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NATIONAL DRUG CONTROL STRATEGY 2009 ANNUAL REPORT

MESSAGE

FROM

THE PRESIDENT OF THE UNITED STATES

TRANSMITTING

THE ADMINISTRATION'S 2009 NATIONAL DRUG CONTROL STRATEGY, PURSUANT TO 21 U.S.C. 1504

JANUARY 15, 2009.—Message and accompanying papers referred to the Committee on Armed Services, Education and Labor, Energy and Commerce, Foreign Affairs, Homeland Security, the Judiciary, Natural Resources, Oversight and Government Reform, Small Business, Transportation and Infrastructure, Veterans' Affairs, and Ways and Means and ordered to be printed

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To the Congress of the United States:

I am pleased to transmit the 2009 National Drug Control Strategy, consistent with the provisions of section 201 of the Office of National Drug Control Policy Reauthorization Act of 2006.

My Administration released its first National Drug Control Strategy in 2002 with the commitment to turn the tide against a problem that truly threatens everything that is good about our country. As we prepare to pass this noble charge to a new team of leaders, we can look back with satisfaction on what we have achieved together as a Nation. From community coalitions to our international partnerships, we pursued a balanced strategy that emphasized stopping initiation, reducing drug abuse and addiction, and disrupting drug markets.

The results of our efforts are clear. Together we have helped reduce teenage drug use by 25 percent since 2001. This means 900,000 fewer American teens are using drugs. The Access to Recovery program alone has extended treatment services to more than 260,000 Americans. Through law enforcement cooperation and international partnerships, the United States has caused serious disruptions in the availability of drugs such as cocaine and methamphetamine, reducing the threat such drugs pose to the American people, while also denying profits to drug traffickers and terrorists.

Our work is by no means complete—we must build on these efforts both to further reduce drug use and to rise to new challenges. I thank the Congress for its support and ask that it continue to support this critical endeavor.

GEORGE W. BUSH.

THE WHITE HOUSE, *January 15, 2009.*

National Drug Control Strategy

2009 Annual Report

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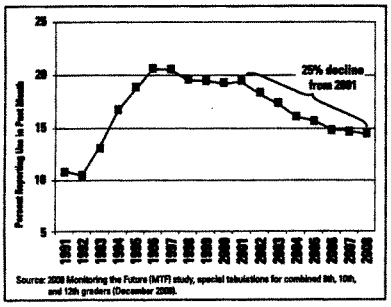
Introduction

In 2002, the President established ambitious goals for reversing a decade-long surge in illicit drug use in America: a 10 percent reduction in youth drug use in 2 years and a 25 percent reduction in youth drug use over 5 years. Since then, the President's *National Drug Control Strategy* has effectively guided the Nation's efforts to reduce illegal drug use, achieving an 11 percent reduction in youth drug use over the first 2 years and a 23 percent reduction in youth drug use over the first 5 years as measured by the *Monitoring the Future* (MTF) study.

Seven years later, MTF's national survey of 8th, 10th, and 12th grade students indicates that current use of illicit drugs by youth has declined by 25 percent (see Figures 1 and 2). However, it is the breadth and depth of these reductions in youth drug use that are particularly impressive. Marijuana use has fallen by 25 percent, and youth use of drugs such as MDMA/Ecstasy, LSD, and methamphetamine has dropped precipitously over the same period, cutting the current use of these dangerous drugs by more than 50 percent. Approximately 900,000 fewer young Americans are using illicit drugs today than when this Administration began.

Figure 1.
Teen Drug Use is Down Sharply from 2001



Source: 2008 Monitoring the Future (MTF) study, special tabulations for combined 8th, 10th, and 12th graders (December 2008).

The importance of these dramatic changes in youth drug use patterns can not be overemphasized. Studies indicate that young people who initiate drug use early in their teen years are at far greater risk of developing a drug dependency than those who initiate later in life. Moreover, young people who do not initiate drug use by age 18-20 are highly unlikely to develop a drug dependency problem in succeeding years, and this protective effect stays with them throughout their lives. By focusing on reducing drug use during this critical period in the lives of young people, we can positively impact the health and safety of Americans well into the future.

However, the substantial declines in drug use in America are not solely found among the youth of today and the adults of tomorrow. Current workforce drug testing data from Quest Diagnostics indicate that cocaine and methamphetamine use by adult Americans also may have turned a corner over the past several years. Positive drug tests for cocaine declined by 38 percent from June 2006 to June 2008, the latest date of available data (see Figure 4). The percentage testing positive for methamphetamine—a form of amphetamines—had been rising quickly in the first half of the decade, but this percentage dropped by roughly 50 percent from 2005 to 2007 (see Figure 4). Overall, drug test positives indicate the lowest levels of drug use in the U.S. workforce since 1988.

Although the dynamics of drug abuse in America have made a profound change for the better over the course of this Administration, challenges clearly remain. The *National Survey on Drug Use and Health* (NSDUH) indicates nearly 7 million Americans exhibit the diagnostic criteria for illicit drug abuse or dependence, with marijuana being by far the biggest contributor to the need for treatment.

According to NSDUH, more than one in four 12-17 year olds who report using marijuana in the past year display the characteristics of abuse or dependency. NSDUH also indicates that the risk of marijuana abuse or dependency for those aged 12 to 17 now exceeds that for alcohol and tobacco. Recent research suggests early marijuana use increases the risk of abuse or dependency on other drugs such as heroin and cocaine later in life. Research also confirms that marijuana use itself is a serious risk, not only due to its addictive potential but also due to recently identified connections between frequent marijuana use and mental illness.

Figure 2.
Youth Drug Use is Declining

	2001	2008	Change as a % of 2001
Any Illicit Drug	**19.4%**	**14.6%**	**-25***
Marijuana	16.6%	12.5%	-25*
MDMA (Ectasy)	2.4%	1.2%	-50*
LSD	1.5%	0.7%	-53*
Amphetamines	4.7%	2.6%	-45*
Inhalants	2.8%	2.6%	-7
Methampetamine	1.4%	0.7%	-50*
Steroids	0.9%	0.6%	-33*
Cocaine	1.5%	1.3%	-13
Crack	0.9%	0.6%	-33*
Heroin	0.4%	0.4%	0
Alcohol	35.5%	28.1%	-21*
Been drunk	19.7%	14.9%	-24*
Cigarettes	20.2%	12.6%	-38*

* Denotes statistically significant change from 2001.

Source: 2008 *Monitoring the Future* (MTF) study, special tabulations for combined 8th, 10th, and 12th graders (December 2008).

The most recent NSDUH data show over two million people misused prescription drugs for the first time in the past year. This is more than the number of new marijuana users. Although not all new users will continue drug use in the future, the large number who are misusing prescription drugs for the first time is a cause for concern and action.

The *National Drug Control Strategy* has produced significant results over the course of this Administration. By building upon the tools that proved most effective in generating those results, we will sustain the progress we have made and rise to meet new challenges. This effort will continue to be guided by three national priorities: stopping initiation; reducing drug abuse and addiction; and disrupting the market for illegal drugs.

Chapter 1 of the 2009 *National Drug Control Strategy* addresses prevention efforts aimed at stopping initiation by expanding and amplifying America's shift away from drug use, especially among young people. The National Youth Anti-Drug Media Campaign, State-level prescription drug monitoring programs, and community-based coalitions nationwide have made a substantial impact on the progress of prevention efforts. The results of drug testing programs have been particularly encouraging. Random drug testing substantially lowered rates of substance abuse in the military, in the workplace, and in sports. Now an increasing number of schools are implementing promising nonpunitive random drug testing programs to reinforce drug-free lifestyles for their students.

Chapter 2 outlines the treatment priority—reducing drug abuse and addiction—through programs focused on expanding the reach and impact of treatment programs, such as Screening and Brief Intervention, Access to Recovery, and drug courts. The vast majority of individuals who need substance use treatment do not recognize their condition. Screening and Brief Intervention addresses this issue by providing opportunities in healthcare settings to screen individuals who may require assistance in order to stop drug use before it develops into a debilitating dependency. For individuals whose drug use has brought them into contact with the criminal justice system, drug courts combine the power of the courts with the renewing potential of treatment to foster a community of support and to change drug-using behavior. Research indicates that both of these programs are critical in addressing America's underlying abuse treatment needs.

Chapter 3 focuses on U.S. initiatives to reduce the supply of drugs by disrupting the illegal market. Over the course of this Administration, the efforts of Federal, State, local, and tribal law enforcement agencies have yielded impressive results in the interdiction of drugs and drug-related finances. Yet the greatest impact may be realized through international counterdrug partnerships, such as those with the Governments of Colombia and Mexico. Years of close cooperation with the Government of Colombia have led to a dramatic reduction in the threat posed by narcoterrorists operating there. Enhanced cooperation with the Government of Mexico already has diminished the power of drug traffickers and will be critical to a long-term solution for securing our shared border. The success of these relationships will shape the long-term success of U.S. supply reduction efforts. By investing in proven programs and cooperative mechanisms for prevention, treatment, and supply reduction efforts internationally and at all levels of American society, the United States has turned the tide against drug traffickers and drug use. A continued commitment will be required if we are to build upon these successes in the years to come.

Stopping Initiation

The past eight years have shown that comprehensive and balanced drug policies can reduce the scale of both drug use and drug markets. Demand and supply reduction activities, including evidence-based prevention and early intervention programs, have resulted in fewer first time illicit drug users, significant reductions in youth drug use, and an increased perception of the health and social consequences associated with drug use.

Programs such as the Drug Free Communities Support Program, Random Student Drug Testing, the National Youth Anti-Drug Media Campaign, and Prescription Drug Monitoring Programs have contributed greatly to these outcomes and will continue to help drive down illegal drug use in America in 2009.

Supporting Community Level Prevention Efforts

Every day, in towns and cities across the United States, parents, teachers, coaches, community leaders, law enforcement officials, and others are pushing back against illegal drug use. Among the most effective and sustainable measures are those that reduce the factors that can lead to drug use, including drinking, and strengthen the factors that can contribute to healthy communities. Now in its 11th year, the Drug Free Communities Support Program has helped hundreds of communities in their efforts to bring about sustainable changes in youth substance use at the local level.

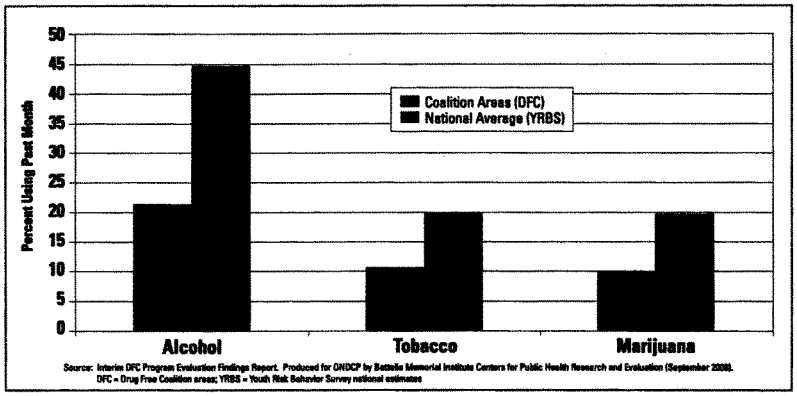
Drug Free Communities Program

Drug Free Community (DFC) grants are designed to reduce substance use, including alcohol and tobacco, among youth, and to strengthen collaboration among various sectors in communities across America. Administered by the Office of National Drug Control Policy (ONDCP), and in partnership with the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) through an interagency agreement, the program embodies the Administration's dedication to supporting the united efforts of young people, parents, educators, non-profits, law enforcement, employers, and other key constituents at the local level. The DFC program currently funds 769 grassroots community coalitions in all 50 States, the District of Columbia, Puerto Rico, Palau, American Samoa, and the U.S. Virgin Islands, with grants up to $125,000 per year for 5 years.

Since 1997, the program has awarded an estimated $450 million to prevent youth drug use. In 2009, DFC will initiate a five-year training plan for its grantees. In a public-private partnership between ONDCP, SAMHSA, and the National Coalition Institute at the Community Anti-Drug Coalitions of America, this plan is designed to ensure that all grantees have access to the valuable training they need, when they need it. This training will provide coalitions with important information on sustainability, cultural competence, and organizational management.

In September 2008, ONDCP released the findings of a national cross-site evaluation of the DFC program. After more than four years of research conducted by Battelle Memorial Institute's Centers for Public Health Research and Evaluation, it is now clear that DFC-funded coalitions are reducing youth drug use at a faster pace than non-funded communities across the country. DFC-funded communities also have lower instances of youth use of tobacco, alcohol, and marijuana, when compared to the national average. Evaluators are now able to point to research findings that show the DFC model as an effective tool in reducing youth drug use at the community level. ONDCP will continue its evaluation of the DFC program to try to determine the specific factors that contributed to the success of these grantee communities.

Figure 3.
Past Month Youth Substance Use Rates in Coalition Areas are Significantly Lower than the National Average in 2007



Source: Interim DFC Program Evaluation Findings Report. Produced for ONDCP by Battelle Memorial Institute Centers for Public Health Research and Evaluation (September 2008).
DFC = Drug Free Coalition areas; YRBS = Youth Risk Behavior Survey national estimates

Public and Private Sector Collaboration

DFC illustrates how strategic partnerships between the public and private sectors can bring about measurable and sustained changes in substance use in our communities. Recognizing the importance of helping communities address local issues, ONDCP also has been working closely with service organizations, such as Lions Clubs International, to promote prevention activities in schools and communities, particularly those aimed at youth. Lions are helping to host community forums on substance use prevention, provide substance use prevention training for teachers, disseminate information about prescription drug abuse and brief interventions for substance use nationwide, and are working with ONDCP, the Bureau of Indian Affairs, and Native American tribal leadership to sponsor effective prevention activities.

These collaborations offer an opportunity to capitalize on the knowledge, resources, and relationships that regional and local organizations have with their communities. In 2009, ONDCP and Lions will explore additional opportunities to further community prevention and youth outreach efforts.

Strategic Prevention Framework

The Federal Government supports community efforts in a number of other ways. For example, SAMHSA developed the Strategic Prevention Framework (SPF) to help communities improve prevention activities and strategies and to provide a methodology that States and communities can use to implement system and service changes. Importantly, the Framework recognizes the value of the bottom-up approach in promoting community-based behavior change. When fully implemented at the State level, the Framework helps foster the development of a comprehensive State prevention strategy. At the community level, the Framework supports the development of comprehensive multiple-sector, multiple-strategy plans that reduce substance use and its related problems in the communities themselves.

To help States, communities, and tribal organizations implement the SPF and focus resources, SAMHSA awards SPF State Incentive Grants (SPF SIGs). SPF SIGs also provide resources for prevention activities and facilitate improvements in systems to help ensure the Substance Abuse Prevention and Treatment Block Grant achieves direct and measurable changes in the area of substance use. Since 2004, 42 grants have been awarded. In 2008, a new grant opportunity was announced, with funding available to support approximately 20 new awards.

Targeted Substance Use Prevention

In Schools

When it comes to alcohol and drugs, young people are especially vulnerable, in part because of the significant health and social consequences of early drug use and drug-using behavior. Consequently, youth should be provided with an array of prevention activities—from an evidence-based substance abuse prevention curriculum to random drug testing—to shield them from drug-related harms.

Since the President endorsed random student drug testing in his 2004 State of the Union address, more than 130 schools or school districts have received funds through U.S. Department of Education grants to help develop or maintain random testing programs, and thousands more schools are implementing drug testing programs using other sources of funding. These schools have recognized the role of drug testing as a promising deterrent against some of the most dangerous drugs facing youth today.

To advance the implementation of effective research-based student drug testing programs as part of comprehensive school drug and alcohol abuse prevention initiatives, the Administration requested and received $1 million in Fiscal Year (FY) 2008 to support the establishment of a new Student Drug Testing Institute by the Department of Education. The Institute provides technical assistance to Student Drug Testing grantees, as well as information on best practices in program design and implementation to schools seeking to establish student drug testing programs in their communities. The Administration has requested an additional $1 million in FY 2009 to support the Institute's important efforts.

Random student drug testing is one program among many that schools are using to prevent and address youth drug use. ONDCP will work with relevant drug control agencies to assess whether the current array of evidence-based prevention programs needs adjustments to remain relevant and effective with new generations of students.

At Institutions of Higher Learning

The problems associated with illegal alcohol and drug use affect students of all ages. Substance abuse among college students contributes to poor academic performance, interpersonal violence, campus crime, and other negative health and social outcomes. The Department of Education has taken an active role to help institutions of higher education (IHE) by awarding grants to prevent high risk drinking and by identifying model alcohol and other substance abuse prevention programs being implemented on college campuses.

Programs are selected as part of this effort will be featured in a national publication. IHEs implementing the programs are required to develop and implement a dissemination plan to share information about their initiatives with other IHEs. Details on these and other effective practices will also be shared at the 23rd National Meeting on Alcohol and Other Drugs and Violence Prevention in Higher Education in late 2009.

ONDCP supports these and other efforts to address substance abuse by older students and will continue to work with relevant agencies and national organizations to promote substance abuse screening and early intervention services in college health centers as part of comprehensive alcohol and drug programs. ONDCP will also consult with medical and insurance providers on inclusion of these services in health plans for college students.

In the Workplace

The American workplace bears many significant costs resulting from alcohol and drug abuse. Recent data from NSDUH show that of the 20.4 million adults classified with substance abuse or dependence, 60.4 percent (12.3 million) of them were employed full time. Of the estimated 17.4 million adult users of illicit drugs, approximately 75 percent (13.1 million people) are employed. These figures underscore the costs of substance use on the workforce, ranging from accidents and injuries, to absenteeism, low morale, and serious productivity losses. Both employers and employees hold a significant stake in reducing substance use among America's workforce.

Effective drug free workplace programs help to reduce substance use among the workforce by clearly communicating both that drug use is not acceptable and that help is available for those that need it. A number of Federal drug control agencies, including the Department of Health and Human Services, the Department of Labor, and the Department of Transportation, support drug free workplace programs in the private and public sector by providing guidelines, technical assistance, and other resources on program development for both employers and labor unions. Program specifics vary among companies and across business sectors but many, particularly in the transportation industry, require some form of pre-employment and random drug testing. These testing programs have contributed to declines in illicit drug use, including in cocaine and methamphetamine use. Over the past 20 years, positive drug test results reported by Quest Diagnostics have fallen from 13.6 percent in 1988 to 3.8 percent in 2007.

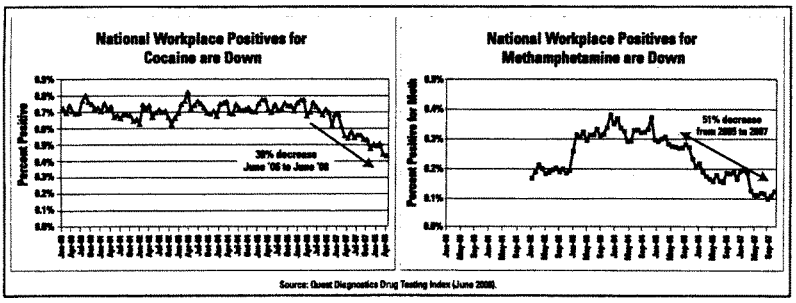
Findings from one 15-year study in the rail industry underscore the effectiveness of strong drug prevention programs in the workplace. The program, "Operation RedBlock," is a peer-to-peer workplace prevention program reinforced with random drug testing and supported by both management and trade unions. For every one dollar invested, the program demonstrated a return of $26 in cost savings related to reduced injuries, accidents, and property damage.

Future efforts will support the work of these agencies as they educate business and industry and labor leaders on the benefits of maintaining strong drug free workplace policies and programs. To help coordinate these efforts, ONDCP will continue to regularly convene Drug Free Workplace interagency meetings. The benefits and effectiveness of elements of drug free workplace programs will also be considered to improve workplace programs and increase the number of businesses that implement such programs.

On the Roads

The National Highway Traffic Safety Administration (NHTSA) conducts a range of activities to address drug-impaired driving as part of the Agency's overall Impaired Driving Program. NHTSA coordinates two national impaired driving law enforcement crackdowns each year that result in thousands of enforcement contacts and drug-impaired driving arrests. In addition, NHTSA supports the Drug Evaluation and Classification Program, which provides extensive training for law enforcement officers and prosecutors. NHTSA has also been a leader in drug-impaired driving research and in 2009 will conduct significant research into drugged driving nationwide.

Figure 4.
Monthly Trends in Workforce Drug Testing



Source: Quest Diagnostics Drug Testing Index (June 2008).

In the Military

For over thirty years, the Department of Defense (DoD) has set a high standard in matters relating to substance abuse, from education to drug testing and treatment. Testing in the DoD is a proven deterrent. The DoD drug testing program has two primary goals: a minimum of 100 percent drug testing for all components and a positive rate of below 2 percent. In FY 2007, the overall DoD agency positive rate was 0.35 percent. Moreover, for the past five years, despite the stress of frequent deployments, the DoD active duty positive rate has remained below 2 percent.

DoD owns and operates a network of six military drug testing laboratories, which are cost-effective and allow DoD to rapidly change the types of drugs tested as well as adopt state of the art technology to meet changing trends in substance abuse. DoD also has over 153,000 civilian positions that are designated for testing under the Department of Health and Human Services workplace drug testing guidelines. All agencies conduct substance abuse education and maintain Employee Assistance Programs for government employees and their families.

Students around the Nation also benefit from DoD's commitment to prevent substance abuse. The National Guard Counterdrug Drug Demand Reduction (DDR) mission puts members of the National Guard face-to-face with our Nation's youth. Through the National Guard Counterdrug DDR "Drug Free Starts with Me" initiative, men and women in the National Guard directly interact with middle-school students in classrooms across America through the nationally recognized, evidence-based prevention education program "Stay on Track." In addition, National Guard DDR efforts bring anti-drug motivational and inspirational programming to communities through multi-media presentations, sharing stories of youth courage, conviction, and ambition. Experiential education and adventure-based programs, facilitated by the National Guard, provide opportunities for America's youth to appreciate their strength as individuals while receiving important support from their peers, learning to resist the influence of alcohol and drugs and making the commitment to be drug free.

On the Playing Fields

Doping—the use of a substance to artificially enhance athletic performance—poses significant risks to the health and well-being of athletes and undermines the ideals of sport. A number of innovative initiatives have enabled the Administration to aggressively address this public health issue. Consequently, the number of youth illicitly using performance-enhancing drugs, such as anabolic steroids, continues to decrease. Further, the United States is now widely regarded in the international community as a leader in the fight to eliminate drugs from sport.

ONDCP continues to collaborate with a variety of government and non-governmental stakeholders to educate athletes, parents, teachers, coaches, and health professionals about the serious physical consequences and ethical implications of doping. ONDCP and other Federal agencies recently partnered with the United States Anti-Doping Agency and the United States Olympic Committee to implement the unprecedented *My Victory* public awareness campaign involving U.S. Olympic athletes. The United States also continues to play a strong leadership role in the governance and financial support of the World Anti-Doping Agency.

In addition, in August 2008, the United States ratified the International Convention Against Doping in Sport which marked a historic milestone in the global fight against doping. The United Nations-sponsored convention, which has now been approved by more than 100 countries, sets forth the commitment of governments to emphasize international cooperation and to give priority to anti-doping efforts. While the convention does not alter the manner in which sports operate and are regulated in the United States, ratification sends a clear message about our commitment to eliminate doping in sports.

The Administration remains committed to reducing doping among youth and elite athletes through a balanced and comprehensive strategy that includes medical and social science research, education, prevention, and rigorous drug testing programs.

Ensuring Accuracy in Drug Data Collection

Traditionally, drug control research has involved studies of various aspects of drug supply and demand to inform policymakers. These research endeavors are supported by the systematic collection of data on drug use prevalence, consequences, arrests, cultivation and production, and other indicators. These efforts are not without challenges, due to the covert nature of this illegal activity. Data are collected from a variety of means, such as surveys, forensic analyses, and drug testing. In most cases, although data are collected annually, it takes time to analyze, and the results are released one to two years after collection. Consequently, policy makers have a solid understanding of what happened in the recent past, but not of the current situation. These data also do not provide a sufficient level of detail on particular issues and are of limited use in the formulation and assessment of policy.

To remedy this, ONDCP and its drug control agency partners have been developing and implementing several real- or near-real-time data systems to improve the suite of drug indicators, including drug availability, workplace drug use trends, drug-related emergency department visits, drug price and purity, and expanded drug prevalence surveys. SAMHSA conducts a survey of households to measure drug use among that particular demographic. For the population not likely to be reflected in a survey of households, other instruments must be used. Chronic drug use is measured by surveying arrestees in ten U.S. sentinel sites through the Arrestee Drug Abuse Monitoring (ADAM) program, which was restarted in 2007 after ceasing operation in 2003. ADAM II is the only drug data survey that validates user self-reporting with the voluntary collection of a biological specimen. These and other such data have been of tremendous value in permitting policymakers to assess the effectiveness of programs and policies. ONDCP and its interagency partners will continue to develop and enhance these real-time indicator systems to provide more timely and actionable information.

Changing Public Perceptions

The National Youth Anti-Drug Media Campaign

The National Youth Anti-Drug Media Campaign is the government's largest public health communication effort. The Campaign seeks to educate and enable the country's youth to reject illicit drug use, convince current youth users of drugs to stop using them, and to educate parents and other influential adults that their actions can make a difference in helping to decrease adolescent drug use.

Approximately 72 percent of the Campaign's funding is allocated to purchase advertising time and space in youth, adult, and ethnic media outlets, including national and cable TV, radio, newspapers, magazines, out-of-home media (such as movies), and the Internet. The Partnership for a Drug-Free America recruits advertising agencies from around the country to provide pro-bono creative services to develop new ad campaigns. All television advertisements are subject to a rigorous process of qualitative and quantitative testing, ensuring—before they are ever seen—that the advertisements are credible and have the intended effect on awareness, attitudes, and behaviors.

The teen brand, Above the Influence, specifically draws the connection between substance use and the negative influences that surround it, both the influence of the drug itself and the social influences that can encourage its use.

While paid and matched advertising allows the Campaign to reach audiences with anti-drug messages on a national level, public communications outreach is critical to augmenting and amplifying the messages in ways that resonate with various audiences. This communications support includes maintaining Web sites, convening roundtable discussions with experts in the field, holding briefings with media, and developing partnership opportunities with nationally recognized organizations and companies to extend the reach of the Campaign's messages.

In 2009, the Campaign will continue to address prescription drug abuse through a national campaign to teach parents about the risky abuse of prescription drugs by young people. It will also continue its effort to reduce demand for methamphetamine by promoting prevention and treatment within the most at-risk regions of the country.

Preventing Synthetic Drug Abuse and Controlling Diversion

ONDCP, the Department of Justice (DOJ), and HHS published the *Synthetic Drug Control Strategy* in 2006 to focus the efforts of Federal drug control agencies on the significant array of synthetic drug control challenges. Although most of the objectives of the strategy, including goals related to methamphetamine, MDMA, and controlled pharmaceuticals have been achieved, the Interagency Working Group on Synthetic Drug Control Policy, chaired by ONDCP, continues to coordinate efforts to further reduce the illicit production and abuse of synthetic drugs. For example, DOJ's Drug Enforcement Administration (DEA) is drafting guidelines to help direct State and community efforts to reduce diversion of prescription medications using Take Back programs, which allow the public to bring unused medications to a central location for proper disposal. Further efforts, some of which are outlined below, will be guided by a revised *Strategy* with a strong focus on reducing prescription drug diversion and abuse.

Preventing Production and Use of Methamphetamine

Survey data show that use of methamphetamine is declining among youth and young adults, but it remains a threat to communities throughout the Nation. To sustain this downward trend, prevention initiatives will continue to target vulnerable populations. Examples of targeted outreach include SAMHSA's Methamphetamine and Inhalant Prevention Initiative and the Indian Country Methamphetamine Initiative. In FY 2008, the Methamphetamine and Inhalant Prevention Initiative funded twelve continuing grants to help combat methamphetamine's growth in communities across the country. Furthermore, in 2007, SAMHSA partnered with the Office of Minority Health and the National Institutes of Health on the Indian Country Methamphetamine Initiative. The Initiative awarded funds to the American Association of Indian Physicians and its partners to address methamphetamine-related outreach and education needs in Native American communities. Five tribal sites are participating in this initiative. Activities include developing a national information and outreach campaign and culturally specific methamphetamine abuse education kit and evaluating promising practices in education on methamphetamine use.

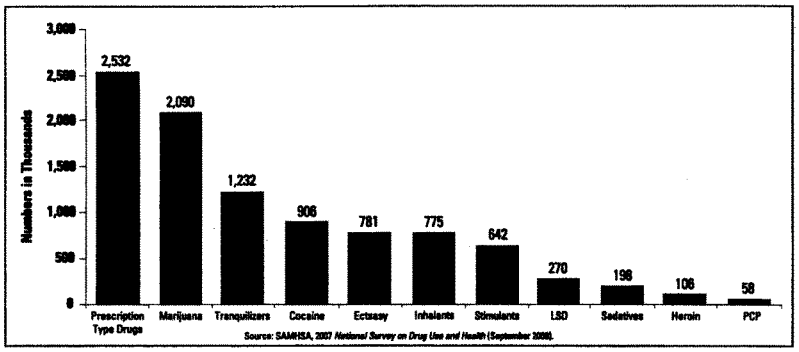
The decline in methamphetamine use in the United States is also attributable to the 2006 Combat Methamphetamine Epidemic Act (CMEA). In addition to defining the daily and 30-day purchase limit for tablets and preparations containing the methamphetamine chemical precursors of pseudoephedrine and ephedrine, the act also requires these products to be placed behind store counters and all sales of these products to be tracked in a logbook. While this has directly led to a decline in domestic methamphetamine production and use, some still try to circumvent the restrictions of CMEA and avoid law enforcement detection by driving from store to store and purchasing small amounts of pseudoephedrine or ephedrine. To counter this trend, Oregon passed State legislation that requires a prescription to purchase a pseudoephedrine product, and other States are currently considering this course of action in an attempt to continue the downward trend in methamphetamine use.

On the research front, the National Institute on Drug Abuse (NIDA) has increased its research budget targeting methamphetamine by almost 180 percent since FY 2000 to approximately $45 million in FY 2008. Looking forward, NIDA will continue to research trends in use, the effects and consequences of the drug on the brain and the body (including prenatal effects), methods of evaluating prevention interventions, medications that may reduce or eliminate cognitive impairment and treat overdose, and medications and behavioral therapies for the treatment of methamphetamine addiction.

Preventing Diversion and Abuse of Prescription Drugs

Despite reductions in illicit drug use, Americans of all ages are abusing prescription medications. In 2007, 2.5 million people aged 12 or older used prescription drugs non-medically for the first time. This means there are approximately 7,000 new prescription drug abusers every day. The most frequently abused medications—accounting for nearly 75 percent of prescription drug abuse—are narcotic pain relievers. In fact, in 2007, nearly 450,000 more people started misusing prescription drugs than started using marijuana. The central policy challenge is to ensure legitimate access to these medications while preventing their diversion and abuse. ONDCP has been working with partners in the Federal Government and the private sector to increase awareness of this issue and to implement measures to reverse this troubling trend.

Figure 5.
Past Year Initiates for Specific Illicit Drugs Among Persons Aged 12 or Older, 2007



To educate Americans about prescription drug abuse, the National Youth Anti-Drug Media Campaign is informing parents of the growing prevalence of teenage prescription drug abuse, and the serious dangers facing those who abuse these drugs. ONDCP is urging educators and school administrators to test for prescription drugs as a means of enhancing awareness of the dangers of prescription drug abuse and of helping to identify young people who need intervention and treatment. Moreover, ONDCP and SAMHSA both have piloted effective education campaigns at the pharmacies where these medications are purchased, ensuring that the legitimate users of these drugs are aware of the potential for diversion and misuse. SAMHSA is also exploring the challenges of workplace testing for prescription drugs.

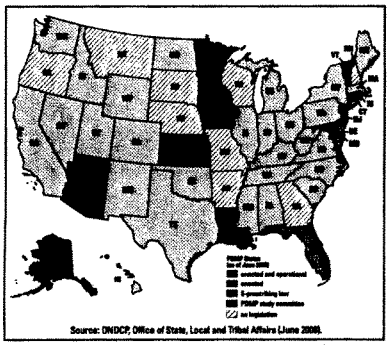
The number of drug overdose deaths in the United States continues to increase, representing a serious threat to public health. To a significant extent, these deaths are related to increases in prescription drug abuse. Rates of overdose deaths currently are 4 to 5 times higher than during the black tar heroin epidemic of the mid-1970s and more than twice the rates during the peak years of crack cocaine in the early 1990s. In 2005—the most recent year for which data are available—there were 22,400 drug overdose deaths in the United States, compared with slightly more than 17,000 homicides in the same year. Notably, prescription pain killers were implicated in nearly 40 percent of these deaths. ONDCP has responded to the concerns regarding overdose deaths involving prescription drugs by taking a leading role in coordinating interagency action and convening interagency forums on this issue.

ONDCP has also been working with SAMHSA to promote the development of Continuing Medical Education (CME) courses designed to provide specific knowledge and skills associated with safe prescribing of opioids for chronic pain. In addition, SAMHSA, in collaboration with the Federation of State Medical Boards and State Medical Societies, has supported physician training in the following States: Connecticut, Florida, Maine, Massachusetts, North Carolina, Ohio, Virginia, Washington, and West Virginia. The trainings address practice management, legal and regulatory issues, opioid pharmacology, and clinical strategies for managing challenging patient situations. These educational tools can help reduce illicit use of prescription drugs.

Prescription Drug Monitoring Programs

States themselves have made critical contributions in the fight against prescription drug diversion through the implementation of Prescription Drug Monitoring Programs (PDMPs). PDMPs track controlled substance issuance via State-run electronic databases. In 2001, there were 15 prescription drug monitoring programs. Today, 38 States have active programs or are in the process of implementing programs. Federal assistance is available for States that either already have PDMPs or are seeking to launch new monitoring programs. While the structure and function of individual PDMPs vary, each program focuses on the responsible monitoring of drug prescriptions with the goal of preventing the diversion of these medications.

Figure 6.
Prescription Drug Monitoring Program Status as of June 2008



Source: ONDCP, Office of State, Local and Tribal Affairs (June 2008).

Paperless Prescriptions for Controlled Substances

In connection with the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Federal drug control agencies have been working together to develop appropriate safeguards to allow electronic prescriptions for controlled substances while minimizing the risk of their diversion. With electronic prescriptions, pharmacies, hospitals, and practitioners will be able to use modern technology for controlled substance prescriptions while maintaining the closed system of controls on the dispensing of controlled substances required by DEA. There are a number of advantages to electronic-prescribing (e-prescribing) of controlled substances, including reduced paperwork for DEA registrants who dispense or prescribe controlled substances. Importantly, e-prescribing could also reduce prescription forgery, which is one method for illegally obtaining controlled substances.

To help advance e-prescribing for controlled substances, ONDCP tasked the Space and Naval Warfare Systems Center, San Diego to develop a prototype for a Paperless Prescription Drug Monitoring Program. The prototype was intended to demonstrate the feasibility of developing a secure system that would link physicians, pharmacists, and patients in the process of prescribing and dispensing controlled substances. The emphasis is on preventing drug abuse, increasing patient safety, and ensuring public trust in the system.

Partnering with Industry Leaders

The pharmaceutical industry has played a substantial role in helping address prescription drug abuse in the United States. Many companies have undertaken research and development of abuse-resistant prescription drugs. SAMHSA continues an open dialogue with pharmaceutical companies to ensure their awareness of recent trends in prescription drug abuse. Industry leaders have also proven invaluable to many of the DEA's prescription drug diversion investigations. Industry is expected to continue to play a vital role in addressing the difficult challenge of preventing prescription drug diversion.

Internet Pharmacy Legislation

In 2001, 18-year-old Ryan Haight overdosed on a narcotic pain reliever he bought via the Internet without a valid prescription. In the hope that such as tragedy never occurs again, ONDCP, DEA, and other Federal partners successfully collaborated with Congress on legislation that prohibits rogue Internet pharmacy operators from distributing these potentially lethal products outside legitimate medical protocols. Prior to its passage, the only requirements to obtain powerful prescription drugs, including narcotic pain relievers, were access to the Internet and a credit card. The Ryan Haight Online Pharmacy Consumer Protection Act establishes a number of key safeguards, including the requirement that patients have at least one face-to-face doctor visit before receiving a prescription, and the closure of legal loopholes exploited by rogue Internet pharmacies.

Reducing Drug Abuse and Addiction

The second pillar of the *National Drug Control Strategy*, Reducing Drug Abuse and Addiction, is guided by two principles: 1) addiction is a disease, and 2) addiction is treatable. Improving access to treatment and ensuring the quality of treatment services are important steps in helping Americans obtain the care they need to achieve and maintain recovery from substance abuse. ONDCP will continue to coordinate with drug control agencies to increase the availability of effective and comprehensive early intervention, treatment, and aftercare services throughout the Nation.

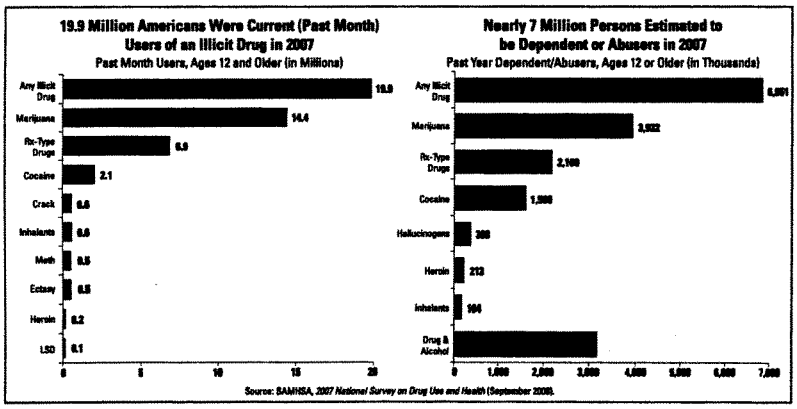
Expanding Treatment Capacity

According to the NSDUH, 3.9 million people aged 12 or older received treatment for alcohol or illicit drug use in 2007. These individuals recognized the need for change and took important steps to start their recovery. Several Federal programs are designed to support their efforts and to increase treatment capacity for the millions that struggle with substance use disorders.

Supporting Delivery of Substance Abuse Services

SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant provides significant resources to States to support prevention and treatment programs. The Block Grant is an important tool in expanding treatment coverage across the country. In order to encourage the most effective use of these Federal funds, SAMHSA has developed a series of standard outcome measures for treatment and prevention programs. Measures include abstinence from drug and alcohol use, return to employment or education, and increased stability in living situations. SAMHSA will continue to evaluate State-level performance on these national outcome measures (NOMs), with an agreement from the States that a national perspective on substance abuse and mental health services is needed. Further expansion of these NOMs will ensure that States are using Block Grant funds to provide the best treatment and recovery services to those that need them.

Figure 7.
Current Drug Users Number 20 Million and There Are Nearly 7 Million Problem Users

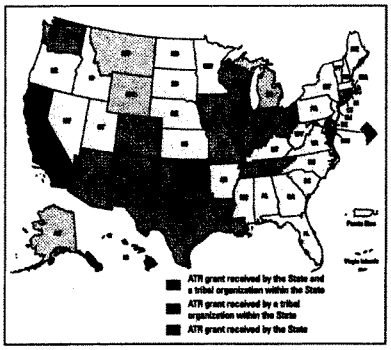


Access to Recovery

In addition to support for drug treatment services provided through State Block Grants, the Access to Recovery (ATR) grant program, launched in 2003, provides assistance to those with the greatest need for treatment and recovery support. The goal of ATR is to expand the number of treatment providers, better match treatment need with the type of treatment offered, and to ensure that a full range of treatment providers, including faith-based programs, is accessible at the local level. Through ATR, clients can also receive recovery support services, such as transportation and job training, which can be critical for successful treatment.

According to SAMHSA, as of September 2008, ATR has recruited a wide range of service providers that have delivered treatment or recovery support services to more than 260,000 people in need. To date, ATR funds are supporting expanded treatment services in 22 States, the District of Columbia, and 5 Native American tribal organizations.

Figure 8.
States with Access to Recovery Grants (SAMHSA)



FY 2007 funding for ATR totaled $98.7 million, of which $25 million was targeted for methamphetamine treatment. The new three-year target for clients served through ATR is 160,000. The Administration has requested $98.0 million in FY 2009 in continued support of FY 2007 grantees and $1.7 million in Public Health Service evaluation funds. ATR grantees will continue to transform and expand the treatment system, including through innovative approaches such as drug courts with an ATR component, helping Americans struggling with addiction rebuild their lives.

Evaluations of the program highlight the impact and successes of the ATR model. The Tennessee Access to Recovery (TN-ATR) program has provided recovery support services to over 12,700 people since 2004. Clients of the program report considerable declines in both alcohol consumption and in illegal drug use, as well as lower rates of homelessness. Prior to TN-ATR, there were no State-funded recovery support services, which resulted in a major service gap for residents who needed these important tools for their recovery. By decreasing the barriers to recovery, TN-ATR enables citizens to focus more fully on continued sobriety.

In Idaho, Access to Recovery has proven to be such a remarkable success that State leaders have chosen to maintain and expand the program with State funds. In mid-2008, with the end of the Federal ATR grant, Idaho's leaders recognized the important role ATR played in healing the State's substance using population and acknowledged the need for its long-term sustainability. Access to Recovery Idaho (ATR-I) now uses State funds to provide treatment and recovery support to nearly 3,000 clients every month and epitomizes the spirit and intent of ATR. ONDCP will continue to support other States seeking to sustain and extend ATR to their own citizens.

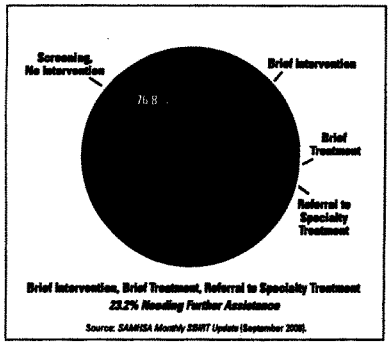
Access to Recovery grantee sites have also received training in screening and brief intervention, and have been asked to explore linking these screening services and the treatment support offered by Access to Recovery. In collaboration with SAMHSA, ONDCP will continue to increase connectivity between these two important programs, linking those screened as candidates for treatment to the vital support services available to them through ATR.

Screening and Brief Intervention

According to NSDUH, in 2007 there were 23.2 million Americans in need of treatment for illicit drug or alcohol use. Despite this need, the vast majority, nearly 20.8 million, did not receive treatment at a specialty facility. Of these individuals, 93.6 percent did not feel they needed treatment and 4.6 percent felt they needed treatment but did not make an effort to get it. The fact that most Americans who require treatment do not seek it poses a significant public health challenge. Screening, Brief Intervention, and Referral to Treatment (SBIRT) helps Americans by providing services for the full spectrum of use and addiction. Screening, followed by an appropriate intervention in a medical setting, is among the most promising ways to alleviate the public health burden associated with substance use.

In 2003, the Federal Government began funding screening and brief intervention programs in States and tribal communities through SBIRT cooperative agreements administered by SAMHSA. As of September 2008, more than 727,000 clients had been screened as part of the SBIRT program. Approximately 23 percent of these screenings triggered further assistance, specifically a brief intervention, brief treatment, or referral to specialty care.

Figure 9.
Distribution of SBIRT Services

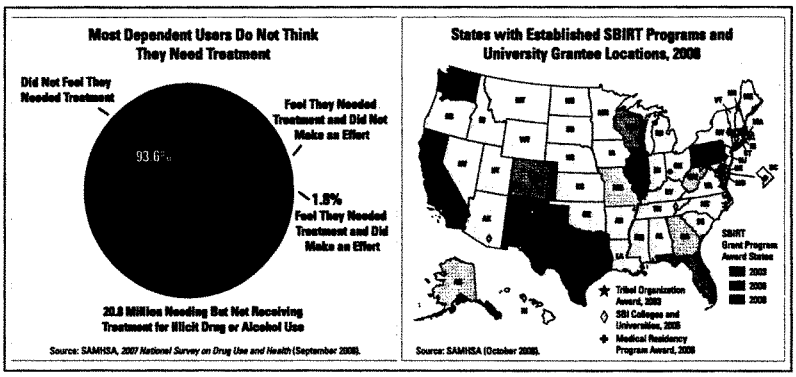


Evaluations of this Federal program show very promising results. Outcomes reveal that screening and brief intervention helps reduce substance use and related consequences, including emergency room and trauma center visits and deaths. In addition to increasing the percentage of people who enter specialized treatment, screening and brief intervention also positively affects an individual's overall well-being. Those receiving SBIRT demonstrate improvements in physical and mental health, increased employment and housing, reduced arrest rates, and lower propensities for further drug use. Moreover, evaluations indicate that many of these improvements continue even six months after a brief intervention, and cost-benefit analyses have demonstrated significant healthcare cost savings for hospitals and clinics administering SBIRT to their patients.

Based on the results from the Federal program evaluation, as well as considerable research highlighting the effectiveness of SBIRT, ONDCP and SAMHSA have worked with the Accreditation Council for Continuing Medical Education (ACCME) to promote SBIRT as effective medicine. To this end, SBIRT is highlighted as a professional practice gap for physicians that could be incorporated into effective CME courses that would meet the ACCME's accreditation requirements. These courses provide physicians with specific training and skills to conduct SBIRT in primary care settings.

In FY 2008, SAMHSA awarded 11 grants totaling $3.9 million to develop and implement SBIRT training programs for medical residents. These grants enable medical educators to integrate SBIRT training into medical education curricula, ensuring SBIRT becomes standard practice for future doctors and health professionals. These grantees will also serve as starting points for SBIRT services within their States and local communities, providing practicing physicians with information and assistance in screening for risky drug use behavior.

Figure 10.
Progress in Mainstreaming Screening and Briefing Intervention



To encourage SBIRT implementation in more primary care settings, the Federal Government has worked to make physician reimbursement available through private insurers, Medicaid, and Medicare. New American Medical Association (AMA) Current Procedural Terminology Codes (CPT) for screening and brief intervention as a preventive medicine service for patients were adopted in January 2008. In 2007, the Centers for Medicare and Medicaid Services (CMS) adopted new codes for alcohol and substance abuse assessment and intervention services in the Healthcare Common Procedural Coding System (HCPCS). In January 2008, new Medicare "G" codes became available that parallel the CPT codes.

Reimbursement for screening and brief intervention services under Medicaid plans is not automatic. States must first elect to adopt the new codes. ONDCP encourages States to adopt the new CPT and HCPCS codes for SBIRT, thereby expanding opportunities for healthcare providers to identify and treat substance abuse. Meanwhile, the medical community is urged to do all it can to increase awareness of abuse, including developing new course offerings in medical schools and continuing education classes.

This prevention and early intervention model is also being used to reach young Americans at risk. Federal funds provided by SAMHSA have helped colleges and universities identify young adults at risk for substance use and mental health disorders. From 2005 to 2008, grants for screening and brief intervention were awarded to 12 colleges and universities. ONDCP hopes to expand these services to other colleges and universities by promoting these original grantees as leaders in student health and safety.

Screening and brief intervention is an effective procedure for preventive medicine. Broad application of this approach can have a tremendous positive impact on the millions of Americans struggling to overcome substance use problems.

Targeting Treatment Needs

Treatment for Co-occurring Disorders

The health, social, and economic costs of co-occurring and mental health disorders takes a significant toll on individuals, their families, schools, workplaces, and communities. Although studies have demonstrated that integrated treatment is successful in retaining individuals with co-occurring disorders, reducing substance use, and minimizing the symptoms of mental health disorders, these individuals often have difficulty seeking and receiving appropriate diagnostic and treatment services. To help States, tribal governments, and communities expand access to and enhance delivery of treatment services for co-occurring disorders, SAMHSA has undertaken a number of initiatives such as Policy Academies on Co-Occurring Substance Use and Mental Disorders and the Co-Occurring Center for Excellence. SAMHSA will continue to promote the effective coordination of service delivery to help these particularly vulnerable individuals.

Healing America's Veterans

The Department of Veterans Affairs (VA) is stressing the importance of incorporating substance use treatment services into health settings where veterans with substance use disorders are likely to be seen. As one example, post-traumatic stress disorder treatment teams are being augmented with substance use disorder specialists. In addition, all VA residential rehabilitation programs serving at least 40 veterans will have a substance use disorder treatment specialist on staff.

The VA is in the process of establishing 28 additional substance use intensive outpatient treatment programs. These programs will assist veterans with substance use disorders that are of a more severe nature than might be optimally managed under ambulatory visit arrangements. ONDCP supports the VA's commitment and sustained efforts to treat veterans with substance use problems.

Treatment for Prescription Drug Abuse

The growth in abuse of prescription medications demands a coordinated response. In 2007 alone, approximately 6.9 million persons 12 and older were current users of psychotherapeutic drugs for non-medical purposes.

In response to the mounting evidence of increased abuse of prescribed medications, Federally funded researchers from NIDA have focused on developing effective methods of treating prescription drug addiction. For example, the Drug Abuse Treatment Clinical Trials Network, a NIDA-funded network of cutting edge research centers working in concert with community treatment programs, is conducting a study of patients addicted to pain medications. This study will recruit more than 600 participants to evaluate the efficacy of combining behavioral treatment with the medication buprenorphine/naloxone. This and other studies should yield important breakthroughs that will help combat abuse and addiction to prescription drugs.

SAMHSA has also taken significant steps to address the continuing problem of the abuse of prescription drugs and other medications such as over-the-counter medications. For example, in conjunction with the National Office of Addiction Technology Transfer Centers, SAMHSA is currently examining ways to link State prescription monitoring programs to addiction treatment resources.

Treatment to Increase Public Health and Safety

For over a decade, offender rehabilitation has played an important role in the Nation's strategy to heal drug users. The Federal government supports many programs that connect criminal offenders with substance use treatment through drug treatment courts, during incarceration, or after release back into the community. Treatment initiatives in the criminal justice system are designed to help drug addicted criminal offenders avoid future harm to themselves, their families, and society.

Drug Courts

State and local drug courts occupy a primary role in this framework. For non-violent drug offenders whose underlying problem is substance use, these drug courts combine the power of the justice system with effective treatment services and close supervision to break the cycle of criminal behavior and substance abuse. Clients receive the important treatment and recovery services they need to stay drug-free and lead productive lives, but they are also held accountable to a judge for meeting their own obligations to society, themselves, and their families. By ensuring clients are accountable for their recovery, the courts effectively protect the safety of the community and help drug offenders break free from the grip of addiction.

Over a decade of drug court research shows that these courts work better than jail or prison, better than probation, and better than treatment alone. A recent study found that parents enrolled in family treatment drug courts were more likely than parents in traditional child welfare case processing both to complete treatment and to be reunited with their children. Comprehensive research has also proven the cost effectiveness of drug courts.

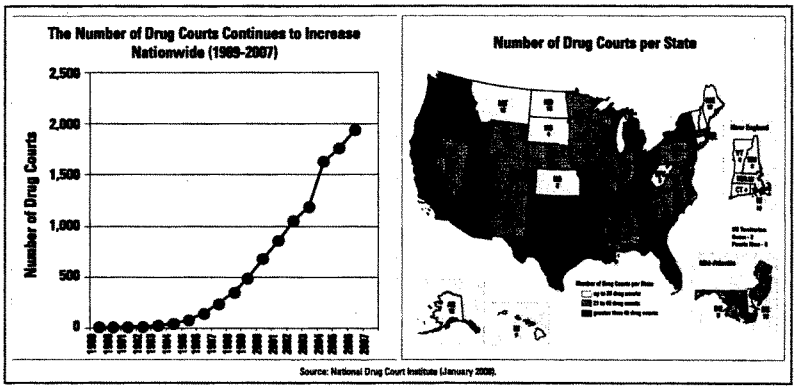
In 2008, the President's Office of Management and Budget (OMB) conducted a review of SAMHSA's Adult and Juvenile Treatment Drug Court grant program. OMB's rating showed the program is effective in enhancing treatment services to break the cycle of criminal behavior related to alcohol or other drug use. This evaluation of drug courts, along with numerous other reviews, has contributed to the government's ongoing support for the drug court model in State and local jurisdictions. Since 2002, SAMHSA has provided over $78 million in grant funding for treatment drug court awards. In October 2008, SAMHSA announced 20 new awards effective October 1, 2008 for $17.4 million over 3 years for adult drug courts. Since 1995, DOJ has also awarded grants to fund the planning, implementation, and enhancement of juvenile, adult, family, and tribal drug treatment courts across the country.

Based on the success of their adult counterparts, juvenile drug courts are increasing nationally as an effective means of helping young people overcome their problems with illicit drug use. In a recent study of the 660,000 youth under correctional control, it is estimated that nearly 40 percent need treatment for substance abuse. ONDCP will continue to support further expansion of juvenile drug courts as effective pathways for at-risk youth to improve their health and return to their homes and families.

The widespread achievements of State and local drug courts have led to significant growth across the country. There are now nearly 2,200 adult and juvenile drug courts operating nationwide, and many more in development. In addition, new generations of drug courts are beginning to confront emerging issues for our nation. For example, Veterans Treatment Courts are adapting to the needs of our heroes from the armed services. Many of these veterans have difficulty adjusting to civilian life or coping with combat-related stress, and may become involved with the justice system. Veterans Treatment Courts provide the important treatment and structure they need to resume productive lives. Reentry Drug Courts are assisting individuals leaving our Nation's jails and prisons to succeed on parole and avoid a recurrence of crime and drug abuse.

Recognizing the success of the drug court to address the acute, chronic, and long-term effects of drug abuse, the FY 2009 Budget includes an additional $27.9 million over the FY 2008 level for this program. Total requested funds, in the amount of $40 million within SAMHSA, would fully support continuation grants in addition to approximately 87 new grants. These figures include $2.2 million available from the Mental Health Programs of Regional and National Significance initiative for approximately 5 grant awards for the purpose of addressing co-occurring issues of mental health and addiction.

Figure 11.
Expansion of Drug Courts



Support for Offenders

Rates of substance use or dependence among individuals involved in the criminal justice system are more than four times that of the general population. In 2007, there were an estimated 1.6 million adults aged 18 or older on parole or other supervised release from prison during the past year. Almost one-quarter of these (24.1 percent) were current illicit drug users. Among the 5.1 million adults on probation at some time in the past year, 28.4 percent reported current illicit drug use in 2007. These numbers underscore the impact effective treatment and recovery can have in reducing both drug demand and crime.

Beyond the courtroom, the Second Chance Act, signed into law by the President in April 2008, reauthorizes and expands an existing reentry program within DOJ. The Act also authorizes money to States for reentry initiatives, creates a Federal interagency task force to study and coordinate policy, supports research into successful reentry methods, and authorizes grants from DOJ directly to nonprofit organizations to provide mentoring and transitional services to adult and juvenile offenders.

ONDCP will continue to focus on prisoner reentry for criminal and juvenile justice populations. Working with SAMHSA and other Federal partners, ONDCP is seeking partnerships with public and private organizations, including faith-based organization, that can help with reentry issues for this critical population. Additionally, ONDCP and HHS will continue to provide funding for the expansion and enhancement of substance use treatment services for those individuals with substance use disorders who are involved in the criminal justice system.

Research for Recovery

NIDA continues to support research on addiction treatment, relapse prevention, and long-term recovery. Considerable progress has been made in understanding how drugs of abuse affect the brain and behavior, including the roles played by genetics, environment, age, gender, and other factors. This knowledge is being used to develop and improve critical treatments for drug addiction. In support of NIDA research efforts, the Administration has requested nearly $7 billion from Congress since FY 2003.

Research shows that medications can be an important component of treatment and recovery, especially when combined with behavioral therapies. In an ongoing research effort, the NIDA Medications Development Program has evaluated over 200 compounds as potential drug addiction treatments. NIDA also plays an important role in supporting clinical studies through grants and contracts and is currently conducting clinical evaluations of 40 potential pharmacotherapies for cocaine addiction and 19 for methamphetamine addiction. NIDA researchers are also testing several potential pharmacotherapies for the treatment of marijuana, opiate, and nicotine dependence. Researchers are examining promising new medications, medications already marketed for indications other than drug addiction treatment, as well as completely new approaches. For example, NIDA has invested in the development of vaccines for the treatment of nicotine, cocaine, and methamphetamine addiction, which would prevent the drug from entering the brain, and effectively help prevent relapse in drug use.

Drugs of abuse exert powerful influences over human behavior through their effects on the brain. NIDA also seeks to address these complex problems with medications that may reduce or eliminate cognitive impairments. NIDA-supported research continues to make key discoveries about the safety and efficacy of medications such as buprenorphine in a variety of patient populations, including adolescents and pregnant women, to improve the treatment of opiate addiction. This research has already helped thousands of heroin users reduce their urge to use opiates, and has helped to dramatically reduce HIV transmission related to intravenous drug abuse. NIDA's support of this and other research is part of an ongoing commitment to encourage solutions that can reduce drug use and improve the Nation's health.

Chapter 3

Disrupting the Market for Illegal Drugs

The global drug trade exacts a terrible toll on the American people, threatening their families, their finances, and their freedoms. The illicit drug trade also poses a serious threat to our national security due to its ability to destabilize and corrupt governments and to diminish public safety in regions vital to U.S. interests. The ill-gotten profits and nefarious alliances cultivated by the drug trade also facilitate the activities of terrorists and organized criminals worldwide.

The United States confronts these threats through a combination of law enforcement investigation, interdiction, diplomatic efforts, targeted economic sanctions, financial programs and investigations, and institutional development initiatives focused on disrupting all segments of the illicit drug market, from the fields and clandestine laboratories where drugs are produced, to the streets of our communities where they directly threaten our citizens. Domestically, State, local, and tribal law enforcement cooperation are supported by Federal initiatives such as the High Intensity Drug Trafficking Area (HIDTA) and the Organized Crime Drug Enforcement Task Force (OCDETF) programs. These efforts are supplemented by the work of the DEA's Mobile Enforcement Team and U.S. Immigration and Customs Enforcement's (ICE) Border Enforcement Security Task Force (BEST) programs, as well as by the work of Federal agents operating out of DEA and ICE field offices across the Nation. Improved interagency coordination and technological enhancements are strengthening our defenses along our national borders. Internationally, the critical partnerships among the law enforcement, interdiction, and international development agencies of the United States and of our allies are increasing the risks and reducing the rewards for drug traffickers and narco-terrorists around the globe. Working closely with source countries is at the core of our strategy to disrupt the illegal drug supply chain, as it is in the source zone that we can remove the greatest amounts of drugs and profits from the system.

The domestic and international partnerships forged during this Administration are creating more agile and effective responses to disrupt the illicit drug markets that threaten the health, safety, and security of the citizens of the United States. The National Drug Intelligence Center's 2009 National Drug Threat Assessment describes historic disruptions in the cocaine and methamphetamine markets as a result of cumulative progress in Colombia, the transit zone, Mexico, and on the Southwest Border. Challenges remain, and surely new ones will emerge, but the past seven years have yielded meaningful achievements and important lessons learned.

From the Streets to the Border: Disrupting the Market at Home

Every day hundreds of thousands of State, local, and tribal law enforcement officers work in partnership with Federal agents to man the front lines of our fight against the illicit drug trade. The Federal Government supports these efforts in the field by facilitating coordination, providing intelligence and investigative information, and utilizing the unique authorities and capabilities of Federal agencies to press the attack against violent drug trafficking organizations operating within the United States. The HIDTA program provides important resources to State and local law enforcement agencies to facilitate investigations, information sharing and operational coordination, and to promote special strategic initiatives. Through the Governors' Counterdrug State Plans, the National Guard provides highly skilled criminal analysts to support the task forces and investigative support centers located within the HIDTAs. Law enforcement organizations within HIDTAs cooperatively assess drug trafficking problems and design specific initiatives to reduce or eliminate the production, manufacture, transportation, distribution, and chronic use of illegal drugs and money laundering.

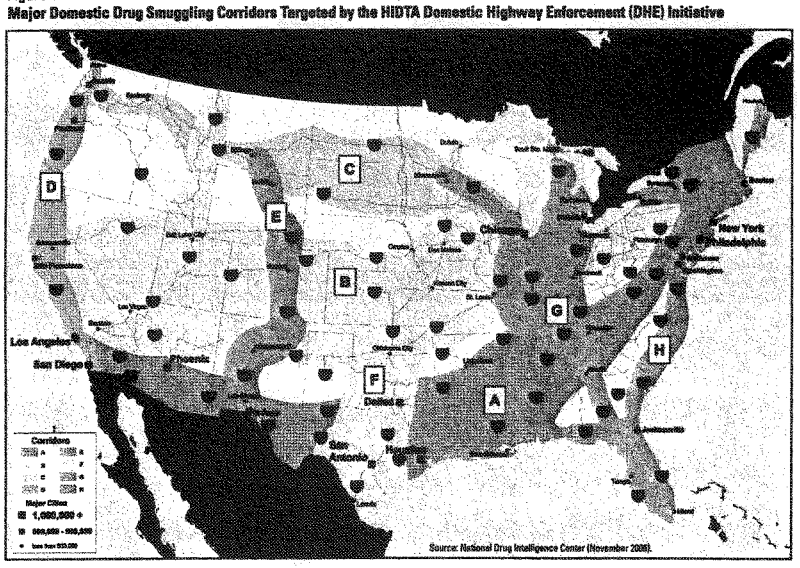
OCDETF brings together Federal, State, and local law enforcement agencies to conduct comprehensive, multi-level attacks on major drug trafficking and money laundering organizations. Focusing their investigations on the most significant international drug and money laundering targets impacting the United States, law enforcement agencies and the U.S. Attorney's Offices in OCDETF's nine regions seek to disrupt and dismantle the command and control structure of major drug trafficking organizations identified as Consolidated Priority Organization Targets (CPOTs).

From 2002 to 2008, a total of 110 CPOTs have been identified, of which 81 percent have been indicted, 53 percent have been arrested, 25 percent have been extradited from other countries, and 3 percent have been killed either by other gang members or as a result of resisting arrest. Of the 110 existing CPOTs, 26 percent are linked to Foreign Terrorist Organizations.

Highway Interdiction

The Domestic Highway Enforcement (DHE) Program promotes regionally coordinated enforcement and interdiction operations along key drug transportation corridors identified by the National Drug Intelligence Center (NDIC). In 2008, the program grew to support nationally and internationally coordinated operations along all of the major drug transportation corridors, involving State police and patrols in 48 States, many local law enforcement agencies, and the Royal Canadian Mounted Police and Canadian provincial police agencies. In partnership with the El Paso Intelligence Center (EPIC), NDIC, the HIDTAs, the U.S. Department of Transportation, and Federal law enforcement agencies, State and local authorities coordinate highway operations, share real time intelligence and situation reporting, and funnel information into the Domestic Highway Enforcement Community on EPIC's secure Web portal. While drug related seizures and investigations have grown as a result of this effort, its impact extends to all crimes, threats, and hazards on the Nation's highways. Through mid-2008, DHE resulted in the seizure of over $600 million in narcotics and investigations of over 160 drug trafficking organizations. While drug related seizures and investigations have grown as a result of this effort, its impact also extends to all crimes and hazards on the Nation's highways. An operation in late 2007 along Interstate 80 reported an 8 percent reduction in fatality crashes and injury accidents.

Figure 12.
Major Domestic Drug Smuggling Corridors Targeted by the HIDTA Domestic Highway Enforcement (DHE) Initiative

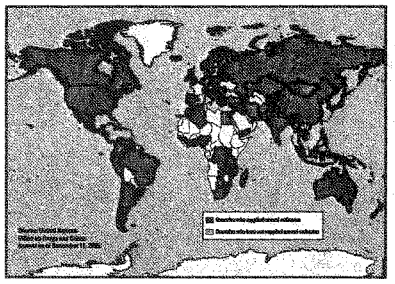


Through Operations Pipeline/Convoy and Jetway, EPIC and DEA personnel instruct uniformed State and local officers in such concepts as weapon concealment, drug money detection techniques, and indicators of illegal activity for their use during traffic enforcement duties and in airports, train stations, and bus terminals. Armed with this knowledge, the training motivates the officer to go beyond the traffic warning or ticket and make additional discoveries and arrests. In addition, DEA's bulk currency program coordinates and exploits intelligence gleaned from all U.S. highway and airport interdiction money seizures in order to develop the evidence necessary for identifying, disrupting, and dismantling large-scale drug trafficking organizations.

Confronting the Threat of Methamphetamine and Synthetic Drugs

Over the last seven years, significant progress has been made against the threat methamphetamine poses to communities across the country. Prior to 2006, small clandestine laboratories were an endemic problem in the United States that led not only to the spread of methamphetamine abuse, but also to increasing health and environmental hazards resulting from damaging waste. However, the Combat Methamphetamine Epidemic Act, enacted by Congress in 2006, placed significant restrictions on the precursor chemicals ephedrine, pseudoephedrine, and phenylpropanolamine and contributed to a decline in the seizure of small clandestine labs. Internationally, the United Nations (UN) has taken action through the Commission on Narcotic Drugs (CND), the UN's central policymaking body on drug-related matters. In 2006, the CND passed a resolution sponsored by the United States that requested governments to provide an annual estimate of licit precursor requirements and to track the export and import of such precursors. To date, 114 countries and jurisdictions have provided these estimates, greatly improving the international community's understanding of the flow of these chemicals and the potential for their diversion. These provisions, along with the sustained and coordinated efforts of Federal, State, local, and tribal law enforcement, have contributed to a 70 percent reduction in domestic methamphetamine laboratory seizures, from a high of 10,037 in CY 2004 to 2,958 in CY 2007, according to DEA.

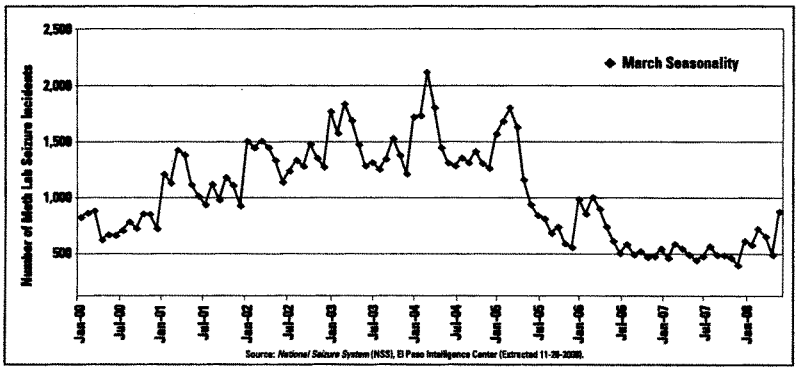
Figure 13.
Countries That Have Supplied Annual Precursor Licit Estimates in Accordance with UNODC Resolution 49/3



While progress has been made against the threat of methamphetamine, prescription drug diversion continues to pose a significant challenge. Within the HIDTA program, additional resources have been allocated beyond HIDTA base-level funding to combat prescription drug diversion. For instance, the HIDTA-funded National Methamphetamine and Chemicals Initiative (NMCI), which hosts training courses around the country for State and local law enforcement officials on combating all aspects of methamphetamine production and trafficking, has recently expanded its mission to include the threat posed by prescription drug diversion. Programs such as NMCI will continue to counter the causes of increased prescription drug abuse, such as prescription drug diversion, doctor shopping, and rogue Internet pharmacies.

One of the fastest growing avenues for diversion has been through rogue Internet pharmacy schemes. In one year, DEA identified 34 known or suspected rogue Internet pharmacies that dispensed 98,566,711 dosage units of hydrocodone combination-products. Further, controlled substances account for 11 percent of prescription sales at legitimate "brick and mortar" pharmacies in the U.S., versus 80 to 95 percent at these rogue Internet pharmacies. The recent passage by Congress of the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 will do much to establish a clear standard for legitimate online pharmaceutical sales and enable law enforcement agencies to more effectively identify illegitimate online pharmacies.

Figure 14.
Total Methamphetamine Seizure Incidents Have Been Declining



DEA directs its efforts on several additional fronts to address the increase in diversion and abuse of pharmaceuticals. DEA implemented the cyber crime initiative known as the Internet Online Investigations Project which detects, attacks, and dismantles the infrastructure of organizations or entities that use electronic media (e.g., the Internet) to covertly bring drugs into the U.S. or divert licit drugs domestically. Also, DEA's Distributor Initiative focuses on meeting with distributors identified as selling to pharmacies that appear to be filling invalid prescriptions. These meetings emphasize the need for the distributors to immediately stop selling to pharmacies where large scale diversion appears to be occurring. Distributors are advised that they risk administrative, civil, or criminal sanctions if they fail to cut supply lines to these illicit operations, to report suspicious orders, or to report thefts in a timely manner.

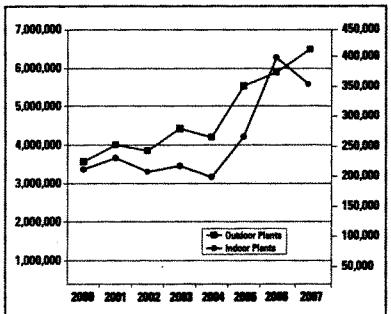
Targeting Domestic Marijuana Production

Marijuana has long been the mainstay of drug trafficking organizations, accounting for much of their illicit revenue. Traditionally, much of the marijuana available on U.S. streets has been trafficked over the southwest border from Mexico while smaller quantities—but of a much higher potency—have been smuggled in from Canada. In recent years, however, evidence has emerged indicating that drug trafficking organizations are expanding their marijuana cultivation operations across the border into the United States, reducing risky border crossings and increasing profit margins by operating closer to the market. This trend poses a wide range of dangers, as violent Mexican drug trafficking organizations set up environmentally destructive grow operations on public lands, and as Canada-based Asian criminal organizations set up hazardous indoor grow operations in American communities in our northwest. The drug itself has become far more dangerous as well, with the average potency of samples of seized marijuana reaching 9.64 percent THC in 2007, a 151 percent increase since 1983, and the highest average potency ever recorded, according to NDIC.

Through the Domestic Cannabis Eradication/Suppression Program (DCE/SP), DEA provides resources to support 114 State and local law enforcement agencies in their efforts to eradicate domestic marijuana crops. In 2007, DCE/SP was responsible for the eradication of 6,599,599 cultivated outdoor cannabis plants and 434,728 indoor plants. The HIDTA program's marijuana eradication efforts are funded through the National Marijuana Initiative (NMI). NMI supports efforts on public lands throughout the United States, but funds are predominately aimed at the top seven States where outdoor marijuana is grown. These States,

collectively known as the "M7," are California, Oregon, Washington, West Virginia, Kentucky, Tennessee, and Hawaii. Each State's National Guard Counterdrug Program annually supports the eradication effort with manpower and equipment. In 2008, National Guard helicopters flew nearly 6,600 flight hours in support of M7 reconnaissance and marijuana extraction missions. Success in outdoor eradication efforts by Federal, State, and local agencies has increasingly driven marijuana cultivation indoors. Both the DCE/SP program and the HIDTA program have mobilized resources to follow this trend, and are working with Federal, State, local, and tribal partners to identify and target major indoor grow operations in the United States.

Figure 15.
Outdoor and Indoor Marijuana Eradication, 2000-2007



Source: Department of the Interior, U.S. Forest Service, and Drug Enforcement Administration, unpublished data (November 2007).

Working Together Along the Southwest Border

While law enforcement at all levels is responding to the rising threat of domestic marijuana cultivation, Federal, State, local, and tribal authorities are also increasing their cooperation on the border with Mexico, the point of entry for much of the marijuana, cocaine, methamphetamine, and heroin available on U.S. streets. The Government of Mexico has mounted an unprecedented effort to combat the drug trafficking organizations that exploit our shared border. U.S. law enforcement is responding in kind, targeting major cartels and border "Gatekeepers," while also working to stem the flow of illegal firearms and illegal profits from the United States into Mexico.

The Department of Homeland Security's Secure Border Initiative is a comprehensive multi-year plan to secure America's borders that promises to increase the pressure that U.S. law enforcement and the Government of Mexico are already applying to drug trafficking organizations on the southwest border. The Secure Border Initiative includes significant increases in Border Patrol staffing, expanded detention and removal capabilities, the comprehensive and systemic upgrading of border security technology, and increased investment in infrastructure improvements at the border. The increases in Border Patrol personnel and infrastructure are beginning to show their deterrent effect, resulting in reduced levels of drug seizures and illegal alien apprehensions.

In addition, DEA has enhanced efforts along the southwest border by increasing offices and personnel in the United States and Mexico and by continuing aggressive enforcement operations targeting the leaders and infrastructure of the Gulf Cartel, Juarez Cartel, Sinaloa Cartel, and the Arellano Felix Organization.

To target the southbound flow of illegal weapons that is fueling much of the violence on the southwest border, the Bureau of Alcohol, Tobacco, Firearms and Explosives initiated Project Gunrunner, a program that dedicates additional special agents, industry operations investigators, and intelligence research specialists to the investigation of arms smuggling into Mexico. Project Gunrunner also facilitates the sharing of eTrace technology with Mexican partners, allowing the tracing of crime guns in order to reveal smuggling trends and generate crucial investigative leads. ICE is also working with the Mexican government to stem arms trafficking through Operation Armas Cruzadas. As part of this initiative, DHS and Government of Mexico agencies partner in unprecedented bi-lateral interdiction, investigation, and intelligence-sharing activities to identify, disrupt, and dismantle cross-border arms smuggling networks. Operation Armas Cruzadas operates under BEST, an ICE-led initiative designed to enhance security on the southern border and combat violence related to smuggling organizations through a coordinated effort involving Federal, State, local, and foreign law enforcement agencies. These and other initiatives are being carried out in coordination with the

Administration's *National Southwest Border Counternarcotics Strategy*, which will be updated in 2009 and will continue to contribute to the broader homeland security efforts of the U.S. Government.

Denying Illegal Drug Profits

Undermining the financial infrastructure of trafficking organizations has proven to be one of the most effective means to disrupt the market for illegal drugs. U.S. efforts to deny drug traffickers their illicit proceeds extend to efforts by the Treasury Department's Office of Foreign Assets Control (OFAC) to block illicit access to the U.S. financial system and the financial services industry. OFAC sanctions reinforce and augment U.S. and Mexican law enforcement activities to counter crossborder drug trafficking. OFAC continues to target the financial networks of Mexican drug trafficking organizations, resulting in the designation of 50 individuals and 39 entities since December 2007. As a direct result of OFAC's designations of the Victor Cazares Salazar financial network in December 2007, Mexican authorities were able to arrest five individuals on money laundering charges. In October 2008, OFAC designated a pharmaceutical company tied to the Amezcua Contreras drug trafficking organization, which is involved in the illicit manufacturing of the key methamphetamine precursor chemical, pseudoephedrine.

The smuggling of large sums of drug cash across our borders continues to be the primary method used to expatriate drug proceeds from the United States. To address this increasing threat, DEA relies on its bulk currency initiative and extensive foreign operations to identify instances where bulk U.S. currency is introduced into a foreign country's local economy. DEA's El Paso Intelligence Center (EPIC) acts as the central repository for all seizure information. EPIC also conducts the initial research and analysis of the seized evidence and intelligence in an attempt to link these seizures to ongoing priority target organizations and other investigations.

The Department of Homeland Security also actively targets drug-related money laundering, especially bulk currency smuggling, through the work of ICE and U.S. Customs and Border Protection (CBP). ICE utilizes its 26 Special Agent in Charge offices to work with State and local authorities throughout the Nation to identify and intercept bulk cash shipments. ICE and CBP also work with international partners providing extensive training in bulk cash interdiction and investigations to counterparts around the globe. ICE's recently established Bulk Currency Smuggling Center in Vermont will serve as a real-time operational center, providing Federal, State, and local agencies with critical intelligence and providing support for more effective and expeditious ICE financial investigations.

International Partnerships: A Layered Defense

The Merida Initiative

Cooperation at home has produced results that are mirrored by cooperation abroad. As U.S. agencies at every level work together to stem the flow of illegal drugs crossing the border with Mexico, our Mexican counterparts have renewed their commitment to counter the threat posed to both of our countries by the flow of drugs north and the flow of illegal weapons and ill-gotten profits south. President Calderon has reorganized and strengthened Mexico's security forces, deployed military units to support police operations, cracked down on corruption, arrested major drug traffickers, sought fundamental criminal justice reform, and extradited a record number of drug kingpins and other criminals to the United States.

Cooperative drug enforcement efforts with Mexico produced impressive results in 2008, with Mexican authorities striking blows against several major cartels, including the arrests of Eduardo Arellano-Felix of the Arellano-Felix drug trafficking organization, Jaime Gonzalez of the Gulf Cartel, and Alfredo Beltran Leyva of the Sinaloa Cartel. DEA continues to coordinate with Mexican counterparts to support drug enforcement operations while providing training, public awareness, intelligence collection, and operational assistance, reducing the trafficking of cocaine, heroin, methamphetamine, and marijuana to the United States. The effectiveness of these efforts is indicated by higher prices for cocaine and methamphetamine, lower purity levels for these drugs, declining seizures on the border, and increased violence by drug trafficking organizations in Mexico.

Through the Merida Initiative, President Bush and President Calderon initiated a regional partnership that also includes the nations of Central America and aims to improve the capacities of our countries to fight the traffickers. The Merida Initiative strengthens joint efforts to fight illicit drug trafficking by providing Mexico and its Central

American neighbors with additional training and equipment to allow them to support law enforcement operations in the near-term, while also providing technical assistance for reform and oversight of security agencies to ensure long-term sustainability. To face the threat posed by gangs throughout Central America, the United States, through the Merida Initiative, will undertake efforts with partner nations to prevent the conditions that lead to gang membership. Lastly, the Initiative will complement the region's ongoing efforts, both in Mexico and Central America, to reduce the demand for drugs and educate the public as to their effects.

Transit Zone Interdiction

The United States is also working with partner nations to prevent illicit drug shipments from ever reaching the transit countries of Central America and Mexico. In FY 2008, seizures in the Western Hemisphere transit zone amounted to 290.4 metric tons. Although this total fell short of the interdiction goal of 25 percent of the estimated movement in the previous fiscal year, global seizures and disruptions of cocaine shipments remain dramatically higher than they were in 2001. Moving forward, the goal for our national removal rate will increase by 2.5 percent each year, to 27.5 percent of the estimated cocaine movement in FY 2009 and eventually reaching 40 percent in FY 2014. Operations such as Panama Express will remain essential as the United States pursues increasing seizure rate goals in the years ahead. For years, Panama Express has targeted the organizations transporting large drug shipments from South America to the United States. Panama Express employs DoD agencies to include Joint Interagency Task Force South (JIATF-S), Federal Bureau of Investigation (FBI), DEA, U.S. Marshals Service, ICE, and Department of the Treasury resources in a coordinated effort to investigate these organizations and ultimately disrupt and dismantle their trafficking operations. The record-level seizure rates of the past eight years have caused traffickers to employ more creative methods to move their drugs to market, such as the use of littoral routes, more elusive conveyances, shifts to smaller and more widely distributed load sizes, and the increasing use of largely unchallenged routes through Venezuela. International cooperation will remain essential to countering these shifts and meeting our interdiction goals.

The enactment of the Drug Trafficking Vessel Interdiction Act of 2008, which creates a Federal felony offense for operation and embarkation in a stateless submersible or semi-submersible vessel on an international voyage with intent to evade detection, is expected to serve as an important tool in curbing one of these movement methods. As always, international cooperation will remain essential to countering these shifts and meeting our interdiction goals.

Colombia's Commitment

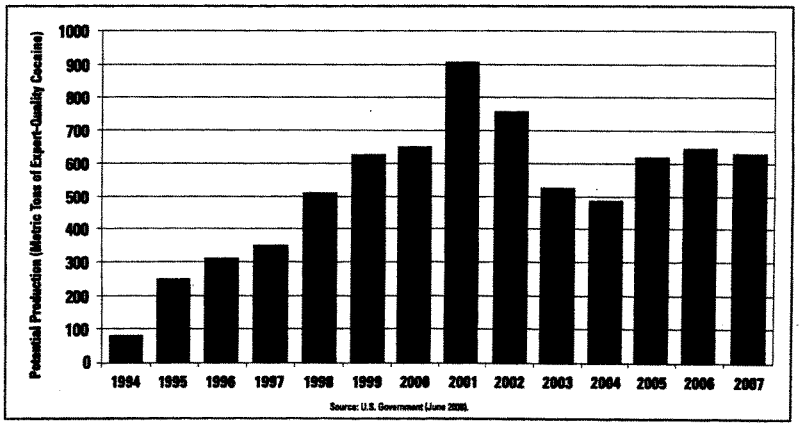
Disrupting the drug market at its source is at the core of the layered defense described in this strategy. By working with the governments of producing countries, we can eliminate illegal drug crops before they move to final production and interdict drug shipments before they are broken down into smaller loads, thereby removing the greatest amount of narcotics from the market. In so doing, we also assist partner nations in strengthening public security and democratic institutions, while striking powerful blows against terrorist groups and international organized crime by denying those criminal groups access to the profits from drug production at the beginning of the trafficking chain.

The pressure placed on drug trafficking organizations by increased transit zone seizures has been amplified by dramatic decreases in potential cocaine production in the Andes since 2001. The Government of Colombia has expanded its presence throughout the country, reducing levels of violence, attacking coca and poppy cultivation and illicit drug trafficking, dismantling drug trafficking organizations, disrupting the transportation networks of the drug trafficking organizations, and increasing access to justice and social programs. U.S. Government estimates indicate that seizures of cocaine and coca base inside Colombia have grown from about 38 metric tons in 2001 to about 93 metric tons as of early December 2008. Destruction of HCl laboratories increased from 83 in 2003 to 240 in 2007 and had reached 301 as of December 8, 2008, according to Government of Colombia figures. Colombia continues to face challenges, however, not the least of which are increasingly porous borders with its neighbors, particularly Venezuela, where there is almost no control of cocaine flow from Colombia and no cooperation with the United States or other allies to pursue cocaine movement through its territory.

Colombia has extradited 789 narcotics traffickers and other criminals to the United States for trial since 2002, of which 208 were extradited in 2008, significantly more than the 164 in 2007. These extraditions included 15 former paramilitary leaders who are accused of continuing to conduct drug trafficking from prison in Colombia and the leader of the North Valley Cartel, Diego Montoya. In March 2008, the Colombian Security Forces dealt a significant blow to the largest remaining drug trafficking organizations in Colombia, the Revolutionary Armed Forces of Colombia (FARC), by killing its number two leader, Raul Reyes. His death was followed by the death of another member of the FARC Secretariat, Ivan Rios, and then that of the supreme leader of the FARC, Manuel Marulanda, AKA "Sureshot." These events have increased the pressure on FARC leaders and have severely hampered their drug trafficking activities. The other major remaining cartel, the North Valley Cartel, also suffered huge losses in 2008, including the death of one of its leaders, Wilber Varela ("Jabon") and the capture and its other leader Diego Montoya ("Don Diego"), as well as the capture and extradition of paramilitary leader and North Valley Cartel collaborator Juan Carlos Ramirez ("Chupeta").

The 2007 U.S. Government coca crop estimate for Colombia highlights for the first time the results of scientific studies showing how eradication pressure is diminishing the productivity of existing coca fields. New productivity data show that Colombia's maximum potential production dropped to 535 metric tons of pure cocaine in 2007. Based on recent scientific field studies by DEA on the impact of eradication, we can now calculate that Colombia's maximum potential production of pure cocaine has fallen a full 24 percent since its high point in 2001 (from 700 metric tons to 535 metric tons). This success is directly attributable to the will of the Government of Colombia to attack trafficking at its source through eradication, increased presence of the State, improved security, and development programs to provide alternatives to coca cultivation—all of which will need reinforcement to preclude backsliding and losing gains made over the past seven years. The declines in maximum potential production which, combined with other effective law enforcement efforts, has contributed to the decline in cocaine purity and increase in cocaine prices in the United States.

Figure 16.
Declining Cocaine HCl Potential Production in Colombia



Challenges in the Andes and Beyond

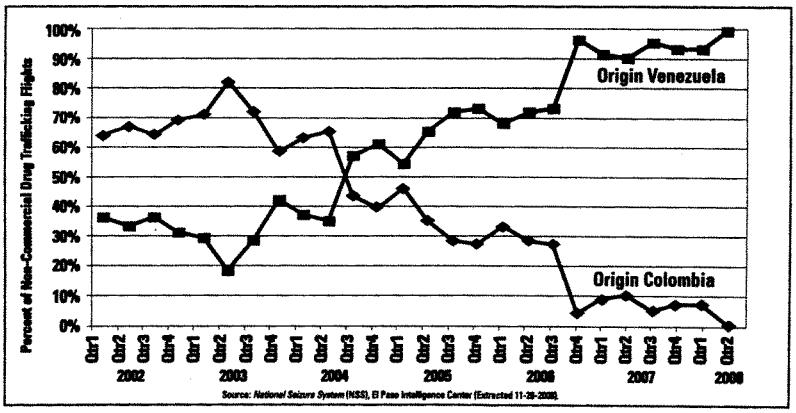
Venezuela

While cooperative counterdrug efforts at home and in the Western Hemisphere transit zone and source zone have reduced the availability of drugs on American streets, drug traffickers are exploiting areas where cooperation is weak in order to sustain their deadly trade. In response to the successes achieved by Colombia in improving public security, reducing potential cocaine production, and strengthening its institutions, drug traffickers are increasingly exploiting the porous border with Venezuela, a country whose government is incapable—or unwilling—to control drug trafficking and that refuses to cooperate with the United States to improve its counterdrug efforts. The flow of cocaine through Venezuela to Hispaniola and Central America continued to increase in 2008. In addition, intelligence indicates that Venezuela is being utilized as a main distribution point for drug trafficking organizations shipping drugs to West Africa and Europe. JIATF-S estimates that 91 percent of detected suspect aircraft destined for Hispaniola originate in Venezuela. The United States continues to seek a renewed bilateral counterdrug relationship with Venezuela, but, regrettably, these overtures have been routinely rebuffed by the Venezuelan Government.

Bolivia

Likewise, a deteriorating willingness to cooperate with international drug enforcement efforts on the part of the Government of Bolivia is opening another path of least resistance for drug traffickers. President Evo Morales, who also is the current president of a coca grower association, has made it clear that his government is not interested in fully cooperating with the United States on drug control, having declared the Ambassador persona non grata, expelled DEA agents and restricted USAID workers from the coca growing Chapare region. By pursuing policies to increase legal coca cultivation for non-scientific or medicinal purposes, the Government of Bolivia violated existing Bolivian law and contravened the 1988 UN Drug Convention. In the meantime, the permissive environment in Bolivia has already resulted in a 14 percent net increase in coca cultivation according to U.S. estimates. Nonetheless, the United States remains ready and willing to resume counternarcotics cooperation with Bolivia if and when its government indicates readiness to work with its U.S. counterparts.

Figure 17.
Venezuela Now Accounts for the Vast Majority of Suspected Non-Commercial Drug Trafficking Flights



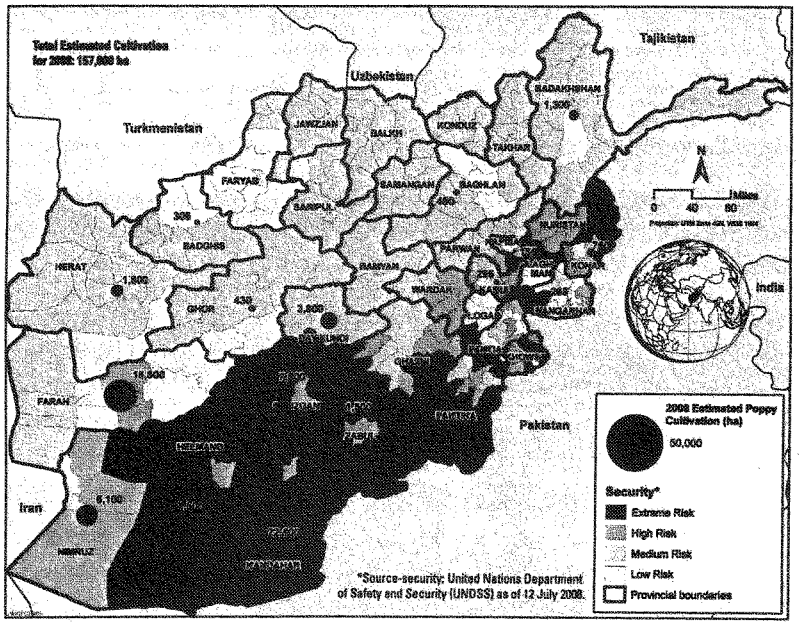
Africa

West Africa has become a transshipment location for substantial quantities of cocaine being transported to Europe by South American DTOs and for large quantities of bulk currency Euros moving back to the Western Hemisphere. Colombian and Venezuelan traffickers are establishing a foothold in West Africa and are cultivating relationships with African criminal networks to support their operations in the region. The African continent also serves as a transshipment and diversion point for precursor chemicals used to manufacture methamphetamine and other controlled substances. Many of the same South American DTOs responsible for transporting major cocaine shipments to the United States are using Africa as a transit base and storage location for cocaine destined for European markets. DEA is planning to increase its capabilities to work with African partner nations and collaborate with law enforcement counterparts in addressing the destabilizing influence of drug trafficking on African transit countries.

Afghanistan

The drug trade undermines the Government of Afghanistan's drive to build political stability, economic growth, and establish security and the rule of law. The U.S. Government remains committed to a five-pillar counternarcotics strategy consisting of public information, alternative development, poppy elimination and eradication, interdiction, and justice

Figure 18.
Security Map with Opium Poppy Cultivation in Afghanistan, 2008



reform, but acknowledges that challenges remain, especially in the south where the link between the drug trade and insurgency is strongest.

Opium poppy cultivation has been nearly eliminated in most of Afghanistan's north and east, and 2008 estimates indicate that 29 provinces are poppy free or have low levels (less than 6,000 ha) of poppy cultivation. Progress was mostly attributable to strong leadership and overall integration with the internationally supported counterinsurgency campaign.

To address the continuing narcotics-insurgency challenge in the south, in 2008 the Government of Afghanistan endorsed an Afghan counternarcotics plan to extend governance and the rule of law in Helmand Province. The Plan is designed to cut narco-insurgents' ability to produce and transport illegal drugs in a key growing area, thereby depriving them of funding and of the control of geographic areas that are used to launch operations against the provincial government and coalition forces.

The five-pillar strategy provides the appropriate mix of incentives and disincentives necessary to disrupt the narcotics-insurgency connection. Incentive programs such as the Good Performers Initiative, designed to provide quick-impact assistance in areas where anti-poppy progress has been made, will be enhanced in 2009 to more rapidly and more substantially reward those provinces that reduce cultivation.

Interdiction operations targeting high-level traffickers will be further integrated into the counterinsurgency campaign in 2009. DEA is expanding their presence in Afghanistan, and will continue their support for the Counternarcotics Police of Afghanistan by training and mentoring several counternarcotics investigative units. Elimination will be enhanced in 2009 as the eradication focus shifts to targeting the wealthiest and most powerful cultivators. However, as shown in 2008, the Government of Afghanistan will likely face numerous security-related challenges in executing the elimination pillar.

Looking Ahead: A Global Approach

While we have made significant progress over the last eight years in reducing the demand for and availability of illegal drugs in the United States, challenges remain both at home and abroad. For many years there has been a consensus, both in our own Nation and internationally, that illicit drug abuse has significant social and health consequences which requires strict regulation. That consensus, although still strong, has come under attack internationally. Although decades of research suggest that balanced drug policies are working, well-funded legalization advocates continue to promote their views aggressively at international forums. To ensure that strong, effective international drug policies are maintained, it is essential that experts in the effectiveness of drug prevention, education, and treatment efforts step forward to educate the international community. Fortunately, a renewed international movement against drugs is emerging.

In September 2008, 600 representatives of anti-drug non-governmental organizations gathered in Stockholm, Sweden for the first World Forum Against Drugs (WFAD) conference. After the successful completion of the conference and the signing of a declaration, WFAD organizers announced their intention to create a permanent organization to combat drug legalization efforts around the world through annual meetings, publications, and participation in international meetings such as the United Nations CND. This group shows promise as a constructive partner in the effort to reduce drug use, production, and trafficking around the world.

This new commitment in the international community could not have come at a better time. This year marks the completion of the review by Member States and international organizations of the progress made towards the accomplishment of ambitious anti-drug goals set ten years ago at a United Nations General Assembly Special Session. In March 2009 high level government officials from around the world will gather in Vienna to review the world's progress. The United States and like minded partners from every region of the world have been working to develop plans to move forward by building on the initial 1998 goals. The March meeting is expected to result in a renewed commitment by all to combat drug use, trafficking, and production.

Conclusion

The evidence produced by the array of data systems we use to measure progress makes it clear that our Nation is moving steadily in the right direction, both domestically and internationally, in the fight against illegal drugs. The past eight years of counterdrug efforts demonstrate that when we as a Nation work together to solve problems, those problems can be successfully confronted and made smaller. This progress is the cumulative result not just of the heroic efforts of law enforcement officers, parents, teachers, coaches, and other community leaders, but of the decisions of hundreds of thousands of individuals not to use drugs. This progress is real, but it cannot be sustained without the continued hard work of communities throughout America and our partners around the world.