on principles that underpin individual resiliency and promote family wellness.

STATE OF WISCONSIN
State Council on Alcohol and Other Drug Abuse
Joe Llean, Chairperson

Summary

Mr. Llean expresses an ongoing commitment to preventing and treating substance abuse and offers two specific recommendations, listed below, for inclusion in the 1996 National Drug Control Strategy.

Recommendations

- Emphasize alcohol abuse as a targeted behavior in reducing substance abuse.
- Require program evaluation as a basic component of continued funding for substance abuse programs.

PUBLIC INTEREST GROUPS AND INDIVIDUALS

Summary

Mr. King describes the Canada's Drug Strategy (CDS), comparing it with the United States' National Drug Control Strategy. The CDS focuses on demand reduction and recognizes substance abuse as a health issue. Funding is directed toward demand reduction (70 percent) versus supply reduction (70 percent). The focus of the CDS is prevention, treatment, and rehabilitation; information and research; enforcement and control; and international cooperation and coordination.

Canada has adopted a harm reduction approach; however, it is not associated with legalization. Canada's harm reduction approach relates to a broad interpretation within a supply control/demand reduction paradigm. This includes the prevention of nonusers (abstinence), the management of risk of harm (for users and others), and the treatment of individuals either directly or indirectly affected by use. This approach does not condone drug abuse activities nor does it support legalization or open, unrestricted availability of drugs currently controlled or considered illicit.

Recommendations

None provided.

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

**Alcohol Policies Project
George A. Hacker, Director**

Summary

Mr. Hacker applauds the Office of National Drug Control Policy's actions to promote media literacy and to deglamorize underage alcohol use. The Center's primary position is that any strategy to reduce drug problems in this country must include the promotion and implementation of demand reduction measures to prevent the use of alcoholic beverages by underage persons.

Recommendations

- Work to protect young people from alcohol-related problems by promoting a program similar to President Clinton's tobacco initiative at the Food and Drug Administration.
- Ban alcohol billboard advertising near schools, churches, and other locations frequented by large numbers of underage persons.
- Include health and safety messages in all alcohol advertising.
- Support higher taxes on alcoholic beverages, especially on beer, the teenager's drink of choice.
- Support the equalization of tax rates on alcohol in beer, wine, and liquor.

CENTRAL NEBRASKA COUNCIL ON ALCOHOLISM, INC.

Jeannette Sulzman, Executive Director

Summary

The Council shares the Office of National Drug Control Policy's concern about the increased rates of first-time marijuana use by youth ages 12 to 17. The members of the Council strongly believe that the 1996 National Drug Control Strategy should include far more aggressive components attacking the use and promotion of alcohol.

Recommendations

- Give renewed and greater attention to the problem of promoting children's alcohol use by the beverage industry.
- Adopt the approach used in the President's tobacco initiative at the Food and Drug Administration. Tobacco is a long-term health risk to the user, but alcohol is a present risk during each use, not only to the drinker, but to others, such as when driving.
- Expand anti-alcohol educational efforts within schools and deglamorize alcohol use.
- Include the following for an effective initiative to reduce the marketing of alcohol beverages to underage persons:
 - Prohibit the promotion and advertisement of alcohol on any audiotape, audiodisc, videotape, video arcade game, computer game, or film;
 - Prohibit outdoor advertising within 1,000 feet of any school or playground where youth under age 21 are likely to be present;
 - Permit only black-and-white, text-only alcohol advertising in print publications that have underage readerships of more than 15 percent, or 2 million, whichever is less;
 - Permit the sponsorship of events in corporate name only—no product names;
 - Require all nonlabel advertising to carry health warnings; and
 - Ban the sale or giveaway of nonbeverage products that carry alcoholic beverage names.

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA
James E. Copple, President and Chief Executive Officer

Summary

Given the recent and continuing increases in the number of youth using drugs and the general softening of attitudes about the harmfulness of drug use, Mr. Copple strongly recommends that the Administration place drug prevention initiatives as a centerpiece and major theme in the 1996 National Drug Control Strategy.

Recommendations

- Add a major new objective focused on encouraging the active involvement of parents in substance abuse prevention activities.
- Maintain and expand the emphasis on community-based demand reduction initiatives and programs.
- Encourage every community in the Nation to form an effective and sustainable antidrug coalition.
- Further emphasize workplace initiatives.
- Emphasize Drug Courts as a key element of demand reduction.
- Include as an objective the identification and dissemination of the best available prevention strategies, programs, and curricula.
- Include as an objective the development of common national indicators that can be used to measure progress in reducing substance abuse and its related consequences, both within and across communities.
- Develop a document that highlights the best available data on the effectiveness of substance abuse prevention strategies and programs.
- Continue to develop, refine, and implement the National Drug Prevention System.

ILLINOIS CHURCH ACTION ON ALCOHOL PROBLEMS

Anita R. Bedell, Executive Director

Summary

Ms. Bedell shares the Office of National Drug Control Policy's concern about the increase in first-time marijuana use by youth ages 12 to 17. However, she believes that the 1996 National Drug Control Strategy should also address the promotion and use of alcohol—the Number One drug of choice for children.

Recommendations

- Work to protect young people from alcohol-related problems by promoting a program similar to President Clinton's tobacco initiative at the Food and Drug Administration.
- Continue to make it a priority to deglamorize alcohol use.
- Make alcohol prevention and education efforts in schools thorough and continuous.

Summary

Mr. Kritzer writes as a private citizen supporting continued funding for preventing alcohol and other drug abuse.

Recommendations

- Ensure that drug prevention funds are used more efficiently and effectively.
- Encourage schools and colleges to implement the recommendations of the National Commission on Drug-Free Schools.
- Reduce spending and eliminate tobacco subsidies and alcohol advertising subsidies.

LEGAL ACTION CENTER
Ellen M. Weber, Co-Director of National Policy

Summary

Ms. Weber expresses concern that drug dependence and alcoholism are on the verge of a dramatic resurgence among youth, yet we find ourselves in a environment hostile to funding drug treatment and drug prevention. Spending decisions are being driven by short-term pressure to balance the budget instead of a determination of which programs are good investments. Furthermore, individuals with drug and alcohol problems are being stigmatized by harmful rhetoric instead of being extended a helping hand into treatment.

Recommendations

- Reiterate that drug and alcohol problems are public health problems that can be treated and prevented and that cannot be solved alone by the criminal justice system.
- Emphasize the need to encourage people to enter drug treatment, not punish them for being sick.
- Enforce zero tolerance for discriminating against people in recovery.
- Encourage the Administration to make drug and alcohol treatment and prevention a major funding priority in the Fiscal Year 1997 budget.
- Capture a portion of revenue generated through asset forfeiture for drug treatment and prevention services.
- Increase the alcohol excise tax, targeting revenues at drug treatment and drug prevention activities.
- Ensure that managed care is not used improperly, making it a barrier to treatment.
- Continue strong efforts to educate Members of Congress on drug and alcohol issues; ensure they get the message that drug and alcohol treatment services are substantive and cost-effective.

MARYLAND UNDERAGE DRINKING PREVENTION COALITION

Bonnie M. Holmes, Executive Director

Summary

The Maryland Underage Drinking Prevention Coalition has identified the same problem areas relating to underage drinking as have thousands of other drug prevention groups across the country. Alcohol is the Number One drug abused by young people. Young people drink for reasons that are different from most adults—they drink to get drunk. The risks and consequences, which are not limited to drinking and driving, are far greater and often deadly.

Recommendations

- Provide a greater national focus on reducing underage drinking, with concentration in the following areas:
 - Deglamorizing, limiting, and labeling alcohol advertising;
 - Demanding adult responsibility;
 - Continuing drug prevention education efforts in schools; and
 - Enforcing current laws.
- Have the Office of National Drug Control Policy's Director speak out frequently and forcefully to help change youth perceptions that drinking is cool and fun and adult perceptions that all kids are going to drink, or that it is a phase, or that it is an American rite of passage.

NARCOTICS ANONYMOUS
Lee Manchester, Communications

Summary

Narcotics Anonymous is a major part of today's answer to drug addiction in the United States, and the 1996 National Drug Control Strategy should endorse self-help groups such as Narcotics Anonymous. The Strategy also should start focusing research on the self-help phenomenon and advocating referrals to groups such as Narcotics Anonymous.

Recommendations

- Add the following to the 1995 Strategy's demand reduction goals: "Strengthen the role of community-based self-help groups like Narcotics Anonymous in providing long-term support for recovering drug addicts."
- Add the following to the 1995 Strategy's Action Plan for Reducing the Demand for Illicit Drugs: "Reducing the Demand for Drugs By Reducing Chronic, Hardcore Drug Use—The Role of Self-Help Groups in Providing Long-Term Recovery Support to Reduce Chronic, Hardcore Use."
- Add the following target in the 1995 Strategy's 12-Month Action Plan For Reducing The Demand For Illicit Drugs: "*Target: Strengthen the Role of Self-Help Groups.*"

**NATIONAL ASSOCIATION OF ALCOHOLISM
AND DRUG ABUSE COUNSELORS
Linda Kaplan, Executive Director**

Summary

Ms. Kaplan commends the Office of National Drug Control Policy for supporting the establishment of model standards for trainer and certification guidelines for drug treatment and drug prevention professionals.

Recommendations

- Maintain the distinctions between the drug treatment and drug prevention funding processes.
- Strengthen and maintain community linkages between drug treatment and drug prevention as well as other groups.
- Ensure that managed care programs are funding drug treatment.
- Continue to promote effective, basic drug treatment research.
- Include alcohol and alcoholism in the National Drug Control Strategy.
- Continue to campaign against aggressive marketing techniques used by advertisers to stimulate interest in alcohol and tobacco in children.
- Create additional noncriminal justice drug treatment initiatives.
- Establish a national drug treatment coordinating group similar to the National Drug Prevention System.

**NATIONAL ASSOCIATION OF STATE ALCOHOL
AND DRUG ABUSE DIRECTORS, INC.**
John S. Gustafson, Executive Director

Summary

Mr. Gustafson commends the Office of National Drug Control Policy (ONDCP) for its efforts to strengthen the Federal-to-local partnership on prevention and urges ONDCP to strengthen the involvement of State Alcohol and Drug Agency Directors in all aspects of the National Drug Control Strategy. Mr. Gustafson also encourages ONDCP's Bureau of State and Local Affairs to strengthen and expand its relationship with State alcohol and drug authorities.

Recommendations

- Maximize the involvement of State alcohol and drug authorities in the 1996 National Drug Control Strategy.
- Ensure a balanced focus on drug prevention, intervention, and treatment efforts.
- Continue as an effective advocate for increased Federal funding for alcohol and other drug prevention and treatment including the Substance Abuse Block Grant.
- Address the substance abuse problems of pregnant and parenting women and individuals on Supplemental Security Income and Social Security Disability Insurance.
- Promote substance abuse as a health problem and alcohol and other drug prevention and treatment as cost-effective.
- Involve State alcohol and drug authorities in ONDCP drug prevention efforts with local communities.
- Provide leadership for a Federal-State initiative that would bring together State alcohol and drug agencies, courts, and corrections officials to plan and provide a true continuum of care to chemically dependent offenders.
- Coordinate Federal interagency efforts on managed care and substance abuse.
- Refocus efforts on provider training and certification guidelines for drug prevention and drug treatment professionals to develop a tiered system for various counselor levels that could be related to reimbursement schedules for managed care.

NATIONAL SCHOOL BOARDS ASSOCIATION

Thomas A. Shannon, Executive Director

Summary

The members of the association believe that any effective drug control strategy must involve a combined effort of authorities at the Federal, State, and local levels. Mr. Shannon states that many of his comments on alcohol and tobacco go beyond the Office of National Drug Control Policy's focus on illicit drugs but believes the problems are directly related, particularly in the case of alcohol, which is the drug of choice among youth. Mr. Shannon included with his response the text of the National School Boards Association official policy titled "Use and Abuse of Alcohol, Tobacco Products, Steroids, and Other Drugs." The points related Federal Government action are outlined below.

Recommendations

- Aggressively enforce the law to halt the flow of illicit drugs into the United States.
- Commit substantial Federal resources to State and local programs that address the problems of alcohol and drug abuse.
- Enact legislation that requires providing equal time at no cost to counter youth-targeted television and radio advertising encouraging or glamorizing alcohol use.
- Enact legislation requiring an independent agency to examine whether advertising practices continue to target youth and glamorize alcohol and other drugs and, if so, consider banning television and radio advertising of these products.

ONDCP REGIONAL DRUG STRATEGY CONFERENCE

San Francisco, California—November 14, 1995

Youth Working Group

Summary

Ms. Judy Kosterman, Associate Director for Field Operations, Community Anti-Drug Coalition of America, facilitated a working group of youth who had participated in workshops at the Office of National Drug Control Policy's Regional Drug Strategy Conference and she provided input into some of their recommendations. The youth addressed the following four subject areas: targeted advertising, drug education, campaigns, and "kids helping kids."

Recommendations

- *Targeted Advertising.*—The youth made the following recommendations regarding advertising:
 - Involve youth together with adults, in local-level actions to rid communities of negative advertising.
 - Eliminate advertisements that target youth in special populations (related to gender, race, and language).
- *Drug Education.*—The youth made the following recommendations regarding drug education:
 - Update and reform drug education approaches and reach more youth by soliciting input from youth via the Internet.
 - Make drug-free lifestyle messages more prevalent, and develop and evaluate them with input from youth. Make messages more realistic.
- *Campaigns*
 - Emphasize drug education through media campaigns via advertisements and announcements on television, radio, billboards, and magazines.
 - Involve youth in creating campaigns and tailoring them to meet local needs.
- *Kids Helping Kids*
 - Emphasize the importance of peer trust and recommend establishment of informal peer groups where kids have a safe place to talk to one another and nonjudgmental adults.

OPERATION PAR, INCORPORATED
(Parental Awareness and Responsibility)
Shirley D. Coletti, President

Summary

Ms. Coletti expresses concern about trends in drug use patterns. Current studies suggest that progress achieved over the last 13 years in reducing illicit drug use now is reversing. Furthermore, Ms. Coletti is concerned with political rhetoric that refers to drug prevention efforts as "fluff." In fact, there is a growing body of evidence that prevention works, and it is essential that funding of effective drug prevention efforts continue as the first line of defense in response to the Nation's drug epidemic.

Recommendations

- Continue to stress the need for a strong media campaign as an essential component of any drug prevention strategy.
- Continue to place an emphasis on criminal justice and high-risk, critical, and vulnerable populations and on antiviolence programs.
- Promote efforts to ensure that managed care systems are flexible in responding to the drug treatment needs of people needing comprehensive, integrated, long-term, and continuous drug abuse treatment.
- Continue emphasis on simplifying the Federal grant application process.
- Define concrete strategies to ensure that drug treatment services are available and accessible to hardcore drug users, including institutionalized and community-based populations.
- Define a comprehensive strategy, targeting the increasing drug use by adolescents, which includes drug prevention, intervention, and treatment components.
- Reinforce the need for cooperation and coordination of research and evaluation efforts between all agencies of the Substance Abuse and Mental Health Services Administration.
- Support the need for resources to design and implement studies for evaluation of community-level and national-level programs.

PENNSYLVANIA COUNCIL ON ALCOHOL PROBLEMS

Brian W. Smith, Executive Director

Summary

Mr. Smith shares the Office of National Drug Control Policy's concern about the increase in first-time marijuana use by youth ages 12 to 17. However, he believes that the 1996 National Drug Control Strategy should also address the promotion and use of alcohol—the Number One drug of choice for children.

Recommendations

- Work to protect young people from alcohol-related problems by promoting a program similar to President Clinton's tobacco initiative at the Food and Drug Administration.
- Continue to make it a priority to deglamorization alcohol use.
- Make alcohol prevention and education efforts in schools thorough and continuous.

PHYSICIAN HEALTH SERVICES
John A. Fromson, M.D., Director

Summary

Physician Health Services (PHS) is a nonprofit corporation founded by the Massachusetts Medical Society to address issues of physician health. PHS is designed to help prevent and identify substance use disorders and mental or physical illness in physicians, refer them to drug treatment, and guide and monitor their recovery.

Dr. Fromson enclosed an abstract describing the work of PHS, which he states serves as a successful paradigm for combating substance abuse and addiction. Furthermore, when juveniles and adolescents are able to see that adult professionals are willing to tackle their problems with successful results, modeling positive help-seeking behavior then can take place.

Recommendations

None provided.

SOMMERVILLE, MASSACHUSETTS COMMUNITY PARTNERSHIP
Rosemarie Boardman, Director

Summary

The Somerville Community Partnership is a coalition of social service, government, community, and business organizations that develops and implements community-based substance abuse prevention strategies. The Partnership shares the Office of National Drug Control Policy's concern about marijuana use among teenagers, but believes that the consumption of alcohol among them is a critical problem. The organization urges the steps outlined below be taken.

Recommendations

- Give renewed and greater attention to the problem of promoting children's alcohol use by the beverage industry.
- Adopt the approach used in the President's tobacco initiative at the Food and Drug Administration. Tobacco is a long-term health risk to the user, but alcohol is a present risk during each use, not only to the drinker, but to others, such as when driving.
- Expand anti-alcohol educational efforts within schools and deglamorize alcohol use.
- Prohibit the promotion and advertisement of alcohol on any audiotape, audiodisc, videotape, video arcade game, computer game, or film.
- Prohibit outdoor alcohol advertising within 1,000 feet of any school or playground where youth under age 21 are likely to be present.
- Permit only black-and-white, text-only alcohol advertising in print publications that have underage readerships of more than 15 percent, or 2 million, whichever is less.
- Permit the sponsorship of events in corporate name only—no product names.
- Require all nonlabel advertising to carry health warnings.
- Ban the sale or giveaway of nonbeverage products that carry alcoholic beverage names.
- Direct alcohol prevention and education efforts in schools to be thorough and continuous.

THERAPEUTIC COMMUNITIES OF AMERICA

Linda R. Wolf Jones, Executive Director

Summary

The members of Therapeutic Communities of America believe that national priorities are moving in the wrong direction. Research, drug prevention, and drug treatment—in particular, treatment for chronic, hardcore drug users who consume the lion's share of illicit drugs used in this country—must be the cornerstone of any effort to overcome the drug problem. It is both cheaper and more effective to get people to stop using drugs (or to prevent their use in the first place) than it is to incarcerate them or to cut off the international supply.

Recommendations

- Increase the share of the Nation's drug budget allocated to demand reduction through drug treatment, drug prevention, and research programs.
- Raise the level of visibility of the overall issue of illicit drug use, including facts about its impact on society and its treatability.
- Rather than trying to cover a very wide spectrum of possible approaches and activities with limited available resources, as was done in the 1995 National Drug Control Strategy, consider a tighter focus in 1996 with the limited resources concentrated on a smaller number of goals.
- Consider distinguishing between long-term goals and short-term objectives. It would be helpful if there were a clear, short list of priorities.
- Restore, preserve, and expand the funds and programs for treating chronic, hardcore drug users and special populations, making them a top priority.

UNIVERSITY OF MINNESOTA
School of Public Health
Alexander C. Wagenaar, Ph.D.

Summary

Dr. Wagenaar urges the Office of National Drug Control Policy to adopt a more aggressive approach to attacking the use and promotion of alcohol, particularly among youth. Alcohol is the most commonly consumed drug among young people, and its use is connected to the use of other drugs.

Recommendations

- Work to protect young people from alcohol-related problems by promoting a program similar to President Clinton's tobacco initiative at the Food and Drug Administration.
- Continue to make the deglamorization of alcohol a priority.
- Make alcohol prevention and education efforts in schools thorough and continuous.

UNIVERSITY OF PENNSYLVANIA
Department of Psychiatry, Treatment Research Center
Charles P. O'Brien, M.D., Vice-Chairman of Psychiatry

Summary

Dr. O'Brien believes that the National Drug Control Strategy should be based on priorities and should pay more attention to tobacco as a drug. Dr. O'Brien also presented his views concerning the Rand Report findings related to cocaine use and treatment.

Recommendations

- Highlight the negative effects of tobacco as a priority.
- Emphasize that the most effective way to reduce cocaine use is to increase the availability of treatment for the addiction.
- Ensure that funds appropriated to combat drug abuse are spent as intended and that drug treatment funds are not diverted to other purposes.

FORUM ON INTEGRATING INFORMATION AND NATIONAL DRUG POLICY

**BOSTON, MASSACHUSETTS
NOVEMBER 4-5, 1995**

**DATA, EVALUATION, AND INTERAGENCY COORDINATION
SUBCOMMITTEE**

Prepared for:

**Executive Office of the President
Office of National Drug Control Policy
Office of Planning, Budget and Research
750 17th Street, N.W., Eighth Floor
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■ December 1995 ■

**DATA, EVALUATION, AND INTERAGENCY
COORDINATION SUBCOMMITTEE**

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FORUM ON INTEGRATING INFORMATION AND NATIONAL DRUG POLICY

BACKGROUND

Dr. Lee Brown, Director of the Office of National Drug Control Policy (ONDCP), proposed the development of an Advisory Committee on Research, Data, and Evaluation (RD&E) in 1994. In January 1995 ONDCP received formal approval from the General Services Administration to establish the RD&E Advisory Committee, which consists of Federal and non-Federal drug research experts. Supporting the work of the RD&E Advisory Committee are three subcommittees: the Prevention, Treatment and Medical Research Subcommittee; the Science and Technology Subcommittee; and the Data, Evaluation, and Interagency Coordination Subcommittee.

The Data, Evaluation, and Interagency Coordination Subcommittee is chaired by John Carnevale, Director of ONDCP's Office of Planning, Budget, and Research, and includes representatives from 14 Federal agencies that have drug-related responsibilities. The tasks of the subcommittee include the following:

- Developing an inventory of drug-related information systems and their report-generation capabilities;
- Evaluating the adequacy and ability of drug-related data systems to inform the drug policy planning process;
- Integrating Federal efforts related to drug data collection, data processing, and data sharing; and
- Developing a strategy for the Federal Government to improve the quality and efficacy of drug-related data systems.

In completing these tasks, the subcommittee has paid special attention to the ability of existing data sets to meet ONDCP's reporting requirements under the Violent Crime Control and Law Enforcement Act of 1994 (hereafter referred to as the Crime Control Act). The Crime Control Act, which reauthorized ONDCP through Fiscal Year 1997, requires ONDCP to complete assessments of the progress of the National Drug Control Strategy in the areas of reducing drug use, reducing the consequences of drug use and availability, determining the status of drug treatment, and reducing drug availability.

Since its first meeting in June 1995, the subcommittee has prepared an inventory of Federal drug-related data sets and a Federal drug-related needs assessment paper. To assist the subcommittee in developing a final data evaluation report, the subcommittee convened a forum with approximately 40 drug research experts, including current Federal policymakers; former Federal policymakers; researchers from private for-profit, private nonprofit, and university organizations; and State drug data collection experts (see list of participant names and affiliations at the end of this report). The meeting, titled "Forum on Integrating Information and National Drug Control Policy," was held in Boston, Massachusetts, on November 4-5, 1995, and asked participants to reflect and comment on three data and policy issues:

- How can existing data resources best be used to document the dimensions of the drug problem? What new data sources are needed to meet this objective?
- How can existing data resources best be applied in determining the range and priority of specific drug control policy objectives? What new data sources are needed to meet this objective?
- How can existing data resources best be used to evaluate the efficacy of specific drug control strategies? What new data sources are needed to meet this objective?

In addition, participants were asked the following two questions regarding existing data sets:

- If you could make one change or addition to a data set, what would it be?
- If you could eliminate one data set, which would it be?

Comments and recommendations from the forum have been grouped into the following categories: information needed to guide policy, primary recommendations for improvement of the collection and analysis of drug-related data, recommendations for changes or additions to existing data sets, recommendations for elimination of data sets, and general comments on the integration of data and policy.

INFORMATION NEEDED TO GUIDE POLICY

Participants discussed the types of data that should be available for policymaking, including leading, concurrent, and lagging indicators of drug use; data on the consequences of drug use; subgroups of the drug-using population; outcome measures of drug intervention; and projections or estimates of future use. Comments on each type of data are provided below.

Leading, Concurrent, and Lagging Indicators of Drug Use

One attendee suggested using direct measures of drug use (e.g., surveys and studies of general or special populations), saying that direct measures are useful methods of systematically measuring and monitoring aspects of use such as prevalence, frequency, age of initiation, and mode of administration. Indirect measures of drug use (e.g., data collected from social agencies, coroners, hospitals, and the legal system) also are important, presumably because they are indicators of use or levels of addiction.

The same attendee added that there is a connection between time and drug use. He suggested policymakers should identify leading, concurrent, and lagging indicators of drug use. One leading indicator is access or availability of a drug. Another leading indicator is public awareness of a drug, but this indicator could be difficult to measure. Indicators such as peer norms and perceived benefits of use often are concurrent rather than leading indicators. Indicators of consequences of use, such as treatment admissions and hotline calls, are lagging indicators because there can be several years between initiation of use and

consequences of use. In general, attendees agreed that drug policy needs to be guided by what the Federal Government expects to occur across the Nation.

Data on the Consequences of Drug Use

Several attendees addressed the need to measure the consequences of illicit drug use. The importance of measuring the harm of drug use was recognized, but it was questioned whether measures exist that can survive congressional scrutiny. The need to define the relationship between drug use and its consequences also was noted. One attendee noted the small amount of reliable data available at the Federal level regarding the relationship between drug use and health consequences such as sexually transmitted diseases and HIV (human immunodeficiency virus). The closest the Federal Government comes to collecting such information is the CODAP (Client Oriented Data Acquisition Process) demonstration project study. Another attendee said the reason the relationship is difficult to define is that most drug-related research uses a cross-sectional design, but the problem of drug abuse is longitudinal. There are Federal longitudinal data systems, but they need to be analyzed, and supplemental data collections on drug use should be conducted. Another attendee suggested that one way to study this issue is to research consequences in specific communities using a common scale. Other attendees added that data should be collected on the following consequences:

- *Health consequences.*—These include infectious diseases such as hepatitis and tuberculosis, sexually transmitted diseases, HIV/AIDS (acquired immune deficiency syndrome), drug-exposed births, chronic illnesses such as cancer, mental illness, child neglect that results in medical problems, violent injuries and other health issues of crime, domestic violence, depression, and suicidal tendencies.
- *Social and economic costs to the user and society.*—These include trauma and emergency room costs, loss of earnings, loss of employment productivity, receipt of Supplemental Security Insurance (SSI) or Aid to Families with Dependent Children, medical benefit utilization, and costs to friends and families of drug users.

- *Criminal and supply-side consequences.*—These include the supply and demand of drugs; dealer prevalence; guns and drug abuse; drug distribution, production, and transit; and money flows.

One attendee asked how ONDCP will use measures of the consequences of drug use to prove ONDCP is achieving its goals. For example, one consequence of drug use is tuberculosis. The City of Baltimore has implemented a nursing program that has reduced the rate of tuberculosis, but this has had no effect on substance abuse.

Subgroups of the Drug-Using Population

Attendees discussed and identified three subgroups of the drug-using population to aid in program planning: (1) those who are at risk for using drugs, (2) those who are using drugs but are not having problems associated with their use, and (3) those who are using drugs and have multiple problems. One attendee stated that current data systems are not sensitive enough to capture these populations. Another attendee agreed, saying the number of users identified by the National Household Survey on Drug Abuse (NHSDA) is small. Two attendees defended those data systems: one said that the Government does not miss all addicts or abusers with data sets such as the NHSDA, and the other said that even if the number of users identified is small, it can still be used to extrapolate distribution to obtain further estimates in areas where there is hardcore use. Another attendee noted that there is diversity even within specific drug-using populations such as the cocaine-addicted population, and information regarding their characteristics is limited.

Outcome Measures of Drug Intervention

One attendee commented on the need to focus on appropriate outcome measures, including prevention of use, changes in attitudes toward use, and reductions in drug use at later ages. Another person agreed, noting that in evaluating prevention programs, there should be measures of mediating behaviors such as school performance and self-esteem. If programs can demonstrate improved school performance by students, they also can state that the risk of drug use will be reduced for those students.

One attendee said that treatment effectiveness is often measured by methadone use, which is a process measure. She suggested information is needed on methadone dosage,

other services provided with methadone treatment, and treatment attendance. Another attendee agreed that there is little information on the services provided in treatment programs.

One attendee commented that there is not much systematic data collection on prevention efforts. There are good measures of crime prevention but not drug prevention. Outcomes for both prevention and treatment should be explored. Another attendee said that one problem with collecting outcome-oriented data is the time between an intervention and its outcome, during which other factors can have an effect on the outcome. Another problem is that multiple prevention programs take place simultaneously, so identifying the effects of a single program is a challenge.

Projections or Estimates of Future Use

One attendee commented that when reviewing the goals of the *1995 National Drug Control Strategy*, she found herself asking the question, "Compared to what?" In other words, there are data for prevalence of use in 1992 and 1995, but what also is needed is a sense of what prevalence would have been in 1995 had there not been a National Drug Control Strategy from 1992 to 1995. Another attendee commented that identifying what would have happened in the absence of policy is easier at the State level than at the national level. For example, if one State implements a cigarette-smoking intervention and there is no change in use in that State, but the rest of the Nation experiences an increase in use during that same time period, the national increase can demonstrate the effectiveness of that smoking intervention.

PRIMARY RECOMMENDATIONS FOR IMPROVEMENT OF THE COLLECTION AND ANALYSIS OF DRUG-RELATED DATA

Attendees often mentioned the need to improve the methodology, validity, analysis, and dissemination of data. Their comments are summarized below.

Obtain a General Understanding of the Scope of the Problem

One attendee said that too much research money is spent on precision that does not further decisionmaking. Another attendee agreed, saying there could be three different

estimates. However, if all three estimates demonstrate that the problem is large, then the size of the problem is what will have an impact in the policy arena. Another attendee said there is no need for a "body count" because it is already clear the public service system is chronically underfunded; the focus should be on funding services.

One attendee defended the need for a credible estimate of consumption in the Nation, saying that in order to determine how much money to spend on the drug problem, the Federal Government needs to know how large the drug problem is. He noted the NHSDA estimate that there are 600,000 hardcore users nationwide, but ONDCP used models and inferences from other data to demonstrate that the number of hardcore users is closer to 2 million. However, the attendee added, it is easy for researchers to point out assumptions, standard deviations, and other caveats in their estimates. Another attendee disagreed, saying that researchers should not point out caveats because doing so undermines the credibility of the data.

Two attendees said that it is less important to have accurate data than to have reliable indicators of trends in drug use. Another attendee questioned whether the data available are accurate enough to identify trends. For example, if the estimated number of hardcore cocaine users changes from 2 million to 2.2 million, is that really a growth in the drug problem?

Conduct Secondary Analysis of Existing Data Sets

Attendees discussed the importance of secondary analysis. One attendee noted that most research funds are directed toward primary data collection rather than secondary analysis of existing data sets. For example, there are no analyses reported on whether someone who tried cocaine at the ascent of the epidemic was more likely to become addicted than someone trying cocaine at the descent of the epidemic. In general, drug-related data are difficult and expensive to gather, and research dollars may be put to better use analyzing available data. Another attendee questioned whether the data available are sufficiently valid for secondary analysis.

Study Drug Abuse in a Broader Social Context

Some attendees commented on the tendency to collect drug-related data in a vacuum with little regard for the interpretation of the impact of extant socioeconomic conditions. However, drug use is a dynamic situation influenced by social conditions and social policies, especially during this current climate of changing emphases on social programs. Drug use should not and cannot be disaggregated from the root of the problem. There has been no mention by the Federal Government of how these changes will manifest themselves in terms of drug problems.

Use Biological Markers as Validity Checks

One attendee noted that the accuracy of the data must be the driving force and that it is important to improve the validity of survey responses, particularly since drug use is a stigmatized behavior. Another attendee agreed, noting that it can take years to publish results from large surveys due to manipulation of data, but the greater concern is whether the data going into the survey are correct to begin with and whether people who are affected by drug use are willing to respond to survey questions. The first attendee responded by saying that rather than trying to "manipulate what comes out of people's mouths," the Federal Government should verify survey responses through the use of sweat patches, saliva testing, or other technologies that provide biochemical evidence of drug use. He said such testing would be a low-cost add-on to current survey efforts. One person noted that the Drug Use Forecasting (DUF) system uses biological indicators, but similar data are not collected for persons with diseases such as hepatitis. The Centers for Disease Control and Prevention have attempted to make synthetic estimates but have been unable to collect biological samples along with survey data.

Other attendees pointed out problems with the use of biological markers. One attendee argued that many such markers have not been validated yet. Another attendee agreed that improving the validity of biological markers will be a long-term process, but it is a fundamental element of the estimation process. One attendee suggested performing a toxic screen on a subset of patients admitted and identified in the Drug Abuse Warning Network (DAWN), but another attendee argued that this would be a costly effort.

Disseminate Data in a More Timely Fashion

A few attendees commented on the length of time it takes to test, implement, and report results on program evaluations; many studies take 3 to 5 years. One attendee said that Federal agencies have an opportunity to share information earlier but do not out of fear that funding will be lost if projects do not show initial success. Another attendee noted that as data systems become more computerized, information will become available sooner. For example, the Drug Evaluation Network Study receives information on treatment admissions throughout the country via laptop computers. From this information, samples can be taken from each type of treatment modality, and short-term followup studies can be conducted. Another attendee commented that he would like to see more data released earlier to Government contractors and grantees for data comparison and analysis.

Assess Data Sets and Other Indicators in Combination

Several attendees commented that policymakers should use composite indicators to assess the drug situation. To do this, the challenge then becomes how to reconcile the data given the different instrument designs (e.g., DAWN and DUF) and then come up with the "big picture" to justify agency budgets before Congress. One attendee compared this to economic or consumer price indicators. Another attendee agreed that triangulation of data sets is useful. Many data sources viewed alone are weak; however, viewed collectively, they have greater insight and validity. Another attendee noted as an example that an increase in emergency room episodes could be due to an increase in purity or a change in use. Comparing emergency data with purity and prevalence data can help identify the cause. Another attendee noted that by overlapping data sets, data collectors will become more accountable for their findings. Another attendee agreed that duplicate data sets impose accountability and validity on data systems, but there is some duplication that can be eliminated. The attendee added that there is a careful tradeoff to be made between duplication and validity.

One attendee commented that the Federal Government is dealing with a system of overload due to the various data systems' nonintegration. The attendee added that ONDCP does not have the authority to make the kinds of institutional changes that would lead to greater integration. There also was a general consensus that there is too much of a focus on

gross numbers and not enough emphasis on anecdotal data or ethnographic research to enhance the overall picture.

Develop Data Sets With Greater Integration and Interface

One attendee suggested that both the analysis and the collection of data should be integrated. For example, hospitals from which DAWN data are collected should be located in cities that also are DUF sites.

Other attendees commented on the need for data sets to be compatible. One attendee commented that such information is being integrated in some States at the client level. He noted that it would be difficult for the Federal Government to integrate such data at the national level unless States have an infrastructure for linking data. Another attendee noted that one State uses unique identifiers of individuals in criminal justice and treatment databases. He suggested States with such systems allow researchers to conduct capture-recapture analyses. States should be assured that the confidentiality of individuals in the system will be protected.

Aggregate or Disseminate Data to States and Communities

Several attendees commented that the Federal Government has a tendency to collect data from State- and community-based organizations but does not routinely make such data available for policymaking or service planning at those levels. More investment should be made in improving the State and local infrastructure, upon which we depend for data. Even treatment and prevention experts are not always aware of the latest findings. They suggested that when the Federal Government sponsors the gathering of State and local data, the Government should disseminate that data or establish a structure for State and community programs to continue monitoring progress in those areas.

Another attendee suggested States and communities from which data are being collected should be involved in the data collection process from the beginning. She mentioned as an example the National Institute on Drug Abuse Cooperative Agreement Program, which has held small workgroups with communities as well as orientation sessions with study cohorts. These efforts can make the process more meaningful to the participants and can contribute to the reliability and validity of the collected data.

One attendee noted that the DUF program collects data at the community level and is working on methods to make the data more comparable at the national level. She suggested that there may be other information at the State and local level that can be aggregated upward to the national level. Another attendee agreed, saying that the Federal level is the natural level to consider collecting data; however, since the drug problem is naturally disaggregated, information should be aggregated up from the community to the Federal level. One attendee pointed out that there are some data collected at the community level, such as the Parents' Resource Institute on Drug Education surveys.

Research the Effectiveness of Treatment Modalities

One attendee noted that there are data showing that treatment is effective, but a good database does not exist that describes the dynamics of treatment effectiveness with variables such as the number of users in treatment for the first time, the number of users who have received treatment before, the number of individuals who reduce drug use, and the number of individuals who end drug use. Another attendee pointed out that it is not enough to show what works in treatment but rather what works for whom—people respond differently to different treatments. Another attendee suggested not assessing treatment as a whole but comparing treatment within modalities. One attendee commented that comparing modalities at the national level can be difficult because of variations among States. For example, not all States have therapeutic community programs. A few attendees pointed out that Congress and the general public tend to be skeptical of treatment and of research showing its effectiveness. One attendee pointed out that methadone treatment has a success rate of 30 to 80 percent, but Congress focuses on the 30-percent rate. It is important, therefore, to look at who is delivering treatment under what circumstances in order to effectively evaluate success. One attendee supported using a quantitative index of drug use and functionality, such as the Addiction Severity Index, for individuals in treatment.

Use Multiple Methods and Sources for Gathering Data

One attendee suggested conducting a meta-analysis of existing studies. Another attendee cautioned that meta-analysis cannot be conducted unless evaluation studies have common measures and designs. She suggested that agencies make recommendations to grantees regarding measures and designs of demonstration programs so that meta-analysis can be conducted. One attendee recommended conducting more exploratory studies to

"capture the full flavor" of the drug situation. Another attendee responded that it is often difficult to obtain funding for exploratory research because of scientific skepticism. One attendee encouraged the continued use of multiple methods such as epidemiology and ethnography along with other qualitative and quantitative methods.

RECOMMENDATIONS FOR CHANGES OR ADDITIONS TO EXISTING DATA SETS

In addition to the recommendations already mentioned, participants suggested the following changes or additions to data sets in response to the question, "If you could make one change or addition to a data set, what would it be?"

- Oversample the NHSDA so that probability samples represent a number of cities.
- Conduct the *Monitoring the Future (MTF)* study every other year and use the second year funds for indepth analysis.
- Conduct Bureau of Justice Statistics surveys more often than once every 5 years.
- For DUF use a more representative catchment area, such as a Metropolitan Statistical Area or a Primary Statistical Unit.
- Emphasize collecting data from infrastructures where data are used to make decisions.
- Continue to standardize criminal justice data collection and coding to make it compatible with the Federal Bureau of Investigation's National Incidence-Based Reporting System data set.
- Give priority to obtaining information that establishes linkages, such as the relationship between price and use.

- Differentiate between powder- and crack-cocaine in various levels of data.
- Track the number of full-time employee resources applied to the drug effort.
- Obtain measures of the Government contribution to the drug problem through programs such as SSI.
- Conduct evaluations of programs funded through block grants, such as long-term treatment programs.
- Conduct more surveys like DC*MADS (District of Columbia Metropolitan Area Drug Study) in other cities around the country.
- Collect data on general attitudes toward consumables.
- Give the Drug Enforcement Administration "all the resources they need" for price-purity research, particularly for scientific buys.
- Use DAWN to help identify the relationship between drugs and violence, particularly domestic violence.
- Recognize Department of Transportation records of drug-test results as a data set.
- Conduct the NHSDA every other year, and report DAWN and DUF data quarterly.
- Do a pilot study of counties collecting Children's Protective Services, DAWN, and DUF data to identify individuals in all three data sets.
- Include in DASIS (Drug and Alcohol Services Information System) variables for client identification and the services the client received.

- Conduct a study on how policymakers inform themselves about the drug situation.
- Have DUF test for alcohol as well as other drugs.
- Focus on the incidence of AIDS among hardcore users.
- Prepare a drug statistics handbook.
- Give 10 to 20 small grants for secondary analysis of data sources.
- Give greater funding to developing models of the drug problem.
- Develop an interagency workgroup to identify special research projects in need of funding.

RECOMMENDATIONS FOR ELIMINATION OF DATA SETS

Participants made the following recommendations in response to the question, "If you could recommend eliminating one data set, which would it be?"

- Reduce the International Narcotics Control Strategy Report (INCSR) to 30 pages of tables, and stop publishing separate NNICC (National Narcotic Intelligence Consumers Committee) reports.
- Eliminate either the INCSR or the MTF.
- Combine Department of Justice surveys of arrestees, probationers, and incarcerated populations; instead of conducting it as a one-time survey, conduct an ongoing study of a smaller sample.
- Consider data quality a primary criteria in eliminating data sets.

- End satellite research.
- Instead of collecting DUF and DAWN data quarterly, conduct one-time DUF and DAWN surveys.
- Cut NHSDA and MTF budgets in half, and conduct the surveys over 2 years, but publish yearly reports.
- Eliminate the National Drug Intelligence Center.
- Conduct the MTF survey on one grade per year.
- Ask for MTF longitudinal data to be released, or eliminate funding for it.
- Fold MTF into the NHSDA.

GENERAL COMMENTS ON THE INTEGRATION OF DATA AND POLICY

Participants made observations on the nature of drug-related data and policymaking, including the relationship between information and knowledge, flaws in the definitions of users, problems in interpretation of data, and difficulties in supply-side data collection. These comments are outlined below.

There Is Considerable Information But Little Knowledge About the Drug Problem

Three individuals commented that there are considerable data on the drug situation but little understanding of what the data mean. One attendee used the term "information overload." Another attendee commented that there is a "massive amount of data already out there," but for policy formulation it is important to have not only information on the drug problem but also knowledge about what those data mean. The comment also was made that until the data integration issue is addressed, the Federal Government should not create new data sets. For example, if supply increases, what effect does that have on consumption? Which populations are affected? One attendee commented that Congress agrees that there is not enough knowledge of the drug problem. This is evidenced by Congress passing the Crime

Control Act, which asks ONDCP to create a picture of the drug problem and present evaluative data.

One attendee talked of the "signal-to-noise ratio": the available data does provide knowledge on the drug problem; it is simply a matter of extracting and consolidating that knowledge. He acknowledged that some data are a few years old, but there are enough studies to present basic information and identify information that needs to be clarified.

There Are Flaws in the Definitions of Different Levels of Use

One attendee noted that researchers have difficulty defining terms such as "lifetime," "current," and "hardcore" use. For example, one study counts hardcore users and current users separately even though hardcore users also are current users.

Two attendees noted that the definition of a hardcore user—an individual who uses drugs at least once per week—does not match the actual level of drug use by a hardcore user. One attendee commented that a hardcore addict uses drugs 25 to 30 times per week and will probably never use drugs less often than once per week. One attendee suggested daily use would be a better characterization of a hardcore user; another attendee suggested asking a user the number of times in the past week he or she used drugs.

Two attendees outlined the problems associated with obtaining quantitative measures of hardcore use. One attendee pointed out that most surveys conducted by the Federal Government ask about past-month use. Another attendee pointed out that in a survey sample, the number of people who use drugs daily is too small for making generalizations, but the number who use drugs once per week is measurable. He also pointed out that quantitative frequency is not recognized in the DSM-IV (*Diagnostic and Statistical Manual*, revised fourth edition) as an indicator of severity of the drug problem.

The Use of Data for Policy Decisionmaking Is Fragmented and Raises Skepticism

There was some skepticism about the manner in which data are used to influence policy. Some attendees believed that policy is rarely informed by data, while others believed that policymakers are focused more than ever on obtaining accurate data for making policy decisions.

Some attendees believed the problem for policymakers is their interpretation of the available data. Attendees commented that even when policymakers accept data showing the size and trend of the problem, that does not mean they will agree with researchers on the approach to solving the problem. One attendee gave as an example a Swedish study that demonstrated that methadone treatment had a 75-percent success rate; based on this information, politicians considered ending methadone programs because the programs constituted unfair competition with drug-free programs. Another attendee cited a study in the City of San Antonio that showed treatment admissions increasing in the city as crime rates decreased, and treatment admissions decreased as crime rates increased. Nevertheless, the City of San Antonio did not increase treatment funding.

Other attendees commented that they believe the problem is systemic. One attendee pointed out that while the Office of Management and Budget (OMB) and Congress do read research on the effectiveness of drug control strategies and use that research in making decisions, the entire decisionmaking process is marginal and fragmented. At OMB decisions on the drug budget are split among 27 budget examiners; on Capitol Hill decisions are divided among 9 committees each in the House and Senate. In addition, drug-related research must demonstrate that it is more effective and takes higher priority over other expenditures to receive funding. One attendee noted that this means the system is working against itself. Another attendee pointed out that this system makes agencies and programs less accountable for their measures of drug policy effectiveness because they become accountable only to their specific objectives.

Current Supply Measures Are Not Highly Effective for Policymaking

One attendee pointed out that U.S. estimates of international drug crop production tend to be conservative—often five times lower than estimates at the local level. One problem is the fact that surveillance technology lags behind crop production technology. Another attendee agreed, saying that at this time, “gut-level guesses are more accurate than photointerpreter data.” One attendee believed this was an example of the need for a range of measures.

Another problem in collecting supply data is the illegal nature of drug trafficking. One attendee pointed out that law enforcement officials cannot passively monitor drug

trafficking; once they are aware of a drug delivery, they must act on that information. Another attendee noted that when officials make a seizure, they do not know how that affects the drug trafficking network until another seizure is made.

Suggestions for new measures of supply reduction include number of labs destroyed, information on money laundering, and amount of asset forfeiture seizures as a measure of law enforcement effectiveness.

NEXT STEPS

Mr. Carnevale informed participants that their comments and recommendations will be incorporated into a report to be submitted to the Director of ONDCP by the RD&E Advisory Committee by the end of the year. All participants will receive a copy of the final report. In addition, Mr. Carnevale plans to convene smaller working groups to study this issue further.

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APPENDIX C

SUMMARY OF REGIONAL STRATEGY DEVELOPMENT CONFERENCES

**November 12-14, 1995—San Francisco, California
December 10-12, 1995—Miami, Florida**

SUMMARY OF REGIONAL STRATEGY DEVELOPMENT CONFERENCES

To receive the views and recommendations of as many individuals and groups as possible, the Director of the Office of National Drug Control Policy convened regional strategy development conferences in San Francisco and Miami. The conferences focused on drug policy issues of importance to regional, State, and local leaders. Numerous themes emerged from all the conferences. While there were variations in ideas, the following themes were consistently expressed:

- The need exists for a more comprehensive drug enforcement effort across the Nation—one that integrates Federal, State, and local resources.
- Federal resources should support more positive alternative programs for youth. In addition to sports and other recreational activities, such alternatives should include unstructured and structured peer support, mentoring, decisionmaking, conflict resolution, job shadowing, and educational programs. These programs should be showcased and should acknowledge youth who make healthy decisions.
- Greater emphasis should be placed on drug abuse prevention and education. Drug abuse prevention should be repeated throughout the school experience and provided at all grade levels, prekindergarten through 12th grade, with complementary sessions offered to parents.
- A clear need exists for continued and increased support for collaborative alternatives to incarceration. In addition, the capacity of treatment programs that serve those within the corrections system must be increased, and steps must be taken to ensure their effectiveness.
- Greater emphasis should be placed on the principle that the media has an important responsibility to reduce the glamorization of drug use.
- The phrase “war on drugs” must be replaced with more persuasive language that portrays anti-drug efforts as balanced, including both forceful and compassionate responses, where appropriate.
- Alcohol, tobacco, and inhalants have a natural link to the overall problem of drug abuse, and it is appropriate that they should be included in the Strategy. A stronger message should be sent to all Americans that alcohol and tobacco are illicit substances when used by youth.
- A need exists for a national standardized prevention, treatment, and research strategy—one that includes the goal of producing standard measures of effectiveness for all programs.
- Adequate and consistent Federal funding should be provided to support quality supply-and-demand-related programs.

Public- and Private-Sector Consultation

- U.S. Senators, Representatives, and State and local elected officials should be apprised about the effectiveness of treatment and prevention programs.
- Greater emphasis must be placed on parental responsibility.
- Community-based anti-drug efforts need to be strengthened.

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

APPENDIX D

**SUMMARY OF CONSULT WITH AMERICA SURVEY
(GALLUP POLL)**

SUMMARY OF CONSULT WITH AMERICA SURVEY (GALLUP POLL)

For the first time, during the development of the Strategy, the Office of National Drug Control Policy has applied a new and innovative approach to the consultation process. This approach uses a major poll conducted by The Gallup Organization to provide a clearer view of how the American public views this country's drug problem and what actions and measures they would support. This poll, "Consult With America: A Look at How Americans View the Country's Drug Problem," was conducted during January and February of 1996.

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

The poll shows that crime, violence, and drugs are at the forefront of the minds of millions of Americans. According to the Gallup poll, "crime and violence" is the top national concern among adults, with 16 percent giving it a "top-of-mind" mention and 27 percent naming it as 1 of the top 2 or 3 problems facing the country today. "Drugs" is mentioned as the "top-of-mind" concern by 11 percent of adults, but mentioned as 1 of the top 2 or 3 concerns by 19 percent of American adults, second only to "crime and violence." Furthermore, "drugs" is viewed as a concern by nearly twice as many adults as was found on a similar question asked in late 1991 and early 1993 (10 percent and 6 percent, respectively). Americans from every social and economic background and from every race and ethnic group are concerned about drugs.

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

- Reducing violent crime tops the list of how Americans feel tax dollars should be spent, with 84 percent of adults saying this is an extremely important area.
- Children also are clearly a focus in the eyes of Americans concerned about drug use, with 82 percent reporting that reducing illegal drug use among children and adolescents and increasing educational opportunities for children are extremely important areas on which to spend tax dollars.
- Reducing illegal drug use among adults is viewed as relatively less important than reducing use among children, with 57 percent reporting it as extremely important in terms of spending tax dollars.

- Both illegal drug use and violent crimes are viewed as extremely important national concerns by the overwhelming majority of Americans because Americans perceive a strong link between violent crimes and illegal drug use. It is the crime and violence associated with drug use that most concerns Americans about drug use. Concern about illegal drug use as well as crime and violence have increased significantly over the past 5 years.
- The impact of drug use on children and the numbers of children affected also is a prime concern among Americans:
- In the past 5 years, concern about illegal drug use has increased for 60 percent of American adults. Only 3 percent of American adults report that their concern about illegal drugs has decreased in the past 5 years.
- Sixty-seven percent of American adults strongly agree that drug use often leads people to commit violent crimes.
- Fifty-four percent of Americans name crack-cocaine as the biggest problem out of a list of five major drugs, which included powder cocaine, marijuana, heroin, and other opiates and the inappropriate use of prescription drugs.
- The perception that crack-cocaine is the most problematic drug is much stronger among African-American adults, 67 percent of whom see crack-cocaine as the most problematic drug.
- Sixteen percent of young adults, age 25 or younger, feel that marijuana is the most problematic drug; this number is three times more than adults.
- While most adults feel that drug use often leads to violent crimes, the majority of adults do not feel that smoking marijuana often leads to use of more serious drugs such as cocaine and crack-cocaine.
- Americans do not feel that drugs belong in the workplace. Fifty-two percent of Americans strongly believe that employers should be allowed to fire any employee who is found to have used drugs.
- Americans generally support prevention and rehabilitation programs to reduce drug use as well as interdiction programs to reduce the drug supply at both the source country and at the dealer level, rather than harsh penalties for users. Most Americans also see a larger role for treatment programs.
- Fifty-one percent of all adults agree strongly that more drug treatment programs should be available to reduce drug use. Only 15 percent feel that once a person gets addicted to drugs, treatment and rehabilitation programs usually do not work. Furthermore, only 32 percent of

Americans feel that harsh criminal penalties for using illegal drugs are an effective means of drug prevention.

- When asked to say which of five major drug strategies they believed would be most effective in fighting the war on drugs (i.e., how tax dollars should be spent), no single strategy is endorsed by a majority of adults. Government interdiction in reducing the supply of drugs from entering the United States is supported by 31 percent, and expansion of education programs about the dangers of drugs is supported by 28 percent of Americans. Additional efforts, including police action and criminal prosecution to stop the drug dealers, are supported by 22 percent of Americans.
- Combining Americans' first and second choices for effective drug strategies, the poll shows that 50 percent of Americans believe that reduction of the drug supply into the United States, 47 percent believe an increase in education programs, and 46 percent believe increased law enforcement of drug dealers are top strategies.
- Forty-five percent of Americans report that they, a family member, or a close friend have used illegal drugs. Most Americans acquainted with a current or former drug user report that person as an occasional user, but many Americans report knowing a moderately or seriously addicted drug user. Americans report that 34 percent of these drug users received treatment to end their drug use, and treatment programs appeared to be effective for the majority of those who attended them.
- Thirty-four percent of Americans who said they know someone who used illegal drugs report that the person obtained treatment for their drug use. Seventy-three percent of drug users who obtained treatment for their drug use are reportedly drug free today.
- Americans have very different perceptions of who should be responsible for stopping drug use among different user groups. Eighty-one percent feel that families and parents should be responsible for stopping drug use among children under age 12.
- When it comes to illegal drug use among adults, Americans see the duty falling on the shoulders of each of us as individuals to stop the drug problem. Forty-two percent of Americans feel that individuals are responsible for halting drug use. Twenty-two percent of adults believe the police should be accountable for ending the drug problem, an additional 6 percent feel the Federal Government should shoulder the burden.
- Americans believe that youth peer pressure outweighs the influence of parents, the entertainment industry, school, and all other sources in the formation of children's and adolescents' decisions whether to use alcohol, tobacco, or drugs. Parents also are believed to have a strong influence.
- The media are seen to exert less influence on children and adolescents than peer pressure. Recently, the message sent out via the media is perceived as a positive influence by adults.

APPENDIX E

**SUMMARY OF
WHITE HOUSE LEADERSHIP CONFERENCE
ON YOUTH, DRUG USE, AND VIOLENCE**

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

Recent national surveys have documented an alarming increase in use of drugs, particularly marijuana, among America's youth. Violence often has accompanied this increased involvement with drugs. In response to these serious problems, the President convened the White House Leadership Conference on Youth, Drug Use, and Violence on March 7, 1996. More than 300 youth, researchers, parents, clergy, community and business leaders, entertainers, media executives, treatment and prevention specialists, judges, prosecutors, and police from around the country met with the President, Vice President, and top Administration officials to discuss these issues and seek solutions. The suggestions of the conference participants were included during the final development of this National Drug Control Strategy.

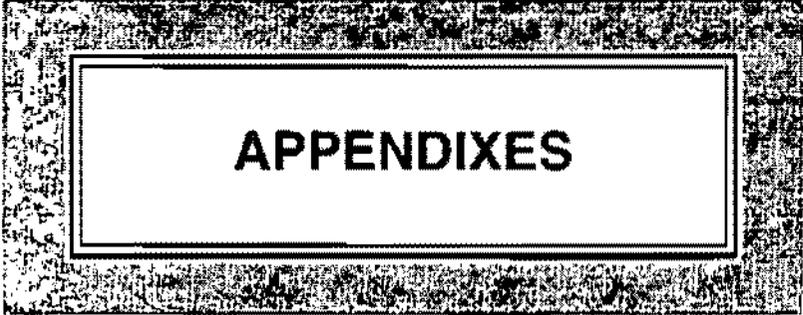
The conference featured an address by the President to the assembled student body of Eleanor Roosevelt High School in Greenbelt, Maryland, where the conference was held. This was followed by a roundtable discussion between the President and selected participants. The afternoon was devoted to nine concurrent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

- Strengthen the connection between the law enforcement community and teens.
- Enable youth to make the right decisions through education that challenges them, and provide them opportunities for choices.
- Develop a more coordinated approach among the law enforcement, juvenile justice, treatment, and prevention communities to address the needs and problems of youth involved in drug use and violence.
- Create partnerships between schools, parents, and the community that cover all aspects of the school experience.
- Expand education efforts that emphasize the relationships between violence and the use of alcohol and other drugs.
- Support comprehensive gang prevention efforts that begin early and use an integrated approach to child development, education, family involvement, and nonviolent conflict resolution.

Public- and Private-Sector Consultation

- Support the formation of coalitions of care providers as a mechanism to maximize availability and continuity of services for children and youth.
- Recognize the need for the juvenile justice system to interact with the entire family, including counseling for all the members, not just the troubled juvenile.
- Enhance enforcement of minimum age drinking laws and enforcement against adults who supply alcohol to minors.

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



APPENDIXES

APPENDIX A

SECTION 1005, ANTI-DRUG ABUSE ACT OF 1988

**Public Law 100-690, November 18, 1988
The Anti-Drug Abuse Act of 1988
Section 1005, Title 1, Subtitle A
National Narcotics Leadership Act of 1988
Title 21, United States Code 1504**

- (a) Development and Submission Of The National Drug Control Strategy.
- (3) (A) In developing the National Drug Control Strategy, the Director shall consult with-
- (i) the heads of the National Drug Control Program agencies;
 - (ii) the Congress;
 - (iii) State and local officials;
 - (iv) private citizens with experience and expertise in demand reduction; and
 - (v) private citizens with experience and expertise in supply reduction.
- (B) At the time the President submits the National Drug Control Strategy to the Congress, the Director shall transmit a report to the Congress indicating the persons consulted under this paragraph.

APPENDIX B

**SUMMARY OF FORUM
ON INTEGRATING INFORMATION
AND NATIONAL DRUG POLICY**

Boston, Massachusetts

November 1-3, 1995