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H.R. 2086, THE OFFICE OF NATIONAL DRUG CONTROL POLICY REAUTHORIZATION ACT OF 2003

HEARING

BEFORE THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

FIRST SESSION

ON

H.R. 2086

TO REAUTHORIZE THE OFFICE OF NATIONAL DRUG CONTROL POLICY

MAY 22, 2003

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H.R. 2086, THE OFFICE OF NATIONAL DRUG CONTROL POLICY REAUTHORIZATION ACT OF 2003

THURSDAY, MAY 22, 2003

HOUSE OF REPRESENTATIVES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The committee met, pursuant to notice, at 10:28 a.m., in room 2154, Rayburn House Office Building, Hon. Tom Davis of Virginia (chairman of the committee) presiding.

Present: Representatives Tom Davis of Virginia, Mica, Souder, Ose, Lewis of Kentucky, Mrs. Davis of Virginia, Platts, Putnam, Schrock, Deal, Miller, Murphy, Turner, Carter, Blackburn, Waxman, Owens, Towns, Sanders, Maloney, Cummings, Kucinich, Davis of Illinois, Tierney, Clay, Watson, Van Hollen, Sanchez, Ruppersberger, Norton, and Bell.

Staff present: Scott Kopple, deputy director of communications; Edward Kidd, professional staff member; Teresa Austin, chief clerk; Joshua E. Gillespie, deputy clerk; Susie Schulte, legislative assistant; Corinne Zaccagnini, chief information officer; Brien, Beattie, staff assistant; Phil Barnett, minority chief counsel; Michelle Ash and Tony Haywood, minority counsels; Denise Wilson, minority professional staff member; Earley Green, minority chief clerk; and Jean Gosa and Teresa Coufal, minority assistant clerks.

Chairman TOM DAVIS. The committee will come to order. I apologize for the delay, this is the latest I've ever started a meeting.

Mr. Waxman and subcommittee Chairman Souder are in the back, will be reviewing this, trying to negotiate some items for markup we hope we can hold today. But we're just a little bit apart on some issues and we're trying to work it out.

So I will ask unanimous consent that my entire statement be in the record to move this along.

Let me just say that Chairman Souder has held a series of hearings at the subcommittee level evaluating every component and program carried out by ONDCP to ensure that when we authorize this, we get it right. I want to thank him for his leadership on these issues, also his ranking member, Elijah Cummings. My state-

ment is much lengthier, it will go in the record. But because we've kept Director Walters waiting here, I will conclude my formal remarks at this point and see if there are other Members who wish to make opening statements.

[The prepared statement of Chairman Tom Davis and the text of H.R. 2086 follow:]

Statement of Chairman Tom Davis
"H.R. 2086, the Office of National Drug Control Policy Reauthorization Act of 2003"
Committee on Government Reform
May 22, 2003

Since its inception, the Office of National Drug Control Policy (ONDCP) has been the cornerstone of drug policy in America, improving the lives of all Americans by reducing the presence of drugs in our society. This office has been producing the results our Nation needs and wants. Teen drug use is on the decline—and that is just one of the positive advancements made by the ONDCP in the last couple of years.

The ONDCP is responsible for developing and coordinating the Nation's drug control program. Additional oversight responsibilities of the ONDCP are to assess, certify, and evaluate the capability, effectiveness, and efficiency of national drug control programs and their budgets. Congress established ONDCP through the Anti-Drug Abuse Act of 1988 and the current statutory authorization will expire this September.

Chairman Mark Souder has held a series of hearings at the subcommittee level evaluating every component and program carried out by ONDCP to ensure when we reauthorize this important piece of legislation, we get things right. I want to thank Chairman Souder for his leadership on these issues and believe that as this process nears a close we have put together a cohesive, effective piece of legislation to provide ONDCP with the necessary tools to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences.

The purpose of today's hearing is to provide our Members with an opportunity to discuss our national drug control policy and the Administration's general views and priorities for reauthorization with Director Walters. We have also asked the Partnership for Drug Free America and the Office of Management and Budget to submit statements for the record regarding the National Youth Anti-Drug Media Campaign and the High Intensity Drug Trafficking Areas program.

In the bill, the Committee aims to provide the best possible support for the Administration and Director Walters in implementing the Administration's strategy. We have also considered where we might be able to streamline and reduce some outdated reporting and structural requirements under the current law to improve the efficiency of ONDCP. The Committee also gave significant attention to reforms of the Media Campaign and the HIDTA program to ensure they are effective. The Criminal Justice, Drug Policy and Human Resources Subcommittee hearings have reviewed areas suggesting that both of these programs have grown in ways that were not originally intended. We want to ensure that we keep them accountable and dedicated to their core purposes.

H.R. 2086 reauthorizes ONDCP and its programs for the next five years. The bill retains key authorities by reaffirming the role of the ONDCP Director as the principal Administration official with respect to drug policy. The director has the authority to develop, coordinate and oversee the implementation of National Drug Control Policy and to set individual federal agency budgets on drug control matters.

The bill takes steps to increase accountability for drug policy objectives by requiring an annual evaluation of the effectiveness of the previous year's Strategy, along with a review of federal agency drug control activities. I believe that H.R. 2086 will enhance the effectiveness and accountability in drug treatment programs by requiring a uniform system of evaluating the successes of drug treatment. This will help weed out ineffective and inadequate treatment programs.

One of the most important drug control programs is the HIDTA program, which is designed to assist federal, state, and local agencies to work closely together in a national effort to reduce drug trafficking and drug use. During the reauthorization process we considered issues related to program management, administration, and program size of HIDTA that we considered problem areas. The expansion of the HIDTA program has resulted in the diversion of some HIDTA funds from the areas where they are most needed to areas that have little impact on the nation's drug trafficking problem. The bill aims to redirect funding for HIDTAS to return the program to its original intent of addressing drug traffic in the highest priority centers of the national drug trade.

The National Youth Anti-Drug Media Campaign is another important element of the Federal Government's commitment to reducing teen drug use and abuse. We have all seen the well-known advertisements on subjects such as drugs and terrorism, the consequences of marijuana use, and parenting skills. These advertisements carry important messages to youth about the consequences of abuse and remind parents of the importance of keeping kids away from drugs. Although the Media Campaign has shown success in getting its message across and reducing youth drug abuse, we need to ensure that this program is run in an effective and efficient manner. H.R. 2086 increases accountability by ensuring that the Campaign's effectiveness can be directly tested and measured.

I would like to thank Chairman Souder, Subcommittee Ranking Member Elijah Cummings, my Ranking Member Henry Waxman, and subcommittee staff for their leadership, dedication and hard work on this reauthorization legislation. And I look forward to hearing testimony this morning from our witness, Director John Walters.

I

108TH CONGRESS
1ST SESSION

H. R. 2086

To reauthorize the Office of National Drug Control Policy.

IN THE HOUSE OF REPRESENTATIVES

MAY 14, 2003

Mr. SOUDER (for himself and Mr. TOM DAVIS of Virginia) introduced the following bill; which was referred to the Committee on Government Reform, and in addition to the Committees on the Judiciary, Energy and Commerce, and Select Intelligence (Permanent Select), for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To reauthorize the Office of National Drug Control Policy.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; REFERENCES; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Office of National Drug Control Policy Reauthorization Act of 2003".

(b) AMENDMENT OF OFFICE OF NATIONAL DRUG CONTROL POLICY REAUTHORIZATION ACT OF 1998.—Except as otherwise expressly provided, whenever in this Act

1 an amendment or repeal is expressed in terms of an
2 amendment to, or repeal of, a section or other provision,
3 the reference shall be considered to be made to a section
4 or other provision of the Office of National Drug Control
5 Policy Reauthorization Act of 1998 (Public Law 105–277;
6 21 U.S.C. 1701 et seq.).

7 (c) TABLE OF CONTENTS.—The table of contents of
8 this Act is as follows:

Sec. 1. Short title; references; table of contents.
Sec. 2. Amendments to definitions.
Sec. 3. Amendments relating to appointment and duties of Director and Deputy Directors.
Sec. 4. Amendments relating to coordination with other agencies.
Sec. 5. Development, submission, implementation, and assessment of National Drug Control Strategy.
Sec. 6. High intensity drug trafficking areas program.
Sec. 7. Funding for certain high intensity drug trafficking areas.
Sec. 8. Amendments relating to Counter-Drug Technology Assessment Center.
Sec. 9. Repeals.
Sec. 10. National Youth Anti-Drug Media Campaign.
Sec. 11. Authorization of appropriations.
Sec. 12. Extension of termination date.

9 **SEC. 2. AMENDMENTS TO DEFINITIONS.**

10 (a) AMENDMENTS TO DEFINITIONS.—Section 702 is
11 amended—

12 (1) in paragraph (1)-

13 (A) by striking "and" at the end of sub-
14 paragraph (F);

15 (B) by striking the period at the end of
16 subparagraph (G); and

17 (C) by adding at the end the following:

18 "(H) interventions for drug abuse and de-
19 pendence; and

"(I) international drug control coordination and cooperation with respect to activities described in this paragraph.".

(2) in paragraph (9), by striking "implicates" and inserting "indicates";

(3) in paragraph (10)—

(A) by striking "and" at the end of subparagraph (B);

(B) by striking the period at the end of subparagraph (C) and inserting "; and"; and

(C) by adding at the end the following:

"(D) domestic drug law enforcement, including law enforcement directed at drug users."; and

(4) in paragraph (11)—

(A) by inserting before the semicolon in subparagraph (A) the following: "(including source country programs, and law enforcement outside the United States)";

(B) by inserting "and" after the semicolon in subparagraph (B);

(C) by striking "; and" at the end of subparagraph (C) and inserting a period; and

(D) by striking subparagraph (D).

(b) CONFORMING AMENDMENTS.—Section 703(b)(3) is amended—

(1) in subparagraph (A), by striking "(G)" and inserting "(H)"; and

(2) in subparagraph (C)—

(A) by striking "(C)" and inserting "(D)"; and

(B) by striking "and subparagraph (D) of section 702(11)".

SEC. 3. AMENDMENTS RELATING TO APPOINTMENT AND DUTIES OF DIRECTOR AND DEPUTY DIRECTORS.

(a) DESIGNATION OF OTHER OFFICERS.—Section 704(a)(3) is amended—

(1) by striking "permanent employee" and inserting "officer or employee"; and

(2) by striking "serve as the Director" and inserting "serve as the acting Director".

(b) RESPONSIBILITIES OF DIRECTOR.—Section 704(b) is amended—

(1) in paragraph (4), by striking "Federal departments and agencies engaged in drug enforcement," and inserting "National Drug Control Program agencies,";

(2) by inserting "and" at the end of paragraph (12);

(3) by striking paragraphs (13) and (14); and

(4) by redesignating paragraph (15) as paragraph (13).

(c) REVIEW AND CERTIFICATION OF NATIONAL DRUG CONTROL PROGRAM BUDGET.—Section 704(c)(3) is amended—

(1) by redesignating subparagraphs (C) and (D) as subparagraphs (D) and (E), respectively;

(2) by inserting after subparagraph (B) the following new subparagraph:

"(C) SPECIFIC REQUESTS.—The Director shall not confirm the adequacy of any budget request that—

"(i) requests funding for Federal law enforcement activities that do not adequately compensate for transfers of drug enforcement resources and personnel to law enforcement and investigation activities not related to drug enforcement as determined by the Director;

"(ii) requests funding for law enforcement activities on the borders of the United States that do not adequately di-

rect resources to drug interdiction and enforcement as determined by the Director;

"(iii) requests funding for drug treatment activities that do not provide adequate result and accountability measures as determined by the Director;

"(iv) requests funding for any activities of the Safe and Drug Free Schools Program that do not include a clear anti-drug message; or

"(v) requests funding to enforce section 484(r)(1) of the Higher Education Act of 1965 (20 U.S.C. 1091(r)(1)) with respect to convictions for drug-related offenses not occurring during a period of enrollment for which the student was receiving any Federal grant, loan, or work assistance.";

(3) in subparagraph (D), as so redesignated, by inserting "and the authorizing Committees for the Office" after "House of Representatives"; and

(4) in subparagraph (E)(ii)(bb), as so redesignated, by inserting "and the authorizing Committees for the Office" after "House of Representatives".

(d) REPROGRAMMING AND TRANSFER REQUESTS.—Section 794(c)(4)(A) is amended by striking "$5,000,000" and inserting "$1,000,000".

(e) POWERS OF DIRECTOR.—Section 704(d) is amended—

(1) in paragraph (8)(D), by striking "have been authorized by Congress;" and inserting "authorized by law;";

(2) in paragraph (9)—

(A) by inserting "notwithstanding any other provision of law," after "(9)"; and

(B) by striking "Strategy; and" and inserting "Strategy and notify the authorizing committees of the Congress for the Office of any fund control notice issued;"

(3) in paragraph (10), by striking "(22 U.S.C. 2291j)." and inserting "(22 U.S.C. 2291j) and section 706 of the Department of State Authorization Act for Fiscal Year 2003 (22 U.S.C. 229j–l);";

(4) by adding at the end the following new paragraphs:

"(11) not later than August 1 of each year, submit to the President a report, and transmit copies of the report to the Secretary of State and the

1 authorizing committees of the Congress for the Of-
2 fice, that—
3 "(A) provides the Director's assessment of
4 which countries are major drug transit coun-
5 tries or major illicit drug producing countries as
6 defined in section 481(e) of the Foreign Assist-
7 ance Act of 1961;
8 "(B) provides the Director's assessment of
9 whether each country identified under subpara-
10 graph (A) has cooperated fully with the United
11 States or has taken adequate steps on its own
12 to achieve full compliance with the goals and
13 objectives established by the United Nations
14 Convention Against Illicit Traffic in Narcotic
15 Drugs and Psychotropic Substances and other-
16 wise has assisted in reducing the supply of il-
17 licit drugs to the United States; and
18 "(C) provides the Director's assessment of
19 whether application of procedures set forth in
20 section 490(a) through (h) of the Foreign As-
21 sistance Act of 1961, as provided in section 706
22 of the Department of State Authorization Act
23 for Fiscal Year 2003, is warranted with respect
24 to countries the Director assesses have not co-
25 operated fully; and

1 "(12) appoint a United States Interdiction Co-
2 ordinator under subsection (i).".
3 (f) UNITED STATES INTERDICTION COORDINATOR.—
4 Section 704 (21 U.S.C. 1703) is further amended by add-
5 ing at the end the following:
6 "(i) UNITED STATES INTERDICTION COORDI-
7 NATOR.—
8 "(1) IN GENERAL.—There shall be in the Office
9 a United States Interdiction Coordinator, who shall
10 be appointed by the Director and shall perform du-
11 ties determined by the Director with respect to co-
12 ordination of efforts to interdict illicit drugs from
13 the United States.
14 "(2) APPOINTMENT.—
15 "(A) IN GENERAL.—Notwithstanding any
16 other provision of law (except subparagraph
17 (B)), the Director may appoint any individual
18 to serve as the United States Interdiction Coor-
19 dinator.
20 "(B) LIMITATION.—The Director may not
21 appoint to such position any individual who
22 concurrently serves as the head of any other
23 Federal department or agency or any subdivi-
24 sion thereof with responsibility for narcotics
25 interdiction activities, except the counter-

1 narcotics officer of the Department of Home-
2 land Security appointed under section 878 of
3 the Homeland Security Act of 2002 (6 U.S.C.
4 458).".

5 **SEC. 4. AMENDMENTS RELATING TO COORDINATION WITH**
6 **OTHER AGENCIES.**

7 Section 705 is amended—
8 (1) in subsection (a)(1)(A), by striking
9 "abuse";
10 (2) by amending paragraph (3) of subsection
11 (a) to read as follows:
12 "(3) REQUIRED REPORTS.—
13 "(A) The Secretaries of Agriculture and
14 Interior shall, by July 1 of each year, jointly
15 submit to the Director and the authorizing
16 Committees for the Office an assessment of the
17 quantity of illegal drug cultivation and manu-
18 facturing in the United States on lands owned
19 or under the jurisdiction of the Federal Govern-
20 ment for the preceding year.
21 "(B) The Attorney General shall, by July
22 1 of each year, submit to the Director and the
23 authorizing Committees for the Office informa-
24 tion for the preceding year regarding the num-
25 ber and type of—

1 "(i) arrests for drug violations;

2 "(ii) prosecutions for drug violations
3 by United States Attorneys; and

4 "(iii) the number and type of seizures
5 of drugs by each component of the Depart-
6 ment seizing drugs, as well as statistical
7 information on the geographic areas of
8 such seizures.

9 "(C) The Secretary of Homeland Security
10 shall, by July 1 of each year, submit to the Di-
11 rector and the authorizing Committees for the
12 Office information for the preceding year re-
13 garding—

14 "(i) the number and type of seizures
15 of drugs by each component of the Depart-
16 ment seizing drugs, as well as statistical
17 information on the geographic areas of
18 such seizures; and

19 "(ii) the number of air and maritime
20 patrol hours undertaken by each compo-
21 nent of the Department primarily dedi-
22 cated to drug supply reduction missions.

23 "(D) The Secretary of Defense shall, by
24 July 1 of each year, submit to the Director and
25 the authorizing Committees for the Office infor-

1 mation for the preceding year regarding the
2 number of air and maritime patrol hours pri-
3 marily dedicated to drug supply reduction mis-
4 sions undertaken by each component of the De-
5 partment of Defense."; and
6 (3) in subsection (b)(2)(B), by striking "Pro-
7 gram." and inserting "Strategy."

8 **SEC. 5. DEVELOPMENT, SUBMISSION, IMPLEMENTATION,**
9 **AND ASSESSMENT OF NATIONAL DRUG CON-**
10 **TROL STRATEGY.**

11 Section 706 is amended to read as follows:

12 **"SEC. 706. DEVELOPMENT, SUBMISSION, IMPLEMENTATION,**
13 **AND ASSESSMENT OF NATIONAL DRUG CON-**
14 **TROL STRATEGY.**

15 "(a) TIMING, CONTENTS, AND PROCESS FOR DEVEL-
16 OPMENT AND SUBMISSION OF NATIONAL DRUG CONTROL
17 STRATEGY.—
18 "(1) IN GENERAL.—Not later than February 1
19 of each year, the President shall submit to Congress
20 a National Drug Control Strategy, which shall set
21 forth a comprehensive plan for reducing illicit drug
22 use and the consequences of illicit drug use in the
23 United States by reducing the demand for illegal
24 drugs, limiting the availability of illegal drugs, and

1 conducting law enforcement activities with respect to
2 illegal drugs.
3 "(2) CONTENTS.—
4 "(A) IN GENERAL.—The National Drug
5 Control Strategy submitted under paragraph
6 (1) shall include—
7 "(i) comprehensive, research-based,
8 long-range, quantifiable, goals for reducing
9 illicit drug use and the consequences of il-
10 licit drug use in the United States;
11 "(ii) annual objectives and strategy
12 for demand reduction, supply reduction,
13 and law enforcement activities, specific tar-
14 gets to accomplish long-range quantifiable
15 reduction in illicit drug use as determined
16 by the Director, and specific measurements
17 to evaluate progress toward the targets
18 and strategic goals;
19 "(iii) a strategy to reduce the avail-
20 ability and purity of illegal drugs and the
21 level of drug-related crime in the United
22 States;
23 "(iv) an assessment of Federal effec-
24 tiveness in achieving the National Drug

1 Control Strategy for the previous year, in-
2 cluding—
3 "(I) a specific evaluation of
4 whether the objectives and targets for
5 reducing illicit drug use for the pre-
6 vious year were met and reasons for
7 the success or failure of the previous
8 year's Strategy; and
9 "(II) an assessment of the avail-
10 ability and purity of illegal drugs and
11 the level of drug-related crime in the
12 United States;
13 "(v) notification of any program or
14 budget priorities that the Director expects
15 to significantly change from the current
16 Strategy over the next five years;
17 "(vi) a review of international, State,
18 local, and private sector drug control ac-
19 tivities to ensure that the United States
20 pursues well-coordinated and effective drug
21 control at all levels of government;
22 "(vii) such statistical data and infor-
23 mation as the Director deems appropriate
24 to demonstrate and assess trends relating
25 to illicit drug use, the effects and con-

1 sequences thereof, supply reduction, de-
2 mand reduction, drug-related law enforce-
3 ment, and the implementation of the Na-
4 tional Drug Control Strategy; and
5 "(viii) a supplement reviewing the ac-
6 tivities of each individual National Drug
7 Control Program agency during the pre-
8 vious year with respect to the National
9 Drug Control Strategy and the Director's
10 assessment of the progress of each Na-
11 tional Drug Control Program agency in
12 meeting its responsibilities under the Na-
13 tional Drug Control Strategy.
14 "(B) CLASSIFIED INFORMATION.—Any
15 contents of the National Drug Control Strategy
16 that involve information properly classified
17 under criteria established by an Executive order
18 shall be presented to Congress separately from
19 the rest of the National Drug Control Strategy.
20 "(C) SELECTION OF DATA AND INFORMA-
21 TION.—In selecting data and information for
22 inclusion under subparagraph (A), the Director
23 shall ensure—
24 "(i) the inclusion of data and informa-
25 tion that will permit analysis of current

1 trends against previously compiled data
2 and information where the Director be-
3 lieves such analysis enhances long-term as-
4 sessment of the National Drug Control
5 Strategy; and
6 "(ii) the inclusion of data and infor-
7 mation to permit a standardized and uni-
8 form assessment of the effectiveness of
9 drug treatment programs in the United
10 States.
11 "(3) PROCESS FOR DEVELOPMENT AND SUB-
12 MISSION.—
13 "(A) CONSULTATION.—In developing and
14 effectively implementing the National Drug
15 Control Strategy, the Director—
16 "(i) shall consult with—
17 "(I) the heads of the National
18 Drug Control Program agencies;
19 "(II) Congress;
20 "(III) State and local officials;
21 "(IV) private citizens and organi-
22 zations with experience and expertise
23 in demand reduction;

1 "(V) private citizens and organi-
2 zations with experience and expertise
3 in supply reduction;
4 "(VI) private citizens and organi-
5 zations with experience and expertise
6 in law enforcement; and
7 "(VII) appropriate representa-
8 tives of foreign governments;
9 "(ii) with the concurrence of the At-
10 torney General, may require the El Paso
11 Intelligence Center to undertake specific
12 tasks or projects to implement the Na-
13 tional Drug Control Strategy;
14 "(iii) with the concurrence of the Di-
15 rector of Central Intelligence and the At-
16 torney General, may request that the Na-
17 tional Drug Intelligence Center undertake
18 specific tasks or projects to implement the
19 National Drug Control Strategy; and
20 "(iv) may make recommendations to
21 the Secretary of Health and Human Serv-
22 ices on research that supports or advances
23 the National Drug Control Strategy.
24 "(B) RECOMMENDATIONS.—Recommenda-
25 tions under subparagraph (A)(iv) may include

1 recommendations of research to be performed
2 at the National Institutes of Health, including
3 the National Institute on Drug Abuse, or any
4 other appropriate agency within the Depart-
5 ment of Health and Human Services.
6 "(C) INCLUSION IN STRATEGY.—The Na-
7 tional Drug Control Strategy under this sub-
8 section shall include a list of each entity con-
9 sulted under subparagraph (A)(i).
10 "(4) SUBMISSION OF REVISED STRATEGY.—The
11 President may submit to Congress a revised Na-
12 tional Drug Control Strategy that meets the require-
13 ments of this section—
14 "(A) at any time, upon a determination by
15 the President, in consultation with the Director,
16 that the National Drug Control Strategy in ef-
17 fect is not sufficiently effective; or
18 "(B) if a new President or Director takes
19 office.
20 "(b) PERFORMANCE MEASUREMENT SYSTEM.—Not
21 later than February 1 of each year, the Director shall sub-
22 mit to Congress a description of the national drug control
23 performance measurement system, designed in consulta-
24 tion with affected National Drug Control Program agen-
25 cies, that includes performance measures for the National

1 Drug Control Strategy and activities of National Drug
2 Control Program agencies related to the National Drug
3 Control Strategy.".

4 **SEC. 6. HIGH INTENSITY DRUG TRAFFICKING AREAS PRO-**
5 **GRAM.**

6 Section 707 is amended to read as follows:

7 **"SEC. 707. HIGH INTENSITY DRUG TRAFFICKING AREAS**
8 **PROGRAM.**

9 "(a) ESTABLISHMENT.—There is established in the
10 Office a program to be known as the High Intensity Drug
11 Trafficking Areas Program (in this section referred to as
12 the "Program").

13 "(b) DESIGNATION.—The Director, upon consulta-
14 tion with the Attorney General, the Secretary of the
15 Treasury, the Secretary of Homeland Security, heads of
16 the National Drug Control Program agencies, and the
17 Governor of each applicable State, may designate any
18 specified area of the United States as a high intensity
19 drug trafficking area.

20 "(c) FACTORS FOR CONSIDERATION.—(1) In consid-
21 ering whether to designate an area under this section as
22 a high intensity drug trafficking area, the Director shall
23 consider, in addition to such other criteria as the Director
24 considers to be appropriate, the extent to which—

1 "(A) the area is a major center of illegal drug
2 production, manufacturing, importation, or distribu-
3 tion for the United States and as compared to other
4 areas of the United States;
5 "(B) State and local law enforcement agencies
6 have committed resources to respond to the drug
7 trafficking problem in the area, thereby indicating a
8 determination to respond aggressively to the prob-
9 lem;
10 "(C) drug-related production, manufacturing,
11 importation, or distribution in the area is having a
12 significant harmful impact in other areas of the
13 United States; and
14 "(D) a significant increase in allocation of Fed-
15 eral resources is necessary to respond adequately to
16 drug-related activities in the area.
17 "(2) For purposes of paragraph (1)(A), in consid-
18 ering whether an area is a major center of illegal drug
19 production, manufacturing, importation, or distribution as
20 compared to other areas of the United States, the Director
21 shall consider—
22 "(A) the quantity of illicit drug traffic entering
23 or transiting the area originating in foreign coun-
24 tries;

1 "(B) the quantity of illicit drugs produced in
2 the area;
3 "(C) the number of Federal, State, and local
4 arrests, prosecutions, and convictions for drug traf-
5 ficking and distribution offenses in the area;
6 "(D) the degree to which the area is a center
7 for the activities of national drug trafficking organi-
8 zations; and
9 "(E) such other criteria as the Director con-
10 siders appropriate.
11 "(d) SOUTHWEST BORDER.—The Director may not
12 designate any county contiguous to the international land
13 border with Mexico as part of any high intensity drug traf-
14 ficking area other than a single Southwest Border high
15 intensity drug trafficking area.
16 "(e) REMOVAL FROM DESIGNATION.—The Director
17 may remove an area or portion of an area from designa-
18 tion as a high intensity drug trafficking area under this
19 section upon determination that the area or portion of an
20 area no longer is a high intensity drug trafficking area,
21 considering the factors in subsections (c) and (d) in addi-
22 tion to such other criteria as the Director considers to be
23 appropriate.
24 "(f) REVIEW OF CURRENT AREAS.—Within one year
25 from the date of enactment, the Director shall review each

1 current high intensity drug trafficking area to determine
2 whether it continues to warrant designation as a high in-
3 tensity drug trafficking area, considering the factors in
4 subsection (c) in addition to such other criteria as the Di-
5 rector considers to be appropriate. The Director shall re-
6 move from designation any high intensity drug trafficking
7 area or portion of any high intensity drug trafficking area
8 determined to no longer warrant designation.

9 "(g) AUTHORITY OF THE DIRECTOR.—After making
10 such a designation and in order to provide Federal assist-
11 ance to the area so designated, the Director may—

12 "(1) obligate such sums as appropriated for the
13 Program, in accordance with subsection (h);

14 "(2) direct the temporary reassignment of Fed-
15 eral personnel to such area, subject to the approval
16 of the head of the department or agency that em-
17 ploys such personnel; and

18 "(3) take any other action authorized under
19 section 704 to provide increased Federal assistance
20 to those areas.

21 "(h) ALLOCATION OF FUNDING.—In obligating sums
22 appropriated for the Program—

23 "(1) The Director shall expend no less than 30
24 percent of the amounts appropriated under this sec-
25 tion in the seven high intensity drug trafficking

1 areas (excluding the Southwest Border high inten-
2 sity drug trafficking area) the Director determines
3 to have the greatest impact on reducing overall drug
4 traffic in the United States.

5 "(2) The Director shall expend no less than 25
6 percent of the amounts appropriated under this sec-
7 tion in the nine high intensity drug trafficking areas
8 (excluding the Southwest Border high intensity drug
9 trafficking area) the Director determines to have the
10 next greatest impact on reducing overall drug traffic
11 in the United States;

12 "(3) The Director shall expend no less than 20
13 percent of the amounts appropriated under this sec-
14 tion in the Southwest Border high intensity drug
15 trafficking area. The executive committee of the
16 Southwest Border high intensity drug trafficking
17 area may reallocate up to five percent of the total
18 funds allocated to that area among its components,
19 with the approval of the Director.

20 "(4) The Director shall expend no less than 10
21 percent of the amounts appropriated under this sec-
22 tion in the remaining high intensity drug trafficking
23 areas.

24 "(5) In addition to the amounts allocated under
25 paragraphs (1) through (4) of this subsection, the

1 Director may expend 15 percent of the amounts ap-
2 propriated under this section on a discretionary
3 basis. In allocating funds under this paragraph, the
4 Director shall consider the impact of activities fund-
5 ed on reducing overall drug traffic in the United
6 States.
7 "(i) USE OF FUNDS.—
8 "(1) LIMITATION.—No funds appropriated for
9 the Program shall be expended for drug prevention
10 or drug treatment programs.
11 "(2) LIMITATION ON APPLICABILITY.—Para-
12 graph (1) shall not apply with respect to the Balti-
13 more/Washington high intensity drug trafficking
14 area.
15 "(j) TERRORISM ACTIVITIES.—The Director may au-
16 thorize high intensity drug trafficking areas to assist Fed-
17 eral, State, and local law enforcement agencies in inves-
18 tigations and activities related to terrorism and prevention
19 of terrorism, especially but not exclusively where such in-
20 vestigations are related to drug trafficking. The Director
21 shall ensure that assistance to such investigations remains
22 incidental to the mission of high intensity drug trafficking
23 areas to reduce drug availability and carry out drug-re-
24 lated law enforcement activities and that significant re-
25 sources of the high intensity drug trafficking areas pro-

1 gram are not redirected to activities exclusively related to
2 terrorism.

3 "(k) BOARD REPRESENTATION.—None of the funds
4 appropriated under this section may be expended in any
5 high intensity drug trafficking area or for a partnership
6 under the Program in which the executive board or equiva-
7 lent governing committee is not comprised of equal voting
8 representation between representatives of Federal law en-
9 forcement agencies and representatives of State and local
10 law enforcement agencies.

11 "(l) ROLE OF DRUG ENFORCEMENT ADMINISTRA-
12 TION.—The Director in consultation with the Attorney
13 General shall ensure that a representative of the Drug En-
14 forcement Administration is included in the Intelligence
15 Support Center of each high intensity drug trafficking
16 area.

17 "(m) MARIJUANA ENFORCEMENT.—The Director
18 may direct the reallocation of up to 5 percent of funds
19 available for a fiscal year for the Program, from State and
20 local law enforcement agencies to Federal law enforcement
21 agencies to assist in enforcement of Federal law in high
22 intensity drug trafficking areas containing States where
23 State law permits the use of marijuana in a manner incon-
24 sistent with the Controlled Substances Act.

1 "(n) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to the Office of National
3 Drug Control Policy to carry out this section,
4 $230,000,000 for fiscal year 2004, $240,000,000 for fis-
5 cal years 2005 and 2006, and $250,000,000 for fiscal
6 years 2007 and 2008.

7 **SEC. 7. FUNDING FOR CERTAIN HIGH INTENSITY DRUG**
8 **TRAFFICKING AREAS.**

9 (a) SHORT TITLE.—This section may be cited as the
10 "Dawson Family Community Protection Act".

11 (b) FINDINGS.—Congress finds the following:

12 (1) In the early morning hours of October 16,
13 2002, the home of Carnell and Angela Dawson was
14 firebombed in apparent retaliation for Mrs.
15 Dawson's notification of police about persistent drug
16 distribution activity in their East Baltimore City
17 neighborhood.

18 (2) The arson claimed the lives of Mr. and Mrs.
19 Dawson and their 5 young children, aged 9 to 14.

20 (3) The horrific murder of the Dawson family
21 is a stark example of domestic narco-terrorism.

22 (4) In all phases of counter-narcotics law en-
23 forcement—from prevention to investigation to pros-
24 ecution to reentry—the voluntary cooperation of or-
25 dinary citizens is a critical component.

1 (5) Voluntary cooperation is difficult for law en-
2 forcement officials to obtain when citizens feel that
3 cooperation carries the risk of violent retaliation by
4 illegal drug trafficking organizations and their affili-
5 ates.
6 (6) Public confidence that law enforcement is
7 doing all it can to make communities safe is a pre-
8 requisite for voluntary cooperation among people
9 who may be subject to intimidation or reprisal (or
10 both).
11 (7) Witness protection programs are insufficient
12 on their own to provide security because many indi-
13 viduals and families who strive every day to make
14 distressed neighborhoods livable for their children,
15 other relatives, and neighbors will resist or refuse of-
16 fers of relocation by local, State, and Federal pros-
17 ecutorial agencies and because, moreover, the contin-
18 ued presence of strong individuals and families is
19 critical to preserving and strengthening the social
20 fabric in such communities.
21 (8) Where (as in certain sections of Baltimore
22 City) interstate trafficking of illegal drugs has severe
23 ancillary local consequences within areas designated
24 as high intensity drug trafficking areas, it is impor-
25 tant that supplementary High Intensity Drug Traf-

1 ficking Areas Program funds be committed to sup-
2 port initiatives aimed at making the affected com-
3 munities safe for the residents of those communities
4 and encouraging their cooperation with local, State,
5 and Federal law enforcement efforts to combat ille-
6 gal drug trafficking.

7 (c) FUNDING FOR CERTAIN HIGH INTENSITY DRUG
8 TRAFFICKING AREAS.—Section 707 is further amended in
9 subsection (i) by adding at the end the following new para-
10 graph:

11 "(3) SPECIFIC PURPOSES.—The Director shall
12 ensure that, of the amounts appropriated for a fiscal
13 year for the Program, at least $1,000,000 is used in
14 high intensity drug trafficking areas with severe
15 neighborhood safety and illegal drug distribution
16 problems. The funds shall be used—

17 "(A) to ensure the safety of neighborhoods
18 and the protection of communities, including
19 the prevention of the intimidation of potential
20 witnesses of illegal drug distribution and related
21 activities; and

22 "(B) to combat illegal drug trafficking
23 through such methods as the Director considers
24 appropriate, such as establishing or operating
25 (or both) a toll-free telephone hotline for use by

the public to provide information about illegal drug-related activities.".

SEC. 8. AMENDMENTS RELATING TO COUNTER-DRUG TECHNOLOGY ASSESSMENT CENTER.

(a) CHIEF SCIENTIST.—Section 708(b) is amended—

(1) in the heading by striking "DIRECTOR OF TECHNOLOGY.—" and inserting "CHIEF SCIENTIST.—"; and

(2) by striking "Director of Technology," and inserting "Chief Scientist,".

(b) ADDITIONAL RESPONSIBILITIES OF DIRECTOR.—Section 708(c) is amended to read as follows:

"(c) ADDITIONAL RESPONSIBILITIES OF THE DIRECTOR OF NATIONAL DRUG CONTROL POLICY.—

"(1) IN GENERAL.—The Director, acting through the Chief Scientist shall—

"(A) identify and define the short-, medium-, and long-term scientific and technological needs of Federal, State, and local law enforcement agencies relating to drug enforcement, including—

"(i) advanced surveillance, tracking, and radar imaging;

"(ii) electronic support measures;

"(iii) communications;

1 "(iv) data fusion, advanced computer
2 systems, and artificial intelligence; and
3 "(v) chemical, biological, radiological
4 (including neutron, electron, and graviton),
5 and other means of detection;
6 "(B) identify demand reduction (including
7 drug prevention) basic and applied research
8 needs and initiatives, in consultation with af-
9 fected National Drug Control Program agen-
10 cies, including—
11 "(i) improving treatment through
12 neuroscientific advances;
13 "(ii) improving the transfer of bio-
14 medical research to the clinical setting; and
15 "(iii) in consultation with the Na-
16 tional Institute on Drug Abuse and the
17 Substance Abuse and Mental Health Serv-
18 ices Administration, and through inter-
19 agency agreements or grants, examining
20 addiction and rehabilitation research and
21 the application of technology to expanding
22 the effectiveness or availability of drug
23 treatment;
24 "(C) make a priority ranking of such needs
25 identified in subparagraphs (A) and (B) accord-

1 ing to fiscal and technological feasibility, as
2 part of a National Counter-Drug Enforcement
3 Research and Development Program;
4 "(D) oversee and coordinate counter-drug
5 technology initiatives with related activities of
6 other Federal civilian and military departments;
7 "(E) oversee and coordinate a technology
8 transfer program for the transfer of technology
9 to State and local law enforcement agencies;
10 and
11 "(F) pursuant to the authority of the Di-
12 rector of National Drug Control Policy under
13 section 704, submit requests to Congress for
14 the reprogramming or transfer of funds appro-
15 priated for counter-drug technology research
16 and development.
17 "(2) PRIORITIES IN TRANSFERRING TECH-
18 NOLOGY.—In transferring technology under the au-
19 thority of paragraph (1)(E), the Chief Scientist shall
20 give priority in transferring technologies most likely
21 to assist in drug interdiction and border enforcement
22 to State, local, and tribal law enforcement agencies
23 in southwest border areas and northern border areas
24 with significant traffic in illicit drugs.

1 "(3) LIMITATION ON AUTHORITY.—The author-
2 ity granted to the Director under this subsection
3 shall not extend to the award of contracts, manage-
4 ment of individual projects, or other operational ac-
5 tivities.

6 (c) ASSISTANCE FROM SECRETARY OF HOMELAND
7 SECURITY.—Section 708(d) is amended by inserting ",
8 the Secretary of Homeland Security," after "The Sec-
9 retary of Defense".

10 **SEC. 9. REPEALS.**

11 The following provisions are repealed:

12 (1) Sections 709, 710, and 711.

13 (2) Section 6073 of the Asset Forfeiture
14 Amendments Act of 1988 (21 U.S.C. 1509).

15 **SEC. 10. NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN.**

16 (a) IN GENERAL.—The Director of the Office of Na-
17 tional Drug Control Policy (in this section referred to as
18 the "Director") shall conduct a national media campaign
19 in accordance with this section for the purpose of reducing
20 and preventing illicit drug abuse among young people in
21 the United States delivered through mass media adver-
22 tising.

23 (b) USE OF FUNDS.—

1 (1) IN GENERAL.—Amounts made available to
2 carry out this section for the national media cam-
3 paign may only be used for the following:
4 (A) The purchase of media time and space.
5 (B) Creative and talent costs.
6 (C) Advertising production costs.
7 (D) Testing and evaluation of advertising.
8 (E) Evaluation of the effectiveness of the
9 media campaign.
10 (F) The negotiated fees for the winning
11 bidder on requests for proposals issued either
12 by the Office of National Drug Control Policy
13 or its designee for purposes otherwise author-
14 ized in this section.
15 (G) Partnerships with community, civic,
16 and professional groups, and government orga-
17 nizations related to the media campaign.
18 (H) Entertainment industry outreach,
19 interactive outreach, media projects and activi-
20 ties, public information, news media outreach,
21 and corporate sponsorship and participation.
22 (I) Operational and management expenses.
23 (2) SPECIFIC REQUIREMENTS.—
24 (A)(i) In using amounts for creative and
25 talent costs under paragraph (1)(B), the Direc-

1 tor shall use creative services donated at no
2 cost to the Government wherever feasible and
3 may only procure creative services for adver-
4 tising—
5 (I) responding to high-priority or
6 emergent campaign needs that cannot
7 timely be obtained at no cost; or
8 (II) intended to reach a minority, eth-
9 nic, or other special audience that cannot
10 reasonably be obtained at no cost.
11 (ii) No more than $1,000,000 may be ex-
12 pended under this section each fiscal year on
13 creative services, except that the Director may
14 expend up to $2,000,000 in a fiscal year on cre-
15 ative services to meet urgent needs of the cam-
16 paign with advance approval from the Commit-
17 tees on appropriations of the House of Rep-
18 resentatives and the Senate upon a showing of
19 the circumstances causing such urgent needs of
20 the campaign.
21 (B) In using amounts for testing and eval-
22 uation of advertising under paragraph (1)(D),
23 the Director shall test all advertisements prior
24 to use in the national media campaign to en-
25 sure that the advertisements are effective and

1 meet industry-accepted standards. The Director
2 may waive this requirement for advertisements
3 using no more than 10 percent of the purchase
4 of advertising time and 10 percent of the pur-
5 chase of advertising space if the advertisements
6 respond to emergent and time-sensitive cam-
7 paign needs or the advertisements will not be
8 widely utilized in the media campaign.
9 (C) In using amounts for the evaluation of
10 the effectiveness of the media campaign under
11 paragraph (1)(E), the Director shall ensure
12 that the effectiveness of the media campaign is
13 evaluated in a manner that enables consider-
14 ation of whether the media campaign has con-
15 tributed to reduction of illicit drug use by
16 youth.
17 (D) For each fiscal year, no more than a
18 total of 3 percent of the amounts appropriated
19 under this section may be used for any costs
20 permitted under subparagraphs (G) and (H) of
21 paragraph (1).
22 (3) LIMITATIONS.—For each fiscal year, not
23 less than 80 percent of the amounts appropriated
24 under this section shall be used for the purchase of

1 advertising time and space for the media campaign,
2 subject to the following exceptions:
3 (A) In any fiscal year for which less than
4 $125,000,000 is appropriated for the media
5 campaign, not less than 85 percent of the
6 amounts appropriated under this section shall
7 be used for advertising production costs and the
8 purchase of advertising time and space for the
9 media campaign.
10 (B) In any fiscal year for which more than
11 $195,000,000 is appropriated under this sec-
12 tion, not less than 75 percent shall be used for
13 advertising production costs and the purchase
14 of advertising time and space for the media
15 campaign.
16 (c) ADVERTISING.—In carrying out this section, the
17 Director shall devote sufficient funds to the advertising
18 portion of the national media campaign to meet the goals
19 of the campaign.
20 (d) PROHIBITIONS.—(1) None of the amounts made
21 available under subsection (b) may be obligated or ex-
22 pended for any of the following:
23 (A) To supplant current antidrug community-
24 based coalitions.

1 (B) To supplant pro bono public service time
2 donated by national and local broadcasting networks
3 for other public service campaigns.
4 (C) For partisan political purposes.
5 (D) To fund advertising that features any elect-
6 ed officials, persons seeking elected office, cabinet
7 level officials, or other Federal officials employed
8 pursuant to section 213 of Schedule C of title 5,
9 Code of Federal Regulations, unless the Director
10 provides advance notice to the Committee on Appro-
11 priations of the House of Representatives and the
12 Senate, the Committee on Government Reform and
13 Oversight of the House of Representatives and the
14 Committee on the Judiciary of the Senate.
15 (E) To fund advertising not containing a pri-
16 mary message intended to reduce or prevent illicit
17 drug use.
18 (F) To fund advertising containing a primary
19 message intended to promote support for the media
20 campaign or private sector contributions to the
21 media campaign.
22 (2) The prohibition in paragraph (1)(C) does not
23 apply in connection with the Director's responsibilities
24 under section 704(b)(12) of the Office of National Drug
25 Control Policy Reauthorization Act of 1998 (Public Law

1 105–277; 21 U.S.C. 1701 et seq.). The preceding sentence
2 shall not be construed to suggest that the prohibition in
3 paragraph (1)(C) applied to the Director's responsibilities
4 under such section before the date of the enactment of
5 this section.

6 (e) MATCHING REQUIREMENT.—(1) Amounts made
7 available under subsection (b) shall be matched by an
8 equal amount of non-Federal funds for the national media
9 campaign, or be matched with in-kind contributions of the
10 same value.

11 (2) The Director shall ensure that 70 percent of no-
12 cost match advertising provided directly relates to sub-
13 stance abuse prevention consistent with the specific pur-
14 poses of the media campaign, except that in any fiscal year
15 in which less than $125,000,000 is appropriated to the
16 media campaign, the Director shall ensure that 85 percent
17 of no-cost match advertising directly relates to substance
18 abuse prevention consistent with the specific purposes of
19 the media campaign.

20 (3) The Director shall ensure that no-cost match ad-
21 vertising that does not directly relate to substance abuse
22 prevention includes a clear antidrug message. Such mes-
23 sage is not required to be the primary message of the
24 match advertising.

1 (4) Section 317 of the Communications Act of 1934
2 (47 U.S.C. 317) shall not apply to any advertising uti-
3 lizing time or space that is purchased or donated at no
4 cost for the media campaign.

5 (f) FINANCIAL AND PERFORMANCE ACCOUNT-
6 ABILITY.—The Director shall cause the audit and review
7 of costs pursuant to section 304C of the Federal Property
8 and Administrative Services Act of 1949 and an audit of
9 the cost described in section 306 of such Act.

10 (g) STRATEGIC GUIDANCE AND DONATIONS.—The
11 Partnership for a Drug Free America shall serve as the
12 primary outside strategic advisor to the campaign and be
13 responsible for coordinating donations of creative and
14 other services to the campaign, except with respect to ad-
15 vertising created using funds permitted in subsection (b).
16 The Director shall inform the Partnership for a Drug Free
17 America of the strategic goals of the campaign and con-
18 sider advice from the Partnership for a Drug Free Amer-
19 ica on campaign strategy.

20 (h) REPORT TO CONGRESS.—The Director shall sub-
21 mit on an annual basis a report to Congress that de-
22 scribes—

23 (1) the strategy of the national media campaign
24 and whether specific objectives of the campaign were
25 accomplished;

1 (2) steps taken to ensure that the national
2 media campaign operates in an effective and effi-
3 cient manner consistent with the overall strategy
4 and focus of the campaign;
5 (3) plans to purchase advertising time and
6 space;
7 (4) policies and practices implemented to ensure
8 that Federal funds are used responsibly to purchase
9 advertising time and space and eliminate the poten-
10 tial for waste, fraud, and abuse; and
11 (5) all contracts entered into with a corpora-
12 tion, partnership, or individual working on behalf of
13 the national media campaign.
14 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to the Office of National
16 Drug Control Policy to carry out this section,
17 $195,000,000 for each of fiscal years 2004 and 2005 and
18 $210,000,000 for fiscal year 2006 through 2008.
19 (j) REPEAL OF SUPERSEDED PROVISIONS.—The
20 Drug-Free Media Campaign Act of 1988 (21 U.S.C. 1801
21 et seq.; Public Law 105–277; 112 Stat. 2681–752) is re-
22 pealed.
23 **SEC. 11. AUTHORIZATION OF APPROPRIATIONS.**
24 Section 714 is amended—

1 (1) by striking "title," and inserting "title ex-
2 cept activities otherwise specified,"; and
3 (2) by striking "1999 through 2003" and in-
4 serting "2004 through 2008".

5 **SEC. 12. EXTENSION OF TERMINATION DATE.**

6 Section 715(a) is amended by striking "September
7 30, 2003, this title and the amendments made by this
8 title" and inserting "September 30, 2008, this title and
9 the amendments made to this title".

○

Mr. TOWNS. What's the rush, Mr. Chairman?

Chairman TOM DAVIS. We'll hear testimony that they are eager to get this reauthorized. We've had a time line people have agreed to. And unlike maybe some legislation we worked before, this was the original time line with hearings and everything to move this through. But you know, if we can't work issues out, we don't have to do it, if that's the issue. But I don't think we're rushing this. I think we started hearings on this, this committee has had two trips to Colombia we've invited members to go through. So I don't think it's a rush. But I think we're on schedule.

Mr. TOWNS. But reclaiming my time, if it's not due to be reauthorized until September, I don't understand why we have to have a hearing and a markup today.

Chairman TOM DAVIS. Well, we've had hearings at the subcommittee level and the subcommittee has marked it up. And again, we don't have to, but our original line was to try to get this marked up in committee to go to the floor after Memorial Day recess. One of the difficulties comes in the conference. Once we mark it up here, to get September, June and July we'll have June and July to move it through to the floor and move it through a Senate conference and bring it back to the floor. If we miss that, then the law doesn't get extended in September.

So to meet those goals, that's our intention. That's not to say if we had to, we couldn't do it later. But this was the time line. The subcommittees have spent some extensive time on this, and they are again negotiating out some final wording with Mr. Waxman and Mr. Cummings right now, with Chairman Souder. But that's why the delay. If we wait and mark this up in June, which would be the alternative, by then we have to move it to the floor a week later, it's that much altered before we can sit down with the Senate, whenever their time schedule is a similar schedule, and then bring it back. Hopefully the conference can conclude by the end of July. If it doesn't, then we go past the authorization period.

That's it. I mean, again, if we don't work this language out toady, we'll kick it over. Our schedule tried, at least the House to do its part, so we can have this thing ready for conference at the earliest possible date.

Mr. TOWNS. I yield back.

Chairman TOM DAVIS. OK. Any other Members wish to make a statement? Mr. Mica, you've been very active on this.

Mr. MICA. Thank you, Mr. Chairman. And I look forward to hearing Mr. Walters' comments today and also to the markup. It is important that we move forward on this legislation that will reauthorize our national drug control policy through 2008. I do have some concerns and I know that they're being addressed, hopefully at this moment, about providing flexibility to the drug czar.

The program started off as far as media campaign with some bumps in the road, and there were some missteps. I think if each of us wanted to design a program, we might design it a little bit differently. I think Mr. Walters has done an incredible job in rightsizing this program which is so important to our youth and parents and others. So I would like to see him have the flexibility necessary, and I hope we can negotiate that as we move forward with

this. And it does take a while to get this through, but it is important.

There are other provisions in here that are so important to HIDTA and proper operation of HIDTA. We've spent some money, because of political pressures and others, where maybe we shouldn't. The drug czar needs authority to make certain that these funds are properly expended and in communities that need that assistance. There are a whole host of issues here, and the drug czar's ability to focus on not only prevention and education but interdiction, the international programs that are so important.

So as former chair of the subcommittee, I'm pleased we're moving forward. I hope we can wrap this up. And again finally, I do hope that we can give him the flexibility to do what needs to be done during this reauthorization period. I yield back.

Chairman TOM DAVIS. Thank you very much.

Do any other Members wish to make statements? Members will have 5 legislative days to submit opening statements for the record.

I'd like to recognize our witness, John P. Walters, the director of the White House Office of National Drug Control Policy. It's the policy of the committee to swear you in before your testimony. Will you rise with me and raise your right hand?

[Witness sworn.]

Chairman TOM DAVIS. Thank you very much. You can go ahead with your statement. We'd like to keep it to 5 minutes, but frankly, if you need to go over a couple minutes, you're our only witness today. We want to give you ample time. Your total statement is in the record. And then we'll go on, I think Members will have a lot of questions.

So thank you for being with us. Again, I apologize for the delay.

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

Mr. WALTERS. No apology necessary.

Thank you very much, Mr. Chairman. I appreciate your work, Ranking Member Waxman, subcommittee Chairman Souder, and the ranking subcommittee member, Mr. Cummings. This is the culmination of a lot of hard work by many of you with whom I've met. Many of you have traveled, individually and with us, looking at this problem. We've benefited from your advice and counsel, as well as your support for these programs.

I appreciate the speed with which you have pursued this because we not only have the office, but one of the programs in the office that's important that we have now, are lacking full authorization and are continued as a result of appropriations language. Obviously we'd like to try to have these foundations as stable as possible.

In February of last year, the President announced the ambitious goals of reducing drug use by 10 percent in 2 years and 25 percent in 5 years. We had an initial progress report in the 2003 strategy that was released earlier this year. The good news is we have a decrease in youth drug use. Teen use is headed in the right direction again, down. Last December, monitoring the future survey found that use of illicit drugs in the past year decreased by a statistically significant amount for 2001 to 2002 among 8th and 10th graders.

Percentages of 8th and 10th graders using illicit drugs were their lowest level since 1993 and 1995 respectively.

In addition, we've had reports of historic successes in our efforts to control the supply from key sources outside our country. The latest cultivation figures from Colombia show that coca cultivation, the source of most of the, if not the vast majority of cocaine coming into the United States, has declined by a historic 15 percent last year. Overall, Indian region production of cocaine reduced by 12 percent. That's over 100 metric tons of cocaine that was not flowing to the United States and other places.

In addition, last year we now have data showing a reduction in poppy cultivation for heroin of 40 percent in Mexico and 25 percent in Colombia. This corresponds with a 6 percent wholesale purity reduction we saw in imports into the United States. We are making initial, although we need to follow through, significant progress, we believe, on both supply and demand. We need to expand it to more areas, and as I say, most important of all, we need to follow through.

The administration has proposed for fiscal year 2004 a budget of $11.7 billion for drug control programs. It focuses on three areas, as you asked in your letter of invitation for me to summarize. I'll do that briefly and then touch on the points with reauthorization that I'd like to ask your consideration on and then be happy to take your questions.

Our strategy is three parts. I'll begin first and foremost with stopping drug use before it starts. Everybody that looks at this understands prevention is the best way to avoid the terrible consequences of drug use for too many of our communities. We also have long research that shows if young people do not start using dangerous addictive substances in their teenage years, they're unlikely to go on and use later. Our task is in one sense simple and commonsensical: don't expose our children and our young people as they pass to adulthood to these things and we will change the dimension of this problem for generations to come. The task is to do what common sense tells us.

We have made an effort to strengthen our prevention programs in the year, a little more than a year that we've been reviewing with Congress these efforts. We have tried to strengthen the media campaign, which I'll touch on in a moment. We have tried to strengthen what we do with community coalitions to bring these efforts together and we are trying with the Department of Education to strengthen programs that we provide to individual schools.

Our second priority is to heal America's drug users. The President has committed a historic $1.6 billion to additional Federal treatment spending for 5 years. As a part of this in the State of the Union, with this budget, we have requested an additional $600 million over 3 years for a targeted treatment effort to reach more people who need and are not getting services, and to improve the quality of services.

We estimate now that there are roughly 6 million Americans who have a dependency or abuse problem such that they need treatment from illegal drugs; 23 percent of them are teenagers. We've never had estimates with that high a percentage being that young part of the population. We need to expand capacity, we need also

to more intensively look at the problem as it exists among teenagers in the United States.

In part to do that, we have been working with the Department of Education with the help of many Members of Congress at expanding knowledge of student drug testing where there have been problems. The old view was student drug testing was punitive, it was a way of punishing kids who already had trouble. The law in practice is radically different today. It's confidential, it's a way of finding kids who have trouble before that trouble gets so bad that they drop out and are involved in more harm in getting them the help that they need.

Schools that have done this for this reason and have saved lives. And for schools that have had deaths, and I've been to some of your districts and we've talked about this, have had deaths of kids from overdose, where parents feel they have to be standing by and watching victims, we don't. We have a tool. It's got to be done and implemented with the consent and the support of institutions in the community. But it is a tool that will help save lives. We want to make that tool more available as one part of what we do to reach the teenagers who need treatment in this country.

In addition, a third part of our effort has been to reduce the market for drugs. In addition to what we've done internationally, we have worked at bringing law enforcement, Federal, State and local together in a more systematic and direct effort on the markets that are the drug trade in America. We have combined for the first time all Federal, State and local task force information on the major drug trafficking structures.

We want to do to this what, frankly, legitimate business worries Government's going to do to them, to use the regulatory and criminal power of Government to make it increasingly impossible for the business to operate at its current level. You've given us new tools in connection with terror at our borders, with intelligence sharing, with moneys to expand the work of law enforcement. We're trying to implement those more effectively here.

Let me just touch on a couple of items that are pertinent to the markup at this point. First of all, I'd like to thank everyone that's been involved for both the extensive consideration of the work of my office and for the measures that have been put into the draft and the markup from the subcommittee. The vast majority of what's in that bill will be helpful to us and we support entirely.

There are a couple of areas where I'd ask for your consideration as you review and mark up from the full committee. First, the media campaign. As you mentioned, Mr. Chairman, the campaign has been the subject of some criticism in the past. Everyone wants this to work, everybody believes the advertising we use in business, the advertising we use to inform people in elections, the advertising that we use in other areas of public safety and health needs to be better used here if we can. The question was, could we get it right.

We are currently spending nearly three quarters of the media campaign money on advertising and at my direction, that advertising and the campaign's activities were changed in a number of ways to improve the performance of the campaign. First, I had more direct involvement in the development of the ads and the con-

tent of the ads, with our partners and their execution. Second, I required testing. The ads before were not focus group tested as effectively as I thought they should have been before they went on the air. As a result, I believe in some cases we had content that was not very powerful. And we need to have as powerful an ad, I think we all agree, as we can get. That's now happening.

We refocused the age group from lower and subteens to mid-teens, so that we could put on more powerful and appropriate ads at an age group where we know substance abuse doubles, between middle school and high school. We cannot forget about young people. We also cannot forget that mid-teens is a very large area of initiation and expanded use.

Fourth, I asked that the campaign focus on marijuana. Marijuana accounts for over three quarters of illegal drug use. More young people, teenagers, seek treatment for marijuana dependency in this country than for all other illegal drugs combined. In the last 2 years, more teenagers have sought treatment for marijuana dependency than for alcohol dependency nationwide. We have had a view in too many cases that has under-appreciated the danger and the role that marijuana plays in the substance abuse problems of this country. We need to correct that. So we focused additional ads on the major substance of consumption and dependency among the illegal drugs.

Today we will release, and we're making it available to committee staff, a report that is the preliminary findings of attitude tracking study of the media campaign changes since last year. This too is good news. I'll summarize some of it just briefly here, and we'll provide the full report to the staff. Again, this is a preliminary report that Congress asked because they wanted to see whether the changes were working.

Not only is youth marijuana use down substantially over the course of the year, between 2002 and 2003, there's direct relationship between exposure to anti-drug advertising and the improved attitudes and drug use behavior. Past year marijuana use among youth grades 6 through 12 dropped fully 13 percent between 2002 and 2003, according to this preliminary report. Our primary media campaign targets youths in grades 9 through 11, use dropped 16 percent.

Further, there's a direct relationship between exposure to the media campaign, marijuana advertising and positive results. Youth who reported high exposure to the campaign's marijuana ads were significantly less likely than those who reported seeing none of the ads to report using drugs in the last year. In fact, they were 22 percent less likely.

Similarly, for past month marijuana use, those with high exposure to our ads were a remarkable 38 percent less likely to report past month marijuana use than those kids who had no exposure. Youths with high exposure to marijuana TV ads versus those with no exposure were likely to perceive great risk and a number of negative consequences to marijuana use. Marijuana use is seen as highly risky, and youths were significantly less likely to want to hang around those who used marijuana by nearly a 20 percent change between the 2-years.

These numbers are preliminary. We will learn more about the picture as more data becomes available. But they are very encouraging. It is important to note that in the past, the attitude tracking survey has tracked very closely with other important surveys, such as monitoring the future. Taken together, the recent results from monitoring the future, the annual pride survey of youth, and now the attitude tracking survey strongly suggests that there is a new dynamic in our effort against illicit drug use in our schools and communities. Young people are getting the message and they are changing their behavior for the better.

We have tried to use the advice of experts who try to change behavior through such marketing and such advertising to tell us what works more effectively. We have had extensive discussions, of course, with staff and Members of Congress as is appropriate. We have tried to reinforce the media messages with a full range of state-of-the-art support, through Web sites, guides, fact sheets, and supporting materials so that people who get the message and are concerned about how to respond can get more detailed messages and it can be put on immediately in one small spot or advertisement.

We have sought the flexibility and used the flexibility to manage the campaign to make changes that will improve effectiveness and to expand the techniques that will help to make the messages more powerful and more effective. We are looking now at the latter part of this year, we're developing with experts an additional flight of ads, not a substitute for all for what's going on, that will look at early intervention for those people who are beginning to have substance dependency problems. This will require some additional information about referral to treatment and support.

We want to use the campaign to help change the attitudes about drug dependency. In too many cases, this disease is made worse because people look the other way. We want to try to change attitudes, so that people help save more lives early, and they support recovery and they support treatment and they support getting people who are in recovery back into the mainstream of society. That is a portion of what we want to do with the future.

Let me turn now briefly to the High Intensity Drug Trafficking Area program. This program was initially funded at $25 million for the first five HIDTAs back in President Bush's father's administration. I was there when this was originally started. Today there are 28 HIDTAs, and the program now receives $225 million for fiscal year 2003.

Over the course of its creation, parts of the program have lost their focus. They have tended to drift from focusing on the targets of high intensity drug trafficking operations that fan out into larger areas and drifted to various other priorities, all perhaps worthy but not a tool that fully and effectively, in our judgment, has done what it needs to do.

And in the judgment of many in Congress, the results and effectiveness of this program, the results of the review with OMB and my office, were we had to have better results. If this is going to be simply a revenue sharing program, as many of you know, while the 28 sites are valuable, a national revenue sharing program is more fair. So the goal of this program is to help the whole Nation

through the focus on particular points of particular trafficking and marketing.

We have tried to do that. I've met with most of the HIDTAs, the Federal, State and local officials that are part of their executive boards, and I have tried to lay down guidelines that will provide focus, results, evaluation and can show you difference. We have created a consolidated priority targeting system at the Federal level that we are working with the HIDTAs to also deploy in appropriate manners. Again, here what we're trying to do is provide resources for results and results that look at the—integrate into the national problem.

I appreciate the efforts by the committee and the subcommittee to try to help us with that focus. We'd like to make sure, though, that any restraints and constrictions still allow us to in an overall manner focus on making a difference in the trafficking organizations that operate in key areas around the United States. That has to be, we believe, the key. There is between this and the OCDETF programs are the key programs, and we've been working with the Attorney General to get them to focus more directly, because we believe we can make a difference.

In conclusion, let me say that I appreciate all the hard work. I visited a number of you in your districts. I have met with a number of you separately. I know that you, in addition to all your other responsibilities, work in your communities to help support these efforts. We are going to try to join with you more aggressively in the months ahead, as my staff goes into major areas around the country to help bring together those who are working on this problem, demand and supply program, and local efforts.

I think the evidence now is we are beginning to see a change for the better. We have done this in the past, we need to continue. The problem has been follow-through. And I appreciate the hard work that you've done on this reauthorization. I ask only that what you do in adding or subtracting from the tools we use, give us the ability to continue and follow through.

Thank you for this time, thank you for hearing me at this time. I'll be happy to answer any questions.

[The prepared statement of Mr. Walters follows:]

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

Testimony of John P. Walters
Director of National Drug Control Policy
Before the U.S. House Committee on Government Reform
"Office of National Drug Control Policy Reauthorization Act of 2003"
May 22, 2003

Chairman Davis, Ranking Member Waxman, and distinguished Committee Members, thank you for your strong support and leadership in the fight against illicit drug use. I appreciate the opportunity to share my thoughts with you regarding issues concerning national drug control policy and legislation reauthorizing the Office of National Drug Control Policy (ONDCP).

In February of last year, the President's new Strategy announced the ambitious goals of reducing drug use by 10% over 2 years, and 25% over 5 years. I am pleased to report that the National Drug Control Strategy for 2003 reports initial progress toward meeting those goals. There is good news on both the domestic and foreign fronts.

- Decrease in youth drug use: Teen drug use is headed in the right direction – down. Last December, the Monitoring the Future survey showed that use of any illicit drug in the past year decreased by a statistically significant amount from 2001 to 2002 among 8th and 10th graders. The percentages of 8th and 10th graders using any illicit drug were at their lowest levels since 1993 and 1995, respectively.

- Coca Cultivation: Coca cultivation and production dropped substantially in 2002—a decrease of 15% from last year – the first decrease in over a decade.

Current Drug Control Strategy

The current drug control strategy has three priorities: 1) stopping drug use before it starts; 2) healing drug users; and 3) disrupting drug markets. We recognize it is critical to teach young people to avoid drug use. A teenager's bad decision can last a life time; we know the importance of helping teens make the right choice. Where the wrong decision about drugs has affected an individual, we look for the support of individuals, communities and institutions to help identify drug users and direct them toward treatment. An important part of helping the addicted is to remove the supply. The drug trade is not an unstoppable force but rather a profit-making enterprise. Every action that makes the drug trade more costly and less profitable is a step toward "breaking" the market. Drug traffickers are in business to make money. We intend to deny them that revenue.

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

Prevention efforts hold out the promise of preventing drug use before it starts. Prevention spares families from the anguish of watching a loved one slip into the grasp of addiction. We subscribe to research-based drug prevention programs that involve the community. These programs educate young people about the dangers of drug use and reinforce a climate of social disapproval. National Drug Control Agencies support such programs with funding and information. We supply the best available evidence, technology, and tools.

The National Youth Anti-drug Media Campaign provides a tremendous tool for informing and educating young people on the dangers of drug use. Its comprehensive approach in the use of media reinforces existing anti-drug attitudes and changes attitudes that believe drug use is normal. The Campaign targets youth and the influencers of youth.

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

Last year 16 million Americans used an illegal drug on at least a monthly basis. Over one-fourth needed treatment. The rest, still in the "honeymoon" phase of their drug-using careers transmit the disease to others. New users are more prone to encourage their peers to join this new behavior. To stop this trend public health officials advocate three efforts: education; screening; and, the user's recognition of the problem. As noted above, young people must be educated about the dangers that drug use represents. For those who are users, the optimal response is proper screening to determine whether treatment is indicated, and if so, the type of treatment necessary. Finally, where treatment is indicated, the drug user must acknowledge and recognize there is an addiction problem.

Closing this "denial gap" requires us to confront drug use honestly and directly, encouraging those in need to enter and remain in drug treatment. Unfortunately, as many as 101,000 who recognized their addiction and sought treatment were unable to get it. To address these deficiencies, the President launched a treatment initiative that will provide $600 million dollars over three years to expand access to substance abuse treatment, enhance consumer choice, and increase provider accountability. For those without private treatment coverage, we will make sure that individuals will be able to access treatment through emergency rooms, health clinics, the criminal justice system, schools, and private practice will be able to evaluate their treatment need and at the same time issue a voucher good for the cost of providing that treatment. Treatment vouchers will be redeemable by the treatment provider on a sliding scale that rewards the provider for treatment effectiveness. Services can range from interventions designed for young drug users before they progress deeper into dependency, to outpatient services, or to intensive residential treatment. For the first time, we will provide a consumer-driven path to treatment.

The Administration's Fiscal Year 2004 Budget proposes a $23 million increase in federal support for the Drug Courts program over the fiscal year 2003 appropriation. Drug courts use the coercive authority of a judge to require abstinence and alter behavior through a combination of graduated sanctions, mandatory drug testing, case management, supervised treatment, and aftercare programs. Intrusive and carefully modulated programs like drug courts are often the only way to free a drug user from the grip of addiction. Such programs represent one of the most promising innovations in recent memory.

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

The drug trade is a business whose vulnerabilities can be exploited both abroad and at home. Such vulnerabilities include the drug trade's agricultural sources, management structure, processing and transportation systems, financing, and organizational decision-making. Locating market vulnerabilities means identifying the business activities in which traffickers have invested the most in time and money and receive the least return. Once exploited, the efficiency of the business suffers and the investment is diminished or lost.

Disrupting Markets at Home

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

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

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

For fiscal year 2004, the Administration proposes an increase of $72 million over the previous fiscal year's requested level for the OCDETF program. This request

proposes to consolidate within the Department of Justice what had been three separate OCDETF appropriations, one each for the departments of Justice, Treasury, and Transportation, with the goal of improving the program's accountability, coordination, and focus. More importantly, it proposes to earmark $73,240,000 of the OCDETF appropriation specifically for the Internal Revenue Service's Criminal Investigation Division—an increase of $7 million over the fiscal year 2003 level—to support that agency's special focus on complex money laundering investigations.

Disrupting Markets Overseas

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

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

In addition, interdiction can damage the drug trade precisely because those agencies with responsibility for the interdiction mission do not look for traffickers in millions of square miles of ocean or along thousands of miles of border. Rather, such agencies rely on intelligence to narrow the search and seek out natural chokepoints where they exist. That is why the Administration's FY04 budget request includes $2.1 billion for drug interdiction, an increase of 7.3% from the fiscal year 2003 requested level.

National Youth Anti-Drug Media Campaign

1. Background

To help educate America and prevent drug use among its youth, Congress authorized ONDCP to conduct the National Youth Anti-drug Media Campaign. The Media Campaign is a broad-reaching, national effort, and is the first truly comprehensive federal government communications campaign. It combines commercial advertising wit specialized non-advertising support efforts including, but not limited to grassroots outreach, news media outreach, entertainment industry outreach, and corporate support.

This campaign's design is based on guidance from top commercial marketers, experts from the fields of public health and mass communication, and leading behavioral change scientists.

2. Advertising

ONDCP has operated the Media Campaign primarily through advertising produced by the Partnership for a Drug Free America (PDFA). PDFA develops anti-drug ads by recruiting volunteer advertising agencies to create ad concepts on a pro bono basis. In certain instances the Campaign has had to develop ads outside of the PDFA process when special needs arise or there are gaps in the full range of ad coverage (multicultural internet). The Media Campaign develops message strategies with the counsel of leading researchers, and then works with PDFA to develop advertising concepts to support them. To facilitate PDFA's recruitment of ad agencies to create ad concepts on a pro bono basis, ONDCP pays the production costs to turn ad concepts into finished ads.

The Media Campaign, through its principal contract ad agency, buys media time and space in local and national media outlets for the placement of Campaign ads. The Media Campaign employs experts to determine its annual media plan. Its media plan ensures parent and youth audiences see Campaign messages in many forms and venues. The Media Campaign only buys media time or space if a media outlet agrees to match each paid ad unit with a pro bono unit of equal value or other in kind contributions. Campaign tracking studies and independent evaluations agree in their consistent findings of extremely high rates of awareness of the Campaign's brands and messages, from 60 to 80 percent, depending on age category. These rates rival top consumer brand names.

Multicultural Advertising

The Media Campaign includes the largest directed communications program to multicultural audiences of any other Government campaign. We recognize that to be successful, our messages must go beyond the dominant course of American communications to find hard-to-reach ethnic minority audiences whose cultural identities, customs and languages often isolate them from use of mainstream media.

Many of our multicultural populations have high rates of youth drug use that must be addressed, but which require specially designed communications, incorporating authentic cultural cues that reflect their unique heritages and cultural identities. The Campaign produces culturally specific and in-language advertising for African Americans, Hispanics, American Indians, Alaska Natives, Asian American treatments for numerous Asian national backgrounds, and advertising for Asian-Pacific Islanders.

3. Non Advertising

The Media Campaign incorporates a range of public communications programs to complement its national advertising messages. As part of its non-advertising communications, the Campaign performs news media outreach, creates and distributes

anti-drug information products, partners with national and local public service organizations, operates Web sites, and provides outreach to the entertainment industry.

Public Information and Entertainment Outreach

News media content analyses show that less than ten percent of media coverage of marijuana-related stories address the harmful effects of the illegal drug. To address this, the Media Campaign planned and launched (September, 2002), a long-term program of media outreach on the risks of youth marijuana use. The Campaign takes nationally recognized medical and prevention experts in marijuana to local reporters to discuss the myths and realities of marijuana. Roundtables have been held in Los Angeles, Chicago, Houston, Denver, Miami, Philadelphia, Boston, and New York. In the two-week period following the launch of this initiative, public information outreach by the Media Campaign resulted in 174 stories in top national media related to teens and marijuana, compared to an average of 30 stories per month during the previous six-month period.

The Campaign also works with the entertainment industry to ensure accurate depictions of drug use in television programming.

Web-based Communications

The Media Campaign is particularly proud of its Interactive programs, which are pushing back, near-single-handedly, against the pro-drug material on the Internet. The Campaign operates two high-traffic Web sites, Freevibe.com, designed for youth, and TheAnti-Drug.com for parents, as well as several specialized sites such as, LaAntiDroga.com, for Hispanic parents, and DrugStory.com, designed to provide information for writers and editors of news and entertainment media wanting information about drugs and their effects.

The youth site, Freevibe.com, currently averages over 500,000 user sessions per month, with average session times (over 6 minutes) that surpass or rival popular commercial sites. Freevibe's visitors are kids who are curious about drugs. More than 12 million have visited the site. They find their way to Freevibe through Media Campaign advertising on Internet search engines like Yahoo and Google. The sites enable the Media Campaign to convey accurate information about drugs directly to youth in a time longer than a 30-second space can.

The Campaign's parent site, TheAnti-Drug.com, delivers factual information about all forms of drugs and parenting information related to keeping children drug-free. It offers advice columns from parenting experts and provides actual accounts from real parents across the country that have had to face the problems of drug-abusing children. TheAntiDrug.com also provides parenting information related to drugs in Chinese, Vietnamese, Korean, and Cambodian. About 300,000 users visit The AntiDrug.com per month.

4. Major Campaign Revisions

In the spring of 2002, I instituted a series of changes to the Media Campaign to improve its performance. These measures included:

- **Elevating the target age of ad focus to 14-16 year olds.** Although the Campaign's ads address youth from 9-18, in order to achieve the greatest effect, the Campaign must focus the design of ads on a pivotal, smaller age segment within the overall youth target to gain the greatest overall result. Data showed that the sharpest increase in use was within the 14-16 year old segment.

- **Increasing ad testing standards.** All TV ads will be tested prior to airing. In addition, testing standards were raised to ensure that new ads met a higher level of testing effectiveness. Previously, not all TV ads had been tested before airing, often because they were received late. In some cases, ads which tested poorly had to be pulled from the air, disrupting schedules and damaging overall advertising effectiveness.

- **Focusing on marijuana.** Concentrating Campaign communications and dollars on marijuana, the most widely used illegal drug by youth. By attacking the broadest area of youth drug use we can achieve the greatest possible impact on all youth drug use. Where previous advertising impact had been dissipated through fractionated efforts against a range of different drugs like heroin or cocaine, this sharpened focus against marijuana is aimed directly at the center-mass of the youth drug problem.

- **Becoming more involved in ad development.** ONDCP has become more directly involved in the development of ads, in both content and execution. As new ad briefs are developed by the Media Campaign in conjunction with PDFA,

  Media Campaign staff involvement earlier in the process, when volunteer PDFA creative teams receive their briefs to create new work, will produce better communication and more effective advertising.

High Intensity Drug Trafficking Areas (HIDTAs)

Congress established the High Intensity Drug Trafficking Areas (HIDTA) in 1988 to provide federal assistance to enhance the counter-drug activities of federal, state, and local law enforcement agencies. Originally five HIDTAs were designated based on their critical role as the gateways for drugs entering the United States. The program was initially funded at $25 million for the first five HIDTAs. Today there are 28 HIDTAs and the program most recently received $224,878,725 for FY03.

Over the course of its creation, the HIDTA program has become diluted and has not fully supported government-wide efforts to target, disrupt, and dismantle the highest level drug trafficking organizations impacting our nation. ONDCP instituted several

changes including developing a closer working relationship with the OCDETF program, the implementation of the Consolidated Priority Organization Targeting (CPOT) program, the development of strong performance measures for the HIDTA program, and a re-organization of the Office of State and Local Affairs within ONDCP. These changes will ensure that the HIDTA program maintains a sharp focus on supporting initiatives aimed at disrupting the highest priority targets and also is well-managed, with day-to-day oversight by ONDCP, including continual assessment of performance.

1. Evaluation System

The President's Management Agenda specifically requires that Executive Branch agencies and programs, such as those carried out by HIDTA grantees, demonstrate results and do so with budgets that are tied to performance. In order to meet this important goal, it was necessary to enhance management of the HIDTA Program from ONDCP headquarters, while allowing individual HIDTAs to establish and implement initiatives that meet their local challenges.

The HIDTA Program embarked on an ambitious effort to meet particular performance goals tied to drug threats. The new system requires each HIDTA to establish goals and report on their performance related to the following core issues: availability of drugs, price and purity of drugs; percentage of priority Drug Trafficking Organizations disrupted or dismantled; drug-related crimes; drug-related deaths; drug-related emergency room admissions; percentage of cases closed; percentage of cases accepted for prosecution. These goals are central to the President's National Drug Control Strategy and relate directly to the mission of the HIDTA program.

2. Future of the HIDTA Program

The HIDTA Program will continue to be a crucial component of the nation's strategy to reduce the availability of illicit drugs, the related human destruction, and the crime and violence drug trafficking brings to our nation. ONDCP is determined to protect the program's integrity by limiting it to only those areas that truly meet the stringent criteria for HIDTA designation. Through implementation of the program's new performance management system, the HIDTA Program will demonstrate to stakeholders the significant impact HIDTAs have, through participating federal, state, and local law enforcement agencies, on our nation's effort to substantially reduce drug use and related crime and violence. With the many important priorities our nation faces, ONDCP is determined to ensure stakeholders that the HIDTA Program is being managed effectively that the program remains a cornerstone in our nation's strategy to address the illicit drug issue, and that appropriated funds bring about positive, measurable, and notable outcomes.

Reauthorization Legislation

As the Committee prepares to consider H.R. 2086, I want to share some of my concerns regarding key provisions in the bill. I appreciate the hard work and cooperative

efforts in which Chairman Davis, Chairman Souder, Ranking Member Cummings, the Committee, and the staff have all engaged. I appreciate how H.R. 2086 incorporates a number of recommendations contained in the Administration's draft legislation. I also applaud the attention that Chairman Souder has given to the issue of drugs and the number of hearings his Subcommittee has conducted related to the reauthorization of ONDCP. I look forward to continuing to work with the Congress.

1. Budget Certification Authority Provision

H.R. 2086 amends the Office's authority to review and certify national drug control program agency budgets by inserting several conditions on that authority respecting budgets for specific activities. As currently constituted in law, section 704(c)(3) provides the Director with an appropriate degree of discretion in certifying agency budget requests. Budgets are to be evaluated against the priorities established by the President in the National Drug Control Strategy (Strategy). H.R. 2086, at section 3(c), inserts several definitive conditions on the Director's budget certification authority. These would mandate a particular certification action by the Director, notwithstanding other funding priorities established by the President. This formulation may unduly burden the Executive Branch. Under this structure, an action from a subordinate official-the Director-may be in conflict with express guidance from the President, as presented in the Strategy. This is contrary to the constitutional principle of a unitary Executive. In addition, these conditions unduly limit the discretion of the Director to craft the National Drug Control Budget to meet emerging drug threats and drug policy issues.

2. HIDTA Allocation of Funding Provision

While I strongly support a number of the provisions designed to focus the Program on the areas of highest-intensity trafficking, the allocation of funding provision is problematic poses problems for the Program. By imposing specific percentages of appropriated funds to a set number of areas, the provision limits the Director's discretion to manage the Program using performance information along with threat intensity. To maximize the Program's effectiveness, the Director needs the authority to integrate performance and budget throughout the Program and have the flexibility to respond to the changing nature of the domestic drug threat. The Committee has worked hard to bring a performance culture to the Federal government through the Government Performance and Results Act. The Administration supports that work and believes that the GPRA sets the right framework for managing the Program.

3. Media Campaign Reauthorization

ONDCP supports reauthorization of the National Youth Anti Drug Media Campaign, however various provisions in H.R. 2086 place unduly burdensome limits on the Office's ability to effectively meet the purposes of the program. Implementing a national media campaign is a difficult task under any circumstances. For a small government agency to execute such a campaign with pro bono creative services, a 200

percent media match, and important marketing activities, is even more challenging. It is important to provide the Director with flexibility to implement such a Campaign in much the same way that other, less complicated government-funded campaigns, such as the public health campaigns at the Centers for Disease Control, the Census Bureau's campaigns, and military recruiting campaigns, have needed flexibility to accomplish their mandated objectives.

4. Foreign Assistance Certification Provision

H.R. 2086 provisions related to the Foreign Assistance Act of 1961, which would require substantial duplication of effort and interfere with the President's authority to make recommendations he finds necessary and expedient. Pursuant to section 704(d)(10) of the Office's current authorization, the Director is already centrally involved in the drug country certification process under the Foreign Assistance Act. Under the new requirement proposed by the bill, the Director would continue his involvement in that process, but be required to conduct his own parallel process, in some cases applying a different standard than the President is required to apply in the existing process. In addition to providing his report to the President, the Director would be required to provide it to the Congress. To require on of the President's subordinate officials to prepare a publicly-released report that expressed an opinion on the adequacy of the President's judgment would undermine the relationship between the Director, the President and Congress.

Conclusion

We have an opportunity to seriously reduce the availability of illegal drugs in this country. We have made progress in reducing youth drug use and disrupting the drug market. Maintaining momentum will require a sustained focus on a balanced strategy and a strong partnership with parents, educators, and community leaders who have the power to make the drug problem smaller. I look forward to working with Congress to craft legislation that will enable ONDCP to continue to achieve the results that the American public, and especially our youth deserve.

Chairman TOM DAVIS. Thank you very much. We'll have a number of questions for you. Again, Mr. Walters, your entire statement is in the record.

I thank the Members for bearing with me. Mr. Mica, would you like to start the questioning?

Mr. MICA. Thank you, Mr. Chairman.

Mr. Walters, you brought us some good news today about decreases in the teen use, and cited specifics. Over the years, we've seen the drug problem as one where we push down in one area, it's sort of like Jello, and it pops up some place else. What's the situation with substituting, say, marijuana or cocaine, for designer drugs or heroin or some other illegal narcotic?

Mr. WALTERS. We have tried to more carefully map what's happening for precisely that reason. I think there is the view that we have failed to make overall progress because any particular progress is offset by losses in other areas.

Overall, there are dangers we have to watch, with ecstasy use, methamphetamine use, heroin use has increased in the northeastern United States especially. But what we've tried to do is focus on those key markets as markets and the vulnerabilities there. We have had some success in some areas reducing methamphetamine growth. Yesterday I was at a meeting hosted by the Attorney General and Solicitor General of Canada where we're working partly on problems of pseudoephedrine diversion from Canada. Estimates are that pseudoephedrine from Canada is supplying major pseudoephedrine for the large labs that produce 85 percent of the methamphetamine in this country.

We just had a recent joint operation that closed down three major operations that were diverting from Canada. We hope this will have an effect. Overall we're trying to hit a bunch of these drugs. We do not have movement in terms of the use numbers that show a shifting. But we are trying to prevent them from becoming a shifting.

Mr. MICA. Your preliminary data showed that young people, I guess it was confined to, were 38 percent less likely to use drugs if they had exposure to your program. Is that your initial finding?

Mr. WALTERS. Yes, that's with regard to marijuana. Yes.

Mr. MICA. So it does have some impact, and that's only in regard to marijuana, it's not other narcotics?

Mr. WALTERS. We asked them to measure marijuana, because the large flight of ads that we started last year with the revision were focused on marijuana. So we will have other surveys coming up in the coming months that are other national surveys that focus on the full range of drugs. But the effort for this report, I want to be clear about, was the question, is the media campaign working and are the changes that you made producing the results. And we made the focus marijuana and this is the first half of the large report of attitude tracking. The second half will be available in a little over a month.

Mr. MICA. In addition to the media campaign, of course, our subcommittee helped draft Plan Colombia and we want Plan Colombia to work. If I understand also you had good news in regard to diminishing the cultivation of coca crops. However, from some reports, we have a problem now with heroin. You also cited some sta-

tistics. Was that the U.S. entry of heroin, 40 percent from Mexico now and 45 percent Colombia?

Mr. WALTERS. No. The numbers I cited were our survey reports of cultivation of opium poppy. A 40 percent reduction between 2001 and 2002 in Mexico, and a 25 percent reduction in Colombia.

Mr. MICA. Twenty-five percent during what period?

Mr. WALTERS. Between 2001 to 2002.

Mr. MICA. There is concern again that we have a major emphasis in one area and then it pops up in the other area. We do this, it's not DNA, but, my head's a little foggy right now from this head cold, but we do an analysis of the heroin that's coming into the United States. Where is it coming in from now? We used to be able to tell almost from the field as to Mexico, Colombia or other sources.

Mr. WALTERS. DA is what I think you're referring to, it's the heroin signature program.

Mr. MICA. Heroin signature program, yes.

Mr. WALTERS. They analyze the elements in the heroin samples that are seized to determine where they were processed.

Mr. MICA. What's our latest?

Mr. WALTERS. Roughly the estimate is—we won't have a precise estimate on the basis of consumption. It's only on the basis of seizure. Some of these organizations, it's easier for us to target organizations in this hemisphere. But generally speaking, the heroin available in the eastern part of the United States has been largely Colombian heroin is the estimate. It's now moved a little bit more west, for example, into Chicago. Mexican heroin has dominated the West Coast market.

Mr. MICA. We were getting figures, and I haven't seen them in some time, again like we had 90 percent from Colombia, well, we had zero percent before the beginning of the Clinton administration, because most of it came from the far east. And then we saw it gradually increase in Colombia. Can you give us the latest statistic you have on the seizures and where they come from? Because we know we can analyze it through the signature program?

Chairman TOM DAVIS. This will be the last question, because the gentleman's time has expired.

Mr. WALTERS. I'd like to supply the specifics for the record, just because the numbers have to be added, not only in terms of the seizures but also in terms of what people think is out there. Because the seizures only reflect the organizations that we're working. But basically it's about half.

[The information referred to follows:]

Federal Seizures of Illicit Drugs, By Calendar Year

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cocaine (Metric Tons)	96.1	128.2	120.2	121.2	129.4	111.0	128.6	101.5	118.4	132.1	106.6	195.9
Cannabis (Metric Tons)	233.5	224.6	344.9	409.9	474.8	627.8	638.9	698.8	827.1	1,075.2	1,235.9	1,215.1
Heroin (Kilos)	687	1,448	1,251	1,502	1,285	1,543	1,362	1,624	1,458	1,151	1,674	2,493
Meth-amphe-tamine (Kilos)	–	–	–	7	178	369	136	1,099	2,559	2,779	3,470	3,770

Source: Drug Enforcement Administration, *Federal-wide Drug Seizure System.*

3/2003

Mr. MICA. Again, Mr. Chairman, for the record, in the past, we've gotten this. I'd like to see that. I think it's very important. We have some historical data so we can see where the stuff is coming from. As I understand, it's pretty accurate. Because it's seized, analyzed, and we know almost to the fields where it came from.

Thank you, Mr. Chairman.

Chairman TOM DAVIS. Thank you very much. Mr. Waxman.

Mr. WAXMAN. Let one of the other Members go ahead.

Chairman TOM DAVIS. All right. I'll go to Mr. Towns.

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

You know, as I indicated, I'm still concerned about moving ahead here today. But in spite of that, I'm going to raise a couple of questions. The proposed reauthorization legislation would require that 80 percent, Mr. Walters, of appropriated program funds go to purchasing time and space for advertising. What effect would this mandate have on your ability to direct the agency as you see fit?

Mr. WALTERS. Consistent with the concern that has been expressed in the past that the media campaign was not effective because it wasn't doing enough advertising, we have increased the focus as you know. The campaign gets $1 of free advertising for every $1 it buys. It's unique in that regard. And we have taken more of the matched dollar and put them into the central advertising component.

We've asked for some flexibility. Right now it's about between 74 and 75 percent of the ad dollars are spent this way. So this is close. But the concern that I have in trying to maintain flexibility here, it's not that we don't want to have maximum power, it's that we want to make sure that we're doing the other marketing that could support the advertising, getting people to Web sites, getting people brochures, getting people the hot lines that may get them additional information.

And to allow us to use, again what you categorize as advertising here can also make a difference. So there's a variety of ways to compromise on this. All I've asked is that we have flexibility to try to drive the campaign where it will have the best effect. So I think priority limits create some greater complication in managing the campaign.

Mr. TOWNS. I know that most of your campaigns in the past have basically been don't do drugs, which is a very important issue and a very important message. But what about the young people who are already hooked on drugs? What do you have for them?

Mr. WALTERS. We agree with that concern, especially when we see what we have to treat. That's why, as I tried to briefly touch on in my statement, we are developing an early intervention campaign. It will be targeted on young people and on adults, parents and other adults, to both understand the signs of dependency, to understand what to do to refer people to support, and I think most importantly of all, frankly, in my view, to create a climate among young people and adults that will support getting people into recovery and support them in recovery.

We know nobody gets safely treated by themselves. We need to have more willing hands and more understanding hands that will help understand that there is hope, that there are particular actions that can be done, that this is a disease. It is a disease that

requires effective treatment. It's not enough just to say, well, get over it by yourself, and that there are specific things people can do to help to optimize the successful outcome for treatment. So we are specifically looking and developing now, hopefully it will be releasable at the end of this year, beginning of next year, a new part of the campaign that will be directly targeted to early intervention.

Mr. TOWNS. Let me tell you one concern that pops up all the time, is that in terms of getting involved, in terms of valid initiatives, we have States that feel that based on the drug usage problem in the area that they have an idea that might be the best approach to it. And then you're coming in and saying, no, we're going to campaign against that and spend Government dollars. There is a real concern about that. I'd like to hear your comment on it, because, and that the other part, I might as well add, by being a little political, that you might come in 3 or 4 weeks before the election.

Mr. WALTERS. I understand the concern. We made a decision last year to change the way we behave. When I was in this office during the President's father's administration, we did not spend much time discussing legalization. It was a minimal fringe effort, had been going on in some cases for years unsuccessfully. And we gave it more credibility by joining that, standing on a platform and debating than it had by itself.

The difference, coming back this time is, the legalization movement has received substantial funding, has aggressively used the ballot initiative program, bringing in in most cases people from the outside, funded to collect ballot signatures, and then advertised with one-sided, outside advertising. I made the decision in part because I met with people who were running treatment centers, running prevention programs, working in public safety, saying that we get drowned out by one-sided campaigns that falsely frame the issue and we don't get a chance to be heard.

I did not advertise in these States that I went into last fall. I went in and stood with people who really every day save lives, to give them a chance to be heard. I recognize this is unusual, I recognize the risk of having somebody from Washington or the White House come in. But I stood, and I stood probably with bi-partisan people, I stood with the Republican and Democratic gubernatorial candidates in Arizona who together said, this is bad for our State. We tried to get a fair hearing of the arguments on the other side, not a one-sided hearing that had happened because of one-sided funding.

As a result, I believe, of hearing a fair discussion of the arguments, those propositions lost. It is my statutory responsibility to make clear why drug use is bad, why the law is fair on these issues and I think that's a part of that responsibility. But I think we're doing a good job with the tools I have. I'd like to be able to continue that now. But I don't believe I have to go any further than that, and I don't think it's a partisan matter.

Mr. TOWNS. Mr. Chairman, I think my time has expired.

[The prepared statement of Hon. Edolphus Towns follows:]

Congressman Ed Towns
Government Reform Hearing: Office of National Drug Control Policy Act
May 22, 2003

Thank you Mr. Chairman for holding this hearing. In economic terms, drug abuse cost this country over $160 BILLION each year in lost productivity, health care costs and criminal justice expenditures. Even more important, is the emotional toll drugs inflict on families and their loved ones. In fact in 2001, 1.6 million people were arrested for drug abuse violations. Reducing the use of illegal drugs has been a goal of this country for more than a century and we have often performed with mixed results.

Today, the most visible aspect of our war on drugs is the National Youth Anti-Drug Media Campaign even though this program accounts for less than one percent of the federal drug control budget. But since it is such a high profile effort, it

engenders a lot of attention and scrutiny from the public and Congress.

Unfortunately, the information we have on the success of this program has been disappointing. The National Institute on Drug Abuse has found little evidence that the Youth Media campaign has had a direct or favorable effect on drug use by young Americans. In its most recent report, the Institute said that there are some *unfavorable* trends in youth anti-marijuana beliefs.

While the Office of National Drug Control Policy (ONDCP) has modified its efforts to address these troubling statistics, it is too early to measure the outcome. However, as we consider reauthorizing this agency today, I hope Mr. Walters, the Director of National Drug Control Policy, can provide some insight into how these new targeted efforts are progressing.

Thank you Mr. Chairman. I yield back the balance of my time.

Chairman TOM DAVIS. Let me move to Mr. Ose.

Mr. OSE. Thank you, Mr. Chairman.

Before we leave this subject, Mr. Walters, I want to compliment you on the subject that you just discussed and your involvement in a non-partisan manner or a bipartisan manner in addressing this.

I do have a statement I'd like to enter into the record, Mr. Chairman.

Chairman TOM DAVIS. Without objection, so ordered.

[The prepared statement of Hon. Doug Ose follows:]

Statement on ONDCP Reauthorization Act of 2003
Hon. Doug Ose (CA)

Mr. Chairman,

Thank you for holding this hearing on one of the gravest issues facing our communities today – and on one of the best tools we have, the Office of National Drug Control Policy. I am pleased to welcome Director Walters here today and look forward to moving this bill quickly.

When I first came to Congress, I had but one committee request: to serve on the Drug Policy Subcommittee of this committee. I was determined to be involved in focusing our colleagues on the ongoing threat from drug production, use and abuse that still faces our country today. I hope that this hearing and the reauthorization of ONDCP will again bring our work in the fight against illegal drug use to the forefront of congressional concerns.

In particular, I would like to encourage Director Walters and his staff to continue to focus on one of the greatest emerging threats in the United States: methamphetamines. Meth is a deadly drug that is working its way into the American "bloodstream" – both figuratively and literally. In a recent series by the *San Francisco Chronicle* the newspaper profiled the diverse communities that meth is impacting. From urban professionals to suburban teens, from rural farmers to our immigrant communities, the production, use and abuse of meth is having a large, detrimental impact on our nation.

What is especially concerning about the growth in the meth epidemic is that it is a domestically produced drug. Nearly 10,000 meth labs were reported to the DEA in 2002 alone. These labs can range from "mom and pop" productions in an apartment kitchen to the "super labs" found mostly in my home state of California and which can produce pounds of meth in a single procedure. There is no one else to blame for the increasing availability of meth. As some have said, what Columbia is to Cocaine, California is to methamphetamines. This is one drug war that starts at home.

Last September, Director Walters noted that he shares this "commitment to working with schools to stop methamphetamine use before it starts, with local communities to heal America's drug users, and with law enforcement officers, especially those in rural areas, to combat this insidious drug and protect the environment from the harmful by-products of its production."

In this light, early this year I reintroduced the CLEAN-UP Meth Act. This bill is a comprehensive approach to fighting meth. It includes environmental provisions to address the mess made by meth labs, health and education programs to help people keep off the drug and deal with the consequences of its use, and provisions for law enforcement and other first responders who must deal with the special circumstances surrounding meth production, distribution and use on a daily basis. Nearly 100 of my colleagues are now cosponsors of this bill, including many members of this committee such as:

Drug Policy Subcommittee Chairman Souder, Ranking Member Cummings, Mr. Mica, Mrs. Davis, Mr. Cannon, Mr. Putnam, Mr. Deal, Mr. LaTourette and Mr. Towns.

The issue is so important that there is a Congressional Caucus to Fight and Control Methamphetamines of which many of us are members. We have sought and secured additional funding for ONDCP in the past during the appropriations process to fight meth, and I look forward to hearing from Director Walters how these funds are being used.

Finally, one of the most useful programs in the fight against meth, at least in California, has been the focus on the High Intensity Drug Trafficking Areas, or HIDTAs. In fact, the Central Valley HIDTA, which includes much of my congressional district, is dedicated almost exclusively to fighting meth in California's Central Valley. I understand that HIDTA directors have indicated their concerns with the future of the program relating to equal support for urban and rural areas, the increased reliance on federal management when so many of those working in HIDTAs are state and local law enforcement officers, and other issues of organization and control. I hope Director Walters will address the concerns of those fighting in our communities as he meets with us here today.

Mr. Chairman, we can be proud of the work that ONDCP and Director Walters, as well as his predecessors, have done in coordinating our fight against drug production, use and abuse in the United States. I look forward to working with Director Walters and his staff to insure that we continue to provide our communities with the resources they need to protect our environment, our communities and our children.

Thank you.

Mr. OSE. One of the things that I worked on when I came to Congress, in fact, the only committee I begged to be on was the drug policy subcommittee. And after wearing down Mr. Burton, he finally consented.

Mr. Walters, we have in California a problem with methamphetamine. There are about 80 of us here in Congress in the methamphetamine caucus. We worked in the last appropriation cycle to obtain an additional $20 million for the HIDTAs to work on methamphetamine. I'm told that of that $20 million, only $1 million of it went to support HIDTA operations and the other $19 million got used elsewhere. I'm curious as to why.

Mr. WALTERS. I'll have to look. That's not in my recollection, but my recollection is not perfect on this. What we did with the HIDTA program consistent with the direction that Congress gave us we've got obviously a variety of directions from Congress in both chambers. But I think the overall direction we got was, that this program makes a difference on the key threats of drugs in the country. As I said, have gone to most, not all yet of the 28 HIDTAs, and asked them to get on board with giving us proposals that shrink the drug problem in their area of jurisdiction.

In those areas where there is meth, we have supported meth efforts. And where they presented credible programs to go after the major meth threat in those areas, we will continue to support them. What I've asked them not to do is to either not define a problem or not define a substantial result from the effort they're asking us to fund. We want to fund making a difference. And if they're not going to make a difference, I'm telling them to go back to the drawing board and create a plan that will.

We understand, particularly at this time when we're making progress against cocaine, I believe, at historic rates, there's a great danger that progress could have particularly grave effects against the meth problem. Because if we reduce the availability of a stimulant dependent substance in one area, we could increase the demand for such a substance in another.

I'll go back and look at what we did on the specific requests from your area. But generally speaking what we've asked them to do is focus on the major structures that are marketing this and break them down. We've had some resistance. I recognize that I'm asking for a change in the program. I don't think this is bad intentioned resistance. Everybody's working very hard here. What we're trying to do is get them to join together in a way that understands that these resources need to be focused on a better understanding of the threat and a way of taking it apart.

Mr. OSE. As you consider the performance of the HIDTAs, the one I'm particularly interested in is the central valley of California HIDTA. Have you had any performance measurements to indicate that they are meeting, exceeding or not meeting the expectations that we have here in Washington?

Mr. WALTERS. I haven't met with their executive committee. I'm now getting regular reports from my staff. I get briefed every 2 weeks on their conversations with the HIDTAs. They've had, as I understand it, some considerable success on some of the cases going after meth groups that are operating in their area and also

marketing outside of the central valley into other parts of California.

We are about to receive the proposals for the non-base money for additional resources this year. I'll be happy to make sure we keep you in the loop on that.

Mr. OSE. The reason I bring it up is that this $20 million, the California members, of those 80 odd members that I cited earlier in the meth caucus, supported that $20 million add-on for the purpose of helping the central valley HIDTA with methamphetamine. And your testimony was that they are making progress. It seems to me that perhaps Washington ought to say, you guys are doing well, here's some more money, go get them.

And I will tell you that in my short remaining time, I am going to continue to watch this, and I will be either your staunchest advocate or a pain in the neck. I'm interested in the central valley HIDTA being successful, as you are. I look forward to working with you.

Mr. WALTERS. I never have a problem with people who are a pain in the neck because they want us to do better. I appreciate the help and I will visit the central valley in August, actually, to talk to them directly. Thank you.

Chairman TOM DAVIS. Thank you very much. The gentleman's time has expired. Mr. Ruppersberger.

Mr. RUPPERSBERGER. First I want to thank you for your work. I think you've got a really difficult job, that you're pulling people together as a team and making a difference.

I know in the bill that Congressman Elijah Cummings proposed a witness protection provision to protect neighborhoods and the safety. And it's a result of that unfortunate situation where a family was attempting to eradicate drugs in their neighborhoods, they were standing up to drug dealers on the streets and the house was fire-bombed and five children and husband and wife were killed. You and I both attended that funeral.

Do you have any specificity or any plans for a situation where that would happen again, where you have individuals who have no place to go, they're trying to stand up to the drug dealers in the neighborhood, they're getting threats? And if we could act quickly before we get to a tragic situation like that, where are we with respect to that type of issue?

Mr. WALTERS. We haven't prepared, let me be clear, we haven't prepared implementation of that language, because the language is now still pending. So we haven't done that. I have worked with Congressman Cummings in his district to both look at public safety issues and to look at community coalition resources here.

We have relied in this partnership on local people taking the lead, and he's been a leader in that area in bringing people together. We've tried to help with my office in providing expertise, as well as I think clear notification of additional resources where they have been available. I am going to, in the coming months, go into more areas of the country with parts of my staff, bringing together people who are working on community coalitions, on public safety, on treatment and prevention, and the local officials, to try to create better consensus about what needs to be done and what the priorities are.

We are bringing together, with their help, the available information we have from all Federal resources. We're going to measure everything from where treatment sites and drug courts are, from what the patterns of use are, to where open air drug markets are, to where they have particular threats to the best of our ability and then sit down with local leaders who have the strength, who have the institutional leadership here, and say, this is what you need to do to support them.

It's not about us. It's about building on the strong foundations that exist in every community. I visit too many people who work in this area on various parts who are doing great work but feel they are too isolated, too alone, they can't get people to come together. We're going to try to be a convener to have communities recognize this, and where there's witness protection issues, where there's neighborhood security issues, where there's a matter of—we need more juvenile treatment facilities, we want to help create a process where we table those, look at Federal resources that can be brought, but also look at State and local resources.

As you know, this is a time of a very competitive environment at the State and local budgets. And I don't expect us to trump everything. But I do think if we make a stronger case, we do a better job of supporting programs that deserve support.

Mr. RUPPERSBERGER. One suggestion that I have, you have witness protection programs for those individuals that are usually acting as informants or working with law enforcement. I think the reason Congressman Cummings put this amendment in the bill was that we want to try to analyze with the local law enforcement when there is a family that might be at risk because they are standing up. And we have to move quickly. It's kind of like an analogy to domestic violence, when you get an order to keep maybe a spouse or someone or a friend away from the other individual, it's done very quickly until another hearing is had.

And I would hope that you would come up with a policy working with the State, Federal, local law enforcement to identify those individuals in those neighborhoods throughout the country that are attempting to stand up and yet their lives are at risk. It's unfortunate that we had this situation in Baltimore. But as a result of that, let's not forget about it, and let's move forward with a policy to make a difference.

One other issue. I'm very much concerned about the resources being taken away from drug interdiction, drug enforcement, all the issues because of what is happening in terrorism. There's no question we have to deal with the issue of terrorism and homeland security. It's almost an exercise that is happening every day and we're learning, and we have to do what we have to do to protect our country from terrorism.

But what concerns me, and from my conversations with people within law enforcement, is that a lot of the resources that are being put into fighting terrorism are being taken away from our drug offices, our drug investigations. Do you see that? And if it's the case, I think we have to make that some type of an issue, so hopefully this administration will refocus on first responders and giving the resources so that we don't walk away. Because if you look at the numbers and statistics, a lot more people are at risk and there's

a lot more crime, especially violent crime, generated as a result of drug interdiction versus terrorism.

Mr. WALTERS. I appreciate your point. What we have done, I think, is two things. One, we've had to make shifts. There's no question about that, because of the additional terror threat. We moved a number of FBI personnel out of drugs and into counterterrorism because it was important for the protection of the country. I know people had disagreements about that.

Mr. RUPPERSBERGER. I don't think anybody disagrees with that priority.

Mr. WALTERS. What we've done to compensate for that is this year and the next year in our request, we've asked for money to hire more DEA agents to backfill those positions in the DEA. In other areas, yes, we're still, I believe, fair to say in the shakeout process of deploying additional resources to State and local partners on various terror, drug task forces. I've been working with the Attorney General's office to focus both the HIDTA program and the OCDETF program. We are still, and I know Congress is extensively involved in this, although some of it is not involved in my office, in deploying money for other parts of homeland security.

I would say, in the transit arrival zones, we have not had a substantial diminution of interdiction results. That's partly because we've had greater cooperation from Colombia and Mexico, where some of these have occurred. It's partly because we've had some strengthening at the border. We've been at level one on the border since after September 11th. It's partly because of the tools you gave us to increase our intelligence sharing and intelligence capacities.

We continue to improve that. But the real key, I think, here, and what you're getting at, is to better work the relationship and the partnership between State and local law enforcement, which feels pulled many times in a way that they compensate and they don't feel they're compensating for, to focus these more generally. That's why we're trying to use the HIDTA program and the intelligence units that are in there. We are also linking the HIDTA program together.

And my director of intelligence has just become the U.S. interdiction coordinator and narcotics advisor, cross designated to Secretary Ridge. We're going to try to bring both what we're doing in bringing some of the intelligence resources, we're trying to build on what we've had successfully happen in some of the HIDTAs as well as some of the new capacities that are there.

I'm not denying it's going to take us a little bit of time. And people are working very hard and have been working very hard since September 11th. That's why we've had as good a result as we have.

But I understand your point. We have taken some steps to change some priorities since the immediate attack to elevate the counter-narcotics intelligence collection and some of the deployments. Nobody I think argues when we have a particular time of threat, we're going to have to pull Coast Guard, border and other assets back to protect our cities, our ports, our territorial waters. We have then moved, fairly quickly I believe, to re-deploy them in regard to drug interdiction down closer to the threat. And we have had, as I say, greater cooperation now, particularly from Colombia, that's produced results.

So in addition to the over 100 metric tons of cocaine that did not get produced because the plants were eradicated last year, we had another over 100 metric tons of cocaine that was seized that was headed for the United States. We are now taxing them through this process well over 30 percent of what they could make as a result of interdiction. And we've had reports, some that have been recently declassified, talking about the diminishment of profit in the drug, especially the cocaine business, over the last several years. This is our goal, to attack the market, to make it impossible for it to function at the level it's functioning now.

Mr. RUPPERSBERGER. Thank you.

Chairman TOM DAVIS. The gentleman's time has expired. Thank you very much.

Mr. Lewis.

Mr. LEWIS. Thank you, Mr. Chairman.

Mr. Walters, thank you for the job that you do and thank you for being here today. In Kentucky, probably the biggest problem we have, and it's a growing problem, is of course methamphetamine. But there is another problem that seems to be growing, and it would be oxyacanthine. Are you addressing this in a specific way and how pervasive is this problem? I know it's a real problem in Kentucky.

Mr. WALTERS. The problem has sprung up over the last year or two. It's been focused and some areas have been terribly hard hit. I know Kentucky is one of those areas. We have gone in with the authority of DEA and tried to look at it, because this is of course a controlled substance, the diversion of this substance through illicit channels. There are cases that have brought to justice some people who were diverting it from legitimate channels.

There have been efforts to better educate physicians. I visited with some of them and we've been working with some of the licensure bodies. Many times the diversion is also contributed to, not from maliciousness on the part of physicians, but by failure to understand that the behavior of someone who is seeking to shop for doctors to get prescriptions. They're used to seeing people come in who have a serious illness who are frank and want to get well. So they take people at face value. We need to add some dimensions of education. And I think the medical community has been quite responsive. In fact, if anything, we've also seen some of them who are refusing to prescribe some of these, especially oxyacanthine, because of its diversion possibilities.

We have the best medical institutions in the history of humankind. We can treat pain as never before, we can treat people for a variety of conditions that we've never been able to treat before. We want to make sure we maintain the medical efficacy at the same time we prevent the harm.

So we basically have used enforcement and education. We want to broaden the education. I'm going to be meeting with the AMA later this year, in a couple months, to try to talk about institutionalizing more of these programs for physician education. I think that's just a reasonable, prudent and a desired educational component that will help protect more. But we're going to have to go in where there are people who are criminals, and we're going to have

to find them and punish them. Hopefully we can do that before too many people die.

Mr. LEWIS. Absolutely. Thank you, sir.

Chairman TOM DAVIS. Thank you very much. Our next speaker is Mr. Davis of Illinois. Not here? We'll go to Ms. Watson. You're on for 5 minutes.

Ms. WATSON. Thank you so much, Mr. Chairman, and thank you, Mr. Walters, for being here. I'm reading the bill itself. And I understand that as the bill is drafted, it contains a provision that would permit you and your office to use taxpayers' money to become involved in the political campaigns. Now, if you would, I don't know if you have the bill in front of you, but in looking at page 37, line 22, subsection 2, it says, the prohibition, in paragraph 1(c). Now, 1(c) says that there's a prohibition against using these funds for partisan political purposes. But starting on line 22, subsection 2, the prohibition in paragraph 1(c) does not apply in connection with the director's responsibilities under, and it names the sections.

So I would like you to explain to us how you would avoid using these funds for partisan political purposes and how do you guarantee us that this provision will not be abused.

Mr. WALTERS. Excuse me just 1 second.

Chairman TOM DAVIS. If I may interject, Ms. Watson, for just a moment, if you'd yield for just a second.

Ms. WATSON. Please.

Chairman TOM DAVIS. I think we've reached an agreement with the minority to clarify and remedy this provision. But you've accurately highlighted an issue. I'll let Commissioner Walters respond.

Ms. WATSON. Can you tell us what the compromise is?

Mr. WALTERS. I apologize for not being fully conversant on this point. There was a provision, I believe, this is the provision you read to me, that would seek to make the restrictions on the Presidential appointment, appointed managers in my office, subject to the same rules as all other Presidential appointed managers in the Federal Government. I think that's the provision you're referring to. That was to conform to the standard that's been set throughout the rest of the Government.

Maybe it's my own view of not being much of a political asset, but I don't have great desires to campaign. I came back into this job to make a difference on drugs. I've stood with Democrats and Republicans. I think some of the Members here today know that. This was a desire simply not to have the office treated differently, I think, than other PAS staffed offices. But if the provision is changing, then I'll have to respond to the change, I guess, at some point.

But again, our original request here was simply to change the existing authorization that treated the PASs in this office differently.

Ms. WATSON. Well, I would feel more comfortable, Mr. Chairman, directed to you, if we could delete lines 22 on page 37 to lines 38 on page, excuse me, to page 38 line 5. That would just be silent on that particular provision.

Mr. WAXMAN. Will the gentlelady yield to me?

Ms. WATSON. Pleased to. This is directed to you, Mr. Chair. Oh, I'm sorry, ranking member.

Mr. WAXMAN. Thank you. I certainly strongly support the idea that this head of the office should not be out campaigning, certainly not for partisan purposes and not to get involved in other campaigns, political campaigns, as well. We're trying to work out a legislation on this. So rather than talk about specific language, I would hope that everyone would agree that we don't want the head of the drug office to be involved in politics.

Ms. WATSON. If I can just suggest, maybe we can just delete those lines and that would take care of it.

Mr. WAXMAN. Well, that's one way to do it, but let's explore the language further.

Ms. WATSON. Well, I would like that very much.

If I still have time, Mr. Chairman, and I'll continue.

Chairman TOM DAVIS. Sure.

Ms. WATSON. Thank you for your cooperation on that issue.

There have been a number of questions raised about the effectiveness of the anti-drug media campaign, and I understand that a study is underway to assess the strength and the weakness of the campaign. So what efforts are underway in your office at this time to improve the campaign's effectiveness?

Mr. WALTERS. I touched on some of them in my testimony. We are focusing it to the slightly older part of the teenage age group. We're making the ads more powerful. We're testing them to see if they are powerful and effective before they go on the air. We have also added a focus on marijuana because of the ignorance, I think, about the danger and the scope of the marijuana problem among young people.

We have continued other parts of the campaign that will focus on bringing parents in as well. The evaluation, that first part of which I referred to that was released to the committee today we just got, which was part of the urgent review done at the request of Congress to show are the changes we're making are making a difference. We will continue with those evaluations and provide subsequent reports and the overall evaluation of the program that a next stage of which is due in the fall.

Mr. SOUDER [assuming Chair]. The gentlelady's——

Ms. WATSON. If I'm out of time——

Mr. SOUDER. Yes, the gentlelady is out of time.

Ms. WATSON. OK. Look at California's anti-tobacco ads.

Mr. WALTERS. OK, thanks.

Mr. SOUDER. Mr. Deal, any questions?

Mr. DEAL. No, thank you, Mr. Chairman.

Mr. SOUDER. Mrs. Miller.

Mrs. MILLER. Thank you, Mr. Chairman.

Mr. Walters, I've been listening to you this morning with a great amount of interest as you've talked about marijuana use and just talking now about the advertising, the media campaign with marijuana use. I come from Michigan, a border State, of course, to Canada. Several things there. We have a municipality in Michigan, for instance, that actually hosts the University of Michigan, where the local city council has passed an ordinance, it's a $5 fine for marijuana possession.

And now you see Canada is relaxing their standards rather significantly in regards to marijuana use. Of course, in this area,

we've got two of the largest, the busiest border crossings actually on the northern tier of the Ambassador Bridge in Detroit, the busiest border crossing, and then the Bluewater Bridge, which is in my district, as well as the third largest, busiest commercial artery along that tier. We've done well, we think, with stepping up patrols, both from the Coast Guard, homeland security is helping out as we try to do interdiction and these kinds of things at the border crossing.

Can you comment? We have a lot of consternation about what is happening with our neighbors to the north, with the Canadians, as they seem to be taking a different path on marijuana use and that kind of thing. I know I've talked to our State drug czar as well, and they're sort of tearing their hair out at this. Can you comment at what a State like Michigan, what we should be doing and how we could work better with your office as well?

Mr. WALTERS. Yes, I can. I've been troubled by what's happening in Canada, too. It's the obvious irony of we have had remarkable improvements in cooperation in Colombia and Mexico and a serious problem develop, as indicated by the President's letter, and part of the congressionally mandated certification process, noting that Canada and the Netherlands have become significant drug suppliers or precursor chemical suppliers to the United States, expressing concern.

I have over the last year and as recently as yesterday been meeting with Canadian officials, talking with folks in Canada to try to express what our position is. The concern we have, I also grew up in Michigan, I also have family and friends in Canada, as many people in the United States do, particularly in the area where we come from. We're concerned about what happens to Canadians, but that's not my business as a Government official. My business is the drugs they're shipping to the United States. And they have produced a particularly high potency version of marijuana. Chairman Souder visited Vancouver with me and talked to Canadian officials. They have routinely said the movement of this product, run by gangs, ethnic and criminal motorcycle gangs, has moved aggressively, it's a multi-billion dollar industry, and they have moved aggressively from British Columbia across Canada, Manitoba, Ontario and Quebec, and that substantial portions of this are being grown for the purpose of shipping it to the United States.

By magnitude, the THC content, the psychoactive ingredient in marijuana in the 1980's, was about 1 percent. The THC content on the street today in the United States is 9 to 14 percent. The THC content of this high potency marijuana is 20 to 30 percent. It's much more powerful and that's why it's being grown the way it is, and people are moving into Canada to do this because the penalties are not serious. I've made clear to Canadian officials, we don't want to have a problem at the border greater than it already is. We have greater backups in Mexico, not because we dislike Mexico, but because we have a threat, and drugs are a big part of that threat. You need to get a handle on this production problem, since the bulk of it is headed to the United States.

On law enforcement side we've had fantastic, magnificent cooperation. We have some problems with, I think, the decisions

about policy that are our business, because we're the ones who are going to be victimized by a part of this.

I would welcome help by Congress in doing oversight hearings that involve discussions of the policy that's going to be tabled and discussed in Canada. Because I think it will help to clarify what is a legitimate concern from what is I think sometimes presented as, well, we don't like it because they're not doing what they're doing. They have a right to have their own domestic policy. They're a sovereign country. Nobody argues about that except people who want to suggest that we don't have a stand here.

What we have to care about, are these drugs, that is the single largest cause of treatment needed in the United States, is being now produced at remarkable potency levels in Canada and shipped largely to the United States. That's a U.S. problem. We have to protect our citizens.

Mrs. MILLER. I appreciate that. I'd like a little bit of information if you could send it along to my office, actually next week during the break I'll be meeting with my counterpart across the border there. We have about an hour agenda of a number of different things. This is one of the items that I have wanted to discus with him. I think perhaps if some of the border States' members could talk to their counterparts as well in Canada, and maybe sort of the bottom up of how frustrated we are with their policy, and what kind of impact it is having on our Nation. So I would appreciate that.

Mr. WALTERS. Absolutely. It would be very important, particularly at this time.

Mrs. MILLER. Thank you.

Mr. SOUDER. Congresswoman Miller, if you could wait just a second, I wanted to tell Congresswoman Miller that we just had the U.S.-Canada parliamentary last weekend. And in addition to the northern border caucus, we're going to have an ongoing relationship like you talked about, and we'll make sure that we get you involved in that.

Congresswoman Maloney.

Mrs. MALONEY. Thank you very much for your testimony and all your hard work.

A number of groups are circulating concerns about the administration using taxpayer money for issue ads. And one concern is, who will approve the ads and make sure that they aren't used for partisan purposes or whatever? What is the approval process for ads that would be aired?

Mr. WALTERS. Let me make clear now, we do not air issue ads at this time. The efforts that I made last fall were for myself to travel and stand with people in States that are facing ballot initiatives to make the arguments that they made about why this was bad for their State. I know that many in Congress are concerned that the efforts we're making to reduce drug use and reduce the drug problem are undermined by efforts to suggest that, well, we ought to just give up and legalize it. And I share that concern, that's why I acted the way I did.

But so far, we have been very effective using what I think is my current authority to speak and to stand with people in communities. So——

Mrs. MALONEY. So the approval process is basically your decision of what the ad content is?

Mr. WALTERS. Right now, the ad content, which doesn't include this dimension, and hasn't, is to look at the current state of the drug problem among youth, because it is a youth anti-drug media campaign. And to give direction, we briefed Hill staff about what directions obviously we're going. And there is a review process for effectiveness and efficacy that's done by outside groups as well as managers of the program. And then the ads are tested for power and effectiveness.

But right now, yes, I am the final, everything that goes on the air is my responsibility. I want to be clear about that.

Mrs. MALONEY. Who is funding these ads to legalize drugs? You testified earlier that a great deal of money is going into ballot initiatives, etc. Who's funding it?

Mr. WALTERS. The largest funders that have been identified in the press, and I don't think that's inaccurate, have been three individuals, George Saros, John Sperling and Peter Lewis. There are other funders, smaller funders, but they are relatively modest contributors to most of these campaigns. I have asked and I continue to ask repeatedly to meet with them. I think that those resources, I'd like a chance face to face to say, can we put these resources in a place that will help more people. And I think it's a little bit counter-productive to have this battle back and forth.

I also think that, I understand that people have differences and disagreements. And they may continue to have disagreements. But I'd like a chance to have a face to face to try to make a case that we could save lives. We don't have to give up.

Mrs. MALONEY. These reports that come out periodically, that marijuana can be used medically, is helpful medically in certain situations. Some doctors have said that. What is your opinion? Does your research show it's not helpful?

Mr. WALTERS. There is now available by prescription a marijuana medicine, Marinol. It's used for some conditions of nausea and others. It has been demonstrated effective by the same procedures we use for modern medicine, which is we use a series of protocols to show that things have medical efficacy. The Federal Government funds, I believe over $30 million this year, in research to test other parts of marijuana that may be efficacious. And we continue to look at it.

As I said earlier, we have the finest medical institutions in the history of humankind. They're based on science, they're based on efficacy and the problem here has been to say simply that because a drug makes people feel better, or because a substance makes them feel better it's a drug, that's not scientific.

Mrs. MALONEY. But Mr. Director, I think the concern that has been expressed to my office, we have paid for advertising for Governmental purpose. For example, the census, to encourage people to participate and fill out their census forms, we had an advertising goal. But it was a goal that everybody in America agreed on.

In this particular case, there is a division of agreement, and there's concern that it might go to other places where the dominant view may then swamp the minority view. And I'll give you one example. I believe very strongly in a woman's right to choose. That's

my personal belief. Many of my colleagues do not. So what is going to protect us from having, say, in the future, an ad campaign against a woman's right to choose paid for by the Government, because there is a division of agreement?

Personally, I agree with you. I don't believe we should legalize drugs. I don't think that should happen in our country. I'm opposed to it. But the concern for many people, whether they agree with you or disagree with you, is they see this as a step that might go into a direction of Government interference in a public debate, basically. And we have paid for advertising in the past, but it's always been not a debatable issue. It was sort of a goal that everybody agreed on.

On this issue, it's a debatable issue. I happen to agree with your point of view. But many, some of my colleagues and some of my constituents disagree. And they're concerned that this is a silencing of—you understand what I'm saying.

Mr. SOUDER. The gentlelady's time has expired. If the Director would like to briefly respond.

Mr. WALTER. Let me just say to be clear, we have not used the advertising campaign in this manner. We have used it for what everybody agrees is appropriate, and that's why the campaign exists. Drug use is particularly bad for kids. The drug problem starts with kids. It's a pediatric, drug addiction is a pediatric onset disease, we need to be thorough-going and clear about that.

We have used this to alert young people, parents and adults to the dangers and how to protect kids. The ballot issue initiative is something I have gone in and stood with people who worked the front lines and I think got a hearing.

I understand the concern about how much do you want to again, and again, this provision is something that the committee is going to have to decide on. I haven't used that tool in that way. And you'll have to decide what the lines are here. But I feel that over the last year I've shown that by giving people a fair hearing in the way we've done it, we win, that there is a giant consensus about this is a bad idea to give up on.

So I feel I have a record of showing how we can do this, and to get the job done I think everybody wants done.

Mr. SOUDER. I think it's important to repeat what Mr. Waxman said a few minutes ago, is that we are working together to try to come up with language because we have a mutually agreed-upon goal, and that will require a little bit more refinement from the current law. We do not believe it should be used for partisan political purposes. We do not believe it should be used for any, affecting any referendum that's pending. And we have to come up with a definition that doesn't just in general prohibit anti-marijuana advertising from ever going anywhere that wasn't, in other words, you could conceivably interpret that any anti-drug advertising is trying to influence a referendum.

So we have to protect the integrity of the ad campaign but we're definitely working to try to keep it out from any specific referendum, any specific candidate, and we'll continue to work on that language.

Mrs. MALONEY. Would the gentleman yield?

Mr. SOUDER. Yes.

Mrs. MALONEY. I think you hit the core when you say protect the integrity of the ad campaign. Personally I think you have to develop some form that you do this in. In the sense of the census we had a commission that was appointed by Democrats and Republicans that looked at the final product and said hey, this is good.

But to make sure that this is not used politically, and understand, although he's doing a wonderful job, if you instill this power into just one person, which according to his testimony he said he has the final decision on whether it's appropriate or not, I'm just saying that maybe there should be some review panel that's bipartisan that makes sure it's appropriate. Thank you.

Mr. SOUDER. I thank the gentlelady.

Mr. Murphy.

Mr. MURPHY. Thank you, Mr. Chairman, and thank you, Mr. Walters for your testimony.

I wanted to shift gears if I could a little bit into another area here. Although you were just beginning to talk about how this is a pediatric problem, and as you know, my field has been working with children all my life. One of the areas that I want to know about is what we're doing to engage parents in this process. It is good to stop cocaine in Colombia. It is good to stop drugs at our borders. But really enlisting every parent in America as part of your team, as part of our mutual team to stop it is of concern.

And let me bring up a couple instances which concern me most. That begins with alcohol. Alcohol is the most commonly used and abused drug, one that's legal, one that many people suffer with, with alcoholism, and of course, begins in youth. And as a gateway drug, children who start with alcohol oftentimes move on to other things. It's of particular concern when parents' attitudes, habits and behaviors almost promotes this, directly or indirectly.

In particular, let me describe to you a scenario which I'm sure you have heard all too many times. That is when parents believe that children will get involved with drinking anyway, at parties, on prom night, gatherings with friends. And they have what I can call at best a sick interpretation of youth behavior, and they believe if they purchase the beer, if they have the kegs, if they have the alcohol there, and they do something as almost as childish as taking the students' car keys away and letting them drink at their home, they think they're doing the kids a favor. Because they think otherwise the kids will sneak off into the woods and drink, and so they're going to help them by almost advocating the use there.

And what I see happens is that other children then think that here's an adult almost encouraging them to drink, so perhaps they should do it, too. And it removes perhaps that last best wall we have, and that's parents telling kids, you don't have to drink to enjoy yourselves. It is not an expectation of youth and adolescence. I would like to know what kind of plans you see in your near future to help engage parents more in this kind of activity to help stop that parent behavior.

Mr. WALTERS. Yes, thank you. It's very important. And this is one area where the media campaign efforts, and there's about half of the campaign that has been focused on parents that has been working, based on the evaluation we've had. We've had parents better understand their role and responsibility, better understand

they need to talk about substance abuse generally with their children. And also better understand they need to supervise their children and to provide information to them initially with the ad, but also to give them a referral to other sources of information that we provide and others provide that can give them concrete steps they can take in supervision and if they don't know how to talk with their kids, with experts like yourself giving advice of how to approach this topic more effectively in different situations.

In addition, we provide through, as you probably know, the media campaign is unique in that it gets a one for one match of every buy it makes of media. We have used a portion of the match to allow ads done by Mothers Against Drunk Driving and other anti-alcohol programs that are part, then funded by of course the campaign's efforts.

We also have sought to fund, as my office is responsible for, the Community Anti-Drug Coalitions program that helps to support members of communities coming together to focus on this problem more effectively. Almost all of those community coalitions, and there are hundreds now around the country, have focused substantial resources for the reasons that you mentioned on alcohol as well as illegal drugs, because of the danger, because of, basically because of the ignorance and because, I think most important of all, because as we spoke earlier, the protection of children is only as strong as the weakest link in the contact children are going to make during the day. So if a parent does the wrong thing and doesn't supervise or doesn't pay attention and your child is there, they're likely to be more at risk than they would have been in all the other things that you took care about.

So we're trying to approach this on several fronts where we think we have effective leverage to improve what we say, what we teach, what we do in supervising kids.

Mr. MURPHY. I appreciate that and hope we can continue to work hard. I know one of the things, and I don't know if this is factual or not, but for the issue of those students up in Chicago who were involved with harassing some other girls after some football game, there were some allegations that parents had bought the beer. I think it's important for the media to tell more stories about this, when parents have stood by while youth drank or while they purchased alcohol, and understand that they are just as responsible if someone does get behind the wheel, causes an accident, the blood is on their hands, too.

I really hope we can stop this insidious behavior among parents in America who somehow have got this perverted idea that it's good to do that. When parents teach the children that it is not right and you can't drink until you're 21, it's an important message. Yes, sometimes youth will still sneak out and do some things. But it's still our job as moms and dads to be there to guide and set a good standard and to say no.

Thank you, Mr. Chairman.

Mr. SOUDER. Mr. Davis.

Mr. DAVIS OF ILLINOIS. Thank you very much, Mr. Chairman.

Mr. Walters, let me first of all compliment you on the way in which I've observed you criss-crossing the country, going out in neighborhoods and communities and actually looking at what is

working, what people are trying, what they are attempting to do. Coming from an area like I do, the metropolitan area of Chicago and Cook County, I have a great deal of interest in the High Intensity Drug Trafficking Plan. Could you embellish that a bit in terms of what we're planning to do with those areas?

Mr. WALTERS. Yes. We're trying to use some of the longer established areas to do a better job of defining the problem. Let me put it a little more straightforwardly. We want to do more of applying what we've learned in the battle against terror in the drug area. This has been talked about a lot but it's not been done. That is, we have to identify the organizations and the weaknesses that they exploit to be able to market. We're going to provide money for treatment, we are going to continue to provide money for community coalitions. We also need to provide money to go after these marketing organizations.

So we're working in this program with State and local as well as Federal law enforcement. Chicago I believe has been an area frankly that has been under-served here. It's unfortunately had an explosion of drug use in some sections, and it has become a more important distribution point for that region; indeed, other parts of the country.

So we are working now with the law enforcement members of that particular HIDTA as well as with OCDETF program, and trying to use a better picture of the intelligence that is there and also how to both operate for regional distribution and to operate on the markets that exist in that area. Some of that has involved monetary investigations to a greater extent, some of it has involved better cooperation with the southwest border, where heroin has been imported and moved into Chicago as well as cocaine. Some of it has involved trying to focus on how to better coordinate individual task forces that go after higher and then some of the connections to retail markets.

But what we're trying to get is not just a situation which we have in too many cases of people, we're doing important things but how do those make any difference. I talk about this as numerators without denominators. I can't tell whether we're 10 percent in the game or we're 60 percent in the game. We've asked them, I know it's hard, it's a covert activity, but I think the frustration everybody has is that we end up having a battleground in too many of our cities, fighting over the same ground and having communities destroyed. We want to make the problem smaller systemically and bring resources together.

Mr. DAVIS OF ILLINOIS. We also have a great deal of concern about the individuals who are incarcerated. You know, we have a prison explosion in our country with over 2 million people currently in jails and prisons and more than a half million coming home every year. Many of these come as a result of drug related activity. And then of course they get back into the business because there isn't much else that they view themselves as being able to do.

How do we see the connection in terms of reduction of use as well as reduction of distribution if we somehow can steer these individuals into other directions, making use of our policies and programs?

Mr. WALTERS. I think that's very important. We visited a site together in your district trying to help reintegrate people from the criminal justice system into the community with treatment and other support. We're not going to substantially reduce demand if we don't reduce dependent use. We have to do prevention, we have to do intervention. But the largest volume consumers are dependent users. So if we're going to be true to what I think is necessary, a balanced effort, we have to reduce the dependent use.

What that means is we have to get better treatment, we have to get it into the criminal justice system more effectively. We're trying to expand drug court programs, we're trying to expand in the treatment proposal the President has made for the additional $200 million, that would allow vouchers to be used for programs that would include at the basis of the discretion of the State and local authorities post-incarceration treatment and support services.

It would include support for drug courts, it would improve support for outreach in communities for juveniles who many times are not adequately served. Essentially it allows us the greatest possible flexibility to bring providers like the provider we visited to add capacity or to spin offsites or to add satellite sites in other community institutions that will make a difference here. And it allows us to measure for quality.

We agree with you that we have to do a better job on those people who are now dependent, who too frequently because of that dependency are also in the criminal justice system. I think the drug court movement has been universally welcomed because it sorts out those who are suffering from a disease from those who are simply dangerous victimizers and incapacitates the latter, but gets help, effective help in many cases, for the former. We want to expand that.

Mr. DAVIS OF ILLINOIS. I think you've laid out some sound policies and directions, so I thank you very much. And I thank you, Mr. Chairman. I yield back.

Chairman TOM DAVIS [resuming Chair]. Thank you. The chairman of the subcommittee, Mr. Souder.

Mr. SOUDER. Thank you. I just wanted to make a couple of brief comments. First, I wanted to thank Director Walters for his leadership. At times we may have small disagreements, but I think you've done a terrific job, both at the international area and in the national arena. I think few people realize the complexity and diversity of challenges you face every day and your office faces every day. We appreciate your leadership very much. The President has given very specific goals for reduction. You brought concise order and strategy to the office to try to reach those kinds of goals.

At times that means there is frustrations in implementation. At times people didn't want direction. But in fact, if you're going to achieve goals that has to be done. We've been working with you and your office on this bill as well as other groups, and the subcommittee to now bring it to the full committee. Nobody is particularly happy with everything, but I believe that net, we're moving the ball forward as we move toward conference.

I am very appreciative of the leadership of Elijah Cummings, the ranking member, Danny Davis from Chicago, Congressman Bell, Congressman Ruppersberger and many of the minority. As we

move forward, we've been working with the minority as well as Members of the majority on some changes. I believe that we can work most of these out, that will actually in the end strengthen the bill and make sure that we stay unified. We may have some things where we can't reach agreement. And we have some votes, but we're doing the best we can to work with your office, with the minority and with the majority with diverse concerns as we move forward.

We have some additional data that we'll need over the next few days and look forward to talking with you about that, so we can make sure that what we have in this bill is something that at least the overwhelming majority of Congress can live with, the majority of the American people can be united to try to squash the scourge of drugs and to fight with a united front and not get too distracted in whether it's partisan political campaigns or what's happening over in this State or that State, but to try to say, look, we have key problem areas on the borders, we have key problem areas in certain major metropolitan areas, we have key international problems, we need to have a focused, clear-cut, national ad strategy with proven, tested ads that try to battle back a lot of the societal trends.

Once again, I thank you for your leadership. The legislative process is messy. We're continuing to work through it. But at the end of the day, I think we can have a unified and broadly supported drug strategy.

Mr. WALTERS. Thank you. Can I just make one comment? You weren't here and I want to say this, because I worked in Government for a long time, going back to the Reagan administration. And I've worked with a lot of committees, under the leadership of both parties. I have never had a better working relationship than with you and Mr. Cummings. You have both traveled, you have been supportive, you have been willing to stand up. You know because you've been there that the executive branch is also kind of messy, where we have better ways of covering it up sometimes so you can see hopefully more of the results and not the process that sometimes people have to hammer out disagreements.

We try to be fair. You've been fair to me. You've been more extensive than any subcommittee I've ever worked with in the reauthorization process, covering all the major programs that we're responsible for thoroughly and carefully. And most of all, you've been helpful in your advice and counsel. And we are doing a better job because of what you've done and I want to publicly thank you. We're very close.

I appreciate the speed with which you've done this. I know there was an issue raised earlier. But we want to have the office on a fair and sound ground. We want to have it authorized so we can continue. We want to make sure that we're focusing on fighting the problem and not worrying that the arrangement of the structures and authorities are going to be up in the air and that causes a lot of confusion for people out there, especially when you kind of squeeze the process and make people perform, they think that they can wiggle out of legitimate constraint because they can hope it will go away. It makes our job more difficult.

But I want to publicly thank you especially, and Mr. Cummings, as well as Mr. Waxman and Mr. Davis for their help in putting this together. It's very important to what we do. And as you know, my concern, and I know you share it is, we've got to follow through. We've got trends now going in the right direction. We've got to drive this down to the point where we can see that the American people get what they want, which is a country that doesn't suffer the way we suffer today.

Mr. SOUDER. In yielding back to the chairman, I want to thank him for his direct involvement from the time he took over this committee in going down to Colombia and being active in the minutiae as we move this bill forward, giving us the ability to be flexible in subcommittee and at the same time take the chairman's prerogative of when we needed to compromise, when we needed to work together. I want to thank him for his leadership.

Chairman TOM DAVIS. Mr. Souder, thank you very much. But our thanks is to you. You've devoted a substantial part of your career here working these issues. It will bear fruit again in the reauthorization.

I now yield to Mr. Waxman, 5 minutes.

Mr. WAXMAN. Thank you, Mr. Chairman.

I want to commend the work done by my colleagues, particularly Mr. Cummings, in trying to figure out how best to deal with this legislation so that we can have an effective ONDCP. One of the key issues in controversy is, the bill requires ONDCP to devote 80 percent of appropriated program funds to purchase time and space for advertising. I understand that an 80 percent media buy requirement could require proportional scaling back of important aspects of the campaign. Could you give us your views on that issue?

Mr. WALTERS. Yes. I've asked that we preserve as much flexibility of our mix here as we can. I understand the concern that people have that we need to put power behind the ads. We've done that. We've tried to focus more resources on ads that are effective and ads that are focused. We've taken more of the match and devoted it this year and last year to our central campaign.

The concern I have, and I know reasonable people differ about this, is that especially as we look to some of the ads we want to do on intervention, we need to refer people to some additional information. We need to have some kinds of abilities to market the message so it has resonance as modern media campaigns do. We're at 75 percent now, or 74 point some percent now. So I'm not talking about flexibility for the purpose of evading the central concern of putting ads on the air that you have to do to get the job done. The question is the mix of other things that might be supportive here.

If it's within the judgment of the committee, and I recognize, I certainly respect that you're going to make this judgment, to allow us this flexibility, I'd like to have it, because I think there are times when we may want to, especially with some of the things we're talking about, to get after youth dependency, we may need some of that flexibility. But I also want to be clear that in asking for that, I am not in any way trying to evade the central point, which is I inherited a program where some, especially appropriators, were concerned that we had spent $1 billion and drug use

was not going down. They warned me this was a powerful tool, but we're going to have to take it away because of the competition and the concern about the campaign.

I took responsibility and said, give me a chance to try to fix it. And if I can't fix it, then you can take it away, because we shouldn't waste money, we have a lot of other needs here. I've made an effort to do that, I'd just like to keep the tools that allow me to keep doing that and you will obviously be the judges of whether or not that's successful now and in the future. I appreciate that, I appreciate the responsibility and I welcome the accountability. I'm trying to transfer it to other places. But I need to have some authority and flexibility, I think, to fairly carry out that accountability.

Mr. WAXMAN. There's a 3 percent cap on non-advertising components of the campaign. And I'm interested in your views on that, whether you think that would limit the reach of the campaign's anti-drug message, particularly with respect to segments of the population not reached through general advertising.

Mr. WALTERS. Yes, I am concerned, we now spend a little over 5 percent, I think, in this category. We would like to maintain some, again, some flexibility here, for all the reasons I indicated before. I understand we have to focus. The campaign is a sophisticated, modern campaign. We have developed materials to reach out to special populations because we know one size doesn't fit all. We have tried to use the best knowledge.

Can we make improvements? Yes. But this is not a cookie cutter, crude operation at this point. It's sophisticated. The question was, can we make it work. The report I cited today and I think the overall trends show we are beginning to make it work. I'd like to have some flexibility to include some of these things. I know we've been criticized in the past, some people thought they were frills and things expended on that were beside the point.

We should not be doing that. And if we're doing that, we should stop doing it. What I'd like to do, though, is have the ability to do things that are not frills, that are focused, that go beyond that, provide a modern marketing and provide referral, provide support for the messages that not only then do people see messages as young people, but they see them more powerfully because there are some residents out in the rest of the society.

This is certainly not different from many other Government sponsored campaigns. The census was brought up earlier. It and other Government sponsored campaigns for health and other public good purposes also have a mix and that mix has to be based on who you're trying to reach and how best to reach them.

Mr. WAXMAN. One of my colleagues, Ms. Watson, referred to the fact that we've had some success in anti-tobacco advertisements in California. It isn't just due to the advertisements, it's the use of free media, it's other expenditures. I think one of the best ways to change public attitudes is through reports, hearings, press conferences that generate the free news coverage. This bill would include your activities to provide information to the public and the media within that 3 percent cap?

Mr. WALTERS. Yes, it would. And we'd like to maintain, as I say, the flexibility to do some of the things that you enunciated that we

think are not peripheral, are not a diversion, but are central to improving the impact of the campaign.

Mr. WAXMAN. Thank you. Thank you, Mr. Chairman.

Chairman TOM DAVIS. Mr. Cummings.

Mr. CUMMINGS. Mr. Walters, I want to thank you for your comments and for your hard work. And I also want to appreciate the support of the chairman of our subcommittee with regard to the legislation. We still do have some problems to work out. We will work them out.

And also I'm very appreciative with regard to the Dawson language. I want to talk about that for a little bit. One of the things that, as you know, and I was glad Mr. Ruppersberger mentioned it earlier, we have many areas in our country where neighborhoods sadly have been taken over by drug dealers. As a matter of fact, I can think of, we have five Hope Six projects in Baltimore, all of them had at one time, when they were high-rises, had been taken over by drug dealers. I mean literally, it was a drug dealers' place where residents were afraid to even get on an elevator. Hope Six has for all intents and purposes been eliminated with the President's budget.

Then we look at our States. And we see, we have situations where States now, you go down the list, because they are experiencing deficits, they are now cutting back on drug funds for treatment and almost anything to do with drugs, they're cutting back. And I think that's kind of a logical thing to happen, because maybe they figure, well, here's something we can cut back on, and they may not have the strong advocates for these funds, lobbying or whatever.

It just seems like we've got a combination here where, first of all, if States start cutting back, the question becomes how does the Federal Government step in, and if we do step in, how do we step in to be most effective. Because that's real. When you're taking money away from drug treatment in Baltimore, which has happened, I think we cut $5.6 million in our State budget, because we've got problems. We just don't have the money, like other States.

That means that a lot of treatment slots are not going to be filled. There are a lot of problems. So I'm just trying to figure out, when you take that into consideration, and then with the Dawson situation, we still have this problem where you've got these drug dealers who will threaten and kill. I think about every 2 or 3 months there's some story in the Baltimore Sun about some trial not going forward because some drug dealer allegedly has harmed or killed a potential witness. Of course, the thing that we see even more so than that is the long list of unsolved crimes related to drugs because of the fear.

And while I do appreciate Dawson and I think the provisions, I just think some kind of way we have got to work even harder to protect every regular, every day citizens, who are like the Dawson family, who are simply trying to eke out a decent life and get these drug salespersons, I call them salespersons of death, off their corners, so they can live a decent life. I'm just trying to figure out, where are we generally with that? Are you working with the U.S.

attorneys offices and whatever, FBI and DEA on that? Because this is a very important issue.

And the other question goes to the whole State budget situation, with all the cutbacks, then how do, first of all, do you see us stepping into the gap and filling it? And if not, then how do we, I'm talking about the Federal Government now, how do we still address the problem, which is not necessarily getting much better?

Mr. WALTERS. Let me take the budget question first. We have been working with HHS and others because we are concerned. We're going to put more money into treatment, but the net result is not going to be what we want, because there will be a cutback in the contributed resources from States and localities, because they're cutting back. As you know, many of these programs have maintenance of effort provisions that we are trying to be more scrupulous in reminding officials about. I recognize when they have a budget deficit they've got to cut somewhere.

But the fact is, as you said, you have to make a case and you have to make the argument about what the priority and the responsibilities are to maintain these efforts. I have been to States where they are concerned that centers are going to close, these treatment centers are going to close because of the cutbacks. It's not so easy to turn those back after they've been taken down.

So we're trying to work to make sure that we have both flexibility in the program that as you know the President offered and that we seek support for on treatment, would allow us to use vouchers also in targeted areas where on the basis of need and a plan to meet that need. So it gives us more flexibility than we would have with some of the, we're maintaining the block grant but the current block grant, which does distribution simply on the basis of population, doesn't have the same kind of flexibility.

But ultimately, we've got to bring people together. What I've tried to do in traveling is meet with State officials from Governors' offices and State legislatures, from mayors' offices and city council members. I was just in Atlanta a couple of weeks ago. I also think this touches the second part of your question. We have to make people safe in all neighborhoods. I did what I did with you, and I think it is important, the leadership I saw when you did this is—we have to walk into the neighborhoods that are now threatened. We have to provide, both give them hope, but also we've got to do more than give them false hope. We have to make the problem smaller, we have to make more people safe. It will not happen, as you know, overnight.

But also, my office is collecting data on major metropolitan areas that have been particularly affected. That data includes where there are treatment sites, where there are drug courts, where there is particular known need for prevention and community coalition resources, on where there is need that's not met. It includes data on where there are open air drug markets. And what we want to do is sit down with the people who are carrying the freight and in many cases feel they're not being supported and bring the press and bring the civic leaders and bring the political leaders together, Federal, State and local, and say, what are our goals, how do we make the problem smaller in a concrete way, not just everybody

says they want to do something, everybody talks about how they care, and they all go home.

We want to come back to these areas on a regular basis, several times a year with myself and my deputies. That's a job that we have not taken at this office. We've been responsible for programs and budget. We need to maintain that responsibility. But what we also need to do, we need to make sure that the deployment and the leadership is being supported by what we're doing nationally. It will not be easy. It will not work in every place. But I've made the decision with my staff to go in and be more of a catalyst at the local level.

Mr. CUMMINGS. One quick comment. I just hope that when you talk about victories, I hope that you will find time, we will get this bill done, the reauthorization done, and the Dawson piece will be in there. And I will never forget the statement that you made at the funeral for those six family members, in saying that you would not let the Dawson family die in vain. I hope that you'll come back to Baltimore and stand with us in Baltimore to let the drug dealers know that we're trying to do something to make sure that they don't have their way. Because that's part of the process, Mr. Chairman. We've got to do those kinds of things. I hope you will come back.

Mr. WALTERS. I will. Thank you.

Chairman TOM DAVIS. Ms. Norton.

Ms. NORTON. Thank you, Mr. Chairman, and thank you, Mr. Walters.

You spoke earlier of some dissatisfaction with some members over our gun strategy and of course with your own dissatisfaction, your own commitment to fixing whatever's wrong with it. You spoke also of the fact that dissatisfaction comes from the fact that drug use isn't going down.

I have a question about ad strategy. With some apology, I wasn't here the entire time, two or three other hearings are going on at the same time. I want to make this observation, however. The ad business, particularly if you consider that most people get their information from the visual and radio media, the ad business has changed markedly, some of it good, some of it bad. There's a niche market for everything on the one hand.

The bad part about that is, it keeps us from being one America. If everybody doesn't look at something that's the same, then are we one people any more? Of course, the electronic media, new technology helped push the notion toward niche media, and of course, different strokes for different folks, that makes some sense. Where we are now is that niche media controls everything. I mean, it's not even young adults any more. It's not even teens any more. It's teens between X and Y who look only at certain things. It's young adults who are at a certain sector of the 20's and those who are at another sector of the 20's. Nobody even thinks about 18 to 35 any more. That's just how much of niches we've become.

Now, let me be clear. The racial niches are very worrisome to me on the one hand, they are reality, on the other hand. The reason has been the growth of black radio, and it's one of the huge growth industries in the media. It's because black people listen to this

black radio. There's black talk radio, they listen to the black music, we've got black proms and white proms, God help us.

So folks are definitely into their own media. So Members of Congress have to make sure they're on all the niches or they've only spoken to small parts of their own constituents. And no question in my mind that if you are going to deal with drugs in inner cities that you're going to have to get into not only black radio and Hispanic radio, but into niches within niches of those. And if drug use is not going down in those communities, I am left to wonder if some of it doesn't have to do with the very finely tuned expertise it takes to know even how to reach the communities that are most vulnerable.

In our communities, those most vulnerable to drugs are the least advantaged, the most inner of the inner cities, the places where there's no other opportunity and therefore, particularly for a young black boy, those are the ones that are most likely to get into drugs. When you see these huge opportunities out here for drug dealing and no opportunities for jobs in your community, for too many the temptation becomes overwhelming, especially given the fact that one of the great problems in our community is the growth of female headed households.

I need to ask you then, the extent to which you are getting advice on minority media, what percentage of this huge media budget goes to minority media, what kind of experts are you using so that we can get at what is the worst part of the problem, and that's the drug dealing in the minority community that has led to what in this city and across the United States amounts to escalated crime in those communities.

Mr. WALTERS. Thank you. I think that while there's been a kind of fragmenting of markets, that from the point of view of what this task is, that's helpful to us. It allows us to deliver messages, different messages that are going to work. We've learned that one size doesn't fit all. The campaign has, I think, a proud history, and I'll be happy to supply the contractors, because I think they deserve recognition, for the record. I don't have them off the top of my head.

[The information referred to follows:]

Media Campaign Subcontractors

The minority subcontractors used over the course of the Media Campaign are as follows:

ADVERTISING

ADMERASIA (Asian American)
Admerasia is a small disadvantaged minority-owned company, providing expertise in media buying and planning for the Asian-American audiences.

THE CHISHOLM MINGO GROUP, INC. (African American)
The Chisholm Mingo Group is a minority-owned agency, providing strong expertise in media buying and planning for the African American audience.

BROMLEY COMMUNICATIONS (Hispanic)
Bromley Communications is a large and minority-owned agency, providing outstanding expertise in media buying and planning for the U.S Hispanic audience.

LOPITO, ILEANA & HOWIE (Puerto Rico)
Located in San Juan, Puerto Rico, Lopito, Ileana & Howie, Inc., provides expertise in media buying and planning for the Puerto Rico market with a deep understanding of Puerto Rican youth and adult attitudes and media consumption patterns.

PORCARO COMMUNICATIONS (Alaskan Native)
Porcaro Communications, a small business located in Anchorage, Alaska is the only advertising agency that offers expertise in reaching the Alaska Native audience.

G&G ADVERTISING (American Indian)
G&G Advertising, a small disadvantaged business (Section 8(a) of the Small Business Act), and to the best of our knowledge is the only advertising agency, of any size, in the nation that offers expertise in reaching the American Indian market.

We have also employed Research Explorers, an Illinois based research firm to assist media campaign in targeting African American community and partnered with the following minority-owned companies that specialize in communicating with other ethnic audiences: Muse Cordero Chen & Partners (African Americans, Asians and Pacific Islanders); Persaud Brothers (African Americans); Mendoza, Dillon & Asociados (U.S. Hispanics).

NON-ADVERTISING

In addition to the above advertising contractors, we use a number of ethnic communications firms to assist in our public relations outreach.

WALLS COMMUNICATION (African American)
Walls Communication, a small public relations firm based in the Washington DC area that specializes in African American outreach.

CAMPBELL & CO (African American)
Campbell & Co, a public relations firm also based in the Washington DC area that specializes in outreach to African American community.

IMADA WONG (Asian-American)
Imada Wong, a public relations firm based in Los Angeles, California specializes in outreach to the Asian American community.

MAYA COMMUNICATIONS (U.S. Hispanic)
Maya Communications, a small public relations firm based in the Washington DC area specializes in reaching the U.S. Hispanic community.

Ms. NORTON. I wish you would submit them so the Chairman can get them.

Mr. WALTERS. Sure. Provide both content and provide advice on buying slots to place that content. Because we do have both different groups we're trying to reach. But we also have adults, parents and young people. And so we are able, I think this kind of allows us to do a parallel to smart bomb technology. It allows us to put the message in the audience that we need to reach and not just rely on whatever seepage there is when we know that one size doesn't fit all.

Now, there are a lot of markets, and we're also providing material in writing, languages with particular ethnic populations. But I think we have a good record in regard to especially ethnic groups that have been particularly suffering from this. So I'm proud to provide that. I'll give you all the details for the record.

Ms. NORTON. I would very much appreciate that. Finally, let me say how pleased I am to note that apparently for the first time, the bill is going to require the development of a uniform set of data, allowing some standard evaluation of all the drug treatment programs. Now, we have them popping up all over the place, people who think they can talk to people and get people off drugs. I very much welcome the notion of evaluating what a professional drug treatment operation should look like, so that we can ferret out some of this stuff that comes forward.

My question goes to early treatment. Because young people in the inner cities are so exposed to drugs so early, if one can get early treatment that amounts to prevention. And I note your interest and concern with marijuana, I'm right there with you, because that's such an entry level drug. I wonder what part of your operation, and I recognize the agencies that deal with this on the one hand, but what part of your operation influences treatment and the funding that goes into treatment?

And again, I am really not focused on people who are hard core, understand their needs. I am here focusing on young people who will get a weed early in life. I'm focusing on the schools, I'm focusing on early treatment before somebody gets hooked. Does your office have any substantial influence on what amounts to what I can only call chronic complaints about the absence of treatment? And here I'm not asking you to focus on that whole humongous thing, because I know what that can mean. But particularly given your interest in prevention, whether you have any influence on, whether your office has any influence on early treatment that might in fact amount to preventing especially young people from moving on to harder drugs.

Mr. WALTERS. Yes, my deputy for demand reduction, Dr. Andrea Barthwell, has been working with HHS extensively over the last year. HHS has just released an announcement for a series of grants that will focus on early intervention.

We agree that if we're going to take the disease of addiction seriously, we ought to be clear. The way this disease is spread is by non-addictive users who are usually young people who initiate other of their peers. The carriers of this disease are the young people who have already broken the boundary of prevention and have now begun to use.

We have very cost effective and demonstrated efforts that can start with education, that can start with more intensive followup depending on the involvement of the individual. As I said earlier, I'm not sure whether you were here or at the other hearing, of the 6 million people we have to treat because of abuse or dependence on illegal drugs, 23 percent are teenagers. Many of them are in schools. They're in faith communities, they're in after school activities, they're obviously in their homes.

We have to do a better job of recognizing the symptoms and giving people a place to go when they recognize it. Too many times denial is not only part of the disease, it's denial of the people around those who suffer from the disease. Some of that is because they don't know what to do. What we're going to try to do with the media campaign in the next year, as I said, is do a better job of informing the public and its many parts of what intervention is needed, why it's valuable, why it's important to support intervention and recovery. And then what to do, where to go.

And we're trying to do, with HHS, expand those programs that will be there. In addition, we're trying with the treatment proposal of the President to increase the number of people who can provide it. We would like to see more community clinics, other types of community institutions, more pediatricians take on substance abuse as a sub-specialty, more general practitioners. More knowledge in emergency room and trauma centers, when people come in after we know that there's extensive problems driving under the influence of drugs.

Wherever we see people in the system, schools, hopefully we can even enlist faith institutions as well as those who enter the criminal justice system. In many places we have juveniles, we don't have enough juvenile drug courts. We should be able to get people the first time they come in, get them in earlier. All the evidence shows that the earlier intervened, the more promising the prognosis. We have to use that knowledge more effectively.

Ms. NORTON. Thank you, Mr. Walters, and thank you, Mr. Chairman.

Mr. SOUDER [assuming Chair]. Thank you today for your participation. I will continue to work through a number of these issues, including the constantly difficult question of how to find specialty media expertise, and how to target all the different sub-markets, whether they be Native Americans, rural areas or urban areas.

One of the unusual things about this authorizing bill is that some things you have direct control over, like the ad campaign, and the HIDTAs, where we have details in the bill. And in other things, you have the indirect ability to oversee and influence all, including treatment. So our oversight responsibilities sometimes are oversight, sometimes are authorizing. It's led to an unusual bill and your office is an unusual office.

But we thank you very much for your leadership and the time you spent with us not only here, but in many oversight hearings.

Mr. WALTERS. Thank you. Thank you all for your help. I appreciate it.

Mr. SOUDER. With that, the hearing stands adjourned.

[Whereupon, at 12:25 p.m., the committee proceeded to other business.]

[The prepared statement of Hon. Wm. Lacy Clay and additional information submitted for the hearing record follows:]

Wm Lacy Clay

Statement of the
Honorable William Lacy Clay
Before the
Government Reform Committee
Thursday, May 22, 2003

Hearing Statement

"H.R. 2086, the Office of National Drug Control Policy Reauthorization Act of 2003"

Thank you for yielding, Mr. Chairman; I appreciate the opportunity to voice my concerns on H.R. 2086, the 2003 reauthorization of the Office of National Drug Control Policy (ONDCP). I would also like to welcome our distinguished witness John Walters, Director of ONDCP and look forward to his testimony.

Since 1993, ONDCP has shown exceptional leadership in this nation's war on drugs. ONDCP has the lead responsibility within the Executive Office of the President for establishing policies, priorities, and objectives for the nation's drug control program, with the goal of reducing the production, availability, and use of illegal drugs.

As a member of the sub-committee on Criminal Justice, Drug Policy and Human Resources, I would like to commend the work of the leadership of the subcommittee for drafting a reauthorization bill that transcends political partisanship. H.R. 2086 is a positive piece of legislation that will provide the ONDCP the resources it needs to accomplish its present and future mission. Illegal drug control, education and prevention are of importance to both democrats and republicans alike.

Part of education effort of ONDCP is through its media outreach program, the National Youth Anti-Drug Media Campaign (NYADMC)

which works in conjunction with the Partnership for a Drug Free America (PDFA). This program has helped many young people come to the realization that they have options about using illegal drugs. This one public-private partnership that shows some real promise. Again, I look forward to hearing from our witness and would urge this committee to pass H.R. 2086 as amended. I would also urge that we continue to give our young people a chance to a life that's free from the temptation of illegal drug use. Mr. Chairman, I ask unanimous consent to submit my statement into the record.

Statement for the Record
Mitchell S. Daniels
Director, Office of Management and Budget
U.S. House Government Reform Committee

The Office of Management and Budget's Review of the High Intensity Drug Trafficking Areas (HIDTA) Program

It is my pleasure to submit the Office of Management and Budget's statement describing our review of the High Intensity Drug Trafficking Areas (HIDTA) Program. This Statement first places the HIDTA review in the broader context of our Government-wide assessment of Federal programs and then summarizes the results of our HIDTA review.

Budget and Performance Integration

OMB's review of the HIDTA program was conducted to further the Budget and Performance Integration initiative of the President's Management Agenda, which is intended to reform how government is managed and to improve the performance the federal programs. The agenda includes five government-wide initiatives and nine program-specific initiatives. The five government-wide initiatives represent longstanding management challenges for the federal government. The Budget and Performance Integration initiative enhances the quality of information on program results so that government can make better decisions about its allocation of resources.

The Administration's efforts to link budget and performance began last year with the formulation of FY 2003 budget. This year that link was formalized. A new instrument for assessing government programs in an objective and transparent manner, called the Program Assessment Rating Tool (PART), was used to evaluate a program's overall effectiveness by reviewing its: purpose and design; strategic planning; management; and results and accountability.

What Is the PART?

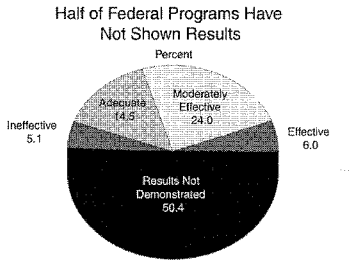
The PART is an accountability tool that attempts to determine the strengths, weaknesses and results of individual federal programs. Its overall purpose is to lay the groundwork for evidence-based funding decisions. It places the burden of proving effectiveness squarely on the shoulders of Federal program managers.[1]

The Administration reviewed 234 diverse federal programs, representing about 20 percent of all federal funding. The 234 programs were selected to provide a

[1] More detailed information regarding guidance, content and results of PART reviews, is contained in the Performance and Management Assessments Volume of the Budget, and is available on the OMB website at http://www.whitehouse.gov/ombudget/fy2004/.

representative sample of government programs and to use as a test the flexibility of the PART. The programs chosen varied by type (such as regulatory, grants, or direct assistance), as well as size. To test how well the PART would confirm expectations, some programs generally considered effective (such as the National Weather Service) were included, as well as some widely criticized as less effective, (such as compliance with the Earned Income Tax Credit (EITC)). Finally, several items of great interest to the President or the Congress were selected, such as programs scheduled for reauthorization this year.

This assessment process confirmed many longstanding suspicions. Federal programs have inadequate measures to judge their performance. More than one-half of the programs analyzed received a rating of Results Not Demonstrated because of the lack of performance measures and/or performance data. The vast majority of programs have measures that emphasize inputs (such as the number of brochures printed) rather than outcomes or results. The distribution of PART assessments is shown below.



The Program Assessment Rating Tool is not perfect. We have identified a number of shortcomings that will need to be addressed. For example, we need to improve the definition of "adequate" performance measures and to increase the consistency of staff interpretations of agency answers. The application of the PART also highlighted some performance measurement challenges common to law enforcement. In particular, we need better outcome measures for these programs, including the HIDTA program, and we have not solved the problem of recognizing the real but elusive deterrent effect of law enforcement. Nonetheless, the PART is an important next step in changing the way federal managers think about their responsibilities. With further improvement and use, it will provide incentives for federal managers to make their programs more effective. It will provide meaningful evidence to the Congress and other decision-makers to help inform funding decisions, and identify flaws in underlying statutes that undermine effectiveness.

The High Intensity Drug Trafficking Areas (HIDTA) Program

The statute establishing the High Intensity Drug Trafficking Areas (HIDTA) program authorizes federal assistance to areas of the United States that meet four criteria:

1. the area is a center of illegal drug production, manufacturing, importation, or distribution;
2. State and local law enforcement agencies have committed resources to respond to the drug trafficking problem in the area, thereby indicating a determination to respond aggressively to the problem;
3. drug-related activities in the area are having a harmful impact in other areas of the country; and
4. a significant increase in allocation of Federal resources is necessary to respond - adequately to drug-related activities in the area.

The five original HIDTAs, designated in 1990, included the main points of entry for illegal drugs into the United States. Subsequently, HIDTA designations have proliferated. Since 1995, twenty-three additional HIDTAs have been designated, an average of almost three a year. Moreover, many existing HIDTAs have been expanded since initial designation. Today, there are 28 HIDTAs located in 43 States and approximately 330 Congressional Districts. The Office of National Drug Control Policy estimates that HIDTAs include more than 13 percent of all counties in the United States and more than 60 percent of the U.S. population. While it is undeniable that there is some level of drug problem in all areas designated as HIDTAs, it seems a dubious proposition that all are centers of illegal drug activity that have harmful effects on other parts of the country.

The tremendous growth of the HIDTA programs has meant that scarce HIDTA funds are diverted from real centers of illegal drug trafficking that significantly affect other parts of the country to other areas that have less strategic importance for our efforts to reduce drug trafficking. For example, the initial five HIDTAs were initially funded at an average of more than $16 million each in 1993. Today, the 28 HIDTAs receive an average of $8 million each.

OMB's Review of the HIDTA Program

OMB's review was conducted in close collaboration with staff from the Office of National Drug Control Policy. The process of completing the evaluation revealed differences of opinion. Nonetheless, it generated constructive dialogue about the program's strengths and weaknesses, as well as the importance of demonstrating program results. In the end, the assessment was a consensus document of the two Offices.

The assessment concluded that the HIDTA program, like about one-half of the 234 programs reviewed, had not demonstrated results and that new performance measures were needed. The specific findings included:

The HIDTA program has not established satisfactory long-term performance goals or annual goals. Variants of three goals had been put forward by ONDCP since the mid-1990s. However, one was a composite of several process goals (e.g., "establishing sound fiscal/programmatic management"), a second ("disruption of drug trafficking organizations") had been discarded by ONDCP as not useful as defined, and data reflecting progress toward the third goal ("reduction in drug-related crime") had not been systematically collected and analyzed. This weakness has been noted by the Congress, most recently in the following language from the Managers' Statement for the FY 2003 Omnibus Appropriations Act: "The conferees remained concerned by ONDCP's lack of progress in developing performance measures of effectiveness (PMEs) for the HIDTA program."

The HIDTA program had not been subjected to an independent comprehensive evaluation of its performance. Although the HIDTA National Office annually reviews Budget and planning documents submitted by each HIDTA and undertakes in-depth on-site reviews of individual HIDTAs annually, there has not been a systematic evaluation either of the program's performance or of individual HIDTAs. Such evaluations are necessary to ensure program planning is informed by non-biased evaluations of a sufficient scope to inform program improvements and influence program planning.

The HIDTA program appears to have lost focus. The magnitude of the program's expansion, particularly absent an independent comprehensive evaluation, shows a disregard for the clear intent of the statute, i.e., to focus on the areas of the Nation where major drug production, manufacturing, importation, transportation or distribution flourish to such a degree that they have harmful effects on other parts of the country. This expansion during the 1990s was driven by two factors: (1) ONDCP did not ensure that each of the four criteria for designation as a HIDTA was met; and (2) Congressional requests and requirements, through the appropriations process, for designations of HIDTAs in their States and Districts and for earmarked funding for existing HIDTAs.

In response to these findings, the review recommended:

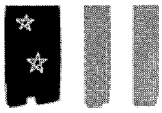
- implementation of a performance measurement system that includes solid program outcome goals;
- development of a process to ensure funding for individual HIDTAs reflects the performance of that HIDTA; and
- seeking no funding increases for the program until the first recommendations are implemented and the resulting data can be evaluated.

Current Status

As a first step to refocusing the HIDTA program, ONDCP is rewarding HIDTAs that develop initiatives aimed at higher-level, higher impact targets. ONDCP is undertaking a pilot project that provides additional funds to HIDTAs that pursue high level drug trafficking organizations identified on the Department of Justice's Consolidated Priority Organizational Target (CPOT) list.

In addition, ONDCP has begun implementing a Performance Management System that will hold HIDTAs accountable for performance against their self-described drug threats. This new System, combined with expanded program oversight by ONDCP, is intended to ensure that HIDTA resources are being used effectively, but will also enable ONDCP to meet the Congressional requirement for reallocating funding among existing HIDTAs based on performance. The new system will review each HIDTA's performance against a set of core measures common to all HIDTAs (e.g., drug availability, drug trafficking organizations dismantled and disrupted) and other measures specific to the threat identified for the HIDTA (e.g., MDMA and OxyContin use, money laundering activity, etc.).

Ultimately, however, measures providing greater authority are needed. To ensure the HIDTA program is targeted to the most critical areas of the United States, ONDCP will also begin reviewing designations of existing HIDTAs based on threat assessments submitted by the HIDTAs and supplemented by other relevant information.



Partnership for a Drug-Free America®

Statement of Stephen J. Pasierb,
President & CEO, Partnership for a Drug-Free America®

Submitted at the Request of
The House Committee on Government Reform, U.S. House of Representatives
For a Hearing on the National Youth Anti-Drug Media Campaign
May 22, 2003

The Honorable Tom Davis, Chairman
The Honorable Henry A. Waxman, Ranking Member

Summary of Statement for the Record

The Partnership for a Drug-Free America (PDFA) fully supports reauthorization of the National Youth Anti-Drug Media Campaign (NYADMC). This media-based education effort is a crucial component of America's demand reduction strategy for illicit drugs. Since the beginning of the campaign in 1998, teen drug use in America has declined and is holding.

Two recently introduced reauthorization bills – H.R. 2086 sponsored by Congressman Souder and H.R. 2061 sponsored by Congressmen Portman and Cummings – offer knowledgable, well-reasoned visions for the next phase of the media campaign. These distinguished members of Congress have carefully considered ways to improve the impact of the media campaign; their bills summarize their recommendations, which we endorse. We believe that provisions in both H.R. 2086 and 2061 address several factors that are critical to the campaign's success in the future:

- **Focus and core purpose:** This campaign was designed as a public-private partnership, and must remain one to ensure private sector expertise and pro bono contributions are paired with federal resources. The NYADMC is designed to prevent illicit drug use among teenagers, and must remain tightly focused on achievable objectives. The campaign must remain true to its original concept, as presented to the Congress six years ago.

- **Campaign strategy:** The campaign depends upon sound, market-based, consumer-focused strategy development. With deep roots in the advertising industry and an extensive track record in running effective media-based education campaigns, the

Partnership is uniquely qualified to perform this role and is pleased to be called upon to do so. PDFA takes this responsibility seriously.

- **Media buys & campaign match:** Delivery of effective messages to both youth and parent audiences must be a major priority. Both bills establish responsible and achievable targets in this area.

- **Testing of all advertising:** All advertising intended for mass media must be tested for effectiveness prior to release, regardless of time-sensitive opportunities.

- **Responsive evaluation instrument:** Media campaign outcomes and accountability will improve when campaign coordinators have access to timely data on consumer attitudes, drug trends, and marketplace effectiveness of campaign messages to inform strategic decisions about campaign direction.

- **Adequate and sustained funding:** The NYADMC is competing for share of voice in a crowded, highly-competitive commercial marketplace. Adequate funding is needed to achieve campaign objectives; funding must be sustained to ensure future generations of children are reached.

Any effort to reauthorize this media campaign must take into account the successes and lessons learned of this program, as well as the factors that are critical to its future success. Both H.R. 2061 and H.R. 2086 offer flexibility to campaign coordinators, while ensuring the campaign remains focused and accountable for its outcomes.

Mr. Chairman, media-based education campaigns can help reduce demand for illicit drugs in America. Since the launch of the NYADMC, drug use among teenagers in America has declined and/or stabilized.[1] We believe the media campaign has contributed to these positive trends. We can – and should – expect more from this campaign, in terms of impact in the marketplace, and we applaud Director Walters for refocusing the campaign on core principles required for effectiveness. By passing a bill to reauthorize that includes provisions provided by Congressmen Souder, Portman and Cummings, the campaign can and will produce even better results in the future.

We stand ready to support and contribute to the NYADMC in the future, with the full backing of the advertising industry. Our entire organization and leadership remain committed to working with the Director and ONDCP for the good of the country. Partnership Chairman Roy Bostock and the Director are meeting regularly to discuss campaign issues. We are committed to building a constructive working relationship between our agencies to benefit the media campaign.

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[1] Source: Monitoring the Future Study, University of Michigan; Partnership Attitude Tracking Study, Partnership for a Drug-Free America.

The Partnership can deliver the core creative needs for the campaign with an absolute dedication to producing the highest quality communication work. Mr. Chairman, this campaign is a robust public-private partnership with significant contributions being made by the federal government, in the form of resources; by the advertising industry, through PDFA, in the form of advertising and advertising campaigns; and by media companies, who contribute millions of dollars in free media exposure to this effort, leveraging greater value out of every federal dollar invested. Our private sector partners are critical to the campaign's future and success.

We applaud your leadership and hard work to reauthorize the NYADMC.

Introduction

Thank you, Mr. Chairman, Ranking Member Waxman and members of the committee for inviting me to submit a statement for your May 22nd hearing on the reauthorization of the National Youth Anti-Drug Media Campaign (NYADMC, or "the campaign").

My name is Steve Pasierb and I am president and chief executive officer of the Partnership for a Drug-Free America (PDFA). The Partnership is a non-profit organization, created by the advertising industry in the mid-1980s that uses the power of advertising and mass media to "unsell" drugs to America. We're best known for our national advertising campaign targeting dangerous, illegal drugs, which began in March 1987, some 17 years ago and 11 years prior to the creation of the NYADMC. The Partnership is a pioneer in the field of *consumer* social marketing – that is, the application of commercial marketing techniques to address a social issue. As consumer marketing professionals, we place the word "consumer" before the term "social marketing" to emphasize the importance of the target audience and understanding consumer attitudes and behavior.

Jim Burke, our chairman emeritus – and the former chairman and CEO of Johnson & Johnson – helped the Partnership become the single largest public service initiative in the history of advertising. As you may know, Mr. Burke, a recipient of the Presidential Medal of Freedom, chaired the President's Drug Advisory Council in the first Bush Administration. Our current senior executives – our new chairman, Roy Bostock, the recently retired chairman of Bcom3; and our vice chairman, Allen Rosenshine, chairman and CEO of BBDO Worldwide – send their personal gratitude to you, Mr. Chairman, Congressman Waxman and members of the committee for your commitment to the drug issue, and to this media campaign.

I'd like to recognize and thank John Walters, director of the White House Office of National Drug Control Policy (ONDCP), for his work at the helm of ONDCP. Since

taking office, Director Walters has stabilized the media campaign, and refocused it on core principles that are essential to its ultimate success. We are very optimistic about the media campaign's returned focus on messages about the risks of drugs, and believe the NYADMC's recent campaign on marijuana will produce positive results.

Thanks, also, to Congressman Mark Souder, chairman of the Subcommittee on Criminal Justice, Drug Policy and Human Resources, for his leadership and work on reauthorization of the media campaign. Mr. Souder and his staff have worked hard to produce a responsible and fair bill (H.R. 2086), and we applaud their efforts.

I'd also like to thank Congressman Rob Portman, for his dedication to drug prevention and education, and for his leadership on the Coalition for a Drug-Free Greater Cincinnati; and Congressman Elijah Cummings, the ranking member of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources, who has worked tirelessly on the drug issue over the years. Mr. Portman and Mr. Cummings have introduced an excellent bill to reauthorize the media campaign (H.R. 2061). Mr. Portman and Mr. Cummings have put forth a strong point-of-view about what the next phase of the media campaign should look like.

Also, allow me to thank the dedicated and generous professionals from the advertising industry, from the American Association of Advertising Agencies, from the Screen Actors Guild (SAG) and the American Federation of Television and Radio Artists (AFTRA) who donate time and talent to the Partnership for a Drug-Free America. Hundreds and hundreds of talented professionals from the advertising and production fields make it a priority in their busy lives to donate work to the Partnership, which is then, in turn, donated to the NYADMC. We all have benefited from their talents and goodwill.

Historical basis for the NYADMC

For members of the committee who are reviewing the NYADMC for the first time, allow me to point out that this media campaign was originally authorized with the bi-partisan support of the Congress in 1998.

In short, Congress decided to fund this campaign to essentially "commercialize" PDFA's national ad campaigns – meaning that the Partnership's campaigns would be allowed to enjoy the enormous benefits of paid advertising exposure. Federal funding to purchase media time and space promised guaranteed delivery of anti-drug messages like never before – allowing the right ad, to reach the right target audience, through the right media channels, consistently over time. The media campaign concept would not only allow anti-drug campaigns to remain visible at a time when economic pressures in the media industry were reducing exposure for public service efforts, it would allow anti-drug messages to break through a crowded, highly competitive media environment to reach

youth and parent target audiences. It gave members of Congress significant confidence to know that the Partnership – and the advertising industry that it represents – would be involved at the core of the initiative, providing strategic guidance and creative resources. Congress also took heart knowing that media companies that accepted ad buys from the federal government as part of this effort would match all dollars spent with in-kind contributions of airtime and print space, leveraging significant value from federal investment.

Answers to the Chairman's Questions about the Media Campaign

I am pleased to respond to the Chairman's and the Committee's questions, as outlined in a letter to me dated May 14, 2003.

1. **Please describe the NYADMC's progress and challenges experienced over the past five years. Outline how the campaign is an essential component of America's efforts to reduce demand for illicit drugs.**

Summary of answer: The NYADMC is the largest federally-funded drug prevention program. Its core purpose is to reduce demand for illicit drugs by changing attitudes and behavior about these dangerous substances. Requiring less than $8 per teen, per year, this media-based education campaign offers tremendous efficiencies in delivering consistent, compelling, research-based messages to young people about the dangers of drugs. We believe the NYADMC is absolutely essential to the on-going educational needs of young people and parents in America, and the country's efforts to reduce demand for drugs.

Progress:

1. Drug use in America among teenagers has declined since the launch of the NYADMC. According to the University of Michigan's Monitoring the Future Study and the Partnership Attitude Tracking Study, data indicate that (net) illicit drug use, and marijuana use, among teenagers have declined since the launch of this initiative. Additionally, preliminary data from the Partnership's Attitude Tracking Study (PATS) collected in March of this year indicate significant declines in teen marijuana use – the NYADMC's most recent area of intense focus – since last spring.

2. The campaign's official evaluation has shown that the campaign has been effective with parents.

3. An unprecedented public-private partnership, built on bipartisan federal investment and substantial contributions from the advertising and media industries, has demonstrated its effectiveness.

4. The NYADMC has, over the past year, refocused on core principles: ads emphasizing the risks of drug use, targeted to at-risk teens 14-16 years old and their parents, fully evaluated prior to air.

Challenges:

1. The NYADMC should formalize structures and processes that can insure the focus we have achieved over the past year on appropriate targets and advertising strategies will be maintained. In particular, the Partnership's long experience in crafting effective anti-drug messaging can be more fully and consistently utilized in planning the campaign: identifying target audiences and drugs; planning how campaign messages are phased in over time; crafting advertising strategies; and developing evaluative criteria.

2. The NYADMC must continue to safeguard the tremendous pro bono contributions made to the campaign by the media, who match the NYADMC media buy dollar for dollar; by the advertising agencies, who contribute their creative development time and talent pro bono through PDFA; the talent unions SAG / AFTRA, who donate their members' performances; and numerous other commercial interests who have supported the campaign. We must insure that payments made to campaign contractors and subcontractors do not jeopardize the generosity of these organizations – rewarding some ad agencies or media companies while requiring that others donate their resources.

(For details or explanations on the progress and challenge points outlined above, we are happy to forward copies of past Congressional testimony that address these issues.)

Detailed answer: Drug use in America has declined by more than 30 percent since 1985. Regular use of cocaine has declined by a staggering 70 percent in that same time period. Today in America, versus 1985, there are more than 9 million fewer Americans using illegal drugs regularly. This remarkable reduction in drug use has contributed to historic drops in crime in America, and has spared millions of people the pain and suffering of death and addiction. While many factors contributed to these trends, this remarkable, often unrecognized success was brought about by significant changes in social attitudes about drugs – about the relative risks of drugs, about the social approval of drugs. By changing attitudes, Mr. Chairman, the country can change behavior. By changing attitudes, the country can reduce demand for illicit drugs.

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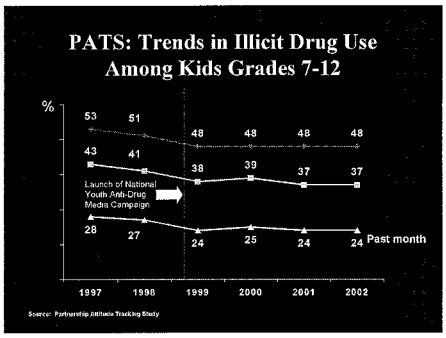
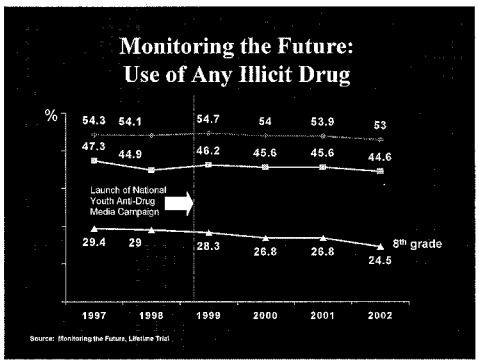
Anti-drug advertising – when grounded in research, when executed creatively for target audiences, when tested for maximum impact, and when delivered at appropriate levels of media exposure – does indeed work.

A growing body of independent research documents this fact, as do in-market case studies from around the country. This media campaign, Mr. Chairman, will not solve the drug problem. But it can influence decision-making among teenagers, and it can contribute to driving drug use downward. This is why it's worth continuing the National Youth Anti-Drug Media Campaign.

As stated above, and indicated by these charts, since the NYADMC campaign started in July 1998, drug use among teenagers in America has declined. This – according to on-going national studies – is a fact that we should not lose sight of during our discussions on the media campaign. According to the University of Michigan's Monitoring the Future Study and the Partnership Attitude Tracking Study, data indicate that (net) illicit drug use, and marijuana use, among teenagers have declined since the launch of this initiative.



It's equally important to consider that these declines occurred while scant media attention was being paid to the drug issue nationally. Indeed, despite remarkably little national news attention given to the issue over the last several years – save controversies related to drug-related referenda in various states, and the emergence of Ecstasy (MDMA) and methamphetamine – adolescent drug use has trended downward or stabilized. The NYADMC campaign was the single, largest program introduced into the marketplace during this time.



2. Please describe the Partnership for a Drug-Free America's role in the NYADMC.

Summary of answer: Primarily, the role of the Partnership in the NYADMC is that of pro bono creative supplier – working with advertising agencies to create advertising material for the media campaign. Initially, the Partnership also served as strategic advisor to the NYADMC.

Detailed answer: **Background on PDFA:** Initially funded by the American Association of Advertising Agencies and with deep roots in the advertising industry, the Partnership began in 1986. The Partnership is based on a single proposition: If advertising can be used to sell consumer products and services, it can be used to "unsell" as well. Again and again, throughout our history, we've proved that it is indeed possible to unsell drugs to children through research-based media communication. Indeed, the NYADMC is built on the foundation of PDFA's successful national campaigns.

The Partnership is a coalition of volunteers from the communications industry, who work together – pro bono – to help reduce demand for illicit drugs in America. Primary funding for the Partnership comes from the Robert Wood Johnson Foundation; more than 200 private sector corporations provide the balance of the Partnership's funding. Partnership campaigns have received every major award in the advertising and marketing industries for creative excellence and effectiveness. The Partnership is the only non-profit organization to receive the American Marketing Association's highest honor for marketing effectiveness.

PDFA's Role in the NYADMC: Since the launch of the NYADMC, the Partnership, through the generosity of countless advertising agencies, has donated more than $100 million in advertising campaigns and material to the NYADMC. We currently receive no federal funding for our role in this campaign. PDFA does not itself create advertising; rather, we facilitate and direct the creation of advertising donated by the best and brightest agencies in the industry. Advertising created for the Partnership is then donated for use in the NYADMC.

Our participation in the NYADMC provides the campaign with the following:

- **Strategic consultation**: The Partnership has provided strategic insights to the NYADMC, based on our research-based understanding of adolescent attitudes toward drug use, and our 17 years of experience in crafting anti-drug messages aimed at teens and their parents. Additionally, the Partnership enjoys access to leading researchers in the field of commercial marketing, as well as leading researchers in substance abuse prevention, the combination of which is rare and incredibly valuable to the campaign.

- **Access to a wide variety of talent in the advertising industry, via our network of volunteer advertising agencies:** Agencies working for the Partnership and offering campaigns to the NYADMC are reimbursed for production costs, but donate all creative services. This includes the billable time and talent of account managers, strategic planning, creative direction, copywriters and producers, broadcast managers, print and sound producers and many others.

  Currently, the Partnership is working with seven major agencies on dozens of new pieces of advertising being developed for use in the NYADMC. PDFA's roots in the advertising industry, and the Partnership's reputation for creative excellence, are driving forces behind the breadth and depth of pro bono support we have been able to generate for the NYADMC.

- **Critical input from senior creative directors who comprise the Partnership's Creative Review Committee:** This committee, comprised of leading creative directors in the advertising industry, reviews and approves all PDFA advertising, pro bono. The committee ensures that advertising produced for the Partnership is on strategy and creatively excellent. Having this caliber of creative talent available to critique our work is unique in our industry, and something simply not afforded to commercial clients.

- **Waivers from talent unions:** The Screen Actors Guild (SAG) and the American Federation of Television and Radio Artists (AFTRA) have been long-time supporters of the Partnership and its mission. As such, these talent unions offer PDFA an exclusive waiver on fees due to its members who appear in our advertising. Two types of fees – "talent" and "reuse" fees – are waived. Because PDFA is a primary partner in the NYADMC, these savings are passed along to the media campaign.

- **Organization-wide support services:** PDFA's Creative Development Group is dedicated to fulfilling the creative needs of the NYADMC. The group works with ONDCP staff, ONDCP's contractors and PDFA advertising agencies to coordinate workflow. Additionally, the Partnership's Research Group supports ONDCP staff on various evaluation projects relevant to the NYADMC. The requirements of servicing the NYADMC touch virtually every corner of the Partnership's staff in New York.

- **Knowledge and experience:** The Partnership conducts the largest, on-going study on drug-related attitudes in the country. The Partnership Attitude Tracking Study, in place since 1986, offers unique insights into the challenge of communicating effectively with teenagers about illicit drugs. With 17 years experience in running national advertising campaign on drugs, the Partnership is able to share the organization's knowledge and experience with ONDCP and its

contractors to benefit the NYADMC. Independent research and in-market campaigns have demonstrated the efficacy of PDFA programs.

3. Please assess the impact of anti-drug advertising on adolescent drug consumption.

a. Have PDFA and NYADMC proven to be effective tools in the fight against drug use and abuse?

Summary of answer to 3a: A growing body of evidence documents the effectiveness of media campaigns created and executed by PDFA.

We believe the NYADMC has contributed to the positive changes in trends in adolescent drug use over the past five years. Key changes made to the NYADMC will indeed increase future effectiveness. Foremost among these changes are raising the target age group for the youth campaign and returning to messages that focus on the risks of drug use. Just like any major commercial marketing campaign, ONDCP and PDFA must continually reexamine the strategic and functional elements of the NYADMC with an eye toward maximizing impact, while demanding that the campaign exceed goals and expectations.

Detailed answer to 3a: The case for reauthorizing the NYADMC is rather straightforward: anti-drug advertising has been proven effective. Independent research, in-market case studies and PDFA's national advertising campaigns document the efficacy of the Partnership's efforts. Additionally, the Partnership Attitude Tracking Study has found the following: Year in and year out, teenagers who are more exposed to anti-drug advertising have stronger anti-drug attitudes and are considerably less likely to use drugs than teens who see and hear these messages infrequently.

Independent research:

- **American Journal of Public Health**, August 2002: *"Assessing the Impact of Anti-drug Advertising on Adolescent Drug Consumption: Results from a Behavioral Economic Model."* Researchers from Yale University, the London School of Economics, New York University Stern School of Business and Baruch College find "strong evidence that anti-drug advertising decreases drug trial." Specifically, researchers report that the cumulative impact of anti-drug advertising reduced probability of marijuana trial (by 9.25 percent) and cocaine trial (by 3.6 percent). The research team also finds that the availability of drugs had no association with most usage decisions, suggesting "more emphasis should be

placed on demand versus supply side strategies for decreasing drug consumption." *Block, Morwitz, Putsis Jr. and Sen.*

- **American Journal of Public Health, February 2001:** *"Television Campaigns and Adolescent Marijuana Use: Tests of Sensation Seeking Targeting."* In a study funded by the National Institute on Drug Abuse, researchers report heavy-exposure to anti-marijuana advertising results in a 27 percent decline in marijuana use among at-risk teens in Kentucky following two-years of heavy exposure to campaign messaging. *Palmgreen, Donohew, Pugzles Lorch, Hoyle and Stephensen.*

- **American Journal of Public Health, February 2002:** *"Testing the Relative Effectiveness of Anti-Drug Public Service Announcements Before a National Campaign."* Analyzing PDFA advertising originally used in the National Youth Anti-Drug Media Campaign, researchers at the Annenberg School of Communication at the University of Pennsylvania report overall positive impact of PDFA advertising among target audiences. Study finds 24 of 30 PDFA messages, or 80 percent of those tested, rated as good as the control or better. *Fishbein, Hall-Jamieson, Zimmer, von Haeften and Nabi.*

- **American Journal of Pediatrics, December 1994:** *"The Impact of Anti-Drug Advertising."* John Hopkins University School of Medicine researchers find that among middle and high school students exposed to anti-drug advertising, the majority identifies a positive impact of the ads on their knowledge, beliefs and attitudes pertaining to drug use. Further, 75 percent of these students perceive that the ads have a deterrent impact on their own actual or intended drug use – and even many drug users claim a deterrent impact of anti-drug advertising. In conclusion, the authors said, "our findings suggest that anti-drug advertising serves as a deterrent to youth substance abuse." *Reis, Duggan, Adger Jr. and DeAngelis.*

In-market case studies:

- **Coalition for a Drug-Free Greater Cincinnati:** According to the 2002 Coalition for a Drug-Free Greater Cincinnati survey, adolescent marijuana use decreased 13 percent from 2000 to 2002, while national rates remained unchanged. The survey also showed a 20 percent reduction in marijuana use among youth who reported seeing anti-drug messages regularly.

- **Miami Coalition for a Safe and Drug-Free Community**: Research conducted in Miami in 1999 documented an increase in social disapproval and perceived risk in marijuana use corresponding to a decrease in use of the drug among 7th- to 12th-graders. The study noted that the only source of

information about the risks of drugs that showed a significant increase was television anti-drug commercials. The downward trend in marijuana in Miami occurred when marijuana use among adolescents nationally remained unchanged. Miami-based media outlets have supported the Miami Coalition's efforts to distribute PDFA advertising in and around the greater Miami area.

- **Partnership for a Drug-Free New Jersey:** From 1998 to 2000, awareness of the risks of drugs increased significantly among middle-school students in New Jersey – the primary target audience of the Partnership for a Drug-Free New Jersey, which uses PDFA advertising for local distribution in the state. Between 1995 and 2000, marijuana use among this teen cohort decreased proportionally by 31 percent.

National campaigns conducted by PDFA, prior to the inception of the NYADMC or outside of the scope of the NYADMC:

Inhalants: In 1995, the Partnership developed and launched the first national media-based education campaign to combat inhalant abuse among pre-teens. Inhalant abuse is the intentional inhalation of a volatile substance for the purpose of achieving a euphoric state. Our national tracking study, as well as the University of Michigan's Monitoring the Future Study, tracked a gradual increase in inhalant use in the early 1990s, driven by weak teen attitudes about the dangers of inhalants.

To prepare for the campaign, the Partnership conducted original qualitative and quantitative research to inform the strategic direction of the effort. The research revealed that teens had a well-established understanding about the practice of inhalation abuse, and the types of products their peers were misusing to get high. Additionally, teens carried a disturbingly low perception of risk with regard to inhalant experimentation. Parents, on the other hand, were found to have limited understanding of the scope of the inhalants problem (i.e., limited to glue-sniffing, by and large), dictating the need for a distinct communications strategy. The inhalants problem presented the Partnership with a delicate challenge: prevent increases in inhalant abuse without educating teens about the very nature of the problem.

Results: Since 1995, the percentage of teens reporting trying inhalants has declined by 17 percent. The percentage that sees risk in trying inhalants has increased by 13 percent.[2]

Commenting on similar findings in the Monitoring the Future Study, researchers at the University of Michigan said "the turnaround in inhalant use and beliefs about its harmfulness corresponds exactly with the start of the Partnership's inhalant campaign…"

[2] Partnership Attitude Tracking Study

The study's authors said, "We are inclined to credit much of the improvement in inhalant use to that intervention."

Ecstasy: Between 1999 and 2001, Ecstasy use among teens increased 71 percent. Partnership research indicated that teens knew and understood the risks about regular use of Ecstasy; however, perceived risks of experimenting with this drug were significantly lower. In 2001, responding to dramatic increases in teen Ecstasy use across the country, the Partnership developed and launched the first, national media-based education campaign targeting Ecstasy. Prior to campaign development, dedicated research was conducted to identify credible claims that teens would accept about Ecstasy. The campaign – consisting of television, print and radio messages, along with a comprehensive Web component – was developed in 90 days. Campaign messages tested exceptionally well among target audiences.

Throughout 2001, the Partnership's campaign material was distributed to national media outlets and more than 250 local media markets throughout the country. At the local level, Partnership personnel made in-person visits to media concerns to underscore the urgency of the campaign. (Several Partnership anti-Ecstasy ads were also included in paid media rotations in the NYADMC during the late summer of 2001. Additionally, PDFA anti-Ecstasy ads enjoyed considerable media exposure via the NYADMC's media match.)

Survey data released by the Partnership this February showed that teen Ecstasy use had leveled off after three years of dramatic increases. The data, which reported consistently stronger anti-drug attitudes among teenagers exposed to anti-drug advertising regularly, suggest a correlation between this media education campaign and changes in the marketplace. Importantly, the data indicate critical changes in teen attitudes about Ecstasy, the very drivers of behaviors. The survey found:

- Three out of four teens – 76 percent, or 17.9 million – now agree there's great risk in using Ecstasy regularly, up from 72 percent in 2001; 45 percent (10.6 million) say they see great risk in trying Ecstasy once or twice, up from 42 percent in 2001;

- Three out of four teens – 77 percent, or 18.2 million – now agree there's great risk of getting hooked on Ecstasy, up from 73 percent in 2001; and

- Nearly three out of four teens – 70 percent, or 16.5 million – now agree there's great risk of developing memory problems as a result of using Ecstasy, up from 66 percent in 2001.

This campaign will remain in active distribution until a significant decline in Ecstasy use is sustained. Please note that the stabilization in Ecstasy use among teens is consistent with findings from the latest Monitoring the Future Study, released in December 2002. Over the last few years, as overall teen drug use stabilized, Ecstasy was the one

disturbing exception. Our latest reading of the Ecstasy market offers a more encouraging picture, but does not – and should not – suggest that we have turned the corner on this drug. We have not – not yet. While 45 percent (10.6 million) of teens now see great risk in trying Ecstasy once or twice, as many as 13 million teenagers do not. Much work remains to be done in this area.

The Partnership Attitude Tracking Study

The Partnership Attitude Tracking Study (PATS), a nationally-projectable study of parents and teens, has documented consistently strong correlations between exposure to anti-drug advertising and lower drug use / strong anti-drug attitudes.

Teens who see or hear anti-drug messages every day are significantly less likely than their peers to use drugs, according to the 2002 PATS. The survey, which questioned 7,084 teens across the country (margin of error = +/- 1.5 percent), found that overall, compared to teens who see or hear anti-drug ads less than once a week, teens who see or hear anti-drug ads every day are less likely to have tried various drugs. In fact, compared to teens who see or hear such ads less than once a week, they are 14 percent less likely to have tried marijuana (38 vs. 44 percent); 29 percent less likely to have tried Ecstasy (10 vs. 14 percent); 36 percent less likely to have tried LSD (seven vs. 11 percent); 31 percent less likely to have tried crack/cocaine (nine vs. 13 percent); and 38 percent less likely to have tried methamphetamine (eight vs. 13 percent).

Impact of the NYADMC

According to the official evaluation of the NYADMC published in November 2002, there is evidence of the campaign's favorable effect on parents. More parents are reporting that they are talking to their children about drugs, that they know and understand the value of monitoring, and that they are monitoring their children – all key strategic objectives of the NYADMC's parent-targeted ad campaigns.

The evaluation finds little evidence of direct favorable campaign effects on youth, and we have shared our persecptive on why this has occurred, both in Congressional testimony and directly with ONDCP. However, the vast majority of teen-targeted advertising messages are now focusing on the risks of drugs. Director Walters clearly shares our conviction on this point, so the primary target for teen messages is now where it should be, with more media exposure being placed behind delivering messages to teenagers. These changes, combined with even more emphasis and media weight, will improve the campaign's impact against youth.

b. What is the testing process that campaign advertisements must pass before they are released? Are campaign advertisements subjected to accepted standards in the advertising industry?

Summary of answer to 3b: The testing process to ensure advertisements are effective includes up-front strategic research (to identify the most effective core messages, or "strategies," to achieve communications objectives; copy testing, both pre-production (to ensure ads are communicating core strategies effectively) to access the communication of each ad, and post-production (final ads tested before they are distributed). Finally, ads are evaluated for communication impact in the marketplace through evaluation instruments designed to track attitudes and behaviors of the target audience. Testing used for advertisements in the NYADMC meet or exceed industry standards.

Detailed answer to 3b: There are several stages of communications research and evaluation that are critical to ensure advertising effectiveness:

- **Strategic Research** is used to identify the core message (called the "creative strategy") of a given advertisement or campaign which have the greatest potential in achieving the communication objective. Strategic research includes interviewing professionals with an expert understanding of the target audience (behavioral scientists, child development experts, counselors, treatment experts, etc.); qualitative research with target audiences (focus groups, in-depth interviews); quantitative research with target audiences (attitude and usage, segmentation studies, concept tests, etc.).

  Coming out of this phase is an agreed-upon "creative strategy." This creative strategy is the blueprint for creative development. It tells advertising agency creatives who the target is, what the objective of the advertising is, and what the message should convey. The finished advertising is an execution of the underlying strategy.

- **Communication Research – "Copy Testing"** is designed to assess the specific communication of each ad. Communication research is conducted at two points in the process. The first is *formative research* conducted qualitatively (focus groups, in-depth interviews) with rough concepts/storyboards. The objective is to obtain consumer learning before the expense of advertising production. The second is *quantitative research* conducted with the target. The evaluation is based on whether or not the finished message effectively communicates the intended strategic message to the intended target and whether or not there are any unintended negative consequences.

- **In-Market Evaluation** includes large-scale quantitative research that monitors among the target audiences awareness, attitudes, and behavior in the appropriate

geographic locations. The evaluation recognizes that changes in awareness, attitudes, and behavior do not occur at the same times.

c. How are advertisements evaluated for effectiveness? What criteria are used to evaluate value and successfulness?

Ultimately, advertisements are effective when they achieve the desired communication objective(s) – i.e., increasing perception of risk of marijuana among members of the target audience. Research-based advertisements, properly targeted and with effective creative strategies, should initially raise awareness, then influence attitudes and ultimately change behavior.

In the case of the NYADMC, the ultimate communications objectives are influencing attitudes about drugs, and changing behavior (preventing or reducing drug use). Data to evaluate these outcomes can be gathered from large, representative samples of the target audience. When attitudinal and behavioral changes are consistent with campaign strategies and concurrent with heavy, targeted exposure of the media campaign, correlative data can be used to draw conclusions about impact advertisements and campaigns on markets and target audiences.

Judging a value of a particular advertisement may include an evaluation of various creative strategies (i.e., ads that address the risks of drugs can be more impactful than ads that address positive alternatives to drugs, if the communications objective is increasing perception of risk). Additionally, judging the value of a particular advertising execution would surely include some assessment of the creative and production value of the message.

PDFA Recommendations on Reauthorization of the Media Campaign

(The Partnership shared its recommendations on media campaign reauthorization in detailed testimony before the House Subcommittee on Criminal Justice, Drug Policy and Human Resources on March 27, 2003. Many of these recommendations are reflected in H.R. 2086 sponsored by Congressman Souder and H.R. 2061 sponsored by Congressmen Portman and Cummings. For a copy of that testimony, please contact the Partnership's Public Affairs Group at (212) 973-3502.)

Conclusion

Mr. Chairman, we whole-heartedly support reauthorization of the NYADMC. We consider the campaign an essential component of the country's efforts to reduce demand for illegal drugs. With on-going improvements and well-defined authorizing language – as captured in H.R. 2086 sponsored by Congressman Souder and H.R. 2061 sponsored by Congressmen Portman and Cummings – we are confident that the NYADMC will deliver the type of results we can all be proud of.

Today, Mr. Chairman, I am pleased to report that ONDCP and the Partnership are in agreement on several key strategic issues relevant to the campaign.

The advertising industry, through the Partnership, remains dedicated to making this campaign work, and so too does the leadership and staff of our organization. Since taking over as our chairman in December, PDFA Chairman Roy Bostock has established regular communication with Director Walters to ensure that the ONDCP-PDFA working relationship is a strong, productive and mutually supportive one leading to an optimally effective media campaign. The Director has told Mr. Bostock repeatedly that he is committed to improving the relationship between the Partnership and ONDCP, and committed to making the media campaign effective. We share these commitments and we are dedicated to achieving these very objectives.

The NYADMC is not the sole solution to our drug problem. The process of changing social attitudes and behavior is often an incremental one. It requires patience and persistence because right behind this generation of kids – the one we're talking with today – is another generation of youngsters who will need to learn about the risks of marijuana and Ecstasy, methamphetamine and heroin, cocaine and crack, and whatever new drugs come our way. We, as a country, have a responsibility to offer these kids a solid education about drugs before they learn about these substances on their own.

With that, Mr. Chairman, let me say this: This campaign is needed. With changes already in place or underway, and a clear direction set by this committee's reauthorization, this campaign will have a greater impact. Each day in America, thousands of kids face choices about using drugs. Their choices are influenced by a variety of factors – parents, friends, siblings, peer group, pop culture and the media. That's where the NYADMC comes into play: Media-based education campaigns – when managed and executed properly – have been effective in influencing decision-making and behavior.

Mr. Chairman, we will not find a more efficient way of reaching millions of kids with consistent and creative messages about the dangers of illicit drugs than through media-based education campaigns like the NYADMC. The current appropriation for this program requires a fraction (about one to two percent) of the federal drug budget. As I

said earlier, it amounts to less than $8 per teen, per year in taxpayer dollars. It is a wise and honest investment that the vast majority of Americans support. And I believe, with the continued improvements and definitive reauthorizing language, the federal government's investment in the NYADMC will prove to be one of the best investments ever made in a federally-funded prevention program.

Partnership for a Drug-Free America®

Partnership for a Drug-Free America
405 Lexington Ave., Suite 1601
New York, NY 10174
Telephone: (212) 922-1560
Telefax: (212) 922-1570
On the Web www.drugfreeamerica.org

Interim ONDCP 2003 Preliminary Report:

Survey of Teens' Attitudes and Behaviors Toward Marijuana

May 2003

RoperASW Job Number: C205-009110

Prepared by RoperASW for the Partnership For a Drug-Free America/Office of National Drug-Control Policy

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I. Introduction & Methodology

A. Introduction

In the spring of 2003, RoperASW conducted the PATS Interim Teens Study for the Office of National Drug Control Policy and the Partnership for a Drug-Free America. The interviews for this study were conducted in schools (public, private and parochial), and the study itself was designed to be projectable to all students in the U.S. in grades 6[1] through 12. The purpose of this research is to monitor the behavior and attitudes of young people as they relate to drugs and to compare them to similar data collected in previous research conducted in the spring of 2002 for the Partnership for a Drug-Free America (the Partnership Attitude Tracking Study or "PATS").

Since 1993, RoperASW (or ASW, which conducted the studies prior to the RoperASW merger in 2001) has been conducting an annual tracking study among students for the Partnership for a Drug-Free America. These studies of young people were conducted in-school and were divided into two segments, determined by grade, for which the questionnaires were separately developed and administered: the youth study and the teen study. From 1993 through 1998, the youth study was projectable to all students in grades 4 through 6; the teen study was projectable to all students in grades 7 through 12. In 1999 for the first time, the interviews with 6th graders were split between the two segments – 6th graders in "elementary" schools were included in the youth study; 6th graders in non-elementary schools were included in the teen study, and projections were adjusted accordingly.[2]

In order to allow for detailed analyses by race, African-American and Hispanic areas were oversampled to obtain a sufficient number of interviews for reliability of estimates. This oversampling was then balanced by weighting to yield correct proportions in the final analysis.

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[1] Including 6th graders in middle schools only, not those in elementary schools (see definition below).

[2] For the purpose of this distinction among 6th graders, "elementary" schools were defined as all schools including 6th grade that had no children in grades higher than 6th (e.g., K-6, 4-6, etc.). "Other" schools were all schools including 6th grade that had any children in grades higher than 6th (e.g., 6-8, 6-12, K-8, K-12, etc.).

B. The Sample

Universe

The universe to be sampled for the study consisted of all non-elementary students in grade 6 plus all students in grades 7 through 12 in the contiguous 48 states of the U.S.

The School Sample

The sample of schools was drawn from all schools in the country -- public, private and parochial -- which included students in any of the seven grades being sampled -- i.e., 6th through 12th grade (see footnote 2 on the previous page-- the sixth grade portion of the sample was drawn only from sixth graders attending non-elementary schools).

The sample of 130 schools was drawn in three parts -- a national sample of 86 schools, a supplemental sample of 22 schools in heavily African-American areas, and a supplemental sample of 22 schools in heavily Hispanic areas. Schools were drawn in such a way that about half the schools in each category were drawn from middle schools/junior high schools and about half were drawn from high schools (schools which include both levels, such as K-12 schools and junior/senior high schools were also represented in proportion to their enrollment of students in grades 6 through 12).

The national sample was drawn in the following stages:

In the first stage, a sample of counties was selected to be included in the study. The selection was made on a systematic random basis, stratified geographically, with probability proportional to population.

In the second stage, each county was randomly assigned to either the middle school or the high school sample, such that equal numbers of counties within each sample (national, African-American, Hispanic) were assigned to each.

In the third stage, schools were drawn from among all those in each selected county, with the probability of selection for each school in the middle school sample proportional to the number of students enrolled in non-elementary grades 6, 7 and 8 in that school and the probability of

selection for each school in the high school sample proportional to the number of students enrolled in grades 9 through 12 in that school.

In the fourth stage, a sample of classes was drawn from each school. Each school selected for inclusion in the study submitted a list of all classes for the qualifying grades in that school. A systematic random sample of three of these classes was then drawn, separately for each school.

All students in these selected classes constituted the selected sample of students for the study.

The African-American sample was drawn similarly, but with the initial selection of counties being proportional to the African-American population in each county. Once a county was drawn, the school and classes were drawn identically to the above, with no further specific requirements by ethnicity.

The Hispanic sample was drawn in the same manner, with the initial counties being drawn with probability proportional to their Hispanic population.

C. Questionnaire Development

The questionnaire for this study was developed by RoperASW in cooperation with the Office of National Drug Control Policy and the Partnership for a Drug-Free America. It was based on the 2002-2003 PATS questionnaires, with an emphasis on the marijuana questions and with a modification designed to cover a new area of interest—measurement of exposure to specific ads being run in the recent anti-marijuana campaign.

D. Field Procedures

In-School Sample

Once the sample of classes was selected for a given school, a date was agreed upon for the administration of the questionnaires. This date was determined in consultation with the school, such that all selected classes would be available for interviewing. Parental consent letters were sent to the school for distribution to the students in those classes.

On the scheduled interviewing day, a RoperASW interviewer visited each class in turn to administer the questionnaires. All interviewing was conducted with the teacher present in the room. Once the interviewer had introduced the study and explained procedures, the students completed the questionnaires at their own pace.

Responses were confidential -- students did not put their names on their questionnaires. At the end of the interviewing period, all questionnaires were collected and put in a box, which was closed and labeled so as to identify the class and school.

Interviewers and teachers were instructed at no time to look at any student's work during the course of the administration of the study, so that each student could be assured of the confidentiality of his or her responses.

Interviews were to be conducted from March through June of 2003.

E. Data Processing

Before tabulation, data were weighted in order to accurately represent the universe under study.

The following elements were taken into account in the weighting process:

For the in-school sample:

- Grade
- Region
- Sex
- Ethnicity

Since school size was taken into account in the sampling process, the first step in the weighting was to weight the number of completed interviews for each school up to a constant.

The other demographics were balanced by separately weighting the interviews to match known universe counts for each demographic.

Based on an analysis of past waves of PATS data, we've looked at the impact of the design on the data (i.e., the clustering effect of schools, as well as the stratification of classes for selection within schools). This is

taken into account when performing significance testing, which we normally perform at the 95% confidence level.

F. The Interim Report

In order to allow the Office of National Drug Control Policy to see the results of this research at an early date, the current interim report was prepared for all those schools for which data had been successfully collected as of the beginning of May 2003. These data were to be shipped to New York for expeditious processing by early May.

Data for the schools so obtained, referred to as the Interim Sample, were weighted to national totals following the same procedures that have been applied each year to the Partnership for a Drug-Free America tracking data (and the same procedures that will ultimately be applied to the data from all schools participating in this study). In addition, in order to maintain consistency of locations for comparisons to be made with 2002, a special 2002 Interim Comparison Sample was made up from the data collected in the Partnership's 2002 PATS study, this special sample to consist only of the PATS 2002 schools in the same locations that were included in the 2003 Interim report. Thus, the 2002/2003 interim comparisons would be among schools in the same subsample of locations.

Like the 2003 Interim Sample, the 2002 Interim Comparison Sample was then weighted to national data following the same procedures that were described earlier.

The following Interim Sample report is based on 4,368 interviews conducted among 6th through 12th graders in 67 public and private schools in the contiguous United States. The Interim Sample interviews were conducted between March 17, 2003 and May 2, 2003.

A final report will be delivered upon completion of the interviewing process among the full sample of 130 schools. That full report will be available in summer 2003.

I. Executive Summary

Adolescents Are More Likely to Say They Have Learned a Lot about the Risk of Drugs from TV Commercials Than from Other Listed Sources, and This Has Risen Significantly Since Last Year

Overall, 41.2% of 6th-12th graders say that they have learned a lot about the risks of drugs from TV commercials, up 11.2 percentage points since 2002. Adolescents are much more likely to say they have learned "a lot" from TV commercials than from other sources of anti-drug messaging, such as the Internet (21.9%), school posters (20.2%), billboards (17.4%), print ads (16.9%), or posters on public transportation (14.4%).

Among the key target groups for the anti-marijuana campaign, teens ages 14-16 and those in grades 9-11, TV commercials are also the top source for learning about the risks of drugs.

More Adolescents Today Compared to a Year Ago Say They Regularly See or Hear Anti-Drug Messages

Anti-drug messages have not escaped the notice of most adolescents. More than half (53.8%) of 6th-12th graders say they see or hear anti-drug ads about the risks of drugs almost every day or more, up 7.2 percentage points over findings from a comparable sample of youth surveyed in 2002.

Among adolescents in the target sub-groups, teens ages 14-16 and those in grades 9-11, preliminary data suggest that more are seeing and hearing anti-drug messages on a regular basis.

Adolescents Are Not Blasé When It Comes to the Anti-Drug Ads--Many Feel Strongly That Anti-Drug Ads Inform Them About the Risks Associated with Using Drugs, Provide Them with New Information, and Make Them Less Likely to Use Drugs

Similar to findings from a comparable sample of adolescents surveyed in 2002, sizable pluralities of 6th-12th graders agree a lot that anti-drug commercials and ads have made them more aware of the risks of drug use (44.8%) or given them new information about drugs (43.9%). Moreover,

more than four in ten (41.5%) agree a lot that these messages have made them less likely to try or use drugs.

Consistent with preliminary findings among all adolescents surveyed to date, many teens in the two key subgroups feel that anti-drug ads have made them more aware of drug risks, given them new information on the topic, and reduced the likelihood that they will use drugs.

ONDCP's Anti-Marijuana Ads Have Succeeded in Reaching the Vast Majority of Adolescents

Nearly all 6th-12th graders surveyed to date (94.4%) say they have seen one or more of the Office of National Drug Control's marijuana negative consequences commercials. Moreover, nearly three in four (72.9%) say they have seen more than half of the anti-marijuana ads.

The younger adolescents (grades 6-8) cite more frequent exposure to just about all of the 8 ads.

More Adolescents Now Say They Don't Want to Hang Around Anyone Who Uses Marijuana Than Was the Case Last Year. This Is Particularly True of the Youngest Adolescents. In addition, There Are Indications That Many Other Attitudes Are Moving In the Direction Sought by ONDCP's Campaign

Preliminary data suggest that the only significant change has been in the proportions of 6th-12th graders, as well as in the three key subcategories—14-16, 9th-11th graders, and 6th-8th graders—who agree strongly that they do not want to hang out with anyone who uses marijuana, 36.9% of all kids in grades 6-12 compared to 30.2% in 2002.

However, while this is the only attitude that has changed significantly at this interim stage of the analysis, there are more subtle indicators that attitudes are moving in the directions sought by the ONDCP's media campaign.

More Teens Perceive Experimentation with Marijuana As Highly Risky

Nearly six in ten 6th-12th graders (58.6%) think regular use of marijuana involves a great deal of risk, unchanged since 2002. The proportion of adolescents who perceive experimentation with marijuana as risky,

however, has increased. According to preliminary data, more than one in five 6th-12th graders (21.3%) thinks that trying marijuana once or twice involves a great deal of risk, compared with 17.8% in 2002.

Roughly Two-Thirds of Adolescents Think that Someone Who Uses Marijuana Risks Addiction and Transition to Harder Drugs

Consistent with findings from 2002 research, most adolescents believe that there are serious life risks associated with marijuana use such as going on to harder drugs (67.2%) or getting hooked on marijuana (66.2%).

Perceptions of specific life risks associated with marijuana use among the target subgroups have generally not changed significantly since 2002. However, such perceptions are down among 6th-8th graders compared to 2002; nevertheless, this younger group is still well above average in associating great risk with marijuana use.

- *Among the youngest adolescents (i.e., the 6th-8th graders), the witnessed declines in the various risk categories explored in this research suggest the decline in the targeting of these kids together with the altered nature of the messages is possibly resulting in a softening of their perceptions of risk associated with marijuana use.*

Looking specifically at the risks highlighted in the ONDCP anti-marijuana ads, more than six in ten adolescents think that there is a great risk that someone who uses marijuana will expose themselves to more cancer causing tar than cigarette smoking. More than half of 6th-12th graders also believe that marijuana users put themselves at great risk of endangering themselves or others (59.2%), losing control of themselves (56%), impairing their judgement (53.6%), and putting themselves in sexual situations they might regret (53%).

Roughly One In Five Adolescents Say All or Most of Their Close Friends Use Marijuana, But There Are Indications That Such Usage Is Declining Among 9th-11th Graders

As in 2002, preliminary 2003 data indicate that about 20% of 6th-12th graders are exposed to marijuana through close friends who use the drug. About 23% of 6th-12th graders say all or most of their close friends usually get high at parties. Similar proportions say all or most of their close friends use marijuana either occasionally (19.6%) or regularly (18.3%).

Although the overall proportions of adolescents with friends who use marijuana occasionally or regularly have remained relatively unchanged since 2002, preliminary data suggest a significant decline in the proportion of 9th-11th graders who have close friends who use marijuana.

Preliminary Data Suggest It May Be Getting Harder For Adolescents to Get Marijuana

According to preliminary data, 42.7% of 6th-12th graders say it is very easy to obtain marijuana, compared to 51.2% in 2002. However, nearly half (48.7%) of 6th-12th graders have had someone try to sell or give them drugs, unchanged since 2002.

Preliminary Data Suggest Fewer Adolescents Are Using Marijuana

The proportion of teens who have used marijuana in the past 12 months is down compared to a year ago, 28% versus 32.2% in 2002. The indicated decline in past year's marijuana usage among 9th-11th graders is consistent with the finding (reported earlier) that these kids are less likely to report having close friends who use marijuana.

Adolescents Who Have Been Regularly Exposed to the ONDCP Anti-Marijuana Commercials Are Particularly Likely to Say They Have Learned A Lot About the Risk of Drugs from Television Commercials

More than half of adolescents in grades 6-12 who have often seen half or more (5+) of the ONDCP anti-marijuana commercials (53.2%) say that they have learned a lot about the risks of drugs from TV commercials. By comparison, only 26.3% of youth in these grades who have not received regular exposure to the anti-marijuana ads (i.e., did not see any of them often) say they have learned a lot about drug risks from TV commercials.

Adolescents Regularly Exposed to the ONDCP Anti-Marijuana Commercials Are Considerably More Likely Than Those Who Have Not Been Exposed to Perceive Regular Use of Marijuana As Risky

About six in ten (60.4%) adolescents who have regularly seen more than half of the ONDCP anti-marijuana commercials say there is a great risk involved in using marijuana regularly, compared with only about half

(51.2%) of youth who have not been regularly exposed to any of the commercials.

Adolescents who have received regular exposure to the ONDCP anti-marijuana commercials are more likely than others to say there are great life, emotional, and interpersonal risks involved with marijuana use. This holds true for the risks specifically addressed in the recent ONDCP campaign.

Adolescents Regularly Exposed to Most of the ONDCP's Anti-Marijuana Commercials Are Less Likely Than Others To Use Marijuana and Other Illicit Substances

About one-fourth (24.8%) of 6th-12th graders who have often seen at least half of the commercials in the ONDCP's anti-marijuana campaign say they used marijuana in the past year, compared with 31.9% of those who have not received regular exposure to any of the commercials in the campaign.

II. Exposure To Anti-Drug Information Sources and Advertisements

Adolescents Are More Likely to Say They Have Learned a Lot about the Risk of Drugs from TV Commercials Than from Other Listed Sources, and This Has Risen Significantly Since Last Year

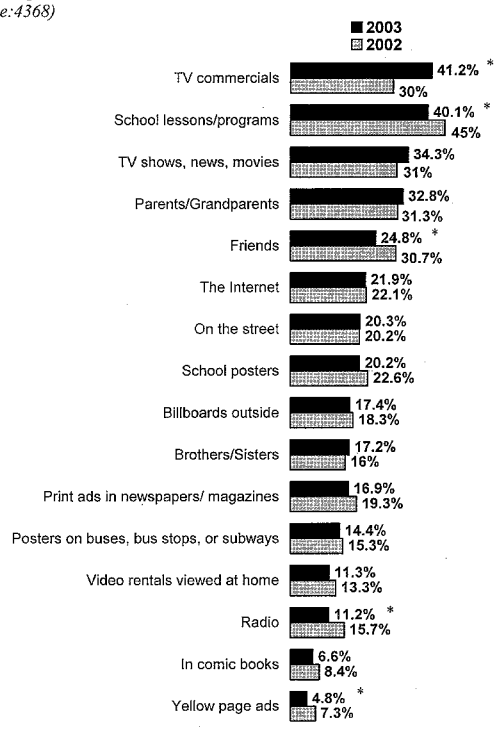
Overall, 41.2% of 6th-12th graders say that they have learned a lot about the risks of drugs from TV commercials, up 11.2 percentage points since 2002. Adolescents are much more likely to say they have learned "a lot" from TV commercials than from other sources of anti-drug messaging, such as the Internet (21.9%), school posters (20.2%), billboards (17.4%), print ads (16.9%), or posters on public transportation (14.4%).

Adolescents in grades 6-12 are as likely to say they have learned a lot from TV commercials (41.2%) as from school lessons and drug education programs (40.1%). They are more likely, however, to say that they have learned a lot about drug risks from TV commercials than from parents or grandparents (32.8%) and friends (24.8%). These findings are consistent with the fact that nearly three in ten adolescents in grades 6-12 (27.9%) say their parents or grandparents have not talked to them about drugs in the past year; one in five says that his parents or grandparents have only talked with him once about this issue in the past 12 months. Conversely, only 5% of the kids say they have not seen or heard anti-drug ads and nearly 9 in 10 (88.3%) have seen or heard them at least once a month.

Among the key target groups for the anti-marijuana campaign, teens ages 14-16 and those in grades 9-11, TV commercials are also the top source for learning about the risks of drugs. One-third or more of teen in the target subgroups, up significantly since 2002, say they have learned a lot about the risks of drugs from TV commercials. Middle schools youth in grades 6-8 (55.2%, up 15.3 percentage points since 2002), however, are even more likely than those in grades 9-11 to say they have learned a lot about drug risks from TV commercials.

Sources of Learning about the Risks of Drugs

% of teens who say they have learned a lot about the risks of drugs from the following
(Base:4368)



*- Significant difference at the 95% confidence level

Q23. "How much have you learned about the risks of drugs from each of the following?"

Sources of Learning about the Risks of Drugs

% of teens who say they have learned a lot about the risks of drugs from the following

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) %	2003 (1695) %	Pt. Diff	2002 (1339) %	2003 (1350) %	Pt. Diff.	2002 (2444) %	2003 (2526) %	Pt. Diff.
TV Commercials	28.7	37.8	9.1*	25.4	32.9	7.5*	40.0	55.2	15.3*
School lessons/programs	44.6	40.5	-4.1	43.8	37.7	-6.1	50.3	46.4	-3.9
TV shows, news, or movies	30.7	33.3	2.5	27.4	30.9	3.5	38.1	42.5	4.4
Parents/Grandparents	30.1	31.4	1.3	27.2	29.4	2.3	39.1	41.2	2.1
Friends	31.6	26.0	-5.7*	33.3	26.4	-6.9*	25.5	20.7	-4.9*
The Internet	21.1	21.4	0.4	20.9	18.3	-2.6	24.6	27.9	3.3
On the street	19.4	19.3	-0.2	19.8	18.7	-1.1	19.9	20.4	0.4
School posters	20.8	17.7	-3.1	19.1	15.2	-3.8	29.2	28.7	-0.5
Billboards outside	16.8	14.6	-2.2	15.6	13.1	-2.5	22.9	25.4	2.5
Brothers/Sisters	15.3	17.9	2.7	14.3	17.3	3.0	17.7	17.3	-0.4
Print ads in magazines/newspapers	17.5	17.0	-0.5	16.4	14.6	-1.8	24.4	21.8	-2.6
Posters on buses, bus stops, or subways	13.8	12.4	-1.4	13.5	10.9	-2.6	19.5	20.7	1.2
Video rentals viewed at home	12.0	9.5	-2.5	12.0	9.5	-2.6	16.1	14.4	-1.6
Radio	14.5	10.6	-3.9	13.8	9.5	-4.3	19.8	15.0	-4.7*
In comic books	7.4	5.4	-1.9	7.5	4.5	-3.0	7.4	4.3	-3.2
Yellow pages	6.5	3.6	-2.9*	7.5	3.2	-4.2*	8.0	7.1	-0.9

*- Significant difference at the 95% confidence level

Q23. "How much have you learned about the risks of drugs from each of the following?"

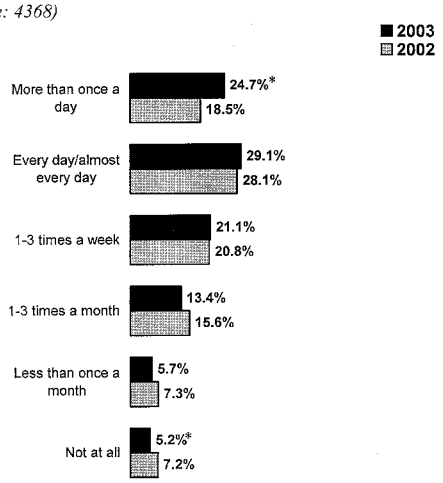
More Adolescents Today Compared to a Year Ago Say They Regularly See or Hear Anti-Drug Messages

Anti-drug messages have not escaped the notice of most adolescents. More than half (53.8%) of 6th-12th graders say they see or hear anti-drug ads about the risks of drugs almost every day or more, up 7.2 percentage points over findings from a comparable sample of youth surveyed in 2002. Nearly one-fourth of 6th-12th graders (24.7%) say they see or hear these ads more than once a day, compared with 18.5% in 2002. A slightly larger proportion (29.1%) sees or hears such ads every day or almost every day. Only about 5% of adolescents in these grades claim to have never seen or heard any anti-drug ads or commercials.

Among adolescents in the target sub-groups, teens ages 14-16 and those in grades 9-11, preliminary data suggest that more are seeing and hearing anti-drug messages on a regular basis. Compared with findings from similar 2002 research, more 14-16 year olds (53.6%, up 6.1 percentage points since 2002) and 9th-11th graders (51.9%, up 6.7 percentage points) today compared to a year ago say they see or hear commercials about the risks of drugs almost every day or more often. Also up compared to a year ago is the proportion of 6th-8th graders (57.6%, up 6.3 percentage points) who say they see or hear ads and commercials about the risks of drugs almost every day or more often.

Exposure to Anti-Drug Commercials and Ads

% of teens who say they see anti-drug ads and commercials (Base: 4368)



*- Significant difference at the 95% confidence level

Q20. "How frequently do you see or hear commercials or ads telling you about the risks of drugs?"

Exposure to Anti-Drug Commercials and Ads

% of teens who say they have seen or heard commercials or ads telling them about the risks of drugs

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) %	*2003 (1695) %*	*Pt. Diff*	*2002 (1339) %*	*2003 (1350) %*	*Pt. Diff.*	*2002 (2444) %*	*2003 (2526) %*	*Pt. Diff.*
Almost every day or more	**47.5**	**53.6**	***6.1***	**45.2**	**51.9**	***6.7****	**51.3**	**57.6**	***6.3****
More than once a day	19.4	24.1	*4.7*	16.0	21.5	*5.5*	23.1	30.2	*7.1**
Every day / almost every day	28.2	29.5	*1.3*	29.2	30.4	*1.2*	28.2	27.3	*-0.9*
1-3 times a week	23.4	22.1	*-1.4*	24.1	24.8	*0.6*	16.1	15.7	*-0.4*
Less than 1-3 times a week	**28.1**	**23.6**	***-4.5***	**28.9**	**22.6**	***-6.2****	**29.7**	**25.8**	***-3.9***
1-3 times a month	15.6	13.1	*-2.4*	15.7	13.3	*-2.3*	13.9	12.3	*-1.6*
Less than once a month	6.4	6.0	*-0.4*	6.3	5.7	*-0.6*	7.8	6.3	*-1.5*
Not at all	6.2	4.5	*-1.7*	6.9	3.6	*-3.3**	8.0	7.2	*-0.8*

*- Significant difference at the 95% confidence level

Q20. "How frequently do you see or hear commercials or ads telling you about the risks of drugs?"

Adolescents Are Not Blasé When It Comes to the Anti-Drug Ads--Many Feel Strongly That Anti-Drug Ads Inform Them About the Risks Associated with Using Drugs, Provide Them with New Information, and Make Them Less Likely to Use Drugs. However, a Substantial, Though Smaller, Proportion Also Feel that the Ads Exaggerate Marijuana's Dangers and Don't Portray Kids the Way They Really Are

Similar to findings from a comparable sample of adolescents surveyed in 2002, sizable pluralities of 6th-12th graders agree a lot that anti-drug commercials and ads have made them more aware of the risks of drug use (44.8%) or given them new information about drugs (43.9%). Moreover, more than four in ten (41.5%) agree a lot that these messages have made them less likely to try or use drugs.

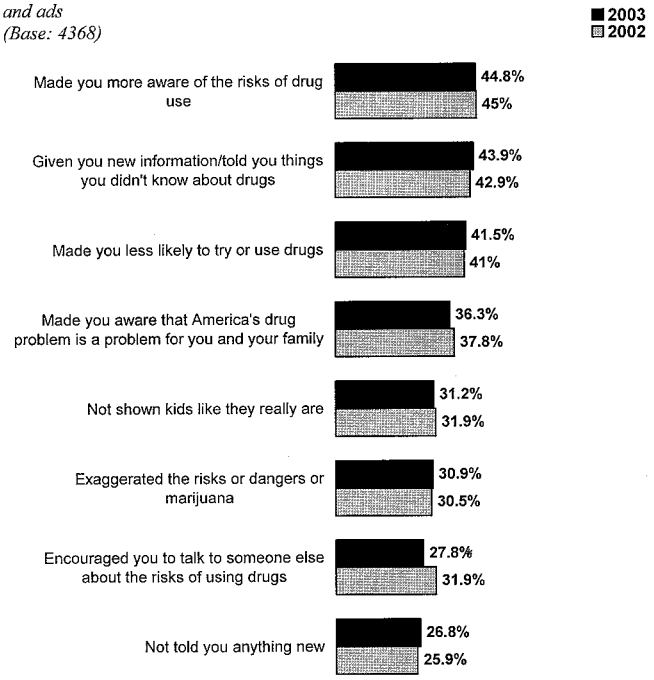
Despite the positive reactions of many teens to anti-drug commercials and ads, data suggest that there is still some margin for improvement. Notable proportions of adolescents agree a lot that anti-drug ads do not show kids the way they really are (31.2%). A similar proportion agrees a lot that such ads exaggerate the risks or dangers of marijuana use (30.9%). Preliminary data also indicate that the proportion of teens who feel encouraged by these ads to talk with someone about drug risks is down somewhat compared to a year ago (27.8%, compared with 31.9% in 2002).

Consistent with preliminary findings among all adolescents surveyed to date, many teens in the two key subgroups feel that anti-drug ads have made them more aware of drug risks, given them new information on the topic, and reduced the likelihood that they will use drugs. Roughly four in ten teens in the 14-16 age range (42.4%) and in the 9th-11th grades (38.6%) agree a lot that such ads have made them more aware of drug risks. Nearly as many teens in these target sub-groups (14-16: 43.2%; 9th-11th graders: 39.7%) agree strongly that these ads have told them something they didn't know about drugs. At least one-third or more of teens in both groups feel strongly that these ads have made them less likely to use drugs. However, similar to all adolescents surveyed, at least three in ten or more teens in these groups agree a lot that these ads do not accurately portray kids the way they really are and that they exaggerate the risks or dangers of marijuana.

Consistent with findings from 2002 research, 6th-8th graders are particularly likely to report being influenced by anti-drug commercials and ads. More than half of middle-school youth in these grades agree a lot that anti-drug messages have made them more aware of the risks of drugs (56.8) and have made them less likely to use drugs (55.8%). Nearly as many (53.4%) agree a lot that anti-drug messages have given them new information about this topic.

Perceptions of Anti-Drug Commercials and Ads

% of teens agree a lot with the following statements about anti-drug commercials and ads
(Base: 4368)



*- Significant difference at the 95% confidence level

Q21. "How much do you agree or disagree that these commercials or ads have:"

Perceptions of Anti-Drug Commercials and Ads

% of teens agree a lot with the following statements about anti-drug commercials and ads

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) %	*2003 (1695) %*	*Pt. Diff*	*2002 (1339) %*	*2003 (1350) %*	*Pt. Diff.*	*2002 (2444) %*	*2003 (2526) %*	*Pt. Diff.*
Made you aware of the risks of using drugs	42.2	42.4	*0.2*	38.9	38.6	*-0.3*	56.5	56.8	*0.3*
Given you new information/told you something you didn't know about drugs	42.3	43.2	*0.9*	37.2	39.7	*2.5*	54.1	53.4	*-0.7*
Made you less likely to try or use drugs	37.8	39.2	*1.4*	33.0	34.4	*1.4*	55.8	55.8	--
Made you aware that America's drug problem is a problem for you and your family	37.1	35.3	*-1.8*	33.1	32.9	*-0.1*	47.1	43.4	*-3.7*
Not shown kids like they really are	34.6	30.6	*-4.0*	33.5	32.0	*-1.5*	29.6	28.3	*-1.3*
Exaggerated the risks or dangers or marijuana	31.9	30.5	*-1.4*	33.1	33.0	*-0.1*	28.2	28.7	*0.6*
Encouraged you to talk to someone else about the risks of using drugs	29.6	26.5	*-3.1*	28.8	24.4	*-4.4*	38.9	34.8	*-4.0*
Not told you anything new	27.0	26.8	*-0.2*	27.6	27.7	--	24.6	23.5	*-1.1*

Q21. "How much do you agree or disagree that these commercials or ads have?"

ONDCP's Anti-Marijuana Ads Have Succeeded in Reaching the Vast Majority of Adolescents

Nearly all 6th-12th graders surveyed to date (94.4%) say they have seen one or more of the Office of National Drug Control's marijuana negative consequences commercials. Moreover, nearly three in four (72.9%) say they have seen more than half of the anti-marijuana ads.

Between 66.3% and 75% of adolescents in grades 6-12 say they have seen each of the listed anti-marijuana ads at least a few times in the past few months. One-third or more of kids and teens in these grades say they have seen each of the listed ads often.

Interestingly, in the series of ads there is no one ad that stands out as having been seen by more kids than other ads in the series. However, kids and teens are more likely to say they have often seen the ad for the effect of marijuana on reaction time (42.4%) and the ad highlighting the increased exposure to cancer causing tar from marijuana smoking compared to cigarette smoking (41.9%) in the past few months.

If anything, the younger adolescents (grades 6-8) cite more frequent exposure to just about all of the 8 ads (see table on page 24).

Exposure to Anti-Marijuana Ad Campaign

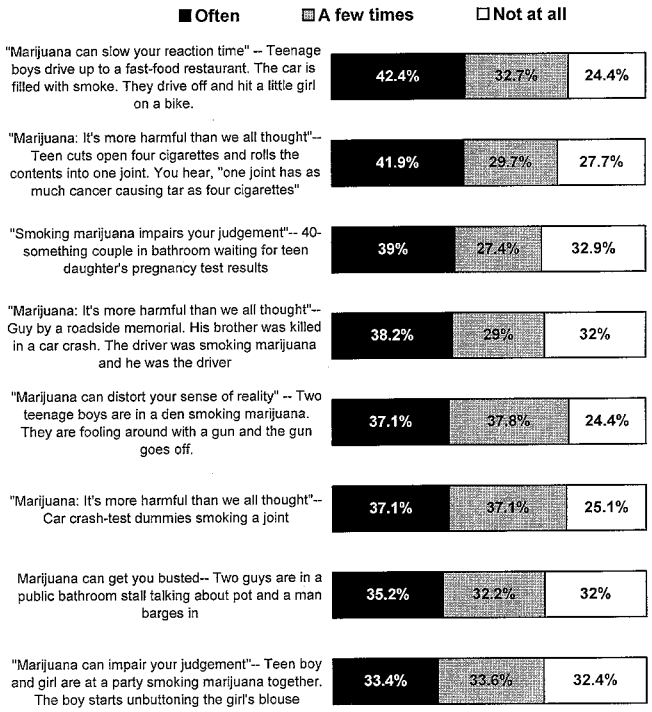
% of teens who have seen the following number of anti-marijuana ads

	Total (4368) %	*Teens 14-16* (1695) %	*Grades 9-11* (1350) %	*Grades 6-8* (2526) %
None	5.6	4.5	3.9	7.1
1 or more	**94.4**	**95.5**	**96.1**	**92.9**
1-2	6.3	6.0	6.4	5.7
3-4	15.2	15.5	16.3	14.4
5-6	27.4	28.1	28.0	25.1
7-8	45.5	46.0	45.4	47.5

Q22. "Below are short descriptions of anti-drug television commercials that may or may not have been shown in your area over the past few months. Please read each description and tell us whether you have seen the commercial often, a few times or not at all. How often have you seen the following ads in the past few months?"

Exposure to Anti-Marijuana Ad Campaign

% of teens who say they have seen the listed anti-marijuana commercials (Base: 4368)



Q22. "Below are short descriptions of anti-drug television commercials that may or may not have been shown in your area over the past few months. Please read each description and tell us whether you have seen the commercial often, a few times or not at all. How often have you seen the following ads in the past few months?"

Exposure to Anti-Marijuana Ad Campaign

% of teens who have seen the following anti-marijuana ads often

	Total (4368) %	Teens 14-16 (1695) %	Grades 9-11 (1350) %	Grades 6-8 (2526) %
"Marijuana can slow your reaction time"—Teenage boys drive up to a fast-food restaurant. The car is filled with smoke. They drive off and hit a little girl on a bike	42.4	42.3	43.0	43.8
"Marijuana: It's more harmful than we all thought"—Teen cuts open four cigarettes and rolls the contents into one joint. You hear, "one joint has as much cancer causing tar as four cigarettes	41.9	39.6	39.8	46.7
"Smoking marijuana impairs your judgement"– 40-something couple in bathroom waiting for teen daughter's pregnancy test results	39.0	37.4	36.9	41.4
"Marijuana" It's more harmful than we all thought"— Guy by a roadside memorial. His brother was killed in a car crash. The driver was smoking marijuana and he was the driver	38.2	37.6	35.9	44.3
"Marijuana" It's more harmful than we all thought"—Car crash test dummies smoking a joint	37.1	36.0	35.5	42.4
"Marijuana can distort your sense of reality"—Two teenage boys are in a den smoking marijuana. They are fooling around with a gun and the gun goes off	37.1	36.2	36.2	39.4
"Marijuana can get you busted"—Two guys are in a public bathroom stall talking about pot and a man barges in	35.2	35.2	34.1	38.7
"Marijuana can impair your judgement"—Teen boy and girl are at a party smoking marijuana together. The boy starts unbuttoning the girl's blouse	33.4	34.1	35.1	32.8

Q22. "Below are short descriptions of anti-drug television commercials that may or may not have been shown in your area over the past few months. Please read each description and tell us whether you have seen the commercial often, a few times or not at all. How often have you seen the following ads in the past few months

IV. Attitudes And Beliefs About Marijuana

More Adolescents Now Say They Don't Want to Hang Around Anyone Who Uses Marijuana Than Was the Case Last Year. This Is Particularly True of the Youngest Adolescents. In addition, There Are Indications That Many Other Attitudes Are Moving In the Direction Sought by ONDCP's Campaign

Young people's attitudes toward marijuana have not changed dramatically over the past year. Indeed preliminary data suggest that the only significant change has been in the proportions of 6th-12th graders, as well as in the three key subcategories—14-16, 9th-11th graders, and 6th-8th graders—who agree strongly that they do not want to hang out with anyone who uses marijuana, 36.9% of all kids in grades 6-12 compared to 30.2% in 2002.

However, while this is the only attitude that has changed significantly at this interim stage of the analysis, there are more subtle indicators that attitudes are moving in the directions sought by the ONDCP's media campaign. Specifically, among the two especially targeted segments (14-16, 9th-11th graders), whenever the indicated movement from 2002 to 2003 was two percentage points or more, in almost every instance the movement was in the desired direction:

Subtle Indicators of Attitude Change

Subcategory	Pt. Diff. in 2003 was +2pts or more	Number moved in desired direction
14-16	9 attitudes	8 of 9*
9th-11th graders	9 attitudes	8 of 9*

**- The only exception was the attitude relating to "terrorist attacks."*

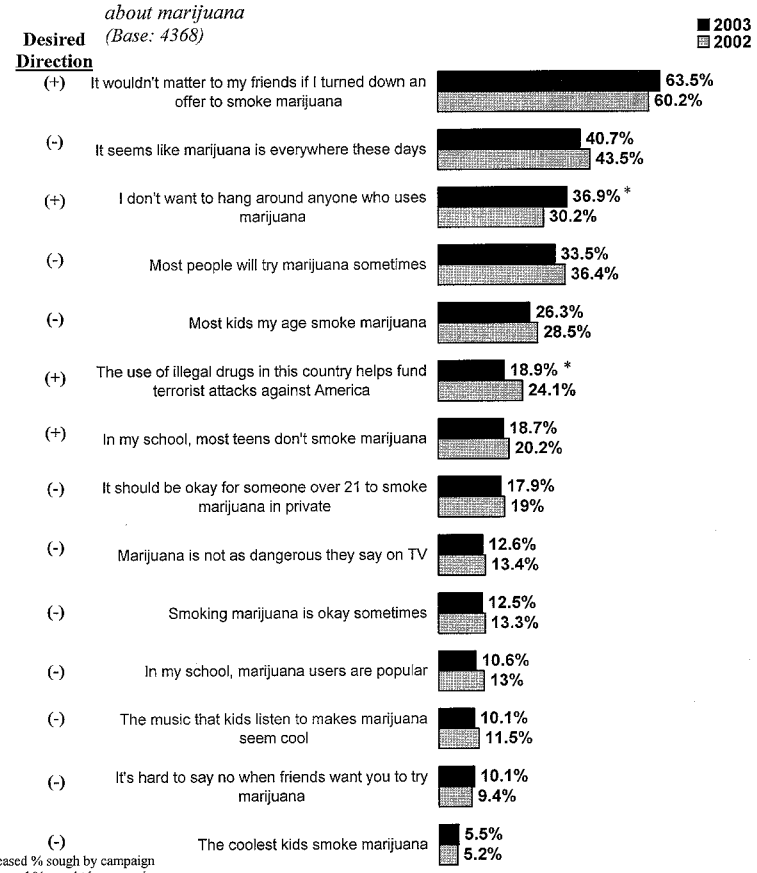
If these differences maintain themselves with the larger sample sizes that will result when all schools are ultimately surveyed, most of those differences are likely to become significant.

Sizable majorities of youth in the key target groups, teens age 14-16 and those in grades 9-11, continue to feel strongly that it wouldn't matter to their friends if they turned down an offer to smoke marijuana (67.4% and 68.3%, respectively). Data suggest, however, that middle-school age youth in grades 6-8 are less comfortable than older adolescents saying no to marijuana offers from friends. About 56% of 6th-8th graders agree strongly that their friends wouldn't mind if they turned down an offer to smoke marijuana. This is considerably less than the proportion of teens in grades 9-11 (68.3%) who feel confident that friends would not object if they said no to an offer of marijuana. Perhaps this is why 6th-8th graders (54.0%) are more likely than those in grades 9-11 (25.9%) to feel strongly about not hanging around with people who smoke marijuana.

Despite the lack of pressure, most high school youth feel to accept offers to smoke marijuana, many young people in grades 9-11 continue to perceive the drug as omnipresent. More than four in ten 14-16 year olds (43%) and teens in grades 9-11 (45.4%) feel strongly that marijuana is everywhere today. Furthermore, nearly as many youth this age continue to believe in the theory of inevitability that most people will try marijuana sometime (14-16: 35.2%; 9-11 graders: 38.6%).

Attitudes about Marijuana

% of teens who say they agree strongly with the following statements about marijuana
(Base: 4368)



+ = Increased % sough by campaign
- = Decreased % sought by campaign

*- Significant difference at the 95% confidence level

Q1. "Listed below are some statements about drugs like marijuana, cocaine and crack. Please "X" one answer for each statement to tell how much you agree or disagree with it"

Attitudes about Marijuana

% of teens who say they agree strongly with the following statements about marijuana

Direction Sought		Teens 14-16			Grades 9-11			Grades 6-8		
		2002 (1654) %	2003 (1695) %	Pt. Diff	2002 (1339) %	2003 (1350) %	Pt. Diff.	2002 (2444) %	2003 (2526) %	Pt. Diff.
(+)	It wouldn't matter to my friends if I turned down an offer to smoke marijuana	63.3	67.4	4.1	64.7	68.3	3.6	52.5	56.3	3.8
(-)	It seems like marijuana is everywhere these days	47.5	43.0	-4.5	49.7	45.4	-4.3	35.1	32.4	-2.7
(+)	I don't want to hang around anyone who uses marijuana	23.0	30.2	7.2*	18.2	25.9	7.8*	48.8	54.0	5.2*
(-)	Most people will try marijuana sometimes	40.0	35.2	-4.8	43.1	38.6	-4.6	26.1	25.1	-0.9
(-)	Most kids my age smoke marijuana	31.5	28.2	-3.3	38.0	34.8	-3.2	13.5	12.0	-1.5
(+)	The use of illegal drugs in this country helps fund terrorist attacks	23.4	19.2	-4.2	20.9	17.7	-3.2	29.2	22.0	-7.3*
(+)	In my school, most teens don't smoke marijuana	13.5	12.9	-0.5	10.0	8.2	-1.7	36.3	34.5	-1.8
(-)	It should be okay for someone over 21 to smoke marijuana in private	20.3	16.8	-3.4	23.7	21.1	-2.6	11.0	10.5	-0.5
(-)	Marijuana is not as dangerous as they say on TV	14.1	11.9	-2.2	16.1	14.8	-1.3	8.7	8.0	-0.7
(-)	Smoking marijuana is okay sometimes	14.2	12.1	-2.1	17.3	14.7	-2.6	7.0	6.7	-0.4
(-)	In my school, marijuana users are popular	13.4	11.6	-1.9	16.7	12.6	-4.1	8.0	7.5	-0.5
(-)	The music that kids listen to makes marijuana seem cool	11.5	10.0	-1.5	11.5	9.9	-1.7	12.4	11.3	-1.1
(-)	It's hard to say no when friends want you to try marijuana	8.6	9.2	0.6	7.8	8.4	0.6	12.9	13.6	0.6
(-)	The coolest kids smoke marijuana	4.8	5.3	0.5	5.6	5.3	-0.3	4.4	5.3	0.9

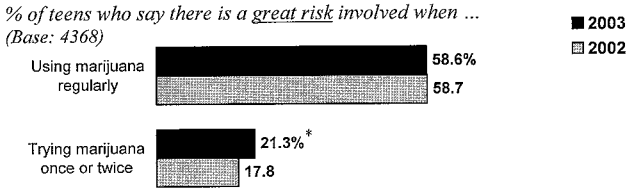
*- Significant difference at the 95% confidence level

Q1. "Listed below are some statements about drugs like marijuana, cocaine and crack. Please "X" one answer for each statement to tell how much you agree or disagree with it"

More Teens Perceive Experimentation with Marijuana As Highly Risky

Nearly six in ten 6th-12th graders (58.6%) think regular use of marijuana involves a great deal of risk, unchanged since 2002. The proportion of adolescents who perceive experimentation with marijuana as risky, however, has increased. According to preliminary data, more than one in five 6th-12th graders (21.3%) thinks that trying marijuana once or twice involves a great deal of risk, compared with 17.8% in 2002. Data also suggest a significant increase in the proportion of 14-16 year olds (20.7% vs. 15.7% in 2002) who think trying marijuana once or twice involves a great deal or risk.

Perceived Risk Associated with Regular and Experimental Use of Marijuana



Perceived Risk Associated with Regular and Experimental Use of Marijuana

% of teens who say there is a great risk involved when ...

	Teens 14-16			Grades 9-11			Grades 6-	
	2002 (1654) %	2003 (1695) %	Pt. Diff	2002 (1339) %	2003 (1350) %	Pt. Diff.	2002 (2444) %	2003 (2526) %
Using marijuana regularly	55.9	54.8	-1.1	51.6	52.5	0.9	70.7	68.9
Trying marijuana once or twice	15.7	20.7	5.0*	15.5	18.6	3.1	21.9	25.6

*- Significant difference at the 95% confidence level

Q.2 "How much overall risk is there in using marijuana?"

Roughly Two-Thirds of Adolescents Think that Someone Who Uses Marijuana Risks Addiction and Transition to Harder Drugs

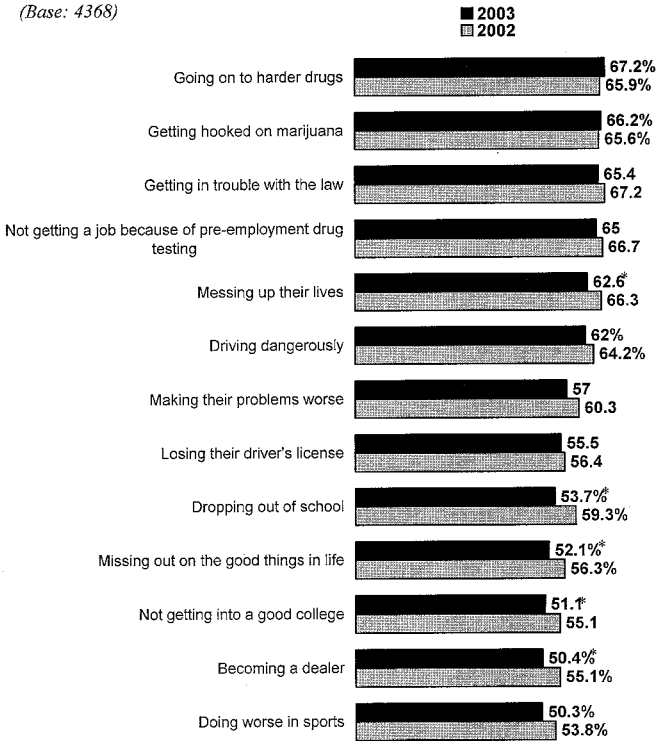
Consistent with findings from 2002 research, most adolescents believe that there are serious negative consequences associated with marijuana use. About two-thirds of 6th-12th graders think that someone who uses marijuana puts themselves at great risk of going on to harder drugs (67.2%) or getting hooked on marijuana (66.2%). Nearly as many think that those who use marijuana are at great risk of getting in trouble with the law (65.4%) or not getting jobs because of pre-employment drug testing (65%). More generally, roughly six in ten believe that marijuana users are at great risk of messing up their lives (62.6%) and making their problems worse (57%). While most of 6th-12th graders' perceptions of risks associated with marijuana use have not changed over the past year, preliminary data suggest significant declines in the proportions who perceive marijuana users are in great risk of messing up their lives, dropping out of school, missing out on the good things in life, and becoming a dealer.

More than six in ten 6th-12th graders (62%) think there is a great risk that someone who uses marijuana will drive dangerously. Although this risk factor has been highlighted in the Office of National Drug Control's anti-marijuana campaign, the proportion of adolescents who perceive dangerous driving as a possible consequence of marijuana use has not changed significantly over the past year. Similarly, the proportion of youth who believe that marijuana users risk losing their driver's licenses is also relatively unchanged (55.5% vs. 56.4% in 2002) compared to a year ago.

More than six in ten adolescents think that there is a great risk that someone who uses marijuana will expose themselves to more cancer causing tar than cigarette smoking. Although trend data is not available on this item, this is one of the consequences of marijuana use highlighted in the anti-marijuana commercials. More than half of 6th-12th graders also believe that marijuana users put themselves at great risk of endangering themselves or others (59.2%), losing control of themselves (56%), impairing their judgement (53.6%), and putting themselves in sexual situations they might regret (53%)--all themes touched upon in one or more of the ONDCP's anti-marijuana commercials.

Perceived Life Risks Associated with Marijuana Use

% of teens who say there is a great risk that following things will happen to someone who uses marijuana
(Base: 4368)



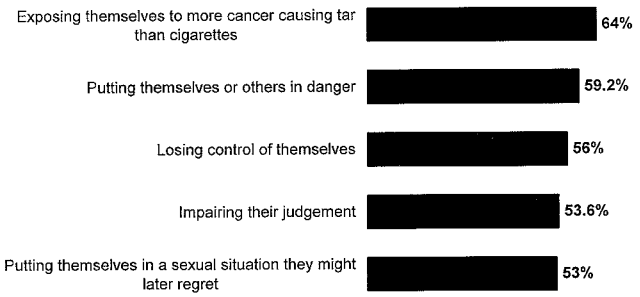
**- Significant difference at the 95% confidence level*

Q.3 "Ho w much risk is there that each of the following would happen to someone who uses marijuana?

Perceived Life Risks Associated with Marijuana Use (Con't.)

% of teens who say there is a great risk that following things will happen to someone who uses marijuana
(Base: 4368)

Only Included On 2003 Survey



Q.3 "Ho w much risk is there that each of the following would happen to someone who uses marijuana?

Perceptions of Specific Life Risks Associated with Marijuana Use among the Target Subgroups Have Not Changed Significantly Since 2002. However, Such Perceptions Are Down Among 6th-8th Graders Compared to 2002; Nevertheless, This Younger Group Is Still Well Above Average In Seeing Great Risk in These Things Happening To Someone Who Uses Marijuana

As with 6th-12th graders overall, majorities of youth in the target subgroups, teens ages 14-16 and those in grades 9-11, believe that marijuana users put themselves at great risk of going on to harder drugs, getting hooked on marijuana, and getting into trouble with the law, as well as messing up their lives in general. Preliminary data suggest that perceptions of risks associated with marijuana use have not changed significantly since 2002 among the target subgroups.

Rather, changes in perceptions of risk **among middle-school** youth are responsible for depressing perceptions of negative consequences associated with marijuana use among the full sample of 6th-12th graders. Down significantly since 2002 are the proportions of 6th-8th graders who think that marijuana users are at great risk of getting in trouble with the law (74.8% in 2003 vs. 79.7% in 2002) and messing up their lives (74.8% vs. 81.1%). With respect to the academic consequences of marijuana use, fewer middle school kids today compared to a year ago believe that marijuana users risk dropping out of school (68% vs. 74.3% in 2002), not getting into a good college (62.4% vs. 69%), and doing worse at school or sports (53.1% vs. 60.2%). However, despite these declines, 6th-8th graders remain significantly more likely than 9th-11th graders to believe that marijuana use could potentially result in these and other negative consequences, including the dangers introduced for the first time in 2003. Furthermore, 6th-8th graders are notably more inclined than 9th-11th graders to say that marijuana users are at great risk of exposing themselves to the all of the negative consequences highlighted in the ONDCP's anti-marijuana ads.

Perceived Life Risks Associated with Marijuana Use

% of teens who say there is a great risk that following things will happen to someone who uses marijuana

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) %	2003 (1695) %	Pt. Diff.	2002 (1339) %	2003 (1350) %	Pt. Diff.	2002 (2444) %	2003 (2526) %	Pt. Diff.
Going on to harder drugs	64.7	66.0	1.3	60.8	64.4	3.7	75.2	74.6	-0.6
Getting hooked on marijuana	62.8	65.6	2.8	57.2	61.5	4.3	79.0	76.9	-2.1
Getting into trouble with the law	66.2	63.8	-2.4	60.2	61.1	1.0	79.7	74.8	-4.9*
Not getting a job because of pre-employment drug testing	66.0	64.9	-1.2	62.8	62.2	-0.6	73.2	71.1	-2.1
Messing up their lives	65.3	62.1	-3.2	57.8	57.5	-0.3	81.1	74.8	-6.3*
Driving dangerously	63.3	60.9	-2.4	56.4	55.7	-0.8	78.0	73.8	-4.2*
Making their problems worse	58.9	55.3	-3.6	54.3	51.4	-2.9	69.9	66.4	-3.4
Losing their driver's license	55.2	56.6	1.4	50.5	51.3	0.9	65.7	63.0	-2.7
Dropping out of school	57.4	52.4	-5.1	50.7	47.3	-3.4	74.3	68.0	-6.3*
Missing out on the good things in life	55.3	51.1	-4.3	49.5	47.8	-1.7	67.5	61.3	-6.2*
Not getting into a good college	54.3	50.4	-3.9	47.7	46.3	-1.4	69.0	62.4	-6.7*
Becoming a dealer	53.8	48.2	-5.6	48.0	43.2	-4.7	67.0	63.1	-3.9
Doing worse at school or sports	55.3	51.2	-4.1	51.0	49.2	-1.7	60.2	53.1	-7.1*
Only Included On 2003 Survey									
Exposing themselves to more cancer causing tar than cigarette smoke	--	61.9	--	--	59.3	--	--	74.5	--
Putting themselves or others in danger	--	57.6	--	--	52.7	--	--	71.5	--
Losing control of themselves	--	54.2	--	--	49.4	--	--	68.7	--
Impairing their judgement	--	54.0	--	--	49.9	--	--	59.0	--
Putting themselves in a sexual situation they might later regret	--	52.3	--	--	48.5	--	--	62.6	--

*- Significant difference at the 95% confidence level

Q.3 "How much risk is there that each of the following would happen to someone who uses marijuana?

Fewer Adolescents Today Compared to a Year Ago Believe There Are Serious Interpersonal and Emotional Risks Associated with Marijuana Use

Although majorities of 6th-12th graders continue to say that marijuana users are at great risk of upsetting their parents (64.3%) and losing the respect of friends and family (57%), the proportion who say marijuana users risk losing the respect of friends and family is down significantly (5.5 percentage points) compared to a year ago. Preliminary data also suggest declines in the proportions of youth who perceive marijuana users as being at great risk of letting people down (42.8% vs. 48.3% in 2002), losing friends (42.4% vs. 47.9%), and not being able to get a boyfriend or girlfriend (24.5% vs. 31%). In addition, down since 2002 are the proportions of adolescents who believe that marijuana users put themselves at great risk of becoming losers and being lonely.

In addition to being less likely to perceive marijuana as have potentially negative effects on users' relationships, adolescents are also less likely today than they were a year ago to believe that marijuana use adversely affects users emotional state. Today, 42.7 6th-12th graders think marijuana users are at great risk of getting depressed, compared with 47.1% in 2002.

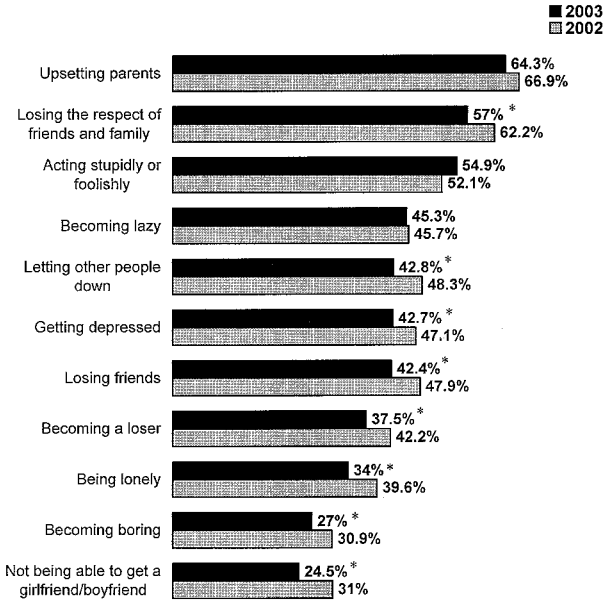
Among 14-16 year olds there has been a considerable decline since 2002 in the proportion who think that marijuana use could adversely affect users' relationships with others. Down are the proportions who say that users put themselves at great risk of losing the respect of family and friends, letting others down, and losing friends as a result of using marijuana. Furthermore, fewer teens this age now compared to a year ago association marijuana use with the risk of becoming a loser, being lonely, becoming boring, or not being able to get a boyfriend or girlfriend. Perceptions of the potentially negative consequences of marijuana use on users' relationships have changed less dramatically among teens in grades 9-11. However, there have been significant declines since 2002 in the proportions of 9th-11th graders who think marijuana puts users at great risk of being lonely or not being able to get a boyfriend or girlfriend.

There has also been a shift in middle-school kids' perceptions of the social and emotional risks associated with marijuana use. Since 2002, there have been significant declines in the proportions of 6th-8th graders who believe marijuana users put themselves at great risk of upsetting parents, losing the respect of family and friends, or letting people down. With respect to potential emotional consequences of marijuana use, fewer middle-school kids compared to a year ago think marijuana use puts users at great risk for depression or boredom.

Among the youngest adolescents (i.e., the 6th-8th graders), the witnessed declines in the various risk categories cited here and previously suggest the decline in the targeting of these kids together with the altered nature of the messages is resulting in a softening of their perceptions of risk.

Perceived Emotional and Interpersonal Risks Associated with Marijuana Use

% of teens who say there is a great risk that following things will happen to someone who uses marijuana
(Base: 4368)



*- Significant difference at the 95% confidence level

Q.3 "How much risk is there that each of the following would happen to someone who uses marijuana?

Perceived Interpersonal and Emotional Risks Associated with Marijuana Use

% of teens who say there is a great risk that following things will happen to someone who uses marijuana

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) %	*2003 (1695) %*	*Pt. Diff*	*2002 (1339) %*	*2003 (1350) %*	*Pt. Diff.*	*2002 (2444) %*	*2003 (2526) %*	*Pt. Diff.*
Upsetting parents	66.5	64.8	*-1.7*	63.7	62.6	*-1.1*	72.1	67.5	*-4.7**
Losing the respect of friends and family	61.5	55.1	*-6.1**	55.3	52.1	*-3.2*	72.7	66.0	*-6.7**
Acting stupidly or foolishly	52.5	53.4	*0.9*	49.5	51.6	*2.1*	55.8	59.1	*3.3*
Becoming lazy	45.7	45.1	*-0.6*	45.2	43.7	*-1.5*	46.2	45.7	*-0.5*
Letting other people down	47.4	40.7	*-6.7**	43.5	38.5	*-5.0*	55.6	49.8	*-5.8**
Getting depressed	45.7	43.7	*-2.0*	42.2	40.8	*-1.4*	53.6	48.7	*-4.9**
Losing friends	45.3	39.0	*-6.2**	39.9	35.3	*-4.6*	60.4	54.2	*-6.2**
Becoming a loser	42.1	35.8	*-6.3**	40.2	34.8	*-5.3*	45.0	40.6	*-4.4*
Being lonely	38.3	31.0	*-7.3**	34.9	28.2	*-6.7**	46.7	42.8	*-3.8*
Becoming boring	30.3	27.0	*-3.2*	27.8	25.9	*-1.9*	35.9	29.1	*-6.7**
Not being able to get a girlfriend/boyfriend	27.3	20.9	*-6.4**	25.5	18.4	*-7.2**	39.4	33.0	*-6.3**

*- Significant difference at the 95% confidence level

Q.3 "Ho w much risk is there that each of the following would happen to someone who uses marijuana?

V. Marijuana and Other Drug Usage Habits

Roughly One In Five Adolescents Say All or Most of Their Close Friends Use Marijuana. There Are Indications That Such Usage Is Declining Among 9th-11th Graders

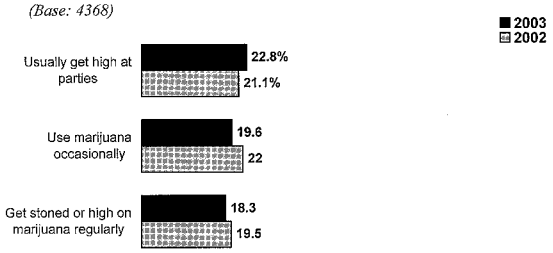
As in 2002, preliminary 2003 data indicate that about 20% of 6th-12th graders are exposed to marijuana through close friends who use the drug. About 23% of 6th-12th graders say all or most of their close friends usually get high at parties. Similar proportions say all or most of their close friends use marijuana either occasionally (19.6%) or regularly (18.3%).

Although the overall proportions of adolescents with friends who use marijuana occasionally or regularly have remained relatively unchanged since 2002, preliminary data suggest a significant decline in the proportion of 9th-11th graders who have close friends who use marijuana. Today 24% of teens in these grades say all or most of their friends smoke marijuana occasionally, compared with 29.9% in 2002. There has also been a similar directional shift in the proportion of teens in these grades who say all or most of their close friends use marijuana regularly, 22.8% down from 27% in 2002.

Despite the aforementioned declines, adolescents in grades 9-11 remain more than twice as likely as youth in grades 6-8 to have friends who regularly or occasionally use marijuana.

Exposure to Drugs through Friends

% of teens who say all/most of their close friends do the following
(Base: 4368)



Exposure to Drugs through Friends

% of teens who say all/most of their close friends do the following

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) %	*2003 (1695) %*	*Pt. Diff*	*2002 (1339) %*	*2003 (1350) %*	*Pt. Diff.*	*2002 (2444) %*	*2003 (2526) %*	*Pt. Diff.*
Usually get high at parties	20.3	22.2	*2.0*	27.7	29.4	*1.7*	10.8	12.2	*1.4*
Use marijuana occasionally	23.1	19.6	*-3.6*	29.9	24.0	*-5.9**	10.4	11.1	*0.7*
Get stoned or high on marijuana regularly	20.0	16.7	*-3.3*	27.0	22.8	*-4.1*	9.6	10.0	*0.4*

**- Significant difference at the 95% confidence level*

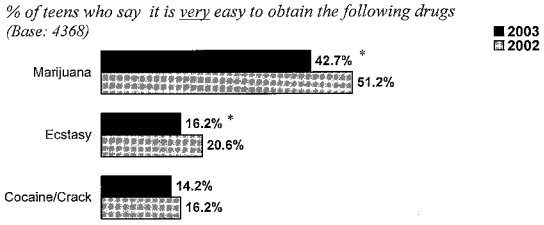
Q. 4 How many of your close friends, if any, do each of the following...as far as you know?

Preliminary Data Suggest It May Be Getting Harder For Adolescents to Get Marijuana

According to preliminary data, 42.7% of 6th-12th graders say it is very easy to obtain marijuana, compared with 51.2% in 2002. In addition, there have been marked double-digit declines in the proportions of teens ages 14-16 and those in grades 9-11 who consider marijuana very easy to obtain. Preliminary data also suggest declines in the proportions of teens in these ages and grades who say ecstasy is very easy to obtain.

Perceptions of How Easy It Is To Obtain Various Drugs

% of teens who say it is very easy to obtain the following drugs (Base: 4368)



Exposure to Drugs through Friends

% of teens who say it is very easy to obtain the following drugs

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) %	*2003 (1695) %*	*Pt. Diff*	*2002 (1339) %*	*2003 (1350) %*	*Pt. Diff.*	*2002 (2444) %*	*2003 (2526) %*	*Pt. Diff.*
Marijuana	58.6	45.8	*-12.8**	65.8	52.8	*-13.0**	26.7	22.3	*-4.4**
Ecstasy	21.7	16.7	*-5.0**	23.3	18.2	*-5.2*	14.0	11.3	*2.7*
Cocaine/Crack	15.5	13.3	*-2.1*	17.8	15.4	*-2.3*	11.8	11.2	*-0.7*

*- Significant difference at the 95% confidence level

Q.5 "How difficult or easy do you think it would be for you to get each of the following?"

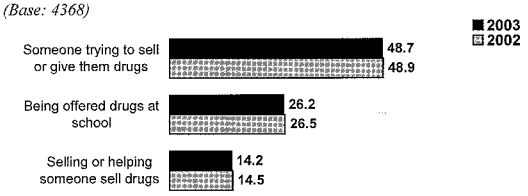
Nearly Half of Adolescents Have Been Offered Drugs

Similar to 2002 data, nearly half (48.7%) of 6th-12th graders have had someone try to sell or give them drugs. More than one-fourth (26.2%) of adolescents in these grades have been offered drugs at school. About 14% have sold or helped someone else sell drugs.

Teens in grades 9-11 are considerably more likely than middle-school youth in grades 6-8 to have been offered drugs or to have helped sell them.

Experience Being Offered or Helping to Sell Drugs

% of teens who say they have experienced the following
(Base: 4368)



Past Year's Illicit Substance Use among Teens

% of teens who say they have experienced the following

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) %	2003 (1695) %	Pt. Diff	2002 (1339) %	2003 (1350) %	Pt. Diff.	2002 (2444) %	2003 (2526) %	Pt. Diff.
Someone trying to sell or give them drugs	54.6	52.9	-1.8	60.1	59.6	-0.5	29.4	30.7	1.3
Being offered drugs at school	30.0	30.0	0.1	35.3	36.1	0.8	11.8	13.9	2.1
Selling or helping someone sell drugs	14.0	13.4	-0.6	19.5	18.5	-1.0	6.0	5.9	-0.1

Q.16 "Has anyone ever tried to sell or give you drugs?" /Q.17 "Have you ever been offered drugs at school?" /Q18 "Have you ever sold or helped someone else sell drugs

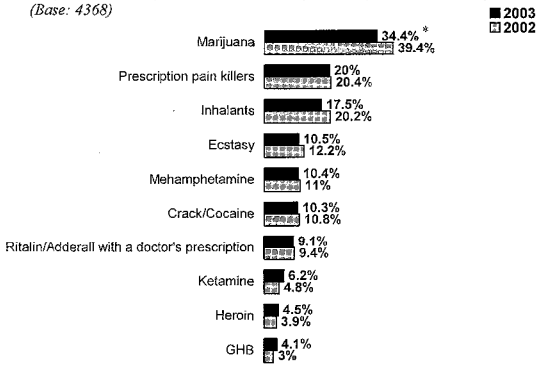
Preliminary Data Suggest Fewer Adolescents Are Experimenting with or Using Marijuana

According to preliminary data, more than one-third (34.4%) of 6th-12th graders say they have tried marijuana at least once in their lifetime, compared with 39.4% in 2002. Moreover, among 6th-12th graders marijuana is the only drug for which lifetime usage is trending down. Despite encouraging declines in marijuana use among 6th-12th graders, marijuana remains the most widely used drug by kids and teens in these grades.

Consistent with overall data for 6th-12th graders, there have been significant declines in the proportions of both 14-16 year olds (36.1%, down 6.7 percentage points) and 9th-11th graders (42.2% down 8.5 percentage points) who say they have tried marijuana at least once in their lifetime. The data, however, suggest no change since 2002 in the proportion of 6th-8th graders who have tried marijuana at least once (18.6% vs. 18.3% in 2002).

Lifetime Illicit Drug Usage among Teens

% of teens who say they have tried the following drugs in their lifetime (Base: 4368)



Lifetime Illicit Drug Usage among Teens

% of teens who say they have tried the following drugs at least once in their lifetime

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) %	*2003 (1695) %*	*Pt. Diff*	*2002 (1339) %*	*2003 (1350) %*	*Pt. Diff.*	*2002 (2444) %*	*2003 (2526) %*	*Pt. Diff.*
Marijuana	42.8	36.1	*-6.7**	50.7	42.2	*-8.5**	18.3	18.6	*0.3*
Prescription pain killers	20.9	21.4	*0.5*	25.4	24.9	*-0.5*	11.1	12.6	*1.5*
Inhalants	19.4	16.4	*-3.0*	19.5	15.3	*-4.2*	22.4	20.8	*-1.5*
Ecstasy	11.1	8.9	*-2.3*	15.2	11.1	*-4.1*	6.9	5.8	*-1.1*
Methanphetamine	10.5	8.8	*-1.7*	14.6	10.5	*-4.1*	5.8	7.1	*1.3*
Crack/Cocaine	9.9	8.2	*-1.8*	13.2	10.8	*-2.4*	6.5	6.4	*-0.1*
Ritalin/Adderall without a doctors prescription	8.9	9.0	*0.2*	11.5	10.6	*-0.9*	5.9	6.1	*0.2*
Ketamine	4.1	4.6	*0.5*	6.5	7.0	*0.5*	2.7	3.4	*0.7*
Heroin	3.7	4.3	*0.6*	4.1	4.0	*-0.1*	3.3	4.1	*0.8*
GHB	3.0	3.1	*0.1*	3.7	3.9	*0.2*	2.1	3.1	*1.0*

*- Significant difference at the 95% confidence level

Q.6 "In your lifetime how many times, if any, have you done each of the following?"

Preliminary Data Suggest Marijuana and Alcohol Use Among Teens Is Trending Down

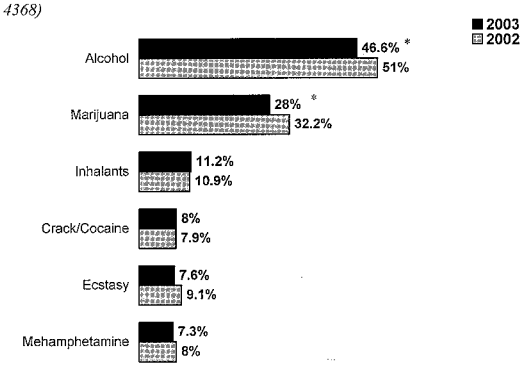
Although marijuana and alcohol remain the substances that adolescents are most likely to have used at least once in the past year, preliminary data suggest that regular usage of these substances is trending down among 6th-12th graders. The proportion of teens who have used marijuana in the past 12 months is down compared to a year ago, 28% versus 32.2% in 2002. Similarly, in 2002 51% of 6th-12th graders said they had tried alcohol at least once in the past 12 months. Today, that proportions has dropped to 46.6%. Among teens in grades 9-11 there was a significant 6.6 percentage point drop in past year's usage of marijuana, from 42.6% in 2002 to 36% in 2003.

The indicated decline in past year's marijuana usage among 9th-11th graders is consistent with the finding (reported earlier) that these kids are less likely to report having close friends who use marijuana.

Past year's usage of inhalants, cocaine, ecstasy, and methamphetamine among 6th-12th graders have not changed significantly since 2002.

Past Year's Illicit Substance Use among Teens

% of teens who say they have tried the following drugs in the past year
(Base: 4368)



Past Year's Illicit Substance Use among Teens

% of teens who say they have tried the following drugs in the past year

	Teens 14-16			Grades 9-11			Grades 6-8		
	2002 (1654) (%)	2003 (1695) (%)	Pt. Diff	2002 (1339) %	2003 (1350) %	Pt. Diff.	2002 (2444) %	2003 (2526) %	Pt. Diff.
Alcohol	55.7	50.3	-5.4	60.4	55.0	-5.4	32.7	30.5	-2.3
Marijuana	35.6	30.7	-4.9	42.6	36.0	-6.6*	15.4	14.5	-0.9
Inhalants	10.9	10.8	-0.1	9.3	8.6	-0.7	14.6	14.9	0.4
Crack/Cocaine	6.7	6.4	-0.3	9.4	8.1	-1.3	5.4	4.9	-0.5
Ecstasy	8.7	6.7	-2.0	10.9	8.6	-2.2	5.3	4.0	-1.3
Methanphetamine	7.9	6.3	-1.6	10.5	7.1	-3.4	4.3	4.8	0.5

*- Significant difference at the 95% confidence level

Q.7-14 "How many times have you used ____ in the past 12 months?"

VI. Impact of Exposure To Anti-Marijuana Ad Campaign On Teens' Marijuana Attitudes and Behaviors

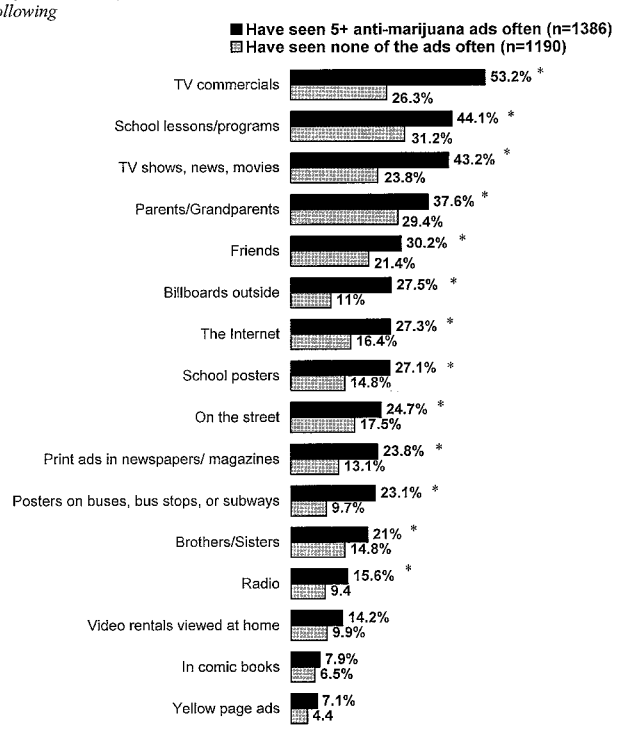
Adolescents Who Have Been Regularly Exposed to the ONDCP Anti-Marijuana Commercials Are Particularly Likely to Say They Have Learned A Lot About the Risk of Drugs from Television Commercials

More than half of adolescents in grades 6-12 who have often seen half or more (5+) of the ONDCP anti-marijuana commercials (53.2%) say that they have learned a lot about the risks of drugs from TV commercials. By comparison, only 26.3% of youth in these grades who have not received regular exposure to the anti-marijuana ads (i.e., did not see any of them often) say they have learned a lot about drug risks from TV commercials.

Similar to adolescents in general, youth exposed to the anti-marijuana ads are considerably more likely to say that they learn a lot from TV commercials than from the other listed sources, including school, parents, and friends.

Sources of Learning about the Risks of Drugs

% of teens who say they have learned a lot about the risks of drugs from the following



*- Significant difference at the 95% confidence level

Q23. "How much have you learned about the risks of drugs from each of the following?"

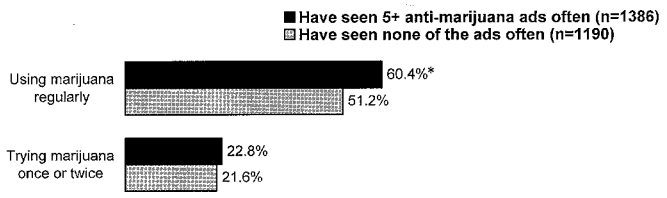
Adolescents Regularly Exposed to the ONDCP Anti-Marijuana Commercials Are Considerably More Likely Than Those Who Have Not Been Exposed to Perceive Regular Use of Marijuana As Risky

About six in ten (60.4%) adolescents who have regularly seen more than half of the ONDCP anti-marijuana commercials say there is a great risk involved in using marijuana regularly, compared with only about half (51.2%) of youth who have not been regularly exposed to any of the commercials.

Perceptions of the risks associated with experimental use of marijuana, however, do not differ across the two subgroups.

Perceived Risk Associated with Regular and Experimental Use of Marijuana

% of teens who say there is a great risk involved when ...



*- Significant difference at the 95% confidence level

Q.2 "How much overall risk is there in using marijuana?"

Adolescents Who Have Received Regular Exposure to the Anti-Marijuana Commercials Are More Likely To Say There Are Great Life, Emotional, and Interpersonal Risks Involved with Marijuana Use. This Holds True for the Risks Specifically Addressed in the Recent ONDCP Campaign

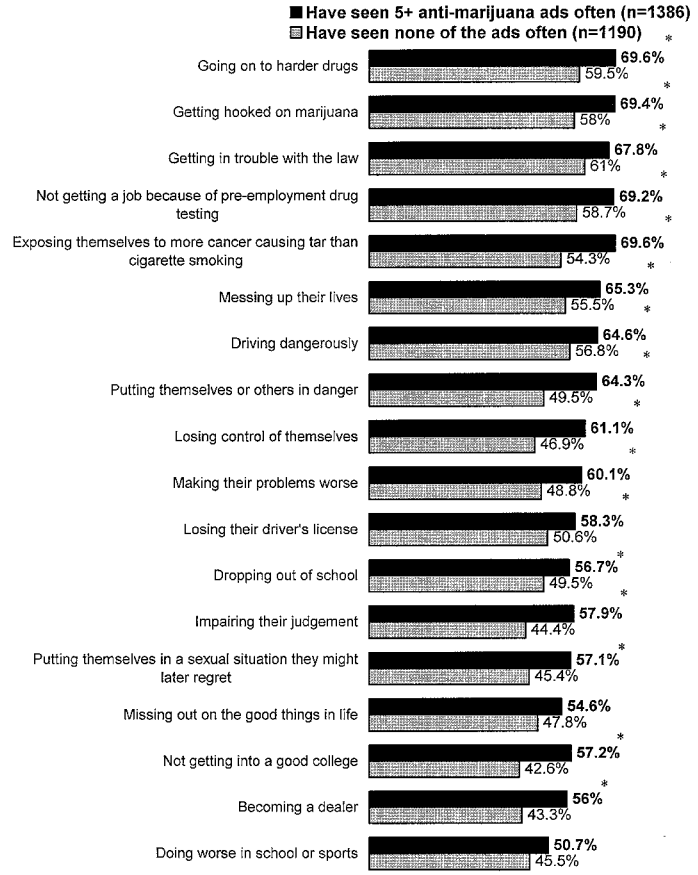
Adolescents who have seen more than half of the ONDCP anti-marijuana commercials are considerably more likely than those who have not been regularly exposed to any of them to think that those who use marijuana put themselves at risk of going on to harder drugs (69.6% vs. 59.5%, respectively), or getting hooked on marijuana (69.4% vs. 58%).

Indeed, youth who have been regularly exposed to most of the ONDCP's anti-marijuana commercials are markedly more likely than those who have not to say that marijuana users put themselves at great risk for encountering 16 of the 18 listed life risk factors. Similarly, youth regularly exposed to most of the ads are more likely than those who have not seen any of the ads often to say that marijuana users risk negative emotional and interpersonal consequences. Youth who have often seen most of the ONDCP commercials are especially likely to say that marijuana users put themselves at great risk of upsetting parents and losing the respect of family and friends.

Not surprisingly, there is a strong correlation between regular exposure to most of the anti-marijuana ads and heightened perceptions of risk associated with marijuana use that **have been specifically highlighted in the ONDCP's campaign**. Youth who have regularly seen more than half of the commercials in the campaign are considerably more likely than those who have not received regular exposure to any of the ads to say that marijuana puts users at great risk of driving dangerously (64.6% vs. 56.8%), impairing their judgement (57.9% vs. 44.4%), and putting themselves in regrettable sexual situations (57.1% vs. 45.4%).

Teens Exposed to the Anti-Marijuana Ads Are More Likely To Be Aware of the Life Risks Associated with Marijuana Use

% of teens who say there is a great risk that following things will happen to someone who uses marijuana

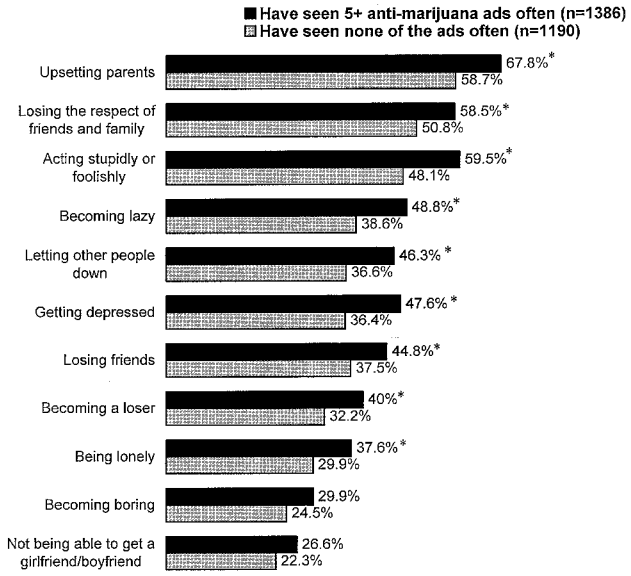


*- Significant difference at the 95% confidence level

Q.3 "How much risk is there that each of the following would happen to someone who uses marijuana

Teens Exposed to the Anti-Marijuana Ads Are More Likely To Be Aware of the Interpersonal and Emotional Risks Associated with Marijuana Use

% of teens who say there is a great risk that following things will happen to someone who uses marijuana



*- Significant difference at the 95% confidence level

Q.3 "How much risk is there that each of the following would happen to someone who uses marijuana?

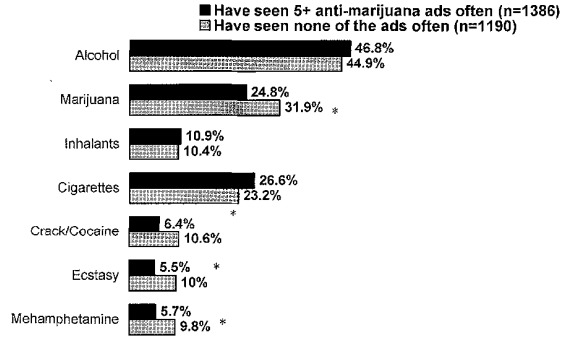
Adolescents Regularly Exposed to Most of the ONDCP's Anti-Marijuana Commercials Are Less Likely Than Others To Use Marijuana and Other Illicit Substances

About one-fourth (24.8%) of 6th-12th graders who have often seen at least half of the commercials in the ONDCP's anti-marijuana campaign say they used marijuana in the past year, compared with 31.9% of those who have not received regular exposured to any of the commercials in the campaign. Similarly, youth regularly exposed to most of the ONDCP's ads are also less likely than those who have not received regular exposure to have used marijuana in the past month (15% vs. 23.6%, respectively).

Youth regularly exposed to the ONDCP ads are also less likely than others to have used other drugs such as cocaine, ecstasy, and methamphetamine in the past year. Interestingly, however, those who have regularly seen most of the ONDCP commercials are just as likely as other youth to be involved with alcohol, cigarettes, and inhalants. Thus, the correlation seems to hold up for the "hard" drugs.

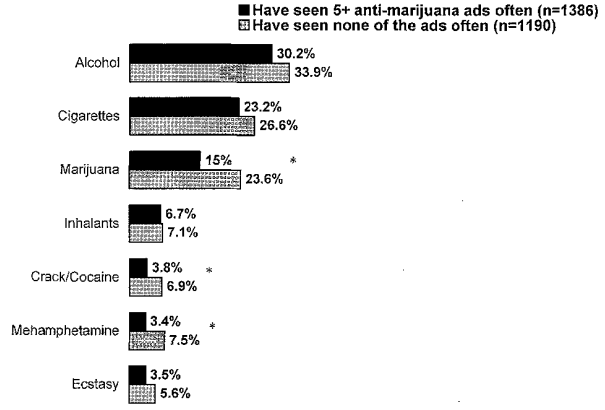
Past Year's Illicit Substance Use among Teens

% of teens who say they have tried the following drugs in the past year



Past Month's Illicit Substance Use among Teens

% of teens who say they have tried the following drugs in the past 30 days



*- Significant difference at the 95% confidence level

Q.7-14 "How many times have you used ____ in the past 30 days/12 months?"