of title I of Pub. L. 100–690, see Tables for classification] (as so designated by this section).''

### § 1502a. Transferred

CODIFICATION

Section, Pub. L. 100–690, title I, § 1003A, as added Pub. L. 101–510, div. A, title X, § 1011, Nov. 5, 1990, 104 Stat. 1633, and amended, which related to the Counter-Drug Technology Assessment Center, was renumbered section 1008 of Pub. L. 100–690 by Pub. L. 103–322, title IX, § 90204(c)(2), (3), Sept. 13, 1994, 108 Stat. 1994, and transferred to former section 1505 of this title.

### §§ 1503 to 1505. Repealed. Pub. L. 100–690, title I, § 1009, Nov. 18, 1988, 102 Stat. 4188, as amended by Pub. L. 105–20, § 2(b), June 27, 1997, 111 Stat. 234

Section 1503, Pub. L. 100–690, title I, § 1004, Nov. 18, 1988, 102 Stat. 4184, related to coordination between Office of National Drug Control Policy and executive branch departments and agencies. See section 1704 of this title.

Section 1504, Pub. L. 100–690, title I, § 1005, Nov. 18, 1988, 102 Stat. 4185; Pub. L. 103–322, title IX, § 90203, Sept. 13, 1994, 108 Stat. 1991; Pub. L. 105–20, § 2(b), June 27, 1997, 111 Stat. 234, related to annual development and submission of National Drug Control Strategy by President to Congress. See section 1705 of this title.

Section 1505, Pub. L. 100–690, title I, § 1008, formerly § 1003A, as added Pub. L. 101–510, div. A, title X, § 1011, Nov. 5, 1990, 104 Stat. 1633; renumbered § 1008 and amended Pub. L. 103–322, title IX, § 90204(a), (b), (c)(2), (3), Sept. 13, 1994, 108 Stat. 1993, 1994, established Counter-Drug Technology Assessment Center within Office of National Drug Control Policy. See section 1707 of this title.

A prior section 1505, Pub. L. 100–690, title I, § 1008, Nov. 18, 1988, 102 Stat. 4188, provided for an executive reorganization study and report to Congress and the President no later than Jan. 15, 1990, prior to repeal by Pub. L. 103–322, § 90204(c)(1).

EFFECTIVE DATE OF REPEAL

Repeal effective Sept. 30, 1997, see section 1009 of Pub. L. 100–690, as amended, which was formerly classified to section 1506 of this title.

### § 1505a. Annual report on development and deployment of narcotics detection technologies

#### (a) Report requirement

Not later than December 1st of each year, the Director of the Office of National Drug Control Policy shall submit to Congress and the President a report on the development and deployment of narcotics detection technologies by Federal agencies. Each such report shall be prepared in consultation with the Secretary of Defense, the Secretary of State, the Secretary of Homeland Security, and the Secretary of the Treasury.

#### (b) Matters to be included

Each report under subsection (a) of this section shall include—

(1) a description of each project implemented by a Federal agency relating to the development or deployment of narcotics detection technology;

(2) the agency responsible for each project described in paragraph (1);

(3) the amount of funds obligated or expended to carry out each project described in paragraph (1) during the fiscal year in which the report is submitted or during any fiscal year preceding the fiscal year in which the report is submitted;

(4) the amount of funds estimated to be obligated or expended for each project described in paragraph (1) during any fiscal year after the fiscal year in which the report is submitted to Congress; and

(5) a detailed timeline for implementation of each project described in paragraph (1).

(Pub. L. 105–85, div. A, title X, § 1034, Nov. 18, 1997, 111 Stat. 1884; Pub. L. 107–296, title XVII, § 1704(e)(10), Nov. 25, 2002, 116 Stat. 2315.)

CODIFICATION

Section was enacted as part of the National Defense Authorization Act for Fiscal Year 1998, and not as part of the National Narcotics Leadership Act of 1988 which comprises this chapter.

AMENDMENTS

2002—Subsec. (a). Pub. L. 107–296 substituted ''of Homeland Security'' for ''of Transportation''.

EFFECTIVE DATE OF 2002 AMENDMENT

Amendment by Pub. L. 107–296 effective on the date of transfer of the Coast Guard to the Department of Homeland Security, see section 1704(g) of Pub. L. 107–296, set out as a note under section 101 of Title 10, Armed Forces.

### §§ 1506 to 1508. Repealed. Pub. L. 100–690, title I, § 1009, Nov. 18, 1988, 102 Stat. 4188, as amended by Pub. L. 105–20, § 2(b), June 27, 1997, 111 Stat. 234

Section 1506, Pub. L. 100–690, title I, § 1009, Nov. 18, 1988, 102 Stat. 4188; Pub. L. 103–322, title IX, § 90208(a), Sept. 13, 1994, 108 Stat. 1995; Pub. L. 105–20, § 2(b), June 27, 1997, 111 Stat. 234, repealed this subchapter, and the amendments made by this subchapter, except for section 1007, effective Sept. 30, 1997.

Section 1507, Pub. L. 100–690, title I, § 1010, Nov. 18, 1988, 102 Stat. 4188; Pub. L. 105–20, § 2(b), June 27, 1997, 111 Stat. 234, defined terms for purposes of this subchapter. See section 1701 of this title.

Section 1508, Pub. L. 100–690, title I, § 1011, Nov. 18, 1988, 102 Stat. 4189; Pub. L. 103–322, title IX, § 90206, Sept. 13, 1994, 108 Stat. 1995; Pub. L. 105–20, § 2(b), June 27, 1997, 111 Stat. 234, authorized appropriations to carry out this subchapter. See section 1711 of this title.

EFFECTIVE DATE OF REPEAL

Repeal effective Sept. 30, 1997, see section 1009 of Pub. L. 100–690, as amended, which was formerly classified to section 1506 of this title.

### § 1509. Repealed. Pub. L. 109–469, title XI, § 1101(b), Dec. 29, 2006, 120 Stat. 3539

Section, Pub. L. 100–690, title VI, § 6073, Nov. 18, 1988, 102 Stat. 4323; Pub. L. 101–647, title XX, § 2001(b), Nov. 29, 1990, 104 Stat. 4854; Pub. L. 102–393, title VI, § 638(c), Oct. 6, 1992, 106 Stat. 1788; Pub. L. 103–322, title IX, § 90205(a), (d), Sept. 13, 1994, 108 Stat. 1994, 1995; Pub. L. 105–277, div. C, title VII, § 712, Oct. 21, 1998, 112 Stat. 2681–692, related to establishment of Special Forfeiture Fund.

## SUBCHAPTER II—DRUG-FREE COMMUNITIES

### § 1521. Findings

Congress finds the following:

(1) Substance abuse among youth has more than doubled in the 5-year period preceding 1996, with substantial increases in the use of

marijuana, inhalants, cocaine, methamphetamine, LSD, and heroin.

(2) The most dramatic increases in substance abuse has occurred among 13- and 14-year-olds.

(3) Casual or periodic substance abuse by youth today will contribute to hard core or chronic substance abuse by the next generation of adults.

(4) Substance abuse is at the core of other problems, such as rising violent teenage and violent gang crime, increasing health care costs, HIV infections, teenage pregnancy, high school dropouts, and lower economic productivity.

(5) Increases in substance abuse among youth are due in large part to an erosion of understanding by youth of the high risks associated with substance abuse, and to the softening of peer norms against use.

(6)(A) Substance abuse is a preventable behavior and a treatable disease; and

(B)(i) during the 13-year period beginning with 1979, monthly use of illegal drugs among youth 12 to 17 years of age declined by over 70 percent; and

(ii) data suggests that if parents would simply talk to their children regularly about the dangers of substance abuse, use among youth could be expected to decline by as much as 30 percent.

(7) Community anti-drug coalitions throughout the United States are successfully developing and implementing comprehensive, long-term strategies to reduce substance abuse among youth on a sustained basis.

(8) Intergovernmental cooperation and coordination through national, State, and local or tribal leadership and partnerships are critical to facilitate the reduction of substance abuse among youth in communities throughout the United States.

(Pub. L. 100–690, title I, § 1021, as added Pub. L. 105–20, § 2(a)(2), June 27, 1997, 111 Stat. 224.)

FIVE-YEAR EXTENSION OF DRUG-FREE COMMUNITIES SUPPORT PROGRAM

Pub. L. 107–82, § 1(a), Dec. 14, 2001, 115 Stat. 814, provided that: ''Congress makes the following findings:

''(1) In the next 15 years, the youth population in the United States will grow by 21 percent, adding 6,500,000 youth to the population of the United States. Even if drug use rates remain constant, there will be a huge surge in drug-related problems, such as academic failure, drug-related violence, and HIV incidence, simply due to this population increase.

''(2) According to the 1994–1996 National Household Survey, 60 percent of students age 12 to 17 who frequently cut classes and who reported delinquent behavior in the past 6 months used marijuana 52 days or more in the previous year.

''(3) The 2000 Washington Kids Count survey conducted by the University of Washington reported that students whose peers have little or no involvement with drinking and drugs have higher math and reading scores than students whose peers had low level drinking or drug use.

''(4) Substance abuse prevention works. In 1999, only 10 percent of teens saw marijuana users as popular, compared to 17 percent in 1998 and 19 percent in 1997. The rate of past-month use of any drug among 12- to 17-year-olds declined 26 percent between 1997 and 1999. Marijuana use for sixth through eighth graders is at the lowest point in 5 years, as is use of cocaine, inhalants, and hallucinogens.

''(5) Community Anti-Drug Coalitions throughout the United States are successfully developing and implementing comprehensive, long-term strategies to reduce substance abuse among youth on a sustained basis. For example:

''(A) The Boston Coalition brought college and university presidents together to create the Cooperative Agreement on Underage Drinking. This agreement represents the first coordinated effort of Boston's many institutions of higher education to address issues such as binge drinking, underage drinking, and changing the norms surrounding alcohol abuse that exist on college and university campuses.

''(B) In 2000, the Coalition for a Drug-Free Greater Cincinnati surveyed more than 47,000 local students in grades 7 through 12. The results provided evidence that the Coalition's initiatives are working. For the first time in a decade, teen drug use in Greater Cincinnati appears to be leveling off. The data collected from the survey has served as a tool to strengthen relationships between schools and communities, as well as facilitate the growth of anti-drug coalitions in communities where such coalitions had not existed.

''(C) The Miami Coalition used a three-part strategy to decrease the percentage of high school seniors who reported using marijuana at least once during the most recent 30-day period. The development of a media strategy, the creation of a network of prevention agencies, and discussions with high school students about the dangers of marijuana all contributed to a decrease in the percentage of seniors who reported using marijuana from over 22 percent in 1995 to 9 percent in 1997. The Miami Coalition was able to achieve these results while national rates of marijuana use were increasing.

''(D) The Nashville Prevention Partnership worked with elementary and middle school children in an attempt to influence them toward positive life goals and discourage them from using substances. The Partnership targeted an area in East Nashville and created after school programs, mentoring opportunities, attendance initiatives, and safe passages to and from school. Attendance and test scores increased as a result of the program.

''(E) At a youth-led town meeting sponsored by the Bering Strait Community Partnership in Nome, Alaska, youth identified a need for a safe, substance-free space. With help from a variety of community partners, the Partnership staff and youth members created the Java Hut, a substance-free coffeehouse designed for youth. The Java Hut is helping to change norms in the community by providing a fun, youth-friendly atmosphere and activities that are not centered around alcohol or marijuana.

''(F) Portland's Regional Drug Initiative (RDI) has promoted the establishment of drug-free workplaces among the city's large and small employers. Over 3,000 employers have attended an RDI training session, and of those, 92 percent have instituted drug-free workplace policies. As a result, there has been a 5.5 percent decrease in positive workplace drug tests.

''(G) San Antonio Fighting Back worked to increase the age at which youth first used illegal substances. Research suggests that the later the age of first use, the lower the risk that a young person will become a regular substance abuser. As a result, the age of first illegal drug use increased from 9.4 years in 1992 to 13.5 years in 1997.

''(H) In 1990, multiple data sources confirmed a trend of increased alcohol use by teenagers in the Troy community. Using its 'multiple strategies over multiple sectors' approach, the Troy Coalition worked with parents, physicians, students, coaches, and others to address this problem from several angles. As a result, the rate of twelfth grade students who had consumed alcohol in the past month de-

creased from 62.1 percent to 53.3 percent between 1991 and 1998, and the rate of eighth grade students decreased from 26.3 percent to 17.4 percent. The Troy Coalition believes that this decline represents not only a change in behavior on the part of students, but also a change in the norms of the community.

''(6) Despite these successes, drug use continues to be a serious problem facing communities across the United States. For example:

''(A) According to the Pulse Check: Trends in Drug Abuse Mid-Year 2000 report—

''(i) crack and powder cocaine remains the most serious drug problem;

''(ii) marijuana remains the most widely available illicit drug, and its potency is on the rise;

''(iii) treatment sources report an increase in admissions with marijuana as the primary drug of abuse—and adolescents outnumber other age groups entering treatment for marijuana;

''(iv) 80 percent of Pulse Check sources reported increased availability of club drugs, with ecstasy (MDMA) and ketamine the most widely cited club drugs and seven sources reporting that powder cocaine is being used as a club drug by young adults;

''(v) ecstasy abuse and trafficking is expanding, no longer confined to the 'rave' scene;

''(vi) the sale and use of club drugs has grown from nightclubs and raves to high schools, the streets, neighborhoods, open venues, and younger ages;

''(vii) ecstasy users often are unknowingly purchasing adulterated tablets or some other substance sold as MDMA; and

''(viii) along with reports of increased heroin snorting as a route of administration for initiates, there is also an increase in injecting initiates and the negative health consequences associated with injection (for example, increases in HIV/AIDS and Hepatitis C) suggesting that there is a generational forgetting of the dangers of injection of the drug.

''(B) The 2000 Parent's Resource Institute for Drug Education study reported that 23.6 percent of children in the sixth through twelfth grades used illicit drugs in the past year. The same study found that monthly usage among this group was 15.3 percent.

''(C) According to the 2000 Monitoring the Future study, the use of ecstasy among eighth graders increased from 1.7 percent in 1999 to 3.1 percent in 2000, among tenth graders from 4.4 percent to 5.4 percent, and from 5.6 percent to 8.2 percent among twelfth graders.

''(D) A 1999 Mellman Group study found that—

''(i) 56 percent of the population in the United States believed that drug use was increasing in 1999;

''(ii) 92 percent of the population viewed illegal drug use as a serious problem in the United States; and

''(iii) 73 percent of the population viewed illegal drug use as a serious problem in their communities.

''(7) According to the 2001 report of the National Center on Addiction and Substance Abuse at Columbia University entitled 'Shoveling Up: The Impact of Substance Abuse on State Budgets', using the most conservative assumption, in 1998 States spent $77,900,000,000 to shovel up the wreckage of substance abuse, only $3,000,000,000 to prevent and treat the problem and $433,000,000 for alcohol and tobacco regulation and compliance. This $77,900,000,000 burden was distributed as follows:

''(A) $30,700,000,000 in the justice system (77 percent of justice spending).

''(B) $16,500,000,000 in education costs (10 percent of education spending).

''(C) $15,200,000,000 in health costs (25 percent of health spending).

''(D) $7,700,000,000 in child and family assistance (32 percent of child and family assistance spending).

''(E) $5,900,000,000 in mental health and developmental disabilities (31 percent of mental health spending).

''(F) $1,500,000,000 in public safety (26 percent of public safety spending) and $400,000,000 for the state workforce.

''(8) Intergovernmental cooperation and coordination through national, State, and local or tribal leadership and partnerships are critical to facilitate the reduction of substance abuse among youth in communities across the United States.

''(9) Substance abuse is perceived as a much greater problem nationally than at the community level. According to a 2001 study sponsored by The Pew Charitable Trusts, between 1994 and 2000—

''(A) there was a 43 percent increase in the percentage of Americans who felt progress was being made in the war on drugs at the community level;

''(B) only 9 percent of Americans say drug abuse is a 'crisis' in their neighborhood, compared to 27 percent who say this about the nation; and

''(C) the percentage of those who felt we lost ground in the war on drugs on a community level fell by more than a quarter, from 51 percent in 1994 to 37 percent in 2000.''

AUTHORIZATION FOR NATIONAL COMMUNITY ANTIDRUG COALITION INSTITUTE

Pub. L. 107–82, § 4, Dec. 14, 2001, 115 Stat. 821, as amended by Pub. L. 109–469, title VIII, § 805, Dec. 29, 2006, 120 Stat. 3535, provided that:

''(a) IN GENERAL.—The Director of the Office of National Drug Control Policy shall, using amounts authorized to be appropriated by subsection (d), make a directed grant to Community Anti-Drug Coalitions of America to provide for the continuation of the National Community Anti-drug Coalition Institute.

''(b) USE OF GRANT AMOUNT.—The organization receiving the grant under subsection (a) shall establish a National Community Antidrug Coalition Institute to—

''(1) provide education, training, and technical assistance for coalition leaders and community teams, with emphasis on the development of coalitions serving economically disadvantaged areas;

''(2) develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes; and

''(3) bridge the gap between research and practice by translating knowledge from research into practical information.

''(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for purposes of activities under this section, including the grant under subsection (a), amounts as follows:

''(1) For each of fiscal years 2002 and 2003, $2,000,000.

''(2) For each of fiscal years 2004 and 2005, $1,000,000.

''(3) For each of fiscal years 2006 and 2007, $750,000.

''(4) For each of the fiscal years 2008 through 2012, $2,000,000.''

PROHIBITION AGAINST DUPLICATION OF EFFORT

Pub. L. 107–82, § 5, Dec. 14, 2001, 115 Stat. 821, provided that: ''The Director of the Office of National Drug Control Policy shall ensure that the same or similar activities are not carried out, through the use of funds for administrative costs provided under subchapter II [probably means chapter 2] of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1521 et seq.) or funds provided under section 4 of this Act [set out as a note above], by more than one recipient of such funds.''

## § 1522. Purposes

The purposes of this subchapter are—

(1) to reduce substance abuse among youth in communities throughout the United States,