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THE NATIONAL DRUG CONTROL STRATEGY FOR 2002

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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THE NATIONAL DRUG CONTROL STRATEGY FOR 2002

TUESDAY, FEBRUARY 26, 2002

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

The subcommittee met, pursuant to notice, at 2:33 p.m., in room 2154, Rayburn House Office Building, Hon. John L. Mica (member of the subcommittee) presiding.

Present: Representatives Mica and Cummings.

Staff present: Chris Donesa, staff director and chief counsel; Sharon Pinkerton, senior advisor and counsel; Nick Coleman, Jim Rendon, and Roland Foster, professional staff members; Conn Carroll, clerk; Tony Haywood, minority counsel; Asi Ofuso, minority professional staff member; and Jean Gosa, minority assistant clerk.

Mr. MICA. Good afternoon. I would like to call this subcommittee meeting to order. Today the Criminal Justice, Drug Policy and Human Resources Subcommittee is conducting the first oversight hearing of the 2002 National Drug Control Strategy. I'm pleased to welcome, I think for the first time before the panel, on drug strategy by the new administration, Mr. John Walters, Director of the Office of National Drug Control Policy. The order of business will be, first, opening statements by myself, Mr. Cummings, the ranking member, or any other Members who join us, and then we'll go directly to Mr. Walters, and I will proceed with my statement at this time.

I was really delighted to recently attend, along with Mr. Cummings, a White House ceremony which announced this strategy just a few days ago at which the President of the United States gave a very inspiring speech about the importance of the issue of illegal narcotics and drug abuse and prevention to our Nation.

It's most heartening for me personally as former chair of the subcommittee, member of this subcommittee for a number of years, to find a change in strategy, a change in messages, no longer the mixed message that we heard unfortunately, and I think for the first time leadership is being exercised by our Commander in Chief and he is taking a very personal and direct interest in this issue. We're now unfortunately paying the price of the strategy of mixed messages, and at the national level the statistics on drug use, particularly among our young people, continue to be worrying and sobering.

Drug overdose deaths continue to plague our metropolitan areas, our suburbs and our schools. Drug use is highest, unfortunately, also among our young people. Our 12th graders now proclaim, 54 percent of them, having tried an illicit drug within the past year. The monitoring of the future studies show a sharp increase in Ecstasy and while we may see some reductions in some traditionally difficult illegal narcotics, the Ecstasy explosion by eighth, 10th and 12th graders point that almost 12 percent of the 12th graders tried Ecstasy last year, and again we're experiencing an explosion across the board, and this new drug, serious narcotic, is a serious challenge to our young people.

So while I'm encouraged by President Bush's choice for a new Director, and also I might point out just for the record, too, that having the new Drug Czar, Director of Office of National Drug Policy, having him here is long overdue and it's not his fault or this administration's fault. In fact, he was nominated by the President on June 5, 2001 and not confirmed until December 5, exactly I guess it's 6 months or longer, 184 days. I just want to make certain that's inserted in the record.

I'm still concerned, however, about the legacy of the previous administration and recognize that much more work needs to be done and glad that finally we have the new Director in place.

Some of the strengths in the White House drug strategy include a budget increase for the Drug-Free Communities Act, which has had wide bipartisan support in Congress. Grant recipients under that program worked hard to win matching funds and should in fact be rewarded for their successes and realization that much of this work falls on the—as a responsibility of local groups and communities.

The 105th Congress passed an ONDCP reauthorization bill with hard targets for reducing drug use. This year's strategy document lays out a 2-year goal of a 10 percent reduction and a 5-year goal of a 25 percent reduction in drug use. Sadly the previous administration failed in reaching the performance levels it set. I'm anxious to see some movement in these figures and hope that we're more successful with the current administration in its efforts and also in achieving its goals.

I also continue to be concerned by the medical marijuana phenomenon. In this last election cycle more States fell prey to ballot initiatives sponsored by wealthy out-of-state drug legalizers. We must do more to show that inhaling marijuana is simply not good for anyone's health.

Additionally, many of us here in Congress have wrangled with the previous administration for more than several years over properly equipping the Colombian anti-narcotics police with helicopters and other equipment capable of conducting heroin eradication, as President Pastrana has now stepped up his resistance, and some of that I think is long overdue. President Pastrana rightfully attempted a number of peace initiatives over the past 3 years, and unfortunately terrorists who were financing their illegal terrorist activity with drug money don't respect anything but sheer force and now I think President Pastrana has woken up to that reality, unfortunately, in the last days of his term, but we must do everything possible to assist him in his fight against narcoterrorism, an-

other form of terrorism that's afflicted more than 35,000 deaths on a great country and great people.

The previous administration's response to the heroin epidemic was more treatment dollars and expanded methadone maintenance. In reading through this new strategy, I was pleased to see the introduction of the principle of compassionate coercion, which is listed in the treatment section. I'd encourage the Director to visit the DTAP, that's an acronym for Drug Treatment Alternative to Prison Program, in New York, which we had an opportunity to visit and one of the most successful programs I've seen in the country, and we've also modeled legislation which I hope we can get passed to initiate a Federal program.

This DTAP program uses the prosecutor's leverage to put nonviolent offenders into drug treatment. It also uses a carrot and stick approach, which has proven to be one of the most successful approaches. They also dealt with people who aren't just recent simple record offenders but people with long lists of problems with narcotics and have been able to turn their lives around, and I hope that we'll have support from the administration for this legislative initiative.

With that, I want to say I look forward to hearing from Director Walters today on these and other issues which are important to the members of the subcommittee, to parents and to young people. I'm delighted that he is here. I am pleased that even though the short time he has been on the job he has gotten the new policy before us enacted and acting in good rapid order, unlike the treatment he received the other side of the Congress.

[The prepared statement of Hon. John L. Mica follows:]

Opening Statement of
John L. Mica
Subcommittee on Criminal Justice, Drug Policy and Human Resources
"Oversight of the 2002 National Drug Control Strategy"
February 26, 2002

Today the Subcommittee on Criminal Justice, Drug Policy and Human Resources welcomes John Walters, Director of the Office of National Drug Control Policy. MR. WALTERS is here to present the President's 2003 National Drug Control Strategy. I was thrilled to recently attend the White House ceremony announcing this Strategy, in which the President of the United States gave a very inspiring speech about our the importance of this issue to our nation. It is heartening to know that after so many years of mixed messages, leadership is being exercised by our Commander-in-Chief on this issue.

We are now paying the price for a strategy of mixed messages. At the national level, the statistics on drug use, particularly among our young people, continue to be worrisome and sobering. Drug overdose deaths continue to plague our metropolitan areas, our suburbs and our schools. Drug use is highest among our 12th graders, with 54% of them having tried an illicit drug within the past year. The Monitoring the Future studies show a sharp increase in ecstasy by 8, 10 & 12th graders, to the point that almost 12% of 12 graders tried ecstasy last year.

So, while I am encouraged by President Bush's choice for a new Director, I am concerned about the legacy of the previous Administration and realize that much work needs to be done.

Some of the strengths in the White House drug strategy include a budget increase for The Drug Free Communities Act which had wide bipartisan support in Congress. Grant recipients under that program worked hard to win matching funds and should be rewarded for their successes and realization that much of this work falls on local groups and communities.

The 105th Congress passed an ONDCP reauthorization bill with hard targets for reducing drug use. This year's strategy document lays out a 2 year goals of a 10% reduction and a 5 year goal of a 25% reduction in current drug use. Sadly, the previous Administration failed miserably in reaching the performance goals set. I am anxious to see some movement in these figures.

I also continue to be concerned by the medical marijuana phenomenon. This last election cycle more states fell prey to ballot initiatives sponsored by wealthy, out-of-state drug legalizers. We must do more to show that inhaling marijuana is simply not good for anyone's health.

Additionally, many of us here in Congress have wrangled with the previous Administration for more than two years over properly equipping the Colombian anti-narcotics police with helicopters capable of conducting heroin eradication. As President Pastrana has now stepped up his resistance to the FARC we must do everything possible to assist him in his fight against the narco-terrorists in his country.

The previous Administration's response to the heroin epidemic was more treatment dollars and expanded methadone maintenance. In reading through the Strategy, I was pleased to see the introduction of the principle of "compassionate coercion" in the treatment section. I would encourage the Director to visit the Drug Treatment Alternative to Prison (DTAP) program in New York, which uses the prosecutor's leverage to put non-violent offenders into drug treatment. I have introduced legislation which I hope will get the Administration's support.

With that I want to say that I look forward to hearing from Director Walters today on these and other issues which are so important to the Members of the Subcommittee, to parents and to our young people.

Mr. MICA. This wasn't your fault. I think Mr. Cummings wanted someone on board rather than later, too, and I'm pleased to yield to him. He has been a good ally in this effort and I respect him very much and appreciate his leadership in the past.

Mr. Cummings, you are recognized.

Mr. CUMMINGS. Thank you very much, Mr. Chairman. I am aware that Director Walters has an appointment very shortly, and we will keep that in mind.

First, let me say that I am very happy to see Director Walters again, having had the opportunity to spend some real quality time with the Drug Czar in Baltimore just last Friday. Shortly after his swearing in, Director Walters reached out to me to schedule an informal meeting to get acquainted. During our meeting a little over 2 weeks ago, I extended to him an invitation to visit Baltimore so that the chief overseer of our national drug policy could see and hear firsthand what the city that I help to represent has been able to accomplish by approaching drug treatment and law enforcement with equal conviction, as two arms, if you will, of the same strategy. Director Walters demonstrated his good faith by not only accepting my invitation on the spot but making the visit a high priority.

I don't know about you, Mr. Chairman, but in my experience 2 weeks from an invitation to visit is a record—is record time when it comes to having a Cabinet official visit a congressional district, and I really do express my deepest appreciation, Director Walters.

In recent years, as you know, Mr. Chairman, Baltimore has become known for its devastating heroin epidemic. With widespread drug addiction came a host of other problems, including dramatic increases in violent crimes, thefts, joblessness, HIV infection and deaths from overdose. The spillover effects on families, schools, and other government and community institutions compounded the devastation caused to those individuals involved. But using available Federal and State funds to expand access to on-demand treatment, Baltimore City has begun a remarkable turnaround, as indicated by a recent study entitled Steps to Success. This study will be the focal point of a field hearing the subcommittee will hold next Tuesday in Baltimore, and I will take this opportunity to thank you, Mr. Chairman, and Chairman Souder for making sure that hearing was scheduled.

One thing we know is that the drug epidemic is no longer confined to our inner cities. The poison one picks may be different depending upon where one lives. But whether it's meth or cocaine or heroin or Ecstasy, the phenomenon of drug addiction is now painfully familiar to urban, suburban and rural communities alike. It is my hope that Baltimore's experience will provide full useful lessons for other communities across this Nation that are reeling from the impact of illegal substance abuse and the serious problems that come with it.

The National Drug Control Strategy announced by President Bush and Director Walters on February 13 reflects the evolving scope of the nature of the drug problem as well as an evolution in the philosophy concerning how to combat the problem at home. Mr. Walters' credentials and accomplishments in this area of interdiction and enforcement are both substantial and well known to those

in the drug community. However, as the Director is well aware, there are a number of Members of Congress, myself included, who expressed serious concerns and reservations about his nomination, in part because of his perceived lack of appreciation for the critical role that drug treatment must play in reducing demand. I am happy to say that I think the White House drug control strategy in conjunction with the President's fiscal year 2003 drug control budget helps to allay those concerns.

The strategy identifies demand reduction as a central focus and states an explicit goal of achieving a 10 percent reduction in drug use over 2 years and a 25 percent reduction over 5 years. Moreover, the President's proposal includes a $1.6 billion increase in drug treatment funding over 5 years coupled with the solid commitment to the drug-free communities program, the national youth antidrug media campaign, drug courts, and other vital demand reduction programs, and I am very, very pleased about that.

In general, what the strategy document seems to reflect on the demand reduction side is an emerging pragmatic consensus around the idea that drug treatment and law enforcement are most effective when approached as complementary rather than as competing objectives. The criminal justice system must work in concert with the drug treatment system and other elements of our drug control strategy to achieve positive long-term outcomes for users and addicts in the communities in which they reside. This is the approach that the Baltimore study vindicates and it is reflected in the Baltimore-Washington HIDTA, one of the few that includes a demands reduction component. It is my hope that the proposed $20 million reduction in funding for the HIDTA program in fiscal year 2003 does not signal an erosion of support for either the Baltimore-Washington HIDTA or for the program in general. I have been assured that is not the case, and I welcome the Director's comments on that issue.

As I've said many times, Mr. Chairman, we are all the walking wounded, each of us with his or her own problems, vulnerabilities and weaknesses. These become magnified in the actual perceived absence of opportunities for self-realization. As the President stated, the evil of drugs is that they rob people of their dignity. Indeed, this is true. But drugs are an opportunistic thief also. They prey disproportionately upon people whose dignity is already under attack. So as we entertain a more holistic approach to combating the drug problem, I hope we'll recognize that demand for drugs is a function of many factors and that a truly comprehensive approach to the drug problem must entail addressing a wide range of critical issues confronting disadvantaged communities from the education to job training, health care, employment and so on.

Thank you very much, Mr. Chairman, for having Director Walters here and appear so rapidly after the statement of the President the other day, and I certainly look forward to your testimony.

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

Opening Statement of Representative Elijah E. Cummings (D-MD)
Ranking Minority Member
Subcommittee on Criminal Justice, Drug Policy and Human Resources
Committee on Government Reform
U.S. House of Representatives

Hearing on "National Drug Control Strategy"

February 26, 2002

Mr. Chairman,

I'm aware that Director Walters has another important appointment to make, so I'll try to keep my opening remarks fairly brief.

First let me say that I am very happy to see Director Walters again, having had the opportunity to spend some "quality time" with the Drug Czar in Baltimore last Friday. Shortly after his swearing in, Director Walters reached out to me to schedule an informal meeting to get acquainted. During our meeting a little over two weeks ago, I extended him an invitation to visit Baltimore so that the chief overseer of our national drug policy could see and hear first-hand what the city that I help to represent has been able to accomplish by approaching drug treatment and law enforcement with equal conviction -- as two arms, if you will, of the same strategy. Director Walters demonstrated his good faith by not only accepting my invitation on the spot, but making the visit a high priority. I don't know about you, Mr. Chairman, but, in my experience, two weeks from invitation to visit is record time when it comes to having a cabinet official visit my congressional district. So I'm grateful to Director Walters for his time last Friday and today, and I hope he found his visit to Baltimore worthwhile.

In recent years, as you know, Mr. Chairman, Baltimore has become known for its devastating heroin epidemic. With widespread drug addiction came a host of other problems, including dramatic increases in violent crime, thefts, joblessness, HIV-infection and deaths from overdose. The spillover effects on families, schools and other government and community institutions compounded the devastation caused to the individuals involved. But, using available federal and state funds to expand access to on-demand drug treatment, Baltimore City has begun a remarkable turnaround, as indicated by a recent study entitled "Steps to Success." This study will be the focal point of a field hearing the Subcommittee will hold next Tuesday in Baltimore; and I'll take this opportunity to thank you, Mr. Chairman, for agreeing to schedule the field hearing at my request.

One thing we know is that the drug epidemic is no longer confined to our inner cities. The poison one picks may be different depending upon where one lives, but whether it's meth, or cocaine or heroin, or "ecstasy" the phenomenon of drug addiction is now painfully familiar to urban, suburban and rural communities alike. It is my hope that Baltimore's experience will provide useful lessons for other communities across this nation that are reeling from the impact

of illegal substance abuse and the serious problems that come with it.

The National Drug Control Strategy announced by President Bush and Director Walters on February 13th reflects the evolving scope and nature of the drug problem, as well as an evolution in philosophy concerning how to combat the problem at home. Mr. Walters' credentials and accomplishments in the area of interdiction and enforcement are both substantial and well-known to those in the drug-control community. However, as the Director is well aware, there were a number of Members of Congress, myself included, who expressed serious reservations about his nomination -- in part because of his perceived lack of appreciation for the critical role that drug treatment must play in reducing demand. I'm happy to say that I think the White House drug control strategy, in conjunction with the President's FY 2003 drug control budget, helps to allay those concerns. The strategy identifies demand-reduction as a "central focus" and states an explicit goal of achieving a 10% reduction in drug use over two years, and a 25% reduction over five years. Moreover, the President's proposal includes a $1.6 billion increase in drug treatment funding over five-years, coupled with a solid commitment to the Drug Free Communities Program, the National Youth Anti-Drug Media Campaign, drug courts and other vital demand-reduction programs.

In general, what the strategy document seems to reflect on the demand-reduction side is an emerging pragmatic consensus around the idea that drug treatment and law enforcement are most effective when approached as *complementary*, rather than *competing*, objectives. The criminal justice system must work in concert with the drug-treatment system and other elements of our drug control strategy to achieve positive long-term outcomes for users and addicts and the communities in which they reside. This is the approach that the Baltimore study vindicates and it is reflected in the Baltimore-Washington HIDTA -- one of the few that includes a demand-reduction component. It is my hope that the proposed $20 million reduction in funding for the HIDTA program in FY 2003 does not signal an erosion of support for either the Baltimore-Washington HIDTA or for the program in general. I've been assured that is not the case and I welcome the Director's comments on that issue.

As I've said many times, Mr. Chairman, we are all the walking wounded, each of us with his or her own problems, vulnerabilities and weaknesses. These become magnified in the actual or perceived absence of opportunities for self-realization. As the President stated, the evil of drugs is that they "rob [people] of their dignity." Indeed, this is true. But drugs are an opportunistic thief; they prey disproportionately upon people whose dignity is already under attack. So, as we entertain a more "holistic" approach to combating the drug problem, I hope we'll recognize that demand for drugs is a function of many factors and that a truly comprehensive approach to the drug problem must entail addressing the range of critical issues confronting disadvantaged communities -- from education to job training, health care, employment and so on.

Thank you, Mr. Chairman, for inviting Director Walters to appear before us today. I look forward to his testimony and to working together constructively on this tremendously complex and difficult issue.

Mr. MICA. Thank you, Mr. Cummings. Mr. Cummings moves that the record be left open for an additional 2 weeks for additional Members or other statements?

Mr. CUMMINGS. That will be fine, Mr. Chairman.

Mr. MICA. Without objection, so ordered. There being no other Members present at this time, we're going to go ahead and proceed with the testimony from our witness today, the Honorable John Walters, Director of the Office of National Drug Control Policy. I see you also have another gentleman with you. Is it Mr. Riviat? Budget Chief of the Office of National Drug Control Policy, and he does not have a statement but will be available. Are we going to ask him questions?

Mr. WALTERS. I just want him to help out if there are detailed questions about the budget.

Mr. MICA. Well, in that case this is an oversight and investigation subcommittee of Congress. So I will ask you both to stand then and be sworn in.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative. I thank you. Welcome again. I am so pleased to see you, Director Walters. I don't think I spent any more time on any subject ever as far as an appointment with the White House personnel or personally talking to the President of the United States about the importance of an appointment as the one you've been greatly honored to receive. It's probably, I think, one the most important in the President's Cabinet and I consider it a high honor that he selected you. Your appearance here is delayed, unfortunately, through no cause of your own but we're pleased to have you here and welcome you at this time to present again the National Drug Control Strategy for 2002. Welcome, sir, and you're recognized.

STATEMENT OF JOHN WALTERS, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY, ACCOMPANIED BY DAVID RIVIAT, BUDGET CHIEF, OFFICE OF NATIONAL DRUG CONTROL POLICY

Mr. WALTERS. Thank you, Mr. Chairman, and I appreciate this opportunity to testify in regard to the drug control strategy released earlier this month. I'd also like to thank Ranking Member Cummings for his comments and also for helping to arrange the visit I made to Baltimore. It was helpful to our work, and it was inspiring to see the people that we met with there, so thank you for that as well.

If it's all right with the committee, I'd ask that my prepared statement be put in the record and I'll just offer a summary.

Mr. MICA. Without objection, your entire statement will be made part of the record. Please proceed.

Mr. WALTERS. Thank you. In summarizing the strategy, I should just say as a point of introduction that what we tried to do given my somewhat late arrival is capture and embed in policy and budget the initiatives and the largest principles of policy for the President's administration. We are now, as the President asked me, to undertake a thorough review of all programs and policies of a secretary and tertiary nature as well as looking at other kinds of op-

portunities. So we have not completed our entire policy review. Some of that's alluded to in the strategy document.

Some of the programs and ideas that we've solicited and will continue to solicit from groups and individuals inside the government, including the Congress, and those outside we intend to incorporate in a larger review report for which we hope to have done in the next several months.

What this strategy does do, though, is focus on three areas, as has been alluded to. The first is stopping drug use before it starts. I think this is settled and common sense experience that we need to do what we can to prevent young people from experimenting with drugs in the first place. It's far more preferable than dealing with the consequences of involvement with drugs and drug treatment and addiction incarceration in too many cases after drug use starts. We know from long experience that if we prevent young people from using drugs in their teens, they're unlikely to become involved later on.

It not only makes sense on the front of saving individuals, families and communities but for the government at large and the larger front. The cost of drug use as we've now estimated it is over $160 billion per year in lost productivity, crime, other costs and illness and destruction to our society. That may be an underestimate, but it certainly is substantial in and of itself. Our concept is simple and tries to draw the relevant institutions of our society together, communities, schools, faith based institutions and service organizations, the media, employers, segments of the health community, law enforcement.

Senator Cummings is correct, our goal is to eliminate the past, we think, fruitless debate about whether or not we should focus on supply or demand, whether we should do enforcement or prevention or treatment. And I believe these are a continuum of effort that need to be used across the board and when they are they are most effective.

The second part of our plan, as previously mentioned, focuses on treatment. Not only have we set forth consistent with the President's earlier statements his pledge to add $1.6 billion in Federal drug treatment funding over 5 years, but we've tried to talk about the task of treatment in a more, I think, accurate way that is consistent with the experience of all too many and I think most American families, communities and talking about both the nature of the problem in terms of the estimated 5 million people who have a dependence problem and need services of which the majority of them don't recognize themselves as having a problem and, in addition, of trying to provide services of an integrated fashion to those who come in for treatment.

So we know this is both an outreach problem in bringing people in effectively, but also a treatment problem in providing high quality treatment, a variety of modalities, integrating a variety of related services and a need for support for recovery because treatment is the sure—first difficult, but nonetheless frequently the shortest step in the life of someone with this kind of problem.

Recovery is a lifelong task, and we want to provide better ways of supporting it. A variety of Federal initiatives here that touch on this, but our goal is also to educate the public, to enlist more peo-

ple to support these initiatives in both their funded form by the Federal Government but in a variety of other institutions providing—relying on resources from different sources and not all governmental. We are continuing the process of trying to both apply these resources in a targeted way based on need and refine our ability to measure need, but also in a way that's accountable and can be managed.

In all these areas, whether it's prevention, treatment or enforcement resources, it has been my experience that the sustained support for these activities over time, especially in what we all know is going to be a more competitive budget environment, we need to have results and those results will be crucial. Despite the general commitments people have to this area, we are not going to gain those resources without demonstrating that they're a good investment.

Finally, the strategy discusses our effort—and I would say this is probably the area where we have most of the additional work to do—to reevaluate our supply reduction efforts in terms of focusing on the supply problem as a market. We know for a long time people have talked about the market characteristic of demand and supply, but we—I don't believe we have systematically examined what we're doing, especially in Federal enforcement and national security policy, to identify how the market works adequately and put our resources where we can have vulnerabilities.

I have been frustrated in the past in discussions of this area where very intelligent business people talk about the drug problems sometimes as if you can't do anything because it's a market, and yet they are the same people who believe that government regulation of various kinds will drastically destroy commerce and markets in other areas. If there's a 2 percent tax on the Internet commerce we will destroy Internet commerce. I do not believe it's adequate to say we cannot do a better job on controlling supply when we have unlimited ability to try to regulate out of existence the drug market.

I'm not saying we can be perfect here, but our goal here is to create a recession and depression in the supply that is the source of consumption for drugs. We also know that if we don't—as a market of supply and demand, that if we don't try to systematically bring both parts down, successes on one side will be undermined by the disproportion on the other. So we're trying to both fight demand first and foremost, but also make sure that we don't end up undermining our demand efforts by a plentiful supply. In that regard we have discussed and reviewed—and I won't go into detail, I will follow your questions—both what we're doing domestically.

We're also in the process of trying to integrate our efforts on the border with the—and other efforts with regard to changes and adjustments to enhance our homeland security. That's an ongoing process as well as integration of intelligence connected with that effort.

In addition, we are trying to put in place effective policies not only in this hemisphere, but especially now in Afghanistan to help try to control the resurgence of opium growth there. This is an area where probably the area ability to provide security is going to be

the key in how much we can do, how fast, both in terms of development, institution building, and in making headway against drugs.

In this hemisphere atmosphere I'd also like to thank members of the committee for their support in the extension and renewal of the Andean Trade Preferences Act. We regret, as I know some of you do, that this was allowed to lapse. It's been an important way of getting alternative economic activity in some of the drug producing countries. I think regrettably we've been on the verge of doing more to destabilize illicit market for goods in these countries by letting that lapse than we have been in the illicit markets of drugs in this region, and I think if we want to transition people into legal activity that's good for us as well as good for them, we need to have stability and we need to have action on that piece of legislation.

Finally, let me just make reference to the performance in management changes outlined or proposed in this strategy. It's been my view for a number of years now, watching this from the outside, not expecting to come back into government, but as you said, Mr. Chairman, I was somewhat surprised but one cannot help but be honored by the call of the President to work on this important issue at this time. I think, though, the President and I are in agreement that not only is leadership needed here but leadership needs to be credible, and for leadership to be credible you have to have accountability in the system.

You have to have real goals and you have to be able to demonstrate you're making headway. There's a difference between leadership and cheerleading, and we need genuine leadership. However much making an issue visible is important, if you don't have follow-through we aren't going to get to where we need to go. Not only did the President take what I believe is a courageous decision in the political environment of setting serious goals here which are ambitious of a 2-year reduction in drug use by teenagers and adults of 10 percent and 5 years of 25 percent, but we timed those the way we did because we believe they are politically important to show accountability.

However valuable 5 and 10-year goals will be in this town, nobody has a 5 or 10-year term in office. So to be politically meaningful, to have political accountability, you have to be within the political life of candidates, and the President made the, I think, important step of putting his credibility on the line here as well as his leadership.

In addition, what we have proposed to do is to change the way we present the drug control budget. We would continue to collect the budget as it has been in the past and provide that information. But for the purposes of centrally managing the program, as many of you know who've been involved in this for a long time, over the more—almost more than a decade and a half, almost 2½ decades the drug control budget has been around. It grew up initially to show the costs of the drug problem to the government in various things there where consequent costs were included. Over time more things that were gathered that had some relation, I'm not saying in bad faith but parts of small—of larger programs that did something connected to prevention, treatment or enforcement were factored in. The problem is that even with the best of models, small

parts of large programs were not manageable and continue not to be manageable.

So we have a budget that largely presents resources that are either consequences or unmanageable program activities, both inflating the effort and not allowing us to manage resources where we think we can make the most effect. So what we're proposing to do is to narrow the drug budget to those programs on the supply and demand side that actually reduce drug use, which is our goal. This would take roughly 40 percent of the budget under our proposal and make it something we score separately but we don't present as the central managed budget.

The other and most important thing from my point of view in accountability is the new budget that we propose would crosswalk with the President's budgets and individual programs. We've proposed taking programs that are basically—if they're mostly drug control programs, we're scoring them as 100 percent drug control and if they are—if they are minor we're taking them out of the scoring. That allows us not only to ask agencies for accountability but to have the ability for the first time since this office has existed to actually move money from one aspect of the problem to the other on the basis of results.

My view is, and I didn't—I'm honored to come back into government, but as I think I've told both of you privately, I came here to make a difference. I did not come here to cope with the drug problem. I came here to reduce the drug problem. And if government programs and agencies are designed to cope with the drug problem, I'll ask them if they can't do that at 25 percent less resources and we'll put those resources where people are going to reduce the problem in other programs. I think that's good management. I think that's the only way we create the kind of tension in the system to get things that are going to get us to the goals we've set for ourselves.

That's my summary. There's a lot more to say, but I will follow your questions on the issues you want to go into more detail on. Thank you.

[The prepared statement of Mr. Walters follows:]

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

Statement by John P. Walters,
Director, Office of National Drug Control Policy
Before the House Government Reform and Oversight Committee,
Subcommittee on Criminal Justice, Drug Policy, and Human Resources.
February 26, 2002

Chairman Souder, Ranking Member Cummings, and distinguished members of the subcommittee:

I am honored to appear before you today to discuss the President's *National Drug Control Strategy*. I want to thank the subcommittee for its strong bipartisan commitment to our shared national goal of reducing drug use in America, especially among our youth. Working together, I am confident we can develop a balanced, comprehensive and fully coordinated strategy that will prove effective and will reduce illicit drug use. This is just the beginning of our dialogue; I welcome the subcommittee's involvement and will continue to ask for your guidance as we implement policies and programs to make our nation a safer and healthier place in which to live and raise our families.

Strategy Development

The Office of National Drug Control Policy Reauthorization Act of 1998 (the "Act") required the President to submit to Congress by February 1999 a comprehensive National Drug Control Strategy for reducing drug abuse and the consequences of drug abuse in the United States by limiting the availability of and reducing the demand for illegal drugs. The Act also requires annual reports in successive years focusing on progress achieved in implementing that strategy. The Act permits the submission of a new Strategy when a new president or director takes office. It is pursuant to that statutory provision that President Bush submitted the *National Drug Control Strategy* to Congress on February 12th.

As you know, developing an effective and comprehensive drug control strategy is a complex challenge. It is, however, a challenge that we as a nation are prepared to meet. Upon assuming office as Director of National Drug Control Policy last December, I began conducting an in-depth review of existing policies and program priorities. The first phase of that review culminated in the *Strategy*. The President reiterated his commitment to combat drug use and emphatically stated that reducing drug use is at the center of our national agenda as it affects everything from the health of our citizens to the national security of the United States. I am confident that you will find this *Strategy* to be a balanced, comprehensive approach to reducing drug use in our Nation. We will continue to work with you and your colleagues in Congress as we review our approach in greater detail during the balance of this year.

The fundamental elements of effective drug control policy are consistent with common sense. We are committed to mobilizing our nation's efforts along three major themes:

Stopping Use Before it Starts. We are using parents, educational institutions, the media, and community action to prevent young people from experimenting with drugs in the first instance and starting on the path that all too often leads to addiction, crime, and personal and familial destruction.

Healing America's Drug Users. We are placing a strong emphasis on drug treatment. The President has made a historic commitment of $1.6 billion over five years in increased treatment funding. We will work to deploy these resources to areas and populations that need it most and provide more effective outreach to the chronically addicted drug using population.

Disrupting the Market. We are readjusting our efforts in supply reduction based on market principles. We will identify and target strategic vulnerabilities in the business of drug trafficking. We will attack the drugs, money and corrupt financial institutions, precursor chemicals, key managers and individuals, crops, key transit routes, and key communication links that facilitate drug trafficking.

Finally, this *Strategy* focuses on results and providing accountability to the American people, to Congress, and to our partners around the globe. We will measure our success against our national goals of a 10 percent reduction in teenage and adult current drug use over the next two years, and a 25 percent reduction in current drug use, nationally, over the next five years, measured with the *National Household Survey on Drug Abuse (NHSDA)*. The *Strategy* recognizes that our drug fighting institutions have not worked as effectively as they should. In keeping with the goals of the President's Management Agenda, it is our task to make these institutions perform better. Good government demands it, and it is our responsibility to future generations to ensure it. In the past, our ability to manage anti-drug programs has been complicated by the methods used to calculate the drug control budget. The Administration is developing a new way to report the drug budget that will be readily identifiable and will reflect policy decisions guiding our counterdrug efforts.

Assessing the Extent of the Drug Problem in Our Nation

Science, research, and performance management will guide our drug policy decisions and enable us to accomplish our goal of reducing drug use in America. The drug problem is not a recent phenomenon. In fact, drug use among our young people has remained at unacceptably high levels for most of the past decade. Unfortunately, illicit drug use has once again become all too acceptable among our youth. This acceptance among youth threatens to reverberate for years to come in areas as disparate as crime rates, higher education, economic competitiveness, and cohesiveness of community and family. For all these reasons, we must do all we can to empower individuals to say "no" to drug use.

The following is a snapshot of the state of drug use in our country and the enormous harmful consequences it inflicts upon our society:

Overall Trends. According to the *NHSDA*, in 2000, 6.3 percent of the household population aged 12 and older (14.0 million persons) were "current" or past month users of an illicit drug, a level that was unchanged from 1999. Three of four current users (10.7 million) reported using marijuana, either alone or in combination with other drugs. Trend data prior to 1999 are not directly comparable to these numbers because a new methodology to improve and expand the survey was implemented in 1999. Nevertheless, historical data show that drug use peaked in 1979, when 25 million people (or 14.1 percent of the population) used illegal drugs.

Adult Trends. According to the *NHSDA*, current drug use among adults – aged 18 or older – remained statistically unchanged between 1999 and 2000, at 5.8 percent and 5.9 percent, respectively. Four out of ten report having tried an illicit drug in their lifetime.

Youth Trends. Drug use among 12-17 year olds also remained relatively unchanged -- 9.8 percent in 1999 and 9.7 percent in 2000. According to *NHSDA*, in 2000, 7.2 percent were current marijuana users, and about one in four youth (26.9 percent) have tried an illicit drug in their lifetime. The school-based *Monitoring the Future* study shows that among 8th graders, 11.7 percent reported past-month (current) use of any illicit drugs in 2001, lower than the 1996 peak of 14.6 percent. Among 10th graders, 22.7 percent reported current drug use in 2001, relatively stable in recent years and down slightly from the 1996 peak of 23.2 percent. For 12th graders, 25.7 percent reported current drug use in 2001, also relatively stable compared to the decade's peak of 26.2 percent recorded 1997. We are concerned that every day in 1999 (the latest year for which data are available), more than 3,800 young people tried marijuana for the first time, 1,800 tried hallucinogens, and about 1,700 tried inhalants. Every day over the same period, over 8,000 youths first used alcohol.

Consequences of Drug Use. There were 19,102 deaths as a result of drug-induced causes in 1999, a slight drop from the 20,227 deaths in 1998. In 2000, there were 601,563 drug-related emergency room episodes in the United States. This is an increase of 16 percent over the 518,800 episodes reported for 1994. Episodes including cocaine in remain at their historic highs; in 2000 there were 174,881 mentions of cocaine, an increase of 22 percent since 1994.

Drug Consumption and Expenditure Estimates. Americans spent over $64 billion on illegal drugs in 2000. Most of the expenditure was for cocaine ($35 billion), followed by marijuana ($10.5 billion) and heroin ($10 billion). The amount of cocaine consumed in the United States has been declining over the past 10 years, from over 440 metric tons in 1990 to 260 metric tons in 2000. Heroin consumption has been stable at 13 to 14 metric tons per year, over the past 5 years.

Drug Availability. Net coca cultivation in the Andean Ridge has been dropping over the past 5 years, thus decreasing potential cocaine production to 760-765 metric tons per year over each of the past two years. The primary coca cultivation country is now Colombia, which accounts for 580 metric tons, or 75 percent of the potential production. This compares with 1995, where Colombia's potential production was less than 25 percent of world production. In 1995, Peru contributed 50 percent of the total potential production. DEA's Heroin Signature Program, which chemically analyzes heroin seizures, suggests that Colombia is the source of over 60 percent of the heroin entering the United States and Mexico is the source of an additional 20 percent.

Drug Seizures. Worldwide cocaine seizures, over the past five years, have averaged 280 metric tons (an average of 28 percent of the potential production). Those seizures are distributed equally among three components: 1) South America, 2) in transit to the US market, and 3) domestic United States, which includes seizures at and within the United States border. Each of those components contributes to 30 percent of worldwide seizures. The remaining 10 percent are from seizures in overseas markets. Seizures in transit to United States markets have been rising (reaching 110 metric tons in 2001), while seizures at the border have fallen (down to 34 metric tons in 2001), suggesting that we are removing drugs farther from our borders. Federal cocaine seizures have varied between 100 to 130 metric tons over the past five years. Federal heroin seizures have been averaging 1,500 kilograms annually, but exceeded 1,600 kilograms in 2000. Federal seizures of marijuana, which occur primarily at the Southwest border, have increased annually about 20 percent for the past five years. In 2000, these seizures exceeded 1,200 metric tons. Federal seizures of methamphetamine rose dramatically in the late 1990s, and exceeded 3,300 kilograms in 2000. The number of clandestine methamphetamine labs destroyed is projected to exceed 7,000 when the 2001 figures are finalized. This compares with fewer than 4,000 labs in 1998.

None of us is satisfied with the status quo. Despite our best efforts, too many Americans are using drugs. Too many of our young people are using drugs at a very early age. Too many of our citizens are addicted. The drug trade is too prosperous. These statistics make abundantly clear that we have before us a tremendous challenge. We will meet this challenge by uniting as a nation to begin the long and complex task of stopping use among youth before it starts, transforming drug users back to health, and disrupting drug markets to reduce the flow of illegal drugs into our country.

The Fiscal Year 2003 Federal Drug Control Budget: Integrating Budget and Performance

Budget Summary

The President's FY 2003 Budget presents a balanced approach for drug control programs, fully supporting the *National Drug Control Strategy*. In FY 2003, critical initiatives significantly expand the Administration's commitment to drug treatment, support essential drug prevention programs targeting youth, and continue assistance to our partners in the Andean region. In total, funding recommended for FY 2003 is an

estimated $19.2 billion, an increase of $356.9 million (+1.9 percent) over the FY 2002 enacted level of $18.8 billion.

Restructuring the National Drug Control Budget

The President has committed the Federal Government to manage by results. Effectively managing our federal drug control program, which involves coordinating the work of more than 50 national drug control program agencies, poses a unique set of problems and demands creative solutions. In the past, our ability to manage anti-drug programs has been complicated by the methods used to calculate the drug control budget. The budget information presented in the Strategy each year does not represent actual managed dollars. With few exceptions, the dollars reported are not reflected as line items in the President's budget or in appropriations acts. Rather, they reflect percentages of total appropriations for agencies and programs, with a number of different methods used to estimate the portion dedicated to drug control.

Recent independent analyses commissioned by ONDCP, as well as ongoing, required reviews by Inspectors General, have identified weaknesses in the methodologies agencies use to measure drug spending. These reviews are unambiguous; we need to reform the National Drug Control Budget. The Administration is developing a new way to report the drug budget, based on the following guidelines:

- All funding items displayed in the drug budget should be readily identifiable line items in the President's Budget or agency budget justifications; and

- The budget presentation should be simplified by eliminating several supporting agencies from the drug budget tabulation. Only agencies with a primary demand reduction or supply reduction mission should be displayed in the drug budget. Agencies with no, or little, direct involvement in drug control would be excluded from the revised drug budget presentation.

Furthermore, the budget presentation has historically included costs that are a consequence of drug use rather than expenditures aimed at reducing drug use. Because these costs do not reflect judgments about drug policy, they would be excluded from the drug control budget. These costs would continue to be reported as part of the biennial report, *Economic Costs to Society of Drug Abuse*.

This proposal will enable the Administration, Congress, and the general public to distinguish between funding for drug control efforts and funding for the consequences of drug use. While this presentational change will lower the amount of funding attributed to the drug control budget, it will not negatively affect the total size of our federal drug control efforts. In fact, it will improve the management of those efforts by enabling policymakers to focus on managing programs genuinely directed at reducing drug use. The President's FY 2004 Budget will implement the proposed changes to the National Drug Control Budget.

Stopping Use Before it Starts: Education and Community Action.

Everyone agrees that preventing a young person from experimenting with illicit drugs in the first place is far preferable than having to treat or incarcerate that same person after he or she develops a drug use problem. And while it is true that each person who uses marijuana or cocaine once or twice may not be destined for a life of drug addiction, the fact is that large percentages do remain drug users.

Recent data from Columbia University's National Center on Addiction and Substance Abuse show that roughly 60 percent of youth who try cocaine and LSD during high school are still using drugs at graduation. Data from the *NHSDA* show that the earlier people initiate drug use, the more likely they are to develop a drug problem later in life. Adults who first used marijuana at the age of 14 or younger were 5 times more likely to be classified with drug dependence or abuse than adults who first used marijuana at age 18 or older.

Drug prevention is not an elusive concept. We know what works. We will employ research-based principles of prevention to guide our policies and programs. We will enlist our communities, schools, faith-based and service organizations, and the media to help our children make the conscious decision that drugs have no place in their lives. We recognize that parents and other caregivers have a unique opportunity to shape a child's views on many critical issues, including the decision not to use drugs.

Unfortunately, parents cannot remain at their children's side at all times to protect them from those who will attempt to convince them to use drugs. Parents can commit to providing the hope, guidance, and support necessary for their child to possess the self-worth needed to make the decision to reject drugs. Parents and other responsible caregivers can raise children to have a sense of responsibility for their actions and teach that there are consequences for inappropriate actions. Parents and other responsible caregivers can instill a belief system in children that understands drug use is dangerous, wrong, and will not be tolerated. Children will listen.

The President's FY 2003 Budget Request puts the necessary resources behind our commitment to reduce drug use in the near term. The following are key budget highlights that will contribute to our shared effort to stop drug use before it starts:

- **Safe and Drug-Free Schools and Communities Program: $644 million** ($634.8 million drug-related). The budget continues funding for this school-based drug and violence prevention program aimed at young people. To improve evaluation and better direct program activities in FY 2003, ONDCP will work with the Department of Education to develop a useful evaluation plan that will provide the data needed to impose program accountability, while alerting schools to problem areas.

- **National Youth Anti-Drug Media Campaign: $180 million.** The Media Campaign uses multi-media advertising and public communications strategies aimed at youth and parents to promote anti-drug attitudes and behavior. The campaign is a comprehensive national effort that integrates paid advertising at national and local levels with public information outreach through a network of public and private partnerships to amplify and provide local context for campaign messages.

- **Drug-Free Communities Support Program: $60 million.** This ONDCP program provides assistance to community groups on forming and sustaining effective community and anti-drug coalitions that fight the use of illegal drugs, alcohol, and tobacco by youth. Further, the President's request includes $2 million for the National Community Anti-Drug Coalition Institute. The Institute will provide education, training, and technical assistance for coalition leaders and community teams that will help coalitions to evaluate their own performance.

- **Parents Drug Corps Program: +$5 million.** This new initiative, funded through the Corporation for National and Community Service, will encourage parents to help children stay drug-free by training them in drug prevention skills and methods.

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

We are proud to be associated with the President's historic commitment of providing $1.6 billion over five years to increase funding for treatment. We look forward to working with the Department of Health and Human Services to implement this commitment in such a way that the resources are targeted to areas and populations with the greatest need. This Administration is committed to going beyond merely providing additional funding for drug treatment. We will seek to achieve a greater understanding of addiction and of the types of programs that prove effective, as well as to foster a climate where drug users are empowered to take an active, responsible role in their recovery

According to the 2000 *NHSDA*, there were approximately 4.7 million people in need of treatment; of these, 2.8 million were classified as drug dependent and an additional 1.5 million were classified as drug abusers. Of the 4.7 million people in need of treatment, only an estimated 800,000 (17 percent) people were receiving it, leaving nearly 3.9 million needing treatment, but neither seeking nor obtaining it. This is not, however, simply a matter of expanding the system's capacity, since, remarkably, fewer than 10 percent of the 3.9 million (381,000) reported thinking that they needed help. Moreover, an estimated 129,000 reported that they sought treatment but were unable to obtain it.

The story the data tell is that the vast majority of people who are identified by survey criteria using dependency measures as needing drug treatment do not acknowledge that they have a problem and do not seek treatment. This difference between survey results and individual assessments of their own need is not a mystery. Denial is a recognized component in the cycle of drug use; and it serves as a serious

obstacle to those who so desperately want the user to stop their use. We must take steps to assist the drug user in recognizing the severity of the problem and begin the healing process. We will provide more effective outreach. That means employers, schools, communities, and families not allowing denial to continue, but assisting people who have drug use problems to get help.

Most drug users, the lucky ones at least, are no strangers to coercion. People in need of drug treatment are fortunate if they run up against the compassionate coercion of family, friends, employers, the criminal justice system, and others. Such pressure needs no excuse; the health and safety of the addicted individual, as well as that of the community, require it. Compassionate coercion begins with family, friends, and the community. Americans must begin to confront drug use and drug users honestly and directly. We must encourage those in need to enter and remain in drug treatment.

Drug users who are not so fortunate, or who have not responded to the entreaties of family and friends, all too often become involved in the criminal justice system. The criminal justice system must take this involvement as an opportunity to apply compassionate coercion to teach individuals to take responsibility for their own actions and enable them to obtain the treatment they need, but did not seek on their own. The Administration is committed to taking full advantage of our state and federal criminal justice systems' ability to provide drug treatment to those within their jurisdiction. As part of this effort, in Fiscal Year 2003, we are seeking to expand drug courts and the Residential Substance Abuse Treatment program.

In order to target our resources in the most effective manner possible, we must gain a greater understanding of the magnitude of the treatment "need." While available surveys are helpful, they do not take into account several populations, including individuals currently in residential treatment programs, the incarcerated, or the homeless not living in shelters. ONDCP will work with the Department of Health and Human Services and the Department of Justice to attempt to determine more precisely the number of persons needing, currently seeking, or obtaining drug treatment services.

Simultaneous with our efforts to gain a greater understanding of the need for substance abuse treatment, we will increase the capacity of the drug treatment infrastructure for those who seek to avail themselves of the service or who can be coerced into doing so. This increase will attempt to target resources to the areas of greatest need while building effective treatment programs for the disparate needs of individual drug users. We must continue to support, improve, and expand effective treatment services across all modalities – residential, outpatient, inpatient, methadone, and detoxification to better treat the dependent and user populations. Research has demonstrated that drug use can alter the structure and function of the brain, diminishing the capacity of the user to make judgments, control impulses, and meet responsibilities. The Administration will also continue to pursue advances in brain imaging technology and medications development to better equip treatment professionals to recognize and treat those addicted to illegal drugs.

The most difficult single challenge for people with a substance use problem is not obtaining and successfully completing a treatment program but staying in recovery. A drug user is not necessarily "cured" after completing a single program, or even a series of programs. For some, addiction is a life-long challenge, one that requires the sustained effort of the drug user and his or her family and friends to stay in recovery after the treatment programs are completed. We know that some people will relapse, fall back into drug taking behavior. As a society, we must take an active role in their lives and find a way to get these individuals back into treatment and recovery. We know that for those who accept responsibility and obtain treatment services, treatment can prove successful. Only with this continuum of effort can we know we have done our best to provide life-saving assistance to those who need it.

This *Strategy* builds upon the significant bipartisan interest we enjoy in expanding our nation's commitment to effective drug treatment programs and research. The President's FY 2003 Budget includes an overall increase of **$224.2 million** for drug treatment programs. The following are key highlights that will begin an unprecedented effort to heal America's drug users:

- **Targeted Capacity Expansion (TCE) Program: +$109 million.** This additional funding will help to expand the Treatment TCE program, which is designed to support a rapid, strategic response to emerging trends in substance use. Included in this proposal is $50 million to be used for a new component of the TCE program. This new component would be structured to reserve funding for state-level competitions, weighted according to each state's need for treatment services.

- **Substance Abuse Prevention and Treatment (SAPT) Block Grant: +$60 million** ($43 million drug-related). This increase in the SAPT Block Grant will provide additional funding to states for treatment and prevention services. States use these funds to extend treatment services to pregnant women, women with dependent children, and racial and ethnic minorities.

- **Residential Substance Abuse Treatment (RSAT): +$7 million.** This enhancement will expand total funding for the RSAT program to **$77 million** in FY 2003. The RSAT program is a formula grant that distributes funds to states to support drug and alcohol treatment in state corrections facilities.

- **Drug Courts: +$2 million.** These additional resources will expand total funding for the Drug Courts program to **$52 million** in FY 2003. This program provides alternatives to incarceration by using the coercive power of the court to force abstinence and alter behavior through a combination of escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.

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

Our policy toward reducing the supply of drugs in America starts with the premise that illegal drug trafficking is a profit-driven business. As is the case with legitimate business, drug traffickers are subject to market forces. Our efforts must focus on finding strategic vulnerabilities in the drug market and exploiting them.

Drug users are not immune to fluctuations in the market. Recent research and common sense tell us that both addicts and casual users are sensitive to the price and purity of illicit drugs. A study, *Marijuana and Youth*, funded by the Robert Wood Johnson Foundation, concludes that changes in the price of marijuana "contributed significantly to the trends in youth marijuana use between 1982 and 1998, particularly during the contraction in use from 1982 to 1992." Many factors, including a concentrated effort to disrupt domestic production, contributed to the contraction. Common sense also tells us that we have a better chance of stopping a child or teenager from experimenting with drugs in the first instance and keeping individuals in recovery if drugs are less available to them.

Disrupting Markets at Home.

Our efforts will focus on dismantling trafficking organizations and their trafficking routes to the United States and eliminating large-scale production. The more local, state, and federal law-enforcement agencies and operations reinforce one another, share information and resources, "deconflict" operations, establish priorities, and focus energies across the spectrum of criminal activities, the more effective their efforts to disrupt the market will prove.

The leaders of drug trafficking organizations have long benefited from traditional "turf" issues among state, local, and federal law enforcement entities. The magnitude of the threat posed to our national security and community safety by illegal drugs and those who traffic in them is creating an unparalleled sense of urgency for law enforcement entities to cooperate with each other to achieve common goals. Examples of sophisticated cooperative efforts include the following initiatives:

- ONDCP's High Intensity Drug Trafficking Areas Program (HIDTA) coordinates efforts among state, local and federal law enforcement entities efforts in 28 designated areas to reduce the production, manufacturing, distribution, transportation and chronic use of illegal drugs, as well as the attendant money laundering of drug proceeds. Resources are allocated to link drug enforcement efforts and to optimize the investigative return on limited fiscal and personnel resources. ONDCP will work with all involved entities to ensure that HIDTAs resources are properly targeted to offer greater efficiency.

- Organized Crime Drug Enforcement Task Forces (OCDETF) draw on the expertise of state, local, and federal law enforcement and prosecutorial agencies to coordinate investigations and prosecutions of domestic and international drug trafficking organizations, money laundering operations, and gangs involved in drug trafficking enterprises in nine regions. The Attorney General is making certain the OCDETF program increases its focus on financial investigations to dismantle the financial infrastructure of the most significant drug trafficking organizations.

Going to the Source.

The drug trade is a transnational market run by traffickers who do not respect national borders. No single country can be effective unilaterally in attempting to address this global problem. Consistent with this Administration's foreign policy as a whole, we will continue to support multinational coordination and work closely with our friends and allies to disrupt the production and trafficking of illegal drugs and combat the destructive market that they create. It is the Federal Government's responsibility to target these major drug trafficking organizations. International cooperation is crucial to apprehending these international traffickers and bringing them to justice, either in the United States or abroad. The United States does not place the blame for our drug use problem on source or transit countries. The absolute foundation of our international strategy is to do our part in helping our partners to reduce cultivation, production, trafficking, and consumption within their countries while at the same time reducing production and demand in the United States.

Our international partners deserve, and will receive, our assistance as they combat the corrupting influence of major drug trafficking organizations and their illegally obtained profits. The United States will work with our international partners to strengthen regional enforcement efforts and deny sanctuary to drug traffickers and terrorist organizations that depend on drug profits. The drug producers and their financial infrastructure are vulnerable to law enforcement efforts. We must work to bring the full weight of international cooperative law enforcement to bear on their organizations in a manner that is consistent with our commitment to promote democracy and human rights.

Virtually all coca and poppy cultivation occurs in lawless regions. History teaches us that strong legitimate government presence in the production areas is necessary to disrupt these illicit operations. History also teaches us that government presence and law enforcement are not sufficient. Our *Strategy* will complement law enforcement operations with alternative development and programs to strengthen democracy and judicial systems.

Our *Strategy* will complement programs to strengthen the economies in the Andean region. One tool that has been effective over the past ten years in creating jobs in the Andean region is the Andean Trade Preferences Act (ATPA). ATPA has helped keep large numbers of laborers out of the illicit economies in the region. The Administration thanks you for your support of this key element of our *Strategy*.

Our efforts to disrupt this transnational market face numerous, but not insurmountable, obstacles. Bolivia and Peru have achieved tremendous successes in crop reduction over the last several years. These countries serve as an example to the world that the greed of drug criminals is no match for a nation's determination, commitment, and hard work.

Colombia is the key to our source zone strategy. During the past several years, much of the good news about crop reduction in Bolivia and Peru has been offset by the bad news of increasing coca cultivation in Colombia. It is, however, important to recognize that Colombia has not stood still. They have dismantled or disrupted the large cartels that terrorized the world in the late 1980s and early 1990s. They have eradicated hundreds of thousands of acres of coca that would have ended up as more cocaine on our streets. They have sacrificed thousands of brave policemen and soldiers to interdict the flow of drugs from Colombia and fight the narco-terrorists who derive their only support from the funds of drug trafficking. Finally, they have set the standard for the world by extraditing unprecedented numbers of criminals to the United States to stand trial. But much more needs to be done. We will continue to help the Colombian people and their neighbors to disrupt the Andean cocaine industry that has fueled so much violence in the region.

In addition to our focus on suppressing production, we will work closely with nations used as transshipment points to the United States. Caribbean nations currently lack the resources necessary to rid their jurisdictions of drug traffickers. Therefore, the United States will assist them to develop and implement cooperative maritime interdiction efforts, modernize laws, strengthen law-enforcement and judicial institutions, and support anti-money laundering initiatives. Our nation will continue to rely on the United States Coast Guard and United States Customs Service to continue improving interdiction methods and programs to disrupt trafficking operations.

Recent events have refocused our efforts to combat the drug trade in Central Asia in general, and in Afghanistan in particular. Under the Taliban, Afghanistan's opium production flourished, producing more than 70 percent of the world's supply. When the Taliban banned poppy cultivation, they earned tremendous profits from the increased prices for stockpiled opium under their control. As Afghanistan's interim government rebuilds the country, the United States will work to ensure that the drug trade will never again finance regional instability or international terrorism. The United States will contribute to this development process. Our assistance should be directed to establish governmental, judicial, and law enforcement institutions that will not succumb to those who seek to reinvigorate a drug economy.

The Administration is conducting a top-to-bottom review of our border-control efforts. ONDCP is working closely with the Office of Homeland Security on this review. These efforts are particularly important as they relate to our neighbor to the south, Mexico. Both of our nations suffer as a result of traffickers shipping approximately two-thirds of their cocaine destined for the United States through Mexico. Both nations suffer

from the violence and crime associated with drug trafficking as well as the social, health and economic consequences associated with increased drug use among their citizens.

Cooperation between our two countries has improved during the administrations of President Bush and President Fox. The close and positive relationship between the two presidents has fostered a more trusting, and less contentious, bilateral relationship that includes exchange of sensitive law enforcement information. The improved climate of cooperation between Mexican and U.S. law enforcement personnel presents an opportunity to bolster U.S. counterdrug programs that seek to strengthen Mexico's institutional capabilities, improve training for its personnel, modernize the justice sector, and promote anti-corruption reforms. Despite the enormous challenges still to be overcome, we have found a willing partner with whom to confront the threat.

The tragic events of September 11, 2001 will never be forgotten. The attacks alerted our government, and indeed, our entire citizenry, to our vulnerability when terrorists seek to harm Americans. It is critical to keep in mind the fact that when people buy drugs, some of their money may go to support terrorism. Twelve of the 28 international terrorist groups listed by the Department of State last October are involved in drug trafficking. Terrorism comes in many forms and illegal drug production often supports it. Many drug trafficking organizations, even if they claim no political agenda, use violence and intimidation as tools of the trade. The most powerful among them, such as the Arrellano Felix organization, brazenly attempt to intimidate and manipulate legitimate governments. They indiscriminately murder innocent people, corrupt judicial and law enforcement institutions, and cause entire communities to live in fear.

The President, ONDCP's National Youth Anti-Drug Media Campaign, community coalitions, parents, teachers, and the faith community are getting this message out – drug money funds terror. Drugs are not only harmful to individuals, families, and communities; they are also harmful to our country and innocent people around the globe.

This *Strategy* enhances our ability to protect our borders and cooperate fully in the international effort to combat drug trafficking. The President's FY 2003 Budget includes the following key highlights that will enable us to disrupt the market at home and at the source:

- **Andean Counterdrug Initiative (ACI): $731 million.** The FY 2003 Budget includes an increase of **$106 million** over funding enacted for the ACI account in FY 2002 for Colombia, Peru, Bolivia, Ecuador, Brazil, Venezuela, and Panama. This FY 2003 request includes resources to continue enforcement, border control, coca and poppy eradication, alternative development, institution building, and administration of justice and human rights programs. For Colombia, the FY 2003 funding will be used for several broad categories, including: operations and maintenance of air assets provided with Plan Colombia supplemental funding; Colombian National Police and Army counternarcotics Brigade operational support; and herbicide application programs. The additional funding requested would support critical USAID-

implemented humanitarian, social, economic and alternative development programs, support for vulnerable groups, and resources for justice sector reform projects.

- **Deepwater Project: +$500 million.** This proposal continues to support the United States Coast Guard's Deepwater Project. The deepwater project focuses on the re-capitalization and modernization of the Coast Guard's assets, including sensors and communications equipment for the aging deepwater cutters, aircraft and command centers. Although only a portion of this initiative is related to drug control, the re-capitalization of these assets will enhance Coast Guard's ability to conduct counterdrug activities.

- **Border Control and Enforcement: +$76.3 million** ($11.4 million drug-related). This enhancement for the Border Patrol includes hiring an additional 570 agents to enforce national borders and to combat international drug trafficking. For the new Border Patrol Agents, a portion of their time will involve drug control activities.

- **Southwest Border Prosecutor Initiative: $50 million.** The President's 2003 Budget maintains funding of $50 million for the Southwest Border Prosecutor Initiative. This initiative provides critical support to counties along the Southwest Border for the costs of detaining and prosecuting drug cases referred to them by U.S. Attorneys.

Conclusion

The Administration looks forward to working with this subcommittee and the entire Congress to implement the sensible, effective policies and programs articulated in this Strategy. What we are proposing will work. When concerned Americans push back on the drug problem, it recedes.

President Bush has said: "We must reduce drug use for one great moral reason: over time, drugs rob men, women, and children of their dignity and of their character. Illegal drugs are the enemies of ambition and hope. When we fight against drugs, we fight for the souls of our fellow Americans." With your help, and the help of millions of men, women, and children throughout our great nation and the world, we will prevail.

Mr. MICA. Thank you, Director Walters. I will start right out with some questions and there may be some additional questions that will be submitted to you. Chairman Souder, as you know, was delayed and the subcommittee may have some additional questions that you could respond to in writing, but right now one of the important things and emphasis has been of course education and trying to develop some type of a public campaign. The leadership of the President and personal attention, involvement, and setting standards I think is very important. We—and that will not be lacking, I think, with this President. He has already made that clear both by his actions and by your appointment and other initiatives.

But this subcommittee started a media campaign, I think it was back in 1998, and it's a $1 billion program over a number of years. It started out somewhat disorganized and then unfortunately it had some additional problems, and I think there's been some fines levied and penalties levied and I think there's still a criminal investigation pending from the last I've seen on some of the billing practices in that.

The education program is most important. I think we all believe that the media program that we intended, and it can change people's attitude, it has such a great impact. Can you tell us—and it was music to my ears that you're evaluating programs on the basis of performance. Can you tell me how you view the media campaign at this juncture, where do we go from here and how do we make it as effective as possible?

Mr. WALTERS. Yes. I actually was a critic of the original proposal for the media campaign, not because I don't think it can be a valuable tool. We've had public service campaigns for some time. In fact I helped create one when I worked at the Department of Education on drug prevention, one of the—the first one the Department of Education had ever done. I was concerned that the—some in the environment would suggest that leadership can be handed over to advertising people and did not require the kind of national effort and commitment. But in the current environment, I think that the campaign is valuable and has—as I've been able to learn about it over the last 2 months, a little over 2 months since I've been in office, I think it has considerable sophistication and utility.

The ultimate measure of whether it works though has to be whether we get the drugs down. We have proceeded on the basis of much of advertising and previous studies about drug use that if we change attitudes, which is what the advertising information is designed to do, to educate in the way that changes attitudes about drug use, we will reduce drug use if we change those attitude for the better. There is some evidence that attitudes have changed in connection with the campaign, and we certainly have had what was a steady increase in teen drug use level off, but I'm not happy to be at a level state at this level of use. We need to drive it down. We have tried most recently—we're in development—ads in development when I first arrived and we accelerated them, ads that you may have seen on the issue of drugs and terrorism. We have pressed this campaign aggressively given the research that was available to us on the effectiveness of this on both the attitudes of young teens, young adults and, surprisingly to us, by parents who found that the message and the link talking about responsibility

for larger consequences of drug use and funding terror was an important message for them to use in discussing the problem with their children.

For many years, as you know, we have talked to young people in both educational materials and advertising about the consequences of drug use to them. We'll continue to do that. But teenagers are also at an age where they sometimes feel more immortal and invulnerable than other people at other ages. So in buttressing that, this part of the campaign draws on their idealism, which is also powerful at the age that they are, and talks about what they want to be seen as representing in their lives. We are hopeful that campaign as a part of what we're doing will have a broader effect, and we're extending it, but the campaign ultimately has a relatively expensive evaluation component going to allow us to have more detailed information and we'll know in the next 6 to 12 months whether it's been a contributor or it's been helpful in reducing drug use when we get those national surveys.

Mr. MICA. It would be helpful to also have some method of evaluating the effectiveness of these programs and report back. I don't know when you officially have sort of taken over that campaign, but that's something else we need to measure. One of the problems we have too now with heroin use, changes in heroin use and changes in cocaine among youth, we may have seen some minor fluctuation or stabilization. But then you see Ecstasy shooting through the roof as sort of a drug substitution program, and I'm not sure if we're still being as effective as we should be and that needs to be measured.

One of the other items that you brought up is the linkage between terrorism and narcotics, and whether it's Colombia or Afghanistan, those are two great examples of terrorist activity being funded by narcoterrorism. I was pleased to hear the President during his role out at the White House talk about the need to continue the efforts in supply. If you took heroin, and in particular Colombia and Afghanistan, that region, those two regions account for about 95 percent of the entire world's production, is there any effort that you know of now that you could speak about in Afghanistan or any new support for Colombia?

Again Colombia has now taken initiatives to go after the narcoterrorists in FARC and the regions that have been formerly set aside. Anything you can comment that may be a new approach or part of this plan?

Mr. WALTERS. Let me take Afghanistan first. The central problem that we face is not one of commitment. The new interim government in Afghanistan has committed itself to eradicating the opium trade. The problem is the government is new. The institutions it would need to carry that out are not in place. The security of the countryside, as you know, is not in place for both purposes of development even—excuse me—over the long term feeding people as well as controlling the drug trade. We need to begin the process of establishing security and building those institutions. That's ongoing and we are still developing policies to go in behind the progress on security.

I do think it will be—we should not minimize the difficulty here. We have parts of Afghanistan where opium is essentially a cur-

rency, where it's used for trade, not consumption because of its value in the market. We know that there have been reports, although we don't know precisely yet the scope of planting, but we know there's been a lot of replanting after largely eliminating large planting areas last year.

So it will not probably be a 1-year task and it will be necessary to have viable security in these areas as well as effective alternative development where people are depending on this crop literally to eat and feed their families. We cannot just expect them to cooperate without giving them an alternative for maintaining their lives and their well-being over time. We're hopeful that this gives us an opportunity—and I will say one other thing. Having said it, it's difficult in Afghanistan.

When I was last in government in the President's father's administration, that whole region of the world, Afghanistan and the opium problem was thought of as just impossible. It was too far away. It was too remote a priority. We really couldn't do anything about it, and yet we knew it was part of the bread basket for the world. On the upside, while the task is certainly serious, we have an opportunity to do something where we never thought we could do something before and we now are acutely aware that here and other places large amounts of money and the consequent behavior and support that drug trafficking does to a lot of bad things in the world and attacks on democratic institutions and civilized life has to be dealt with and we have an opportunity to do that if we stay at it and can find effective ways. It will not be easy, it will not be quick.

Mr. MICA. My question, and I'm going to sort of cut to the chase here, is I mean this isn't rocket science. We have spring coming up. You've got people starving in Afghanistan. We've had a war conducted there and you're saying, you know, they need alternative development. Do we have sort of a quick plan in place for helping them maybe to develop some crop substitutes if people are going to produce opium or they're going to produce food products that can be sold. Either way they're going to try to get some cash and in the past the cash has gone from drug production to terrorist support. Do we have—are we looking at a plan of——

Mr. WALTERS. I don't think the security situation has allowed us to deploy a plan yet. What we've done is we've looked with allies, mostly in European countries, to try to begin with basic security, then extend that security to disrupt the opium markets where we have the extension and ability to do that.

Mr. MICA. We need to look seriously at an alternative project.

Mr. WALTERS. I agree.

Mr. MICA. I mean it's not rocket science to get some seeds and some other things and some low level, if not Peace Corps, some international U.N. Folks in there, someone to do there, but there needs to be some alternative.

The other part of the question was Colombia.

Mr. WALTERS. Yeah. The situation in Colombia in the last several days, as you know, has changed dramatically because of the decision of President Pastrana to take a more aggressive role against the FARC. We are now in the process of evaluating and determining what administration policy will be here. We have not

made a final decision. I would say, though, and I think I take this opportunity, not an insignificant issue, and that determination is the dialog we have to have with Congress. There has been a long history here. There have been in the current legislation and appropriations limits expressed strongly by Congress on what it does and does not want to do. We are pushing against those limits now, and if we do any more there will have to be probably some adjustment in those limits because if we are going to be able to proceed we want a bipartisan policy. I think we want the support of the Congress and the executive branch here. This is part of a broader security issue not only in this hemisphere, but about terrorism, and I think that what we can do, and it's fair for you to say to us we need to figure out what we want to do, and we're doing that as promptly as we can, but ultimately I think it's also going to be a matter of having some agreements with the Congress about what you're prepared to do as a partner in our policy activity here, and there's going to be tough choices, I know.

Mr. MICA. You're throwing that back to us, but I can tell you we've been through 3 years of this and Colombia's been through this for 30 years and it's time for somebody to get some starch in their shorts. I'm glad that President Pastrana—and we had a prayer meeting with him in December. I'm glad that he has gone back and finally taken some action. It's nice to hold out the doves of peace and look for a bipartisan solution, but I would really be saddened if this administration misses an opportunity now to back up what should have been done a long time ago and that's get tough with the terrorists and take them out.

I think we need to put whatever resources here. I'm going to try to mount with other Members and I know there's the folks that are singing kum-baya and all of that around here, but we've seen the only way you can deal with terrorists is through tough measures, and he's tried the alternative and they've slaughtered people day after day after day and it needs to come to a stop.

So you're hearing from me. I think Mr. Souder has a similar—Mr. Gilman, others, and you may hear from some others. You may not hear the bipartisan chorus, but that's sometimes part of the leadership role.

I wanted to finally just ask one question about treatment programs and then I'll give the remaining time to Mr. Cummings. In the past—now I've heard you say you're going to put some measures in place to actually do evaluations of successful treatment programs. I have no problem spending however much money necessary on treatment. There's nothing worse than having somebody subject to addiction, a loved one or a friend. We've all now—almost all throughout the country everybody can cite some example and it affects every family. But there are many of these programs that have disastrous records, they are not successful. When will you have in place some criteria by which to evaluate whether they should be eligible and then when will we see the determination of some of the unsuccessful and support—you said you now have adopted the flexibility to move funds from successful programs, unsuccessful to successful and however. When will that take place?

Mr. WALTERS. First of all, I want to make sure there's not a misunderstanding. The movement of moneys among programs were

among Federal programs and were not going to get down to the—in most cases to the individual treatment providers but——

Mr. MICA. But that's part of it because if I have individual treatment providers——

Mr. WALTERS. Yes.

Mr. MICA [continuing]. Who aren't successful, technically you're going to be moving the money around because those that have failed aren't going to get the money and you're saying you're going to have some evaluation. When will that be available and then when will we see some of those that aren't successful being sort of cutoff from the public trough?

Mr. WALTERS. What we want to put in place here with the combination of resources that we've used for the treatment increase that we've proposed is additional moneys in the block grant and then we're now going to work with HHS and States who receive those block grants to see if we can improve both the measurement and effectiveness of the delivery of those resources. The central problem here has been that evaluation data has not been kept in most of these cases because it's difficult to longitudinally follow people who are discharged from the program.

We can keep data about dropout rates. We know how many people register and drop out. That's one measure and certainly not insignificant, but the real problem is measuring outcomes after the people are discharged when they frequently go on to an outpatient—sometimes an outpatient setting or even from an outpatient setting back into the community in various ways. We're working—there's a new system that's been created to measure nationwide admissions, which should be on line this spring, which will give us an opportunity to have real-time data of who's coming in and then we begin to collect some information about those people's histories here of treatment.

I don't want to mislead you. I don't think we're where we need to be on fully evaluating outcomes on treatment. I do believe, however, that a central problem for my office, as I've talked with our staff, is my concern from working in this area in the past, working in the President's father's administration, where we put a larger increase over the 4 years of that administration into Federal drug treatment spending than any other administration, whether it lasted 4 or 8 years, that when I looked at the then reports of number of treatment slots with that increase, the number of slots nationwide went down. Now, that would not necessarily be bad if the quality of the slots were improving and therefore we were getting better outputs, which is acclaimed by some but of course there's not any outcome—there's not any longitudinal data to demonstrate that as effectively as we would like.

So what we're going to try to do is work with the State providers as well as take a larger portion of the increase and put it into what we're calling targeted expansion—targeted past the expansion grants which we will more directly be able to shape evaluative criteria for, so that we can look at the outcomes of these programs. But right now the easiest measure you've got is dropout rate and we'd have to control for the kind of client that's coming in because the more severely affected are going to be more demanding and we don't want to compare people who are—essentially taking the easi-

er clients and comparing them against clients—those who have the courage and the effort to work on harder clients.

But right now the easiest measure we have, which is not always kept of course, is dropout rate. We also have some cases, we have testing results of how many people and what rates of use are continuing during treatment and some time afterwards, but ultimately what we need is the capacity we're building in the system, substantially reducing the people who are in need of treatment. And right now we don't even have a precise measure of the population that needs treatment despite all these years of study.

The frustration I had in coming in and trying to implement the President's statement of policy was when we looked—when I asked, and the President had directed HHS to produce a new report showing the scope and the location of the need, we did not have the kind of information you'd like to have to manage the program. So we're working with HHS to try to get a better measure, but right now when I tell you there are 5—roughly 5 million people who need and could benefit from treatment, that is an extremely rough guess and if you wanted to say, you know, where exactly is the need, you can talk to individual providers in the field and you can talk to people, drug courts, you can talk to health care people, you can talk to others where there is a need, where there are waiting lists, where you need to have treatment on demand.

But that's not based on a national census. That's based on who you talk to and how reliable their reporting is. We need to do a better job here. I don't think we can manage the kind of expansion we want. We can't credential good programs and follow through with that kind of data. And I recognize, too, that the cost of collecting some of this is expensive and we are balancing service provision versus evaluation costs. But nonetheless, there is in my view in prevention, in treatment and in law enforcement a common fundamental challenge, which is cynicism about whether any of this makes any difference. We have to—part of the leadership responsibility here is to explain that things do make a difference. And when we push, the problem is pushed back on. But we can't do that without specific results and data that is credible and more detailed than we have right now.

So I don't want to mislead you. We are doing this without the kind of specific information that we would like to have and we will try to develop over the next year.

Mr. MICA. We have two cottage industries. One is unsuccessful drug treatment programs and the other is studying and evaluation of the various programs. We held a hearing, and I will get staff to get you a copy of that—tens of millions of dollars on evaluation studies NIDA and others have conducted. All the firms within, what was it, 50 or 60 miles of Washington, DC, spent tens of millions and nobody can figure out what the hell works and what doesn't.

Mr. Cummings, you're recognized.

Mr. CUMMINGS. Thank you very much, Mr. Chairman. I think what you just said, Director, is part of the problem. We got to attack the problem. Just like you said, we've got to have prevention. We've got to have interdiction. We've got to have treatment. But at the same time when it comes to treatment, trying to figure out

what works is a real—is a tough one. And I agree with you. I don't know how you do that. We have had hearings on that. But at the same time, we don't want to come into a situation where because of people's pessimism about treatment that the treatment dollars then disappear. And I think that's a concern.

So I think that trying to come up with some type of reasonable measuring tool would be helpful. But I must tell you that we had testimony on this, and one of the things that they talked about is how difficult it is because I think you mentioned it just now, different people come in at different levels. Different people have different circumstances at home, support systems, all kinds of stuff.

So, you know, I was just wondering, did your staff have a chance to review the Baltimore Steps to Success study by Johns Hopkins, Morgan State University and University of Maryland? It seems to say that there is definitely some value to treatment. And I was wondering, did you have an opinion on that or you just haven't gotten familiar with it?

Mr. WALTERS. I don't want to say that it's because we don't have data about the precise focus of additional Federal dollars that I don't think treatment works. The President believes that, I believe that.

Mr. CUMMINGS. I wasn't talking about that. I was talking about Mr. Mica.

Mr. WALTERS. But the frustration, I think, in this and other areas is to not only increase the effectiveness of the programs doing work in these areas, but also to measure adequately whether the resources and the policies are adequate to make the kind of incremental change we want. It is not just can we find a good treatment program. There are a lot of good treatment programs. But is 1.6 billion enough? How much more should we spend? I mean we face this in a variety of areas on supply and demand side and we're trying to make our ability to influence the budget more direct and powerful. But that influence has to be guided by where we think we are going to make a difference. And that's why we need to have some of those measures. I am continuing the process of meeting with both private individuals and State and local officials to find out if there's a way of directing the dollars into current structures that will be more effective or that we can have individuals whose responsibility at the State or local level is more systematically tied to meeting and assessing and following up on the assessment of needs so that we're spreading the capacity where we need it and in the forms we need it.

I think I mentioned to you when we met, I think one of the most powerful things about drug courts aside from using the criminal justice system leverage is the case management function you get with the drug courts. Not only do you have the judge having influence over an individual to get and stay in treatment and the other related services, but the judge becomes a case manager. They have the social worker. They have a parole officer, treatment provider. Many times they have other kinds of mental health care, housing, job training, other things that they bring together. And of course the unique thing about a judge is, unlike some other government employees, they actually not only give orders but expect them to be carried out and will insist that they be carried out.

So you have the ability to put the parts together to make this as kind of cohesive as possible, and I think that may be the reason for the effective results in addition to the compassionate coercion that's there. The question is how do we build that on the other side.

One of my staff members is going to talk to our colleagues at the Department of Veterans Affairs because they have been understood in the past to have a kind of case management capability for the people they are serving in the veterans community that might be replicable in other kinds of institutions. But I am just beginning to meet the meeting process with State and local officials who receive some of these Federal programs and can talk about how we can either explain how the management of these things are working better than many people think, which I will be happy to get more information that's good news, but what other kinds of structure we can build into this and authority to have this be managed. My great fear is that we put in $1.6 million, it will get spent, we all know that but the question is what's the result and how do we tell what the result is and how far do we sustain the support.

So, yeah, the easiest part of the job is proposing. It's implementing that's the problem, and I am acutely aware that is the major task we now face.

Mr. CUMMINGS. Speaking of drug courts, I know the President's budget has 52 million for grants to States to establish drug courts and that is an increase of 2 million. Just based upon what you just said you have a pretty strong belief in drug courts.

Mr. WALTERS. We have not made any policy decisions, but I have asked my staff to prepare scenarios for the ways in which we could most rapidly expand drug courts in the shortest period of time. That may not just be with Federal resources, but I have also asked what it would look like. If we are going to be able to move money around, let's find out what works, see if we can't move money into those areas that work.

Mr. CUMMINGS. Director, one of the things that we like on this committee—both sides like this DTAP program up in New York. And one of the elements of the program is that it helps people find jobs. And that is a key element, because I think what happens to a lot of these folks is that you got all that structure that you just talked about, but then you need to give them something to do as opposed to standing on corners and getting back into the groups they have been in. And as I was sitting here and listening to you, I was just wondering—and then we have a problem in Baltimore which finds former inmates jobs. That's all they do. And it's a very successful program and Federal funds are used to do it and State funds—Federal funds that come to the State. And I'm just wondering, we might want to take a look at our Department of Labor when we're looking at drug courts and say, well, how can we get the most bang for our buck and try to find jobs. They're already being supervised. They're already gone through the urine screening and that kind of thing, but then you have to have the job piece and I think that's why this DTAP program is so successful.

I don't know if you saw Nightline last night.

Mr. WALTERS. I didn't, but actually my wife did and I have seen a partial transcript of the show.

Mr. CUMMINGS. It was chilling about Mexico and how these millions upon millions of dollars are being used to bribe folks and judges, and if you don't accept the bribe, you get killed and all that kind of thing. And I was just wondering, do you have any comments with regard to Mexico?

Mr. WALTERS. Yeah. I traveled to Colombia and Mexico shortly after I was confirmed. Given the range of issues on the international side that we have with those two countries, and I didn't have much time, but in Mexico I was struck by what you have seen in the press and what many of you already know about, that under very difficult situations the new administration and its key people around President Fox are trying very hard to make a difference, I think. I recognize we've had periods before where people thought a new administration was making changes and people were disappointed, and I wouldn't claim to be the longest veteran in observing these things. But the people I met are working in this effort in various ministries, from health to law enforcement and foreign affairs, and are very dedicated. It's a thin crust of people and they are aware that their lives are on the line, I think. And they have people working for them that are obviously—one of them I think the show talked about was murdered a few days ago, while Administrator Hutchinson was in Mexico, in fact.

There's no question that the Arellano Felix organization, which was a feature of the show, is probably the most dangerous organization in this hemisphere. The Mexicans have aggressively gone after them. They may have one of them, although it is not confirmed yet, was killed in a gun battle.

But nonetheless, if there was any question about whether drugs fund terroristic behavior, behavior designed to destroy democratic institutions and intimidate people, I think you don't have to look any further than Mexico. You can look at Colombia and look at the 12 or the 28 terrorist organizations that have been designated by the State Department that are involved in drug trafficking. We know this at home as well. I mean we know that in the neighborhood that we walk together in.

Americans have been suffering that same kind of violence, not always the same magnitude or not always the same way, getting always against our fundamental institutions in assassinating presidents or attorneys general. But it is not an accident that our government officials have security as well and it is not just because of crazies. Some of them it's because they are involved in this kind of enforcement. So there's real courage here. We are trying to build capacities to combat these organizations. But we have to take these organizations down. We can be partners with these countries because democratic nations are in partnership, but there is no substitute for taking these organizations down.

The President has also been very firm with me every time I met with him. He understands the cornerstone of that cooperation is that we have to reduce demand in our country, that we provide the incentive and the dollars that are given in buying drugs to support this infrastructure. And we need to attack the infrastructure, but we also fundamentally must reduce demand and we are not going to do that without reducing demand.

So I agree with you, it is a dangerous situation and I applaud the courage of the Mexicans and frankly a lot of U.S. personnel that are working in these countries to support our allies.

Mr. CUMMINGS. Let me just let you know something. When you were involved in Baltimore, when you had an opportunity to sit down and talk directly with 12 recovering addicts, I did a little survey after you left. I got some staff people and we talked to them and they were very pleased that you took the time to be there. But something came out of that, Director, which is very interesting. When we asked them how many or what were they spending on drugs a day, a day, the average was $110 a day before they went into treatment and none of them had jobs. Now that's deep. No jobs and before treatment spending on the average of $110 a day. That means—I am cognizant of the time and I see your staff is getting fidgety back there. We got you covered. But $110 a day. That means some lady's pocketbook that would have been stolen, somebody may have been killed, somebody's house may have been broken into. And you know, I guess I wanted to leave that with you because I know you move around the country and might want to put that in you computer because—and that was just 12. And we were just talking about 1 day, $1,200.

So but the other thing I wanted to ask you about is HIDTA. This reduction, $20 million reduction in—and we are very concerned certainly in Baltimore about HIDTA and I was wondering how—I mean what was the basis of that decision to reduce the HIDTA situation. We always thought HIDTA was a great thing and I know you're looking at competing priorities, all of which are very important, but I want to know what went into that decision.

Mr. WALTERS. The HIDTAs request that went into the President's budget is the same as it was before. I recognize Congress added 20 million. The administration did not include that increase in its request. Let me give some context to this. And here I will ask for a little bit of an excuse on the basis of I got here a little bit late. And in the confirmation process, in talking to Members of the Senate, if I needed any education about the importance of the HIDTA program, which I didn't, but I got it because a third of the Senators I met with during courtesy calls had somebody they wanted me to hire and two-thirds wanted more money in their HIDTA. After they asked for the money in their HIDTA they said to me you either got to get a handle on this program because it's kind of not being managed very well.

So yeah, I believe that as originally conceived and as many of the HIDTAs—I am trying to get around to see as many of them as I can. I didn't have a chance to stop during our visit, but I am trying to get to see as many as I can. Our goal in conducting the review that we have underway in these programs in general, but this is in our office, is we want to use this program to focus resources where they can make a difference in the areas where these exist. There has been a problem with that. I think everybody recognizes that in the program. Does it say all the HIDTAs have problems?

But what I need to satisfy myself about is that we can go ahead with a focus. And I am also working with the Attorney General, who has committed, with his deputy, to reshape and restructure the OCDETF program. We want these programs where they can to

work more effectively together and we also want to provide a way—again on the law enforcement side create standards of measurement, results and accountability that will allow us to both manage and sustain the funding, not necessarily increase the funding of these programs.

As you probably know, HIDTA on the law enforcement side has also been talked about as a model for sharing information on the homeland security front with State and local law enforcement where there has been some friction in the last several months. In some of the HIDTAs that is going on, and I think those results while they're early we want to share with you as well.

I guess what I'm saying here is we take the program seriously. We think these do valuable work and we do think we need to look at them to make the best case for various levels of funding. We try to sustain in this budget the administration request of last year. I would not be surprised if Congress puts more money in the HIDTA program given what I've seen. But I do think that even the people who are the biggest fans of the program believe that and have asked me privately to give a better accounting of the program. We have some audits ongoing, but I think the real issue is what's the focus, what's the results, how do the various HIDTAs fit in and what can we really expect to do. If we can provide adequate answers to those questions, then I think the program is in the best position for support in the executive branch as well as in Congress.

Mr. CUMMINGS. This is the last question. One of the things that is happening in the African American community is we're seeing more and more of our black children spending time in jail, and the concern is the disparity between powder cocaine and crack cocaine and the minimum—the mandatory minimum sentences. One time I think even some African Americans looked at it and said, well, those are just people that are involved in drugs. But then they began to look at it and see, I mean, just phenomenal numbers of their children spending time in jail. It gets to a point—then you have to ask the questions why. And when you see the disparity in sentencing, that is a major, major concern. And I was just wondering if you have any comments on that.

Mr. WALTERS. Yes. We now in the administration are reviewing the mandatory minimum sentence structure and we are not done yet, but in conjunction with the effort that's been charged to the Sentencing Commission, we will I think have a recommendation within the next month. It's not done yet, so I can't tell you the decision. But I spoke about this not only during my confirmation with Senators on the Judiciary Committee in the Senate, but both the President and the Attorney General have indicated a desire to review this. So I think we're not far from results on that.

Mr. CUMMINGS. I just want to thank you again, first of all, for taking on this tremendous responsibility and thank you for being in Baltimore. And I just wanted to assure you that we agree with you on both sides that we want taxpayers' dollars to be spent effectively and efficiently. And we will work with you to make sure that you know when you decide to move out of this office that you can look back and say you know you had a Congress that worked with you as opposed to against you, but wanted to work with you so you could get to where you've got to go, so our country will be a better

place for all of us to live, matter of fact the world to be a better place.

Mr. MICA. Thank you, Mr. Cummings, and also want to thank our Director of the Office of National Drug Control Policy for being with us in presenting the President's national drug control strategy plan before us today. I think we're right within the time limits that we set, and there being no further business, I have one request. Ask unanimous consent that all Members may have 5 legislative days to submit written statements and questions for the hearing record and that any answers to written questions provided by the witness also be included in the record. Without objection, so ordered.

There being no further business of the subcommittee, this hearing is adjourned. Thank you.

[NOTE.—The publication entitled, "National Drug Control Strategy, The White House, February 2002," may be found in subcommittee files.]

[Whereupon, at 3:45 p.m., the subcommittee was adjourned.]

[The prepared statement of Hon. Mark E. Souder and additional information submitted for the hearing record follows:]

Opening Statement
Chairman Mark Souder

"The National Drug Control Strategy for 2002"

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

February 26, 2002

It is a privilege to welcome John Walters, Director of the Office of National Drug Control Policy, to the Subcommittee this afternoon. This is his first appearance at a congressional hearing since his confirmation, and we appreciate the opportunity to work closely with Director Walters on critical drug control issues. Today's hearing is an appropriate starting point that touches every aspect of American drug policy – the President's National Drug Control Strategy for 2002.

The release of the Strategy two weeks ago by President Bush represented what in my view is a reinvigorated commitment on the part of the Executive Branch to, as the President said, "put the fight against drugs in the center of our national agenda." The direct and personal leadership shown by the President and Director Walters is extremely encouraging to American families, treatment professionals, and law enforcement personnel who are working so hard to end drug abuse in America.

In addition to leadership, we also need vision. I believe that the President's Strategy takes a big step forward to a more compassionate, yet more effective and accountable, national drug policy. It reflects a coherent vision that I believe will serve America well as the cornerstone of our antinarcotics programs. Two of its main goals – stopping drug use before it starts through community and family involvement and helping to heal drug users – are based in prevention and treatment initiatives. The third main goal – disrupting the market – outlines new strategic goals seeking effective targeting and accountability of our interdiction and international programs.

We will discuss these goals in greater detail today with Director Walters, as well as the Strategy's stated intention of reducing illegal drug use by 10% over two years and 25% over five years for both adults and young Americans. Director Walters' initiative with respect to accounting for drug control spending is also significant and of interest to the Subcommittee.

In addition to the broad strategic issues outlined in the Strategy document, a number of important questions related to both ONDCP and national drug control programs require immediate leadership and guidance from the Administration, and I also appreciate the opportunity to discuss these with Director Walters today. Within ONDCP, the National Media Campaign and the HIDTA program have outstanding issues which must be addressed. We also face significant challenges in our interdiction and international programs in the wake of September 11 and the volatile situations in both Colombia and Afghanistan. At home, we continue to be challenged by basic questions relative to drug treatment programs, as well as the implications of "medical marijuana" programs in the states.

Today's hearing allows us to begin what we expect to be an extremely productive and beneficial dialogue between this Subcommittee and Director Walters. Director Walters will be joined at his request by Mr. David Riviat, who is responsible for budget issues at ONDCP. We look forward to your testimony.

QUESTIONS FOR THE RECORD FROM THE
HOUSE COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND
HUMAN RESOURCES

HEARING ON "NATIONAL DRUG CONTROL STRATEGY FOR 2002"
FEBRUARY 26, 2002

General Strategy Questions

Question: One of the major goals of the 2002 Strategy is to set clear and specific national goals for reducing drug use in America. You have set the goal of reducing illegal drug use by 10% over 2 years and 25% over five years for both adults and young Americans. Are you confident that these goals can be met so quickly, and if so, why?

Answer: In announcing the release of the *National Drug Control Strategy* this February, President Bush stated the Administration's view that we need to have clear goals that can be measured, accepted responsibility for achieving them, and explained how we would meet them. The President's statement is worth quoting in this context: "I told John when he signed on, I'm the kind of fellow that likes to say, what are the results? I like to know, actually, are we making a difference? And so here's our goal, here's the goal by which we'll be measured -- here's the goal which I'll be measured first, and then John will definitely be measured if I'm measured. I want to see a 10 percent reduction in teenage and adult drug use over the next two years, and a 25 percent reduction in drug use, nationally, over the next five years. Those are our goals. We understand we can't do it alone here in Washington. And that's why our approach is a community-based approach. That's why we recognize the true strength of the country is our people. And we know there's thousands of parents, thousands of educators, thousands of community activists, law enforcement officials, all anxious to come together to achieve this national strategy."

Question: An additional initiative you have identified is to reform the drug control budget to reflect specific line items in specific programs rather than percentages of larger programs. Could you explain this initiative in more detail? At this point, what current programs do you believe are most likely to show a significant decrease in their proportion of the drug control budget? Do you believe that this reform will result in a meaningful shift in the relative proportion of federal resources directed to the major areas of drug control — that is to say prevention, law enforcement, and international programs? Will the reduction in emphasis on consequences of narcotics abuse lower the proportion spent on domestic law enforcement?

Answer: The President's proposal for a significant restructuring of the drug control budget will bring greater accountability to drug control efforts. The aim of this proposal is to distinguish between funding for drug control and funding for the consequences of drug use. In the coming months, the Administration will develop a new way to report the drug budget, which will have the following attributes:

- To the maximum extent possible, resources displayed in the drug budget would directly tie to identifiable line items displayed in the Budget of the President or agency budget justifications for Congress, accompanying the Budget.

- The account structure would include several agencies that already present 100 percent of their budgets as drug-related. This includes the Drug Enforcement Administration, ONDCP, the Defense Counternarcotics Central Transfer Account, the National Institute on Drug Abuse, and the Interagency Crime and Drug Enforcement Accounts (ICDE) of Treasury and Justice.

- Other agencies would report their drug funding as a combination of discrete line items from their existing sections of the President's Budget or the accompanying budget justifications presented to Congress. If a line item in an agency's budget had a strong association with drug control, then 100 percent of this line item would be included in the drug budget.

- The overall budget presentation would be further simplified by eliminating several supporting agencies from the drug budget tabulation. Only agencies with a primary drug law enforcement or demand reduction mission would be displayed in the drug budget. This change would limit the budget to those agencies or accounts that have been, or should be, the principal focus of drug control policy.

- Further, some agencies retained in the modified budget presentation have multi-mission programs, with drug control being an important, but not dominant, component of their overall budget. In order to implement fully this proposed drug budget presentation, the structure of budget accounts for these agencies may need to be revisited, in order to tie more closely drug funding reported for these agencies to account-level detail in the President's Budget.

At this preliminary stage of formulating the new structure of the drug budget, the most significant anticipated change is likely to be resources reported for detaining and incarcerating federal drug offenders. This funding of close to $3 billion would be excluded. Although this is a real cost to society, this funding is not at the core of drug law enforcement activities. Further, this restructuring is also likely to display different overall proportions of the budget related to supply reduction and demand reduction. The revised budget will display a lower proportion associated with domestic law enforcement. However, this is only an issue of how the core drug control budget is presented. It is not a proposal to reduce federal support to law enforcement.

The new drug budget, by more closely linking drug budget resources with actual account-level detail in the President's Budget, will be a useful tool that will help identify and facilitate future tradeoffs between programs, based on what works. During 2002, ONDCP will closely consult with affected Departments and agencies, the Office of Management and Budget, and interested committees of the Congress, to formulate a revised drug budget presentation for the FY 2004 budget cycle. This needed change will more fairly present the Federal Government's drug control funding proposals to the public.

Question: Which items in the strategy are of the highest priority for the Administration?

Answer: The President's *National Drug Control Strategy* contains three principal objectives: stopping drug use before it starts, healing America's drug users, and disrupting the market. Each objective is described below in greater detail.

Stopping Drug Use Before It Starts: Every American can play an important role in the fight against illegal drugs through education and community action. In homes, schools, places of worship, the workplace, and civic and social organizations, Americans must set norms that reaffirm the values of responsibility and good citizenship while dismissing the notion that drug

use is consistent with individual freedom. The *National Drug Control Strategy* ties national leadership with community-level action to help recreate the formula that helped America succeed against drugs in the past. The President's Fiscal Year 2003 budget backs up this goal with a $10 million increase in funding for the expanded Drug-Free Communities Support Program, along with providing $5 million for a new Parents Drug Corps.

Healing America's Drug Users: The vast majority of the millions of people who need drug treatment are in denial about their addiction. Getting people into treatment— including programs that call upon the power of faith—will require us to create a new climate of "compassionate coercion," which begins with family, friends, employers, and the community. Compassionate coercion also uses the criminal justice system to get people into treatment. Americans must begin to confront drug use—and therefore drug users—honestly and directly. We must encourage those in need to enter and remain in drug treatment. Overall, for Fiscal Year 2003, the Administration proposes $3.8 billion for drug treatment, an increase of more than 6 percent over Fiscal Year 2002. This includes a $100 million increase in treatment spending for Fiscal Year 2003 as part of a plan to add $1.6 billion over five years.

Disrupting the Market: The demand for drugs tends to vary with their price and availability. Disrupting this market relationship provides policymakers with a clear lever to reduce use. Domestically, attacking the economic basis of the drug trade involves the cooperative, combined efforts of federal, state, and local law enforcement. To help secure our borders, the President's Fiscal Year 2003 budget includes $2.3 billion for drug interdiction, an increase of over 10 percent from Fiscal Year 2002. Internationally, the Bush Administration will continue to target the supply of illegal drugs in the source countries. The Administration is requesting $731 million in dedicated funds in Fiscal Year 2003 for the Andean Counterdrug Initiative to be applied in Bolivia, Brazil, Colombia, Ecuador, Panama, Peru, and Venezuela.

Questions on ONDCP Programs

Question: Your confirmation was a long process. Has this slow confirmation process hindered the Administration's effort to develop and implement a new strategy?

Answer: The long confirmation process has placed a premium on the need for the ONDCP to work closely with its Cabinet counterparts on both budget and programmatic matters. ONDCP is pleased by the level of cooperation it enjoys in the interagency, which culminated in the *National Drug Control Strategy*.

Question: ONDCP is in a unique position for a White House office in that it administers national programs like HIDTA and the Media Campaign in addition to serving as a policy and budget coordinator in the Executive Branch. Do you believe that having ONDCP directly administer programs helps or hurts the effectiveness of the office?

Answer: Managing large programs from a policy office has posed a number of management challenges, not least of which is ensuring that the office's attention remains focused on the core business of formulating and implementing drug policy, while at the same time providing the highest level of program management oversight. Programs administered by ONDCP include the Counterdrug Technology Assessment Center, the High Intensity Drug Trafficking Areas program, the National Youth Anti-Drug Media Campaign, and the Drug Free Communities Support Program. As an initial step toward better managing these important programs, we have effected a partial

management reorganization to ensure closer management oversight of program activities.

Media Campaign

Question: You have already taken the lead in a significant national initiative — the media campaign advertisements demonstrating the links between drug use and terrorist financing which ran during the Super Bowl. Could you review the rationale for those advertisements, as well as your plans to follow up on this issue? What feedback have you had since the advertisements aired?

Answer: This is a case where we had an opportunity to educate American youth and parents about the link between drug money and terror in the U.S. and around the world, and to add new urgency to our messages about the negative consequences of drug use.

In the aftermath of the terror attack of September 11, we realized that few Americans knew of the link between money spent for drugs and the support of terrorist organizations like Al Queda and the FARC. Twelve of the 28 international terrorist organizations recognized by the State Department engage in drug trafficking, and many other drug trafficking organizations engage in widespread acts of terror – kidnapping, torture, bombings, and the murder of innocents.

Advertising concepts and supporting documentation available on our Web site, www.theantidrug.com, were closely coordinated with other federal agencies to ensure our information was accurate. We then subjected the ad concepts to an unprecedented level of testing to assure their effectiveness with target audiences. The ads were exposed to more than 1,300 individuals in 20 cities across the country. Youth tested found the ads significantly reduced their future intent to use drugs. We believe that this may be because the concept of drug use causing external harm may resonate with youth more so than causing self harm. Parents said the information gave them timely new information to use in talking to their children about drugs.

As you know, the new ads were launched during the Super Bowl program and are still in use. Our anti-terror television, newspaper and magazine ads are running now and will continue through June. After June, we plan to use these ads, and some new ones that are in conceptual planning now, in a selective, targeted way to sustain a national dialogue about the negative consequences of drug use. In this way, these ads will continue to play a key role in our education efforts for some time.

The ads have generated a large response from across the country. Viewers are directed to www.theantidrug.com, which is the Campaign's parenting Web site, where traffic surged after the ads were introduced. From the ads' launch on February 3 through February 27, page views on the site rose more than 21 percent. Visitors to the site doubled from an average 125,000 per month to 250,000, and the time spent at the site by visitors rose from an average 6 minutes to 10 minutes. During the same Feb. 3-Feb. 27 period, 1, 282 parents signed up to receive a weekly parenting tips email.

Question: The major contractor for the Media Campaign recently reached a settlement with the Justice Department for $1.8 million related to billing irregularities. Was ONDCP consulted regarding this settlement? What do you believe are the implications for the administration of the Media Campaign?

Answer: DOJ consulted with ONDCP throughout the settlement process. From October 2000, when

Ogilvy first acknowledged their problems associated with accounting for labor costs, through January 2002, DOJ kept ONDCP apprised of developments in the settlement negotiation. DOJ led the settlement discussions since ONDCP does not have jurisdiction to settle claims involving the False Claims Act. 41 U.S.C. §§ 604, 605. DOJ is delegated such authority under 28 U.S.C. §§ 516, 519.

It is important to note that the problems were corrected prior to reaching the settlement. Media Campaign personnel discovered Ogilvy's billing problems, and were the first to challenge Ogilvy's accounting practices. This prompted Ogilvy to conduct the internal investigation that brought about the October 2000 admission.

ONDCP has made significant strides to improve oversight. ONDCP moved responsibility for contract administration to the Navy from the Department of Health and Human Services. The Navy engaged the DCAA to review invoices and perform audits. Additionally, key media staff received Contracting Officer's Technical Representatives certification, thereby enhancing oversight capabilities.

Question: What are your thoughts on reauthorizing the Campaign and what changes to the program would you recommend at this point?

Answer: We should reauthorize the Campaign, and with the support of members from both houses, we hope a reauthorization measure will be introduced next month. We are confident that the Campaign is preventing thousands of young people across the country from initiating drug use, and we believe the sustained efforts of the Campaign will play a leading role in reducing the level of current use by 10% over the next two years.

Question: The National Institute on Drug Abuse (NIDA) has not yet finished its evaluation of the Media Campaign. Should we wait for NIDA to complete the evaluation before reauthorizing the Campaign?

Answer: The Media Campaign plays a leading role in our prevention strategy, and we think it should be reauthorized this year to avoid interrupting the cumulative effects of sustained anti-drug communications to youth. The Phase III evaluation reports are issued in six stages, one every six months (the first being issued in November, 2000 and the final is scheduled to be issued in May, 2003). Thus far, NIDA has issued three of the six reports. We are confident the Campaign is helping young people across the country make the decision not try drugs.

The fundamental strategy of the Campaign has been to focus its communications on "tweens," the transitional age group approaching and just entering high school, when data shows the highest rates of drug initiations occur. Subsequent research will indicate whether this multi-year cohort of young people will initiate drug use at previous rates or at lower ones.

At the same time, new cohorts of tween youth are moving into the danger zone. We think it is imperative that the Media Campaign continue to perform its critical communications role in youth drug prevention.

HIDTA

Question: One of the most significant proposals in the President's budget is to reduce funding for the

HIDTA program by $20 million dollars. Could you discuss the Administration's general concerns with the program? Would the Administration support creation of a new program within ONDCP similar to the HIDTA program, but targeted more broadly outside high-intensity areas?

Answer: The High Intensity Drug Trafficking Areas (HIDTA) program was set up so that law enforcement agencies could zero in on areas designated by ONDCP as "centers" of major drug production, manufacturing, importation, or distribution. The program has grown from the five original HIDTAs of a decade ago to 28 HIDTAs currently. No systematic evaluation of the HIDTA program has been conducted and no credible performance measures have been developed. I addition, there are questions about whether some of these areas deserve to be designated as HIDTAs. The President's Fiscal Year 2003 budget proposes level funding for the HIDTA Program and funding to develop better performance measures for the HIDTA Program. ONDCP will use performance data to make decisions concerning HIDTA funding in the future. The Administration would consider any proposal, but without specific information on the proposal you describe, cannot take a position at this time.

Question: The Strategy identifies a consultation process to see how best to ensure that the HIDTA program focuses on high-value trafficking targets and financial infrastructure. Will there be a broader review of the HIDTA program? Will there be a formal review, culminating in a report? Will the results of your review be provided to Congress?

Answer: The Office of State and Local Affairs, as part of a broader ONDCP review of drug policy, is reviewing, via an interagency process, the targeting of drug trafficking areas with an emphasis on national, regional, and local coordination. This coordination includes intelligence, money laundering, and regional threats that may be impacted by the HIDTA Program. It is our intent to publish revised HIDTA Program guidance to ensure local and regional targeting is in line with the President's *National Drug Control Strategy*.

HIDTA Program Policy currently directs both internal and external reviews of the individual HIDTAs. These reviews, when coupled with ONDCP directed external audits ensure that the HIDTAs are operated in accordance with applicable directives. They also result in the identification of "best practices" that can be shared with all.

As a result of the previously mentioned interagency policy review, a white paper will be published that includes information on the HIDTA Program. Once published, ONDCP would be pleased to provide that white paper to Congress. As you know, ONDCP is always interested in suggestions about the HIDTA Program from Members of Congress and committees.

Question: We understand that personnel from several HIDTAs have been redirected to terrorism investigations. While we support this goal and understand the links between drugs and terrorism, we are also concerned that this reassignment falls outside the statutory authorization for the HIDTA program. Could you discuss these reassignments and what steps ONDCP has taken to make sure that this work stays within HIDTA's authorization? Would you support limiting such reassignment to cases where there is a demonstrable nexus between terrorism and narcotics trafficking?

Answer: Immediately after the terrorist attacks of September 11, 2001 the efforts of analysts in several of the HIDTA Intelligence Centers were temporarily directed to investigation of the incidents. The majority of the diverted personnel were agency contributed, but some were HIDTA funded. The

Federal, state, and local law enforcement leadership that exercises daily control over the affected intelligence centers saw value in using these regional assets in support of the priority terrorism investigation because the general criminal information databases the HIDTA Intelligence Centers can access are equally applicable to both counter terrorism and counter drug. Support of the terrorism investigation was short-term and the analysts were quickly returned to drug-related investigations. We have recently published policy and have met with the HIDTA Directors to ensure that they understand their statutory authority and ONDCP guidance. We are coordinating with the Office of Homeland Security regarding cooperation on investigations where there is a nexus between drug trafficking and terrorism organizations.

Questions on Prevention and Treatment Programs

Question: Two of the three major goals of the 2002 strategy are rooted in prevention and treatment — stopping drug use before it starts and healing America's drug users. Could you discuss the philosophy behind this emphasis?

Answer: Ours is a diverse nation, and as Americans we share common values-- including raising healthy and drug-free youth, and strong families and communities. This is threatened by drug use. The rate of initiation of drug use by our youth is alarming. The percentage of junior high and high school students reporting current drug use is at record levels. Research clearly shows the earlier people initiate drug use, the more likely they will develop serious drug problems later in life.

In addition, far too many Americans are mired in drug use. Although they might claim their use represents an expression of individual autonomy, over the long haul continued drug use will ultimately compromise their personal freedom, turning them from productive citizens into addicted individuals. And individuals suffering from addiction have a reduced capacity to participate in the life of their communities and the promise of America. As a Nation, we must unite and begin the long and challenging task of transforming these disenfranchised individuals back into fully functioning healthy citizens.

Meeting the challenge of reducing illegal drug use must be firmly based in prevention and treatment efforts focused at three target groups of individuals: a) those who have not initiated drug use, b) those who have, but are not yet dependent and c) those who are dependant on drugs. ONDCP has identified the following three priorities that support the President's twin goals and the national priorities:

1. To stop the **INITIATION** of drug use;
2. To **INTERVENE** with drug users to stop use; and
3. To **IMPROVE** treatment delivery to achieve significant and sustained reduction in the number of drug-dependent individuals.

Thirty years of scientific research and clinical practice have led us to the current understanding that drug use is a preventable behavior and that drug dependence is a fundamentally treatable condition. In addition, clear and undeniable evidence exists that carefully placed detection programs are a successful deterrent for drug use among the uninitiated and those who use but are not yet dependent. Further, appropriately communicated and forceful messages about the dangers of drug use can be powerful motivators for individuals who are not yet addicted to stop drug use. To reduce current use, we must harness the appropriate social institutions to intervene and encourage individuals who have initiated drug use to stop before the potential progression to

dependency occurs. These are our first two National Priorities, and if we are successful with stemming initiation and intervening with non-addicted drug users, we will accomplish the President's goal to reduce drug use by ten percent in the next two years and by twenty-five percent in the next five years.

However, when drug use has progressed to dependence, getting users to stop is more difficult. It requires the combined efforts and concerned influence of family, friends, employers, faith-based organizations, and the criminal justice system, among others. But even if use has progressed to dependence, confronting the situation honestly and helping direct those in need of treatment to the appropriate resources can be effective.

People in need of intervention may voluntarily accept it as a result of concerns expressed by families and friends, but all too often intervention must occur through detection and deterrence efforts. These efforts include drug-free workplace programs, student assistance programs, initiatives aimed at those in college and other young adults, privilege sanctions such as restricted driving privileges, and enhanced substance abuse support services, and monitoring for child welfare, job corps and participants in related programs.

Addiction is a life-long challenge, requiring the sustained efforts of the drug user to stay drug free. Inevitably, some will relapse, falling back into drug-taking behavior. As a society, we must continue an active role in supporting these individuals, including providing appropriate, individualized treatment and follow-up support to maintain recovery. For those who accept responsibility and obtain treatment services, treatment can be successful. Only by developing this broad-based continuum of services and resources can we provide the essential and life-saving assistance to those who need it.

Question: What will be the greatest challenges on the prevention and treatment side to meeting the President's goals to reduce drug use within the next two years?

Answer: Both prevention and treatment efforts face the same three universal challenges:

1) To change the prevailing cynicism and lack of urgency about preventing and treating drug use. A part of this is the far too widely held but totally erroneous belief that marijuana use is not a problem.

2) To redirect existing federal resources and services to an outcome-based approach designed to fund those efforts that are effective and will enable us, as a Nation, to reach the President's goals.

3) To establish, nurture, and institutionalize a shared commitment among all segments of our society, public and private, which will enable us to successfully:

a) stop the **initiation** of drug use;

b) **intervene** with drug users to stop use; and

c) **improve** treatment delivery to achieve significant and sustained reduction in the number of drug-dependent individuals.

Question: What is the status of the Administration's review of treatment options that President Bush

announced at your appointment? What steps do you expect to be taken as a result of the review? Can we expect any major new treatment initiatives?

Answer: Both the Department of Health and Human Services and the Department of Justice have prepared material in response to the President's direction. The detailed findings of that effort, with state-by-state data on treatment need, including age breakdowns, were included in the *2002 National Drug Control Strategy*, released by the President on February 12, 2002.

This information has been helpful in examining the current array of federal treatment programs and evaluating the need for new initiatives in focused areas. As a part of this, ONDCP, with the participation of Federal demand reduction and drug control agencies, is now conducting a strategic review of all treatment and prevention programs and developing the strategic plan that will define next steps. This review will help inform the policy process as the Administration contemplates adjustments to the *National Drug Control Strategy* and potential budget initiatives for the President's Fiscal Year 2004 Budget Request.

In addition, we have directed the major Departments and agencies involved in funding and support of drug treatment to provide clear and targeted input on what they will do to address the identified treatment need, including efficiencies that can be implemented to help available treatment funding support more and better treatment.

The Administration has launched a major new treatment initiative. In May 2001, the President committed to expanding funding for treatment services by $1.6 billion over five years. The Administration's Fiscal Year 2003 budget helped fulfill this pledge with additional funding for the Substance Abuse and Mental Health Services Administration – an increase of $109 million for the Targeted Capacity Expansion program and an increase of $60 million for the Substance Abuse Prevention and Treatment Block Grant – and for the Department of Justice – an additional $7 million for the Residential Substance Abuse Treatment Program and an additional $2 million for the Drug Court Program.

It is clear that we need to expand treatment capacity. But simply expanding capacity nationwide will not ensure adequate support for locations or populations in greatest need, nor will it ensure increases in the kinds of treatment most needed. And broad increases are not enough to get people into needed treatment and help them see it through to completion. Addiction is a life-long challenge, requiring the sustained efforts of the drug user to stay drug free. Some will relapse, falling back into drug-taking behavior. As a society, we must continue to take an active role in supporting these individuals including providing appropriate, individualized treatment and follow-up support to maintain recovery. For those who accept responsibility and obtain treatment services, treatment can prove successful. Only by developing this broad-based continuum of services and resources can we provide the essential and life-saving assistance to those who need it.

Question: Could you describe the concept of compassionate coercion in more detail? How does the government best encourage individual Americans to take greater responsibility for their families and communities?

Answer: Compassionate coercion plays two roles in the Strategy: supporting prevention and treatment. First, in support of prevention, clear and undeniable evidence shows that carefully planned detection programs are a valuable deterrent to drug use among the uninitiated and those whose use has not progressed to dependence. Further, appropriately communicated messages about the

dangers of drug use can be powerful motivators for those not yet addicted to stop their drug use. To reduce current use, we must harness appropriate social institutions to intervene and encourage individuals who have initiated drug use to stop before the any progression to dependency occurs.

Second, if drug use has progressed to dependence, getting drug users to stop is more difficult. It requires the combined efforts and concerned influence of family, friends, employers, faith-based organizations, and the criminal justice system, among others. By confronting the situation honestly and helping those in need of treatment to understand their addiction, we can get them to the appropriate resources to assist them in stopping drug use.

Some people in need of this intervention may voluntarily accept it as a result of concerns honestly expressed by families and friends, but all too often the intervention must be more stern. It must occur through detection and deterrence efforts, and through a confrontation with key influencers and authority figures. These efforts include drug-free workplace programs, student assistance programs, initiatives aimed at college-aged individuals and young adults, privilege sanctions such as restricted driving privileges, enhanced substance abuse support services and monitoring for child welfare recipients, Job Corps participants as well as those in related programs, and the full force of the criminal justice system (*e.g.*, drug courts and prison-based treatment).

Frustrating the work of treatment providers, the overwhelming majority of dependent and addicted drug users do not see themselves as needing drug treatment. This is particularly pronounced among adolescents and young adults. According to the National Household Survey on Drug Abuse (NHSDA), 3.9 million individuals needed but did not receive treatment in 2000. Fewer than 10 percent—just 381,000—reported actually *thinking* that they needed help. The conclusion one draws from this is that most people who need drug treatment do not think they have a problem. To use the popular phrase, *they are in denial*. If there were ever any question about the role of coercion in getting people into treatment, these findings should put it to rest.

Most drug users—the lucky ones, at least—are no strangers to coercion. People in need of drug treatment are fortunate if they run up against the compassionate coercion of family, friends, employers, the criminal justice system, and others. Such pressure needs no excuse; the health and safety of the addicted individual, as well as that of the community, require it.

Compassionate coercion begins with family, friends, and the community. Americans must begin to confront drug use—and therefore drug users—honestly and directly and with a focus on what is best for the individual and for society. We must encourage those in need to enter and remain in drug treatment.

Question: You highlighted the Safe and Drug Free Schools and Communities Program in your testimony. Will the Administration continue to support maintaining this as a separate and independent program, and would it oppose efforts to integrate it into a larger block grant?

Answer: This Administration has publicly committed itself to demonstrated accountability in government operations and coordination of drug control policy is no exception. This includes all the supporting elements of both our supply and demand reduction efforts.

The *National Drug Control Strategy* concedes that past management of drug control institutions has not been as effective as it could be, and proposes a renewed effort to manage this admittedly complex issue by a results-driven approach. Since resource allocation is an integral part of the decision-making process, the drug control budget planning process will recognize those agencies

and prioritize those programs that produce measurable results.

The initiation of drug use among our nation's youth is alarming. The percentage of junior high and high school students reporting current drug use is at record levels. Research clearly demonstrates that the earlier people initiate drug use, the more likely they are to develop more serious drug problems later in life. While the Safe and Drug-Free Schools and Communities program (SDFSC) is working hard to make a difference, we are not fully satisfied that the focus and intensity needed are currently present.

We have identified the following three demand reduction priorities to achieve the President's twin goals for reducing drug use among youth and adults:

1) Stop the **INITIATION** of drug use;

2) **INTERVENE** with drug users to stop use; and

3) **IMPROVE** treatment delivery to achieve significant and sustained reduction in the number of drug-dependent individuals.

The key activities of the SDFSC program fall primarily into the area of initiation, though there is some cross-over into intervention with young people who have recently initiated drug use. Thirty years of scientific research and clinical practice have led us to the current understanding that drug use is a preventable behavior. Experience also demonstrates that our efforts at prevention are most successful when presented in a social context where rules (prevailing values) are clear; when institutional messages are congruent with those received from schools, faith-based, and other community influences (reinforcing values); and when these mirror those lessons learned at home (core values).

Our primary efforts to achieve the *Strategy's* goals will focus on strengthening the impact of the home-based core messages, reinforcing our broad-based messages, as well as the prevailing social values in the communities and this nation, as a whole. This will include encouraging initiatives directed at strengthening family values through programs such as the Parent Drug Corps, as well as school-based educational activities within the SDFSC program designed to teach children lifetime refusal skills. Our society must fully embrace public policies and laws designed to ensure that our children remain drug-free and to protect them from those that undermine the message to reject drug use.

We believe that the SDFSC program has a key role to play, and that keeping the funding separate and identifiable is necessary. In this way, we can work with the Department of Education to refine their program, institute proper and reasonable evaluations, and move towards more cost efficient and effective efforts.

Question: Could you discuss what tangible steps the Administration is planning to better integrate Faith-Based groups into treatment programs?

Answer: President Bush has said: "We recognize that the most important work to reduce drug use is done in America's living rooms and classrooms, in churches and synagogues and mosques, in the workplace, and in our neighborhoods. Families, schools, communities, and faith-based organizations shape the character of young people. They teach children right from wrong, respect

for law, respect for others, and respect for themselves."

The first steps we undertake with the faith community will be to strengthen and focus their support of prevention efforts. Prevention works best when presented in a social context where the rules and prevailing values are clear; when the institutional messages from schools, faith-based and other community influencers are reinforcing and supportive, and when both these mirror the core values learned at home. The faith community has a major role to play in both the development of core values and in the structuring of reinforcing values. It is also clear that the faith community can impact the prevailing values of the community, especially those where the drug message is moving in the wrong direction.

Second, in order to reduce current drug use, we must harness key social institutions to intervene and encourage individuals who have initiated drug use to halt this behavior before the potential progression to dependency occurs. The faith community, especially through their leaders and speakers, can play a valuable role here.

As we integrate the faith community more broadly into our demand reduction efforts, we are faced with two profound disconnects: the extent to which clergy see substance use as a problem among their congregations yet lack the knowledge and training of how to deal with the problem; and the failure among health care professionals--especially psychiatrists, psychologists and other mental health professionals--to take advantage of the importance of faith in prevention and in their treatment of those struggling with addiction and recovery. Our network of religious leaders are a critical yet untapped resource in preventing, identifying, and treating drug use. Priests, ministers, preachers, rabbis, imams, and other religious leaders must become more engaged in addressing the drug problem, speaking out about drug use issues and incorporating prevention and recovery messages into their ministry. We know from research that appropriately communicated messages about the dangers of drug use can be powerful motivators for individuals who are not yet addicted to stop drug use. This is an awareness and motivational role that religious leaders are well-positioned to use in a new and powerful manner. In addition, religious leaders, when properly trained, can play a key role in interventions, the compassionate coercion this Administration sees as a key element in the overall demand reduction effort.

The faith community can also play a key role in support of long-term recovery. Faith-based and community organizations offer a significant potential resource for the provision of support to those working to sustain their recovery. The point at which the individual departs the treatment setting and enters into a life of activities designed to sustain recovery is a particularly difficult transition period. This transition period is not well understood and thus inadequately addressed by our current treatment system. To sustain the benefits of treatment, we must ensure this aspect is adequately addressed within a broader continuum of care. The faith community can assist in this transition, providing support for the individual as he returns to the community and continues with the lifelong process of recovery and growth.

Finally, there is clearly a need to develop an organized approach to providing the knowledge and training to faith organizations on how to effectively address the issues of substance use in the community. Research into how best to understand and enhance the effectiveness of faith based prevention and treatment programs is needed. The tools that we develop and provide faith organizations should address both the internal and external environment. This Administration recognizes that faith organizations, as health and human service providers, should have the opportunity to compete on a level playing field and that the services they provide must be results

oriented. A focus on the issues of the external environment would foster more collaboration and consensus building between faith organizations and other public/private entities and repair the problems that exist in our families and communities.

Question: Could you describe the new Parents Drug Corps program in more detail? Do you expect it to be authorized and administered through the Corporation for National and Community Service, or ONDCP?

Answer: The President's Fiscal Year 2003 budget includes $5 million for the Corporation for National Community Service to make grants to national parents' organizations to train thousands of parents in communities nationwide in how to reduce drug use and form parent drug prevention groups. This effort will promote cooperation among national parent efforts and enable them to have a significant impact by working through the network of 4,500 community anti-drug coalitions nationwide and with other local and state anti-drug efforts.

Questions on Interdiction and International Programs

Question: Last year, our interdiction efforts were significantly impacted by two major events — the shoot-down incident in Peru and the dramatic reallocation of federal government assets after September 11. In your view, what impact did these incidents have on international narcotics traffic?

Answer: The Drug Trade is a vast market, one that faces numerous obstacles. Major Drug Trafficking organizations and their suppliers face a colossal management challenge of supervising the cultivation of hundreds of thousand of acres of drug crops and importing thousand of tons of illicit chemicals into remote production areas. Traffickers must then move hundreds of tons of illegal drugs across continents and through a maze of specialized border smuggling organizations to their distributors. International narcotics trafficking often seek the path of least risk and resistance and then maintains that pattern until events make it no longer profitable. Neither the shootdown incident nor the reallocation of assets after September 11th has changed the long term dynamics of the market.

In the case of the Peruvian shootdown, the vast majority of cultivation and production had already shifted to Southern Colombia. It is suspected that traffickers in the region were already moving most of their goods to market via surface transportation. Therefore, the incident did not seem to have had a dramatic impact on the market, although the Colombia Air Force did indicate an increase in internal flights and cross border activity between Colombia and Brazil.

Analysis of drug routes after the tragic events of September 11th initially indicated a break in trafficking activity. Although this perceived lull might have been the result of intelligence assets being focused elsewhere, it is likely that trafficking organizations paused to evaluate the impact events had on U.S. and Allied Interdiction Operations. Within a month, traditional trafficking patterns had been re-established.

Question: We continue to see significant reallocation of interdiction resources, including Coast Guard and Customs assets in the transit zone. How will we deal with this shift in resources over the long term? Will we be forced to move to an arrival zone strategy?

Answer: In the immediate aftermath of the attacks on September 11, 2001, Federal agencies, including the U.S. Coast Guard, the U. S. Customs service, the Department of Defense, and the Central

Intelligence Agency surged their operations to support of our homeland security. Since that time, as the requirements for homeland security have been better understood and refined, agencies have begun to return resources to previously performed operations including transit zone drug interdiction. Although interdiction capability remains below pre-September 11th levels, we have received additional help from our partner nations who have increased presence in the transit zone. As a result, multiagency and multinational transit zone interdiction forces have achieved notable successes since September 11, 2001, including the seizure of the Colombian Fishing Vessel *Paulo* with 11.6 metric tons of cocaine aboard - the 2nd largest maritime cocaine seizure in history. Furthermore, the Coast Guard has seized a "record pace" 70,000 pounds of cocaine this year.

As presented by the President in February, a balanced strategy that emphasizes stopping drug use before it starts, healing America's drug users, and disrupting the market will enable us to reach our goals of reducing drug use in America by ten percent in two years and twenty-five percent in five years. Transit zone interdiction operations are an important part of our strategy to disrupt the drug market, and complement our efforts in source countries and in the arrival zone. We will continue to implement this strategy and will seek resources as needed to protect our borders.

Question: We have been informed several times that a decision is imminent on resuming U.S. assistance and intelligence sharing to air interdiction efforts in South America. When can we expect to see an Administration decision, and what is holding it up?

Answer: In the aftermath of the unfortunate incident of April 20, 2001, and the death of two American citizens, the Administration directed both an incident review and review of the U.S. supported airbridge denial policy. Both Assistant Secretary Beers and Ambassador Busby's reports indicated weaknesses in the current program that led to this tragedy. Since then, the Administration has been conducting an interagency process to ensure a resumption of the program is both safe and effective. A concept of operations for a restart of the ABD effort has been developed and is being reviewed by key department level decisionmakers.

Colombia

Question: The situation in Colombia has now become extremely volatile. What impact do you expect that the breakdown of the peace process and The Pastrana government's move into the demilitarized zone will have on our interdiction efforts in Colombia? Do you expect any impact on public support for U.S. assistance to Colombia? We understand that the Administration is conducting a high-level review of U.S. policy toward Colombia — as you participate in those discussions, which principles do you believe are most important? What did you learn from your recent visit to Colombia?

Answer: The movement of Colombian military troops into the DMZ should disrupt the movement of coca base and paste inside Colombia as traffickers try to stay out of the way of military operations. FARC trafficking will also be affected, as they lose the access to a safe-haven for conducting narcotics trafficking business. As traffickers adapt to the new realities in Colombia, interdiction efforts may suffer for a time as the Colombian Government focuses more of its assets on attacking the terrorists. However, the Colombian Government is gearing up to apportion more funds to the security forces and its war on terrorists. This should allow them to establish greater security and enhance the rule of law throughout the country which will lead to more numerous and successful counter-drug interdiction efforts.

Surely there will be some questions about the effectiveness of our efforts under Plan Colombia since coca cultivation apparently rose again in 2001. However, the American people understand the fundamental problem that Colombia faces with the narco-terrorists that are terrorizing the Colombia countryside and preventing the implementation of counter-narcotics alternative development and other programs.

Concerning guiding principles, we know that we need a balanced strategy. Despite our increased commitment to stopping drug use before it starts and healing America's drug users, we cannot afford to ignore Colombia and allow a source of plentiful and cheap drugs to flood our markets and undo our good work. We must view the drug business as one affected by market forces, as all businesses are, and that it has vulnerabilities that we can exploit. We can attack that business by making it more expensive to do business through increased targeted law enforcement initiatives on money laundering, the organizations, the precursor chemicals, and the actual movement of the product inside Colombia.

During my trip to Colombia, I learned that the people and the government of Colombia are concerned with what narcotics traffickers have done to their once-vibrant economy, their security, their democratic way of life, and their reputation and that they are committed to ridding their country of the scourge of narcotics trafficking. Clearly, the security forces have come a long way in capability and respect for human rights from the last time I was in government service. We have had success against the narcotics traffickers—the big cartels that operated with impunity throughout the world 12 years ago are gone. Finally, I learned that counter-narcotics initiatives are difficult to implement in an environment that lacks security and the rule of law.

Question: The Andean Regional Initiative and Plan Colombia provided major funding to train and equip both the Colombian Army and Colombian National Police. Minimal assistance was given to the Colombian Navy, which is responsible for a tremendous amount of seizures with limited resources. Will Andean Regional Intiative funding include more support to the maritime forces in Colombia in order to provide a more balanced force laydown?

Answer: ONDCP leaves the details of force laydowns and implementation to the security force experts, DoD and the U.S. Country Team in Bogotá. Nevertheless, because my focus remains on trying to identify and exploit the market vulnerabilities of the illegal drug business, including disruption of the transportation network, we will certainly look at helping the Colombian maritime forces target the maritime movement of drugs.

Question: The Western portion of Colombia has been characterized by some as the "Wild Wild West," with minimal law enforcement presence both on land and at sea, and with nearly free and unabated movement of drugs traffickers in the region. Will the next phase of our Andean Regional Initiative include support and funding for increased law enforcement in Western Colombia?

Answer: There will be no single tactic or element that will eliminate the problem of drugs coming from Colombia. It will require us to look at a broad spectrum of initiatives, particularly those that strengthen law enforcement and the presence of the Colombian Government throughout the nation. These will undoubtedly help disrupt the drug trafficking business.

Drugs and Terrorism

Question: Could you describe the evidence which the Administration has collected detailing the links between drugs and financing for terrorist groups?

Answer: The Taliban regime, which provided safehaven for and enjoyed a symbiotic relationship with Al Qaeda, earned a significant portion of the money it needed to stay in power from the opium and heroin trade. Taliban-ruled Afghanistan supplied most of the world's opium and heroin through 2000 when the Taliban shut down production, drove up drug prices, and reaped huge profits by manipulating the sale of enormous stockpiles of opium and heroin that it controlled.

The Revolutionary Armed Forces of Colombia (FARC) and the United Self Defense Forces of Colombia (AUC), and the Colombian National Liberation Army (ELN) earn much of their income from drug production in areas under their control. Some fronts of the FARC are thought to be deeply involved in drug trafficking, including monopoly power over the production of coca and coca products in their area of authority, and control over shipment and some manufacturing of coca products in Colombia. United States and Colombian estimates for the amount of earnings by the FARC vary from in excess of $100 million/year to about $500 million/year.

For the Record, I have included text from an ONDCP website (www.theantidrug.com) concerning the nexus between drugs and terror:

Drugs and Terror: Understanding the Link and the Impact on America:

"It's so important for Americans to know that the traffic in drugs finances the work of terror, sustaining terrorists, that terrorists use drug profits to fund their cells to commit acts of murder. If you quit drugs, you join the fight against terror in America."

President George W. Bush

There is an undeniable link between acts of terror and illicit drugs. Law enforcement officials around the world have long recognized this close connection, but a changing world and recent events have made this link more relevant in the daily lives of all Americans. The bottom line is simple: terror and drug groups are linked in a mutually-beneficial relationship by money, tactics, geography and politics. Americans must understand that our individual choices about illicit drug use have the power to support or undermine our nation's war on terrorism.

Drugs form an important part of the financial infrastructure of terror networks. Twelve of the 28 terror organizations identified by the U.S. Department of State in October 2001 traffic in drugs. Drug income is the primary source of revenue for many of the more powerful international terrorist groups. The Revolutionary Armed Forces of Colombia (FARC) receives about $300 million from drug sales annually. The United Self Defense Forces of Colombia (AUC) relies on the illegal drug trade for 40-70 percent of its income. Peru's Shining Path is more dependent on drug money than ever before. And the Taliban regime in Afghanistan, which provided safe haven to Osama Bin Laden and his Al Qaeda network, used revenues from opium and heroin to stay in power. In 2000, Afghanistan was responsible for more than 70 percent of the world's opium trade, resulting in significant income to the Taliban.

Drug traffickers and terrorists use similar methods to achieve their criminal ends. Most importantly, they share a common disregard for human life. Many drug trafficking organizations engage in acts that most people would consider terrorist in nature. These include gruesome public

killing of innocents, large-scale bombings intended to intimidate government, kidnapping and torture. These organizations prey on young people both to grow their ranks and to keep their illegitimate businesses operating. Money laundering, arms-for-drugs exchanges and use of phony documents are common among terrorist and drug groups.

Drug traffickers and terrorist organizations both attack the underpinnings of legitimate government institutions to achieve their objectives, or enjoy the protection of governments that condone terror or drug trafficking. Drug traffickers and terror groups are both drawn to regions where central government authority is weak. If a terror group already controls a region and has excluded or neutralized legitimate government institutions, drug production only requires a business deal.

The growing link between terrorists and the drug trade contributes to an increased threat to America. Drug and terrorist organizations are taking advantage of the global economy to expand the scope, scale and reach of their activities and, as a result, their ability to harm American citizens and to damage U.S. interests is dramatically expanding. As state sponsors for their activities become scarce, terrorists are increasingly dependent on drug financing. The combined force of their alliance poses an enhanced threat to regional stability, American national security and the future of our country's youth.

Parents, educators, faith and community leaders recognize that youth drug use is a serious issue in this country, and they work tirelessly to educate children about the dangers of substance abuse. Today there is a new reason to continue this important effort: the illegal drug trade is linked to the support of terror groups across the globe. Buying and using illegal drugs is not a victimless crime-it has negative consequences that can touch the lives of people around the world.

September 11th has brought the complex and horrific reality of terrorism into the lives of all Americans. Many are asking, "How did this happen?" and "What can I do?" The link between terror and drugs is an important part of the puzzle, as is the recognition that individual decisions about using drugs have real-world consequences.

Question: Do you believe that the high level of emphasis on preventing terrorism has had synergistic benefits for our efforts to control narcotics? Could you provide us with some examples?

Answer: There may have been benefits along the southwest border in the period after September 11th when traffickers reportedly held up U.S.-bound shipments because of increased inspection at ports of entry. The duration of the benefits is being assessed.

At the same time, the withdrawal of interdiction and monitoring assets from the drug transit zone in the period following September 11th reduced the U.S. capacity to identify and interdict drug shipments. With the return of some assets to the transit zone, there appears to have been an increase in the quantity of drugs interdicted, but it is too early to assess the long-term impact, if any, of this change.

Afghanistan and Opium Trade

Question: As talks have continued with the interim Afghan government, what steps has the United States taken to secure commitments from both the central government and tribal leaders to work to

eradicate opium trade? Has there been any discussion of expressly linking aid to direct commitments by tribes to fight opium growth?

Answer: U.S. officials have conducted formal meetings with Afghan Interim Authority Chairman Karzai during which he agreed to a priority effort to combat narcotics. Chairman Karzai further agreed to meet soon with provincial governors to call explicitly for effective eradication of opium poppy and to place it on the top of the list of the priorities of the country's governors. U.S. officials have conducted meetings with international donors to Afghanistan reconstruction to develop a process for eliminating opium poppy and make it part of a comprehensive strategy that would include economic incentives as well as enforcement mechanisms. Other discussions with international partners have been to seek effective programs for developing a police force for Afghanistan to enforce an opium ban and address narcotics trafficking.

Question: What is your assessment of the status of both existing opium stockpiles and new poppy growth in Afghanistan? What impact do you believe this will have on the world opium market? What steps have European governments taken to help control Afghan opium trade?

Answer: Preliminary UNDCP survey estimates show 50-60,000 hectares of opium poppy have been cultivated for an early 2002 harvest, capable of producing 2,000 MT of opium and making Afghanistan once again the world's largest producer. While it is unknown just where and how much opium may be stockpiled from earlier production, before the Taliban ban in 2000, it is believed stockpiles exist in Afghanistan as well as in Pakistan, Iran, and other countries along trafficking routes. European countries, particularly the United Kingdom, are working with the U.S. to help the Afghan Interim Authority develop a counternarcotic strategy, providing donations for UNDCP efforts in Afghanistan, and Germany has proposed assisting with creating and training an Afghan police force which will combat the opium trade.

Question: Opium harvest season is quickly approaching and it is well known that the Afghanistan government lacks the law enforcement strength to stop the harvest from going to market Is there a plan for the U.S. to intervene and assist?

Answer: Although still in the initial planning stages, U.S. officials are working with the Afghan Interim Authority, G-8 countries, UNDCP, and Germany (who has offered assistance to stand-up an Afghan police force) to support developing a law enforcement capability for Afghanistan.

Question: One of the questions which arose after September 11th is whether the National Drug Control Strategy should directly address narcotics trade that does not directly threaten the United States but finances terrorist activity, such as the Asian opium trade. Do you believe that the Strategy should explicitly address this goal, and if so, how?

Answer: The *National Drug Control Strategy* mentions the need to ensure that cooperative international law enforcement operations target those trafficking organizations that directly or indirectly help bankroll international terrorism. The *Strategy* addresses this need by making it a priority to conduct operations to disrupt the illegal drug markets, such as the Asian opium trade, by attacking the economic basis of the drug trade, which would include supporting eradication efforts in Afghanistan and combating opium and heroin trafficking. However, the *Strategy* must focus primarily on reducing drug use in America.

Question: Several Members of the Subcommittee believe that the U.S. Government needs to place a high

priority on the eradication of opium poppy in Colombia in order to achieve a clear victory and eradicate the source of supply for most of the heroin entering the United States. Do you believe that Colombian opium should be a priority? Do you believe that alternative sources of supply could meet US demand under current conditions?

Answer: Eliminating the opium produced in Colombia is an important U.S. Government priority. Virtually all heroin consumed in the eastern U.S. comes from Colombia. Because of its high purity, Colombian-produced heroin can be taken without injecting it (i.e., smoking or sniffing), eliminating a major impediment to use for many potential drug users. The elimination of Colombian opium would be a critically important victory in our effort to reduce drug use.

Given the global nature of international drug trafficking, it is likely that organized criminal groups would attempt to supply heroin from other sources to East Coast consumers. However, heroin from Mexico or Asia likely would be sold at higher prices and lower purity. Further, any temporary disruption in the heroin supply may increase the chance that heroin users would seek drug treatment or reduce their drug use. This break in their consumption patterns could have long-term positive effects for communities throughout the East Coast.

Certification

Question: As you know, the annual drug certification process has been suspended for one year. For the past 15 years, this process has been successful in garnering the full cooperation of major drug producer and major transit nations that want the benefits of U.S. foreign aid to assist the U.S. in fighting the scourge of drugs. Do you think that "not" having a certification mechanism in place will hinder our national effort to stop the flow of drugs and encourage full cooperation from major drug source and transit nations?

Answer: To clarify, the annual drug certification process has been modified, not suspended, for one year. As part of the Fiscal Year 2002 Foreign Operations, Export Financing, and Related Programs Appropriations Act, Congress approved changes to country certification that amended the law for Calendar Year 2002. The change still requires that the President designate major drug-transit or major illicit drug production countries as in past years. In addition, the Act requires the President identify those countries that had "failed demonstrably" to make substantial efforts during the previous 12 months to adhere to their "international counternarcotics agreements," and take the counternarcotics measures set out in section 489 (a)(1) of the Foreign Assistance Act of 1961.

On February 23, President Bush identified three countries as having failed demonstrably to make substantial efforts against illegal drug production and trafficking during the previous 12 months. These countries are Afghanistan, Burma, and Haiti. U.S. assistance under the Fiscal Year 2002 Foreign Operations, Export Financing, and Related Programs Appropriations Act may be provided to these countries only if the President determines and reports to Congress that provision of such assistance to these countries is vital to the national interests of the United States, notwithstanding their counternarcotics performance. The President made this determination with respect to two of the three countries: Afghanistan and Haiti.

Now that the President's determination has been announced, the Administration will review the impact of these changes and will consult with Congress on what policy the United States should adopt in the future.

Questions on Law Enforcement

Question: In your view, what are the priorities for domestic law enforcement?

Answer: Domestic law enforcement drug control strategy has a leading role in disrupting the market and ultimately contributing to achieving the President's goal to reduce drug use by ten percent in two years, and by twenty-five percent in five years.

To assist in achieving these goals, federal, state, and local agencies must closely coordinate and synchronize efforts to:

- Dismantle major drug trafficking organizations, and
- Eliminate domestic sources of supply.

Where practical, law enforcement entities at the federal, state, and local levels must coordinate efforts to collect intelligence and prioritize targets to reach these national goals.

Because of the complex nature of today's drug organizations, it is important to recognize that in many instances there are no boundaries between the international and domestic aspects of these organizations. These traffickers often deal in cocaine, heroin, ecstasy, and methamphetamine. It is also critical to recognize that arresting only the top echelons of trafficking organizations is simply not enough; aggressive efforts need to successfully identify, target, and prosecute members of these organizations operating on national, regional, and local levels. Just as major traffickers operate in a multi-national environment, organizations that operate in the domestic arena do not operate in single cities, states, or even regions. Therefore, it is essential for a law enforcement strategy to be national, multi-jurisdictional (regional), and local in nature.

To effectively disrupt the market of illegal drugs in the United States, federal, state, and local law enforcement entities must make a concerted effort to eliminate domestic sources of supply. Marijuana cultivation and methamphetamine production are the two major drugs in this category. Diversion of pharmaceuticals is another area of concern. Regional task forces are critical in the seizure and eradication of methamphetamine and marijuana. The consequences to public safety and the environment from small toxic labs and marijuana cultivation sites is enormous. A focus on pharmaceuticals of such drugs as oxycodone (Oxycontin), and other legal drug diverted for abuse creates increased challenges for federal, state and local law enforcement.

Question: One of the most troubling law enforcement trends has been the significant decline in narcotics enforcement in states with so-called "medical marijuana" laws and significantly increased burdens on federal law enforcement. Could you describe the Administration's strategy to deal with both the law enforcement issues as well as negative message which is sent by these initiatives? (The Subcommittee still has not received a response from the Justice Department on this matter.) Can we continue to expect vigorous enforcement of federal narcotics laws in these states? Do you believe that legislation is necessary to reinforce the supremacy of federal law, or in your view was last year's strong ruling from the Supreme Court sufficient?

Answer: I support enforcing the law, but as the question notes, this is to some degree academic, since there are inherent and severe limitations in the ability of the Federal government to pursue small, retail level drug cases that are normally the province of local law enforcement. The Los Angeles

Police Department, for instance, is three times the size of the Drug Enforcement Administration, which must cover the entire country with that force.

Questions on Trends and Emerging Threats

Question: What do you believe are the most disturbing drug use trends among those you discussed in your testimony?

Answer: The extent of illicit drug youth among our youth is unacceptably high, either by historic or international comparison. Drug use among 12-17 year olds also remained relatively unchanged -- 9.8 percent in 1999 and 9.7 percent in 2000. According to the *National Household Survey on Drug Abuse*, in 2000, 7.2 percent were current marijuana users, and about one in four youth (26.9 percent) have tried an illicit drug in their lifetime. The school-based *Monitoring the Future* study shows that among 8th graders, 11.7 percent reported past-month (current) use of any illicit drugs in 2001, lower than the 1996 peak of 14.6 percent. Among 10th graders, 22.7 percent reported current drug use in 2001, relatively stable in recent years and down slightly from the 1996 peak of 23.2 percent. For 12th graders, 25.7 percent reported current drug use in 2001, also relatively stable compared to the decade's peak of 26.2 percent recorded 1997. We are concerned that every day in 1999 (the latest year for which data are available), more than 3,800 young people tried marijuana for the first time, 1,800 tried hallucinogens, and about 1,700 tried inhalants. Every day over the same period, over 8,000 youths first used alcohol.

Question: Could you comment briefly on three drugs of abuse which have specifically received increasing attention: methamphetamines, ecstasy and club drugs, and abuse of oxycontin? Is our strategy to deal with these drugs primarily based in law enforcement?

Answer: The estimated lifetime use rate for methamphetamine (i.e. use at any time in respondent's life) among 12th graders is reported as 6.9 percent in 2000; the annual rate is 3.9 percent. The Monitoring the Future study estimates that between 1999 and 2001, annual use of ecstasy (MDMA) increased from 1.7 to 3.5 percent among eighth graders, from 4.4 to 6.2 percent among tenth graders and from 5.6 to 9.2 percent among twelfth graders. Other club drugs such as Rohypnol, GHB and Ketamine – so-named because they are associated with "raves" and similar events – show no systematic changes in the past year. Both MDMA and methamphetamine appear to share similar neurotoxic effects, damaging brain cells that contain the neurotransmitters dopamine and serotonin. Over time, methamphetamine appears to cause reduced levels of dopamine, which may result in symptoms like those of Parkinson's disease. We are now learning that MDMA also may have long-term cognitive effects.

Our strategy for addressing these drugs is comprehensive, extending beyond law enforcement efforts. For example, the Center for Substance Abuse Prevention at SAMHSA is providing funds for school- and community-based methamphetamine prevention programs in those communities found to be most at risk. The funds will be used to plan, initiate or administer methamphetamine prevention programs and train state and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions, and parents. A second example is the multi-media initiative launched by the National Institute on Drug Abuse (NIDA) to educate our youth and young adults on health risks associated with MDMA. Partners include the American Academy of Child and Adolescent Psychiatry, the Community Anti-Drug Coalitions of America, Join Together, and National Families in Action.

The prescription medication OxyContin, when used for legitimate medical purposes, has improved the quality of life for millions of Americans suffering from moderate to severe chronic pain. It is when this agent is diverted for illicit use that public health concerns emerge. A variety of sources, including NIDA's Community Epidemiology Working Group and ONDCP's *Pulse Check*, have identified OxyContin diversion as a growing problem throughout the United States. This is attributable to several factors. OxyContin contains large amounts of active ingredient compared to other oxycodone products (e.g., Percodan, Percocet); moreover, abusers have learned that its controlled-release formulation can be easily compromised allowing for a powerful morphine-like effect. ONDCP and its partner agencies are pursuing efforts to limit the diversion and abuse through investigative and regulatory tools. Equal attention is being placed on education and, prevention. We are launching aggressive national outreach efforts to educate the public and health care professionals, as well as state and local governments on harms related of OxyContin abuse. For example, NIDA has established an educational campaign in concert with a broadly-based consortium which includes the American Academy of Family Physicians, the American Pharmaceutical Association, the National Association of Chain Drug Stores, the National Community Pharmacists Association, the National Council on Patient Information and Education, and the Pharmaceutical Research and Manufacturers of America. The intent is to prevent methods of diversion such as fraudulent prescriptions, doctor shopping, over-prescribing, and pharmacy theft. In addition ONDCP, in cooperation with the Departments of Justice and Health and Human Services, is developing an "early warning model" that would identify prescribed medications with the potential to be diverted to the illicit market.

QUESTIONS FOR THE RECORD FROM REPRESENTATIVE GILMAN
HOUSE COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND
HUMAN RESOURCES

HEARING ON "NATIONAL DRUG CONTROL STRATEGY FOR 2002"
FEBRUARY 26, 2002

Heroin Question

Question: While Colombia produces only 2% of the world's heroin, it provides more than 70% of the heroin sold or seized on US streets, and is particularly pure, deadly and very difficult to intercept. Yet even when we gave the excellent anti-drug police in Colombia Black Hawk choppers to reach the opium poppy in the high Andes, and monies for spray planes to eradicate the opium, *before* its turn into heroin, our State Department totally dropped the ball.

Last year we eradicated 70% less opium than we did in year 2000, when we were close to eliminating it under then General Serrano's leadership of the CNP.

My question, will you take charge and make sure the State Department does it right, and fully eradicates Colombia opium this year, which is the DEA, FBI, and US Customs consensus strategy on fighting the scourge of heroin sweeping places like my home State of New York?

(Note Colombia has but 6000 hectares of opium (2 crops per year) compared to 160,000 hectares of coca, and since it comes in small 1 kilo concealed means, the only method per DEA. Customs and FBI is eradicating at the source, the opium fields of Colombia. Year 2000 Colombia police eradicated 9200 hectares end 2001 less than 2300 hectares with all the emphasis on coca).

Answer: We will apply the same strategies to the heroin business that we are evaluating for disrupting the cocaine business. Concerning our efforts to disrupt the market, increased law enforcement targeting of money laundering, heroin trafficking organizations, and other vulnerabilities of the heroin market are among my top priorities.

QUESTIONS FOR THE RECORD FROM REPRESENTATIVE BARR
HOUSE COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND
HUMAN RESOURCES

HEARING ON "NATIONAL DRUG CONTROL STRATEGY FOR 2002"
FEBRUARY 26, 2002

The Department of Justice recently announced it will waive its claims the ad agency Ogilvy & Mather submitted false time sheets, and that the agency's management failed to exercise reasonable control to ensure billings for labor were accurate. As such, please answer the following:

Question: How much money has Ogilvy & Mather received in total *from* the U.S. government to date? How much more does the agency stand to receive? When did Ogilvy & Mather receive its most recent payment? For how much?

Answer: As of February 20, 2002, Ogilvy & Mather has received $406,465,610.01 under the Media Campaign contract. Most of these funds were used to purchase ad time and space.

ONDCP is unable to determine the total amount of money that Ogilvy stands to receive in the future because some costs have yet to be invoiced.

Ogilvy received its most recent payment on February 28, 2002 in the amount of $785,712.46.

Question: Ogilvy & Mather stated it overbilled the government by at least $850,000. How did the government arrive at the settlement amount ($689,744 in cash)? Given the fact no accurate accounting system existed, how is it possible to determine the amount the agency overbilled?

Answer: Ogilvy acknowledged in October 2000 that it could not verify with complete accuracy labor costs for contract years 1999 and 2000. Although Ogilvy's accounting system required its employees to keep track of their time, ONDCP raised questions about apparent inconsistencies. ONDCP claimed that some timesheets had been altered, and that others were resubmitted with increases in the amount of time worked. The government made no payment on any of the disputed amounts until the disputed amounts were resolved.

Ogilvy hired PriceWaterhouseCoopers to perform an audit in order to determine which, if any, time sheets could not be verified with complete accuracy. Following the audit, Ogilvy admitted that it could not verify the accuracy of $848,104 of labor costs.

Based on information provided by PriceWaterhouseCoopers, DCAA and Ogilvy, the Department of Justice and Ogilvy reached a settlement agreement. Although Ogilvy acknowledged no

wrongdoing, it agreed not to bill ONDCP for labor costs equaling $1,150,256, and to pay to the United States Treasury $689,744 in cash.

The exact amount Ogilvy overbilled ONDCP is difficult to ascertain since Ogilvy agreed to seek reimbursement only for completely verifiable labor costs. However, ONDCP withheld all payment of labor costs and refused to pay if there was a hint of inaccuracy. Even where a time sheet might have been accurate, any inconsistency inured to the benefit of the government, the $1,150,256 figure represents the maximum amount possible.

Question: Does the ONDCP continue to contract with Ogilvy & Mather? If so, why?

Answer: Ogilvy is the current advertising contractor for the media campaign. The contract would have terminated on January 4, 2002 but for ONDCP's temporary extension. ONDCP extended the contract to cover the period necessary to award a new contract.

Question: How is ONDCP handling the millions of outstanding costs, which were previously "disallowed" because of inadequate justification or documentation by Ogilvy & Mather?

Answer: The allowability of the labor costs was resolved in the settlement process. All other costs are reviewed for price reasonableness, allowablility and allocability. Although the Contracting Officer is ultimately responsible for reviewing such costs, in practice the Contracting Officer's Technical Representative and the DCAA make the majority of the determinations. The Contracting Officer makes the final determination only where the contractor disagrees with the COTR/DCAA decision.

Question: What is the ONDCP position on whether this contract should be renewed with Ogilvy & Mather or re-bid in an open competition?

Answer: The contract is being re-solicited in an open competition with award expected in March 2002. Ogilvy has corrected its deficiencies and is legally able to submit an offer.

Question: What steps have been taken to ensure overbilling and mismanagement problems will not plague future Anti-Drug Campaign contracts?

Answer: It should be noted that ONDCP media campaign personnel were instrumental in discovering Ogilvy's billing problems and in withholding payment of questionable bills. Nonetheless, ONDCP made significant strides to improve oversight. ONDCP moved responsibility for contract administration to the Navy from the Department of Health and Human Services. The Navy engaged the DCAA to review invoices and perform audits. Additionally, key media staff received Contracting Officer's Technical Representatives certification, thereby enhancing oversight capabilities.

Prior to re-soliciting a new contract, ONDCP and the Navy conducted market research to determine whether any entities capable of providing the advertising services also had in place a DCAA approved accounting system. Market research indicated a number of companies met these prerequisites. Consistent with the Federal Acquisition Regulation, the Navy will only award the contract to an entity with an accounting system pre-certified by DCAA.

Question: Has the ONDOP considered the benefits of moving to a fixed fee contract for this campaign,

rather than 'a cost-reimbursement contract, which may provide an incentive for the contractor to inflate costs?

Answer: Yes. Prior to re-soliciting the contract, media campaign staff and the Navy jointly determined that a fixed-type contract is not the best vehicle for the Campaign overall, however, some line-items in the contract are now fixed price.

QUESTIONS FOR THE RECORD FROM REPRESENTATIVE TURNER
HOUSE COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND
HUMAN RESOURCES

HEARING ON "NATIONAL DRUG CONTROL STRATEGY FOR 2002"
FEBRUARY 26, 2002

Mr. Walters, in reviewing the National Drug Control Strategy (NDCS) for 2002, I noted that it establishes a goal to reduce drug use by 10% over the next five years.

Question: Does the strategy have a goal to reduce the supply of drugs by the same or greater amount over the same period? Mr. Walters, in your personal opinion, in order to reduce drug use, must we also have a goal to reduce drug flow that is equal or greater than the goal to reduce drug use? I believe you have in the past argued that our NDCS must be balanced between education, treatment, enforcement, and interdiction.

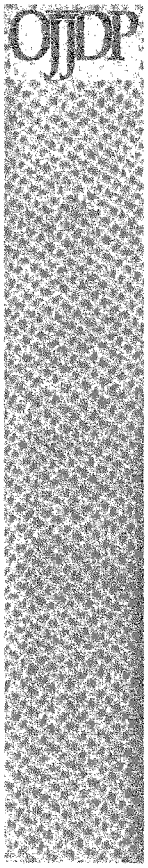
Answer: The President's *National Drug Control Strategy* contains three principal objectives: stopping drug use before it starts, healing America's drug users, and disrupting the market. The overarching goal of these three elements is to reduce use, but the means by which we seek to reduce that use includes supply reduction. As the *Strategy* states: "Few areas of public policy boast linkages as clear as those that exist between the availability and use of illegal drugs. Simply put, the demand for drugs tends to vary with their price and availability. Disrupting this market relationship provides policymakers with a clear lever to reduce use." Also: "[A]vailability is a relative term—what really matters to the drug user is that the market for illegal drugs produces availability *at a price*. Understanding of this fact has been obscured by images in the popular culture of crazed addicts who will do anything for a fix. Whatever compulsion drives them, most addicts are in fact quite conscious of and sensitive to the price and purity of the drugs they consume."

Question: What would you recommend as our NDCS goal to reduce drug flow over the next 2 to 5 years?

Answer: ONDCP is currently in the process of developing measures of effectiveness to assess implementation of the *Strategy*. These measures of effectiveness will contain indicators of drug supply and availability, although that process is still underway. Upon completion of the process, ONDCP staff will be available to brief the results of to the Committee.

Question: With respect to the Agencies or Departments that are primarily responsible for interdicting the flow of drugs into the U.S., the U.S. Coast Guard and the U.S. Customs Service, have you reviewed their budgets for FY 2003? Do they, in your personal opinion have sufficient resources to achieve the NDCS and meet their expanded responsibilities for Homeland Security?

Answer: By statute, ONDCP reviews the drug control budget proposals of all drug control agencies. During the development of the FY 2003 Budget, ONDCP reviewed the drug budget proposals of the U.S. Coast Guard and the U.S. Customs Service. The review of these FY 2003 budget proposals occurred before I assumed office in December. However, the President's FY 2003 Budget has been structured to support critical homeland security objectives, as well as continue important drug interdiction activities of the Coast Guard and Customs Service. The FY 2003 request for the Coast Guard includes $500 million for the first full year of the Integrated Deepwater System acquisition project. Although only a portion of this initiative is related to drug control, this re-capitalization project will enhance Coast Guard's ability to conduct counterdrug activities, as well as defend ports here at home. Further, the President's FY 2003 Budget includes almost $996 million in drug-related funding for the Customs Service, approximately the same level as FY 2002. Included in this total is over $33 million to support Customs' five-year technology plan for the purchase of more non-intrusive inspection equipment at high-risk ports-of-entry. This funding will greatly enhance drug interdiction capabilities, as well as help detect other dangerous contraband.



Florida

2001 Grantees

- Boys and Girls Club of Perry
  Kevin Kidd
  Taylor County
  P.O. Box 1474
  Perry, FL 32348
  850-584-8448

- Community Drug and Alcohol Council
  Gail Honea
  803 North Palafox Street
  Escambia County
  Pensacola, FL 32501
  850-434-2724

- Substance Abuse Prevention Coalition of Sarasota County, Inc.
  Roland Liebert
  1750 17th Street, Suite B-2
  Sarasota, FL 34234
  941-954-1573

2000 Grantees

- Coalition for a Drug-Free Lee County
  Keral Kronseder-Vogt
  Coalition for a Drug Free Lee County
  2161 McGregor Boulevard, Suite G
  Fort Myers, FL 33901
  941-334-8227

- Jackson County Alcohol and Other Drug Prevention Partnership
  Gregory Harris
  North Florida Senior Citizens Network, Inc.
  2639 North Monroe Street, Suite 145-B
  Tallahassee, FL 32303
  850-488-0055

1999 Grantees

- Consolidated City of Jacksonville
  Judith A. Truett
  Consolidated City of Jacksonville
  117 West Duval Street, Suite 102
  Jacksonville, FL 32202
  904-630-3632

- Corner Drug Store, Inc.
  Gwen Lovev
  Project Director
  Corner Drug Store, Inc.
  1300 NW 6th Street

Gainesville, FL 32601-2222
352-334-3800

- The Grove Counseling Center, Inc.
  Brenda Gilliam-Jones
  Executive Vice President
  The Grove Counseling Center, Inc.
  Longwood, FL 32750
  407-339-9600

- Mayor's Drug-Free Communities, Inc.
  LeRoy Jacoby
  Mayor's Drug-Free Communities, Inc.
  202 13th Avenue East
  Bradenton, Florida 34208
  941-708-9300

1998 Grantees

- Area Agency on Aging for North Florida, Inc.
  Mary Sutherland
  Area Agency on Aging for North Florida
  Madison Partnership
  2639 North Monroe Street, Suite 145B
  Tallahassee, Florida 32312
  850-488-0055

- Broward County Commission on Substance Abuse
  David Choate
  1300 South Andrews Avenue
  Fort Lauderdale, Florida 33316
  954-760-7007

- The Miami Coalition for a Safe and Drug-Free Community
  Marilyn Wagner Culp
  The Miami Coalition for a Safe and Drug-Free Community
  UM/James L. Knight Center
  400 Southeast Second Avenue, Fourth Floor
  Miami, Florida 33131
  305-375-8032

- Orlando Fights Back - Prevention
  The Center for Drug-Free Living
  Christine E. Suehle
  501 North Orange Avenue, Suite 300
  Orlando, Florida 32801
  407-245-0010, x230

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HIDTA FLORIDA STATE FACTSHEET

General Information - The State of Florida includes 3 HIDTAs:

- North Florida -Designated in 2001 and includes Baker, Clay, Duval, Flagler, Nassau, Putnam, St. Johns, and Marion counties. The HIDTA has 7 initiatives with 26 participating federal, state and local agencies.
- Central Florida - Designated in 1998 and includes Volusia, Seminole, Orange, Osceola, Polk, Hillsborough, and Pinellas Counties. Cities of Tampa, Orlando, and Daytona Beach. The HIDTA has 14 initiatives and 49 participating federal, state and local agencies.
- South Florida - Designated in 1990 and includes Dade, Broward, and Monroe Counties. The HIDTA has 34 initiatives with 66 participating federal, state and local agencies. In addition, the HIDTA sponsors the National HIDTA Assistance Center (NHAC).

Mission Statements -

- North Florida - measurably reduce drug trafficking, related money laundering and violent crime in Northeast Florida and other areas of the United States.
- Central Florida - measurably reduce the drug trafficking, money laundering, and violent crime in Central Florida thereby reducing the impact of those drugs and violence in other parts of the United States.
- South Florida - measurably reduce drug trafficking, money laundering, and violent crime in South Florida, thereby reducing the impact of illicit drugs in other areas of the country.

Threat Abstract - The three Florida HIDTAs include a rich demographic majority of the state's population. The state remains the U.S. command and control center for Colombian drug organizations. It is an international hub for drug traffickers and money launderers from Central America, South America and the Caribbean. It has also been identified as having our country's second largest concentration of Russian and Eurasian immigrants and proportionate career criminals and organized crime. The importation and distribution of a variety of drugs, as well as a recent increase in marijuana cultivation, pose a major threat to Florida. The role of South Florida as a transportation and distribution hub serves to extend this drug threat nationally and internationally. Problems facing law enforcement include the sheer volume of drugs entering and passing through the region, and the seemingly unlimited potential for smugglers to conceal them.

Funding -

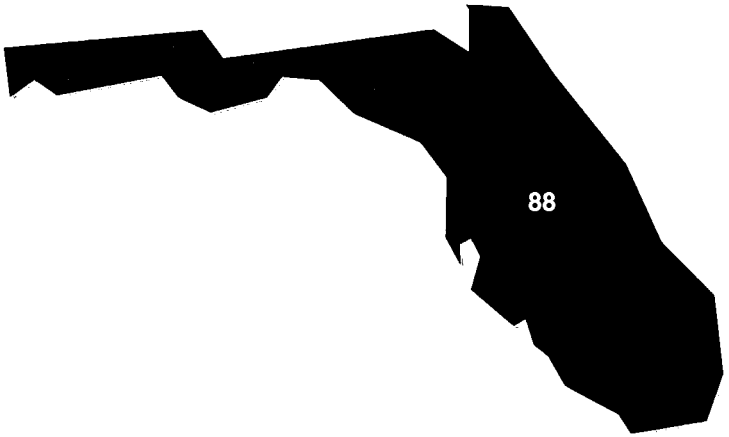
- North Florida $1.400 million
- Central Florida $2.522 million
- South Florida' $15.176 million (includes $2.975 million for the NHAC)
- Florida Total $19.098 million

Note: Mission and threat information provided by the Florida HIDTAs.

Office of National Drug Control Policy

Counterdrug Technology Assessment Center

Florida



AG-SMS
AIRNET32
Audio Surveillance
AVTS
Body Worn
Borderline
CBSS
Drugwipes
Mini-Buster
Night Vision Kit
Small Look
Thermal Imager-Handheld
Thermal Imager-Vehicle
VisuaLinks

Agency Deliveries: 88
Equipment Deliveries: 151

20 February, 2002

Florida

City	Agency	Technology	Quantity	Delivery Date
Alachua				
	Alachua Police Department	Small Look	1	13-Dec-2001
		Mini-Buster	1	29-Dec-1999
Arcadia				
	DeSoto County Sheriff's Office	Thermal Imager - Handheld	1	20-Apr-2001
Belleair Beach				
	Belleair Beach Police Department	Drugwipes	1	07-Sep-2001
Boca Raton				
	Boca Raton Police Department	Thermal Imager - Handheld	1	01-Jun-2001
		AVTS	1	07-Apr-2000
		Drugwipes	1	16-Nov-1999
Boynton Beach				
	Boynton Beach Police Department	Mini-Buster	1	10-Dec-1999
Bradenton				
	Manatee County Sheriff's Office	Drugwipes	1	10-Aug-2001
		Thermal Imager - Handheld	1	30-Apr-2001
		Body Worn	1	14-Sep-1998
		Drugwipes	1	13-Jul-1998
Bronson				
	Levy County Sheriff's Office	Mini-Buster	1	19-Apr-2001
Cape Coral				
	Cape Coral Police Department	Thermal Imager - Handheld	1	16-Dec-1999
Clearwater				
	Clearwater Police Department	Audio Surveillance System	1	13-Dec-2001

Florida

City	Agency	Technology	Quantity	Delivery Date
Coconut Creek				
	Coconut Creek Police Department	Drugwipes	1	13-Jul-2001
Cross City				
	Dixie County Sheriff's Office	Mini-Buster	1	15-May-2000
DeLand				
	Volusia County Sheriff's Office	AG-SMS	1	13-Aug-1999
Delray Beach				
	Delray Beach Police Department	Thermal Imager - Handheld	1	14-Jan-1999
Fort Lauderdale				
	Broward County Sheriff's Office	Thermal Imager - Handheld	1	08-Jan-1999
	Fort Lauderdale Police Department	Audio Surveillance System	1	18-Dec-2000
		Drugwipes	1	14-Sep-2000
		AG-SMS	1	23-Feb-2000
Fort Myers				
	Lee County Sheriff's Office	Mini-Buster	1	18-Apr-2001
		Drugwipes	1	26-Dec-2000
Fort Pierce				
	Fort Pierce Police Department	Small Look	1	13-Dec-2001
		Thermal Imager - Handheld	1	13-Aug-1999
Gainesville				
	Alachua County Sheriff's Office	AVTS	1	05-Apr-2001
		Mini-Buster	1	10-Aug-1999
	Gainesville Police Department	Thermal Imager - Handheld	1	08-Jan-1999
Green Cove Springs				
	Clay County Sheriff's Office	AVTS	1	14-Feb-2001

Florida

City	Agency	Technology	Quantity	Delivery Date
Gulf Breeze				
	Gulf Breeze Police Department	Mini-Buster	1	19-Apr-2001
Hialeah				
	Hialeah Police Department	Thermal Imager - Handheld	1	13-Dec-1999
		Drugwipes	1	16-Nov-1999
		Drugwipes	1	28-Jun-1999
Hobe Sound				
	Jupiter Island Public Safety Department	Thermal Imager - Vehicle	1	11-Aug-1999
Hollywood				
	Hollywood Police Department	Thermal Imager - Handheld	1	30-Apr-2001
		AVTS	1	05-Apr-2000
		Drugwipes	1	16-Nov-1999
Homestead				
	Homestead Police Department	AIRNET32	1	12-Apr-2001
		Drugwipes	1	14-Jan-2000
		Thermal Imager - Handheld	1	15-Dec-1999
Jacksonville				
	Jacksonville Beach Police Department	Thermal Imager - Handheld	1	12-Aug-1999
Juno Beach				
	Juno Beach Police Department	Thermal Imager - Handheld	1	15-Dec-1998
Key West				
	Monroe County Sheriff's Office	Thermal Imager - Handheld	1	25-Apr-2001
Lake City				
	Columbia County Sheriff's Office	Mini-Buster	1	19-Apr-2001

Florida

City	Agency	Technology	Quantity	Delivery Date
Lakeland				
	Lakeland Police Department	Mini-Buster	1	29-Dec-1999
Largo				
	Pinellas County Sheriff's Office	Borderline	1	20-Apr-2001
		Small Look	1	14-Dec-2000
		Mini-Buster	1	13-Dec-2000
		Thermal Imager - Handheld	1	13-Aug-1999
Madison				
	Madison County Sheriff's Office	Mini-Buster	1	06-Mar-2000
		Drugwipes	1	10-Jan-2000
Margate				
	Margate Police Department	Thermal Imager - Handheld	1	12-Aug-1999
Mayo				
	LaFayette County Sheriff's Office	Small Look	1	13-Dec-2001
		Body Worn	1	15-Dec-2000
Melbourne				
	Melbourne Police Department	Small Look	1	13-Dec-2001
		Thermal Imager - Handheld	1	13-Dec-1999
Mexico Beach				
	Mexico Beach Department of Public Safety	Night Vision Kit	1	11-Apr-2001
Miami				
	Florida Department of Law Enforcement-Miami	AVTS	1	01-Feb-2001
		Thermal Imager - Handheld	1	13-Aug-1999
	Miami-Dade Police Department	AIRNET32	1	12-Apr-2001
		Mini-Buster	1	10-Aug-1999

Florida

City	Agency	Technology	Quantity	Delivery Date
Miami Beach				
	Financial Crimes Regional Enforcement Strike Force	Small Look	1	08-Dec-1999
	Miami Beach Police Department	VisuaLinks	1	15-Dec-2000
		Thermal Imager - Handheld	1	08-Jan-1999
Miramar				
	Miramar Police Department	Thermal Imager - Handheld	1	30-Apr-2001
Monticello				
	Jefferson County Sheriff's Office	Mini-Buster	1	19-Apr-2001
		Drugwipes	1	11-Oct-2000
Naples				
	Collier County Sheriff's Office	Mini-Buster	1	15-May-2000
		Drugwipes	1	22-Sep-1999
		Thermal Imager - Handheld	1	12-Aug-1999
New Port Richey				
	Pasco County Sheriff's Office	AVTS	1	01-Jun-2001
		Thermal Imager - Handheld	1	13-Aug-1999
North Lauderdale				
	North Lauderdale Public Safety Department	Thermal Imager - Handheld	1	30-Apr-2001
North Palm Beach				
	North Palm Beach Public Safety	Thermal Imager - Handheld	1	20-Apr-2001
North Port				
	North Port Police Department	Mini-Buster	1	30-May-2001
		Drugwipes	1	27-Mar-2001

City	Agency	Technology	Quantity	Delivery Date
Ocala				
	Marion County Sheriff's Office	Mini-Buster	1	15-May-2000
	Ocala Police Department	Mini-Buster	1	13-Dec-2000
Okeechobee				
	Okeechobee County Sheriff's Office	Body Worn	1	16-May-2000
		Drugwipes	1	22-Sep-1999
		Thermal Imager - Vehicle	1	11-Aug-1999
		Drugwipes	3	09-Mar-1999
Orlando				
	Florida Metropolitan Bureau of Investigation	Borderline	1	28-Apr-2000
		Body Worn	1	31-Aug-1999
	Orange County Sheriff's Office	Audio Surveillance System	1	13-Dec-2001
	Orlando Police Department	Body Worn	1	23-Dec-1999
Pahokee				
	Pahokee Police Department	Thermal Imager - Handheld	1	30-Apr-2001
Palatka				
	Palatka Police Department	Thermal Imager - Handheld	1	15-Dec-1999
	Putnam County Sheriff's Office	Thermal Imager - Handheld	1	16-May-2000
		Drugwipes	1	10-Jan-2000
Panama City				
	Bay County Sheriff's Office	Body Worn	1	15-Dec-2000
		Drugwipes	1	07-Mar-2000
		Thermal Imager - Handheld	1	14-Dec-1999
Panama City Beach				
	Panama City Beach Police Department	Thermal Imager - Handheld	1	20-Apr-2001

Florida

City	Agency	Technology	Quantity	Delivery Date
Pensacola				
	Escambia County Sheriff's Office	AVTS	1	27-Feb-2001
		Drugwipes	1	30-Jun-2000
		Drugwipes	1	13-Jul-1998
		Thermal Imager - Vehicle	1	20-May-1998
Plant City				
	Plant City Police Department	Thermal Imager - Handheld	1	01-Jun-2001
Port St. Lucie				
	Port St. Lucie Police Department	Small Look	1	14-Dec-2000
		Drugwipes	1	22-Aug-2000
Punta Gorda				
	Charlotte County Sheriff's Office	AG-SMS	1	05-May-2000
	Punta Gorda Police Department	Thermal Imager - Handheld	1	30-Apr-2001
		Thermal Imager - Handheld	1	16-May-2000
		Drugwipes	1	10-Jan-2000
Sanford				
	Florida Department of Law Enforcement-Sanford	AVTS	1	26-Apr-2000
		Drugwipes	1	16-Nov-1999
	Seminole County Sheriff's Office	Thermal Imager - Handheld	1	16-Nov-1998
Satellite Beach				
	Satellite Beach Police Department	AVTS	1	05-Mar-2001
		Thermal Imager - Handheld	1	16-May-2000
South Bay				
	South Bay Police Department	Audio Surveillance System	1	13-Dec-2001
St. Augustine				
	St. Augustine Police Department	Mini-Buster	1	15-May-2000

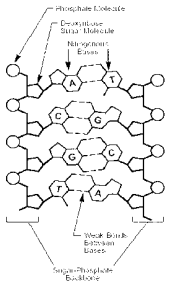
Florida

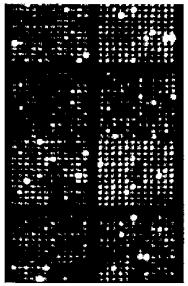
City	Agency	Technology	Quantity	Delivery Date
St. Augustine Beach				
	St. Augustine Beach Police Department	Thermal Imager - Handheld	1	01-Jun-2001
St. Pete Beach				
	St. Pete Beach Police Department	Thermal Imager - Handheld	1	24-Apr-2001
		Small Look	1	31-Jan-2000
Stuart				
	Stuart Police Department	Thermal Imager - Handheld	1	13-Aug-1999
Sunrise				
	Sunrise Police Department	Audio Surveillance System	1	18-Apr-2001
		Thermal Imager - Handheld	1	13-Dec-1999
Tallahassee				
	Florida Department of Corrections	Drugwipes	2	20-Nov-2001
	Florida Department of Law Enforcement-Tallahassee	Mini-Buster	1	10-Dec-1999
	Florida Department of Transportation	Mini-Buster	1	15-May-2000
		Drugwipes	1	17-Nov-1999
		Mini-Buster	1	10-Aug-1999
	Florida Highway Patrol	Mini-Buster	1	13-Dec-2000
		Mini-Buster	1	05-Oct-1999
		Drugwipes	1	22-Jun-1999
	Florida State University Police Department	Night Vision Kit	1	11-Apr-2001
	Leon County Sheriff's Office	Thermal Imager - Handheld	1	01-May-2001
		Mini-Buster	1	10-Dec-1999
Tampa				
	Hillsborough County Sheriff's Office	Borderline	1	12-Apr-1999
		Mini-Buster	1	01-Mar-1999
		Thermal Imager - Handheld	1	27-Aug-1998
		Drugwipes	2	24-Mar-1998

City	Agency	Technology	Quantity	Delivery Date
Tavares				
	Lake County Sheriff's Office	Thermal Imager - Handheld	1	16-May-2000
Tequesta				
	Tequesta Police Department	Thermal Imager - Handheld	1	15-Dec-1999
Titusville				
	Brevard County Sheriff's Office	Thermal Imager - Handheld	1	13-Aug-1999
Vero Beach				
	Indian River County Sheriff's Office	Thermal Imager - Handheld	1	20-Apr-2001
		Mini-Buster	1	05-Oct-1999
Wauchula				
	Hardee County Sheriff's Office	Mini-Buster	1	10-Aug-1999
West Melbourne				
	West Melbourne Police Department	Mini-Buster	1	30-May-2001
		Drugwipes	1	13-Feb-2001
West Palm Beach				
	Palm Beach County Sheriff's Office	Mini-Buster	1	15-May-2000
	West Palm Beach Police Department	Thermal Imager - Handheld	1	13-Dec-1999
Winter Park				
	Winter Park Police Department	CBSS	1	13-Dec-2001
		Thermal Imager - Handheld	1	14-Dec-1999

Total Agencies: 88 **Total Technologies: 14** **Quantity Delivered: 151**

Counterdrug Technology Assessment Center
University of South Florida (Tampa)
(Blood Gene Expression Modeling and Genomic Patterns)





Objective/Approach

Investigate blood gene expression and genomic pattern for diagnostic and therapeutic assessment of drug detection.

Examine positional information in the genome, genetic markers related to Alzheimer's disease, to probe for any correlation of genetic predisposition or susceptibility to drug abuse and possible relationships to known genetic linkages with drug abuse.

Status/Milestones

New Start in FY 2002.