ONDCP REAUTHORIZATION AND THE NATIONAL DRUG CONTROL STRATEGY FOR 2003

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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ONDCP REAUTHORIZATION AND THE NATIONAL DRUG CONTROL STRATEGY FOR 2003

WEDNESDAY, MARCH 5, 2003

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 1:08 p.m., in room 2154, Rayburn House Office Building, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder, Mrs. Davis of Virginia, Norton, Deal, Cummings, Mr. Davis of Illinois, Bell, and Ruppersberger.

Staff present: Christopher A. Donesa, staff director and chief counsel; Nicholas P. Coleman, professional staff member and counsel; John Stanton, congressional fellow; Nicole Garrett, clerk; and Julian A. Haywood, minority counsel.

Mr. SOUDER. Good afternoon and welcome to the first in a series of hearings on the reauthorization of the Office of National Drug Control Strategy and its programs, which will be the primary legislative focus for this subcommittee during this Congress.

We will also have the opportunity to discuss the wide range of drug policy issues with Director Walters today, as we review the National Drug Control Strategy for 2003.

ONDCP was created in 1988, and vested with the broad authority within the executive branch to coordinate national drug control policy and budgets for the Federal drug control agencies.

Although it is still a relatively young office, I believe that ONDCP has generally been a highly successful institute to keep the Nation's focus and resources on the critical priority of reducing drug use in America.

It is an indication of its success that the primary issues surrounding the legislation is not whether to reauthorize ONDCP, but how best to do so.

The many positive signs and trends that Director Walters reported in this year's national strategy, after the downturn during the previous administration, clearly demonstrate the difference that the office can make when strong and effective leadership combines with some policy.

Today's hearing will be an opportunity for the subcommittee to discuss broad issues relating to ONDCP directly with Director Walters in advance of the reauthorization.

In the coming weeks, the subcommittee will also hold a continuing series of hearings on individual programs to be covered in the reauthorization, including the High Intensity Drug Trafficking Areas [HIDTA] Program, the media campaign and other initiatives.

We will also consider the proposal by the ranking member, Mr. Cummings, to address the problem of witness intimidation and other issues of interest to members of the subcommittee.

We hope to be able to finish building a record in the subcommittee, and to consider legislation to forward to Chairman Davis and the full committee relatively early this Spring.

As we move toward reauthorization, I intend to follow a few basic principles in restructuring the bill. I enthusiastically support reauthorizing ONDCP, and want to ensure that Director Walters and future Directors continue to have strong tools at their disposal to develop and implement an effective drug policy.

We will consider refinements as well as whether it may be possible to streamline or eliminate a number of the current statutory requirements on the office. I also strongly support reauthorizing the individual programs within ONDCP, although clearly several issues will need to be worked through and some reforms will be necessary to ensure effective and responsive programs.

The HIDTA Program is an important tool to facilitate partnerships between the Federal Government and State and local law enforcement. It is also apparent, however, that HIDTA has reached far beyond its intended focus on national drug trafficking. We will need to consider how best to streamline and increase accountability within the HIDTA Program.

Any reauthorization bill must also contain provisions to renew the media campaign, which I believe continues to be one of our most important national prevention programs. In doing so, however, we must ensure that the program continues to pursue its primary goal of supporting the purchase of air time for effective prevention advertising.

We must also ensure that the Director has appropriate flexibility to shape messages consistent with the national strategy, and that past contractor fraud problems will never be permitted to reoccur.

I very much look forward to working with Director Walters and my colleagues on the subcommittee and full committee on this legislation, as well as with other Members of Congress and the public, who have expressed an interest and worked with us on these important issues in the past.

Today we also will be considering a National Drug Control Strategy that provides substantial cause for optimism that we are beginning to make real progress in controlling drug abuse.

There are clear signs that our domestic and international strategies are working. We have tangible first steps toward meeting the President's goal of reducing drug use among youth.

As Director Walters announced last week, we are beginning to see reductions in coca cultivation in Colombia. We have witnessed the defeat of so-called "medical" marijuana initiatives in several States.

Last week, we discussed the President's new initiative to significantly increase the availability of drug treatment in the United States.

These are just a few of many strong signs of progress, and I want to commend Director Walters for his leadership on all of these issues and others that I have not mentioned but will be discussed today.

However, significant challenges remain in virtually every arena. The difficult balance with homeland security continues to challenge our law enforcement and interdiction efforts.

We are seeing more tangible signs than ever of links between the drug trade and international terrorism. The proliferation of drugs such as ecstasy, methamphetamines, and high potency "BC Bud" continues across our country.

The drug legalization movement continues to spread fundamental mistruths that harm our children and our culture, and despite the encouraging signs of progress, too many Americans and their families and communities continue to suffer from the scourge of addiction.

I look forward to the opportunity to discuss our progress and how best to meet these challenges today with Director Walters and with the subcommittee.

[The prepared statement of Hon. Mark E. Souder follows:]

Opening Statement
Chairman Mark Souder

"ONDCP Reauthorization and the National Drug Control Strategy for 2003"

Subcommittee on Criminal Justice, Drug Policy, and Human Resources
Committee on Government Reform

March 5, 2003

Good afternoon. This is the first in a series of hearings on reauthorization of the Office of National Drug Control Policy and its programs, which will be the primary legislative focus for the Subcommittee during this Congress. We will also have the opportunity to discuss a wide range of drug policy issues with Director Walters today as we review the National Drug Control Strategy for 2003.

ONDCP was created in 1988 and invested with broad authority within the Executive Branch to coordinate national drug policy and budgets for federal drug control agencies. Although it is still a relatively young office, I believe that ONDCP has generally been a highly successful institution to keep the nation's focus and resources on the critical priority of reducing drug use in America. It is an indication of its success that the primary issue surrounding the legislation is not whether to reauthorize ONDCP, but how best to do so. The many positive signs and trends that Director Walters reported in this year's national strategy after the downturn during the previous Administration clearly demonstrate the difference that the office can make when strong and effective leadership combines with sound policy.

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covered in the reauthorization, including the High Intensity Drug Trafficking Areas ("HIDTA") program, the Media Campaign, and other initiatives. We will also consider the proposal by the ranking member, Mr. Cummings, to address the problem of witness intimidation, and other issues of interest to members of the Subcommittee. We hope to be able to finish building a record in the Subcommittee and to consider legislation to forward to Chairman Davis and the Full Committee relatively early in the spring.

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However, significant challenges remain in virtually every arena. The difficult balance with homeland security continues to challenge our law enforcement and interdiction efforts. We are seeing more tangible signs than ever of links between the drug trade and international terrorism. The proliferation of drugs such as ecstasy, methamphetamines, and high potency "BC Bud" continues across our country. The drug legalization movement continues to spread fundamental mistruths that harm our children and our culture. And, despite the encouraging signs of progress, too many Americans and their families and communities continue to suffer from the scourge of addiction.

I look forward to the opportunity to discuss our progress and how best to meet these challenges today with Director Walters and the Subcommittee.

Mr. SOUDER. Ms. Davis, do you have any opening statement?

Mrs. DAVIS OF VIRGINIA. No statement, Mr. Chairman, thank you.

Mr. SOUDER. Mr. Cummings is running a little bit behind. He will be here shortly, and we will permit him to do an opening statement at that time.

Before proceeding, I would like to ask unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record, and that any answers to written questions provided by the witnesses also be included in the record. Without objection, it is so ordered.

I also would ask unanimous consent that all exhibits, documents, and other materials referred to by Members and the witnesses may be included in the hearing record, and that all Members be permitted to revise and extend their remarks. Without objection, it is so ordered.

Will you rise, Director Walters? As you know, we do this as a standard in our oversight committee.

[Witness sworn.]

Mr. SOUDER. Let the record show that the witness has answered in the affirmative.

Well, thank you for continuing to cycle between the different committees and making statements on the Hill. Hopefully, you have time to actually work on the issue of drug abuse, in addition to talking to us. But this is an important process as to how we best deal with the reauthorization in your office, and I am looking forward to hearing your testimony.

STATEMENT OF JOHN WALTERS, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

Mr. WALTERS. Thank you, Mr. Chairman, it is a pleasure to be back with you. There is no group of people that we have worked with, since I took office a little over a year ago, than you and Mr. Cummings and some of the members of this committee that have been more supportive and more interested and more willing to help us in this effort.

You and I have traveled internationally, as well as discussed our programs and the policy challenges at length. So I will express my gratitude to you and members of this committee. I appreciate this opportunity to talk about the strategy, and to begin the conversation that will hopefully result in the reauthorization of ONDCP early in the year.

With your permission, I would like to ask that my written statement be included in the record, and I will just summarize some of these points, and then I will be happy to be guided by your question and the questions from the committee.

A little over 1 year ago, the President announced the first Drug Control Strategy for this administration. It began with the ambitious goal of reducing drug use by 10 percent in 2 years for young people and adults, and 25 percent in 5 years.

We noted the troubling signs that we were not on the path at that time, and while these were ambitious goals, we thought they focused, one, on accountability; two, on the fact that drug use was the measure we thought was most important for the public and for

leaders to focus on; and three, while these goals were ambitious, they were rates of decline that we saw in the latter part of the eighties and early nineties. So we should expect of ourselves the kinds of things that we actually had done before.

We are pleased to announce with this strategy that there is initial progress, and some of what we have done as a Nation has moved us in the right direction; and that what we have proposed in this strategy is an effort to follow through and expand on what we learned over the last year.

Specifically, the good news is that drug use by young people appears to be declining. Teen drug use is headed in the right direction, down. Last December, the monitoring the future survey, a survey that has been done for over 28 years now showed that use of any illicit drug in the past year decreased by a statistically significant margin, from 2001 to 2002 among 8th and 10th graders.

The percentages for 8th and 10th grade decline in illicit drug use were at their lowest level since 1993 and 1995, respectively.

In addition, as you pointed out, last week we released figures showing that for the first time, we have been able to reduce significantly 15 percent of the cultivation of coca in Colombia.

This ambitious program, which has been a source of a lot of effort by many people, and more specifically by the new President of Colombia and his administration, President Rebay, has resulted in a movement from growth, as you see in the chart to my left, to a decline. We need to follow through.

We have created what we said we wanted to create in the first drug strategy, a recession in a key business that is part of the drug market. We want to maintain that recession, and we want to drive it to levels of depression, if we possibly can.

The National Drug Strategy that we released at the beginning of this year proposed a budget of $11.7 billion for drug control programs in fiscal year 2004.

It centers again around three core priorities in our effort to reestablish balance, which we think is critical to making progress: first, stopping drug use before it starts; second, healing America's drug users; and third, disrupting the market, that is, the drug business in this country and throughout the world.

I will just touch on each of these briefly, and how we have tried to extend them and maintain them in this, and then conclude.

Reducing drug use or stopping drug use before it starts has been, since we have been dealing with this problem, a hallmark of where everybody wants to begin. We know that if we prevent young people throughout their teenage years from beginning use, they are unlikely to go on and have a problem later on.

This is a problem. We can inoculate future generations. We can change the trajectory of the problem for the future, but we have to do a better job of stopping teenagers from being exposed to drugs, alcohol, and tobacco, for that matter.

We have tried to bolster the efforts of homes, communities, schools, places of worship, and community institutions by what we do at the Federal level, as a primary way of supporting prevention.

Our strategy ties national leadership hopefully in more directly with community leadership, through things like the Community Coalition Program, our media campaign that sends messages both

to young people and to parents, and sets hopefully a conversation about the realities of drug use and the priorities for prevention that will support what communities and individuals are doing throughout our country.

We have also asked for $5 million for this year for the new Parent Drug Corps, as a way of helping to foster the understanding that parents have about what they can do and what works in this field.

In addition, the administration is requesting $8 million in fiscal year 2004 for student drug testing, brief interventions that can stop the spread of this disease. In addition to prevention, we know that the way the disease of addiction is spread is by non-addictive users, and for young people, that means a peer.

The way drug use starts is what I call the lie. It is a peer saying, "It is fun. You can handle it." And for too many young people, they do not realize the lie is what it is until it is too late.

In addition to prevention, we have to be willing to intervene with those who are the carriers. That means more directly having people see the signs of drug use, and to have brief interventions, that we know from our research work, applied effectively in the field, in schools and communities and families, in physicians' offices, as well as other institutions of society.

Our second priority, healing America's drug users, bridges this intervention to the treatment part of the continuum. We know that while 16 million Americans still use drugs—too many, as you said, Mr. Chairman—6 million meet the clinical criteria, such as, they need drug treatment for their abuse or dependency.

We have sought to not only continue to support the drug treatment infrastructure in this country, but to try to provide an initiative that will improve its reach and effectiveness, we think, dramatically.

That was the subject of your hearing last week. I will not go into great detail, but we are asking for a total of $3.6 billion for drug treatment, an increase of 8.2 percent over 2003.

That includes the money, the $600 million over 3 years, that the President requested to expand treatment in the form of program vouchers, which would allow us to contact people at the point where they are diagnosed to have a need for treatment, and provide them a referral and the resources to reimburse the service providers for the treatment they receive.

We think it offers greater access. We hope it will increase the number of providers, and it provides more choice and accountability in the system. So we get more people, better treatment, and more treatment that is effective in the system. Again, we discussed this at length. I will be happy to go over any additional issues you want today, as well.

Third, we are, as I said, focusing on disrupting the market. The drug market, or the drug problem is frequently described as a market problem by individuals who comment on it at all levels of specialization.

I am always struck at how few of them actually talk about that in a thorough-going way. They usually say, it is a market, so they can focus on their one thing, and that ultimately they act as if they believe it is sufficient.

We believe it is a market. We have to reduce demand and we have to reduce supply, and that if you do not reduce supply and demand, successes in one area will be undermined by the very market phenomenon that is the drug trade.

We intend to drive down demand, but we also know we have to reduce the supply of drugs. Otherwise, if we drive just on demand, we will have cheaper, more potent, more plentiful drugs that will undermine our efforts.

It is the same way if we just drive down supply. We have more dollars chasing fewer drugs, which stimulates production and distribution.

What that means is, we have tried to reconfigure what we do internationally and domestically against the markets to better understand them as markets. In short, we want to do what most business people come to you and say, they are afraid what the Government is going to do and want you to stop; that is, use the regulatory or criminal powers of the Federal Government to cause their business to have profitability problems and to ultimately be in recession or be out of business.

We have tended not to do that kind of comprehensive thinking in this field, and we have been working with the Justice Department, as well as our National Security Agencies, to begin to understand and apply and analyze our programs in these terms. That is why the decline in cultivation of coca is crucial, but it is not the only thing we are doing.

In the current environment, we are also working with countries abroad, and let me start there, to try to break the market in crucial areas of vulnerability. Part of that involves key leaders. Part of that involves transportation. Part of that involves money flows, as well as the internal processes needed to produce and ship these drugs.

In addition what is being done in cultivation in Colombia, of course, we are working on enforcement, as well as interdiction. We are joining our efforts to attack the business at various key points, from outside our country where that exists, to our streets and towns through leadership of these programs.

Some of them are more advanced than others, but we intend to drive these into the process throughout the market that is the drug trade. The strategy lays out some of the background to that in detail, and what has been happening as a result of our analysis over the last year.

We have both more urgency and more resources in the current environment to do this; more urgency because I think there is a wider understanding that a major source of de-stabilizing force in the hemisphere, and the consequences of de-stabilizing forces is more acutely a concern in this time of the war on terror, and more of that comes from the drug trade, essentially since the end of the cold war, frictions between ourselves and the old cold war adversaries have diminished their capacity to fund or support de-stabilizing forces.

So most of this money is now coming, yes, from some States that are sponsoring terrorism, but also from international crime. Drugs are a big, big part of it. As we look at the future, we expect that as we make progress against State sponsorship, we will face more

organizations who we are now painfully aware can use small amounts of money and small operations to cause potentially devastating harm that will seek to use crime, and drugs in particular.

We are also seeing more instances of cases where organizations are being used, as you have mentioned in your opening remarks, for services: guns, money, movement, and we have to anticipate that will continue or will even become greater, as people move to provide outlets for those who would harm this country.

We have asked to continue the programs that have been in place in Latin America, as well as our budget which includes money to continue drug interdiction. The measures that we are taking at our border in connection with homeland security, as you mentioned, give us a unique opportunity to begin to provide a better way, targeted with intelligence, of controlling dangerous substances in individuals that would move across our borders, while fostering illicit trade in the movement of people who are here to carry out legal and legitimate activities.

Our goal, in short, is to use also the unprecedented opportunities that we have with Colombia and Mexico and the leaders there, to make progress in those two key countries for the drug problem in this country, as well as to link, as I said, those operations to what we do with domestic enforcement.

We have had a number of gains as a result of what has been put in place, but we want to provide ourselves and you, as those who oversee and fund these programs, a better way of quantifying the way in which we are making the problem smaller, because that is our goal.

Let me just say a couple of words about reauthorization, and then I will take your questions. As you mentioned the Office of National Drug Control Policy was originally created in 1988. In my past history, I was actually at the office when it was initially started during the President's father's administration.

It is not a department because of the far flung responsibilities that we need to bring together that would not easily be pulled out of agencies and put into a single department.

A large amount of what we have to do in terms of organizing not only policy but activity is tied to our budget certification authorities. We have tried to use those in a way that both consult widely with people, Congress, outside of Congress, and the Federal agencies, but also try to balance the resources that we put into this program. We have made some changes to the budget in order to focus our efforts more directly.

In addition, as you know, ONDCP administers approximately half a billion dollars in programs, including the High Intensity Drug Trafficking Area Program, the Drug Free Communities Grant Program, the Youth Anti-Drug Media Campaign, and the Counter Drug Technology Assessment Center.

These are large responsibilities, large amounts of money, and we try to make sure that we have maintained quality and improved these programs in the process of looking at them, particularly with regard to reauthorization, as well as the requests in the current budget.

Let me just say one word about the media campaign. When I took over, there was a considerable concern about the effectiveness of the media campaign.

What we have tried to do is have more direct involvement to assure ourselves and be able to assure you and others, the American people, among others, that this was something that works.

I do not think there is any question in our country that advertising works. We do not spend millions of millions of dollars, and frankly, none of you would spend a lot of money in your work in advertising if it did not work.

The question is, how do we get it to work in this area to effectively reduce a fundamental health problem and a problem for the American people?

We have had more direct involvement. I directed that there be testing of advertising content before it went on the air, so that we were sure it had a powerful effect.

We have re-focused the target audience from kind of sub-teens or so-called "tweens" into middle teenagers and older teenagers, so we could have a more powerful message that was appropriate for that audience.

In addition, for the youth part of the campaign, we have folks in the last year, as you probably have seen, on marijuana. That has been the single greatest area of ignorance that we found, under-appreciation of both the dangers and the scope of the problem that marijuana poses to young people, and we have tried to push back against that.

The principal non-profit partner that my office has had is the Partnership for Drug Free America, of course. They have had a new chairman, Roy Bostock, who I have a good relationship with. We have been working together and, in fact, I just saw him in the week to talk about some of the content and movement in the campaign.

So I think we are on the right track. We will begin to see some of the results and, frankly, I think we have already begun to see some of the results in the decline that you saw from the survey that was taken last Spring, but we have to follow through.

I guess in conclusion, I would say that we are obviously encouraged by the progress. We are aware that we are a minor partner in a lot of what goes on here.

National leadership is important. That is why what you do with regard to the structure of the office and the budgets the authorities are obviously crucial to what we are able to do.

But we are also aware that the people who actually prevent and treat and make our communities safer and work even abroad are not us. They are citizens and some of them are foreign citizens, and we are trying to make sure that we provide the appropriate support in an environment where there are a lot of things going on.

But we certainly are pleased with what has happened so far, and I want to thank you for this opportunity to discuss our programs and the work of our office.

[The prepared statement of Mr. Walters follows:]

Testimony of John P. Walters
Director of National Drug Control Policy
Before the U.S. House Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy, and Human Resources
"ONDCP Reauthorization & the National Drug Control Strategy for 2003"
March 5, 2003

Chairman Souder, Ranking Member Cummings, and distinguished Committee Members, it is a pleasure to provide you an overview of the National Drug Control Strategy for 2003 and to share my thoughts with you regarding the reauthorization of the Office of National Drug Control Policy (ONDCP). Thank you for your strong support and leadership in the fight against drugs. Illegal drugs exact an enormous toll on our society. Drugs take 20,000 lives annually and drain the U.S. economy of billions of dollars yearly. The President's National Drug Control Strategy for 2003 builds on last year's balanced approach by focusing on three core priorities: stopping drug use before it starts, healing America's drug users and disrupting the market.

NATIONAL DRUG CONTROL STRATEGY

1. Introduction

Last year's National Drug Control Strategy opened on an unsettling note. Just-released data from the 2000–2001 school year had confirmed the continuation of a trend, begun in the early 1990s, of near-record levels of drug use among young people. More than half of American high school seniors had tried illegal drugs at least once by graduation, while a quarter of seniors were regular users. An unacceptably high percentage were regular users of drugs such as marijuana, Ecstasy, and hallucinogens such as LSD. As was the case in the 1960s and 1970s, drug use had once again become all too accepted by our young people.

In this year's Strategy, by contrast, we are pleased to report that after a long upward trajectory, teen drug use is once again headed in the right direction—down. In fact, data from the University of Michigan's most recent *Monitoring the Future* survey show the first significant downturn in youth drug use in nearly a decade, with reductions in drug use noted among 8th, 10th, and 12th graders, and levels of use for some drugs that are lower than they have been in almost three decades. Such comprehensive declines are remarkably rare; they carry the hopeful suggestion that America has, again, begun to work effectively to reduce the drug problem.

Among the survey's findings:

- The percentages of 8th and 10th graders using "any illicit drug" were at their lowest levels since 1993 and 1995, respectively.

- Among 10th graders, marijuana use in the past year and past month decreased, as did daily use in the past month. Past-year marijuana use among 8th graders has dropped to 14.6 percent—its lowest level since 1994.

- With a single exception (past-month, or "current" use, by 12th graders), the use of illegal drugs other than marijuana fell for all three grades surveyed and for all three prevalence periods (lifetime, annual, and past month), although not all changes reached statistical significance.

- Ecstasy use was down in all three grades. Ecstasy use in the past year and past month decreased significantly among 10th graders from 2001 to 2002. Past-year rates were below those for 2000 in all three grades.

- Lifetime and past-year LSD use decreased significantly among 8th, 10th, and 12th graders, and past-month use declined among 10th and 12th graders. Past-year and past-month LSD use by 12th graders reached its lowest point in the 28-year history of the survey.

A Balanced Strategy

We have achieved the important goal of getting drug use by our young people moving downward. We now must secure the equally important objective of sustaining, accelerating, and broadening that downward movement. This time we intend to make the problem much smaller and build the structures that will keep it from growing larger in the future. Maintaining our momentum will require a sustained focus on all aspects of drug control, as well as a balanced strategy for approaching the problem. With its three priorities and clarity of purpose, the Strategy offers both.

Priority I of the Strategy—Stopping Drug Use Before It Starts—recognizes that it is critical to teach young people how to avoid drug use because of the damage drugs can inflict on their health and on their future. Our children must learn from an early age that avoiding drug use is a lifelong responsibility. Where parents and educators deem appropriate, we should use programs such as student drug testing. Testing programs work because they reflect an understanding of teen motivations, giving students an easy way to say "no" at an age when peer pressure is at its peak.

Despite our substantial drug prevention efforts, some 16 million Americans still use drugs on a monthly basis, and roughly six million meet the clinical criteria for needing drug treatment. Yet the overwhelming majority of users in need of drug treatment fail to recognize it—a fact that would not come as a surprise to those with a loved one who has battled drug dependency.

Priority II of the Strategy—Healing America's Drug Users—emphasizes the crucial need for family, friends, and people with shared experiences to intercede with and support those fighting to overcome substance abuse. Drug users also need the support of institutions and the people who run them—employers, law enforcement agencies, faith communities, and health care providers, among others—to help identify them as drug users and direct those who need it into drug treatment.

Priority III of the Strategy—Disrupting the Market, addresses the drug trade as a business—one that faces numerous and often overlooked obstacles that may be used as pressure

points. The drug trade is not an unstoppable force of nature but rather a profit-making enterprise where costs and rewards exist in an equilibrium that can be disrupted. Every action that makes the drug trade more costly and less profitable is a step toward "breaking" the market. As the Strategy explains, drug traffickers are in business to make money. We intend to deny them revenue.

Progress Toward Two- and Five-Year Goals

The President's National Drug Control Strategy, transmitted to Congress in February 2002, had as its goal reducing past-month, or current, use of illegal drugs in the 12- to 17- year-old age group by 10 percent over 2 years and 25 percent over 5 years. Similarly, the Strategy set the goal of reducing current drug use among adults (age 18 and up) by 10 percent over 2 years and 25 percent over 5 years.

Progress toward youth goals was to have been measured entirely from the baseline of the *National Household Survey on Drug Abuse*, but recent improvements to that survey have created a discontinuity between the 2002 survey and previous years' data. Although changes to the survey will permit more reliable estimates of drug use in future years, they prevent comparisons with use rates from the baseline year (2000). Fortunately, there is another survey that measures drug use among young people while preserving continuity over time. As a result, the Strategy will measure progress toward the two- and five-year goals as follows: drug use by young people will be measured at the 8th, 10th, and 12th grade levels using the *Monitoring the Future* survey, with the 2000–2001 school year as a baseline.

Although only the first year of the two-year goal period has elapsed, the goal of reducing current use by 10 percent among 8th, 10th, and 12th graders, as measured by *Monitoring the Future*, is well on the way to being met (with reductions of 11.1, 8.4, and 1.2 percent, respectively). These reductions are on track for meeting the Strategy's goal of a 10 percent reduction over two years.

Given the discontinuity problem, and with no available substitute for measuring adult use (*Monitoring the Future* surveys only teen use), measuring the two- and five-year goals for adults poses a different challenge. This Strategy meets the challenge by measuring adult use from the baseline of the improved and redesigned 2002 *Household Survey*.

Progress toward youth goals will be measured from the baseline established by the *Monitoring the Future* survey for the 2000–2001 school year. Progress toward adult goals will be measured from the baseline of the 2002 *National Household Survey on Drug Abuse*. All Strategy goals seek to reduce "current" use of "any illicit drug." Use of alcohol and tobacco products, although illegal for youths, is not measured in these estimates.

2. Stopping Use Before It Starts: Education and Community Action

Prevention efforts are our first line of defense against illegal drug use. Such efforts hold out the promise of preventing drug use before it starts and sparing families the anguish of watching a loved one slip into the grasp of addiction. Although we face a major challenge in

driving down drug use—with 16 million past-month (current) users and six million in need of drug treatment—our Nation's strategy for preventing the use of illegal drugs has much to recommend it. The fact is that although 7 percent of Americans use an illegal drug on a current basis, 93 percent do not. Legal substances such as alcohol are inherently more difficult to control, and the numbers show it, with 109 million current users, 13 million of whom need help. Similarly, alcohol use among young people is more prevalent than the use of illegal drugs.

Drug prevention programs—particularly those that are research-based and involve the community—are invaluable in educating young people about the dangers of drug use and reinforcing a climate of social disapproval of drug use. The Federal Government supports such programs both with funding and by supplying the best available evidence, technology, and tools. But drug prevention makes for a difficult public policy discussion because prevention activities are not, for the most part, discrete, government-funded programs. In fact, they can best be understood as the sum of the efforts parents and communities make in bringing up young people.

Unfortunately, for too many years, the popular culture has not supported parents seeking to educate their children about the dangers of drug use and to empower them to make good decisions. In music, film, and television, drug use has too often been portrayed as glamorous and exciting, drug users and even drug dealers as free-spirited nonconformists.

Worse, well-funded legalization groups have spread misinformation about the effects of drugs. They have even insinuated to young people that drug use is an adolescent rite of passage and that adults who tell them otherwise are seeking to limit opportunities for personal growth that are rightfully theirs.

Such misinformation has taken on the force of law in states where legalization groups have pushed through a series of state referenda to legalize "medical" marijuana. Legalization lobbyists have portrayed their agenda as a representation of popular will, as though parents and communities were seeking to bring more drugs into their schools and homes. Operating with the benefit of slick ad campaigns, with virtually no opposition, and making outlandish claims that deceive well-meaning citizens, campaign proponents have tallied up an impressive string of victories.

That is, until now: in 2002, the movement lost key referenda and similar efforts in four states (Nevada, Arizona, Ohio, and South Dakota) and otherwise failed to proceed with efforts in Florida and Michigan. The sheer comprehensiveness of the failure is impressive: losses ranged from a Nevada effort to legalize possession and use of marijuana, to an Ohio proposal that would have gutted that state's ability to incarcerate drug dealers and provide drug treatment to prisoners, to a greatly expanded medical marijuana initiative in Arizona.

A small band of wealthy backers spent millions of dollars on various campaigns last year; their across-the-board defeat suggests something of what citizens in targeted states actually think of the deceptions they were offered. The record of 2002 also suggests that the mood of national seriousness following the September 11 attacks is less open to self-indulgent social engineering than some had hoped. The ultimate direction of that mood is significant, and probably critical, to

the success of our Nation's drug control efforts, which, like efforts to regulate smoking and alcohol use, owe much to public awareness and an engaged citizenry.

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

The disease of drug addiction spreads because the vectors of contagion are not addicts in the streets but users who do not yet show the consequences of their drug habit. Last year, some 16 million Americans used an illegal drug on at least a monthly basis, while 6.1 million Americans were in need of treatment. The rest, still in the "honeymoon" phase of their drug-using careers, are "carriers" who transmit the disease to others who see only the surface of the fraud. Treatment practitioners report that new users in particular are prone to encouraging their peers to join them in their new behavior.

This "public health" model of the drug problem offers three key lessons.

First, as discussed above, young people must be educated about the lie that drug use represents. Drug use promises one thing but delivers something else—something sad and debilitating for users, their families, and their communities. The deception can be masked for some time, and it is during this time that the habit is "carried" by users to other vulnerable young people.

A second, key lesson of the public health model applies to those still in the honeymoon phase. It is a lesson with important implications for the field of drug treatment, where a large and growing collection of providers have been hampered by an imperfect intake mechanism for directing individuals in need of help to the most appropriate form, or modality, of drug treatment. Simply put, for many users—including the large majority in the 18–25 age group—the optimal response to their drug use is not an extended stay at a treatment center but screening to determine if help is needed. This screening can be followed, if necessary, by a brief period of drug treatment.

The third lesson involves those whose use has progressed to the point where they need drug treatment but who are not actively seeking help, because even the best treatment program cannot help a drug user who does not seek its assistance. According to a survey by the Department of Health and Human Services, the overwhelming majority of drug users who need treatment fail to recognize it, a fact that would not come as a surprise to those with a loved one who has battled drug dependency. Of the estimated five million individuals who needed but did not receive treatment in 2001, fewer than 8 percent felt they actually needed help.

The conventional wisdom about drug treatment—that the hardest to help are the down-and-out cases—turns out to be less than accurate, because the hardest cases are actually those who are never seen. The third lesson of the public health model thus involves the crucial need to get people into treatment—no small matter when dealing with an illness whose core characteristic is denial.

Closing this "denial gap" requires us as a Nation to create a climate in which Americans confront drug use honestly and directly, encouraging those in need to enter and remain in drug treatment. Compassionate coercion of this type begins with family, friends, and the community, including colleagues in the workplace. It also requires the support of institutions and the people who run them—law enforcement, faith communities, and health care providers, among others—to identify and direct individuals in need into drug treatment. And it requires the use of innovative techniques for fighting addiction, such as specialized pharmaceuticals.

While most of those who are dependent on illegal drugs are in denial, the good news is that more than one million Americans receive treatment each year and have started down the road to recovery. They deserve our respect for having the courage to come forward and seek help. Unfortunately, it is estimated that as many as 101,000 of those who seek treatment each year are not able to receive it. They have an immediate need, and when that need goes unfilled, many revert to their old ways and may not seek help.

To address deficiencies in the treatment system, the President launched a treatment initiative that will provide $600 million over three years to expand access to substance abuse treatment, enhance consumer choice, and increase provider accountability. For those without private treatment coverage, we will make sure that medical professionals in emergency rooms, health clinics, the criminal justice system, schools, and private practice will be able to evaluate their treatment need and, at the same time, issue a voucher good for the cost of providing that treatment. Treatment vouchers will be redeemable on a sliding scale that rewards the provider for treatment effectiveness. Services can range from interventions designed for young substance abusers before they progress deeper into dependency, to outpatient services or to intensive residential treatment. For the first time, we will provide a consumer-driven path to treatment.

The path to help will be direct, appropriate, and open on a non-discriminatory basis to all treatment programs that save lives, including programs run by faith-based organizations. For many Americans, the transforming powers of faith are resources in overcoming dependency. Through this new program, we will ensure that treatment vouchers are available to those individuals who choose to turn to faith-based treatment organizations for help. Our goal is to make recovery the future for all those struggling with substance abuse.

The Administration also proposes a $16 million increase over the FY 03 request in federal support for the Drug Courts program in fiscal year 2004. Drug courts use the coercive authority of a judge to require abstinence and alter behavior through a combination of graduated sanctions, mandatory drug testing, case management, supervised treatment, and aftercare programs. Intrusive and carefully modulated programs like drug courts are often the only way to free a drug user from the grip of addiction. Such programs represent one of the most promising innovations in recent memory.

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

The drug trade is a market—a profitable one, to be sure (though less profitable than often assumed), but nonetheless a market that faces numerous and often overlooked obstacles that may be used as pressure points. To view the drug trade as a market is to recognize both the

challenges involved and the hopeful lessons of our recent experience: that the drug trade is not an unstoppable force of nature but a profit-making enterprise where costs and rewards exist in an equilibrium that can be disrupted. Every action that makes the drug trade more costly and less profitable is a step toward "breaking" the market.

Once the drug trade is seen as a type—admittedly, a special type—of business enterprise, the next step is to examine the way the business operates and locate vulnerabilities in specific market sectors and activities that can then be attacked, both abroad and here at home. Such sectors and activities include the drug trade's agricultural sources, management structure, processing and transportation systems, financing, and organizational decision making. Each represents an activity that must be performed for the market to function.

Reduced to the simplest possible terms, locating market vulnerabilities means identifying the business activities in which traffickers have invested the most in time and money and received the least back in profits. Once identified, these vulnerabilities can be exploited, the efficiency of the business suffers, and the traffickers' investment is diminished or lost.

Business costs of the drug trade include those borne by any large agroindustrial enterprise (such as labor force, cultivation and processing, transportation, communication, warehousing, and wholesale and retail distribution), as well as costs that occur because the enterprise is illegal (such as the need to consolidate and launder proceeds, pay bribes, and accommodate the risks of intertrade betrayal and violence, as well as incorporating "risk premiums" that are charged by those who face possible arrest, incarceration, or death).

Disrupting Markets at Home

As a government, faced with the obvious and urgent challenges of punishing the guilty and taking drugs off the street, our focus on targeting the drug trade as a business—with a view to increasing its costs—has been episodic. We need to do a more consistent job of ratcheting up trafficker costs at a tempo that does not allow the drug trade to reestablish itself or adapt.

Domestically, the market approach is leading to a new focus on extracting the drug trade's ill-gotten gains; traffickers are, after all, in business to make money. The Department of Justice's Organized Crime Drug Enforcement Task Force (OCDETF) program has been a major force in driving these financial investigations. The OCDETF program was created in 1982 to concentrate federal resources on dismantling and disrupting major drug-trafficking organizations and their money laundering operations. The program also provides a framework for federal, state, and local law enforcement agencies to work together to target well-established and complex organizations that direct, finance, or engage in illegal narcotics trafficking and related crimes.

In the past year, in keeping with the strategy of attacking trafficker vulnerabilities such as money laundering, the Department of Justice has moved to refocus the OCDETF program and its nine member agencies on financial investigations and on multijurisdictional investigations directed at the most significant drug-trafficking organizations responsible for distributing most of the drugs in the United States.

In addition, the Department of Justice's Criminal Division and DEA have developed a very effective Bilateral Case Initiative that develops significant international narcotics and money laundering cases for prosecution in the United States. These investigations are conducted almost entirely outside of the United States, rely on evidence derived through foreign police agencies and U.S. law enforcement agencies overseas, and typically involve extraterritorial application of U.S. drug and maritime law. The aim is to dismantle the large organizations which threaten U.S. security, either by supplying vast amounts of controlled substances to domestic trafficking groups, or because of terrorism concerns. For example, this initiative is currently investigating groups that use narcotics trafficking to fund their terrorist objectives, like elements of the Colombia-based FARC and AUC, both Designated Foreign Terrorist Organizations.

For fiscal year 2004, the Administration proposes an increase of $72 million over the previous fiscal year's requested level for the OCDETF program. This request proposes to consolidate within the Department of Justice what had been three separate OCDETF appropriations, one each for the departments of Justice, Treasury, and Transportation, with the goal of improving the program's accountability, coordination, and focus. More important, it proposes to earmark $73 million of the OCDETF appropriation specifically for the Internal Revenue Service's Criminal Investigation Division—an increase of $7 million over the fiscal year 2003 level—to support that agency's special focus on complex money laundering investigations.

Achieving Unity of Effort

Tales of rival agencies' narcotics agents investigating and ultimately trying to arrest one another are a staple of crime novels, but such lapses in coordination are in fact remarkably rare. A much fairer and less often articulated criticism has been law enforcement agencies' lack of collaboration or across-the-board agreement on a set of trafficker targets.

In order to adopt a market disruption perspective and attack specific market segments, we need such a focus, along with a clear understanding of the scope and character of the drug market. We now have both, thanks largely to a unique collaboration between the DEA, the Federal Bureau of Investigation, the multiagency Special Operations Division, and the Department of Justice, which has, for the first time, resulted in a consolidated list of top trafficker targets. The Consolidated Priority Organization Target (CPOT) list makes unity of effort possible among those federal agencies.

The CPOT list will drive more than the activities of the agencies that produced it. The High Intensity Drug Trafficking Areas (HIDTA) program, administered by ONDCP in 28 HIDTA regions around the country, has already begun using the CPOT list as part of a priority targeting initiative piloted with fiscal year 2002 funds with a budget of $5.7 million.

The HIDTA program was created in 1990 to focus law enforcement efforts on the Nation's most serious drug trafficking threats, but reviews conducted as part of the President's fiscal year 2004 Budget found that the program had not demonstrated adequate results and that,

over time, the initial focus of the program has been diluted. Over the past year, as evidenced by the pilot CPOT initiative, the HIDTA program has begun a shift back to that initial focus on the highest priority trafficking organizations—the wholesale distributors and command-and-control targets.

Disrupting Markets Overseas

An effective, balanced drug policy requires an aggressive interdiction program to make drugs scarce, expensive, and of unreliable quality. Yet it is an article of faith among many self-styled drug policy "experts" that drug interdiction is futile, for at least two reasons: with millions of square miles of ocean (or "thousands of miles of border," or "millions of cargo containers"), interdictors must be everywhere to be effective. Not being everywhere, it follows that transit zone interdictors from the departments of Defense and Homeland Security are consigned to seizing a small and irrelevant portion of the flow of cocaine, to pick the drug that currently generating the most emergency room admissions.

Second, the experts opine that the drug trade is so fabulously lucrative that there will "always be a ready supply" of smugglers (or "kids to deal crack on street corners" or "people willing to grow coca"), and thus seizing even 10 percent (the figure usually cited as folk wisdom) has no effect on the market.

The "experts" are in fact wrong on both counts.

First, although the drug trade is profitable, it is a misunderstanding of the market to assert that every sector and business process in that market has an unlimited capacity to shrug off losses and setbacks.

In 2001, U.S. Government and partner nations seized or otherwise interdicted more than 21 percent of the cocaine shipped to the United States, according to an interagency assessment. When added to the additional 7 percent that is seized at our borders or elsewhere in the United States, current interdiction rates are within reach of the 35 to 50 percent seizure rate that is estimated would prompt a collapse of profitability for smugglers unless they substantially raise their prices or expand their sales to non-U.S. markets. Indeed, according to an interagency assessment of the profitability of the drug trade, traffickers earn just $4,500 for each kilogram of cocaine that is safely delivered into the United States—a kilogram that will wholesale for $15,000 .

Traffickers actually face significant fixed costs for raw materials, money laundering, aircraft and boats, and business overhead such as bribes. Even assuming everything goes according to plan, Colombian groups are typically placed in the unenviable position of handing over an astonishing 40 percent of a given load of cocaine to Mexican traffickers in exchange for the Mexican groups' agreement to smuggle the remaining 60 percent across the border.

In addition, interdiction can damage the drug trade precisely because those agencies with responsibility for the interdiction mission do not look for traffickers in millions of square miles

of ocean or along thousands of miles of border. Rather, such agencies rely on intelligence to narrow the search and seek out natural chokepoints where they exist.

Interdicting the Flow in Colombia

One such chokepoint is the maritime movement of almost all Colombian cocaine through that nation's coastal waters.

More than 700 metric tons of cocaine is exported annually from South America to the United States and Europe. Roughly 500 metric tons depart South America in noncommercial maritime conveyances such as elongated "go-fast" boats, each carrying between 0.5 and 2.0 metric tons of cocaine, and fishing vessels, which typically carry multiton loads of cocaine.

The cocaine threat can thus be described, admittedly in somewhat simplified terms, as 500 maritime shipments heading north annually from the Colombian coast to Mexico and the islands of the Caribbean, in the first stage of multi-leg movements to the U.S. border. According to estimates contained in an interagency assessment of cocaine movement, the 500 shipments are divided roughly evenly between those departing Colombia's north coast (heading both to the Greater Antilles and to Central America) and the west coast (destined for Mexico). In the Pacific, larger cocaine-ferrying fishing vessels are used to consolidate loads far off the Colombian coast, to continue the movement to Mexico.

Go-fast boats are effective because they are small, easily launched from numerous estuaries and small pier locations, and difficult for interdiction forces to locate on the high seas. Colombian traffickers have a significant investment in each shipment as it departs South America—as much as $3 million per go-fast boat. That investment, moreover, is uninsured. Once the cocaine is handed off to Mexican smugglers for the second leg of its journey, a rudimentary form of insurance takes effect in some cases, with Mexican organizations typically taking as much as 40 percent of the load while agreeing to reimburse Colombian traffickers if the drugs are lost in transport. (This arrangement has had the perverse effect of encouraging local consumption in Mexico, because organizations sell some of their product locally.) While in transit to Mexico, however, cocaine is uninsurable and is owned solely by the Colombian organization.

Attacking go-fast movements in coastal waters thus holds out the promise of rendering unprofitable or minimally profitable a key business sector. The United States will work with the Government of Colombia to direct our air and maritime interdiction resources and assets accordingly, as appropriate, while seeking to create a dedicated sensor infrastructure and establish a robust Colombian capability to interdict drug flows in their coastal waters. The seizures that result will not occur in isolation but will engender investigations into major trafficking organizations and result in better intelligence on future smuggling activities.

About 90 percent of the cocaine entering the United States originates in or passes through Colombia. In addition, the cultivation of opium poppies in Colombia has expanded from almost nothing in 1990 to roughly 6,500 hectares now, producing roughly 4.3 metric tons of high-purity heroin—enough to supply a sizable portion of the U.S. market. In light of this serious threat,

DEA has transferred agent positions from offices in nearby countries to create a heroin task force in Colombia. The Bogota Heroin Group will work with the Colombian National Police on cases involving high-level traffickers servicing U.S. markets.

Colombia's narcotics industry fuels that country's terrorist organizations, which monopolize coca cultivation and are increasingly involved in drug production and trafficking. The Colombian Government estimates that cocaine profits fund more than half of Colombian terror-group purchases of weapons and provide key logistics funding to that nation's illegal armies. Accordingly, U.S. Government policy seeks to support the Government of Colombia in its fight against drug trafficking and terrorism. Those entwined problems are especially evident in parts of Colombia east of the Andes that are underpopulated, and that lack a government presence. Most of Colombia's drug crops are grown in such areas, where the rule of law is weak and government access is limited.

With the election of President Alvaro Uribe, Colombia has accelerated implementation of its drug control program, eradicating record levels of coca and moving aggressively in several areas to weaken criminal and terrorist organizations, reestablish the rule of law in war-torn regions, and protect the rights and security of Colombian citizens. Significant drug control gains in Colombia will require—and President Uribe has committed to pursuing—restoration of the rule of law to areas that are currently terrorist-controlled and used to cultivate and produce illegal drugs.

With U.S. assistance, Colombia has established procedures to screen law enforcement task forces comprised of investigators and prosecutors with specialties including asset forfeiture, money laundering, and human rights. Colombian and U.S. authorities from the Customs Service and DEA are also working to attack the Black Market Peso Exchange money laundering system, one of the mechanisms that enable Colombian traffickers to repatriate their drug profits.

Aerial spraying is a major component of Colombia's strategy for fighting the drug trade and is the program with the single greatest potential for disrupting the production of cocaine before it enters the supply train to the United States. Spray operations have the potential to cause collapse of the cocaine industry if the spraying is intensive, effective, and persistent. Replanting coca is expensive for farmers, in terms of both labor inputs and opportunity costs (coca seedlings typically take a year to begin bearing harvestable leaf). According to estimates by the Institute for Defense Analyses, eradicating 200,000 hectares of coca would cost farmers $300 million—costs significant enough to cause growers to conclude cultivation is uneconomical. Colombia's President Alvaro Uribe has pledged to spray 200,000 hectares in 2003.

The Government of Colombia may have achieved this rate of eradication in the coca-rich parts of Putumayo and Caqueta during parts of 2002, although repeated spraying over the next twelve months will be necessary in most areas to deter replanting. Continued U.S. support will be critical for Colombia to maintain this level of eradication.

Mexico: Building on Success

Mexico lies squarely between Andean Ridge cocaine producers and American consumers. It produces thousands of tons of marijuana, more than seven mt of heroin, and an unknown quantity of methamphetamine yearly. Here the situation is both a great challenge and a great opportunity, offering more hope than at any time in many years. On entering office, President Vicente Fox recognized that his vision for a prosperous Mexico had no place for institutionalized drug cartels and the corruption and lawlessness they foster. He is taking serious action against them, targeting the murderous Arellano-Felix Organization, among others. He strengthened law enforcement cooperation with the United States and began the process of reforming dysfunctional and sometimes corrupt institutions.

Since President Fox assumed office in December 2000, 14 major traffickers have been apprehended, and at least 300 of their immediate subordinates have been taken off the streets. Cooperative law enforcement targeting the Tijuana-based Arellano-Felix Organization—responsible for smuggling over one-third of the cocaine consumed in the United States—culminated last February with the arrest of Benjamin Arellano Felix (shortly after the killing of his brother, Ramon Arellano Felix). A month later, the Gulf Cartel's second in command was arrested. The leader of a Juarez-based gang that often coordinated shipments with the Gulf Cartel was arrested last May. In September, Mexican authorities placed in custody the head of a gang that controlled Mexico City's drug trade.

Key Fox Administration steps toward institutional reform have included compartmentalizing Mexico's anti-organized crime unit to reduce leaks and ensuring that all new members are vetted with polygraph tests and psychological evaluations. A new *Agencia Federal de Investigaciones* has been established, and Mexico's *National Drug Control Program* was published in November 2002. Finally, the Fox Administration has been unafraid to go after corrupt officials in government and in the military, as evidenced by the sentencing in November 2002 of two general officers accused of aiding the drug trade, and the arrest in October 2002 of two dozen individuals charged with leaking information on the drug control activities of the army, federal police, and the Attorney General.

Other positive signs include a steady stream of internecine trafficker killings, as smugglers vie for market control and command of trafficking routes. Major challenges remain, however, including reducing the backlog of extradition requests from the United States. Meaningfully disrupting the flow of drugs to the United States will also require sustained progress toward strengthening law enforcement and ending impunity to the rule of law. The United States will continue to support Mexico's drug control efforts through a combination of technical and material assistance that focuses on training and operational support for organizational attack and arrests, disruption of money laundering activities, cocaine and marijuana interdiction initiatives, and enhanced and expanded aid for marijuana and opium poppy eradication.

Afghanistan: Rebuilding Drug Control Capabilities

The state of internal disruption immediately following the fall of the Taliban has brought with it renewed poppy cultivation and a partial rebounding of opium production. Although production levels remain below those of the boom years of 1996–2000, recent increases have

returned to Afghanistan the dubious distinction of world's largest opiate producer, with 2002 production estimated to be more than twice that of Burma, the world's other major opium producer.

For post-Taliban Afghanistan, the stakes could scarcely be higher. By funding local warlords, the Afghan drug trade contributes to local political instability. It also threatens governments worldwide through the financial assistance that drug profits can provide to terrorist organizations such as al Qaeda. For these reasons, the United States strongly supports multilateral efforts to reduce the illegal opium and heroin trade that is returning to Afghanistan.

These multinational efforts include as partner nations members of the G-8, particularly the United Kingdom, which is the G-8 lead nation for counternarcotics programs in Afghanistan. The aim of our multilateral efforts is to diminish the destabilizing influence of illegal drugs in Afghanistan and break the links between Afghanistan's drug trade and its terrorist organizations. We intend to achieve these objectives through long-term initiatives that will disrupt Afghanistan's opium trade and provide alternative livelihoods and economic opportunities, a real and effective rule of law, and an environment favorable for an effective representative central government.

The strategy has two key elements. First, it seeks to disrupt the activities of the most significant drug traffickers through interdiction and law enforcement. Through activities such as DEA's Operation Containment, the United States will bolster the counternarcotics capabilities of the countries bordering Afghanistan to choke off the flow of drugs, precursor chemicals, and related supplies into and out of that nation. Second, the strategy seeks to cut opium production through alternative livelihood initiatives for farmers, coupled with comprehensive eradication efforts.

Consistent with this international effort, the United States will support the establishment of a drug policy agency and an anti-drug law enforcement agency and will work to strengthen Afghanistan's judicial institutions to enable the expansion of the rule of law. Afghan military and law enforcement personnel will be trained and equipped to perform the border and regional security functions that are vital to extending government control to areas without the rule of law and permeated by the illegal drug trade. Concurrently, near-term efforts will be started to eliminate drug-related corruption from the central and regional governments and the military.

ONDCP REAUTHORIZATION

The current authorization for ONDCP expires on September 30, 2003. The office was originally created in 1988 and is the President's primary source for counter-drug policy development and program oversight. ONDCP's current statutory mission is to guide the Nation's efforts to both reduce the use, manufacturing, and trafficking of illicit drugs, and to reduce the associated crime, violence, and health consequences of illicit drug use.

ONDCP advises the President on national and international drug control policies and strategies, formulates the National Drug Control Strategy, and works to ensure the effective coordination of drug programs by the National Drug Control Program agencies. The strategy

directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, state, and local entities.

ONDCP also administers approximately $500 million in programs, including: the High Intensity Drug Trafficking Areas (HIDTAs), the Drug-Free Communities grant program, the Youth Anti-Drug Media Campaign, and the Counter Drug Technology Assessment Center (CTAC).

ONDCP has been working in consultation with the staff of this committee, the Senate Judiciary Committee and other interested members on our reauthorization and, following clearance within the executive branch, soon will be submitting language to the Congress for its consideration. ONDCP's reauthorization will include reauthorization of the National Youth Anti-Drug Media Campaign which expired last year.

CONCLUSION

We have an opportunity to seriously reduce the availability of illegal drugs in this country by focusing efforts on the three priorities outlined in the Strategy. We have made progress in reducing youth drug use and disrupting the drug market. Maintaining momentum will require a sustained focus on a balanced strategy and a stronger-than-ever partnership with parents, educators, and community leaders who have the power to make the drug problem smaller in communities across America. We look forward to working with Congress, domestic law enforcement agencies, and our international partners to eliminate the misery for which the illegal drug industry is responsible.

THE NATIONAL DRUG CONTROL STRATEGY

FEBRUARY 12, 2003

One year ago today, the President's new Strategy announced the ambitious goals of reducing drug use by 10 percent over two years, and 25 percent over five years. Today, ONDCP Director John Walters will unveil the President's new National Drug Control Strategy for 2003, which reports initial progress toward meeting those goals, highlighted by reductions in drug use among young people that are on track for meeting the Strategy's two-year objectives. The Strategy also announces Recovery Now, a new initiative funded with $600 million over three years that will expand access to substance abuse treatment while at the same time driving accountability into the treatment system.

Background on the National Drug Control Strategy: The Strategy proposes a fiscal year 2004 budget of $11.7 billion for drug control. That budget will serve the Strategy's three core priorities:

- ☑ Stopping drug use before it starts
- ☑ Healing America's drug users
- ☑ Disrupting the market

➢ **Stopping Drug Use Before It Starts:** Consolidating the initial reductions in drug use by young people will require action by all Americans through education and community engagement. In homes, schools, places of worship, the workplace, and civic and social organizations, Americans must set norms that reaffirm the values of responsibility and good citizenship while dismissing the notion that drug use is consistent with individual freedom. Our children especially must learn from an early age that avoiding drug use is a lifelong responsibility.

☑ The Strategy ties national leadership with community-level action to help recreate the formula that helped America succeed against drugs in the past. The President's budget backs up this goal with a $10 million increase in funding for the expanded Drug-Free Communities Support Program, along with providing $5 million for a new Parents Drug Corps.

☑ The Strategy proposes that tools such as student drug testing be available in communities where parents and educators deem them appropriate, and funds them with $8 million in fiscal year 2004.

➢ **Healing America's Drug Users:** Despite our substantial drug prevention efforts, some 16 million Americans still use drugs on a monthly basis, and roughly six million meet the clinical criteria for needing drug treatment. Yet the overwhelming majority of users in need of drug treatment fail to recognize their need. Priority II of the Strategy emphasizes the crucial need for family, friends, and people with shared experiences to intercede with and support those fighting to overcome substance abuse. Drug users also need the support of institutions and the people who run them—employers, law enforcement agencies, faith communities, and health care providers, among others—to help them recognize their drug use and direct those who need it into drug treatment.

☑ Overall, for 2004, the Administration proposes $3.6 billion for drug treatment, an increase of 8.2 percent over 2003.

☑ The fiscal year 2004 request includes new funding of $200 million ($600 million over three years) for Recovery Now, a program to provide drug treatment to individuals otherwise unable to obtain access to services. People in need of treatment, no matter where they are—emergency rooms, health clinics, the criminal justice system, schools, or the faith community—will receive an evidence-based assessment of their treatment need and will be issued vouchers for the cost of providing that treatment.

FOR DETAILED DATA TABLES RELATED TO THE NATIONAL DRUG CONTROL STRATEGY, PLEASE VISIT
WWW.WHITEHOUSEDRUGPOLICY.GOV

- **Disrupting the Market:** Priority III of the Strategy, Disrupting the Market, seeks to capitalize on the engagement of producer and transit countries like Colombia and Mexico in order to address the drug trade as a business—one that faces numerous and often overlooked obstacles that may be used as pressure points. The drug trade is not an unstoppable force of nature but rather a profit-making enterprise where costs and rewards exist in an equilibrium that can be disrupted. Every action that makes the drug trade more costly and less profitable is a step toward "breaking" the market. As the Strategy explains, drug traffickers are in business to make money. We intend to deny them that revenue.

- ☑ To help secure our borders, the President's budget includes $2.1 billion for drug interdiction, an increase of 7.3 percent from 2003. Internationally, the Bush Administration will continue to target the supply of illegal drugs in the source countries.

- ☑ The Administration is requesting $731 million in dedicated funds in 2004 for the Andean Counterdrug Initiative to be applied in Bolivia, Brazil, Colombia, Ecuador, Panama, Peru, and Venezuela.

- ☑ To ensure unity of effort, the Strategy advocates the use of a single list identifying high-level targets (the Consolidated Priority Organization Targeting list) among the various agencies involved in domestic drug law enforcement.

Progress Toward Two- and Five-Year Goals: Only the first year of the two-year goal period has elapsed, yet already the goal of reducing current use by 10 percent among 8th, 10th, and 12th graders, as measured by the Monitoring the Future survey, is well on the way to being met (with reductions of 11.1, 8.4, and 1.2 percent respectively). Adjustments to the measuring baseline for the goals have been prompted by discontinuities in the National Household Survey on Drug Abuse (NHSDA). As a result, the goal of reducing drug use among adults will still be measured by the NHSDA, but the baseline has been reset to the 2002 survey, which is not released until mid-year 2003.

Office of National Drug Control Policy

AN OPEN LETTER TO PARENTS:

HERE'S WHAT THE EXPERTS SAY ABOUT MARIJUANA AND TEENS.

■ "Marijuana is not a benign drug. Use impairs learning and judgment, and may lead to the development of mental health problems."
– *American Medical Association*

■ "Smoking marijuana can injure or destroy lung tissue. In fact, marijuana smoke contains 50 to 70 percent more of some cancer causing chemicals than does tobacco smoke."
– *American Lung Association*

■ "Teens who are high on marijuana are less able to make safe, smart decisions about sex – including saying no. Teens who have used marijuana are four times more likely to have been pregnant or gotten someone pregnant than teens who haven't."
– *National Campaign to Prevent Teen Pregnancy*

■ "Marijuana can impair perception and reaction time, putting young drivers, their passengers and others on the road in danger. Teens, the highest risk driving population, should avoid anything that might impair their ability to operate a vehicle safely."
– *American Automobile Association*

■ "Marijuana use may trigger panic attacks, paranoia, and even psychoses, especially if you are suffering from anxiety, depression or having thinking problems."
– *American Psychiatric Association*

■ "Marijuana can impair concentration and the ability to retain information during a teen's peak learning years."
– *National Education Association*

■ "Recent research has indicated that for some people there is a correlation between frequent marijuana use and aggressive or violent behavior. This should be a concern to parents, community leaders, and to all Americans."
– *The National Crime Prevention Council*

And, according to the National Institute on Drug Abuse, marijuana can be addictive. In fact, more teens are in treatment with a primary diagnosis of marijuana dependence than for all other illicit drugs combined.

Teens say their parents are the single most important influence when it comes to drugs. Know their friends. Ask them where they are going and when they will be home. Take time to listen. Talk to your teens about marijuana. To learn more about marijuana and how to keep your teens drug-free, visit **www.theantidrug.com** or call **800-788-2800**.

PARENTS.
THE ANTI-DRUG.

Mr. SOUDER. Thank you, we have been joined by the committee vice chairman, Nathan Deal of Georgia, and also Delegate Eleanor Holmes Norton. Do you have any opening comments you want to make?

Ms. NORTON. No, thank you, Mr. Chairman.

Mr. SOUDER. I will move ahead to some questions. You mentioned the new Parent Drug Corps and the student drug testing. Do you see those being directly responsive to your office in the sense of you having direct control, or would they move through other agencies where you would have indirect influence control?

Mr. WALTERS. Yes, they would be housed in other agencies. The Drug Testing Initiative is a part of the larger Safe and Drug-Free Schools Program, run by the Department of Education. The Drug Corps would again be under the Corporation for National Service.

Mr. SOUDER. When you work with these different agencies, could you describe to the committee whether the concept here was to give you a lot of ability to persuade in this initial office, but not a lot of power to compel? Can you describe a little bit how that works?

Mr. WALTERS. Yes, this is a bit of an awkward structure. But in some ways, I think sometimes people talk about the awkwardness and exaggerate it.

No agency of the Government has independent authority. That is what checks and balances is about. And in this day and age, we have had more of a working relationship with Congress and with oversight and appropriations committees more than I think ever before in our history.

And we have to be accountable to the various parties. In my business, as I say, the reason there is not a Department of Drug Control, I believe, and there cannot be, is because if you are going to really deal with the major programs that you have to do to have a balanced program or an effective program, you cannot pull them out of all of the relevant agencies. You cannot pull a part of the Department of Defense or a part of the Department of Justice or part of the Department of HHS or Education and put them all in one place.

So what we have tried to do in these cases is have the ability to look at what the problem is and where we can have an effect; what programs can be structured or are structured; how they are working; and then make a case for the resources and the policies that we need.

We do not win every battle. You know that as well as I do. But what my office is charged to do is, it is the single place, and the reason I think it exists it is charged with, you are supposed to make a difference. You are supposed to make all the individual programs not just be programs that show program outcomes, but that drive down drug use. That's why we accepted this in our own statement of goals.

We understand that is sometimes difficult, that there are competing priorities, that many times the department heads that we have to work with are sometimes resistant, not because they do not believe in drug control, but because they know that the resources or attention are being pulled from other programs that they also have responsibility for.

But to make sure that drug control is not the last thing that everybody looks at in this environment, my office is there to try to make sure that there is some unity, while the responsibilities are part of the Division of Labor.

Mr. SOUDER. Do you believe that there are things that we should put in the legislation that would strengthen your ability to influence? Let me just give you some examples.

This committee has oversight responsibilities over the Department of Education, as well as over your office. There are many of us who feel, and I just was on the Education Committee, where we went through Safe and Drug-Free Schools reauthorization, which was an incredibly frustrating process.

That program has been deluded, and currently its effectiveness results are questionable. Merely because it has been diluted, different schools are doing different programs. The President is frustrated, the Drug Czar is frustrated, and even the Department of Education, at times, is frustrated.

Are there things that we could specify? What is the best way to try to address that? Should it be moved out of the Department of Education? Are there reporting requirements that would have an accountability?

One that would even be more potentially controversial, and shows the difficulty, is the International Narcotics Program under the Department of State. What happens when you feel it should go one direction and the State Department another, but you are being held accountable for the drug reductions in the United States and the State Department is not?

Mr. WALTERS. That is a lot of questions. Let me see if I can try to answer them in some sort of aggregate way in the specifics.

Ultimately, the authority of my office depends on the President. If the President selects and directs, through his senior staff as well as himself, that we are going to do this and we are going to do this in an effective way, that helps. Without that or a signal that it is not going to be serious, it undermines whatever we can do.

The President has been fully supportive. It is a busy time, but he released the first drug control strategy. He has been very powerful in his support when we needed it. But also, he has people working on this, because he has other things he needs to do. So it is important that we do our job.

I have found, and I have been now in two administrations as I said in this office, that there also are some pretty dedicated and serious people in other parts of the executive branch, as well as in Congress, on this issue.

We have a lot more history about drug programs, as a result of the last 10 years or 25 years, with this problem in the country; and people have some ideas of what works and does not work, and they have pretty sophisticated understandings.

I also think it is important, as you know, to understand that because we have a division of labor in the Government, it is not just important to order people. You have to persuade them that what you want to do is something that they want to do as well, and most people are of goodwill.

But the Government has many ways for people who do not want to do what they are ordered to do, to avoid doing it. And since a

lot of our grant programs are also directed to provide resources to other people, if they do not want to do the right thing, the resources are not going to make the result.

So it makes it more complex, but I also think it is just in keeping with the way a free country, especially the way the United States, works today.

So I am not so much concerned about specific authorities, and I actually do not think it would be easier or I do not think it would be feasible to say, well, you know, in all cases, whatever we say trumps whatever the department says or whatever OMB says or whatever anybody else says. It is just like what we say trumping whatever the appropriators say is not going to fly.

So the real key here is our ability to provide accountability measures to show what is working and what is not. For some of these programs, where we try to provide flexibility, as you know, it is hard, because either the measures that would be realistic are very costly to measure in overtime, or the contribution that we are making is a minor contribution.

So how do you tell that our contribution is making the difference? You really are becoming a smaller shareholder in a larger enterprise.

I think the Safe and Drug-Free Schools that you brought up is a good example. Yes, I think the program is too diluted. We think through a drill with OMB. We are not happy with what the program shows and does.

A lot of things have been given to the Safe and Drug-Free Schools to do, so we cannot entirely say that it is just not doing what it should be doing about drug control effectively.

It is also being told to do a lot of safety things and a lot of other things. So we are trying to provide evidence of what programs work, where we deploy resources, and how they can be effective.

We are trying to do this in a number of ways, and not just by Government regulation, which can be cumbersome from Washington, as you know. But we are trying to have communities be knowledgeable and insist that their schools do what is necessary; that they know what the problem is, that they do not look the other way, that they use tools that are effective.

The biggest change that we have made this time in that regard, that I think is very important, is the proposal for drug testing. It is only an $8 million request within the Safe and Drug-Free Schools Program.

But as you know, opposition to drug testing in this country has said that it is too punitive; that you are going to find kids that already have a problem and you are going to throw them out of school and make their problems worse. That is not the reality of drug testing today.

The reality of drug testing is that of the roughly 6 million people that we have to treat for dependency or abuse, 23 percent are teenagers. We have not had estimates that high and the population being that young. These kids are, in many cases, in schools. They are seeing pediatricians and general practitioners. They are in community institutions from their faith communities to sports leagues. Some of them are coming into the criminal justice system.

Drug testing allow us to identify them early, and we know from all the research that the earlier we intervene with young people, or even adults that have problems, the better the prognosis.

Drug testing is a way to confidentially to get parents and kids over the denial that is associated with drug using and drug dependency and get them help. So to make our treatment programs work, as well as to make our prevention/ intervention programs work, we need these types of tools.

Now we are asking a small amount, because we want to do demonstrations and show people the value and ask them, if you have the resources here, if you have problems that are overwhelming your schools, this is a tool that will make a difference and get more people to create the consensus that has to be in the school community, in the adult community, and around schools, to make these work effectively. But that is one example.

Mr. SOUDER. We have unfortunately three votes, which I do believe are the last votes of the day. So if you can stay for a little bit, there are a number of questions that we want to get into the record, and the other Members most likely have questions, as well.

With that, the hearing is in recess.

[Recess.]

Mr. SOUDER. We will call the committee back to order.

I would like to go through some of the general categories in the reauthorization, and make sure we get some of these basic questions in the record. As you know, we will be doing additional hearings, as well.

You alluded to, and I did in my opening statement, the homeland security. Are there any specific recommendations you may have to us on this legislation, as to the inter-relationships with your office, with homeland security?

We have discussed a number of information things, and you have made a powerful case of persuasion. It is an unusual case, because we have the Coast Guard, we have the Border Patrol, we have Customs, INS, all being put into kind of super agency here. All those agencies are critical here, particularly as we look at the borders where most of our trafficking occurs.

How do you see that inter-relationship evolving, and is there anything in particular that you would like to discuss?

Mr. WALTERS. I do not see any immediate difficulties. As you know, we are working to handle the issue of the U.S. Interdiction Coordinator and the Drug Policy Coordination position that you have been so involved in, in regard to the new department and the staffing of that position.

The administration has not yet made an announcement of that. But we are pretty far along in a way that I think will allow my office and Secretary Ridge to work about as closely at this point as I can see us being able to do so.

So they have been very cooperative. Of course, there are a lot of moving parts here. Our concern is that we don't let things fall from the current standard as we build to what we hope will be a more effective border security, as well as homeland security system.

The challenges that we face that we are still working through that we will have to discuss with you and your colleagues up here

is how do we use what we all know, particularly which has been brought to salience in regard to terror, in intelligence.

We want to use better intelligence in regards to drug control. We want to use better intelligence in regard to terror, because it is really is a "needle in the haystack" challenge. We will do a certain amount of things to "harden the target," as they say, but ultimately we have to find those who are threats through sharing of information.

We are going to try to use, and I have been talking to Secretary Ridge about using what we have learned in some of the task forces, including the HIDTA Program, that we can maybe begin to build on. But we will keep you and your colleagues informed as we go in that direction.

I think that is one of the immediate issues, as well as just making sure that the agencies that are being brought together; that turmoil that inevitably evolves at the beginning maintain coherence. Secretary Ridge has been very adamant and forthright about that.

And also, we have people who know what these requirements are: Asa Hutchinson, Rob Bonner, and others who have done this job. So we are not starting out with a cast of people who are going to learn the job in the first couple of months. They know what we are doing.

Mr. SOUDER. Not to raise any specters that might frighten me, and maybe some of my colleagues on the other side would not be as frightened, but part of the problem with a 5-year reauthorization, you have to think, well, what if the administration changed, and the particular individual, such as yourself, and the individuals in Homeland Security, are different individuals? Are there things that we need to institutionally build in?

In the Homeland Security Subcommittee, there is one subcommittee on border security. Their specific assignment includes narcotics, which was a step in the right direction of getting a person designated there.

Because what I see are potentials. Even where we have been able to intercept more people bringing narcotics in, the thrust is that some of that equipment, depending on the design equipment and the densities that they are looking for, what your people at the airport are looking for, what your people at the border are looking for, sometimes it is a zero sum game, when they are looking for one game with the equipment.

If you have a dog that is trained to sniff for gun powder, as opposed to narcotics, and that is what you have at a given border site, you are not going to find the narcotics.

Those are the kind of things that I want to make sure do not get lost in the process. Because most of the agencies that will be doing most of the intercept, particularly along the border, are no longer independent. They have a different primary mission than homeland security.

Mr. WALTERS. Well, I agree. We have already done this, and I think we have made small improvements in just the transition that has happened so far.

I was in Cleveland visiting the HIDTA Program there, and met with the gentleman who just took over the Cleveland Airport for

TSA at that point. He reported that when the Federal Government took over from the private contractor that he found the previous practice was that if you found drugs or bulk shipments of cash, you just made sure people did not miss their flights. Because if it was not or a bomb, that was all they were supposed to stop.

Well, they immediately changed that practice. We checked and there had been reports of some of the other contractors having a kind of laxness on this issue. The new agency has changed that, and as we begin to provide greater search capacity with checked luggage, we are trying to make sure that those referrals are here, too.

It is kind of silly to allow criminal activity to go on right before people's eyes, and that is not happening. Now there may be accidents, but now at least we have a consistent policy here.

So we need to maintain that on the border, but we also need, as you noted, to tie people together better. I think that is a management challenge for us, as you know.

I recognize that institutions have to be populated by individuals, and sometimes they are strong and sometimes they are weak, and sometimes they are allowed to be strong or weak.

My office has been one of those where there have been criticisms of people who held my job in the past, because of their weakness or perceived inability to do the job.

I still think the office is needed, and the administration does. You know, when you have somebody who is weak in other Cabinet positions, you do not say, well, we do not do that any more and we are going to kill the office.

However, there has to be accountability. That is what oversight is about. Your job is to make sure that you put pressure on us when we do not have people that are competent, if the administration is not doing that.

I think the President and I were pretty direct about this, and I have no doubt about the accountability that he will expect and apply in my case.

But the real challenge here is to leave institutions that give people the tools, when they are competent, to do the job. At this point, I do not see that in the current configuration in the office as a problem.

I do think that with a new agency like Homeland Security, you are going to look at how it unfolds. A lot of this is new in those relationships, and we should inform you of what is going on, and we should also collect information that allows us to manage.

As I said, the problem in too many areas of drug control, in my opinion, and it is not only drug control but other areas of government, is we do not ask questions that you would have to ask if you were going to manage it in a way that you expected to reduce the problem.

When we ask questions like what are you doing, we want you to do some good things. We want you to kind of cope with the problem.

The President and I want to make this problem smaller. So when we run programs, that is why it is frustrating to hear things like the Safe and Drug-Free Schools. It is a lot of money.

Now when it gets down to individual schools, it is not. But it should be making more of a difference and we want it applied more aggressively.

Mr. SOUDER. Mr. Deal, do you have some questions?

Mr. DEAL. Thank you, Mr. Chairman.

Mr. Director, it is nice to have you here and it was good to hear your testimony.

As you had indicated, dealing with drugs is a multi-faceted issue. In my Congressional District, even though it is a non-border State, the drug issue is inter-twined with the issue of illegal immigration.

My area apparently has become one of the major distributionsites for drugs moving up the East Coast. It is true on both sides of my district, which literally runs from border to border across the State.

I have been made aware of some real problems that we are dealing with in prosecuting those who would come into our country illegally and be involved in the drug trafficking.

There again, it is a multi-faceted issue. I have today, of course, met with some representatives of the Department of Justice, with a new issue that has now presented itself, and that is the problem of extradition back from Mexico.

Mexico has taken a much more restricted posture, as a result of one of their Supreme Court decisions, which not only our treaty did not allow us to expedite under capital offenses, but now they have interpreted under their constitution that a crime that would possibly carry a life sentence, even though that life sentence could be commuted or paroled, would be cruel and unusual punishment.

That means that many of the drug cases, if they are able to get back across the border, we have no effective way of bringing them to prosecution.

That is in stark contrast to the attitude that we have seen in Colombia with regard to their willingness to extradite, and that being the mechanism whereby they think it is an effective tool for dealing with their own internal problems within their country.

That is an issue that I think we all have to be concerned with, and it is going to require a lot of diplomatic pressure perhaps to be brought against Mexico. Would you care to comment about that, or the illegal immigration issue, as it relates to drug trafficking?

Mr. WALTERS. Sure, I have met probably on five or six occasions with the Mexican Attorney General, since I took office a little over a year ago, both here and in Mexico City.

He and some of his colleagues have been working diligently on trying to find ways of not letting the border be used as a shield for drug trafficking, in particular.

We are not where we want to be, yet. But we have worked the issue of assurances through diplomatic notes, which was problem before. We recently, although these things have to be kept on top of, have found a way, we think, to satisfy some of the courts there, and they are going to push this aggressively to allow people to be extradited.

I think it is fair to note that there were 25 people extradited from Mexico last year, which is a record, and 17 the year before, even with these problems.

Mr. DEAL. That is about a 50/50 record though, is it not?

Mr. WALTERS. Yes, well, and it is also fair to say that most of them waived their rights, so that is why they came.

But we need to have a better understanding, I think, between our systems. We are offering to have some meetings between judicial officials here in the United States and those in Mexico, to better understand the two systems, with some of the prosecutors, as well as some of the law enforcement people.

We would like to have, make no mistake, as smooth an extradition process as we have with Colombia. As you pointed out, the Colombian process is accelerating and they have been extraditing many people.

We are not at that point, yet. But I do think that the Attorney General there understands this. He is trying to work within their system to make this. We want to keep pressure and attention on this so that we get follow through and we get process as rapidly as we can.

The Fox administration has indicated its willingness to look at even issues of Constitutional amendment, if that is necessary, but that is a time consuming process in order to fix that.

I think one of the things that we can do immediately, as I said, is get better understanding that this is not, you know, so much a kind of alien structure that is going to harm the rights or the sovereign responsibilities of other nations, and to have better cooperation.

But there has been a lot of progress in Mexico. We had a little fall-off in regard to extradition that is serious, and we continue to try to work that, but we are not there, yet.

Mr. DEAL. Well, as you know, as a followup to that, with some of the minor drug offenses that are committed by illegal immigrants in the country, the option that the Court elects, instead of prosecution, which is expensive, and incarceration being costly, is that of deportation.

But now we are finding that deportation is just a temporary issue, because they appear back across the border almost instantly and appear back in the same drug trafficking scheme.

So the whole problem compounded itself, especially in areas like mine, where the number of cases is escalating immeasurably, and it is directly related to gang-type activity. Because the gangs are, almost in every case, linked in some way to the drug trafficking, itself.

So it is a multi-faceted issue, and hopefully we can all work together to deal with as many of these parts of it as possibly can.

Thank you, Mr. Chairman.

Mr. WALTERS. I agree, and also I think this is an appropriate place to say that part of the basis for our urgency in the discussions with Mexico is the intelligence we have assembled that shows the extent to which Mexican organizations have become major managers of drug markets in the United States.

This did not use to be the case, and I am not saying that it is Mexican nationals that are the sole problem in the United States. That is not true.

But the extent of their control has spread as initially in the earlier part of the last decade. They took over distribution from some Colombian organizations, and as they have become more effective

in distribution in some areas, it has become a major problem. Even if they do not control all the street distribution, they are the wholesalers to the street distribution system.

So if we are going to go after this as a market, a key part of the structure of that market and some of the senior managers of both money and product are Mexican organizations. Many of them are Mexican nationals in Mexico.

So we are working with the Mexican Government to go after those on their side, as well as to provide intelligence to allow us to execute enforcement pressure on our side of the border, and it has to improve.

Mr. DEAL. Thank you.

Thank you, Mr. Chairman.

Mr. SOUDER. Mr. Cummings.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

I want to apologize to the committee and to you, Director Walters. I had another hearing that I had to be in. Wednesday is a very rough day for us.

Mr. Chairman, if I could give my opening statement and then some questions, just briefly.

First of all, I want to thank you, Mr. Chairman, for holding this very important hearing today on the reauthorization of the Office of National Drug Control Policy and the 2003 National Drug Control Strategy.

The Office of National Drug Control Policy was created in 1988, and it since has been re-authorized twice, in 1994 and 1998.

Reauthorization serves the purpose of giving Congress an opportunity to review the progress of the war on drugs and the operations of what we often refer to as the Drug Czar's Office.

ONDCP has the lead responsibility for establishing policies, priorities, and objectives for the Nation's Drug Control Program, with the goal of reducing the production, availability, and use of illegal drugs.

By statute, the mission of the office is to: one, develop a National Drug Control Policy; two, coordinate and oversee the implementation of that policy; three, assess and certify the adequacy of the national drug control programs and budget for those programs; and four, evaluate the effectiveness of National Drug Control Programs.

The Director of the National Drug Control Policy is, of course, not a czar in any real sense; but he nevertheless wields strong influence over the shape, direction, and implementation of our Nation's Drug Control Policy.

The Director lacks the legal authority to direct agencies to carry out specific responsibilities, and does not have the authority to change the budgets or spending plans of national drug control agencies.

However, the highly visible location of the office within the Executive Office of the President, its cross-agency jurisdiction, and its broad responsibilities for devising and coordinating policy and strategy give an important basis for support and coordination among the constitute national drug control agencies.

Moreover, the Director's authority to review and certify agency drug control budgets may serve, in effect, as an informal veto power.

The Director is served by a Deputy Director of National Drug Control Policy, as well as the Deputy Directors for Supply Reduction and Demand Reduction in State and local affairs.

In addition to his policy work in ONDCP, he directly administers the High Intensity Drug Trafficking Areas [HIDTAs]; the National Youth Anti-Drug Media Campaign; the Counter-Drug Technology Assessment Center, and the Drug-Free Communities Program.

This year's reauthorization of ONDCP will include the reauthorization of these important programs, with the exception of the Drug-Free Communities Program, which we re-authorized last year. We look forward to separate hearings to address these programs individually.

ONDCD is required by statute to submit an annual National Control Strategy document to Congress. The strategy serves as a blueprint for the Federal drug control budget.

Citing an upward trend in youth drug use, the 2002 strategy set forth the President's goals of reducing both youth and adult drug use by 10 percent over 2 years and by 25 percent over 10 years.

To meet these goals, the strategy articulated three core objectives correlating to prevention, treatment, and law enforcement: one, stopping drug use before it starts; two, healing America's drug users; and three, disrupting the market for illegal drugs.

The 2003 strategy restates those core priorities and reiterates the President's drug use reduction goals. In addition to proposing the continuation of existing programs in each priority area, it presents some new initiatives to help meet the President's goals.

The most prominent of these new initiatives is the administration's "Recovery Now" drug treatment voucher initiative, which was the subject of a hearing in this subcommittee just last week.

One of the programs slated for reduction in funding is the Safe and Drug-Free Schools Program. Funding for State grants under this program will be reduced by $50 million; and $8 million will be diverted to drug testing of students, expanding upon drug testing efforts initiated by the Department of Education in fiscal year 2003.

I think we need to give this a very careful look, Mr. Chairman. We can probably all agree that improvements to the Safe and Drug-Free Schools Program can be made. But let us make those improvements, rather than undermine this important prevention program.

I also have reservations about making the participation of ordinary high school students in constructive extracurricular activities contingent upon their submitting to a drug test.

On the law enforcement side, we see a continued commitment to the efforts of the Drug Enforcement Administration and other domestic law enforcement agencies to disrupt organizations engaged in the trafficking of illicit drugs and precursor chemicals.

The strategy also continues our international law enforcement efforts in Latin America and the Andean region, funding the Andean Counter-Drug Initiative at $731 million.

Clearly, we must continue to try to stem the flow of illegal drugs into this country. But for reasons both moral and strategic, we must also be mindful of the impact of these efforts on the people who live in these countries.

I would like to see our international counter-narcotics policies implemented in a way that respects and protects human rights, and that promotes economic stability and political freedom. I hope Director Walters will address this in his testimony.

In terms of results achieved over the last year, the strategy reports some progress toward meeting the President's 2-year goal for reducing youth drug use.

Similar improvement is not reported with respect to adult use, however, and the national household survey on drug abuse shows that both the number of adult drug users and the number of Americans age 12 or older who require drug treatment increased between 2000 and 2001.

The strategy suggests that changes in the household survey may affect its utility as a gauge of progress toward these goals.

I would like to hear how the household survey has been improved and revised, and how the administration plans to demonstrate its effectiveness in meeting its stated 2 and 5 year goals in light of changes to the survey.

Mr. Chairman, I want to applaud the administration for attempting to strike an effective balance in the strategy, and especially for its continued emphasis on prevention and treatment as essential elements in a comprehensive drug control policy.

The emphasis on accountability and cost-effectiveness measures is also welcome. I know the Director is sincere in his desire to see the drug control strategy work to reduce drug use and dependency in our society; and I welcome the opportunity to continue working with him to help improve the lives of my constituents in Baltimore, in Howard County and Baltimore County, and those of all Americans who are affected by this very destructive menace of illegal substance.

In my discussions with Director Walters, I can say that I do applaud you for all that you are doing. I believe that your efforts are very, very sincere. I think you are on the right track, and although we may differ at times on a few things, I think our goals are the same, and I thank God for that.

Again, Mr. Chairman, I thank you for holding this important hearing. I look forward to the testimony of our distinguished witness, Director Walters, and I look forward to working with you and the other members of this subcommittee, as we begin the process of formulating a reauthorization bill for the Office of National Drug Control Policy and as we continue our oversight work in this important area. Thank you.

[The prepared statement of Hon. Elijah E. Cummings follows:]

Representative Elijah E. Cummings
Ranking Minority Member
Subcommittee on Criminal Justice, Drug Policy and Human Resources
Committee on Government Reform
U.S. House of Representatives
108th Congress

Hearing on ONDCP Reauthorization and the 2003 National Drug Control Strategy

March 5, 2003

Mr. Chairman,

Thank you for holding this important hearing today on the reauthorization of the Office of National Drug Control Policy and the 2003 National Drug Control Strategy.

The Office of National Drug Control Policy, or "ONDCP," was created in 1988 and has since been reauthorized twice, in 1994 and 1998. Reauthorization serves the purpose of giving Congress an opportunity to review the progress of the War on Drugs and the operation of what we often refer to as the "Drug Czar's" office.

ONDCP has the lead responsibility for establishing policies, priorities, and objectives for the nation's drug control program, with the goal of reducing the production, availability and use of illegal drugs. By statute, the mission of the office is to (1) develop national drug control policy; (2) coordinate and oversee the implementation of that policy; (3) assess and

certify the adequacy of national drug control programs and the budget for those programs; and (4) evaluate the effectiveness of national drug control programs.

The Director of National Drug Control Policy is, of course, not a czar in any real sense, but he nevertheless wields strong influence over the shape, direction and implementation of our nation's drug control policy. The Director lacks the legal authority to direct agencies to carry out specific responsibilities and does not have authority to change the budgets or spending plans of national drug control agencies. However, the highly visible location of the office within the Executive Office of the President, its cross agency jurisdiction, and its broad responsibilities for devising and coordinating policy and strategy give it important bases for support and coordination among the constituent national drug control agencies. Moreover, the Director's authority to review and certify agency drug control budgets may serve, in effect, as an informal veto power.

The Director is served by a Deputy Director of National Drug Control Policy as well as Deputy Directors for Supply Reduction, Demand Reduction and State and Local Affairs.

In addition to its policy work, ONDCP directly administers the High Intensity Drug Trafficking Areas (HIDTA) program, the National Youth Anti-Drug Media Campaign, the Counter-drug Technology Assessment Center, and the Drug-Free Communities program. This year's reauthorization of ONDCP will include the reauthorization of these important

programs, with the exception of the Drug Free Communities Program, which we reauthorized last Congress. We look forward to separate hearings to address these programs individually.

ONDCP is required by statute to submit an annual *National Drug Control Strategy* document to Congress. The *Strategy* serves as a blueprint for the federal drug control budget. Citing an upward trend in youth drug use, the 2002 *Strategy* set forth the President's goals of reducing both youth and adult drug use by ten percent over two years and by 25 percent over ten years. To meet these goals, the *Strategy* articulated three core objectives correlating to prevention, treatment, and law enforcement: (1) Stopping drug use before it starts; (2) Healing America's drug users; and (3) Disrupting the market for illegal drugs.

The 2003 *Strategy* restates those core priorities and reiterates the President's drug use reduction goals. In addition to proposing the continuation of existing programs in each priority area, it presents some new initiatives to help meet the President's goals. The most prominent of these new initiatives is the Administration's "Recovery Now" drug treatment voucher initiative, which was the subject of a hearing in this Subcommittee last week.

One of the programs slated for a reduction in funding is the Safe and Drug Free Schools Program. Funding for state grants under this program will be reduced by $50 million; $8 million will be diverted to drug-testing of students, expanding upon drug-testing efforts initiated by the Department of

Education in FY 2003. I think we need to give this a careful look, Mr. Chairman. We can probably all agree that improvements to the Safe and Drug-Free Schools program can be made, but let's make those improvements rather than undermine this important prevention program. I also have reservations about making the participation of ordinary high school students in constructive extracurricular activities contingent upon their submitting to a drug test.

On the law enforcement side, we see a continued commitment to the efforts of the Drug Enforcement Administration and other domestic law enforcement agencies to disrupt organizations engaged in the trafficking of illicit drugs and precursor chemicals.

The *Strategy* also continues our international law enforcement efforts in Latin America and the Andean region, funding the Andean Counterdrug Initiative at $731 million. Clearly, we must continue to try to stem the flow of illegal drugs into the United States, but, for reasons both moral and strategic, we must also be mindful of the impact of these efforts on the people who live in these countries. I would like to see our international counter-narcotics policies implemented in a way that respects and protects human rights, and that promotes economic stability and political freedom, and I hope Director Walters will address this in his testimony.

In terms of results achieved over the last year, the Strategy reports some progress toward meeting the President's two-year goal for reducing *youth* drug use. Similar improvement is not reported with respect to *adult* use, however, and the *National Household Survey on Drug Abuse* shows that

both the number of adult drug users and the number of Americans age 12 or older who require drug treatment increased between 2000 and 2001. The *Strategy* suggests that changes in the *Household Survey* may affect its utility as a gauge of progress toward these goals; I'd like to hear how the *Household Survey* has been improved and revised and how the Administration plans to demonstrate its effectiveness in meeting its stated two- and five year goals in light of changes to the *Survey*.

Mr. Chairman, I want to applaud the Administration for attempting to strike an effective balance in the strategy and especially for its continued emphasis on prevention and treatment as essential elements in a comprehensive drug control policy. The emphasis on accountability and cost-effectiveness measures is also welcome. I know the Director is sincere in his desire to see the drug control strategy work to reduce drug use and dependency in this society and I welcome the opportunity to continue working with him to help improve the lives of my constituents in Baltimore and those of all Americans who are affected by the destructive menace of illegal substance abuse.

Thank you again, Mr. Chairman, for holding this important hearing. I look forward to the testimony of our distinguished witness, Director Walters, and I look forward to working with you and the other members of this Subcommittee as we begin the process of formulating a reauthorization bill for the Office of National Drug Control Policy and as we continue our oversight work in this important area.

Mr. SOUDER. Thank you.

I recognize Mr. Davis from Illinois, either for a statement, questions, or a combination thereof.

Mr. DAVIS OF ILLINOIS. Well, thank you very much, Mr. Chairman. I do have a brief statement.

I want to thank you for scheduling this important hearing on the National Drug Control Strategy to discuss a most important topic that has engulfed the urban and rural communities nationwide.

Yet, the issue of drugs and drug control has to begin, I think, with young people, especially when they are young and more easily influenced.

I am also appreciative of the administration's proposal to reduce drug use in America, which consists of three important components: Phase I, prevention; phase II, treatment; and phase III, abolishment.

However, without adequate resources, communities would have a hard time in the fight to remove drugs and violence associated with drugs from their schools, playgrounds, and neighborhoods. I am also proud that the NDCS addresses the needs of these communities in a very strategic manner.

Yet, while the National Drug Control Strategy reflects significant restructuring, I would like to see more emphasis placed upon prison systems and the problems of drugs and drug usage behind prison walls.

We should not continue to risk the American public by not rehabilitating ex-offenders, many of whom are serving time for a drug conviction or a drug-related crime. It seems as though in some instances, they are simply locked up with the hope that their addiction problem will go away.

With over 630,000 ex-offenders returning each year to our neighborhoods and communities, I think that adequate funds must be allocated to eliminate drug use from our communities. An ex-offender without a chemical dependency is a greater benefit and will reduce the costs attributed to their individual re-entry into society.

I also feel that the strategies should reflect the enormous problem of drugs in public housing communities. Every child deserves a chance to succeed. Yet, by the abolishment of the Drug Elimination Program, which was used by public housing authorities specifically to hire police and fight crime and drugs in public housing, it seems to me that we took away a great instrument.

I commend Mr. Walker and members of his staff and his entire department for the work that they are doing, and I am seriously appreciative of the fact that there seems to be a reduction in teenage use of illegal drugs.

However, I am perplexed, because in spite of that recognition, in many urban communities throughout America, on almost any street corner, at any time of day or night, there are large numbers of individuals there, hollering "crack and blow," "pills and thrills."

Communities feel totally immobilized in many instances. There is serious frustration in terms of just simply not knowing what to do. While I recognize this is a problem for law enforcement authorities and for the local police, any direction that Mr. Walters could

give in terms of how to address this tremendous problem would be greatly appreciated.

Again, I thank you, Mr. Chairman, and yield back the balance of my time.

[The prepared statement of Hon. Danny K. Davis follows:]

DANNY K. DAVIS
7TH DISTRICT, ILLINOIS

COMMITTEE ON
GOVERNMENT REFORM AND OVERSIGHT
COMMITTEE ON SMALL BUSINESS

Congress of the United States
House of Representatives
Washington, DC 20515–1307

DISTRICT OFFICE:
3333 WEST ARTHINGTON STREET
SUITE 13
CHICAGO, ILLINOIS 60624
(773) 533-752

WASHINGTON OFFICE:
ROOM 1211
LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5006

STATEMENT OF CONGRESSMAN DANNY K. DAVIS
CJS SUBCOMMITTEE HEARING
ON THE NATIONAL DRUG CONTROL STRATEGY

Wednesday, March 05, 2003

Mr. Chairman, thank you for scheduling this important hearing on the National Drug Control Strategy to discuss a most important topic that has engulfed the urban and rural communities nationwide. Yet, the issue of drugs and drug control has to begin with the youth, when they are young and very influential. I am also appreciative of the Administration's proposal to reduce drug use in America, which consists of three important components: Phase I: prevention, Phase II: treatment, and Phase III: abolishment.

Without adequate resources, communities can not fight to remove drugs and violence associated with drugs from their schools, playgrounds and neighborhoods.

And I am proud that the NDCS addresses the needs of these communities in a very strategic manner.

Yet, while the National Drug Control Strategy reflects significant restructuring, it fails to mention and address the constant problem of our prison systems and the problems of drugs and drug usage behind prison walls. We should not continue to risk the American public by not rehabilitating ex-offenders, most of whom are serving a drug conviction. It is not enough to lock them up and throw away the key, with over 630,000 ex-offenders returning to society each year; I think that adequate funds must be allocated to eliminate drugs from our communities. An ex-offender without a chemical dependency is a greater benefit and will reduce the cost attributed to their individual reentry.

I also feel that this strategy should reflect the enormous problem of drugs in public housing communities. Every child deserves a chance to succeed, yet by the abolishment of the Drug Elimination Program which was used by public housing authorities to hire police to fight crime and drugs in public housing those children who already have minimal resources are denied one more opportunity to succeed.

I believe Mr. Walker will help shed some light on the Administration's budget as well as concerns that I have that apply to many urban communities.

Thank You.

Danny K. Davis
Member of Congress

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Mr. SOUDER. Thank you, I would like to yield now to Mr. Bell.

Mr. BELL. Mr. Chairman, I came in late. Would this be the proper time for questions, as well?

Mr. SOUDER. Yes.

Mr. BELL. Thank you, Mr. Chairman. It is good to see you again, Mr. Walters, and thank you.

I commend the Chair for calling this hearing, because I think it is incredibly important. The war on drugs is something that we all support, and it seems that it is going to be a never ending war.

We do have the benefit of experience now, some 30 years of experience, looking at differing programs, trying to measure what works and what does not work. But it does not seem that we are ever going to be able to completely tackle this enemy, and so it becomes an ongoing process.

I think it is extremely important that we take a hard look at the strategy and discuss whether we are moving the right direction. But I certainly support your efforts.

Mr. Walters, would I be correct in saying that the National Drug Control Strategy of 2003 derived its evidence from the monitoring the future survey conducted by the University of Michigan? Is that correct?

Mr. WALTERS. Yes, that is part of it. It is also the measure that we have used because of an issue with the household survey that Mr. Cummings referred to, as a measure of youth drug use now.

Mr. BELL. Was the national household survey used, as well?

Mr. WALTERS. It is partly used. The issue with the household survey is that the survey design had been changed, actually prior to my getting into office. What is essentially happening is, people are now being paid to participate in the survey.

A subset of the participants in the last survey, the one that was released in August for 2001 were paid, and this year, all households will be paid. The problem is that when they went back to try to determine what effect that had on the survey, they could not adjust for it. So what will happen is, this year's results will be declared discontinuous with previous years.

It will probably give us a better counting of the phenomenon of use and abuse that it is measuring. The problem is, they do not have a statistically reliable way of telling you what the trend is between last year and this year.

Mr. BELL. So that I will be clear, then under the monitoring the future survey, participants are not paid.

Mr. WALTERS. That is correct.

Mr. BELL. And do you feel like that, as a result is more reliable?

Mr. WALTERS. Well, let me just also qualify my answer. The monitoring the future survey is done through schools, and schools volunteer for this. Actually, there will be a change in the future of the monitoring the future survey that has been proposed, that would allow the paying of schools for participation.

They believe they can compensate for any anomalies that creates, because they have some schools where a portion of the survey is done at two schools, or at the same schools, 2 years in a row, so they will be able to see what difference that has on the participants from various demographics in those situations.

But obviously, when you do a survey, if you make a change that causes people who did not answer before to answer, it is possible that those people have a different characteristic in their answers than those who answered before.

Mr. BELL. Well, we wouldn't be wanting them to provide information that may or may not be accurate.

Mr. WALTERS. Yes, well, there are two kinds of phenomenon, and I am not a survey expert. There are two kinds of phenomenon. One is, there may be people who did not participate before because they thought the information they were going to give was something they were reluctant to talk about; which, of course, when you are measuring self-reported drug use, you assume that it may be that they do not want to talk about their drug use.

The other is that there is a countervailing phenomenon, which is sometimes known to law enforcement, which is if you pay people for information, they say, well, what does he want to hear. Let us give him some information about that.

So it may both accelerate and may create a better and more reliable base for drug use. But also, we do not know yet. There is a tendency sometimes that causes people to report more, because of the nature of the compensation.

Now we are hoping to get a reliable, more thorough, more comprehensive count, because we are using this survey also to measure those who need treatment. Because the question was built in a first time a couple of years ago, use the diagnostic criteria to determine those who need treatment to get a survey of who is not being treated in the general population and what is happening.

It should give us a more reliable number. It will give us a bigger number. But that is good, because we can then scale resources.

It is only bad because if we want to use this as a measure of accountability, we need to know what is happening year-to-year. Otherwise, we could have programs that actually are working, but they will look like they are not working, because we will have a bigger number, and that will make it look like they are not working.

So until we get this done, which it will be done with this year's survey, we are able to adjust the baseline from the 2002 survey that we released in the summer. But unfortunately, it creates a bit of a complication here.

Mr. BELL. Well, let me just ask you, and I do not know the answer, because I have not looked at it, does one of these surveys cast a more favorable light or are programs that have been supported by the administration in a more favorable light? Is the monitoring the future survey more favorable than programs that have been supported by the administration?

Mr. WALTERS. Well, they are different.

Mr. BELL. Now, I am curious, and I will go back and look.

Mr. WALTERS. Yes, the reason we talked about the monitoring the future survey is not only because of the problem with the household survey, but also the monitoring the future survey was the first released survey of young people that covered the spring of last year.

So it was the most recent survey that covered the period when we started to change some of these programs in the media cam-

paign, and obviously, in the term spending programs, that money was not deployed.

But particularly in regard to what is happening now in the country, also I would say the other important factor here, and it is not policy, but I believe from visiting schools, and it may be your experience as well, September 11th made a big difference in the way young people look at the world.

I believe, from my experience, people may have difference views. They became more serious about the world. It is not uniform, but all of a sudden, the world was not simply a benign place anymore. It was a place where it was dangerous, where responsibility made a difference, where they saw people risking and giving their lives to other people to protect this country.

There was a greater tendency before to say, the world is a shopping mall. Figure out what you want and they can give it to you. It was about having the most fun and being as little accountable as possible.

I think that has changed. Now it is not universally. But I think what we may see in that last year's data is something we want to accelerate, which is a return to some sense of personal responsibility.

It is not just what adults make young people do, obviously. It is what young people take as a responsibility to themselves. We would like to try to build on that, but we need to know what is happening.

Mr. BELL. Have you actually seen that trend develop, post-September 11th?

Mr. WALTERS. Again, aside from the survey data that has already been reported, which cannot tease out causes, what I am saying is, my experience is going to schools and talking to young people. I try to visit middle schools and high schools, and I try to talk to assemblies of students.

As I say, it is not universal. I still find that one of the biggest places of ignorance for parents is, they do not understand that today, it is not a matter of a kind of pro-drug culture that is in the shadows and is ashamed.

But in many schools, there is an aggressive pro-drug culture among kids. There are Web sites. They have been told that, you know, it is just a matter of the bigotry of adults. All the baby boomers use drugs. You should use drugs. It is kind of silly to be responsible here.

I try to get those kids to speak up, because they need to be answered. We need to have peer pressure that works our way. The problem here is, in part, that while there is a greater awareness of responsibility, we have not fully gone to the point of, I think, giving the kind of status to the kids who want to do the right thing.

I think, in too many cases, from my experience, in schools, kids believe they are expected to try drugs when they are in the teenage years and in high school. We are not helping them in society as long as that exists.

If they believe the culture expects them to use drugs, despite all the prevention messages, and that the normal trajectory of adults is, they fool around with these substances, then too many kids are going to continue to get into trouble.

Mr. BELL. I cannot be any more hopeful that you would have some type of trend like that develop. But going back to my original statement about this being an ongoing war, if you look at the monitoring the future survey and some of the results in that survey, I do not know if they exactly bear out what you are saying, especially when you look at more harmful and addictive drugs.

I am just reading here, cocaine use remains statistically unchanged from 2001 to 2002 for each grade. Crack cocaine use showed a significant increase in the past use, in use among 10th graders. Heroin use by 8th, 10th, and 12th graders remained stable from 2001 to 2002, following a decline from 2000 to 2001 among 10th and 12th graders, and ecstacy use was also increased.

So would you not agree that the statistics in the supposedly more favorable survey really are not bearing out or leading one to believe that there is any kind of serious move away or cultural shift in our society?

Mr. WALTERS. No, I cannot agree. I think I want to be clear, because I understand what you are saying, and you should be skeptical until we demonstrate that you should not be.

I did not mean to be understood to say that in every category of drug use for all three grades it is down. It is not, and you pointed out some of them that are not.

But across most categories and in terms of overall drug use for 8th and 10th graders in particular, and 12th graders have been more stable here, it is down.

To put it a different way to maybe just explain what I am saying more clearly, in roughly 10 years, we have not had this broad a set of categories, as are measured by drugs and by the three grades, go down in this direction.

Again, it is not every category, and some of the smaller categories and more dangerous drugs are troubling in some ways. But overall drug use and, frankly also, binge drinking and alcohol use and cigarette use are down, and they are down in ways they have not been before.

So it is a beginning, but I do not want to leave the impression that, you know, the reason that I could say what I said is, we picked the good nuggets out and we ignored the bad ones.

There are some that are not down. Ecstacy use, for example, by young people, which had been accelerating rapidly has, for the first time here, gone down. That is good news. Also, you note in there that LSD use is down to a level it has not been measured at in 28 years of this survey.

I believe the reason, frankly for that, the argument previously was, well, LSD is down because ecstacy is up. Well, ecstacy is down and LSD is down.

I believe LSD is an example, and I think worth looking at. There is a big case now in the final stages of being argued, where law enforcement took down a major LSD ring.

I do not even think, from my discussions with law enforcement, that they understood the magnitude and the importance of that ring. They seized over 28 million doses of LSD. I believe that what we are seeing here is actually an unusual supply side contribution to one drug.

Now we cannot do that everywhere. But what I am saying is, the categories reflect changes, I think, that are the result of real efforts. I want to say that I stand behind the overall being down. But I am not saying that we have gotten to where we want to be or where we should be, and I am not saying that evidence does not show that there are serious problems.

While it is small, obviously, cocaine and heroin use by high school and middle school children is unacceptable, and has to be for any civilized society.

Mr. BELL. Thank you, Mr. Chairman.

Mr. SOUDER. Thank you, I want to cover a couple of other questions, and then I will yield back to the other Members. This is part of the reauthorization here.

One of the powers that you have is to de-certify the budgets of any drug control agency, and you have not de-certified any since you have been in office. Now part of that is just supposed to be deterrence, and hopefully you would not actually have to de-certify the budget.

But could you explain how this has worked in the budget process? Is this tool an important leverage to other departments, even though you have it? Have you ever threatened it? Is this important to have in your authorization?

Mr. WALTERS. Yes, I think it is vital in terms of the tools that we have, to make sure that resources go with policy.

I mean, I actually am a believer in the words of former OMB Director, Richard Darman, "Policy without budget is just talk." That is why I think it is very important to talk about what the budgets can and should do here.

Yes, we have had discussions where behind that discussion is a conflict over the certification process. I think it helps us, because we now have a process where we send out guidance at the beginning of the year with OMB. We see budgets in the program form and can give comments back, and then we see them in the final form.

I have been able to have discussions with not only department heads, but OMB Director Daniels, over where we want the budget to be, which avoids us having to, as a last resort, just come to blows over amounts.

I also think it is important, and I will just mention this, as you know, we have changed the way we score programs. The past practice of the office, and I was there when some of this went on, so I am not criticizing anybody, was in order to show that we were serious, to include everything you possibly could in either the cost or what we are doing about drug control.

So we had programs that had multiple functions, and sometimes very small parts of them that were involved with drug control, that were scored. I am not saying they were dishonest in the effort to make an estimate. But they were not resources we were managing.

Parts of the Head Start Program were scored on the grounds that sometimes the Head Start Program provided prevention information. Did we manage that; no. Could we actually tell you in an accounting way? Could we actually move that money, if we wanted to move that money, if we wanted to move it from that program to drug-free schools; no.

So we have stopped that, and that is why the drug control number that you see in the budget is smaller. Programs that are not directly managed and programs that are not 100 percent drug control have either been made 100 percent or they have been removed with a couple of exceptions.

And in these exceptions, we used the directive and other powers of my office, which I think is worth looking at, because they will not be prominent in this discussion. But we have sent directives to agencies to create central controls over the moneys they spend.

So, for example, with an agency that cannot simply isolate, for example, Customs Service, we have asked them to create an account that allows us to ask them to monitor the moneys that they have requested and that they are expended are being expended for this purpose.

There has been some squealing and crying about this, and I recognize that more bureaucracy is not necessarily achieving goals. But you cannot achieve goals if it is not management of resources.

So we are moving in that direction and we have tried to do that with this, as we said we would last year. We have presented the budget in a way that focuses on programs as 100 percent drug control, except in the cases where we have created transfer accounts similar to what was originally created at the Department of Defense, to make sure that what we say we are spending, we are spending, and if it changes you can monitor it.

Mr. SOUDER. Let me ask you too, how does Drug-Free Schools fall into that, since it has become diverted and includes safe anti-violence programs and after-school programs?

Second, in HUD, there was an anti-drug program that Congress, at the request of the administration, which I disagreed with, enabled that money to just be general anti-crime or whatever types of programs, but no longer had a drug set-aside.

Do you still track that in HUD to see whether they are doing anything in narcotics, which they said they would; and if so, how would you rate that in your budget and also drug-free schools?

Mr. WALTERS. I believe that is the program that Mr. Cummings referred to, and we have removed it from the drug control budget.

We could and we have had discussions with the Secretary of Housing and his staff about monitoring some of these programs and doing some things in HUD. It does not forbid us from working with existing programs.

I will confess, I am not aware that we are tracking that money in terms of my office. Maybe HUD is, and I will be happy to check on it and supply the answer for the record.

This can be a process where we include process where we include programs in or out. What I wanted was, let us stop moving paper and pretending we are doing something and inflating the budget over what we are doing, and let us focus on what we are actually doing.

Because you know as well as I do, it is possible for both the executive branch and the legislative branch to array numbers in a way that looks good.

Mr. SOUDER. We are in agreement with that. The question is, how could we give maximum amount of power to make sure that you are holding accountable the other statements that come up

here to the Hill and say, we are fighting narcotics? If it is 10 percent of a budget that is huge, you are not going to have much influence.

Mr. WALTERS. Right.

Mr. SOUDER. If it is Safe and Drug-Free Schools, where we have watered down the definition, that is the biggest prevention program.

Mr. WALTERS. Yes, safe and Drug-Free Schools remains the biggest problem in this new structure, partly because it is a powerful prevention program. We know a great deal of the money is going for prevention programs in some areas. But it is very difficult to nail it down, and a lot of additional things have been added, and also, as you know, the re-authorization in education that is allowed.

Other programs, with flexibility, they could move other resources into drug control. We are not counting those. In the old days, we would have counted the new Mentoring Program, $100 million, as a portion of which is obviously going to at-risk kids. At-risk kids are a target of our anti-drug efforts. We would have counted a portion or all of it.

We did not do that. We could have buffered the cut that Mr. Cummings referred to by just saying, well, let us say 50 percent of the mentoring program will help us on drug prevention. There is zero change in the actual prevention money in the Department of Education. We did not do that. The reason is because I do not believe that we can do what we need to do if we are going to manage in that way.

We still hope to make the Safe and Drug-Free Schools Program more accountable and focused, and we are going to have to work with Congress on this. You are absolutely right. Congress is also giving it all these other responsibilities.

I am perfectly willing to say, if that is what the decision is of the Government, then maybe we ought to trim some of this out in some other kind of way; or, we ought to have a better understanding of what we expect to be accomplished by these programs.

I would prefer to have flexibility to local administrators, as we have learned the hard way in these programs, but real accountability. That is, that you measure drug use and you measure drug-related problems every year, and you report on what you are doing and why you are making a difference.

If you do not, you report on what you are going to do to change what you are doing, so you do make a difference, and there is a real accountability here, either public accountability or accountability that is tied to resources or your ability to control those resources.

We are not at that point, yet. But I do think that is what we are trying to drive to, with community coalitions and other things. Community people should ask of their institutions, what is the evidence that you are making a difference? They ought to put pressure on local people, as well as national leaders, if you are not making a difference.

So it is a little bit harder with Safe and Drug-Free Schools, because it is a big amount of money, as you know, it goes to all schools, and it is a little harder to have that kind of accountability.

But my personal view is, if a school is not accessing drug use and giving you indicators of the consequences of drug use, it is not doing the job.

Because you cannot say, well, I do not know where there is a drug problem. We have got, as you mentioned, 30 years of experience. If you have got kids this age, you have got a drug problem. You are just not paying attention if you do not know how big it is.

Mr. SOUDER. We are going to have separate hearings on the two main components on HIDTA and on the media campaign. We will also get some written questions. Mrs. Davis had several and I have some, but I wanted to ask one more in the official record.

That is, we have had a wide variation, and you have mentioned weak/strong, but we have had a wide variation in the staffing of the department. Is there anything in the legislation? Do you feel you are adequately staffed at this point?

Are there things that we should be looking at, if you want to add today, or if you want to answer informally or submit written, as well? Are you satisfied where you are currently at? Roughly, how many staff do you have at the current time?

Mr. WALTERS. We have about 120 staff. We have a number of detailees that are from other agencies that we have to work with, who report to us and also, in some cases, report to the agency that is their home.

I do not think the staff needs to be a lot bigger. We have asked for some additional FTEs in the 2004 request, largely because the office had, I think, an unusually large number of military detailees, because of my predecessor and his desire to staff in the way he wanted, which I do not argue with, and I love military people. They are dedicated. They are competent. They are able.

But I do think that we will keep some, especially since Secretary Rumsfeld has asked to pull military people, if at all possible, back to the central purposes of the military in this time. It behooves us to staff these programs with somebody.

People think that because the military has got a lot of people, they should give them willy-nilly all over the place, and there was some of that. So we are trying to do our part to fill these with civil service positions.

I think that the challenge that we face in running the programs, which I will be frank with you about, is when I left the office at the end the President's father's administration, we had a number of the programs you see now, HIDTA, smaller; the Counter-Drug Technology Assessment Center, smaller.

But we have got very important tools: the media campaign, the Community Coalitions Program that did not exist in the office at that time.

We are now an office that runs, as I mentioned in my testimony, what are the equivalent of more than half a billion dollars. We are bigger, as you know, then the rest of the Executive Office of the President, combined.

It is not an easy task, and when I left the office, there were 145 people on the payroll in 1992, and we are now smaller and we have some contractors and others. We are now administering programs with the help of cooperative arrangements with other agencies that are vastly larger.

I do not think we need to be bigger here. But I do think that what we need to be able to do is give you and the people who are responsible for appropriating money to us a better idea of how these work, and how the programs as a whole work, and we are trying to do that.

So some flexibility on how we apply resources, or the ability also to do some research in this area, to do some additional flexibility with regard to sometimes in management.

We have talked about this in regard to the media campaign, with you, Mr. Cummings and some others. We have tried to make sure that we have the flexibility in some cases to buy things that were not always available before, that either give us better quality or better monitoring or both.

But I do not need a lot more people. In fact, while I recognize that everybody wants more people in some ways, the problem is, this office is supposed to pull things together, and if you get too big, you have problems coordinating yourself.

But what I do need is the ability to hold people accountable, to have people feel like they are engaged in a productive enterprise, and I think we have to at least have the authorities now.

I know the office has been under threat before. They do not like the way the authorities are used when we squeeze agencies. Well, that is our job.

In the past, there have been various agencies that have tried to weaken or undermine these authorities, and I am not saying that will not happen again. But I think the budget authorities, the oversight and clearance authorities, the authorities that allow us to bring coherence and to have a voice in what policy and budget are going to say these are important.

I think the authorities that allow us to explain that to the country, not with grandiose amounts of money, but when we face an issue, and I have asked people to add this chart from the strategy that you see on the far side. It is getting at the issue of how long we have been at the drug war.

The biggest single threat to my line of work, in my judgment, is cynicism; that nothing works and institutions are not making enough progress, and we want to make the problem smaller, as I think I have made clear.

But there is also a lack of understanding of how much we have made this problem smaller, that people are making a difference every day.

You see a comparison there of what has happened with alcohol on the closest chart to you on the dias, drugs in the center, and cigarettes in the other column. The time goes up and down, and the size of the problem is what is measured horizontally.

The drug problem is dramatically smaller. That is overall drug use and cocaine use, in particular, because of the damage of cocaine, over the last 20 years. That should not make anybody feel better who has got a kid or a community that is suffering. But it does show that we can make differences by doing the right thing.

In contrast, with all the efforts we have made against alcoholism and smoking, we have not had as big of a reduction.

So what I mean by this is to say, our frustration with not being further should not be a frustration that we should not demand more of ourselves.

I believe that legalization, for example, has its most powerful penetrating argument in society today; that we cannot do anything about this problem.

But this is, in reality, of course, as I do not need to tell you because you are here and you know this, like education, like health, like public safety. No civilized society says, I am not going to worry about addiction. I am not going to worry about having teenagers and our children exposed to dangerous, addictive substances and the consequences of that. You do not remain a civilized society when you do that.

But what we have to do is translate the knowledge that we can and should expect more and we can do things into concrete management. Because if we do not do that, then it is all just cheerleading. I did not come back in and you, I know, do not serve in government to be cheerleaders. We want to accomplish something.

So we have to be able to provide measures and standards and policies and encouragement and accountability in a way that causes that result. That is the flexibility that I am asking in the staffing and in the powers of the office and the moneys that we have to do this. It does not have to be a lot bigger, but it cannot be weaker.

Mr. SOUDER. We have definitely seen a change since I was elected in 1994, because the HIDTA Program was small and took off, directly under the ad campaign. There was a whole new initiative since then, as well as the community anti-drug efforts.

The technology has exploded in my district and elsewhere. We need to make sure that there is adequate management. Hey, I am not one for over-padding. I just want to make sure that it is adequate.

Mr. Cummings.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

Director, I was sitting here, just listening to you. I am just trying to figure this out. You have been there for a little while now, and you were there before, and apparently you are going somewhere.

In other words, you are on a path leading to something. I am not just talking about the goals to restructure this agency. I really believe that you are thinking everything through very carefully and trying to figure out, from a very practical standpoint, how to make this work and how to make sure there is integrity in the numbers.

Sometimes when I have sat here over the last 6 or 7 years, and not necessarily this subcommittee, but our overall committee would constantly put these goals out.

You know, you start wondering, is that license an encouraging thing for people to stretch the numbers here and there? Because what would happen if they did not make the numbers? We had folks up here who would beat them across the head. I am not saying they fudge the numbers. I am not saying that. I do not know.

I am just trying to figure out, first of all, apparently you believe that there is something and that this department can work much more effectively and efficiently. Apparently, you are making steps

in that direction. But is there somewhere you are trying to get to? Do you follow what I am saying?

Mr. WALTERS. Yes.

Mr. CUMMINGS. And how do you plan to get there? In other words, I am sure you do not have a vision of us sitting here 10 years from now, looking at the same numbers, right?

Mr. WALTERS. No, I do see you sitting here 2 years from now looking at the same numbers. In addition to accountability, believe me, I know the President of the United States will not have me in this position if we are not making progress. He believes in accountability, and very seriously.

So when we talked about these goals, he believes that the integrity of the larger enterprise he is engaged in means that we give numbers.

I am annoyed about the problem we had with the NIDA survey. Because it was not something that we knew about when we said it, but it creates this kind of complication that suggests that, well, somebody is fooling around the numbers here. We are not, and we are going to get this fixed and get it continuous.

But that is just a matter of people have to have confidence that we are going to show them a path and we can show that it is working.

Yes, where I want to go is to take the key institutions, and let us start with treatment. I believe the treatment system works.

The treatment systems needs more resources, but the problems are that the treatment system has problems with getting people help immediately; getting enough people to provide help; and getting accountability in improving the quality of the treatment system. You know, because we have discussed this.

Treatment is a kind of step-child in the medical profession. Nobody ever says they are against it. But many people, even in the medical profession, are skeptical about its abilities to work. They are not as engaged. They do not put their shoulder to the wheel.

The field has some excellent people. My Deputy Director for Demand Reduction, Dr. Bartwell, as I said at the last hearing, I could not do my work without her.

But she and I are working together to try to get more parts of the medical profession to work in this area effectively.

We do not have people who are first rate who are going in. We do not have the systems that encourages and rewards them for their professional competence in this field to the degree they do in other fields.

We want the structure of the way in which we support treatment through the Federal Government, to reward people who make a difference financially, as well as with greater responsibility, leadership, and expectation. We are trying to take a step in that direction with the changes that we proposed.

But we also want to create better understandings of what the need is and how to shape that in communities in a more systematic way. We want to build the capacities of institutions to do a better job, not just while we are here, but the way the structure works afterwards to sustain and extend that.

The same is true with prevention. The Safe and Drug-Free Schools Program, as you know, unfortunately, in too many places,

people think that is what they are entitled to spend, at maximum, on drug prevention.

Well, that is not what was intended. It was intended to add Federal resources to State and local efforts. I know people are strapped.

But you and I also know, if schools and communities are not doing enough to stop kids from being exposed to heroin and cocaine and marijuana and pills, what exactly is the higher priority? You know, what do they expect to teach the children when they are intoxicated and having their attention and concentration and their behavior destroyed by dangerous, addictive substances?

So there has to be some kind of priority, and there has to be a way of translating the general sense of that priority into what we expect good schools to do.

I know you had a question about drug testing. I think testing is a diagnostic tool that works. It works in business. It works in the military. It works in a lot of medical settings.

Again, it is not about punishment. I recognize there are civil rights issues. But I have also been in schools, and I was in one outside of Pittsburgh, a high school with 1,000 kids, 2 months ago. They have had three girls die; two from heroin and one from oxycodine in the last year, overdoses. They tell me that drug use is out of control. The principal told me that when I arrived.

I started working in the Department of Education. When a Federal official arrives, principals do not say, the drug problem is out of control. They hide the problem, if there is a problem, because that is where the press is.

What could they do? Well, they need to do a better job obviously of bringing the community together, of doing prevention, of doing treatment when you have that kind of problem. But how do they detect; how do they have more teeth? Testing would help change the environment.

I kind of kept this at arms' length, because of the issues of civil rights or civil liberties and other things that are underneath it for a long while.

What has changed my mind in the last year is visiting schools, public and private, where there is testing, and seeing the kid there, what the kids say; not what parents or teachers or administrators say; this means, I do not use drugs, and I have an excuse and my peers have an excuse to say, the expectation in our environment is, you will not use.

That makes such a dramatic difference, and it should be in every school. It does not need to be in every place. But in places where kids are at risk, this is a tool that can make a significant difference. It is not the only thing. It is not substitute for what we do with the media campaign or other prevention programs.

But what we mean by highlighting it here is to say, if there are tools that we can deploy in institutional settings that will save lives and make a difference, we want to do that.

On the law enforcement side, when you ask where I want to go, then I will stop, we do not manage the way we attack the market and visit drug trade as if we expect to make it smaller.

That is not because people are not working hard and putting their lives at risk. It is because we intended to do this in a case

specific way. Whomever we find that is a drug dealer, we try to find out where they go, or who supplies them, or who works with them, and go from that position.

We want to go back and say, how does this market work and how do we find the vulnerabilities to take this market down in a more systematic way?

You and I have talked. I understand why we have to have this community safety, and we have to stop open air drug markets.

But we have to stop open air drug markets and stabilize neighborhoods. Otherwise, the enforcement activity is seen as also a destructive force in communities, taking one generation after another; luring them into the drug business, and then arresting them and incarcerating them.

So what we need to do is have the ability to provide security and to re-build communities through treatment and other kinds of community development. Hopefully, the community coalitions will be an important force there in bringing the relevant parts together.

But otherwise, what we are doing is simply grinding, year after year, a group of people's lives away into dust. Nobody wants to do that, and we should not be satisfied with that as a status quo, even if people have the best of intentions and are doing this because they do not know anything better to do.

We know better things to do. We need to make those better things happen in more places, and to try to make that the expectation, as well as the resources to do it, available for people.

Mr. CUMMINGS. Let me just say this. You know, I was just listening to what you just said about the schools and searching lockers and whatever. You said maybe there are some schools that it should be done at and some that should not. I think that would be a hard determination.

I have some schools in my district in one of the richest counties in the country. Just about every kid goes on to college. This is according to the parents and the teachers and the principal. It has one of the worse drug problems out of all of the schools I have been to. It is not located in the city.

A lot of people would probably look at some of the schools, like in the area that you were in when you visited Baltimore and say, well, that is a school we ought to go to.

Well, let me tell you something. I look at the results of kids that have gone to prison from this school, this other affluent school. Then I remember when we went out to Chairman Souder's district in Fort Wayne. I will never forget, and I have talked about it everywhere I have gone.

I assume these were Republican judges with the Drug Court. But when I talked to them, they were very conservative people.

They said, look, you know, we have got a really bad problem here, and they were very upset that there were so many things in the law in the State of Indiana that said that if you had a drug conviction, I think it was, that you could not do certain kinds of jobs.

They were almost begging for some relief, because they had so many kids, and these kids were not inner city kids. They were begging for relief.

So I do not know where the balance comes in there. I understand what you are saying about maybe doing the random searches. But I do not know where you strike the balance, where you do step over the line of civil rights, and how you choose whose lockers you are going to go into, or where the dogs are going to sniff, and that kind of thing.

I was just wondering, but you have pretty much answered my question. You think it is a good tool. But I think it is a tool that we have to be very careful with.

Mr. WALTERS. I agree, and I did not mean to be into lockers and dogs, as much as testing individual students. I certainly did not want to be misunderstood to say that I think this is an inner city problem. The school that I was in, in Pittsburgh, was in the suburbs. I would not say it was wealthy, but it was a well-off community.

I have been to schools in Ocean Side, CA, a very well-off, reasonably well-off community, where they have instituted testing because of the problems they have had at the public school system.

I am not saying that what we are trying to say here is, the drug problem is over if we have student-based testing. But I do think that is one instance of a tool.

I think the overwhelming tool is, when we have 23 percent of the people who need treatment being teenagers today, we need people who can be sensitive to and are trained to recognize the problems of problem use in schools and refer kids earlier on. It can be helpful with testing, but it is not totally reliant on testing.

I mentioned the medical profession. Most of that 23 percent are seeing general practitioners and pediatricians. They are not being screened. Now where that screening involves a test or it involves an examination, that would have determined problem drug or indicate a need for a test, it ought to be done.

We require kids to be tested for tuberculosis, to protect them from that disease. We have to face today that substance abuse is a disease that particularly affects young people.

I am saying that we now have tools and we certainly should have a recognition that where communities and schools and parents and school communities want to use those tools, they do not have to watch people die in the same numbers. They do not have to watch kids' lives get shattered. There are tools that will make a difference.

Do they require some costs and some considerations; of course they do. But I think as we translate resources and talked into real tools, real institutional change, real expectations of on institutions, then we get real change.

Mr. CUMMINGS. Just one other question, I did not agree very much with what Mr. Barr used to say. I do not think I ever agreed with 99 percent of it.

But I did respect him for being concerned about the media campaign. I respected him for raising the issue with regard to Ogleby, and some of the things that we heard from sworn witnesses.

I am just wondering, are you feeling pretty comfortable with the management of the media campaign? We have spent a lot of money. Are we getting the matches, in other words, the park where the media comes and helps us out by giving us a certain amount

of time? How is that coming? What do you see as the future for the media campaign?

Mr. WALTERS. I think the structure has improved dramatically, partly as a result of concerns that were expressed before I got there about the effectiveness and problems in the campaign that we reacted to.

I think it was absolutely vital that we do testing of content before it goes on the air. In too many cases, we end up running ads that we were not sure were effective.

I think we learned. It was a complex situation. I am not blaming my predecessors. They did what we all think is important.

As I said, I think, earlier, we know advertising changes people's behavior. You know that in your work. We know that in business. We know that in other public health campaigns. We ought to be able to use that as a tool when we know that the cultural atmosphere and the knowledge of young people is so important in preventing this behavior.

We ought to be able to get it right. I do not think the question is whether or not this can be an effective tool. The question is, can we manage it in a way that is an effective tool? That is why I have asked for some greater flexibility here.

I am not happy that we took a cut in the campaign. While I do not deny that $150 million is a lot of money, and I have not been in Washington that long, I think that especially at this time, when we are beginning to see progress and we begin to see some improvement, I would like to be able to push behind that more aggressively.

Now that was not possible for this year. We have requested $170 million for next year. I would like to get that, as well.

But in terms of the management, I think, insofar as we have been able to have investigations and settlements with Ogleby on the management and over-billing, that we now have a system in place that will prevent that.

I will point out that the system did work. I know some people think that it did not work. But the Government never paid a dime it should not have paid. In fact, the billing issue was screened and caught when the bills were submitted.

That does not justify it, but it does say that people can have little greater confidence that the process that we have for making sure that people, when they ask for money from the Government and this program, was one where there was scrutiny and there was proper stewardship.

Now I know the issue with Mr. Barr was, should the over-billing by Ogleby have barred them from participating in the contract? As you know from our past discussions, the determination before I got there was that this was not a level of wrongdoing that allowed them to be barred.

They made changes to their structure. We re-competed the contract. They won a re-competed contract, and they are now the contractor, and our working relationship with them has been very good. Obviously, we are vigilant, after the history that has happened. It does not help the program to have those kinds of problems, and we want to make sure they do not happen.

Mr. CUMMINGS. Right, because it goes to the very cynicism that you talked about.

Mr. WALTERS. Yes.

Mr. CUMMINGS. I mean, people in my neighborhood were saying, well, they watch CSPAN. They say these guys are getting this money and they knew there were questions being raised, and then people start wondering where their tax dollars are going to. I am glad to hear that has improved, thank you.

Mr. WALTERS. Thank you.

Mr. SOUDER. Mr. Davis.

Mr. DAVIS OF ILLINOIS. Well, thank you very much, Mr. Chairman.

Mr. Walters, I am sure you did probably answer my question that I sort of raised during the opening comments. I was just thinking that I would like to be able to get in my car, leave home, drive to church, come back, have dinner, and not run into somebody on every other corner where I live, where I go to church, hollering, "pills and thrills; crack and blow."

It is almost demoralizing, in a way, to encounter this every day; or for people in communities to encounter it every day, knowing that they are, in many instances, doing whatever it is that creatively they can think of to do, but yet, it is not working, seemingly.

I mean, we have got a county jail, for example, that is overcrowded. It is built for about 10,000 people and there are about 12,000 there, which means there are almost 2,000 sleeping on the floor on mats and cots.

All of the correctional facilities are over-crowded, and drug treatment programs are over-filled. There are waiting lists for people to get in, and people just kind of throw up their hands.

As I mentioned, obviously law enforcement has a great deal to do with that component. Although law enforcement personnel drive by and they look.

As a matter of fact, one of the worst experiences that I ever had was, one of the worst experiences that I ever had was one Sunday I was driving and a fellow hollered out, "Do you want some dope, pills, whatever you want?"

Another fellow with him says, "Hey man, that is Danny Davis." The fellow said, "I would not care who he is, if he got some money." He said, "I will sell him whatever he needs or whatever he can pay for." [Laughter.]

Can you think of any creative things that communities might be able to do, where this is pretty much the rule, as opposed to the exception?

Mr. WALTERS. Yes, we have tried to address that, and we will continue to try to address that, by putting together some of the key pieces that we think have to be there.

Now it has to be deployed in the community, and I agree with you that many times, the difficult thing is that people are demoralized. They have seen initiatives or Operation "X" or new program "Y" and the reality did not change, and if it changed at all, it was temporary. So they have lost confidence that there is effective leadership.

We are going to try to work more thoroughly with those, especially in major cities of the United States. Because while we recognize it and the budget indicates it, we need more treatment.

You are right. You said in your opening remarks that we need to do more to work with people who are in the criminal justice system in our jails, as well as those who are being released and those who come in.

We have asked for more money for drug corps programs to do training, as well as to provide those treatment resources. We need more providers. We need better links. We need better quality, and we want to try to do that in a more systematic way. But ultimately, we want it to work in more cases.

When prevention fails, we know we need to get to people earlier. One of the things that we have tried to do with this drug control strategy is put emphasis where it has not been before on intervention.

Yes, we want to treat people in jails. But I know that while some people believe that the criminal justice system takes low level offenders, first time offenders, and sends them for long terms.

By and large, we find when we go into communities that the problem is that lower level offenders come in, over and over and over again, and are kicked out of the system because of all the over-crowding and other costs that you referred to.

Whereas, if we just used a fraction of the resources, when we assessed them on the way in and said, we can get you into a program that does intervention more effectively, we would have stopped people from being the guys on the corner, yelling out to you when they are 3 or 4 years down the line.

In addition though, especially in Chicago today, Chicago has become a major distribution point because of the way the market is worked, as you know.

We remain dedicated to making prevention and treatment work. But if we are going to allow the kinds of floods of drugs that happen today in too many cases to continue, we are going to have a much greater difficulty keeping people in recovery and getting people to not use, because they are going to walk by areas that are essentially de facto legalization.

Open air markets, it is cheap, it is plentiful, and the fact is that the threat of enforcement is all too remote for an individual buy.

We need to shrink that market. What we are proposing to do is, try to capitalize on the opportunities we have with some drugs in Colombia and Mexico.

I think we have some promise here to make the struggling people in the community that are trying to keep people in recovery and are trying to make prevention reality, to make their circumstance more conducive to their work.

But that does not mean that we do not have to treat people. We are going to have people that need treatment, and that does not mean we do not have all the domestic problems.

Methamphetamine is made in the United States. Marijuana is grown in the United States. We have to worry about diversion of pills in the United States.

But our goal is to say, there is not an opposition between those who want to do treatment and prevention and those who want to

do law enforcement. In the communities where we make a difference, those people are partners. We are providing and stabilizing communities. We are getting people who are sick with the disease of addition into help, and we are not going to let young people's lives careen down a path until they get sicker and sicker.

Now that will require not only supporting the people like we met at the Saver Foundation, who are dedicated despite the trouble that they see; but also to get more people to lend a hand. We need people to help stabilize communities and to get involved that have not been, either because they are discouraged or because they feel it is not their community.

So that will require the help of you and people who have ties to the community. That is why, you know, we have tried to establish that relationship with more and more members, as well as people who have governmental and civic responsibility in communities.

Because in some ways, we are also a lessor partner. We provide the smaller portion of the resources, as you know. So we want to try to show that we are supportive in the larger issue of where we are going; but also in the resources that we have.

But we are humble enough and realistic enough to know, the people who do the job have to be tied to that practice and that common goal, as well. Otherwise, we do not get there.

Mr. DAVIS OF ILLINOIS. I was just thinking that there are instances where, if individuals are convicted of a drug offense, they could actually be denied food stamps. I am trying to think comprehensively as we approach the problem.

In terms of those kinds of actions, does your agency have any comment or policy responsibilities along those lines, in terms of what might be happening in such a way that is really not beneficial? You know, some of the policies outside the area necessarily of your work, but are part of the impact. Do you have any responsibility in those areas?

Mr. WALTERS. Yes, we have some. As it gets more distant, it is something that we can act on or not act on, depending on either what we are aware of or where we think we can make a difference.

We did act, shortly after I took office a year ago, on the effort to re-authorize welfare to support the effort to include treatment as an activity for which people would be eligible for benefits, if they were in needs of treatment services and were getting them. I think that is the kind of thing you are talking about, and we are pleased that was incorporated in the legislation.

I think you are right. We can look at some of the other things that have maybe caused obstacles or problems for the effectiveness of other programs. As we go through it, we will try to do that and we will be happy to talk to you about the specifics that you have or others.

We do not consider ourselves narrowly focused because of our authorization or our responsibilities. But I will tell you that not on all things have we obviously been as active on. We are trying to focus, but I will be happy to take on issues as they are of interest to you or other members.

Mr. DAVIS OF ILLINOIS. Thank you very much, and thank you, Mr. Chairman. I really appreciate the thoroughness with which you

approach this arena. Again, Mr. Chairman, I appreciate the diligence that you are using to pursue it. So I thank you very much.

Mr. SOUDER. Thank you; you may want to followup. We can talk further, not at this hearing, but whether or not it would be useful, when legislation comes in front of Congress that has a drug policy impact, whether they would be required to get a statement from the Drug Czar's office on how they think that would affect drug use in the United States.

It would be like we have talked about family impact statements. It would not be a full-blown environmental; but just that if there is legislation moving forth that impacts drug use, that ONDCP is consulted and some statement comes up of its potential impact.

Mr. WALTERS. I will be happy to look at that.

Mr. SOUDER. Mr. Bell.

Mr. BELL. Thank you, Mr. Chairman.

I just want to followup on a couple of things that we have talked about here today. You mentioned earlier about the possible benefit from the post-September 11th mind-set of young people. As I said, I really do hope that is the case, and that we are seeing a trend toward more seriousness and more serious consideration with these types of decisions.

But I also think, in many respects, it has made your job, referring again to September 11th, that much harder. Because you live in a world where attention is dominated now by terrorism, our relationships with other countries, the possibility of war. Certainly, living and working in this environment drives home that point, because that is all you hear about.

At the same time, we are living in a world where high school students are using heroin, cocaine, and crack cocaine. So you hear that and the seriousness of the problem is apparent. But it is very difficult to get people to focus on that.

The one area where I think you still have a great opportunity is the criminal justice system, because they face it every day. You do not have to rely on the media and you do not have to rely on advertising to drive home the point with people who work in the court system. Having been a reporter that covered the courts, and having worked as an attorney and having seen the problem up close, I am well aware of that.

I am curious, because you are sort of in a position to sit at 2,000 feet or 20,000 feet and look down on what is going on in our world in this regard. And when we talk about the criminal justice system, what are we seeing?

Because for awhile, there was that mind-set that we are going to put everybody in prison. We are going to incarcerate everyone, whether they are possessing or selling; it makes no difference. If they are associated in any way, shape, or form with drugs, then we are going to put them behind bars.

Then in recent years, from even some more conservative judges, I have started seeing in move in Texas toward looking at treatment programs. But then I hear from you today that treatment is regarded as somewhat of a step-child by many in the medical field.

So where are we, in terms of the criminal justice system, and what are you all encouraging people in the court system to look at, as far as dealing with this problem?

Mr. WALTERS. I agree with you, the criminal justice system is an enormously powerful tool for us on the treatment side. I think that drug courts and diversion programs have been received well, in many cases. I know there was initially some fighting about them, and there still is, in some areas. We have asked for more money, because we would like to extend them.

There is no question that contrary to what some people believe, that the evidence suggests that coerced treatment works as well as non-coerced treatment.

In fact, the ability of the criminal justice system, even in cases of publicly recognized figures, and there are a number of them who, because of their celebrity, their problems with substance abuse and the law are known.

I do not know of a single one of those cases where people think, whatever they think about the celebrity involved, that person's health or even their being alive today would have been enhanced if they had not come in contact with the criminal justice system.

I have been, as you probably have, to a number of diversion programs and drug corps programs. Many times you have some graduates working in the program to help others.

Most of them will tell you, without any shred of irony or evasion, that they believe the day they were arrested that frequently led them to this was the luckiest day of their life, and that they were on a path that would have been one of destruction.

Now we ought to use that knowledge in more places. One of the things that we are trying to do with the money in our treatment initiative is to allow the voices to expand services, including services in the criminal justice system.

I will tell you, from what I see today, what we have in many places where there are drug courts, many more tell us, we wish we had the capacity to do this. We either do not have the services, we do not have the committed court structure. We want to get that information out to more places.

Also, I think what we have seen is, we do not have the kind of information about monitoring. Those people who are skeptics still believe that, well, it looks good and people want it to work.

So they are not rigorous about saying that people are failing, or that they are evading other kinds of punishment through this program, and it is not demonstrated. We want better data here and better programs provided.

In addition, I have seen programs like those in New York, where it expands not only to juveniles, where we need to serve more people, given the promise of getting people younger, but also in terms of family court. New York, because of the resources it has, has a family court, which if any of you have not seen and are interested, I urge you.

They are very proud of it, so they are willing to show you, where the reconciliation of parents with their children is a process that includes where those parents have substance abuse treatment and monitoring of treatment to make that happen.

We have 80 percent of the estimate of the child abuse and endangerment cases in this country on basis of a parent or a guardian who is a substance abuser. You cannot talk about the

child abuse and endangerment issue in the United States without talking about drugs and substance abuse.

So this is a particularly promising way to come directly at that problem with the same kind of integration of services and monitoring of progress that you have in a drug court for simple criminal defendants. We would like to see that in more places.

But it has to work. You know, drug courts and diversion programs and after-prison programs are like any other human endeavor. It can be done well or it can be done badly. I think both the integrity of the process, but also the ability to monitor the quality and to make improvements depends on the data and the public reporting.

It has to be transparent. You have to see who is going in. You have to explain to people what the levels of severity are, and you have to tell them what the outcomes are. You have to show that there is an investment in value.

If you have an expectation that the enterprise is valuable and makes a contribution, you ought to show that in the monitoring and in the explanation of the results. I think that programs can work, and if you do that, you will get more support and you will see more lives saved.

I do think that we have to both deploy them and support them; but we also have to monitor them and encourage communities to say, you should expect to hear what has happened in your schools, in your health care system, in your criminal justice system, and in your drug courts, as a part of your criminal justice system.

Mr. BELL. From a strategy and policy standpoint, and I am assuming that you travel to different parts of the Nation talking about this policy, is it the policy and the strategy of this administration to advocate that the court system look more toward these treatment programs, and to try to find ways to increase funding for those types of programs; or is it pretty much left to each local entity to just make up its mind?

Then if they want to go along with this, lock them up and throw away the key type mentality, well, that is fine, too. It is just up to them.

Mr. WALTERS. No, we are advocating the greater deployment of drug courts. We have asked for an increase in the funding to the program, and we are trying to encourage more people to use even the other treatment resources that are available more broadly for treatment in the criminal justice system.

It works. It saves lives. It saves resources and, more importantly, there is a criminal need. We still have too many people who do not get services and, while I know the court's treatment is something that we all have some trouble with, because we would like, as a free people, to have people get help on their own.

We have to recognize that as most people know from family or personal experience, a symptom of the disease of addiction is denial and evasion. It is not only the person suffering, but the people around them.

So the criminal justice system is one way to overcome that denial. Many people get into treatment because they finally have a realization, with the help of a spouse or a family member or an employer, you have got a problem and you have got to go get help.

But some people do not get that realization until they bump into the criminal justice system. But the criminal justice system, as you know, has a way of making that evasion impossible to sustain.

So it is a matter of using that, and particularly with this disease, as an important part of the process of getting people to get the help they need.

Mr. BELL. I have a couple of things just to wrap up. I know you would agree that the one way to ensure that a person never gets caught up in the drug culture is if they never start using drugs to begin with; the idea of prevention on the front end.

In looking at the strategy, one of the prevention programs, the Safe and Drug-Free School Program, is being reduced or cut by more than $50 million. It would also appear that the Parents' Advisory Council on Youth Drug Abuse is being eliminated. I will wait for your response, but it would seem to be a good way to also work toward prevention. How do you explain those?

Mr. WALTERS. We had a problem, as someone talked about a little bit earlier, with the measures of effectiveness for the Safe and Drug-Free Schools Program. We want to make it better, but we also want to move money where we have the most promising chance of results, when there is competition, as there obviously is, for resources.

As I explained, some of the benefit we can get is also linked, although we are not scoring, as drug control. The Mentoring Program that the President announced for $100 million will go particularly to at-risk youth.

As I said, we could have scored this under the old structure, but because of the broader management purpose that we had, we did not.

Now can we use more resources in prevention, of course. We are asking for some resources in a number of categories. But those resources have to be deployed effectively.

I will be candid with you, there are some great things going on in the schools that are being funded by the Safe and Drug-Free Schools Program. I have been to schools where they are hiring student assistants and coordinators where they are coordinating programs of prevention and community involvement.

But generally speaking, the problem with this program is, it is too widely spread and not managed well enough. We want to manage it, and we need your help to do that.

I know that everybody wants this to work. But the problem right now is that we do not have the information and we do not have the direction here to do that. We want to build that in, and under the environment that we face, some of the money went to some other things.

But that is not to say we obviously do not care about prevention. We do, but caring about prevention and doing something effective are different things, and we want to do something effective, as well as care.

Mr. BELL. Thank you very much, and thank you, Mr. Chairman.

Mr. SOUDER. Could you also comment on the Parent Advisory Council?

Mr. WALTERS. Oh, yes, this is a body that has not existed, I believe, if I am correct. It was passed into existence as a legal requirement or a legal existing entity, but it has not been populated.

At this point, we are thinking, since we are not quite sure what the contribution would be, and in addition to what we are trying to do with community coalitions and what we are trying to do with the community coalition advisory body that is broader, that another body would make a substantial contribution.

Obviously, we think parents are crucial. We spend half of our ad campaign trying to influence parents. So we spend a lot of time talking to parents, as well. So it is not intended to send a signal that we think parents are not important. But we are not quite sure what the additional contribution would be, outside of what we already have in advisory bodies that are broader and broader gauged.

Now some people may feel that we need to start it and populate it to see its contribution. But at this point, it was not obvious to us that we were not getting a better overview from the community coalition inclusion of parents and others in the context where those institutions were being brought together. But I can understand if other people have different views.

Mr. SOUDER. We are looking at taking that out of the mark of the bill. Because one of the big arguments that we get in Safe and Drug-Free Schools is that some schools may only get like $700. All they can do is pencils.

If we have too many programs out there with which to stick little parts of dollars in, we cannot get it concentrated. But that is one of the things we need to talk about internally.

Also, when we originally did the authorization of this bill, there were not community drug coalitions, which is supposed to be part of it. But we need to talk through the value of at least keep it as a paper organization, if not funded.

We battled, since 1994. Safe and Drug-Free Schools has faced a potential zeroing out, every single time. We have to get the effectiveness levels up, and that is part of our challenge, as we draw this bill.

Mr. Ruppersberger, thank you for joining us.

Mr. RUPPERSBERGER. Thank you, Mr. Chairman.

First, as far as the at-risk school that we are talking about, I think probably one of the best preventative measures is to get to the children or the teenagers before they get into the addition mode.

I think there are a lot of programs out there that are doing well and there are a lot that are not. I think our job collectively is to make sure that we prioritize on those programs that have worked, that we know will work, and to make sure that anyone managing those programs will be held accountable for their success.

I will give you an example. In the jurisdiction where I came from, we had the Police Athletic League. It was a policy to put a Police Athletic League center in every precinct. There were 5,000 teenagers and some children who were off the streets as a result of that program.

I think one of the ways though was to get some of the at-risk youth into those programs where they felt that they would want to come to. As an example, in one area that was one of the jurisdic-

tions where I came from that was a very difficult area, we gave karate and taught karate. So the tough guys would come in and they wanted to be a part of learning karate.

Well, once they came in, they were hooked. They were taught values. They were taught how to use technology, and they also were taught leadership skills.

I think that there are programs out there that work and do not work, and we do not have a lot of money. So we have to make sure, and I think we define and research and look at those programs in the different jurisdictions that will work.

Congressman Cummings mentioned in some of the areas, and we all have this, I think, in our districts, some of the very wealthy private schools and probably some of the worst poverty schools that we have in our area. But it is all about reaching them earlier, and I think that is a real high priority that I would hope the administration would look for.

Second, another question, I am going to go from the drugs to tobacco and alcohol. In 1997, the Clinton administration drafted legislation to re-authorize the Office of National Drug Control Policy. That draft proposal established explicitly ONDCP's responsibility to coordinate efforts to reduce under-age use of alcohol and tobacco.

Up until now, the tobacco money has been providing the funding. When this funding source stops, do you think that ONDCP should undertake efforts to discourage the use of tobacco through the media? That is one question. The other question is, does ONDCP have any role to play in discouraging under-age use of tobacco or use of tobacco, in general?

Mr. WALTERS. The prevention programs that we support and the research that we do covers substance abuse and includes tobacco and alcohol, as well as illegal drugs, for minors, because they are illegal substances for minors.

The advertising campaign does not do separate ads on tobacco. As you mentioned, there is large advertising as a part of the settlement that does tobacco ads. So we have not duplicated that effort.

In regard to alcohol, our media match is estimated to be some $30 million that goes to anti-alcohol ads for youths. We are the largest funder of anti-alcohol advertising, I believe, in the country for youth at this time.

So in the current environment now, I would look at it. If the settlement, in regard to the tobacco company, changes the availability of advertisement for tobacco products for young people, that is something we should look at. But at this point, we have not, just because there is a large campaign that has a lot of money behind it that is intended to focus on that.

Mr. RUPPERSBERGER. I have one other comment. Congressman Cummings, I think, at the last hearing you attended, commented on the comments you made at the funeral in Baltimore.

That was a horrible tragedy. It was tragedy that resonated throughout our entire community, where the family was really burned to death as a result of the mother and father going actively against the drug dealers and standing up and attempting to work with the police, and you were there on behalf of the President.

I think sometimes you can always remember. You can never forget, and if you need inspiration, to continue on with the things that

we are doing and talking about here today, your comments at that funeral, and they were excellent. I will always remember you and those comments.

Mr. WALTERS. Thank you.

Mr. SOUDER. Mr. Cummings.

Mr. CUMMINGS. Just following up on what Congressman Ruppersberger just said, just going back to that whole issue, Director, with regard to protecting witnesses, that is something that is very near and dear to me.

As I have explained to you before, we see a lot in our area, in the Baltimore area, where witnesses feel intimidated. They are often threatened.

The Dawson case, which Mr. Ruppersberger referred to, of course, was a case where the husband, the wife, and five children were fire bombed by a young man who was allegedly dealing drugs in their area. He allegedly found out that they were working with the police, and he had threatened them many times.

The next thing you know, at 2 a.m., he busts the door open and throws a Molotov cocktail in the house, and they literally burned to death.

I think when we are dealing with addressing the drug problem, we not only have to deal with treatment and prevention and interdiction, but we have got to deal with this crime side. I think that we need to do more in that area of trying to make sure that witnesses are protected.

We go out, and all elected officials, I would guess, go out and literally beg people to cooperate with the police, because we realize that most crimes are going to be solved, with the cooperation of the public.

Then when the public feels that they are going to be harmed, and not just harmed but killed, it sends a very chilling message. So what happens is, it is so chilling, that you can end up with a situation where nobody wants to cooperate.

So I am just wondering, with the emphasis now having been placed on the war on terrorism, and I think we definitely need to be about that, whether you still see our focus as being on drugs in our neighborhoods?

The Chairman and I had a great concern about that when we were passing the Homeland Security Bill, for example. We were concerned that emphasis would be taken away, and then people dealing these drugs would be saying, OK, we have got a field day coming up here.

So we made sure that there was somebody placed in the administration of Homeland Security to make sure they stayed on top of the drug efforts. So taking all that into consideration, where are you on all of that, and how has Homeland Security affected what you do, the new department?

Mr. WALTERS. Yes, I was initially more concerned than has been proven, I think, to be necessary to me, at least, in the last several months; not just because I have gotten to know some of the people in the administration.

But I think the direction that we see the terror threat going is a direction that is not at odds with what we are doing with drugs, but is more in coincidence with it, for a couple of reasons.

One, we know that the needle in the haystack problem that we face with regard to detecting, monitoring, collecting, and analyzing information about terror, not only goes from abroad, but goes to our own streets and neighborhoods; and that the effort that we are working with Governor Ridge on to provide information sharing and collection actually drives more attention at the national level and understanding to support local law enforcement.

Now it will take a little time to do this. But I do not think it is a matter of, do not do drugs; let us do terror, as much as a better understanding and a better deployment of resources.

In addition, I believe that the tools that we have gotten in regard to some of the money and in regard to some of the ability to do some surveillance are important for a certain level of the trafficking problem. It is probably not as relevant to street-level enforcement, but it is more important in terms of the larger parts of the business that we need to do more damage to.

I certainly agree with you that we have to protect witnesses, and we also have to expect that witnesses are going to continue to be threatened.

I believe that if you look at this problem in the clearest terms, the drug problem has to involve terror and intimation. Why; because the business is based on initiating children to dangerous, addictive substances, and to providing them to people who are dependent and addicted. No civilized society can tolerate that, because you cease to be civilized when you do that over any period of time.

So that business must cause intimidation on the institutions that would shrink it. It has to drive people out of their neighborhoods if they resist. It has to intimidate or kill them when they try to provide pressure to stop the business.

And particularly, you are right. I think anybody that looks at this issue, when people stand up to those who would sell this poison and they are cut down, the community and the Nation has to say, that will not and must not stand. Otherwise, we have lost. We have lost the ability to provide lawful order and security to people. We have lost the ability to protect our children.

On a personal note, as you know, it is impossible too tell somebody you were there and what it is like to watch a funeral with five small caskets.

It is a tragedy when one child dies. When an entire family is wiped out, the magnitude of the suffering of the family and the community, no human being can witness what we witnessed and not understand what is at stake and what is going on in other places around the country.

If we cannot do this, if we cannot keep faith with the Dawson family and the people in their neighborhood, we are not keeping faith with people who are going to give their lives today to secure this country.

I tell that to young people when I talk to them. I actually tell the story of the Dawson family to more schools than not that I visit.

I also tell them, if you do not have any other reason to be responsible, what kind of sap goes and gives his life for your future, and

you decide to throw it away by using drugs or giving them to your friends? That is idiotic.

You have a responsibility, even if you think this is cute, to grow up. If you want to be an adult, be an adult. Stand up, when somebody tells you, this is fun and they want to put pressure on you to not be the heavy handed one. Tell them what the real reality is here. That is being an adult.

It does not take anything to just look the other way or just do what everybody else does in these situations. Because something is at stake here, and what is at stake here is the credibility and the link that we have to people who suffer, and the credibility and the link we have to people who every day think beyond themselves for us.

I think not every kid, but a lot of kids see that and understand that link. We need more of them being vocal. But we also have to support the people who stand up, because they are under real pressure.

You know, it is not just a matter of being embarrassed in front of your peers. It is getting killed and getting your family killed, or leaving your neighborhood if you do not want to face that destruction.

Nobody should have to face what the Dawsons faced. That is obvious. But they also should not have to face the choice of leaving their neighborhood, or accepting what happens on the street corner, as Mr. Davis was saying, if they want to survive or they want to continue to live there.

That is just not acceptable, and that is when we really give in to cynicism when we say, well, that is just the way our neighborhood or our world is going to work.

I agree with you, it is not just inner city neighborhoods. I think the biggest drug problems I see are in affluent schools. That is because, I believe that even there, parents and people in the community are looking the other way or believe we cannot do anything about this.

I have as much trouble changing their minds, because they are not people who feel that society makes them powerless. They are powerful.

Mr. CUMMINGS. I think the word that we have to continue to preach is what you ended up with there; that people do have to stand up. That is why I asked the question about protecting witnesses.

Because if you look at the neighborhoods that do not have those problems, at least not to the naked eye, people have stood up. They have made it very clear that they are just going to tolerate it. They may not always feel comfortable doing it, standing up, but they do it.

I think we, as a government, have to try to provide the resources to make sure that they are able to stand up, and at the same time, not be harmed in the process of doing it.

So as I told you before, we have got a piece of legislation coming down the pike and I hope you will take a look it.

Mr. WALTERS. Yes, sir, thank you.

Mr. SOUDER. I want to thank all the Members for their participation today. To say I ran a liberal clock would be to understate it. It was my liberal day for the year in more ways than one, probably.

But I felt it was important and it was an unusual opportunity to have an extended discussion. We are clearly trying to do a bipartisan bill here, working with the re-authorizing.

I would like to say for the record on drug testing, that at least the way I have always seen it when we first initiated this in 1989 under Drug-Free Schools as an allowable use, is that it was not a criminal enforcement.

In other words, when a student or others get tested for that, the goal is to get them help to identify it and see what to do. It would not be to add more people into the criminal justice system, and it would not be in the long-term record.

With that, we thank you for your participation today and for your patience with it, and our hearing stands adjourned.

[Whereupon, at 4:10 p.m., the subcommittee was adjourned, to reconvene at the call of the Chair.]

[The prepared statement of Hon. Wm. Lacy Clay follows:]

Statement of the
Honorable William Lacy Clay
Before the
Government Reform Committee
Wednesday, March 5, 2003

"ONDCP Reauthorization and the National Drug Control Strategy for 2003"

Mr. Chairman, the intent of today's hearing is to consider the reauthorization of the Office of National Drug Control Policy and the National Drug Control Strategy for 2003. Along with my colleagues, I am looking forward to hearing from Director John Walters regarding his thoughts on the strengths and weaknesses of the '03 strategy.

I would also like to commend and acknowledge the difficult work of the office of ONDCP and the commitment that the director and staff have made to address the many challenges of drug and alcohol abuse especially among young adults and teenagers.

Many of us have heard the media stories that highlight money laundering activities associated with illicit drug transactions. Unfortunately, some of the money finds it way to fund terrorist activities. I would like to have a better understanding of the association between illicit drug transactions in the U.S and terrorism. Additionally, I want to hear from Director Walters about the historical connection that exists between these two ills and the progress that is being made to confront this dastardly and subversive connection.

Mr. Chairman America is at a cross road. A crossroad that calls for the choosing between building more jails (which I might add has become an industry unto itself) and deciding whether to pursue sending more resources

to treatment and drug eradication programs? Personally, I would opt for the latter.

Finally, I hope today's panel will provide us with a better understanding of the policy objectives of the Office of National Drug Control Policy. Mr. Chairman, I ask unanimous consent to submit my statement into the record.

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