Union Calendar No. 235

104th Congress, 2d Session – – – – – – – – – – – House Report 104–486

NATIONAL DRUG POLICY: A REVIEW OF THE STATUS OF THE DRUG WAR

SEVENTH REPORT

BY THE

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

together with

ADDITIONAL VIEWS

MARCH 19, 1996.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

---

U.S. GOVERNMENT PRINTING OFFICE

23–187 CC WASHINGTON : 1996

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

WILLIAM F. CLINGER, JR., Pennsylvania, *Chairman*

BENJAMIN A. GILMAN, New York
DAN BURTON, Indiana
J. DENNIS HASTERT, Illinois
CONSTANCE A. MORELLA, Maryland
CHRISTOPHER SHAYS, Connecticut
STEVEN SCHIFF, New Mexico
ILEANA ROS-LEHTINEN, Florida
WILLIAM H. ZELIFF, JR., New Hampshire
JOHN M. MCHUGH, New York
STEPHEN HORN, California
JOHN L. MICA, Florida
PETER BLUTE, Massachusetts
THOMAS M. DAVIS, Virginia
DAVID M. MCINTOSH, Indiana
JON D. FOX, Pennsylvania
RANDY TATE, Washington
DICK CHRYSLER, Michigan
GIL GUTKNECHT, Minnesota
MARK E. SOUDER, Indiana
WILLIAM J. MARTINI, New Jersey
JOE SCARBOROUGH, Florida
JOHN B. SHADEGG, Arizona
MICHAEL PATRICK FLANAGAN, Illinois
CHARLES F. BASS, New Hampshire
STEVEN C. LATOURETTE, Ohio
MARSHALL "MARK" SANFORD, South Carolina
ROBERT L. EHRLICH, JR., Maryland

CARDISS COLLINS, Illinois
HENRY A. WAXMAN, California
TOM LANTOS, California
ROBERT E. WISE, JR., West Virginia
MAJOR R. OWENS, New York
EDOLPHUS TOWNS, New York
JOHN M. SPRATT, JR., South Carolina
LOUISE MCINTOSH SLAUGHTER, New York
PAUL E. KANJORSKI, Pennsylvania
GARY A. CONDIT, California
COLLIN C. PETERSON, Minnesota
KAREN L. THURMAN, Florida
CAROLYN B. MALONEY, New York
THOMAS M. BARRETT, Wisconsin
BARBARA-ROSE COLLINS, Michigan
ELEANOR HOLMES NORTON, District of Columbia
JAMES P. MORAN, Virginia
GENE GREEN, Texas
CARRIE P. MEEK, Florida
CHAKA FATTAH, Pennsylvania
BILL BREWSTER, Oklahoma
TIM HOLDEN, Pennsylvania

BERNARD SANDERS, Vermont (Independent)

JAMES L. CLARKE, *Staff Director*
KEVIN SABO, *General Counsel*
JANE COBB, *Professional Staff Member*
JUDITH MCCOY, *Chief Clerk*
BUD MYERS, *Minority Staff Director*

SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE

WILLIAM H. ZELIFF, JR., New Hampshire, *Chairman*

ROBERT L. EHRLICH, JR., Maryland
STEVEN SCHIFF, New Mexico
ILEANA ROS-LEHTINEN, Florida
JOHN L. MICA, Florida
PETER BLUTE, Massachusetts
MARK E. SOUDER, Indiana
JOHN B. SHADEGG, Arizona

KAREN L. THURMAN, Florida
ROBERT E. WISE, JR., West Virginia
TOM LANTOS, California
LOUISE MCINTOSH SLAUGHTER, New York
GARY A. CONDIT, California
BILL K. BREWSTER, Oklahoma

EX OFFICIO

WILLIAM F. CLINGER, JR., Pennsylvania
CARDISS COLLINS, Illinois

ROBERT CHARLES, *Staff Director*
SEAN LITTLEFIELD, *Professional Staff Member*
ROBERT SHEA, *Professional Staff Member*
SALLY DIONNE, *Clerk*
CHERRI BRANSON, *Minority Professional Staff*

LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES,
Washington, DC, March 19, 1996.

Hon. NEWT GINGRICH,
Speaker of the House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: By direction of the Committee on Government Reform and Oversight, I submit herewith the committee's seventh report to the 104th Congress.

WILLIAM F. CLINGER, Jr., *Chairman.*

CONTENTS

	Page
I. Summary, Oversight Findings and Recommendations	1
A. Introduction	1
B. Overview of Investigation	3
C. Committee Findings	5
D. Committee Recommendations	7
II. Report on the Committee's Oversight Review	11
A. Background	11
B. Proceedings of the Subcommittee on National Security, International Affairs, and Criminal Justice	15
1. March 9, 1995, Hearing	15
a. Purpose and Panels	15
b. Summary of Findings	15
c. Subcommittee Chairman's Introduction	16
d. Testimony of First Lady Nancy Reagan	16
e. Testimony of John P. Walters	18
f. Testimony of William J. Bennett	22
g. Testimony of Robert C. Bonner	23
h. Testimony of Dr. Lee P. Brown	26
i. Testimony of Admiral Paul Yost	31
j. Testimony of Thomas Hedrick, Jr.	32
k. Testimony of G. Bridget Ryan	34
l. Testimony of James Copple	35
m. Testimony of Charles Robert Heard, III	35
2. April 6, 1995, Hearing	36
a. Subcommittee Chairman's Introduction	36
b. Interdiction: The Kramek Letter Revisited	37
c. Interdiction In General	38
d. Source Country Programs	40
e. Prevention In General	41
f. Prevention and Accountability	41
g. Shift to Treatment	43
h. Financial Crimes Enforcement Network	44
i. White House Drug Use	44
j. Surgeon General and Legalization	44
k. Subcommittee Chairman's Closing Remarks	45
3. June 27, 1995, Hearing	45
a. Testimony of DEA Administrator Thomas A. Constantine	46
b. Testimony of GAO's Director-in-Charge of International Affairs, Joseph Kelley, and GAO Investigators, Allan Fleener and Ron Noyes	47
c. Testimony of Acting Assistant Secretary of State for International Narcotics and Law Enforcement Affairs, Jane E. Becker	49
d. Testimony of Deputy Assistant Secretary of Defense for Drug Enforcement and Support Brian Sheridan	49
4. June 28, 1995, Hearing	50
a. Testimony of U.S. Interdiction Coordinator and U.S. Coast Guard Commandant Admiral Robert E. Kramek	50
b. Testimony of the Commissioner of U.S. Customs George Weise	51
5. September 25, 1995, Hearing	52

Page

B. Proceedings of the Subcommittee on National Security, International Affairs, and Criminal Justice—Continued
5. September 25, 1995, Hearing—Continued
a. Background on the Problem, How Community United, and the Interagency Task Force 52
b. State Attorney General Jeff Howard Credits Effective Coordination, Drug Task Force, and Byrne Grants 53
c. Director of State Office of Alcohol and Drug Abuse Prevention Geraldine Sylvester Urged Prevention, Treatment, Student Assistance, Parental Training and Peer Counseling 53
d. Commissioner of the State Department of Corrections Paul Brodeur Urged Support for Byrne Grants, Correctional Pathways Program 53
e. State Narcotics Investigation Unit's Assistant Commander Neal Scott Explained Usage Breakdown, Urged Local Flexibility 54
f. DEA Special-Agent-In-Charge Billy Yout Explained Recent Trends, Concurred in Support for Prevention, Law Enforcement 54
g. Manchester Mayor Ray Wieczorek Testified on the Importance of Public Sector-Private Sector Cooperation ... 54
h. Manchester Police Chief Peter Favreau Explained Multi-Agency Effort and How Operation Streetsweeper Succeeded 54
i. United States Attorney Paul Gagnon Discussed Cooperation and Funding 55
j. Citizen Groups Represented by Alice Sutphen Urged Community Action 55
k. Dover Police Captain Dana Mitchell Urged support for D.A.R.E. and Law Enforcement's Role in Prevention ... 55
l. Executive Director of Nashua Youth Council Michael Plourde Urged Community Need Assessment Prior to Receipt of Federal Funds 56
m. Marathon House Regional Director John Ahman Urged Support for Effective Treatment 56
n. Manchester Police Sergeant Dick Tracy Urged Strong Support for D.A.R.E. Program 56
C. Fact-Finding Trip to Transit Zone 56
1. OPBAT Operations Need Resources 57
2. Aerostat Radars Were Deterrent 57
3. Cuba Creates Overflight and Maritime Constraints 57
4. Puerto Rico: Drug Gateway, Assets Needed 58
5. Joint Interagency Task Force—East 58
D. Interdiction Policy Oversight 59
1. Interdiction From 1984–1990 59
2. Clinton's Cuts In Drug Interdiction 60
a. ONDCP Interdiction Budget Cuts 60
b. Assets Lost According to Admiral Yost 60
c. ONDCP Strategy Confirms Specific Reductions 61
d. Field Representatives Confirm Assets Lost and Explain Impact 61
e. USIC Memorandum Confirms Assets Lost 62
f. Additional Expert Testimony Confirms Assets Lost 62
g. Admiral Kramek's December 1994 Letter to Drug Czar Lee Brown Confirms Assets Lost, And Interdiction Coordinator's Unsuccessful Efforts to Restore 64
h. Admiral Kramek's June 1995 Testimony Underscore's Interdiction's Importance and the Missing Priority 64
i. Testimony Of Drug Czar Lee Brown Confirms Low Priority on Interdiction 65
j. No Heroin Strategy Until November 1995 65
k. GAO Reports Serious Deficiencies in Clinton Administration Source Country Programs 66
l. Bottom National Security Priority 66
m. Only Six Staff for Nation's Interdiction Coordinator, and No Supply Side Deputy Director of ONDCP 66

Page

D. Interdiction Policy Oversight—Continued
2. Clinton's Cuts In Drug Interdiction—Continued
n. ONDCP Has No Deputy for Supply Reduction 66
o. ONDCP Staff And Budget Gutted—Not Restored 67
p. Conclusions on Interdiction Policy 67
3. The Implications of Reduced Interdiction 67
a. Lower Prices, Higher Availability and Purity 67
b. Exploding Casual Use by Youth 68
c. Increasing Drug Related Juvenile Crime 69
d. Nature of Juvenile Drug Use Changing Toward Addiction 70
e. Drug Emergencies At Record Level 70
f. Foreign Perceptions of U.S. Commitment Altered By Clinton Reductions 70
E. Source Country Programs Oversight 71
1. The "Controlled Shift" 71
2. GAO Study of Clinton's Source Country Programs 72
3. Admiral Kramek's View in December 1994 of the Source Country Programs 72
4. Invitations Rejected By the President's National Security Advisor and By the President 72
5. Conclusions on Source Country Programs 73
F. Prevention Programs Oversight 74
1. Prevention is Central to Drug War 75
a. Interdiction Experts Agree 75
b. The Partnership For a Drug-Free America Explains Broad Effectiveness of Drug Prevention 75
c. The BEST Foundation Describes Differences Between Validated and Unvalidated Prevention Programs 76
d. Community Antidrug Coalitions of America (CADCA) Favors Renewed National Leadership And Accountable, Well-Funded Drug Prevention 77
e. Texans' War on Drugs Program Favors Renewed Presidential Leadership, Possible Separation of Prevention and Treatment, And Block Grant of Unified Agency for Prevention Programs 77
f. New Hampshire Experts Urge Support for Byrne Grants, Attention to Prevention, Treatment, Correctional Programs 78
2. Media Have a Key Role 78
3. Accountability Concerns Are Serious, Specifically In Safe and Drug Free Schools Act Monies 78
4. Presidential Leadership Missing 81
5. Fact-Finding Trip With Director of ONDCP 81
6. Conclusions on Prevention Policy 81
G. Treatment Programs Oversight 82
1. Background: Treatment Needed in Drug War 82
2. Administration Shift to Treatment 82
3. Contrary to ONDCP Assertions, Treatment Funding Grew in Past Strategies 83
4. Treatment Limitations: Bureaucracy 83
5. Treatment Limitations: Effectiveness 83
6. The June 1994 RAND Treatment Study: A Poor Basis For National Drug Policy 84
7. Treatment Conclusions 86
III. Conclusions and Recommendations 87
A. Conclusions 87
B. Recommendations 89

VIEWS

Additional views of Hon. Karen L. Thurman, Hon. Henry A. Waxman, Hon. Tom Lantos, Hon. Robert E. Wise, Jr., Hon. Major R. Owens, Hon. Edolphus Towns, Hon. Louise McIntosh Slaughter, Hon. Paul E. Kanjorski, Hon. Carolyn B. Maloney, Hon. Thomas M. Barrett, Hon. Barbara-Rose Collins, Hon. Eleanor Holmes Norton, Hon. James P. Moran, Hon. Carrie P. Meek, Hon. Chaka Fattah, and Hon. Tim Holden 94

Page
Additional views of Hon. William H. Zeliff, Jr. 107
Additional views of Hon. Mark Souder 111

Union Calendar No. 235

104TH CONGRESS, 2d Session } HOUSE OF REPRESENTATIVES { REPORT 104–486

NATIONAL DRUG POLICY: A REVIEW OF THE STATUS OF THE DRUG WAR

MARCH 19, 1996.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. CLINGER, from the Committee on Government Reform and Oversight, submitted the following

SEVENTH REPORT

together with

ADDITIONAL VIEWS

BASED ON A STUDY BY THE NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE SUBCOMMITTEE

On March 7, 1996, the Committee on Government Reform and Oversight approved and adopted a report entitled "National Drug Policy: A Review of the Status of the Drug War." The chairman was directed to transmit a copy to the Speaker of the House.

I. SUMMARY, OVERSIGHT FINDINGS AND RECOMMENDATIONS

A. INTRODUCTION

The Committee on Government Reform and Oversight ("the Committee") has primary legislative and oversight jurisdiction for the "overall economy, efficiency and management of [G]overnment operations and activities . . . and for "[r]eorganizations in the Executive Branch of the government." [Rules of the House of Representatives, 104th Congress, X,1(g)(6) and (12).]

In addition, the Committee has primary oversight responsibility to "review and study, on a continuing basis, the operation of government activities at all levels with a view to determining their economy and efficiency." [Rules of the House of Representatives, 104th Congress, X,2(b)(2).] Finally, the Committee "may at any

time conduct investigations of any matter without regard to the provisions . . . conferring jurisdiction over such matter upon another standing committee." [Rules of the House of Representatives, 104th Congress, X,4(c)(2).]

Pursuant to the foregoing grants of jurisdiction, the Subcommittee on National Security, International Affairs, and Criminal Justice convened five oversight hearings during 1995 to assess the status of the Nation's Federal drug control strategy and its implementation. Specifically, the Subcommittee examined the status of Federal interdiction, source country, prevention and treatment programs.

Advice and recommendations were sought from top Administration officials and preeminent outside experts. The Subcommittee's twin aims were (a) identifying strategic and implementation issues requiring improvement, and (b) identifying sound recommendations for achieving measurable improvement in combating illegal drug importation and illegal drug use.

The Subcommittee's inquiry was driven by seven background facts, discussed in more detail in the "Background" section below. In brief, these facts are as follows.

First, drug use has been rising markedly across American society over the past three to four years, especially among the Nation's juvenile population. The statistics are deeply troubling.

Second, drug use fell markedly between 1981 and at least early 1992, following what most agree was concerted federal, state, community and parental counter narcotics activity, as well as strong national leadership on the issue by Presidents Reagan and Bush, and First Lady Nancy Reagan.

Third, rising juvenile drug use and rising violent juvenile crime are integrally related, and have tended to feed upon each other.

Fourth, objective indicators of the overall attention being devoted to the antidrug message by the media, national leaders, and the President have been lower during the past several years than at any time in recent history.

Fifth, objective indicators of Federal support for the counter narcotics effort or the Drug War, particularly for drug interdiction, show a substantial reduction in resources committed to key areas. In early 1995, key budget numbers were already clearly below the prior high water marks deemed necessary for an effective strategy.

Sixth, the Administration's 1994 and 1995 Office of National Drug Control Policy (ONDCP) Strategies represent two conscious shifts in policy, one toward greater drug treatment emphasis within the demand reduction component of the strategy and one toward greater source country program emphasis within the supply-reduction component.

Seventh, the 1994 and 1995 White House Strategies depart from prior White House Strategies and from the statutory requirement of "quantifiable goals," offering instead broad, prescriptive goals, such as "[r]educe the number of drug users in America." [1]

These seven facts compelled oversight and review of the status of the Nation's Federal counter narcotics effort, the Office of Na-

[1] Office of National Drug Control Strategy, National Drug Control Strategy, February 1995, p. 53.

tional Drug Control Policy, the National Drug Control Strategy and its implementation.

B. OVERVIEW OF INVESTIGATION

The Nation's anti-drug effort has been a long and evolving one, spanning at least six Presidents and involving continuous reassessments. In fact, the impact of illegal drugs on our society has been a growing concern since the early 1970s. In June 1971, President Nixon told Congress that a national response to drug addiction was needed since "the problem has assumed the dimensions of a national emergency." [2]

By 1980, illegal drug use was so widespread that antidrug parent groups such as Pride and National Family Partnership began to form. That year, more than half of all minors surveyed acknowledged illegal drug use.[3]

During the early 1980's, then-First Lady Nancy Reagan became a leader in the anti-drug, or drug abuse prevention, movement. Nancy Reagan effectively led the campaign to educate our Nation's youth and stem rising youth drug abuse. Her most famous statement, "Just Say No," the answer to a child's question about how to respond if pressed to take drugs, became the guiding phrase of the prevention movement. Unrivaled in her energy and commitment, Nancy Reagan became the movement's chief spokesperson. During the mid-1980's, President Reagan showed unprecedented leadership in what soon became known as a war against illegal drug use and those who trafficked in illegal drugs.[4]

In 1986, Congress passed the Anti-Drug Abuse Act, effectively establishing the first Federal framework of mandatory minimum sentences for drug trafficking.[5] The 1986 Act created "two tiers of mandatory prison terms for first-time drug traffickers: a five-year and ten-year minimum sentence. Under the statute, these prison terms are triggered exclusively by the quantity and type of drug involved in the offense. For example, the ten-year penalty is triggered if the offense involved at least one kilogram of heroin or five kilograms of powder cocaine or 50 grams of cocaine base." [6]

In 1988, Congress passed the Anti-Drug Abuse Act of 1988 (P.L. 100–690, Title I, Subtitle A), which established the Office of National Drug Control Policy (ONDCP) and created the new position of "White House Drug Czar" or ONDCP Director. The Act also required the White House ONDCP Director to present an annual strategy with measurable goals and a Federal drug control budget to the President and Congress.[7]

In 1994, pursuant to the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103–322, Title X), the "drug czar" was authorized to make recommendations to agencies during budget formulation. The aim of this Act was to improve resource targeting and policy consistency at Federal agencies involved in implement-

---

[2] Musto, David F., The American Disease: Origins of Narcotic Control, p. 256 (1987).

[3] In 1979, 54 percent of youth respondents to the Monitoring the Future Survey indicated drug use. *See* the *1995 Pride Report*, Executive Summary, p. 1.

[4] *See* "Testimony of Admiral Paul Yost," *supra*.

[5] *See* P.L. No. 99–570, 100 Stat. 3207 (1986).

[6] *Special Report to Congress: Cocaine and Federal Sentencing Policy*, United States Sentencing Commission, February 1995, p. 116.

[7] P.L. 100–690, Title I, Subtitle A.

ing the National Drug Control Strategy, as well as to heighten overall counter narcotics coordination throughout the Federal Government. In addition, the "drug czar" was authorized under the 1994 Act to exercise discretion over two percent of the overall drug budget; the "drug czar" could theoretically transfer up to two percent of the budget among National Drug Control Program accounts, upon approval by the appropriations committees.[8]

During recent prior sessions of Congress, legislative and oversight hearings have been held on various aspects of national drug policy. The Subcommittee's 1995 oversight hearings, proposed and supported by both minority and majority Subcommittee members, were the result of recent developments, including the steep rise in juvenile and overall drug use (including both rising casual drug use, and increasing regularity of use); the growing awareness that increased juvenile drug use is linked to rising juvenile crime;[9] the absence of a long-promised White House Heroin Strategy;[10] an objective reduction in interdiction efforts;[11] an apparent lack of progress in source countries toward goals set forth for so-called source country programs;[12] reports of lagging accountability in certain drug prevention programs;[13] the deemphasis by the media on drug abuse;[14] the overall rise in drug related juvenile violence;[15] and general concerns about interagency coordination of the Federal counter narcotics effort.[16]

The intent to examine National Drug Control Strategy was set forth in the February 6, 1995 Subcommittee Strategic Plan, in accord with the minority and majority view that the area required oversight.[17]

In the course of investigating the status of the National Drug Control Strategy, the Strategy's implementation and the need for improvement, the Subcommittee engaged in extensive correspondence with the Administration, including direct correspondence with the President; the Vice President; the President's National Security Advisor, Anthony Lake; the Director of ONDCP, Dr. Lee P. Brown; the United States Interdiction Coordinator and Coast Guard Commandant, Admiral Robert E. Kramek; the Administrator of the Drug Enforcement Administration, Thomas A. Constantine; the Commissioner of the U.S. Customs Service, George Weise; the Department of Defense Deputy Assistant for Drug Enforcement Policy, Brian Sheridan; the Department of State Deputy Assistant Sec-

---

[8] In fact, this two percent measure has proved more theoretical than actual, as particular agency heads have resisted the transfers and prevailed in those efforts. For example, FBI Director Louis Freeh reportedly blocked resource allocations by ONDCP in 1994.

[9] 1995 OJJDP Report, pp. 58–65.

[10] The President promised a Heroin Strategy within 120 days of taking office. Without any White House announcement, he signed a Heroin Strategy in late November 1995. The signed Strategy offers little detail, and was promulgated without implementing guidelines, which has so far made it a nullity.

[11] *See* "Interdiction Policy Oversight" section, below.

[12] *See* "Source Country Program Oversight" section, below.

[13] In particular, reports of waste and misapplication of funds have been associated with certain states' administration of Safe and Drug Free Schools monies, and these allegations are under investigation by the Department of Education Inspector General's Office and the United States General Accounting Office.

[14] *See* "Prevention Policy Oversight" section, below.

[15] *See* "Background" section, below.

[16] *See, e.g.*, Yost Testimony, below.

[17] The topic was discussed at a meeting of the full Subcommittee in early February, views were solicited by the Chairman, and both minority and majority members indicated a desire to conduct oversight in this area.

retary for International Narcotics and Law Enforcement, Ambassador Jane E. Becker; and others at the Departments of Justice, Defense, State, ONDCP and elsewhere in the Administration.

The Subcommittee investigation included one fact finding trip. Subcommittee members, the United States Coast Guard and staff, traveled to the Seventh Coast Guard District in the Caribbean transit zone. There, they attended briefings at Seventh District Headquarters in Miami, Coast Guard interdiction initiatives at sea, Drug Enforcement Administration (DEA) activities in the Greater Antilles, high level interagency briefings in Puerto Rico by the FBI, DEA, Customs, Border Patrol, and local authorities, and received in depth briefings by Admiral Granuzo and others at Joint Task Force Six in Key West, dedicated to Eastern Caribbean Drug Interdiction. This interdiction trip was arranged in coordination with the United States Coast Guard, and invitations were extended to minority and majority members. The trip occurred on June 16 through 19, 1995. Additionally, in coordination with ONDCP, the Subcommittee Chairman traveled with the White House Director of ONDCP to see prevention and treatment programs first-hand in Massachusetts.

Throughout 1995, the Chairman, Members and Subcommittee staff met extensively with the agencies involved in the counter narcotics effort, and endeavored to collect directly and indirectly both statistical and anecdotal evidence on the effectiveness and accountability of the current National Drug Control Strategy and programs. These efforts spanned the key areas of interdiction, law enforcement, prevention, treatment, and source country initiatives. The Subcommittees sought further insight from GAO investigators, agents in the field, and departmental inspectors general.

C. COMMITTEE FINDINGS

The Committee's 1995 examination of the National Drug Control Strategy, its implementation and overall effectiveness resulted in the following findings:

(1) Casual teenage drug use trends have suffered a marked reversal over the past three years, and are dramatically up in virtually every age group and for every illicit drug, including heroin, crack, cocaine, hydrochloride, LSD, non-LSD hallucinogens, methamphetamine, inhalants, stimulants, and marijuana.

(2) Rising casual teenage drug use is closely correlated with rising juvenile violent crime.

(3) If rising teenage drug use and the close correlation with violent juvenile crime continue to rise on their current path, the Nation will experience a doubling of violent crime by 2010.[18]

(4) The nature of casual teenage drug use is changing. Annual or infrequent teenage experimentation with illegal drugs is being replaced by regular, monthly or addictive teenage drug use.[19]

---

[18] *See* Juvenile Offenders and Victims: A National Report, OJJDP, Department of Justice, September 1995.

[19] *See* 1995 surveys conducted by PRIDE, The National Household Survey, and The University of Michigan's Monitoring the Future Survey.

(5) The nationwide street price for most illicit drugs is lower than at any time in recent years, and the potency of those same drugs, particularly heroin and crack, is higher.[20]

(6) Nationwide, drug related emergencies are at an all time high.[21]

(7) The 1994 and 1995 White House ONDCP strategies consciously endeavored to shift resources away from priorities set in the late 1980's, namely from the prior emphasis on prevention and interdiction to a post-1993 increase emphasis on treatment of "hardcore addicts" and a "controlled shift" to source country programs.

(8) During 1993, 1994 and the early part of 1995, the President put little emphasis on, and manifested little interest in, either the demand side war against illegal drug use or the supply side war against international narcotics traffickers; an objective look at the President's public addresses and his actions regarding gutting the ONDCP when he became President, interactions with Congress, and discussions with foreign leaders reveals that attention to the rising tide of illegal drug use was a low presidential priority.[22]

(9) The President's actual attention to this problem, measured by other than the paucity of speeches and proposed budget cuts, has been uniformly low. In addition to the absence of direct presidential involvement in the drug war, the President produced no 1993 Annual Strategy, despite a statutory duty to do so under the 1988 Antidrug Abuse Act; delayed appointment of a White House Drug Czar, or ONDCP Director, until half way through 1993; and produced only a terse "interim" strategy in 1993.

(10) The Drug War appears also to have been expressly reduced to a low national security priority early in the Administration, and not to have been formally elevated at any time since.[23]

(11) While the position is contested by the Administration's ONDCP Director, a wide cross section of drug policy experts inside and outside of the Administration concur that the absence of direct presidential involvement in foreign and domestic counter narcotics efforts has contributed to recent reversals in youth drug use trends, reduced street prices for most narcotics, and increased potency of most illicit drugs.

(12) Prevention programs that teach a right-wrong distinction in drug use, or "no use," such as D.A.R.E., G.R.E.A.T., the Nancy Reagan After School Program, community-based efforts run by groups such as C.A.D.C.A., PRIDE, the National Parents Foundation, and Texans War on Drugs, as well as other local school and workplace programs, have proven both successful and popular where they have been well-managed and accountable—despite the 1995 White House ONDCP Strategy statement that "[a]ntidrug messages are losing their potency among the Nation's youth";[24] while some of these programs, for accountability reasons, have come under increased scrutiny, such as Federal monies disbursed

---

[20] *See* "Interdiction Policy Oversight" section, below.

[21] *See* "Background" section, below.

[22] *See* "Background," "Interdiction Policy Oversight" and "Prevention Policy Oversight" sections, below.

[23] *See* "Interdiction Policy Oversight" section, below. Reportedly, the drug war's national security priority during the first 3 years of the Clinton Administration was number 29 out of 29.

[24] *See* "Prevention Oversight" section, below.

under the Safe and Drug Free Schools Act, others have received increased funding, such as the Byrne Grants, which help to finance the D.A.R.E. program.

(13) Federal drug prevention programs, such as Safe and Drug Free Schools, while supporting successful prevention programs in many parts of the country, are of two types; some have been widely lauded, such as D.A.R.E., while others have been subject to continuing concerns about misapplication, waste and abuse of funds.[25]

(14) The Nation's law enforcement community needs greater flexibility and support from the Federal Government in addressing the rise in juvenile and drug related crime. While certain developments are promising, such as the $25 million increase in Byrne Grant funding in fiscal 1996, a law enforcement block grant to supersede the COPS program, and increased reliance on joint interagency task forces, valuable time has been lost in addressing this need; renewed attention to strengthening local, county, state and Federal law enforcement's counter narcotics efforts are required.

(15) The Nation's interdiction effort has been dramatically curtailed over the past three years, due to lack of White House support for interdiction needs, reduced funding, a tiny staff at the U.S. Interdiction Coordinator's Office, the absence of an ONDCP Deputy for Supply Reduction, reduced support for National Guard container search days, the elimination of certain cost effective assets in the Eastern Caribbean, reassignment or absence of key intelligence gathering assets, reluctance by the Department of State to elevate counter narcotics to a top priority in certain source and transit countries, unnecessary interagency quarreling over asset management and personnel issues, and the apparent inability or unwillingness of the White House Drug Czar to bring essential interdiction community concerns to the attention of the President or to aid the President's Interdiction Coordinator in doing so; and

(16) Poor management and interagency coordination in source countries has been discovered and was described in detail by the General Accounting Office (GAO).

D. COMMITTEE RECOMMENDATIONS

Upon review of the 1995 National Drug Control Strategy and an assessment of the status of the Drug War through expert testimony at oversight hearings, receipt of reliable documentary evidence, reference to General Accounting Office studies commissioned by the Subcommittee, and contacts with experts inside and outside the Federal government, the Subcommittee advances the following recommendations for improvement of the Nation's national drug control strategy:

(1) To assure that the Drug War becomes a top national priority, the President should, in close consultation with Congress, establish an overall budget that places counter narcotics high among national priorities.

(2) To reverse the rise in casual drug use by juveniles, the President should, in close consultation with Congress, establish a National Drug Control Strategy which returns accountable prevention programs to highest priority among Federal demand reduction pro-

[25] *See* "Prevention Oversight" section, below.

grams, and does not disproportionately favor increased drug treatment funding at the expense of accountable prevention.

(3) To reverse the rise in illegal drug importation, high drug availability, high drug purities, and low street prices, the President should, in close consultation with Congress, establish a National Drug Control Strategy which returns well-coordinated interdiction programs to highest priority among Federal supply reduction programs, and does not embrace further cuts in interdiction assets or funding, or otherwise shift interdiction assets or funding to source country programs.

(4) To restore accountability to ONDCP and the national drug policy, the President should return to promulgating, in compliance with the Antidrug Abuse Act of 1988, a clear set of measurable and quantifiable annual goals as part of the annual National Drug Control Strategy.

(5) To restore accountability, the overall National Drug Control Strategy should be more than descriptive, and more than a collection of laudable goals to which agencies aspire; the Strategy should become the standard against which success or failure of all agencies' antidrug programs are measured; the Strategy should also be the basic document against which future justification for antidrug funding at each agency is measured.

(6) To restore accountability to Federal demand reduction programs, the President, in close consultation with Congress, should establish workable accountability mechanisms and clear measures of effectiveness, either by statute or regulation. Prevention programs that have no means for assuring accountability, that cannot demonstrate achievement of any measurable goals, or that do not fund "no use" messages should be unfunded in subsequent budget cycles; similarly, treatment programs unable to assure accountability and effectiveness should be unfunded.

(7) To restore accountability to supply reduction programs (e.g. source country programs), the President, in close consultation with Congress, should establish workable accountability mechanisms; while effectiveness may be more difficult to measure on the supply side, programs that have no means for assuring accountable expenditures or fail to meet previously established goals should be unfunded in subsequent budget cycles.

(8) To restore accountability, coordination and meaningful ONDCP guidance of the overall Federal antidrug efforts, antidrug programs that receive their justification in the annual ONDCP Drug Strategy Budget should be identified with greater specificity, and the 50-plus agencies that receive funding through these programs should be required to place the details of each program before the ONDCP Director prior to the production of succeeding annual budgets.

(9) To restore accountability and coordination of the Nation's overall drug strategy, the White House Drug Czar should become the chief voice within the Administration on whether programs continue to be funded or not and at what levels, in consultation with OMB and the authorizing and the appropriations committees. However, in all antidrug efforts, the Drug Czar—and not individual agency heads—should then be viewed by the President, OMB and Congress as the primary decision-maker on national drug policy;

(10) The President should be encouraged to be unequivocal, vocal and constant in his support of the Drug Czar, and to delegate to him or her the fullest authority possible on all issues relating to the Nation's counter narcotics efforts.

(11) In support of the Drug Czar and heightened interagency coordination, the President should insist that all relevant agency heads coordinate antidrug activities directly through that person, and insist that all major counter narcotics decisions be approved by that person. Moreover, the one document that should govern all coordination efforts should be the National Drug Control Strategy.

(12) The President should maximize the Drug Czar's authority by:

- Funding ONDCP itself back to late 1980's levels, including a complement of 150 ONDCP staff and a substantial increase in the U.S. Interdiction Coordinator's staff (currently six);
- Expressly delegating all authority for program prioritization and, in consultation with OMB, selected budget matters to ONDCP;
- Expressly giving ONDCP the authority to evaluate antidrug program effectiveness across all agencies of the Federal Government, and the authority to offer the primary recommendation to the President and Congress on program continuation, enhancement, reduction or elimination;
- Insisting that all agency heads meet personally with the ONDCP Director at least quarterly, following a format similar to the never-repeated October 1994 drug interdiction agency head conference.
- Confirming that the White House Drug Czar's priorities are the President's priorities in all contacts with agency heads.
- Publicly supporting efforts of the White House Drug Czar and ONDCP through regular discussion in the media, with Cabinet Officials, and in periodic addresses to the Nation or other public speeches.

(13) To demonstrate the President's constant concern, awareness and consistent support for the Nation's Drug Control Strategy, and the many public and private sector advocates and implementors of policies within or consistent with that Strategy, the President should speak out regularly on the topic, utilizing the presidential "bully pulpit" to elevate the issue and build public support for demand and supply reduction efforts.

(14) To bring the issue immediately back to the forefront of the Nation's agenda, the President should consider one or all of the following: An address to the Nation from the Oval Office or to a Joint Session of Congress on the topic of exploding teenage drug use; a series of White House Drug Policy Conferences, including one each on prevention, narcotics-related law enforcement, interdiction, source country programs, treatment programs, and the role of the media; meeting personally with congressional leaders on this issue at least once or twice annually, notably the Bi-Partisan Drug Policy Group (currently co-chaired by Congressman Bill Zeliff, R-NH, and Congressman Charles Rangel, D-NY) or a similar counter narcotics leadership group; and appoint a bipartisan White House Commission on "Winning the Drug War," to study the evolving options in

depth and report new policy ideas and findings to the President and Congress for swift action.

(15) In specific support of supply reduction, the National Drug Control Strategy should:

- Elevate the Drug War threat on the National Security Council's list of national security priorities to a top position;
- Restore funding for interdiction efforts, as recommended by the current U.S. Interdiction Coordinator, to "1992–1993 levels;"
- Restore funding to ONDCP for staff and policy support lost in 1993 Administration cuts;
- Restore funding for intelligence gathering lost between 1993 and 1995;
- Restore lost Ship Days, National Guard Container Search Works Days, and Flight Hours lost in 1993, 1994 and 1995 Administration cuts;
- Restore to the Transit Zone the lost airborne and stationary radars, Jayhawk helicopters, Coast Guard Cutters and SES Patrol Boats, HU–25 Falcon Interceptor aircraft (five lost), E2–C Hawkeye AEW aircraft (4 lost), EC130–V AEW aircraft with rotodome (transferred to DoD), modernized sea-based aerostats (all lost), and personnel, including Transit Zone personnel and personnel formerly assigned to C3I East, subsequently consolidated into the Customs Domestic Air Interdiction Coordination Center (DAICC) and suffering "serious manning shortages;"
- Establish a process for direct, regular communications between the U.S. Interdiction Coordinator (USIC) and the National Security Advisor, if not also between the USIC and the President;
- Issue the missing agency implementation guidelines that should have accompanied the November 1995 Heroin Strategy;
- Provide sufficient staff to the USIC (who now coordinates the Nation's interdiction policy with a staff of 6);
- Rescind or modify PDD–14 to reflect either a slower shift of resources or no shift at all toward source country programs.
- Insist on accountability mechanisms in source country programs that assure improved management, interagency coordination, clarity and targeting.
- Restore support for law enforcement's counter narcotics mission through a combination of greater flexibility by block grants, increasing the Byrne Grant and similar programs, heightened drug prosecutions in the Federal courts, and encouraging increased cross over of high technologies available to the military but not yet economically to law enforcement;
- Encourage wider use of joint interagency task forces, by reducing jurisdictional conflicts, bureaucratic impediments, and restrictive regulations, as well as rechannelling funds to these joint efforts.

(16) In specific support of demand reduction efforts, the National Drug Control Strategy should:

- Reaffirm the central place of drug use prevention in the overall national drug strategy;
- Respond to recommendations that develop out of the GAO and Department of Education investigations of prevention program accountability, including the accountability of the Safe and Drug Free Schools Program;

• Encourage greater private sector and media support for drug prevention efforts nationwide;

• Offer greater flexibility to States and localities, through mechanisms such as a separate prevention block grant (independent of treatment), while clearly supporting only "no use" messages and "no use" curricula;

• Encourage greater cooperation among the prevention and law enforcement communities, while increasing support for such overlapping programs as the Byrne Grants, D.A.R.E. and G.R.E.A.T. programs;

• Fund only "validated" prevention programs, as suggested by national prevention efforts in the March 1995 Subcommittee hearings;

• Encourage the establishment of accepted criteria for effective drug treatment and the creation of programs that are likely to meet these criteria;

• Encourage greater application of effective treatment programs in correctional institutions;

• Provide opportunities for the President to regularly and forcefully speak out on the issue;

• Explore means for establishing a larger number of overall treatment "slots," so long as the treatment programs under consideration are effective;

• Reducing the Federal "treatment bureaucracy" to allow a greater flow of treatment funds to the states and localities outside Washington, D.C.

• Consider increased funding for research into potentially more effective drug treatment.

II. Report on the Committee's Oversight Review

A. BACKGROUND

The Nation's Drug Control Policy must be evaluated against the backdrop of seven incontrovertible facts. First, drug use has been rising markedly across American society over the past three years, especially among the Nation's juvenile population. The statistics are alarming.

In 1994, for the third consecutive year, reputable nationwide surveys, including the National Household Survey[26] and Michigan University's Monitoring the Future Study,[27] measured disturbing increases in drug use and acceptability, especially among the Nation's youth.

According to the 1994 Michigan University study, 13 percent of 8th-graders experimented with marijuana in 1993, about twice the 1991 level. Experimentation among 10th-graders increased about two-thirds the previous three years, and daily use among high school seniors was up by half over 1993 levels.

Increasing use was also reported in 1994 by the Drug Abuse Warning Network Data, which collected data from emergency

[26] Substance Abuse Mental Health Services Administration, National Household Survey on Drug Abuse: Population Estimates 1994, U.S. Dept. of Health and Human Services, Public Health Service, September 1995.

[27] Johnston, L., O'Malley, P. and Bachman, J., Monitoring the Future Study, University of Michigan (1994).

rooms around the country on drug related emergencies in 1993. That data showed an 8 percent increase in drug related emergency room cases between 1992 and 1993, with 45 percent being heroin overdoses. Cocaine was also at an all-time high, having more than doubled since 1988, and marijuana emergencies increased 22 percent between 1992 and 1993.

1995 data is worse: The National Household Survey released in September 1995 shows that overall drug use among kids ages 12 to 17 jumped 50 percent in 1994, from 6.6 percent to 9.5 percent. The National Pride Survey of 200,000 students shows that one in three American high school seniors now smokes marijuana; there has been a 36 percent increase in cocaine use among students in grades 9 through 12 since 1991–92; and hallucinogen use by high schoolers has risen 75 percent since 1988–89.

Finally, October 1995 DAWN data shows that, in 1994, "Cocaine-related episodes reached their highest level in history" and registered a "15 percent increase from 1993 and 40 percent increase from 1988." On top of this, marijuana or hashish-related emergencies rose 39 percent from 1993 to 1994, and total drug related emergency cases rose 10 percent between 1993 and 1994.

Not surprisingly, a significant quantity of the narcotics producing the foregoing statistics come from a foreign source; for example, from mid-1993 to early 1995, Mexican traffickers reportedly produced at least 150 tons of methamphetamine, or speed; not surprisingly, Mexico also imported an estimated 170 tons of ephedrine, a precurser chemical in production of methamphetamine. Similarly, the Drug Enforcement Administration confirms that approximately 70 percent of the estimated 400 tons of cocaine was smuggled into the United States annually comes across Mexico's border with the United States. Other leading source countries include, not surprisingly, Colombia, Bolivia, Peru and Burma.[28]

The second incontrovertible fact is that overall drug use fell markedly between 1981 and 1992, during a period of concerted Federal, State, community and parental counter narcotics activity, and vocal national leadership by Presidents Reagan and Bush, as well as First Lady Nancy Reagan.

In combination with nationwide grassroots parent groups, such as Pride and the National Family Partnership, Mrs. Reagan's "Just Say No" prevention program began the push to reduce drug use through education in the early 1980s. Mrs. Reagan's effort was supplemented by Federal drug prevention monies in 1987, and coordinated with the first concerted drug interdiction program in the late 1980s.

Aided by new programs at the Departments of Defense and Justice, the Drug Enforcement Administration, U.S. Customs Service, Border Patrol, and State and local law enforcement agencies, then-Coast Guard Commandant Admiral Paul Yost coordinated and im-

---

[28] *See*, e.g., February 22, 1996 letter from the President to the Chairmen and Ranking Members of the Senate Committee on Foreign Affairs, The Senate Committee on Appropriations, The House Committee on Appropriations and the House Committee on International Relations. This letter lists as "major illicit drug producing or drug transit countries," the following: Afgahanistan, The Bahamas, Belize, Bolivia, Brazil, Burma, Cambodia, China, Colombia, Dominican Republic, Ecuador, Guatamala, Haiti, Hong Kong, India, Iran, Jamaica, Laos, Lebanon, Malaysia, Mexico, Nigeria, Pakistan, Panama, Paraguay, Peru, Syria, Taiwan, Thailand, Venezuela and Vietnam.

plemented a drug interdiction effort based on the increased flow or "pulsing" of resources into the transit zone at high-drug trafficking times.

Together, these prevention, law enforcement and interdiction efforts demonstrated results. Monthly cocaine use dropped from 2.9 million users in 1988 to 1.3 million in 1990. Overall drug abuse dropped from 14.5 million users in 1991 to 11.4 million in 1992. The perceived risk of drug use rose, as did prices, while availability and purity fell.

The third incontrovertible fact is that juvenile drug use and violent juvenile crime are closely related, and predictably feed upon each other. In September 1995, the Justice Department's Office of Juvenile Justice and Delinquency Prevention (OJJDP) reported that, "[a]fter years of relative stability, juvenile involvement in violent crime known to law enforcement has been increasing," and "juveniles were responsible for about 1 in 5 violent crimes."[29]

OJJDP also confirmed 1994 National Institutes of Justice Drug Use Forecasting (DUF) data showing that "1 in 3 juvenile detainees were under the influence of drugs at the time of their offense."[30] For example, the level of marijuana use in 1993 varied from 14 percent to 51 percent of juveniles tested at 12 sites, making an average value of 26 percent, which was substantially above the 1992 average value of 16 percent.[31]

A fourth central fact is that objective indicators of overall attention being devoted to the antidrug effort by the media, national leaders and the President in particular is lower than at any time in recent history. Media coverage of the Drug War, which peaked in 1989, has been anemic since. The Partnership for a Drug Free America was able to afford in 1990 and 1991, with media financing, roughly one antidrug message per household per day; Tom Hedrick of the Partnership testified that "support for these messages has declined 20 percent in the past three years . . . because the media is not as convinced that the drug issue is as important as it was." Moreover, media coverage is also down—from 600 antidrug stories on the three major networks in 1989 to 65 last year, a free-fall.

Presidential leadership has been equally weak. In 1993 and 1994, President Clinton made seven addresses to the Nation; none mentioned illegal drugs. The President's 1993 presidential papers reveal 13 references to illegal drugs in a total 1,628 presidential statements, addresses, and interviews. Of 1,742 presidential statements and other utterances in 1994, illegal drugs were mentioned only 11 times.[32]

The fifth fact: Objective indicators of Federal support for the counter narcotics effort, or Drug War, particularly for drug interdiction, show a substantial reduction in resources committed to key areas. In early 1995, key budget numbers were already clearly

---

[29] DOJ, OJJDP, Juvenile Offenders and Victims: A National Report (1995), Overview.

[30] 1995 OJJDP Report, p. 64; NIJ Study (1994), Drug Use Forecasting: 1993 annual report on juvenile arrestees/detainees. *Research in Brief*.

[31] *Id*.

[32] Presidential Papers of President William Jefferson Clinton, 1993 and 1994.

below prior high water marks, lines formerly defined as the minimum necessary for effective conduct of the Drug War.[33]

While the total antidrug budget rose from $1.5 billion in fiscal 1981 to $13.2 billion in fiscal 1995,[34] ONDCP reports a drop in both drug interdiction and international program funding,[35] and concedes a significant shift among demand reduction programs to treatment efforts.

Notably, drug interdiction's budget authority fell from $1.511 billion in fiscal 1993 to $1.312 billion in fiscal 1994; President Clinton's fiscal 1994 budget slashed the interdiction budget by $200 million, again by $18 million to $1.293 billion in fiscal 1995, and finally by another $15 million to $1.278 billion in fiscal 1996.[36]

At the same time, international or source country counter narcotics funding fell from a high of $523 million in fiscal 1993 to $329 million in fiscal 1994 to $309 million in fiscal 1995, recovering only slightly to $399 million in fiscal 1996.[37]

A sixth key fact is that the Administration's 1994 and 1995 Office of National Drug Control Policy (ONDCP) Strategies represent several conscious shifts. First, they represent a conscious shift of available resources toward treatment programs for hardcore drug users, and away from prevention programs for casual and non users.

The 1995 White House National Drug Control Strategy identifies first on its list of "National Funding Priorities for FY's 1997–99" the "[s]upport programs that expand drug treatment capacity and services so that those who need treatment can receive it."[38] In support of this shift to drug treatment, the President has markedly increased treatment resources. In fiscal 1993, treatment resources stood at $2.339 billion. But the figure increased to $2.398 billion in fiscal 1994, increased to $2.646 billion for fiscal 1995, and the President's request for fiscal 1996 was at the all-time high of $2.826 billion.[39] With respect to rising casual use, the President's 1995 Drug Control Strategy acknowledges that "casual drug use is increasing among our youth,"[40] but instead of focusing on casual use, states: "Antidrug messages are losing their potency among the Nation's youth."[41]

Additionally, the 1994 and 1995 White House Strategies represent a conscious shift of resources away from interdiction or transit zone counter narcotics programs.

Finally, seventh, the Clinton White House Drug Strategies depart from prior White House Strategies and from the statutory requirement of "quantifiable goals,"[42] and offer instead broad, pre-

---

[33] The term "Drug War" is employed throughout this report to denote not just interdiction and international source country programs, but the entire gamut of Federal counter narcotics efforts, including prevention and treatment programs, law enforcement, and various Federal support efforts. For specific budget request and appropriation numbers, see below.

[34] Teasley, David, Congressional Research Service Report 95–943, September 6, 1995, p. 1.

[35] *National Drug Control Strategy*, The White House, February 1995, p. 113.

[36] *Id.* p. 113.

[37] *Id.* p. 113.

[38] *Id.* p. 119.

[39] *Id.* p. 113.

[40] *Id.* p. 9.

[41] *Id.* p. 20.

[42] 1988 Antidrug Abuse Act.

scriptive goals, such as: "Reduce the number of drug users in America."[43]

These seven facts, already becoming apparent in early 1995, strongly implied the need for continuing oversight and investigation into the status of the Nation's Federal counter narcotics effort, as well as review of the Office of National Drug Control Policy, the National Drug Control Strategy and its implementation.

B. PROCEEDINGS OF THE SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE

1. March 9, 1995, Hearing

a. Purpose and Panels

The purpose of this hearing was to examine President Clinton's 1995 National Drug Control Strategy, and to begin an assessment of how effectively the Nation is fighting illegal drug abuse, domestically and internationally. Acknowledged components of the Drug War under review include prevention, treatment, interdiction, law enforcement, and source country programs.

At this hearing, testimony was received from four panels. The Subcommittee heard first from former First Lady of the United States, Nancy Reagan.

Second, testimony was received from former Director of the Office of National Drug Control Policy (ONDCP) William J. Bennett, former Administrator of the Drug Enforcement Administration Robert C. Bonner, and former Acting Director of ONDCP John Walters.

Third, the Subcommittee received testimony from the current Director of ONDCP, Dr. Lee P. Brown. Finally, the Subcommittee heard from former Coast Guard Commandant Admiral Paul A. Yost, Jr. and several nationally-recognized drug abuse prevention experts, including Senior Representative of the Partnership for a Drug-Free America, Thomas Hedrick, Jr.; Executive Director of California's BEST Foundation, G. Bridget Ryan; National Director of the Community Antidrug Coalitions of America (CADCA), James Copple; and Director of Program Services for Texans' War on Drugs, Charles Robert Heard, III.

b. Summary of Findings

With varying degrees of emphasis, all panels acknowledged that current Federal efforts are under strain from reduced emphasis on certain components of the Drug War, budgetary pressure, and in some cases accountability.

The panels also acknowledged that, over the past several years, there has been a marked reversal in several important national trend lines, including most notably a rise in casual drug use by juveniles, but also reaching to perceived drug availability (up), perceived risk of use (down), average street price (down), drug related medical emergencies (up), drug related violent juvenile crime (up),

---

[43] *Id.* p. 53.

total Federal drug prosecutions (down), and parental attention to the drug issue (down).[44]

The Subcommittee found that these reversals have continued through the period 1993 to 1995, although certain trend lines, including a shift from falling to rising casual use, typically among juveniles, began in 1992. In addition, a shift of certain interdiction resources, which were earlier a part of the counter narcotics force structure, began in late 1991 with the advent of the Persian Gulf War.

All panels agreed, albeit with differing emphases, that renewed national leadership, including both Presidential and Congressional leadership, will be necessary to combat these recent trend reversals, especially the rise in juvenile drug abuse and drug related violent juvenile crime.

c. Subcommittee Chairman's Introduction

The Subcommittee Chairman initiated the hearing by noting that Mrs. Reagan "woke the Nation up to this [juvenile drug abuse] problem and its pervasiveness in the early 1980's." Zeliff observed that the former First Lady's "Just Say No" campaign effectively launched a "national crusade" for drug abuse prevention.

The Chairman also noted that, in April 1985, Mrs. Reagan held the first International Drug Conference for the world's First Ladies; in 1988 she held the second such conference and became the first American First Lady to speak before the United Nations; and after leaving the White House, she founded the Nancy Reagan Foundation, which has since "awarded grants in excess of $5 million to drug prevention and education programs . . ."

d. Testimony of First Lady Nancy Reagan

Essentially, First Lady Nancy Reagan testified that America has forgotten the dangers of drug use, that America's children are at increased risk in 1995, that there is an absence of national leadership on the drug issue, and that a national strategy focused on treatment of so-called hardcore addicts misses the largest at-risk population, namely children participating in casual use.

Mrs. Reagan pleaded with national opinion leaders, for the sake of the nation's children, to raise this issue to the top of the national agenda.

Specifically, Mrs. Reagan explained that she had "decided to speak [before Congress on the drug issue] only after a lot of soul searching . . . because my husband and everything he stands for calls for me to be here."

She then explained that the Nation "is forgetting how endangered our children are by drugs," that societal "tolerance for drugs" is up, and that "the psychological momentum we had against drug use [in the late 1980's and early 1990's] has been lost." In short, she asked, "How could we have forgotten so quickly?"

---

[44] Press Release, The University of Michigan, "Drug Use Rises Again in 1995 Among American Teens:" December 15, 1995; Press Release, PRIDE, "Teen Drug Use Rises for Fourth Straight Year," November 2, 1995; Preliminary Estimates from the Drug Abuse Warning Network, U.S. Department of Health and Human Services, September 1995; James E. Burke, "Presentation: An Overview of Illegal Drugs in America," Partnership for a Drug-Free America, Fall 1995.

Mrs. Reagan detailed that, in eight years as First Lady, she had traveled "hundreds of thousands of miles" to stem drug abuse among young people and highlight its "tragic human consequences." To illustrate the misery left in its wake, she read aloud a letter received from a 16-year-old girl.

The letter poignantly described how this girl of low self-esteem got caught in the "vicious cycle" of drug use, prostitution to buy more drugs, the death of her deformed and premature baby, and her heart-rending reaction to these events. The letter ended with a plea, which Mrs. Reagan repeated: "Please reach kids my age and younger. Don't let what has happened to me and what destroyed my life happen to them."

Mrs. Reagan also testified that, "[b]efore the drug use increases of 1993 and 1994, we really had seen marked progress," and that "[juvenile] attitudes were being changed."

In support of these statements, Mrs. Reagan offered that "monthly cocaine use dropped from nearly 3 million users in 1988 to 1.3 million users in 1990," and "[b]etween 1991 and 1992, overall drug use dropped from 14.5 million users to 11.4 million." She credited many elements of society, including "athletes and entertainers," "many CEO's of large companies," and political leaders.

She also explained the origins of her "Just Say No" message; it came in answer to a child's question about what to do if pressured to buy or use drugs. As she explained, it was an intentionally simple answer, and was never intended to be a "total answer." In short, Mrs. Reagan said, it is "important for children to appreciate that 'no' is in the vocabulary . . ."

Directing herself to national policy, Mrs. Reagan quoted from President Clinton's 1995 National Drug Control Strategy, which states that "[a]nti-drug messages have lost their potency." Mrs. Reagan disagreed, testifying: "That's not my experience. If there's a clear and forceful no use message coming from strong, outspoken leadership, it is potent . . . Half-hearted commitment doesn't work. This drift, this complacency, is what led me to accept your invitation to be in Washington today . . . [W]e have lost a sense of priority on this problem, we have lost all sense of national urgency and leadership."

Elaborating, Mrs. Reagan noted that the current national strategy seems to shift resources toward treatment and away from prevention and education. While she stated that treatment is important in the overall mix of antidrug measures, it cannot supplant prevention as the nation's demand side priority. Mrs. Reagan pointed toward a more effective antidrug strategy when she observed simply that "treatment can't begin to replace the overwhelming importance of education and prevention," since "tomorrow's hardcore users are today's children."

As she explained to the Subcommittee, "[r]oughly 80 percent of drug users are casual users. Only 20 percent are hardcore, and most of the casual users are children and adolescents. They are the ones whose lives are changed by prevention and education."

Overall, Mrs. Reagan argued for greater attention to demand reduction, although she testified that "many outstanding prevention programs across the country" were "started and funded privately," including her own foundation, which recently "merged with the

BEST Foundation for a Drug-Free Tomorrow" and "has trained over 13,000 teachers and others."

Beyond the private sector, she said, the antidrug effort "requires leadership here in Washington." Rhetorically, she asked, "[w]here has it gone?," and in closing, she called for renewed leadership on this issue. "Today, the antidrug message just seems to be fading away. Children need to hear it and hear it often, just like they need to hear that they're loved." Missing is "our common national purpose" in combating drugs and teaching young Americans to "live in the world that God made, not the nightmare world of drugs."

e. Testimony of John P. Walters

John P. Walters, president of the New Citizenship Project and former Acting Director of ONDCP, testified essentially that President Clinton has promoted policies that reversed or accelerated the reversal of nearly a decade of falling drug use.

Walters also tagged President Clinton as the source of major reversals in: the cultural aversion to drug use, falling drug availability, falling drug purities and rising drug prices. Walters sees these trends as significant and dangerous.

Specifically, Walters testified that, between 1977 and 1992, America's culture underwent a significant transformation. "The moral injunction not to use drugs swept over the Nation" and "[b]etween 1985 and 1992 alone, monthly cocaine use declined by 78 percent."

However, this "sea change" in attitudes was undone by the Clinton Administration, said Walters, noting that the Clinton Administration is "undermining existing antidrug efforts on almost all fronts."

Walters pointed to the President's 80 percent reduction in ONDCP staff,[45] the Attorney General's stated goal of reducing mandatory minimum sentences for drug trafficking,[46] a presidential directive reducing Department of Defense support to drug interdiction efforts, the reduction in resources to transit and source countries by 33 percent (from $523.4 million in FY 1993 to $351.4 million in FY 1994),[47] a reduction in Federal domestic marijuana eradication efforts, a call by the President's Surgeon General for study of drug legalization,[48] and "no moral leadership or encouragement" from President Clinton himself.

Walters testified that the impact of President Clinton's deemphasis on the Drug War was palpable, as illustrated by recent nationwide studies of youth use and attitudes towards illegal drug use. Again turning to hard numbers, Walters noted that the December 1994 University of Michigan study of 8th, 10th and 12th graders showed that marijuana use "rose sharply in 1994, as it did in 1993, after virtually a decade of steady decline" and that "student atti-

---

[45] On February 9, 1993, the White House announced that ONDCP would have its personnel cut from 146 to 25.

[46] *See also* Isikoff, *The Washington Post* (November 26, 1993), pp. A1, A10–A11.

[47] *See also*, ONDCP, *National Drug Control Strategy: Budget Summary* (February 1994, p. 184.)

[48] *See also*, Reuters, "Elders Reiterates Her Support For Study of Drug Legalization," *The Washington Post* (January 15, 1994), p. A8.

tudes were becoming significantly less hostile toward illegal drug use."[49]

Walters saw this reversal as alarming, and testified that recent projections by the non-partisan Center on Addiction and Substance Abuse at Colombia University, show: "If historical trends continue, the jump in marijuana use among America's children (age 12–18) from 1992 to 1994 signals that 820,000 more of these children will try cocaine in their lifetime . . . Of that number, about 58,000 will become regular cocaine users and addicts."

Arguing that the Clinton Administration has oversold drug treatment, Walters also contended that the Administration has failed to create the number of treatment "slots" necessary to accommodate its own stated treatment priority.

First, turning to hard numbers, Walters noted that the current strategy's success cannot be found in chronic, hardcore drug user numbers—since these are also rising.

Despite the stated aim of the Clinton strategy, namely reduction of hardcore use by heightened emphasis on treatment, data gathered by the non-partisan Drug Abuse Warning Network from emergency rooms around the country shows that "drug related emergency room cases . . . have reached the highest levels ever, in reporting going back to 1978" and "[c]ocaine, heroin, and marijuana cases all increased sharply to record levels [in 1994]."

Second, while Walters explained the value of effective treatment, he testified that today's Federal "government [drug] treatment bureaucracy is manifestly ineffective." He said the Clinton Administration has, on the one hand, sought increased treatment funding, yet on the other, failed to provide sufficient treatment slots to effectuate the policy: "Although Federal drug treatment spending almost tripled between FY 1988 and FY 1994, the number of treatment slots remained virtually unchanged and the estimated number of persons treated declined—from 1,557,000 in 1989 to 1,412,000 in 1994," Walters testified.

Walters also offered statistics to support his view that the current Administration has eroded the effectiveness of international programs, "destroyed" intelligence support for the Drug War, and abandoned "presidential leadership" on the issue.

On international counter narcotics efforts, Walters rings an alarm bell. He testified that, while the President's FY 1995 request for international antidrug programs was $428 million, or $76 million above FY 1994, it is still $96 million below the Administration's FY 1993 funding and $233 million below FY 1992. In addition, the President failed last year to secure the request from a Democratically-controlled Congress.

In short, Walters testified, "the drug problem is simply not a part of the foreign policy agenda of the United States under President Clinton—there is no carrot and no stick facing countries from which the poison destroying American lives every day comes." Walters noted, finally, that this deemphasis on international efforts

[49] *See also* University of Michigan, *Monitoring the Future Study*, December 1994.

"fuels calls in other countries for abandoning antidrug cooperation."[50]

Walters further testified that President Clinton's policies are "destroying the intelligence support to the drug war" by, for example, last year cutting $600,000 in intelligence funding for FY 1995, and taking other measures to redirect resources away from this key priority.

As a result, citing the Clinton Administration's own documentation, Walters noted that ONDCP itself admits more teenagers nationwide are using heroin and marijuana, that cocaine use is stable but high,[51] and that heroin, cocaine and marijuana are now available at lower prices and higher purities than at any time in recent years.[52]

In Walter's view, "if these trends continue, by 1996, the Clinton Administration will have presided over the greatest increase in drug use in modern American history."

Looking forward, Walters advocated several policies for getting the drug war "back on track," including direct presidential leadership or use of "the bully pulpit," limited-duration antidrug block grants for states, putting the military "in charge" of all international counter narcotics efforts, using trade and diplomatic sanctions against source countries, establishing clear no-use prevention programs, closing open-air drug markets nationwide, drug testing where constitutionally permissible, and calling on local media to tackle the drug issue in a new wave of public service announcements.

Walters concluded by noting that "most Americans have never used illegal drugs and have always been strongly opposed to their use." Nevertheless, the Nation is on a collision course with devastating extrapolations, and a swift change of policy and return to effective implementation is required.

On questioning, Walters affirmed that pursuing the so-called kingpin strategy for apprehension of cocaine cartel leaders was a "Federal responsibility." For that reason, the FBI and DEA should return to "the long, hard, crafted effort to go after kingpins [that] has been dismantled by the Administration in favor of . . . helping street-level local law enforcement . . . for political reasons." Walters described that, at present, "there is no plan by Federal law enforcement to dismantle . . . organizations that are moving hundreds of millions of dollars a month out of the United States."

Again upon questioning, Walters testified that "the military and other interdiction agencies have received a 50 percent force reduction in 1994, that has caused over a 50 percent reduction in their ability to interdict drugs . . . [in] the transit zone."

Walters took issue with the Clinton Administration's granting of a national security waiver to Colombia, which was this year technically de-certified. He indicated that the national security waiver obviated the decertification.

---

[50] *See also The New York Times* (February 20, 1994), p. A6; *The New York Times* (February 27, 1994), Section 4, p. 15.

[51] *See* ONDCP, "Pulse Check: National Trends in Drug Abuse," December, 1994, pp. 5, 8 and 10.

[52] *See* ONDCP, *National Drug Control Strategy: Strengthening Communities' Response to Drugs and Crime*, February, 1995, pp. 45–48, 146 (Table B–16).

Asked about the efficacy of drug testing, Walters suggested that "pre-employment testing ought to be able to be done everywhere, Congress, the Judiciary, the Executive Branch," and that the Federal employees should also be subject to "random testing," although he also noted that he was not a lawyer and that testing is subject to legal limits.

Both Bennett and Bonner concurred with Walter's recommendation for wider drug testing, although Judge Bonner noted that there are legal limits on employee drug testing which generally require that a job be "potentially dangerous" to the public or involve "security." Bonner noted countervailing concerns of citizen privacy, yet added that "drug testing has proved effective in deterring drug use," especially "in the military." Walters concluded the discussion of drug testing by noting that the Federal work force is only part of the problem, and that drug testing in the larger private sector is key.

Congressman Robert E. Wise, Jr. questioned whether the Andean initiative had not already been failing, leading to increased cocaine availability, during the Bush Administration.

In response, Walters testified that a shift of military assets to the Persian Gulf War toward the end of the Bush Administration affected the Andean initiative. However, Walters drew a distinction between the Bush and Clinton Administrations, noting that "the [Clinton] administration intentionally and vocally changed policy, shifting out of interdiction into hardcore treatment . . . ," and that the Clinton administration never returned military assets to the pre-Gulf War interdiction force structure.

Judge Bonner contested Congressman Wise's cocaine availability numbers, stating that "throughout most of 1990 [there was] a substantial and sharp increase in the price of cocaine that was being marketed on a wholesale basis in the United States, and we again saw through about half of 1992 that kind of increase." Judge Bonner attributed this progress to the DEA, United States agencies and the Colombian Government, which were effectively "destroying the Medellin cartel." Bonner also noted that the Mexican Government was, at that time, closely cooperating with the United States.

Finally, on questioning, Walters closely linked drug use to crime. Walters testified that, in his experience, the "biggest single contributor" to drug related crime was not trafficker violence, but violence by people using drugs—who "abuse children, abuse their spouses, be[come] violent with other people, be[come] disinhibited and paranoid and more proned to violence."

Surprisingly, Walters cited a study by ONDCP, conducted in New York City, Chicago and San Diego, which found that "public assistance is the major and perhaps the single largest source of income for heroin users," noting that it is the poorest Americans who are most often devastated by heroin. Walters called it a "national disgrace that in inner city neighborhoods, it is accepted as a fact of life that we are going to allow open air drug markets to exist without harassment."

Walters concluded that "the Clinton administration has turned its back on the drug problem and taken actions that undermine achievements in prevention, interdiction and enforcement."

f. Testimony of William J. Bennett

William J. Bennett, current Co-Director of Empower America and former Director of ONDCP, testified that there has been a "sharp rise in drug use," citing many of the same studies cited by Zeliff, Reagan, Walters and others.

According to Bennett, this rise should have "mobilized the Federal Government to forcefully state the case against drug use, enforce the law and provide safety and security to its citizens." Instead, "the Clinton administration has abdicated its responsibility" and "has been AWOL in the War on Drugs," said the former White House Drug Czar.

Widely regarded as the most effective White House Drug Czar to date, Bennett denounced the 80 percent cut by President Clinton in the ONDCP staff, and the willingness of Clinton's Attorney General to endorse reductions in mandatory minimum sentences for drug traffickers.

Strikingly, Bennett noted that the Administration's 1995 strategy would "cut . . . more than 600 positions from drug enforcement divisions of the Drug Enforcement Administration," cut "more than 100 drug prosecution positions in United States Attorney's offices," cut "drug interdiction and drug intelligence programs from fiscal 1994 levels," and was "an unfocused, wasteful drug treatment strategy that will do little to target hardcore users."

Bennett introduced new facts into the national dialogue when he observed that, "last year, the Clinton administration directed the U.S. Military to stop providing radar tracking of cocaine-trafficker aircraft to Colombia and Peru," a policy "Congress again had to reverse," and noted that "last month, for the first time in history, the nation's drug control strategy was introduced without the participation of the president."

Bennett also believes that, if present trends continue, by 1996 the Clinton administration will have presided over the greatest increase in drug use "in modern American history."

Expanding his analysis beyond the failure of public policy, Bennett testified that "the Clinton Administration suffers from moral torpor on the issue" and that, as a general matter, "policy follows attitude."

In support of this statement, Bennett quoted several statements by the President on his own prior use of drugs, in particular, Clinton's 1991 statement that he had never "broken any drug law," followed by the 1992 statement that he had used marijuana in England but "didn't inhale it," followed in turn, when asked if he would inhale if he had it to do over, by: "Sure, if I could, I tried before."

Bennett also articulated the oddity of continued presidential support for a Surgeon General who "had favorable words to say about legalization," noting that her eventual dismissal had nothing to do with her remarks on drug legalization.

Citing "massive policy failures" by the Clinton Administration, Bennett proposed basic remedial measures. First, communities need to be able to "choose their own antidrug priorities by combining Federal antidrug support with that from states and localities."

Second, the U.S. Military must be clearly given a leadership role in the international war on drugs. Third, international trade and diplomatic sanctions must be used, and all aid to cocaine-source

countries should be eliminated if they fail to reduce production. Fourth, the Justice Department should make apprehension and prosecution of drug traffickers a top priority.

Upon questioning, Bennett testified that he favored "drug testing" for Federal employees, and pursued the matter as Drug Czar until confronted by legal obstacles; ONDCP did use random and pre-employment drug testing, premised on "security and safety."

Bennett noted, on closing, that "success in the drug war depends above all on the efforts of parents and schools and churches and police chiefs and judges and community leaders." Giving examples from more than 100 cities he visited while President Bush's Drug Czar, Bennett urged renewed leadership.

g. Testimony of Robert C. Bonner

Robert C. Bonner, former Administrator of the Drug Enforcement Administration (DEA) under both Presidents Bush and Clinton, a former Federal judge, and currently a partner at Gibson, Dunn and Crutcher, testified forcefully for renewed leadership in the Drug War: "The bottom line is unmistakable—during the past two years, drug use among the youth of America has soared in nearly every category of illegal drug . . . When juxtaposed against the immediately preceding period and nearly a decade of declining drug use, there can be only one conclusion—the Clinton Administration's National Drug Strategy has failed miserably, and indeed it is a tragedy."

Supporting this statement, Judge Bonner offered observations from his experience as DEA Administrator, and referred to a number of recent studies.

Bonner testified that he was "deeply troubled" by the "absence of an effective, coherent national drug strategy and the apparent abandonment of any presidential leadership in this area."

Moreover, Bonner believes drugs now pose "a serious threat to the well-being of our nation" and a genuine "national security threat." Bonner called for a bipartisan effort to address this "resurgent threat to our nation's security," noting that the threat "does not distinguish among Republicans, Democrats or Independents."

Bonner vividly described the costs of drug use to the Nation in the 1970's. "Families were torn apart by drugs, more than many realize. Child and spousal abuse, bankruptcy, and criminal prosecutions followed . . . [h]undreds of thousands of drug-addicted babies were born to young mothers who, more often than not, could not support themselves, let alone children requiring serious medical attention. Drug related health care costs soared, draining still unacknowledged capital from our economy. Rampant in the work place, the wide-spread use of illegal drugs literally threatened America's ability to compete in the global marketplace."

Crediting Mrs. Reagan's "Just Say No" campaign and the anti-drug Abuse Act of 1988, Bonner noted that the onslaught of direct and indirect damage from illegal drugs was turned back in the mid-1980's and early 1990's. In Bonner's view, national will, and a combination of "strong law enforcement," a strong "educational and moral message," and effective treatment programs for hardcore users has made the difference. However, he warns that drug treatment programs should not be "oversold."

Statistically, he reminded the Subcommittee that "our national drug strategy [in the 1980's and early 1990's] was working . . ." Citing household surveys by the National Institute on Drug Abuse (NIDA), Bonner added new statistics to the record. "[R]egular users of cocaine dropped from 5.8 million Americans in 1985 to 1.3 million in 1992 . . . a decline of over 80 percent" and that "crack cocaine use sharply declined from nearly a million in 1990 to just over 300,000 two years later in 1992," said Bonner.

Judge Bonner observed that "marijuana use . . . plummeted from about 22 million regular users in 1985 to approximately 8.5 million in 1992 . . . a decrease of an astonishing 61 percent in seven years."

However, he confirmed that there has been a "rollback over the past two years of hard-fought victories achieved between the mid-1980's and the early 1990's." Citing the University of Michigan study of high school students, he noted that use of "heroin, LSD, cocaine, and crack," and "the ill-named recreational drugs, marijuana, stimulants and inhalants" was up and "ominous."

According to Bonner, "[w]e have seen a 100 percent increase in the number of 8th graders who used marijuana in just three years from 1991 to 1994; and just since last year, we have witnessed a 50 percent increase in the daily use of marijuana by 8th graders." Meanwhile, "the perceived risks and disapproval of drug use has declined."

Bonner also shared the view of Joseph Califano, President Carter's Secretary of Health, Education and Welfare and current co-director of CASA, that "if this relaxed attitude [toward drug use] continues, further marked increases in drug use by children can be expected."

This, he said, is why casual use by juveniles must not be become peripheral or secondary to treatment of hardcore addicts. In a nutshell, "if you emphasize, as [the Clinton Administration] is, . . . treatment of hardcore drug users, you're assuming that the drug problem is a static one—that we have a certain number of hardcore drug users here, and then we have certain number of casual drug users, and if we just take care of these hardcore drug users, the problem goes away." He strongly contested this view.

"That's wrong," says Bonner, "the drug problem is a dynamic one, [because] as you increase the number of casual users, you are down the pipeline going to be increasing the number of hardcore users that [you] have to deal with." Bonner drew the analogy to bailing a leaky ship while failing to patch the leaks; eventually "that's going to sink the boat."

He called the medical impact of the recent rise in drug use alarming. For example, the Drug Abuse Warning Network (DAWN) data for emergency room admissions in recent years indicates "significant increases in hospital emergency room admissions related to drug abuse, with the largest increases in heroin admissions, up by 44 percent between 1992 and 1993," noted Bonner.

The chief causes for recent reversals in juvenile drug use, according to Bonner, include: "lack of national, and specifically, presidential leadership; lack of a clear, loud, and persistent moral message that illegal drug use is wrong; and a misallocation of re-

sources that undermines drug law enforcement and prevention efforts and overemphasizes hardcore user treatment . . .''

Bluntly, Bonner concluded, ''there has been a near total absence of presidential leadership by President Clinton in the fight to turn back illegal drug use . . .'' and his Surgeon General's remarks on legalization ''arguably encourages it'' by further reducing perceived risk; Bonner called Surgeon General Jocelyn Elders' statement on legalization ''dead wrong and flagrantly irresponsible for a national public health official.''

On treatment, Bonner testified that ''the Clinton Strategy badly oversells the efficacy of the treatment of hardcore drug abusers'' and fails to acknowledge that ''studies repeatedly indicate the low success rates associated with many programs . . .''

Specifically, Bonner cited the work of Harvard University's Mark Kleiman, a former member of the Clinton Justice Department Transition Team, which shows that ''even the most expensive treatment program—long-term residential treatment programs costing as much as $20,000/patient—have success rates as low as 15 to 25 percent.''

Upon questioning, Bonner reminded the Subcommittee that ''with respect to crack addicts . . . after treatment programs, less than 10 percent are free of drugs, free of crack after 24 weeks, so you don't want to put too many eggs in that [treatment] basket.''

Addressing reversals in availability and price, Bonner testified that ''from 1990 to 1992, the wholesale price of cocaine in the U.S. increased substantially'' as law enforcement involvement went up; meanwhile, demand fell. By contrast, based on the laws of supply and demand, ''as the resources for enforcement and interdiction have been cut, the price of cocaine has gone down and the estimated number of heavy users has gone up.''

Upon questioning, Judge Bonner stated that the Cali Cartel is ''supplying between 80 and 90 percent of all of the cocaine that reaches the United States . . .''

Contradicting later testimony by Dr. Brown, the current ONDCP Director, Bonner stated that the Clinton administration was ''moving away from'' the Bush Administration's ''Linear kingpin strategy,'' which Bonner explained ''was designed to go after the leadership, the key lieutenants, the means of transport, the means of production . . . of the drug trafficking organizations . . .'' Bonner called this regrettable.

In conclusion, Bonner said, ''we are regressing in the fight against drugs, after making significant, hard-fought and dramatic gains.'' Quoting University of Michigan researchers, he said, ''[d]espite substantial progress against illicit drug use in earlier years . . . it is a problem which is getting worse at a fairly rapid pace.''

Sadly, Bonner, President Clinton's former DEA Administrator, observed: ''The Clinton administration has utterly failed to appreciate the value of strong international drug law enforcement as a major component in an effective drug control strategy.'' He called on the President to ''reverse this trend and start leading our Nation's antidrug efforts.''

h. Testimony of Dr. Lee P. Brown

Dr. Lee P. Brown, President Clinton's Director of the White House Office of Drug Control Strategy, or White House Drug Czar, testified in defense of the 1995 National Drug Control Strategy.

(i). *Overall Drug Policy Spending.*—Brown testified that President Clinton's fiscal 1996 budget sought $14.6 billion in funding across the Federal Government for drug related Federal programs.

For context, the President's 1995 National Drug Control Strategy lists the total "Drug Budget" as $14,550.4 (million). This figure is somewhat misleading, however, since it contains funding for a variety of programs mixed purposes, such as the Federal Court System, Food and Drug Administration, Social Security Administration, Department of Agriculture's Agricultural Research Service, U.S. Forest Service, Department of Interior's Bureau of Indian Affairs, Bureau of Land Management, Fish and Wildlife Service, National Park Service, Department of Justice's Community Policy, Immigration and Naturalization Service, U.S. Marshal's Service and Tax Division, an unidentified grant to the Department of Labor, ONDCP's "gift fund" (zeroed out in fiscal 1996), the Small Business Administration, the Agency for International Development (AID), the Department of Treasury's Internal Revenue Service, U.S. Secret Service, U.S. Information Agency (USIA), and a range of other disparate Federal initiatives.[53]

A dual concern raised by some members of the Subcommittee was how these funds are actually spent and who coordinates the spending. The latter concern boiled down to accountability, avoiding duplication, and assuring interagency coordination.

Dr. Brown testified that the President recognized the drug "link to other domestic policy issues, such as individual economic security, health care, housing, jobs, educational opportunities, crime and violence, and family and community stability."

(ii). *Shift To Treatment.*—Seeking to justify the Administration's acknowledged shift to treatment of hardcore drug users and the President's request for "$2.8 billion for treatment" in fiscal 1996, Dr. Brown noted that "chronic hardcore drug users comprise 20 percent of the drug user population but consume two-thirds of the drugs . . ." From this, he argued that "past strategy [sic] ignores this inextricable part of the drug problem."

In fact, while the 1995 National Drug Control Strategy does increase the proportion of overall spending devoted to treatment, past strategies have included—and have steadily increased—funding for treatment. In fact, Federal treatment funding has increased every year from 1982 to 1995.[54]

John Walters further testified that "between 1988 and 1993, we roughly tripled the treatment budget of the Federal Government," while the "number of people treated per year declined." The decline, according to Walters, was the result of "bureaucracy" and money being channeled to effective treatment programs.

---

[53] *See* National Drug Control Strategy, February 1995, The White House, pp. 120–121.

[54] Fiscal Year 1992, Federal treatment spending stood at $505.6 million. Fiscal year 1995, Federal treatment spending stood at $ 2.65 billion. *National Drug Control Strategy: Budget Summary,* Office of National Drug Control Policy, February 1995, p. 238.

Dr. Brown testified that "the best way to reduce the overall demand for drugs and the related crime and violence is to reduce the number of hardcore drug users," adding that "treatment works."

In defense of this statement, Brown cited a June 1994 RAND study that reportedly found that "drug treatment is the most cost effective drug control intervention." Brown asserted that the study found that "for every dollar invested in drug treatment in 1992, taxpayers saved $7 in crime and health care costs."

Brown did not comment on the arguments raised by Walters, Bennett, and Bonner against increasing treatment spending vis-a-vis other programs, namely that many of the funded treatment programs are ineffective and that the Administration has not created enough "slots" to absorb increased spending.

Moreover, he did not acknowledge fundamental limitations of the June 1994 RAND study as a guide to national policy. The study was conducted by C. Peter Rydell and Susan S. Everingham and entitled, "Controlling Cocaine: Supply versus Demand Programs." While the study is of value, it is also easily misread, is subject to clear limitations, and is arguably flawed.

Before examining methodology, two observations on substance are worth making. First, the study properly condemns legalization.[55] Second, the study implies that the Administration's "controlled shift" from interdiction to source country programs is a serious misstep.[56]

As discussed below, in the "Treatment Policy Oversight" section, the RAND study has serious limitations, including omission of prevention as an effective demand reduction tool,[57] failure to follow up assessments of active residential and outpatient treatment programs for long-term effectiveness,[58] a disfavoring of supply side programs because they yield only "indirect" benefits and are further removed from the user population, and the employment of a flawed measure of effectiveness, namely reduced overall cocaine consumption rather than a reduced number of users.

(iii). *Prevention Programs.*—Brown acknowledged that "drug use among adolescents is rising," but attributed the trend to the final year of the Bush Administration. Brown offered the view that Safe and Drug Free Schools monies are "the cornerstone of this Nation's

---

[55] On legalization, the RAND study explains the devastating effect that drug legalization would have on overall drug use, by applying the economic mechanism of reduced prices, or price elasticity. In 1994, the average street or retail price for a pure gram of cocaine was $143; if cocaine were legalized, the estimated retail price would be $15–$20 per gram; *See* RAND Study, supra, pp. 11, 13.

[56] On the "controlled shift," the RAND study concludes that dollar-for-dollar, interdiction is more effective than pumping money into source country programs. Ironically, while the Administration embraces the study's pro-treatment conclusion, it obviously rejects this conclusion. As one drug policy expert noted, "[t]his analysis implies that the National Drug Control Strategy's 'controlled shift' of resources from interdiction to source-country control might be a misstep." *See* Schnaubelt, Christopher, "Drug treatment Versus Supply Reduction: Which Is Cheaper?," National Interagency Counterdrug Institute, May 1995, p. 2.

[57] *See*, e.g., Gleason, Thomas J., Hall, Douglas J., Oliver, William D., The *Executive Summary* of *PRIDE Communities: A Grassroots Drug Prevention Effort for Healthy Teens*, PRIDE, August, 1995; Burke, James, E., *An Overview of Illegal Drugs in America*, Partnership For A Drug-Free America, Fall, 1995; Johnson, Dr. Lloyd G., *Monitoring the Future*, December 1995, University of Michigan Institute for Social Research.

[58] The RAND study itself acknowledges that, once treatment ends, only about 12 percent of out-patient and 17 percent of residential treatment recipients stop heavy use of cocaine. *See* C. Peter Rydell and Susan S. Everingham, "Controlling Cocaine: Supply Versus Demand Programs," RAND Drug Policy Research Center, Santa Monica, California, June 1994, pp. 24–25, 88–89.

efforts to educate our children about drug use" and are currently disbursed to "94 percent of the school districts in this country."

After first calling for a "non-partisan" discussion of antidrug measures and stating that he was "determined not to play politics," Brown proceeded to call the 1995 rescission package, containing unspent 1994 prevention funding for the complaint-ridden Safe and Drug Free Schools program, a Republican "anti-children rescission package."

No mention was made of accountability problems in Federal prevention programs, proposed remedies for these reported problems, or on-going investigations into dispersement of Safe and Drug Free Schools funds by the Federal Department of Education or in any of the states.

Congressman Mark Souder raised documentary evidence, including a study by the Michigan State Governor's Office, supporting the view that the Safe and Drug Free Schools program monies had, at least in that state, been "misapplied, untargeted and unaudited."

Congressman Souder also took Brown to task for Brown's political partisanship, noting that he "took a direct shot and very political shot" at Republicans by suggesting that they were funding "a tax break for the wealthiest Americans by gutting drug education in our schools." Souder then quoted from Democratic Congressman Charles Rangel, who he said had observed, "I have been in Congress for over two decades, and I have never, never, never found any Administration that has been so silent on this great challenge to the American people."

Brown responded that the rising youth use trend justified support for "school-based prevention programs," regardless of reported accountability problems.[59] Brown did not address the 1995 Strategy's deemphasis on prevention vis-a-vis treatment.

Upon questioning, and against the backdrop of his own favorable comments regarding Mrs. Reagan's "Just Say No" campaign, Brown sought to defend statements in the President's 1995 Strategy, particularly the Strategy's contentions that "simplistic prevention messages of the past appear not to work for today's young people" and "[a]nti-drug messages are losing their potency among the Nation's youth."[60]

His defense of these messages hinged on the view that "we have seen a substantial reduction in your non-addicted, if you would, the casual drug user population," and emphasis had to be placed, after 1993, on the "chronic hardcore drug user population."

Brown did not address recent numbers indicating increases in both the casual and hardcore user populations, numbers that contradict both his contentions—that casual use is sufficiently low to warrant a shift of strategy, and that the Administration's post-1993 shift toward hardcore users has shown results.

(iv). *Interdiction Mentioned.*—Brown confirmed a shift in trafficking patterns toward greater use of container cargo and noted that "over 70 percent of the cocaine entering our country crosses the border with Mexico," but was unable to explain reduced emphasis in the current strategy on National Guard Container Search Work-

---

[59] *See*, e.g., publications of Office of Drug Control Policy, Michigan State, Robert E. Peterson Director, concerning waste, fraud and abuse in Federal prevention funds.

[60] National Drug Control Strategy, The White House, February 1995, p. 20.

days along the U.S.-Mexican border. Specifically, Brown had no answer for the question why National Guard Container Search Workdays fell from 227,827 in 1994 to a 1996 projection of 209,000, as described in ONDCP's own 1995 Strategy at page 41.

Notably, the 1995 ONDCP Strategy also describes an inexplicable drop in other National Guard workdays from 597,385 in 1994 to 589,000 in 1995 and 530,000 projected for 1996; a drop in Ship Days devoted to drug interdiction from 2,268 in 1994 to 1,545 in 1995 and projected for 1996; and a reduction in Department of Defense flight hours from 50,624 in 1994 to 50,000 in 1995 and projected for 1996.[61]

Congressman Gene Taylor (D-Miss), citing "serious flaws in the policy" and noting his own recent trip to Colombia, asked Dr. Brown why more Customs agents were not available for border inspections of containers coming out of Colombia.

Brown responded that he had been on the U.S.-Mexican border himself, that he was "committed to make sure that we do all that's humanly possible," and that "it becomes the responsibility of the Mexican Government to do what they can . . ."

Pressed again by Taylor to provide an answer on U.S. Customs resources, Dr. Brown offered that the Administration had a source country policy. Finally, in frustration, Taylor stated: "We're in the same political party. I'm not here to beat up on you. But I'm asking you to rethink the strategy . . ." Dr. Brown never answered Congressman Taylor's Customs question.

Dr. Brown testified that, at the Department of Justice, the original Bush administration "kingpin strategy" was still being pursued, and on a different topic, Brown testified that he had no evidence that Haitian President Aristide was "involved in any drug trafficking."

Generally, Brown condemned "Congress" for having "failed to fulfill [the President's] budget request." However, Brown made no attempt to provide specific answers to members' questions concerning (1) the President's own proposed deep cuts in interdiction and international program funding, (2) accountability, (3) shifting interdiction resources to source countries, (4) a reduction of Customs agents at the Southwest border, or (5) the shift in resources from prevention of casual use (80 percent of total users) by juveniles to treatment for older, chronic, hardcore users (20 percent of total).

(v). *Interdiction and the Kramek Letter.*—Subcommittee Chairman Bill Zeliff (R–NH) introduced an unclassified piece of correspondence dated December 1994 between the Interdiction Coordinator, Admiral Kramek, and the Director of ONDCP, Dr. Brown, which stated that a consensus of agency heads believed "we need to restore assets to the interdiction force structure . . ." and "we must return to the 1992–1993 levels of effort."

The Kramek letter also indicated that the source country programs were not yet "producing necessary results." Addressing drugs as a national security threat, the Kramek letter specifically asked for a meeting with the President. The letter read, "I believe it appropriate that we meet with the President and National Security Advisor as soon as possible to brief them on the results of our

[61] National Drug Control Strategy, The White House, February 1995, p. 41.

conference and discuss the current state of implementation and national strategy . . . Of key importance to this meeting is the determination of priority of counting narcotics trafficking as a threat to national security of the United States as evaluated against other threats to our security that compete for resources."

The Subcommittee Chairman asked Brown if he had followed the Interdiction Coordinator's and agency heads' consensus that drug interdiction resources be returned to the "1992–1993 levels." Brown indicated that he held a view different from that of the Interdiction Coordinator and had, apparently, not followed that recommendation. Similarly, the Subcommittee Chairman asked Brown if he had taken the Interdiction Coordinator's request to the President or National Security Advisor. Brown indicated that he had not, and apparently also had not set up the requested meetings between Kramek and the President, or between Kramek and the National Security Advisor to "determin[e] [the] priority of counting narcotics trafficking as a threat to national security . . ."

(vi). *Shift to Source Countries.*—Brown conceded a shift of resources from interdiction to "international efforts in source countries," but was unable to offer results of the shift or details about how the source country programs were being implemented or managed.

As an addenda, hearings held by the Subcommittee in June 1995 (see below) revealed serious mismanagement and misdirection of the source country programs, according to General Accounting Office investigators.

(vii). *No Measurable Goals.*—Brown extolled the President's Strategy as "new" and "action-oriented", and testified that it offered "specific targets and steps to achieve these targets."

As a matter of record, however, the Clinton Strategies have arguably failed even to meet the clear statutory obligation that specific goals and measurable objectives be set forth—goals against which progress or a lack thereof can meaningfully be gauged.

Section 1005 of the Antidrug Abuse Act of 1988 sets forth the requirement that every National Drug Control Strategy present both "long-range goals for reducing drug abuse in the United States" and "short-term measurable objectives" for completion in two years from the date of the strategy's submission. These are statutory requirements.

Thus, between 1989 and 1992, the Bush Administration set forth clear and quantifiable goals and objectives, each one susceptible to evaluation on an "achieved" or "did not achieve" basis. In the language of the 1992 Strategy, the President laid out "10 detailed goals and objectives with specific numerical and proportional targets," and expressly stated that "if levels and rates of national drug use do not fall, the Strategy is a failure—a test this document continues to invite."

By example, the Bush strategy set the goal to "reduce current overall drug use by 15 percent," but then stated in 1992: "Goal not met. Current overall drug use declined 13 percent from 1988 to 1991." The same 1992 strategy, projecting long-range goals, sought a 1994 goal of "25 percent reduction below the 1988 level in the number of people reporting any illegal use of drugs in the past month" and a 2002 objective of "65 percent reduction below the

1988 level in the number of people reporting any illegal use of drugs in the past month." Each of the prior Bush Drug Control Strategies, and the remaining 1992 goals, were similarly specific. Each met the requirements of the statute, and permitted accountability.

The Clinton Strategies have been a stark contrast. Contrary to Dr. Brown's assertions of specificity, the statutory requirement has likely not been met.

For example, the first stated goal of the 1995 Drug Control Strategy is simply "reduce the number of drug users in America." The second goal is to "expand treatment capacity and services and increase treatment effectiveness so that those who need treatment can receive it." The third goal is "reduce the burden on the health care system by reducing the spread of infectious diseases related to drug use."

All the remaining goals are similarly open-ended, essentially unmeasurable, and lacking the statutorily required "objectives with specific numerical and proportional targets." In short, contrary to Dr. Brown's assertions before the Subcommittee, the goals were neither specific nor measurable in terms prescribed by the 1988 Antidrug Abuse Act.

(viii). *No Heroin Strategy.*—Brown testified that the Nation faced "growing availability of cheap and high purity heroin," and acknowledged "concern about the possibility of another heroin epidemic."

He assured the Subcommittee that "the Clinton administration was responding . . . with a new heroin strategy which reaffirms that heroin control is one of our major foreign policy objectives."

In fact, as later conceded, President Clinton had promised the Nation a heroin strategy within 120 days of taking office. As of March 1995, he had not yet signed a heroin strategy.

The President finally signed a heroin strategy on November 29, 1995, according to internal reports. The Strategy, however, apparently has no implementing guidelines.

Brown concluded his testimony by agreeing to return to testify before the Subcommittee within one month.

i. Testimony of Admiral Paul Yost

Admiral Paul Yost, former 18th Commandant of the United States Coast Guard and presently President of the non-partisan James Madison Fellowship Foundation, testified on the topics of interdiction and interagency coordination.

He testified that the Nation witnessed a "major build-up in drug interdiction in the at-sea war on drugs from 1984 through 1990," with the result that this interdiction effort "successfully interrupted the flow of bulk marijuana by sea and cocaine by air over the water routes [of the Caribbean]."

In Admiral Yost's view, "strong interdiction and law enforcement were providing a climate [from 1984 through 1990] that made it clear to the [drug] trafficker that 'this is wrong, and your chances of being intercepted are very high.'"

Since that time, he testified, there has been a "tragic dismantling" of the at-sea interdiction effort, so that today "there are several orders of magnitude less effort spent on drug interdiction."

Specifically, Yost testified that "ship days and aircraft hours are drastically reduced [from 1990]," and "[a]ll of the Coast Guard jet aircraft, the Falcons with the f–16 intercept radars, were taken away from interdiction . . ." "The three Coast Guard E–2C airborne early warning aircraft have been turned back to the Navy and used for other purposes," and "the Coast Guard Air Station at St. Augustine, Florida, which was established to support these three multimillion dollar aircraft, is now closed." On questioning, Yost indicated that he believed some of the E–2Cs were even being "decommissioned."

Moreover, Yost testified, "the Coast Guard C–130 airborne early warning aircraft has been turned over to the Air Force, stripped of its equipment, including a dome-mounted radar, and is now used for transportation of cargo." "In addition, the new Command Control Communications and Intelligence Center has been closed, and its duties performed elsewhere."

Calling the resultant increase in drug availability and drug use predictable, Yost testified that the Nation "will never stop drug use without a solid interdiction foundation for . . . education and treatment programs."

Accordingly, Yost favored a return to "emphasiz[ing] the interdiction prong of the drug strategy" and increased budget authority for the Coast Guard.

Finally, Yost discussed the need for better interagency coordination. He supports greater "authority" for the White House Drug Czar and President's Interdiction Coordinator. Without the ability, specifically, to "direct cabinet-level officers regarding budget allocation, personnel allocation, or forced deployments" on this issue, both positions are "largely ceremonial," he said.

Yost believes that "a priority on drug interdiction . . . would have to be imposed on Cabinet departments by the President himself." An effective interdiction policy would require that one person be "in charge," and able to "lay force requirements on other agency heads for specific filed operations," as well as receiving "authority to direct both strategy and tactics . . ." A "theater commander" is needed, according to Yost, and "a totally committed Congress and Administration." Yost concluded by observing that, "up to now, we have been unable to select a theater commander and to delegate to him the authority he needs to win."

Responding to a question from the Subcommittee Chairman, Admiral Yost noted that his successful at-sea weapons interdiction program in Vietnam had "three or four times the drug interdiction assets per mile of coast," "a dedicated commander," a "chain of command," and mechanisms for assuring "responsibility and accountability," all of which are missing from the current drug war.

Yost emphasized that interdiction, alone, will not win the drug war; interdiction must be the foundation for prevention, education, and treatment—and "that's what'll win the war."

j. Testimony of Thomas Hedrick, Jr.

Thomas Hedrick, Jr., Vice Chairman of the Partnership for a Drug-Free America, testified that prevention and interdiction advocates must begin to work together, and that "preventing drug use

by young people" is essential "if we are to have a prayer of building safe and healthy families and communities."

(i). *Removing Barriers to Winning the Drug War.*—As a prevention expert with ten years of experience, Hedrick testified that, "quite frankly, I am frightened because after nearly a decade of progress, drug use is rapidly increasing."

Hedrick testified that drug abuse is a "process" that begins with the first use decision, and that "any use" of illegal drugs should be defined as "abuse."

Hedrick testified that the Partnership sees three major barriers, each a public misperception, to winning the drug war.

The first misperception is that "we have lost the so-called 'war on drugs.'" In fact, since the height of drug use, we have seen an "enormous decrease" in drug use, according to Hedrick. We have to recognize this progress, and see that "solving the drug problem" is not "hopeless," despite recent slippages.

Second, drug use is not primarily "a problem of inner city ethnic kids." This "terrible stereotype" causes inner city kids, incorrectly, to think that their peers are all using drugs; and it also incorrectly leads "the rest of America" to think that their kids do not have drug problem. In fact, "75 percent of all drug users are white . . .," according to Hedrick.

Third, there is a misperception that drugs are a stand-alone issue. They are not, says Hedrick. They have "become severely imbedded [over] the last 30 years in every major social issue we face in this nation." For example, drug abuse is "inextricably linked to crime and violence," but also "contributes to the breakdown of our families, the abuse of children and adults . . . the spread of the AIDS virus, school drop-outs and declining quality of education, homelessness, urban decay, high health care costs, and even economic productivity and competitiveness."

(ii). *Needed: Parents and Media.*—The issue has "overarching importance." "'Crisis' is not an overly dramatic or inappropriate description, particularly when you consider that drug use among our youngest kids, 13 and 14, has more than doubled in the last three years," observed Hedrick.

Hedrick favors increased parent involvement in setting a "clear expectation of no use," better in-school education, and reduced exposure of children to "pro-drug information," especially exposure to the "recent re-glamorization of drug use in some of the media."

Significantly, Hedrick reported that the Partnership has received, since inception, "over $2 billion in time and space" from the media. In 1990 and 1991, this produced roughly one antidrug message per household per day.

However, Hedrick testified that "support for these messages has declined 20 percent in the past three years," apparently "because the media is not as convinced that the drug issue is as important as it was."

Media coverage is also down, from 600 antidrug stories on the three major networks in 1989 to 65 last year, which Hedrick said is tantamount to "zero" from a communications point of view.

Hedrick expressed the view that "Federal support and Federal leadership in making drugs a critical national priority is essential, if we are to help convince the media that this is an important

issue." National leaders must also tell those community leaders involved in this fight that what they are doing is important.

Hedrick also strongly supported continuing public and private funding of drug prevention initiatives, since drug abuse is "preventable."

Hedrick's 14-year-old son, Todd, testified briefly that his generation is surrounded by drugs. He said that "parents need a serious wake-up call" and that all kids now know where to get drugs in their schools. "This entire country needs a huge turn-around in how it deals with drugs," since "the fact that drugs aren't a prominent issue anymore tells kids that adults don't care about it." The younger Hedrick said, "that's suicide to my generation . . ." He proposed starting prevention earlier, in elementary school, having parents talk more with their kids, increasing media attention to the problem, and stopping the legalization movement.

k. Testimony of G. Bridget Ryan

Bridget Ryan, former Program Director for the Charles Stuart Mott Foundation and presently Executive Director of the BEST Foundation for a Drug-Free Tomorrow, testified that a recent RAND study advocated drug prevention as "the first priority" in curbing drug abuse. Ryan distinguished between "validated" and "unvalidated" drug prevention programs, and urged that the former be adequately funded.

(i). *Validated Prevention Works.*—The best "validated" prevention programs build, Ryan testified, on three propositions—first, "target[ing] substances used first and most widely by young people;" second, "helping students develop the motivation to resist using drugs;" and third, teaching effectively.

Ryan described a recent RAND study on the effectiveness of prevention as one "conducted with methodological exactitude" and "one of the most rigorous ever undertaken."

Ryan testified that the RAND prevention study disproves three common criticisms of prevention: "first, that it works only for middle class, largely white, suburban situations; second, that the programs work only for kids who need them least; and finally, that prevention programs prevent only trivial levels of use."

RAND found that a properly designed prevention program, such as Project Alert, "works well in urban, suburban, and rural areas, in middle- and low-income communities, and in schools with high and low minority populations." Project Alert is one of the prevention programs made available to "schools across America" by the BEST Foundation.

According to Ryan, who described herself as "on the front line of the implementation process," there should be no question that "prevention can and does work, but our educators and policy makers must be selective in funding and implementing validated programs." Ryan noted that, "it is estimated that more than 2,000 non-validated programs are in use."

(ii). *Policy Ideas.*—On policy, Ryan finds that "we need to make information about valid [prevention] approaches more widely available and provide incentives for educators to choose programs that have demonstrated results." In particular, prevention programs

"must be specific;" "motivating children to avoid drugs is not the same thing as motivating them to avoid violence."

In addition, programs should provide "continued reinforcement during high school" and "funding to develop and validate high school programs is critical," since "education and school-based programs should be at the core of prevention." Ryan notes that another successful prevention program has been the BEST Foundation's "Nancy Reagan After School Program."

Ryan notes, in closing, that influences outside the classroom, namely family and community, are also very important in stemming childhood drug abuse.

l. Testimony of James Copple

James Copple, National Director of the Community Anti-Drug Coalitions of America (CADCA), testified that CADCA is a non-partisan group with approximately 2,500 community coalition members in every State and two U.S. territories. He noted that CADCA was founded in 1992 by the President's Drug Advisory Council, a creation of President Bush, and is privately funded.

(i). *Prevention Favored.*—Expressing support for the Safe and Drug Free Schools Program, Copple retold a moving story of a young child that "made her stand" against drugs, while forced to live in a crack house. During a law enforcement raid of the house, this child was found in her room, surrounded by antidrug posters and "a workbook on drug refusal skills;" the posters and workbook were funded by Safe and Drug Free Schools monies.

(ii). *Leadership Needed.*—In general, Copple testified that "CADCA members have been more than a little frustrated with the failure of the nation's leadership to keep the pervasiveness of drug abuse before the American people." He described recent increases in marijuana, cocaine and heroin use as "alarming." CADCA has found it frustrating that their "messages of the dangers associated with drug abuse are getting lost in the clutter of other messages, such as legalization . . ."

Copple stated that "there is a growing fear among CADCA members that any national drug strategy is only words on paper and visions vanishing in clouds of hopelessness." In particular, referring to the 1995 White House ONDCP Strategy, Copple testified that "a strategy . . . is only as good as the resources that follow it and the visible leadership that advances it." More pointedly, he held that "there must be a national voice advocating for substance abuse prevention, and that voice should be loudest from the White House and the Congress."

In closing, Copple cited Peter Drucker's recommendation that budget cutting be conducted without imperiling the Federal Government's ability to conduct some "national crusades." Copple noted that Drucker identified the war on drugs as one such crusade, and Copple urged the Congress to "embrace a national strategy that is comprehensive, balanced and directs the majority of the resources to local communities to address local problems."

m. Testimony of Charles Robert Heard, III

Charles Robert ("Bobby") Heard, III, Director of Program Services at the Texans' War on Drugs, testified that "parents, commu-

nity leaders, and elected officials don't realize how easy it is for kids to get involved in drugs." He credited the precipitous drop in drug use "between 1979 and 1992" to substance abuse prevention, and noted that "no other social issue can claim that kind of success."

Heard sees the primary solution to drug abuse as demand reduction. He testified that "prisons alone will not break the cycle," and "we can't treat our way out of this problem." He also noted that prevention is not a one-time mission, but a continuing duty that must continue "from generation to generation."

(i). *Missing National Leadership.*—Heard testified that "national leadership" is missing in the drug war, and without it, renewed success will continue to elude us. Heard believes success is possible. "As we proved in the 1980's, with national focus and attention . . . we can make a tremendous difference in reducing demand," stated Heard. He also voiced his concern about possible disinterest in the drug problem by Congress, which he felt could signal a movement toward "dismantl[ing] our entire prevention structure." He cautioned against such a movement. Heard also cautioned against a Senate youth development proposal, to be administered by local officials, since that particular proposal omitted "substance abuse prevention specialists."

Turning to an absence of presidential leadership, Heard testified that it was "equally disheartening" to see "in the President's budget a proposal to consolidate the demonstration programs for the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment under SAMSA, the Substance Abuse Mental Health Services Administration," since "prevention and treatment are two very different approaches to dealing with the drug problem." Pointedly, Heard expressed concern that the President is under-emphasizing prevention, in favor of treatment.

(ii). *Policy Ideas.*—Heard did note that, "in this time of consolidation and cost savings, what might make sense is to consolidate all Federal substance abuse prevention programs under one agency or create a separate drug abuse prevention block grant" for the States. These ideas would not pit prevention against treatment, but would preserve and target prevention monies.

2. April 6, 1995, Hearing

Testimony at this hearing was received from Dr. Lee P. Brown, the Director of ONDCP, and continued testimony he gave the Subcommittee on March 9, 1995. Brown testified on a range of topics, including treatment, prevention, law enforcement, interdiction and source country programs.

The purpose of this hearing was to continue an evaluation of President Clinton's 1995 National Drug Control Strategy, and assess the status of the nation's fight against illegal drug trafficking and drug abuse.

a. Subcommittee Chairman's Introduction

The Subcommittee Chairman opened with an observation. He noted that the Subcommittee's March 9 hearing may have jump-started media interest in the drug war, since a series of articles appeared after the hearing. Zeliff credited the Washington Post with

"an excellent series of articles describing the brutal infiltration by Colombia's Cali drug cartel in our own society." The series included the assessment that, "[t]he Cali cartel is increasingly using violence to protect its lucrative U.S. cocaine market . . . [a]nd they are trying to do things in this country similar to what they do in Colombia." Zeliff also noted that the newly powerful Mexican drug cartels present a looming challenges to U.S. law enforcement, and credited the media with writing about this development.

b. Interdiction: The Kramek Letter Revisited

The Subcommittee Chairman initiated questioning. Zeliff returned to the December 1, 1994 letter from Admiral Kramek, U.S. Coast Guard Commandant and Interdiction Coordinator, to Dr. Brown containing Kramek's views that drugs constituted a national security priority, that funding of drug interdiction must be returned to the 1992–1993 levels, and that Kramek wanted a meeting with the President and National Security Advisor to discuss this issue.

The Subcommittee Chairman and others were disturbed by the Director's failure to divulge the existence of the December 1, 1994 Kramek letter, despite clear oral and written requests for it.

Zeliff noted that he had personally asked Dr. Brown on March 3, 1995, four days before they met in Zeliff's congressional office and six days before the March 9, 1995 hearing, for "any communications received by you from the Administration's Interdiction Coordinator regarding the adequacy of interdiction resources." Brown had provided several letters, but the key December 1, 1994 letter was conspicuous by its absence.

The Subcommittee Chairman asked Dr. Brown, who subsequently acknowledged having received the Chairman's requests, why he had failed to include this unclassified and critical letter.

Dr. Brown conceded that Zeliff had been denied the document, but explained that this was because "this letter was attached to a classified document." Brown's answer struck many as non-responsive, since the letter itself was unclassified. Indeed, it was secured by the Subcommittee through other sources independent of attachments. Moreover, it was obvious to all present that there was no legitimate reason for a Federal agency to hide or refuse disclosure of such a material document to a Member of Congress, whether classified or not. The issue was thereafter dropped.

On the substance of the Kramek letter, Brown stated that Kramek's recommendation for returning interdiction funding to "1992–1993 levels" did not "provide [Brown] with the appropriate information upon which to make decisions."

Although he did not elaborate, Brown indicated he was "working with the Interdiction Coordinator," and "once we come to a conclusion about what we need, then we can make some decisions . . ." Brown did not address the then-existing lapse of six months from October 1994 to April 1995, and why the relevant interdiction decisions had not been made during that period.

Referring again to the Kramek letter, Zeliff asked Brown if he had taken the October, 1994 interdiction conference findings, and Admiral Kramek's specific requests to meet with the President and

National Security Advisor to the President. Brown conceded that "the specific request was never given to the President . . ."

The Subcommittee Chairman closed the discussion by observing that the Admiral Kramek's letter represented not only the Interdiction Coordinator's views, but an "agency head consensus." Brown responded that he was a co-sponsor of the conference, and was "working with the Interdiction Coordinator," which struck many as non-responsive.

c. Interdiction In General

Brown testified that the Bush Administration's "linear kingpin strategy" was still being pursued, contradicting testimony on March 9, 1995 by former Clinton DEA Administrator Bonner, but stressed that the Clinton administration had shifted resources to source country programs and away from the "less than effective interdiction efforts." Brown offered no statistical support for his view that interdiction was "less than effective."

(i). *Deep Cuts.*—Questioned about the President's fiscal 1993, 1994 and 1995 requests for reduced interdiction spending; collectively, a 12.3 percent cut, Brown responded that it was Congress which had cut the Defense and State Department budgets in 1993, and further that the President's interdiction cuts were part of the Administration's "controlled shift" to the source countries.

Brown did not deny falling sequential requests by the President for interdiction spending, and neglected to mention that the 1993 Congress which he condemned was held by the President's own party.

(ii). *Customs and National Guard.*—Asked by Congresswoman Thurman (D-Florida) to address "allegations of corruption among Customs inspectors," Brown offered this statement: "As could be expected, any allegation alleging misconduct is being investigated and the investigation is designed to determine if there is validity to any allegation made against a Customs official. That is the normal course of business. You know I come from a police background." No further details were provided.

Congressman and Subcommittee Vice Chairman Robert Ehrlich (R-MD) directed Dr. Brown's attention to the U.S. Customs Service and apparent failures in stopping the free flow of drugs across the Southwest U.S. border. Citing a recent report on the issue, Ehrlich noted that, "not a single pound of cocaine was confiscated from more than two million trucks that passed through three of the busiest entry points along the Southwest border where Federal officials say most of the drugs enter this country."

Ehrlich then quoted the President's ONDCP budget request to back Dr. Brown, and asked why, in view of these disturbing border search numbers, the President "requested that U.S. Customs funding be cut from $573 million to $500 million."

Brown responded that the U.S. Customs Service was "working very hard," and that he had "visited the border myself." Brown also mentioned Operation Hardline, which will place more Customs agents on the Southwest border, and the formation of a new Border Technology Center. Brown avoided discussion of the President's proposed cuts in Customs funding.

Referring again to the National Guard, Congressman Mica cited the 1995 Drug Strategy and asked why the President was recommending cuts, in particular, from 227,827 estimated container search days in 1994 to an estimated 209,000 in 1996, and from 2,268 ship days to 1,545 over this same period. "Is part of your strategy to have reduced . . . container searches and ship days?," Mica asked. Brown would not respond directly to this question.

Subsequently, the Subcommittee Vice Chairman re-asked the question, noting that 70 percent of the cocaine entering the United States comes across the Southwest border. Brown said only that the Administration was "making some realignments in their overall budget" and blamed the prior Congress for interdiction cuts, despite the President's own requests for reduced interdiction in 1993, 1994, and 1995 and a publicly acknowledged strategy shift away from interdiction.

(iii). *Mexico and Cooperation.*—Presented specific evidence by Congressman Shadegg (R-Arizona) that Mexican authorities had not cooperated with U.S. counter narcotics efforts, and asked whether this was of concern to the Director, Brown responded: "Well, I am concerned with the totality of the drug problem," adding that he had "had numerous meetings with the Mexican officials . . .," was "engaging Mexico in a very aggressive way," and hoped for change by the new Mexican President.

Questioned again about the specifics of any commitment from Mexico, Brown explained that "we have a new strategy, we want to place greater emphasis in the source countries, that relates to what we think must be done." While this answer confirmed earlier testimony and the strategy itself, Mexico is not classified by the Administration as a "source country," so the answer was non-responsive.

Pressed by Congressman Shadegg for "evidence . . . hard numbers in your budget" to support the assertion that the Clinton administration is committed to interdiction, source country programs and continuing the Bush administration kingpin strategy, Brown asked Shadegg if he was requesting "evidence . . . that we have a strategy."

Shadegg explained that he was simply seeking back up for Brown's public assertion that these were Administration priorities. Brown responded: "I can tell you that the kingpin strategy, or linear strategy, has not changed. Contrary to what anyone else may tell you, I sit in this position. I know what's going on day after day after day. Someone who may have sat in this chair some years ago do not know what's going on day after day after day. Now, what evidence you're asking for I'll be delighted to provide any information you want to tell you what our strategy is."

Further support, however, for the assertion that these were Administration priorities was not provided, and Congressman Shadegg eventually concluded his questioning. Brown offered only that "the President has corresponded with the President of Mexico," and other country presidents, on the issue.

Congressman Blute, targeting the Mexico bailout, asked Dr. Brown pointedly: "Why didn't the President expressly and publicly tie the Mexican financial aid package to a Mexican Government promise to crack down on their increased drug trade?"

Brown testified that "there was a great deal of debate on this issue," and a "general understanding" that Mexico would work more closely with the United States. He did not otherwise have an answer for whether the topic was addressed with Mexican leaders by the President during bailout discussions, or why a reduction in drug trafficking was not made a condition of the bailout.

Under questioning by Congressman John Mica (R-Florida), Brown conceded that, during the arrangement of the $20 billion "bailout of Mexico," Brown never communicated to the Mexican Government or to anyone else the view that conditions, including specific counter narcotics efforts, should be attached to that money.

Congressman Souder (R-Indiana) also pressed Dr. Brown to explain why the Administration did not put more pressure on Mexico to arrest drug trafficking on the Southwest border as a condition to receiving U.S. funds in the recent bailout so strongly advocated by President Clinton. The President's Director of the Office of Drug Control Policy responded—somewhat surprisingly—that "the peso and economic stability" was "a bigger issue than the drug issue," and protested that the Administration was not "rewarding Mexico for shipping drugs into this country."

The Subcommittee Chairman concurred with Souder, noting that the Administration's decision not to tie the Mexican bail-out to conditions on drug interdiction was "a lost opportunity," although the Subcommittee Chairman acknowledged that Dr. Brown "probably didn't make that decision." [62]

On Mexico, Congressman Condit suggested that many of the bailout questions should be put to the U.S. Trade Representative, Mr. Kantor, directly. Condit noted that the "bail-out . . . was the perfect time to demand reciprocal policies when it comes to drug policy," and was concerned that this linkage was not made. He called the decision to grant aid without "get[ting] something in return" was "unwise."

(iv). *Former "Soviet Bloc" Countries.*—Brown stressed that he was "concerned about the former Soviet Bloc nations and the drug trafficking that comes through those countries." Although he offered no statistics or details on trafficking in any "former Soviet bloc nation," he argued for stronger "bilateral relationships."

(v). *No Heroin Strategy.*—Discussing heroin, Brown said it was a "major concern." He suggested that "the United Nations also play a very important part" in addressing the issue with Asian nations. He confirmed that the President had not yet signed the long-promised heroin strategy. The National Heroin Strategy was promised by President Clinton to the Nation in November 1993 and was to issue within 120 days.[63]

d. Source Country Programs

Pressed to explain the source country programs, Brown stated only that the Administration was pursuing alternative means of

---

[62] During the early Summer of 1995, Congressman Souder and the Subcommittee Chairman jointly introduced an amendment to the foreign operations appropriations bill. That amendment conditioned release of funds to Mexico on a verifiable 10 percent reduction in drug trafficking over the Southwest U.S. border. The amendment passed the House of Representatives with strong bipartisan support, but was struck in conference with the Senate.

[63] *See,* e.g., Testimony of Joseph Kelly before the Subcommittee, General Accounting Office, June 27, 1995, *infra.*

economic development, and that he hoped these would supplant the coca industry. In support of this view, he observed that on a recent visit to a Bolivian banana plantation, he found farmers "much more pleased to be able to be farming bananas than coca leaf." Stress was placed on the need for a long-term commitment.

Asked whether source country programs were working, Brown provided this answer: It is "inaccurate to characterize it as not working because we know that about 1,000 metric tons of cocaine is produced annually," and one-third is consumed, one-third interdicted and one-third lost in transit. No direct answer was given and no further mention was made of effectiveness or measures of effectiveness for source country programs.

e. Prevention In General

Virtually all members of the Subcommittee expressed strong support for effective and accountable prevention programs. Those who took issue with existing programs, did so on the basis of specific instances of misapplication, waste, abuse, ineffectiveness or an overall lack of accountability in the programs (see below).

Referring to the rescission of unspent Safe and Drug Free Schools monies, Brown called it "outrageous" and stated that Safe and Drug Free Schools was "the only program we have in this Nation to educate our young people."

This bold "only program" statement contradicted testimony by prevention experts on March 9, 1995, and the public record, both of which suggest there are actually thousands of privately funded, State funded and community funded prevention programs across the Nation, and that there are also Federal funds supporting substance abuse prevention in the Health and Human Services (HHS) and Justice Departments, if not other agencies. The inaccuracy of this bold "only program" statement became apparent when Brown later observed that HHS had at least $430 million in funding targeted at prevention, including "block grant monies" and "demonstration funds."

Congresswoman and Ranking minority member Thurman (D-Florida) echoed a position shared by Dr. Brown, the Subcommittee Chairman, and others on the Subcommittee, that some programs funded by Safe and Drug Free Schools money have been highly successful. Thurman observed that several programs in Florida, for example, which are administered by local school boards with advisory councils, have been well received, and Zeliff voiced support for the D.A.R.E. program.

f. Prevention and Accountability

Congresswoman Ileana Ros-Lehtinen focused on accountability problems in current Federal drug prevention programs, such as the Safe and Drug Free Schools program. In particular, she stressed that "there is a growing concern that Federal prevention monies have not only been wasted, mismanaged and been ineffective, but . . . have been spent on educational programs that teach value relativity and they decline to teach that illegal drug use is wrong, just plain and simple wrong."

Congresswoman Ros-Lehtinen identified specific problem programs, and sought an explanation for Federal financing of so-called

"values clarification" curricula, including "Quest," "Here's Looking At You Too," and other programs that did not deliver a clear no-use message. A series of letters confirming these concerns from around the Nation were read, and a study released by Michigan State Office of Drug Control Policy documenting abuses in the Safe and Drug Free Schools monies was read.

While Ros-Lehtinen made clear that she favored accountable prevention programs, she also explained that "in Michigan, more than $10 million in Federal funds intended to provide our children a front line defense against drugs was utilized for the following: Over $81,000 for large teeth and giant toothbrushes; over $1.5 million on a human torso model used in one lesson of one grade, not even in the drug section of the curriculum; wooden cars with ping pong balls, over $12,300; hokey pokey song, over $18,000; over $7000 on sheep eyes, whatever that is; dog bone kits, $3,700; bicycle pumps, $11,000; latex gloves, $122,000; over $300,000 was spent on how we feel about sound."

Congresswoman Ros-Lehtinen concluded her question of Dr. Brown by reading from an Indiana constituent's letter, quoting: "These nondirective programs are often funded through Federal Drug Free School grants, yet they do not usually comply with Federal law requiring that students be taught that drug use is wrong and harmful." The Congresswoman also read from the curriculum material itself, which failed to admonish against underage drinking or drug use, and in fact stated "don't begin negatively with admonishments . . ."

Congresswoman Ros-Lehtinen asked Dr. Brown to justify these programs or, if he disagreed with them, to say so. Brown testified that he believed that the "foundation upon which we start must be that drug use is wrong," that "one should not be teaching responsible drug use to our children," and that "if that is being done . . . it should be stopped."

Asked what Brown would do about reported abuses in Michigan, Massachusetts, Texas, Washington State, Kansas, Indiana, and West Virginia, the ONDCP Director responded that "the Department of Education administers the Safe and Drug Free Schools Program . . . [and] we . . . have been working with [them] in looking at how to set up standards for addressing the problem." Brown added that the Department was working "to alleviate and hopefully eliminate all the abuses in the program that takes [sic] place," and testified that "I would be the first to admit that there are abuses of the [Safe and Drug Free Schools] program."

Revealingly, Brown's testimony implied a prior awareness by ONDCP and the Department of Education of accountability problems in one of the programs, Safe and Drug Free Schools, that Brown was condemning Congress for not more fully funding.

Brown did note that he knew of "many success stories" stemming from effective use of Safe and Drug Free Schools monies. Brown also testified that "there are routine audits of State and local programs that are channeled through the Education Department's Office of Inspector General." Brown neglected to mention that the Safe and Drug Free Schools Program, according to the Inspector

General's Office of the Education Department, is not large enough to require state audits of its spending.[64]

When Congresswoman Thurman noted that attempts were made to instill greater accountability in the Safe and Drug Free Schools program during its last reauthorization, Congresswoman Ros-Lehtinen conceded that this might be true but added that, "these letters are dated March [1995], just a few weeks ago when we announced that we were going to continue with these hearings, and these teaching modules are still going out [to schools]," suggesting that accountability remained a serious concern.

Finally, Ros-Lehtinen introduced a July 15, 1994 letter into the record from Dr. Brown to the Assistant Secretary of the Office of Elementary and Secondary Education concerning the Safe and Drug Free Schools Program. Ros-Lehtinen noted for Dr. Brown that, "you, yourself, pointed out seven accountability issues" in this letter, adding "I believe it's hypocritical—excuse me, sir—but for you to attack some of us who are pointing out the ineffectiveness of the programs when you saw and wrote on it yourself."

Brown's only reply was that he was "far from hypocritical" and that it was his "responsibility" to address "areas where we need improvement." While conceding that "we have some abuses in the program," he continued to view deep cuts in the program as "outrageous," since the funds went to "94 percent" of the school districts in the nation.

Congresswoman Thurman noted that, since accountability by States may be a problem in the Safe and Drug Free Schools program, the advent of more block grants may call for a broader review of how to assure accountability. Responding to Congresswoman Thurman's observation, Dr. Brown added that the funds are used for many different programs, and "go to more than just drug education."

On balance, the difference of opinion between those who favored deep 1995 cuts in programs which appear subject to abuse, such as Safe and Drug Free Schools, and those who did not favor such cuts was relatively straight forward: whether to fund programs that are highly successful in some locations, but have been subject to waste and abuse in others, and do not yet have adequate accountability mechanisms.

The aim shared by all Subcommittee members and Dr. Brown appeared to be strong encouragement for effective and accountable drug prevention programs, as well as adequate funding for such programs, once accountability and the no-use message could be assured.

g. Shift to Treatment

On treatment programs, responding to questions from Congressman Condit (D-CA), Brown repeated that the Administration was turning away from strategies of "previous administrations [which] placed a greater emphasis on casual drug [use] reduction," in favor

[64] In fact, at the request of Congress, both the Department of Education's Inspector General's Office and the General Accounting Office are currently conducting investigations, begun in late 1995, into the Safe and Drug Free Schools program, controls on its spending, assessment of spending priorities and overall accountability.

of more treatment of the "hardcore drug user population, which comprises about 20 percent of the drug users."

Brown again cited the RAND study advocating treatment, gave his own opinion that "treatment works," stressed that he had visited treatment programs, indicated that there were "one million people in this country" in need of treatment, and reiterated his view that "treatment is underfunded."

h. Financial Crimes Enforcement Network

On another issue, Congressman Steve Schiff (R-NM) asked Brown to explain contradictory correspondence which seemed to indicate that Brown had known about, and acquiesced in, a shift away from counter narcotics by the Treasury Department's Financial Crimes Enforcement Network (FINCEN).

Schiff pointed out that Brown was, by law, required under the 1988 Antidrug Abuse Act to "sign off" on whether FINCEN's antidrug funds are sufficient.

Schiff asked why, on December 6, 1994, Brown had signed off, stating "I certify that your request is adequate to implement the goals, priorities and objectives of the National Drug Control Strategy"—yet on September 28th, 1994, by contrast, Brown had cautioned the FINCEN Director, Stanley Morris, that FINCEN's "budget submission seems to reflect a serious shift of resources away from the drug program . . .," adding that Brown was "seriously concerned whether the level of drug related resources is adequate . . ." Schiff wanted to know if the two statements were not contradictory, and what had changed Brown's mind.

Brown responded that FINCEN serves other agencies and, while their drug related funding shifted from 80 percent to 50 percent of the total FINCEN budget, he was satisfied that this was warranted by "other criminal matters." Brown testified that FINCEN was "getting more requests now for things that are not drug related" from the Justice and Treasury Departments, thus reducing their drug related work.

Brown could not explain why Justice or Treasury would now be requesting less information on drug related crime, at a time when drug related crime was increasing. Brown noted the incremental increase in FINCEN's overall requested funding for 1996.

i. White House Drug Use

Subcommittee Vice Chairman Ehrlich asked Brown if, in view of reports that eleven White House staffers were now subject to random drug tests based on "recent drug use," what more was being done. Brown responded that he favored pre-employment and random drug testing for senior positions and staff, Executive and Congressional. He added nothing further on the White House staff's reported "recent drug use," an account based on recent testimony be Patsy Thomasson, Director of the White House Office of Administration before a Senate Subcommittee.

j. Surgeon General and Legalization

Questioned by Congressman Souder about the Surgeon General's remarks supporting the study of drug legalization, Brown stated that he disagreed with her and took a "very, very strong stand

against legalization." Three times, Congressman Souder asked Dr. Brown if he had requested from Surgeon General Elders the "worldwide studies" she referred to as supporting legalization. To the third question, Brown responded, "yes, I did request any studies she was aware of about where legalization took the crime out of drugs," adding "she did not send me any studies [and] I don't think any such studies exist."

k. Subcommittee Chairman's Closing Remarks

The Subcommittee Chairman closed the hearing by applauding Dr. Brown's participation, noting that the drug war and drug abuse is "probably the number one issue facing our country," and pledging to work with the Administration if the Administration will refocus on this issue. The Subcommittee Chairman also asked Dr. Brown to seek a meeting between key congressional leaders concerned about this issue and the President.

3. June 27, 1995, Hearing

In the first of two back-to-back interdiction hearings held on June 27, 1995 and June 28, 1995, entitled "Illicit Drug Availability: Are Interdiction Efforts Hampered by a Lack of Agency Resources?," the Subcommittee received testimony from a variety of witnesses, beginning with a technology and K–9 demonstration,[65] proceeding through testimony from student witnesses, and concluding with testimony from the Administrator of the Drug Enforcement Administration and three investigators into the effectiveness of the Clinton Administration's source country programs from the General Accounting Office (GAO).

The Subcommittee first heard from four students affected by drugs in their schools, including Michael Taylor of Browne Junior High School, Natasha Surles of Roper Junior High School, Willie Brown of McFarland Middle School, and Lan Bui of Bell Multicultural School.

Subsequently, the Subcommittee heard testimony by Thomas A. Constantine, Administrator of the Drug Enforcement Administration, and expert witnesses Joseph Kelley, Allan Fleener and Ron Noyes of the General Accounting Office; Kelley was Director-In-Charge of the International Affairs Section and Fleener and Noyes are investigators who principally assisted in producing the June 1995 GAO report on Source Country Programs.

Finally, the Subcommittee also heard testimony from Jane E. Becker, Acting Assistant Secretary of State for International Narcotics and Law Enforcement Affairs, U.S. Department of State; and Brian Sheridan, Deputy Assistant Secretary for Drug Enforcement Policy and Support at the Department of Defense.

During this hearing, the Subcommittee examined the current drug interdiction efforts of the major Federal agencies engaged in the national drug control strategy, namely DEA, the U.S. Coast Guard, U.S. Customs, and the Departments of Defense and State.

[65] The U.S. Customs Service Canine Training Center provided a demonstration on the utilization of drug sniffing dogs in illicit narcotic interdiction. Also, a representative from the U.S. Coast Guard's Miami Law Enforcement Division demonstrated how an Ionscan and the Compact Integrated Narcotic Detection Instrument (CINDI) operate to detect and locate illicit narcotics.

Collectively, the expert witnesses confirmed that on November 3, 1993, President Clinton signed a Presidential Decision Directive for Counternarcotics (PDD–14), which instructed Federal agencies to shift the emphasis in U.S. international antidrug programs from the transit zones such as Mexico, Central America and the Caribbean to the source countries such as Colombia, Peru and Bolivia. PDD–14 provided that the Director of the Office of National Drug Control Policy (ONDCP) should appoint a Coordinator for Drug Interdiction "to ensure that assets dedicated by the Federal drug program agencies for interdiction are sufficient and that their use is properly integrated and optimized." [PDD–14, November 3, 1993.]

The aim of this hearing was to offer the Administration's principals on interdiction, those whose mission was affected by PDD–14, an opportunity broadly assess their own efforts and explain the impact on their agencies of PDD–14 and its concomitant "controlled shift" of resources.

The opening panel, which consisted of local students Michael Taylor of Browne Junior High School, Natasha Surles of Roper Junior High School, Willie Brown of McFarland Middle School, and Lan Bui of Bell Multicultural School offered testimony on the availability of illegal drugs in their schools. Summing up their collective testimony, Lan Bui stated that "[drugs] are really cheap to buy . . . I have seen them everywhere, from the streets which we use to get to school every day to right in front of my building." The students focused on the importance of role models, antidrug programs in their schools, student drug testing, and the need for national leadership.

a. Testimony of DEA Administrator Thomas A. Constantine

Thomas A. Constantine, Administrator of the Drug Enforcement Administration (DEA), testified on the role that the DEA, as the lead Federal agency in enforcing narcotics and controlled substances laws and regulations, plays in the interdiction of illicit narcotics. He noted that DEA has offices throughout the United States and in more than 50 countries.

Emphasizing the importance of interdiction Constantine stated, "[w]hat happens in the source country often affects what happens on the streets of Boston or Schenectady or Tulsa or Savannah, Georgia," adding that those in charge of interdiction efforts must "strike a balance between our domestic and our international role."

Constantine addressed the "controlled shift" to source countries by stressing that it is imperative that we "destroy some of these organizations [drug trafficking cartels] rather than merely disrupt them," but he also testified that he was "concerned that if we relent on any of our efforts to control the drug problem in this country [the United States] . . . we're going to be facing immense problems in the future . . . [so] we have to address this problem effectively and dramatically in the present."

Constantine collapsed his testimony into three main areas of concern: the recent "resurgence of heroin," the prevalence of methamphetamine production in the United States and Mexico, and the growth of Mexican drug trafficking cartels.

On methamphetamine, he observed that "[m]ethamphetamine . . . is becoming a drug of choice throughout the entire West Coast of America [and] there is enough amphedrine [precursor chemical utilized in the creation of methamphetamine] being shipped into Mexico that would lead you to believe all of North America suffers from asthma."

Constantine testified that the Nation's Southwest border with Mexico is the biggest transit zone, and a major focus of the DEA. In his view, the Southwest Border "is going to be our problem for the [next] five or ten years [and] [a]ny resources that I get additional, I am funneling to the Southwest Border." Echoing the testimony of others, he said "Mexico trafficking groups have become huge."

Constantine also emphasized that DEA headquarters attempts to allow each DEA office to have a role in focusing on their local needs. He further stated that DEA's efforts to decentralize include allocation of funds rather than central control, since decentralization enables the local offices to react to local trends faster.

On the importance of having a consistent and long range strategy, he stated, "what I think we have to be careful about is changing the strategy every year."

Constantine, in response to a question, asserted that the source country strategy is "starting to show results," and noted hopefully that "[i]n a few short years drug trends can change significantly." Constantine also called the jump in teenage drug use a "time bomb" and stressed the "national security" significance of the drug war.

b. Testimony of GAO's Director-in-Charge of International Affairs, Joseph Kelley, and GAO Investigators, Allan Fleener and Ron Noyes

Joseph Kelley, Director-In-Charge of International Affairs Issues at the General Accounting Office (GAO), testified on the GAO's review of the source country programs, including sub-strategies and Federal efforts to stop production and trafficking of cocaine and heroin.

As part of GAO's review, investigators traveled to Colombia, Mexico, and other nations to observe counternarcotics programs in those countries. GAO discussed these programs with U.S. officials at in-country headquarters and field locations. Mr. Kelley offered five general observations, each corroborated by the investigators themselves.

First, in response to the shift in strategy from the transit zone to the source countries, the executive branch has had difficulty implementing key elements of their strategy. In fact, "resources applied to the transit zone [have] been significantly reduced," said Kelly. At the same time, we have not seen a shift in resources to the source countries." This observation troubled GAO, and Kelly confirmed that counternarcotics assistance to each of the three primary source countries [Colombia, Bolivia and Peru] was less in 1995 than it was in 1991 and 1992. Kelley also emphasized that "a plan for a country as well as a region [is necessary]."

Second, GAO found that there is high intensity competition for attention and resources with other foreign policy objectives deemed

important by the Department of State. As Kelley noted, "[t]hese decisions may result in counternarcotics objectives receiving less U.S. attention than other objectives," for example, "In Mexico . . . countering the drug trade is the fourth highest priority in what the [U.S. Department of State] call[s] the U.S. Mission Program Plan." Incredibly, the U.S. Ambassador to Mexico told the GAO that he had focused his attention during the last year and a half on other issues.

Notably, also, Kelley pointed out that $45 million that was originally intended for counternarcotics assistance was suddenly reprogrammed by the Clinton administration to assist Haiti's democratic transition.

Third, GAO found that more coordination and leadership are needed in this effort. Kelley, in his testimony, stated that they found that U.S. officials generally agreed that "no single organization was in charge of antidrug activities in the cocaine source countries of the transit zone."

Moreover, GAO reported that "there was a lack of coordination and a clear statement of responsibilities in certain source countries' embassies. Kelley testified that "[s]everal U.S. officials in Colombia told [GAO] that they were unsure who had operational control over their activities and questioned who would be the best agency to provide that control." [66]

As disturbing, GAO reported "confusion over the role of the offices responsible for intelligence analysis and related operational plans for interdiction."

Compounding the problem, according to GAO, "the Drug Enforcement Administration is reducing its presence in Colombia [and] the Southern Command is flying fewer sorties per month in support of source country interdiction."

Fourth, GAO reports that United States funds are "not always well managed." While end-use monitoring requirements have been established in the source countries, oversight is limited. Kelley testified that, "[i]n Colombia, the Narcotics Affairs Section of the Embassy conducts reviews of how the national police uses counternarcotics assistance," but "they lacked reports from the Colombian Air Force on how U.S.-provided equipment is being used—and this is some of the big ticket items . . . C–130s and things like that."

Finally, GAO found that our dependence on the willingness and ability of the foreign governments to combat the drug trade leaves us vulnerable in our counternarcotics efforts. This is especially apparent in countries such as Colombia and Mexico, where extensive corruption is prevalent, according to GAO. As the Ambassador in Mexico emphasized to the GAO review team, in Mexico, the key lies with the Mexicans, who must be committed and involved if counternarcotics efforts are to take hold.

On balance, GAO delivered a stinging condemnation of the way in which the Clinton Administration's source country programs are organized, coordinated, prioritized and managed.

---

[66] The Subcommittee has received some reports that conflicting assertions of authority emanated from the Southern Command and the State Department.

c. Testimony of Acting Assistant Secretary of State for International Narcotics and Law Enforcement Affairs, Jane E. Becker

Jane E. Becker, Acting Assistant Secretary of State for International Narcotics and Law Enforcement Affairs, testified on what she sees as her two missions.

Becker testified that the office of International Narcotics and Law Enforcement Affairs (INL) "provide[s] counternarcotics support to those countries that demonstrate a commitment to narcotics control," adding the self-evident observation that "the goal is for those countries to use this assistance to reduce the supply of illicit drugs destined for the United States." She noted also that "INL leads bilateral and multilateral diplomatic efforts to advance our international narcotics control policies."

Becker noted, somewhat surprisingly and contrary to other testimony on this topic, that "cooperation [with Mexico and Colombia] has been good." She highlighted the source country focus of the Administration when she stated that "transit interdiction is important to our overall counterdrug effort, [but] it is not the sole solution." For the record, no member of the Subcommittee had suggested that interdiction alone could serve as a "sole solution." Becker drove the point home when she stated that "the heart [of the Administration's counterdrug] policy lies in the source countries."

Becker had no response to the GAO study, and seemed strangely unfamiliar with essential facts surrounding the source countries, for example, she seemed unable to identify major cities in Colombia.

Becker was questioned extensively on the Mexican Government's alleged cooperation in counterdrug operations. She was asked if Mexico, in order to allow more money to be allocated to it, should be re-defined as a source country. Becker answered that she does not think that a re-classification is necessary, but testified that "we need to fiddle with the resource allocation."

Becker retrenched in her essential defense of Mexican cooperation by testifying that "[t]he Mexican Government under a new leader has shown very promising signs of being much more serious in this are than his predecessors," and asserting that the State Department has "gotten good cooperation from the Zedillo Administration."

When directly questioned on the performance of the Clinton Administration's National Drug Control Strategy, Becker asserted that she could not quantify results accurately since the Strategy "has never been fully funded." On balance, Becker's testimony added little to the Subcommittee's understanding of essential facts, Administration priorities, or program management.

d. Testimony of Deputy Assistant Secretary of Defense for Drug Enforcement and Support Brian Sheridan

Brian Sheridan, Deputy Assistant Secretary for Drug Enforcement Policy and Support at the Department of Defense (DoD), focused on DoD's five-point counterdrug program.

DoD offers support to the following efforts: source nations, transit zone, domestic law enforcement, demand reduction and dismantling drug cartels.

Sheridan emphasized DoD's objectives in the source nations, testifying that these efforts were threefold: They were, "first, to support the host nation interdiction efforts and help them disrupt the flow of semi-finished cocaine from Peru and Bolivia up to Colombia . . . second . . . support for our law enforcement and for host nation C4I programs, communications, equipment, [and] intelligence support . . . [and third,] "provid[ing] a significant amount of training for host nation police and for some military units that are engaged in counternarcotics work."

Assessing programs in Colombia, Peru and Bolivia, Sheridan testified that Colombia gets a "C" for their counterdrug performance, but their efforts of late have been much better. One area that he highlighted is the Colombian military's occupation of San Adreas Island and denial of it to the drug traffickers a transshipment point.

Sheridan is also pleased with Peru's recent results. He pointed out that Peruvian President Fujimori has declared drug trafficking as the number one threat to Peruvian security, and embraced the force-down, shoot-down policy. Sheridan stated that "you will find [Peru is] very engaged in counterdrug operations."

On Bolivia, DoD is disappointed, however, said Sheridan, there have been recent indications "that they are going to eradicate cocoa in a more serious way." He did not elaborate.

Sheridan noted that, in the transit zone, the use of general aviation aircraft by drug traffickers continues to decrease. He offered no clear support for this asserted development, although he observed that smuggling of drugs is now more common via maritime and ground transport.

On DoD demand reduction, Sheridan again rolled out three points. First, DoD employs rigorous military drug testing; second, prevention and education are part of DoD's plan; and third, community outreach is conducted. Details of these programs and who they reach were not discussed.

4. June 28, 1995, Hearing

On June 28, 1995, the Subcommittee received testimony on interdiction policy from additional Administration witnesses, including Admiral Robert E. Kramek, Commandant of U.S. Coast Guard and U.S. Interdiction Coordinator, as well as George Weise, Commissioner of U.S. Customs. This hearing, was a continuation of the June 27 hearing, "Illicit Drug Availability: Are Interdiction Efforts Hampered by a Lack of Agency Resources?"

a. Testimony of U.S. Interdiction Coordinator and U.S. Coast Guard Commandant Admiral Robert E. Kramek

Admiral Robert E. Kramek, U.S. Interdiction Coordinator and Commandant of the U.S. Coast Guard, serves a dual role in the Nation's interdiction efforts. He testified before the Subcommittee in both capacities.

Initially, he explained that the U.S. Coast Guard serves as the lead agency for maritime interdiction and as co-lead with Customs for air interdiction, adding that drug interdiction takes only 9 percent of the Coast Guard budget and emphasizing the important

role intelligence plays in drug interdiction. On this topic, he testified that "70 percent of our operations are based on intelligence."

Kramek, in his role as Interdiction Coordinator, does not have command or control of the affected agencies, nor does he have any authority over their budgets. Rather, he works with the agencies "in a collegial atmosphere" and "coordinates]" them. By the Interdiction Coordinator's testimony, the Interdiction Coordinator holds quarterly conferences that bring agency heads together.

Kramek took particular note of the importance of national leadership on this issue. Offering implicit criticism of a reduced interdiction effort in the Clinton Administration, he testified that, "[w]hen the [smugglers] see our foreign policy priorities chang[e] and making drug interdiction much lower on the list than other things, they're quick to take advantage of that."

More pointedly still, he testified that "[w]hen they see it doesn't rate number one on our national security priority list, they're quick to take advantage of that." He stressed that, in his view, the issue stands "number one" with the American people.

Kramek, in an effort to emphasize the importance of interdiction efforts, noted that interdiction "returns 25–1 on the dollar in benefits to the public for every dollar spent," a new statistic in the national dialogue.

In response to questions from the Subcommittee, he stated that he currently has just "six people" assigned to him as Interdiction Coordinator and that he "brief[s] [ONDCP Director] Dr. Brown monthly."

Kramek commented further on the shift from a transit zone strategy to a source country strategy, saying that "the source country strategy . . . is starting to take hold, [but it] is not robust enough, for us to reduce assets in the transit zone yet." Since many of these assets have already been reduced, this was a clear critique of current strategy. He did not mention his December 1994 letter at this time or hereafter, and he was not questioned further on the topic.

On Puerto Rico, he did note that Puerto Rico has become a target for smugglers, for the simple reason that trafficking into Puerto Rico is as good as being in the United States.

b. Testimony of the Commissioner of U.S. Customs George Weise

George Weise, Commissioner, U.S. Customs, testified on Customs' interdiction of drugs at the Nation's borders.

Weise reiterated the importance of knocking out smuggling by private plane into this country, and attributes the increased shift to ground smuggling along the Southwest border to the efforts against air transport," whether throughout the transit zone or into the United States was unclear. Weise testified that "the [2,000 miles of the] Southwest border has now emerged as the primary entry point for cocaine, although he did not contradict Admiral Kramek's assessment that Puerto Rico has recently taken on new significance as a port of entry into the United States.

Said Weise, "our big load strategy is causing traffickers to . . . reduce the load size," although support for this assertion was thin.

Reckless and aggressive driving along the border, or "port running," has increased in the last few years, Weise stated.

To assist in the inspection of containers, Customs now utilizes a cargo examination facility and full container x-ray machines. This "allows [Customs] to examine whole tractors and trailers at one time." According to Weise, Customs has shifted 50 agents to the Southwest border to assist this effort, adding that Customs' goal is to "stop smuggling rather than to arrest more smugglers."

Weise was questioned on the North American Free Trade Agreement's (NAFTA's) impact on drug interdiction efforts. He asserted that Customs has "maintained systems that [they] had prior to NAFTA pretty much in the same way in terms of the number, frequency of examinations," although he called it a "difficult balancing act." Weise testified that Customs has allocated resources to the Southwest border such that the effort remains at the same level. Weise could offer little evidence other than loads seized that interdiction at the Southwest border are proving effective, did not speak about the Customs air wing, and did not address the overall reduction in interdiction assets in 1993, 1994 and 1995.

Weise's testimony concluded this second day of interdiction hearings.

5. September 25, 1995, Hearing

At the Subcommittee's September 25, 1995, hearing on the drug problem in New Hampshire, entitled "The Drug Problem in New Hampshire: A Microcosm of America," Members received testimony from an array of highly qualified witnesses.

The purpose of the hearing was to continue an examination of national drug control policy, focusing on successful drug fighting efforts of Manchester, New Hampshire, which had recently participated in a joint interagency task force called Operation Streetsweeper.

a. Background on the Problem, How Community United, and the Interagency Task Force

Testimony was received from State and local law enforcement officials, local elected officials, representatives of the U.S. Department of Justice, leaders of New Hampshire grass roots antidrug groups and individuals involved in the attempt to rehabilitate drug users.

Collectively, the expert testimony confirmed the following facts. Early in 1995, statistics showed that the overall crime rate in Manchester, which is New Hampshire's largest city, had declined. However, these statistics also showed that arrests for drug offenses had increased dramatically, as they had for other drug related crimes. After a number of murders were linked to drug distribution and usage, the community "came together to rid their city of this scourge."

Manchester Police Chief Peter Favreau received a $100,000 grant to help pay for State Police Officers to patrol city streets with city police, and a short time later Manchester Police were joined by the Sheriff's Department, the State Attorney General's Drug Task Force, the State Police Special Investigations Unit, the Drug Enforcement Administration, the Bureau of Alcohol, Tobacco and Fire-

arms (ATF), and the Immigration and Naturalization Service (INS). This Federal-State-local interagency task force put jurisdictional; issues aside and singularly pursued the aim of getting drug dealers off the streets of Manchester.

As various panelists and community representatives testified, the change on the streets of Manchester could be felt immediately. As Chief Favreau testified, "With as much coverage as we have out there, I honestly feel [the criminals] are going elsewhere. It's almost impossible not to have that happen."

In an effort to understand how the interagency task force worked and what made it so effective, the principals in this successful anti-drug effort testified before the Subcommittee. Since illegal drugs and associated violent crime plague virtually every city in America, the accounts these witnesses told offer valuable insights into how best to tackle drugs and violent crime in other cities around this country.

b. State Attorney General Jeff Howard Credits Effective Coordination, Drug Task Force, and Byrne Grants

First, Jeff Howard, Attorney General for the State of New Hampshire, offered testimony regarding the value of effective coordination between local, State and Federal law enforcement in the fight against drugs.

The Attorney General specifically credited the creation of the New Hampshire Drug Task Force with "keep[ing] pressure on all areas of the problems, going from what we have identified as kingpins to mid-level dealers to street dealers, and putting as much of the resources as we can into treatment programs to include treatment of State prisoners, and prevention particularly through educational efforts."

The Attorney General also singled out the Byrne grant programs as an effective means of funding law enforcement, since it offers needed flexibility in how valuable law enforcement funds are utilized. In New Hampshire's case, as Howard noted, "[the State] has committed less than one-quarter of the funds to State agencies . . . The rest of it has all gone back to the communities."

c. Director of State Office of Alcohol and Drug Abuse Prevention Geraldine Sylvester Urged Prevention, Treatment, Student Assistance, Parental Training and Peer Counseling

The Subcommittee then heard from Geraldine Sylvester, the Director of New Hampshire's Office of Alcohol and Drug Abuse Prevention. Sylvester, in her testimony, emphasized the importance of "giv[ing] equal attention to the battle fronts of treatment and prevention." She also noted the important role that student assistance programs, parental training and peer leadership groups play in preventing or abating drug usage among young people.

d. Commissioner of the State Department of Corrections Paul Brodeur Urged Support for Byrne Grants, Correctional Pathways Program

Paul Brodeur, Commissioner of New Hampshire Department of Corrections, offered testimony on the Byrne grant funded correc-

tional options program called "Pathways," utilized by the New Hampshire Department of Corrections. Brodeur noted that "Pathways" emphasizes education, substance abuse treatment and employment counseling. Brodeur illustrated the importance of programs like "Pathways," by pointing out that in New Hampshire 20 percent of the State's inmates are incarcerated for drug related offenses, and 80 percent or more of the inmates have substance abuse problems.

e. State Narcotics Investigation Unit's Assistant Commander Neal Scott Explained Usage Breakdown, Urged Local Flexibility

Neal Scott, Assistant Unit Commander of the Narcotics Investigation Unit at the New Hampshire State Police, offered testimony regarding the status of current drug usage in New Hampshire. Statewide, he testified, the number one problem is marijuana; cocaine in powder form is number two; crack, LSD and heroin run third. Scott quantified drug usage according to regions of New Hampshire, further emphasizing the importance of localities being able to set their own priorities according to local need.

f. DEA Special-Agent-In-Charge Billy Yout Explained Recent Trends, Concurred in Support for Prevention, Law Enforcement

Billy Yout, Special Agent in Charge at Drug Enforcement Administration, concurred with Commander Scott, stating the "marijuana . . . is by far the biggest problem [because it is] easily accessible to children." Yout also testified on how traffickers are moving their bases of operation into New Hampshire from Massachusetts and other New England States, although he noted that New Hampshire remains predominantly a consumer State.

g. Manchester Mayor Ray Wieczorek Testified on the Importance of Public Sector-Private Sector Cooperation

Ray Wieczorek, the Mayor of Manchester, in his testimony, focused on the important role that a public sector-private sector relationship plays in the war against illegal drugs. Wieczorek encouraged other communities to follow Manchester's model on how to establish a public-private partnership. Mayor Wieczorek explained how the city has effectively tapped all available resources, including cooperation from financial institutions, citizens and the business community, in uniting to fight this battle.

h. Manchester Police Chief Peter Favreau Explained Multi-Agency Effort and How Operation Streetsweeper Succeeded

Peter Favreau, Chief of the Manchester Police Department (MPD), reviewed the creation of Operation Streetsweeper and its importance as a model for future multi-agency efforts. Early in 1995, Favreau and United States Attorney Gagnon, planned a "round-up of crack dealers." Favreau testified that "[MPD's] undercover people, along with the state drug task force [arranged to] make a lot of buys from [crack dealers], and make [the] round-up all at one time." This round-up occurred in June, 1995. As a result,

55 of the dealers were picked up by more than 150 law enforcement officers; most of the dealers are now behind bars. This was Phase I of Operation Streetsweeper.

Favreau testified that Phase II included cooperation between the MPD and the New Hampshire State Police in dismantling street gangs and getting them off Manchester's streets. Phase III was a continuation of the anti-gang component of the Operation, Phase II, but included Federal law enforcement agencies.

i. United States Attorney Paul Gagnon Discussed Cooperation and Funding

Paul Gagnon, the U.S. Attorney for New Hampshire, focused on the role interagency cooperation, indicating that Operation Streetsweeper's success was as dependant upon cooperation as upon the institutional framework that made it possible. Gagnon also noted the importance of Federal funding in the success of Operation Streetsweeper, and urged continued funding. Finally, Gagnon recommended a similar marshaling of law enforcement resources and key agencies in the future.

j. Citizen Groups Represented by Alice Sutphen Urged Community Action

Alice Sutphen, a representative from the citizen group Take Back Our Neighborhoods, delivered testimony to the Subcommittee on the importance of citizens working with law enforcement and local authorities, as well as mobilizing on their own, to take back their neighborhoods. She described how a coordinated and dedicated citizenry can make a difference, and can genuinely assist law enforcement. Law enforcement representatives, such as Chief Favreau, and political leaders, such as Mayor Wieczorek, credited Sutphen and the local citizenry with making Operation Streetsweeper such a success and echoed her sentiments about citizen participation.

k. Dover Police Captain Dana Mitchell Urged support for D.A.R.E. and Law Enforcement's Role in Prevention

Dana Mitchell, Captain, Dover Police, offered testimony on the success and overall utilization of Dover's Drug Free program. He testified that this program includes an expansive D.A.R.E. program beginning in elementary school, and continuing through junior high and high school. Mitchell also stressed the importance of law enforcement's role in prevention, focusing on Dover's Youth Outreach Program. Mitchell noted that this program represented a successful initiative to "bring the young people of [their] community into the prevention effort in the form of organized student groups."

Mitchell also testified that congressional leaders look at allowing greater creativity and flexibility as they authorize Federal drug prevention programs. By way of example, Mitchell noted that the Dover Police Department recently approached the director of a 180-unit low-income Dover Housing Authority, which is a Department of Housing and Urban Development facility, about mandating that all parents receiving the housing subsidy receive a D.A.R.E. seminar. The Housing Authority's director stated that Federal regulations bar that kind of condition on a housing subsidy. Greater flexi-

bility in the hands of local authorities would allow them to cooperate more fully and adapt Federal programs to community needs.

l. Executive Director of Nashua Youth Council Michael Plourde Urged Community Need Assessment Prior to Receipt of Federal Funds

Michael Plourde, Executive Director of the Nashua Youth Council, offered testimony on how community coalitions assist in assessing the priorities that are needed for a locality. Plourde recommended that "any Federal money that comes down to localities should require that those coalitions exist prior to the money being received, and that those coalitions assess the community needs prior to the money being distributed to those communities."

m. Marathon House Regional Director John Ahman Urged Support for Effective Treatment

John Ahman, Regional Program Director for Marathon House, testified that is a definite link between crime and drug use, and emphasized the importance of effective drug treatment in breaking this link. Effective treatment, Ahman testified, means that "after treatment, recovering addicts are less likely to be involved in crime and more likely to be employed." Ahman also stated that, in the case of drugs, treatment is often more appropriate and less expensive than incarceration.

n. Manchester Police Sergeant Dick Tracy Urged Strong Support for D.A.R.E. Program

Dick Tracy, Sergeant, Crime Prevention Division, Manchester Police Department, offered testimony on the effectiveness of the 17-week D.A.R.E. program for Manchester students. Tracy went on to testify that, "having a police officer in the school to teach the kids about the dangers of drugs is more effective because the officer can relate firsthand experience of cases he has dealt with." Tracy's testimony concluded the expert witness testimony received by the Subcommittee at the hearing.

C. FACT-FINDING TRIP TO TRANSIT ZONE

As indicated above, the Subcommittee's 1995 investigation included one Subcommittee fact finding trip to the Drug War's front line. Subcommittee Members, the United States Coast Guard and staff, travelled to the Seventh Coast Guard District in the Caribbean transit zone between June 16 and June 19, 1995.

In the transit zone, they attended briefings at Seventh District Headquarters in Miami, Coast Guard interdiction initiatives at sea, DEA activities in the Greater Antilles, high level interagency briefings in Puerto Rico by the FBI, DEA, Customs, Border Patrol, and local authorities, and received indepth briefings by Admiral Granuzo and others at Joint Interagency Task Force East (JIATF East) in Key West, dedicated to drug interdiction in the transit zone.

This interdiction trip was arranged in coordination with the United States Coast Guard, and invitations were extended to minority and majority members. Additionally, in coordination with ONDCP, the Subcommittee Chairman also travelled with the

White House Director of ONDCP to prevention and treatment programs in Massachusetts.

In the transit zone, the Subcommittee learned a number of important facts. In addition to traveling on HU–25 interdiction aircraft as they demonstrated interceptions, witnessing FLIR or forward-looking infrared radar tracking during interceptions, and travelling to the U.S. Coast Guard Cutter Mellon on the heels of that cutter's successful interdiction of 5,000 pounds of marijuana, the Subcommittee received demonstrations of the ion scanner and CINDI technologies, received briefings by agents participating in Operation OPBAT on the remote island of Great Inagua, and toured OPBAT assets by HH–60 helicopter. Before receiving briefings at JIATF East, the Subcommittee also visited the interdiction cutters Ocracoke and Spenser.

1. OPBAT Operations Need Resources

In briefings, a number of interdiction facts became more clear. Agents participating in OBAT (Operation Bahamas, Turks and Caicos), a multi-agency, international operation based in Nassua, Bahamas, made clear that they have lost major assets over the past two years.

OPBAT's mission is to halt the flow of cocaine and marijuana through the 700-island Bahamian region to the United States. To do so, OPBAT operates three widely dispersed helicopter bases, from which U.S. Coast Guard and DEA helicopters are dispatched on cue from tracking by the Joint Interagency Task Force (JIATF) or Domestic Air Interdiction Coordination Center (DAICC) aircraft. Since the helicopters must operate in foreign waters, they are piloted by personnel from either the Government of the Bahamas or Turks and Caicos Island police, who are in turn responsible for making arrests and seizures. A United States DEA agent is, however, on every flight to coordinate intelligence and provide additional advice.

2. Aerostat Radars Were Deterrent

The Clinton Administration's decision to remove and destroy the aerostats based in the Bahamas has also had a perceived impact on interdiction capability. The Nassau DEA Office of OPBAT reported that, "while no specific intel source indicates that traffickers perceive the removal of the aerostats [radars] from the Bahamas as a weakness in law enforcement detection capability, it stands to reason that a reduction in visible detection resources would equate to 'safe' illicit activity."

Privately, agents confirm that trafficking patterns are changing to reflect the knowledge that aerostats are no longer monitoring certain areas. In fact, OPBAT agents report that there has been a measurable increase in "trafficking events per month" since the same period in 1994, which they attribute to a rise in maritime and air activity via the Atlantic, the removal of the aerostat radars, and the rise of trafficking from or through Jamaica.

3. Cuba Creates Overflight and Maritime Constraints

Beyond loss of interdiction assets, interdiction in the region operates under other constraints. Cuban territorial waters are an obsta-

cle to effective interdiction, since they offer legal shelter to traffickers. This tactic was used extensively in February 1995.

The inability of U.S. aircraft to overfly Cuba is also a barrier to effective interdiction, since traffickers can overfly the island at altitudes radar is otherwise unable to track, and easily blend with ground cover. This is especially so for aircraft originating out of Jamaica and the West Caribbean.

4. Puerto Rico: Drug Gateway, Assets Needed

At the Greater Antilles Section Coast Guard Base (GANTSEC) in Puerto Rico, which covers 1.3 million square miles, multi-agency briefers expressed the view that, if 70 percent of the cocaine coming into the United States comes over the Southwest border, the rest comes through Puerto Rico, which has seen as much as $40 million in money laundering in recent years.

In attendance at the briefing were representatives of the FBI, DEA, Border Patrol, Coast Guard, INS, Customs, Department of Defense and Puerto Rico.

In Puerto Rico, members of the interagency group reported that approximately 84 metric tons of cocaine make it into Puerto Rico annually, of which "we interdict 10 to 15 percent." The missing variable, in the eyes of many present, was a stronger Federal interdiction commitment, both in terms of assets and personnel.

There was a strong indication that assets lost in the last three years need to be replaced; needed are more 378-foot cutters and intelligence gathering radars to replace the aerostats. Also expressed was the need for more agents, presumably FBI and DEA, to support the denotation of San Juan as a HIDTA (High Intensity Drug Trafficking Area). An additional detection concern is that there is no money in the relevant budgets to pay for overtime in support of nighttime detection.

Summarizing the candid counsel received at this briefing, the assets most needed are: more radars (including a suggested radar in Belize), more Jayhawk helicopters, more 378-foot Coast Guard Cutters, ion scanners and CINDI's, air rights agreements with more Caribbean nations (perhaps one day Cuba), and more top people. The Coast Guard also indicated that they have recently lost "four of ten" HU–25 intercepter aircraft by re-deployment or demobilization.

5. Joint Interagency Task Force—East

At JIATF East, briefers included Rear Admiral Andrew A. Granuzo, who bluntly admitted that the central obstacle to waging a more effective drug war, particularly in interdiction, is that "there is no one in charge." This assessment mirrored the views of Admiral Yost, Bill Bennett, John Walters, Robert Bonner, and a host of others inside and outside the Administration.

JIATF East was created by Presidential Decision Directive 14 (PDD 14), which ordered a review of the Nation's counternarcotics command and control intelligence centers. Creation of three joint interagency task forces and a domestic air interdiction center was authorized by the White House Drug Czar in April 1994. Accordingly, JIATF East is joined in its interdiction mission by JIATF

West in Almeda, California; JIATF South in Panama; the DAICC at March Air Force Base, California; and JTF–6 in El Paso, Texas.

JIATF East is dedicated to "deconfliction of all non-detection and monitoring counter drug activities in the transit zone." The command integrates intelligence with operations, and "coordinates the employment of the U.S. Navy and U.S. Coast Guard ships and aircraft, U.S. Air Force aircraft, and aircraft and ships from allied nations, such as Great Britain and the Netherlands." The command's mission boils down to "maximiz[ing] the disruption of drug transhipment," collecting, integrating and disseminating intelligence, and guiding detection and monitoring forces for tactical action.

Just as importantly, JIATF East integrates law enforcement personnel, primarily from Customs, into the international interdiction effort. For that reason, the command includes FBI, DEA, DIA and State Department, in addition to the Department of Defense.

D. INTERDICTION POLICY OVERSIGHT

Drawing on expert hearing testimony, information learned during the Subcommittee's transit zone fact finding trip, and reliable documentary evidence on the status of the Nation's interdiction effort, the Subcommittee reviewed current interdiction policy and force structure.

Importantly, the Subcommittee found that, as with drug prevention and law enforcement, there is a broad, bipartisan consensus supporting effective interdiction as a central component of the drug war. Just as interdiction and law enforcement experts seem to recognize the central role played by parental, community, State and Federal drug prevention efforts, prevention experts acknowledged the importance of law enforcement and interdiction efforts in any effective use reduction strategy.

The Subcommittee also found that interdiction assets, funding and Administration emphasis on drug interdiction have been substantially reduced over the past three years. This finding is in stark contrast to the concerted interdiction effort launched between 1984 and 1990, and the interdiction strategy pursued through the final year of the Bush Administration.

1. Interdiction From 1984–1990

Admiral Paul Yost, former United States Coast Guard Commandant, headed the Nation's interdiction effort between 1984 and 1990.

Before the Subcommittee, Yost testified that the Nation experienced a "major build-up in drug interdiction . . . from 1984 through 1990"[67] Yost testified that this interdiction effort "successfully interrupted the flow of bulk marijuana by sea and cocaine by air over the water routes [of the Caribbean]."

Yost also testified that "strong interdiction and law enforcement [during the period 1984 to 1990] were providing a climate that made it clear to the [drug] trafficker that 'this is wrong, and your chances of being intercepted are very high.'"

[67] Testimony of Admiral Paul Yost, Hearings of Subcommittee on National Security, International Affairs, and Criminal Justice, March 9, 1995.

2. Clinton's Cuts In Drug Interdiction

While the Subcommittee heard testimony that selected interdiction assets were redeployed to the Persian Gulf in 1991, the overwhelming reduction in the interdiction force structure has occurred between 1993 and 1995.

Objective indicators of Federal support for the counter narcotics effort show a substantial reduction in resources committed to key areas; in early 1995, key budget numbers were already clearly below prior highwater marks, lines formerly defined as the minimum necessary for effective conduct of the Drug War.

This general conclusion is supported by facts contained in the President's 1995 drug interdiction budget, documentary evidence originating with the Office of the United States Interdiction Coordinator, interviews with agency field representatives, 1995 reports and testimony by the General Accounting Office, and hearing testimony provided by Admiral Yost, former Commandant of the U.S. Coast Guard, John Walters, former Acting Director of ONDCP, Bill Bennett, former Director of ONDCP, Robert Bonner, former Administrator of DEA in the Clinton and Bush Administrations, and Dr. Lee Brown, the then-current Director of ONDCP.

a. ONDCP Interdiction Budget Cuts

While the total antidrug budget rose from $1.5 billion in fiscal 1981 to $13.2 billion in fiscal 1995,[68] ONDCP itself reports a drop in both drug interdiction and international program funding.[69]

Unmistakably, drug interdiction's budget authority fell from $1.511 billion in fiscal 1993 to $1.312 billion in fiscal 1994, a $200 million reduction by President Clinton in the fiscal 1994 budget. In fiscal 1995, the interdiction budget was cut by another $18 million to $1.293 billion. In fiscal 1996, the President's request for drug interdiction funding fell another $15 million to $1.278 billion.[70] Whatever else is said about a concurrence in these numbers by the 103rd Congress, they must stand alone as indicators of the President's reduced emphasis on and commitment to drug interdiction.

At the same time, international or source country counter narcotics funding fell from a highwater mark of $523 million in 1992 to $329 million in fiscal 1994, and then to $309 million in fiscal 1995, recovering only slightly to $399 million in the Presidential request for fiscal 1996.[71]

b. Assets Lost According to Admiral Yost

According to Yost, the Nation has recently experienced a "tragic dismantling" of the Nation's interdiction efforts, such that today "there are several orders of magnitude less effort spent on drug interdiction."[72]

Specifically, "ship days and aircraft hours are drastically reduced," and "[a]ll of the Coast Guard jet aircraft, the Falcons with

---

[68] Teasley, David, Congressional Research Service Report 95–943, September 6, 1995, p. 1.
[69] *National Drug Control Strategy*, The White House, February 1995, p. 113.
[70] *Id.* p. 113.
[71] *Id.* p. 113.
[72] Testimony of Admiral Paul Yost, Hearing of Subcommittee on National Security, International Affairs, and Criminal Justice, March 9, 1995.

the f–16 intercept radars, were taken away from interdiction . . .," said Yost.[73]

Additionally, Yost detailed that "three Coast Guard E–2C airborne early warning aircraft have been turned back to the Navy and used for other purposes," and that "the Coast Guard Air Station at St. Augustine, Florida, which was established to support these three multi-million dollar aircraft, is now closed." Yost indicated that he believed some of the E–2Cs were even being "decommissioned." [74]

Yost testified that "the Coast Guard C–130 airborne early warning aircraft has been turned over to the Air Force, stripped of its equipment, including a dome-mounted radar, and is now used for transportation of cargo." "In addition," Yost reported that "the new Command Control Communications and Intelligence Center has been closed, and its duties performed elsewhere."

c. ONDCP Strategy Confirms Specific Reductions

The Yost assessment of lost "ship days" and "aircraft hours" is confirmed by the 1995 National Drug Control Strategy Budget Summary. The Summary shows, for example, reports a drop in Department of Defense Flight Hours from 50,624 in 1994 to 50,000 in 1995, with the same number projected for 1996. It also shows Ship Days down from 2,268 in 1994 to 1,545 in 1995, with the same number projected for 1996.[75] Finally, although Yost did discuss National Guard, the Summary shows that National Guard Container Search Workdays dropped from 227,827 in 1994 to 209,000 projected for 1996, while other [drug interdiction] National Guard Workdays fell from 597,385 in 1994 to a 1996 projection of 530,000.[76]

d. Field Representatives Confirm Assets Lost and Explain Impact

Yost's testimony is corroborated by agency field representatives interviewed in four locations during the Subcommittee's fact finding trip in June 1995. Field agents collectively confirmed the recent loss of key assets and personnel, including deficiencies in radars (airborne and stationary), Jayhawk helicopters, 378-foot Coast Guard Cutters, high technology, HU–25 Falcon interceptor aircraft ("four lost"), and agency personnel.

The impact of interdiction assets lost was described in different ways. The Nassau DEA Office of OPBAT, for example, reported that, "while no specific intel source indicates that traffickers perceive the removal of the aerostats [radars] from the Bahamas as a weakness in law enforcement detection capability, it stands to reason that a reduction in visible detection resources would equate to 'safe' illicit activity," and they attributed the recent shift in trafficking patterns and increase in "trafficking events per month" partially to aerostat removal.

---

[73] *Id.*

[74] Testimony of Admiral Paul Yost, Hearing of Subcommittee on National Security, International Affairs, and Criminal Justice, March 9, 1995.

[75] National Drug Control Strategy Budget Summary, The White House, February 1995, p. 41.

[76] *Id.* p. 41.

In Puerto Rico, members of the interagency group explained that approximately 84 metric tons of cocaine now gets into Puerto Rico annually, of which "we interdict 10 to 15 percent." They noted that the missing component was a stronger Federal interdiction commitment, in assets and personnel, including such fundamentals as overtime pay in support of nighttime detection.

At JIATF East, briefers admitted that there had been recent asset losses and noted that these losses were compounded by the fact that "there is no one in charge."

e. USIC Memorandum Confirms Assets Lost

An unclassified memorandum originating in the Office of the United States Interdiction Coordinator (USIC), dated June 1995 offered additional details on the Clinton reductions.

This USIC memorandum lists two sets of assets removed by the Clinton administration from the interdiction effort: "counterdrug assets removed from USCG [the United States Coast Guard] inventory to comply with FY 94 budget reductions," and "other assets removed prior to 1994." [77]

In the first group, USIC lists: five "HU–25 Falcon jet interceptors," one "Medium Endurance Cutter," three "Surface Effect Ship (SES) patrol boats," 49 personnel due to an "end of participation in C3I East, Miami," and 24 more personnel due to the "[d]isestablished . . . Caribbean Squadron Staff." Overall, USCG interdiction assets removed amounted to a reduction of "$9,337,915," 306 total personnel, and "21,151,338" in "recurring costs." [78]

This USIC memorandum also notes that, although "Customs has now consolidated the former functions of C3I East and C3I West into the Domestic Air Interdiction Coordination Center (DAICC) located at March AFB in California," the "DAICC facility faces serious manning shortages." [79]

In the second group, assets removed "prior to 1994," USIC lists: four "E2–C Hawkeye AEW aircraft (1 lost to a crash; 3 returned to the Navy)," and one "EC130–V AEW aircraft (delivered to USCG in FY92, Transferred to DoD in 1993 for lack of operations and maintenance funding)." Additionally, the memorandum observes, in discussing the EC130–V AEW (intelligence gathering) aircraft transferred from USCG interdiction to DoD: "The rotodome was removed from the airframe. Last we heard, the airframe was in storage," and adds that "DoD retired all of the [sic] sea-based aerostats." [80]

f. Additional Expert Testimony Confirms Assets Lost

In addition, the reports from Yost, field agents and USIC confirming lost or decommissioned interdiction assets during the Clinton Administration were supported by expert testimony from former Acting Director of ONDCP John Walters, former White

[77] Unclassified Memorandum from Office of United States Interdiction Coordinator, entitled "Summary of USCG FY–94 Budget Reduction of $9M, Directed at Drug Interdiction Funding, Mandated by Congress," June 9, 1995.
[78] *Id.*
[79] *Id.*
[80] *Id.*

House Drug Czar Bill Bennett, and former Bush and Clinton DEA Administrator Robert Bonner.

Walters testified that "the drug problem is simply not a part of the foreign policy agenda of the United States under President Clinton—there is no carrot and no stick facing countries from which the poison destroying American lives every day comes." He noted that the Administration's deemphasis of international counternarcotics "fuels calls in other countries for abandoning anti-drug cooperation." [81]

More specifically, Walters testified that President Clinton's interdiction policy is "destroying the intelligence support to the drug war," noting that the President last year cut $600,000 in intelligence funding and took other measures to redirect resources away from intelligence for the drug war. USIC confirms the loss of five key intelligence gathering AEW aircraft, "end of participation in C3I East, Miami," and DoD retirement of "all of the sea-based aerostats," facts supporting Walter's assessment.[82]

Walters also testified that "the military and other interdiction agencies have received a 50 percent force reduction in 1994, that has caused over a 50 percent reduction in their ability to interdict drugs . . . [in] the transit zone."

Concluding and linking interdiction to rising domestic drug use, Walters explained that "if these trends continue, by 1996, the Clinton administration will have presided over the greatest increase in drug use in modern American history." [83]

Bennett and Bonner offered similar assessments. Bennett noted that the Administration's 1995 strategy would "cut . . . more than 600 positions from drug enforcement divisions of the Drug Enforcement Administration," cut "more than 100 drug prosecution positions in United States Attorney's offices, and "cut . . . drug interdiction and drug intelligence programs from fiscal 1994 levels." Bennett also testified that "last year, the Clinton Administration directed the U.S. Military to stop providing radar tracking of cocaine-trafficker aircraft to Colombia and Peru," a policy "Congress again had to reverse," and stressed that "massive policy failures" plague the Clinton Administration.

Bonner, stressed that drugs pose "a serious threat to the well-being of our Nation," noting that "our national drug strategy [in the 1980's and early 1990's] was working . . .," and observed that, "as the resources for enforcement and interdiction have been cut, the price of cocaine has gone down and the estimated number of heavy users has gone up."

Noting also that the Cali Cartel is "supplying between 80 and 90 percent of all of the cocaine that reaches the United States . . .," Bonner testified that, "the Clinton Administration has utterly failed to appreciate the value of strong international drug law enforcement as a major component in an effective drug control strategy," and called on the President to "reverse this trend and start leading our Nation's antidrug efforts."

---

[81] *See also The New York Times* (February 20, 1994), p. A6; *The New York Times* (February 27, 1994), Section 4, p. 15.

[82] USIC Memorandum, supra.

[83] Testimony of John Walters, Hearing of Subcommittee on National Security, International Affairs, and Criminal Justice, March 9, 1995.

g. Admiral Kramek's December 1994 Letter to Drug Czar Lee Brown Confirms Assets Lost, And Interdiction Coordinator's Unsuccessful Efforts to Restore

Unclassified correspondence between the Interdiction Coordinator, Admiral Kramek, and the Director of ONDCP, Dr. Brown—which incidently was requested of the Drug Czar and not provided, but was secured through other means by the Subcommittee—revealed that an "agency head consensus" believed in October 1994 that "we need to restore assets to the interdiction force structure . . ." and "must return to the 1992–1993 levels of effort."

The December 1994 letter also states that the administration's source country programs are not "producing necessary results" yet, and addresses the drug problem as a threat to national security. Specifically, the Interdiction Coordinator wrote: "I believe it appropriate that we meet with the President and National Security Advisor as soon as possible to brief them on the results of our conference and discuss the current state of implementation and national strategy . . . Of key importance to this meeting is the determination of priority of counting narcotics trafficking as a threat to national security of the United States as evaluated against other threats to our security that compete for resources."

This letter was corroborated by the essential findings of the Subcommitee in a range of agency contacts and corresponendence complementing the hearings, most of which were publicly discussed in 1995 drug policy hearings on interdiction and overall National Drug Control Policy.

What became obvious was the need for a counterdrug strategy led from the top down. Such a strategy must embody greater willingness to establish effective interagency review and terminate ineffective programs; willingness to review the whole lead agency concept and be certain that the agency or department in charge is best suited to execute national drug control policy; greater commitment from senior levels of the Administration, beginning with the President himself; development of broader and more forward-looking policy guidance for interagency regional implementation plans; more specificity in identifying regional planning coordinators; and thoughtful attention to creating a more streamlined regional mechanism for planning and executing the strategy.[84]

h. Admiral Kramek's June 1995 Testimony Underscore's Interdiction's Importance and the Missing Priority

In testimony before the Subcommittee on June 27, 1995, Admiral Kramek offered implicit criticism of a reduced interdiction effort in the Clinton Administration, when he testified that, "[w]hen the [smugglers] see our foreign policy priorities chang[e] . . . making drug interdiction much lower on the list than other things, they're quick to take advantage of that." He explained that "[w]hen they see it doesn't rate number one on our national security priority list, they're quick to take advantage of that," and he stressed that in his view, the issue stands "number one" with the American people.

[84] *See generally*, Members discussion during hearings on March 9, April 6, June 27, June 28, 1995, and September 25, 1995; *see also* discussion elsewhere in this report on the need for heightened interagency coordination, agency leadership and interdiction.

In a further effort to emphasize the importance of interdiction, Kramek noted that interdiction "returns 25–1 on the dollar in benefits to the public for every dollar spent," a new statistic in the national dialogue.

Kramek commented further on the shift from a transit zone strategy to a source country strategy, saying that "the source country strategy . . . is starting to take hold, [but it] is not robust enough, for us to reduce assets in the transit zone yet."

Since many are already gone, Kramek's critique calls into question the current strategy.

On Puerto Rico, Kramek also noted that Puerto Rico has become a target for smugglers, since trafficking drugs to Puerto Rico is as good as being in the United States.

i. Testimony Of Drug Czar Lee Brown Confirms Low Priority on Interdiction

Testimony by White House Drug Czar Lee Brown revealed that he held a view different from that of the Interdiction Coordinator and, apparently, did not follow the Interdiction Coordinator's recommendation to arrange for the Interdiction Coordinator to present the "agency head consensus" to either the President or National Security Advisor.

Brown further conceded the administration's "controlled shift" of resources from interdiction to "international efforts in source countries," but was unable to offer results of the shift or details on source country program management.

Brown justified the "controlled shift" to source countries by testifying that prior interdiction efforts, despite a precipitous drop in drug users, were "less than effective."

j. No Heroin Strategy Until November 1995

In November 1993, President Clinton promised a National Heroin Strategy within 120 days.[85] While Brown testified that the Nation faced "growing availability of cheap and high purity heroin" and spoke of "concern about the possibility of another heroin epidemic," President Clinton did not sign a National Heroin Strategy until November 21, 1995, and the strategy was not accompanied by any implementing guidelines.

Moreover, a recent General Accounting Office Report, commissioned by the Subcommittee Chairman, found that the heroin policies being pursued by the Clinton Administration are deficient. Specifically, although the United States' relationship with the Burmese Government makes cooperation difficult, United States reliance on the United Nations' drug control effort has been flawed. In particular, GAO found that, "the [drug control] projects have not significantly reduced opium production because (1) the scope of the projects has been too small to have a substantive impact on opium production, (2) the Burmese Government has not provided suffi-

[85] *See,* e.g., Testimony of Joseph Kelly before the Subcommittee, General Accounting Office, June 27, 1995, *supra.*

cient support to ensure project success, and (3) planning has been inadequate to ensure project effectiveness."[86]

k. GAO Reports Serious Deficiencies in Clinton Administration Source Country Programs

Hearings held by the Subcommittee in June 1995 revealed serious mismanagement and misdirection of the source country programs, according to General Accounting Office investigators. These deficiencies are discussed below under the Section "Source Country Programs Oversight," and above in the June 27 and 28, 1995 interdiction policy hearings.

l. Bottom National Security Priority

Interdiction efforts are hampered by the reported low national security priority placed on the drug war early in the administration. Public reports indicate that the counternarcotics effort was placed at priority "Number 29" on a White House list of national security priorities. According to one account, "The White House National Security Council has dropped the drug war from one of three top priorities to No. 29 on a list of 29, according to several sources."[87] Internal reports and interviews do not contradict this assessment, and there is no indication that the priority has been formally or informally elevated since February 1993. ONDCP's response to Admiral Kramek's letter of December 1994 urging reassessment of the "national security" threat is further corroboration of this low priority ranking.[88] Note also that Subcommittee contacts with Administration personnel indicate an awareness of the public reports of the low priority ranking, and there has been no contrary documentation provided to the Subcommittee, despite requests for the same.]

m. Only Six Staff for Nation's Interdiction Coordinator, and No Supply Side Deputy Director of ONDCP

According to testimony heard from the Nation's Interdiction Coordinator at Subcommittee hearings in June 1995, the man in charge of the Nation's interdiction effort has been given a total of just six persons to administer all of United States interdiction policy. Responding to questions from the Subcommittee, Admiral Kramek testified that he briefs ONDCP Director Brown only monthly and has just "six people" assigned to him as Interdiction Coordinator.[89]

n. ONDCP Has No Deputy for Supply Reduction

At ONDCP itself, the President has allowed the Nation's central drug policy office, ONDCP, to remain without a Deputy for Supply Reduction, an unprecedented act revealing ambivalence, if not disinterest.

---

[86] *Drug Control: U.S. Heroin Program Encounters Many Obstacles in Southeast Asia*, General Accounting Office, January 1996, p. 23.

[87] *Star Tribune*, Scripps Howard News Service, "Clinton's Drug Policy Perceived As Retreat," February 14, 1993, p. 1.

[88] *See* December 1994 Letter, Admiral Kramek to ONDCP Director Lee Brown, *supra*; Testimony of Lee Brown, responding to Letter, at Subcommittee hearings on March 9, 1995 and April 6, 1995; *Star Tribune*, Scripps Howard News Service, "Clinton's Drug Policy Perceived As Retreat," February 14, 1993, p. 1.

[89] Testimony of Admiral Kramek, Subcommittee Hearings, June 28, 1995.

o. ONDCP Staff And Budget Gutted—Not Restored

Expert witnesses concurred that the sudden, unilateral 1993 cut by President Clinton in ONDCP staff by more than 80 percent from 146 staff to 25, and a simultaneous reduction in the fiscal 1994 ONDCP appropriations from $101.2 million to $5.8 million, has never fully been rectified, and continues to contribute both to the perception that the administration places a low priority on anti-drug efforts, and to the reality that ONDCP is unable to perform all previous functions, especially on interdiction policy.

As Senator Hatch (R-Utah) recently remarked on that early decision: "With that staff cut, the administration ham-strung Dr. Brown, giving him a "paper promotion to the Cabinet, while slashing his staff to the bone . . . He can't lead the War on Drugs with a staff of only 25 people, I mean give me a break," added Hatch.[90]

p. Conclusions on Interdiction Policy

Despite an expert consensus that interdiction is vital, there has been a reduced emphasis on drug interdiction by the Clinton Administration. President Clinton is undeniably responsible for a downgrading of interdiction within the National Drug Control Strategy, and for interdiction budget cuts in 1993, 1994 and 1995, many of which explain an absence of previously deployed assets.

Objective indicators of Federal support for the counter narcotics effort show a substantial reduction both in resources committed to key areas and in overall deployment of assets to drug interdiction. By admission of the administration, key interdiction budget numbers are substantially below prior highwater marks (i.e. "1992–1993 levels"), lines formerly defined as the minimum necessary for effective conduct of the Drug War.

3. The Implications of Reduced Interdiction

Most experts agree that the main implications of reduced interdiction over the past three years, in combination with other factors, have been: (1) lower street prices for cocaine, heroin, and marijuana, (2) higher availability of these drugs, (3) higher purity levels for these drugs, (4) higher casual drug use by juveniles, (5) greater juvenile addiction, (6) rising drug related juvenile crime, (7) increasing drug related medical emergencies, and (8) a growing international perception of reduced U.S. commitment to the Drug War.

a. Lower Prices, Higher Availability and Purity

In general, the reduction in interdiction assets, funding and emphasis has had a palpable effect on street prices, availability, and purity.

Citing the Clinton Administration's own documentation, former Acting ONDCP Director John Walters testified that heroin, cocaine and marijuana are now available at lower prices and higher purities than at any time in recent years.[91]

---

[90] *See* Testimony of John Walters, Subcommittee Hearing, March 9, 1995; Drug Policy Foundation, *Policy Track Manual*, "The Drug War and Clinton's Policy Shift," 1994, quoting Senator Hatch (R-Utah).

[91] *See* ONDCP, *National Drug Control Strategy: Strengthening Communities' Response to Drugs and Crime*, February, 1995, pp. 45–48, 146 (Table B–16).

Specifically, the nationwide street price for most illicit drugs is lower and potency higher than any time in more than a decade. Beyond the leading survey and DAWN data, one report recently noted that, "current price/purity data show cocaine prices at their lowest point since data collection began in 1981."[92]

Explaining the change, former DEA Administrator Bonner testified that "from 1990 to 1992, the wholesale price of cocaine in the U.S. increased substantially" as law enforcement involvement went up. As a result, demand fell.

Today, by contrast, "as the resources for enforcement and interdiction have been cut, the price of cocaine has gone down and the estimated number of heavy users has gone up," said Bonner.

Even the RAND study often cited by ONDCP in support of its treatment emphasis confirms the inverse relationship between drug supply and drug consumption. Thus, "current supply-control efforts cause a kilogram of cocaine priced at $4,400 in South America to cost more than $129,000 when it reaches U.S. streets," which "results in reduced consumption." By the same token, a falling off of supply reduction efforts lowers the price and increases consumption.[93]

b. Exploding Casual Use by Youth

As availability and purity have risen, and prices have fallen, casual drug use by juveniles has skyrocketed. Downward trendlines through the 1980's and early 1990's have suffered a marked reversal since 1992, and are dramatically up in virtually every age group and for every illicit drug, including heroin, crack, cocaine hydrochloride, LSD, non-LSD hallucinogens, methamphetamine, inhalants, stimulants, and marijuana.[94]

Historically, overall drug use fell from 1981 and 1992, following concerted Federal, State, community and parental counter narcotics action. The drive for strong interdiction, prevention, and law enforcement produced results. Nationwide surveys show monthly cocaine use dropped from 2.9 million users in 1988 to 1.3 million in 1990, overall drug abuse dropped from 14.5 million users in 1991 to 11.4 million in 1992, and the perceived risk of drug use rose, as did prices, while availability and purity fell. In short, the strategy worked.

One reason for the success of the policy in the 1980's and early 1990's was innovative interdiction and prevention. Aided by the Departments of Defense and Justice, the Drug Enforcement Administration, U.S. Customs Service, Border Patrol, and State and local law enforcement agencies nationwide, then-Coast Guard Commandant Admiral Paul Yost coordinated and implemented a drug

---

[92] *Losing Ground Against Drugs: A Report on Increasing Illicit Drug Use and National Drug Policy*, Senate Committee on the Judiciary, December 1995, citing U.S. Department of Justice, Drug Enforcement Administration and Abt Associates, *Average Price and Purity of Cocaine in the United States, Average Price and Purity of Heroin in the United States*, September 13, 1995.

[93] Schnaubelt, Christopher, "Drug Treatment Versus Supply Reduction: Which Is Cheaper?", National Interagency Counterdrug Institute, May 1995, p. 2, referring to Rydell, Peter C. and Everingham, Susan S., "Controlling Cocaine: Supply Versus Demand Programs," RAND Drug Policy Research Center, Santa Monica, California (June 1994).

[94] Drug use was falling in the late 1980s, as indicated by all major studies in the field; it is now markedly up and rising, according to all available data, including the September 1995 National Household Survey, the October 1995 PRIDE survey of 200,000 students, the December 1995, University of Michigan *Monitoring the Future* Study, and other regional measures.

interdiction effort based on "pulsing" resources into the transit zone at high-drug trafficking times. Meanwhile, of course, grassroots parent groups, such as Pride and the National Family Partnership, and Mrs. Reagan's "Just Say No" prevention program began to push reduced drug use through education. Mrs. Reagan's effort was only supplemented by Federal drug prevention monies in 1987.

Tragically, most of that ground has now been lost by a void of Presidential leadership and misguided policies, including the rollback of Federal interdiction efforts.

In 1994, for the third consecutive year, major surveys and studies including the National Household Survey and Michigan University's Monitoring the Future Study[95] revealed alarming increases in drug use and acceptability among the Nation's youth. According to the Michigan study, 13 percent of 8th-graders experimented with marijuana in 1993, about twice the 1991 level. Experimentation among 10th-graders increased about two-thirds the previous three years, and daily use among high school seniors was up by half over 1993 levels.

1995 data pull the curtain back further. The National Household Survey released in September 1995 shows that overall drug use among kids ages 12 to 17 jumped 50 percent in 1994, from 6.6 percent to 9.5 percent. The National Pride Study shows that one in three American high school seniors now smokes marijuana; that there has been a 36 percent increase in cocaine use among students in grades 9 through 12 since 1991–92; and that hallucinogen use by high schoolers has risen 75 percent since 1988–89.

Notably, ONDCP itself admits more teenagers nationwide are using heroin and marijuana, and that cocaine use is stable but high.[96]

c. Increasing Drug Related Juvenile Crime

Rising casual teenage drug use is closely correlated with rising juvenile violent crime, as indicated by the 1995 Office of Juvenile Justice and Delinquency Prevention (OJJDP), Department of Justice, report entitled Juvenile Offenders and Victims: A National Report. Specifically, the OJJDP report now indicates that "one in three juvenile detainees were under the influence of drugs at the time of their offense," based on the National Institutes of Justice's (NIJ's) Drug Use Forecasting program (DUF), and 81 percent of juvenile inmates admit having used drugs at some point in their lifetime. Additionally, OJJDP reports that the number of detainees testing positive for drugs at the time of arrest in 1993 was "substantially above" the number in 1992.

The correlation between reduced interdiction, increased drug use and increasing juvenile crime reaches toward another conclusion. Department of Justice projections indicate that if rising teenage drug use and the close correlation with juvenile crime continue, the Nation will experience a doubling of violent crime by 2010.

---

[95] Johnston, L., O'Malley, P. and Bachman, J., Monitoring the Future Study, University of Michigan (1994).

[96] *See* ONDCP, "Pulse Check: National Trends in Drug Abuse," December, 1994, pp. 5, 8 and 10.

According to OJJDP, "[a]fter years of relative stability, juvenile involvement in violent crime known to law enforcement has been increasing," and "[l]ooking to the future, the report indicates that by the year 2010, the juvenile population aged 10–17 is projected to grow more than 20 percent over the 1990 Census."[97]

d. Nature of Juvenile Drug Use Changing Toward Addiction

Also affecting this conclusion, the reported nature of casual teenage drug use is also changing. Annual or infrequent teenage experimentation with illegal drugs is being replaced by regular, monthly, addictive teenage drug use.[98]

e. Drug Emergencies At Record Level

As indicated earlier, another critical indication that cuts in interdiction are having a negative impact on use and purity of available drugs is alarming new data on drug related emergencies.

Increasing drug related medical emergencies first became obvious in the 1993 Drug Abuse Warning Network (DAWN) Data, collected from emergency rooms around the country and released in December 1994. That data showed an 8 percent increase in drug related emergency room cases between 1992 and 1993, with 45 percent being heroin overdoses. Cocaine was also at an all-time high, having more than doubled since 1988, and marijuana emergencies increased 22 percent between 1992 and 1993.

The DAWN data released in October 1995 darkens the assessment. It shows that, in 1994, "cocaine-related episodes reached their highest level in history" and registered a "15 percent increase from 1993 and 40 percent increase from 1988." On top of this, marijuana or hashish-related emergencies rose 39 percent from 1993 to 1994, and total drug related emergency cases rose 10 percent between 1993 and 1994.

f. Foreign Perceptions of U.S. Commitment Altered By Clinton Reductions

Finally, and more broadly, testimony and interviews suggest that the reduced commitment of the White House to interdiction may have affected the foreign perception of the U.S. commitment to the drug war. For example, Senator Hatch recently noted that the White House is "sending the wrong signals to our Latin and Caribbean allies," while former DEA Administrator Bonner testified that, for example, the "deep cut in ONDCP has symbolic significance not only in Washington . . . but around the world . . . [since] [o]ur foreign allies read it as a signal that the Clinton Administration is backing away from a strong commitment to drug control policy."

On interdiction specifically, Walters testified that the Administration's deemphasis of international counternarcotics "fuels calls in other countries for abandoning antidrug cooperation."[99]

---

[97] U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, *Overview: Juvenile Offenders and Victims: A National Report* (September 1995).

[98] *See* 1995 *PRIDE Study, supra*; 1995 *National Household Survey, supra*; and 1995 University of Michigan *Monitoring the Future Study, supra*.

[99] *See also The New York Times* (February 20, 1994), p. A6; *The New York Times* (February 27, 1994), Section 4, p. 15.

Walters also took issue with the Clinton Administration's granting of a national security waiver to Colombia, which was this year technically de-certified. He indicated that the national security waiver obviated the decertification.

E. SOURCE COUNTRY PROGRAMS OVERSIGHT

Drawing on expert hearing testimony and reliable documentary evidence on the status of the Nation's source country programs, including a 1995 in-country study by GAO, the Subcommittee reviewed current source country programs.

The Subcommittee found that the Clinton Administration has consciously authorized a "controlled shift" of resources from the transit zone into the leading source countries, chiefly Colombia, Bolivia and Peru.

The Subcommittee also found that the Clinton Administration's source country programs have, according to GAO and other expert testimony, been badly supervised, poorly coordinated, given low priority by key agencies, and poorly managed.

1. The "Controlled Shift"

The President's 1995 National Drug Control Strategy not only refocused demand reduction resources on drug treatment, but theoretically refocused supply reduction resources on source country programs. This refocusing was termed a "controlled shift."

The 1995 Strategy states the National Security Council (NSC) conducted a "lengthy review" of drug trafficking in 1993 and concluded that "a stronger focus on source countries was necessary." Accordingly, the NSC (note: no mention is made of any other agencies' input or ONDCP in reaching this decision) "determined that a controlled shift in emphasis was required—a shift away from past efforts that focused primarily on interdiction in the transit zones to new efforts that focus on interdiction in and around source countries." [100]

Making this 1993 NSC recommendation national policy, President Clinton issued Presidential Decision Directive 14 (PDD–14),[101] which called for (1) "providing assistance to those nations that show the political will to combat narco-trafficking through institution building," (2) "conducting efforts to destroy narco-trafficking organizations," and (3) "interdicting narcotics trafficking in both source countries and transit zones," through the controlled shift of resources from the transit zones.[102]

Ironically, in view of the deep transit zone interdiction cuts proposed and effectuated by President Clinton in 1993, 1994 and 1995 (and proposed for 1996), and the 1995 testimony of ONDCP Director Brown that interdiction efforts are "less than effective," the 1995 Strategy states that, "without effective transit zone programs in place, the smooth implementation of the new source country program will be severely inhibited." [103] The "essential component" of

---

[100] National Drug Control Strategy, The White House, February 1995, p. 44.

[101] A Presidential Decision Directive is a written policy declaration, signed by the President, which directs Executive branch departments and agencies to follow a particular policy course. It is usually issued in concert with implementing instructions.

[102] National Drug Control Strategy, The White House, February 1995, p. 44.

[103] National Drug Control Strategy, The White House, February 1995, p. 44.

the source country programs is "economic development," or "job creation" in fields other than illegal narcotics.[104]

2. GAO Study of Clinton's Source Country Programs

Through the collection of expert testimony from those inside and outside the administration, and commissioning an in-country GAO report on program effectiveness, the Subcommittee learned that the Clinton Administration's source country programs have been badly supervised, poorly coordinated, subject to low priority by key agencies, poorly managed and, in some cases, non-existent.

Testimony by GAO investigators, received by the Subcommittee during an interdiction hearing on June 27, 1995, raised serious concerns about these programs. For example, GAO reported that:

- No one is "in charge of antidrug activities in the cocaine source countries;"
- There is a "lack of coordination" and "confusion over the role of the offices responsible for intelligence analysis and related operational plans;"
- "The Drug Enforcement Administration is reducing its presence in Colombia, [and] Southern Command is flying fewer sorties per month in support of source country interdiction;"
- United States funds in source countries "are not always well managed;"
- "$45 million originally intended for counter narcotics assistance to the cocaine source countries were reprogrammed to assist Haiti's democratic transition;" and
- Despite announcing in November 1993 that he would "develop a separate strategy to combat the heroin trade" within 120 days, President Clinton had not [as of June 1995] developed or signed any heroin strategy.

3. Admiral Kramek's View in December 1994 of the Source Country Programs

In Admiral Kramek's December 1994 letter to ONDCP Director Lee Brown, the President's own Interdiction Coordinator expressed the view, not only that there was an agency head consensus that drug interdiction should "return to the 1992–1993 levels of effort," but also that this was necessary "until such time as a viable, comprehensive source country program is in place and producing necessary results."[105] In other words, as of December 1994, a "viable source country program" was apparently neither "in place" nor "producing necessary results," according to the President's own Interdiction Coordinator.

4. Invitations Rejected By the President's National Security Advisor and By the President

Since the NSC was responsible for PDD–14 which initiated the shift of interdiction resources to the source countries, the Subcommittee Chairman wrote to National Security Advisor Anthony Lake in the Fall of 1995 and invited him to come before Congress, privately if necessary, to discuss the status of the drug war. The

---

[104] *Id.*

[105] Letter of Admiral Robert Kramek to ONDCP Director Lee Brown, December 1994, p. 1.

Subcommittee Chairman never received a response to that invitation, suggesting disinterest on the part of the National Security Advisor in discussing this issue with Members of Congress concerned about the strategy shift.

Similarly, the Subcommittee Chairman has offered, repeatedly and in writing, to discuss with the President a bipartisan approach to restoring the drug war's effectiveness and re-elevating the drug war as a national security issue. The Subcommittee Chairman has further offered to coordinate a meeting with the full National Security, International Affairs, and Criminal Justice Subcommittee, with selected congressional leaders, with the bipartisan drug policy group co-chaired by Congressman Zeliff and Congressman Rangel (D-NY), or with the newly constituted Senate-House Drug Policy Task Force.

The Subcommittee Chairman's invitations to the President to meet with Members of Congress concerned about this issue began in the March 9, 1995 Subcommittee hearing and continued throughout 1995. In December 1995, after an invitation to meet with a bipartisan group of congressional leaders on the drug issue was physically handed to the President by one of the Chairman's Subcommittee staffers following remarks of the President at the national CADCA Conference, the Subcommittee Chairman received a letter signed by a White House scheduler indicating the President's appreciation for the Subcommittee Chairman's "support," and no interest in a meeting with congressional leaders.

5. Conclusions on Source Country Programs

Despite the success of interdiction efforts in the late 1980's and early 1990's, including innovative efforts such as resource "pulses" championed by former U.S. Coast Guard Commandant and Admiral Paul Yost, the Clinton Administration has abandoned the earlier transit zone strategy in favor of an NSC strategy focused on the source countries, and "economic development" in those countries.

In December 1994, the President's own Interdiction Coordinator concluded that the source country programs were not yet "viable," and were neither "in place" nor "producing necessary results."[106] No testimony given during 1995 by ONDCP Director Lee Brown offered any concrete evidence that this was not so.[107]

In June 1995, the General Accounting Office conducted a comprehensive, in-country investigation of the source country programs and found that no one was "in charge of antidrug activities in the cocaine source countries," there was a "lack of coordination" and "confusion over the role of the offices responsible for intelligence analysis and related operational plans," "the Drug Enforcement Administration [was] reducing its presence in Colombia, [and] Southern Command [was] flying fewer sorties per month in support of source country interdiction,"

United States funds in source countries "are not always well managed," "$45 million originally intended for counter narcotics assistance to the cocaine source countries were reprogrammed to as-

[106] *Id.*

[107] *See.* e.g. Testimony of Lee P. Brown, Subcommittee Hearings, March 9, 1995 and April 6, 1995.

sist Haiti's democratic transition,'' and despite a November 1993 promise that he would ''develop a separate strategy to combat the heroin trade'' within 120 days, President Clinton had not developed or signed any heroin strategy.

These findings point up serious flaws in the source country shift strategy, and strongly suggest the need to rethink the 1993 shift. The seeming unwillingness of the National Security Advisor to discuss with congressional leaders PDD–14 and its implications gives rise to added concern.

F. PREVENTION PROGRAMS OVERSIGHT

Drawing on expert hearing testimony from those inside and outside the Administration, information learned during a Chairman's visit to treatment and prevention programs with the ONDCP Director, and reliable documentary evidence on the status of the nation's prevention programs, the Subcommittee reviewed current drug prevention policy.

Importantly, the Subcommittee found that, as with drug interdiction and law enforcement, there is a broad, bi-partisan consensus supporting effective and accountable drug prevention programs as a central component of the drug war.

Encouragingly, just as prevention experts acknowledged the importance of law enforcement and interdiction in any effective drug use reduction strategy, interdiction and law enforcement experts recognized the central role that must be played by parental, community, State and Federal drug prevention efforts if the resurgence of drug use among the nation's youth is to be reversed.

Essentially, the Subcommittee found that, while many drug prevention programs are ''validated'' and accountable, many are neither validated nor accountable. In particular, the Subcommittee received expert testimony and documentary evidence supporting the view that the Safe and Drug Free Schools program (SDFS), which provides seed money for some of the strongest drug prevention programs nationwide, has also reportedly been subject to serious misuse, waste and abuse of funding. While this conclusion is tentative and needs further exploration, the wide latitude in accountability is disturbing.

The Subcommittee found that documentary evidence from several states suggests a need for tighter accountability either in the governing statute or by the Department of Education, as well as a clear need for further exploration of the program's basic effectiveness. This second concern has two parts. While a strong no-use message delivered through schools and community programs was universally applauded, missing financial audits and the content of some federally-funded curricula gave rise to questions about what the SDFS funds were actually expended on and precisely who, within the Federal Government, was keeping track of those expenditures. The Subcommittee, for example, received material from the Department of Education (DoEd) indicating that DoEd recognizes that it's current records do not allow it to identify with any

specificity either the groups that receive these funds or on what they are expended.[108]

Again encouragingly, the SDFS accountability concern is presently being addressed by investigations undertaken by the Department of Education Inspector General's Office and inspectors with the General Accounting Office. When specific problems are identified through these investigations, the Subcommittee intends to address them, again noting the strong bipartisan support that exists for what experts testified is an essential component of the drug war; that is, a clear "no use" message and accountable drug prevention programs targeting America's youth.

Overall, the Subcommittee found strong support for a renewed national effort to stem rising youth drug use through effective parental, local, State and Federal prevention programs.

1. Prevention is Central to Drug War

Expert testimony received by the Subcommittee made it clear that prevention is central to the Drug War.

a. Interdiction Experts Agree

Even interdiction experts, like Bennett, Bonner and Walters agreed in Subcommittee hearings that prevention was central to success, including parental, local, State and Federal prevention efforts. Law enforcement experts testified that the Byrne Grant program and prevention efforts, such as D.A.R.E., are effective and relied on heavily.[109]

After discussing the importance of interdiction and law enforcement, Bennett noted that "success in the drug war depends above all on the efforts of parents and schools and churches and police chiefs and judges and community leaders," and gave examples from more than 100 cities he visited as President George Bush's White House Drug Czar.

Admiral Yost emphasized that interdiction alone will not win the drug war, and that interdiction is just the foundation for effective prevention, education and treatment—and "that's what'll win the war."

b. The Partnership For a Drug-Free America Explains Broad Effectiveness of Drug Prevention

Prevention experts were no less direct. Thomas Hedrick, Jr., Vice Chairman of the Partnership for a Drug-Free America, testified that prevention and interdiction advocates must begin to work together, and that "preventing drug use by young people" is essential "if we are to have prayer of building safe and healthy families and communities."

He stressed that prevention is vital both for ethnic minorities and "the rest of America," especially since "75 percent of all drug

---

[108] Documentation collected by the Department of Education from several states indicates that a broad range of essentially undefined groups receive SDFS monies, and there is often no description of the purpose of the group, the purpose for which the Federal funds are expended or the actual purchases made. These DoEd documents are on file with the Subcommittee and are available for review.

[109] Notably, funding for the Byrne Grant Program was increased, against the budget cutting trend, by $25 million in the 104th Congress, indicating that this program's effectiveness is widely recognized.

users are white . . .” and drug use is not just “a problem of inner city ethnic kids.”

Hedrick favored increased parent involvement in setting a “clear expectation of no use,” as well as better in-school education, and reduced exposure of children to “pro-drug information,” especially exposure to the “recent reglamoraization of drug use in some of the media.”

At the Federal level, Hedrick expressed the view that “Federal support and Federal leadership in making drugs a critical national priority is essential, if we are to help convince the media that this is an important issue.” National leaders must also tell those community leaders involved in this fight that what they are doing is important.

c. The BEST Foundation Describes Differences Between Validated and Unvalidated Prevention Programs

Similarly, Bridget Ryan, Executive Director of the BEST Foundation for a Drug-Free Tomorrow, testified that a recent RAND study [not the June 1994 treatment study] advocated drug prevention as “the first priority” in curbing drug abuse.

Ryan distinguished between “validated” and “unvalidated” drug prevention programs, and urged that the former be adequately funded, noting that the validated prevention programs work.

According to Ryan, who described herself as “on the front line of the implementation process,” there should be no question that “prevention can and does work, but our educators and policy makers must be selective in funding and implementing validated programs.” Ryan noted that, “it is estimated that more than 2,000 non-validated programs are in use.”

Ryan testified that the latest RAND prevention study disproves three common criticisms of prevention—“first, that it works only for middle class, largely white, suburban situations; second, that the programs work only for kids who need them least; and finally, that prevention programs prevent only trivial levels of use.”

RAND found that properly designed prevention programs, such as Project Alert, “work well in urban, suburban, and rural areas, in middle- and low-income communities, and in schools with high and low minority populations.” Ryan notes that another successful prevention program has been the BEST Foundation’s “Nancy Reagan After School Program.”

Ryan did note that “we need to make information about valid [prevention] approaches more widely available and provide incentives for educators to choose programs that have demonstrated results,” since drug prevention “must be specific.”

In addition, programs should provide “continued reinforcement during high school” and “funding to develop and validate high school programs is critical,” since “education and school-based programs should be at the core of prevention.”

Ryan noted, in closing, that influences outside the classroom—namely family and community—are also very important in stemming childhood drug abuse.

d. Community Antidrug Coalitions of America (CADCA) Favors Renewed National Leadership And Accountable, Well-Funded Drug Prevention

James Copple, National Director of the Community Antidrug Coalitions of America (CADCA), which is privately funded and represents approximately 2,500 community coalitions nationwide, testified that, "CADCA members have been more than a little frustrated with the failure of the nation's leadership to keep the pervasiveness of drug abuse before the American people," he noted, since this is part of the prevention effort. Referring to the 1995 White House ONDCP Strategy, Copple testified that "a strategy . . . is only as good as the resources that follow it and the visible leadership that advances it." More pointedly, he held that "there must be a national voice advocating for substance abuse prevention, and that voice should be loudest from the White House and the Congress."

CADCA also believes that the Safe and Drug Free Schools program is very important and, reported abuses notwithstanding, has often been effective. He stressed that the Federal Government still has a role, as Peter Drucker has written, in conducting "national crusades," and this is one. CADCA urged Congress to "embrace a national strategy that is comprehensive, balanced and directs the majority of the resources to local communities to address local problems."

e. Texans' War on Drugs Program Favors Renewed Presidential Leadership, Possible Separation of Prevention and Treatment, And Block Grant of Unified Agency for Prevention Programs

Charles Robert ("Bobby") Heard, III, Director of Program Services at the Texans' War on Drugs, credited the precipitous drop in drug use "between 1979 and 1992" to substance abuse prevention, and noted that "no other social issue can claim that kind of success." He testified that Nancy Reagan's impact was profound, and that her "Just Say No' campaign was key to success in the 1980's. "As we proved in the 1980's, with national focus and attention . . . we can make a tremendous difference in reducing demand," noted Heard.

On Presidential leadership, Texans' War on Drugs viewed as "disheartening" the "President's . . . proposal to consolidate the demonstration programs for the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment under SAMSA, the Substance Abuse Mental Health Services Administration," since "prevention and treatment are two very different approaches to dealing with the drug problem." Pointedly, Heard expressed concern that the President is under-emphasizing prevention, in favor of treatment.

Constructively, Texans War on Drugs notes that, "in this time of consolidation and cost savings, what might make sense is to consolidate all Federal substance abuse prevention programs under one agency or create a separate drug abuse prevention block grant" for the states, since this would not pit prevention against treatment, but would preserve and target the prevention monies.

f. New Hampshire Experts Urge Support for Byrne Grants, Attention to Prevention, Treatment, Correctional Programs

In discussing New Hampshire's successful 1995 experience with the joint interagency task force concept, the Director of the Office of Alcohol and Drug Abuse Prevention, Geraldine Sylvester, testified to the importance of "giv[ing] equal attention to the battle fronts of treatment and prevention," as well as the enhancement of prevention that can come from student assistance programs, parental training and peer leadership groups.

Manchester, New Hampshire Police Chief Peter Favreau and Paul Brodeur, Commissioner of New Hampshire Department of Corrections, strongly supported the Byrne grant program. Brodeur urged particular support for a correctional options program called "Pathways," utilized by the New Hampshire Department of Corrections. Brodeur noted that "Pathways" has effectively employed education, substance abuse treatment and employment counseling. Brodeur illustrated the importance of programs like "Pathways," by pointing out that in New Hampshire 20 percent of the State's inmates are incarcerated for drug related offenses, and 80 percent or more of the inmates have substance abuse problems.

Other experts urging support for prevention efforts included Manchester Mayor Ray Wieczorek who praised public-private cooperation, United States Attorney Paul Gagnon who urged continued Federal funding for all antidrug efforts, Dover Police Captain Dana Mitchell who praised the D.A.R.E. program, Executive Director of Nashua's Youth Council Michael Plourde who urged community needs assessment prior to receipt of Federal funds, and Manchester Police Seargeant Dick Tracy who spoke strongly for the D.A.R.E. program and the need for greater program flexibility.

2. Media Have a Key Role

The role of the media in stemming increased juvenile drug use, as well as contributing to the rise of increased use through the "reglamorization" of drugs was much discussed by experts.

Significantly, expert Thomas Hedrick of the Partnership for a Drug-Free America reported that the Partnership has received—since its inception—"over $2 billion in time and space" from the media. In 1990 and 1991, this produced roughly one antidrug message per household per day.

Yet, Hedrick testified that "support for these messages has declined 20 percent in the past three years," apparently "because the media is not as convinced that the drug issue is as important as it was."

He and others noted that media coverage is also down, from 600 antidrug stories on the three major networks in 1989 to 65 last year, which Hedrick believes is tantamount to "zero" from a communications point of view.

3. Accountability Concerns Are Serious, Specifically In Safe and Drug Free Schools Act Monies

Despite strong bipartisan support for "validated" and accountable prevention programs, the Subcommittee discovered that many so-called prevention programs are neither validated nor accountable.

Testimony from prevention expert G. Bridget Ryan of the BEST Foundation for a Drug-Free Tomorrow, who described herself as "on the front line of the implementation process," indicated that while "prevention can and does work," still "our educators and policy makers must be selective in funding and implementing validated programs." Ryan testified that, "it is estimated that more than 2,000 non-validated programs are in use." She urged Congress to insist that Federal funding flow to validated programs.

Second, the Subcommittee received expert testimony and documentary evidence supporting the view that the Safe and Drug Free Schools program, which provides seed money for some of the most effective drug prevention programs nationwide, including documented successes in New Hampshire, Florida and elsewhere, has also reportedly been subject to serious misuse, waste and abuse of funding. Again, while this conclusion needs further exploration, it is corroborated by documentation from a variety of States and sources.

The Department of Education's Inspector General and the GAO are both conducting investigations into the program, but prior studies strongly suggest a need for greater accountability. The aim of these efforts is not to downgrade or reduce support for the SDFS program, but to assure that Federal monies are distributed only to deserving, validated and genuine no-use drug prevention programs.

At the April 6, 1995 Subcommittee hearing, Congresswoman Ileana Ros-Lehtinen first raised the accountability issue, noting that "there is a growing concern that Federal prevention monies have not only been wasted, mismanaged and been ineffective, but . . . have been spent on educational programs that teach value relativity and they decline to teach that illegal drug use is wrong, just plain and simple wrong."

Congresswoman Ros-Lehtinen identified specific problem programs, and sought an explanation from then-ONDCP Director Lee Brown for Federal financing of so-called "values clarification" curricula, including "Quest," "Here's Looking At You Too," and other programs that did not deliver a no-use message.

Unfortunately, while Dr. Brown acknowledged the potential for abuse and disagreed with any program not teaching no-use, he offered no proposals for or assurance of heightened accountability. Asked what he would do about reported abuses in Michigan, Massachusetts, Texas, Washington State, Kansas, Indiana, and West Virginia, the ONDCP Director responded that "the Department of Education administers the Safe and Drug Free Schools Program . . . [and] we . . . have been working with [them] in looking at how to set up standards for addressing the problem." Brown added that the Department was working "to alleviate and hopefully eliminate all the abuses in the program," and testified that "I would be the first to admit that there are abuses of the Safe and Drug Free Schools program."

A series of letters confirming these concerns from around the Nation were introduced at that hearing, along with a study released by the Michigan State Office of Drug Control Policy documenting abuses in the Safe and Drug Free Schools monies.

While Ros-Lehtinen made clear that she favored accountable prevention programs, she also explained that "in Michigan, more than

$10 million in Federal funds intended to provide our children a front line defense against drugs was utilized for the following: Over $81,000 for large teeth and giant toothbrushes; over $1.5 million on a human torso model used in one lesson of one grade, not even in the drug section of the curriculum; wooden cars with ping pong balls, over $12,300; hokey pokey song, over $18,000; over $7000 on sheep eyes, whatever that is; dog bone kits, $3,700; bicycle pumps, $11,000; latex gloves, $122,000; over $300,000 was spent on how we feel about sound."

Congresswoman Ros-Lehtinen concluded with another constituent complaint: "These nondirective programs are often funded through Federal Drug Free School grants, yet they do not usually comply with Federal law requiring that students be taught that drug use is wrong and harmful."

As disturbing was the curriculum material itself, also introduced into the record, which clearly failed to admonish against underage drinking or drug use, and in fact stated "don't begin negatively with admonishments . . ."

When Congresswoman Thurman noted that attempts were made to instill greater accountability in the Safe and Drug Free Schools program during its last reauthorization, Congresswoman Ros-Lehtinen conceded that this might be true, but added, "these letters are dated March [1995], just a few weeks ago when we announced that we were going to continue with these hearings, and these teaching modules [which Ros-Lehtinen displayed] are still going out [to schools]," suggesting accountability remains a serious concern.

Finally, on April 6, 1995, Congresswoman Ros-Lehtinen introduced a July 15, 1994 letter into the record from Dr. Brown to the Assistant Secretary of the Office of Elementary and Secondary Education concerning the Safe and Drug Free Schools Program. Ros-Lehtinen noted for Dr. Brown that, "you, yourself, pointed out seven accountability issues" in this letter, adding "I believe it's hypocritical—excuse me, sir—but for you to attack some of us who are pointing out the ineffectiveness of the programs when you saw and wrote on it yourself."

Brown's only reply was that he was "far from hypocritical" and that it was his "responsibility" to address "areas where we need improvement." Conceding that "we have some abuses in the program," he saw deep cuts in the program as inappropriate. He also conceded, however, that Safe and Drug Free Schools monies "go to more than just drug education."

On balance, the difference of opinion between those who favored 1995 cuts in programs which appear subject to abuse, such as Safe and Drug Free Schools, and those who did not favor such cuts was relatively straight forward; the pivotal question was whether to fund programs that are successful in some locations, but in which there is also documented waste and abuse, or whether to discontinue full funding.

This question aside, the aim shared by the Subcommittee and Dr. Brown was to encourage effective and accountable drug prevention programs, as well as adequate funding for such programs, once accountability and a no-use message are assured.

4. Presidential Leadership Missing

During 1993, 1994 and most of 1995, the President spoke out rarely about either the need for demand side reduction of illegal drug use, or the need for supply side measures to stem the rise of international narcotics trafficking. An objective look at the President's compiled pubic addresses, communications with Congress, and discussions with foreign leaders reveals that presidential use of the "bully pulpit" for drawing public attention to the illegal drug crisis was a low personal priority for this President.

In addition to the frustrations expressed by agency heads in gaining the President's attention, including Admiral Kramek, the President hardly spoke on the topic. In 1993, President Clinton made seven addresses to the Nation; drugs were mentioned in none of them. His presidential papers reveal only 13 references to illegal drugs in a total of 1,628 statements, addresses and interviews. During 1994, presidential leadership was little better; of 1,742 presidential statements, only 11 contained any mention of illegal drugs. Experts in the agencies, including GAO, and in the field agree that the effectiveness of the ONDCP Director is directly affected by the leadership and support of the President.

5. Fact-Finding Trip With Director of ONDCP

In May 1995, the Subcommittee Chairman travelled to drug treatment and prevention programs with then-ONDCP Director Lee Brown, including a prison treatment program at the Roxbury Prison for Woman in Massachusetts. During that fact finding trip, the Chairman discussed prevention programs with the experts and the children directly affected by them; he discussed drug treatment programs in the prison with experts and with the prisoners affected, and discussed programs outside the prison with those who founded them and those who benefitted them. This information gave rise to testimony at the June 27, 1995 hearing from students affected by drugs and drug prevention programs, as well as to testimony at the September 25, 1995 hearing from experts in all fields at the New Hampshire field hearing.

6. Conclusions on Prevention Policy

Essentially, there was wide agreement that prevention should be a priority, both for the National Drug Control Strategy and for National Leaders, including individual Members and the President. Congresswoman and Ranking minority member Thurman (D-Florida) echoed a position shared by Dr. Brown, the Subcommittee Chairman, and others on the Subcommittee, that some programs funded through the Safe and Drug Free Schools Act have been highly successful. For example, Thurman observed that several programs in Florida, which are administered by local school boards with qualified advisory councils, have been well received, and the Subcommittee Chairman spoke in favor of the D.A.R.E. program.

On the other hand, it seems clear that serious accountability problems in the SDFS Act and its administration, including financial accountability, program validation, and concerns about waste, fraud and abuse require a closer examination. While the Subcommittee supports effective programs funded by SDFS, members believe that the SDFS Act, the Department of Education's adminis-

trative role, and the programs' accountability mechanisms must be reviewed. The aim, however, is correcting deficiencies, not elimination of the national prevention effort. To this end, the Subcommittee is monitoring the two on-going investigations by the DoE Inspector General and the GAO.

G. TREATMENT PROGRAMS OVERSIGHT

Expert testimony and reliable documentation supported the Subcommittee's review of national drug treatment strategy. While this area requires further exploration, the Subcommittee confirmed the Administration's demand reduction shift toward treatment of chronic or hardcore addicts, and recognized the element of treatment as one part of any effective national drug strategy.

On the other hand, the Subcommittee was not persuaded that the demand reduction side of the drug war should be tipped toward treatment, particularly at the expense of prevention. Moreover, while the Subcommittee heard expert testimony in support of drug treatment, it also received expert testimony severely questioning program effectiveness. Finally, since the public rationale for the Clinton Administration's shift toward treatment repeatedly came back to the June 1994 RAND study, this study was reviewed and found to be a weak basis for guiding national drug policy.

1. Background: Treatment Needed in Drug War

There was wide agreement that drug treatment, particularly for prison inmates, must be one part of the drug war. Virtually all qualified witnesses, from prevention experts like Charles Robert Heard, III, of Texans' War on Drugs, to treatment experts, such as John Ahman, of New Hampshire's Marathon House, to interdiction experts, like Admiral Yost, former U.S. Coast Guard Commandant, concurred that treatment is one aspect of demand reduction.

Moreover, the Subcommittee Chairman, travelling with ONDCP Director Lee Brown, was favorably impressed by the inmates' treatment program utilized at the Roxbury, Massachusetts Women's Prison.

This administration's basic rationale for treatment funding is removal from the Nation's user population of the 20 percent of the chronic or hardcore users, who consume upwards to 80 percent of the cocaine in the country. Another rationale was explained by John Ahman of New Hampshire's Marathon House. Effective treatment, Ahman testified, means that "after treatment, recovering addicts are less likely to be involved in crime and more likely to be employed," thus they become positive contributors to society rather than a cost or threat.

2. Administration Shift to Treatment

The Subcommittee heard evidence of the Administration's overt shift to treatment at the expense of other demand reduction efforts.

Accordingly, Brown testified that the President was seeking "$2.8 billion for treatment" in the fiscal 1996 Federal budget for what Brown said were the "one million drug users in this country who need and can benefit from treatment but cannot get it."

Seeking to explain the Administration's shift to proportionately greater drug treatment spending in 1995, Dr. Brown testified that

"the best way to reduce the overall demand for drugs and the related crime and violence is to reduce the number of hardcore drug users," adding that "treatment works."

In defense of this statement, Brown cited a June 1994 RAND study that reportedly found that "drug treatment is the most cost effective drug control intervention" and, Brown asserted, "for every dollar invested in drug treatment in 1992, taxpayers saved $7 in crime and health care costs."

In addition, Brown observed that "chronic hardcore drug users comprise 20 percent of the drug user population but consume two-thirds of the drugs . . ." From this, he argued that past strategies ignored this important part of the drug problem.

3. Contrary to ONDCP Assertions, Treatment Funding Grew in Past Strategies

The record indicates that ONDCP Director Brown's assertion that "past strategies [sic] ignore this important [treatment]" is not an accurate portrait of the past.

While the 1995 National Drug Control Strategy does increase the proportion of overall spending devoted to treatment, past strategies have included—and have steadily increased—funding for treatment. In fact, Federal treatment funding has increased every year from 1982 to 1995.[110]

4. Treatment Limitations: Bureaucracy

At the Subcommittee's March 9, 1995 hearing, Walters testified that, "between 1988 and 1993, we roughly tripled the treatment budget of the Federal government," while the "number of people treated per year declined." The decline, according to Walters, was the result of "bureaucracy" and money being channeled to ineffective treatment programs.

5. Treatment Limitations: Effectiveness

The Subcommittee heard testimony indicating that low effectiveness plagues many drug treatment programs, while others suffer from an absence of any measure of effectiveness.

Again, on March 9, 1995, Judge Bonner testified that "the Clinton Strategy badly oversells the efficacy of the treatment of hardcore drug abusers" and fails to acknowledge that "studies repeatedly indicate the low success rates associated with many programs . . ."

Specifically, Bonner cited the work of Harvard University's Mark Kleiman, a former member of the Clinton Justice Department Transition Team, which shows that, "even the most expensive treatment programs—long-term residential treatment programs costing as much as $20,000/patient—have success rates as low as 15 to 25 percent."

On questioning, Bonner reminded the Subcommittee that, "with respect to crack addicts . . . after treatment programs, less than

---

[110] *See, e.g.*, Losing Ground Against Drugs: A Report on Increasing Illicit Drug Use and National Drug Policy, Senate Committee on the Judiciary, December 1995, p. 6. Specifically, ONDCP's own 1995 *Budget Summary* accompanying the *National Drug Control Strategy* shows, p. 238, that Federal treatment spending was $505.6 million in fiscal 1982, yet Federal treatment spending today tops $2.65 billion. *National Drug Control Strategy: Budget Summary*, The White House, February 1995, p. 238.

10 percent are free of drugs, free of crack after 24 weeks, so you don't want to put too many eggs in that [treatment] basket."

In addition, Walters argued that the administration has failed to create the number of treatment "slots" necessary to accommodate its own stated treatment priority, and the current strategy has also failed to reduce the number of chronic, hardcore drug user numbers—which is rising.

Specifically, Walters explained that the Federal "government [drug] treatment bureaucracy is manifestly ineffective," as evidenced by the Clinton Administration's increased treatment funding on one hand, and failure to provide sufficient treatment slots to effectuate this policy on the other; "[a]though Federal drug treatment spending almost tripled between FY 1988 and FY 1994, the number of treatment slots remained virtually unchanged and the estimated number of persons treated declined—from 1,557,000 in 1989 to 1,412,000 in 1994," Walters testified.

Additionally, the contention that hardcore use has been reduced through heightened emphasis on treatment is belied by data gathered by the non-partisan Drug Abuse Warning Network (DAWN) from emergency rooms around the country, which shows that "drug related emergency room cases . . . have reached the highest levels ever, in reporting going back to 1978" and "[c]ocaine, heroin, and marijuana cases all increased sharply to record levels [in 1994]."

Responding to questions from Congressman Condit (D-CA), Brown repeated that the Administration was turning away from strategies of "previous administrations [which] placed a greater emphasis on casual drug [use] reduction," in favor of more treatment.

6. The June 1994 RAND Treatment Study: A Poor Basis For National Drug Policy

ONDCP Director Brown repeatedly sought to justify proportionately greater funding for treatment in the national strategy by reference to a June 1994 RAND study. The June 1994 RAND study reportedly found that "drug treatment is the most cost effective drug control intervention," according to Brown. Brown also credited the study for concluding that, "for every dollar invested in drug treatment in 1992, taxpayers saved $7 in crime and health care costs." By all indications, this was the centerpiece of Brown's request for "$2.8 billion for treatment" in the fiscal 1996 Federal budget.

Such heavy reliance on this study, and the findings attributed to it, are reason for concern. First, Brown did not comment on the arguments raised by Walters, Bennett, and Bonner against increasing treatment spending vis-a-vis other demand reduction programs, including the arguments that treatment has low success rates and "slots" are unavailable.

But the study itself also deserves special attention. The June 1994 RAND study was conducted by C. Peter Rydell and Susan S. Everingham and entitled "Controlling Cocaine: Supply versus Demand Programs." While the study is of value, it is readily misinterpreted, has clear limitations, and operates from assumptions that few would accept.

Before examining methodology, two observations on substance are important. First, the study is sound in condemning legalization. Second, the study implicitly condemns the Administration's "controlled shift" from interdiction to source country programs.

On legalization, the RAND study notes the devastating effect that drug legalization would have on use, through the economic mechanism of reduced prices, or price elasticity. In 1994, the average street or retail price for a pure gram of cocaine was $143; if cocaine were legalized, the estimated retail price would be $15–$20 per gram.[111]

On "controlled shift," the RAND study concludes that dollar-for-dollar, interdiction is more effective than pumping money into source country programs. Ironically, the Administration embraces the study's pro-treatment conclusion, yet must reject this anti-source country program conclusion; to date, Brown and the Administration have been silent on this discontinuity.

As one drug policy expert favorably disposed to the RAND study conceded, "[t]his analysis implies that the National Drug Control Strategy's 'controlled shift' of resources from interdiction to source-country control might be a misstep."[112]

In any event, the RAND study has other serious limitations.

First, the RAND study gives no attention to prevention programs; it simply does not take prevention into account as a viable means for reducing demand for cocaine. This is a serious omission, since prevention is widely recognized as a central and effective means for demand reduction.[113]

Disturbingly, the President's 1995 Strategy is oddly consonant with the RAND study's omission of prevention, since it asserts that "Anti-drug messages are losing their potency among the Nation's youth."[114]

Second, the RAND study does not follow users for a meaningful time after active treatment, but notes only that cocaine consumption falls during residential and out-patient treatment. The study acknowledges that once treatment ends, only about 12 percent of out-patient and 17 percent of residential treatment recipients stop heavy use of cocaine.[115] The Subcommittee finds that the Administration's treatment policy is seriously misguided as it centers on 12 to 17 percent reductions in the smaller of the two user populations (i.e. the 20 percent of users who are hardcore).

Third, the RAND study favors treatment chiefly because it has a "direct" impact on users, minimizing supply side programs (e.g., interdiction, source country, domestic law enforcement, which affect a larger number of users because they have only an "indirect" impact on users. On the other hand, the RAND study acknowledges that higher street prices, resulting from interdiction, source coun-

---

[111] *See* RAND Study, supra, pp. 11, 13.

[112] Schnaubelt, Christopher, "Drug treatment Versus Supply Reduction: Which Is Cheaper?," National Interagency Counterdrug Institute, May 1995, p. 2.

[113] *See*, e.g., Gleason, Thomas J., Hall, Douglas J., Oliver, William D., The *Executive Summary* of *PRIDE Communities: A Grassroots Drug Prevention Effort for Healthy Teens*, PRIDE, August, 1995; Burke, James, E., *An Overview of Illegal Drugs in America*, Partnership For A Drug-Free America, Fall, 1995; Johnson, Dr. Lloyd G., *Monitoring the Future*, December 1995, University of Michigan Institute for Social Research.

[114] *See* National Drug Control Strategy, The White House, February 1995, p. 20.

[115] C. Peter Rydell and Susan S. Everingham, "Controlling Cocaine: Supply Versus Demand Programs," RAND Drug Policy Research Center, Santa Monica, California, June 1994, pp. 24–25, 88–89.

try programs and domestic law enforcement, do reduce consumption.

Finally, the RAND study uses a measure of effectiveness that is arguably flawed. It does not measure effectiveness by a reduction in cocaine users, but by reduction in the overall amount of cocaine consumed in the United States. Since the study holds that hardcore users, on average, use eight times the cocaine that casual users do, it becomes easy to justify treatment if this measure is employed.

On the other hand, if the aim of national drug control policy is to reduce the number of users (not the amount of cocaine imported), a strategy favoring treatment would likely be catastrophic; while cocaine imports might fall, the total user population would grow as casual use climbed (even if all hardcore addicts at the time of initiation were cured). Experts agree that a certain percentage of casual users become hardcore users, thus the treatment strategy would soon become a losing battle to reduce the growing number of hardcore users multiplying out of the rapidly growing casual user population.

In fact, that is exactly what the current strategy is fostering. Casual use is now rapidly growing, and with it the number of hardcore users, even if 10 to 17 percent of the original hardcore user population are being successfully treated.

Most conservative extrapolations of the number of casual users that become hardcore addicts, for example those given by former Carter Cabinet member Joseph Califano, indicate that such a strategy would lead to a Nation awash in young cocaine addicts.

Califano's Center on Addiction and Substance Abuse at Colombia University recently concluded that, "[i]f historical trends continue, the jump in marijuana use among America's children (age 12–18) from 1992 to 1994 signals that 820,000 more of these children will try cocaine in their lifetime . . . of that number, about 58,000 will become regular cocaine users and addicts."

7. Treatment Conclusions

Essentially, all informed observers understand that treatment programs are part of any effective drug control strategy. On the other hand, the RAND study supporting a priority on treatment is flawed and omits prevention altogether. Moreover, the Administration's deliberate shift to treatment of older, chronic, hardcore addicts has not reduced the number of hardcore addicts. It has also come at an enormous opportunity cost, namely the skyrocketing of casual, juvenile use, and the associated increases in juvenile crime.[116]

Even advocates of drug treatment acknowledge that many programs are ineffective, and that long-term success rates are seldom higher than 20 percent. There can be little question that more research into varying drug treatment approaches and programs is necessary; finding effective methods for employing current treat-

[116] The December 1994 University of Michigan study of 8th, 10th and 12th-graders showed that marijuana use "rose sharply in 1994, as it did in 1993, after virtually a decade of steady decline" and that "student attitudes were becoming significantly less hostile toward illegal drug use;" *See also* University of Michigan, *Monitoring the Future Study*, December 1994; "Juvenile Offenders and Victims: A National Report, OJJDP, Department of Justice, September 1995, p. 20, which indicates that "one in three juvenile detainees were under the influence of drugs at the time of their offense."

ment techniques and identifying new treatment techniques are important objectives.

The implications of these findings are several. First, treatment should remain part of the overall strategy, but funding must be targeted at proven and effective programs, which may lie more often in correctional institutions.

Second, treatment should not be raised in priority, or increased disproportionately in funding, as has occurred in 1993, 1994 and 1995; that shift within the demand reduction mix has unfairly reduced the emphasis on prevention—with devastating results. Since 80 percent of drug use is casual use by youth, the strategy must be directed toward the at-risk population, especially since a large percentage of that population would thereafter become addicted.

III. Conclusions and Recommendations

A. CONCLUSIONS

On interdiction policy, despite an expert consensus that interdiction is vital, there has been a reduced emphasis on drug interdiction by the Clinton Administration. President Clinton is undeniably responsible for a downgrading of interdiction within the National Drug Control Strategy, and for interdiction budget cuts in 1993, 1994 and 1995, many of which explain an absence of previously deployed assets.

Objective indicators of Federal support for the counter narcotics effort show a substantial reduction both in resources committed to key areas and in overall deployment of assets to drug interdiction. By admission of the Administration, key interdiction budget numbers are substantially below prior highwater marks (i.e. "1992–1993 levels"), lines formerly defined as the minimum necessary for effective conduct of the Drug War.

Despite the success of interdiction efforts in the late 1980's and early 1990's, including innovative efforts such as resource "pulses" championed by former U.S. Coast Guard Commandant and Admiral Paul Yost, the Clinton administration has abandoned the earlier transit zone strategy in favor of an NSC strategy focused on the source countries, and "economic development" in those countries.

On the source country programs, in December 1994, the President's own Interdiction Coordinator concluded that the source country programs were not yet "viable," and were neither "in place" nor "producing necessary results."[117] No testimony given during 1995 by ONDCP Director Lee Brown offered any concrete evidence that this was not so.[118]

In June 1995, the General Accounting Office conducted a comprehensive, in-country investigation of the source country programs and found that no one was "in charge of antidrug activities in the cocaine source countries," there was a "lack of coordination" and "confusion over the role of the offices responsible for intelligence analysis and related operational plans," "the Drug Enforcement Administration [was] reducing its presence in Colombia, [and] South-

[117] *Id.*

[118] *See.* e.g. Testimony of Lee P. Brown, Subcommittee Hearings, March 9, 1995 and April 6, 1995.

ern Command [was] flying fewer sorties per month in support of source country interdiction,"

United States funds in source countries "are not always well managed," "$45 million originally intended for counter narcotics assistance to the cocaine source countries were reprogrammed to assist Haiti's democratic transition," and despite a November 1993 promise that he would "develop a separate strategy to combat the heroin trade" within 120 days, President Clinton had not developed or signed any heroin strategy.

These findings point up serious flaws in the source country shift strategy, and strongly suggest the need to rethink the 1993 shift. The seeming unwillingness of the National Security Advisor to discuss with congressional leaders PDD–14 and its implications gives rise to added concern.

On prevention, there was wide agreement that prevention should be a priority, both for the National Drug Control Strategy and for National leaders, including individual Members and the President. Congresswoman and Ranking Minority Member Thurman (D-Florida) echoed a position shared by Dr. Brown, the Subcommittee Chairman, and others on the Subcommittee, that some programs funded through the Safe and Drug Free Schools Act have been highly successful. On the other hand, it seems clear that serious accountability problems in the SDFS Act and its administration, including financial accountability, program validation, and concerns about waste, fraud and abuse require a closer examination. While the Subcommittee supports effective programs funded by SDFS, Members believe that the SDFS Act, the Department of Education's administrative role, and the programs' accountability mechanisms must be reviewed. The aim, however, is correcting deficiencies, not elimination of the national prevention effort. To this end, the Subcommittee is monitoring the two ongoing investigations by the Department of Education Inspector General and GAO.

On treatment, nearly all informed observers understand that treatment programs are part of any effective drug control strategy. On the other hand, the RAND study supporting a priority on treatment is flawed and omits prevention altogether. Moreover, the Administration's deliberate shift to treatment of older, chronic, hardcore addicts has not reduced the number of hardcore addicts. It has also come at an enormous opportunity cost, namely the skyrocketing of casual, juvenile use, and the associated increases in juvenile crime.[119]

Even advocates of drug treatment acknowledge that many programs are ineffective, and that long-term success rates are seldom higher than 20 percent. More and better research into drug treatment approaches is necessary, since finding effective methods for employing current treatment techniques and identifying new techniques are both worthy objectives.

---

[119] The December 1994 University of Michigan study of 8th, 10th and 12th-graders showed that marijuana use "rose sharply in 1994, as it did in 1993, after virtually a decade of steady decline" and that "student attitudes were becoming significantly less hostile toward illegal drug use;" *See also* University of Michigan, *Monitoring the Future Study*, December 1994; "Juvenile Offenders and Victims: A National Report, OJJDP, Department of Justice, September 1995, p. 20, which indicates that "one in three juvenile detainees were under the influence of drugs at the time of their offense."

The implications of these findings are several. First, treatment should remain part of the overall strategy, but funding must be targeted at proven and effective programs, which may lie more often in correctional institutions.

Second, treatment should not be raised in priority, or increased disproportionately in funding, as has occurred in 1993, 1994 and 1995; that shift within the demand reduction mix has unfairly reduced the emphasis on prevention—with devastating results. Since 80 percent of drug use is casual use by youth, the strategy must be directed toward the at-risk population, especially since a large percentage of that population would thereafter become addicted.

B. RECOMMENDATIONS

As indicated above, the Subcommittee arrived at its recommendations for an improved national drug strategy after review of the 1995 National Drug Control Strategy and an assessment of the status of the Drug War; the Subcommittee's review and assessment were based upon the receipt of expert testimony and reliable documentary evidence, reference to General Accounting Office studies commissioned by the Subcommittee, and contacts with experts inside and outside the Federal Government. Based on that searching inquiry, the committee advances the following recommendations for improvement of the Nation's national drug control strategy:

First, to assure that the drug war becomes a top national priority, the President should, in close consultation with Congress, establish an overall budget that places counter narcotics high among national priorities.

Second, to reverse the rise in casual drug use by juveniles, the President should, in close consultation with Congress, establish a National Drug Control Strategy which returns accountable prevention programs to highest priority among Federal demand reduction programs, and does not disproportionately favor increased drug treatment.

Third, to reverse the rise in illegal drug importation, high drug availability, high drug purities, and low street prices, the President should, in close consultation with Congress, establish a National Drug Control Strategy which returns well-coordinated interdiction programs to highest priority among Federal supply reduction programs, and does not embrace further cuts in interdiction assets or funding, or otherwise shift interdiction assets or funding to source country programs, other than source country interdiction programs.

Fourth, to restore accountability to ONDCP and the national drug policy, the President should return to promulgating, in compliance with the Antidrug Abuse Act of 1988, a clear set of measurable and quantifiable annual goals as part of the annual National Drug Control Strategy.

Fifth, to restore accountability, the overall National Drug Control Strategy should be more than descriptive, and more than a collection of laudable goals to which agencies aspire. The Strategy should become the standard against which success or failure of all agencies' antidrug programs are measured; the Strategy should also be the basic document against which future justification for antidrug funding at each agency is measured.

Sixth, to restore accountability to demand reduction programs, the President, in close consultation with Congress, should establish workable accountability mechanisms and clear measures of effectiveness, either by statute or regulation. Prevention programs that have no means for assuring accountability, that cannot demonstrate achievement of any measurable goals, or that do not fund "no use" messages should not qualify for Federal monies and should be unfunded in subsequent budget cycles; similarly, treatment programs unable to assure accountability and effectiveness should be unfunded;

Seventh, to restore accountability to supply reduction programs (e.g. source country programs), the President, in close consultation with Congress, should establish workable accountability mechanisms; while effectiveness may be more difficult to measure on the supply side, programs that have no means for assuring accountable expenditures or fail to meet previously established goals should be unfunded in subsequent budget cycles;

Eighth, to restore accountability, coordination and meaningful ONDCP guidance of the overall Federal antidrug efforts, antidrug programs that receive their justification in the annual ONDCP Drug Strategy Budget should be identified with greater specificity, and the 50-plus agencies that receive funding through these programs should be required to place the details of each program before ONDCP Director prior to the production of succeeding annual budgets;

Ninth, to restore accountability and coordination of the Nation's overall drug strategy, the White House Drug Czar should become the chief voice within the Administration on whether programs continue to be funded or not and at what levels, in consultation with OMB and the appropriations committees. However, in all antidrug efforts, the Drug Czar—and not individual agency heads—should then be viewed by the President, OMB and Congress as the primary decision-maker on national drug policy;

Tenth, the Drug Czar should be placed "in charge" of organization and coordination of the drug war (both as a "theater commander" and demand reduction promoter), the President should be unequivocal, vocal and constant in his support of the Drug Czar, and should delegate to him or her the fullest authority possible on all issues relating to the Nation's counter narcotics efforts;

Eleventh, in support of the Drug Czar, the President should insist that all relevant agency heads coordinate antidrug activities directly through that person, and insist that all major counternarcotics decisions be approved by that person. Moreover, the one document that should govern all coordination efforts should be the National Drug Control Strategy;

Twelfth, the President should maximize the Drug Czar's authority by:

- Funding ONDCP itself back to late 1980's levels;
- Expressly delegating all authority for program prioritization and, in consultation with OMB, selected budget matters to ONDCP;
- Expressly giving ONDCP the authority to evaluate antidrug program effectiveness across all agencies of the Federal Government, and the authority to offer the primary recommendation to

the President and Congress on program continuation, enhancement, reduction or elimination;

• Insisting that all agency heads meet personally with the ONDCP Director at least quarterly, following a format similar to the never-repeated October 1994 drug interdiction agency head conference

• Confirming that the White House Drug Czar's priorities are the President's priorities in all contacts with agency heads.

• Publicly supporting efforts of the White House Drug Czar and ONDCP through regular discussion in the media, with Cabinet Officials, and in periodic addresses to the Nation or other public speeches.

Thirteenth, to demonstrate the President's constant concern, awareness and consistent support for the Nation's Drug Control Strategy, and the many public and private sector advocates and implementors of policies within or consistent with that Strategy, the President should speak out regularly on the topic, utilizing the presidential "bully pulpit" to elevate the issue and build public support for demand-and supply reduction efforts.

Fourteenth, to bring the issue immediately back to the forefront of the Nation's agenda, the President should consider one or all of the following: an address to the Nation from the Oval Office or to a Joint Session of Congress on the topic of exploding teenage drug use; a series of White House Drug Policy Conferences, including one each on prevention, narcotics-related law enforcement, interdiction, source country programs, treatment programs, and the role of the media; meeting personally with Congressional leaders on this issue at least once or twice annually, notably the Bi-Partisan Drug Policy Group (currently co-chaired by Congressman Bill Zeliff, R-NH, and Congressman Charles Rangel, D-NY) or a similar counternarcotics leadership group; and appoint a bipartisan White House Commission on "Winning the Drug War," to study the evolving options in depth and report new policy ideas and findings to the President and Congress for swift action.

Fifteenth, in specific support of supply reduction, the National Drug Control Strategy should:

• Elevate the drug war threat on the National Security Council's list of national security priorities to a top position;

• Restore funding for interdiction efforts, as recommended by the current U.S. Interdiction Coordinator, to "1992–1993 levels;"

• Restore funding to ONDCP for staff and policy support lost in 1993 Administration cuts;

• Restore funding for intelligence gathering lost between 1993 and 1995, including Navy P–3 AEW or additional E2–C aircraft;

• Restore lost Ship Days, National Guard Container Search Works Days, and Flight Hours lost in 1993, 1994 and 1995 Administration cuts;

• Restore to the Transit Zone the lost airborne and stationary radars, Jayhawk helicopters, Coast Guard Cutters and SES Patrol Boats, HU–25 Falcon Interceptor aircraft (five lost), E2–C Hawkeye AEW aircraft (4 lost), EC130–V AEW aircraft with rotodome (transferred to DoD), modernized sea-based aerostats (all lost), and personnel, including Transit Zone personnel and personnel formerly assigned to C3I East, subsequently consolidated into the

Customs Domestic Air Interdiction Coordination Center (DAICC) and suffering "serious manning shortages;"

• Fund excess U.S. Navy P–3 Airframes for conversion with AEW radars to be operated by U.S. Customs.

• Establish a process for direct, regular communications between the U.S. Interdiction Coordinator (USIC) and the National Security Advisor, if not also between the USIC and the President;

• Issue the missing agency Implementation Guidelines that should have accompanied the November 1995 Heroin Strategy;

• Provide sufficient staff to the USIC (who now coordinates the nation's interdiction policy with a staff of 6);

• Rescind or modify PDD–14 to reflect either a slower shift of resources or no shift at all toward source country programs;

• Insist on accountability mechanisms in source country programs that assure improved management, interagency coordination, clarity and targeting;

• Restore support for law enforcement's counter narcotics mission through a combination of greater flexibility by block grants, increasing the Byrne Grant and similar programs, heightened drug prosecutions in the Federal courts, and encouraging increased cross-over of high technologies available to the military but not yet economically to law enforcement;

• Encourage wider use of joint interagency task forces, by reducing jurisdictional conflicts, bureaucratic impediments, and restrictive regulations, as well as rechannelling funds to these joint efforts;

• Promptly replace, through efficient action by the State Department, critical source country assets that perish or are destroyed in pursuit of counternarcotics objectives believed by the President to be important to the overall U.S. counternarcotics effort, for example helicopters lost in efforts by the Columbian National Police during efforts to effectuate aims that are fully consistent with the U.S. source country and counternarcotics mission;[120]

• Effectively utilize the Annual Certification Procedures contained in the Foreign Assistance Act, Section 490A, 22 U.S.C. 229, et seq., to encourage counternarcotics cooperation between the United States and drug source countries.

Sixteenth, in specific support of demand side, the National Drug Control Strategy should:

• Reaffirm the central place of drug prevention in the overall national drug strategy;

• Respond to recommendations that develop out of the GAO and Department of Education investigations of prevention program accountability, including the accountability of the Safe and Drug Free Schools Program;

• Encourage greater private sector and media support for drug prevention efforts nationwide;

• Offer greater flexibility to States and localities, through mechanisms such as a separate prevention block grant (independent of

---

[120] *See, e.g.,* 14 November 1995 letter by Congressmen William H. Zeliff, Charles Rangel, Bill Clinger, Ben Gilman, Tim Hutchinson, Gene Green, Victor Frazer, Dan Burton, Peter Blute, Mark Souder, Robert Ehrlich, Bob Dornan, Jon Fox, Clay Shaw, Sue Myrick, and Donald Payne to The Honorable Robert Gelbard, Assistant Secretary of State for International Narcotics and Law Enforcement, U.S. Department of State.

treatment), while clearly supporting only "no use" messages and "no use" curricula;

- Encourage greater cooperation among the prevention and law enforcement communities, while increasing support for such overlapping programs as the Byrne Grants, D.A.R.E. and G.R.E.A.T. programs;
- Fund only "validated" prevention programs;
- Encourage the establishment of accepted criteria for effective drug treatment and the creation of programs that are likely to meet these criteria;
- Encourage greater application of effective treatment programs in correctional institutions;
- Provide opportunities for the President to regularly and forcefully speak out on the issue;
- Explore means for establishing a larger number of overall treatment "slots," so long as the treatment programs under consideration are effective;
- Reducing the Federal "treatment bureaucracy" to allow a greater flow of treatment funds to the states and localities outside Washington, D.C;
- Consider increased funding for research into potentially more effective drug treatment.

ADDITIONAL VIEWS OF HON. KAREN L. THURMAN, HON. HENRY A. WAXMAN, HON. TOM LANTOS, HON. ROBERT E. WISE, JR., HON. MAJOR R. OWENS, HON. EDOLPHUS TOWNS, HON. LOUISE MCINTOSH SLAUGHTER, HON. PAUL E. KANJORSKI, HON. CAROLYN B. MALONEY, HON. THOMAS M. BARRETT, HON. BARBARA-ROSE COLLINS, HON. ELEANOR HOLMES NORTON, HON. JAMES P. MORAN, HON. CARRIE P. MEEK, HON. CHAKA FATTAH, AND HON. TIM HOLDEN

In the mid-1980's casual illegal drug use reached an all time high of 22 million Americans. Today, approximately 11 million Americans use illegal drugs. Of these 11 million Americans, twenty percent buy and use illicit drugs more than once per month. Total spending on this criminal activity is estimated to be $50 to $150 billion annually. In addition, according to the Institute for Health Policy, drug abuse costs society $66.9 billion due to direct and indirect medical expenses associated with illness, AIDS, death, and costs connected to the criminal justice system.

Undeniably, drug use and abuse continue to be major problems in all segments of American society. The drug plague is an equal opportunity destructive force threatening the domestic security of all Americans regardless of race, gender, economic status, religion or political affiliation. We, in this Congress, owe each American parent and child the assurance that our commitment and concern for their ability to grow and mature in a drug-free world will be matched by appropriate funding levels and untempered by partisanship.

We commend Subcommittee Chairman Zeliff for his leadership on the issue of drug use and abuse and urge him to continue his efforts to build bi-partisan coalitions that seek to examine causes and find solutions to the drug problem in America. However, the Majority report does little to end the scourge of drug abuse, promote responsible and effective drug policy or dispel the national fog of denial that hampers efforts at prevention, treatment, interdiction and eradication of drugs. On the contrary, this report distorts the successes and failures of the past and present. Without an honest examination, we cannot hope to overcome the problem of illicit narcotics use which exists in every village, town and city of this country.

Therefore, in these Additional Views, we seek to set forth our common ground and areas of agreement with the Majority, provide a delineation of our areas of disagreement and promote cooperation with the Administration in our collective goal of eliminating the drug scourge on American shores. Hopefully, together we can renew a bi-partisan approach to the solution of this problem without rhetoric or distraction. These views contain points raised by Rep. Karen Thurman, Ranking Democratic Member of the Sub-

committee and supported by Rep. Cardiss Collins, Ranking Democratic Member of the Full Committee at the Full Committee business meeting at which the report was approved.

1) We agree with the Majority's concern and commitment for continued necessity of drug prevention efforts by the Administration and the Congress.

2) We disagree with the Majority's assertion that drug use has "risen markedly" over the past three to four years. Casual drug use among young people began to rise in 1992, during the Bush Administration. According to the National Household Survey on Drug Abuse, the total number of illicit drug users has not changed since 1992. Counting marijuana, illicit drug use peaked in 1979, though use of illicit drugs other than marijuana peaked in 1985, during the Reagan Administration. Use of LSD and marijuana has risen during the past three years among high school seniors, but marijuana use is still far below the levels of the late 1970's. Seniors use of illicit drugs other than marijuana peaked in 1981 when 21.7 per cent of students reported drug use at some time during the previous month, the figure was down to 10 percent in 1994.

3) We agree in part with the Majority's contention that the overall attention being devoted to the anti-drug message by the media has been lower in recent years. However, we disagree with the Majority's contention that the level of anti-drug messages shown by the media is a result of a lack of attention by President Clinton. In particular the Majority points to the decrease in media exposure via Public Service Announcements (PSA's) by the Partnership for a Drug-Free America, a private non-profit group. Two years ago, partnership campaigns were allotted about $1 million a day in media usage. That number has decreased to $800,000 a day in media usage. However, the attribution of this decline to a lack of presidential attention not only misstates the facts on the level of significant presidential attention but evinces a serious misunderstanding of the decision-making process which PSA's undergo to reach the airways. Generally, PSA's are driven by social concerns and major news stories. As other pressing social issues such as AIDS prevention, homelessness and youth violence, began to become front page concerns, the public service announcements run by local stations began to reflect those concerns. In essence, the press of other social issues contributed to the decline of public service announcements with a singular focus on drug prevention.

4) We disagree with the Majority's contention that the reduction in funding for drug interdiction efforts are below amounts necessary for an effective strategy. In 1993, the National Security Council concluded a study of international drug trafficking which became the basis for the Clinton Administration's interdiction strategy. The NSC found that to reduce cocaine availability more effectively, a stronger focus on source countries was necessary. The NSC determined that a controlled shift in emphasis was required—a shift away from past efforts that focused primarily on interdiction in the transit zones to new efforts that focus on interdiction in and around source countries. Moreover, GAO concluded that Congress should consider reducing DOD's detection and monitoring for drug interdiction funding for FY 1994 by at least $72 million. This funding level would return the services' counter drug costs of operating

aircraft and ships to the 1990 level, when DOD first reported that it had achieved the "full expansion" of its drug control mission (*Drug Control: Heavy Investment in Military Surveillance is Not Paying Off*, GAO/NSIAD 93–220, September 1993).

5) We agree with the Majority's observation the current White House strategy to reduce drug use departs from strategy under the Bush Administration. We note that in 1993, the Office of National Drug Control Policy convened a meeting of drug experts to review the relevancy of the goals established by the Bush Administration. The Strategy Goals Review Group was unanimous in its view that the Bush Administration did not fully address the problems of drug use and its consequences. The Group established fourteen goals to address the full range of issues dealing with reducing drug use among casual and hardcore drug users, reducing the consequences of drug use, improving the efficiency of law enforcement and goals to monitor progress with the source country strategy. These goals are being implemented and are the foundation of the annual National Drug Control Strategy Report.

6) We disagree with the Majority's contention that President Clinton manifested little emphasis or interest in the drug issue. We note that the President delivered an address on drug issues before the United Nations and recently taped a Partnership for Drug Free America Public Service Announcement. Additionally, we note instances of substantial policy initiatives including the submission of FY 1996 budget proposal which puts forth $14.6 billion to fight drugs, the largest request ever made; elevation of the Office of National Drug Control Policy to a cabinet level position; the quick and decisive action to appoint General McCaffrey upon the retirement of Dr. Lee Brown, former Director of the Office of National Drug Control Policy and the proposal to increase staffing levels of the Office of National Drug Control Policy to 150 full time employees.

7) We disagree with the Majority's criticism of Dr. Lee Brown's leadership as Director of the Office of National Drug Control Policy. We note that under Brown's leadership, the office made several important policy changes. Far from failing to take an active role in policy development, Brown shepherded a shift of emphasis to chronic, hardcore users; an increase in funding for prevention efforts; a "big picture" approach to the drug issue that views drug policy as a part of overall economic and domestic policy; and a shift in the focus of interdiction efforts away from transit zone interception to long term efforts in source and trafficking countries. Moreover, we note that in its report, The National Drug Policy Board: A Failure in the War on Drugs (H. Rep. 100–184, June 25, 1987) this Committee found that President Reagan's National Drug Policy Board had failed to resolve interagency disputes, and had floundered in carrying out its budget responsibilities. A subsequent report, The National Drug Policy Board: Fighting the War Without a Battle Plan (H. Rep. 100–1063, October 1988) found that the Reagan Administration lacked any comprehensive strategy to set policy or allocate resources among the different agencies. Moreover, in September 1992, the Senate Judiciary Committee issued a report outlining several instances of questionable activities in the office of then Drug Czar Robert Martinez including the fact that forty percent of the Office's 109 employees where political appointees, a

percentage far in excess of offices of similar size or policy making ability. Several of the appointees had little or no experience in drug policy.

8) We applaud the shift in interdiction focus from transit zones to source countries. One could argue that to focus on transit zones is to fight the drug war once the planes are loaded and in mid-flight. With the ability to change flight paths, the technology to evade radar and the ability to use discrete landing areas, the focus on transit zones is bound to fail. However, a focus on crop destruction and other sanctions and incentives within source and trafficking countries is more likely to yield long term cooperation in reducing the supply of drugs in their countries of origin. Moreover, in combination with domestic treatment efforts which reduce demand, this strategy is more likely to yield long term benefits.

9) The Majority argues that the Clinton Administration's focus on demand reduction and treatment have precluded formation of an effective interdiction (transit zone or source country) strategy. However, the Majority's budget cuts have undermined the Administration's efforts to implement its current strategy. The House Appropriation Subcommittees on Foreign Operations, Export Financing and Related Programs passed an amendment to the FY 1996 spending bill which effectively cuts more than half of the Administrations's requested funds for the Bureau of International Narcotics and Law Enforcement (INL) and rejects the Administration's proposal to consolidate all drug program funding within a single account at the State Department. The INL budget is the core of international drug control strategy. The State Department programs train and equip host country counter narcotics forces to destroy illegal coca crops, dismantle drug organizations and interdict drug shipments.

10) We note that the Administration has used the Certification process as a means to fight the war on drugs and garner cooperation with source or transit countries. We note that in the 1996 certification process, the Administration determined that Colombia, Syria, Nigeria, Iran Burma and Afghanistan would lose U.S. economic assistance based upon each country's lack of efforts to combat drug trafficking within its borders. In 1995, President Clinton denied certification to eleven countries (including Burma, Iran, Nigeria, Syria and Afghanistan), which produce or distribute heroin or allow it to transit through their borders.

11) We note that the Majority's report applauds prevention efforts such as the "Just Say No" programs without any studies of its effectiveness, yet castigates the Safe and Drug Free Schools Program using a two year old report from the Michigan State Office of Education. There is no indication that the Michigan experience is generalizable. Moreover, we note that the Majority report ignores and denies the existence of a national comprehensive study by the federal Department of Education ("How Do We Know They Work?: An Examination of Evidence for Effective in School Based Drug Prevention Programs," July 1995) which overwhelmingly found the Safe and Drug Free Schools programs effective.

12) We note that the Majority's report: a) relies heavily on quotes from testimony of highly partisan witnesses, b) submits anecdotal evidence gathered in closed meetings with affected individuals de-

crying the reduction of military hardware as objective concerns and c) embraces anecdotes or hyperbole as fact. In quoting the testimony of Interdiction Commander Kramek, the report states "interdiction returns 25–1 on the dollar in benefits to the public for every dollar spent, a new statistic in the national dialogue" (see pg. 51 of Majority report). There is no factual or statistical support for such a statement.

13) We note that the Majority's report fails to draw meaningful comparisons because of its repeated mingling of calendar year and fiscal year figures.

DRUG POLICY

Drug policy can be divided into three different areas—prevention, treatment and interdiction. Over the course of the previous thirty years, different administrations have placed varying degrees of importance on each of the three major areas. The area of emphasis has defined the ensuing drug strategy and the concomitant level and disbursement of resources. Generally, Republican administrations have viewed prevention and unilateral interdiction efforts as the most important components of the drug war while Democrats have focused on prevention, treatment and multilateral interdiction efforts.

I. PREVENTION

According to the GAO, researchers generally agree that there is a continuum of drug use, beginning with experimental use, moving to abuse and ending with dependence. However, they do not agree on how the points along the continuum should be determined. (*Drug Use Among Youth, GAO December 1993, GAO/HRD 94–24*).

Since the mid-eighties, casual drug use has declined significantly. Between 1981 and 1992 regular drug use among high school seniors declined about 2% per year. Additionally, the Substance Abuse and Mental Health Services Administration has found essentially no change since 1985 in the number of hard-core drug users. These hard-core users,[1] consume the bulk of cocaine sold each year and are believed to be responsible for the majority of drug-related criminal activity.

While the decline in casual use and the stagnancy in the number of hard core users has been the national trend for over ten years, a recent study seems to indicate a slight increase in casual use among youth. In February 1994, the University of Michigan's Monitoring the Future Survey released 1993 figures which showed that marijuana, LSD and amphetamine use had increased slightly among high school students. The study shows that the greatest rise is a 4% increase in marijuana and hashish use among 10th and 12th grade students. In essence, this brings the percentage of 10th grade students who admit to marijuana use from 15 to 19% and the number of 12th grade students who admit to marijuana use from 21.9 to 26%. Given this slight rise in casual drug use, one could argue that rescission of funding for the Safe and Drug Free Schools must be replaced if this trend is to be reversed.

[1] Hard core drug users are defined as those who use illegal drugs at least once a week and who exhibit drug-related behavioral problems.

A. SPECIFIC PREVENTION EFFORTS

The "DARE" Program

The most widespread school-based drug prevention program is "Drug Abuse Resistance Education" (DARE). DARE is primarily funded through the Drug-Free Schools and Communities Act, authorized under Title V of the Elementary and Secondary Education Act. Since its inception in 1987, funding for the Drug-Free Schools program (the major Federal school-based prevention program), increased steadily during the first 6 years before suffering a consistent decrease in funding since FY 1992.

DARE teaches kids to resist peer pressure and forego the use of drugs, alcohol and tobacco. According to a report published by the Office of Technology Assessment (*Technologies for Understanding and Prevention Substance Abuse and Addiction*, Report # OTA–EHR–597, September 1994), the DARE program is delivered in schools by uniformed police officers who have been trained in any of five regional training centers. DARE is delivered annually to about 5 million students in all 50 states at a total cost of about $50 million (an average annual cost of about $10 per student).

OTA examined 17 published and unpublished evaluations of DARE. For the 11 studies that met minimal standards of methodological rigor, the average reductions in substance use were very small. Use among control schools and DARE schools was roughly equal. The few studies that were longitudinal found neither short-term nor long term reductions. However, OTA noted several positive benefits of the DARE program including favorable reactions among students; widespread political support; substantial funding and improved school-police relations.

Safe and Drug Free Schools Program

One of the most successful prevention programs is the Safe and Drug Free School Program. Established by Congress, this program was slated for rescission and de-funding by the Republican Majority. However, despite unsubstantiated allegations of waste, this program continues to be an effective means of teaching drug awareness and resistance.

In a report entitled "How Do We Know They Work: An Examination of Evidence for Effectiveness in School-Based Drug Prevention Programs" (July 1995), the Department of Education, found that Safe and Drug Free Schools and Communities programs can have a significant positive impact on children and youth. In brief, the report found that students who participated in drug and violence prevention activities were less likely to abuse drugs and alcohol, less likely to resort to violence to solve problems, less likely to be arrested and less likely to ride with a drunk driver. Students were more likely to report having a positive self image and more likely to seek help and support for substance abuse and other problems when they needed it.

Moreover, in a report requested by Subcommittee Chairman Zelliff and released on February 8, 1996, the Department of Education, Office of Inspector General examined nine school districts in

eight states,[2] and found that all nine districts had program elements that clearly discouraged drug use. In addition to drug avoidance, districts included program aspects designed to promote future resistance to drug use messages, including self-esteem training, conflict resolution and improvement of social behavior. Moreover, all nine districts, provided teacher and counselor training. Finally, all districts had established a system to gather input from a number of local groups in developing their annual plans for utilizing funds. The groups included parents, school district personnel, non-public school personnel and community agencies.

Partnership for a Drug Free America Media Program

In addition to school based programs, in the late 1980's the Partnership for a Drug Free America began a visual and print media campaign designed to discourage casual drug use and reduce drug abuse. The Partnership, a non-profit organization based in New York, produces public service announcements (PSA's) using donated time on local and national media outlets.

Media used for Partnership ads is down 20% over the past two years (Advertising Age, Feb. 7, 1994). Two years ago, partnership campaigns were allotted about $1 million a day in media usage. That number has decreased to $800,000 a day in media usage. Despite its decline in donated air time, the Partnership remains one of the largest producers of PSA's in the nation. The partnership's large and extremely well coordinated media campaign may have played a large role in decreasing casual drug use. However, it is unlikely to have had any effect on hard core usage.

However, the Majority's assertion that the reduction in media usage by the Partnership is related to Presidential concern on the drug prevention issue evinces a lack of understanding in the way local and national media allot time for public service announcements. Generally, PSA's are driven by the front page stories. Unfortunately, the media has devoted less time to drug stories. As other pressing issues such as AIDS prevention, homelessness and youth violence, began to become front page concerns, the public service announcements run by local stations began to reflect those concerns. In essence, the press of other social issues contributed to the decline of public service announcements with a singular focus on drug prevention.

Partnership ads and school based prevention programs began about 10–12 years ago and have been common features in every community and school. This period of time would coincide with the entire academic careers of the 8th to 12th graders who are currently engaging in casual consumption. It would seem highly unlikely that this group would not have been exposed to one or both of these prevention strategies. Yet, despite their exposure, casual drug use escalates. Therefore, it would seem that prevention messages standing alone are not enough for the 20–25% of high school students who may experiment with illegal drugs. However, that

[2] The nine School Districts examined were Dade County, Florida; Philadelphia School District, Pennsylvania; Long Beach Unified School District, California; Boston Public School District, Massachusetts; Seattle School District, Washington; St. Paul Public Schools, Minnesota; Round Rock Independent School District, Texas; Kansas City Unified School District, Kansas; and Elverta Joint Elementary School District, California.

should not deter funding for education and prevention programs for the 75–80% of young people who seem to benefit from those programs. It seems that the experience of these two groups is telling. The decision to engage in casual use of drugs for a minority of the teenage population may be influenced by other social and economic influences including poverty, popular culture, peer pressure, family drug use, community attitudes, and other social and economic causes.

II. TREATMENT

In 1994, the RAND Corporation reported that drug treatment is the most cost-effective drug control intervention, compared with other potential drug strategies. At the same time, a California study found that for every dollar invested in drug treatment, seven dollars were saved. The savings were attributed to decreased use of drugs, including alcohol, and significantly reduced costs related to crime and health care. The National Institute on Drug Abuse has reported similar cost/benefit assessments for drug treatment.

Hard core drug users are 20% of the drug using population. However, they account for 80% of the illicit narcotics consumed. Moreover, because of their drug involvement, hard core users commit the majority of drug related crimes. According to the Sentencing Project, a national nonprofit organization that promotes sentencing reform, of the 14 million arrests nationwide in 1993, 1.1 million were for drug offenses. Seventy percent of those arrests were for drug possession. As a result of tougher sanctions, including mandatory minimum sentences, arrests for drug possession have more than doubled since 1980. For example, the number of people in Federal prison on drug charges rose from 2,300 in 1980 to 13,000 in 1990, with the average term served increasing from 20 months to 66 months.

Therefore, the long term benefits and cost savings make treatment the last reasonable option if prevention and interdiction fail.

III. INTERDICTION

Under the Reagan and Bush Administrations, the "war on drugs" focused primarily on reducing the supply of illegal drugs entering the country. Invoking a call for "zero tolerance", Federal spending to combat drugs increased from $1.5 billion in 1981 to over $11 billion in 1992. Roughly 70% of the budget went toward law enforcement and interdiction efforts.

Interdiction efforts under Reagan and Bush may have caused traffickers to change routes and decrease shipments of drugs which depend on bulk and volume to ensure profitability (e.g. marijuana), and precipitated a higher level of smuggling of drugs that can be easily concealed and retain high profit margins with diminished mass and quantity (e.g. heroin and cocaine).

Basically, interdiction involves two broad functions: surveillance (detection and monitoring) and apprehension. The Department of Defense's mission is generally restricted to detection and monitoring. Although DOD is the primary agency with control over interdiction efforts, the U.S. Customs Service and the U.S. Coast Guard, share the overall leadership for air and maritime interdiction. Cus-

toms, the Coast Guard and the U.S. Border Patrol conduct the interception and apprehension phases of the interdiction efforts. The Department of State carries responsibility for diplomatic efforts to encourage cooperation in source countries and the Drug Enforcement Administration (DEA) participates in training of other law enforcement personnel, surveillance and domestic apprehension.

Despite the problems inherent in the division of turf, the efforts of these five entities may be limited even further by the nature of drug trafficking. The capability of military surveillance to increase drug seizures and arrests is limited. Louis Rodrigues of the General Accounting Office, testified before the Subcommittee on Legislation and National Security, Committee on Government Operations that "surveillance of suspect ships and planes is not the weak link in the interdiction process. The weak link is the inability to apprehend suspected smugglers in transit countries and at our borders" . . . "Success ultimately depends on the capability to apprehend smugglers, arrest people and seize cargo and equipment", (Testimony, *Hearing on Drug Control: Expanded Military Surveillance Not Justified by Measurable Goals or Results*, October 5, 1993).

A reliable and objective measurement of the effectiveness of an interdiction program designed to reduce supply is the price and availability of illegal drugs on American streets. If price increases while supply decreases, then efforts to reduce availability have succeeded. However, if price decreases or remains constant, while supply increases or remains constant, then efforts to reduce supply have failed.

According to the General Accounting Office, the price, purity and availability of cocaine has remained relatively stable on American streets. (Testimony at hearing before the Senate Appropriations Subcommittee on Treasury, Postal Service and General Government, Feb. 24, 1993).

Therefore, by 1993 it became obvious that a strategy of transit zone interdiction with a goal of supply reduction was not effective. In 1993, the National Security Council concluded a study of international drug trafficking which became the basis for the Clinton administration interdiction strategy. The NSC found that to reduce cocaine availability more effectively, a stronger focus on source countries was necessary. The NSC determined that a controlled shift in emphasis was required—a shift away from past efforts that focused primarily on interdiction in the transit zones to new efforts that focus on interdiction in and around source countries. Traffickers are most visible and vulnerable at the production or distribution source.

In order to carry out this philosophy, a three prong strategy developed which involved (1) providing assistance to nations that have a political will to combat narcotics trafficking; (2) conducting efforts to destroy trafficking organizations and (3) interdicting narcotics trafficking in source countries and transit zones. As a practical matter, implementation of this strategy involves eradication of narcotic crops in source countries; training of foreign law enforcement officers to de-stabilize trafficking networks; use of diplomatic initiatives to encourage cooperation from producing nations; sanc-

tions against uncooperative drug producing or trafficking nations; and economic assistance for cooperative countries.

DOD's surveillance mission supports the U.S. and foreign law enforcement agencies that apprehend suspects and seize cargo. Posse comitatus statutes prohibit DOD from the apprehension phase of interdiction efforts. Before 1989, civilian law enforcement agencies conducted limited surveillance operations of key transit areas in the Caribbean and the eastern Pacific. However, in 1989, the National Defense Authorization Act gave the Department of Defense the lead role in all federal efforts to detect and monitor drugs smuggled by air and sea. DOD's approach has been to layer ground, air and sea based radars near the South American countries where cocaine is produced and distributed.

Funding for DOD's detection and monitoring mission was about $844 million at its height in FY 1993. Nearly two thirds of the funds were allocated to procurement, projects and related initiatives. The remainder, about $293 million was used to pay for the costs of operating aircraft and ships. Prior to the FY 1993 peak, DOD had spent about $212 million per year in funding its drug surveillance missions. In 1990, prior to the increased funding levels of the Bush Administration, the DOD announced that it had achieved "full expansion" of its role in deterring the flow of drugs. However, increases continued despite the failure of the DOD drug coordinator or the Office of National Drug Control to establish quantifiable goals or effectiveness measures for the DOD's role. (*Drug Control: Heavy Investment in Military Surveillance is Not Paying Off*, GAO/NSIAD 93–220, September 1993).

GAO concluded that Congress should consider reducing DOD's detection and monitoring for drug interdiction funding for FY 1994 by at least $72 million. This funding level would return the services' counter drug costs of operating aircraft and ships to the 1990 level, when DOD first reported that it had achieved the "full expansion" of its drug control mission (*Drug Control: Heavy Investment in Military Surveillance is Not Paying Off*, GAO/NSIAD 93–220, September 1993).

Nature of Trafficking and Interdiction Efforts

By the late 1980's, most cocaine entering the United States was flown directly from the producing countries of South America into northern Mexico, where the cargo was transported across the border by truck, tunnels and light planes. However, in response to joint U.S.-Mexican drug interdiction efforts in northern Mexico, traffickers began to adjust their routes and move operation and staging areas to Southern Mexico and neighboring Central American countries.

The price growth in cocaine occurs after the drug crosses into the United States. It is estimated that processed cocaine costs about $4,000 per kilogram at a South American departure point. However, upon entering the United States, the same kilogram costs about $100,000 (*Controlling Cocaine: Supply versus Demand Programs*, Rand Corporation, 1994).

Because the greatest price growth occurs after the product has passed beyond DOD surveillance or Coast Guard interception and apprehension efforts, it is unlikely that interdiction will be a cost

effective deterrent to drug traffickers (*Sealing the Borders: The Effects of Increased Military Participation in Drug Interdiction*, The Rand Corporation, 1988).

In addition to lowering the profit margin, an effective strategy would seek to increase the personal risk to high ranking members of the drug trafficking organizations. To raise the personal risk, one would focus on capture of members of the current leading cartel's hierarchy and prevent the formation of new cartels. (For instance, the Clinton Administration's pressure on the Colombian Government to destroy the Medellin and Cali cartels). Obviously, these goals can only be accomplished through the commitment of segments of society including law enforcement agencies within drug-producing countries.

Moreover, trafficker behavior is a major component to the long term success of any interdiction effort. Trafficker behavior is not static. Once a type of interdiction effort has been identified, traffickers tend to change their routes, mode of transportation, packaging methods and other aspects of the operation to elude detection. (*Drug Control: Interdiction Efforts in Central America Have Had Little Impact on the Flow of Drugs*, GAO/NSIAD 94–233, August 1994). Therefore, interdiction efforts which seek to concentrate equipment and personnel based on current behavior are likely to reach obsolence quickly. In essence, transit zone interdiction efforts became akin to squeezing a balloon—the air does not disappear, it is only redistributed.

The Department of State's 1996 International Narcotics Control Strategy Report indicates that Mexico is a transit country for South American cocaine destined for the United States and a major country of origin for heroin and marijuana. According to the report, between 50 and 70 percent of the cocaine smuggled into the United States traveled through Mexico, entering primarily by land across the southwest border. In addition, about 23 percent of the heroin smuggled into the United States originated in Mexico. Immigration and Naturalization Service data show that Border Patrol narcotics seizures along the southwest border have risen. Between FY 1990–93, the number of Border Patrol Narcotics seizures rose from around 4,200 to approximately 6,400, an increase of about 50%. The amount of cocaine seized nearly doubled from about 14,000 pounds in 1990 to about 27,000 pounds in 1993, (Testimony before the Subcommittee on Immigration and Claims, Committee on the Judiciary, House of Representatives, March 10, 1995, *BORDER CONTROL: Revised Strategy is Showing Some Positive Results*).

The Office of National Drug Control Policy estimates that the decline in cocaine availability (from an estimated maximum of 539 metric tons in 1992 to an estimated maximum of 340 metric tons in 1993) is an indication that counter narcotic efforts of the United States and its allies are impacting supply.

Although use of heroin from Golden Triangle countries has become a concern in recent years, most interdiction efforts have been concentrated on cocaine from South America. Designated by the Office of National Drug Control Policy as the primary drug threat, cocaine traffickers and source countries have received the vast majority of attention from U.S. interdiction efforts.

Inhalants: The Other Drug Threat

Concerns about the link between drug use and drug importation fail to consider the availability and increased use of drugs that do not require importation. According to the 1993 Monitoring the Future study, inhalants rank as the third most used drug after alcohol and marijuana among 8th through 12th graders. The study found that 17% of adolescents say they have sniffed inhalants. However, this phenomena is not limited to young people. Approximately 1.8 million Americans abuse inhalants compared to about 1.6 million who use cocaine. In addition to the "high" from sniffing various compounds, part of the attraction among young people is that the substances are legal, easily available and cheap.[3] Sniffing these substances (called "huffing") can lead to long term and permanent neurological damage. Some researchers have found that sniffing may be more hazardous than other drug use. According to Neil Rosenberg, M.D., a Denver neurologist, long-term sniffing leads to irreversible brain damage, muscle incoordination and damage to the kidneys, heart and bone marrow. Other complications include hepatitis, jaundice, dementia, hearing and memory loss and blindness. Additionally, because fumes of many substances pass directly to the brain, death can result from a single usage.

It is estimated that national fatalities from sniffing commonly available legal substances are about 1000 people per year. However, no one knows the exact number of fatalities from inhalant abuse because no national registry of inhalant-related injuries or deaths exists. Moreover, local death registries are often inadequate because Medical Examiners often attribute huffing deaths to suffocation, suicide or accidents.

IV. Conclusion

Undeniably, drug use and abuse continue to be major problems in all segments of American society. The drug plague is an equal opportunity destructive force threatening the domestic security of all Americans regardless of race, gender, economic status, religion or political affiliation. We, in this Congress owe each American parent and child the assurance that our commitment and concern for their ability to grow and mature in a drug-free world will be

[3] Among the easily available substances commonly sniffed are air freshener, fabric protector (e.g. Scotch guard), nail polish remover, paint, moth balls, butane, Freon, hair spray, and airplane glue.

matched by appropriate funding levels and untempered by partisanship.

KAREN L. THURMAN.
HENRY A. WAXMAN.
TOM LANTOS.
ROBERT E. WISE, JR.
MAJOR R. OWENS.
EDOLPHUS TOWNS.
LOUISE MCINTOSH SLAUGHTER.
PAUL E. KANJORSKI.
CAROLYN B. MALONEY.
THOMAS M. BARRETT.
BARBARA-ROSE COLLINS.
ELEANOR HOLMES NORTON.
JAMES P. MORAN.
CARRIE P. MEEK.
CHAKA FATTAH.
TIM HOLDEN.

ADDITIONAL VIEWS OF HON. WILLIAM H. ZELIFF, JR.

Two additional views not contained in our original report, because they were not available at the time, warrant a short mention.

First, the appointment of General Barry R. McCaffrey as the Nation's latest Director of the Office of National Drug Control Policy (ONDCP), or "Drug Czar," is highly promising. After three years of poorly defined, poorly conceived and poorly executed national drug control policy, the President has appointed an individual of exceptional abilities and experience, one whom both Republican and Democratic Members of Congress should be proud to work with and vigorous in supporting.

Second, upon confirmation by ONDCP that another distributed ONDCP document is available for public discussion, I want to point out the existence of the October 26 and 27, 1994 ONDCP/SOUTHCOM Counterdrug Conference After Action Report. This report contains valuable findings and recommendations which have, so far, been unacted upon by the President. Among the multi-agency conference's consensus findings, distributed by then-Southern Command General Barry R. McCaffrey and then-ONDCP Director Lee P. Brown, are a number of continuing needs:

- "define the chain of command for implementing source-country strategy and establish an overall regional coordinator with adequate authority and responsibility to coordinate and execute strategy in the region;"
- "creat[e] an interagency regional mechanism for planning and executing the strategy;"
- "develop a coherent and consistent budget that is objective and threat-driven rather than program-driven [and] there needs to be an interagency willingness to terminate ineffective programs and to promote resource-effective programs;"
- "regain American public awareness of the linkage between drugs and violent crime as to generate a clear mandate to prosecute the counterdrug effort on a continuing basis."

The internal agency consensus memorialized in this late 1994 report continues to be instructive in 1996; with the thoughtful appointment of General McCaffrey, this report's ideas should again be considered seriously by the President. Among this report's forward-looking and detailed suggestions:

- "To define a chain of command for implementing the source-country strategy . . . seek leadership from the top, the President, the Secretary of State, and Assistant Secretary of State; develop a regional coordination entity with authority to implement a strategic plan; [and] develop an interagency coordination process with authorities and responsibilities."
- "To rekindle the American public's and Congress' interest in supporting the supply side of this nation's counterdrug

effort . . . ONDCP should develop a coherent and consistent message to Congress and the American people regarding the relationship of drugs to violent crime . . . ; all departments and agencies should support the ONDCP message and develop appropriate messages for use in their Public Diplomacy Programs; the United States should develop an implementation plan in Latin America tied to the reduction of drug abuse, drug trafficking and violent crime in the United States."

• "To develop a mechanism for executing the National Drug Control Strategy . . . Provide senior Administration leadership that has sufficient authority to identify and delegate responsibility to a regional planning coordinator in the field [and] support planning in the field and coordination at all levels; create a streamlined regional mechanism for planning and execution of the strategy with the necessary authority and responsibility to plan and coordinate programs; . . . review the National Drug Control Strategy to ensure that its components remain realistic from a budgetary perspective; develop an implementation plan that allows the community to 'stay the course,' . . . ; consider options for a Drug Summit this fiscal year [noting] there was a consensus that this idea had merit but could only 'make a difference' if concrete actions are identified and coordinated in advance [and] the United States must be prepared to prime the pump."

• "To raise the level of consciousness of [the American people, Congress and counterparts in foreign governments] not directly involved in strategy execution but to have an impact on that execution . . . develop a coherent and consistent message to the American people that will raise the priority of drugs on the list of public concerns [and] recouple drugs to crime; create a better relationship with Congress through a more consistent budget package [and] speak with a single voice to Congress and be prepared to present a clear set of effectiveness measurements; develop an implementation plan that realistically can persuade our allies that the drug fight is in their interest [and] this is not only a U.S. fight; [and] raise the level of drug discussions and action to the forefront . . . ."

• "To maximize the impact of counterdrug resources in a declining budget environment . . . review tools to avoid high-cost resources with small payoff . . . ; determine if resources should be spread broadly and thinly or focused on critical nodes like the center of gravity, Peru . . . ; develop a strategy that includes required resources; emphasize training [and] use Special Forces as a multiplier to train host country forces; establish a lead person in each Country Team with the authority to coordinate all resources; [and] seek support from other countries [and] for example, request the European militaries to contribute material and personnel support to the counterdrug effort."

• "To present a coordinated budget providing the necessary resources to implement the National Strategy . . . develop a budget that is threat-driven as opposed to program driven; raise the level of senior leadership involvement in the counterdrug budget process . . . ; develop an interagency process that provides for a more consistent budget review . . . ; establish a process to eliminate ineffective programs early and to reinforce effective programs;

determine the department or agency best suited to accomplish the task and allocate resources accordingly; create an understanding with Congress through a more consistent, coherent budget package that reflects fiscal reality, a single voice, and implementation of the counterdrug strategy; [and] continue the dialogue to determine new, innovative means to develop the interagency counterdrug budget process."

• "To develop approaches to Latin American drug-producing nations that will enhance their willingness to combat illicit production and trafficking . . . make trafficker organizations a serious liability for host county . . . ; illustrate the linkage between drugs and corruption or violation of sovereignty; assist host countries economically to fight the drug industry; separate the drug issue from other issues in-country; . . . negotiate an investment treaty with countries in return for stopping drugs; focus on the damage drugs can cause each country's political structure . . . ; assist in strengthening judicial institutions in Latin America . . . ."

Other observations in the report that bear mentioning include the facts that:

• ". . . there is an explicit correlation between the illicit use of drugs in the United States and the alarming rise in the violent crime rate [since] over 11.4 million Americans are using drugs today; use by children is on the rise; heroin use is growing, with over 600,000 heroin addicts on the streets of America; and cocaine use claims more than 2.1 million cocaine addicts. [In addition,] DEA presented national statistics that indicated that 75 percent of the violent crime committed in the United States is directly attributed to drug use [and] . . . as USSOUTHCOM summarized, the annual cost of drug abuse is approaching $70 billion dollars a year and over 10,000 lives."

• "The counterdrug strategy must be led from the top down, with Washington leadership pursuing policy and budget support and championing the need for the supply-side counterdrug effort. There also needs to be a command and control entity outside Washington to lead development of a strategic plan and oversee its implementation."

• "The United States lacks a regional action plan that governs the actions and resourcing of all agencies in a coordinated and coherent fashion [and] all agreed that there was no one person or agency in charge with a totally regional view . . . [and] it is critical to execution of the strategy . . . that a 'source country coordinator' be identified and given the authority to act effectively."

• Finally, "regardless of the reasons, a clear conclusion of the conference was that those charged with implementing the drug strategy have a message problem."

Based on the Subcommittee's thorough, year-long evaluation of the Clinton Administration's first three years of drug policy performance, it is clear that virtually all of these criticisms and recommendations are as valid today as they were in October 1994. After three years of costly inaction, what has recently changed is that the President may be recognizing the enormous consequences that flow from poor coordination, low emphasis and relative inaction. I continue to believe that we can and will eventually win the

drug war; we can and must significantly reduce the number of young casualties the Nation takes annually.

I also believe that the President has, belatedly, made the right choice in selecting General Barry McCaffrey to lead his national effort to get the drug war back on track. Few people know the shortcomings of current policy as well as General McCaffrey, and few are better suited to put the counternarcotics and national anti-drug effort back on track. With these additional views, we must all now look forward.

WILLIAM H. ZELIFF, JR.

ADDITIONAL VIEWS OF HON. MARK SOUDER

In addition to the findings and conclusions of our year-long investigation, contained in the foregoing comprehensive report, I would like also to offer a few statistics from Ft. Wayne, my own home district. These terrible new numbers illustrate, convincingly I believe, how important it is that we refocus the Nation on the drug war, and recognize both its direct costs and its link to rising violent juvenile crime.

In short, our Nation's future depends on meeting this national and personal security threat head on, and doing so immediately. We have suffered three years without presidential leadership, and we cannot continue to prosper as a nation without refinding our conviction on this issue.

Here is what my own district is experiencing, and why stronger support for our efforts from the DEA and others is vital: In just two of the last four years, LSD confiscations from youth in Fort Wayne jumped from approximately 90 to more than 9,000—a staggering 100-fold increase. Police reports also indicate that, between 1994 and 1995, the total weight of drugs confiscated more than doubled, from 10,072 grams in 1994 to 20,443 in 1995. These numbers indicate the epidemic that is in our midst, and the need to revitalize our demand-reduction and supply-reduction efforts, both at home and abroad. Perhaps most importantly, we need leadership again—in our communities and from the top, starting with the President. If the President himself is not engaged, we cannot expect again to make the kind of progress we were making in the late 1980's.

MARK SOUDER.

○