AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

111th Congress, 2d Session – – – – – – – – – – – – House Document 111–107

2010 NATIONAL DRUG CONTROL STRATEGY

MESSAGE

FROM

THE PRESIDENT OF THE UNITED STATES

TRANSMITTING

THE ADMINISTRATION'S 2010 NATIONAL DRUG CONTROL STRATEGY, PURSUANT TO 21 U.S.C. 1504.

MAY 12, 2010.—Message and accompanying papers referred to the Committees on Armed Services, Education and Labor, Energy and Commerce, Foreign Affairs, Homeland Security, the Judiciary, Natural Resources, Oversight and Government Reform, Small Business, Transportation and Infrastructure, Veterans' Affairs, and Ways and Means and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE
89–011 WASHINGTON : 2010

To the Congress of the United States:

I am pleased to transmit the 2010 National Drug Control Strategy, a blueprint for reducing illicit drug use and its harmful consequences in America. I am committed to restoring balance in our efforts to combat the drug problems that plague our communities. While I remain steadfast in my commitment to continue our strong enforcement efforts, especially along the southwest border, I directed the Office of National Drug Control Policy to reengage in efforts to prevent drug use and addiction and to make treatment available for those who seek recovery. This new, balanced approach will expand efforts for the three critical ways that we can address the drug problem: prevention, treatment, and law enforcement.

Drug use endangers the health and safety of every American, depletes financial and human resources, and deadens the spirit of many of our communities. Whether struggling with an addiction, worrying about a loved one's substance abuse, or being a victim of drug-related crime, millions of people in this country live with the devastating impact of illicit drug use every day. This stark reality demands a new direction in drug policy—one based on common sense, sound science, and practical experience. That is why my new Strategy includes efforts to educate young people who are the most at-risk about the dangers of substance abuse, allocates unprecedented funding for treatment efforts in federally qualified health centers, reinvigorates drug courts and other criminal justice innovations, and strengthens our enforcement efforts to rid our streets of the drug dealers who infect our communities.

I am confident that if we take these needed steps, we will make our country stronger, our people healthier, and our streets safer. If we boost community-based prevention efforts, expand treatment opportunities, strengthen law enforcement capabilities, and work collaboratively with our global partners, we will reduce drug use and its resulting damage.

While I am proud of the new direction described here, a well-crafted strategy is only as successful as its implementation. To succeed, we will need to rely on the hard work, dedication, and perseverance of every concerned American. I look forward to working with the Congress, Federal, State, and local officials, tribal leaders, and citizens across the country as we implement this Strategy and make our communities better places to live, work, and raise our families.

BARACK OBAMA.

THE WHITE HOUSE, *May 11, 2010.*

NATIONAL DRUG CONTROL STRATEGY

2010

Table of Contents

To the Congress of the United States iii

Preface from Director Kerlikowske v

National Drug Control Strategy Executive Summary 1

Introduction: Launching a New Approach to America's Drug Problem 5

Chapter 1. Strengthen Efforts to Prevent Drug Use in Our Communities. 13

Update: Drug-Related Challenges in Tribal Communities 20

Chapter 2. Seek Early Intervention Opportunities in Health Care 27

Update: Operation Medicine Cabinet New Jersey: A Statewide Day of Disposal of Unused, Unwanted, and Expired Medicine 29

Chapter 3. Integrate Treatment for Substance Use Disorders into Health Care, and Expand Support for Recovery 37

Update: Family Treatment for Addicted Mothers and Their Children. 40

Chapter 4. Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration 49

Update: Veterans Treatment Courts Continue to Offer a Solution to Veterans in Need 54

Update: Reducing Recidivism through Testing and Sanctions 56

Chapter 5. Disrupt Domestic Drug Trafficking and Production 63

Update: Oregon's Approach to Fighting Methamphetamine Labs 70

Chapter 6. Strengthen International Partnerships 77

Update: Lessons Learned From Plan Colombia 84

Update: International Interdiction 86

Chapter 7. Improve Information Systems for Analysis, Assessment, and Local Management . . . 91

Conclusion 97

Drug Strategy Implementation 97

Closing by Director Kerlikowske. 97

Appendix 1. Refining Budget and Performance in Support of the Strategy. 99

Appendix 2. FY 2011 Drug Control Program Highlights 101

Table 1: Federal Drug Control Spending by Function 109

Table 2: Federal Drug Control Spending by Agency. 111

List of Acronyms 113

Preface from Director Kerlikowske

The development of this *Strategy* was informed by scientific breakthroughs in the prevention and treatment fields, innovations in law enforcement, and the thoughtful advice of Congress, Federal agencies, State and local partners, civic and professional organizations, and hundreds of concerned citizens around the country. In following President Obama's charge to seek a broad range of input for the *Strategy*, I gained a renewed appreciation of how deeply concerned Americans are about drug use. It touches each one of us, whether we know a family member, a friend, or a colleague who suffers from addiction or is in recovery, a police officer working to protect the community, or parents striving to keep their child drug free.

Drug overdose deaths surpass gunshot deaths in our country, and in 16 states, overdose deaths are a more common cause of accidental death than car crashes. Drugged driving has now been identified at higher levels than alcohol-impaired driving. Prescription drug abuse is at record levels. As President Obama himself has said, "Never has it been more important to have a national drug control strategy guided by sound principles of public safety and public health." We cannot continue to pursue the same old strategy and expect better results. The Obama Administration's strategy is unique because it takes advantage of what we now know about how to more effectively prevent drug use, provide addiction treatment, and enforce the law against illegal drugs.

During my 37 years in law enforcement, I have seen the success that a collaborative, balanced crime strategy has had in our country, and I am convinced that a similar effort can be initiated in dealing with drug use. The balanced approach of evidence-based prevention, treatment, and enforcement presented in this *Strategy* will effectively address the serious drug problem faced by our Nation today. The responsibility to lead its coordination lies with me, but the *Strategy* is designed to promote the safety and health of our entire Nation. Its success will depend on the best efforts, ideas, and collaboration of all its many stakeholders. I have no doubt that our shared efforts to augment prevention, expand treatment, and strengthen law enforcement in a seamless fashion will reduce drug use and the tremendous damage it inflicts on our country. I appreciate the support of Congress in addressing these critical issues and ask for continued support and collaboration in implementing the Administration's *Strategy* goals. Above all, I look forward to continuing to work with the American people in making our Nation safer, healthier, and stronger.

R. Gil Kerlikowske
Director, Office of National Drug Control Policy

6

National Drug Control Strategy Executive Summary

President Obama's 2010 *National Drug Control Strategy* reflects a comprehensive approach to reducing drug use and its consequences. Endorsing a balance of prevention, treatment, and law enforcement, the *Strategy* calls for a 15-percent reduction in the rate of youth drug use over 5 years and similar reductions in chronic drug use and drug-related consequences such as drug deaths and drugged driving. Below are some brief highlights of the *Strategy*, which harnesses the collaborative strength of local, State, tribal, and Federal agencies, community-based organizations, and other nongovernmental partners.

Strengthen Efforts to Prevent Drug Use in Communities: Preventing drug use before it begins is a cost-effective, common-sense way to build safe and healthy communities. Research on adolescent brain development shows the value of focusing prevention on young people: those who reach the age of 21 without developing an addiction are very unlikely to do so afterward. Therefore, the Obama Administration's *Strategy* focuses on:

- Developing a community-oriented national prevention system focused on young people
- Collaborating with States to help communities implement evidence-based prevention initiatives
- Providing sound information about the dangers of drug use to young people, their parents, and other caring adults through the National Youth Anti-Drug Media Campaign, at the workplace, and through schools, faith communities, and civic organizations
- Supporting mentoring initiatives, especially among youth at greater risk for initiating drug use
- Expanding research on drugs used by youth, including inhalants, pain killers, "study drugs" (e.g., Ritalin), and steroids
- Fostering collaboration between public health and public safety organizations to prevent drug use
- Curtailing drugged driving by encouraging States to establish and enforce laws that impose penalties for the presence of any illicit drug while driving and by launching a national effort to educate the public about the serious public health and safety threat posed by drugged driving

Seek Early Intervention Opportunities in Health Care: Studies indicate that most healthcare spending related to substance abuse goes to the avoidable, catastrophic consequences of addiction rather than to its treatment. The healthcare system can avert enormous human and economic cost if care providers consistently screen and intervene with early-stage substance abuse before it becomes acutely life threatening. Therefore, the Obama Administration's *Strategy* focuses on:

- Increasing screening and early intervention for substance use in all healthcare settings
- Increasing healthcare providers' knowledge of screening and brief intervention techniques through medical schools and continuing education programs

- Curbing prescription drug abuse by expanding prescription drug monitoring programs, encouraging community prescription take-back initiatives, informing the public of the risks of prescription drug abuse and overdose, recommending disposal methods to remove unused medications from the home, and working with physicians to achieve consensus standards on opiate painkiller prescribing
- Expansion of reimbursement for screening and brief interventions in primary care

Integrate Treatment for Substance Use Disorders into Health Care, and Expand Support for Recovery: For millions of Americans, substance use progresses to a point where brief interventions are not sufficient to promote recovery. Addiction treatment can be a critical—even lifesaving—resource in such situations, but only if it is readily available and of high quality. Making recovery possible is, therefore, key to effective drug control, and the Obama Administration's *Strategy* focuses on:

- Expanding addiction treatment in community health centers and within the Indian Health Service
- Supporting the development of new medications to treat addiction and implementation of medication-assisted treatment protocols
- Improving the quality and evidence base of substance abuse treatment, including family-based treatment
- Fostering the expansion of community-based recovery support programs, including recovery schools, peer-led programs, mutual help groups, and recovery support centers

Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration: Drug use is often interwoven with criminal and delinquent behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. The criminal justice system plays an important role, therefore, in reducing drug use and its consequences, and the Obama Administration's *Strategy* focuses on:

- Supporting law enforcement's efforts to reduce drug availability and to educate the public about the dangers and legal consequences of drug trafficking and drug abuse
- Encouraging partnerships and collaboration between law enforcement and community organizations to increase cooperation and understanding and to reduce open-air drug markets and gang activity
- Promoting and supporting alternatives to incarceration such as drug- and problem-solving courts
- Reducing drug use by those under criminal justice supervision through drug testing with certain, swift, but modest sanctions in probation and parole systems
- Mandating treatment and court monitoring for chronic drug-using offenders who disproportionately burden the healthcare and criminal justice systems
- Supporting post-incarceration reentry efforts by assisting in job placement, facilitating access to drug-free housing, and developing adult reentry programs

- Developing and disseminating more effective models of addressing substance use disorders among youth in the juvenile justice system

Disrupt Domestic Drug Trafficking and Production: Drug-trafficking organizations move large quantities of illicit drugs into the United States and distribute these drugs throughout the Nation. These same groups, at times working through street and prison gangs, employ criminal networks that return the illicit proceeds of the drug trade—along with an array of weapons—across our borders. This trade imposes enormous negative consequences on the safety, health, and security of our citizens. The resources of the United States must be marshaled to disrupt the organizations that conduct this trade, and the Obama Administration *Strategy* focuses on:

- Maximizing Federal support for law enforcement drug task forces
- Assisting tribal authorities in combating trafficking on tribal lands
- Implementing the *Southwest Border Counternarcotics Strategy*, the Administration's border plan, which requires United States agencies to take specific actions to address the serious border drug threat
- Interdicting the southbound flow of currency and weapons
- Disrupting counterintelligence operations of drug-trafficking organizations to improve interdiction and protect the safety of United States personnel
- Countering domestic methamphetamine production and reducing retail diversion of pseudoephedrine used in clandestine labs, both large and small, to produce methamphetamine
- Eliminating high-potency indoor grow labs and marijuana cultivation on public lands
- Disrupting the criminal distribution of prescription medications for nonmedicinal purposes

Strengthen International Partnerships: The United States is one of the world's most lucrative markets for illegal drugs. It is in our interest to work collaboratively with international partners to reduce the global drug trade because such actions protect the health and safety of our citizens. The United States also shares responsibility with drug-producing and transit nations for the existence of this dangerous, destabilizing, and violent criminal enterprise. Shared responsibility for the origin of a problem implies shared responsibility to solve it. Therefore, the Obama Administration's *Strategy* focuses on:

- Conducting joint counterdrug law enforcement operations with international partners to cause major disruptions in the flow of drugs, money, and chemicals
- Intensifying counterdrug engagement internationally, particularly in the Western Hemisphere, including through training and technical assistance to help our international partners build stronger judicial, civic, and health institutions
- Promoting alternative livelihoods for coca and opium farmers to reduce drug production
- Improving our understanding of the vulnerabilities of drug-trafficking organizations by pooling the knowledge of our intelligence and law enforcement agencies

- Targeting the illicit finances of drug-trafficking organizations by engaging the international community in major anti-money-laundering initiatives
- Expanding support for international prevention and treatment initiatives in partnership with the United Nations and the Organization of American States
- Increasing medication-assisted treatment for drug addiction through the President's Emergency Plan for AIDS Relief (PEPFAR), the largest effort in history to treat a single disease

Improve Information Systems for Analysis, Assessment, and Local Management: Science should help inform policy and rigorously evaluate its effects. This can be possible only with near real-time information on drug use patterns, associated problems, and the results of previously implemented policies. To achieve better management information, the Obama Administration's *Strategy* focuses on:

- Enhancing current data systems that identify the number of drug users, drug-related offenders, drug-related emergency room admissions, and other key public health and public safety indices
- Assessing the availability, price, and purity of illicit drugs on the street so it is known when our programs have a measurable impact on drug markets
- Developing and implementing community-based data systems focused on drug use and drug-related problem indicators

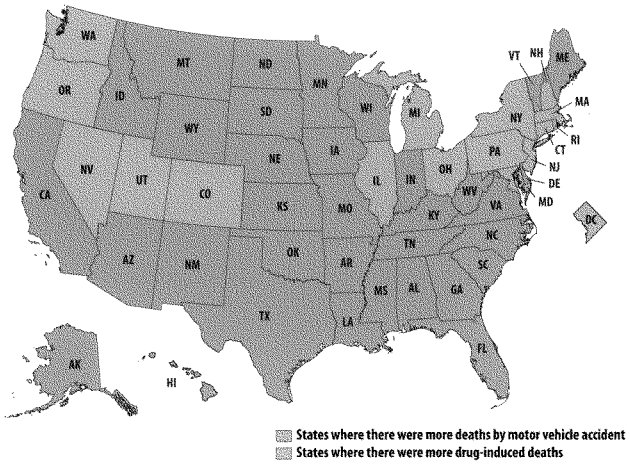
★★★

The Obama Administration's *National Drug Control Strategy* relies on a comprehensive approach, informed by experience and evidence, to reducing drug use and its consequences in the United States. The *Strategy* is a collaborative effort by dozens of departments, agencies, Members of Congress, and the American people, and its implementation is a shared responsibility guided by the Office of National Drug Control Policy and its interagency partners.

Introduction: Launching a New Approach to America's Drug Problem

Each day in this country, almost 8,000 Americans illegally consume a drug for the first time. The risks posed by their drug use, like that of the other 20 million Americans who already use drugs illegally, will radiate to their families and to the communities in which they live. The scale of the problem and the suffering it causes are immense: More than 7.6 million Americans have a diagnosable drug abuse disorder; drug overdoses approach car crashes as a leading cause of accidental death; drug abuse contributes to more than one in eight new human immunodeficiency virus (HIV) infections; and substance abuse results in significant healthcare costs every year.

Figure 1. **Number of Drug-Induced Deaths Versus Deaths from Motor Vehicle Accidents in 2006**



Data Source: Centers for Disease Control and Prevention, WONDER online databases *http://wonder.cdc.gov/cmf-icd10.html* (September 2009).

American families and communities live with drugs in a more personal and painful way than can be captured in national statistics. Americans see the relationships drugs destroy; the crimes they generate; the childhoods they interrupt; the neighborhoods, national parks, and tribal lands they blight; the violent gangs they enrich; the addictions they cause; and the dreams they shatter. These consequences of drug abuse are too prevalent and too destructive to our way of life for any individual, community, or sector of society to eliminate alone. Americans quite rightly expect leadership from, as well as partnership with, their Federal government in a concerted plan of action.

The Obama Administration's balanced strategy comprises a broad range of initiatives. These include augmenting community-based prevention programs; expanding addiction treatment; enhancing the role of local law enforcement professionals; improving community corrections efforts; securing the Nation's southwest border; strengthening judicial, civic, and health institutions in drug-producing and transit nations; disrupting drug-trafficking organizations; and suppressing production of the crops and precursor chemicals that are central to the international drug trade. All of these strategies will support the two policy goals specified by Congress in the authorizing legislation of the Office of National Drug Control Policy (ONDCP): (1) reducing illicit drug consumption, and (2) reducing the consequences of illicit drug use in the United States.

The goals listed in the box below do not capture some highly important potential impacts of drug policy (e.g., reduction in drug-motivated robberies and assaults) because current information systems are not sufficient to measure whether the goals are being achieved. The Obama Administration's *Strategy* thus includes a detailed plan to improve the quality of information systems and associated research and evaluation activities (Chapter 7). This approach will allow additional goals, with appropriate baseline data, to be added in the annual updates of the *Strategy*.

National Drug Control Strategy Goals to be Attained by 2015

Goal 1: Curtail illicit drug consumption in America

1a. Decrease the 30-day prevalence of drug use among 12–17 year olds by 15%

1b. Decrease the lifetime prevalence of 8th graders who have used drugs, alcohol, or tobacco by 15%

1c. Decrease the 30-day prevalence of drug use among young adults aged 18–25 by 10%

1d. Reduce the number of chronic drug users by 15%

Goal 2: Improve the public health and public safety of the American people by reducing the consequences of drug abuse

2a. Reduce drug-induced deaths by 15%

2b. Reduce drug-related morbidity by 15%

2c. Reduce the prevalence of drugged driving by 10%

Data Sources: SAMHSA's National Survey on Drug Use and Health (1a, 1c); Monitoring the Future (1b); What Americans Spend on Illegal Drugs (1d); and Prevention (CDC) National Vital Statistics System (2a); SAMHSA's Drug Abuse Warning Network drug-related emergency room visits, and CDC data on HIV infections attributable to drug use (2b); National Survey on Drug Use and Health and National Highway Traffic Safety Administration (NHTSA) roadside survey (2c).

National Drug Control Strategy Consultation Process

The *Strategy* was developed through an extensive, nationwide consultative process conducted by Director Kerlikowske at the direction of the President. It included meetings with Federal partners, a national "Listening Tour," several meetings with stakeholders in the drug control community, and letters soliciting official comment from more than 600 organizations.

First, the Interagency Working Group for Demand Reduction was assembled in April 2009 to bring together the 34 Federal agencies involved in drug control to develop specific policy proposals. Other Federal partners who were consulted are the National Southwest Border Counternarcotics Strategy Executive Steering Group and The Interdiction Committee. Second, Director Kerlikowske traveled the country and participated in roundtables to listen to people working on these issues daily, including those in the law enforcement, prevention, and treatment communities. Members of Congress, community leaders, and other elected officials hosted these roundtable discussions.

Finally, comments were received through meetings with and letters from relevant stakeholders. These included meetings with several Indian tribes, tribal organizations and associations representing the National American Indian Housing Council, National Congress of American Indians, Navajo Nation, National Council of Urban Indian Health, and the National Native American Law Enforcement Association. Also, feedback was requested from every Member of Congress. This *Strategy*, along with its initiatives and these goals, reflects an effort to respond to issues raised by these partners and stakeholders, including Members of Congress.

A New, Balanced Approach to Reducing Drug Use and its Consequences in America

This *Strategy* lays out a detailed plan to establish a truly balanced approach to all aspects of the drug problem. There is no single solution—neither demand nor supply-side programs alone can get the job done. We must use all the tools available to us by implementing evidence-based prevention, treatment, and enforcement policies. An array of effective programs is readily available. This document directs Federal agencies to employ these best practices. However, in order for the *Strategy* to be fully effective, we must first face some fundamental truths about our Nation's drug problem.

1. We must coordinate a balanced approach that emphasizes prevention, treatment, and law enforcement.

The importance of domestic law enforcement, border control, and international cooperation against drug production and trafficking cannot be overstated. These traditional approaches to the drug problem remain essential, but they cannot by themselves fully address a challenge that is inherently tied to the public health of the American people. Drug addiction is a disease with a biological basis, and drug use—whether or not the user is addicted—raises the risk of traumatic accidents, infectious diseases, psychiatric disorders, family violence, and a host of other health problems. Drug use also complicates the management of virtually every prevalent chronic illness (e.g., diabetes, chronic pain, hypertension, insomnia), resulting in significant suffering and health care costs.

Drug prevention must become a bigger priority for communities, with support from all levels of government. Research indicates that preventing drug use in the first place is the most cost-effective strategy in drug control policy. Factors that protect children against initiating drug use are increased by adopting a community-based response that incorporates multiple sectors in a local area—police, teachers, parents, community organizations, employers, and others—working collaboratively. It is time for the public health and the healthcare system to be encouraged and supported in assuming a more central, integrated role in reducing drug use and its consequences through prevention.

At the same time, law enforcement must increase its efforts to work with those in the public health and healthcare systems. This will require responsible action by policymakers, healthcare professionals, the private sector, and the public. A healthcare environment in which care for substance abuse is adequately covered by public and private insurance programs is necessary. People with addictions must take the responsibility to seek help and actively maintain their recovery. Primary care physicians and other healthcare providers must learn how to recognize and intervene in patients' early-stage substance use. The healthcare system must support these efforts through adequate reimbursement of services, demands for clinician accountability, and creation of health information technology to monitor prescription drug abuse.

In cases of severe addiction, specialty treatment will often be necessary. We must integrate addiction treatment into mainstream medicine, as is specialty care for all other chronic disorders (e.g., diabetes, heart disease). We must also ensure that public and private health insurance programs cover the cost of evidence-based treatment for addictions on par with other illnesses. Treatment must become a reliable pathway not just to cessation of drug use, but to sustained recovery, meaning a full, healthy, and responsible life for persons who once struggled with addiction.

2. We must recognize that the causes of the drug problem are primarily within the United States.

The number-one cause of the drug problem in the United States is our enormous demand for drugs. We must continue multinational, collaborative efforts to reduce the international production and trafficking of drugs, but we must simultaneously address our Nation's appetite for drugs.

We have many proven methods for reducing the demand for drugs. Keeping drugs illegal reduces their availability and lessens willingness to use them. That is why this Administration firmly opposes the legalization of marijuana or any other illicit drug. Legalizing drugs would increase accessibility and encourage promotion and acceptance of use. Diagnostic, laboratory, clinical, and epidemiological studies clearly indicate that marijuana use is associated with dependence, respiratory and mental illness, poor motor performance, and cognitive impairment, among other negative effects, and legalization would only exacerbate these problems.

The demand for drugs can be further decreased by comprehensive, evidence-based prevention programs focused on the adolescent years, which science confirms is the peak period for substance use initiation and escalation into addiction. We have a shared responsibility to educate our young people about the risks of drug use, and we must do so not only at home, but also in schools, sports leagues, faith communities, places of work, and other settings and activities that attract youth. The National Youth Anti-Drug Media Campaign will reinforce these messages by connecting with youth through

advertising, popular television shows, Internet sites, magazines, and films. Drug-free community coalitions and other grassroots anti-drug organizations will provide an environment conducive to remaining drug free. Expansion of early identification and intervention services for drug users and of treatment for addicted individuals will also be major components of our effort to reduce the demand for drugs in this country. Finally, the role of high-quality schools and the nexus between academic failure and drug and/or alcohol use among youth should not be neglected. In line with the Administration's emphasis on high-quality classroom education, this *Strategy* is meant to complement other government-wide efforts to increase the quality of life for America's young people. Certainly, high-quality schools can both reduce student drug and alcohol use and have a positive effect on academic achievement and school environments and climates.

However, it is not just the demand for drugs that occurs in America; the production of drugs is also increasingly becoming a domestic problem. The five most common substances with which American youth initiate use are largely produced in the United States: alcohol, tobacco, marijuana, prescription drugs, and inhalants. Approximately 20 percent of the methamphetamine that has ravaged many communities in the United States is produced in domestic laboratories, large and small. Initiatives to reduce the availability of drugs cannot be focused solely on other nations and in transit zones. Rather, they must adopt a more domestic focus, including community-oriented policing and innovative enforcement methods that eliminate street drug-dealing networks. These smart law enforcement initiatives keep communities safe while directing police resources where they have the greatest impact.

Improving domestic drug policy must also involve ensuring that we use incarceration judiciously. Incarceration is appropriate for drug traffickers and drug dealers. For some lower-level offenders, however, intense supervision in the community can help prevent criminal careers while preserving scarce prison space for those offenders who should be behind bars.

3. We must use scientifically evaluated tools and best practices in a collaborative fashion.

Research and identification of field-tested best practices are essential components of the Obama Administration's efforts to tackle the drug problem. Fortunately, the number of evidence-based anti-drug initiatives has grown substantially in recent years. This is true across the many areas in which drugs inflict damage.

Years of rigorous prevention research have shown how communities can protect young people from substance use and simultaneously enhance their overall health and well-being. Advances in the science of pharmaceutical and psychological treatment have produced impressive outcomes for addicted people and their families. In the criminal justice area, well-implemented programs have demonstrated the ability to shut down open-air drug markets, disrupt violent gang activity, and reduce recidivism by drug-involved offenders.

Many of these best practices have something important in common: they systemically incorporate collaboration among a broad array of stakeholders. Programs such as community anti-drug coalitions and prescription drug task forces find that broader participation garners better results. Drug courts and reentry programs that combine addiction treatment with intensive monitoring and swift and certain sanctions for violations produce real results. Recognizing the value of such collaboration, the

Administration has already instituted an unprecedented network of interagency working groups that has galvanized new thinking, new activities, and new collaborations across Federal drug control agencies.

★★★

This vision for United States drug policy is responsible, realistic, and informed by experience. We will implement a balanced public health and public safety strategy that recognizes that the demand for drugs and, increasingly, their production are within our own borders. We will foster collaboration and coordination at every level of government to create a drug policy that keeps our communities safe, supports the healthy development of our Nation's youth, and offers treatment and the hope of recovery to every addicted American.

Throughout the *Strategy*, lead agencies are listed first after each action item, with participating agencies listed subsequently. In a few instances, two agencies are in bold type, indicating co-leadership of that action item. Each agency responsible for an action item will receive separate guidance on implementation from ONDCP, and a report on the progress of implementation for each item is due by November 1, 2010, to feed into the 2011 *Strategy*.[1]

1 All acronyms referenced in this document are spelled out in the List of Acronyms on page 113.

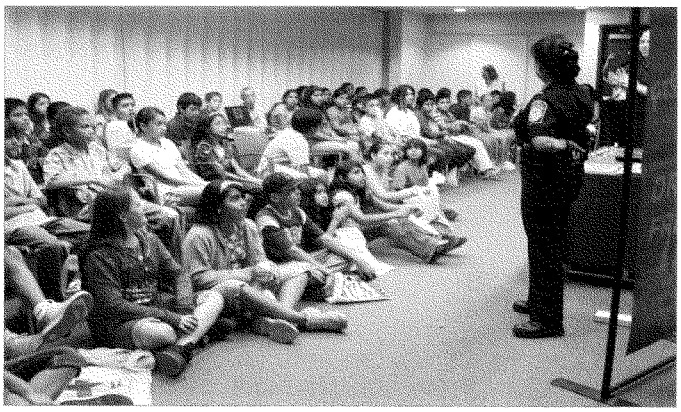
Preface to Chapter 1: Prevention and Law Enforcement Collaboration in San Diego

The California Border Alliance Group (CBAG), part of the network of 28 ONDCP-funded High Intensity Drug Trafficking Areas (HIDTA), has sought to put together a balanced approach to the array of drug challenges faced by the San Diego region. The HIDTA program enhances and coordinates drug control efforts among local, State, and Federal law enforcement agencies. The program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States. Specifically, HIDTA funds help Federal, State, and local law enforcement organizations invest in infrastructure and joint initiatives to dismantle and disrupt drug-trafficking organizations. Funds are also used for drug demand reduction initiatives. At present, there are 28 areas designated as HIDTAs. HIDTA-designated counties are present in 45 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. Traditional law enforcement initiatives, such as disrupting major drug-smuggling organizations that operate in this key border region, have long been the focus of their work. However, several years ago, many of the Federal, State, and local law enforcement organizations that serve on the HIDTA Executive Board in San Diego noted with concern rising youth drug use and advocated that more support for prevention was essential to the community. Since 1998, a modest amount of HIDTA funds have been provided both to support vital prevention initiatives and to promote better information sharing and collaboration between law enforcement and the prevention stakeholders in the region.

Prevention initiatives supported by CBAG are organized under three goals: (1) to intervene with at-risk youth to prevent violence before individuals enter the criminal justice system as offenders; (2) to participate in the building of community coalitions and partnerships that bring together law enforcement, educational, social service, and community-based organizations to provide parents with the information and skills needed to discourage substance abuse; and (3) to provide resources to law enforcement and non-law enforcement agencies to educate youth about the dangers of substance abuse, the acute risks of methamphetamine production and consumption, and the risk factors associated with youth violence and criminal street gang activity.

An array of specific prevention and treatment programs have been supported by CBAG and led by Californians for Drug Free Youth (CADFY). These initiatives include funding personnel overtime costs related to the San Diego Drug Court, promoting parents' education on keeping their children safe from drugs and violence, a bilateral prevention initiative with Mexican community organizations in Baja California, and most recently, "Forces United," an innovative program that combines the efforts of community coalitions, law enforcement, the National Guard, and the faith-based community to achieve community norm change in all four HIDTA regions (CBAG, Los Angeles, Central Valley, and Northern

California) throughout the state. The photo below shows students in El Centro, CA, participating in a role-playing curriculum about drug use with Federal law enforcement officers. This and other prevention initiatives are supplementing San Diego's demand reduction efforts, ensuring a more balanced approach to all aspects of the drug threat, and bringing all community stakeholders together to address shared challenges.

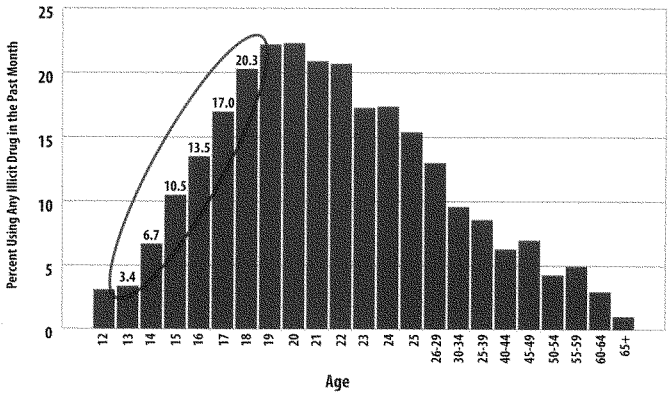


Chapter 1. Strengthen Efforts to Prevent Drug Use in Our Communities

Policy Statement

Preventing drug use before it begins is a cost-effective, common-sense approach to promoting safe and healthy communities. Yet translating this uncontroversial principle into effective action has often been challenging. Although efforts such as the Drug Free Communities (DFC) program, Strategic Prevention Framework-State Incentive Grants, and, the National Youth Anti-Drug Media Campaign have made a positive difference, it has also been the case that many other poorly resourced, one-time prevention programs have been too limited in scope or too short in duration to have made a substantial impact. The Obama Administration is committed to addressing these problems by strengthening proven community-based prevention efforts and building on the success of some our current efforts.

Figure 2. **Drug Use Rates Escalate More Than Five-Fold During Adolescence**



Source: SAMHSA, *2008 National Survey on Drug Use and Health* (September 2009).

The science of prevention has developed in significant ways over the past ten years and provides five critical lessons: First, there are robust, research-derived interventions that offer the promise of protecting America's adolescents from the short- and long-term damage of substance abuse. Second, research on adolescent brain development shows there is an at-risk period for the development of substance use disorders; people who do not develop a substance use problem by the age of 21 are unlikely ever to do so. Third, many risk factors for substance use in youth also predict a range of other problems, including

bullying, social rejection, school failure, depression, and teenage pregnancy. Fourth, prevention programs that reach young people in a range of settings (e.g., school, family, worksites, faith communities) have a stronger impact than those limited to only one setting. Fifth, alcohol, tobacco, and other drug use by youth are strongly influenced by such use by adults. Taken together, these five findings indicate that an effective prevention system should use evidence-based practices, target youth, focus on common risk factors for a range of problems, and cover a range of domains in young people's lives.

Communities have long wanted to adopt this approach but too frequently have been thwarted by a complex Federal bureaucracy that funds prevention from more than a dozen funding streams with different application and reporting requirements, lacks coordination across agencies, focuses on individual settings (e.g., the school) rather than entire communities, and seeks to prevent specific youth problems (e.g., bullying, depression, or school failure) rather than shared risk factors that contribute to a range of problems. An excellent way to transform how communities "do prevention" is to transform how the Federal Government funds it and how States support it. The Obama Administration is committed to this transformation. Federal agencies and States can work together to streamline processes and focus resources in communities so they can produce positive outcomes.

The first step in building a national prevention system based on current, effective programs and activities, like the DFC program, is to prepare communities to efficiently and effectively assess the unique nature of their local drug problems and to deliver evidence-based prevention targeted specifically toward those problems. Although most communities recognize that drugs exist in their neighborhoods, most could benefit from accurate information to plan, develop, and manage evidence-based prevention and intervention systems.

Principles

1. A National Prevention System Must Be Grounded at the Community Level

The community is where substance abuse occurs and where prevention must happen. Community members are the people who experience drug problems up close, who suffer the damage, and who have both the responsibility and the commitment to respond. Communities look to the Federal government to support prevention initiatives. In so doing, they often face a complex, uncoordinated bureaucracy that imposes requirements that do not always make sense at the community level. Instead of a system in which communities must adapt to the ways and conveniences of Federal and State agencies, it is vital for these agencies and departments to adapt and remain sensitive to the needs of local communities. This new system must help communities become prepared for prevention and support states in their efforts to expand upon the number of such communities.

Actions

A. Develop Prevention-Prepared Communities [HHS/SAMHSA, ED, DOJ, NIDA, CDC]
Federal agencies have historically given individual prevention grants focused on single outcomes (e.g., drug use, underage drinking, bullying) to narrow segments of communities (e.g., a parks and recreation department, a school district, a police department) with no coordination among the segments. A

more effective approach would be for different agencies to work together to target common risk factors that cause a range of problems in youth. In such an approach, building on current programs such as Drug Free Communities, Strategic Prevention Framework-State Incentive Grants, Project LAUNCH, Byrne Criminal Justice Innovation Program Grants (formerly Weed and Seed) and Safe Schools/Healthy Students, the new Prevention-Prepared Communities program (PPC) will focus on youth to conduct epidemiological needs assessments; create a comprehensive strategic plan; implement evidence-based, developmentally appropriate prevention services through multiple venues; and address common risk factors for mental, emotional, and behavioral problems, including substance abuse and mental illness. Agencies would coordinate their grants and technical assistance such that communities and the youth in them are continuously surrounded by protective factors rather than protected only in a single setting or at a single age. An interagency working group, coordinated by the Substance Abuse and Mental Health Services Administration (SAMHSA), will collaborate on the design, implementation, and evaluation of this effort.

B. Collaborate with States to Support Communities [HHS/SAMHSA, ED, DOJ, CDC]

A second requirement for reaching our goals is for States to play a more active role in helping communities prepare to implement prevention initiatives. State government is the appropriate venue to provide communities the types of prevention-relevant information that will guide those individual communities in the development of their prevention plans (e.g., various school and community surveys, information on drug-related arrests, hospital admissions). SAMHSA will, therefore, in conjunction with the PPC grant program, fund community prevention specialists within States to increase collaboration among State agencies in the development and implementation of community plans. In addition to providing these resources to States, the Federal government will increase efforts to ensure States support community prevention initiatives from the Substance Abuse Prevention and Treatment block grant funds. Twenty percent of these funds are set aside for prevention, but not all States expend the funds in support of community initiatives. SAMHSA will work closely with the States to encourage them to prioritize community prevention initiatives.

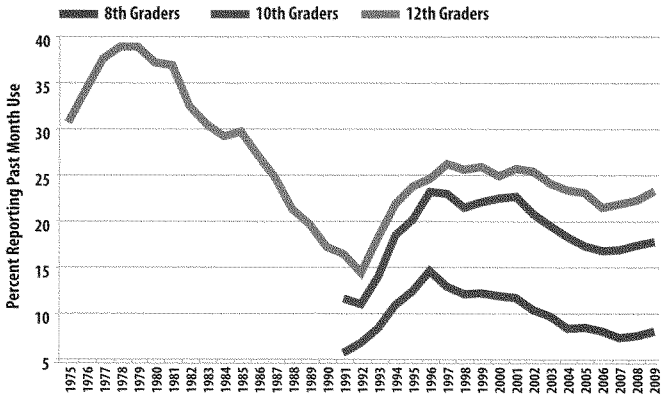
C. Spread Prevention to the Workplace [HHS/SAMHSA, SBA, DOT, DOL]

Parents are a critical part of prevention efforts. Most parents of young children spend a significant part of their day at work. Therefore, the workplace is an excellent site to educate parents about youth substance use and ways to intervene with emerging problems. Furthermore, it is not just parents who can benefit from workplace-centered programs. In the late adolescent years, many young people are employed, and their concentration in particular industries (e.g., food service) creates opportunities for efficient targeting of worksite prevention programs. Federal job-training programs that currently provide substance abuse treatment and referrals will work to ensure continuity of services from training into employment where needed. Relevant Federal agencies will use workforce-focused strategies for delivering prevention messages to employees and their families, including more widespread adoption of effective drug-free workplace programs (which include employee education, supervisor training, testing programs, and treatment referral) by developing and promoting a "best practice" model as a foundation for all employers to implement.

2. Prevention Efforts Must Encompass the Range of Settings in Which Young People Grow Up

Prevention research teaches that effective community-based prevention requires coverage of a broad range of domains in which young people grow up, including families, schools, clubs, worksites, faith communities, and recreational programs. An individual prevention program in a single setting can be valuable, but young people invariably spend time in many settings across a community and require protection in all of them. Specific interventions—such as non-punitive, random student drug testing to identify and treat early drug use, or family-strengthening programs that aim to address communication and discipline issues among families—can only be decided at the local level. The Administration is committed to all prevention efforts being comprehensive in scope, wrapping young people in support and structure across all domains of community life.

Figure 3. **Trends in Current Use of Any Illicit Drug (Past 30 Days)**



Source: *2009 Monitoring the Future* study (December 2009).

Actions

A. Strengthen the Drug Free Communities Program [ONDCP, HHS/SAMHSA]

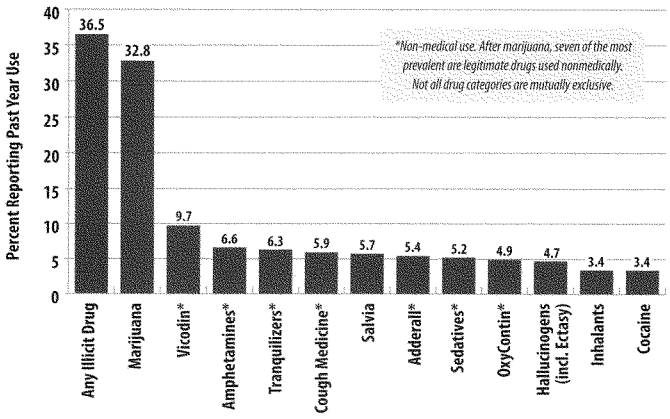
The Drug Free Communities Support program is a signature effort to bring a broad range of community stakeholders together to prevent youth drug, alcohol, and tobacco use. In partnership with SAMHSA, ONDCP has administered the Drug Free Communities (DFC) program since 1997. The DFC program is a matching grant effort designed to help community coalitions identify and respond to local youth substance use problems. With 746 grants in 726 communities, the DFC program has been implemented in all 50 States, the District of Columbia, Puerto Rico, Palau, American Samoa, the U.S. Virgin Islands, and in tribal communities. Community-based coalitions bring together more than a dozen sectors (e.g., law enforcement, schools, faith leaders) to change local environmental risk factors. Communities are best

equipped to identify local drug problems, mobilize local resources, and implement community-based action plans. The Administration will work to provide best practices information to community coalitions and to integrate their work into new Federal prevention efforts. Additionally, the Administration will encourage further outreach of DFCs into special populations, including tribal communities.

B. Revamp and Reenergize the National Youth Anti-Drug Media Campaign [ONDCP]

Influencing youth attitudes toward drugs is an important part of preventing drug use. Because the current media environment of youth includes pro-drug content that normalizes drug use, it is critical that anti-drug messages be delivered in the media to neutralize these influences. Any effort to achieve this goal must recognize that youth now engage with media in radically different ways than before. In consultation with national experts in media, marketing, and technology, the Obama Administration is dramatically changing the ONDCP National Youth Anti-Drug Campaign to respond to changes in the media. This effort builds on the strength of the Campaign's "Above the Influence" brand, which encourages teens to reject drugs and other negative influences in their lives and has successfully achieved more than 80-percent awareness among youth, on par with mega-brands such as Burger King®, Coca-Cola®, and Nike. On average, the "Above the Influence" website receives 800,000 visits a month. The revamped Campaign will increase its emphasis on teen-centric television, print, and digital media and place more relevant content on teen destination websites. It will also be tailored to high-risk youth populations who suffer disproportionally from drug problems.

Figure 4. **Drug Use Among 12th Graders, 2009**

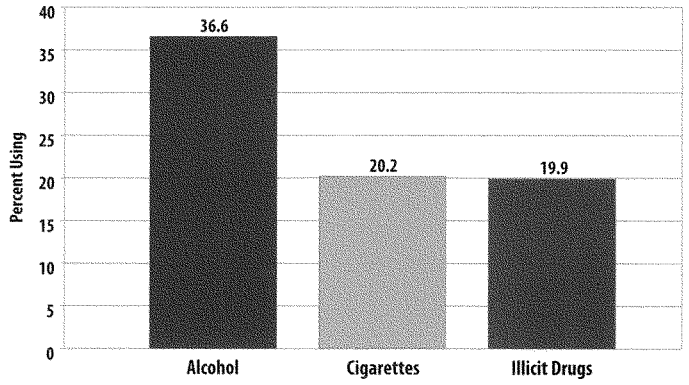


Source: 2009 *Monitoring the Future* study (December 2009).

C. Support Mentoring Initiatives, Especially Among At-Risk Youth [OFBNP, HHS, DOJ]

Mentoring can play a critical role in a child's development. Data indicate that mentoring programs can help young people, including those with incarcerated parents or those who are children of alcoholics and/or drug users, by reducing their drug and alcohol use, improving their relationships and academic performance, and reducing the likelihood they will initiate violence. Multiple grant programs administered by the Departments of Health and Human Services and Justice provide services (both directly and in collaboration with local agencies) to strengthen and support children, especially those at higher risk of initiating substance abuse. For example, the Faith-Based and Neighborhood Partnerships Initiative provides more than $45 million in funding to support the children of incarcerated parents through mentoring recruitment and support services. Additionally, DOJ's Office of Juvenile Justice and Delinquency Prevention, which administers juvenile mentoring grants, will conduct a new mentoring training initiative in the current year.

Figure 5. **Lifetime Use Among 8th Graders, 2009**



Sources: 2009 *Monitoring the Future* study (December 2009).

D. Mobilize Parents To Educate Youth to Reject Drug Use [HHS/SAMHSA, ONDCP, White House Office of Faith-Based and Neighborhood Partnerships]

Parents can play a key role in preventing drug and alcohol use and abuse because they are the first and most important continuing influence on the intentions and behaviors of children and adolescents. Initiation of substance use increases during the adolescent years but is often preceded by biological, psychological, social, and environmental precursors that begin earlier in life. Communities must harness their power and equip parents with information to help keep their families safe and healthy. To support this effort, the White House Office of Faith-Based and Neighborhood Partnerships is fostering greater engagement of fathers in the lives of their children. It has launched a national fatherhood tour to hear directly from local communities about how we can come together to encourage personal responsibility and strengthen our Nation's families. This program works synergistically with initiatives to help fathers

and mothers protect their children from drugs. The National Youth Anti-Drug Media Campaign continues to provide information and resources to parents, and SAMHSA continues to provide support for parents using evidence-based interventions.

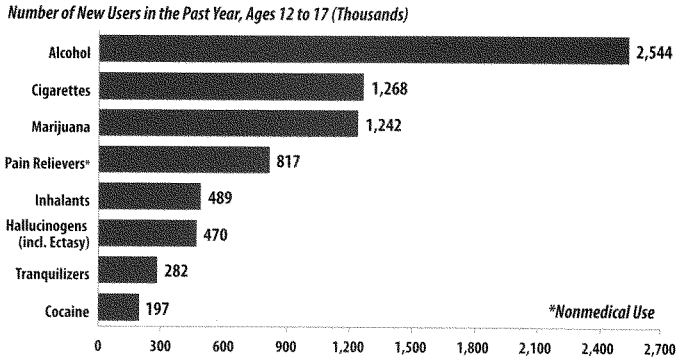
3. Develop and Disseminate Information on Youth Drug, Alcohol, and Tobacco Use

Prevention science has made extraordinary advances in recent decades. Knowledge about effective prevention has also been expanded by front-line professionals who have continually evaluated and improved their own practices. Yet the treasure trove of new information on the causes, consequences, and solutions to youth substance use has not been as widely shared as it should be. The Administration will make a major effort to ensure that communities, youth, parents, and professionals have the latest and most accurate information available to guide their prevention efforts.

Actions

A. Support Substance Abuse Prevention on College Campuses [HHS, ED, ONDCP]
Since the largest drug-using population is among 18- to 25-year-olds, it is vital that prevention efforts do not stop after secondary school education. The Departments of Health and Human Services and Education have long been active in the area of drug prevention among the college population (especially high-risk drinking) through entities like the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, the Centers for Disease Control and Prevention's College Health and Safety initiative, and other grant programs. These and other efforts will continue, and will augment work by private foundations and nongovernmental organizations that have long shown leadership in promoting health and safety on college campuses by disseminating information on model campus-based programs.

Figure 6. **New Users of Specific Substances Among Youth**



Source: SAMHSA, 2008 *National Survey on Drug Use and Health* (September 2009).

B. Expand Research on Understudied Substances [HHS/NIDA]

Science is a critical ally in efforts to prevent youth substance use, yet scientific work is not always precisely aligned with the threats communities face. One example is the use of inhalants, one of the most common substances of initiation in most communities, but whose impact has not yet been extensively researched. Cognitive (i.e., "study drugs") and physical performance-enhancing drugs (e.g., steroids), constitute another class of substances abused by youth that requires additional research. Youth abuse of opioid painkillers and other pharmaceuticals should also be more extensively researched. The National Institute on Drug Abuse (NIDA) will actively support research into these youth drug use problems and disseminate the results widely.

C. Prepare a Report on Health Risks of Youth Substance Use [HHS, ED, ONDCP]

There is a tremendous volume of evidence, from an array of sources, on the negative consequences of substance abuse by young people. The Office of the Surgeon General has previously produced useful reports on the health risks of tobacco and alcohol. The Surgeon General is uniquely qualified to provide credible information to parents, teachers, coaches, adolescents, and the general public. The Surgeon General will produce a new report that includes the latest information on the risks of abusing prescription drugs as well as marijuana, other drugs, and alcohol that will be vital to enhancing our efforts to prevent drug use.

Update: Drug-Related Challenges in Tribal Communities

Illegal drug consumption and other substance abuse problems are especially severe among the Native American population. According to SAMHSA's 2008 National Survey on Drug Use and Health (NSDUH), American Indians and Alaska Natives have higher past-year prevalence rates of drug use than any other demographic group within the United States. In 2008, to help address the problem, the ONDCP National Youth Anti-Drug Media Campaign launched the first-ever anti-methamphetamine campaign delivering a unifying and empowering message directed to Native populations.

In addition to the problem of drug consumption, tribal communities face other challenges. The first is drug smuggling across international borders. According to the National Drug Intelligence Center (NDIC), Mexican drug-trafficking organizations routinely exploit the vast stretches of remote, sparsely populated desert of the Tohono O'odham Reservation in Arizona to smuggle metric-ton quantities of marijuana and lesser quantities of cocaine, heroin, and methamphetamine from Mexico to drug markets throughout the United States. On the northern border, Canada-based drug-trafficking organizations and Native American traffickers exploit the St. Regis Mohawk Reservation in New York to smuggle metric-ton quantities of high-potency marijuana and multi-thousand-tablet quantities of 3,4-Methylenedioxymethamphetamine (ecstasy) into the United States. The movement of illicit drugs across Indian country puts the Native American population at increased risk due to the violence and corruption inherent in the illicit drug trade.

Another challenge is the exploitation of tribal lands for illegal drug production or cultivation. According to NDIC, marijuana is cultivated by traffickers—mainly Mexican drug-trafficking organizations—at remote outdoor grow sites on a number of reservations, particularly those in the Pacific region. These highly lucrative "grow operations" are often protected by dangerous armed groups. Additionally, tribal lands are often used for methamphetamine production. The environmental impact of these operations produces serious

degradation of natural resources. Also, tribal communities are faced with an increase in gangs engaged in the drug trade. Not only are international and domestic gangs distributing drugs on some reservations, but tribal communities are increasingly at risk from their own neighborhood gangs. Taken together, these factors make tribal lands a threatened territory highly susceptible to exploitation and increasingly damaged by the drug-trafficking business.

Several Federal agencies have taken some initial steps to respond to these threats. ONDCP continues to work to increase DFC collaboration, along with SAMHSA's Native American Center for Excellence (NACE), in the Native American population. Additionally, ONDCP has worked in collaboration with the Department of Health and Human Services to bring treatment resources to American Indians and Alaska Natives. From fiscal year (FY) 2006 to FY 2009, HHS made awards totaling $4.0 million to develop tribal models for addressing drug abuse through the Indian Country Methamphetamine Initiative. This effort employs a community-oriented approach that builds partnerships, improves cross-coordination between public health and public safety, and increases awareness through ONDCP's National Youth Anti-Drug Media Campaign and local efforts. ONDCP is partnering with NDIC to produce regional assessments of the gang threat to tribal communities in 2010.

4. Criminal Justice Agencies and Prevention Organizations Must Collaborate

Many communities have already taken action to promote effective collaboration among police, prosecutors, judges, probation officers, corrections officials, and their counterparts in the prevention field. These highly productive collaborations are often initiated by community leaders such as police chiefs, judges, mayors, and drug prevention administrators. Too often, however, different agencies with different missions and limited resources operate in separate worlds. The Administration is committed to using all of its tools, including resources provided to States and local agencies through grant programs, to foster interdisciplinary collaboration and break down silos that hamper our criminal justice and prevention systems from working together effectively.

Actions

A. Provide Information on Effective Prevention Strategies to Law Enforcement [ONDCP, HHS, DOJ/DEA, COPS]

During the *Strategy* consultation process, many law enforcement professionals indicated that information on the effectiveness of various prevention strategies and programs is not easily available. Many police agencies with substantial experience in implementing problem-oriented policing strategies are well prepared to promote and participate in effective prevention programs if both the right initiative and sufficient funding can be identified. The Administration will respond by creating documents for criminal justice and other agencies highlighting which prevention strategies can be effectively implemented and how to acquire additional information to launch such strategies.

B. Enable Law Enforcement Officers to Participate in Community Prevention Programs in Schools, Community Coalitions, Civic Organizations, and Faith-Based Organizations [DOJ, ONDCP/HIDTA, DHS]

Federal, State, local, and tribal law enforcement officers have valuable knowledge, experience, and energy to contribute to community prevention efforts. Law enforcement officers, especially when seen outside of law enforcement settings, are uniquely able to garner the attention of youth. This investment of their time working on prevention has tremendous potential to reduce drug use and crime. Federal agencies will explicitly encourage their own personnel and federally supported task force officers to participate in drug prevention campaigns in conjunction with local organizations and coalitions. To increase the involvement of HIDTA law enforcement personnel in drug prevention, ONDCP allocated $800,000 of FY 2009 discretionary funding among 18 HIDTAs for prevention initiatives, resulting in the creation of 15 new initiatives and the expansion of 3 existing ones. Those HIDTA-funded prevention initiatives are tailored to the specific needs of each community served and expand evidence-based prevention programs for at-risk youth. In addition, as part of DEA's Demand Reduction Program, special agents in every DEA Field Division work with their communities to provide in-house expertise on the illegal use of substances ranging from prescription drugs to heroin. DEA is uniquely suited to providing direct information and support to community coalitions.

C. Strengthen Prevention Efforts along Southwest Border [ONDCP, HHS, DOJ, DHS]

Just as increased national and bi-national collaboration can improve interdiction, intelligence, and enforcement efforts along the United States-Mexico border, an increased and more coordinated emphasis on substance abuse prevention will benefit both countries in border regions. Despite many excellent alliances and programs, prevention efforts along the border region remain fragmented. Therefore, ONDCP will establish and lead a Federal working group to promote communication and collaboration with State, local and tribal agencies, bi-national organizations and agencies, and Mexican counterparts to maximize available resources in addressing the common factors that influence the region's violence and substance abuse. Prevention is essential for long-term solutions to the region's substance abuse and related problems, including the recruitment of youth into gangs. Many conditions and issues that impact broken communities – sometimes affecting the ability and even the will of communities to mobilize to address them – exist on both sides of the border. The ONDCP-led workgroup will identify, recruit, and engage key stakeholders on both sides of the border to work together to address the problems. This effort will build on annual United States-Mexico Bi-national Demand Reduction Policy meetings, bringing together high-level officials committed to improving demand reduction efforts and establishing teams from both countries to work together on building capacity to address specific issues, such as strengthening communities, coalition building, conducting clinical research trials in prevention and treatment to reach vulnerable populations, gang prevention and intervention approaches, criminal justice innovations, and recovery support efforts.

5. Preventing Drugged Driving Must Become a National Priority on Par with Preventing Drunk Driving

Americans know the terrible consequences of drunk driving and are becoming more aware of the dangers of distracted driving. Drugged driving poses similar threats to public safety because drugs have adverse effects on judgment, reaction time, motor skills, and memory. According to the latest National Roadside Survey conducted by the National Highway Traffic Safety Administration (NHTSA), more than 16 percent of weekend nighttime drivers tested positive for drugs. This troubling news demands a response on a level equivalent to the highly successful effort to prevent drunk driving. The Department of Transportation (DOT) has already taken some important steps, including publicizing the survey and adding drugged driving to its public discussions of drunk and impaired driving. However, considering the severe public safety risk posed by drugged driving, much more needs to be done to enhance safety on America's roads and highways.

Actions

A. Encourage States To Adopt *Per Se* Drug Impairment Laws [ONDCP]

State laws regarding impaired driving are varied, but most State codes do not contain a separate offense for driving under the influence of drugs (DUID). Therefore, few drivers are identified, prosecuted, or convicted for DUID. Law enforcement personnel usually cite individuals with the easier to prove driving while intoxicated (DWI) alcohol charges. Unclear laws provide vague signals both to drivers and to law enforcement, thereby minimizing the possible preventive benefit of DUID statutes. Fifteen states have passed laws clarifying that the presence of any illegal drug in a driver's body is *per se* evidence of impaired driving. ONDCP will work to expand the use of this standard to other states and explore other ways to increase the enforcement of existing DUID laws.

B. Collect Further Data on Drugged Driving [ONDCP, DOT/NHTSA, HHS/NIDA, NIAAA]

Much greater efforts are required by Federal and local agencies to focus on the serious drugged driving threat, but these efforts must be built on a strong foundation of accurate data. Data sources to track drugged driving among the overall population include SAMHSA's National Survey on Drug Use and Health and NHTSA's National Roadside Survey of Alcohol and Drug Use by Drivers. In addition, NHTSA's Drug Evaluation and Classification program captures information on drug evaluations conducted on drivers arrested on suspicion of impaired driving. Further, the Fatality Analysis Reporting System, known as FARS, provides testing results for drivers in fatal car crashes. FARS data on drug use for 80 percent or more of all fatally injured drivers is available for 15 states. The National Roadside Survey of Alcohol and Drug Use by Drivers is the only survey of non-crash-involved drivers using a specific biomarker (generally a blood or saliva test) that confirms the presence of drugs in those who volunteer to participate in the survey. NHTSA has conducted the National Roadside Survey on a 10-year cycle, most recently in 2007. The Survey estimates the use of alcohol and other potentially impairing drugs by drivers. Federal drug control agencies will reduce the length of time between National Roadside Surveys as one measure of progress on drugged driving.

C. Enhance Prevention of Drugged Driving by Educating Communities and Professionals [ONDCP, DOT, HHS/SAMHSA, DOJ, ED]

There has been insufficient effort to educate all relevant stakeholders, including government agencies, parents, schools, faith communities, community coalitions, and medical professionals, about the serious threat posed by drugged driving. ONDCP will provide educational materials on drugged driving in as many venues as possible, as this information can be of value to a broad range of individuals. Doctors can help by learning to recognize patients with substance use problems. Parents can help by talking to their children about alcohol and drugs and the dangers of driving after drinking alcohol or using drugs. Communities can reinforce the message that there are serious consequences associated with abusing alcohol or drugs. Individuals who use drugs can seek help and make the choice to live a drug-free life. ONDCP will work with stakeholders to launch a national initiative to greatly expand our efforts to reduce drugged driving.

D. Provide Increased Training to Law Enforcement on Identifying Drugged Drivers [DOT, HHS/NIDA]

As with drunk driving, visible enhanced enforcement has a powerful preventive effect. The Drug Evaluation and Classification Program is a standardized, systematic method for law enforcement officers to determine whether observed driver impairment is due to drug use and, if so, to identify the category or categories of drugs involved. More than 6,000 law enforcement officers have received extensive training and have been certified as Drug Recognition Experts (DREs). In the training, participants learn basic drug terminology and pharmacology and how to identify the seven categories of drugs and the indicators of impairment. Training is complete when the participant demonstrates proficiency as a DRE and fully meets the national standards established by the International Association of Chiefs of Police (IACP). Recently, this training program has added more options to enable officers to gain a basic level of training in a short period. Expanding expertise among law enforcement officers in identifying impairment from drug use is a vital public safety priority, and DOT is directed to consult with law enforcement partners on how to supplement current efforts, as well as to seek advice from NIDA on how research findings can be taken into account in the design of the program as they emerge.

E. Develop Standard Screening Methodologies for Drug-Testing Labs to Use in Detecting the Presence of Drugs [HHS/NIDA, SAMHSA, DOT/NHTSA, ONDCP]

There are several important scientific issues that must be resolved to establish effective policies and laws on drugged driving. Better methods and technology to detect drug use by drivers would have a preventive effect and greatly facilitate the enforcement, prosecution, and adjudication under existing drugged driving laws. First, research must be conducted to develop standards for laboratory screening methodologies for detecting drugged driving. Secondly, research must be conducted to better specify the adverse effects of drug consumption on driving. This information will facilitate the development of model State drug laws to address drugged driving. NIDA will work with its Federal partners to begin this important research.

Preface to Chapter 2: Screening, Intervening, and Saving Lives in Chicago

There are many opportunities to intervene in substance use problems in the healthcare system. In the Cook County Health & Hospitals System (CCHHS), for example, screening and early intervention are standard practice. As part of general health care, CCHHS patients who are addicted to drugs or alcohol can also expect their clinical care team to arrange access to specialized treatment.

Jennifer Smith, Chief of General Medicine at John H. Stroger Jr. Hospital of Cook County, said, "We ask people about their alcohol, tobacco, and illegal drug use when they are seeking medical care. We ask them to think about their substance use as a health problem. For some people, this is an opportunity for life-changing interventions."

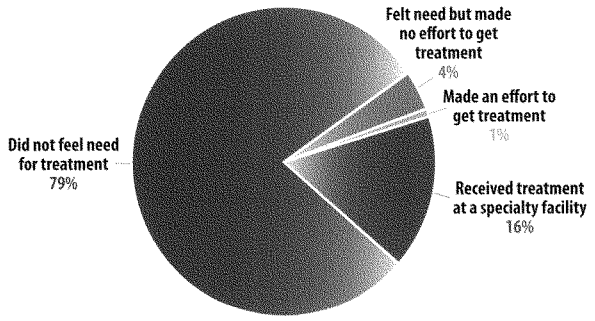
Begun through a Federal grant in 2004, substance use Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are now fully implemented throughout the CCHHS. Trained counselors, such as Christopher Thomas (pictured below), work alongside doctors and nurses in CCHHS hospitals, emergency departments, and ambulatory clinics to provide interventions for substance use that are individualized to the patient's need. Jeff Watts, Chairman of Psychiatry for CCHHS, said, "We have changed how we view and treat substance use problems. We are improving the quality of both general health care and addiction treatment, and saving money in the long run."

Chapter 2. Seek Early Intervention Opportunities in Health Care

Policy Statement

Only a fraction of the money spent on health-related drug abuse costs is spent on identifying and intervening early in emerging cases of drug abuse or treating those with the disease of addiction. Much of it is spent instead in the emergency room and in the rehabilitation of severe injuries. Abuse of drugs and alcohol are factors in many car crashes, home accidents, fires, and violent assaults. Enormous sums are also spent treating the infectious illnesses (e.g., HIV/AIDS, hepatitis B and C) for which drug users are at high risk. Other financial and human costs result when undetected substance abuse complicates the treatment of other illnesses, leading to misdiagnosis, poor adherence to medical advice, and unintended interactions with prescribed medications.

Figure 7. **The Vast Majority of Persons Needing Treatment Did Not Seek Drug Treatment**



Total needing treatment for an illicit drug use problem = 7.6 million

Source: SAMHSA, 2008 *National Survey on Drug Use and Health* (September 2009).

Yet outside of specialty addiction treatment programs, most healthcare providers (e.g., primary care physicians) have minimal training in how to recognize substance abuse in their patients. This situation is particularly tragic because extensive clinical research has clearly established that a brief intervention by a primary care provider can help people who abuse substances but are not yet addicted cut back or eliminate their substance use. Early detection of a substance abuse problem also provides an opportunity for assessment of and intervention in other commonly associated health risk behaviors, such as needle sharing. It is both more humane and less costly to intervene when a case of addiction is just emerging than to wait until the disease is well-established.

In addition to providing opportunities to intervene early in substance abuse problems before they become severe, the healthcare system presents opportunities to prevent substance use problems from emerging in the first place. Prescribers of controlled substances must instruct patients in the safe use and disposal of such medications, learn how to recognize patients who are "doctor shopping" to acquire prescriptions for drugs they do not require for medical purposes, and employ information systems that track potential cases of overuse of prescribed medications. Law enforcement must collaborate with healthcare professionals in these efforts to ensure that prescription drug abuse is minimized while the rights of patients who legitimately need medication are maintained. Community organizations, such as those funded by the DFC program, should continue their work to encourage screening and brief intervention programs, enhance prescription take-back programs, and increase awareness about the dangers of prescription drug abuse.

Principles

1. Catching Substance Use Disorders Early Saves Lives and Money

The United States healthcare system largely ignores substance abuse until and sometimes even after addiction is entrenched. It does not need to be this way, given the availability of evidence-based SBIRT. SBIRT provides services for a full spectrum of risky, problematic use, abuse, and addiction. It is a structured protocol in which a physician or other healthcare provider offers feedback and counseling that effectively reduces substance abuse and other adverse consequences, including intoxicated driving, accidents, injuries, depression, and workplace impairment. SBIRT can take place in a wide range of healthcare settings, including emergency rooms, HIV/AIDS clinics, psychiatric crisis centers, ambulance emergency calls, and primary care practices. In cases where the substance use problem is too severe to respond to a brief intervention, SBIRT opens the conversation about how specialty treatment can be accessed. Because this conversation can occur in a primary care setting, it is typically less stigmatizing and less anxiety-provoking for the patient than would be walking directly into a designated "addiction treatment center."

Actions

A. Expand and Evaluate Screening for Substance Use in All Healthcare Settings [HHS/SAMHSA, NIDA, NIAAA, HRSA, IHS, VA, DOD]

Screening for substance use should become more broadly implemented in the healthcare system. Even when there is no serious substance use problem present, awareness of the drugs and alcohol a patient is consuming can alert the physician to the risks of adverse medication interactions. It also conveys the important message to all Americans that consideration of substance use should be a standard part of looking after one's health. SAMHSA will work with accreditation agencies (e.g., The Joint Commission) to increase the number of healthcare facilities that screen for substance use and support training of healthcare providers on how to conduct screenings quickly and effectively. Federal agencies that support or operate healthcare systems (HRSA, IHS, VA, and DOD) will continue to expand screening efforts. NIDA will support these clinical practice improvement efforts by making available its NIDAMED web-based screening instrument, and by funding research on how the use of SBIRT for illicit drug use can be expanded to new healthcare settings.

B. Increase Adoption and Reimbursement of SBIRT Codes [HHS/SAMHSA]

In 2007, the Centers for Medicare & Medicaid Services approved reimbursement codes and encouraged state-level funding for physicians and other healthcare workers to be reimbursed for performing SBIRT. However, only 17 states initiated the Medicaid codes to enable billing and even in these states, providers did not perform the expected number of SBIRT interventions. This underutilization is likely due to lack of knowledge about SBIRT and limits on its reimbursement. SAMHSA will collaborate with the National Association of State Medicaid Directors, the National Governors Association, and the National Association of State Alcohol/Drug Abuse Directors to raise awareness of these codes at the state level, and to provide technical assistance to train healthcare providers on how to bill under these codes.

C. Enhance Healthcare Providers' Skills in Screening and Brief Intervention [HHS/SAMHSA, NIDA, HRSA, IHS]

Unfortunately, a majority of physicians and other healthcare providers have not been trained and do not feel adequately prepared to provide care for substance use disorders. This lack of knowledge reduces providers' enthusiasm for adopting SBIRT. To address this educational and training deficit, HHS agencies will collaborate to provide training in SBIRT to healthcare providers throughout the country, particularly in the IHS and in Community Health Centers. SAMHSA will support this effort by developing a Physician Clinical Support System (PCSS) to increase healthcare providers' knowledge about addiction and the evidence-based treatments for substance dependence. NIDA will contribute by disseminating curricula on substance use disorders to medical schools around the United States. The goal of these efforts is to equip primary care physicians and other healthcare providers to screen for, diagnose, and treat a broad range of substance use disorders.

Update: Operation Medicine Cabinet New Jersey: A Statewide Day of Disposal of Unused, Unwanted, and Expired Medicine

Prescription drug abuse is a rapidly worsening problem, and much of it is a direct result of what is in Americans' medicine cabinets. SAMHSA's 2008 National Survey on Drug Use and Health found that 70 percent of people who abuse prescription pain relievers obtained them from friends or relatives. The same survey showed that the scale of the problem is vast: more than 6 million Americans used a prescription medication for nonmedical purposes in the past 30 days. Fortunately, some states and localities are leading the way, with the support of DEA, in safely disposing of these dangerous substances.

New Jersey residents knew that they had to do something. The 2009 Partnership for a Drug-Free New Jersey Parents Tracking Survey found that 47 percent of New Jersey parents of middle school students said they know a little or nearly nothing about prescription drug abuse. This, coupled with the fact that 11.1 percent of young people (ages 12–17) in the United States have used prescription drugs nonmedically in their lifetime was the impetus behind Operation Medicine Cabinet New Jersey, a collaborative effort by the Partnership for a Drug-Free New Jersey and DEA's New Jersey Division (DEA-NJ). Together, DEA-NJ and the Partnership for a Drug-Free New Jersey built a coalition of hundreds of statewide law enforcement, government, nonprofit, media, and corporate partners, including the New Jersey Office of the Attorney General, the New Jersey Broadcasters Association, and the New Jersey Prevention Network.

Operation Medicine Cabinet New Jersey accomplished three main goals: it generated unprecedented attention to the issue of prescription and over-the-counter medicine abuse, caused tens of thousands of New Jersey residents to look at their medicine cabinets as a potential source for young people to access highly addictive and deadly drugs, and created a way for adults to safely dispose of unused, unwanted, and expired medicine.

DEA-NJ worked with local law enforcement agencies across the state to issue waivers permitting them to accept the returned drugs and establish the proper protocols for their ultimate disposal. The Partnership for a Drug-Free New Jersey created and coordinated an outreach and media campaign that received media coverage valued at more than $1 million leading up to Operation Medicine Cabinet New Jersey. As a result, more than 250 nonprofit, government, and business websites featured Operation Medicine Cabinet New Jersey Web banners, which drove traffic to the comprehensive multilingual website, www.operationmedicinecabinetnj.com, designed exclusively for this initiative. The Partnership also made excellent use of ONDCP's Anti-Drug Media Campaign materials and advertisements that raise awareness of prescription drug abuse and diversion.

In 4 hours on Saturday, November 14, 2009, more than 9,000 pounds of medicine, with a street value of more than $35 million, were collected. Eighty percent of New Jersey's residents had easy local access to a collection site, resulting in participation by more than 25,000 people. More than 450 local police and law enforcement agencies established local collection sites under the protocols and guidance established by DEA-NJ. Programs such as these take concrete actions to make our families and communities safer. DEA and ONDCP are working with Congress to make it easier for programs like these around the country to dispose of unwanted and expired prescription drugs before they can cause harm.

2. Curb Pharmaceutical Abuse: Preserve Medical Benefits of Pharmaceuticals

Prescription drug abuse is the fastest-growing drug problem in the United States. Opiate overdoses, once almost always due to heroin use, are now increasingly due to abuse of prescription painkillers. The latest Monitoring the Future data show that among young people, 7 of the top 10 abused substances are pharmaceuticals. These realities demand action, but any policy response must be approached thoughtfully. The potent medications that science has developed have great potential for relieving suffering as well as the potential for abuse. There are many examples: humane hospice care for cancer patients would be impossible without prescription opioids; benzodiazepines are the bridge many people with serious anxiety disorders need to begin the process of overcoming their fears; and stimulants have a range of valuable uses across medicine. Any policy in this area must strike a balance between our desire to minimize misuse of pharmaceuticals and the need to maximize their legitimate benefits.

Actions

A. Educate Physicians About Opiate Painkiller Prescribing [HHS/SAMHSA, FDA, IHS, HRSA,VA, DOD, DOJ/DEA]

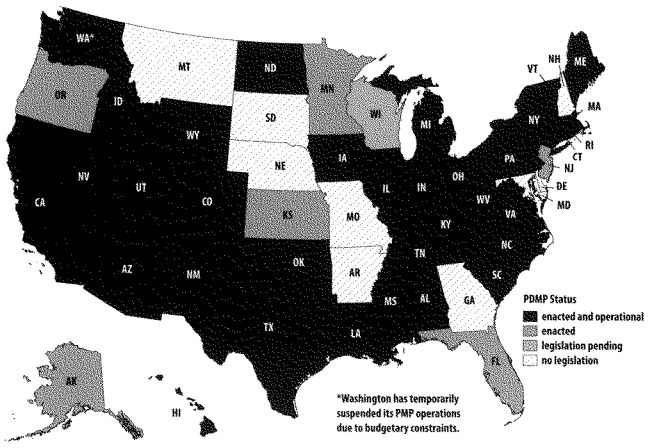
Prescription of opioids is an increasing challenge for clinicians, who have to weigh the substantial pain relief these medications can provide against the potential for dependence, abuse, and diversion. Through the PCSS program described above (Section 1, Action C), SAMHSA will train prescribers on

how to instruct patients in the use and proper disposal of pain killers, observe signs of dependence, and use prescription monitoring programs to detect doctor shopping. FDA, the agency responsible for reviewing and approving drug applications for prescription pain medications, will play an important role in providing effective information about the proper use and disposal of opioids through approved product labeling and other means to prescribers and patients. Federal agencies that support their own healthcare systems will increase continuing medical education for their prescribers on proper prescribing and disposal.

B. Expand Prescription Drug Monitoring Programs and Promote Links among State Systems and to Electronic Health Records [DOJ/DEA, HHS/SAMHSA, ONDCP]

States that have developed prescription drug monitoring programs—either on their own or with Federal support—have tended to follow one of two approaches. Some monitoring systems are more oriented toward criminal justice purposes (e.g., arresting individuals operating "pill mills" under the guise of pain clinics), whereas others are tailored more to clinical care purposes (e.g., preventing adverse medication interactions). ONDCP will convene interested agencies and State prescription drug monitoring program officials (HHS, DOJ/DEA; American Medical Association, American Pharmacists Association) to develop a harmonized version that combines the best features of both approaches. The goal is to have one system that can be easily used by all parties and will maintain appropriate confidentiality safeguards for patients. Once a standardized and compatible system is designed, database specifications will be codified using American Society for Automation in Pharmacy standards for electronic prescription formatting.

Figure 8. **Prescription Drug Monitoring Program Status (PDMP) as of July 2009**



Source: Prescription Monitoring Program Alliance (July 2009).

C. Increase Prescription Return/Take-Back and Disposal Programs [DOJ/DEA, EPA, HHS/FDA]

The family medicine cabinet is increasingly a source of drugs that are abused (e.g., the pain pill prescription that was never finished, the tranquilizers that are used occasionally). Yet disposing of such medications in a fashion that is simple, legal, and environmentally responsible is a challenge. In some communities, law enforcement professionals and grassroots organizations have held "take-back days" in which such medications are safely collected. At the Federal level, DEA is making efforts through legislative proposals to facilitate the establishment of prescription-controlled substance take-back programs around the country. These grassroots and legislative efforts will be intensified as part of the Administration's effort to combat prescription drug abuse, and the private sector (e.g., community drugstores) will be engaged as a potential partner in take-back programs. These efforts will also be complemented by activities of several other Federal partners, including the work done by FDA to educate patients and family members on the most appropriate methods of disposal for these products when take-back programs are not available.

D. Assist States to Address Doctor Shopping and Pill Mills [DOJ/DEA, ONDCP/HIDTA]

Criminal organizations have established a thriving business of transporting individuals from parts of the country with strong prescription-monitoring programs to less well-monitored areas populated by "pill mills" that distribute prescriptions indiscriminately. This is an extremely difficult problem for state-level law enforcement to handle, due to resource constraints and difficulties navigating cases across multiple State, local, and tribal jurisdictions. It also creates significant problems for prescribers trying to determine whether a patient is doctor shopping. HIDTAs and DEA continue to work with State, local, and tribal officials to suppress this aspect of the drug trade through training provided by the National Methamphetamine and Pharmaceuticals Initiative and DEA's Tactical Diversion Squads.

E. Drive Illegal Internet Pharmacies Out of Business [DOJ/DEA, HHS/FDA]

Proper and safe prescribing of medications rests on a triangle of responsibility comprising the patient, the prescriber, and the pharmacist. Some but not all Internet pharmacies live up to their part of this responsibility. Internet pharmacies that sell prescription pharmaceuticals without a valid prescription and/or personal contact between a patient and a physician are a threat to public health and a source of significant criminal revenue. The 2008 Ryan Haight Online Pharmacy Consumer Protection Act requires all Internet pharmacies that exceed the thresholds set by the Act to obtain a special registration from and report monthly to DEA, to disclose detailed information on their home page, and to provide no pharmaceuticals to individuals who have not had at least one face-to-face evaluation by a prescribing medical practitioner. These increased controls have already had a significant impact on reducing the number of illegal Internet pharmacies. DEA will continue to partner with international, State, and local law enforcement agencies to further suppress these sources of prescription drug diversion and abuse.

F. Crack Down on Rogue Pain Clinics that Do Not Follow Appropriate Prescription Practices [DOJ/DEA, HHS]

Through enforcement actions and the Ryan Haight Act, many of the domestic illegal Internet pharmacies identified through DEA-led investigations have been shut down. What has emerged, however, is the proliferation of establishments involved with pain management outside the scope of acceptable medical practices. Currently, these "rogue pain clinics" are now a major source of controlled substance pharmaceuticals for drug seekers. Although pain clinics are operating throughout the United States, DEA has identified three major hubs where these illegal schemes are flourishing: the Houston, TX, area; the Los Angeles, CA, area; and, most significantly, the tri-county area of South Florida (Palm Beach, Broward, and Miami-Dade counties). The vast majority of patients that visit these clinics come from out of state. The opiate-based pharmaceutical controlled substances most frequently illegally dispensed at the clinics in the Texas and California regions is a combination of hydrocodone and alprazolam (Xanax®). In the South Florida region, oxycodone products are most frequently dispensed. DEA, in coordination with other Federal, State, and local agencies, will investigate these rogue clinics through expanded Tactical Diversion Squads and will shut down, via administrative actions, those DEA registrants in violation of safe prescribing practices.

Preface to Chapter 3: Celebrating the Triumph and Challenge of Recovery

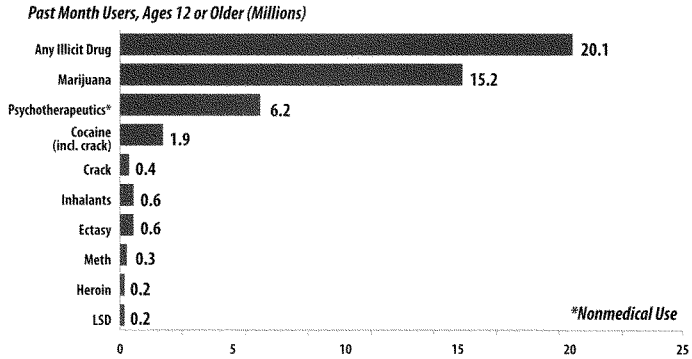
The millions of Americans who are in recovery are the most compelling evidence that there is hope for every addicted American. In the ongoing process of recovery, individuals not only stop using substances, they reestablish friendships and family ties, become productive and responsible citizens, and very often help other addicted people begin to walk the same path. Events like the Recovery Rally in New York City (pictured below) are important opportunities to celebrate recovery, not just for recovering people, but also for those who love them. Such events also serve to change attitudes about addiction throughout the Nation. As recovery advocate and scholar William White has said, "recovering people and their families and friends are becoming a powerful healing force in America. People who were once part of the problem have now become part of the solution." A key to solving America's drug problem is greater support for and partnership with the huge number of our citizens who have recovered from addiction and who deserve the opportunity to fully rejoin society. Their accomplishment is both a wonderful achievement for them and their families and an inspiration to the millions of our citizens still struggling with addiction.

Chapter 3. Integrate Treatment for Substance Use Disorders into Health Care, and Expand Support for Recovery

Policy Statement

For millions of Americans, substance use progresses to a point where brief interventions such as those described in the last chapter are not sufficient to promote recovery. The efforts of the individual, his or her family and friends, and social networks may not be sufficient to bring the problem under control. Addiction treatment can be a critical—even lifesaving—resource in such situations, but only if it is readily available and of high quality.

Figure 9. **20 Million Americans Were Current (Past Month) Users of an Illicit Drug in 2008**



Source: SAMHSA, 2008 *National Survey on Drug Use and Health* (September 2009).

Studies conducted by Federal agencies (e.g., SAMHSA's NSDUH) and by independent researchers estimate that the proportion of addicted individuals who receive specialty treatment is about 10 percent—lower than almost any other serious medical disorder in the United States population. Low use of treatment is not solely due to limited supply; in some cases, the services available are not appealing to potential patients because they are poorly structured, hard to access, and do not offer state-of-the-art behavioral therapies and medications. This situation comes about in part because addiction treatment is the only specialty in medicine that is not an integral part of the rest of the healthcare system. There is a great divide between addiction treatment programs and mainstream health care.

This isolation of treatment programs from mainstream medical care is true both in terms of coordination of services and information sharing (i.e., there is no mutually accessible electronic health record for the mainstream practitioner and the treatment specialist). The personnel, information system, medication, and training infrastructure within the specialty drug treatment care system have not been sufficiently developed over the decades, and most programs simply do not have the resources to provide contemporary evidence-based care. Neither is there a mechanism or incentive for improving quality.

For its part, the mainstream healthcare system has little knowledge of addiction as a disease, nor has it dedicated sufficient resources to responding to addiction, even as the disorder incurs significant healthcare costs and complicates the treatment of virtually every other chronic disease. To the extent that the mainstream healthcare system tries to provide treatment for addiction, it frequently makes the mistake of providing intense, short-term interventions such as detoxification, which are ill matched to a chronic health problem such as addiction. Other chronic conditions are treated with attention by both generalist and specialist providers through coordinated care, referral, intensity of interventions, and follow-up.

High-quality addiction treatment belongs inside established healthcare systems rather than outside them. Such care should be guided by the best scientific evidence and offer the continuing support that leads to recovery, rather than only to short-term stabilization.

Principles

1. Addiction Treatment Must Be an Integrated, Accessible Part of Mainstream Health Care

The best healthcare systems in the United States take an integrated approach to providing addiction treatment. In an integrated healthcare system, care for addiction is co-located with other important services (e.g., mental health, infectious disease management, primary care), well-trained medical staff are available, and services and information are coordinated across all of the patient's healthcare providers. The large healthcare systems that the Federal government supports, which collectively cover more than 35 million people, are excellent sites for expanding integrated addiction treatment services. To extend integrated addiction care for Americans who receive care in other systems, public and private health insurance must cover addiction treatment on par with care for other chronic diseases.

Actions

A. Expand Addiction Specialty Services in Community Health Centers [HHS/HRSA, SAMHSA]
The Community Health Centers (CHCs) supported by HRSA provide care to more than 16 million low-income Americans at more than 8,000 sites around the country. CHC's have historically not offered extensive specialized services for substance use disorders, which are prevalent in the population they serve. HRSA will increase the ability of CHCs to address substance use disorders and related mental health conditions, both through training of existing staff and through hiring of new staff with specialization in addiction. SAMHSA, which has long partnered with HRSA to improve behavioral healthcare quality in rural CHCs, will provide technical assistance to this new expansion initiative.

B. Increase Addiction Treatment Services within the Indian Health Service [HHS/IHS]

Although IHS serves a much smaller population than CHCs, the need for addiction treatment is so great among American Indians and Alaska Natives that it requires an organized, aggressive response. Substance use disorders are among the most serious health problems faced by American Indians and Alaska Natives. Moreover, these disorders have destructive effects on a patient's family, employment, and community life. IHS provides valuable infrastructure in which to embed expanded addiction treatment services. IHS will therefore upgrade its ability to respond to substance abuse by continuing efforts to expand screening and brief intervention. IHS will also add behavioral health counselors and addiction specialists in IHS-funded facilities through a targeted initiative. Coupled with the initiatives to expand screening and brief intervention described in chapter 2, this initiative will greatly enhance the ability of IHS to provide high-quality services for a pressing medical need.

C. Expand the Innovations of the Department of Veterans Affairs Substance Use Disorder Treatment Approach to Other Federal Healthcare Systems [VA, DOD, HHS/HRSA, IHS]

The VA has made major advances in the care of veterans who have substance use disorders, including expanded addiction treatment, primary care-based screening and intervention, path-breaking research on psychosocial and medication-based treatments, and integration of addiction treatment-based information and services into the broader healthcare system. In addition to continuing to expand and improve its state-of-the-art system, VA will take an active role in sharing its knowledge and innovations with other Federal systems. VA and DOD will continue to work collaboratively to develop evidence-based clinical practice guidelines for the treatment of substance use disorders and related conditions, and each agency will continue to fund research projects on the role of substance abuse, post-traumatic stress disorder (PTSD), and traumatic brain injury on the well-being of former (VA) and current (DOD) military personnel and their families. Through its Centers for Excellence in Substance Abuse Treatment and Education, VA will also provide ongoing consultation to HRSA and IHS as they improve the integration of care for substance use disorders into the healthcare systems they oversee.

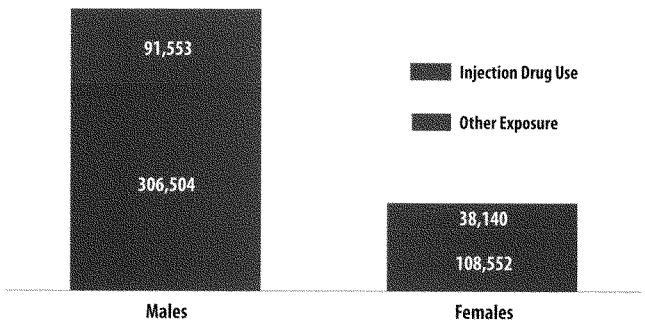
D. Enhance Public and Private Insurance Coverage of Addiction Treatment [DOL, HHS/SAMHSA, CMS, ONDCP]

Federal data show that the majority of uninsured individuals who have substance use disorders have incomes less than 200 percent of the Federal poverty line. SAMHSA will educate States on the need to enroll these uninsured Americans in Medicaid, which would expand access to treatment for eligible adolescents and adults. Through its "financing academies" (a technical assistance initiative that builds relationships between State substance abuse agencies, insurance commissioners, and Medicaid directors) and its public statements, SAMHSA will also make State substance abuse treatment providers aware of the opportunities Medicaid presents. To expand resources for treatment in the private sector, the Obama Administration wrote regulations for the parity requirements of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. These regulations, released on January 29, 2010, make clear that plans offering coverage for substance use disorders cannot impose financial requirements or treatment limitations on substance use disorder benefits that are more restrictive than those imposed for medical/surgical benefits. The Administration will aggressively monitor implementation of parity regulations to ensure group health plans and health insurance issuers are in compliance with the new rules.

E. Inform Public Health Systems on Implementation of Needle Exchange Programs [ONDCP, White House Office of National AIDS Policy, HHS/CDC]

On December 16, 2009, President Obama signed into law an end to the longstanding ban on most Federal funding for needle exchange programs. In partnership with the White House Office of National AIDS Policy, ONDCP will issue policy guidance to States, tribes, and communities on how to implement needle exchange programs in the context of comprehensive, recovery-oriented public health systems that also offer intravenous drug users treatment for addiction, other medical care, and testing for HIV and hepatitis B and C. HHS will coordinate efforts related to needle exchange programs among those HHS agencies affected by the lifting of the ban. CDC also will provide programmatic guidance, technical assistance, and training to its funded grantees.

Figure 10. **Persons Living with HIV/AIDS Infected through Injection Drug Use, 2007**



Sources: CDC, *HIV/AIDS Surveillance Report, 2007* (2009).

Update: Family Treatment for Addicted Mothers and Their Children

Few addiction treatment programs are equipped to accommodate addicted women who have dependent children. However, a small group of family-based treatment programs have proven effective in coordinating comprehensive services for both mothers and their children together as a family. Family treatment not only addresses substance abuse, but also domestic violence, sexual abuse, and other traumas. Services are provided both to mothers and to their children. Program data from SAMHSA showed impressive changes in the treated families. Specifically, 6 months after treatment:

- Sixty percent of the mothers remained completely substance-free.
- Forty-four percent of the children were returned to their mothers from foster care.
- Eighty-eight percent of the children treated in the programs with their mothers remained stabilized and living with their mothers.

The dearth of treatment options that address the unique needs of mothers and their children contributes to a large number of untreated mothers and children entering the child welfare and criminal justice systems. Alcohol and drug-related cases are more likely to result in foster care than are other child welfare cases. Women convicted of nonviolent, drug-related offenses, many of whom are mothers, are a rapidly growing prison population.

Providing comprehensive, family-based treatment is a priority for both treatment (for the mothers) and early intervention (for the children). The opportunity for reunification and improved parenting ability is a significant treatment motivator for women. Additionally, family-based therapy disrupts the cycle of substance abuse in the children of at-risk families. Family treatment offers highly troubled families hope and opportunity for stability, child well-being, and the disruption of intergenerational addiction, violence, and poverty.

Family-based treatment is more resource intensive than many other treatments, but this investment pays off in reduced costs of crime, foster care, Temporary Assistance to Needy Families (TANF) benefits, and adverse birth outcomes:

- Family-based treatment costs between $14,000 and $25,000 per year, depending on the state.
- The average cost of one child in the foster care system is $47,000 per year.
- The average cost of State and Federal incarceration of a mother is $30,000 per year.
- In a 2002 study on Arkansas treatment outcomes, the net economic benefits of family-based treatment (including reduction in medical and psychiatric problems, costs of medical and psychiatric care, increased employment, and fewer days engaged in illegal activities) amounts to $17,143 in savings per family, compared with $8,090 for standard care.

2. Addicted Patients and Their Families Must Receive High-Quality Care

Responding to the needs of addicted Americans requires more than increasing the volume of services available; it also requires improving the quality of what is offered. Research published in the *New England Journal of Medicine* placed care for addiction last in quality in a list of 30 common chronic illnesses. In no other area of health care is poor quality so widely tolerated. The healthcare system, with support from the Federal government, should be held responsible for providing care for addiction that is as safe, effective, and humane as other types of health care.

Actions

A. Support the Development of New Medications for Addiction [HHS/NIDA, ONDCP]

The effectiveness of addiction treatment has been hampered by the limited range of available FDA-approved medications relative to other chronic medical disorders. Fortunately, advances in neuroscience research are identifying promising directions for medication development. New medications include those that help in the acute management of withdrawal symptoms and those that reduce craving for drugs on an ongoing basis. Recent scientific work has also indicated another potential line of productive medication development: vaccines that block the ability of consumed drugs to reach the brain, thereby

reducing their reinforcing power. NIDA will continue its funding of medication development research and, in partnership with ONDCP, will identify ways to increase private sector investment in addiction medication development.

B. Develop a Pay-for-Performance Mechanism to Promote the Quality of Publically Funded Substance Abuse Treatment [HHS/SAMHSA]

Some States and Federal systems (e.g., VA) have had significant success in building financial incentives into public healthcare systems. In these Pay for Performance (P4P) contracting arrangements, treatment programs that do a better job of serving addicted patients promptly and effectively are rewarded. Federal funding for substance abuse treatment, which is provided to States by SAMHSA, has not historically been contingent on the quality of the services received. A trial of P4P contracting in a limited number of States may help improve treatment quality and lay the groundwork for a national effort in this area. The Obama Administration will create a mechanism at SAMHSA to incentivize a subset of States to reward those treatment programs that implement evidence-based clinical practices and are more successful at promoting and sustaining recovery.

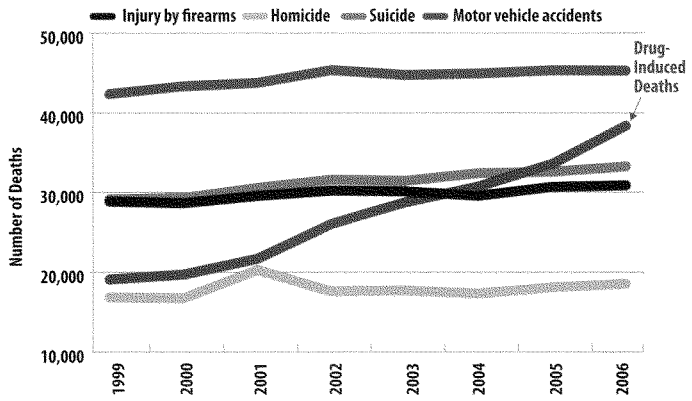
C. Promulgate the National Quality Forum Standards for Addiction Treatment [ONDCP, HHS/SAMHSA]

The National Quality Forum (NQF) is a voluntary public-private partnership that brings together diverse healthcare stakeholders in an effort to develop a common vision for healthcare quality improvement. Because of its broad stakeholder representation and formal consensus development process, NQF-endorsed policies are referenced in many States' laws as "voluntary consensus standards." In 2007, NQF issued a set of National Voluntary Consensus Standards for the Treatment of Substance Use Conditions. These comprise 11 evidence-based practices organized into 4 major domains: (1) identification of substance use conditions, (2) initiation and engagement in treatment, (3) therapeutic interventions to treat substance use illness, and (4) continuing care management of substance use illness. Efforts are now underway to disseminate and adopt these standards nationwide to improve the effectiveness, efficiency, and cost-effectiveness of substance use disorder treatment by assuring consistent implementation of proven clinical, administrative, and organizational practices. ONDCP, through its Health Care Delivery Workgroup, will collaborate with the leadership of key agencies to promote: (1) adoption of the full set of practices in the public and private sectors; (2) policy development, including alignment of payment/reimbursement and coverage and legal and regulatory policies; (3) development and implementation of measures based on each of the standards, their specifications, and target outcomes; and (4) continuing research to improve standards so they do not become static.

D. Equip Healthcare Providers and First Responders to Recognize and Manage Overdoses [HHS]

Overdoses, particularly from opiates, are a growing national crisis, and healthcare providers need to be able to recognize and intervene in overdose emergencies. The goal of such interventions must be not only to avert the immediate crisis, but also to link the patient to addiction treatment. The Administration will seek to expand the number of physicians, nurses, emergency medical technicians, law enforcement professionals, and firefighters who are trained in how to recognize an overdose and who further know how to administer life-saving techniques and overdose reversal medications such as naloxone. This initiative will be pursued through continuing education programs and through work with State licensing and accreditation bodies.

Figure 11. **Drug-Induced Deaths Have Almost Doubled in the Last Decade**



Causes of death attributable to drugs include accidental or intentional poisonings by drugs, drug psychoses, drug dependence, and nondependent use of drugs. Drug-induced causes exclude accidents, homicides, and other causes indirectly related to drug use. Not all cause categories are mutually exclusive.

Source: National Center for Health Statistics/CDC, *National Vital Statistics Report, Deaths: Final Data for 2006* (April 2009).

E. Seek, Test, and Treat HIV in the Criminal Justice System [HHS/NIDA, CDC, DOJ]

Providing highly active anti-retroviral therapy (HAART) and addiction treatment concurrently could make a huge public health impact, particularly with HIV-positive, drug-using populations who have poor access to health services. Incarcerated criminal offenders are one such high-risk group: Half of State and Federal prisoners meet criteria for alcohol or drug addiction, and approximately 14 percent of all HIV-infected people pass annually through the criminal justice system. Building on CDC's expanding HIV testing initiative, NIDA will support work to develop and test strategies for identifying individuals who have not recently been tested (*seek*), provide HIV testing to them (*test*), and initiate, monitor, and maintain HAART therapy for those who test positive (*treat*), along with providing evidence-based treatment for addiction. Parallel treatment of HIV and addiction will follow a chronic care model of disease treatment and follow CDC recommendations for the initiation of HAART. HHS intends that this initiative will not only expand access to HIV testing for those in the criminal justice system, but will improve the provision and maintenance of HAART after community reentry.

3. Celebrate and Support Recovery from Addiction

It is a heartbreaking reality that millions of Americans have lost their lives to addiction. Thankfully, millions of other Americans are in recovery and now are healthy, responsible, and engaged members of their communities. Some came to recovery through treatment, some through mutual help associations, and some through faith communities, among countless other pathways to recovery. The point is not

how they arrived, but that they have recovered, and their achievements should be celebrated and built upon. The Obama Administration is making an unprecedented effort to bring recovery into the center of discussions about drug policy. ONDCP has established a recovery team that actively engages the recovering community on a range of policy issues and presses for consideration of recovery across the government. The Director and Deputy Director of the agency have marched in celebration of recovery with thousands of other people during Recovery Month, highlighted recovery in their speeches and writings, and emphasized the need to eliminate legislative barriers to recovery. ONDCP's National Anti-Drug Media Campaign has featured individuals in recovery from methamphetamine addiction as part of its print ads as well as its "Life After Meth" poster series. These messages instill hope that recovery is possible for every American, even those with the most severe cases of addiction.

Actions

A. Expand the Access to Recovery Program [HHS/SAMHSA]

Access to Recovery (ATR) is an innovative program that provides drug-addicted individuals vouchers with which they can purchase clinical treatment and recovery support services, including transitional housing, child care, transportation to work or to recovery mutual help group meetings, peer counseling, and aids to employment restoration (e.g., the purchase of a pair of work boots). Many of the services provided under this program are offered by associations of recovering people or by faith-based organizations. Receipt of ATR services has been shown by research to increase the likelihood of recovery. As a voucher program, ATR has a further potential benefit, in that giving the consumer a choice of services can drive quality of care, because it forces providers to compete for business. The Administration is therefore expanding the ATR program, allowing more individuals to access the package of services that supports their recovery and to improve the quality of care systemwide.

B. Review Laws and Regulations that Impede Recovery from Addiction [ONDCP, ED, HUD, DOT, HHS/ACF]

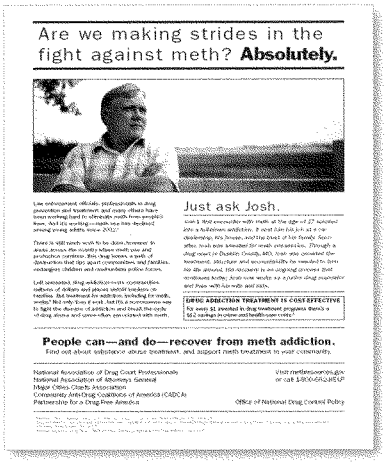
Many laws and regulations that were established for the purpose of punishing or deterring drug use make no distinction between the person who continues to use drugs and the person who is on the pathway to recovery and needs housing, employment, a driver's license, or a student loan to fully rejoin society. If such laws are either repealed or modified in a fashion that allows exemption of recovering people from their effects, a greater number of addicted individuals in early recovery will succeed in the long-term goals of becoming healthy and productive members of society, and recidivism will be reduced. ONDCP will work with the Congress and Executive Branch agencies to identify opportunities to eliminate legislative and regulatory barriers to recovery.

C. Foster the Expansion of Community-Based Recovery Support Programs, Including Recovery Schools, Peer-Led Programs, Mutual Help Groups, and Recovery Support Centers [HHS/SAMHSA, ED]

Recovery support programs provide less formal, more enduring support than the professional treatment system, which makes them highly appealing to people in recovery. A key example is recovery schools, which educate high school and college students in an atmosphere that supports students' recovery. The Department of Education will make itself available for consultation to agencies and school districts that support recovery schools. SAMHSA will fund recovery support efforts through Access to Recovery (see section A, above) and through grants to develop local recovery-oriented systems of care. In addition, government funded clearinghouses, websites and help-lines will be encouraged to maintain updated lists of mutual help groups (e.g., Narcotics Anonymous, SMART Recovery, Women for Sobriety) and to provide them as a potential resource to individuals seeking help for substance use disorders.

Preface to Chapter 4: How a Missouri Drug Court Turned a Methamphetamine User's Life Around

Josh's first encounter with meth at the age of 17 spiraled into a full-blown addiction. It cost him his job at a car dealership, his house, and the trust of his family. Soon after, Josh was arrested for meth possession. Through a drug court in Dunklin County, MO, Josh was provided the treatment, structure, and accountability he needed to turn his life around. His recovery is an ongoing process that continues today; Josh now works as a junior drug counselor and lives with his wife and kids.


Are we making strides in the fight against meth? **Absolutely.**

Just ask Josh.

DRUG ADDICTION TREATMENT IS COST-EFFECTIVE

People can—and do—recover from meth addiction.

Find out about substance abuse treatment, and support meth treatment in your community.

National Association of Drug Court Professionals
National Association of Attorneys General
Major Cities Chiefs Association
Community Anti-Drug Coalitions of America (CADCA)
Partnership for a Drug-Free America

Visit methinsomnia.gov or call 1-800-666-3332

Office of National Drug Control Policy

Josh's story illustrates both the sheer destruction of methamphetamine and the promise of effective treatment for meth addiction. In Josh's case, a life of meth addiction and meth-related crime has been transformed into an example behind the statistics, bringing to life the national research finding that each dollar invested in recovery leads to $12 in societal savings as a citizen is returned to a productive life.

Josh's story was featured prominently in 2009 as part of ONDCP's Anti-Meth Campaign. This national campaign, launched in 2007 and now in its third year, takes the stories of real people at the heart of the methamphetamine issue—from law enforcement to drug court professionals to people in addiction recovery—and gives a face to the many facets of meth abuse. This testimonial approach allows a window into the real experiences behind the statistics of methamphetamine addiction as a strategy to leverage media attention, raise public awareness, and create a dialogue around solutions. The Anti-Meth Campaign began with a public service campaign centered on a photo series featuring real people across the country touched by meth addiction, titled "Life After Meth." The photo essays are available to local communities, government offices, and local nonprofit coalitions and groups to use in their own efforts to fight meth.

Josh, now 32, was willing to share his experience in a print open-letter advertisement published in 39 newspapers and news magazines in states hit hardest by methamphetamine; the ads are now available as free public service announcements for local organizations to use in their own public outreach. The primary message of Josh's ad is from his own story: "People can—and do—recover from meth addiction."

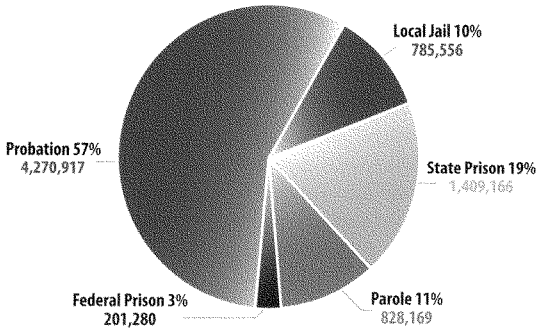
Chapter 4. Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

Policy Statement

Even the best prevention, intervention, and treatment efforts will not succeed for every American. Drug use can result in criminal and delinquent behavior and disrupt family, neighborhood, and community life in fundamental and long-lasting ways. The criminal justice system plays an important role, therefore, in reducing drug use and its consequences. Incarceration is often the right response to drug offenses, especially those involving violence or trafficking, but for crimes driven by an underlying substance abuse disorder, incarceration will only lead to the individual cycling in and out of the system unless the underlying issues are addressed.

Currently, more than 7 million adult Americans are in the criminal justice system; 2 million offenders are incarcerated and 5 million are on probation or parole. Fifty percent of these offenders are classified as being dependent on drugs, and nearly a third of State prisoners and a quarter of Federal prisoners committed their crimes under the influence of drugs. The failure to address the addiction of those under criminal justice supervision has severe consequences for society, the offender, and taxpayers.

Figure 12. **Americans Under Criminal Justice Supervision as of December 31, 2008**



Sources: Bureau of Justice Statistics, *Prisoners in 2008* (December 2009) and *Probation and Parole in the United States, 2008* (December 2008).

In 2008, law enforcement agencies in the United States made an estimated 2.1 million arrests of persons over the age of 18. Developments in the criminal justice system have shown the potential to curtail drug use and related criminal behavior with controls short of long-term incarceration. For some offenders, this might mean addressing drug use disorders in the context of a diversion program or drug court.

For the community, it can translate to less crime and less financial burden. Even modest efforts, such as drug testing and intensified reporting requirements, can serve as a type of "behavioral triage" system by separating those who require drug treatment or other services from those who are more easily compelled to halt their drug use and criminal behavior. Sometimes extended incarceration is necessary in this process, but not always.

A range of effective programs exists for drug-involved offenders throughout various points in the juvenile and criminal justice systems. Drug courts—now celebrating their 20th anniversary—combine assessment, judicial interaction, monitoring and supervision, graduated sanctions and rewards, and treatment and recovery support services, and should be expanded in scope and size. Pre- and postbooking diversion programs, for example, can address the co-occurring disorders of addiction and mental illness in the context of a community health setting, and expanded treatment in jail and prerelease strategies for those behind bars can cut drug use and its consequences dramatically. Indeed, Federal inmates have access to a comprehensive substance abuse treatment program, including residential treatment for eligible offenders. Inmates who complete this program, which also includes a community transition component, are 16 percent less likely to recidivate and 15 percent less likely to relapse to drug use within 3 years of release. Testing and sanctions programs provide opportunities to curtail crime, drug use, and its associated consequences among community corrections populations. In the context of juvenile justice, significant public and private partnerships are underway to enhance the screening of youth with mental health and co-occurring substance abuse disorders, including evidence-based and promising programs that have the potential to divert youth with these disorders from involvement with the juvenile justice system.

Not every drug-related offender has a substance abuse problem that is best addressed by treatment or public health interventions. Some are caught up in the cycle of drugs and crime because of their role in drug markets. Long prison sentences are sometimes appropriate but may, in some circumstances, produce only short-lived results at high costs. Drug market interventions that attempt to divert drug dealers from further involvement in the drug trade, working in concert with traditional law enforcement techniques, are an emerging practice in this area.

The Federal government can learn from State and local partners, as well as the nongovernment sector, about how to reduce drug use and crime, improve the lives of individuals, and stabilize communities through the effective and innovative use of resources. When done smartly, the criminal and juvenile justice systems can deter drug use and dealing, reduce drug availability, steer users into getting the help they need and, as a result, help make our neighborhoods safer.

Principles

1. Provide Communities with the Capacity to Prevent Drug-Related Crimes

Regardless of the cause of drug-related crime in a neighborhood—whether it is crime committed under the influence of drugs, crime committed because of turf wars, or crime committed to support addictions—the consequences are acutely felt at the local level. These crimes tear families apart, divide communities, and drain State and local budgets. However, with sufficient resources and the right strategies, communities can be empowered to stop drug-related crime before it starts. Many communi-

ties have taken the lead to do so, and have proven that reducing drug dealing, crime, incarceration, and its related consequences is an achievable goal. Fundamental to these efforts is an understanding that multiple community sectors must be active and engaged participants. The Federal Government's role in these efforts should be to provide encouragement through highlighting model programs, ensuring that Federal assistance promotes effective, long-term approaches, and requiring evaluations of program effectiveness.

Actions

A. Organize Communitywide Efforts to Reduce Open-Air Drug Markets and Gang Activity via Drug Market Intervention Approaches [DOJ/OJP, BJA]

In the past decade, numerous communities have taken a stand to stop open-air drug markets, not by making mass arrests, but rather by implementing powerful, positive, restorative justice techniques. One such approach is the emerging Drug Market Intervention (DMI) approach. Participating neighborhoods had been targeted with traditional drug enforcement methods that produced short-lived positive gains. Many of these communities, fed up with a seemingly never-ending cycle of drug dealing and violence, followed a new multipronged operational plan, piloted in High Point, NC, that addressed individual geographic drug markets, directly engaged drug dealers and their families, created clear and predictable sanctions, offered a range of community services and help, and, perhaps most important, mobilized community and offender standards about right and wrong. Jurisdictions that have successfully implemented this strategy include Chicago, IL; Durham, NC; Milwaukee, WI; Nashville, TN; Nassau County, NY; New Haven, CT; Ocala, FL; Providence, RI; Raleigh, SC; and Rockford, IL. Several other cities are in the process of evaluating initial results. Training on the DMI has taken place in High Point, NC; Milwaukee, WI; Nashville, TN; and Tampa, FL. The Department of Justice is in the process of replicating and evaluating these efforts elsewhere, and reviewing and funding DMI efforts will remain a priority area for exploration.

B. Engage Faith-Based and Neighborhood Community Organizations to Prevent Drug-Related Crime [OFBNP, ONDCP, HHS, DOJ]

The faith-based community and other neighborhood partnerships are traditional pillars of support for drug prevention and treatment efforts. They are a powerful force of change for millions of Americans, yet they also remain an untapped resource in many communities to prevent and reduce drug-related crime. The Office of Faith-Based and Neighborhood Partnerships (OFBNP), in coordination with ONDCP, will work with community-based nonprofit organizations to identify funding streams and areas of possible collaboration. For example, one way we can engage in reducing drug-related crime is for organizations to act as catalysts for positive opportunities in a community. OFBNP and the Administration of Children and Families offered $50 million in Recovery Act funding for a Strengthening Communities Fund to build the capacity of nonprofit organizations, whether secular or faith-based, to address the broad economic recovery issues present in their communities, including helping low-income individuals secure and retain employment, earn higher wages, obtain better-quality jobs, and gain greater access to Federal and State benefits and tax credits. This is just one novel mechanism for strengthening communities, as faith-based and other neighborhood partnerships have multiple roles to play in the community. In addition, faith-based organizations have played major roles in Drug Market Interventions (see section

1A), as faith and community leaders remain powerful influences for positive change. Similarly, fraternities and sororities on college campuses remain potential partners for community change.

C. Support Innovative Criminal Justice Research Programs [DOJ/OJP, ONDCP, HHS/NIDA]

The Obama Administration is committed to enhancing Federal efforts to study promising drug enforcement initiatives, identifying the elements that enable these initiatives to have a positive and sustained impact, and sharing these best practices with communities throughout the country. The Office of Justice Program's (OJP's) consolidated initiative to support social science research on crime and justice will build on the National Institute of Justice's (NIJ's) extensive work in this area. Past examples include the following programs: Managing Criminal Investigations, Children at Risk, and Breaking the Drug-Crime Cycles. The purpose of this initiative is to advance justice by gaining knowledge about what works in criminal justice programs and policies and what makes communities safer from crime. This new research initiative will support a robust research program administered by OJP's National Institute of Justice (NIJ). NIDA also supports the Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS) Initiative, a multisite research collaborative to develop and test evidence-based approaches for treating drug use and related conditions in the criminal offender population. Now in its second phase, this expanded initiative will test implementation strategies to foster treatment adoption and promote continuing care.

2. Develop Infrastructure to Promote Alternatives to Incarceration When Appropriate

Many drug criminals, especially those who commit violent acts, must be incarcerated to protect public safety. Arrest, prosecution, and incarceration are necessary and appropriate for drug traffickers and dangerous drug offenders. Drug laws not only create a criminal sanction, they also serve as a clear statement about what our society believes is right and wrong. The criminal justice system plays a vital role in reducing the costs and consequences of drug crimes, not just by incarcerating serious offenders who threaten the community, but also by providing a powerful incentive to address drug use before it escalates into a more serious, and costly, problem. Indeed, the threat of incarceration, when properly employed, can be a powerful deterrent. Further, those under criminal justice supervision can be strongly motivated to reduce or eliminate drug use if a credible threat of consequences for violations can be maintained.

Many of those working in the criminal justice system, however, have expressed frustration with the lack of options between locking people up for long periods of time and doing nothing. More alternatives to long-term incarceration must be made available. Because of the sheer number of individuals within the criminal justice system with serious substance abuse problems, this approach holds the promise of significantly reducing drug use and crime.

Actions

A. Enhance and Promote Diversion Strategies [DOJ]

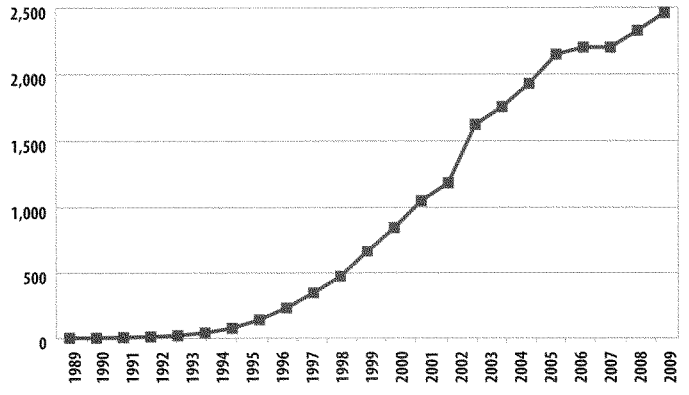
Some jurisdictions have allowed offenders with a drug use disorder, upon arrest, to be immediately diverted to alternative programs. Front-end efforts that direct individuals with substance abuse disorders to community-based treatment have proven promising in better treating behavioral health disorders and reducing the likelihood of recidivism. Diversion initiatives have expanded greatly over

the past decade and include a variety of programs at all points of the system: prebooking, postbooking, court-based, deferred prosecution, and even those focused on special populations such as women with children. The Department of Justice will continue to monitor the development of diversion strategies at all levels of government and will provide enhanced Federal assistance and best practices information to promote the use of the most effective interventions.

B. Support Drug and Other Problem-Solving Courts [DOJ/OJP, BJA, HHS/SAMHSA]

In recognition of the links between substance use and crime, substance abuse treatment for offenders has been part of the *National Drug Control Strategy* for many years as a combined effort to reduce threats to both public health and public safety. One widely researched and adopted example of this combined approach is the drug court model, which promotes collaboration among the judiciary, community corrections agencies, drug treatment providers, and other community support groups in order to meet the public health and safety needs of both the community and the drug-involved offenders. Many evaluations have shown these courts are cost-effective alternatives to traditional incarceration, and can simultaneously prevent many offenders from committing new crimes and from returning to drug use. Drug courts should now concentrate efforts on how to increase their impact on prison-bound offenders, focusing on offenders at the highest risk for continuing substance abuse and criminal activity.

Figure 13. **The Number of Drug Courts Continues to Increase Nationwide (1989-2009)**



Source: National Drug Court Institute (March 2009).

In addition to drug courts, community courts are another type of problem-solving court and can effectively serve the needs of lower-level drug-using offenders. Community courts are neighborhood-focused courts that address local problems, including drug possession, shoplifting, vandalism, and assault, most of which are misdemeanor offenses. Like drug courts, community courts link addicted offenders to judicially monitored drug treatment, but they are unique in that they make use of a broader array of

mandates (including job training and community restitution). These courts strive to create new relationships with neighborhood stakeholders such as residents, merchants, churches, and schools, and they test new and aggressive approaches to public safety, rather than only responding to crime after it has occurred. The Administration supports locally driven drug and community courts and will continue to identify ways to ensure the appropriate court is matched with the right offenders.

Update: Veterans Treatment Courts Continue to Offer a Solution to Veterans in Need

In January 2008, Judge Robert Russell created the Buffalo Veterans Treatment Court, the first of its kind, in response to a growing number of veterans appearing before the court suffering from substance abuse and/or mental illness. This initiative has not been unique to Buffalo. Immediately following the launch of the Buffalo Veterans Treatment Court, Judge Russell and his team became inundated with questions from other Drug Court and Mental Health Court professionals also experiencing an increase in cases involving veterans. There are now more than 20 Veterans Treatment Courts throughout the country, with dozens more in the planning stages.

Veterans Treatment Courts use a hybrid of Drug Court and Mental Health Court principles to serve veterans. They promote sobriety, recovery, and stability through a coordinated response that involves collaboration with the traditional partners found in Drug Courts and Mental Health Courts and the Department of Veterans Affairs healthcare networks, the Veterans Benefits Administration, State Departments of Veterans Affairs, volunteer veteran mentors, and organizations that support veterans and veterans' families.

To ensure veterans are getting the treatment services they need, the Department of Veterans Affairs created the Veterans Justice Outreach Initiative, which trains specialists to act as liaisons between the courts and VA hospitals. In so doing, more participants involved in Veterans Treatment Courts are able to access the effective services they have earned.

As communities continue to seek help for their troubled veterans, the National Association of Drug Court Professionals (NADCP), in partnership with the Bureau of Justice Assistance at the Department of Justice, has established a training curriculum for new and existing Veterans Treatment Courts. The organization is also working closely with the Center for Substance Abuse Treatment at SAMHSA on establishing four mentor Veterans Treatment Courts around the country. On Veterans Day, NADCP launched the National Veterans Treatment Court Clearinghouse, a comprehensive online resource center for Veterans Treatment Courts. The Clearinghouse can be found at www.nadcp.org/learn/veterans-treatment-court-clearinghouse.

C. Promote TASC Model of Intensive Case Management [DOJ/OJP, BJA, HHS]

Treatment Alternatives for Safe Communities (TASC) offers a state-level model for how intensive case management of drug offenders might work to reduce crime and incarceration and support reentry programs. In many states and localities, governments have provided access to treatment as an alternative to prison for nonviolent offenders with substance abuse or dependence disorders. If clients meet eligibility criteria under the statute, TASC conducts an indepth assessment of their criminal justice history, the nature and extent of addiction, readiness for treatment, and likelihood of treatment success. Through a

specialized system of clinical case management, TASC initiates and motivates positive behavior change and long-term recovery for individuals in criminal justice, corrections, juvenile justice, child welfare, and public aid systems. TASC case managers develop individualized service plans that include links to community-based substance abuse treatment, medical/mental health services, vocational/educational programs, and other needed social services. This approach has translated into substantial cost-savings through referrals to treatment and services. States should look to places that have effectively implemented the TASC process, such as Illinois and New York, and the Department of Justice will continue to fund alternatives to incarceration so that TASC and TASC-like processes can work effectively.

D. Foster Equitable Drug Sentencing [DOJ]

In the 1980s, as crack-cocaine markets were causing considerable damage to communities throughout the United States, Congress passed legislation mandating minimum sentences of 5 years in prison for persons trafficking in 5 grams of crack-cocaine or 500 grams of powder cocaine. Subsequently, the law was changed so that a simple possession of 5 grams of crack-cocaine conviction triggered a mandatory 5-year sentence, making it the only Federal, first-time, drug possession charge with a mandatory minimum sentence attached to it. This difference in penalty cannot be justified based on pharmacological differences between crack cocaine and powder cocaine, because they are quite similar. Further, because 85 percent of Federal crack cocaine defendants are African-American, the mandatory minimum disparity has had a disproportionate racial impact and undermines trust in the criminal justice system. The Administration is actively working with Congress to promote equity in penalties for cocaine-related crimes while retaining the tools needed by law enforcement to protect our communities from the violence associated with drug trafficking.

E. Promote Best Practices as Alternatives to Incarceration [DOJ/OJP, NIJ, HHS/SAMHSA]

Fiscal and public safety concerns have motivated State and local policymakers to consider alternatives to incarceration that protect public safety, provide drug treatment, and avoid the costs and consequences of long-term incarceration. While this *Strategy* has highlighted a variety of alternatives that have demonstrated some level of effectiveness, much more knowledge is needed about what works and what programs can be taken to scale for the large number of drug offenders who can be safely supervised in the community. The use of alternatives to incarceration offers a cost-effective means of alleviating the over-reliance on incarceration for drug-involved offenders. OJP, in consultation with SAMHSA, will continue to promote innovation and evaluate those new and existing programs that hold the promise of reducing incarceration and maintaining public safety.

3. Use Community Corrections Programs to Monitor and Support Drug-Involved Offenders

Community corrections represents a major intervention opportunity because five of every seven offenders under criminal justice supervision are in the community on probation or parole. Often, many of these offenders are managed by overburdened professionals in the criminal justice system—probation and parole officers, court-funded social workers, and judges—and their drug-using behavior persists until finally met with a (usually severe) sentence. This is an ineffective way to deal with these offenders. Recently, however, local initiatives have been established that aim to reduce the burden of probationers and parolees on their communities by employing swift and certain sanctions for positive drug screens as

well as implementing other evidence-based practices. The use of technology is among those practices that can potentially reduce the burden placed on incarceration. Promising options for use of technology, as well as information on key implementation challenges, are highlighted in *Offender Supervision with Electronic Technology: Community Corrections Resource*, published by the American Association for Probation and Parole in 2008.

Actions

A. Support Drug Testing with Certain and Swift Sanctions in Probation and Parole Systems [DOJ]
Offenders whose criminal behavior is driven primarily by substance abuse represent the "low-hanging fruit" among recidivists. Their criminal behavior and drug use, monitored by regular drug tests, can be altered through the consistent application of swift, certain, but modest sanctions, as demonstrated by numerous testing and sanctions programs administered by courts. Research on testing and sanctions sponsored by the OJP has begun to show consistently positive results for such programs in a court setting (e.g., Project HOPE). NIJ recently funded an evaluation of the Delaware Department of Correction's new "Decide Your Time" program, which is also based on these principles. Potentially, similar results may also be accomplished administratively if probation and parole agencies were given limited authority to impose brief sanctions such as short stints of incarceration. These initiatives have the potential to sharply reduce drug use, crime, and probation revocation, in addition to being able to distinguish those who truly need drug treatment from those who can be induced to stop their drug-taking through other means. The President's FY 2011 Budget requested $20 million to support "smart probation" programs, building on existing Federal, State, and local efforts. The Administration is committed to evaluating the long-term effects of these types of programs and to funding them, and Federal agencies will continue to look for opportunities to expand them throughout the country in collaboration with State, local, and tribal agencies.

Update: Reducing Recidivism through Testing and Sanctions

More than 5 million people are under criminal justice supervision in the community, mostly on probation. Probation officers often find themselves with large, unmanageable caseloads, while judges are forced to choose between sending offenders away for long periods of time or doing nothing. Due to resource realities, some judges have opted for the latter, compromising both public safety and public health. But experiments in "testing and sanctions" now tell us there is another way. Testing and sanctions programs monitor offenders in the community through regular drug tests and the consistent application of swift, certain, but modest sanctions. For behavior that is not altered through the use of swift sanctions, treatment is readily available.

Research on testing and sanctions sponsored by NIJ shows consistently positive results for such programs. Evidence from Hawaii's Opportunity Probation with Enforcement (HOPE) program suggests that many probationers with drug histories can be induced to stop using drugs. Research showed the rate of positive drug tests among almost 1,000 HOPE probationers fell 83 percent, and only about 10 percent of the group did not respond to testing and sanctions. Missed probation appointments fell by 71 percent among the HOPE group. The threat alone, with the certainty of a swift jail sentence if found to be using drugs, was generally sufficient to change behavior among most probationers in the study.

HOPE probationers spent no more time in jail and had less time in prison compared with non-HOPE probationers. Thus, HOPE reduced drug use, crime, and incarceration. Studies on other testing and sanctions programs, such as Project Sentry in Lansing, MI, 24/7 in South Dakota, and the District of Columbia's Court Services and Offender Supervision Agency, as well as the D.C. Superior Court Drug Intervention Programs, have shown positive results as well.

These initiatives not only sharply reduce drug use, crime, and probation revocation at relatively low cost, but also assist in determining who needs drug treatment and who can be induced to stop their drug use through other means. These types of programs have the potential not only to reduce crime and make better use of our drug treatment resources, but also to save hundreds of millions of dollars every year in reduced incarceration costs. The financial benefits are in addition to the number of lives restored and families reunited.

B. Consider Mechanisms for Assessing and Intensifying Community Corrections [DOJ, ONDCP]

Community corrections programs can increase public safety, promote public health, and cut costs. Community corrections initiatives already play a vital role within our criminal justice system, bearing a tremendous amount of our total national effort to supervise criminal offenders. However, there is significant potential, with sufficient resources and fuller dissemination and implementation of recently identified best practices, for community corrections to have an even greater impact. More information about current efforts, projected workloads, and current staffing and resource challenges are required to better understand community corrections' potential to promote public safety, foster rehabilitation, and save on incarceration costs. DOJ will assess current funding and staffing for the State and local probation and parole infrastructure and current Federal probation capacity, and will provide recommendations on enhancing outcomes.

C. Align the Criminal Justice and Public Health Systems to Intervene with Heavy Users [HHS/SAMHSA, DOJ]

Years of research have demonstrated that heavy users, a minority of the drug using population, consume a disproportionately large share of illegal drugs. Yet research has also shown that in the general population, fewer than 10 percent of all diagnosed cases of addiction receive treatment. This treatment gap is of even greater concern with regard to heavy users, as they are often the most difficult population to bring into contact with treatment and recovery services. Traditional services often are ineffective or less effective with this population, considering the extent of their addiction problems. Nonetheless, the benefits of helping these individuals are significant. Beyond the obvious public health concern, these heavy users represent the economic underpinning of the illegal drug industry, supporting retailers, wholesalers, and suppliers who profit from daily purchases. Intervening with these heavy users would not only help bring treatment to those who need it most, but it would also serve to significantly undermine the illegal drug economy. Neither the criminal justice system nor the public health sector can address the challenges and special needs of heavy users by operating in isolation. DOJ and HHS will convene a study group with interagency partners to examine ways the Federal government can partner with State and local authorities to identify and assist heavy users in local markets through comprehensive, tailored interventions, including such measures as drug courts, in- and outpatient treatment, detoxification, rehabilitation, and enhanced probation and reentry services.

D. Tackle Co-Occurring Disorders Using a Community-Based Response [HHS/SAMHSA, DOJ]
An increase in the assessment of substance abuse disorders in the criminal justice system setting has alerted experts to the reality of other co-occurring disorders (e.g., psychiatric disorders, infectious diseases, chronic pain) that can accompany and are often exacerbated by substance abuse. Behavioral health scientists and criminal justice system stakeholders can make an enormous impact on these populations by expanding services at all points in the system, especially in the context of postbooking and post-arraignment jail diversion programs. These programs focus on providing services including integrated dual diagnosis treatment, cognitive behavioral therapy, medication management, psychiatric rehabilitation, supported housing, supported employment, and illness-specific mutual help groups. The Administration will continue to support these initiatives that recognize the co-occurring disorders of mental illness and substance abuse.

4. Create Supportive Communities to Sustain Recovery for the Reentry Population

With almost 750,000 offenders leaving jails and prisons every year, it is imperative that the infrastructure be in place to support their full recovery and reentry into their community. Individuals with substance use disorders are particularly likely to cycle through the criminal justice system: among State prisoners who were abusing drugs, 53 percent had at least three prior sentences of probation or incarceration, compared with 32 percent of non-drug-abusing offenders. Only a fraction of the people who need services to address their substance abuse ever receive them. Pivotal to creating an environment conducive to recovery is an understanding that ex-offenders need ample treatment services and access to employment, education, housing, and other economic opportunities to sustain their recovery. These services should be ready by the time offenders are released in order to maximize chances of success. Treatment programs within prison should be widely available as required, when legally possible, as a condition for release. The Obama Administration will promote collaborative efforts such as the Justice Reinvestment strategy supported by the Bureau of Justice Assistance, which aims to reduce spending on corrections, increase public safety, and prime neighborhoods for reentry.

Actions

A. Expand Reentry Support and Services through Second Chance Act and Other Federal Grants [DOJ, HHS/SAMHSA]
The Second Chance Act authorizes the provision of treatment, employment assistance, housing, family programming, mentoring, victims support, expanded probation and parole supervision, and other services that can help reduce recidivism. The Act provides resources to States and local governments to help reduce recidivism by expanding evidence-based prisoner reentry programs. This includes two dedicated programs to provide treatment services for individuals returning to communities from prisons and jails. The number of treatment-focused reentry programs has increased with some measured success (as highlighted in the TASC Update below). The Administration will expand Second Chance-related activities, which include the prosecution-led Drug Treatment Alternatives to Prison program and other efforts.

B. Develop Ex-Offender Adult Reentry Programs [DOJ, HHS]

Reentry courts are designed to extend the specific, proven practices of drug courts to the management of drug-related offenders being released from incarceration back into the community from a correctional setting. It is envisioned that in states where the judiciary has statutory or regulatory authority over offenders upon release (e.g., in states where postincarceration probation or parole are under the authority of the judiciary or where the judiciary can extend supervision beyond prison release, such as split sentencing), reentry courts are attractive, feasible, and ultimately cost effective. Reentry courts should also incorporate the graduated, immediate sanctions and other interventions used by drug courts and related programs with the clinical case management, treatment, housing, and employment services necessary to move these individuals into community recovery. The Administration will continue to fund reentry courts for this population.

C. Facilitate Access to Housing for Reentering Offenders [HUD, DOJ, HHS/SAMHSA]

Stable and affordable housing is often identified as the most difficult barrier for individuals to overcome when they are released from prison or jail. Mapping work by the Council of State Governments Justice Center confirms that in many states, there are specific neighborhoods containing large numbers of people under criminal justice supervision. Federal investments in reentry should focus on these neighborhoods and communities and encourage services for the criminal justice population that would not only reduce recidivism and increase public safety, but also support the long-term goals of recovery from alcohol and drug addiction. Supportive living environments and a drug-free home are a key part of recovery. They represent a remarkably effective and low-cost method of preventing relapse. It is important to identify the types of settings or interventions that might promote health service utilization and more positive health outcomes following release from jail for those with substance abuse issues and co-occurring disorders. Structured and supportive recovery homes are keys to promoting healthy outcomes and increasing positive health behaviors through social support. Many of these housing programs are primarily self-financed through rent paid by residents. HUD and DOJ will support sober recovery and reentry housing.

D. Provide Work-Related Training and Assistance to Reentering Offenders [DOL]

DOL's adult Reintegration of Ex-Offenders (RExO) program assists those leaving prison to reenter society by funding efforts to improve work readiness, education, and self-sustaining employment opportunities. Because substance abuse is a widespread problem among the prison population and relapse after release is a frequent contributor to recidivism and a barrier to obtaining stable employment, DOL will continue to work with Federal, and other public/private partners to improve coordination of services to support successful reentry by increasing linkages to available, effective, evidence-based substance abuse treatment services.

E. Encourage States Receiving Federal Funds for Corrections Programs to Provide Assistance to BJS in Conducting Annual Recidivism Studies [DOJ/BJS]

BJS reports that about 735,000 offenders were released from State and Federal prisons in 2008. This tells us there is much work that needs to be done with helping people successfully and productively reenter society from incarceration. However, effective strategies cannot be employed without better data about the size and scope of this problem. BJS is currently funding the Criminal History Record

Information Sharing (CHRIS) Project. This project works to create a data-sharing environment that will automate and standardize record retrieval from State criminal history repositories accessed through the FBI's Interstate Identification Index (or III). The first use of this system will be to study the recidivism patterns of persons released from State prisons in 2005. Almost one-fourth of the prisoners released in 2005 had been incarcerated for drug crimes, so it will be helpful to understand the recidivism of these prisoners and the relation of drug arrests to all released prisoners. BJS and related partners will continue to collect and analyze these data and work with ONDCP to craft appropriate anti-recidivism strategies. BJS and NIJ are working together to examine the feasibility of linking data from the Bureau of Prisons (BOP) about the type of programs in which the inmates participated (such as employment training and education programs) to compare the outcomes from these programs. BJS is also working to link employment and health data to the criminal history records to evaluate the impact of these factors on recidivism.

5. Improve Treatment for Youth Involved with the Juvenile Justice System

Every day, hundreds of thousands of youth cycle in and out of State and local juvenile justice systems throughout the country. They are seen in probation offices, juvenile courts, juvenile detention facilities, juvenile correctional facilities, and community-based programs. The majority of these young people have a diagnosable substance abuse disorder, mental health disorder, or both. Treating their addiction and related problems is not only humane, it is critical to keeping juvenile offenders from reoffending and potentially entering the adult system. Evidence-based approaches to treating such youth are now available and must be employed throughout the juvenile justice system. Significant public and private partnerships are underway to enhance the screening of youth with mental health and co-occurring substance abuse disorders, including programs that have the potential to divert youth with these disorders from involvement with the juvenile justice system. The Administration looks forward to working with Congress, as well as outside stakeholders, to improve how juvenile justice systems address the crucial issues of substance abuse and mental health.

Actions

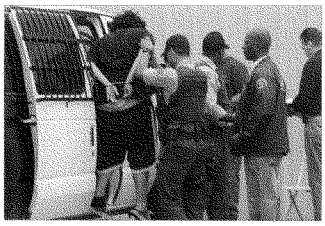
A. Develop and Disseminate More Effective Models of Addressing Substance Abuse and Mental Health Problems among Youth in the Juvenile Justice System [DOJ/OJJDP, HHS, DOL, ED]

Some public and private partnerships are working to better respond to drug and mental health problems among the juvenile justice population. These efforts should be expanded to give correctional and health officials a wider array of options. Particular needs include the development of culturally competent screening and treatment interventions for youth housed in juvenile and other correctional facilities as well as the development of evidence-based and promising approaches to diversion and reentry to the community. Another critical need is protocols for conducting screening, brief intervention, and referral to treatment in juvenile justice settings. Because of the multidisciplinary nature of the problems at issue, in addition to nongovernmental partners, the DOJ will work in collaboration with HHS, DOL, ED, and other Federal agencies through its Coordinating Council on Juvenile Justice and Delinquency Prevention to support this initiative.

Preface to Chapter 5: Disrupting Street Drug Gangs—Operation Knock Out

In May 2009, approximately 1,400 law enforcement officers swept across the City of Hawaiian Gardens near Los Angeles, CA, for the Nation's largest-ever gang sweep. The investigation into the Varrio Hawaiian Gardens gang began after the fatal shooting of Los Angeles Sheriff's Deputy Jerry Ortiz, who was gunned down by a gang member he was attempting to arrest. The Varrio Hawaiian Gardens gang is a Latino street gang infamous for its violent tactics. In addition to the murder of Deputy Ortiz, the racketeering indictment enumerates other violent attacks, drug trafficking, carjackings, and kidnappings. During the initial phase of Operation Knock Out, 88 defendants were arrested, with an additional 26 defendants arrested 2 months later, when the Operation was completed.

Operation Knock Out "sends a message to those who are responsible for bringing violence and distress onto the streets of Los Angeles that law enforcement is working together to take back our neighborhoods and get violent drug traffickers and street gangs out of our communities," said DEA Special Agent in Charge Timothy J. Landrum.



To date, Federal authorities have unsealed indictments charging 210 defendants, and 170 of those defendants have been taken into custody. With dozens of arrests leading to charges being filed in State court, Operation Knock Out has led to more than 300 gang members and associates being taken off the street. During this investigation, approximately 33 pounds of methamphetamine were seized, along with lesser quantities of other narcotics and approximately 125 firearms.

Operation Knock Out, an investigation into Varrio Hawaiian Gardens and other gangs and individuals who were involved in criminal activity, was conducted by the Los Angeles High Intensity Drug Trafficking Area (HIDTA) Southern California Drug Task Force (SCDTF), which is comprised of agents and officers with the Los Angeles County Sheriff's Department; the Drug Enforcement Administration; the Federal Bureau of Investigation; the Bureau of Alcohol, Tobacco, Firearms, and Explosives; Immigration and Customs Enforcement (ICE); the IRS-Criminal Investigation; and the Los Angeles Police Department. The following agencies provided extraordinary support during both investigations and operations: the U.S. Marshals Service, the California Department of Justice's Bureau of Narcotics Enforcement, the Long Beach Police Department, the Ridgecrest Police Department, the Downey Police Department, the Kern County Sheriff's Department, the Bell Gardens Police Department, the Buena Park Police Department, the Costa Mesa Police Department, the California Highway Patrol, the Joint Forces Joint Training Base at Los Alamitos, the South Gate Police Department, the Hawthorne Police Department, the Montebello Police Department, the Santa Monica Police Department, the Peace Officers Research Association of California, the Ontario Police Department, the San Diego Narcotics Task Force, the Riverside Sheriff's Department, LA Impact, the San Bernardino Sheriff's Department, the Los Angeles County District Attorney's Office, and the Los Angeles County Department of Children and Family Services' Multi-Agency Response Team.

Chapter 5. Disrupt Domestic Drug Trafficking and Production

Policy Statement

Drug-trafficking organizations move large quantities of cocaine, heroin, methamphetamine, marijuana, and other illicit drugs into the United States and distribute these drugs throughout the Nation. Although these organizations are largely based in Colombia and Mexico, they operate throughout the Nation, in Canada, and in many other countries. These same groups, at times working through street and prison gangs, employ criminal networks that return the illicit proceeds of the drug trade, along with an array of weapons, across our borders. This two-way trade imposes enormous negative consequences on the safety, health, and security of our citizens. Drug trafficking and related violence, crime, and corruption clearly constitute a significant national security threat. The resources and capabilities of the United States and partner nations must be marshaled to disrupt the organizations that conduct this trade.

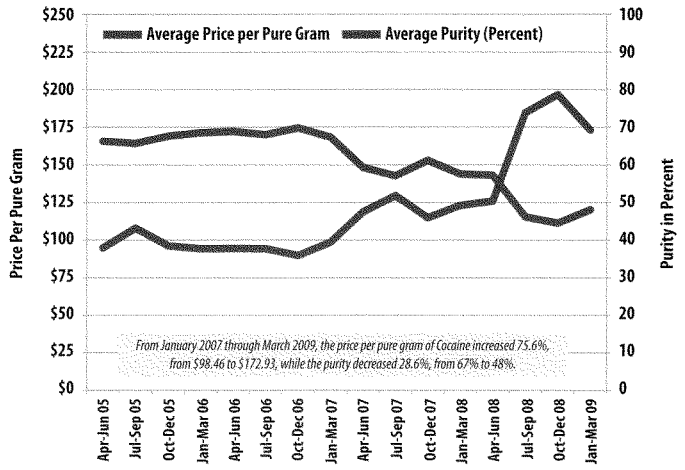
Federal, State, local, and tribal law enforcement agencies must consistently seek not just to seize drugs, money, and guns, but to identify and disrupt trafficking and associated criminal networks. Seizures of these items must continue—they remain an important part of drug enforcement—but they ought to be employed primarily as mechanisms to deepen our understanding of how traffickers operate and to augment our ability to penetrate and dismantle whole organizations. Information that leads to the disruption of drug-trafficking organizations often starts with a seizure of drugs, money, or guns by State, local, or tribal officers. This is true, however, only if the seizure is treated as the start of a criminal investigation, not the end of it.

As indicated in earlier chapters of this *Strategy*, the United States has a heavy responsibility to address domestic drug use. The Administration is committed to supporting prevention, treatment, and the better use of our criminal justice resources to sharply reduce American drug consumption. However, in addition to these vital efforts, there must be transparent coordination of Federal, State, local, and tribal efforts. Prompt, reliable, accurate, and consistent information exchange is essential to improving our capacity to disrupt trafficker networks that operate in our towns, cities, and suburbs as well as on roads and highways. Similarly, greater intelligence exchange, including information on financial investigations, is essential to improving results on and near United States borders.

The United States must pursue an integrated strategy to disrupt and dismantle transnational drug-trafficking organizations. This means integrating our border enforcement and interdiction, domestic law enforcement, and international efforts so they are coordinated and mutually reinforcing. The United States-Mexico border region is the current primary locus for drugs being trafficked into the United States, but the threats posed by drug trafficking and the opportunities to address it are nationwide. Intensified intelligence exchange, information sharing, and coordination—especially of actionable tactical intelligence and information—are necessary to improve our efforts. Intelligence collection and analysis and information exchanges should be used to support law enforcement efforts to disrupt and interdict drug-trafficking operations in near real time and to develop investigations and cases for prosecution.

Attacking the drug-trafficking organizations' profits, assets, and money laundering operations is a critical component of a comprehensive strategy. The action items below, taken together, constitute a significant shift toward a more comprehensive, coordinated national approach to respond to this critical threat.

Figure 14. **Price and Purity of Purchased Cocaine, April 2005 to March 2009**



Source: Drug Enforcement Administration, *System to Retrieve Information on Drug Evidence (STRIDE)* (May 2009).

Principles

1. Federal Enforcement Initiatives Must be Coordinated With State, Local, and Tribal Partners

The Federal Government must enhance information-sharing and support for State, local, and tribal partners while avoiding duplicative efforts that waste resources. These partners are essential to the success of this *Strategy*. Only by sharing information can all partners have a good understanding of how drug organizations operate within each jurisdiction. Drug-trafficking organizations do not view jurisdictional borders as an obstacle, but as another opportunity to exploit. Effective coordination is thus absolutely essential to the success of operations against drug-trafficking organizations. The only way to disrupt major drug-trafficking organizations is to acquire, analyze, and share information on how these groups operate. Much of this critical information resides in State, local, and tribal agencies. This is the primary reason why such information must be made available to all Federal, State, local, and tribal investigators and analysts who can use it. Every cash seizure, trafficker arrest, or traffic stop may provide a critical piece of the puzzle. Federal agencies must take necessary steps so that national data systems can receive input by State, local, and tribal agencies and provide access to the information resident in those systems to State and local agencies, building on the El Paso Intelligence Center (EPIC)

National Seizure System. Federal authorities, in turn, must work with local partners to coordinate joint operations such as domestic and international controlled deliveries of drugs, money, and weapons that will enable us to disrupt and dismantle trafficking organizations.

Actions

A. Maximize Federal Support for Drug Law Enforcement Task Forces [DOJ/OCDETF, DEA, ONDCP/HIDTA, DHS/ICE, CBP, Treasury]

Federal funding for drug law enforcement task forces enables State and local law enforcement agencies to participate in joint investigations, promotes local and regional coordination, and helps to minimize duplication of effort. There are many Federal agencies that support task forces, including DOJ, DHS, Treasury, and ONDCP. DOJ, for example, uses prosecutor-led, multiagency task forces sponsored through its Organized Crime Drug Enforcement Task Force (OCDETF) Program to target drug-trafficking organizations for dismantlement and disruption consistent with the *Strategy*. These task forces leverage the expertise and resources of the participating Federal, State, and local agencies in a cooperative, coordinated effort against these criminal organizations. DHS leads 17 Border Enforcement Security Task Forces, which leverage Federal, State, local, tribal, and foreign law enforcement resources to identify, disrupt, and dismantle organizations that seek to exploit vulnerabilities in United States borders. Federal agencies are directed to identify ways to enhance State and local participation in Federal drug-enforcement task forces. This can include finding opportunities for efficiencies by reducing duplication of effort within existing fusion centers through co-location or consolidation and better coordination of requests to State, local, and tribal partners to participate in task forces.

B. Improve Intelligence Exchange and Information Sharing [DOJ/OCDETF, DEA, ATF, DHS/ICE, CBP, I&A, ODNI, Treasury, ONDCP/HIDTA]

Although progress has been made since September 11, 2001, in enhancing information sharing, there is much more to be done. Federal agencies must foster an improved, faster exchange of information with State and local governments; this means a two-way exchange. Local officials need to know what happens to investigative leads they provide to Federal partners and need to see reporting from national authorities that affects the safety and security of their jurisdictions. Federal agencies must work together to ensure that criminal databases include all relevant information, are up to date, and are easily accessible by appropriate local authorities. In recent years, the development of national and State and urban area fusion centers, enhancement of EPIC, and NDIC's Field Intelligence Officer program, as well as increased dissemination of secure methods for distributing classified information (e.g., via the Secret Internet Protocol Router Network, or SIPRNET) have created new opportunities and new challenges. Fusion Centers must be interconnected and resources leveraged to avoid duplication of effort. For example, the OCDETF Fusion Center has expanded the number of participating Federal agencies to strengthen its fused database and leverage existing systems to further serve the national effort to attack organized crime. As directed in the *2009 Southwest Border Counternarcotics Strategy* (Southwest Border Strategy), Federal agencies will commit additional analytical personnel to supplement existing intelligence exchange.

C. Ensure State and Local Law Enforcement Access to Federal Information on Mexico-Based Traffickers [DOJ/DEA, FBI, ATF, NDIC, DHS/ICE, I&A, CBP, Treasury/IRS, ONDCP, ODNI]

Federal agencies, often working in close partnership with Mexico, have produced a large volume of information about Mexico-based drug-trafficking organizations. This information must be kept up to date and shared if it is to be used effectively against drug-trafficking organizations. However, this information often resides in different databases. Federal agencies must combine this information and make it available to authorized State, local, and tribal law enforcement so they might benefit from the information gathered. These same local partners should have the ability to add information to this pooled database. Information-sharing architecture is required that will allow State, local, and tribal fusion centers to contribute information on drug-trafficking organizations and drug-related violent crime so that the information can be accessed by all of those with a need to know and be made available rapidly for operational and strategic purposes. DOJ will work with DHS, Treasury, and ONDCP/HIDTA to ensure that information from Federal databases that include relevant data on Mexico-based trafficking organizations is accessible to State and local law enforcement officers who work on these issues.

D. Promote Law Enforcement Collaboration Along Drug-Trafficking Corridors via "Gateway/ Destination" Initiatives [DOJ/DEA, ONDCP/HIDTA, DHS/ICE, CBP, I&A]

Information sharing across the southwest border has become an important priority in recent years. Likewise, it is also vital for Federal agencies to facilitate exchange of information throughout drug-, money-, and weapons-trafficking corridors. Although trafficking patterns do change, drugs that, for example, end up in Atlanta generally enter the United States through the southeastern parts of the Texas border with Mexico. Drug-related violence often follows along such trafficking corridors. Thus, it is extremely productive for law enforcement authorities from trafficking corridors to meet and exchange information on their drug investigations. To broaden knowledge of trafficking organizations and to ensure quick exchange of investigatory leads on targets, Federal agencies will coordinate gateway/ destination initiatives with State, local, and tribal law enforcement partners throughout the year.

E. Assist Tribal Authorities to Combat Trafficking on Tribal Lands [DOJ/FBI, DEA, ATF, DHS, Interior, ONDCP]

There are a host of challenges unique to tribal lands. Many Indian tribes are at high risk from illegal drug trafficking, production, and consumption because these tribes are located in geographically remote areas and suffer from a lack of economic development. Illegal prescription drug diversion and abuse has been a particularly worrying problem in recent years. The high poverty and unemployment rates, combined with the challenges of accessing often remote health care, facilities, educational opportunities, and social services, make tribal communities disproportionately vulnerable. In addition, in some tribal lands, there are jurisdictional and investigative challenges for law enforcement, notably, in tribal lands that share international borders with Mexico or Canada. Drug-trafficking organizations exploit these challenges to further their illicit drug trade operations. Federal agencies have sought to provide focused assistance to address these unique challenges. The ICE Shadow Wolves, which continue to play a vital role, were established by Congress in 1974 to address smuggling occurring through the Tohono O'odham Nation. The HIDTA Program has awarded funds in the states of Arizona, New Mexico, Oregon, Texas, Oklahoma, and Washington. In all cases, the HIDTA Task Force Model of multiagency participation was a prerequisite for funding consideration. Other agencies have similarly sought collaborative

partnerships with Indian tribes that often lack the resources to effectively combat the illicit drug trade. Due to the threat, particularly on our borders, this challenge will continue to be addressed through additional collaboration by DOJ and HIDTA task forces, in the form of memorandums of understanding (MOUs) among Indian tribes, sheriff's departments, and HIDTAs; program initiatives; updated intelligence assessments; and cooperative law enforcement efforts from multiagency task forces operating near tribal lands. These efforts will be expanded through additional collaboration with DOJ and HIDTA task forces operating near tribal lands.

F. Ensure Comprehensive Review of Domestic Drug Threat [DOJ/NDIC, DEA, FBI, ATF, OJP, HHS/NIDA, SAMHSA, CDC, DOD, DHS/ICE, USCG, CBP]

Drug trends can vary considerably from state to state or city to city. However, a national strategic analysis focusing on the impact of the drug trade can provide a clear and helpful guide in setting the Nation's agenda among many competing priorities. Thus the National Drug Intelligence Center (NDIC) is directed to update the National Drug Threat Assessment, drawing on the expertise, knowledge, and data of both law enforcement and interdiction agencies (e.g., DEA, FBI, ATF, DOD, ICE, USCG, and CPB) and prevention, treatment, and research organizations (e.g., NIDA, SAMHSA, CDC, OJP). This updated assessment will assist ONDCP in reporting on implementation of this *Strategy* and in developing the 2011 update on the *Strategy*.

2. United States Borders Must be Secured

Protecting America's borders is a primary responsibility of Federal agencies, but it also requires a close partnership with State, local, and tribal authorities. Drug-trafficking organizations, operating throughout the continental United States, collect and move thousands of packages of illicit drugs, currency, and weapons through our local communities. This massive network of trafficker operatives moving across our national borders has created a serious threat to the safety of the American public. The traffickers have built a national web of stash houses; organizational cells specializing in drugs, guns, and money; and a virtual army of couriers with vehicles and advanced communications and logistics. This drug trade contributes to violence, kidnappings, robberies, and other crimes throughout the country, but especially in border areas. This same extensive trafficker network also could be exploited by terrorist organizations. Federal agencies have unique authorities and capabilities that must be applied to the serious threat to our Nation's borders posed by violent drug-trafficking organizations.

Actions

A. Implement the Southwest Border Counternarcotics Strategy [ONDCP, DHS/ICE, CBP, I&A, USCG, S&T, DOJ/DEA, ATF, FBI, State, Treasury, DOD, ODNI]

On June 5, 2009, Attorney General Holder, DHS Secretary Napolitano, and ONDCP Director Kerlikowske released the *Southwest Border Strategy*, which aims to stem the flow of illegal drugs and their illicit proceeds across the southwest border and reduce associated crime and violence in the region. It directs Federal agencies to increase coordination and information sharing with State and local law enforcement agencies, intensifies national efforts to interdict the south-bound flow of weapons and bulk currency, and calls for continued close collaboration with the Government of Mexico in their efforts against the drug cartels. The *Southwest Border Strategy* is an important component of the Administration's national

drug control policy and complements comprehensive efforts to respond to threats along the border. This *Southwest Border Strategy*, the product of a collaborative interagency effort led by the DHS Office of Counternarcotics Enforcement (CNE) and DOJ's Office of the Deputy Attorney General at the direction of ONDCP, shall be fully implemented.

B. Develop National Arrival Zone Task Force Implementation Plan [TIC, DHS/CBP, ICE, DOJ/DEA, DOD, State, ONDCP]

Drug detection, monitoring, interdiction, and apprehension are divided into Source, Transit, and Arrival Zones. United States anti-drug programs in the Source Zone are coordinated through U.S. Embassies within host nations, and the Transit Zone is coordinated by the Coast Guard-led Joint Interagency Task Force South (JIATF-S). In the Arrival Zone, although there is an extraordinary amount of effort by Federal, State, and local agencies, there is no comprehensive cross-cutting coordination mechanism. JIATF-S, widely recognized as the "gold standard" for Transit Zone intelligence fusion, information sharing, interagency coordination, and multinational partnering, should serve as a model for an Arrival Zone Task Force. The Interdiction Committee (TIC), chaired by the Coast Guard Commandant and chartered by ONDCP, is an interagency body that strategically coordinates supply reduction activities. For the past year, the TIC has been studying options to apply an operational model similar to JIATF-S to the Arrival Zone under the rubric of a National Task Force (NTF). The NTF, whether virtual in nature or concentrated within an existing multiagency coordination facility such as EPIC on the southwest border, would integrate multiple Federal coordination centers for air, land, and sea with regional and local intelligence and coordination centers to ensure near real-time dissemination of intelligence to task forces and agencies to support rapid facilitation of controlled deliveries or interdiction operations, as appropriate. Thus, TIC is directed to provide ONDCP with an update on the status of a National Arrival Zone Task Force implementation plan with full interagency and state and local participation by November 1, 2010.

C. Develop National Plan for Southbound Interdiction of Currency and Weapons [DHS/CBP, ICE, DOJ/OCDETF, DEA, ATF, Treasury, ONDCP]

The enormous amount of money generated by drug sales in the United States fuels the expansion of violent drug-trafficking organizations. Similarly, the weapons acquired by traffickers also enable them to wreak havoc within Mexico and the United States. The *Southwest Border Strategy* strongly endorsed an intensified focus on the south-bound threat. CBP is working to renovate south-bound point-of-exit lanes to allow for increased inspection and is hiring personnel specifically for the south-bound mission. DEA is building, in collaboration with other Federal agencies and State and local partners, a network of automated license plate readers to identify likely currency and weapons smugglers. This effort requires close cooperation with local authorities, both to facilitate installation of the cameras and to ensure the information is acted on appropriately. Treasury's Office of Foreign Assets Control (OFAC) is pursuing the use of Kingpin Act civil and criminal penalties against United States citizens supplying or selling arms to the cartels and also is exploring applying penalties to bulk cash smugglers. It is also aiming at designations of those receiving arms and bulk cash for the traffickers on the Mexican end of the supply chain. DHS, DOJ, and partner agencies will develop an interagency national concept plan in 2010 for a south-bound interdiction system and ensure sharing of data among systems tracking weapons, currency, and narcotics trafficking to promote effective targeting of operations and vital de-confliction of investigations. This effort will include utilization of the resources and capabilities of State, local, and tribal law enforcement agencies.

D. Coordinate Efforts to Secure the Northern Border Against Drug-Related Threats [DHS/CBP, ICE, USCG, DOJ/DEA, State, ONDCP, ODNI]

The southwest border is a major focus of drug policy, but there are also considerable challenges on the northern border. MDMA/Ecstasy, marijuana, and methamphetamine are trafficked from Canada into the United States, while cocaine, bulk currency, and weapons are trafficked from the United States into Canada. Gang members, traffickers, and couriers move back and forth between both countries. The scale of synthetic drug-trafficking across the United States-Canada border is a serious concern for both governments. According to the 2010 National Drug Threat Assessment, the amount of MDMA seized at or between northern border ports of entry (POEs) increased 594 percent (from 312,389 to 2,167,238 dosage units) from 2004 to 2009. The United States benefits from a close, longstanding, and productive working relationship with Canadian law enforcement agencies. Canadian authorities and United States law enforcement agencies are already partnering through Integrated Border Enforcement Teams (IBETs) which identify, investigate, and interdict persons and organizations that pose a security threat or are engaged in other organized criminal activity. DHS leads United States participation in the IBETs, partnering with the Royal Canadian Mounted Police and the Canada Border Services Agency. These operations are vital and must be continued. United States agencies operating on the northern border will ensure that the necessary personnel, equipment, and technology are placed on or near the northern border and that information on threats and operations is shared both among all Federal agencies operating in the area and with State, local, and tribal partners in the region.

E. Deny Use of Ports of Entry and Routes of Ingress and Egress Between the Ports [DHS/CBP, ICE, DOJ, DOI/BIA]

This *Strategy* and previous Executive Branch efforts have focused on the vulnerabilities of our southwestern and northern land borders. As additional personnel, technology, and infrastructure are deployed to the land border, the threat to our air and maritime borders may increase. Air and maritime ports represent a unique challenge with regard to drug-related threats, considering the large volume of cargo and personnel that move through these ports each day. Traffickers have long sought to exploit this vulnerability, and intensified control efforts by United States agencies are necessary. Especially in the jurisdictions near our POEs, State, local, and tribal law enforcement and fusion centers should be provided with regularly updated information on smuggling/concealment methods and techniques. DHS will develop plans in 2010 to better control drug smuggling through these ports and engage with State, local, and tribal partners to improve current outcomes, particularly with respect to activity that may take place between the ports.

F. Disrupt Surveillance Operations of Drug-Trafficking Organizations [DHS, DOJ, DOD]

Drug traffickers dedicate significant resources to monitor interdiction operations of United States agencies. On the southwest border, for example, they employ large numbers of strategically placed spotters and lookouts who closely observe activities of CBP officers and the use of canines and provide guidance to trafficking vehicles on when and where to try to cross into the United States. Traffickers also are using advanced technology to intercept law enforcement communications. More systematic efforts will be made to attack and disrupt these trafficker capabilities.

3. Focus National Efforts on Specific Drug Problems

Different approaches are required to respond adequately to the variety of drug threats our Nation faces. Drug production entities represent specialized industries that demand specific responses. Methamphetamine, in particular, poses a serious threat not only to consumers and those who manufacture it themselves, but also to law enforcement officers who have to make arrests in or near toxic lab sites and clean up those labs. Addressing marijuana production in our national parks requires the technical capacity to locate the fields within large areas as well as air-lift capability to reach the fields.

Actions

A. Counter Domestic Methamphetamine Production [DOJ/DEA, ONDCP/HIDTA]

Current Federal and most State laws to control pseudoephedrine, the key ingredient needed to make the most powerful form of methamphetamine, are no longer as effective in addressing the serious threat posed by domestic methamphetamine production as they once were. Drug traffickers and others are now evading these laws and domestically producing methamphetamine in increasing quantities. Teams of pseudoephedrine purchasers, known as "smurfers," go from store-to-store throughout California and many other states, some even using global positioning system (GPS) devices to map out every location. This smurfing is feeding not only small neighborhood user labs, but also large-scale "super labs" run by drug-trafficking organizations in California. Although it is important to consider the public health benefits of convenient public access to cold medicines such as pseudoephedrine, domestic meth labs pose serious health and safety risks to the public, law enforcement, and children forced to live in or near such toxic environments. In an effort to address this growing threat, some states are now using comprehensive electronic pseudoephedrine sales monitoring systems. However, those efforts have been unable to prevent a resurgence of small-scale meth production in several states. Facing a similar threat, the State of Oregon, in 2006, returned pseudoephedrine to a prescription drug, as it was prior to 1976. Three years later, the results are very encouraging (see Update below). In early 2010, Mississippi enacted a similar law. In light of recent trends, DOJ will conduct a review of how to best enhance our Nation's approach to countering domestic meth production, including careful consideration of whether our Federal laws must be updated. In addition, NDIC will continue to monitor and report strategic trends in methamphetamine production and precursor chemical smurfing through production of the annual *National Methamphetamine Threat Assessment.*

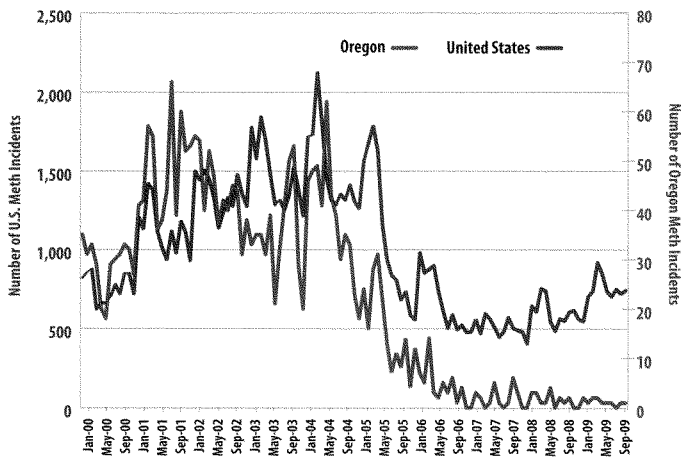
Update: Oregon's Approach to Fighting Methamphetamine Labs

In 2008, the Government of Mexico banned pseudoephedrine entirely. This has had a significant positive impact on the control of methamphetamine for both Mexico and the United States. Several countries in Central America have also increased restrictions on sale of pseudoephedrine. However, this has put further pressure to smurf (i.e., make numerous purchases in small amounts) pseudoephedrine and manufacture methamphetamine here in the United States. Short of banning pseudoephedrine in the United States, there is another option that has shown encouraging results.

Effective July 1, 2006, the State of Oregon returned pseudoephedrine to a prescription drug, as it was prior to 1976. There was extensive debate in Oregon as to whether this law would prevent smurfing and

meth labs and whether there would be public outcry or other adverse consequences. More than 3 years later, smurfing within the State of Oregon has been virtually eliminated, meth labs have been nearly eradicated, and local officials report little to no public outcry or other adverse consequences. Oregon's progress is highlighted in the chart below, which compares meth lab seizure trends in Oregon with the national trend. Others have seen this progress and are acting on it. In 2009, New Zealand and a number of local municipalities in Missouri followed Oregon's lead, and early results have also been positive. This approach, as well as others, should be closely examined to enable our Nation to plot a course to effectively address the continuing and growing domestic methamphetamine production threat.

Figure 15. **Meth Lab Seizure Incidents, Oregon and U.S. January 2000 through September 2009**



Source: National Seizure System, El Paso Intelligence Center (extracted 1/27/10).

B. Identify Interior Corridors of Drug Movement and Deny Traffickers Use of America's Highways [DOJ/DEA, EPIC, DHS/ICE, CBP, ONDCP/HIDTA]

Drug traffickers employ our Nation's roads and highways to move large amounts of drugs, currency, and weapons, both northbound and southbound. Although many of these drug-trafficking routes are well known, the volume of traffic makes it difficult to interdict this trade. Further, drug traffickers have shown great resourcefulness in building into all types of vehicles hidden compartments that are often difficult and time-consuming for law enforcement officers to locate. To combat this threat, DEA funds training in contraband detection. The HIDTA program, through its Domestic Highway Enforcement initiative, has funded specialized equipment, training, intelligence-sharing activities, and operational

travel and overtime expenses to increase manpower focused on highway interdiction. This initiative has engaged all 48 contiguous states in joint operations planning and intelligence sharing with each other and with Federal agencies, primarily through EPIC. Departments and agency task forces will increase collaboration among Federal, State, and local law enforcement working against a common threat in key drug-trafficking corridors.

C. Eradicate Marijuana Cultivation [ONDCP/HIDTA, Interior, USDA, DOD/National Guard, DOJ/DEA, NDIC]

Drug-trafficking organizations (DTOs), generally those with links to Mexican cartels, are exploiting United States territory, especially public lands, for the cultivation of marijuana. Moreover, marijuana is being cultivated by traffickers from Mexican DTOs at remote outdoor grow sites on a number of Indian reservations, particularly those in the Pacific Northwest. Often, these marijuana fields are guarded 24 hours a day by armed criminals and sometimes protected by booby traps, thereby posing a significant threat to public safety. In addition, significant environmental damage results from marijuana cultivators camping for extensive periods in pristine public lands and using fertilizers and other chemicals. Federal agencies have worked with their State, local, and tribal government counterparts to respond to marijuana cultivation. By coordinating their efforts and pooling their resources, they have eradicated record numbers of marijuana plants each year for the past 5 years. Support from Federal agencies and information on the precise location of clandestine marijuana fields from State, local, and tribal agencies is crucial to those responsible for managing public lands, especially as trafficking organizations expand to additional states. The DEA, National Guard, and HIDTA Task Forces, as well as State and local agencies, have provided critical support in funding, helicopter support, and intelligence analysis. ONDCP, through the HIDTA program, provides funding for investigation and eradication of marijuana plantations through the Domestic Marijuana Eradication and Investigation Project (DMEIP). ONDCP will collaborate with DEA and the Departments of the Interior, Agriculture, and other agencies to review the current threat as assessed by NDIC and work to increase the effectiveness of marijuana eradication.

D. Stop Indoor Marijuana Production [DOJ/DEA]

Marijuana trafficking is prevalent across the Nation, with both domestic and foreign sources of supply. California, Hawaii, Kentucky, Oregon, Tennessee, Washington, and West Virginia are considered the top seven (M7) states for marijuana cultivation. In 2007 and 2008, cannabis plant eradication increased 34 percent and 14 percent, respectively. Due to this success, many cultivators have been forced to abandon large, outdoor cannabis plots in favor of smaller, better concealed gardens and indoor cultivation. The use of indoor grow operations and other technological advances have enabled traffickers to increase the potency of tetrahydrocannabinol (THC), the psychoactive ingredient in cannabis plants. In 2008, DEA and partner agencies seized in excess of 4,100 indoor grow operations. The leading states for indoor cannabis cultivation in 2008, by number of plants eradicated, were California (182,602 plants), Florida (78,489 plants) and Washington (41,497 plants). DEA, in coordination with State, and local agencies, must aggressively deploy resources as efficiently as possible in close partnership with State agencies to eradicate the marijuana and dismantle organizations that produce it.

E. Partner with Local Law Enforcement Agencies to Combat Street, Prison, and Motorcycle Drug Gangs [DOJ/FBI, ATF, DEA, USMS, ONDCP/HIDTA]

Gangs play a major role in distributing drugs and other contraband throughout the country. United States law enforcement agencies, in collaboration with State, local, and tribal partners, work to disrupt and dismantle gangs through a variety of initiatives. The National Gang Targeting, Enforcement and Coordination Center (GangTECC) is a national multiagency anti-gang task force that targets the most significant and violent gangs in the United States. GangTECC Federal agents work in close collaboration with Gang Squad prosecutors in the Criminal Division of DOJ and with the analysts at the National Gang Intelligence Center (NGIC) and can offer direct support for those engaged in anti-gang initiatives. The FBI's Safe Streets Violent Crime Initiative supports 200 task forces to pursue and prosecute violent gangs through sustained, proactive, coordinated investigations. These task forces combine short-term, street-level enforcement activity with financial analysis and Title III wire intercept investigations to prosecute the entire gang, from the street-level thugs and dealers up through the crew leaders and, ultimately, the gang's command structure. The FBI, in coordination with DEA's Mobile Enforcement Team and DOJ, will review the effectiveness of these efforts and provide recommendations later this year on how to enhance their impact.

F. Disrupt Illicit Financial Networks by Exploiting Cash Seizures [DOJ/OCDETF, DEA, Treasury, DHS/ICE]

Bulk seizures of currency, regardless of who makes the seizure or where it is made, should be treated, to the extent allowable by law, as drugs or other contraband are treated. The reason to characterize bulk currency as contraband is that it places a stronger focus on investigating and prosecuting those individuals who are transporting the currency. The Texas Department of Public Safety (DPS), for example, partnered with DEA, IRS, ICE, and FBI to put together Financial Investigative Teams that are now deployed to investigate significant currency seizures. Now, 100 percent of individuals caught with illicit proceeds are prosecuted, compared with about 1 percent 5 years ago. In Texas, these initial seizures now lead to controlled deliveries, which enable the identification of coconspirators, detection of currency stash locations, and generation of important leads on major trafficking organizations. Some of these investigations have resulted in the discovery of much more money than what was found at the initial seizure. IRS should facilitate these financial investigations by working directly with and training State and local law enforcement agencies on interviewing suspects and on money-laundering investigative techniques that will increase their financial investigative skills. ICE will continue its focus on bulk cash smuggling through Operation Firewall, and DEA will maintain its Money Trail Initiative coordinated by the Special Operations Division. All Federal agencies listed above will assist State and local partners in conducting currency investigations, provide best practices information, and report back to ONDCP in 2010 on progress in changing the way currency seizures are treated throughout the United States.

G. Develop National Parcel Post Initiative [DHS/CBP, ICE, DOJ/DEA, U.S. Postal Inspection Service, ONDCP/HIDTA]

There is little doubt that a significant amount of illegal drugs moves through our public and private mail systems. This is a particular problem with prescription drugs, which are easily mixed in with large-scale legitimate mailings. Considering the huge volume of packages, domestic and international, that are

transited throughout the 50 States, this threat poses a difficult challenge and overwhelms the limited manpower now focused on examining these packages. Nonetheless, new technologies combined with investigatory efforts hold promise to curtail this problem. The HIDTA program currently funds some parcel post operations that have netted numerous seizures across the country. One obstacle with this project is the coordination needed for these types of investigations. Federal agencies need to support State and local agencies with these types of investigations, given the multijurisdictional boundaries involved for State and local partners. DHS will partner with HIDTA and DEA in 2010 to develop a new initiative to first analyze how this challenge can best be met on a national scale and then to launch pilot initiatives at several locations.

H. Establish Interagency Task Force on Drug Endangered Children [DOJ, ONDCP, HHS, ED]

The Drug Endangered Children (DEC) national movement emerged as a multidisciplinary response to children exposed to drug use, trafficking, and/or narcotics manufacturing and who are often victims of physical, sexual, and/or emotional abuse; neglect; and drug-related violence. Considering the serious risks to the health and safety of drug endangered children, there is a need to support the creation of a DEC infrastructure and increase capacity development at the State, local, and tribal levels. A new Interagency Task Force on Drug Endangered Children will be formed to support the identification of model protocols, programming, and best practices, including the development and implementation of a national multidisciplinary training program to assist States, local, and tribal governments in identifying, responding to, and providing services for drug endangered children. In addition, the new Task Force will identify other tools, protocols, or programs that may assist in protecting children. By establishing these tools and promoting their use under its current authorities, DOJ and all partners will be better able to rescue, protect, and serve the most vulnerable victims of drug-related crimes.

Preface to Chapter 6: A Colombian Success Story—Looking for and Finding a Better Life

Nelvia Rosa López lived with her husband and three children in a banana-growing area in Monterrubio, a small village in the department of Magdalena, northern Colombia. Because of the violence generated by the illegal armed groups, in 2003 they were forced to move out to a place near the capital city of Santa Marta, a completely unknown territory for the family. Far from the countryside, she was abandoned by her husband and became a street vendor to earn an income to support her children. At that time, she also had the opportunity to work as a nurse and took some technical courses on nursing. In 2004, after trying many different work options, and at age of 31, she decided to leave her children by themselves and offer her medical skills to paramilitary groups in exchange for a basic salary. But once inside the group, she was not allowed to go back and had to wait for nearly two years when she and other 2,500 individuals gave up their arms as part of the demobilization process that began in 2006.

In August 2007, Nelvia joined the *Palma Paz* project, an initiative supported by the U.S. Agency for International Development (USAID) that employs 65 demobilized paramilitary combatants and 20 former coca farmers to establish nearly 1,300 acres of palm plants. As a result of her involvement in this project, and after receiving vocational training and psychosocial counseling, Nelvia managed to achieve the economic stability that had eluded her for years and was able to reunite with her children. Today, thanks to this opportunity, Nelvia has a job that allows her to enjoy her big passions: life and agriculture. USAID's assistance to the Government of Colombia's demobilization and reintegration program has facilitated the reintegration into society of nearly 30,000 ex-combatants through formal education, vocational training, psychosocial activities, and income generation projects.

Chapter 6. Strengthen International Partnerships

Policy Statement

The United States is an extremely lucrative drug market for drugs produced abroad. This reality has serious consequences for other countries around the world. As Secretary of State Hillary Clinton stated last year in Mexico, "Our insatiable demand for illegal drugs fuels the drug trade." It is both our responsibility, and in our best interest, to work collaboratively with international partners, including other consumer nations, to reduce the global drug trade. Our international drug policies are designed to protect the public health and safety of our citizens by disrupting and dismantling violent criminal enterprises that transit drugs to our shores, while at the same time reducing the dangerous and destabilizing impact of these organizations wherever they operate. Shared responsibility for the origin of a problem implies shared responsibility to solve it.

The production, trafficking, and consumption of drugs undermine governments and social institutions and impair licit economic development, democratization, and the rule of law in our partner nations. Therefore, the United States cooperates with the international community to disrupt the global drug trade through interdiction, anti-trafficking initiatives, drug crop reduction, intelligence sharing and partner nation capacity building. These programs, which have proven effective in the past, must be updated to reflect a changing world. Our counternarcotics efforts must apply all available tools to ensure improvements are permanent and sustainable by regional allies. These efforts must include complementary assistance programs, such as those focused on sustainable alternative development and strengthened prevention, treatment, and law enforcement and judicial capacities. This comprehensive approach promises to permanently wean farmers off illicit crops while eliminating the space in which cartels, criminal bands, and narco-terrorists operate and disrupting the symbiotic relationship of narcotics, insurgency, and corruption.

The United States seeks to work bilaterally as well as on a regional or multilateral basis. Well-established international mechanisms, including the United Nations Office on Drugs and Crime (UNODC), the International Narcotics Control Board (INCB), the Organization of American States Inter-American Drug Abuse Control Commission (OAS/CICAD), and the Colombo Plan offer unique opportunities to advance important international drug control initiatives and sustain the commitment of the international community to reduce illicit drug use and its consequences. Producing the best outcome over a sustained period is a key objective. Experience has shown that drug-trafficking organizations are resilient, but experience has also shown that long-term international initiatives can and will produce real results that benefit the citizens of the United States as well as international partners abroad.

Principles

1. Collaborate with International Partners to Disrupt the Drug Trade

The globalized illicit drug trade requires collaborative solutions. International drug traffickers do not respect borders. Traffickers not only seek to sell their drugs and collect their illicit proceeds outside the borders of the countries where they are based, they also often purchase precursor chemicals, weapons, and other equipment from international sources. Success against international drug-trafficking organizations will require close and sustained partnerships with other countries. Building such partnerships can be challenging, due to varying levels of capability and commitment, and conflicting priorities and interests. Regardless, for long-term success, there is no substitute for local knowledge and strong partnerships with international allies. Fortunately, the past two decades have witnessed a strengthening worldwide resolve to address the threat of drug production, trafficking, and use.

Actions

A. Conduct Joint Counterdrug Operations with International Partners [DOJ/DEA, DHS/ICE, State, Treasury, DOD]

The key to countering international drug trafficking is a concerted and synchronized approach to identifying the ever-changing vulnerabilities inherent to drug production and trafficking organizations. Once identified, vulnerabilities must be exploited rapidly and intelligently through coordinated action. An example of coordinated strategic counternarcotics action is DEA's *International Drug Flow Attack Strategy* (DFAS). The primary objective of DFAS is to cause major disruptions in the flow of drugs, money, and chemicals between the Source Zone and the United States. This effort complements and enhances the overall impact of the interagency Transit Zone operations described below. DOJ/DEA, in coordination with DOD/JIATFS, DHS/USCG, CBP, State Department (including Country Teams led by U.S. Ambassadors), and other Federal departments and agencies, will continue to lead these important operations and work to maximize their impact.

B. Work with Partner Nations and OAS/CICAD to Strengthen Counterdrug Institutions in the Western Hemisphere [State, ONDCP, DOJ/DEA, DHS, DOD]

The United States will actively cooperate with those partner nations that are most directly victimized by drug production that flows toward the United States, that are most at risk from international drug-trafficking organizations, and that are committed to counterdrug efforts and the rule of law. United States outreach will also occur through regional organizations such as OAS/CICAD, where the United States has been elected to a 1-year term as chair for the first time in the OAS's history. There are several unique regional challenges that can be addressed effectively through a regional response. One example is controlling the movement of precursor chemicals used to produce illicit drugs such as methamphetamine. Mexico's successful ban on methamphetamine precursors, combined with international interdiction efforts, has forced trafficking groups to seek new smuggling routes from as close as Belize to as far away as Argentina, pointing to the need for coordinated regional action.

C. Work with Partners in Europe, Africa, and Asia to Disrupt Drug Flows in the Trans-Atlantic and Trans-Pacific Regions [State, DOJ/DEA, DOD, DHS/ICE, CBP, Treasury, ODNI]

The United States, the North Atlantic Treaty Organization (NATO), and the European Union work closely on an array of counterdrug issues around the world. This cooperation includes not only significant efforts in Afghanistan, but also assistance programs in Africa and other regions. Where it exists, the connection between drug trafficking and terrorism is a significant transnational threat that requires interagency and international collaboration in efforts to track and address the problem. During the past year, the International Security Assistance Force (ISAF) has implemented its new mandate that allows ISAF forces to participate in operations to break the narcotics-insurgency nexus in Afghanistan, which provides more than 90 percent of the world's heroin and threatens Afghan economic and governance development and the stability of the broader region. European Union member states, including the United Kingdom, France, The Netherlands, and Spain, have long provided valuable maritime and aviation support to drug interdiction in the Western Hemisphere. These and other nations have joined together to establish the Maritime Analysis and Operations Centre-Narcotics (MAOC-N) in Portugal, which seeks to coordinate international interdiction activities for targeting cocaine flowing to Europe. United States officials use several mechanisms to coordinate counterdrug priorities with Europe, most notably through the biannual United States-European Union Troika meetings and bilateral discussions with United Kingdom counterparts on counternarcotics cooperation in Afghanistan. Since NATO, the European Union, and individual European nations provide significant amounts of foreign assistance in countries where the United States also has aid programs, the Department of State, USAID, and other agencies shall seek to intensify cooperation with international partners to optimize program impact and to avoid duplication. Such cooperation can be enhanced through exchanges such as the Trans-Pacific Symposium on Dismantling Transnational Illicit Networks hosted by the Departments of State and Homeland Security in the fall of 2009, which drew participants from more than 40 countries, jurisdictions, and organizations.

D. Coordinate with Global Partners to Prevent Synthetic Drug Production and Precursor Chemical Diversion [DOJ/DEA, State, DOD, DHS/ICE, CBP, ODNI]

Through partnership with chemical-producing countries such as China and India and through the initiatives of the INCB and the United Nations' Commission on Narcotic drugs (CND), significant progress has been made in addressing diversion of chemicals used to produce methamphetamine and other drugs. It is important to build on this progress and continue to curtail illegal drug production through international investigations such as Operation Ice Block. In January 2008, law enforcement agencies from 54 countries took part in this operation, which sought to gather further intelligence on how methamphetamine precursors are getting into clandestine laboratories and to identify links between involved trafficking organizations. Operation Ice Block focused on licit trade patterns and diversion routes identified by the INCB and was based on the tracking of individual shipments. The operation generated important intelligence on trafficking methods and organizations and identified weaknesses in control mechanisms in a number of countries and regions. These international operations, for which DEA is lead for the United States, should be maintained and expanded to address international precursor chemical diversion.

E. Expand Global Prevention and Treatment Initiatives Bilaterally and Through Cooperation with the United Nations, the Organization of American States, the Colombo Plan, and Other Multilateral Organizations [State, HHS, ONDCP]

In spite of decades of research demonstrating the cost-effectiveness of drug treatment, the vast majority of countries lack sufficient infrastructure to provide quality treatment services to the millions of individuals in need. As described previously, this gap is present in the United States but is all the more acute in less developed countries. Over the years, the United States has provided training and technical assistance in demand reduction through a range of international programs. These efforts must be expanded and better coordinated. Whenever possible, the United States will seek to partner with the UNODC and regional organizations such as the OAS and the Colombo Plan, which have begun to scale up treatment assistance through an array of programs. Provision of evidence-based and culturally sensitive training and technical assistance related to drug abuse prevention and treatment is a primary instrument of United States' international demand reduction programs. The State Department will intensify its training and technical assistance programs, which combine didactic and experiential learning strategies and prioritize cultural competency. The State Department will also expand research and evaluation activities that are outcome/impact focused to improve program monitoring and effectiveness. Community anti-drug coalitions and network development will also be strengthened to foster exchange of information and collaboration. Another opportunity that will be pursued is to further emphasize drug treatment as part of the comprehensive, integrated HIV package of care and treatment services for people who use injection drugs. The program is funded around the world by the United States through the Office of the Global AIDS Coordinator (State/OGAC). Prevention programs would also benefit from increased technical cooperation and training coordinated by the State Department in cooperation with United States agencies and international partners. The State Department will continue to support global prevention and disseminate best practices.

F. Expand Internationally a Comprehensive Package of Health Interventions for Injection Drug Users [PEPFAR and its implementing agencies]

The President's Emergency Plan for AIDS Relief (PEPFAR) is the largest effort by any nation in history to prevent and treat a single disease. Injection drug users (IDUs) not only suffer high risk of addiction and overdose, but they are also at high risk for infection with HIV and other blood-borne and sexually transmitted infections. Comprehensive prevention and treatment services for IDUs reduce immediate risks of HIV transmission as well as promote recovery from addiction. In multilateral forums, the Obama Administration has supported a package of health interventions for IDUs that mirrors those recommended by the World Health Organization, UNODC, and the United Nations Office on AIDS (UNAIDS). The UNAIDS Technical Guide recommends that programs directed toward IDUs include a comprehensive package of nine activities, including addiction treatment. PEPFAR will work with agencies across the Federal government to determine the best way forward in supporting this comprehensive package.

2. Support the Drug Control Efforts of Major Drug Source and Transit Countries

Well-funded and violent drug-trafficking organizations pose serious threats to the security of major drug source and transit nations. Drug-trafficking organizations throughout the Western Hemisphere have garnered huge financial returns from the illicit drug trade, which they use to undermine

government institutions through bribery and coercion. When they cannot buy loyalty, these criminals do not hesitate to murder government officials, law enforcement officers, and military personnel who oppose them. Both Colombia and Mexico have benefited from decisive leaders who insist on bringing the traffickers to justice and regaining full control of their territory. In addition to the direct assistance that the United States must provide to these and other illicit drug-producing nations, it is important to also work with partners in every area of the world to develop a complementary regional approach to illegal drug consumption, production, and transit issues.

Actions

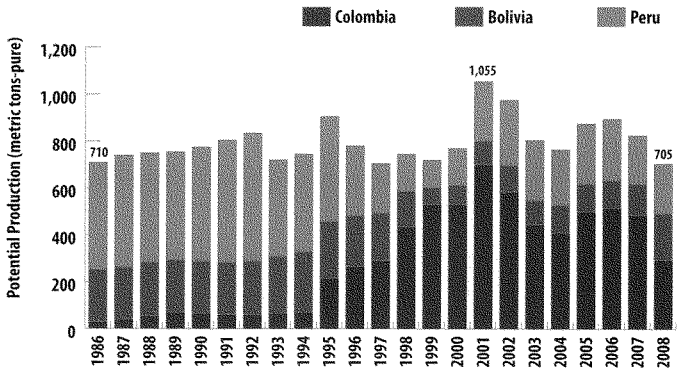
A. Strengthen Strategic Partnerships with Mexico [State, DOJ/DEA, DOD, DHS/ICE, CBP, Treasury]
Drug-trafficking organizations based largely in Mexico, but operating throughout the Western Hemisphere, have garnered huge financial returns from the illicit drug trade. These trafficking groups engage in violence targeting both government forces and their rivals. The Government of Mexico has responded with tremendous resolve and commitment to directly counter drug-trafficking organizations. The United States, as the primary market for drugs transiting Mexico, must be a full partner in this effort. Achieving domestic drug use reduction goals listed earlier in this *Strategy* will help meet the United States' responsibilities. In addition, the *Strategy* strongly supports the continuation of the Merida Initiative—primarily a United States-Mexico partnership initiated in 2007. This intensified bilateral collaboration incorporates an array of activities and programs, including the United States-Mexico Demand Reduction Bi-National Conference held on February 23–25, 2010, in Washington D.C., which fostered collaboration on prevention and treatment initiatives. As a result of the Merida Initiative, the United States and Mexico are engaged in unprecedented levels of two-way information sharing, collaboration on sensitive cases, and joint planning. Bilateral mechanisms already in place to address challenges such as weapons trafficking and bulk cash smuggling also will be used to dismantle the drug-trafficking organizations that continually exploit the border.

B. Disrupt the Narcotics-Insurgency Nexus and the Narcotics-Corruption Nexus in Afghanistan [State, DOJ/DEA, DOD, Treasury, DHS, USDA, USAID]
Disrupting the illicit narcotics trade in Afghanistan is essential to ensuring Afghanistan's future security, stability, and rule of law; depriving the Taliban of opium trade profits; and reducing the flow of illegal opiates to partner nations in Europe and Asia. Limiting the pervasive impact that the narcotics-insurgency-corruption symbiosis has had on Afghan economic development, governance, and security, as well as on regional stability, is important to the United States' national security interests. The United States is engaging in a new approach to counter opium poppy cultivation and heroin production and trafficking in Afghanistan. This approach is focused on fostering rural economic and agricultural development and enhanced interdiction to wean Afghan farmers off opium poppy while depriving the insurgency and corrupt officials of the profits from this illegal economy. The United States is also working with the Islamic Republic of Afghanistan to conduct investigations and operations in Afghanistan targeting drug kingpins and high-value targets, including organizations funding the insurgency. The United States will continue to work with its Afghan partners and other international allies and multilateral organizations such as UNODC that share a commitment to reducing opium poppy cultivation and heroin production in Afghanistan.

C. Build the Law Enforcement and Criminal Justice Capacities of Source Countries in the Western Hemisphere to Sustain Progress Against Illicit Drug Production and Trafficking [State, DOJ, DHS, DOD, Treasury]

The United States has long cooperated with Colombia and Peru on interdiction, eradication, and alternative development programs, while helping to build critical capabilities within the security forces required to exercise state control in remote, under-governed areas where coca and poppy are cultivated and processed. Colombia and Peru have experienced significant success (see update on Plan Colombia) due primarily to their own historic efforts, but assisted by resources and expertise provided by the United States. With the latest data showing a significant disruption of the cocaine market in the United States and a notable decrease in Andean coca and opium poppy cultivation, these successful efforts in reducing the production and trafficking of Andean cocaine must be maintained. Although United States interdiction programs with Bolivia have been largely suspended at the request of their government, the State Department is maintaining some alternative development efforts and remains open to resuming broader anti-drug cooperation at a later date.

Figure 16. **Andean Potential Cocaine Production**



Source: Unpublished U.S. Government estimates (November 2009).

D. Implement the Caribbean Basin Security Initiative [State, DOJ/DEA, DHS/USCG, DOD]

Central American and Caribbean nations are at great risk for drug trafficking, production, and abuse. The United States, through Merida Initiative funding, is providing additional law enforcement training, equipment, and other assistance to Central American nations, Haiti, and the Dominican Republic. The Caribbean Basin Security Initiative (CBSI) will further strengthen the key institutions of our Caribbean partners to face the challenges of transnational crime and reduced economic opportunities. The United States is also working with partner nations to promote community-based policing and demand-reduction and anti-gang efforts. These efforts, combined with joint operations continually conducted by DEA, will provide an opportunity to reduce drug trafficking in these vital regions of the Western Hemisphere.

E. Promote Alternative Livelihoods for Coca and Opium Farmers [State/USAID, DOD, USDA, Treasury]

Drug-consuming nations face a responsibility to offer support and collaboration to nations struggling with challenges related to drug production and trafficking. This aid shall include not only law enforcement, interdiction, and eradication aid, but also incentives to wean farmers away from illicit crop cultivation where security and natural agricultural capacity permit it. United States aid is provided to help ensure a viable, sustainable, licit alternative livelihood for these farmers. USAID will continue to support such programs, linking them with illicit crop reduction and working to partner with other donor nations.

F. Support the Central American Regional Security Initiative [State, DOJ/DEA, DHS/USCG, DOD]

To sustain and expand on past United States programs for law enforcement, rule of law, human rights, and economic and social development initiated with Merida Initiative funding, the United States has established the Central American Regional Security Initiative (CARSI). Participating countries include Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. CARSI seeks to address the corrosive impact of narcotics and weapons trafficking, gangs, organized crime, porous borders, public safety, and rule of law issues that exist in many Central American countries. This initiative also facilitates further regional security cooperation among the Central American nations in coordination with the Merida Initiative and CBSI.

G. Leverage Capacities of Partner Nations and International Organizations to Help Coordinate Programs in the Western Hemisphere [ONDCP, State, DOJ, Treasury, DHS, DOD]

Drug-trafficking organizations have broadened their operational activities to a wide array of Western Hemisphere countries. Traffickers now move drugs, money, weapons, chemicals, and personnel by various routes and through numerous nations. It is time for the United States, in close collaboration with partner nations, to develop, fund, and implement a comprehensive hemispheric counterdrug strategy encompassing both demand reduction and supply reduction efforts. ONDCP will form a working group to draft the strategy with full involvement from all of the relevant interagency partners.

H. Consolidate the Gains Made in Colombia [State, DOD, DOJ/DEA]

Colombia and the United States have jointly made impressive gains over the past 10 years. However, these gains are entirely reversible without continued United States support and sustained Colombian efforts. The United States will continue to support the Government of Colombia to stem the flow of drugs produced abroad and reduce the devastating consequences of drug production, trafficking, and consumption. As part of a multiyear strategy, the United States is transferring operational and funding responsibility for counternarcotics and security programs to the Colombian government as part of a larger multiyear strategy designed to consolidate state presence and economic development in historically marginalized regions. The expansion of security by both the Colombian military and police into areas long dominated by coca cultivation and illegal armed groups has allowed the Colombian government, for the first time, to focus on establishing government presence and integrated rural development in these areas. Voluntary and manual eradication will be emphasized, but aerial eradication will also remain an important tool, especially in remote and insecure areas where manual eradication is cost prohibitive or too dangerous. The United States Government continues to implement an integrated, sequential assistance approach designed to have a greater impact on consolidating the gains made in

Update: Lessons Learned From Plan Colombia

Perhaps no country has faced a greater burden from drug-trafficking organizations than Colombia. At one point, the very existence of the Colombian state was threatened by insurgent and drug-trafficking groups enriched with drug-trafficking proceeds resulting, primarily, from demand for illicit drugs in the United States. Colombia was able to slowly regain the upper hand against illegal armed groups through its sustained efforts and with a deep commitment from the United States. Today, although Colombia must continue to show progress and expand governance to long-ignored rural areas, the existence of the Colombian state is no longer in doubt. Colombia is a vibrant, democratic nation and is increasingly assisting the hemisphere by sharing the knowledge it has gained pushing back against drug trafficking for the past 20 years. Success in Colombia remains critical to the United States' efforts to combat increasingly corrosive drug-trafficking activity in Mexico, Central America, and the Caribbean.

The Development of Plan Colombia: Congress approved United States support for Plan Colombia on July 13, 2000, and has continued since then. It has been one of the largest and most comprehensive efforts by the United States to assist an ally in Latin America with a national drug emergency.

Indicators of Success: Since the inception of Plan Colombia, Colombia has experienced dramatic success, as indicated by the following measures:

- Based on the latest data, cocaine potential production has dropped from 485 metric tons per year of pure cocaine in 2007 to 295 metric tons in 2008. That is a 39-percent decrease in potential production in a single year.
- Over the past 10 years, Colombia's security has improved dramatically: kidnappings are down by 95 percent, the homicide rate has dropped by 44 percent, and terrorist attacks are down by 79 percent. More than 50,000 terrorists have demobilized under the Uribe Administration.

Lessons Learned: Colombia has been unique in many ways, but there are lessons that can be drawn from its experience that might be useful elsewhere.

- **Host-Government Ownership.** In the case of Colombia, Presidents Pastrana and Uribe demonstrated the importance of leadership and commitment. Although Plan Colombia benefited from extensive United States support, it was, at its core, a Colombian plan to which the government was fully committed.
- **Government-Wide Approach.** Eradication can be an effective deterrent to illicit cultivation and provides a great incentive to move to licit crops, but it must be accompanied by government presence and alternative development to preclude replanting and/or dispersal of plots, and it must focus on rule of law and human rights, humanitarian needs, and social and economic reform.
- **Security.** Security is a precondition for successful expansion of social services and developmental assistance. Security must be maintained to allow the expansion of legal economic activities and the delivery of civilian services, including justice, education, and health, to a population not accustomed to a significant government presence.
- **Flexibility.** Programs must adapt to changing circumstances, including adjusting programs that are not working as expected and adding new initiatives if necessary.
- **Long-Term Approach.** Major counterdrug programs designed to address complex and longstanding challenges require a multiyear investment in terms of financial resources and political commitment.

Colombia. Ultimately, the most effective way of reducing the production of illicit drugs is through the expansion of governance into conflict areas so that all Colombians have access to government services, protection from terrorist or criminal groups, and a licit manner in which to earn a living. This expansion of governance is the natural evolution of Plan Colombia efforts.

3. Attack Key Vulnerabilities of Drug-Trafficking Organizations

The primary purpose of our law enforcement-related efforts against drug trafficking organizations is to disrupt the ability of trafficking organizations to operate effectively and thus prevent them from moving significant quantities of illicit narcotics into our nation. Trafficking organizations have proven to be adaptable and resilient. It is therefore vital that our efforts, and those of our many partners around the world, be focused on key trafficker vulnerabilities. As highlighted throughout this document, seizures of individual shipments of drugs, weapons, or illicit proceeds, though useful, should be seen primarily as a means to better understand how trafficking groups operate so that entire organizations – not just one or several cells of the organizations – can be taken down. Exploiting trafficker vulnerabilities is the most cost-effective means to undermine or destroy their ability to move significant quantities of drugs.

Actions

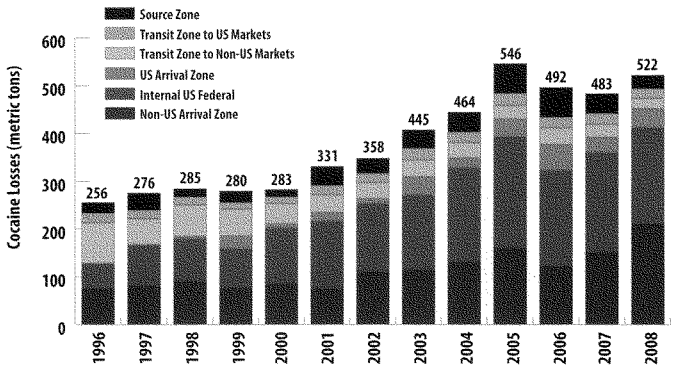
A. Improve Our Knowledge of the Vulnerabilities of Drug-Trafficking Organizations [ODNI, DOJ, DHS]

ODNI, DOJ, and DHS will convene all interagency intelligence organizations to marshal their expertise on drug-trafficking organizations, their vulnerabilities, and mechanisms to attack these vulnerabilities. In order to ensure United States law enforcement agencies are maximizing the impact of their operations on trafficker capabilities, DOJ and DHS will assess current efforts and make recommendations on additional actions to departmental secretaries.

B. Disrupt Illicit Drug Trafficking in the Transit Zone [DHS/USCG, DOD, State, DOJ, ODNI]

The Joint Interagency Task Force South (JIATFS), a DOD component of U.S. Southern Command, coordinates and directs detection and monitoring of all illicit drug-trafficking activities in the Transit Zone. Bringing together partners from the military, law enforcement, and intelligence communities, along with our international allies, JIATFS has contributed to impressive interdiction results and disruptions of trafficking organizations by United States law enforcement agencies and our international partners, allowing us to "work smarter." This has largely been accomplished through the consistent employment of Maritime Bilateral Counter-Drug Agreements and Operational Procedures, improvements in the exchange of information among our partners, better detection technology, development of more and better actionable intelligence, and improvements in the ability of transit zone partner countries to conduct interdiction endgame operations on their own. Our law enforcement agencies must continue to develop technology, tactics, and procedures to combat evolving smuggling trends in order to improve our interdiction capabilities. Achievement of the national interdiction goal—removal of 40 percent of all documented movement of cocaine through the Transit Zone by 2015—will rely on continued refinement of every facet of the interdiction continuum. If this goal proves not to be attainable even with those improvements, it will be evaluated to determine whether the goal is realistic or should be revised in light of the limits of interdiction.

Figure 17. **Worldwide Cocaine Seizures, 1996-2008**



Source: ONDCP, *Interagency Assessment of Cocaine Movement* (October 2009).

Update: International Interdiction

The 40 Percent Goal: The national interdiction goal, established in 2007, called for removal of 40 percent of the cocaine moving through the Transit Zone by 2014, starting with an interim target of 25 percent in 2008 and increasing incrementally by 2.5 percentage points per year to reach 40 percent in 2014. Thus, the interim target for 2010 is 30 percent. To align this goal with other ONDCP 5-year goals, the period of performance for achieving a 40-percent removal rate will move to 2015. The 2010 interim target remains 30 percent, and the annual incremental increase adjusts downward to 2 percentage points per year. The national goal was established in response to concern over longstanding trafficker success rates of between 75 and 80 percent, meaning that every year for the past two decades, as many as four out of every five shipments of cocaine from South America arrived at their destination. The interdiction target was therefore raised to a level that would have a demonstrable and lasting impact on drug availability in the United States.

Evaluation Approach: The removal rate is determined by dividing seizures and removals (e.g., drugs verified to have been jettisoned or otherwise lost) by total documented movement. In other words, if 300 metric tons of cocaine are seized and disrupted in a given year and total documented movement equals 1,200 metric tons, the removal rate for that year would be 25 percent. Sixteen participating organizations evaluate drug movement event/case data on a recurring basis and decide which events meet the rigorous criteria for inclusion in the effectiveness assessment.

Challenges to Success: Removal rates for the past several years have hovered near the historical norm, dropping from a high of 28 percent in 2006 to 23 percent in 2007, 20 percent in 2008, and then rising again to 25 percent in 2009, which was still 2.5 percentage points below the interim target of 27.5 percent for

that year. Aging assets (e.g., Coast Guard cutters), redirection of interdiction capacity to wars overseas, and budget constraints contributed to this lower-than-desired success rate, despite improvements in information exchange, actionable intelligence, and international cooperation.

Next Steps: To fully document the gap between current and desired interdiction performance, The Interdiction Committee (TIC) is conducting the most comprehensive performance gap analysis (PGA) in history. Due to be completed in 2010, the PGA will articulate, agency-by-agency— over a 5-year period— what interdiction capabilities and capacities would be required to achieve the 40 percent national goal. ONDCP and its partners will then evaluate whether the goal is attainable or should be revised.

What Part Does Interdiction Play in the Larger Drug Control Strategy? Hemispheric partners and allies have long asked the United States to focus on reducing its demand for illicit drugs. To that end, this *Strategy* places unprecedented emphasis on domestic prevention and treatment programs. But the availability of drugs such as cocaine within the United States also clearly affects the effectiveness of domestic prevention and treatment programs. To reduce drug availability at home, continued disruption pressure on illicit drug shipments in the Transit Zone remains critical. Interdictions of illicit drug shipments in the Transit Zone not only prevents the drugs from entering the market, but also produces valuable intelligence and information to help build cases against drug-trafficking organizations.

C. Target the Illicit Finances of Drug-Trafficking Organizations [**Treasury**, DOJ, DHS/ICE, DOD, State, ODNI]

Profits are what drive the illegal drug trade and what tie drug trafficking to other transnational threats, including international organized crime and terrorism. The United States must marshal its resources in a coordinated fashion to target illegal revenue streams of all kinds. The United States must also engage the international community in major anti-money-laundering and anti-cartel profit initiatives. Traffickers have updated their methods for moving money around the globe. They have turned to using stored value cards and other new mechanisms to evade law enforcement, but also rely on traditional money exchange systems while they continue to smuggle large amounts of bulk cash. International terrorist organizations often engage in drug-related money-laundering or cash-smuggling operations to generate funds for their operations. Thus, efforts to address illicit finance must include a focus on the drug-terror nexus. United States agencies have developed an array of techniques to target illicit finance. These efforts, which include regulatory initiatives and the highly effective targeted sanctions and financial enforcement actions led by the Treasury, must be further intensified and expanded. United States agencies should assess the current approach and look for opportunities to update and expand these efforts, including developing a comprehensive national threat finance plan of action.

D. Target Cartel Leadership [**DOJ/OCDETF, DEA**, DHS/ICE, Treasury, State, ODNI]

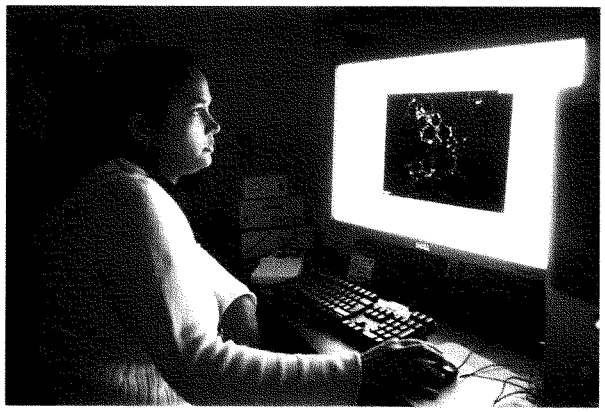
Violent, well-funded organizations cannot be eliminated unless their leadership core is identified and brought to justice. The "command and control" element of the most significant drug-trafficking organizations affecting the United States drug supply are identified on the Consolidated Priority Organization Target (CPOT) List. The CPOT list represents the "most wanted" of the cartel leadership and ensures that the full capabilities of the United States government are focused, in a coordinated and clear manner,

on a group of agreed-upon high-level targets. The Organized Crime and Drug Enforcement Task Force (OCDETF) leads an interagency effort to formulate this list of high-priority international drug trafficker targets. DEA, in close partnership with other agencies and in coordination with international law enforcement organizations, generally leads the multiagency investigations that result in the disruption or dismantlement of CPOT organizations. DEA continues to focus United States capabilities on major drug cartels and should accelerate the rate by which major drug-trafficking organizations, especially those that operate on both sides of the United States-Mexico border, can be put out of business.

Preface for Chapter 7: Employing Cutting-Edge Science to Advance Understanding of Drug Addiction, Treatment, and Recovery

Effective drug policy depends on high-quality science. The National Institute on Drug Abuse (NIDA) is a key component of this effort, working to develop new methods of monitoring drug problems, evaluating treatments, and developing medications. NIDA pursues this work both through providing grants to external investigators and by conducting its own cutting-edge intramural research program. NIDA funds more than 85 percent of the world's research on drug abuse, which includes studies conducted not only across the United States at major universities, but also international research programs designed to integrate the latest research from around the world in NIDA's effort to better understand all aspects of drug use.

Research on the dynamics of proteins within the brain is opening new doors in neuroscience and in the development of medications for addiction treatment. In the photo below, Vanaja Jaligam, M.S, is employing an imaging technique called fluorescence confocal microscopy in NIDA's Integrative Neuroscience Section. The technique allows real-time analysis of protein interactions and function in living cells.



Chapter 7. Improve Information Systems for Analysis, Assessment, and Local Management

Policy Statement

The Obama Administration is committed to using science to inform policy decisions and to evaluate the effects of its policies. The Federal government has many powerful systems that collect important information on the drug problem, but could nonetheless improve in its ability to know how the drug problem is changing, what programs work or fail, and what can be done to respond quickly to emerging threats. In 2001, the National Academy of Science's National Research Council (NRC), in a report commissioned by ONDCP, noted that existing drug-monitoring systems do not adequately "support the full range of policy decisions that the nation must make." Among the gaps they noted were the lack of solid information about the role of drugs in crime and disease, the price and purity of drugs on the street, and the effectiveness of international interdiction efforts. For this reason, as described in the introduction of this document, the *Strategy* includes improving information systems at the Federal and community levels as a top priority. This goal is cross cutting, applying equally to all initiatives described in the drug control strategy, from community-based prevention, to border control, to international interdiction efforts.

The Obama Administration will undertake a sustained effort to improve the quality of information and evaluation systems in the drug control field. The goal is to develop a system that not only fills in the gaps in national policy-level information but also serves communities as they identify and address regional and local drug problems. A core set of drug-control measures could serve both as a set of "warning indicators" for the emergence of new drug threats and new drug-related problems and as an ongoing, public "report card" on the effectiveness of drug control policies and programs. Finally, these measures could be aggregated to the State and national levels as the basis for a near real-time drug information system. Examples of potential local measures that could serve as State and national indicators would include drug-related crimes, mortality, emergency department visits, foster care placements and school dropout rates.

Complicating the improvement of data is the number of stakeholders involved. The government's drug-related information collection and analysis efforts are distributed across many agencies (e.g., DEA, SAMHSA, CDC, NCES, FBI, NDIC). Although these disparate efforts generally support the activities of the individual sponsoring agency, they overlap significantly in the information gathered. Moreover, given the expense of conducting large surveys, it makes sense to develop a core set of measures that would be included in a coordinated fashion across all surveys and at representative levels of sampling and time representation.

Beyond the enhancement of domestic data systems, the international community should also work to improve data related to the supply of drugs. Such information is essential for obtaining an accurate picture of global drug threats. The various drug data sets should contribute to the development of a

comprehensive strategic picture, the product of a coordination mechanism that would provide a year-end assessment of what the various measures indicate, and then develop a unified understanding of their interrelation.

Principles

1. Existing Federal Data Systems Need to Be Sustained and Enhanced

The Federal government supports more than 70 drug-related data systems that are used by policymakers, administrators, researchers, the public, or some combination of these audiences. The existing data systems include the following:

- National Survey on Drug Use and Health (NSDUH)
- Monitoring the Future Study (MTF)
- Drug Abuse Warning Network (DAWN)
- National Forensic Laboratory Information System (NFLIS)
- National Seizure System (NSS)
- Drug and Alcohol Services Information System (DASIS)
- System to Retrieve Information on Drug Evidence (STRIDE)
- Youth Risk Behavior System (YRBS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Vital Statistics Multiple Cause Mortality Data
- Arrestee Drug Abuse Monitoring (ADAM) program
- Uniform Crime Reports (UCR)
- National Inmate Survey (NIS)

The age and continuity of these datasets are their key strengths: They allow us to understand trends in drug problems and policies going back many years, informing current and future policymaking. They are of great value for providing a national picture of drug problems, but are less useful at the State, county, community, or tribal levels. Further, these systems do not consistently provide data in a sufficiently timely fashion to allow a considered response to emerging drug problems.

Communities, States, and the Federal government need a more responsive, accurate, and management-oriented system of measures to guide new policy development and to evaluate the results of existing policies. Building such a system will require the creation of new measures and the identification of new data sources. It will also require reinvigorating existing information systems, as described below.

Actions

A. Enhance the Drug Abuse Warning Network Emergency Department Data System [HHS/SAMHSA, FDA, ONDCP]

DAWN provides national and local-area estimates of drug-related emergency department visits, and drug-related mortality. This system is central for assessing the impact of drug use on the health care system and on the health of the population. The FDA, for example, uses DAWN as an indicator of potential side effects of previously approved prescription drugs. The system is not fully capable of meeting national and local needs and suffers from antiquated data collection procedures that do not provide timely results. SAMHSA will work with ONDCP and FDA to develop options to improve DAWN's timeliness and its accuracy, including identifying agencies that rely on the data and could collaborate with SAMHSA to maintain DAWN's viability.

B. Improve the National Survey on Drug Use and Health [HHS/SAMHSA, ONDCP]

SAMHSA's NSDUH is the Federal government's primary survey on substance use (including illicit drugs, alcohol, and tobacco) and related health conditions among the United States population. Data from NSDUH have been used to examine a wide array of issues, including trends in youth drug use, co-occurring illness, the prevalence of substance abuse and dependence, risk and protective factors, and marijuana market characteristics. Important steps to preserve sample size and flexibility (i.e., the ability to generate State-level estimates) have already been taken, but further opportunities to strengthen NSDUH remain. Through its interagency workgroup process, ONDCP will work with SAMHSA to make design improvements to NSDUH, including considering whether it would be feasible and valuable over the long term to transition to conducting its general population survey only every other year, and conducting surveys of other important populations (e.g., people in recovery; residents of rural areas; the lesbian, gay, bisexual, and transgender population; drug-using individuals who are incarcerated; homeless individuals who are not in shelters) in the intervening years.

C. Sustain Support for the Drug and Alcohol Services Information System [HHS/SAMHSA, ONDCP, OMB]

DASIS consists of two data sets: the Treatment Episode Data Set (TEDS) and the National Survey on Substance Abuse Treatment Services (N-SSATS). TEDS provides State-compiled data recorded at admission to specialty treatment programs. N-SSATS is also reported directly by treatment programs and provides data on the location, characteristics, services offered, and utilization of substance abuse treatment providers. Data from the latter are used to populate SAMHSA's web-based Substance Abuse Treatment Locator, which helps Americans locate the services they need. TEDS provides useful data on the population of annual treatment admissions for substance abuse. This information has been useful for planning state-level treatment responses to changes in the demand for treatment such as the recent rise in admissions for treatment for marijuana and for opiate prescription pain relievers. SAMHSA will work with ONDCP to sustain DASIS and increase the speed with which makes its data available.

D. Better Assess Price and Purity of Illicit Drugs on the Street [DOJ/DEA, NIJ, BJS, ONDCP]

Raising the price and reducing the purity of drugs are central goals of domestic law enforcement and international interdiction. When drugs are taken out of circulation through interdiction, they become scarcer. Like other scarce commodities, their prices rise, making individuals less likely to start taking drugs and more willing to stop if they have started already. Drug prices are also of great interest to communities, as they provide a snapshot of what drugs are available and how easy they are to obtain. Law enforcement agencies track the price of drugs as part of ongoing casework (The System to Retrieve Information on Drug Evidence, or STRIDE), but these prices by definition are not representative of those on the street because only a nonrandom subset of drug transactions are the subject of criminal investigations. In 2006, ONDCP and DEA collaborated on an effort to obtain more reliable and accurate estimates of the price and purity of cocaine and methamphetamine by establishing a Domestic Monitoring Program (DMP) that conducted random purchases of each drug in cities across the United States. The results of these programs, however, did not provide unique insights into local drug market trends, and further studies are needed. DEA and ONDCP recommit to improving methods for assessing local street-level drug prices and purity levels to make these data a useful gauge of drug market responses to supply-and-demand reduction policies.

E. Strengthen Drug Information Systems Focused on Arrestees and Incarcerated Individuals [DOJ/OJP/NIJ, BJS, ONDCP]

Individuals who are arrested and/or convicted of crimes demonstrate substantially higher rates of drug use—especially chronic or hardcore use—than the general population. Understanding the interplay between chronic drug use and crime is critical for policymakers, administrators, and communities. To this end, the Arrestee Drug Abuse Monitoring (ADAM) program collects arrestee-reported data on drug use and related behaviors in 10 counties across the country. In addition to self-reported data, ADAM collects a urine sample at the conclusion of the interview. Yet its availability in only 10 counties renders the system of limited value to national decision makers as well as to communities with characteristics different from those of the 10 counties in which data are collected. The Administration will enhance arrestee drug use monitoring to provide better and more timely information about drug use and markets, treatment, and other needs among the arrestee population throughout the country. In addition, ONDCP will coordinate with BJS and NIJ in efforts to survey incarcerated populations about substance use and other issues. BJS conducts periodic surveys of incarcerated populations and currently has a project underway to redesign these surveys to enhance measures of substance use and mental health problems among jail and prison inmates for the next survey iteration.

2. New Data Systems and Analytical Methods to Address Gaps Should Be Developed and Implemented

Although the existing datasets supported by the government provide valuable national-level information, they are less useful for States or local communities. For example, major surveys do not adequately represent or capture heavy chronic drug users, regionally focused drug epidemics, criminally involved populations, and certain racial/ethnic groups, including American Indians and Alaska Natives. Until questions involving drug use among these populations and issues can be addressed, the ability to formulate, implement, and evaluate effective programs and policies focusing on them will be hindered.

Actions

A. Develop and Implement Measures of Drug Consumption [HHS/SAMHSA, NIDA, DOJ/NIJ, BJS, ONDCP]

Economic analyses of drug use and drug markets are essential to assessing the effectiveness and cost-effectiveness of drug control policies and programs. Yet the two most critical variables needed to assess the impact of drug policy are lacking: (1) how much of the commodity of interest (drugs) is consumed and (2) its price (for a discussion of drug prices, see item 1D above). Consumption refers to the amount of the substance consumed over a given period of time. Prevalence is simply the proportion of the population who use drugs in a given period (e.g., the past week, month, or year). None of the existing government surveys provides a completely reliable estimate of the total amount of drugs consumed by Americans. Finally, even if these two essential data elements were available nationally, they need to be available at the community level if they are to be useful in local policy development and measurement. SAMHSA, NIDA, NIJ, BJS, and ONDCP will work to develop and implement measures for estimating total drug consumption, including surveys of heavy users.

B. Transition Drug Seizure Tracking to the National Seizure System [DOJ/DEA, EPIC, DHS/CBP, ICE, ONDCP]

Tabulation of drug seizures is the foundation for reporting statistics on the trends, activities, and patterns related to drug supply reduction policy. These statistical data must be archived in a timely, accurate, and complete process to make it an effective and useful source for informing policymakers. For the past 20 years, the gathering of such data has been constrained by the participation of only a few Federal agencies and limited accessibility of the final data. EPIC will therefore implement a National Seizure System that accommodates a broader array of drug seizure information in addition to other related data such as suspect and conveyance details.

C. Enhance the Various Data that Inform Our Common Understanding of Global Illicit Drug Markets [ONDCP, DOD, DOJ, DHS, ODNI]

The Interagency Assessment of Cocaine Movement (IACM), an annual report designed to estimate cocaine flow, is informed by data from a wide array of State, local, and Federal agencies as well as our international partners. It uses as a primary source of information the Consolidated Counterdrug Database (CCDB), which has been enhanced in recent years by participation from the United Kingdom's Serious Organized Crime Agency (SOCA). United States agencies will continue to improve CCDB by pursuing and implementing measures to increase efficiency and thoroughness. Federal agencies will also continue to improve the IACM by considering the inclusion of new data sources and new analytic methodologies.

D. In Coordination with Our International Partners, Improve Capacity for More Accurately, Rapidly, and Transparently Estimating the Cultivation and Yield of Marijuana, Opium, and Coca in the World [ONDCP, State, DOJ/DEA, ODNI]

The United States Government produces annual estimates of illicit crop cultivation and illicit drug production in key source countries around the world in an effort to frame the threat of illicit drugs to the United States and its allies. The myriad variables involved in production estimates and rapidly changing tactics by illicit drug producers make it imperative that the information used to calculate those estimates

be refined. The State Department and other agencies will continue to work with our international partners and UNODC to improve our understanding of the cultivation and production process and to refine the United States methodology for producing these estimates.

3. Measures of Drug Use and Related Problems Must be Useful at the Community Level

A key initiative of the *Strategy* is the National Community-based Prevention System (see chapter 1) that will coordinate the substance prevention resources of several Federal agencies in selected communities across the Nation. Critical to the success of this initiative is the ability to assess the status of leading indicators of substance abuse over time—in particular, measures of problems associated with substance abuse—in addition to substance use itself. These would include such indicators as drug-related mortality and morbidity, drug-related crime, school drop-out rates, drug endangered children rates, and youth drug use prevalence. Existing Federal data systems will be of limited utility for assessment purposes of this initiative; although they can provide models for questionnaire and data collection development for local authorities, few of them are able to provide estimates at the local level. DAWN and ADAM are two data systems that can produce such estimates, albeit only in a limited number of locations. Consequently, the national drug control program agencies, working with local authorities, will need to develop the required indicators, either by identifying local data systems or developing new ones

Actions

A. Develop a Community Early Warning and Monitoring System that Tracks Substance Use and Problem Indicators at the Local Level [HHS/SAMHSA, NIDA, DOJ/OJP and ONDCP]

National indicators may bear little resemblance to what is happening in any individual community. Meanwhile, many measures available at the local level (e.g., drug-related arrests and incarcerations; drug-related hospital admissions and emergency department visits; drug-related school accidents or punishments) are not fully captured in national data sets, impairing ability to detect emerging problems in particular states or regions. Led by SAMHSA, and with extensive input from NIDA and the many other Federal agencies that participate in ONDCP's Interagency Working Group Data Committee, the Administration will develop a new Community Early Warning and Monitoring System. This system will develop a national model for capturing community-level data that not only fill in the gaps in national policy-level information but also serve to identify regional and local drug problems. This system will be designed to serve as a near real-time drug information network that warns of emerging drug threats and provides ongoing information on the effectiveness of drug control policies and programs.

Conclusion

Drug Strategy Implementation

This document will guide ONDCP in the implementation of the President's *National Drug Control Strategy* with its partners throughout the Federal government and provide specific goals and a transparent method to evaluate progress. To facilitate implementation, ONDCP will also employ its authority to review and certify national drug control program budgets under Public Law 109–469. Departments and agencies are directed to report by November 1, 2010, on implementation of each of the assigned actions, as well as to recommend new actions for integration into the February 2011 updated report on the *Strategy* required by Congress.

The President's *Drug Control Strategy* is national, not merely Federal, in scope. Most of the actions in the *Strategy* will require strong partnerships with State, local, and tribal officials, as well as with nongovernmental organizations. Just as ONDCP organized regional meetings with stakeholders across disciplines to discuss development of the *Strategy*, we will continue to hold such meetings to facilitate implementation. In addition to ongoing communication with State officials and other ONDCP partners, best practices guides will be provided to key partners throughout the year by ONDCP and Federal agencies.

ONDCP received helpful input from national organizations in developing the *Strategy*. To ensure that this exchange of information will continue, the ONDCP Director and Deputy Director will travel to national conferences and participate in regional roundtables to discuss *Strategy* implementation and how to promote effective collaboration among different national organizations in the drug field.

An ambitious set of 5-year goals has been set. This *Strategy* has been written as a guide to address the serious challenges posed by illicit drugs and the illegal use of alcohol and tobacco by youth. ONDCP will be working year-round with our many partners, in and out of government, to ensure that the policies and programs our citizens need are put in place.

Closing by Director Kerlikowske

No matter what role you play in reducing our Nation's drug problem, whether you are a concerned citizen or a full-time professional working on this issue, I hope after reviewing this document it is clear that we have reason to be optimistic about the important progress we can make together. The core themes of the *Strategy*—emphasizing prevention, treatment, and enforcement, collaborating to achieve solutions, employing best evidence and best practices—can unify us as we tackle the drug problem, whether we do so as law enforcement professionals, healthcare professionals, community coalition members, parents, teachers, people in recovery, or in other capacities. As Director of National Drug Control Policy, I pledge to lead and to work *with* you and *for* you in our shared effort to reduce illegal drug use.

R. Gil Kerlikowske

Appendix 1. Refining Budget and Performance in Support of the Strategy

ONDCP is developing new tools to identify the funding resources available to support the *National Drug Control Strategy* and for reporting on interagency progress toward achieving the *Strategy's* goals.

Drug Strategy Performance Accountability

The *Strategy* sets forth a plan for addressing the myriad serious challenges posed by substance abuse. ONDCP will work with its key partners, in and out of government, to ensure that the *Strategy* is fully implemented, effectively managed, and monitored for performance. This effort will ensure that the desired results are achieved and that reductions in drug use and its consequences are sustained.

An ambitious set of 5-year goals has been established. ONDCP will report on our Nation's progress toward these goals in subsequent strategies and is now developing a Performance Reporting System (PRS) that will collect data from Federal drug control agencies in order to track and report on measurable outcomes that the *Strategy* seeks to achieve by 2015.

Reviewing the Structure and Characterization of the National Drug Control Budget

ONDCP coordinates and certifies the drug control budgets of Federal departments and advises the President on what resources are necessary to implement the Administration's *Strategy*. Parallel to the development of the President's annual *National Drug Control Strategy*, ONDCP gathers and incorporates the various departments' planned drug control spending into the *National Drug Control Budget*, displayed in the annual *Budget Summary*.

Currently, it is difficult to fully determine what activities are drug control related because of the multi-faceted nature of each department and the complex structure of the Federal Budget. To establish an accurate and reliable accounting of Federal resources that are being spent on the drug control mission, ONDCP will undertake a thorough review of the drug-related aspects of the Federal Budget over the next calendar year. This review will include two parts: first, a review of how funding in the budget is categorized and characterized, and second, an examination of programs to determine their suitability for inclusion in the *National Drug Control Budget*.

At the present time, an agency's drug control spending is characterized as either "supply" or "demand." This categorization presents an incomplete picture of some agency programs' activities, as they may be engaged in both demand and supply activities simultaneously. ONDCP is exploring ways to precisely capture how drug control activities are actually performed in the field. As the Administration develops the FY 2012 Budget Submission, we will consider other ways to display Federal drug control funding that correct for the inherent limitations in the current demand and supply approach.

The second part of the review will focus on the agencies and programs that constitute the *National Drug Control Budget*. Working with executive branch agencies and the Congress to fully examine this structure, ONDCP will consult with a group of interagency experts to review and recommend any required

changes to the structure. This review will define what criteria should be used when determining whether an agency should remain in or be added to the *National Drug Control Budget* and what portion of that agency's activities are fairly counted toward drug control activities.

Once the review is complete, the FY 2012 *Budget Summary* will reflect the new budget structure and framework and, therefore, a more accurate accounting of the funding dedicated to the Federal drug control mission.

Appendix 2. FY 2011 Drug Control Program Highlights

The President's Fiscal Year (FY) 2011 *National Drug Control Budget* requests $15.5 billion (B) to reduce drug use and its consequences in the United States. This represents an increase of $521.1 million (M) (3.5 percent) over the FY 2010 enacted level of $15.0B. These resources are categorized around five major functions: (1) substance abuse treatment, (2) substance abuse prevention, (3) domestic law enforcement, (4) interdiction, and (5) international support.

Substance abuse takes a terrible toll on the public health, public safety, and financial resources of the United States. The Administration's national drug control policy seeks to reduce Americans' drug use and its related health, social, and criminal problems. To help meet this goal, the Administration has developed five demand-reduction priority areas. The Administration is requesting $151.3M in new funding across the Federal government to strengthen efforts to detect and prevent and treat illicit drug use in our communities and break the cycle of illicit drug use, crime, and incarceration.

Highlights of the FY 2011 Budget

Prevention

Federal resources totaling $1.7B (a 13.4-percent increase over the FY 2010 enacted level) support a variety of education and outreach programs aimed at preventing the initiation of drug use; the major changes are highlighted below:

Substance Abuse and Mental Health Services Administration
Department of Health and Human Services: $254.2M; reflects $29.6M increase over FY 2010

- In support of the first priority to create a national, community-based prevention system to protect our adolescents, the budget includes:
- Prevention-Prepared Communities: $15.0M to fund an interagency pilot program for a national network of "prevention-prepared communities" intended to offer a continuous system of evidence-based prevention interventions throughout the full course of adolescence.
- Enhancing State Capacity To Develop/Support Communities: $5.6M to fund community prevention specialists within states to facilitate development of prevention-prepared communities and increase collaboration among State agencies in achieving these goals.
- Evaluations: $2.0M to fund an evaluation of the Prevention-Prepared Communities demonstration pilot program.

Drug Free Communities (DFC)
Office of National Drug Control Policy: $85.5M; reflects $9.5M decrease from FY 2010
DFC funding supports the development of community drug-free coalitions throughout the United States. The program provides up to $125,000 per year, for a total of up to 10 years, in grant funding to local drug-free community coalitions.

Successful, Safe, and Healthy Students Grant Program
Department of Education: $283.1M; reflects $107.3M increase over FY 2010
This new program would support student achievement and help ensure that students are mentally and physically healthy and ready to learn by creating an improved school climate that reduces drug use, violence, and harassment and improves school safety and students' physical and mental well-being.

National Youth Anti-Drug Media Campaign
Office of National Drug Control Policy: $66.5M; reflects $21.5M increase over FY 2010
The Campaign uses media channels such as paid advertising, interactive media, and public information to educate and motivate youth to develop anti-drug beliefs and behaviors and encourage adults to play a more effective role in keeping youth drug free.

Consolidated Tribal Grant
Department of Justice: $111.6M; reflects $111.6M increase over FY 2010
DOJ has set aside 7 percent of the Office of Justice Program's discretionary funding for grants under a new tribal criminal justice assistance program that consolidates previous tribal funding streams and increases funding available for public safety in tribal communities.

Drug-Impaired Driving Program
Department of Transportation: $2.7M; reflects no change from FY 2010
The National Highway Traffic Safety Administration's request supports the Drug-Impaired Driving Program, which will provide public information and outreach efforts as well as improved law enforcement training in the area of drug-impaired driving.

Arrestee Drug Abuse Monitoring II Program (ADAM)
Department of Justice: $10.0M; reflects $10.0M increase over FY 2010
The request includes $10.0M to expand and enhance the Arrestee Drug Abuse Monitoring program, which collects data on booked arrestees in 10 United States counties on their drug abuse and related behavior.

Treatment

The FY 2011 Budget dedicates nearly $3.9B in Federal funds for early intervention and treatment services for individuals with drug problems. This represents a 3.7-percent increase over the FY 2010 funding level. The major changes are highlighted below:

Substance Abuse and Mental Health Services Administration
Department of Health and Human Services: $635.4M; reflects $101.2M increase over FY 2010
In support of the priorities to train and engage primary health care to intervene in emerging cases of drug abuse, expand and improve specialty care for addiction, and develop safe and efficient paradigms to manage drug-related offenders in community corrections, the FY 2011 Budget includes $92.7M for a wide array of new and expanded programs. These programs include:

- Training and Equipping Mainstream Health Care—Establish an SBIRT Code Monitoring System: $0.5M to monitor and encourage statewide screening, brief intervention and referral to treatment code adoption and implementation.
- Training and Equipping Mainstream Health Care—Expand SBIRT Code Adoption Through Technical Assistance Initiative: $0.7M to enhance and expand the Center for Substance Abuse Treatment's state financing academies, promote statewide adoption of SBIRT via code adoption, and secure inclusion of SBIRT into health care credentialing policies.
- Expanding ID and Management of Substance Use Disorders by Physicians: $3.0M for a pilot project based on SAMHSA's Physician Clinical Support System model to train generalist physicians and other health care providers in SBIRT and general drug-use treatment clinical decision-making.
- Performance-Contracting Pilot Project: $6.0M for a performance-contracting pilot project for competitive grants to State or tribal authorities. Grant funding will be used to enhance drug treatment quality by incentivizing treatment providers to achieve specific performance targets.
- Enhancing Substance Abuse Care in Federal Health Care Systems: $25.0M to add qualified and trained behavioral health counselors and other addiction specialists in HRSA-supported community health centers. This initiative will include training on performing SBIRT for the health counselors and other addiction specialists. (Note: As HRSA is not currently a drug-control agency, for display purposes only these resources are being shown as part of the SAMHSA drug-control budget.)
- Expanding Access to Recovery (ATR) grants: $9.9M to expand the ATR Program, a recovery-oriented system of care approach to service delivery that uses electronic vouchers and client choice. Funds will support up to four new ATR grants.
- Enhance Community Corrections Programs by Drug-Involved Offenders: $10.0M to provide continuation funding for adult treatment drug courts and juvenile treatment drug courts; will also support continuation of all the new treatment drug courts jointly funded with DOJ elements in FY 2010. The budget will also provide increased funding for award of new treatment drug courts.

- Adult Ex-offender Reentry Court Program: $5.0M to expand the integration of the proven practices of drug courts into the management of drug-related offenders being released from incarceration back into the community. These grants provide screening, assessment and comprehensive treatment and recovery support services.
- Creating Mechanisms to Collect/Use Community-Level Information: $13.6M to design, develop and field-test a community-level early warning and monitoring system to detect the emergence of new drug threats and assist in identifying the public health/safety consequences of drug use.
- Preserving National Strategic Data Resources: $19.0M to expand/enhance the Drug Abuse Warning Network, which provides national and local estimates of drug-related emergency department visits and mortality, and improve the National Survey on Drug Use and Health by enhancing its ability to gather information such as that related to the chronic heavy drug-using population.

Substance Abuse Prevention and Treatment (SAPT) Block Grant
Department of Health and Human Services: $1.799B; reflects no change from FY 2010
The SAPT Block Grant supports substance abuse prevention and treatment services while providing maximum flexibility to States. The program in FY 2011 will provide support to 60 jurisdictions (states, territories, the District of Columbia, and the Red Lake Band of Chippewa Indians in Minnesota). These resources will support approximately 2 million treatment episodes. (Note: A minimum of 20 percent of the SAPT Block Grant is set aside for the prevention activities.)

Additional Substance Abuse Treatment at the Indian Health Service
Department of Health and Human Services: $83.9M; reflects $6.7M increase over FY 2010
The budget includes $4.0M to add qualified and trained behavioral health counselors and other addiction specialists in IHS-funded facilities. IHS will also continue efforts to expand screening and brief intervention training for Indian health providers.

Second Chance Act
Department of Justice: $50.0M; reflects $20.0M increase over FY 2010
In support of the priority to develop safe and efficient paradigms to manage drug-related offenders in community corrections, the budget includes the following initiatives:

- Prosecution-led Drug Treatment Alternatives to Prison: $10.0M to provide full funding of this activity authorized under Section 112 of the Second Chance Act.
- Adult Reentry Court Initiative: $5.0M to integrate the practices of drug courts into the management of drug-related offenders being released into the community.
- Innovative Diversion/Reentry Programs for Juvenile Drug Offenders: $4.0M to develop and test strategies for juvenile offenders with co-occurring substance abuse problems.

Veterans Affairs Treatment
Department of Veterans Affairs: $418.0M; reflects $13.0M increase over FY 2010
VA operates a national network of substance abuse treatment programs located in its medical centers, residential rehabilitation facilities, and outpatient clinics. The goal is to provide effective, safe, efficient, recovery-oriented, and compassionate care for veterans with substance use disorders and mental illness.

Residential Substance Abuse Treatment
Department of Justice: $30.0M; reflects no change from FY 2010)
The Residential Substance Abuse Treatment program for State prisoners was established to help States and local governments develop, implement, and improve residential substance abuse treatment programs in correctional facilities and establish and maintain community-based aftercare services for probationers and parolees.

Domestic Law Enforcement

More than $3.9 billion in Federal resources support domestic law enforcement efforts, an increase of $73.8M (1.9 percent) over the FY 2010 level; the major changes are highlighted below.

Organized Crime Drug Enforcement Task Force
Department of Justice: $579.3M; reflects $50.8M increase over FY 2010
The Organized Crime Drug Enforcement Task Force Program is a partnership of Federal law enforcement agencies and prosecutors to disrupt drug-trafficking and money-laundering organizations. The request adds funding for additional agents, analysts and attorneys performing efforts focused on the United States southwest border.

Drug Enforcement Administration Diversion Control Efforts
Department of Justice: $291.8M; reflects $40.0M increase over FY 2010
DEA's Diversion Control Program enforces the Controlled Substances Act, which pertains to pharmaceutical controlled substances and listed chemicals. The request includes funding for 174 new positions for pharmaceutical and chemical diversion control activities. The budget also requests $3.0M for the Prescription Drug Monitoring Program, which will initiate a program to establish a well-functioning standardized prescription drug-monitoring program in every state.

High Intensity Drug Trafficking Areas (HIDTA) Program
Office of National Drug Control Policy: $210.0M; reflects $29.0M decrease from FY 2010
The HIDTA Executive Boards design strategies to respond to the specific drug-trafficking threats found in each HIDTA region. This discretion ensures that each HIDTA Executive Board can tailor its initiatives closely to local conditions and can respond quickly to changes.

National Guard Counterdrug Support
Department of Defense: $177.7M; reflects $43.4M decrease from FY 2010
The National Guard provides counterdrug support to Federal, State, and local law enforcement agencies, community-based organizations, and other organizations that request assistance.

Interdiction

With an increase of $86.9M (2.4 percent) over the FY 2010 level, $3.7 billion supports Federal interdiction efforts; major changes are highlighted below.

Coast Guard Interdiction
Department of Homeland Security: $1,208.1M; reflects $45.9M increase over FY 2010
The Coast Guard's drug interdiction objective is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. The budget funds recapitalization of assets and infrastructure that supports this mission.

Caribbean Basin Security Initiative
Department of State: $31.2M; reflects $31.2M increase over FY 2010
The Initiative will combat the flow of illegal drugs into the region by supporting both bilateral and regional counternarcotics initiatives.

Western Hemisphere Regional
Department of State: $37.5M; reflects $31.3M increase over FY 2010
To encourage the region's elected leaders' use of democratic processes and free market economies to improve the lives of their citizens, the program strengthens democratic institutions; promotes prosperity; protects the democratic state; and invests in people.

Customs and Border Patrol (CBP): Border Security and Trade Facilitation at Ports of Entry
Department of Homeland Security: $805.9M; reflects $5.8M increase over FY 2010
The budget includes $46.9M and 389 full-time-equivalent employees for an increase to Customs and Border Protection Officers (based on CBP's drug budget methodology, $5.8M of this adjustment to base would be drug related). The proposed adjustment will allow CBP to maintain staffing for critical positions.

Joint Interagency Task Force South
Department of Defense: $50.5M; reflects $5.3M decrease from FY 2010
Joint Interagency Task Force South conducts counterdrug operations to detect, monitor, and interdict the flow of illicit drugs and other narco-terrorist threats to the security of the United States.

International

The Budget requests more than $2.3B to provide international support, an increase of $20.1M (0.9 percent) over the FY 2010 level; major changes are highlighted below.

DOD Counter Narcotics (CN) Support in Central Asia
Department of Defense: $501.5M; reflects $121.4M increase over FY 2010
The budget provides a greater focus on interdiction than in previous years, as DOD has built the initial capacity of the Afghan CN-vetted units that are now capable of conducting combined interdiction operations with DEA and United States military forces.

DEA International Enforcement
Department of Justice: $435.3M; reflects $26.1M increase over FY 2010
The budget includes $10.8M to provide permanent funding for the expanded Sensitive Investigative Unit program in Mexico, a key tool in the effort to disrupt and dismantle Mexican drug cartels.

Africa
Department of State: $13.2M; reflects $10.0M increase over FY 2010
The budget funds programs in West Africa that will develop strong law enforcement investigative abilities and justice sectors capable of prosecuting and convicting narco-traffickers.

Colombia
Department of State: $178.6M; reflects $26.6M decrease from FY 2010
The budget continues transferring responsibility for counternarcotics and security activities to Colombia.

Table 1: Federal Drug Control Spending by Function

FY 2009 – FY 2011
(Budget Authority in Millions)

	FY 2009 Final	FY 2010 Enacted	FY 2011 Request	10-11 Change Dollars	10-11 Change Percent
Function					
Treatment	3,561.9	3,745.5	3,882.5	136.9	*3.7%*
Percent	*23.3%*	*24.9%*	*25.0%*		
Prevention	1,854.7	1,514.3	1,717.7	203.3	*13.4%*
Percent	*12.1%*	*10.1%*	*11.0%*		
Domestic Law Enforcement	3,869.4	3,843.5	3,917.3	73.8	*1.9%*
Percent	*25.3%*	*25.6%*	*25.2%*		
Interdiction	3,910.2	3,640.1	3,727.0	86.9	*2.4%*
Percent	*25.6%*	*24.2%*	*24.0%*		
International support	2,082.2	2,288.0	2,308.1	20.1	*0.9%*
Percent	*13.6%*	*15.2%*	*14.8%*		
Total	**$15,278.4**	**$15,031.5**	**$15,552.5**	**$521.1**	**3.5%**
Supply/Demand					
Demand Reduction	5,416.6	5,259.9	5,600.2	340.3	*6.5%*
Percent	*35.5%*	*35.0%*	*36.0%*		
Supply Reduction	9,861.8	9,771.6	9,952.4	180.8	*1.9%*
Percent	*64.5%*	*65.0%*	*64.0%*		
Total	**$15,278.4**	**$15,031.5**	**$15,552.5**	**$521.1**	**3.5%**

Note: Detail may not add to total because of rounding

Table 2: Federal Drug Control Spending by Agency

FY 2009 – FY 2011
(Budget Authority in Millions)

	FY2009 Final	FY2010 Enacted	FY2011 Request
Department of Defense	1,405.1	1,598.8	1,588.5
Department of Education	429.8	175.8	283.1
Department of Health and Human Services			
Centers for Medicare & Medicaid Services	215.0	430.0	400.0
Substance Abuse and Mental Health Services Administration	2,494.1	2,557.4	2,688.2
National Institutes of Health—National Institute on Drug Abuse	1,293.6	1,059.4	1,094.1
Indian Health Service	91.5	96.0	103.1
Total HHS	**4,094.2**	**4,142.8**	**4,285.4**
Department of Homeland Security			
Customs and Border Protection	2,101.0	2,108.6	2,086.1
Immigration and Customs Enforcement	437.1	477.7	499.8
Coast Guard	1,096.9	1,162.3	1,208.1
Office of Counternarcotics Enforcement	3.7	3.6	3.9
Total DHS	**3,638.7**	**3,752.2**	**3,797.9**
Department of the Interior			
Bureau of Indian Affairs	6.3	10.0	10.0
Department of Justice			
Bureau of Prisons	79.2	87.6	93.5
Drug Enforcement Administration	2,203.5	2,271.5	2,421.9
Organized Crime Drug Enforcement Task Force Program	515.0	528.6	579.3
Office of Justice Programs	397.5	288.4	307.6
National Drug Intelligence Center	44.0	44.0	44.6
Total Justice	**3,239.2**	**3,220.1**	**3,446.9**
Office of National Drug Control Policy			
Counterdrug Technology Assessment Center	3.0	5.0	0.0
High Intensity Drug Trafficking Areas	234.0	239.0	210.0
Other Federal Drug Control Programs	174.7	154.4	165.3
Salaries and Expenses	27.2	29.6	26.2
Total ONDCP	**438.9**	**428.0**	**401.4**
Department of State			
Bureau of International Narcotics and Law Enforcement Affairs	1,150.4	870.7	892.0
United States Agency for International Development	418.6	365.1	365.1
Total State	**1,569.0**	**1,235.9**	**1,257.1**
Department of Transportation			
National Highway Traffic Safety Administration	2.7	2.7	2.7
Department of the Treasury			
Internal Revenue Service	60.6	59.2	60.3
Department of Veterans Affairs			
Veterans Health Administration	392.8	405.0	418.0
Small Business Administration	1.0	1.0	1.0
	15,278.4	**15,031.5**	**15,552.5**

Note: Detail may not add to total because of rounding

List of Acronyms

ACF	Administration for Children and Families
ADAM	Arrestee Drug Abuse Monitoring program
Agriculture	Department of Agriculture
AI/AN	American Indians and Alaska Natives
AIDS	Acquired Immunodeficiency Syndrome
ATF	Bureau of Alcohol, Tobacco, Firearms and Explosives
ATR	Access to Recovery
BIA	Bureau of Indian Affairs
BJA	Bureau of Justice Assistance
BJS	Bureau of Justice Statistics
BOP	Bureau of Prisons
BRFSS	Behavioral Risk Factor Surveillance System
CADFY	Californians for Drug Free Youth
CARSI	Central American Regional Security Initiative
CBAG	California Border Alliance Group
CBP	Customs and Border Protection
CBSI	Caribbean Basin Security Initiative
CCDB	Consolidated Counterdrug Database
CCHS	Cook County Health and Hospitals System
CDC	Centers for Disease Control and Prevention
CHC	Community Health Centers
CHRIS	Criminal History Record Information Sharing
CICAD	Inter-American Drug Abuse Control Commission
CJ-DATS	Criminal Justice-Drug Abuse Treatment Studies
CMS	Centers for Medicare and Medicaid Services
CND	Commission on Narcotic Drugs
CNE	DHS Office of Counternarcotics Enforcement
COPS	Office of Community Oriented Policing Services
CPOT	Consolidated Priority Organization Target
DASIS	Drug and Alcohol Services Information System
DAWN	Drug Abuse Warning Network

DEA	Drug Enforcement Administration
DEA-NJ	DEA's New Jersey Division
DEC	Drug Endangered Children
DFAS	Drug Flow Attack Strategy
DFC	Drug Free Communities
DHS	Department of Homeland Security
DMEIP	Domestic Marijuana Eradication and Investigation Project
DMI	Drug Market Intervention
DMP	Domestic Monitoring Program
DOD	Department of Defense
DOJ	Department of Justice
DOL	Department of Labor
DOT	Department of Transportation
DPS	Texas Department of Public Safety
DRE	Drug Recognition Experts
DTO	Drug Trafficking Organization
DUID	Driving Under the Influence of Drugs
DWI	Driving While Intoxicated
ED	Department of Education
EPA	Environmental Protection Agency
EPIC	El Paso Intelligence Center
EU	European Union
FARS	Fatality Analysis Reporting System
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
GangTECC	National Gang Targeting, Enforcement and Coordination Center
GPS	Global Positioning System
HAART	Highly Active Anti-Retroviral Therapy (HAART)
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HIDTA	High Intensity Drug Trafficking Area
HOPE	Hawaii's Opportunity Probation with Enforcement
HRSA	Health Resources and Services Administration
HUD	Department of Housing and Urban Development
I&A	DHS Office of Intelligence and Analysis

IACM	Interagency Assessment of Cocaine Movement
IACP	International Association of Chiefs of Police
IBET	Integrated Border Enforcement Team
ICE	Immigration and Customs Enforcement
IDU	Injecting Drug Use or Injecting Drug User
IHS	Indian Health Service
III	Interstate Identification Index
INCB	International Narcotics Control Board
Interior	Department of the Interior
IRS	Internal Revenue Service
ISAF	International Security Assistance Force
JIATF-S	Joint Interagency Task Force South
M7	Top seven states for marijuana cultivation
MAOC-N	Maritime Analysis and Operations Centre - Narcotics
MDMA	3,4-methylenedioxymethamphetamine (Ecstasy)
MOU	Memorandum of Understanding
MTF	Monitoring the Future study
N-SSATS	National Survey on Substance Abuse Treatment Services
NACE	Native American Center for Excellence
NADCP	National Association of Drug Court Professionals
NATO	North Atlantic Treaty Organization
NCES	National Center for Education Statistics
NDIC	National Drug Intelligence Center
NFLIS	National Forensic Laboratory Information System
NGIC	National Gang Intelligence Center
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIDAMED	NIDA Drug Abuse Resources for Medical and Health Professionals
NIJ	National Institute of Justice
NIS	National Inmate System
NQF	National Quality Forum
NSDUH	National Survey on Drug Use and Health
NSS	National Seizure System
NTF	National Task Force

OAS	Organization of American States
OCDETF	Organized Crime Drug Enforcement Task Force
ODNI	Office of the Director of National Intelligence
OFAC	Office of Foreign Assets Control
OFBNP	Office of Faith-Based and Neighborhood Partnerships
OGAC	Office of the U.S. Global AIDS Coordinator
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OJP	Office of Justice Programs
OMB	Office of Management and Budget
ONAP	Office of National AIDS Policy
ONDCP	Office of National Drug Control Policy
P4P	Pay for Performance
PCSS	Physician Clinical Support System
PEPFAR	President's Emergency Plan for AIDS Relief
PGA	Performance Gap Analysis
POE	Port of Entry
PPC	Prevention Prepared Communities program
Project LAUNCH	Project for Linking Actions for Unmet Needs in Children's Health
PTSD	Post-Traumatic Stress Disorder
REXO	Re-Integration of Ex-Offenders
S&T	DHS Directorate for Science and Technology
SAMHSA	Substance Abuse and Mental Health Services Administration
SBA	Small Business Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCDTF	Southern California Drug Task Force
SIPRNET	Secret Internet Protocol Router Network
SMART	Self-Management and Recovery Training
SOCA	United Kingdom's Serious Organized Crime Agency
State	Department of State
STRIDE	System to Retrieve Information on Drug Evidence
TASC	Treatment Alternatives for Safe Communities
TEDS	Treatment Episode Data Set
THC	delta-9-tetrahydrocannabinol (principal psychoactive ingredient of marijuana)
TIC	The Interdiction Committee
Treasury	Department of the Treasury

UCR	Uniform Crime Reports
UN	United Nations
UNAIDS	United Nations Office on AIDS
UNODC	United Nations Office on Drugs and Crime
USAID	U.S. Agency for International Development
USCG	U.S. Coast Guard
USDA	U.S. Department of Agriculture
USMS	U.S. Marshals Service
VA	Department of Veterans Affairs
YRBS	Youth Risk Behavior System