EFFECTIVENESS OF THE NATIONAL DRUG CONTROL STRATEGY AND THE STATUS OF THE DRUG WAR

HEARINGS

BEFORE THE

NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE SUBCOMMITTEE

OF THE

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT
HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTH CONGRESS

FIRST SESSION

MARCH 9 AND APRIL 6, 1995

Printed for the use of the Committee on Government Reform and Oversight

U.S. GOVERNMENT PRINTING OFFICE

21-129 CC WASHINGTON : 1996

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402
ISBN 0-16-052205-6

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EFFECTIVENESS OF THE NATIONAL DRUG CONTROL STRATEGY AND THE STATUS OF THE DRUG WAR

THURSDAY, MARCH 9, 1995

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE,
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:35 a.m., in room 2154, Rayburn House Office Building, Hon. William Zeliff (chairman of the subcommittee) presiding.

Present: Representatives Ehrlich, Ros-Lehtinen, Mica, Souder, Shadegg, Clinger, Thurman, Wise, Taylor, Meek, Slaughter, Collins, Gilman, and Schiff.

Staff present: Jim Clarke, majority staff director; Judy Blanchard, majority deputy staff director; Judith McCoy, chief clerk; Jonathan Yates, associate counsel; Robert Charles, staff director/chief counsel; L. Stephan Vincze, defense counsel; Marshall Cobleigh, professional staff member; Jill Marcum, intern; David Schooler, minority chief counsel; Donald Goldberg, minority assistant to counsel; Cheri Branson, minority professional staff member; and Elisabeth Campbell, minority staff assistant.

Mr. ZELIFF. The Subcommittee on National Security, International Affairs, and Criminal Justice will come to order.

This morning, in order to make maximum use of our distinguished witnesses, the Chair without objection will recognize the ranking member, the full committee Chair, and the full committee ranking member for approximately 2 minutes after my opening comments.

Again, recognizing the full schedule before us today, without objection, other Members will be allowed 5 days to insert opening statements into the record.

This hearing is to review the President's national drug control strategy and assess where we are in the drug war. Before sharing some key facts with you, I want to welcome our very distinguished witnesses, especially our former First Lady, Nancy Reagan.

What brings us together today, those of us who care deeply about this issue, is a concern that transcends party affiliation. What I'm talking about is an increasing sense of heartbreak and frustration.

For more than a decade, drug use was falling. We were making progress. We had a policy that worked, and it was rooted in locally created and accountable prevention programs, strong Presidential

leadership, and a commitment to intercepting or interdicting drug traffickers before they permeated our borders.

In the late 1980's, interdiction efforts reduced the inflow of many drugs and kept their prices high. At the same time, accountable prevention efforts changed attitudes. Kids recognized the enormous risk associated with drug use, and our efforts bore fruit.

Between 1988 and 1991, monthly cocaine use fell by more than 50 percent. Between 1991 and 1992, overall drug use fell by 30 percent. The war was not over, but we were making great progress.

Then, something happened. We stopped talking about drugs. We thought it either had been licked or that the bureaucracy somehow magically would take care of it. Only it didn't. And it couldn't because we lacked leadership on this subject.

But when was the last time that you heard the President say to a bunch of kids, "Look, don't take drugs. Don't waste yourself on drugs. Wake up. Drugs will steal your opportunities, crush your dreams, and can ruin your life?"

As I look around this room, I have to ask this question: If we, all of us, our colleagues, and the President don't tell the kids, who will?

Leadership means actively leading. It means the same thing whether you apply it to Members of Congress or the President. For too long, we have all been too quiet. In addition, the administration has consciously made a major policy shift. They shifted the national emphasis from interdiction and prevention, from a strategy that was working, to treatment programs for the 20 percent of users who are deemed "hardcore."

That strategy so far has not worked. Instead, it has set us back. This year for the third year in a row, the President has reduced the Federal moneys for interdiction, assets devoted to stopping drugs from getting into the country by intercepting traffickers in transit zones. As a result, there are more drugs on American streets than there were 2 years ago, and much less interdiction.

So, have we all given up? I certainly hope not. But we are—and here comes the hardest facts—we're facing a new national tragedy. From New Hampshire to Florida, drugs are more available and at lower prices.

As these charts over here indicate, the growing perception of lower risk among kids correlates with higher drug use. That's 1993 and 1994. Higher perceived risk correlates with lower use. That's the late 1980's.

And the other chart indicates that the recent increases in use also parallel, not coincidentally, the President's reduced interdiction efforts.

We cannot deny this crisis. In 1993 and 1994, respected annual surveys of 51,000 children revealed use by kids markedly up for every surveyed grade level and for every drug, including crack, cocaine, heroin, stimulants, inhalants, LSD, and marijuana. If that isn't an alarm bell, I don't know what is.

In 1994, twice the number of eighth graders were using marijuana than 3 years earlier. Twice. Between 1993 and 1994, daily use of marijuana by seniors jumped by 50 percent. Even drug policy experts like Joe Califano, a former Carter Cabinet Secretary, says that we are off the track.

Today's casual users are tomorrow's hardcore users. Secretary Califano was unable to be here today, but he wrote me a letter that shares our concerns and, at his request, I will enter into the record, along with his recent article entitled, "It's Drugs, Stupid."

I would like to pause and read part of Mr. Califano's letter into the record. After expressing support for renewed prevention efforts, Mr. Califano, who now runs the Columbia University Center on Addiction and Substance Abuse, writes,

> Mrs. Reagan has never received due credit for the effectiveness of her Just Say No campaign. It was aimed at the most important target: changing the culture that belittles the danger of drugs and the ability to resist them. More than anyone at the time, Mrs. Reagan helped de-normalize drug use in our nation. Her campaign not only discouraged children from experimenting with drugs, but gave parents and teachers the support they needed to tell their children and students not to use drugs in unambiguous terms.

This letter is available at the press table.

The bottom line is that we have to step up to the plate, Republicans and Democrats, at both ends of Pennsylvania Avenue. We have to recommit ourselves to a national interdiction strategy that will work and to supporting accountable prevention programs. We don't need more Federal bureaucrats, and we don't need to have prevention moneys appropriated that get spent on things that are not prevention.

There is too little money to allow it to be mismanaged and mistargeted. But we must help jump-start this issue. We have to help States, communities, parent groups, and prevention organizations, because they are helping us. They are trying to get us back on track.

Last, I have heard all that I personally care to hear about legalization. We need a different message, and it needs to come from the top—morally, forcefully, loudly, and often. And there is no other way to turn the situation around.

We must refocus the Nation on this issue, and we must work together to turn back a real crisis. That is why we are all here today. Thank you.

The Chair now recognizes my good friend, the ranking minority member, Congresswoman Karen Thurman of Florida.

Mrs. THURMAN. Thank you, Mr. Chairman. And I would like to thank Chairman Zeliff for calling what we think is a very important hearing today.

I join my colleagues in welcoming our first guest, former First Lady Nancy Reagan. We are all indebted to Mrs. Reagan for her efforts to steer our children away from drugs. I, too, look forward to hearing Mrs. Reagan's insights about the current state of the drug problem in America.

I also look forward to this afternoon's testimony from Dr. Lee Brown, the distinguished Director of the Office of National Drug Control Policy. As former chief of police for Houston and New York City police commissioner, Dr. Brown will bring a unique and informed perspective to this important executive branch office.

Mr. Chairman, recent statistics do indicate a very disturbing trend, that drug use is again escalating among our young people. This problem affects each and every one of us in this room. Drugs know no political affiliation.

We here in the Congress and the administration have a great responsibility to rise above our particular party ideologies and help find solutions to these problems. However, I also believe that the drug problem is another example of an issue that the Federal Government cannot solve alone. Parents, teachers, communities, and the media also share the heavy responsibility in sending the message to our kids that drugs are a dead-end street.

Mr. Chairman, when you asked for this side of the aisle's input in drafting the oversight priorities for this subcommittee, Democratic Members all agreed that this Nation's drug policy should be examined through oversight hearings. You and the other Republican Members expressed similar concerns.

I can say that it is my hope that this and future hearings will be as bipartisan and cooperative in nature. I know that that is your intention.

However, Mr. Chairman, I must respectfully disagree with your contention that President Clinton has not demonstrated leadership in the drug war. The facts show that President Clinton has been in the forefront on this issue. He has requested a record $14.6 billion to combat drugs.

President Clinton has also elevated the Director of the Office of National Control Policy to his Cabinet. He has authorized the Director to designate an Interdiction Coordinator and gave the Director more authority to address drug interdiction.

And in his message of transmittal of the 1995 National Drug Control Strategy, he reiterated his unequivocal opposition to the legalization of any drug that is currently illegal.

As many recent polls indicate, it is the public's perception and lack of media coverage that drives attitudes regarding the dangers posed by illegal drugs. Unfortunately, our media is currently filled with stories about celebrity murder trials instead of stories on dangers of drug use, which are being pushed to the back burner.

In fact, Mr. Chairman, I believe it is here in this House where we are failing in our leadership on this important issue. The Appropriations Committee has recently zeroed out all funds for school-based drug prevention programs, including the Drug-Free Schools program, which started during President Reagan's administration in 1987.

Next week, we will be voting on these rescissions. We are about to hear from Mrs. Reagan, who championed the successful "Just Say No" program, which was targeted toward our students. Over 90 percent of all our school districts in America receive funding from the Drug-Free Schools program, where Mrs. Reagan's message has had its greatest impact. Is this what we want to say to our communities and our school children, that the Drug-Free Schools program is not a priority? What does this say about our commitment to helping them fight the ever-present temptation of drugs?

Of course, I'm not prepared to say that the current administration has the perfect answer to the drug crisis. The past three administrations, both Republican and Democratic, have grappled with the drug program and problem, with each administration never fully controlling the situations. Issues such as whether it is better to focus resources on the hardcore versus the casual drug user and

what interdiction method is more effective have been two of the key unresolved and hotly debated matters.

This is what this and future hearings need to address: keeping us on a true course to fight and win this vital battle. Finally, the legislative and the executive branches, our communities, and the media must focus on this real issue: keeping our citizens off drugs, treating current drug users, and reducing the supply of illegal drugs. I trust we all can agree on these principles.

In closing, I look forward to the testimony from all of our witnesses today. And again, I want to join the chairman in welcoming the First Lady.

I would also, Mr. Chairman, ask unanimous consent that the statement of Representative Rangel be included in the hearing record. Mr. Rangel had wanted to appear before us this morning, but he is not able to be with us because of the recent death of his mother.

[The prepared statement of Hon. Charles B. Rangel follows:]

PREPARED STATEMENT OF HON. CHARLES B. RANGEL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Chairman, Good morning. Thank you for allowing me to address the Committee on the important topic of The 1995 National Drug Control Strategy. I am heartened to find that your Committee has recognized the importance of this issue. No issue affects the everyday lives of Americans more.

I regret that I am unable to personally address the Committee this morning. However, the recent death of my mother, Mrs. Blanche Rangel, requires me to be home in New York.

I am also pleased that you chose to welcome former First Lady Nancy Reagan. Her efforts to confront narcotics abuse are of tremendous value. Her succinct message of "Just Say No" was an important message in combating this devastating problem.

When Mrs. Reagan left the White House in 1989, the "War On Drugs" was far from over. The evidence is clear. Despite the efforts of three Administrations and almost $100 billion dollars invested over ten years, this country is losing its campaign to stop the proliferation of drugs in this country. Americans spend over $50 billion on drugs each year. This figure is twice the amount dedicated to stopping the trade. In 1993, 1,123,300 people were arrested for drug offenses; more than two per minute. Current coca cultivation is three times what is necessary to supply the needs of the U.S. market. Former Office of Management and Budget Director Dick Darman estimated that the cost of drugs to the American economy surpassed $300 million annually. Finally, a recent University of Michigan study revealed that casual use of illicit drugs has been on the rise for the last three years.

To counter these grim statistics, President Clinton, via Dr. Lee Brown's Office of National Drug Control Policy, proposes a 9.7% or $1.3 billion increase in the FY 96 federal budget. If enacted, the Strategy would use $14.6 billion to wage a balanced and comprehensive campaign against drugs to reduce both supply and demand. In a radio address to the nation last Saturday, President Clinton told of the strength and determination of a fifteen year girl named Melissa to overcome drug addition. As a nation, we have a responsibility to our children to show that same strength and conviction to overcome narcotics abuse and control problems. I applaud Melissa for her strength and I commend the President and Dr. Brown for developing this policy and I encourage Members of both bodies of Congress not to undermine its various provisions.

I continue to be dismayed by efforts led by the House Appropriations Committee to undermine positive efforts to curb the demand for illicit narcotics in this country. For example, both Presidents Reagan and Bush supported efforts to promote safe and Drug-Free schools. Last year, with a bi-partisan approach, Congress expanded the Safe and Drug-Free Schools Program as part of the Elementary and Secondary Education Act. Funding from this program will enable communities to pay for security and metal detectors and conflict resolution training for teachers, parents, and students to make all schools safe havens from drugs and the crime and violence that accompanying it. This year, the program is threatened with complete elimination due to the rescission efforts of the new majority party.

However, full funding for the President's $15 billion Drug Strategy will not eliminate this crisis. Continuous battles must be waged on all fronts to counteract the symptoms of drug use that include escalating health care costs, fewer employable workers, crime, and violence.

This Congress has the authority and the responsibility to promote a multitude of anti-drug initiatives. The most practical action is to develop legislative initiatives that provide the opportunity and incentive to free drug users from their self-destructive ways. In addition, we must encourage, prod, and provoke President Clinton to make this a national priority. In addition, as Members of Congress, we must speak out strongly whether in Morning Hour Special Orders, or regular debate in the House of Representatives. We can develop Op-Ed pieces, press releases, Town Hall meetings, or speeches about narcotics abuse and control problems within our communities. We can talk and spend time, one on one, with the growing number of young people in our districts and states who are increasingly willing to sacrifice so much for so little.

As colleagues, we can work together to force this issue back onto the national agenda. To that end I have asked Speaker Gingrich to name a Narcotics Task Force composed of Members from both parties to oversee narcotics policy from interdiction and eradication efforts to treatment and community policing. In addition, I, along with several other House Members have formed a Congressional Member Organization called the Narcotics Abuse and Control Caucus, which is dedicated to similar goals.

Such commitment is essential to quelling this wave of despair that drugs have brought upon this country. America's struggle to control drugs is at a critical point. It is time to make federal spending more effective by enhancing programs that work and fixing those that do not. I hope that you will join me in these efforts. Now is the time to act. This issue is as important as any national security crisis in our nation's history. It is time to treat it as such.

Mr. ZELIFF. I talked to our colleague from New York, Charlie Rangel, and he is vitally committed and interested in this subject. As we discussed also, you indicated his strong support. And we're very sorry that he couldn't be here. But there will be other opportunities as we go forward.

Thank you very much for your comments.

Mrs. THURMAN. Thank you.

Mr. ZELIFF. Without objection, that will be part of the record.

The Chair now would like to recognize the full committee chairman, Congressman Bill Clinger from Pennsylvania, for his statement.

Mr. CLINGER. Thank you very much, Mr. Chairman. And I'm very pleased to join with you in welcoming the former First Lady to the witness table and all of our other distinguished witnesses that we're going to be hearing today.

I certainly want to commend you, Mrs. Reagan, for the ceaseless way that you have dealt with this issue in the past and your continuing commitment to fighting this war on drugs. You've been, I think, an example for us all, and we're grateful for that.

Your "Just Say No" campaign which you spearheaded and a very strong anti-drug rhetoric that was in President Reagan's administration, President Bush's administration, I think, led to a demonstrable decrease in drug use, particularly as has been stressed here among first-time, young drug users. That was what it was pointed at, and that's where it had its greatest impact.

Since then, unfortunately, not much attention has been focused on this issue by either the Congress or by the executive branch. And now, due to that complacency, as we have seen, studies are indicating that drug use is on the rise.

I strongly believe that this Congress should make the war on drugs a national priority once again, returned to the high visibility

that your campaign gave it. We need to do all that we can to limit the availability and acceptability of drugs.

Fighting drugs is important, not only because drugs destroy the user, as we all know, but also because the drug user often destroys other people or property in the process. And the linkage between drug use and crime has been demonstrated time and time again.

In the Federal prison which is in my district in upstate Pennsylvania, I talked with a warden who indicated between 80 and 90 percent of the inmates in that prison are there because of drug charges. So there is a clear imperative that we need to be aggressively addressing the drug problem if we ever hope to get a handle on the crime problem in the country.

The new Congress, I think, gives us the opportunity to lead on this issue and give the war on drugs the attention it rightfully deserves. And I want to again commend you and thank you. You honor us with your presence here today to be our lead-off witness on what I hope will be a restoration of emphasis on this war.

And finally, Mr. Chairman, let me just commend you for the leadership you've shown and the commitment you've shown in leading this effort and thank you for holding this hearing. Thank you.

[The prepared statement of Hon. William F. Clinger, Jr., follows:]

PREPARED STATEMENT OF HON. WILLIAM F. CLINGER, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA

I'm very pleased to welcome the former First Lady and the other witnesses to the hearing today. I want to specially commend you, Mrs. Reagan, and President Reagan, for your past and continuing commitment to fighting the war on drugs.

The "Just Say No" campaign you spearheaded and strong anti-drug rhetoric from the Bush administration led to a demonstrable decrease in drug use, particularly among young first-time users.

Since then, not much attention has been focused on this issue by the Congress or the executive branch—and now, due to that complacency, studies are showing that drug use is on the rise.

I strongly believe that this Congress should make the war on drugs a national priority once again. We need to do all that we can to limit the availability and acceptability of drugs.

Fighting drugs is important—not only because drugs destroy the user—but also because the drug user often destroys other people or property in the process.

Drugs are the major contributing factor to the increase crime rate in our country. In the Federal prison in my district, between 80 and 90 percent of the inmates are in on drug charges.

The republican majority gives us the opportunity to lead on this issue and give the war on drugs the attention it rightly deserves. Finally, I want to commend subcommittee Chairman Zeliff for holding this important hearing.

Mr. ZELIFF. Thank you, Mr. Chairman.

The Chair now recognizes the ranking member of the full committee, Mrs. Cardiss Collins of Illinois, for her statement.

Mrs. COLLINS. Thank you, Mr. Chairman. Let me say that I'm very happy that you're holding today's hearing on drug policy, and I want to commend you and the ranking member, my colleague Karen Thurman, for her leadership, as well, on this important issue.

I also welcome former First Lady Nancy Reagan for coming here today to testify before us. Mrs. Reagan, I think we all owe you our gratitude for your long-term commitment to addressing the problem of drug use among America's young people.

Undeniably, drug use and abuse continue to be major problems in all segments of American society. This is a $49 billion criminal

enterprise, and it's a destructive force which threatens the domestic security of all Americans, regardless of race, gender, economic status, religion, or political affiliation.

Drug use and abuse cost this Nation $66.9—almost $67 billion in criminal activity, direct and indirect medical costs, and deaths.

However, there is some good news. Casual drug use has declined about 50 percent since the mid-1980's, and the flow of cocaine into this country has dropped from 540 metric tons to 340. We can continue these gains, I believe, if we recognize that the crusade against drug use must involve prevention, treatment, and interdiction.

It's particularly in our best fiscal interest to provide treatment. Hardcore users represent only a fifth of the drug-using population but consume 80 percent of the cocaine sold each year and are responsible for the majority of drug-related criminal activity.

In 1993, 70 percent of all drug arrests were for possession. For every $1 we spend on treatment, we could save $7 in crime control, emergency room visits, court costs, and long-term medical costs.

The people who are overwhelmingly and most directly affected by the distribution and use of illegal narcotics are those living, working, and rearing children in our inner cities. They are daily witnesses to the brazen displays of midday drug trafficking and gun play.

In my own city of Chicago, the kind of open air drug markets that are tolerated in low-income neighborhoods would never be allowed to exist on fashionable Lake Shore Drive. Given this reality, I am troubled by recent myopic efforts in this House to turn back the progress we have made to improve social and economic opportunities for poor and low-income Americans.

Through these very opportunities we have provided concrete and substantive alternatives to drug use. However, since January of this year, this Congress has threatened food programs, medical assistance, educational aid, job programs, housing, and energy assistance.

In fact, my colleagues on the other side of the aisle have supported the repeal of community policing funds which support community-based efforts to stem drugs and criminal activity and, worse still, have endorsed repeal of the major source of funding for school-based education and prevention efforts, the Drug-Free Schools and Communities Act.

Most recently, we have openly promoted the rescission of funding for drug courts to rapidly dispose of cases and make treatment referrals. I am certain that each of us will recall the award-wining commercials by Partnership for a Drug-Free America which depicted this young man who must take long and circuitous routes home. In his neighborhood and in countless others like it, just saying "no" is not quite enough.

We in Congress have to understand that this and other issues when they appear, just saying "no" just doesn't cut it. We must provide the support for that young man and for millions like him who do not want to become enmeshed in the drug culture, and we can help them by assuring that our policy and our funding are consistent with our goal of reducing drug use in America.

And I thank you, Mr. Chairman. I yield back the balance of my time.

[The prepared statements of Hon. Cardiss Collins, and Hon. Gary A. Condit follow:]

PREPARED STATEMENT OF HON. CARDISS COLLINS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Let me state at the outset that I want to thank Chairman Bill Zeliff for holding today's hearing on drug policy and commend my colleague Karen Thurman for her leadership on this important issue. I thank Former First Lady Nancy Reagan for coming here today to testify before us. We all owe her our gratitude for her long-term commitment to addressing the problem of drug use among America's young people.

Undeniably, drug use and abuse continue to be major problems in all segments of American society. This $49 billion criminal enterprise is a destructive force which threatens the domestic security of all Americans regardless of race, gender, economic status, religion, or political affiliation. Drug use and abuse cost this nation, $66.9 billion in criminal activity, direct and indirect medical costs and deaths.

However, there is some good news. Casual drug use has declined about 50% since the mid 1980's, and the flow of cocaine into this country has dropped from 540 metric tons to 340. We can continue these gains if we recognize that the crusade against drug use must involve prevention, treatment and interdiction.

It is particularly in our best fiscal interest to provide treatment. Hardcore users represent only a fifth of the drug using population, but consume 80% of the cocaine sold each year and are responsible for the majority of drug-related criminal activity. In 1993, 70% of all drug arrests were for possession. For every $1 we spend on treatment, we could save $7 in crime control, emergency room visits, court costs and long-term medical costs.

The people who are overwhelmingly and most directly affected by the distribution and use of illegal narcotics are those people living, working and rearing children in our inner cities. They are daily witnesses to the brazen displays of midday drug trafficking and gun play. In Chicago, the kind of open-air drug markets that are tolerated in low income neighborhoods would never be allowed to exist on fashionable Lake shore Drive.

Given this reality, I am troubled by recent myopic efforts by the majority in this House to turn back the progress we have made to improve social and economic opportunities for poor and low income Americans. Through these opportunities, we have provided concrete and substantive alternatives to drug use.

However, since January 4th, the Republican majority in this Congress has threatened food programs, medical assistance, educational aid, job programs, housing and energy assistance. In fact, my colleagues on the other side of the aisle have supported the repeal of community policing funds which support community based efforts to stem drugs and criminal activity, and, worse still, have endorsed the repeal of the major source of funding for school based education and prevention efforts, The Drug Free Schools and Communities Act.

Most recently, they have openly promoted the rescission of funding for drug courts to rapidly dispose of cases and make treatment referrals.

I am certain that each of us can recall the award-winning commercial by Partnership for a Drug Free America which depicted a young boy who must take a long and circuitous route home. In his neighborhood, and in countless others like it, just saying NO is not enough. We in Congress must understand that on this and other issues, just saying NO is not enough.

We must provide the support for that young man and the millions like him who do not want to become enmeshed in the drug sub-culture. We can help them by assuring that our policy and our funding are consistent with our goal of reducing drug use in America.

PREPARED STATEMENT OF HON. GARY A. CONDIT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. Chairman, I want to applaud you for calling today's hearing on the effectiveness of our drug control strategy. You have put together an excellent panel of witnesses who will be able to give us candid assessments of the status of our efforts to combat illegal drug use and trafficking. I am especially pleased that our former First Lady, Nancy Reagan, who has done much to bring this issue to the nation's

forefront, is able to be with us today. I truly look forward to Mrs. Reagan's testimony.

Mr. Chairman, the recent statistics on drug use, especially among our youngest citizens, are extremely troubling. While we saw a welcome decrease in casual drug use in the late 1980's and early 1990's, recent data indicate that the use of narcotics is again on the rise. Use of marijuana has increased sharply. Recent studies also indicate an increase in the use of crack cocaine, LSD, inhalants, and stimulants. What is especially troubling to me is that this increase is due in large part to increased usage by our pre-teen and teenage populations. While we should not tolerate and ignore drug use from any of our citizens, we cannot sit idly bye and witness the corruption of our youth by the scourge of illegal narcotics.

What can we do and what should we do to reverse the current trends that we are seeing? These are the questions that I would like our distinguished witnesses to address.

Since the commencement of the "War on Drugs" in the 1980's, it has been my impression that a significant amount of our resources have been focused on drug interdiction and criminal punishment for drug offenders. In fact, the largest area of the Federal drug control budget is the criminal justice system. We have also spent billions of dollars on drug interdiction. We must continue to focus our efforts on these two fronts. We must unequivocally let drug pushers and users know that they will be punished for their actions. We must also do all we can to inhibit the easy supply of drugs. As former National Drug Control Policy Director William Bennett said in a recent editorial, "[A] nation that permits wide availability of dangerous drugs is sending its citizens, particularly its youngest citizens, an unwitting message: We are indifferent to drug use."

However, our drug control policy cannot be limited to punishment and interdiction. We must also focus our resources on prevention and treatment. We will never stop the flow of illegal drugs until we decrease the demand for them. Our first priority as parents, neighbors, teachers, and leaders should be to encourage our young people to avoid drugs in the first place. However, for those who do get addicted to drugs, we should encourage them to give up their habits and pursue a sober life. I fear that efforts to reduce federal funding for drug prevention and treatment programs will have the unintended result of exacerbating an already huge problem.

Finally, Mr. Chairman, I want to commend you for the bipartisan manner in which you have approached this issue. Drug use does not respect any political boundaries. The increase in the use of illegal narcotics is neither a Republican issue nor a Democratic issue. Instead, it is an American issue. For the sake of our nation and its young people, let us rise above the partisan bickering that we have witnessed on so many other issues and address this matter in a forthright and nonpartisan fashion.

With that being said, Mr. Chairman, I will conclude my statement by thanking you again for calling today's hearing, and I look forward to hearing from our witnesses.

Mr. ZELIFF. Thank you.

I would like to now allow as a courtesy a very committed and hardworking chairman of our International Relations Committee, a guy that was formerly involved with the Committee on Narcotics, a good friend, our friend from New York, Ben Gilman.

STATEMENT OF HON. BENJAMIN GILMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. GILMAN. Thank you, Mr. Chairman. And welcome, our former First Lady. And I thank you for the opportunity to appear before your committee and join with you in this important effort. I commend the committee for undertaking this very important role.

Mrs. Reagan, it's a pleasure to have you join us today, and we welcome you back to Washington to be able to discuss these highly critical issues that affect our Nation's drug control strategy. Your presence, as well as your powerful "Just Say No" message, your involvement in the drug war from the time you took office until the present day, have been sorely missed here in Washington.

With recent reports indicating that drug and alcohol abuse among our Nation's young people being on the rise, now more than ever, we need your kind of leadership. You and President Reagan were powerful role models, and your guidance was instrumental in helping to positively change the attitudes when you embarked on your campaign, attitudes of our Nation regarding the adverse effects of drug abuse.

The current administration's policies of overemphasizing treatment of drug abusers, will that's important, was best described by Michigan Governor Engler when he noted, "This is the first time that any nation ever won a war by treating the wounded."

With this in mind, we welcome you, our First Lady, and look forward to your testimony, as well as your continuing leadership on this critical issue. And please send our very best wishes and our prayers—you're always on our mind—to President Reagan. Thank you.

[The prepared statement of Hon. Benjamin A. Gilman follows:]

PREPARED STATEMENT OF HON. BENJAMIN A. GILMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Chairman. It is an honor to join the Subcommittee on National Security, International Affairs, and Criminal Justice, in welcoming former First Lady Nancy Reagan to our committee and I commend Chairman Zeliff for focusing attention on this critical issue.

Mrs. Reagan, it is a pleasure to have you join us today, discussing the important issues that affect our nation's drug control strategy, your presence, as well as your powerful "Just Say No" message, have been sorely missed in our nation's war against drugs.

With recent reports indicating that drug and alcohol abuse among our nation's teens is on the rise, now more than ever we need your leadership. You and President Reagan were powerful rolemodels, and your guidance was instrumental in helping to positively change the attitudes of our nation regarding the adverse effects of drug abuse.

The current administration's policy of over emphasizing the treatment of drug abusers was best described by Michigan Governor Engel's drug control office, when it noted that this is ". . . . the first time any nation ever won a war by treating the wounded".

With this in mind, we welcome First Lady Nancy Reagan, and look forward to your testimony, as well as your continued leadership on this important issue.

I hope you will send our best wishes to President Reagan, he is in all of our prayers.

Mr. ZELIFF. Thank you, Mr. Gilman.

I would like now to introduce a witness who is truly one of a kind. She has worked harder than anyone that we know of to turn back the tide of illegal drug use among children in this country. Her efforts started more than a decade ago, and I believe it can honestly be said that she, through her efforts, woke the Nation up to this problem and its pervasiveness in the early 1980's.

We are so very privileged to have you here with us today, Mrs. Reagan. Many of us feel very strongly that we know a lot about you, but I believe that there are some things that many do not know. This First Lady more than 10 years ago made a decision, against the advice of many political and well-meaning friends and advisors. She decided that the prevalence of drug use by children across the country cried out for action.

She realized that while the topic was not a cheery one, she was in a position to do something about it, as probably many of us are. And so she did; slowly at first, then more vigorously, she began

what became a crusade. It was a crusade to educate, to prevent lives from being lost to a menace that preys on children. And it was a crusade that worked.

Her interest in the drug issue dated back to her days in Sacramento, when she was the First Lady of California. Then, just as now, the painful observation of children in need, adolescents caught in the trap of drug use, pulled at her heart. California's First Lady devoted herself to learning more about this issue. That learning followed her to the White House.

After starting her national crusade, it took the Nation about a year to recognize that what she was saying rang true. The Nation did have a severe drug problem. That was just the beginning. The First Lady then pressed her case, nurtured the national awareness, and traveled the Nation to keep that awareness alive.

Month after month, year after year, she visited schools, rehabilitation centers, parent groups, and community organizations. At all times, she kept a national focus on this crusade.

In all, she has logged nearly 250,000 miles in her campaign to fight substance abuse. In travel abroad with the President, she would peel off from the President to visit international drug programs and encourage foreign leaders. Unknown to many of you, she actually inspired the interest of many First Ladies around the world in starting and pursuing anti-drug efforts.

In April 1985, she brought First Ladies from around the world to Washington for the first international drug conference of its kind. In October 1988, she hosted the second such international conference. In 1988, speaking on this issue, she became the first American First Lady to address the United Nations.

Through her efforts, substance abuse awareness among children and adults grew. In fact, to a large extent, she is responsible for having started the snowball rolling. Without her early and exhaustive efforts, I really wonder if we would be here, a bipartisan group talking about this issue today.

In 1981, 1985, and 1987, the American public in the annual Gallop polls for those years voted this First Lady 1 of the 10 most admired women in the world. Every year since 1981, she has been named 1 of the 10 most admired women in the world by Good Housekeeping Magazine.

And her contributions as a First Lady have been not only recognized but truly significant. After she left the White House as former First Lady, Nancy Reagan continued her efforts. Her commitment never stopped when she left Washington. She created the Nancy Reagan Foundation to assist her in continuing this crusade, which I might say started with her very important "Just Say No" campaign and has grown and grown.

The Nancy Reagan Foundation has awarded grants in excess of $5 million to drug prevention and education programs large and small nationwide. Recently, the Nancy Reagan Foundation joined forces with the BEST Foundation For a Drug-Free Tomorrow and has just launched the Nancy Reagan After School Program. This program, already well-received, involves skill-building and use of videos to aid drug abuse prevention.

I could go on and on. I could tell you more about the individuals she has helped and the dozens of charitable organizations and

other involvements she has had and she continues to have. She has won numerous awards for her work against drug abuse, including honors from the U.S. Chamber of Commerce, United Service Organization, Salvation Army, and many, many others.

I would just like to say at this point that it gives me a great deal of honor to introduce a former First Lady and a recognized leader among us all in fighting drug abuse and educating our Nation's children. Thus, without objection and pursuant to an agreement between the Chair and the ranking member, the Chair will recognize the Honorable Nancy Reagan. And I ask Members' unanimous consent to withhold questions of the witness. Without objection so ordered.

Mrs. Reagan.

STATEMENT OF NANCY REAGAN, FORMER FIRST LADY

Mrs. REAGAN. Thank you, Mr. Chairman, members of the subcommittee. Thank you for inviting me here. Thank you Bill Zeliff for your very kind introduction.

I have to tell you that I decided to speak today only after a lot of soul searching. As you can imagine, I have very pressing concerns keeping me busy in California right now, and I don't like to be away for long, so I haven't come here lightly.

I have come because my heart pulls me here and because my husband and everything he stands for calls for me to be here. I'm not here to criticize or to blame. But after the great strides that were made just a few years back, I am worried that this Nation is forgetting how endangered our children are by drugs.

I'm worried that for the first time in many years, tolerance for drugs and the mistaken perception that everyone is doing it is creeping back into our national mentality. And I'm worried that the psychological momentum we had against drug use has been lost.

And yet, it's more than worry. This weakening vigilance against the drug threat has obviously been a disappointment to me. But more importantly, it can have a tragic effect on this country for many years to come.

So yes, I am worried about the future of our young people; I am disappointed; and yes, I'm saddened. How could we have forgotten so quickly? Why is it we no longer hear the drumbeat of condemnation against drugs coming from our leaders in our culture? Is it any wonder that drug use has started climbing again, and dramatically so?

With my own eyes, I've seen the human destruction drugs can cause. During my 8 years as First Lady, as has been mentioned, I traveled hundreds of thousands of miles around this country and the world, meeting with young people, listening to the heartbreaking stories of what drugs did to their lives. And that suffering is something I can never forget.

When I spoke to gatherings across the country, I often read letters from young people who were facing personal struggles with drug use. I did it for a specific reason. I wanted to educate this country about the toll that drugs were inflicting upon children. I wanted to make sure people couldn't ignore the tragic human consequences of drug use.

But I'm afraid we must start reminding people all over again and help them see the benefits of nonuse. So let me read to you one of the very first letters that I ever shared in public. And perhaps this letter, written by a 16-year-old girl, will remind you why it is we're all here today and help motivate others to say "no" to experimentation or regular drug use.

> Dear Mrs. Reagan, It has taken many months to finally write you. I really don't know why I became a drug user. I guess because I never really liked myself, and now, I hate myself even more. Drugs are terrible, and it was a horrible, vicious cycle I lived in. Drugs took me over. I can remember one time when I was high, I needed a fix so bad, I had sex with a man around 55 years or older for $500 worth of drugs.
>
> It was worth it at the time. I was once pregnant because of the drugs. I had the baby when it was 5 months early, and it died. The baby's arm was at its leg, and its ear was at its cheek. My parents didn't even know I was expecting, nor knew I was on drugs.
>
> Drugs ruined my life, and I regret it so much. I long for the day when anyone will say to me, 'I love you because of who you are, not who you were.' Mrs. Reagan, I'm sorry your efforts and care and love weren't there for me 3 years ago. Please reach kids my age and younger. Don't let what has happened to me and what destroyed my life happen to them.

Her plea was to reach the kids, and that plea still holds its anguish. I am so upset when I think of what's happening to so many children across America. We must give them the motivation and support to say "no" to drugs. We must correct the perception that everyone is doing it, and we must teach them the skills to recognize and resist pressures to use drugs.

Before the drug use increases of 1993 and 1994, we really had seen marked progress. A decade of effort was beginning to pay off. Attitudes were being changed. Monthly cocaine use dropped from nearly 3 million users in 1988 to 1.3 million users in 1990. And it's the same story with other numbers. Between 1991 and 1992, overall drug use dropped from 14.5 million users to 11.4 million.

I don't mean to sit here and say that we won the battle against drugs. Obviously, we didn't. But even so, the battle was going forward, with the help of athletes and entertainers and many CEOs of large companies who put up billboards, sponsored television specials, and funded PSAs. There was a momentum, a unity, intolerance of the exaggeration and glorification of drug use. In short, there was progress.

I think there has been a misunderstanding of the phrase "Just Say No" and how it got started. So let me once and for all tell you how the phrase "Just Say No" got started. I was visiting a school in Oakland, CA. And a little girl raised her hand. She said, "Mrs. Reagan, what do I do when somebody offers me drugs?" And I said, "Well, just say no." Little did I know that this was going to become what it did.

Some critics have said that "Just Say No" is an oversimplification. Well, of course it is. That's what made it appealing to children, and that's what made it effective. Of course it's not the total answer, and it was never meant to be.

But it's important for children to appreciate that "no" is in the vocabulary, that "no" is an acceptable response when presented with drugs. We were building peer support for saying "no." Children were beginning to understand that government leaders, ac-

tors, musicians, sports figures typically don't use drugs, and they were being taught resistance skills.

Where has this social influence model and this support for children gone? Where is the widespread consensus that was backing the children up and giving them the motivation and skills they needed? How could we have abandoned that?

In the government's latest drug strategy, it says, "Anti-drug messages have lost their potency." Well, that's not my experience. If there's a clear and forceful no use message coming from strong, outspoken leadership, it is potent.

Halfhearted commitment doesn't work. This drift, this complacency, is what led me to accept your invitation to be in Washington today. Let me say, I know that many of you on this subcommittee, Republicans and Democrats alike, share my deep concern that we have lost the momentum, we have lost a sense of priority on this problem, we have lost all sense of national urgency and leadership.

It's my understanding that current Federal efforts concentrate on rehabilitation of hardcore drug users. Treating hardcore drug users is naturally part of finding a solution. But treatment can't begin to replace the overwhelming importance of education and prevention.

The reality is this: tomorrow's hardcore users are today's children. Roughly 80 percent of drug users are casual users. Only 20 percent are hardcore. And most of the casual users are children and adolescents. They are the ones whose lives are changed by prevention and education.

Focusing so much of our resources on the current hard core doesn't prevent the future hard-core. As I've said before, we could have a treatment center in every neighborhood, and it wouldn't stop the children from experimenting with drugs.

And I don't care how many crime bills the Congress passes and the President signs. We could put police on every street corner in this Nation, and there would still be a drug problem.

The real solution is to dry up the demand. And that can only come through education and strong moral leadership. It can only come through prevention.

There are many outstanding prevention programs across the country. Most of them were started and funded privately, and they're doing wonderful work. The anti-drug foundation that I started back in the 1980's has now merged with the BEST Foundation for a Drug-Free Tomorrow, which has trained over 13,000 teachers and others. And we have a promising after school program that combines videos with a strong anti-drug message.

There are many other committed nonprofit and parent groups out there also seeking to save our children. But it all requires leadership here in Washington. And where has it gone? It seems as though this country has lost its drive to keep the drug issue, and especially drug prevention, in the national spotlight.

Today, the anti-drug message just seems to be fading away. Children need to hear it and hear it often, just like they need to hear that they're loved.

In closing, let me say that people often ask me what I miss most about our 8 years in Washington. In retrospect, I think what I miss most is a sense of common national purpose that so many of us felt as we tried to protect the children.

What has happened to our common national purpose on drugs, and how do we get it back? We need to educate this generation and all future generations to just say "no" to drugs. My chief concern is that the children—the children of America and the world—will say "no" to drugs, that they will choose life and learn to live in the world that God made, not in the nightmare world of drugs.

The children need our help, and please, don't deny them that. Thank you all very much for this chance to testify, and I'm very grateful. Thank you.

Mr. ZELIFF. Thank you very much for the honor that you've given us. And the Chair thanks you for coming this great distance with the schedule that you're on and, most importantly, speaking out on the issue that you're talking about. We wish you godspeed. And give our best to President Reagan. Thank you.

Mrs. REAGAN. Thank you.

Mr. ZELIFF. If the next panel would move to the witness table, please. Dr. Bennett, who apparently is in a car tied up in traffic, but will be with us shortly. So to conserve time, we'll swear both of you in and start with your testimony. Please stand.

[Witnesses sworn.]

Mr. ZELIFF. I would like to just mention to Members that the question period will be limited to 5 minutes per panel and that Members will not be allowed to reserve time.

The Chair will now recognize the second panel of witnesses. And I believe that we're very, very honored to start out with another veteran of the drug war, former Acting Director and Deputy Director of the Office of National Drug Control Policy, now president of the New Citizenship Project, John Walters.

John.

STATEMENT OF JOHN P. WALTERS, PRESIDENT, NEW CITIZENSHIP PROJECT; JUDGE ROBERT C. BONNER, FORMER DIRECTOR, DRUG ENFORCEMENT AGENCY; AND WILLIAM J. BENNETT, CO-DIRECTOR, EMPOWER AMERICA

Mr. WALTERS. Thank you, Mr. Chairman. I've provided the committee with rather lengthy testimony that tries to go through a number of issues, because I know you wanted to explore a number of areas of drug policy. I won't try to read that. But I would like to just summarize a couple of points, just take a couple of minutes and then turn it over to my colleagues and your questions.

I think you have a set of charts that begins with this page. The first chart is essentially a duplicate of the last you have on the dais. It reflects the details of increased use in the trends between the early part of the 1980's and the 1990's and the uptick.

The second chart there goes from the chart that talks about annual use by high school students to monthly use, which indicates a heavier degree of experimentation. The reason that's there is, you will note that over the last 2 years of the survey, 1992 to 1994, not only has the decline reversed, but the increase in this period for 12th graders exceeds the entire decline between 1988 and 1992. So we are accelerating in the wrong direction very rapidly.

I agree, certainly, with the message many of you echoed and that Mrs. Reagan delivered so eloquently a moment ago. I worked at the Department of Education with Mr. Bennett and worked on drug-

free schools before I worked in the Office of Drug Control Policy on a variety of things, focused at the end on enforcement.

We need to have strong prevention. The message has to be reinforced by institutions that work and institutions that do their job. I also agree that you need to have drug treatment to handle people who have gotten into trouble and are in need of rehabilitation.

But if we're going to come to grips with these issues, I think we have to talk about what the institutions are doing concretely and not talk generally as Congress does its work about "Everybody has to do something." You have to tell specific programs specific areas of policy what to do. And I think as Congress focuses on this to a greater degree, you're going to need to look at and you're going to hear a lot about what works here.

The third chart you have is about treatment. Between 1988 and 1993, we roughly tripled the treatment budget of the Federal Government. During that period, by the current Drug Office's own numbers, the number of people treated per year declined.

I think it's very important to have fine treatment programs. But the problem is the treatment system in this country is broken. The bureaucracy is consuming money without producing services. The services provided are not being used effectively. This is detailed in my testimony.

I think do we need more drug treatment, but we need more effective drug treatment, and we need to look at the way we spend those dollars if we're going to make a difference here.

And I think it's important to remember that in addition to the prevention message, we have to stop the supply of drugs. Because that not only affects the availability of drugs for young people, but the availability of drugs for hardcore users.

The next series of charts in this set talk about who's coming into emergency rooms. Those people are essentially people who have drug abuse problems now. They're not first-time users getting into trouble. It's concentrated on heavy users.

The fourth chart I gave you shows the percentages over recent years. The same is true not only for cocaine but for heroin. The location of these people is located in central cities, based on emergency room cases. There is a vastly disproportionate representation of black Americans in this population.

And what we have is an enormous and growing number of sick people coming into our emergency rooms who are the poorest, the least protected, and people who are being subjected to the increasing availability of heroin and cocaine. Emergency room mentions in 1993, the last year for which data was released, were at the highest level ever recorded since this recording system started in the 1970's.

I would like to talk for a minute about supply, because I know that's of interest to the committee. The next couple charts explain what happened to cocaine supply and availability on the street as a result of a deployment for the first time in large numbers of the U.S. military and efforts to work with Latin American countries in a systematic and tough way during the first part of the Bush administration.

The first chart, 8, shows what happened to the cost and the purity. We measure availability two ways: the concentration of—in

the case of cocaine, cocaine hydrochloride; and the cost in retail amounts. That increase can be standardized into what was the change in cost for 100 percent pure gram of cocaine.

Reflected in chart 9 is that number plotted against emergency room mentions. This is like any other product, supply and demand. It's a highly addictive, highly dangerous product. The cheaper it is, the more people use it. The more people use it, the sicker they get.

Not surprisingly, when we increased the cost by roughly 30 percent, the basis of standardized price, there was roughly a 28 percent decline in the number of emergency room mentions. That is the only decline during the entire period covered by the system measuring this program in the number of emergency room admissions.

Second, the Drug Office also uses a model to predict the number of hardcore users. That's on chart 8. This is the only period when the number of addicted users declined. That just doesn't work for cocaine. The last three charts I have supplied you show you that when you make it more expensive for cocaine, heroin, and marijuana, the number of casualties decline, specifically among heavy users.

I'm not against treatment. The issue is, treatment will not and cannot be expected to work effectively when we have floods of illegal drugs on our streets. We send people out of treatment facilities back onto the street, where you have de facto legalization. Some of your colleagues already spoke about that.

Open air drug markets, cheap, plentiful, very little risk of harm. The mistake, I think, that the Clinton administration has made so far is to say, "We need to emphasize treatment, and we need to de-emphasize interdiction and effective control at the source."

We could talk about these issues as you see fit. I hope that gives you a summary. Thank you for the opportunity to testify.

[The prepared statement of Mr. Walters follows:]

PREPARED STATEMENT OF JOHN P. WALTERS,* PRESIDENT, NEW CITIZENSHIP PROJECT, AND FORMER ACTING DIRECTOR AND DEPUTY DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

INTRODUCTION

Mr. Chairman and Members of the Committee: Between 1977 and 1992 a conservative cultural revolution occurred in America. It was called the drug war. During that period, illegal drug use went from fashionable and liberating to unfashionable and stupid. Overall, casual drug use by Americans dropped by more than half. Between 1985 and 1992 alone, monthly cocaine use declined by 78 percent. A 50–80 percent reduction in a similar social problem (the dropout rate, illegitimacy, the spread of HIV, or the rate of violent crime) would be considered a major domestic policy success—that is what happened with illegal drug use in the U.S.

The transformation in cultural attitudes that reversed the spread of illegal drug use was carried out by the fundamental institutions of American society. Parents were the first group to mobilize. Initially, they made the Carter Administration suspend its drug legalization initiatives. Later, parents gained the vocal support of First Lady Nancy Reagan, who helped make the drug problem a national priority. Even Mrs. Reagan, however, was at first ridiculed by the cultural elite for her anti-

*This testimony draws heavily on "How the Clinton Administration is Abandoning the War Against Drugs," published by the Heritage Foundation, a four-part series on the drug problem, co-authored by William J. Bennett and published in The Washington Times (February 7–10, 1995), and my testimony before the Senate Judiciary Committee, February 10, 1995.

[1] On February 9, 1993 the White House announced that ONDCP would be cut from 146 staff members to 25. For more detail on drug czardom under the Clinton Administration see: Byron York, "Clinton's Phony Drug War," The American Spectator (February, 1994), 40–44.

drug activities and especially for her direct moral lesson to young people tempted to try drugs: "just say no."

The moral injunction not to use drugs swept over the nation, conveyed by the core institutions of American society; families, churches, schools, youth organizations, neighborhoods, workplaces, civic groups, and police. Even the media joined in this cultural revolution. In the early 1980's a Time magazine cover portrayed cocaine as the contemporary equivalent to the martini. By 1990, however, the media was contributing an estimated one million dollars a day to the Partnership for a Drug-Free America's anti-drug ads: "This is your brain. This is your brain on drugs."

National leaders encouraged the institutional mobilization from their "bullypulpit." Federal government anti-drug activity and spending also increased slowly, but the contribution of the federal government never approached the magnitude of effort supplied by citizens, families, and local institutions throughout the nation. In short, the drug war embodied all the elements of successful conservative domestic reform. The American people recognized a dangerous threat to the nation, working through their most powerful domestic institutions they changed the cultural attitudes that were the root of the illegal drug problem, and drug use—particularly drug use by young people—declined dramatically.

THE CLINTON RECORD ON DRUGS

When President Clinton took office the problem of illegal drugs had undergone a sea change in just a little more than a decade. Instead of directing measured steps to address the residual aspects of the drug problem, Clinton Administration officials immediately began undermining existing anti-drug efforts on almost all fronts:

- Just days after the inauguration President Clinton moved the White House office created to direct national anti-drug efforts to a backwater, and slashed its personnel by over 80 percent.[1]
- One of the first announced goals of Attorney General Janet Reno was to reduce the mandatory minimum sentences for drug trafficking and related federal crimes—sentences that put teeth in drug enforcement and are an important tool for gaining the cooperation of subordinates in bring major traffickers to justice.[2]
- The Clinton National Security Council passed, and the President signed a new directive ordering a massive reduction in Defense Department support to interdiction efforts, that have been preventing large quantities of cocaine and other illegal drugs from entering the U.S.
- The Administration accepted a 33 percent cut (from $523.4 million in FY 1993 to $351.4 million in FY 1994) in resources to attack the cocaine trade in the source and transit countries of South America.[3]
- Federal-government-led, domestic marijuana eradication was substantially reduced.
- The Clinton Administration's Surgeon General called repeatedly for serious consideration of drug legalization.[4]
- For his entire first year in office, President Clinton virtually never mentioned the drug issue and offered no moral leadership or encouragement to those here and abroad fighting the drug war.[5]

Last December, the University of Michigan announced that drug use—particularly marijuana use—by 8th, 10th, and 12th-graders rose sharply in 1994, as it did in 1993 after virtually a decade of steady decline.

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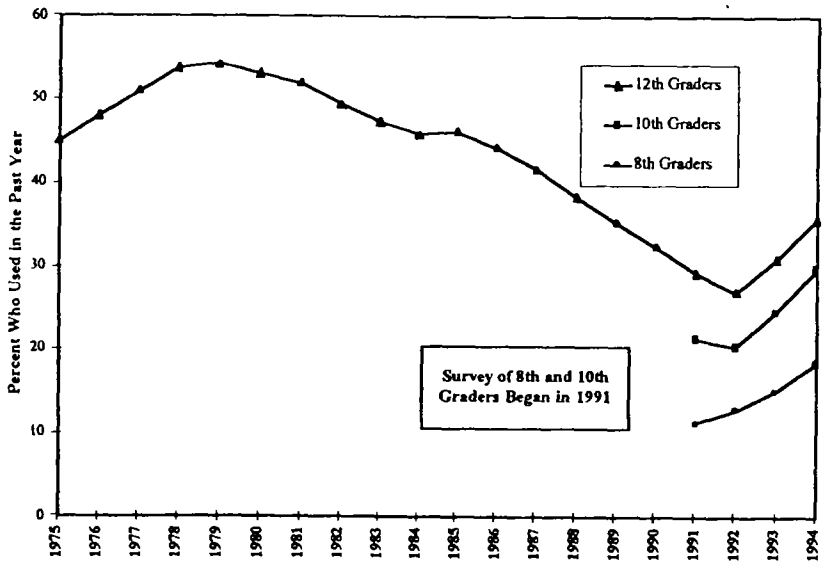
[1] On February 9, 1993 the White House announced that ONDCP would be cut from 146 staff members to 25. For more detail on drug czardom under the Clinton Administration see: Byron York, "Clinton's Phony Drug War," The American Spectator (February, 1994), 40–44.

[2] See: Michael Isikoff, "Reno Has Yet to Make Mark on Crime," The Washington Post (November 26, 1993), A1, A10, and A11.

[3] ONDCP, National Drug Control Strategy: Budget Summary (February, 1994), 184.

[4] See: Reuter, "Elders Reiterates Her Support For Study of Drug Legalization," The Washington Post (January 15, 1994), A8.

USE OF ANY ILLICIT DRUG BY 8TH, 10TH, AND 12TH GRADERS



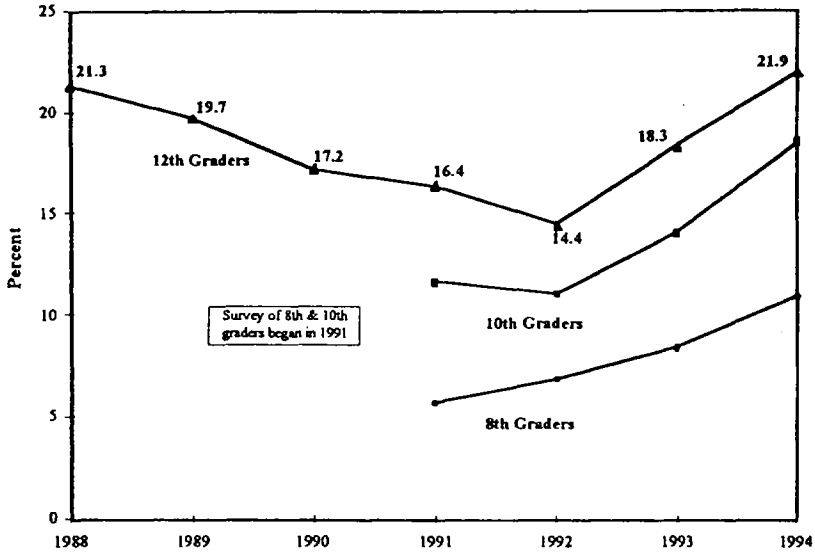
Source: Monitoring the Future Study, 1994

The study also revealed that student attitudes were becoming significantly less hostile toward illegal drug use, indicating further increases in use are almost certain in the coming year.[6]

In the category of current drug use—high school students reporting drug use at least once in the month they were surveyed—the past two years of the Clinton Administration have more than reversed the entire gain of the entire four years of declines during the Bush Administration.

[6] Press Release by The University of Michigan's Institute for Social Research on the "Monitoring the Future Study" (also known as the National High School Senior Survey—HSS) for 1994 (December 8, 1994) for 1993 (January 31, 1994).

CURRENT (PAST MONTH) DRUG USE BY EIGHTH, TENTH, AND TWELFTH GRADERS



Source: Monitoring the Future Study, 1994

In response to these results, the Center on Addiction and Substance Abuse at Columbia University warned that, "If historical trends continue, the jump in marijuana use among America's children (age 12–18) from 1992 to 1994 signals that 820,000 more of these children will try cocaine in their lifetime. Of that number, about 58,000 will become regular cocaine users and addicts."

The Administration also revealed that drug-related emergency-room cases—dominated by aging, inner-city drug addicts—have reached the highest levels ever, in reporting going back to 1978. Cocaine, heroin, and marijuana cases all increased sharply to record levels.

Finally, a Clinton Administration study entitled, "Pulse Check: National Trends in Drug Abuse," also published last December, reported the following:

Heroin

- More teenagers and young adults nationwide are using heroin, and some are also shifting to injecting as a primary route of administration.
- More middle and upper-class people are using heroin
- More people are inhaling or smoking heroin. And inhaling is still much more common than smoking.
- Many more people are seeking treatment for heroin than was the case last year.

Cocaine

- Cocaine use is stable but at a high level.
- Cocaine is being used by people of all ages and ethnicities.
- More people continue to seek treatment for cocaine use than for any other illicit drug.

Marijuana

- Children as young as 11 years old are using marijuana, and more teenagers are using it.
- More people of all ages and ethnicities are using marijuana.
- Many people are seeking treatment for marijuana, in some areas more than for heroin.[7]

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

In its "National Drug Control Strategy," released last month, the Clinton Administration notes that heroin, cocaine, and marijuana are now available at lower prices and higher purities than at any time in recent years.[8]

Put another way: if these trends continue, by 1996, the Clinton Administration will have presided over the greatest increase in drug use in modern American history.

Feeding Waste in the Drug Treatment Bureaucracy

The Clinton Administration has called for a reorientation of national drug control efforts focusing on treating hardcore addicts. There are some very fine drug treatment programs,[9] but the government treatment bureaucracy is manifestly ineffective. The Clinton Administration's claim that it will improve the drug problem by increasing treatment slots for hardcore addicts is hard to believe in light of the budget and data tables provided at the end of its own drug strategy last year:[10]

FEDERAL DRUG TREATMENT SPENDING AND PERSONS TREATED

Year	Budget Authority (in millions of dollars)	Estimated Persons Treated Nationally
1988	869	.....
1989	1,148	1,557,000
1990	1,639	1,509,000
1991	1,877	1,491,000
1992	2,205	1,455,000
1993	2,339	1,443,000
1994	2,514	1,412,000

Source: National Drug Control Strategy, 1994.

Although federal drug treatment spending almost tripled between FY 88 and FY 94, the number of treatment slots remained virtually unchanged and the estimated number of persons treated declined—from 1,557,000 in 1989 to 1,412,000 in 1994.[11]

Eroding International Anti-Drug Efforts

The claimed "new" attention to working with nations that are the sources of the illegal drugs consumed in the U.S., is neither new nor a real priority for the Clinton Administration. A partnership with the cocaine-source countries of Colombia, Bolivia, and Peru was launched by President Bush at his summit meeting with their presidents held in Cartagena, Colombia (February 15, 1990).

The results have been mixed and the real policy question is whether those results can be improved, and if so, how. The "new" Clinton approach says little about this issue, but raises the possibility of encouraging more drug crop eradication—an emphasis generally relied on in the 1980's with very disappointing results. The FY 95 Clinton request for international anti-drug programs is $428 million, $76 million above the amount enacted for FY 94. However, according to the Administration's own budget, its FY 95 request is $96 million below FY 93 funding and $233 million below FY 92—and the Administration failed to secure its full request last year.

Other nations are unlikely to take a "new initiative" seriously that has neither the interest of senior foreign policy makers or significant resources behind it. The drug problem is simply not a part of the foreign policy agenda of the United States under President Clinton—there is no carrot and no stick facing the countries from which the poison destroying American lives every day comes. This obvious fact, coupled with the first signs of an erosion of the progress against drug use made over

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

[9] For a through discussion of drug treatment and the elements of effective treatment programs see: ONDCP, "Understanding Drug Treatment."

[10] Treatment funding from: National Drug Control Strategy, Budget Summary, 187. Estimated treatment capacity from: National Drug Control Strategy (1994), 103, table B–8.

[11] Some advocates of greater federal treatment spending have asserted that while the federal government increased drug treatment spending, state and local governments cut such spending. There is no evidence to support this claim for treatment spending nationally. In fact, a study released by ONDCP last year, done by the U.S. Census Bureau, found that spending by state and local governments on all aspects of anti-drug programming increased between 1990 and 1991 (the two years measured)—and treatment spending (under the category health and hospitals) increased 28.1 percent for state governments and 25.2 percent for local governments between 1990 and 1991. See: ONDCP, State and Local Spending on Drug Control Activities: Report from the National Survey of State & Local Governments (October, 1993), 5. By the way (see: page 18), Arkansas ranked 48 out of 50 in 1990 and 49 out of 50 in 1991 in per capita anti-drug spending (prevention, treatment, and enforcement).

the last decade, fuels calls in other countries for abandoning anti-drug cooperation.[12]

Destroying the Intelligence Support to the Drug War

Finally, more and better intelligence on drug trafficking has been, and remains the key to disrupting and dismantling the drug trade at home and abroad. To be more efficient in the use of enforcement resources, to identify and attack the most important parts of drug organizations, and to reach those at the top of the most powerful drug organizations, sophisticated intelligence is indispensable.

The Clinton Administration, however, is now dismantling major parts of the intelligence support to the drug war. Last year, the Administration highlighted its proposal to cut $600,000 in intelligence funding for FY 95 (as compared to FY 94) is only a small fraction of the actual reduction sought in classified and unclassified programs, according to informed sources. Law enforcement, interdiction, money laundering investigations, combating corruption, and preventing drug-related terrorism all depend on first-rate intelligence. If we are to do more with less in tight budget times, we must be smarter, and only intelligence makes that possible.

THE DRUG PROBLEM TODAY

The Roots of the Drug Problem

Contrary to the conventional wisdom in some circles, the drug problem is one social pathology America has done a remarkable job of reversing. Most Americans have never used illegal drugs and have always been strongly opposed to their use. The illegal drug problem we face today began as part of the radical political and moral criticism of American culture and the related youthful rebelliousness of the late 1960's and the 1970's. These were much different than the forces that drove the only other national drug use problem that dated from the early twentieth century America. That earlier problem, America's "first" drug crisis as it is sometimes called today, had been spread by medical and pseudo-medical views that cocaine and narcotics were harmless health and performance enhancers. They were then widely dispensed in elixirs, tonics, prescriptions, and, of course, soft drinks.[13] That crisis too was reversed by enforcement changes and a cultural change of attitudes about drugs.

While the first drug crisis grew on the basis of health and what might be termed today fitness or wellness concerns, America's second drug crisis was largely driven by political forces. Faculty members at elite colleges and universities gave intellectual respectability to drug use at a time when those institutions were also a center of political activity. Themes of revolution, liberation, and drugs were intertwined in popular music, in other parts of the entertainment industry, and in the press and the media broadly. Drug use was "anti-establishment," it was described as liberating, and at times even presented as a path to "higher consciousness"—a part of political, moral, and spiritual superiority. The moral dimension of these attitudes was also visible in the vilification of drug enforcement personnel—"narcs"—who, among the young and fashionable, were hated as much, if not more, than Vietnam War veterans at the time.

As it turned out, alarm over the percentage of U.S. troops returning from the Vietnam War as regular heroin (and marijuana) users triggered the first phase of the war on drugs. The Nixon Administration would not tolerate a significant portion of servicemen returning from the war as drug addicts. The White House quickly established screening and treatment programs for returning military personnel. But to the surprise and relief of many, when most heroin and opium using GI's returned home, where the drugs were neither widely available nor acceptable, their use ended.[14] What was true about the availability and acceptability of heroin and opium in the United States, was not true of other illegal drugs, however.

The Roots of Today's Drug War

Although a large majority of Americans has always disapproved of drug use, a substantial—and culturally influential—minority stimulated a drift toward the de facto legalization of drug consumption during the 1970's. Penalties and enforcement were reduced, use became fashionable, and drug use among the young spread well beyond a rare phenomenon. When national measurement began in 1975, a majority

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[12] For example, see: "Colombians Press for the Legalization of Cocaine," The New York Times (February 20, 1994), A6 and Gabriel Garcia Marquez, "The Useless War," The New York Times (February 27, 1994), Section 4, 15.

[13] See: David F. Musto, The American Disease (Oxford University Press, 1987).

[14] Ibid., 258–9. Also see: James Q. Wilson, "Against the Legalization of Drugs," Commentary (February, 1990) 22.

of high school seniors reported trying an illegal drug at least once prior to graduation. For the next 15 years, the typical life experience of a high school senior included experimentation with illegal drugs. The legalization movement reached an apex in March, 1977 when the Special Assistant to the President for Health Issues, Dr. Peter Bourne, testified before the House Select Committee on Narcotics Abuse and Control in favor of the decriminalization of marijuana, joined by officials from the Justice Department, the State Department, the Department of Health, Education, and Welfare, and the U.S. Customs Service. At the time, Dr. Bourne and others also considered cocaine a prime candidate for decriminalization.[15]

But shortly thereafter, Dr. Bourne resigned following charges he had used cocaine and improperly written a prescription for a controlled substance. The Carter Administration suddenly faced growing popular concern that it was leading the country in a dangerous direction on the drug issue. Parents' groups formed to combat drug use by young people and challenge political efforts at decriminalization. Dr. Bourne had brought the matter to a decisive point and after his departure from the Carter White House, decriminalization was dead as a serious initiative at the federal level. Drug use remained at or very near historically high rates, however, with cocaine use rising into the next Administration. In 1974, one of the first national surveys found an estimated five million Americans had used cocaine at least one time in their life. By 1982, that number had more than quadrupled to 22 million.[16]

Two groups of events triggered a reverse in the growing acceptance of cocaine. The first was the shocking violence that Colombian cocaine traffickers—the "cocaine cowboys"—brought to Florida. Machine-gun shootouts at shopping centers made national news, along with ruthless killings without regard for the lives of innocent bystanders. The cocaine trade created a new type of wealthy and violent criminal gang. And as the use of cocaine spread, it seemed to bring with it levels of violence never before seen to American cities.

Second, cocaine use took an ominous turn with the creation of crack in the early 1980's. Crack was described as the purest, most intense high—and perhaps the most powerful addictive pleasure ever encountered. It was too good. Reports of "almost instant addiction" and crack and cocaine use by adolescents began appearing on national media. Then, Len Bias, on his way to a professional basketball career, and professional football player, Don Rogers, died within days of each other, both as a result of cocaine use. The death of these young men, in outstanding physical condition, put warnings about cocaine use—and illegal drug use in general—on the front page.

The initial news stories of Len Bias's death also inaccurately reported that he died using cocaine for the first time—yet it seemed that no one read or cared about subsequent corrections on this point. Some reports even claimed that Bias's last words were, "I can handle it." Young adult users who thought of drugs (cocaine in particular) as exciting fun, started to feel differently. The media now described a crisis: an unprecedented, wealthy, powerful, ruthless, foreign criminal cartel was marketing a deadly addictive substance on a massive scale, with even grade-school children becoming victims. Illegal drug use generally was portrayed as an enemy within—a cancer, threatening all segments of society, particularly our children.

The drug problem quickly became a proxy for the kind of nation America would become and winning the drug war a test of our national character. Although there were still a few critics who advocated legalizing drug use, they remained on the fringe and no national political figure even flirted with such a stance—at least not while in office. Rather, more and more criminal sanctions, government spending, and a national mobilization were called for, culminating in the creation of a Drug Czar—who would report directly to the President, with the sole job of waging the nation's drug war, and who some described as the commander-in-chief of that war. The Drug Czar was to take charge and turn the tide in the drug war. Congress did not itself create a serious national effort, but rather charged someone else with the responsibility of creating such an effort—and with the Drug Czar placed in the Executive Office of the President, that someone was, in fact, the President. To this day no other structure exists to direct and encourage national anti-drug efforts and fashion the roughly three dozen federal agencies responsible for various parts of the drug war into a unified federal effort.

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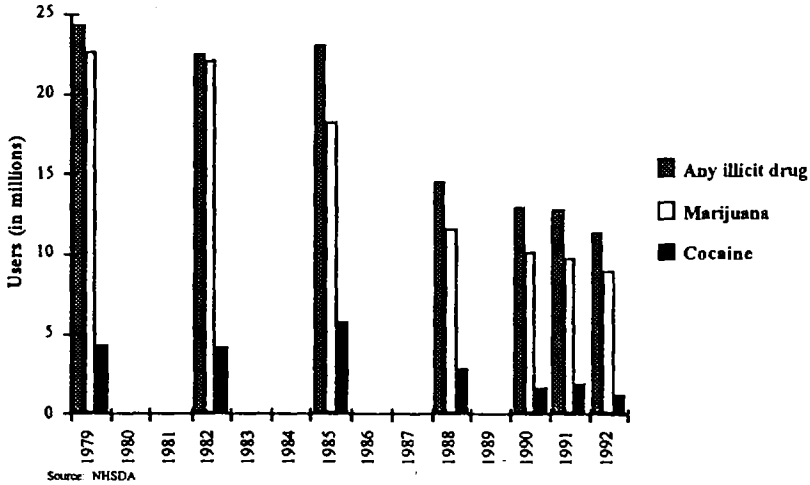
[15] Musto, 165.

[16] Dana Eser Hunt, and William Rhodes, "Characteristics of Heavy Cocaine Users, Including Poly Drug Use, Criminal Activity, and Health Risks" (Abt Associates Inc. for ONDCP, Spring, 1993), released by ONDCP August 9, 1993 as "Characteristics of Heavy Cocaine Users: A Research Paper," 1.

Putting an End to Casual Drug Use

Parents groups had already mobilized to fight illegal drug use by young people at the end of the Carter years. They received an important boost when First Lady Nancy Reagan made their cause her own. Many in the media were less than enthusiastic and some ridiculed the effort at times but it began to build strength, as evidence of the danger mounted and prevention activities, endorsed by the President and his wife, began to have an effect. And not only the young got the message.[17]

CURRENT DRUG USE AGE 12 AND OLDER



Use declined during the 1980's and by 1992, overall illegal drug use was less than half what it was at the measured peak in 1979. Declines in cocaine use lagged behind this general trend a bit. With the creation of crack, cocaine use grew in the early 1980's reaching a peak in 1985. Then it too fell, with current or monthly cocaine use (usually referred to as casual or non-addicted use) dropping almost 80 percent between 1985 and 1992. This was important because casual drug use is the vector by which drug use spreads—from friend to friend—and while not every casual user went on to become an addict, virtually every addict started as a casual user.

Even more important were the dramatic reductions in drug use by young people during the 1980's and early 1990's. Annual use of any illicit drug by high school seniors dropped from 54.2 percent in 1979 to 27.1 percent in 1992 and cocaine use fell from an annual rate of 13.1 percent at its peak in 1985 to 3.1 percent in 1992.[18] This not only means that fewer young people are exposed to the dangers of drugs, it also means that fewer adults will be drug users in the future. As a detailed study of responses to the National Household Survey on Drug Abuse found: "Regardless of the time (be it the 1970's, 80's, or 90's), respondents who have not tried a drug by the time they reach their mid-twenties are unlikely to ever do so."[19]

The following data are instructive for three reasons.

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[17] Unless otherwise noted, all the follow charts and data on drug use are from: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, "Preliminary Estimates From the 1992 National Household survey on Drug Abuse (NHSDA)," (Advance Report Number 3, June, 1993).

[18] Press Release, "Monitoring the Future Study" (January 31, 1994), table 3.

[19] Christine Smith and William Rhodes, "Drug Use by Age Cohorts Over Time," Abt Associates, Inc. (unpublished, quoted draft, August 11, 1992), 3. This is one of several contracted studies done for ONDCP. Some, like this one, have not been released by ONDCP, but the office now wants them to be available to interested individuals.

CURRENT USE OF ILLICIT DRUGS, CIGARETTES & ALCOHOL, AGES 12–25

	Estimated Users (in millions)	
	1988	1992
Alcohol	24.5	19.8
Cigarettes	12.8	10.9
All Illicit Drugs	7.2	4.9
Marijuana	5.9	3.9
Cocaine	1.5	0.6

Source: NHSDA

First, they show the extent of illegal drug use and its decline between 1988 and 1992 for the age group 12–25. Second, they make clear that the decline in drug use was comprehensive and did not merely involve a shifting from one drug to another or from illegal drugs to cigarettes and alcohol (as sometimes suggested by critics). Finally, as the chart above shows, illegal drug use fell at a greater rate proportionately than did cigarette and alcohol use—this despite extensive education campaigns against tobacco and alcohol use by the young. Although it is difficult to dissect such human phenomenon with scientific precision, it is clear that the categorical legal prohibitions against drugs—actively enforced—played an important part in keeping drug use smaller and making it decline more rapidly.

And where the greatest concern was brought to bear, cocaine use by young people, the greatest results were produced.

CURRENT COCAINE USERS, AGES 12–17 & 18–25

Age	1988	1992
12–17	225	55
18–25	1,323	514

Source: NHSDA.

The Addicted

The most obvious casualties of the fad of drug use in the 1960's, 70's, and 80's are today's drug addicts. The chart below reveals that the while the drop in casual cocaine use in particular has been rapid—and thus the source of potential new addicts has been curtailed—the heavy, addicted cocaine and heroin user populations remained roughly the same size.[20]

ESTIMATED NUMBER OF HEAVY AND CASUAL USERS OF COCAINE AND HEROIN, 1988–1991

Year	Cocaine Heavy Users	Cocaine Casual Users	Heroin Heavy Users	Heroin Casual Users
1988	2,082	7,347	642	539
1989	2,335	6,466	625	505
1990	1,966	5,585	515	471
1991	2,143	5,440	586	381

Source: Abt Associates, ONDCP.

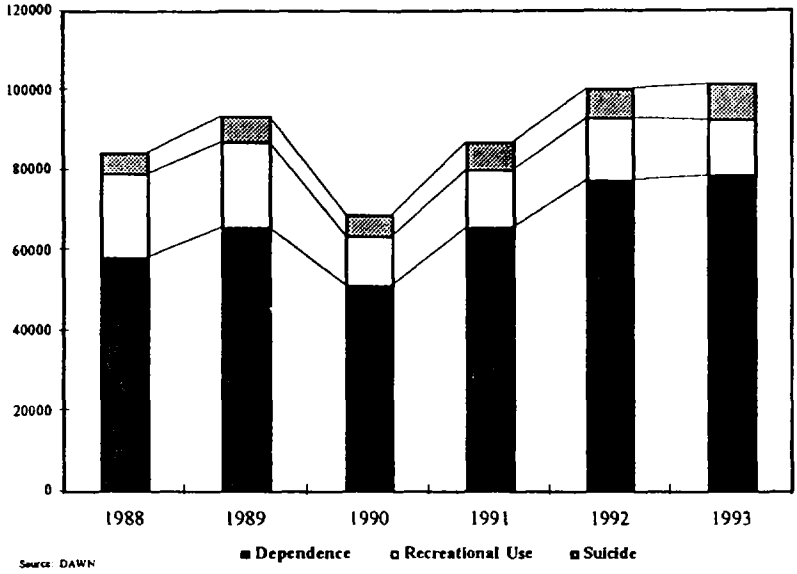
The demographics of the cocaine addicted population are difficult to specify with precision, but one useful indicator is the network of hospital emergency rooms that report cases involving drug. The Drug Abuse Warning Network (DAWN) is managed by the U.S. Department of Health and Human Services. Data from hospitals throughout the nation are compiled on a quarterly basis and annual summaries are also made, presenting a statistically representative picture of emergency room cases for the nation as a whole.

The DAWN reports reveal that more and more emergency room cocaine cases are related to addictive use.[21]

[20] William Rhodes, Paul Scheiman, and Kenneth Carlson, "What America's Users Spend on Illegal Drugs, 1988–1991" (Abt Associates, Inc., February 23, 1993), released by ONDCP, August 23, 1993, 10, table 1. This study contains the most recent analysis of the size of the drug using population as well as the volume and cost of the drugs they consume.

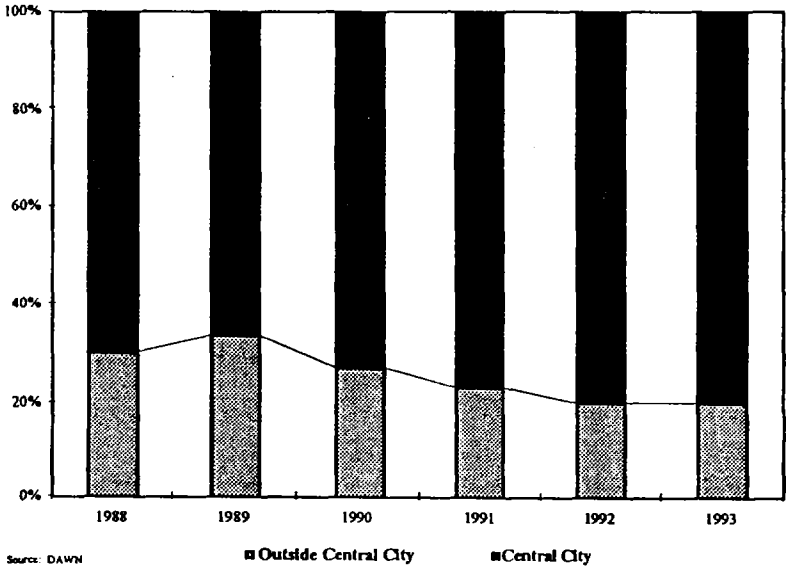
[21] The data cited below is from: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, "Estimates From the Drug Abuse Warning Network: 1992 Estimates of Drug-Related Emergency Room Episodes," (Advance Report Number 4, September, 1993), 45.

COCAINE EMERGENCY-ROOM CASES BY NATURE OF USE, 1988-1993



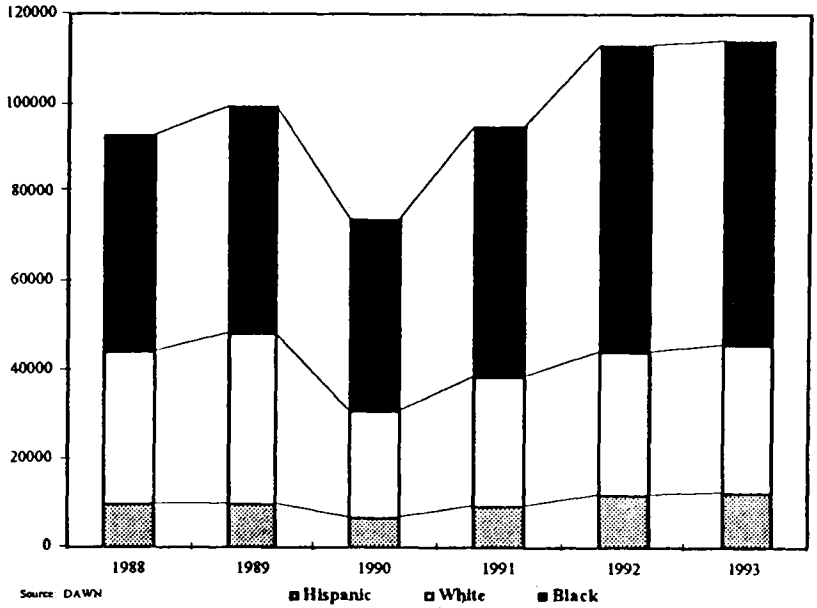
These cases are also increasingly focused in the nation's central cities.

COCAINE EMERGENCY-ROOM CASES BY LOCATION, 1988-93



And the population entering emergency rooms for cocaine-related problems is aging. Finally, the DAWN data reveal that cocaine-related emergency room cases are become more and more concentrated among black Americans.

COCAINE EMERGENCY-ROOM CASES BY RACE, 1988-1993



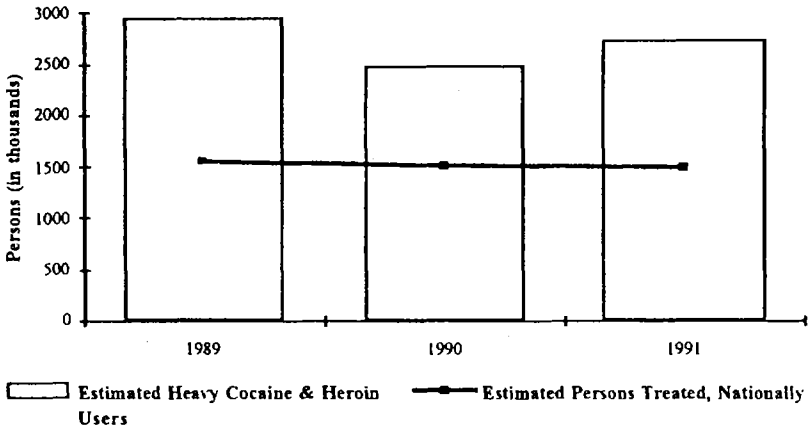
Similar demographic trends are also reflected in the data on heroin emergency room cases.[22]

Heavy cocaine users also tend to use a variety of other drugs (marijuana, heroin, sedatives, and others) and alcohol.[23] Both heavy cocaine and heroin users are predominantly male, unmarried (most never married), and most commit crimes and are frequently involved in the criminal justice system. They commit crimes—including selling drugs—as a means of income to purchase drugs. But heavy cocaine users in particular, also commit crimes as a result of "the effects of the drug itself (they become disinhibited and commit crimes), or because of a life-style choice (they participate in both drug use and criminal activity)."[24]

As noted earlier, while federal spending on drug treatment increased three fold, estimated treatment capacity has declined. Nonetheless, that capacity, measured in terms of persons served per year, is equivalent to more than half the total estimated number of cocaine and heroin addicts.

[22] Ibid, 46–47.
[23] "Characteristics of Heavy Cocaine Users," 7.
[24] Ibid., 10.

ESTIMATED HEAVY COCAINE & HEROIN USERS AND ESTIMATED PERSONS RECEIVING DRUG TREATMENT NATIONALLY



Source: Abt Associates, ONDCP, HHS

So, it is important to ask, bureaucratic waste and inefficiencies within the treatment system aside, why hasn't the system reduced the number of addicts?

Most addicts have been through treatment more than once. The harsh fact is that drug addicts like using drugs (even though most of them also dislike some aspects and consequences of their drug use). They sometimes admit themselves to treatment programs, not to stop using drugs, but to regain greater control over their drug use. But the overwhelming majority of the addicts entering treatment with the goal of ending their use are coerced to do so by the courts, family members, or an employer.[25]

A substantial number of addicts have been through many treatment programs. Some of those programs are simply not effective, but there are insufficient structures monitoring performance to force them out of business. Sometimes addicts and programs are not matched properly.[26] When the cocaine epidemic started there were many unused heroin treatment slots, but not enough slots for those needing treatment tailored for cocaine addiction. Government can, and should, act to increase accountability (insist that programs receiving federal funds demonstrate they are effective) and increase service capacity in target areas, but the federal government is a very blunt and rather slow instrument for getting this done. The federally funded portion of the treatment system is estimated to be less than half the total national spending on drug treatment and federal measures for accountability and targeting must attempt to reach through multiple layers of bureaucracy—in the federal government, and in state and local governments.

In addition, more and more of the addict population is older, with a long history of addiction from early adulthood—so-called "hardcore" addicts. Many of them are addicted to a variety of drugs and suffer from a range of pathologies, including severe mental disorders. The best treatment programs can still offer some hope of re-

[25] The criminal justice system is probably the single greatest cause of addicts entering treatment today. "Drug courts, and so-called "diversion programs," give less violent addicts a choice of entering and completing treatment or going to jail for an extended period. Former Washington, D.C. mayor, Marion Barry, may be the most well-known example of this practice.

[26] In remarks before "The 1993 National Summit on U.S. Drug Policy" (May 7, 1993), Dr. Mitchell S. Rosenthal, president of Phoenix House and one of the nation's foremost drug treatment authorities, noted that what he called "disordered drug abusers" (others might call them "hardcore addicts") require long-term, drug-free, residential treatment. This means 18 to 24 months of treatment within a therapeutic community. There are only an estimated 11,000 such slots nationwide and they cost an estimated $17,000 to $22,000 per year (Mitchell S. Rosenthal, "Asking the Right Questions About Treatment," (May 7, 1993). President Clinton's drug strategy completely ignores this problem.

covery, but it is also likely that for a substantial percentage of the most severely addicted there may be no effective treatment today.

A recent, long-term study of heroin addicts highlights this problem is stark terms. Five hundred eighty-one narcotics addicts (most of them heroin addicts) were studied at intervals over 24 years. The group originally entered treatment through a criminal justice program, the California Civil Addict Program, between 1962 and 1964. The 1985–1986 follow-up study found only 25 percent of the group tested free of opiates, 6.9 percent were in a program of methadone maintenance (receiving the drug methadone to block the "high" resulting from heroin use and thus remove the strongest reason for such use), and 27.7 percent of the group (now in their late 40's) had died—and the mortality rate was accelerating. The researchers warn: "The results suggest that the eventual cessation of narcotics use is a very slow process, unlikely to occur for some addicts, especially if they have not ceased use by their late 30's."[27]

On August 9, 1993, Clinton Administration Drug Policy Director, Lee Brown, released a research paper, "Characteristics of Heavy Cocaine Users." That study contained a similar, sobering conclusion regarding the success rates of treatment programs for cocaine addicts:

> . . . while many users benefit from treatment, compulsive use is most frequently a chronic condition. The Treatment Outcome Prospectives Study (TOPS) showed that for every 10 clients who used cocaine regularly during the year prior to treatment, six clients had returned to heavy use one year after treatment, and eight clients had relapsed into heavy use within three to five years after treatment. These statistics do not accurately reflect the success of treatment outcomes. (The TOPS study is the most recent large-scale study of treatment outcomes. Many smaller scale treatment studies show results with better long-term outcomes.) Nevertheless, the TOPS data suggest that treated cocaine users are more likely than not to return to drug use.[28]

Those who assert that "treatment is the answer" and those who advocate legalizing drugs and retrieving those who become addicted by expanding drug treatment, never confront the fact that today a significant portion of those who are addicted to cocaine and heroin will die of that addiction and treatment alone will not save them.

In last year's crime bill large sums were offered for drug courts. These provisions were highlighted by liberals who announced that they were being "smart and tough." The model, and essentially the justification, for this funding was the Miami Drug Court and Attorney General Janet Reno's personal involvement with it as a prosecutor. But last August, as the crime bill fight was near its peak, the Miami Herald published a lengthy report raising serious questions about the effectiveness of the program.[29] In particular, the program established to divert first- and second-time drug offenders into treatment instead of prison was being used by robbers and burglars to serve as little as 45 days. And in December the Herald reported that the chief judge overseeing the Miami drug court order an audit of the entire program, expressing alarm that it "had no mechanism to measure whether it was succeeding."[30] A central flaw in the rush to embrace drug courts as a major answer to addiction and crime is that a very large number of addicted offenders today are long-term, hard-core addicts who are poorly suited for diversion programs. Drug courts, properly run, may hold promise for treating young addicts. But young addicts are not the primary problem.

Last year, two groups of studies were released that purport to demonstrate the effectiveness of drug treatment and its superior cost-effectiveness to all other categories of drug-enforcement and supply control. One, funded by the California Department of Alcohol and Drug Programs, received attention for its conclusion that treatment "averages [a] $7 return for every dollar invested." But it included both alcohol and drug addiction and was thus too broad to be enlightening in regard to the cost-effectiveness of treating cocaine, and particularly crack, addiction—the most destructive addiction threat today. Moreover, the study relied on two sample groups with only a 50 percent and 46 percent response rate. Despite efforts to impute outcomes for nonrespondents from respondents, it is probable that the nonrespondents

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[27] Yih-ing Hser, M. Douglas Anglin, and Keiko Powers, "A 24-Year follow-up of California Narcotics Addicts," The Archives of General Psychiatry 50 (July, 1993), 577–584. Quotation from page 577.

[28] "Characteristics of Heavy Cocaine Users," Emphasis added.

[29] Jeff Leen and Don Van Natta, Jr., "Drug Court: Favored by Felons," The Miami Herald, August 29, 1994, p. 1A.

[30] Jeff Leen and Don Van Natta, Jr., "Controversial Drug Court," The Miami Herald, December 18, 1994 p. 24A.

constitute very high—with the precise level unmeasured—treatment failures.[31] In addition, none of the sympathetic news reports noted that such "benefits-to-society-for-every-dollar-invested" studies for expenditures on prisons and jails have produced estimates as high as 17–1.

A second, widely-reported study, was funded in part by the White House drug office, and conducted by the RAND Corp. It was entitled "Controlling Cocaine," and concluded that "[t]reatment is seven times more cost effective in reducing cocaine consumption than the best supply control program."[32] Most of the press reports on the release of this study failed to mention that even Clinton Administration drug office officials participating in the release distanced themselves from the reliability of the methods RAND used to measure the effectiveness of supply control programs.[33] And to our knowledge none of the press reports explained what the study actually found in regard to the effectiveness of programs treating cocaine addicts.

In reviewing all forms of cocaine treatment, RAND found that 20 percent of addicts continue using drugs while in treatment and only 13.2 percent of the cocaine addicts treated reduce their drug use below weekly or more frequent use (what RAND defined as "heavy use") during the year following their treatment. Overall, RAND reported, only "6 percent of heavy users leave heavy use each year [i.e., to something less than heavy use, not to be equated with no use]. About two-thirds of that out flow is apparently due to existing treatment programs . . . [and] one third of the total annual outflow from heavy use is estimated to be due to unassisted desistance from heavy use."[34]

In other words, overall, cocaine treatment is only 4 percent effective in reducing heavy use and only two percent more effective in reducing heavy use than no treatment at all. Needless to say, if the effectiveness of cocaine treatment were measured in terms of the percentage of addicts who stopped using cocaine altogether and for good, these numbers would be much, much smaller.

While we should continue to support treatment programs, we need to face the harsh reality of cocaine and crack addiction: most addicts are likely do die from the effects of their addiction, sometime in their 40's, if not earlier. This is yet one more compelling reason why preventing casual drug use by young people—the first step on the path to addiction—is so important.

As long as the drug problem is discussed in terms of treatment vs. enforcement or supply vs. demand, it will remain fundamentally misguided. These dogmatic positions are at odds with both reality and commonsense. An effective drug policy should begin with this assumption: as long as young people and those who receive treatment reside in communities where the supply of dangerous, addictive drugs remains plentiful—i.e., where there is de facto legalization—prevention and particularly treatment efforts will be severely undercut and for purposes of national policy, ineffective.

The Illegal Drug Trade, Supply Reduction and Addiction

What is increasingly an addict-driven trade today is dominated by cocaine.

ESTIMATED U.S. EXPENDITURES ON ILLICIT DRUGS, 1988–1991

Year	Cocaine	Heroin	Marijuana	Other Drugs
1988	26.5	9.7	9.5	3.2
1989	30	9.4	8.5	2.8
1990	26.9	8.2	7.5	2.3
1991	29.7	8.9	7.7	2.4

Source: ONDCP, Abt Associates.

Three-fifths of the total spent on illegal drugs is spent on cocaine—and today that means crack. And as it turns out, actual reductions in the population of heavy cocaine users seem to have come not from treatment programs, but from the very supply reductions efforts President Clinton is now dismantling.

[31] National Opinion Research center at the university of Chicago, "Evaluating Recovery services: The California Drug and Alcohol Treatment Assessment (CALDATA)," April, 1994, p. 11.

[32] C. Peter Rydell and Susan S. Everingham, "Controlling cocaine: Supply versus Demand Programs," Rand, 1994. The above quotation is from the RAND press release on the report, June 13, 1994, p. 1.

[33] ONDCP, statement of Fred W. Garcia, Deputy Director for Demand Reduction, White House Office of National Drug Control Policy, on the Rand Studies "Controlling cocaine: Supply versus Demand Programs" and "Modeling the Demand for cocaine," June 13, 1994, p. 1–2.

[34] "Controlling Cocaine," p. 20.

Working with cocaine source countries (Colombia, Peru, and Bolivia) on reducing coca[35] crops stopped the increase in cultivation that occurred during the 1980's, but did not substantially reduce the crop size as a whole.[36]

TOTAL COCA CULTIVATION

Year	Hectares
1986	170,095
1987	175,310
1988	200,460
1989	220,365
1990	220,850
1991	206,240
1992	211,700

Source: INCSR.

Eradication of plants under cultivation had been a principal emphasis of U.S. anti-drug policy in the 1980's. It produced very poor results, however. It was continued, where feasible, during the Bush Administration, even as interdiction and attacks on traffickers' organizations and infrastructure were launched. Since 1987, eradication efforts in cocaine source countries has produced less than a 10 percent reduction in estimated potential cocaine production, and it only came close to 10 percent in one year—1992.

POTENTIAL COCAINE PRODUCTION

Metric Tons

Year	Net	Reductions from Eradication
1987	906	920
1988	820	856
1989	772	812
1990	876	890
1991	884	890
1992	914	1,009

Source: INCSR, ONDCP.

Interdiction of cocaine within the source countries and in transit from them to the U.S. has substantially reduced the potential supply of cocaine that could arrive on American streets, however.

ESTIMATED COCAINE AVAILABLE TO THE U.S. MARKET

Metric Tons

Year	Low estimate	High estimate
1987	387	547
1988	325	479
1989	376	531
1990	333	482
1991	272	415
1992	263	398

Does not include reductions from seizures by state and local law enforcement in the U.S.

What could arrive, based on what could be produced, minus what was seized, declined between 1989 and 1992. The biggest areas of increased seizures has been in South America, and U.S. assistance, particularly military detection and tracking as-

[35] Coca is a bush whose leaves are processed to extract cocaine.

[36] U.S. Department of State, International Narcotics Control Strategy Report (INCSR), (April, 1993), 15 and 16. This chart and the next four charts are based on the INCSR data and unpublished analyses by the staff of ONDCP's Office of Research, undertaken during the Bush Administration.

sistance, supported interdiction throughout the hemisphere and even contributed to forced losses in the face of imminent apprehension by authorities.

In 1992, half or more of potential cocaine production was seized.

ESTIMATED COCAINE DISTRIBUTION—1992

	Percent
Equiv. Consumption, Peru & Bolivia (118–163 mt)	12–16
Foreign Seizures (202 mt), Eradication (95 mt), & Known Losses (26 mt)	32
U.S. Federal Seizures (123 mt)	12
U.S. State & Local Seizures (60 mt)	6
U.S. Consumption (203–388 mt)	20–33
Non-U.S. Shipments (48–137 mt)	5–14

Note: Chart uses midpoints where estimates employ a range.
Source: INCSR, EPIC, ONDCP.

Not only has interdiction stopped almost twice as much cocaine as that actually consumed, supply reduction efforts actually seem to have contributed to a reduction in cocaine emergency room cases and a reduction in the population of cocaine addicts.

In August, 1989, what is widely believed to have been the Medellin Cartel, led by Pablo Escobar, carried out the assassination of Colombian presidential candidate, Carlos Galan and publicly declared war on the Colombian government. In response, Colombian-President Virgilio Barco launched the broadest and most intense attack on the cocaine cartels in history. Shortly after that crackdown began, the U.S. military deployed the most extensive detection, tracking, and interdiction effort ever mounted, against cocaine transit from the Andean countries north. These events produced a substantial disruption in the cocaine supply to the U.S. from the very end of 1989 into 1991, although there are no exact measures of the magnitude of that disruption (and the previous estimates of potential production cannot fully capture it). Nonetheless, there are important indicators of significant disruption with beneficial consequences, particularly for heavy cocaine users.

Reductions in the supply of cocaine would be reflected at the retail level by an increase in street prices, a decline in purity, or both, or by scarcity, if the disruption is large and sudden enough. During the activities listed above there were periodic reports by law enforcement agencies that cocaine trafficking groups they had under investigation were experiencing problems securing cocaine or securing it in a timely manner, even at a higher price. These reports could not be rendered as precise empirical data, however.

But DEA does compile data on cocaine prices throughout the nation and reports that data on a quarterly and yearly basis. This data reveals that in gram amounts—the accepted retail quantity—the downward trend in prices and upward trend in purity through early 1989 abruptly reversed.[37]

RETAIL COCAINE PRICE AND PURITY IN THE U.S., 1988–1992

(Average for One Gram)

Year	Price (in dollars)	Purity (in percent pure cocaine)
1988	85	70
1989	80	66
1990	105	54
1991	105	59
1992	90	67

Source: ONDCP, Abt Associates, STRIDE.

The magnitude of this change in availability is perhaps best represented by using a standardized price; that is, a price that reflects both price and purity changes by calculating the cost of a 100 percent-pure gram of cocaine at each point of measurement.[38] And this reduction in the availability of cocaine—driving the price up and

[37] Unpublished results of an ONDCP-funded analysis of data from DEA's System to Retrieve Information from Drug Evidence (STRIDE). The analysis was conducted by Abt Associates, Inc. Presented in an ONDCP briefing, "Domestic Cocaine Situation," January 27,1993.

[38] Ibid.

the purity down—coincided with a 27 percent reduction in cocaine emergency room mentions between 1989 and 1990:[39]

STANDARDIZED RETAIL COCAINE PRICE AND COCAINE EMERGENCY ROOM CASES, 1988–1992

Year	Price per 100% Pure Gram (in dollars)	Number of emergency-Room Mentions
1988	121	101,578
1989	121	110,013
1990	194	80,355
1991	178	101,189
1992	134	119,843

Source: ONDCP, Abt Associates, DAWN.

Medical examiner reports of deaths related to cocaine use during this period also declined. Analysis initiated by ONDCP and released in the publication "Price and Purity of Cocaine: The Relationship to Emergency Room Visits and Deaths, and to Drug Use Among Arrestees,"[40] found cocaine price increases, purity reductions and declines in cocaine emergency room cases, deaths, and cocaine use among arrestees for all the more than 20 largest U.S. cities for which the data is available.

Further, this cocaine supply reduction also coincides with the estimated decline in number of heavy cocaine users previously cited.[41]

STANDARDIZED RETAIL COCAINE PRICE AND ESTIMATED NUMBER OF HEAVY COCAINE USERS, 1988–1991

Year	Estimated Heavy Cocaine Users (in thousands)	Price per 100% Pure Gram (in dollars)
1988	2,082	121
1989	2,335	121
1990	1,966	194
1991	2,143	178

Source: ONDCP, Abt Associates.

Several general points must be emphasized here. First, this analysis is limited by the available data. Nonetheless, the reduction in cocaine availability seems beyond question and that it was a key causal factor the decline in cocaine use, particularly heavy use, is the most obvious and reasonable conclusion in light of the data. But this cannot be "proven" with the precision that might be demanded in circumstances where the available data were more extensive.

Second, it should be remembered that cocaine price and purity is affected by both supply and demand. We know from the National Household Survey on Drug Abuse that casual or non-addictive use of cocaine was dropping dramatically immediately prior to and during this period. While non-addictive users consume a much smaller quantity of cocaine than heavy or addicted users, an almost 80 percent drop in non-addictive users between 1985 and 1992, certainly reduced demand in a significant, if limited extent (which is not measurable by existing surveys and analyses). In order to increase cocaine retail prices and reduce purity, supply reduction efforts would have to cut supply beyond the amount that would have satisfied the reduced

[39] Office of Applied Studies, Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services, "Estimates From the Drug Abuse Warning Network: 1992 Estimates of Drug-Related Emergency Room Episodes," (Advance Report Number 4, September, 1993), 45.

[40] ONDCP, "Price and Purity of Cocaine: The Relationship to Emergency Room Visits and Deaths, and to Drug Use Among Arrestees," October, 1992.

[41] See note 20.

demand. So the actual supply disruption may be greater in magnitude than the magnitude of the change in the price and purity data.[42]

Finally, we should ask, do most prominent cocaine traffickers have sufficient market control to manipulate prices by controlling supply? If they do, price and purity reports cannot be used to indicate market disruption directly and may be of no use at all for this purpose. There is no definitive knowledge of the extent of traffickers' ability to manipulate the cocaine market. In smaller transactions and at the wholesale level in particular areas, law enforcement investigators have reported efforts by particular groups to influence prices by withholding supply, but these have been limited in both scope and duration. There is no evidence of either large-scale efforts to manipulate availability or the ability to do so.

The cost of the entire international drug control effort for programs and assistance to foreign countries rose from $209 million in fiscal year 1988 to $660 million in 1992 (its peak); it moved from 4.4 percent to 5.6 percent of the federal drug control budget. Interdiction costs increased between 1988 and 1992, but almost that entire increase involved the estimated cost of Department of Defense (DOD) activities in support of the anti-drug effort. And even with this increase, interdiction costs as a percentage of the federal drug control budget declined between FY 89 and FY 92.

If measured strictly by results, our national prevention efforts produced the most outstanding achievements—dramatic declines in casual cocaine use in particular—and, contrary to conventional opinion, interdiction and cocaine source country programs seem to have been the crucial cause of the only reductions in heavy or addictive cocaine use.

Why didn't the reduction in cocaine supply continue throughout 1991 and beyond? The movement of U.S. military resources to the Persian Gulf for Desert Shield and then Desert Storm, beginning in the summer of 1991 reduced interdiction coverage, particularly in regard to some of the most powerful airborne and surface naval systems. Those resources were never returned to previous levels and although there were plans within ONDCP to make this a major policy issue for Presidential decision in connection with the FY 1994 Strategy, but the Administration ended before that Strategy was crafted. In addition, without going into all the activities of the Andean Strategy, the crucial pressure on the traffickers applied in Colombia, declined, first, because a significant police and military forces had to be diverted to providing security for a national election and a constitutional referendum. And later—after the surrender of several major traffickers—security forces focused, twice, on a manhunt for Pablo Escobar (before his first surrender and after his escape). This is not to say that all pressure on the cocaine trade in Colombia ended in 1991—it did not. Even the imperfect cocaine production estimates show that considerable damage was done to trafficker activities, but the damage fell short of the magnitude of the 1989–1990 period and was hampered by protracted difficulties in initiating meaningful Peruvian anti-drug efforts.

Today, all of the source country governments are reducing their performance against the cocaine trade and there is no visible effort by the Clinton Administration to prevent the utter disintegration of the most effective international anti-drug partnership of the last decade. If President Clinton lets source-country programs collapse, we face the prospect of foreign nations permitting the unchallenged production and shipment of illegal drugs to the U.S. and throughout the world; in short, uncontrollable supplies of illegal drugs.

And the supply of drugs—measured in their retail price and purity (which can be stated as their standardized price as cited above)—bears a direct relationship to the number of people who will enter emergency rooms with drug-related emergencies.

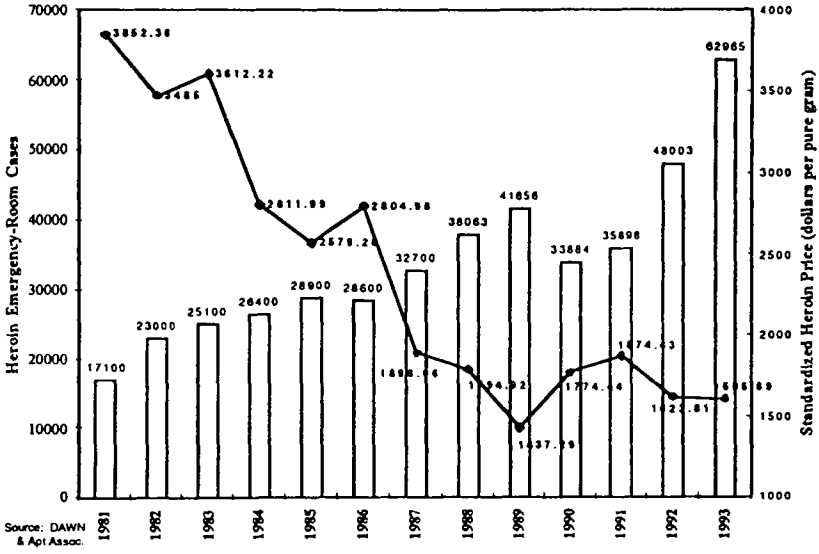
[42] The decline in heavy cocaine use in the face of increased price indicates an important difference between casual and addictive use. As long as cocaine is easily obtainable, it seems that casual users not deterred by prevention efforts are unlikely to be deterred by even moderate increases in street-prices. This is probably because they are paying so little of their disposable income on the drug, such price increases do not affect their ability to obtain it. Many heavy users, on the other hand, are using most of their disposable income to purchase cocaine (crack). When the price goes up they generally have to make due with less of the drug. This leads some of them to enter detox and treatment and apparently reduces the rate at which those who continue using suffer the health problems that cause them to appear at emergency rooms.

COCAINE EMERGENCY-ROOM CASES AND STANDARDIZED COCAINE PRICE, 1981–1993

Year	Number of Emergency-Room Cases	Standardized Cocaine Price (in dollars per pure gram)
1981	9,800	373.02
1982	12,400	379.49
1983	15,200	348.93
1984	24,400	318.2
1985	28,800	321.51
1986	51,700	261.5
1987	91,800	208.34
1988	101,578	166.36
1989	110,013	155.48
1990	80,355	221.75
1991	101,189	176.74
1992	119,843	174.35
1993	123,317	169.1

Source: DAWN & Apt. Assoc.

HEROIN EMERGENCY-ROOM CASES AND STANDARDIZED HEROIN PRICE, 1981-1993



MARIJUANA/HASHISH EMERGENCY-ROOM CASES AND AVERAGE MARIJUANA PRICE, 1988–1993

Year	Number of Emergency-Room Cases	Average Marijuana Price (in dollars per bulk gram, purchase of 1 oz. or less)
1988	19,962	7.64
1989	20,703	9.37
1990	15,706	13.45
1991	16,251	12.75

MARIJUANA/HASHISH EMERGENCY-ROOM CASES AND AVERAGE MARIJUANA PRICE, 1988–1993—Continued

Year	Number of Emergency-Room Cases	Average Marijuana Price (in dollars per bulk gram, purchase of 1 oz. or less)
1992	23,997	10.82
1993	29,166	12.77

Source: DAWN & Abt Assoc.

In short, greater supply means greater demand.

WHAT IT WILL TAKE TO RIGHT A REAL DRUG WAR TODAY

President Clinton's abandonment of the drug war creates a formidable obstacle to building on what has been achieved in the anti-drug effort and reducing the remaining problem. There is very little likelihood that the federal government will offer the leadership and support that existed in the last two administrations.

If the federal government were serious about finishing the drug war it would undertake measures such as the following:

- Applying direct presidential leadership in the renewal of prevention efforts for young people, first and foremost.
- Uniting current federal anti-drug support to states and localities—totaling at least $3.5 billion for FY 94[43]—into a single anti-drug block grant that communities can use for their anti-drug priorities, from prevention programs to prison construction, from treatment programs to security enhancements in schools and public housing.[44] This block grant should have a limited duration, however, so that states and localities take over responsibility for these activities after three years.
- Putting the U.S. military in charge of stopping the flow of illegal drugs from abroad, requiring federal law enforcement agencies responsible for drug interdiction to operate under the overall command and control of the military.
- Insisting that cocaine-source countries, reduce their net production of drugs substantially or face a loss of aid, and trade and diplomatic sanctions.
- Requiring the Attorney General to prepare a report within six months identifying all major drug trafficking organizations known to be operating in the U.S. and a plan to deploy federal enforcement personnel to dismantle them all within 18 months (and a plan to repeat the process yearly).[45]

Of course, it is unrealistic to expect the Clinton Administration to undertake these measures in light of their record. But it is also irresponsible to take the position that nothing can be done as long as the Clinton Administration turns its back on the drug problem. Citizens throughout the nation and local governments can take decisive steps to reduce today's chug problem dramatically.

Renew Efforts to Prevent Drug Use by Young People

Drug prevention must be the cornerstone of all anti-drug efforts. With the decline in use by teenagers, recognition of the importance of effective prevention measures has diminished. Last year's increases in teenage use are a reminder that each generation must be taught that illegal drug use is wrong and harmful. This lesson must be taught by the community as a whole; indeed, by our culture.

Educators sometimes complain that they lack tested and proven anti-drug curricula—a lesson prepared by experts that keeps young people who are exposed to it from using drugs when the same group of young people not exposed to it would use drugs. This is extremely naive. Children learn about things such as drug use by what the adults around them as a whole say and do. Parents teach by example and

[43] Approximately $599 million in the Department of Education, over $1.8 billion in the Department of Health and Human Services, and over $1.1 billion in enforcement and demand-reduction program funding in a variety of other programs.

[44] The new program could avoid feeding government bureaucracies by forbidding the use of any funds for administrative purposes and requiring that at least half of all non-law enforcement expenditures be spent on activities operated by private sector organizations, fully open to religiously affiliated groups (many of whom have outstanding programs for young people and the rehabilitation of addicts).

[45] Attorney General Dick Thornburgh prepared a report something like this which he released August 3, 1989 ("Drug Trafficking: A Report to the President of the United States"). But it was not made a battle plan for federal drug enforcement.

by what they make a consistent and serious topic of right and wrong. The same is true of schools and the communities in which children are raised. If drug use and sale is not aggressively opposed and prevented, children learn it is acceptable, despite what some adults may tell them occasionally.

Teaching drug prevention must be a part of teaching children right from wrong and it will always fall to parents to provide that education in the home and act to ensure that schools and their communities are teaching the same lesson effectively. This is easier if national leaders and other adults in positions of responsibility set the right example and speak visibly in support of parents. Since that national support has largely evaporated, parents, churches, schools, youth organizations, and communities are even more crucial as teachers of drug prevention.

End the de facto Legalization of Drugs in American Cities—Close Open-Air Drug Markets

Open-air drug markets feed addiction and are a visible sign of the toleration of the drug trade in our nation. It is time to end the national disgrace that such markets are tolerated in every major city in this country. In its Winter, 1992 issue, Policy Review, published an article by Reuben M. Greenberg, chief of police of Charleston, South Carolina.[46] Chief Greenberg explains in detail how drug markets can be closed with aggressive, committed leadership and within the current resources of most local law enforcement agencies. He demonstrated that the view that drug pushers cannot be driven from our city streets without prohibitive costs is simply false. Drug pushers cannot operate effectively when law enforcement personnel are present and forcing drug deals from open spaces makes them more difficult, dangers and less numerous. The Charleston example, and others like it on a smaller scale conducted by neighborhood patrols in communities throughout the nation, point to what can be achieved. Creating the necessary presence and maintaining it in response to relocation efforts by drug dealers is doable, if closing drug markets is made a priority. Chief Greenberg did not use massive arrests and he did not violate civil liberties. What he did do is get pushers off the streets of his community, and free poor neighborhoods from criminal siege, and restore a climate that promoted economic renewal in those neighborhoods. This must be repeated in all our cities.

Mayors, city councils, and police chiefs should pledge to close all open air drug markets in their communities in the next year. Citizens should demand such a pledge and make clear that they intend to insist that those officials who do not keep it are removed from office. It is time to stop claiming that the crime and drug problem in our communities can only be fixed by the federal government. Decisive action can be taken by local officials and community members now.

Drug Testing

Drug testing is a proven tool to discourage drug use by individuals in treatment and those in the criminal justice system. Good treatment programs require testing regularly and apply sanctions against individuals who are caught returning to drug use. Drug testing arrestees provides a basis for using bail, sentencing, release conditions and other aspects of the criminal justice system to compel individuals to stop using drugs. Including an extended period of regular testing after convicted drug-using offenders complete their sentences, discourages a return to drug use and crime.

Positive drug tests must involve steadily escalating penalties (starting with a one or two-day return to jail or a half-way house and moving to reincarceration for an extended period). Most heavy drug users pass through the criminal justice system and any short-term costs of creating temporary detention facilities for the enforcement of a drug testing program will save larger costs to the community in repeated criminal justice expenditures on the same individuals and the damage their crimes do to the innocent.

A Public Service Challenge for Local Media

The news media brought home to Americans the dangers of illegal drugs in the latter part of the 1980's. It also provided hundreds of millions of dollars in public service messages designed to discourage drug use. Local media can play a crucial part in helping communities do what needs to be done today.

Local media should bring public attention to bear on open-air drug markets. Where are they? How many are there? And most importantly, why are they allowed to continue in operation?

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[46] Reuben M. Greenberg, "Less Bang-Bang for the Buck. The Market Approach to Crime Control," Policy Review (Winter 1992), 56–60.

Local media should help their communities understand the elements of effective drug prevention programs for young people and where such efforts are being done well and where they are being done poorly in their cities and towns. Is teenage drug use going up or down? How are the drugs that threaten children entering the community and what can be done to stop them? How can parents get reliable drug prevention information for their children?

What is the drug treatment situation in the community? Which programs have a proven record of success and which are wasting resources? What types of community support would help make treatment and rehabilitation more effective? Where can people go to get help?

Many communities have created partnerships between the media and police to publicize wanted criminals and receive tips from citizens that help in their apprehension. These partnerships should be expanded. Investigative reports on the major groups or gangs supporting the local drug trade—identifying their membership, where do they operate, and what law enforcement needs to learn about them to put them out of business—can stimulate vital community support for effective enforcement. Such reporting also is vital for providing citizens with the information they need to hold their local officials accountable for curtailing the drug trade in their communities.

CONCLUSION

The Clinton Administration has turned its back on the drug problem and taken actions that undermine achievements in prevention, interdiction, and enforcement. The Administration's promise to reduce drug addiction utterly fails to address the problems in the drug treatment bureaucracy; problems that have brought fewer and fewer results despite more and more spending. If the nation is to prevent a return to the levels of drug use of years past, local communities must take the necessary steps to drive the drug problem from their neighborhoods: make sure children are taught by word and example that drug use is wrong and harmful; close open-air drug markets; make drug testing a cornerstone of drug treatment and the sanctions of drug users entering the criminal justice system; and local media should systematically, and regularly, report on the state of the local drug war, informing citizens on what needs to be done—and how—to overcome drug use and drug trafficking.

Mr. ZELIFF. Thank you very much.

The former head of the Nation's Drug Enforcement Administration under President Clinton and President Bush, a former Federal judge and currently at Gibson, Dunn & Crutcher, Judge Robert Bonner, it's an honor to have you here. Thank you very much for appearing.

Mr. BONNER. Thank you, Mr. Chairman. And I'm delighted to be here. I also have submitted a written statement that I would like to be made part of the record in this matter.

And I would like to just, if I could, Mr. Chairman, very briefly summarize just a few highlights that I think would be well for this committee to keep in mind as it considers the issue of drug control strategy.

First of all, let me say, Mr. Chairman, I come before the committee deeply troubled, deeply troubled by a number of factors—one, by the data that does point to an upsurge in drug use in the last 2 years, particularly among our teenagers; troubled by the absence of an effective national drug control strategy; and also troubled by an absence of Presidential leadership in this area, leadership that I can tell you is so important and so critical to the formulation and implementation of a national drug strategy.

I'm troubled because we're witnessing, as has been mentioned here, a roll-back over the past 2 years of hard-fought victories that were achieved between the mid-1980's and into the early 1990's, progress that while still largely unacknowledged, was nonetheless substantial.

I think the committee should bear in mind and the subcommittee should bear in mind that the goal of a national drug control strategy, I think simply put, is first to contain and then to reduce and reduce dramatically the number of regular drug users in our society.

And by doing so, we decrease the number of nonproductive, dysfunctional citizens amongst us, and we decrease the enormous cost to society in the form of drug-related crime, violence, increased health care cost, lost productivity, and the like.

Using that standard, that tough standard of containment and reduction, progress registered during the period roughly from the mid-1980's into 1992 was pretty extraordinary. I know some of the statistics have been mentioned, but it is dramatic.

Let me just start with cocaine. And this is according to the National Institute of Drug Abuse, NIDA, data, the household survey. Regular users of cocaine, people that use cocaine once or more a month in 1985 was 5.8 million Americans. By 1992, that had dropped to 1.3 million.

Similarly, crack cocaine use declined sharply when it first became measured by the NIDA survey in 1990 at about a half a million in 1990 regular crack users. That had dropped to 300,000 by 1992, just 2 years later.

In fact, in virtually every category of illegal drug use, we saw sharp declines between the mid-1980's through 1992. Even marijuana, for example, in 1985—if we use that as a base year—the number of regular users of marijuana was 22 million. By 1992, that had dropped to 8.5 million. These declines were dramatic.

Today, I'm afraid, after nearly a decade of steady decline in the drug use and particularly drug use among our high school students, we're now witnessing for the second year in a row increases in the number of young people using drugs. And this reversal has been both substantial and it has been rapid.

The result of the annual University of Michigan survey document this trend, and it includes basically all drugs, hardcore drugs, as well as the ill-named or so-called "recreational" drugs. We have seen 100 percent increase in the number of eighth graders who have used marijuana in just the last 2 to 3 years.

And let me say, it's hidden, but I am convinced that heroin use is also dramatically on the rise in America. And that is a tragedy and a burgeoning tragedy of momentous proportion. So I think you can see, Mr. Chairman, why I'm troubled.

I think that, in brief, there are at least three principal reasons why we have come to this point and why drug use has increased so dramatically over the past 2 years. One, I think there has been a lack of leadership at the national and at the Presidential level. There has been a lack of a loud, clear, and persistent moral message, the type that Mrs. Reagan was talking about, that illegal drug use is wrong and it's stupid.

And we have also had in addition to that, I think, some misallocation of resources that undermines drug law enforcement and prevention efforts, in terms of the drug control strategy of the past year or two, one that overemphasizes hardcore user treatment, in my view. And I think that those reasons account for the dismal state of our current effort.

In that regard, let me say I believe that the Clinton strategy has badly over sold the efficacy of treatment of hardcore drug abusers. Now, I'm not saying it's not necessary, that we shouldn't have funding for it. Of course we should.

But when you consider crack cocaine use itself, at least according to recent studies and my conversations with Dr. Mark Gold, who is a leading authority on cocaine addiction, when you consider that with respect to crack cocaine users who have received treatment, that less than 10 percent of these people that have been treated are drug-free after 24 weeks, you know you have a problem successfully and effectively treating cocaine and crack cocaine addiction.

And, therefore, it's important that we do something about the pipeline, the vast amount of users or potential users, to prevent them from starting down this road that ends up in hardcore drug use.

Thank you very much, Mr. Chairman.

[The prepared statement of Mr. Bonner follows:]

PREPARED STATEMENT OF ROBERT C. BONNER, FORMER DIRECTOR, DRUG ENFORCEMENT AGENCY

Mr. Chairman, distinguished Members of the subcommittee, fellow panelists, and fellow concerned Americans:

I am pleased to be here today to discuss the national drug control policy, the recent disturbing increases in drug use in our country, and the dangers that drugs pose to our nation's most valuable resource—our youth.

Mr. Chairman, I particularly want to commend you on holding this hearing and showing national leadership on this issue. Any hearing such as this that raises the public consciousness about the plague of drugs is a positive step forward. This hearing, graced with the presence of Mrs. Reagan, should broadcast loudly and clearly that the current national drug control policy is lacking direction, lacking resources, and most importantly, lacking leadership. By holding this hearing, Mr. Chairman, you are exercising the kind of public leadership that our citizens need and that an effective national drug control policy requires.

WHY AM I SO CONCERNED?

I come before you today, as someone who is deeply troubled about the absence of an effective, coherent national drug strategy and the apparent abandonment of any presidential leadership in this area—leadership which is so important to the formation and implementation of a national drug control strategy. Why, you may ask, are my concerns so great. Let me preface my answer by stating that I view the drugs scourge as a serious threat to the well-being of our nation and as a national security threat. Like terrorists or nuclear missiles, the threat from drugs does not distinguish among Republicans, Democrats, or Independents. Drugs adversely affect all of us. Accordingly, we must join together—in a bipartisan effort—to turn back what is a resurgent threat to our nation's security. I am compelled to share my concerns with you in the clearest manner possible, and hope my testimony will serve as a constructive force in renewing our national commitment against drugs.

I come before you, then, not only as the former head of the Drug Enforcement Administration (DEA) who was privileged to serve both President Bush and President Clinton, but as a concerned American who, like Mrs. Reagan, is deeply worried about the recent trends which, if not countered, will lead us back to the edge of the abyss.

My concerns stem from a profound sense of sadness and distress. My distress is borne from witnessing the roll-back over the past two years of hard-fought victories achieved between the mid-1980's and the early 1990's. The progress during the Reagan-Bush era, although they remain largely unacknowledged, were substantial.

Let me review for you the progress made in that era. It contrasts sharply with the lack of progress, indeed the regression, that we have recently experienced.

PROGRESS DURING THE REAGAN-BUSH ERA

In the early 1980's we had a drug epidemic of gargantuan proportions. The epidemic had been spreading steadily for nearly two decades, following the emergence of the "drug culture" or "counter culture" in the mid-1960's. By the late 1970's and early 1980's, there was a shocking percentage of Americans regularly using dangerous, addictive, and mind-altering drugs. Just when the nation thought the "French Connection," and the gravest drug threat of the seventies—heroin, was under control, cocaine and, by the early 1980's, its deadly cousin, crack, burst on the scene like a plague-on-top-of-a-plague.

By the mid-1980's, it was evident that drugs were destroying all that was best about America. Families were torn apart by drugs, more than many realize. Child and spousal abuse, bankruptcy, and criminal prosecutions followed naturally the insidious invasion of powerful drugs. Hundreds of thousands of drug-addicted babies were born to young mothers who, more often than not, could not support themselves, let alone children requiring serious medical attention. Drug-related health care costs soared, draining still unacknowledged capital from our economy. Rampant in the workplace, the wide-spread use of illegal drugs literally threatened America's ability to compete in the global marketplace.

In 1985 or 1986, national leaders finally said, enough is enough. As a nation, we began to focus on our country's drug problem in a serious, thoughtful way. I believe that the tragedy of the Len Bias' cocaine overdose death, a local University of Maryland basketball star drafted by the Boston Celtics, marked a turning point in the war against drugs. The national will was galvanized against drugs and slowly, a three-pronged strategy to attack the nation's drug problem began to evolve.

First, the Anti-Drug Abuse Act of 1986 stepped up enforcement of the federal drug laws against traffickers. That was the muscle of the campaign. At least on the federal level, the message was clear—if you traffic in drugs you'll be vigorously prosecuted and jailed. Period.

Next, at about the same time, Mrs. Reagan began broadcasting a strong, clear, moral message about drugs—"Just Say No." This was the soul of the campaign. Despite a cacophony of liberal detractors, she persisted. The results were felt. Mrs. Reagan and the "Just Say No" campaign successfully communicated a moral and preventative message to our nation's young people. Her message needed to be sent and needed to be heard. And, the nay-sayers aside, it was important in changing attitudes about drug use.

By 1989, the commitment and political will of the national administration to fight the war against drugs was well understood. In the Fall of 1989, President Bush announced his national drug control strategy, the first truly comprehensive strategy to deal with this national nightmare. The basic blueprint, put together by Bill Bennett was excellent. It recognized for the first time that there is no sliver bullet, no magic answer. The solution necessarily required a multi-faceted, three-prong approach: (1) strong drug law enforcement [the muscle of the campaign], (2) a strong educational and moral message emanating from our national leadership and aimed at the most valuable, and vulnerable, segment of our society—our youth [the soul of the campaign], and (3) effective treatment for hard-core drug users who wanted to stop using drugs [the heart of the campaign]. But as with any living being, heart, soul and muscle are not enough if the will to live is not there. So it is also true for our national drug strategy. It cannot work without a sustained national commitment; a national will to say no to drugs.

That national commitment was there and, I believe, is still there amongst our citizens. People across America in urban centers, suburbs, and rural communities want to stop the ravages of drug abuse in their communities. But our commitment must also reside and be demonstrated actively, vocally, and regularly at the national leadership level.

The goal of the national drug control strategy should be to first contain, and then to reduce (indeed, dramatically reduce) the number of regular drug users in our society. By so doing, we decrease the number of non-productive, dysfunctional citizens amongst us, and we decrease the enormous costs to society in the form of drug-related crime, violence, healthcare, and lost productivity. The goal, however, should be, and cannot be to have a drug-free society. Such a goal is not achievable in a free, democratic society such as ours.

Using the tough realistic standard of containment and reduction, the progress registered during the Reagan-Bush era is extraordinary. Let's start with cocaine. According to National Institute on Drug Abuse (NIDA) household surveys, regular users of cocaine dropped from 5.8 million Americans in 1985 to 1.3 million in 1982. That's a decline of over 80% in cocaine users in seven years.

Similarly, crack cocaine use sharply declined from nearly half a million in 1990 to just over 300,000 two years later in 1992. In fact, in virtually every category of illegal drug, we saw sharp declines from the mid-1980's through 1992. Marijuana use, for example, plummeted from about 22 million regular users in 1985 to approximately 8.5 million in 1992. A decrease of an astonishing 61% in seven years.

These declines were not incremental; they were dramatic. They indicate, if nothing else, that our national drug strategy was working; that we were doing something right; and that we were doing more than just holding at bay the destructive threat posed by drugs to our society. But where are we headed today?

THE CURRENT STATE OF THE COUNTER-DRUG EFFORT

Today, after nearly a decade of steadily declining drug use by high school students, we are now witnessing, for the second year in a row, increases in the number of young people using drugs. The reversal has been substantial and rapid.

The results of the annual University of Michigan high school survey known as Monitoring the Future are ominous. From the hard-core drugs of heroin, LSD, cocaine, and crack to the ill-named recreational drugs, marijuana, stimulants, and inhalants—the use of all of these drugs in increasing our young people. We have seen a 100% increase in the number of eighth graders who used marijuana in just three years from 1991 to 1994; and just since last year, we have witnessed a 50% increase in the daily use of marijuana by eight graders.

The Michigan survey also shows that while illicit drug use continued to climb in 1994; the perceived risks and disapproval of illegal drug use has declined. Researchers note that if this relaxed attitude continues, further marked increases in drug use by children can be expected. Moreover, the perceived availability of marijuana rose sharply, especially amongst 8th and 10th graders, our 13 and 15 year old kids. These foreboding trends cut across all ethnic and socioeconomic lines.

The Drug Abuse Warning Network (DAWN) reported significant increases in hospital emergency room admissions related to drug abuse, with the largest increases in heroin admissions, up by 44% between 1992 and 1993. Just when the "French Connection" and its horrific story of heroin use in this country seemed like a faded twenty-year old memory, the threat of heroin has returned. The return of heroin is real and dangerous.

Mr. Chairman and members of the subcommittee, I think by now you have a sense of why I am so saddened and distressed. We are regressing in the fight against drugs, after making significant hard-fraught, and dramatic gains. Researchers at the University of Michigan share my view, and recently stated that, "Despite substantial progress against illicit drug use in earlier years . . . it is a problem which is getting worse at a fairly rapid pace."

I know that many of you share the concerns raised by me and others here today. The obvious question now is: why has drug use increased so dramatically over the past two years, especially among our younger adolescents, and what can we do to stop it? Here are my views.

THE CAUSES FOR REVERSAL

Lack of national, and specifically, presidential leadership; lack of clear, loud, and persistent moral message that illegal drug use is wrong; and a misallocation of resources that undermines drug law enforcement and prevention efforts and overemphasizes hard-core user treatment are, in my view, the three principal reasons for the dismal state of our efforts on drugs.

As I have stated on other occasions, I believe that there has been a near total absence of Presidential leadership by President Clinton in the fight to turn back illegal drug use in this country. Since taking office, the most significant message regarding drugs from the Clinton Administration has come from the repeated statements of Jocelyn Elders, the former Surgeon General, that we should consider legalization of drugs. That message from a Clinton administration official entrusted with overseeing the public health of the nation is astonishing. It clearly fails to promote an increased awareness of the dangers of drug abuse, and arguably encourages it. It is not surprising then, that among 13, 15 and 17 year olds over the past two years, the perceived risk and disapproval of using drugs has gone down, way down.

Leadership at every level of a society matters profoundly. In every organization, whether it's the military, a business, a church, or a government, the leader of that organization sets the tone for everyone else. It is to the leader's words, actions, and example that all ears, eyes, and minds are attuned, especially those of impressionable youth. Tragically, in the Clinton Administration, one of the loudest voices that has been heard on the issue of drugs was that of Dr. Elders. Her message, frankly, was dead wrong and flagrantly irresponsible for a national public health official.

In conjunction with the importance of national leadership, is the importance of a clear, coherent and simple message from the President. The message should emphatically imbue our youth with the moral understanding that the use of illegal drugs is wrong. Messages not only matter; they are critical to curbing drug use among children. Mrs. Reagan's "Just Say No" program played a crucial role in effecting the attitudinal changes necessary to achieve the Reagan-Bush successes. We need that moral message if our national strategy is to prevail in the minds of our youth. We are, today, failing miserably in that mission.

That brings me to the third reason for our failed strategy: the Clinton Administration's reduced emphasis on drug enforcement and prevention efforts and resources.

THE CLINTON NATIONAL DRUG STRATEGY

The Clinton strategy badly oversells the efficacy of the treatment of hard-core drug abusers. Despite its attraction, treatment, as most experts will candidly acknowledge, is not the be-all-and-end-all. In fact, studies repeatedly indicate the low success rates associated with many programs, even though these programs cost huge sums of money. According to Professor Mark Kleiman of Harvard University and a former member of the Clinton Justice Department transition team, even the most expensive treatment program—long-term residential treatment programs costing as much as $20,000/patient—have success rates as low as 15 to 25 percent.

Beyond the economic inefficiency of the Clinton hard-core drug abuser treatment focus, lies a much more serious, and fundamental concern—it all but ignores those who may become the hard-core users of the future, our teenagers and youngsters of today. Many of the youth who are experimenting with marijuana today will become the hard-core drug abusers of tomorrow. The Clinton Administration is doing untold damage to our current generation of teenagers by focusing on the hard-core users left over from the "Baby Boom" generation of the 60's and 70's. I think Americans are rightfully tired of paying for the excesses of the "drug culture" of the 60's. When it comes to allocating resources on the "War on Drugs," if we can call it that, we should focus on the youth of today.

In an era of scarce resources and fiscal austerity, we must prioritize our investment; our youth are our country's future.

When it comes to drug law enforcement and interdiction, the Clinton Administration is quick to disclaim its effectiveness. Well, that was not my experience. Can drug law enforcement and interdiction completely shut off the flow of drugs to the U.S.? Of course not. But when these efforts are focused, for example from 1990 and 1992, the wholesale price of cocaine in the U.S. increased substantially. So as enforcement efforts went up, the price of cocaine went up and demand went down. A simple economics 101 lesson of supply and demand, a lesson you can bet the Colombian drug cartels know well. Predictably, as the resources for enforcement and interdiction have been cut, the price of cocaine has gone down and the estimated number of heavy users has gone up. The lesson of course, is that the drug user is no different from any other consumer, the lower the price the more drugs he will buy. Smart drug law enforcement focussed againstt he major production and distribution organizations and their leadership (the Kingpin Organizations) can affect the availability of drugs. It can destroy the drug kingpin organizations and their ability to export their poison to our country. Interdiction is but one prong in an effective drug enforcement strategy. Drug enforcement can help drive the price up, and the demand, i.e., use, of drugs down. The Clinton Administration has utterly failed to appreciate the value of strong international drug law enforcement as a major component in an effective drug control strategy.

CONCLUSION

It is on this point of results that I wish to conclude and focus your attention, Mr. Chairman. Specifically, all of you should focus on the results of the Clinton Administration's National Drug Strategy of the past two years. Regardless of all the posturing or explanations that different advocates can or will make about the past, or promises they may make about the future, the proof, as they say, is in the pudding. The bottom line is unmistakable—during the past two years, drug use among the youth of America has soared in nearly every category of illegal drug. When juxtaposed against the immediately preceding period and nearly a decade of declining drug use, there can be only one conclusion—the Clinton Administration's National Drug Strategy has failed miserably, and indeed it is a tragedy. The President must reverse this trend and start leading our nation's anti-drug efforts. I urge him to do so now.

Chairman Zeliff, I thank you for allowing me the opportunity to be here before you and the subcommittee today. I would be happy to answer any questions that you or other members of the subcommittee may have at this time.

Mr. ZELIFF. Thank you, Judge Bonner.

Now, last but certainly not least, it's an honor to recognize former Drug Czar, former Education Secretary and co-director of Empower America, Dr. William Bennett. And if you would, please stand, and I would like to swear you in.

Mr. BENNETT. Yes, sir.

[Witness sworn.]

Mr. ZELIFF. Thank you very much. Let the clerk recognize that all answers by the witnesses were in the affirmative.

Mr. BENNETT. Thank you. Mr. Chairman, it's a pleasure to be with you. I want to begin by recognizing you and saluting you for your leadership on this issue. I'm delighted you had this hearing and brought so many people together, members of different committees.

I'm delighted to follow the former First Lady. I'm delighted to be here with two of the great anti-drug warriors in America, Bob Bonner and John Walters. And there's another host of them over here I see, a lot of old friends when this was an issue of some prominence in the country. Would that it were so again. I'm delighted you've decided at least to try to make this issue a prominent one in Washington again.

When I was Drug Czar, Mr. Chairman, it was the No. 1 issue in the country. Seventy percent of the American people said it was the No. 1 issue in the country. When we released our national drug control strategy with a President—we always had a President whenever we released the drug control strategy—it led the news on all the networks. We were on all three of the morning shows, 7:04, 7:05, whatever it was. There was a lot of attention being paid.

Not least among the reasons for the attention being paid was leadership of at least two Presidents on this issue, Ronald Reagan—you heard from Nancy Reagan earlier and George Bush. This President right now is virtually invisible on this issue. The most famous statement made by this President on this issue is, "I didn't inhale."

And the facts of the case in the drug issue today, Mr. Chairman, are that drugs are worse today than when I was Drug Czar when I took office. The country was in a fury on this issue. And today, the numbers are worse. However, the numbers did go down, as John told you and as Bob told you. The numbers went down.

The numbers were going down quite smartly, thanks to efforts of people all over this country, many of them in this room, and, I think, some efforts at the Federal level to draw attention to the issue and Presidential efforts, indeed, even at some risk politically and perhaps even personal risk.

You may remember President Bush's trip to Colombia. Much criticized by people. People said he shouldn't do it, it's dangerous. But he did it to dramatize the importance that he attached to this issue. Would that we had half of that today.

In the years where the numbers were going down, we had the efforts of parents, educators, clergy, Members of Congress, TV and

movie people. We went out to Hollywood. We went to everywhere we could go.

The Partnership for a Drug-Free America was a very close partner and friend of ours, and they share the same frustration that many of us feel today about the lack of leadership in Washington, particularly and precisely the lack of personal Presidential involvement. And so, as a result, because attention has not been paid over the last 2 years, we see this bad news on the drug front.

Drug use among adolescents is on the rise. You've heard from Bob and John about this already. You have heard, as well, no doubt know about the problems of making this an issue of prominence in this administration. Lee Brown is a very decent man, committed to the right things, but he is not being supported by a White House that seems to care very much about these issues.

Days after taking office, the administration cut the Office of National Drug Control Policy staff by more than 80 percent. I asked Lee Brown at the time whether he was going to be doing his own filing and his own typing. Soon after assuming office, Attorney General Reno announced she wanted to reduce the mandatory minimums.

The administration has endorsed a drug strategy calling for a cut of more than 600 positions from drug enforcement divisions of the DEA, the FBI, and the INS. It has proposed cutting more than 100 drug prosecution positions in the U.S. attorney's office.

And it has directed the United States military to stop providing radar tracking of cocaine trafficker aircraft to Colombia and Peru. It's not a surprise that things are worse, therefore, on that front, as well. And last month or 2 months ago, for the first time in our history, the Nation's drug control strategy was introduced without the participation of the President.

If present trends continue, Mr. Chairman, in 1996 or by 1996, this Clinton administration will have presided over the greatest increase in drug use in modern American history, and it will have done so after a period of time when it's empirically demonstrable that we knew some things about getting the numbers down. We knew some things about getting the numbers down, and the numbers were going down.

It seems to me, all the things we're talking about today—and there are a lot of things worth talking about—if you will allow me to suggest that the work of your committee has one major priority, which is to shake up the White House, to get some attention to this issue. Attention must be paid.

When we pay attention to this issue, when we talk to the kids, when we get the messages out, things change for the better. When the White House ignores it and the rest of Washington ignores it, things get worse.

Just a couple more points, and then I'm done. The President spent much of his campaign and the first 2 years of his Presidency decrying in the name of the defenseless poor the social programs of two Republican administrations. And now, we're hearing all about the heartless Republicans in terms of budget cuts and so on and so on. These are not cuts, of course. They're cuts in the rate of increase of programs.

But we're hearing the Clinton administration take up as tribunes of the poor, again, but on an issue that disproportionately hurts poor people; that is, the plague of poor communities throughout this country, the drug issue, the President and his administration are virtually silent.

Where do we go from here? There's a lot to do. In my testimony—and John and Bob know more details than I do about what to do and where to go. There's plenty to do. But the main thing is to get that Presidential attention. If they won't do it voluntarily, I suggest you just keep talking to them about it until they do.

Mr. Chairman, I was at a hearing before the Senate Judiciary Committee about 2 weeks ago, and I had two Democratic Senators come down to me before I went on and said to me, "Keep the heat on. Keep the heat on this White House. It is scandalous what is going on or what is not going on in regard to this issue."

You know, if there were half the interest in the drug problem that the President has in the baseball strike, we would be a lot better off. Baseball is actually not within the purview of the Federal Government, but the security of the citizens is the first responsibility of government.

These guys are involved in all sorts of things in which the government has no business, and here, the No. 1 priority of government, the security of citizens, they have punted on this one.

So I salute you, Mr. Chairman, and the Members who are here. To quote Linda Lohman from "The Death of a Salesman," "Attention, attention must be paid." And attention is not being paid. I hope you will get these folks to pay some attention. It is a disgrace what this administration has failed to do in regard to the drug war. They are responsible in part for those numbers going back up.

[The prepared statement of Mr. Bennett follows:]

PREPARED STATEMENT OF WILLIAM J. BENNETT, CO-DIRECTOR, EMPOWER AMERICA

Mr. Chairman and Members of the Committee:

It is a pleasure to address this Committee on a subject which has wrought enormous devastation on large parts of American society. It has been well documented that during the last 15 years, American society has experienced an alarming increase in social pathologies. Almost every social pathology got worse, and many got much worse. But during this period—specifically from 1979 to 1992—there was one area where we made significant progress: curbing drug use. Unfortunately, the latest reports indicate a resurgence of drug-taking which began in 1993 and continues to get worse.

The progress against drugs was the result of a significant cultural shift. During the late 1960s and much of the 1970s, drug use was widely thought of—especially by the young—as harmless fun or mere self-indulgence. But by the late 1970s and throughout the 1980s, when the human carnage caused by drug use became impossible to deny, it became increasingly—and far more accurately—seen as a personal, medical and economic catastrophe.

Parents, educators, students, clergy, community leaders and even the media helped to change and harden American opinion about drugs. Behavioral change followed, and the federal government and many states implemented intelligent anti-drug strategies. As a result, overall drug use went down. From the late 1970s to the early 1990s, casual drug use by Americans dropped by over fifty percent. Between 1985 and 1992, monthly cocaine use declined by almost eighty percent. For a decade, drug use among young people steadily declined.

But last year, the nation received bad news on the drug front. Drug use among adolescents is once again on the rise. According to the latest study from the University of Michigan's Institute for Social Research, one in four students has used illegal drugs before reaching high school; among 8th graders, 13 percent say they have smoked marijuana in the last year—double the rate of 1991; and over 40 percent

of all 10th graders and nearly 50 percent of all 12th graders have used some illicit drug, including LSD, inhalants, stimulants, barbiturates, and cocaine and crack.

And hospital emergency-room visits—dominated by aging, inner-city drug addicts—have increased to the highest number ever. Cocaine, heroin, and marijuana cases all increased sharply to new levels.

In the words of the Michigan study's principal investigator, Lloyd D. Johnston, the drug trend is "a problem that is getting worse at a fairly rapid pace," and is being abetted by a decline in peer disapproval and a general softening of teenagers' attitudes towards drugs.

These findings are part of a disturbing pattern, in a series of studies which have documented a sharp rise in drug use. This increase in drug use should have mobilized the federal government to forcefully state the case against drug use, to enforce the law, and to provide safety and security for its citizens. Instead, the Clinton administration has abdicated its responsibility. The Clinton administration has been AWOL in the war on drugs. It has said or done little to encourage those fighting the good fight and has proposed fundamentally misguided policies. Indeed, it has shown much more interest in the baseball strike than in the devastation of the young by drugs. Consider the record:

- Days after taking office, the administration cut the Office of National Drug Control Policy's staff by more than 80 percent.
- Soon after assuming office, Attorney General Janet Reno announced that she wanted to reduce the mandatory minimum sentences for drug trafficking and related federal crimes. Her focus? She is engaged in a never-ending search for the "root causes" of crime and drug use.
- The administration has endorsed a drug strategy calling for a cut of more than 600 positions from drug enforcement divisions of the Drug Enforcement Agency, the FBI, the Immigration and Naturalization Service and other federal agencies. It is to the United States Congress's credit that this proposal was largely rejected.
- The administration has also proposed cutting more than 100 drug prosecution positions in the U.S. attorney's offices; a cut in funds for drug interdiction and drug intelligence programs from fiscal 1994 levels; and an unfocused, wasteful drug treatment strategy that will do little to target hard-core users.
- Last year, the Clinton Administration directed the U.S. Military to stop providing radar tracking of cocaine-trafficker aircraft to Colombia and Peru. Congress again had to reverse this senseless policy directive.
- Last month, for the first time in history, the nation's drug control strategy was introduced without the participation of the president.

If present trends continue, by 1996 the Clinton Administration will have presided over the greatest increase in drug use in modern American history. And let me reiterate: this will have occurred after a reduction of overall drug use of more than 50 percent between 1979 (the peak) and 1992, and a reduction of almost 80 percent in cocaine use between 1985 (the peak for cocaine) and 1992.

But there is more involved here than a failure of public policy. The Clinton administration suffers from moral torpor on this issue. Policy follows attitude. In 1991, when asked about his past drug use, Mr. Clinton declared that he had never "broken any drug law." A year later, he admitted that when he was in England, he had experimented with marijuana but "I didn't like it. I didn't inhale it, and never tried it again." Later, when asked whether he would inhale if he had it to do over again, he answered, to laughter: "Sure, if I could. I tried before."

Keep in mind, too, that former Surgeon General Joycelyn Elders has been the administration's most prominent voice on drugs during the last two years. Throughout her tenure, Dr. Elders had favorable words to say about drug legalization. And apparently her dismissal had nothing to do with her irresponsible and outspoken views on drug policy.

These statements—as well as massive policy failures are significant because of the mindset they reveal and the signals they send. One of the conditions that allowed the drug epidemic to occur in the first place was the collapse of institutional authority. Government in the 1970s often didn't know where it stood or what to say about drugs; Peter Bourne, who served as President Carter's adviser on drugs, said that "cocaine is probably the most benign of illicit drugs currently in widespread use." Today such institutional collapse is echoed in some segments of the public. Just yesterday a Baltimore grand jury recommended that marijuana be "decriminalized" and that other drugs, such as cocaine and heroin, be distributed to addicts by doctors. It's time for all of us to re-read A Brave New World.

Government officials, through legislation and public discourse, can legitimize and delegitimize certain acts. In a free society, few things matter more than speaking

about the right things in the right way—and making moral common sense the touchstone of social policy.

During the 1980s, Nancy Reagan was ridiculed for her "Just Say No" campaign. But it turns out that "Just Say No" is far more effective than "I didn't inhale."

Mr. Clinton spent much of the presidential campaign and the first two years of his presidency decrying, in the name of the defenseless poor, the social programs of two Republican administrations. But today, on one of the issues that disproportionately harms the poor—that is wiping out many of the children of the poor—he and his administration have demonstrated indifference.

That being said, the question remains: where do we go from here? During the question and answer time, I expect to get into some specifics of an effective drug strategy. But here, briefly, is a framework for what I think would work based on my experience in the Bush administration.

If we mean to renew our efforts in the fight against drugs, the federal government needs to do a number of things. They include allowing communities to choose their own anti-drug priorities by combining federal anti-drug support with that from states and localities; putting the U.S. military in charge of stopping the flow of illegal drugs from abroad, and giving the military control over the entire interdiction process. We need to establish trade and diplomatic sanctions and eliminate aid to cocaine-source countries that fail to reduce their production of cocaine, and require the Attorney General first to identify all major drug trafficking organizations known to be operating in the U.S. and then to create a plan to dismantle them. In short, there is a lot which the federal government ought to be doing which it is not now doing.

Mr. Chairman, I want to conclude by making an obvious but often overlooked point success in the drug war depends above all on the efforts of parents and schools and churches and police chiefs and judges and community leaders. When I was President Bush's "drug czar," I visited more than 100 cities. I made a point to go where the problem was the worst and to visit and to learn from the people who made things better. I saw, as just one example, Reuben Greenberg's heroic efforts in Charleston, South Carolina, where he cut the crime rate to its lowest point since the 1950s. I went to public housing projects and inner-city schools and drug treatment programs; I saw extraordinary actions and extraordinary achievements. The point is we know what works. The common denominators are almost always the same: civic concern, moral seriousness, and tough-minded and intelligent policies. The people I visited and people all over the country are doing great work. Ant that work will surely go on. But they deserve to have the federal government meet its responsibilities, too. And right now, that's not happening. It's a disgrace.

Mr. ZELIFF. Thank you, Dr. Bennett. I would like to say that I remember you coming up to New Hampshire in 1990, to an event that we were both involved in. And the kids that were there—that was at the height of the drug war—and the acceptance that you had there and the efforts that you made were outstanding. Thank you.

Mr. BENNETT. You're welcome.

Mr. ZELIFF. I just want to reiterate that I will start off the questioning. We'll do 5 minutes per panel each of us; and then, if there's time afterwards, we can continue some more.

I'm going to ask one question for my 5 minutes and let each of the three of you answer it, if that would work. I would like to just talk about the detail of the military's role in the interdiction process. How can it be better coordinated? What's needed? And then maybe all three of you answer that.

And Judge Bonner, particularly, I would like you to formulate if you can in your answer something about the kingpin drug enforcement strategy, which is aimed at destroying the drug kingpin organizations. Did that work? Is it something we need to still work on? What has happened to it?

And, John, you've got a great background. You can jump in. And maybe all three of you, starting with Dr. Bennett, can just answer that general question.

Mr. BENNETT. Just in general, one understands the reluctance of some folks in the military to take on this issue and take up this mission, as we say—as if often said in the Pentagon. And I remember when I used to go over—Walters and I used to wander over to the Pentagon. I'm sure some of them were tempted to put up a sign, "No one's in today. Stay away. We're out fishing, doing something else."

This is not a great and attractive thing to get involved with. But it's essential that the military get involved in it. And the main involvement of the military is to use their eyes, their ears, and their brains. When the Gulf war came, which was obviously a worthy mission, we lost a lot of our folks watching the Caribbean and other places. They can be put back on this job.

First of all, you can reverse what the Clinton administration did last year, which was directing the U.S. military to stop providing the radar tracking. The U.S. military can do an awful lot of good in this regard without displacing the efforts of other agencies, particularly the law enforcement agencies.

Their eyes, their ears, and their brains—they just need to be tasked with this, and that's a matter for Congressional and Presidential action.

Mr. BONNER. Let me comment by saying that I think that we need an enforcement strategy or a supply side strategy, if you will, that's capable of reducing the supplies of drugs to the United States. And part of that means a strategy that can focus the resources of U.S. law enforcement, DEA and other agencies, as well as agencies or departments like the military on the effort.

I will say this, that it seems to me from my observations that the best way to reduce availability of drugs reaching the United States is not by "interdiction" alone. We don't define terms too often in Washington.

But if "interdiction" is used in the narrow law enforcement sense of simply locating and seizing drugs, that's not a strategy that alone is going to be successful. In fact, that plays into the strengths, actually, of the major drug trafficking organizations, the cartels, who can easily shift their trade routes and the like.

Rather, it seems to me that the best way to have a serious impact on supply or, that is to say, the availability of drugs in the United States is by identifying, targeting the major trafficking organizations with respect to cocaine—that is, the Cali cartel and those organizations which make up it—which are supplying between 80 and 90 percent of all of the cocaine that reaches the United States and, for that matter, anyplace else in the world.

And so the military can play and did play, I think, an important support role in terms of being there to assist DEA, particularly overseas, assist in identifying and interdicting shipments of cocaine. But we can't lose sight on the focus, and that was the focus of the kingpin strategy, Mr. Chairman.

And that was a strategy that was designed to go after the leadership, the key lieutenants, the means of transport, the means of production of the drug trafficking organizations that are at the top of the pyramid in the production and distribution of drugs reaching the United States like cocaine and heroin. We can do that.

I think we're moving away from that. We're abandoning that strategy to make any strong enforcement effort overseas to go after the major trafficking organizations who are, if they could be removed—and I think they can be damaged and ultimately destroyed—who are the source of virtually all of the heroin and cocaine that's coming and entering the United States and ultimately being consumed here.

Mr. WALTERS. Let me just say two things on the point. These are Federal responsibilities. Parents can't do this. Local governments can't do this. We have to try to go after the central parts of the organizations, as Rob said. What has happened is, a long, hard, crafted effort to go after kingpins has been dismantled by the administration in favor of turning Federal law enforcement agencies—FBI and DEA—increasingly to helping street level local enforcement, I think, largely for political reasons.

And that's a job that should be done by State and locals, because they can't do the real Federal job. We have organizations that are moving hundreds of millions of dollars a month out of the United States. They are major organizations. There is no plan by Federal law enforcement to dismantle them, none.

We have arrests. We have individual cases. There's no plan to say if we appropriate the alleged money, how much of a disruption do we have? How much of the organizations do we take down? How many of the organizations do we put out of business? That's not even a part of the Federal drug strategy today. It's, "We're going to go after organizations." Does that make any difference? What's the magnitude? What's the knowledge? What's the focus.

The second is interdiction and source country programs. I think you have in your packet this chart, which the Judiciary Committee on the Senate side gave to Mr. Bennett and I when we testified a couple weeks ago.

It's from the command and control center in Key West, FL. It reflects the cuts that the military and other interdiction agencies have received, a 50 percent force reduction in 1994 that has caused over a 50 percent reduction in their ability to interdict drugs as they come into our country through the principal transit zone.

The last thing is, we worked heavily with source countries in Latin America trying to get them to cooperate, and we made an effort to do that both through diplomatic carrots and diplomatic sticks. That has ceased to be a foreign policy issue. We had a major hemispheric summit in Miami.

The hemispheric problem for corruption, for destruction of American lives in this country is drugs. That was not a major agenda item. It was a footnote.

And the fact is, the administration a week ago certified with a national interest waiver the Government of Colombia where, as the Assistant Secretary of State said in the press conference following that, there was a raid on one of the major trafficker's homes, interrupting a child's birthday party. The President of Colombia called the kingpin to apologize for the raid.

Now, my argument is, it can't get much worse in Colombia. We don't make an example that gives the licit parts of the Colombian Government reason to change the policy of the Colombian Govern-

ment. We are letting the world headquarters of cocaine operate with impunity.

Mr. ZELIFF. Thank you. Unfortunately, the bells that you just heard signal a vote. We're going to adjourn for 10 minutes. It will probably be 15 minutes. I apologize for this. Unfortunately, that is the way this place works.

We'll resume with Mrs. Thurman and her questioning as soon as we come back. Thank you. Adjourn for 15 minutes.

[Recess.]

Mr. ZELIFF. Noting that there is a quorum present, the hearing will resume. I will turn over the opportunity for questioning to our ranking minority member, Mrs. Thurman.

Mrs. THURMAN. Mr. Chairman, at this time, I would like to recognize Mr. Taylor and then maybe come back to me. Mr. Taylor has been actively involved in these issues since during his time in the Congress, and I think he has some pertinent questions to the testimony that we have just heard.

Mr. ZELIFF. Before you start, I just want to mention, Dr. Bennett has got to leave after your questions are over. I'm going to ask the other two witnesses if they would step aside for Dr. Brown, because he has got some time constraints. And then, after he is completed, we'll bring them back, if that's OK with everybody. Great.

Mr. TAYLOR. Thank you, Mrs. Thurman. And I want to thank the panel for being with us.

Mr. Bennett, you said something a little while ago about the administration turning off the radars in Colombia. Are you misinformed, or are you intentionally misinforming this panel?

Mr. BENNETT. Well, I may be misinformed, but I understood that was their intention, sir.

Mr. TAYLOR. No, sir, that is not the case. They're very active. As a matter of fact, there are National Guardsmen and Air Reservists from all over the country serving at several remote locations in Colombia. I would give you specifics, if you would like, later on.

Now, we have turned off the radars in Peru, but that is because of the dispute between Peru and Ecuador, so that our Nation is not seen as providing comfort or taking sides in the conflict. So I want to clear that up.

Mr. BENNETT. Well, that's——

Mr. TAYLOR. Because I really think it's an insult to those kids who are flying the AWACS, the E–3s, the P–3s, the airman who fell to his death 2 years ago. His C–130 was shot at.

Mr. BENNETT. Mr. Taylor, there is no intention to insult any of those loyal men and women, for heaven's sakes.

Mr. TAYLOR. Let's just clarify. Those kids are out there busting their fannies every day.

Mr. BENNETT. Absolutely. But I think you know, too, from the field, if you're talking to folks in the field, there is a sense on the part of a lot of people in the field that a lot of parts of this war have been abandoned.

Mr. TAYLOR. And there certainly are. And that's why I would like to—and I never had the pleasure of serving with you. And there are some very serious disconnects. For example, the major source of transshipment by drugs—and this is coming straight from SOUTHCOM—is not Colombia, but Mexico via land route.

In fact, very recently, a 727 full of cocaine landed in Mexico and then put the product in trucks and went through the border, the border that was made more open by NAFTA, something both Democratic and Republican Presidents have pushed for. I kind of take a little resentment when I see some politicization of this process.

My question is, unlike the Speaker of the House, I served in the military. And I recall the Coast Guard when we had a horrible drug problem. I remember when officers would not go in the barracks at night for fear for their lives. The Coast Guard and all of the services started what I think is an excellent policy, and that is of random testing.

And then, if a person tested positive, they were removed from the service. And it has taken them from having a severe drug problem to almost a drug-free society. I'm curious, when you were Drug Czar, did you ever contemplate doing the same for Federal employees?

Mr. BENNETT. Yes, sir, we did. And we're supportive of such a policy. Then, I believe—Mr. Walters can recall the record, I'm sure, more accurately than I can—I believe we had some legal challenge to the drug policy drug testing program. But it was our position that if we were going to be enforcing tough standards, insisting on tough standards, that we ought to teach by example, starting with our office. But as I recall, there was some legal challenge.

Mr. WALTERS. There was initially legal challenge to the executive Office of the President testing from a complaint in OMB. Our office was created at the beginning of the Bush administration. We promulgated regulations and asked that the regulations for our office be as tough as any Federal agency, including DEA and others.

We had random testing, preemployment testing across the board. It was in place when we left. I believe it is also the program that's still used in the White House. There is still a concern based on court decisions that those tests be premised on some security and safety issues because there has been an interpretation that you need sufficient ground, blanket testing may be problematic.

Mr. TAYLOR. Let me open this up to the panel. It worked in the military. They're Federal employees. Would you support such a move for all Federal employees? We're now talking a large percentage of the American population working for the Federal Government.

I've heard people say, "Well, let's test for welfare recipients. Let's test for food stamps." If we're going to pick on the guys down here or test the guys down here—I don't want to say "pick on them"—don't you think it would be reasonable for a government that is serious about the war on drugs to say, "If you want to work for this nation, you're going to abide by the laws of this nation, and you're not going to use drugs?" Would you agree to that?

Mr. WALTERS. Sure. Absolutely. There ought to be preemployment testing. And where you could justify—I wouldn't want to go too far, so that you end up with a court case that undermines the existing testing levels—preemployment testing should be able to be done everywhere, Congress, the judiciary, the executive branch. And random testing.

Mr. TAYLOR. What about once they go to work?

Mr. WALTERS. Well, there are standing court precedents—you can talk about modifying this, if you want. And I'm not an attorney. Judge Bonner is, although he may not be practicing in this area. You do not want to have a roll-back.

For example, there's a pending case in this term of the Supreme Court for a case of testing at a high school in Oregon. There's a challenge to that testing program of varsity athletes. The people there feel it's important to keep their kids off drugs. There may be a roll-back of that program.

So you've got to make sure you know what you're doing when you do this. Otherwise, the courts, as in many other areas, are going to tie your hands.

Mr. TAYLOR. Mr. Walters please forgive me.

Mr. WALTERS. I'm sorry.

Mr. TAYLOR. No. In this profession, we're only given 5 minutes to say our piece.

Mr. BENNETT. I would support that, sir. I would support it.

Mr. BONNER. I would also be supportive of it. But I would echo Mr. Walters' comments, that there have been court cases that have examined the right of privacy of employees, including Federal employees, in terms of the kinds of jobs they hold, whether they are jobs that are potentially dangerous to the public, what are their jobs involving security.

But I agree with the principle, Mr. Taylor, that drug testing has proved effective in deterring drug use. It has in the military. It can in other levels of society. And I think that it's something that certainly I would support.

Mr. TAYLOR. If I may, Mr. Chairman, just for an additional minute?

You talk to the sheriffs out there, the police chiefs of the communities, they tell me 80 to 90 percent of all of the crime is drug related. And I have no reason to doubt them.

Again, I realize you're talking about a test case, but if the Congress of the United States, which just missed a golden opportunity during the recently passed crime bill—there was very little talk of drugs and nothing done about the drug problem.

If the Congress of the United States would have passed a measure saying that "As a part of employment for the United States of America, you will subject yourself to random drug testing; and if you're found to be using drugs, the United States of America reserves the right to let you go," as long as it's done across the board where everyone is subject to it and everyone has to live by the same rules, you three gentlemen would support that?

Mr. BENNETT. I would.

Mr. BONNER. Yes.

Mr. WALTERS. I would just say this one proviso, though. Because I think it's important because of the message you send. It cannot be a statement that pretends to do more than it does. Because the drug addicts are not in the Congress of the United States or the Federal work force. The drug addicts are in our communities.

And you can't just stop there. You can't defuse public concern by a gesture like this that I think will make people become more cynical. I'm not saying you're trying to do that, but I am concerned that

in this environment, the opportunity for cynicism is extremely high.

Mr. TAYLOR. Mr. Walters, I'm in total agreement, but I saw what happened in our military. It worked. And I also saw what happened when this Nation got serious about people drinking and driving. And that worked. And I believe this would work.

Mr. BENNETT. Yes. Sure.

Mr. TAYLOR. And I hope that your group and others like it will say—we can't tell every business out in America what to do. That's not free enterprise. But we can tell this business, the Federal Government—this is the Government Oversight Committee. We can say what the rules will be for working for this government. And I hope your groups will encourage something.

Mr. WALTERS. When we were in office, we encouraged private sector testing. There's a lot of private sector testing out there. That helps, too. You've got to extend the message in a number of ways. And I wouldn't be too narrow here, but I don't think it hurts to use the Federal work force. But there are a lot bigger fish to fry here.

Mr. BONNER. The Federal Government can lead by example, however.

Mr. TAYLOR. Thank you, Mr. Chairman.

Mr. ZELIFF. I'm going to have to shut this debate off. But I would like to suggest to my colleague and good friend that if you put that bill in, I'll be happy to be a co-sponsor.

Having said that, I would also like to remind all the Members that references to the Speaker of the House are inappropriate, in my judgment.

I would like to excuse the panel and thank you. Dr. Bennett, thank you for being here. The other two witnesses, we'll call you back. Thank you.

Mrs. THURMAN. Mr. Chairman, due to the fact that we were called away for a vote and didn't have an opportunity to question our participants here, is it your intention to leave the record open so that we could submit questions?

Mr. ZELIFF. We'll leave the record open for 5 days. Submit all questions for response, if that's appropriate.

Mrs. THURMAN. I appreciate that. Thank you.

Mr. ZELIFF. Good. We'll also try very much to vary the opportunity for Members to ask questions, now that you and I have had a chance. We'll divide the time up, as well. Is Dr. Brown here?

Welcome, Dr. Brown.

Dr. BROWN. Thank you.

Mr. ZELIFF. Before I swear you in, I would just like to tell you how pleased we are to have you here. We're honored.

You are the current Drug Czar for President Clinton. You serve the President with distinction as chief spokesman for the Nation's drug control policy. In your past, you have been a recognized and well-known and effective police commissioner for New York, Atlanta, and Houston. You've been involved with law enforcement for over 30 years. You're a criminologist and Ph.D. We're honored to have you here before our committee.

It is our custom to swear in witnesses. If you would, please stand.

[Witness sworn.]

Mr. ZELIFF. Please proceed. If you would you could summarize. I know you're in a rush, as well. And we would like to be able to have some questions, so all of your testimony will be included in the record.

STATEMENT OF LEE BROWN, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

Dr. BROWN. Good morning or good afternoon, Mr. Chairman and members of the committee.

Let me begin by saying that I welcome this opportunity to be here today to discuss the President's 1995 national drug control strategy.

Let me also commend you for having Mrs. Reagan as your lead off witness. She is someone that I have admired for years and has made major contributions to our efforts to deal with the problem of substance abuse in this country. She is someone that continues to be an inspiration for many people throughout this country.

But Mr. Chairman, before proceeding with my testimony, I want to let you and the subcommittee know that I am extremely disappointed by the way that you've structured this hearing. You have placed me on the third panel to testify following the appointees of the last administration. This is contrary to established precedent in the House for scheduling administration witnesses, regardless of which party sits in the White House.

Mr. Chairman, I was encouraged by our meeting 3 days ago, when we both agreed that the drug issue is not a Republican issue, not a Democratic issue, but an American crisis. But now, I am deeply saddened by the subcommittee's attempt to politicize this issue. This is a gross breach of protocol.

But I'm here at this politically orchestrated hearing because, as someone who has spent a lifetime in law enforcement, I've seen firsthand what drugs can do to our children, our families, and, indeed, entire neighborhoods. As a result, I am determined not to play politics with the future of Americans. That is the reason I'm here. If the Congress chooses to play politics on the drug issue, so be it.

While we may differ on some aspects of the President's strategy, I think we all can agree that we must work to protect our children from the drug problem. And to do so, we must cooperate in a nonpartisan manner. If any issue should be nonpartisan, it should be the issue of drugs and the byproducts of crime and violence.

That said, Mr. Chairman, let me proceed with my statement. As you know, the drug problem in America is a national problem. It affects everyone, not just the poor, not just minorities, not just inner city residents. As a result, working families who play by the rules can only enjoy the fruits of their hard work and the security and bright future they deserve if their communities are free of drugs, free of crime, and free of violence caused by drugs.

For that reason, the overarching goal of the strategy is to reduce illicit drug use and its consequences. As can be seen in the chart to my left, the President is requesting a record $14.6 billion in fiscal year 1996 to implement our National Drug Control Strategy.

In response to your request, Mr. Chairman, let me briefly outline for you the state of the drug problem in America, how our strategy

addresses the problem, and how President Clinton's strategy differs from those of the previous administration.

President Clinton views the drug problem not in isolation, but as an inextricable link to other domestic policy issues, such as individual economic security, health care, housing, jobs, educational opportunities, crime and violence, and family and community stability.

Let me refer you to the next chart. Chronic hardcore drug users comprise 20 percent of the drug user population but consume two-thirds of the drugs sold on the streets of our city. To break the cycle of crime and violence and the consequences of hardcore drug use, we must fund treatment.

Past strategies ignore this inextricable part of the drug problem. The best way to reduce the overall demand for drugs and the related crime and violence is to reduce the number of chronic hardcore users. Treatment, Mr. Chairman and members of the subcommittee—treatment works.

Just last June, a RAND study found that drug treatment is the most cost-effective drug control intervention. In September 1994, a study of drug treatment in the State of California concluded that for every $1 invested in drug treatment in 1992, taxpayers saved $7 in crime and health care costs.

Today, there are 1 million drug users in this country who need and can benefit from treatment but cannot get it. The President's budget proposes to close the treatment gap, with $2.8 billion for treatment overall.

As you can see from the next chart, drug use among adolescents is rising, a trend that started in 1991. We have focused our prevention efforts to deter first-time drug use among our young people. This is and must always be a top priority for our country.

We must give communities the resources for a constant message to our youth that drugs are the wrong choice. But Mr. Chairman, just last week, the House Appropriations Committee voted to terminate the entire $482 million appropriated for the Safe and Drug-Free Schools and Communities Program.

At this critical time, we cannot afford to end the Nation's school-based prevention efforts. Just yesterday, I visited a DARE program in a local school which will be impacted by this rescission.

I cannot emphasize enough how important these programs are to deter drug use among our young people so they can grow up with a clear mind and reach their full potential.

Mr. Chairman, you asked me earlier this week what you could do to assist the administration in its drug control efforts. I believe you have an opportunity next week when the anti-children rescission package is taken up on the House floor. I would hope you would fight to restore the short-sighted termination of the Drug-Free Schools Program.

What is being done, what is being proposed is penny wise but pound foolish. The growing availability of cheap and high purity heroin has caused some concern about the possibility of another heroin epidemic. The Clinton administration is responding to this challenge with a new heroin strategy which reaffirms that heroin control is one of our major foreign policy objectives.

Our strategy continues to redirect international efforts in source countries. Experience shows it is more effective to reduce illicit drug availability by concentrating resources where the drugs are produced. This approach reflects the need to base our interdiction efforts on intelligence-driven operations.

Random air, random maritime patrols might have been effective against traditional trafficking patterns, but the current situation dictates a new and a flexible approach. Drug trafficking organizations have shifted their preferred methods of operation to other tactical methods, such as the increased use of container cargo and to other geographical areas.

Today, over 70 percent of the cocaine entering our country crosses the border with Mexico. It only makes good sense that we change our interdiction efforts accordingly. The President's budget requests for the Department of Defense in fiscal year 1995 supported the shift from the traditional transit zones to the source countries. Unfortunately, Congress failed to fulfill that budget request.

This strategy provides for smarter and tougher enforcement activities in U.S. ports of entry and at our borders. Domestic law enforcement efforts remain central to supply reduction efforts that seek to keep the streets free of illicit drugs and assist in achieving our demand reduction goals.

The 1995 strategy presents a new element to respond to America's drug problem, a concise and action-oriented set of action plans for first reducing the demand for illicit drugs; second, reducing crime and violence and drug availability; third, enhancing domestic drug program flexibility and efficiency at the level of the community; and fourth, strengthening interdiction and international efforts.

Each action plan includes specific targets and steps to achieve these targets. The strategy proposes a new partnership block grant to improve the effectiveness of drug treatment and prevention efforts through grant consolidation to enable the States to respond quickly to prevention and treatment needs.

We have removed the mandates in the block grant to ensure that we maintain our efforts to prevent drug abuse. We have a 20 percent set-aside for those services. We'll also streamline the application process to create a single form to apply for grants.

As can be seen in the next chart, this strategy is a product of your constituents. They want policing, they want prevention, as well as punishment. I suggest in closing, Mr. Chairman, let's do what the American people tell us they want. Let's do what we know will work. Let's do what will make a difference.

Mr. Chairman, that concludes my prepared comments, and I'll be pleased to respond to any questions that you might have.

[The prepared statement of Mr. Brown follows:]

PREPARED STATEMENT OF LEE BROWN, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

Good morning, Mr. Chairman, and Members of the Subcommittee. Thank you for the opportunity to come today to discuss the President's 1995 National Drug Control Strategy.

As you know, the drug problem in America continues to be very serious. It is national in scope, but its impact is often most clearly felt on the local level—in our

cities and neighborhoods. It affects every citizen. Drugs are not a problem solely of the poor, or of minorities, or of inner-city residents. The vast majority of citizens among these populations do not use illicit drugs; but they are often victimized by those who do.

Working families who play by the rules can enjoy the fruits of their hard work—and the security and bright future they deserve—only if their communities are free of drugs, and the crime and violence that come with drug markets and drug use. Drugs rob our children of their potential to enjoy the opportunities the President is trying to provide in the Middle Class Bill of Rights. An addicted high school drop-out is not likely to get a good job, support a family, educate children, or buy a home.

The solution to the problem must be international as well as national, because drug use and drug trafficking have become global in scope. I am very proud of the President's 1995 Drug Strategy, because it builds upon an extensive body of research and analysis about the drug problem in America—its dimensions, its effects. and its solutions.

In your letter of invitation, Mr. Chairman, you asked me to specifically address how the 1995 National Drug Control Strategy differs from those of the previous Administration. The 1995 Strategy builds upon both the Clinton Administration's 1994 Strategy and the 1993 Interim Strategy. These Strategies differ greatly from past Strategies both in their analysis of the problem and the focus of the solutions to the problems of drug use and trafficking.

The significant changes include:

- We have focused our prevention efforts to deter new, high levels of first-time drug use, especially among youth through school and community-based programs.
- We have increased the focus on the problem of hardcore drug use and related violence. These problems are at the heart of nation's current drug crisis.
- We have shifted the focus away from the easy part of the drug problem: reducing casual use, to the most difficult aspect: reducing chronic, hardcore drug use and the resulting crime and violence which surround hardcore drug users. Hardcore drug users are no longer seen as mere casualties of a drug war, but the underlying source of most of today's illicit drug consumption and its consequences.
- We are empowering America's communities to fight drug use and distribution with an integrated plan of education, prevention, treatment, and law enforcement.
- We have changed the way we carry out our international drug control policy to make our efforts abroad more effective by shifting the focus of interdiction efforts away from the transit zone and to the source countries—and hit the traffickers hardest where they are the most vulnerable.
- We have added an important new element to respond to America's drug problem to the Strategy: a concise and action-oriented set of Action Plans for (1)reducing the demand for drugs; (2)reducing crime, violence, and drug availability; (3)enhancing domestic drug program flexibility and efficiency; and (4)strengthening interdiction and international efforts.
- We view the drug problem not in isolation, but as inextricably linked to other domestic policy issues such as the health of the economy, violence, health care, education, housing, family, and community stability.

Drugs, and its by product of crime and violence, threaten the security of our citizens. A recent survey found that 4 in 10 Americans had felt it necessary to take safety precautions because of the threat of drug-related crime by taking steps to make their homes more secure, staying in at night, and avoiding unsafe areas. Our Strategy responds to these fears by supporting the creation of community-based programs that address the problems most worrisome to those living there.

The overarching goal of the Strategy is to reduce the use of illicit drugs and its consequences. To accomplish that goal, the President is requesting $14.6 billion in FY 1996 to implement our National Drug Control Strategy. This reflects a 9.7 percent increase, or $1.3 billion, over the 1995 appropriation to expand treatment and prevention efforts, source country programs, and programs authorized by the Crime Control Act.

Research indicates that the best way to reduce the problem of illicit drug use and its consequences is to reduce the number of chronic, hardcore users. Chronic, hardcore users account for nearly two-thirds of the drugs consumed in the United States today, and they are responsible—directly and indirectly—for much of the violence and crime associated with drug trafficking.

The best way to reduce chronic drug use is to provide effective drug treatment in our communities, and in our jails and prisons. But this Administration's concern with chronic, hardcore users does not mean that the casual user and prevention ef-

forts are slighted. Clearly, all of America's youth must be educated about the dangers of drug use, and this must always be our top priority.

We have learned that drug prevention is key to ensuring the future of our youth. To expand upon our prevention efforts, we will launch a nationwide campaign to deglamorize drug use in the mind of every child as a complement to ongoing workplace initiatives, and effective community- and school-based programs. We will continue efforts—like those with the Partnership for a Drug-Free America—to emphasize the role of the media in these efforts. But just last week, the House Appropriations Committee dealt a devastating blow to our efforts to prevent drug use among young people by voting to terminate the entire $482 million budgeted for the Safe and Drug-Free Schools and Communities program.

The Safe and Drug-Free Schools and Communities program has been the cornerstone of the Nation's drug prevention efforts. Over 90 percent of all school districts in the United States receive this funding. I am outraged that we are going to fund a tax break for the wealthiest of Americans by gutting drug education in our schools. There is no tax break which or other rescission objective which is worth the price of eliminating drug prevention and education. At a time when surveys indicate that more young people are beginning to use drugs, it is ironic that Congress wants to dismantle the very programs that directly address the problem, and that President and Mrs. Reagan worked so hard to create.

Our Strategy is tougher than ever, but smart—building on the Crime Control Act signed into law by the President in September. The Administration's goal is to break the cycle of drug use and crime through a wide range of initiatives. The emphasis on law enforcement has been expanded to create important links between treatment, prevention, and the criminal justice system. In fact, much of the prevention and treatment funds in the National Drug Control Strategy budget are dependent upon the prevention and policing programs that comprise the very core of the Crime Control Act. Drug courts to ensure certain punishment for drug offenders, desperately needed treatment in prison and jail, putting 100,000 cops on the streets of our communities, and prevention programs to help young people stay off of the streets—these programs are what made the Crime Control Act of 1994 an historic piece of legislation.

Yet the Crime Bill passed by the House a few weeks ago seeks to destroy the careful balance of punishment and prevention we all worked so hard to create. And the House Appropriations Committee voted to terminate almost every single one of the prevention programs in the Crime Control Act, including drug courts. As a law enforcement officer for over 30 years, I know that this is not a solution to drugs, crime, and violence in our communities. Clearly, it is penny wise and pound foolish. I hope that you can find another solution to preserve the programs that we know work.

Drug Use and Availability

Let me take a few minutes to outline for you the state of the drug problem in America today.

1. Drugs are readily available to anyone who wants to buy them. Cocaine and heroin street prices are low and purity is high—making use more affordable than ever. Marijuana is increasingly available, potent, and cheap—enticing a new generation of users. Current coca cultivation in Latin America is three times what is necessary to supply the needs of the U.S. market.

2. Many Americans have tried illicit drugs. According to the most recent National Household Survey on Drug Abuse, roughly one in three Americans has used an illicit drug sometime in their lifetime, and roughly one in nine Americans has tried cocaine at least once. That means some 77 million Americans have tried drugs during their lifetime. The Monitoring the Future study indicates that nearly one-half of the Nation's high school seniors, regardless of gender, race, or location, have tried an illicit drug, and one in five has used illicit drugs regularly.

3. Chronic, hardcore drug use remains widespread, and is responsible for much of the crime, violence, and negative health consequences in our country. In fact, hardcore users, consume more than two-thirds of the illicit drugs used. However, they constitute only 20 percent of the drug-using population.

4. There are two alarming new trends that have emerged. Casual drug use is increasing among adolescents. This trend, which began in 1991, coincides with a reduction in the number of children who have a clear understanding of the dangers associated with drug use today. After years of decline, drug use among 8th, 10th, and 12th graders is increasing. The attitude among many young people today reflects an easy acceptance of drug use, and less disapproval of those who do use drugs.

5. The growing availability of cheap high purity heroin raises concerns about the possibility of another heroin epidemic. The potential to attract new users, especially

via inhalation and smoking, threatens to change the picture of heroin use in the United States.

6. Both the economic and human consequences of these drug use trends are enormous. The social costs of drug use is $67 billion: 70 percent of which can be attributed to the costs of crimes; 30 Percent is medical and death-related.

7. The illicit drug trade is a drain on the U.S. economy. In 1993, the retail value of the illicit drug business totalled $50 billion. Drug use is weakening the fiscal health of the public sector. Federal, State, and local governments spend 825 billion on drug control—50 cents for every dollar spent by drug users.

8. More than 60 percent of the Federal drug control budget is directed to law enforcement; 79 percent of state and local government spending on drugs is directed to the criminal justice system.

9. Drug use is also putting an enormous strain on the health care system. In 1993, at least 500,000 drug-related emergencies occurred across the nation. More than one-third of reported AIDS cases are now drug-related.

And finally, drug use and related crime devastates our communities. In 1993, over a million people were arrested for drug offenses—including sale, manufacturing, and possession. Every 30 seconds someone in this country is arrested on a drug charge. Drug tests confirm recent drug use in the majority of those arrested. Homicide rates by youth aged 18 and younger have doubled since 1985. Kids involved with drugs are arming themselves and killing one another over drug money and turf.

Solutions

Let me now talk about what we know works in addressing the drug problem. There is compelling evidence that treatment is cost-effective and provides significant benefits to public safety. In June 1994, a RAND Corporation study concluded that drug treatment is the most cost-effective drug control intervention. In September 1994 a comprehensive study of drug treatment in California found that for every dollar invested in substance abuse treatment in 1992, taxpayers saved $7. The cost of treating approximately 150,000 drug users in California in 1992 was $209 million. Approximately $1.5 billion was saved while these individuals were in treatment and in the first year after their treatment. The savings was attributed to decreased use of drugs, including alcohol, and significantly reduced costs related to crime and health care. The National Institute on Drug Abuse reported similar findings: every dollar spent on drug treatment saves $7: $4 in reduced costs to the public, and $3 in increased productivity.

According to the Department of Health and Human Services, there are 2.4 million drug users in this country today who need and can benefit from treatment. We only have the capacity to treat 1.4 million people. In other words, there are one million people who need treatment, but who cannot access it.

Last year, I presented a Drug Strategy that emphasized treatment for chronic, hardcore drug users, and which if fully funded would have enabled an additional 140,000 people to receive treatment. As you know, Congress appropriated only $57 million of the $355 million requested for the hardcore treatment initiative. We also requested $200 million last year for drug courts, and received only $29 million.

This year, the President is again requesting a major treatment initiative that gives states more discretion and flexibility in providing drug treatment. In addition, the President is requesting additional resources for drug treatment. The President's FY 1996 drug control budget requests $2.8 billion for treatment overall, $221 million of which will fund drug courts, Federal and State drug treatment programs, add resources for HHS treatment programs, and the continuation of the $57 million provided for HHS treatment programs last year.

Closing the treatment gap is a national priority, and the Administration will continue to press for more treatment capacity. In this fiscal climate, it is critical to have your support for our initiatives to increase desperately needed funds for treatment. Without it, we put at risk our ability to impact the increasing drug use in our Nation today.

Action Plans

This year's Strategy presents a new and key element to respond to America's drug problem: a concise and action-oriented approach to the drug problem.

ONDCP will spearhead four Action Plans for (1)reducing the demand for illicit drugs; (2)reducing crime, violence, and drug availability; (3)enhancing domestic drug program flexibility and efficiency at the community level; and (4)strengthening interdiction and international efforts. Each Action Plan includes specific targets, individual steps to achieve the targets, and proposed completion dates.

This year's Strategy stresses both prevention and treatment efforts, while continuing aggressive enforcement, interdiction and international programs. While main-

taining a transit zone presence, our interdiction efforts continue to emphasize source countries consistent with our experience that shows it is more effective to reduce illicit drug availability by concentrating resources in a small geographic area rather than primarily attacking transshipment over a vast and unregulated transit zone. At the same time, this Strategy provides for smarter and tougher enforcement activities in U.S. ports of entry and at U.S. borders, as evidenced by Operation Hardline recently begun by U.S. Customs in San Ysidro, California. Domestic law enforcement efforts—which have been greatly expanded in recent years and now comprise the largest segment of our drug control budget—remain central to supply reduction efforts to keep the streets free of illicit drugs; and assist in achieving our demand reduction goals.

The Action Plan for Reducing the Demand for Illicit Drugs targets drug prevention as the key to ensuring the future of the Nation's children. New generations must not become drug users, and existing users must be convinced to stop. The recent increase in marijuana use among adolescents, as well as changes in their attitudes about the dangers of drug use, is alarming and underscores the need for educating each generation about the consequences of drug involvement.

To prevent drug use, a nationwide campaign will be launched—"Save Our Children—Save Our Future"—to address drugs, alcohol, and tobacco, and will use a range of resources, including entertainment and professional sports figures. This campaign will complement existing efforts including those of the Partnership for a Drug-Free America and the Community Anti-Drug Coalitions of America. The Action Plan for Reducing the Demand for Illicit Drugs also includes new opportunities for breaking the cycle of intergenerational drug use; and establishes a National Drug Prevention System (NDPS) to better coordinate and evaluate Federal programs. NDPS will unite drug-prevention programs across the country and serve as a comprehensive system to address the drug abuse prevention needs of diverse communities.

The Action Plan for Reducing the Demand for Illicit Drugs also emphasizes drug treatment. It views addiction as a chronic' relapsing disorder with treatment and aftercare as appropriate and pragmatic responses to this disorder. However, treatment alone is not a panacea. This Strategy recognizes that the drug user's first step to recovery is to take personal responsibility for their actions. Therefore, it equally promotes drug prevention programs and the unique capabilities of law enforcement officers to reduce drug use and its consequences.

The Strategy proposes a new partnership block grant to improve drug treatment and prevention through grant consolidation. This will enhance the States' ability to respond quickly to the substance abuse prevention and treatment needs in our Nation. Most of the earmarks and mandates of the former Block Grant have been removed; however we have kept a 20 percent set-aside for drug abuse prevention services, and a 5 percent set-aside for data collection, technical assistance and evaluation.

The Action Plan for Reducing Crime, Violence, and Drug Availability will make communities safer through an integrated approach of efforts that range from community policing to anti-money laundering initiatives. The efforts of Federal, State and local law enforcement officers are a critical part of this Nation's effort to control drugs and related crime. This Action Plan targets those who cultivate drugs domestically and attempt to smuggle drugs across our borders to sell on the streets of our cities and towns. Key priorities of the 1995 Strategy are to disrupt and dismantle drug trafficking organizations, and investigate, arrest, prosecute, and imprison drug traffickers and seize their ill-gotten assets.

Trafficking organizations will be attacked at every level, from the drug kingpin down to the street corner dealer, through the careful coordination of Federal, State and local law enforcement efforts. Through community policing, the best cops will be back on the street. Through aggressive patrol work, police will seek to reduce violent crime by seizing guns from those who carry them illegally. And money laundering and border control efforts will expanded through several major initiatives.

The Action Plan for Reducing Crime, Violence, and Drug Availability highlights strong enforcement. Habitual criminals will be identified and dealt with through tough criminal justice sanctions. Enhancing links between the criminal justice and treatment systems will address the criminal activities of drug-dependent offenders. And because most convicted criminals are eventually released back into the community, the release of illegal drug users will occur only after they successfully complete drug treatment. In addition, aftercare programs will monitor each person after release to ensure that they remain drug free. If not, a valuable opportunity to break the drug use and incarceration cycle will be squandered. Federal, State, and local authorities will be encouraged to collaborate in the creation of regional strategies which focus anti-drug resources on the problems particular those areas.

The Strategy proposes to create a domestic law enforcement plan to increase efficiency and eliminate duplication of Federal, State, County and local law enforcement agencies, and to increase coordination of regional law enforcement, treatment and prevention resources, such as through the High Intensity Drug Trafficking Program (HIDTA).

Our Action Plan includes a comprehensive initiative to decrease cultivation and use of marijuana, and plans to address the intelligence, technology and advanced officer training needs of State and local law enforcement. Federal investigative resources will target domestic cells of Latin American criminal organizations; major national gangs; Asian and West African criminal and trafficking organizations.

We intend to review current enforcement efforts at the Southwest Border to reduce the amount of drugs smuggled across the border as well as border violence. The reduction of drug smuggling across the Southwest Border will remain the top priority for both the U.S. Customs Service and Immigration and Naturalization Service.

The Action Plan for Enhancing Drug Program Flexibility and Efficiency at the Community Level addresses ongoing concerns among antidrug grassroots practitioners and national organizations. The Federal drug application process will be streamlined to create a universal grant application. This Action Plan also seeks to pursue a "Cut the Red Tape" deregulation campaign to identify and remove Federal obstacles that impede drug program delivery.

The Action Plan builds on ongoing programs such as Weed and Seed to link law enforcement and drug prevention activities across the country at the local level. And in December 1994, the President designated nine Empowerment Zones to enhance multifaceted and interconnected planning to respond to drug use and trafficking in those communities hard hit by drugs.

Workplace initiatives are key to preventing drug use across the Nation. The Department of Transportation is moving aggressively to implement mandated alcohol and drug testing for safety-sensitive employees in aviation, motor carrier, railroad, pipeline, maritime, and mass transit industries. Since 1986, the Federal government has mandated comprehensive drug free workplace programs, including drug testing, for all Federal agencies. The Strategy calls upon the Congress to implement drug testing for its employees as well.

U.S. drug control agencies have developed an aggressive, coordinated response to the cocaine, heroin, and marijuana threats facing this Nation. The Action Plan for Strengthening Interdiction and International Efforts encourages other nations to take a strong stand against illicit drugs.

In 1993, an interagency review of our international cocaine strategy resulted in a Presidential Decision Directive which clarified that the international cocaine industry is a serious national security threat requiring an extraordinary and coordinated response by all agencies involved in national security. Our resulting strategy is designed to: assist institutions of nations who have demonstrated the political will to combat narcotrafficking; destroy narcotrafficking organizations; interdict narcotics trafficking; and increase international cooperation.

There has been a controlled shift of emphasis among cocaine interdiction priorities from the traditional transit zones to source countries because it is more effective to attach drugs at the source of production where illicit production and transportation activities are more visible and thus more vulnerable. Moreover, the drug trafficking organizations have significantly shifted their preferred method of smuggling drugs to employ different tactics, methods and geographic areas. For example, more than 70 percent of the cocaine entering the U.S. crosses the border with Mexico—of which increasing amount is smuggled in cargo containers. Thus, it only makes sense that we refocus our interdiction efforts. We have reduced our reliance on random air and sea patrols, which are very expensive and not effective against the current trafficking threat. Also, the source countries are our best source of information on smuggling operations throughout the Hemisphere. I have designated an Interdiction Coordinator to oversee the interdiction programs and to ensure that we have enough resources in the right places to do the job.

The shift in focus has not included any direct shift in resources from the transit zones to the source nations. In fact, Congress has acted to reduce both the international and interdiction budgets by more than $500 million since FY 1994, leaving insufficient funds to expand source country initiatives while attempting to sustain existing transit zone programs. The President's FY 96 budget request seeks to rectify this problem by restoring funds to our source country effort.

The Action Plan makes institution building to strengthen democracy, law enforcement and judicial systems the cornerstone of our efforts in the Andean Region to enable these countries both to preserve their fragile democracies against the crimi-

nal drug threat, and to carry a greater share of the counternarcotics burden with their borders.

The President's commitment to our international efforts is great, as evidenced by his recent meeting with the Joint Chiefs of Staff and the Commanders in Chief (CINCs) at the Pentagon, where he took the opportunity to discus the importance he attaches to narcotics, and called for DOD's full support.

The Administration has taken a more aggressive approach to the congressionally mandated certification process that conditions economic and military assistance on counternarcotics performance. As you know, last week the President denied certification to five countries, and granted national interest certifications to six countries. The Administration has continued to be tough on countries like Burma, Nigeria and Afghanistan that have shown no progress in controlling continued heroin production and distribution throughout the world. Our national interest certification for countries like Colombia, Peru and Bolivia was strengthened again this year by setting specific criteria for judging their performance and periodic State Department diplomatic demarches to consult with them throughout the year, stressing expectations and reviewing progress. This tough approach makes it clear again this year that counternarcotics is crucial to U.S. foreign policy and our bilateral relations.

Given indications that heroin consumption in the United States is increasing, opium poppy growing areas are expanding, global production is at record levels, and the increased quantity of high purity cheap heroin on the streets of America, there is no doubt that international opium and heroin control must remain a major foreign policy objective of the United States.

We are in the process of finalizing a Presidential Decision Directive which will address the problem. The Action Plan will heighten international awareness; clarify the U.S. role in combatting drug production, trafficking, and use in key countries; emphasize a multilateral approach; attack the heroin-trafficking infrastructure; and promote regional strategies to expand contacts in principal source, transit, and consuming countries to mobilize international cooperation; and emphasize intelligence in major source and transit countries.

These Action Plans are a response to the impassioned pleas of Americans across the Nation asking for help to protect their children, their neighborhoods, and the Nation.

Conclusion

In conclusion, it must be understood that while the Federal Government has a vital role to play, the problems of drugs and violence can best be solved at the local level by individual citizens taking individual actions. The long-range success of this Strategy depends on the collective refusal of individual Americans to tolerate the dealing and use of illegal drugs. All segments of society—parents, communities, schools, religious groups, media, law enforcement, health care systems, business, labor and government—must work together to make America safe, healthy and drug free.

But we need your help to implement this Strategy. I welcome your interest in this critical issue, and look forward to working with you to change the picture of drug use in America.

Mr. ZELIFF. Thank you, Dr. Brown. And I'm going to pass on the comments earlier in your testimony relative to the partisanship. I look forward to working with you. Hopefully, we can put this train back on the track and get it going.

Dr. BROWN. I sure hope so, in the interest of the American people, Mr. Chairman.

Mr. ZELIFF. And I certainly agree.

I would like to now recognize the hardworking vice chair of this committee, my colleague from Maryland, Mr. Ehrlich.

Mr. EHRLICH. Thank you, Mr. Chairman.

Dr. Brown, I appreciate your comments, and I certainly appreciate the chairman's comments. If there is an issue that we deal with that should not be politicized, it is this one.

With that in mind, let me make an observation or two and ask you a question. Republicans live in the real world, too. And we understand that there are numerous planks to the drug strategy. And

we can reasonably disagree with respect to how much stress we put on one plank over another.

But it seems to me—and the former First Lady was here this morning. And I don't know if you had an opportunity to review her remarks or not, but her message was—and she relayed the story of how "Just Say No" began as a simplistic strategy. And she recognized that. And she has always recognized the fact it is simplistic.

Nevertheless, many of us—I'm sure you agree—feel as though "Just say no; it's wrong; stop; it's real bad to do this stuff"—those sorts of simplistic thoughts are part of any strategy.

With that as a background, in the 1995 strategy from this administration, in your drug prevention strategy, your administration declares that, "Simplistic prevention messages of the past appear not to work for today's young people" and that "Anti-drug messages are losing their potency."

I understand it's a complicated world out there, and your point with respect to environment and class and race all plays a part in this. We all know that. But why take emphasis away from a simplistic yet strong message that seemed to produce some results 5 years ago?

Dr. BROWN. Let me be quick to point out, I have the utmost respect for Mrs. Reagan and what she has done for the American people in addressing the drug issue in this country. As we look at the drug scene in America, it changes. We have seen a substantial reduction in your nonaddicted, if you would, the casual drug user population.

But even saying that, we have some 11.4 million Americans that use drugs on a regular basis. By that, I mean at least once a month. Where we have not seen any progress is in the chronic hardcore drug user population. That's the population that consumes most of the drugs, 20 percent of the drug users that consume up to 80 percent of the drugs sold on our streets.

By the same token, they commit much of the crime, cause our health care costs to soar. So that is the reason that the President's strategy is comprehensive, dealing with aggressive enforcement, dealing with prevention, education, treatment, as well as interdiction and international programs. We think we have to do all of that. We do not see supply reduction and demand reduction as competing entities.

Mr. EHRLICH. There's so much common ground here. There really is. I hope, though, the message that gets across to you and the administration is that those of us—I think I speak for the Republican side and probably the Democratic side as well, would like to see the President and you and the administration, generally, use your position as a bully pulpit with respect to messages directed to young people—getting back to, if you will, the morality of this.

And I understand that that statement and that strategy alone will not work. And Mrs. Reagan said that. But we really feel strongly about it. And I think the message has been delivered. And I hope you'll act upon it. Thank you very much.

Dr. BROWN. Let me just make one point. The President understands the drug problem probably as well as anyone I know. When I interviewed for the position, one of the things that impressed me

was the fact that he understood; but more than that, he cared about the problem.

He has produced a videotape going out on the air to the American children telling them about the problems of drug abuse. This is part of the new series of videotapes done by the Partnership for a Drug-Free America. It has done a tremendous job in helping America with the issues. And if the committee or the chairman would like, it's only 30 seconds. You might want to see it and see what the President is doing in providing leadership to this very important issue.

Mr. EHRLICH. Thank you.

Mr. ZELIFF. Mrs. Thurman.

Mrs. THURMAN. Mr. Brown, thank you for being here. We're pleased that you could testify before this committee. Unfortunately, there were some comments made by the former panel that I would like to get some clarification on.

I think the first one is—and I would have asked Mr. Bennett this question, just to emphasize a point. When we talk about adolescent drug use increasing, according to your charts, that actually started in 1991. So it is my understanding that this is not just under the watch of yourself and President Clinton.

Wait a minute. That's not 5 minutes. So now, I get seven.

Mr. ZELIFF. I have a very rambunctious staffer over here.

Mrs. THURMAN. So would you confirm that for me, that——

Dr. BROWN. That is absolutely correct. Let me be a little more precise in making the point by using documents that are on file in my office. I have before me a document dated May 1, 1992, from the past administration. The President was not in office then. I was not the Director.

Let me just read the first paragraph. It says that, "Policy makers in the Office of National Drug Control Policy have concluded that in 1991, both the supply of and the demand for cocaine decreased from 1990, precisely the opposite outcome expected by the President's drug control strategy."

This comes from the past administration. This is not something we have said. This is true. It's true by the facts from the other administration. It's true by the facts from this administration.

Mrs. THURMAN. I appreciate that. Also, I believe in Mr. Bennett's testimony, he had written that last year, the Clinton administration directed the United States military to stop providing radar tracking of cocaine trafficker aircraft to Colombia and Peru.

It's my understanding that the President actually came to Congress to change the law, and it was blocked by the Members of the House GOP. And we ended up having to go to the Senate to get it passed. Is that correct?

Dr. BROWN. Well, the problem is that the problem occurred in the previous administration. It wasn't taken care of. So we had to deal with it.

Very briefly, the previous administration had advised Colombia and Peru that they could not use the information we gave them to shoot down airplanes. They announced during this administration that they were going to do that. Our lawyers told us that would put our employees in jeopardy, those who gave the information. So there was a temporary halt.

President Clinton submitted to the Congress legislation to allow us to do that. The Congress ultimately passed the legislation. And now we are able to and we have for some time been able to give the real time intelligence to Colombia and Peru for the purpose of tracking the aircraft to go across the Andean borders.

Mrs. THURMAN. I thank you for that clarification. Another complaint was that the Justice Department has no plan for dismantling trafficking or organizations. Do you know if the Attorney General disregarded any existing plan on this subject?

Dr. BROWN. The fact of the matter is, the strategy has not changed. When I came into the office, the strategy was what's called the "kingpin strategy." That continues to be the strategy of DEA and others in the Justice Department.

The design is to focus on those criminals at the top of the criminal drug trafficking cartels, arrest them, and thus, dismantle the drug trafficking organizations. So that has not changed.

Mrs. THURMAN. So she was actually just following the actions of her predecessors?

Dr. BROWN. We did not change the strategy. Yes, ma'am.

Mrs. THURMAN. Mr. Brown, how does the split between supply and demand reduction differ from your predecessors?

Dr. BROWN. Let me preface my answer by saying that we do not see supply and demand and competing entities. We need both. If we have an abundance of drugs on the streets of our cities at low cost, we're going to have more drug use.

By the same token, we can't deal with the supply unless we curb America's appetite for drugs. If I could have someone put up for me a chart, it will depict for you what the current split is. Basically, if you look at supply and demand, it's about 39 percent for demand reduction and 61 percent for supply.

But as the chart will indicate, domestic law enforcement still consumes the majority of the resources that are being requested by the President in the 1996 national drug control strategy.

Unfortunately, that will change. It changes where there will be even a greater emphasis on enforcement because of the rescission package that's now pending before the House and because of the actions taken by the House in taking away some of the demand reduction funds that were in the Crime Control Act that was passed by the Congress with bipartisan results.

All of the prevention money, for example, would be wiped out, with $2½ billion going to build more prisons. The rest, along with a very successful drug course, being rolled into funds we had for 100,000 more police officers to implement community policing would go to the States in a block grant with no strings attached.

So that will change because of the actions that are being proposed by the House if that continues through the Senate and becomes law.

Mrs. THURMAN. Mr. Brown, very quickly, since we're going to be taking up the rescission package next week and particularly in light of our testimony from the former First Lady, could you comment on the argument that the Safe and Drug-Free Schools Programs are duplicative and unnecessary?

Dr. BROWN. They are not duplicative. That's the only Federal program we have that funds 94 percent of the school districts in

this country. We have other programs, but they are not in our schools. That's the program that focuses on our school children, where we have most of our children.

To me, it would be a disaster. It would be hypocritical if we talk about dealing with drug use amongst our young people, to turn around and take away the only funds that we have which serve as the cornerstone of this Nation's efforts to educate our children about drug use.

Mrs. THURMAN. Thank you.

Mr. ZELIFF. I would like to now recognize the good Congressman from Florida, Congressman Mica.

Mr. MICA. Thank you, Mr. Chairman.

Mr. Brown, a couple of questions. First of all, remembering that you're under oath today, how many times did you appear in the first 2 years of the Clinton administration or since your taking office before a full committee of the House?

Dr. BROWN. Which full committee are you referring to?

Mr. MICA. The former Government Operations Committee.

Dr. BROWN. I have appeared twice before the subcommittee, chaired by Mr. Conyers.

Mr. MICA. The question was a full committee. Never. Is that correct?

Dr. BROWN. That is correct, the reason being I was never asked to appear.

Mr. MICA. I have another question I would like to ask you under oath. And you can respond now, or you——

Mr. WISE. Mr. Chairman, a point of order. I have been on this committee for 12 years now, mainly under the Reagan and Bush administration. I have never seen a witness approached twice in that manner. It is presumed that the witness is going to answer truthfully.

The witness is well aware that he's under oath. You instructed him as such. I find it incredibly insulting to sit here and have to listen to this.

Mr. ZELIFF. Let me jump in. I think we have had infraction on both sides of the aisle so far. Let's try to hold back, and let's try to keep the decorum of the House. Your point is well taken.

Mr. MICA. Again, I just wanted to preface this, because I would like his response. And he doesn't have to respond before the committee. You can respond in writing to us. Do you have any knowledge or any information that President Aristide or any of his aides or high assistants have been involved in any drug trafficking?

Dr. BROWN. No, sir, I do not.

Mr. MICA. Let me ask you a question regarding the situation we have right now as to use. And if you could answer if there's an increase or decrease in use and statistics relating to abuse of cocaine. Is it up or down?

Dr. BROWN. The use of cocaine is level.

Mr. MICA. What about heroin?

Dr. BROWN. What we're seeing is something that I saw when——

Mr. MICA. Is it up or down? Could you respond?

Dr. BROWN. What we see is what I saw as far back as 1990, when I served as a police commissioner of New York City.

Mr. MICA. What about marijuana?

Mr. WISE. Could the gentleman answer the question?

Mr. MICA. I was asking if he could answer——

Dr. BROWN. You haven't given me an opportunity to answer the question.

Mr. MICA. If it's increasing or decreasing?

Dr. BROWN. I was going to answer the question, but you cut me off, Mr. Congressman.

Mr. MICA. If you would like to expand on your response, I welcome that in writing, because I have a limited amount of time. And I did ask—and I had 130 Members of Congress asking for a hearing on this in the first 2 years and was denied the opportunity to ever ask some of these questions. So I welcome your participation and elaboration in writing. Marijuana use, up or down?

Dr. BROWN. Marijuana use, particularly amongst our young people, that is going up. And any questions we can't get to, I'll be delighted to respond to in writing.

Mr. MICA. You also mentioned just a few minutes ago in response to a question from the ranking member of the subcommittee relating to, I believe, the radar policy and also shoot-down policy. We had a shoot-down and radar and information sharing policy under the Bush administration and through the Bush administration; is that correct?

Dr. BROWN. There was a verbal agreement with the two countries during the previous administration. In this administration, when the two countries indicated that they were going to use our intelligence to shoot down suspected aircraft——

Mr. MICA. But the actual policy, we were allowing them to use the radar, and they could shoot down planes before this administration; is that correct?

Dr. BROWN. The policy has not changed. Our policy initially was that they should not use the intelligence that we give them to shoot down planes. But——

Mr. MICA. Isn't it also true that the individual who was involved in making that decision worked in another agency and got a negative response under another administration and then moved into the Department of Justice and forced a change in interpretation of the policy which ended the shoot-down and radar and information sharing policy?

Dr. BROWN. Not to my knowledge. Peru and Colombia declared that they were going to use the information to force down aircraft suspected of carrying narcotics. When that occurred, it precipitated a concern on the part of the American government that it would put in jeopardy our personnel.

As a result of that, the President went to the Congress and received legislation that would allow him to make a decision. The decision is predicated upon if it's in the national interest of that country and they put into place adequate safeguards to protect innocent aircraft, then we can continue to provide them with intelligence information.

Mr. MICA. And finally, since my time is expiring, do you dispute any of the facts or statistics in these charts that you see here? Is there anything distorted, or is there anything incorrect?

Dr. BROWN. I have not studied the charts. But as you may know, we produce most of the data that you use. And if it's consistent

with what my office puts out, then I would have no dispute with what you have behind you.

Mr. MICA. Mr. Chairman, my time has expired, but I do have additional questions and would like to have the privilege of a second round. Thank you.

Mr. ZELIFF. I yield to our colleague from West Virginia, Mr. Wise.

Mr. WISE. Gene, do you want to go?

Mr. ZELIFF. We're trying to mix it up so everybody has an opportunity. If you want to yield to her, that's fine.

Mr. WISE. If I could pass so that I can come back, I'll be the last one down on the train. And I would turn my time over to Mr. Taylor, if you'll come back in proper course?

Mr. ZELIFF. Just trying to be fair.

Mr. WISE. Thank you, sir.

Mr. TAYLOR. Thank you. And Mr. Brown, wouldn't it be fair in response to the questions from Mr. Mica, that this administration has looked at providing spare parts for the A–37s to the Government of Peru? But let's be realistic about the radar policy. And I have had Mississippi Air Guardsmen there. There have been Utah Air Guardsmen there. There are kids out in the jungle as we speak.

But there's some serious flaws in the policy. And that's what I hoped, rather than playing politics, that this panel would look at. One of the flaws that I saw, Mr. Brown, when I went to Colombia—and I won't mention the name of the town, but it was way the heck out in the Amazon—we have got a radar site there. We fly in on a C–27.

There was a DC–9 being loaded right a couple hundred feet away from us. And the question is asked—the Colombians have a plane there. We have a radar site there. The Colombians can only fly during the day. They're not trained at night. Narcos fly at night.

But I was told if someone merely files a flight plan—and this isn't a Democratic issue. It has been going on for years. If someone merely files a flight plan, they don't even bother to track them. When you fly into Bogota, Colombia, you fly over what appears to be for minutes, if not—it seems forever—of the most beautiful greenhouses you've ever seen, well-financed, well-capitalized greenhouses.

And the question is asked, "What do they do in there?" Well, they grow flowers. How do they get to the States? They're flown up to Miami? Who inspects those? They're self-inspected. I mean, let's be realistic. There are 10,000 cargo containers a day—40 cubic foot cargo containers a day that come into this country that nobody's even looking into.

So while, as I said earlier, I commend the E–3 pilots, the P–3 pilots, the kids flying the AWACs, the guys flying the M–16s, the F–16s, the guys sitting out right now in the Caribbean, it seems like we're chasing flies with sledgehammers over here, and people are driving truckloads in down across the Mexican border.

And I would hope that your agency, now that you're clearly running that agency, would redirect it to try to get us some more customs agents so people can expect to be inspected when they cross the border. I think it's a serious flaw.

And we do have choke points. And those choke points are things like the container cranes at the ports in our country and ships coming in, but also trucks coming across the border. I wish you would respond to that.

Dr. BROWN. I was in California at the United States-Mexico border just 2 weeks ago, along with the Customs Commissioner, where we announced a new program called Operation Hard Line. We're putting more resources on the border, more equipment in order to address that problem.

A week from now, I'll be back at the border to see how we can use more technology that we have in the Federal Government to help address the problem. I am deeply concerned about the problem. As I said, up to 70, 80 percent of the drugs that come into this country come through Mexico. We have to work with the Mexican Government in order to address the problem.

I'm committed to make sure that we do all that's humanly possible to address the problem. It also becomes the responsibility for the Mexican Government to do what they can in country, the Colombian Government to do what they can in their country. But I believe that working together, we must make a difference. We can't continue the way we're going right now.

Mr. TAYLOR. And isn't it also accurate to say, in response, again, to Mr. Mica's line of questioning, that there is serious concern from a military standpoint, from a State Department standpoint that actually, in some of these Latin, South and Central American countries, there is actually an institutionalized drug business, where the narco traffickers have actually bought representation in their parliament or their Congress where, in some instances, we suspect that people were elected President to some of these countries with narco trafficker funds, and that it's kind of silly to count on a guy who has been elected President with narco trafficker funds to say, well, he's going to shoot them down?

Wouldn't it make more sense to try to solve the problem where we can within our own borders, using the military, where we can, to catch the obvious and flagrant uses of private aircraft? I'm asking. Don't you think it would make more sense to have more inspections here in this country? We cannot control the destiny of every country in the world. We should be able to control our own destiny.

Dr. BROWN. Our position is to do both, to work with the source countries and the transit countries and to try to assist them by improving their institutions, their law enforcement, their court systems to deal with the problem in the country.

At the same time, we have to also control our borders. We have to beef up more resources on our borders in order to keep the drugs from coming in. The policy we have as dictated by the President in a Presidential decision directive is that we will place more resources in the source countries, assisting them and addressing the problem there.

The logic is, if we can stop the drugs at the source, we're better off than when they leave and go through the vast air space, land space, and sea space coming into our country. But that means also that we have to make sure that we have the resources on our borders to stop them there. So we have to do both.

Mr. TAYLOR. Mr. Brown, I'm not, again, arguing with your effort or your intent. Just last weekend in Colombia, the guerillas went in, seized the mayor, his entire city council, took off to the woods with them. Again, how realistic is it to expect a nation that cannot control its internal destiny to spend that much time and that much effort when we seriously question who controls their parliament, who controls their Presidency—and I'm being serious.

We're in the same political party. I'm not here to beat up on you. But I'm asking you to rethink the strategy, because I don't think the idea of counting on the Colombians to solve the drug problem, when we know that island that is owned by Colombia just north of Colombia is a major transit point—wouldn't it be more realistic to try to focus inside this country?

Dr. BROWN. I agree with you 100 percent that the drug trafficking business corrupts officials, Colombia, as well as any other place in the world where you have that magnitude of money going through the drug trade, the drug industry.

It's important for us to work with Colombia. That's the country where we have the drug cartels, the drug gangsters operating out of. It's important for us to work with them, because this is not just a U.S. problem. This is a global problem. Other countries are working in Colombia.

We have seen some success. Clearly, not enough. We have seen some success in the capture and ultimate killing of Pablo Escobar and, thus, the dismantling of the Medellin cartel. It's our hope that the Colombian Government will put all the effort and resources that they have at their disposal to do the same thing with the Cali cartel.

That is the reason when the President made his recommendations to Congress on certification of drug trafficking and producing countries that Colombia was not certified but given a national interest waiver, with the expectation that the message that we have for them is that you have to do more in your country to receive a certification from the United States Government.

So I see no differences in our opinion on this issue. There's some serious problems in Colombia, recognized by the fact that they did not receive certification by the President this year.

By the same token, we have worked with them, and we must continue to work with them in order to help address the problem in the country.

Mr. TAYLOR. One more question.

Mr. EHRLICH [presiding]. The gentleman's time has expired, but I'll recognize him for one brief——

Mr. TAYLOR. Thank you, Mr. Chairman.

Mr. Brown, was there any sense the legitimate trade of things like flowers from Colombia is a source of income to hopefully some legitimate people?

Dr. BROWN. That is correct.

Mr. TAYLOR. Was a part of the negotiations—what sort of threats were used by the President to say, "If you don't straighten up your act, you can't sell your goods here?" Was that even brought into the equation?

Dr. BROWN. I'm not aware of that being part of the negotiations by the State Department. What they look at in terms of the law

on certification is whether or not the country did a substantial amount to bring about improvements in their country or whether they cooperated with the U.S. Government in addressing the drug issue.

Other aspects, such as the flower industry, would be handled outside of that certification process. I hear your comments, and I will be delighted to sit down with you and pursue this in more detail and work with you on it.

Mr. TAYLOR. Thank you.

Mr. EHRLICH. The gentleman's time has expired.

It's my pleasure to recognize a fellow freshman Member from Indiana, Mr. Souder.

Mr. SOUDER. I want to make a couple of general comments first before I get to a very particular question. I respect your efforts in Houston and New York. And, any comments that we have made today are not directed at you.

It would be very difficult to defend the President, and I would not want to be in your position. You may not agree with that point, but you're not the target of a lot of the questions, and I hope you realize that there is a difference.

I am concerned about your comments regarding partisanship. I have a quote here, from Congressman Charles Rangel, a Democrat from New York: "I have been in Congress for over two decades, and I have never, never, never found any Administration that has been so silent on this great challenge to the American people." Mr. Rangel is not being partisan when he says that.

I also was very disturbed by your comment—I'm sorry I missed the first part of your testimony. But, in your testimony, you took a direct shot and a very political shot—"I am outraged that we are going to fund a tax break for the wealthiest Americans by gutting drug education in our schools," which is a very partisan statement. And I understand we're going to try to refrain from that.

But partisanship goes both directions. And, when we have strong feelings on this, it does become partisan. You specifically have made statements about the rescission on drug education. As somebody who worked in helping draft some of those bills when I was with Senator Coats, I have grave concerns about how the money has been spent.

A Michigan study says it has been misapplied, untargeted, and unaudited. Did you take that into consideration when you were saying that this was something that we shouldn't be looking at? We favor block granting, giving more flexibility, and actually sending money to fight the drug war.

These things often had nothing to do with really battling drugs and are more touchy-feely programs that have not been effective.

Dr. BROWN. As you adequately pointed out, I spent a career in law enforcement. I started off in 1960 walking the beat. One of my first assignments was as an undercover narcotics officer. Since that time, I've served as a sheriff and dealt with suburban, as well as rural law enforcement issues. And I've also headed large police departments, Atlanta, Houston, and the largest in America, which is New York City.

I've seen the drug problem firsthand. I know what does go on on the streets of our city, whether it is in urban America or rural

America. And as a result of that, I am outraged, Mr. Congressman, that we would say on the one hand that we want to deal with the problem of substance abuse amongst our young people as indicated by the charts that you display behind you.

But at the same time, the one program that we have in this country to deal with the drug problem, our Safe and Drug-Free Schools Program, you would take back all of the money—not a percentage, but 100 percent—of the $482 million of the funds that serve as the cornerstone of our efforts to keep our young people from using drugs in this country. It is outrageous, and I stick by that statement.

Mr. SOUDER. Do you have any evidence that it has had any impact? In your testimony, you mocked reducing casual use, more or less, and said that we needed to reduce hardcore chronic use but have no evidence that we have reduced hardcore chronic use.

And now, you're taking a program which hasn't, quite frankly—I think DARE programs are very effective often at the local level and are best run by the local level. But much of what has happened, they go down to schools, and you're talking like some schools in my district got $72. And another one gets $1,500, which is not enough to really have any impact on a drug program.

We're dribbling this money away, yet we're seeing a rise in the cocaine coming in, we're having a diversion of resources, and yet the rhetoric—how do you address the fact the studies are showing it has not been effectively spent?

Dr. BROWN. What will the funds be used for once you take it away from the Safe Free Schools Program? Where do you intend to apply the money?

Mr. SOUDER. I think that you can fairly state that there are two parts. One of which I think you will agree with, and that is, that the economic growth and the opportunities for people is one of the most important things. The second thing is, if we don't get control of the budget deficit, I don't think you'll see me or others in the long term hitting the drug funding. You will see us focusing on that issue.

The rescission is a separate argument from the overall argument, in that what we're trying to do is get some of the things out now so we can address the long-term plan. You took an isolated part of an overall package to try to hit what's our economic future toward the incentive question and took it out of the overall drug package.

And I'm sorry, and I want to say I'm looking forward to working with you. I know from a personal level, you're committed to this fight. And I think we have our differences. But I have 4 minutes left to get over and cast my vote. So I yield back the rest of my time.

Dr. BROWN. I look forward to working with you. I hope you would help us when that vote comes to the floor to take or save the Drug-Free Schools money—that's where you display your commitment. Do something on behalf of the children of America.

Mr. SOUDER. You don't display your commitment just by spending other people's money. That's part of the whole budget debate problem. You can have a commitment without the Federal dollars doing that. I understand that it takes dollars to run these pro-

grams, and we'll do that. That's not the only way, however, I will show my commitment.

Dr. BROWN. I look forward to working with you.

Mr. SOUDER. Thank you.

Mr. ZELIFF. The gentlelady from New York, Mrs. Slaughter.

Ms. SLAUGHTER. Thank you, Mr. Chairman.

Mr. Brown, it's good to see you.

Dr. BROWN. Good to see you.

Ms. SLAUGHTER. A fellow New Yorker. I want to say, I think you've been doing a wonderful job under very trying circumstances.

I have just come back to this committee this year. But I served here a few years back during both the Reagan and the Bush administrations. And I was somewhat perplexed at what I've been hearing: that things were so good then and it was just so wonderful.

A couple of things stood out in my mind about prior testimony: for example that we knew the Contras were funded partly by drugs. One of our high points. I also recall the man who was in charge of Customs then—I believe his name was Von Robb. He came before the subcommittee, and he said he had the problem licked. He had put about four balloons along the Southwest border, and they were so good that you could see somebody light a cigarette in a car down on the street. Just absolutely the answer.

The fact is that all of the drugs at that point were coming in through the Caribbean. And when we asked him what about the East and West Coast and through Canada, they said they hadn't thought about that yet.

I have another memory of a day when four or five people came in to testify with hoods over their heads so they wouldn't blow their cover. They told us some very interesting things about how we had been so lax with people buying airplanes secondhand and converting them simply to carry cocaine into the United States and then abandoning the planes. And it was much easier for them to do that than to get a driver's license.

But the one that really I'll never forget, is that they had found a facility in West Virginia controlled by people who headed up the drug traffic. And when they raided it, they found, among other things, telephone numbers that went directly into the White House, into the DEA. They could intercept everything that we did. They were about 100 years ahead of us.

I think that one of the problems and the thing that I have felt as a Member of Congress is, we did fail at interdiction. We have left it to the local police, really, to try to deal with this, because we simply couldn't keep that junk out of the country. So there's enough blame, Mr. Brown, to go around by anybody's measurement.

Treatment is important. I did some work in criminal justice in New York in the State legislature and in the county legislature, and I know that when a drug addict needs treatment, you can't say, "Come back in 6 months." That's 6 more months of robbing people, doing whatever it takes to feed that habit on a daily basis.

We have never had the balance that we needed. And certainly, it is critically important that we do everything we can first to keep drugs out of the country and, second, to try to dry up the demand.

But anybody who says that treatment is not a major part of that, I think, is completely misreading what has been happening in the country over the years.

One of the things that I have been very concerned about are the drug courts. It seems to me that the court system plays a major role. And obviously, since the inception of drug courts, I think there has been a lot of difference in freeing up some of the other courts. In 1986 to 1991, over half of the Federal prison inmates now are serving time for drug offenses. We don't do much for them while they're in prison. I think we have got an absolutely sorry record at both State and Federal levels of doing things to get people off drugs, so that when they finish their sentence, they have a chance of not getting back into the drug trade.

And I think that the recidivism rate for offenders, over 50 percent, demonstrates again that we're not doing enough for them while they are incarcerated. But we have a contrast. Offenders who successfully complete the program by the Miami drug court have a recidivism rate of 11 percent, down from 50. And that's pretty impressive.

I think the specialized drug courts have offered a very innovative solution. You either go into treatment and kick your habit, or you go back to jail, and that's it. In my district, we have our own drug court program. I got a letter from Judge John Schwartz, which I would like to include, if I may, for the record. I ask unanimous consent to do that.

[The letter referred to follows:]

February 7, 1995

The Honorable Louise M. Slaughter
United States House of Representatives
Washington, D.C. 20515

DEAR REPRESENTATIVE SLAUGHTER:

We urge Congress and the Administration not to dismantle this nation's substance abuse prevention infrastructure in the Center for Substance Abuse Prevention and in the Department of Education's Safe and Drug-Free Schools Programs, unless they are prepared to see drug abuse levels escalate among all of our nation's youth. The federal government must continue to provide national leadership in the fight against substance abuse, especially now when the most recent "Monitoring the Future Surveys" are showing an increased use of drugs and alcohol by our youth, and less perceived risk associated with illicit drugs.

I strongly object to any attempts to use substance abuse prevention program funds from the Center for Substance Abuse Prevention and the Department of Education's Safe and Drug-Free Schools Program for any purposes not directly related to substance abuse prevention.

I supported the prevention programs authorized in the most recent Crime Act and strongly object to efforts to deauthorize or not fund them. Substance abuse prevention programs in Rochester, New York have been highly effective, and we need these resources to continue to serve the constituents.

One of the most innovative developments in the criminal justice area has been the emergence of drug courts. These courts have proven to be effective in breaking the cycle of drug use by criminal offenders. The fact that over 50 percent of all men arrested for homicide and assault test positive for illicit drugs at the time of arrest underscores the dangerous link between drugs and violent crime. To address this problem, along with the serious overcrowding in federal and state prisons, Rochester City Court has created a treatment-based drug court.

Drug courts emphasize treatment that is judicially supervised and part of an intensive probation program. They serve nonviolent addicted offenders. Drug offenders must continually be held responsible for their actions or suffer incarceration for failure to comply with program requirements.

Research shows that drug courts make a difference as a meaningful intervention in the lives of nonviolent offenders. One of the early drug court efforts in Miami

estimates that between 1989–1993, around 4,500 defendants entered the diversion and treatment program. Approximately 60 percent of all those diverted have graduated or are still in treatment . The typical prison recidivism rate is over 60 percent, yet only 11 percent of defendants who have completed the program have been rearrested on any criminal charges a year after graduation. One need only compare the difference between spending $20,000 or more a year for incarceration to the $1,000–2,000 for drug court offenders to appreciate the cost-savings available through drug courts.

The drug court approach is demonstrable, replicable and cost-effective. Drug courts can coerce habitual drug offenders into tough, no-nonsense treatment programs as an alternative to incarceration. This approach can render a more permanent solution to the problem of drug abuse while reducing the burden on our overflowing prison population.

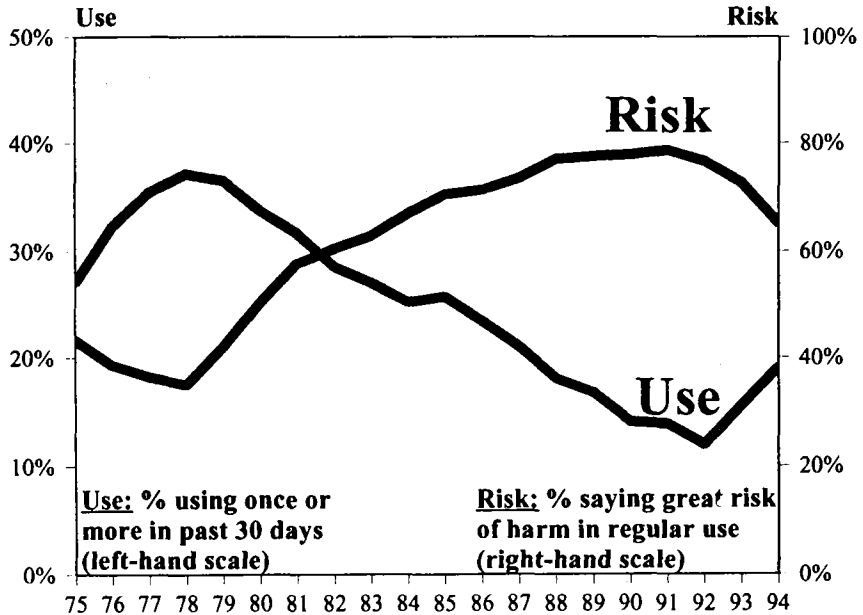
To that end, I urge your support for drug courts. I am interested in resources which may be available at the federal level or through the block grant to fund this kind of program.

Thank you for your attention to this matter.

Sincerely

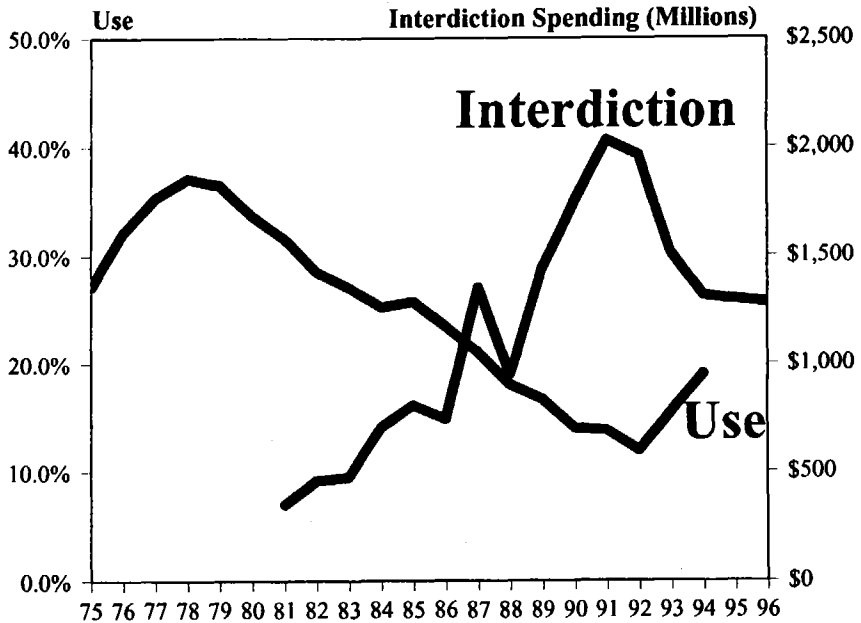
HON. JOHN R. SCHWARTZ
Supervising Judge
Rochester City Court

Marijuana: Trends in Preceived Risk of Regular Use and Prevalence of Use in Past Thirty Days for Twelth Graders



Source: The Monitoring the Future Study, the University of Michigan.

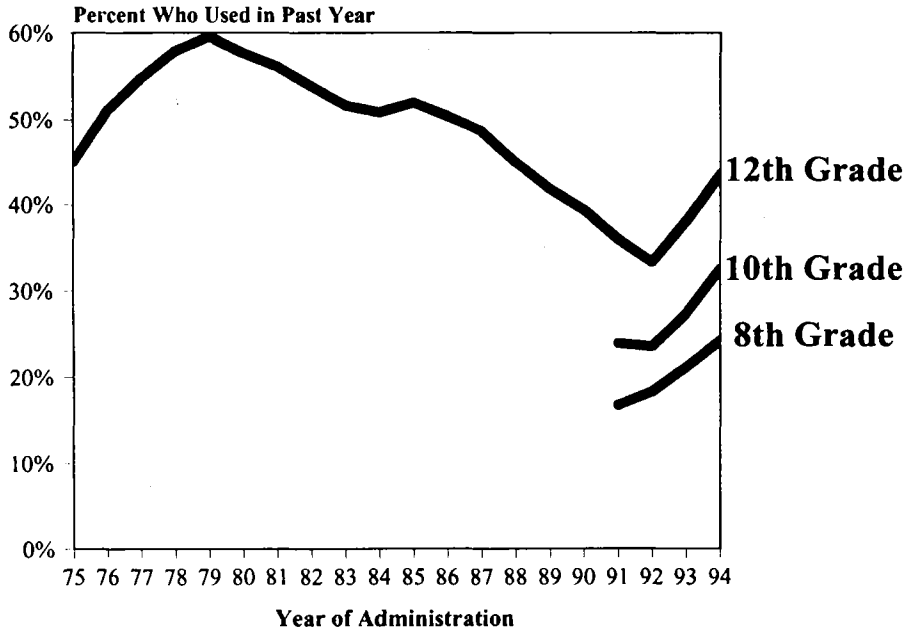
Marijuana Use in Past Thirty Days for Twelth Graders and Drug Interdiction Spending



Source: The Monitoring the Future Study, The University of Michigan and The National Drug Control Strategy Budget Summary.

Use of Any Illicit Drugs Including Inhalants in Past Year

1975-1994



Source: The Monitoring the Future Study, the University of Michigan.

Ms. SLAUGHTER. Judge Schwartz points out it costs at least $20,000 a year to incarcerate someone. And the Rochester drug program requires just $1,000 to $2,000 per offender. That's very impressive, to have something that is effective and cost-effective, as well. In other words, the drug courts yield a much better result, at about a tenth of the cost.

Last year, we sought to encourage the duplication of these successful efforts throughout the country. But unfortunately, we see that these efforts are going to be gutted. The 1994 crime bill established separate grants for drug courts. They were eliminated in the crime bill that passed this year. We provided $27.7 million to help start drug courts around the country last year, and that has been zeroed out.

How will these reversals, Mr. Brown, damage our efforts to curb drug abuse and the violence that it causes?

Dr. BROWN. Thank you. The Crime Control Act passed by Congress, with bipartisan support, I might add, is a key element of our National Drug Control Strategy. The drug court is, very successful, a promising program. Those funds will be taken away with the legislation that was passed by the House that has been sent on now into the Senate.

Prevention programs, very successful. The funds will be taken away from prevention and given to prison construction or block grants to the city. Treatment within the criminal justice system is key. To us, it makes good sense if we arrest, as we do, hundreds of thousands of people a year in this country, and the majority have substance abuse problems. It makes good sense to treat them before they're released.

I made the statement earlier that treatment works. That's just not my conclusion. One of my predecessors, Bill Bennett, who testified earlier, produced a document which I'll leave for the record where he points out that the common tendency to think of drug treatment as soft, nurturing, easy route away from drugs could not be further away from the truth.

And he goes on to point out that's why drug treatment and criminal justice must be understood as allies in our fight against drug use.

RAND Corp. did a study that proved that the most effective intervention in addressing the drug issue would be treatment. In California, they did the most extensive study ever done that showed for an investment of $209 million in 1 year in treatment, the taxpayers of California, they were saved $1.5 billion.

To me, treatment makes good sense. It's good drug policy, good crime policy, good health policy, good economic policy. Basically, it's good urban policy.

Just recently, the Health and Human Services just released this report, called "The Effectiveness of Substance Abuse Treatment," the bottom line being that all the research we know tells us that drug treatment works, it makes sense. It's a good investment in America.

Mr. ZELIFF. I just would like to add one comment. And I know you have to leave here at 1:30. Our concern is that with the heavy emphasis on treatment of hardcore users, then your policy becomes

"Just Say Yes, and if you get in trouble, we'll take care of you." And I don't think we want to accomplish that, either.

I just have one series of questions to ask relative to interdiction. What is the role and responsibility of the Interdiction Coordinator?

Dr. BROWN. The President in his effort to assist us in addressing the drug problem across the board directed that the National Security Council do an 8-month study—it was a study that took 8 months—about interdiction efforts. And when he released his Presidential decision, PDD No. 14, he gave me the authority to appoint an Interdiction Coordinator.

I chose to appoint the Commandant of the Coast Guard. His responsibility is to make sure that we have a clear understanding at all times about the drug threat coming into the country and make sure that our resources are in the right places.

It's not an operational position. The various other agencies, DOD, Coast Guard, Customs, they do the operations. His job is to do the strategic planning to make sure we understand the strategies used by the drug trafficking organizations, that we have our assets in the right place.

Mr. ZELIFF. Does the Interdiction Coordinator have the authority relative to moving detection and monitoring assets of the U.S. Customs and Department of Defense, or does he just suggest it through you, or how does that work?

Dr. BROWN. He is not an operational person. One of the good things about what I've seen since coming into government is that there is great cooperation. Just yesterday, for example, I convened a meeting of all of the relevant agencies to think through the plan as to how we deal with the problem of drugs coming into Mexico and then into the United States.

Mr. ZELIFF. How often does the Interdiction Coordinator meet with the Director of the Office of National Drug Control Policy?

Dr. BROWN. We meet on a monthly basis, but we are on the phone or talk at other meetings more than that.

Mr. ZELIFF. And how often do you exchange correspondence?

Dr. BROWN. Most of our information is exchanged on a meeting basis one-to-one and a verbal exchange.

Mr. ZELIFF. Dr. Brown, has the Interdiction Coordinator expressed to you either in writing or correspondence his conclusion that we need to restore assets to the interdiction force structure to return to the 1992–1993 levels of effort?

Dr. BROWN. We have had discussions about what we should have. My office has not reached any conclusion. What I am interested in determining on any decision like that is, what do we get for the resources we have. If you go to any particular level without justifying any benefits from that, that's not the way we want to do business.

We don't want to waste the taxpayers' money. At any given level in 1992, for example, we were doing more in terms of buying assets. We do not need to buy those assets anymore. We have the resources. So we need to look in more detail as to what we want to accomplish, what it takes to do that, and then what resources we need to do it.

Mr. ZELIFF. But in his conclusion that he feels that we need to restore assets to the interdiction force structure to return funding

to the 1992–1993 levels of effort, has he formally put that in writing to you?

Dr. BROWN. As I mentioned to you in our private meeting, much of the correspondence we have from the Interdiction Coordinator is classified. And I'll be delighted to give you a classified briefing, Mr. Chairman.

Mr. ZELIFF. Let me refer you to a letter dated December 1, from him to you. And it says, "In response to your letter of 9 November 1994, enclosed is a report of my findings and recommendations from the senior level interdiction conference that we co-hosted on 25 October."

I'll skip down to this part of his letter to you. "I reaffirm my conclusion that we need to restore assets to the interdiction force structure. This goal is to reinvigorate it until such time as a viable, comprehensive source country program is in place, producing necessary results."

And then the letter goes on to say, "It is based on the Agency Head consensus achieved during our conference that, to maintain adequate resources in theater, we must return to 1992–1993 levels of effort." And then, "Armed with such direction, individual Departments and agencies will reapportion funding to meet the updated, if only an interim, direction. This working paper reflects the reasoned judgment of my staff. It is based on their involvement with these issues in the interagency. It represents one approximation of how reallocation may be applied."

And then finally, "The last enclosure contains proposed inputs, for use by your staff, for inclusion in a letter to the President. I believe it appropriate that we meet with the President and the National Security advisor as soon as possible to brief them on the results of our conference, and discuss the current state of implementation and national strategy. Of key importance to this meeting is a determination of the priority of countering narcotrafficking as a threat to national security of the United States as evaluated against other threats to our security that compete for resources." Are you familiar with that letter?

Dr. BROWN. Mr. Chairman, all of the nonclassified material that we have, I supplied to you 3 days ago. Anything that you have that is classified——

Mr. ZELIFF. This is not classified.

Dr. BROWN. Then I need to review the document in order to refresh my memory.

Mr. ZELIFF. I'll be happy to furnish you with a copy of it.

Dr. BROWN. I might point out, if you wanted to have a closed hearing, I'll be delighted to discuss any aspect of it. Or if you want a classified briefing, I'll be delighted to do that.

Mr. ZELIFF. You asked that we wind this up at approximately 1:30. And we certainly appreciate your efforts in being here, working with our schedule. And we hope that all of us can submit questions to you in writing. And hopefully, within a week to 10 days, if we could get answers, that would be great.

Dr. BROWN. We'll be delighted to respond. We look forward to working with you on what I consider to be one of the most important issues confronting this country at this time.

Mrs. COLLINS. Mr. Chairman, I realize it's 1:30, but I came over here purposely to ask a couple of questions. I was on the floor because I'm very concerned about getting an amendment up on the product liability bill. And I came over here because I knew the time was running out.

But I didn't know that there had been a prearrangement for 1:30. And I would like the opportunity to ask a couple of questions of Mr. Brown, if he doesn't mind staying for about another 5 minutes.

Mr. ZELIFF. I think it's going to be up to Dr. Brown. What we tried to do is to have a balanced back-and-forth——

Dr. BROWN. I certainly would be delighted to accommodate you. I'll be running late on another commitment. And certainly——

Mrs. COLLINS. I would appreciate it if you would answer the questions that I have.

Mr. MICA. Mr. Chairman, I have additional questions, also.

Mrs. COLLINS. I would like to ask the first question, Mr. Chairman——

Mr. ZELIFF. I'm going to exercise the prerogative of the Chair. If Dr. Brown is willing to stay for one more question, I'll be happy to yield.

Mrs. COLLINS. I'll be more than happy.

I have a three-part question, then, Dr. Brown, and it's like this: (A) what Congressional actions have impeded the President's initiative in the drug prevention area? (B) previous administrations have sought to interdict drugs in the transit zone, and it seems that this strategy relies on the military's ability to stop boats and planes which are already in action.

And the question is, have you found transit zone interdiction to be effective? If not, have you halted this practice? And (C) there has been much discussion about staffing in the Office of National Drug Control Policy, what are your staffing concerns at this time?

Dr. BROWN. Let me just talk briefly about this fiscal year. We requested at that time a record $13.2 billion to address the drug issue and implement the President's National Drug Control Strategy.

Our overarching goal was to reduce the number of drug users in this country, with a special emphasis on the hardcore drug user, and stop first-time drug users, or young people. We requested $355 million new dollars for our treatment program. Congress appropriated $57 million, far, far less than what we needed.

We requested $191 million new dollars for our prevention programs in our schools. Congress appropriated $87 million, far, far less than what we needed. We have our interdiction program, where the President directed that we do a control shift from interdiction in the transit zone and place a greater emphasis in the source countries.

Congress cut a half a billion dollars from our interdiction programs, therefore, leaving us with nothing to transfer.

In reference to this current fiscal year, we have now pending before the House a rescission package which would take 100 percent of our Safe and Drug-Free Schools moneys, $482 million, which would leave nothing for the cornerstone of this Nation's program to educate our children about the dangers of drug use. That will be

taken away completely if that passes as proposed by the Appropriations Committee of the House.

The crime bill is a big part of our National Drug Control Strategy. In the crime bill, we have funds there for the drug courts. The House has passed legislation that would abolish that.

The money in the prevention programs, the House has passed legislation that would take $2.5 billion of prevention money and apply that to building more prisons, and the rest of the money would be tied in with the drug courts, a very successful program, part of our National Drug Control Strategy, along with the cops for 100,000 more police officers to implement community policing. That would be given to the States in a block grant. That's the impact we're having right now.

On the transit zone, I alluded to the answer. But let me make another response to that. I am a police officer by career, spending over 30 years in law enforcement. And in law enforcement, when I started out and up until recently, we operated under the conventional wisdom that random preventive patrol was the best way to police our cities.

But after more knowledge, we found out and subsequently determined that random patrol produces random results. And we want more for our resources than random results. That's the same thing we were doing in the transit zone out there, randomly with our airplanes and boats and getting random results.

We know now that intelligence-driven information is much better than random patrol in the transit zone. That's the reason that the President directed that we make the shift from the transit zone to the source countries. Unfortunately, budget got ahead of policy, and there's nothing to shift.

Your final question deals with staffing. We have been able to increase our staff now. We have a total of 45 appropriated slots that we have up from what we had previously. And we will continue to get the job done.

Mrs. COLLINS. Thank you very much, Dr. Brown, for answering my questions.

I thank you, too, Mr. Chairman, for allowing me to ask my questions. I yield back the balance of my time.

Mr. ZELIFF. Thank you.

Dr. Brown, we gave you a copy of that letter. I want to ask you one more time—this was written as of December 1. It was from the U.S. Interdiction Coordinator, Admiral Kramek. It is to you. It specifically states and points out this conclusion that we need to restore assets to the interdiction drug—the force structure—to 1992–1993 levels. Did you or did you not read this letter? And if so, what is your reaction to it?

Dr. BROWN. I did receive this letter and, obviously, it is the backup material that is classified. The response that I had then and the response that I have now is, as we look at the expenditure of taxpayers' moneys, we make those decisions, we need to know what we're going to get from those funds.

This here is an ongoing discussion that we have. The 1992 level contained funds to purchase resources, such as airplanes or boats. Those resources are already in place. So to go to an arbitrary level

without taking into consideration those factors would not be the right thing to order. I will always——

Mr. ZELIFF. So you disagree with the proposal, then?

Dr. BROWN. It's not a matter of disagreeing. I think he also would point out that the people that are doing this for him are people that drive airplanes and drive ships. They're not budget people.

Mr. ZELIFF. Did you make this decision yourself, or did you bring it to the attention of the President?

Dr. BROWN. Which decision are you referring to, Mr. Chairman?

Mr. ZELIFF. His request of you.

Dr. BROWN. This has not gone to the President. This is the decision that I have made. And it's an ongoing discussion with the Commandant, who, I might add, is doing an outstanding job on behalf of this country.

Mr. ZELIFF. He sure is. There's no doubt about that. The only request that I have of you is the one we talked about in my office. It seems to me that you're being put—you're a very honorable person with a tremendous track record. You're in a situation with both hands tied behind your back, and we're trying to give you the resources and the assets that you need to do the job.

We're just trying to get the facts out as to what are those assets and what do you need, and we are trying to depoliticize this thing a little bit, which is kind of tough under these circumstances. But if, in fact, we need to beef up interdiction efforts, we need to know what is needed. And certainly, the Commandant probably is in the position to make the kind of recommendations that we can work with.

Dr. BROWN. Mr. Chairman, I will assure you that I will always support more resources when we can show what we get for the money. It doesn't make sense to spend the taxpayers' money without knowing that it's going to make a difference.

I want to show effectiveness in the allocation of resources. If you want to help, the first thing you can do is help us get back our Safe and Drug-Free School moneys that's being taken away from us.

Mr. ZELIFF. Dr. Brown, I think this is the first session of many others. There's one Member here that did not get a chance to ask even a short question. If he limited to a very quick one, would you be willing to receive it?

Dr. BROWN. Yes, sir.

Mr. SHADEGG. Mr. Chairman, thank you very much. But quite frankly, I would like to ask a series of questions, and I know Mr. Mica has more.

Dr. BROWN. I'm prepared to come back any time the chairman asks me to.

Mr. ZELIFF. Why don't we do this——

Mr. SHADEGG. If we could have Mr. Brown back at a subsequent time——

Mr. ZELIFF. If he will come back, you will be the first one to lead off.

Dr. BROWN. I'll be delighted to come back, Mr. Chairman. I look forward to working with you.

Mr. SHADEGG. Can we agree on him being back soon? It seems to me——

Mr. MICA. I would also request that.

Mr. SHADEGG. I have a series of questions——

Mr. ZELIFF. You've hit a hot nerve here on both sides of the aisle. I think if you're looking for volunteers to help you in this effort, you've got a lot of people you can sign up. Would you be willing to come back in the next 30 days?

Dr. BROWN. Any time the chairman requests, I shall return. And I'll call on you for help in addressing this very serious problem.

Mr. ZELIFF. We can't ask for anything more than that. And I'll let you lead off. Thank you very much, and we're very pleased to have you here.

Dr. BROWN. Thank you, Mr. Chairman.

Mrs. THURMAN. Mr. Chairman, I just want the record to be shown, though, that he is not the only one that has been sitting here all day waiting for questions. So has there been on the minority side.

Mr. ZELIFF. I tried to be fair.

Mrs. THURMAN. I know.

Mr. WISE. Mr. Chairman? As I understand it, this hearing is not over, is it?

Mr. ZELIFF. No. We're accommodating Dr. Brown.

Mr. WISE. But are we now going to return to Mr. Bonner and——

Mr. ZELIFF. The two Members that were already sworn in are going to finish up. And I believe you'll have the first question on your side.

The witnesses will return, please. We appreciate the fact that you were so willing to accommodate Dr. Brown and move aside. We appreciate that. And I know your time is valuable, as well.

We finished the testimony. We're now ready to resume questioning of the witnesses. Our good friend from West Virginia.

Mr. WISE. Thank you, Mr. Chairman.

Actually, I think—perhaps serendipity, but I think actually the order of the way it worked out may have been worthwhile. Let me turn to Mr. Walters.

Mr. Walters, the question I would have asked Dr. Brown is the same I'm going to ask of you. There's a chart that is here from 1988 to 1992 with retail cocaine price and purity in the United States. As I recall, price dropping of cocaine on the street means that there is probably greater supply. Is that a safe assumption?

Mr. WALTERS. Yes.

Mr. WISE. I noticed that it seems, according to this chart prepared by ONDCP, that the price seems to have peaked at 105—and it's also a percentage of purity, as well. I believe it's in your testimony, as well, sir.

And then it starts to have begun dropping in 1992. And I believe—I don't know whether it continues out in your statement or not. But the implication is that the price continues at a lower rate. That suggests that there is more cocaine available on the street; is that correct?

Mr. WALTERS. Yes.

Mr. WISE. I happen to think that there is enough blame that can go around on the drug war, Republican and Democrat, administration to administration. As one who chaired a similar subcommittee for 4 years and held extensive hearings on this subject, I think you

would have to concede that the cocaine availability seems to be increasing prior to the Clinton administration; is that correct?

Mr. WALTERS. Yes. If you let me respond—I didn't read the whole section in my testimony. The section in my testimony this refers to is the argument about treatment for hardcore users and availability, and whether or not you don't have to press on availability to improve the effectiveness, especially against heavy users.

My testimony explains that contrary to what is, I think, accepted in large areas—not people that have been watching this—that interdiction doesn't make any difference, and we have never been able to control supply. In fact, we had a serious disruption of supply that had important consequences, particularly for heavy users.

That was during a period when the military was first deployed in large numbers at the beginning of the Bush administration and when we encouraged and supported a crackdown in Colombia. My testimony explains that the termination of the level of military effort here was a consequence of force buildups in the Persian Gulf during Desert Shield and Desert Storm.

After Desert Shield and Desert Storm, our efforts within the administration were to try to redeploy those assets. We never reached a decision point because the election occurred and the administration changed. The point of my testimony is that interdiction works.

And I agree with you that the problem is, you have to sustain the force structure and that we were not able to sustain it. But that was because of the Persian Gulf war and because of a reduction of effort in Colombia.

Mr. WISE. We're all talking about what's being done on whose watch, and I need to watch the clock. So I'm going to need to get my questions in. I'll go right to your argument.

On the interdiction effort, the memo that Dr. Brown distributed dated May 1, 1992, "Cocaine Supply, Source Country, and Interdiction Issues Executive Summary," on the second page, a third of the way down, chart 24, notes that the supply apparently based upon modeling by DEA, reaching this country was about the same before the Andean strategy—that's Operation Snowcap and those efforts—as much as afterwards.

I thought that many people concluded that in 1990, when Snowcap and other Andean efforts picked up, that what happened was there was a shutdown for a period, and then the traffickers shifted their direction. They didn't come overseas as much as they did. They started coming through Mexico.

And so would you care to respond to that, my statement being that interdiction has a point, but it has never achieved the result that many had hoped? And, in fact, your own goals were to have reduced by 50 percent the amount coming from the Andean nations. And in your own testimony—not your testimony, but one of Mr. Bonner's representatives in a previous hearing—was that that goal had never been closely met.

Mr. WALTERS. Let me let Mr. Bonner respond, but I would like just to say one 15-second thing about this report. I don't remember this specific report. We did a lot of studies with a lot of people to get a broad range of ideas. But this kind of alleged bombshell that we had recognized some kind of problem or failure, this doesn't say

anything that isn't said in my testimony, that there was a serious disruption.

What this paper does is says the disruption has not been continued because there wasn't sustained pressure in the Andean region and in interdiction and proposes a number of things to look at in order to reconstruct that. I don't remember this specific document, but this is no bombshell that was pulled out of the files of the office by——

Mr. WISE. No, sir, it is in this regard. The statement—what I've heard in this orchestrated testimony of this previous panel, the one that you're on, is the complete failure—essentially, that's what you're saying—of the Clinton administration. I happen to think there's some places I disagree with it. But the complete failure of the Clinton administration, particularly in the interdiction effort. This says in 1992, long before Bill Clinton ever walked onto the scene or Dr. Brown, that people were recognizing then that interdiction wasn't having that effect, that even after the Andean initiative, you were getting as much cocaine in this country almost as you were before. That's the significance.

Mr. WALTERS. But this doesn't say anything that isn't in my testimony. The chart you held up was prepared by me. No one has ever denied any of this. The problem is, we need to return the resources on both the supply side and on the demand side to make the two sides work.

The reduction of resources in the Andean region and in interdiction was a result in the case of interdiction of the Persian Gulf war. And there was then an opportunity after 1992 when the war ended for the administration to take some leadership. The administration intentionally and vocally changed policy, shifting out of interdiction into hardcore treatment, it said.

That's a policy change, and I don't think it's unfair to say the evidence shows that was not a smart thing to do.

Mr. WISE. The evidence is quite clear based upon the declining street price that both in the Bush administration and in the Clinton administration, cocaine is back on the street at a lower price. Heroin was increasing coming into this country under your watch, as well as the President's watch.

What I regret about this whole hearing is, I think it's valid to look at process and whether there's some steps that should be taken that aren't being. What I regret is, I see a politicalization of this whole thing going on. "It was OK under President Bush, and we were winning the war. We're losing the war under President Clinton."

That's not what your own charts from the agency that you supervised show. That's not what the memo from the agency that you were acting director of shows.

Mr. WALTERS. I'm not trying to politicize this, but with all due respect, the use charts are irrefutable. We dropped overall use by 50 percent. We dropped cocaine use by 80 percent. That is an issue of public attitudes and attention, some of which I believe is not partisan.

Look, I just did a hearing over at the Senate Judiciary Committee. The person hardest on Lee Brown and the administration was Senator Feinstein. And we already had quotations from Congress-

man Rangel here. The problem is leadership on the prevention side and supporting these programs.

I don't think a dollar in the Drug-Free Schools Program is going to substitute for national attention and leadership. On the supply side, I am saying I am perfectly willing to admit—my testimony says it; no one's trying to hide it—there was a disruption of effective effort in controlling the cocaine supply.

What that was caused by was a national security emergency, largely, but not entirely. We need to go back and do that. My testimony explains we were trying to go back and do that. The Clinton administration said, "No, you don't need to worry about supply as much. You don't need to worry about prevention as much. You need to worry about hardcore treatment."

What I said in my testimony and what I think my colleagues said is, that's not working, and we had better change the policy. Now, it is a Democratic administration's policy, so you can say criticizing it is partisan, but I'm telling you it's wrongheaded, and I think that Democrats and Republicans ought to come together and tell the White House to turn it around. That's all I'm saying.

Mr. WISE. In closing, Mr. Chairman—we can talk a lot more about this, and perhaps I'll file some questions. In closing, I would just like to also note the reports of this own committee on a bipartisan basis which, as I recall, did not have dissenting views to them, but I will check.

There's one report I haven't checked yet, and that may have had a dissenting view. The others did not. It concluded that the Andean initiative had severe problems, made recommendations for them long before we got into the Persian Gulf war. And there were great concerns that a lot of effort was being put in, and we weren't successfully getting the bang for the buck.

Mr. ZELIFF. Thank you.

Our vice chair, Mr. Ehrlich.

Mr. EHRLICH. Thank you, Mr. Chairman.

Taking this away from politics, let's get back to the streets of America. And this is a question for both of you. And, judge, you address this part of my question on page 12 of your statement.

And I read from that statement: "When interdiction efforts were increased from 1989 to 1990, the price of retail cocaine jumped from $121 a gram for pure cocaine to $194 a gram, and the estimated number of heavy cocaine users fell from 2.3 million to 1.9 million." I think it's irrefutable that our policy at that time was working.

But let me ask you the flip side. Do you have numbers with respect to, if it occurred, an increase in street crime as a result of the successful interdiction efforts that were made in that time? And you see what I'm getting at?

Mr. BONNER. I see what you're getting at. But actually, as you know, the overall level of violent street crime, while it's totally unacceptable in our country, actually has leveled off or begun to decline, frankly, and I think in correlation with a drop-off in the very high levels of illegal drug use that we had from the mid-1980's as that started to decline.

Mr. EHRLICH. That's my point. I would really like you to address that point, because there are some—and reasonable people can dis-

agree on this—who would argue we are not paying attention to the flip side, which is price up, demand still there, and as a result, more violent crime for those true abusers who need money to supply their habits. And that's the point I would like you to address. The numbers do not reflect that. Is that the case?

Mr. BONNER. They certainly don't suggest that. And the fact is that, to have a comprehensive strategy, you have to have some strategy that is going to address supply or availability of drugs like cocaine and heroin in the United States. You simply have to have that. You have to have that even for effective treatment.

If a crack or a cocaine addict is being treated and he's released back out and there's a plentiful supply and availability of cocaine, the chances of relapse are enormous. In fact, they may be greater than 90 percent, from the experts I've talked to.

Let me also say that the strategy that was pursued on the interdiction—the broadest sense of interdiction, which was really going after the highest level trafficking organizations that were producing cocaine—did have an effect on the wholesale price of cocaine in the United States.

In other words, we saw throughout most of 1990 a substantial and sharp increase in the price of cocaine that was being marketed on a wholesale basis in the United States. And we again saw through about half of 1992 that kind of increase. So we know that we could do some things that would affect availability and supply, for example, of cocaine in the United States.

What were those things? Those things were going after and attacking the highest level trafficking organization and their means of transport to the United States. It was, for example, destroying—as it was destroyed with the help of DEA and other United States agencies and the Colombian Government—destroying the Medellin cartel. The final straw in that, of course, was the attempt to apprehend and the death of Pablo Escobar.

But the Medellin cartel was destroyed. The Colombian Government, by the way, played a big role in that, and it can do it. If it has the will to do it, it can do it.

The other thing we saw, responding a bit to Mr. Wise, is we saw effective interdiction efforts in Mexico. It's true that most of the cocaine that was coming into the United States was coming through Mexico, not as of 1990. It goes back to about 1985.

But in 1990, the Government of Mexico, working with the United States Government, set up an interdiction program that used to a certain extent—I can't go into great detail, but it used some intelligence developed by the United States military. But ultimately, the Mexican Government was responding to drug trafficker flights directly out of Colombia that were landing in Mexico.

The first of these, by the way, was very poignant. The first one they responded to was in the fall of 1990, when the Colombian traffickers had sent up seven King Air aircraft, each with about 700 kilos of cocaine in them.

And the first effective response of what was called the "Northern Border Response Force" was to capture five of those seven Colombian aircraft on the ground while they were being refueled, seize five tons of cocaine at the site, arrested five Colombian pilots.

And it was that kind of activity, coupled with activity directed against the leadership, key lieutenants, and the money laundering, the cash-flow of these cartels that caused a decrease of the availability of cocaine in the United States. We can do it. We need to get back to doing it.

Mr. WALTERS. And I think there was one misapprehension that Mr. Brown left with people. Initial experimentation might have been this way, but not since very early times in drug interdiction—certainly in my experience in the Bush administration—does anybody fly around randomly looking for drugs.

There is an effort to que intelligence and to use analysis. Nobody bores holes in the sky or in the water with aircraft and ships in order to randomly go look for drugs. It's not the way it's done. It hasn't been done that way. It shouldn't be done that way. And I regret that he said that.

On the issue of crime, the data suggests the biggest single contributor in terms of drugs and crime is people on drugs who are violent. It's not that they carry out violence to carry out the drug trade, it's that drugs causes them to abuse children, abuse their spouses, be violent with other people, be disinhibited and paranoid and more prone to violence.

When you reduce the consumption of drugs, you reduce that violence. The single biggest source of expenditures—the one study that Mr. Brown's office did on heroin addicts in three cities, New York, Chicago, and San Diego says a big part of the drug problem, at least in this case—is being paid for by the U.S. taxpayer.

Because the single biggest source, I repeat, from his study is, "Public assistance is the major and perhaps the single largest source of income for heroin users." So the taxpayer, in other words, with the best of intentions of trying to support the poor is, nonetheless, having the help we're trying to give the poor sucked into the pockets of drug lords.

And my argument on the issue of kind of controlling supply and controlling that trade is, simply, echoing Mr. Bennett's. If this was going on with white kids in the suburbs, we would fly aircraft, we would deploy the military, we would decertify and put a trade embargo on Colombia, and we would allow the United States to pass information even if those nations were going to shoot down aircraft.

We don't do that because we don't give attention to the very people who are unable to protect themselves in this country and are being made victims of this thing. And that's the policy distinction. It's not a political game. It's about what do you want to do with the poor kids in this country. And if you don't stop this poison from getting to them, they're the ones that are going to be dug in a hole.

Mr. EHRLICH. Thank you both very much.

Mr. ZELIFF. Mrs. Slaughter.

Ms. SLAUGHTER. I certainly agree with you about the crime rate and drug users. But I still have to say that I don't think we had a Golden Age of interdiction here. I remember at least one time when the Commandant of the Coast Guard came before our subcommittee, and he had been given several boats in the budget but no gas, and they had never left the dock.

That really, frankly, always struck me as a very uncoordinated and haphazard kind of thing. We knew Noriega was dealing drugs for years, and we tolerated that.

But at any rate, I have a question to Mr. Walters. In your testimony before the Judiciary Committee in the Senate, you said that "The presence of law enforcement and open air drug markets breaks the connection between the supplier and the buyer just by standing there." Isn't that a good reason why we should have kept the 100,000 cops on the street?

Mr. WALTERS. I think we should have more police on the street. I think it's the same thing. It's a national disgrace that in inner city neighborhoods, it is accepted as a fact of life that we are going to allow open air drug markets to exist without harassment. But I will say, I also believe that it's fundamentally a local responsibility.

I do believe that if you want to provide one-shot help in some regard, that's fine. But the Federal Government should not become a national police force. It will not police the streets and communities better than local police. And the one thing you have to do to make any of these resources work, whether it's prevention or police officers, is hold officials accountable.

More than paying another Federal program, we ought to empower citizens to go to their mayors and their city councils and say, "You either close down the open air drug markets, or we will fire you and hire somebody else who will."

Ms. SLAUGHTER. There was never any intention of us putting Federal police on the streets. I absolutely agree with you. The only thing in the world that will stop this is community policing, where the people who live in a neighborhood work together with the policemen that they know, who are there all the time, not a couple of guys riding around in a squad car.

And I think that, basically, and to some degree was what Mr. Brown was saying. When you ride around in a squad car, you randomly run upon a crime. But it's a whole lot different if you're there on the street all the time and everybody knows you and the kids have some idea that you're there to try to help them.

I'm not trying to make any case that this is a Federal responsibility. To me, the Federal responsibility was interdiction. It's the Federal responsibility to protect the borders. I think we failed woefully in that. I think everybody has.

And what has happened, in my view, is we have left it to the local policemen on the street and the mayor to try to deal with it because we failed. We can't seem to keep the stuff from coming in here.

Mr. WALTERS. I would say it's a joint responsibility here. But I certainly agree with you. I think my testimony and those of my colleagues suggest the Federal Government has failed to control supply to the degree to which it can.

Ms. SLAUGHTER. Absolutely.

Mr. WALTERS. I never said there was a Golden Age. It was a tough struggle, and Mr. Wise was at hearings where we fought the tough struggle.

Ms. SLAUGHTER. My question for you is, are you not saying that it is worse now than it was?

Mr. WALTERS. Yes, I am.

Ms. SLAUGHTER. There's just simply nothing to back that up.

Mr. WALTERS. The emergency room admissions for cocaine, heroin, and marijuana are at record levels. I'll tell you what backs it up. Mr. Brown introduced in December his ONDCP pulse check of the drug problem. I quote the relevant segments in my testimony. It's the administration's Drug Office assessment that supply is up, use is up, addiction is up, and purity's up. It's not me.

Ms. SLAUGHTER. Are you contradicting what you said to Mr. Wise, then, that the fact that the price is down indicates that there's a large supply, which means that we have done nothing about cutting it?

Mr. WALTERS. When things are cheaper, it generally indicates there is more supply than there is demand. I agree with you.

Ms. SLAUGHTER. But not now?

Mr. WALTERS. No. We're at low prices and high purity for heroin, cocaine, and marijuana.

Ms. SLAUGHTER. And this did not start with Mr. Brown?

Mr. WALTERS. The drug problem did not start with Mr. Brown. I never said that, or President Clinton.

Ms. SLAUGHTER. And please don't—I don't want you to have any idea I'm trying to say that, either. What I am saying to you, is that what I've heard this morning when I was here earlier, was that things were really going great, really doing fine, it was just wonderful; and then, all of a sudden, we just sort of fell apart.

And I have to tell you that the years that I spent on this committee and the subcommittees that I sat on, I never heard anything like that. As a matter of fact, all we heard day after day was abject failure.

Mr. WALTERS. I agree with you. Look——

Ms. SLAUGHTER. And it seems to me—and I could be wrong, but just from reading accounts here and there, it looks to me as though the present person who's in charge of Customs, as well as the woman prior to that, have done more in drug interdiction, at least they're doing a better job than I recall.

Mr. WALTERS. But it's a matter of proportion here. I respect what you're saying, but I disagree. It's a matter of proportion. Drug use was going down, and it dropped dramatically.

In the last 2 years for high school seniors, it has increased more rapidly than the entire sustained decline of the previous 4 years. And we are on a trajectory to have the largest increase of casual and heavy drug use in the country's history if we don't change that trajectory.

Second, it wasn't perfect. There were all kinds of problems. I admit that in my testimony and say we needed to turn it around. But the current policies are going to make it worse.

And third, I would say that the real problem is both leadership on the prevention side, and it is targeting and managing these programs. You know how hard it is to manage the Federal Government. The current administration, my position, supply deputy, the coordinator for all the supply reduction programs and working with agencies like DEA, the administration hasn't even nominated a person to fill that job, after cutting the staff by 80 percent.

Now, how is Mr. Brown supposed to be doing his job? No wonder he can't remember the things that come in the mail. He's trying to do it alone, as Mr. Bennett said. I feel some sympathy for him.

But it doesn't change the fact that you want the programs run effectively, you want the management coordination, but you cut the arms off the people who are supposed to do it. If you don't want Mr. Brown to do it, if the President doesn't, appoint somebody else. But you've got to do the job.

Mr. ZELIFF. Mr. Shadegg from Arizona.

Mr. SHADEGG. Thank you, Mr. Chairman.

I want to start by focusing a little bit on some of Mr. Brown's own testimony. I have a 13-year-old daughter and a 9-year-old son and, quite frankly, what has been said here today on both sides—and I commend the gentlelady for her acknowledgment that there has been a failure, I think, of drug policy at the Federal level in the last at least 2 years.

But Mr. Brown in his testimony says, "We have shifted the focus away from the easy part of the drug problem, reducing casual use, to the most difficult aspect, reducing chronic, hardcore use."

I would like to first ask, if you think the easy part of the drug problem is reducing casual use and if, in fact, you think there is any real benefit to trying to reduce the chronic, hardcore use? Because I don't see any benefit to the policies we have pursued for my 13-year-old or my 9-year-old.

Mr. BONNER. Let me say a couple of things about that. The problem, as I see it, with Dr. Brown's approach—and I have great respect for Dr. Brown, by the way—is that if you emphasize, as he is, the hardcore drug use and treatment of hardcore drug users, you're assuming that the drug problem is a static one. That we have a certain number of hardcore drug users here, and then we have a certain number of casual drug users, and we just take care of these hardcore drug users, the problem goes away.

Well, of course, that's wrong. The drug problem is a dynamic one. And that is to say, as you increase the number of casual users, you are down the pipeline going to be increasing the number of hardcore users that have to be dealt with.

And so when you have a strategy, as the current administration's strategy is, that is so focused in terms of its emphasis on treatment of hardcore addicts, it's basically like bailing water out of a leaky boat that's sinking and not doing anything about the leaks and the new water that's entering that's going to sink the boat. And so it just isn't a strategy that's going to work.

The second problem with it I've always had—and that is, we all want to believe that there is drug treatment out there, and you can take these hardcore drug users that are addicted to cocaine, crack, methamphetamine and the like, and you can get them into treatment and get rid of the problem.

First of all, most of these people do not want treatment. Let's understand that. They do not want treatment. But when you do get them into treatment, you get them into treatment programs, these treatment programs do not have a very good success rate. They're pretty expensive, but they don't have a good success rate.

I quoted earlier, but I think it is remarkable that with respect to crack addicts, that after treatment programs, less than 10 per-

cent are free of drugs, free of crack after 24 weeks. So you don't want to put too many eggs in that basket.

Don't get me wrong. We ought to have drug treatment. It ought to be properly funded. We ought to be trying to identify those drug treatment programs that work and work best for different kinds of situations. But we also have to do something about getting the prevention message and education message out to our young kids that we're not doing.

And we also have to not give up, as I think this administration has, on the objective of serious drug enforcement, going after the upper echelons, the top echelons, the kingpin organizations, not to give up on that, because we are giving up on it.

We're not going to the Colombian President, Mr. Samper—and this has to be President Clinton himself—and saying, "This is unacceptable that your country is pumping out and pouring out hundreds of metric tons of cocaine to the United States and now heroin. It's unacceptable."

Let me take one quick parable. And by the way, I agree with everybody here. Let's not make this a partisan issue. But I want to give one parable of Presidential leadership and what it can do.

And that was back in the early 1970's when there was a very serious heroin smuggling problem in the United States, and that heroin was being produced in France, then-President Nixon met with Pompidou, President Pompidou of France. And it was an off agenda item, but he turned to Pompidou and, in substance, from the accounts I've read, said, "This is unacceptable that you're shipping heroin into our country and poisoning our citizens in America."

And Pompidou, by the way—I'm not sure he even knew that this was a problem—but within about a year or 2 years, the French had gone down to Marseilles, they had sent special police forces down there and had incarcerated virtually every major heroin trafficker in France. And that was the end of heroin for all practical purposes coming out of France.

And, frankly, for about 10 to 15 years, it decreased for a very long period of time the flow of heroin into this country. Now, that has reversed, but it is an example of what we have to do if we're serious in our foreign policy, that drug control is a serious, high-level foreign policy objective of this country. If it is, then we have to mean it, and we have to tell other countries like Columbia that we mean it.

Mr. SHADEGG. The last question I want to ask quickly is, in the last testimony and questioning, there was some reference to the fact as though this problem had gotten dramatically worse. In point of fact, with the lack of leadership at the national level on prevention in this issue and the retrenchment in interdiction, the charts that we have before us show that there has been a dramatic increase since 1992.

Mr. BONNER. Yes. Definitely.

Mr. SHADEGG. And you would agree that's a result of policies this government has chosen to pursue?

Mr. BONNER. I've outlined in my initial statement the three things, particularly absence of Presidential leadership and the failure to maintain and continue a focus, not to give up and say, "It's hopeless," but to maintain a focus on reducing availability by pur-

suing a kingpin strategy—or call it what you like—against the highest level trafficking organizations that, if destroyed, can reduce the amount of cocaine and heroin coming into this country.

And by the way, I disagree with Dr. Brown. They may say that as part of the strategy, they're still pursuing the kingpin strategy, but I know at DEA, they're no longer pursuing the kingpin strategy in any serious way. They have shifted resources away from that. And I don't think, despite the rhetoric, that we are actually making any serious attempt on the international level to do what we can do, I believe, about the problem.

Mr. SHADEGG. Thank you.

Mr. ZELIFF. Mrs. Thurman.

Mrs. THURMAN. Mr. Walters, you've written some articles recently for the Washington Times. And there was one thing that you complained about "the real prospect of foreign nations permitting the unchallenged production and shipment of illegal drugs to the U.S. and throughout the world."

What do you suggest we do? And I note that you want the Pentagon in charge of stopping the influx of drugs. What I would like to know is, have you asked the military if it wants to do that, No. 1; and No. 2, especially after some of the debates we have had more recently, have you asked your Republican colleagues who complain that the military is engaging in too many nontraditional military activities and what their opinion is on this?

Mr. WALTERS. I'll construe your "ask the militaries" to apply to when I was in government. I don't ask very many government agencies to do much anymore.

Mrs. THURMAN. So when you were in.

Mr. WALTERS. One of the things I think people in the military deserve credit for was, at the beginning of the Bush administration—and Mr. Bennett led this—we made an effort—because we had thought about this before at the end of the Reagan administration—to get the military involved in detection and monitoring. That's not just flying planes to stop aircraft, but it is a whole intelligence collection.

As Mr. Bennett liked to say, the military has big eyes, big ears, and some big brains that can help in a lot of ways. To their credit, I think Secretary Cheney and then Chief of Staff Powell agreed and for the first time deployed the military on a wide array of activities, including supporting law enforcement agencies in interdiction.

There are some obvious problems with this mission from the point of view of the military. And I'm not trying to hide that, and Mr. Bennett alluded to it.

One, the military doesn't like to be engaged in wars they're not sure the civilian leadership of the United States is committed to. That was not such a problem, quite honestly, in my view—and I don't mean to be partisan—in the previous administration because, again, with the inauguration speech, staking your Presidency on this issue was one of the important issues. So it's not surprising that currently, they have backed off.

Second, the military is now stretched for resources. If they don't have the resources to do a variety of jobs, there's going to be a problem with them making a commitment. That's understandable.

But third, yes, there are some questions about whether or not this is a mainstream mission. Those should be solved. But I will point out that that's what policymakers are for, and the question you have to assess is, can they make some contribution. I've tried to provide you the evidence as to why we thought they could and did make a contribution and why the moving of them out of that is a problem.

Mrs. THURMAN. Mr. Bonner, the drug war, in my understanding, has always had an overseas dimension. From Richard Nixon's program to eliminate opium production in Turkey to George Bush's Andean initiative, Washington has always looked beyond its borders to combat the drug trade. Isn't the current transit zone interdiction strategy, which focuses on helping countries where drugs are produced or which provide supply routes merely a continuation of that strategy?

Mr. BONNER. I must have missed something. Would it be a continuation of that strategy if we continued to emphasize that? Yes, I would say that's right. First of all, I have some disagreements with the approach toward "interdiction" that has occurred, that go back a number of years, that go back to the Bush administration, and Mr. Walters is aware of them.

And it is this: that you can't purely by interdiction—if we mean by that in a very limited sense just seizing dope or seizing drugs, we cannot do something that is going to have any significant effect on availability. We have to have a broader strategy. And within that broader strategy, which I refer to as the "kingpin strategy" and have referred to it in my testimony, there, the military can support that strategy.

In other words, it does have certain capabilities in terms of detection and monitoring that can be supportive. What I'm concerned about, and was concerned about when I was head of DEA, was how do you harness the Department of Defense so that it is actually supporting what is, in essence, a civilian law enforcement agency, DEA, with vast operations overseas?

As you know, DEA is in 55 countries, every major drug producing and transshipment country in the world. How do you get it supporting the civilian agency? Very, very difficult to do, by the way. I found that very difficult, because very frequently, the tail would end up wagging the dog.

And we would end up with a lot of money spent just interdicting drugs, but not with the objective of destroying the upper level echelons and the organizations that financed and produced and distributed them. That, we have to do if we're going to have a serious and profound impact on availability.

But we were able to do that to some degree. And I pointed out both in 1990 and 1992, that we did affect the wholesale price of cocaine in the United States, which indicates to me—the only inference is that there was less cocaine that was reaching the United States. And that's because of disruption of the ability to produce and supply.

So I don't know if that totally answers your question. I think we're sort of maybe muddling along in the same way. But what we really need is somebody accountable, somebody in charge of this enforcement side who can come before Congress and who can tell the

President what we're doing, how we're going to do it, and then report what our successes are. And that, we don't have.

Mrs. THURMAN. I believe that throughout this testimony today we all have ideas as to how this could be stopped, none of which have always proven to be the best. So I think we all have to recognize this. This is not an easy question.

It may be solvable, but it's going to take some time. I think we all need to recognize the efforts that have been put in both by past administrations and certainly not tearing down what we have learnt from what you did, so that we can make this a more productive and effective program.

Mr. BONNER. I couldn't agree more.

Mr. EHRLICH [presiding]. We thank you all. As you know, we have a vote in the House. And what I will do is call a 10-minute recess so that we can all go vote and to give the next panel time to get situated. So we'll see you all in 10 minutes.

[Recess.]

Mr. ZELIFF. I believe we have a quorum, if the next witnesses would like to take their seats. I would like to thank the final panel for your patience and your vigilance in waiting for so long.

But I think you'll agree that we have uncovered and are working on a very important subject. We started out at 10:30 this morning, and we still have more to go. And your part is of vital importance, as well.

I'm going to introduce the whole panel, and then I'm going to ask Admiral Yost if he would go first. He has another commitment. And we could ask some questions of him, and then we'll have the questioning of the whole panel after that; is that agreeable? Will that work for everybody?

[Nodding.]

Mr. ZELIFF. Thank you very much. First, we have Mr. Thomas Hedrick Jr., the vice chairman of the Partnership for a Drug-Free America. Mr. Hedrick comes to us with an extensive marketing and communications background. I believe your son's with you, as well.

Mr. HEDRICK. He's in the men's room right now, but he will be here shortly, yes.

Mr. ZELIFF. I figured if we waited another minute or so, we might have brought him back. I assume that that was the case. We're very happy to have him here.

Mrs. Bridget Ryan, with over two decades of nonprofit management experience, that includes being the program director of the Charles Stuart Mott Foundation. Mrs. Ryan is currently the executive director of the BEST Foundation for a Drug-Free Tomorrow.

We heard a little bit about you from Mrs. Reagan. She is very proud of the excellent job that you do. Good to have you here.

And Mr. James Copple. Mr. Copple is the national director of the newly organized Community Anti-Drug Coalitions of America, CADC. Mr. Copple comes to this position with an extensive background in community organizing and education. Mr. Copple is a Ph.D. candidate in the history and philosophy education at the University of Kansas. He holds Master's degrees from Boston College and Johns Hopkins. Welcome.

Mr. Charles Robert Heard III is a director of program services, Texans' War on Drugs. As a young man, Mr. Heard became in-

volved with prevention programs as a national trainer and speaker with Mrs. Reagan's Just Say No Foundation. We are proud to have you here with us, as well, and look forward to working with you.

And last, but certainly not least, Admiral Paul Yost. I had a chance to meet with him on several occasions. I'm very proud and honored that you could join us. The former 18th Commandant of the U.S. Coast Guard appointed to that position on May 30, 1986, he currently serves as president of James Madison Memorial Fellowship Foundation.

We're pleased to have a person of your distinguished services with us here today. We look forward to your testimony, as well.

If you would all be willing to stand and be sworn in.

[Witnesses sworn.]

Mr. ZELIFF. Thank you. I'm going to start out with Admiral Yost.

STATEMENT OF PAUL A. YOST, JR., ADMIRAL, USCG (RETIRED), PRESIDENT, JAMES MADISON MEMORIAL FELLOWSHIP FOUNDATION; TOM HEDRICK, SENIOR REPRESENTATIVE, PARTNERSHIP FOR A DRUG-FREE AMERICA; TOD HEDRICK; G. BRIDGET RYAN, EXECUTIVE DIRECTOR, BEST FOUNDATION; JAMES COPPLE, NATIONAL DIRECTOR, COMMUNITY ANTI-DRUG COALITIONS OF AMERICA; AND BOBBY HEARD, DIRECTOR, PROGRAM SERVICES, TEXANS' WAR ON DRUGS

Mr. YOST. Thank you very much. Good afternoon, Chairman Zeliff and members of the committee.

This is my first appearance on national security matters before the Congress since I retired as the Commandant of the Coast Guard in May 1990. I am pleased to comment on your review of the drug interdiction program.

It was nice to see some old friends here, such as Congressman Gilman, Congressman Mica, Congressman Taylor, Congressman Clinger, Congressman Wise, Congresswoman Slaughter, as well as yourself, Mr. Chairman.

I speak only as a private citizen. Our drug strategy has three prongs: demand reduction, which is focused on treatment programs; source country programs; and interdiction. I will speak only on interdiction.

I will now summarize the next part of my testimony and will not cover the major buildup in drug interdiction in the at-sea war on drugs from 1984 through 1990 but ask that it be included in the record.

This testimony that I'm asking to be included in the record will explain Dr. Brown's statement that 70 percent of the drug traffic now goes through the land bridge with Mexico. That wasn't always true, and I'll talk a little bit about that.

Mr. ZELIFF. Without objection.

Mr. YOST. By the time I retired as Commandant in 1990, we had successfully interrupted the flow of bulk marijuana by sea and cocaine by air over the water routes. While one might say, "Why spend all this money for ships and aircraft and operations centers if there's not total elimination of drugs?" I believe careful thought will provide a different viewpoint.

During the years 1984 through 1990 when we were increasing our pressure on the drug trade, the drug consumption figures in the United States were decreasing. Strong interdiction and law enforcement were providing a climate that made it clear to the trafficker that "This is wrong, and your chances of being intercepted are very high."

In any event, under the pressure of the national deficit, some felt that interdiction of drugs was too expensive. Both Congress and the administration shifted funds to other priorities. And even the Coast Guard itself shifted assets from drug interdiction to other programs, resulting in the tragic dismantling of much of the enforcement effort at sea.

There are others who can tell you what is left of the Coast Guard's 1988 through 1990 drug dedicated forces. I think what you will find today is that there are several orders of magnitude less effort spent on drug interdiction. Ship days and aircraft hours are drastically reduced. All of the Coast Guard jet aircraft, the Falcons with the F–16 intercept radars, were taken away from interdiction and dedicated to other duties.

The three Coast Guard E–2C airborne early warning aircraft have been turned back to the Navy and used for other purposes. The Coast Guard Air Station at St. Augustine, FL, which was established to support these three multimillion dollar aircraft, is now closed.

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

The result of this, I believe, is predictable. The drug industry will be returning to its former routes across the Caribbean and the Gulf of Mexico for both marijuana and cocaine. This is particularly true if we get an active operation on the Mexican land border.

As a result of this less expensive method of transportation—that is, over the water—drugs will be more plentiful and cheaper in the United States. The fact is, when drug availability is high, drug use is also high. Drug education and treatment are less effective when drugs are plentiful and cheap.

With high drug use comes high crime, high dropout rates, and increased treatment costs. In short, you will never stop drug use without a solid interdiction foundation for your education and treatment programs.

The solution, it seems to me, is to again emphasize the interdiction prong of the drug strategy. For the Coast Guard, that means additional budget authority—I say additional budget authority—in the drug interdiction area, as well as a shift of assets among the Coast Guard's own programs back to where they were in interdiction when I was the Commandant.

Now a word about leadership in the drug war. As a Nation, we have never lacked for leaders or leadership. What we have lacked is authority to actually direct a multiagency response. The creation of the Drug Czar in the late 1980's to replace the leadership of the

Attorney General in that area was not accompanied by the needed authority.

Whether the Drug Czar is Mr. Bennett, Mr. Martinez, or Dr. Brown, he cannot direct Cabinet-level officers such as the Secretary of Defense for the Department of Defense services, such as the Secretary of Treasury for Customs, such as the Attorney General for DEA and FBI, such as the Secretary of Transportation for the U.S. Coast Guard.

He can't direct those Cabinet-level officers regarding budget allocation, personnel allocation, or force deployments. Without that kind of authority, leadership in the interdiction phase of the drug war is largely ceremonial. Today, field leadership in our fight against drugs is similarly hampered by the lack of authority of the Drug Interdiction Coordinator or by any other one agency to set binding, multiagency priorities or to mandate multiagency operations. Those operations always require allocation of forces and allocation of budget.

I have no good solution for this state of affairs. A priority on drug interdiction set by the Drug Czar would have to be imposed on Cabinet departments by the President himself. The Interdiction Coordinator in the Office of the Drug Czar would have to be strengthened with the authority to lay force requirements on other agency heads for specific field operations and to have the authority to direct both strategy and tactics in the interdiction of drugs coming into the United States.

I'm afraid the chances of doing either are small. In truth, our government bureaucracy is not well-suited to fighting a drug war. A war requires a theater commander with the ability to set the strategy and tactics for the theater and to direct all theater forces in the execution of the war.

It also requires a totally committed Congress and administration. Up to now, we have been unable to select a theater commander and to delegate to him the authority he needs to win. Both congressional and Presidential budgets simply have not supported the claim that the Nation is at war on drugs.

And, Mr. Chairman, as an aside, I had the occasion last weekend to review the D-Day Operation at Normandy. And I have a picture of General Eisenhower standing on the deck of that cruiser and being the coordinator of that operation rather than the Supreme Allied Commander.

And if he were to say to the Air Force, "Would you like to go in and do some bombing? Would you in the Army mind going in over the beach? Shall we do it at Omaha Beach, or would you like to do it someplace else?" We would have still been trying to get over Omaha Beach, if we had had a coordinator or a czar there, rather than a Supreme Allied Commander. So what we're lacking is the authority in somebody to call the shots.

Thank you for allowing me to testify in an area where I spent a number of years of my life. And I'm still very dedicated. I would be very happy for questions.

[The prepared statement of Mr. Yost, Jr., follows:]

PREPARED STATEMENT OF PAUL A. YOST, JR., ADMIRAL, USCG, (RETIRED), PRESIDENT, JAMES MADISON MEMORIAL FELLOWSHIP FOUNDATION

Good morning Chairman Zeliff and Members of the Committee. This is my first appearance on national security matters before Congress since I retired as Commandant of the United States Coast Guard in May of 1990. I am pleased to comment on your review of this nation's drug interdiction program. I would like to preface my remarks with the fact that I do not today speak for the U.S. Coast Guard, the Offices of the United States Interdiction Coordinator, or for the Administration. I speak only as a private citizen. Also, my direct experience in these matters is now over four years old and I am not an expert on the current strategy, but I know it has three prongs: demand reduction, focused on treatment programs; source country programs; and interdiction. I will speak only on interdiction.

I became very involved in the "drug war" in 1984 when I was assigned as Commander of the Atlantic Area for the Coast Guard. In that capacity I had the operational responsibility for all Coast Guard operations in the Atlantic, Gulf of Mexico, and Caribbean. At that time drugs were flowing fairly freely from Colombia and other source countries across the Caribbean and the Gulf of Mexico into the southern United States, particularly into Florida. Marijuana was moved primarily by surface vessel, while cocaine was transported primarily by air. As Commander of the Atlantic Area, I moved ships and patrol boats into the Caribbean and Gulf in order to oppose these marijuana shipments. At that time, I also went to the Commander in Chief of the Atlantic Fleet in Norfolk, Virginia and asked that naval command to furnish a large number of ship days and aircraft hours to assist in the effort. From this beginning, we developed a joint Coast Guard/Navy operation that pulsed ships and aircraft into the interdiction effort, timed with the marijuana harvesting. After some two years of a cat and mouse game with the drug network, which included their stock piling marijuana to wait out our pulses while we continued operating with sealed orders regarding our timing, we began to see a shift of the marijuana trade to smaller loads in concealed compartments and a shift of routes to the West into Texas and Louisiana. We also saw more use of the land bridge through Mexico and more use of air transport for marijuana. During this period I was acutely aware of our lack of ability to materially affect the air transportation of either marijuana or cocaine.

In 1986, I was appointed the Commandant of the Coast Guard. Congress was considering transferring three E-2C Airborne Early Warning (AEW) Navy aircraft to either the U.S. Coast Guard or U.S. Customs. I made a concerted drive to have those aircraft come to the Coast Guard. At the same time I requested congressional support to equip several of our Falcon jets with the F-16 intercept radar. The idea was to put in the hands of the Coast Guard commander an AEW capability with a companion intercept capability. That is, a Falcon on strip alert could be scrambled to intercept targets that appeared suspect on the AEW's screen. The third leg of the air plan was an operations center (C^3I) to coordinate the air war and to interface with local law enforcement when a drug aircraft was tracked to a U.S. destination. This operation center was jointly manned by the U.S. Coast Guard and the U.S. Customs and was located on Coast Guard property in Miami. The air war began to have some success. To further enhance the AEW capability, Congress appropriated money to put an AEW suite in a Coast Guard C-130 aircraft. This would give the commander four AEWs with the C-130 having an 8-10 hour staying time compared to 4-5 for the E-2C. As more intercept Falcons came on line and the operation center became operational, we saw a definite change in the cocaine flight paths. Fewer flights came across the Caribbean or the Gulf but instead flew over the Mexican land bridge either into Mexican airfields near the border or directly into California airfields, with the great majority going into Mexican fields. From there the cocaine would be transported across the border in small loads by body packs, cars and trucks.

By the time I retired as Commandant in 1990, we had successfully interrupted the flow of bulk marijuana by sea and cocaine by air over water routes. While one might say "Why spend all this money for ships, aircraft and operation centers if there is not total elimination of drugs being imported into this country?", I believe careful thought will provide a different viewpoint. During those years, 1984-1990, when we were increasing our pressure on the drug trade, the drug consumption figures in the U.S. were either steady or slightly decreasing. Strong interdiction and law enforcement were providing a climate that made it clear to the trafficker: This is wrong and your chances of being intercepted are very high.

In any event, under the pressure of the national deficit, some felt that interdiction of drugs was too expensive. Both Congress and the Administration shifted funds to other priorities, and even the Coast Guard itself shifted assets from drug interdic-

tion to other programs, resulting in the tragic dismantling of much of the enforcement effort at sea. There are others who can tell you what is left of the 1988–1990 drug dedicated forces. I think what you will find today is that there are several orders of magnitude less effort spent on drug interdiction. Ship days and aircraft hours are drastically reduced. All of the Falcons with the F–16 intercept radars were taken away from interdiction and dedicated to other duties. The three E–2C's AEW's aircraft have been turned back to the Navy. The Coast Guard air station at St. Augustine, Florida, which was established to support these airplanes is now closed. The C–130 AEW has been turned over to the Air Force, stripped of its new equipment including a dome mounted radar, and is now used for transportation of cargo. In addition, the new C^3I operations center has been closed and its duties are performed elsewhere.

The result of this, I believe, is predictable. The drug industry will be returning to its former routes across the Caribbean and Gulf of Mexico for both marijuana and cocaine. As a result of this less expensive method of transportation, drugs will be more plentiful and cheaper in the U.S. The fact is, when drug availability is high, drug use is also high. Drug education and treatment are less effective when drugs are plentiful and cheap. With high drug use comes high crime, high drop out rates and increased treatment costs. In short, you will never stop drug use without a solid interdiction foundation for your education and treatment programs. The solution, it seems to me, is to again emphasize the interdiction prong of the program. For the Coast Guard, that means additional budget authority in the drug interdiction area as well as a shift of assets among their own program areas back to drug interdiction.

Now a word about leadership in the Drug War. As a nation, we have never lacked for leaders or leadership. What we have lacked is authority to actually direct a multi-agency response. The creation of a Drug Czar in the late 1980's to replace the leadership of the Attorney General in that area was not accompanied by the needed authority. Whether the Drug Czar is Mr. Bennett, Mr. Martinez or Mr. Brown, he cannot direct cabinet level officers such as the Secretary of Defense, Secretary of Treasury (Customs), Attorney General (DEA & FBI), or the Secretary of Transportation (Coast Guard) regarding budget allocation, personnel allocations or force deployments. Without that kind of authority, leadership of the interdiction phase of the Drug War is largely ceremonial. Today, leadership in our fight against drugs is similarly hampered by the lack of authority of the Drug Interdiction Coordinator or any one agency to set binding multi-agency priorities or to mandate multi-agency operations, which always requires allocation of forces and budget.

I have no good solution for this state of affairs. A priority on drug interdiction set by the Drug Czar would have to be imposed on Cabinet Departments by the President. The Interdiction Coordinator in the office of the Drug Czar would have to be strengthened with the authority to lay force requirements on other Agency Heads for specific field operations and have the authority to direct both strategy and tactics in interdicting drugs coming into the United States. I am afraid the chances of doing either are small. In truth, our government bureaucracy is not well suited to fighting a drug war. A war requires a theater commander with the ability to set the strategy and tactics for the theater and to direct all theater forces in the execution of the war. It also requires a totally committed Congress and Administration. Up to now we have been unable to select a theater commander and delegate to him the authority he needs to win. Both Congressional and Presidential budgets simply have not supported the claim that this nation is "at war on drugs."

Thank you for allowing me to testify in an area where I spent a number of years of my life and an area where I am still very dedicated.

Mr. ZELIFF. I think in view of the—what we would like to do for those Members that are just coming back, we're going to allow each Member to use 5 minutes of their testimony in terms of asking questions of the witnesses. Because Admiral Yost has to leave, we're going to give those people who want to talk and ask him questions as part of their 5 minutes an opportunity to do so.

We'll take turns on each side of the aisle, and then we'll have the other members of the panel give their testimony. And the balance of the questions will be from them.

Who would like to lead off?

Mr. SOUDER. I had a couple of simplistic questions, possibly. I don't have a background in some of this. You say the Coast Guard

has shifted assets from drug interdiction to other programs? What would they have been shifted to?

Mr. YOST. Merchant Marine Safety, Search and Rescue, and Fisheries Enforcement. I can tell you, as the Commandant, I stripped many, many ship days and aircraft hours out of the entire East Coast and moved them down into the Caribbean.

And not all the Congressmen and Senators in those districts and States were delighted to see assets leave New England or the mid-states that they thought were there for fisheries, for search and rescue to support their constituents and see them down in the Caribbean. But that's what we did. Those forces have now been slid back in to where they were before, with a tragic, in my view, dismantling of the drug interdiction operation.

Mr. SOUDER. The F–16 intercept radars, do you know what they're being used for?

Mr. YOST. The F–16 radars are about a $15 million radar. They were put on the Falcon jet aircraft, the Coast Guard jets, for the sole purpose of scrambling from a field somewhere in the Caribbean and intercepting a drug aircraft that was on the airborne early warning screen of one of the Coast Guard E–2Cs that was sitting there at altitude with a picture of the whole Caribbean.

Mr. SOUDER. And what are they doing with them now?

Mr. YOST. They're now back in search and rescue. And some of them, I think, are being decommissioned. It's a $15 million radar, a $15 million radar, and a $20 million airplane.

Mr. SOUDER. Was the station at St. Augustine a critical one for the Caribbean?

Mr. YOST. The station at St. Augustine was put into operation while I was Commandant for the sole purpose of supporting the three airborne early warning aircraft that the United States Coast Guard got from the United States Navy to do the drug war in the Caribbean.

Once those aircraft went back to the Navy—and they're carrier-based aircraft. The Navy is using them, I would guess, in support of carriers ops. The air station was closed. It wasn't needed.

Mr. SOUDER. I also had one other question on the plane that you said was being used for cargo. Did the Air Force have a shortage of cargo planes because they were diverting resources elsewhere?

Mr. YOST. There's always a shortage of heavy lift cargo airplanes. In every contingency plan, there's a shortage. This C–130 was funded by Congress. It was funded as an AEW aircraft—that is, an airborne early warning. A suite of airborne early warning radar went into it. It's probably a $24 million suite went into it because it had the staying power to stay on scene for very long periods.

Once the reduction in effort was made, that aircraft was stripped of the radar and the equipment and was given to the Air Force, who wanted it for heavy lift.

Mr. SOUDER. I think it's tragic that this could have been happening. And the groups we're about to hear from are out there trying to fight these battles and are just being overwhelmed, because we backed off blocking the supply coming in. I thank you for your testimony.

Mr. ZELIFF. Congressman Wise.

Mr. WISE. I thank the gentleman.

Admiral Yost, it's good to see you again, sir.

Mr. YOST. Very nice to see you. I remember when you rescued me in one of these hearings.

Mr. WISE. That's true. Admiral Yost appeared in front of our subcommittee several times. He made it possible for our subcommittee to go twice to the Upper Huallaga Valley when nobody else seemed to be able to find the assets. And we greatly appreciate it.

I want to also say that I appreciate your remarks on the Drug Czar and the problems. My observation has been through—this is the third administration now—that the Drug Czar has never really found his or her legs, that what you have is a position that's on paper, but you don't have the ability to put it into play and to actually do the direct command and control that you think you do when you say "czar".

As I recall, you would compete for assets with somebody else who was competing with somebody else. I will say that pound for pound, Mr. Chairman, I found the Coast Guard to be by far the best involved in this. Others would try, but in terms of committing assets and being able to supply results, Admiral Yost and the Coast Guard did an incredible job.

I would like to discuss a little bit about the interdiction part of it, though, the shifting of assets that you are concerned about. It was my observation that we were in a constantly evolving program in interdiction, whether we were talking about Operation Snowcap in the Upper Huallaga Valley, to then the coca leaf—first, we concentrated on the coca leaf, and then we thought, "Well, we're not able to get to the peasants, and burning it doesn't do very much good."

So then, we went to the first step labs where they would mix the paste. Then, we concluded, "Well, we're still dealing with small traffickers." So over a period of years, we kept working this way, until eventually, we got to Miami.

It seemed to me and the charts seemed to indicate it out that the interdiction and particularly the interdiction that you were involved in had a period in which it was successful. But then, traffickers found other ways particularly to avoid the Coast Guard.

So, while we did see the interdiction being successful, the amount of drugs, at least as measured by street price, the amount of cocaine seemingly dropping on the streets, it picks back up again as traffickers found other ways to get it here. Will you comment on that?

Mr. YOST. I will. And part of that was also our own domestic production of marijuana, which was a factor in this. But as I said, we did interrupt materially the transportation over water. And then, they began to fly it up through the land bridge over Mexico.

So when Dr. Brown says it's now moving, most of it, over the land bridge in Mexico, I say yes, that's where it's moving, because we stopped and interrupted it over water. And if we take away now the interdiction over water and we're effective in the land bridge, it's going to come back over the water, because that's far cheaper than going up through the land bridge.

Mr. WISE. Is there not also a concern with a problem with the Coast Guard in that since that time, it has also been tasked to handle very significant jobs particularly dealing with interdiction

from Haiti? That is, people—one of its traditional functions, interdiction from Cuba, that patrolling is necessary so that some other functions and immediate national security concerns that challenge the Coast Guard—as well as it has run into a few environmental problems recently, too, hasn't it?

Mr. YOST. It would only be fair to say in my answer to the gentleman over here, it's true. Some of those assets also went to the Haitian interdiction, to the Cuban problem. But the assets went to higher priority places in the view of whoever was running the program.

So that meant that drug interdiction had to be a lesser priority than Haitian interdiction, Cuban problems, search and rescue, fisheries.

Mr. WISE. Mr. Chairman, I've been told by a stenographer that I talk faster even than Barney Frank, and that's the fastest clock I've seen. Did that really run the 5 minutes?

Mr. ZELIFF. Do you have a 30-second question?

Mr. WISE. The 30-second question is, going back to the Drug Czar, do you have a specific suggestion, then, how it is that we could end some of the turf battles and make the Drug Czar truly a Drug Czar?

I don't have problems with the administration's cutting the Drug Czar based upon what I had seen of the Drug Czar's performance in past administrations, well-meaning people. Dr. Bennett was a well-meaning person, but he couldn't command anything.

Mr. YOST. That's right. And Dr. Bennett will never forgive me, I suppose, for saying that his position was largely ceremonial.

Mr. WISE. Yes.

Mr. YOST. But he would also tell you, I'm sure, that he felt it was very much of a bully pulpit. And I think it was. I don't know how to find somebody and put them in charge, somebody—I was once sitting in a conference with the Joint Chiefs of Staff when Congress was encouraging and the administration was encouraging the Joint Chiefs to get involved in the middle of this drug war.

And the Chiefs were very reluctant. And I said, "I'm in the middle of it. I'm doing it. And I want to work with you guys, but I really object to you guys getting in it." And the chairman looked at me, and he said, "Paul, what do you expect us to do?"

And I said, "Admiral, I expect you to be a motor pool. When I want a destroyer, I'll ask for it. When I want an E–2C, I'll ask for it. When I want an AWACS, I'll ask for it. I want to run the drug war as far as the interdiction over water goes, and you be the motor pool."

And he did just what I would have done. He slammed his fist down on the table, he said, "Paul, I'm not going to be a motor pool for anybody." And I said, "Well, I'm not, either." And there you've got the same thing between Customs and Coast Guard and DEA and FBI. Nobody wants to be a motor pool.

And until somebody says, "Admiral Yost, you're in charge; and these guys are going to respond to you, budget, personnel, tactics, strategy, the way they would do to a theater commander," we're never going to have anybody in charge.

Yes, I would like to see the Commandant of the Coast Guard put in charge of the interdiction war over the water. But he can't han-

dle the land border in Mexico. I don't know who can handle that. Maybe that's an Army job. I don't think we'll ever do it in source countries. The in-source country program is not getting very far.

Mr. WISE. Thank you, Admiral.

Mrs. THURMAN. Mr. Chairman, I know that you're going to stay here, but some of us are going to go vote.

Admiral, I just want to thank you for being here.

And I want to ask the chairman if we will also be able to have questions submitted and answered for this panel, as well?

Mr. ZELIFF. Absolutely.

Mrs. THURMAN. I'll be back as soon as I vote.

Mr. ZELIFF. Would this panel be willing to take questions that we don't have time to answer in a reasonable period of, say, 10 or 15 days, get back to us?

[Nodding.]

Mr. ZELIFF. We would appreciate that.

Mrs. THURMAN. I appreciate that. And thank you.

Mr. ZELIFF. There are some questions of the admiral.

Mr. YOST. I have a very small staff compared with the 40,000 I had as the Commandant of the Coast Guard, but we'll struggle with it.

Mr. ZELIFF. I got a kick out of your last response. And I'll just ask you—your response sounds like Wayne Downing, four star General Downing in the special forces operations, is the kind of man we need in the drug war. Would you comment on that?

Mr. YOST. Yes. I would love to have General Downing running it. I would work for him. But I don't want to be a motor pool for anybody.

Mr. ZELIFF. Isn't that the kind of effort where you can draw on resources?

Mr. YOST. Yes.

Mr. ZELIFF. And when he came to visit this committee, he came in and he had members of each of the services there. But I'm sure that if he gives the order that he needs something, he has got it.

Mr. YOST. Because their bosses have told them. But a Cabinet-level officer is probably not going to be told by the Drug Czar to allocate budget and forces. That's going to have to be done above the Cabinet. It's a very strange way we have——

Mr. ZELIFF. The decision has to come from the top.

Mr. YOST. Yes.

Mr. ZELIFF. And obviously, the commitment has got to start there.

Mr. YOST. Yes.

Mr. ZELIFF. And it has got to be shared by all of us, as well, who provide the resources. I would also like to mention that the chairman of the Coast Guard Committee, Mr. Howard Coble, couldn't say enough good things about you, as well as Admiral Kramek. But he particularly wanted me to give you his best regards.

My question is, admiral, you led a successful sea interdiction of arms in Vietnam. It seems like there's a similar problem here. Are there any lessons that we have learned from that experience that we could put into the drug interdiction program?

And then second, who in your judgment would be the best person to lead the war on drugs in the United States now?

Mr. YOST. In Vietnam, we had an interdiction problem. We were trying to keep the North Vietnamese from smuggling arms across the Vietnamese Coast to the Vietcong. I spent over a year in combat doing that job. We had the assets we needed, maybe three or four times the drug interdiction assets we have per mile of coast compared to the problem.

We had aircraft, boats, and ships dedicated. We had a dedicated commander. We had a chain of command. We had responsibility and accountability. And when something got through, there was accountability for it.

It would take a lot more assets than we are putting into drug interdiction now or even that we have in the past, and it would take a chain of command that would be responsive in a multiagency way, Customs, Coast Guard, DEA, FBI, all answering to one person in the drug interdiction business.

I would, of course, like to see that, as the Commandant of the U.S. Coast Guard, over water and in interdiction over water.

Mr. ZELIFF. So Admiral Kramek would be the one, and we should give him the resources he needs?

Mr. YOST. Yes. I think he'll probably never speak to me again, because I don't know that he wants that job.

Mr. ZELIFF. We'll see that he finds out that you instigated this. But my question, I guess, is, can we really win the war? We have heard about it all day today. Can the war be won?

Mr. YOST. No, we can't win the war. We can't win the drug interdiction war. What we can do is a reasonable job in drug interdiction to provide the foundation for treatment and education and prevention. And without treatment, education, and prevention—that's what will win the war.

But just laying those out there without a credible interdiction law enforcement program doesn't work. Nobody thinks you're really serious. And the supply and the cheapness is there. You can't win it in that situation.

Mr. ZELIFF. With that, I thank you very much for your testimony. We appreciate it. I know how busy you are, and we appreciate your being here. And we're honored that you could be a part of this hearing. Thank you.

Mr. YOST. I appreciate the rest of the panel letting me go first. Thank you.

Mr. ZELIFF. Thank you.

Mr. Thomas Hedrick Jr. and your son. Welcome.

Mr. THOMAS HEDRICK. Thank you.

Mr. ZELIFF. You would like to lead off with your testimony?

Mr. THOMAS HEDRICK. We would. I would like to start off by saying that I think while we in the Partnership are communications experts and not policy experts, I think take note of something that Admiral Yost said, that almost everyone in the interdiction business believes that while they have an important role to play in the overall drug policy, that we cannot interdict our way out of this.

And amongst ourselves, I think we often give the impression to the public that it's demand reduction or supply reduction, it's treatment or prevention, it's supply or it's demand. And I think we do a disservice to the public and help confuse them when we don't first acknowledge, all of us, no matter which side we're on, that

this is really a combination of both and all that we can do to reduce drug use.

I'm here primarily because we at the Partnership believe that preventing drug use by young people and by all who influence them importantly must be the cornerstone of national, State, and local drug strategies and resources if we are to have a prayer to build safe and healthy families and communities.

I've dedicated nearly 10 years of my life to help prevent drug use among our youth, and I know that prevention works. I've seen the results both professionally and personally, as vice chairman of the Partnership, as a director of my State and local community anti-drug coalitions, and, perhaps most importantly, as a father.

But now, quite frankly, I am frightened because after nearly a decade of progress, drug use is rapidly increasing. And I believe we, led by you, must act quickly and aggressively if we are to avoid millions more of our young children becoming impaired by and addicted to illegal drugs.

To begin to understand this problem and the critical importance of prevention, we must recognize that drug abuse is a process. And that process begins one child at a time making the decision whether or not to use drugs. That decision is occurring millions of times today, tomorrow, next week, next month, and for the years to come in every city in every town across America.

It is most effective and most efficient to prevent this first use by defining any use as abuse. Each stage in the drug abuse process from trial to trouble that you see on the chart to my right becomes more difficult and more expensive if we don't start at the top.

The public and often policymakers tend to focus on the addiction end of this process, with the nearly 6 million people in need of treatment. But we must understand that nearly all of these people, nearly all current adult drug users, started using drugs as teenagers and, very frighteningly, more than half started before their 16th birthday.

We believe there are three major barriers to providing the leadership and resources necessary to improving the Nation's prevention efforts. All barriers are misperceptions by the public.

The first is that we have lost the so-called "war on drugs." Setting aside the fact that this is an absolutely terrible metaphor, particularly with respect to prevention, three-quarters to 80 percent of the public believes that the drug problem has only gotten worse over the past 10 years. They believe that nothing works. And they believe that we are nearly desisted to see it get worse in the future.

That perception is simply not true, as has been pointed out many times. Half as many people are using drugs today as were using them in the mid-1980's. And while 12 million Americans using drugs in the past month is still way too many, it is an enormous decrease from its highest level.

More progress is possible, and that belief is confirmed by the progress we have already made. We have got to affirm that fact with the public to correct the public's feeling that solving the drug problem is hopeless and that all of us and all of them are helpless to do anything about it.

The second major misperception about drug use is that it's primarily a problem of inner city ethnic kids. This is another terrible

and perhaps even more terrible stereotype. It has two major negative impacts.

First, it makes our inner city children's decision not to use drugs much more difficult, because it gives them the impression that all of their peers use drugs. And second, it lets the rest of America off of the hook, feeding our denial that drugs are a problem for our children.

The facts are quite clear in this regard; 75 percent of all drug users are white, and for kids in school, whites are significantly more likely to use drugs than are their African American counterparts.

The third major area is a lack of understanding that drugs is not just an issue in and of itself for those using and those addicted. But, quite frankly, it has become severely imbedded in the last 30 years in every major social issue we face in this Nation.

Drug abuse, most of the public understands, is inextricably linked to crime and violence. But it also contributes to the breakdown of our families, the abuse of children and adults, perhaps the great American tragedy, the spread of the AIDS virus, school dropouts and declining quality of education, homelessness, urban decay, high health care costs, and even economic productivity and competitiveness.

We have to get the public and your peers, quite frankly, to understand the overarching importance of this issue. After nearly a decade of progress, what we face today is a crisis of dramatically increasing use among our youth. Not someone else's kids, our youth, every age, every ethnic group from all parts of America.

"Crisis" is not an overly dramatic or inappropriate description, particularly when you consider that drug use among our youngest kids, 13 and 14, has more than doubled in the last 3 years.

Much of this increase, although certainly not all of it, has been driven by marijuana. And we know why this is occurring. Our children now view drug use as less dangerous and with less social disapproval than they did 4 or 5 years ago—quite frankly, from a marketing point of view, more dramatic attitudinal changes than I have ever seen.

There is general agreement that the balance in the information our children receive has been changing. We are not as effectively communicating with our children that drug use—any drug use—is harmful to them, harmful to their development, and harmful to society.

We must increase the involvement of parents in setting this clear expectation of no use, particularly since many of us are baby boomer parents and many of us tried drugs and many of us have a conflict about how to talk to our kids and "say no" when, in fact, we said "yes," an issue we face together.

We must increase the involvement in quantity and quality of comprehensive in-school education. I'm not prepared to tell this body how to do that. I just know that in-school education works.

We must also work to reduce the amount of pro-drug information that our children are exposed to by recognizing the enormous impact that the legalization debate has on our kids and the recent reglamorization of drug use in some of the media.

We at the Partnership concentrate our efforts primarily on reaching children and parents through the media. Our primary focus is on researching, creating, and airing anti-drug attitude messages to unsell illegal drugs. I think we're known to the layman as the "fried egg people."

I'll be showing a short tape of some of our most recent television work in a few minutes. We also work with major broadcast and print media to help in the development of their news, editorial, and features about drugs. And we also invest some of our time and resources in working with the entertainment industry, helping to educate them on their influence in our children's decision whether or not to use drugs.

The Nation's media has donated over $2 billion in time and space to get these anti-drug messages to the public. In 1990 and 1991, this translated to about one anti-drug message per household per day. However, support of these messages has declined by nearly 20 percent in the last 3 years because the media is not as convinced that the drug issue is as important as it was.

There has been an even more dramatic decrease in the news coverage of the drug issue, as you can see from this chart, going from about 600 stories in the 3 major networks in 1989 to 65 which, quite frankly, from a communications point, ladies and gentlemen, is about zero.

And our youth also have an exaggerated idea of drug use among the entertainment professions. And the situation is getting worse. Therefore, we at the Partnership are concentrating our efforts to increase positive media communications to children and parents.

But Federal support and Federal leadership in making drugs a critical national priority is essential if we are to help convince the media that this is an important issue. Quite frankly, when you all in this town talk about drugs, the media believes that drugs are important. When you don't, they don't.

The focus of all of our efforts and all of our programs, both private and public—and I think everybody on this panel would agree—must be to affect individual attitudes and individual behavior at the community level. This grass roots community coalition movement is already a surprisingly strong reality, with over 3,000 anti-drug community coalitions, a grass roots movement, quite frankly, unlike anything I have seen.

What we need to do is to reinforce it and expand it. And we need Federal leadership to tell them that what they are doing is important to the Nation. Perhaps even more importantly than giving money is telling them that what they're doing is important.

And we need to provide the prevention resources they need to get the job done. What can be accomplished through this is evident in hundreds of communities across America and probably in many of your districts.

Perhaps most powerful, though, are the results of the Miami coalition, one of the oldest and best organized coalitions in the Nation. Miami has reduced drug use to a level that is less than half the U.S. average and, by far, the lowest of our major metropolitan areas.

Imagine, Congressmen, if we were able to duplicate Miami's efforts across the Nation. We would have 6½ million fewer regular

drug users. And we would be much better prepared to deal with the upturn in drug usage by our kids.

Given the importance of drug use to the Nation and the alarming recent increases in drug use among our youth, it would be both imprudent and, I believe, irresponsible to reduce public or private resources for drug prevention. The evidence is clear that drug use is a preventable behavior. Prevention has worked, is still working where it's aggressively applied, and must be expanded now across America.

Drug prevention also, as I said earlier, is absolutely essential to reducing crime and violence, the spread of AIDS, improving our children's education, reducing family abuse and child abuse, reducing our health care costs, reducing homelessness, and improving our economic productivity and competitiveness as a Nation.

The focus of our prevention efforts must be our children and their attitudes, helping our kids, one kid at a time, to make better decisions. And we know how to do it. This is not rocket science. The more our kids see drug use as harmful and socially unacceptable, the less likely they are to get involved with drugs.

To make that point, my son, Tod, is here representing our youth. But he could just as easily be your son or grandson. At 16, he's 30 years younger than I am. He likes heavy metal music, I like Frank Sinatra; he wears earrings, as you can see, I wear lapel pins. But the biggest difference is that 30 years ago when I was his age, we had almost no drug use in this country. Today, it is all around him, and in one of the most affluent communities and top public school systems in America.

If Tod's on drugs, how am I as his father going to be able to teach him that violence is not the way to resolve conflict? If Tod's on drugs, how is he going to make the tough decision about dating in the age of AIDS? And if Tod's on drugs, how does he get himself prepared for tomorrow's work force and to be a productive and contributing member of society? And unlike you or I, he faces this issue all the time, every day, and the decision about what's best for him.

[The prepared statement of Thomas A. Hedrick, Jr., follows:]

PREPARED STATEMENT OF THOMAS A. HEDRICK, JR., VICE CHAIRMAN, PARTNERSHIP FOR A DRUG-FREE AMERICA

IMPROVING DRUG ABUSE PREVENTION: A FOCUS ON CHILDREN AND THEIR ATTITUDES

I am pleased to be here today to help call attention to the critical importance of drug abuse to our nation, states, cities and neighborhoods. Drug abuse cuts across all cultural, racial and economic lines and impairs millions of Americans. Drug use is inextricably linked to crime and violence, and contributes to the breakdown of our families, the abuse of children and adults, the spread of the AIDS virus, school dropouts and the declining quality of education, homelessness, urban decay, high healthcare costs, and economic productivity and competitiveness. We must reduce the number of people who use drugs to significantly improve the most pressing domestic issues we face. Preventing drug use by young people, and all who influence them, must be the cornerstone of national, state and local drug strategies and resources if we are to build safe and healthy families and communities. Effective drug policy is not a question of either supply reduction or demand reduction, but rather of combining both to reduce the number of Americans who use illegal drugs.

I have dedicated nearly 10 years of my life to helping prevent drug use among our youth. I know prevention works, and I have seen the results both professionally and personally—as vice chairman of the Partnership for a Drug-Free America, as a director of my state and local community anti-drug coalitions, and, perhaps most

importantly, as a father of a 16-year-old son. But now I'm frightened. Drug use among our youth is increasing. We must act quickly and aggressively if we are to avoid millions more of our children becoming impaired by and addicted to illegal drugs, increasing crime and violence and the other social ills so closely linked with drugs. Federal leadership and resources are critical to reversing these recent alarming trends.

Background

To understand the drug problem and the critical importance of prevention, we must recognize that drug abuse is a process that begins with one child at a time making the decision whether or not to use drugs. That decision is occurring millions of times today, tomorrow and next month, in every city and town across America. (Chart #1) It is most effective and efficient to prevent this first use, by defining any use as abuse. Each stage in the drug abuse process from trial to trouble becomes more difficult and more expensive. The public tends to focus on the addiction end of this process—with the nearly 6 million people in need of treatment. But we must understand that nearly all these people starting using drugs as teenagers (Chart #2), and half started before their 16th birthday.

I believe that there are two major barriers to providing the leadership and resources necessary to improve the nation's prevention efforts. Both barriers are misperceptions by the public. The first is that we have lost the so-called "war on drugs." Setting aside the fact that this is a terrible metaphor, particularly with respect to prevention, three-quarters of the public believes that the drug problem has only gotten worse over the past 10 years, believes that nothing works, and believes that we are nearly destined to see it get worse in the future. (Chart #3) That perception is simply not true. Half as many people are using drugs today as were using then in the mid-1980s. Twelve million Americans using drugs in the past month is still far too many, but that is a dramatic decrease from its highest level. More progress is possible, and that belief is confirmed by the progress we've already made. We must reaffirm this fact to correct the public's feeling that solving the drug problem is hopeless, and that we are helpless to do anything about it.

The second major misperception about drug use is that it is primarily a problem of inner city, ethnic kids. This is a terrible stereotype. It has two major, negative impacts. First, it makes our inner city children's decision not to use drugs much more difficult—because it gives the impression that all of their peers use drugs. Secondly, it lets the rest of America off the hook—feeding our denial that drugs are a problem for our children. (Chart #4) The facts are clear in this regard. 75% of all drug users are white, and for kids in school, whites are significantly more likely to use drugs than are their African American peers.

Current Situation

(Chart #5) What we must face today is the crisis of dramatically increasing drug use among our youth; not someone else's kid—our youth, every age and ethnic group, from all parts of America. Crisis is not an overly dramatic or inappropriate description when you consider that drug use among our youngest teens—13 and 14 year olds—has more than doubled over the past 3 years.

(Chart #6) Much of this increase, although certainly not all of it, has been driven by marijuana. And we know why this is occurring. (Chart #7) Our children now view drug use as less dangerous and (Chart #8) with less social disapproval than they did 4 or 5 years ago. There is general agreement that the balance in the information our children receive has been changing (Chart #9) We are not as effectively communicating with our children that drug use, any drug use, is harmful to them, their development, and society. We must increase the involvement of parents in setting the clear expectation of no-use, and increase the quantity and quality of comprehensive in-school education. We must also work to reduce the amount of pro-drug information that our children are exposed to, by recognizing the impact of the legalization debate and the recent re-glamorization of drug use in some of the media.

Partnership's Efforts

(Chart #10) We at the Partnership for a Drug-Free America concentrate our efforts on reaching children and parents through the media. Our primary focus is on researching, creating and airing anti-drug advertising messages to "unsell" illegal drugs. I'll be showing a short tape of some of our most recent television work in a few minutes. We also work with major broadcast and print media to help in the development of their news, editorials and features about the drug issue. We also invest some of our time and resources in working with the entertainment industry, helping educate them on their influence in our children's decisions whether or not to use illegal drugs. (Chart #11) The nation's media has donated over $2 billion in time and space to get our anti-drug messages to the public. In 1990 and 1991, this

translated to 1 anti-drug message per household per day. However, support of our messages has declined by 20% over the past three years because the media is not as convinced that the drug issue is as important as it was. (Chart #12) There has been an even more dramatic decrease in news coverage of the drug issue. (Chart #13) and our youth have an exaggerated idea of drug use among the entertainment professions. And the situation is getting worse. Therefore, we are concentrating our efforts to increase positive media communication to children and parents. Federal support and leadership in making drugs a critical national priority will significantly help our efforts in that regard.

Community Focus

(Chart #14) The focus of all of our efforts and programs, both private and public, must be to affect individual attitudes and behavior at the community level. This grass roots community coalition movement is already a surprisingly strong reality. We need to reinforce it and expand it. We need federal leadership to tell them that what they are doing is important to the nation. And we need to provide the prevention resources they need to get the job done.

What can be accomplished is evident in hundreds of communities across America. (Chart #15) Perhaps most powerful are the results of the Miami coalition—one of the oldest and best organized coalitions in the nation. Miami has reduced drug use to a level that is less than half the U.S. average and by far the lowest of our major metropolitan areas. (Chart #16) If we were able to duplicate Miami's efforts across the nation, we would have 6.5 million fewer regular drug users and would be better prepared to deal with the upturn in usage by our kids.

Conclusion / Recommendation

(Chart #17) Given the importance of drug abuse to the nation, and the alarming recent increases in drug use among our youth, it would be imprudent and irresponsible to reduce public or private resources for drug prevention. The evidence is clear that "Drug use is a preventable behavior"; prevention has worked, is still working where it's aggressively applied, and must be expanded now across America. (Chart #18) Drug prevention reduces drug use, but it also is one of our most cost effective approaches to reducing crime and violence, the spread of the AIDS virus, improving our children's education, reducing family abuse, reducing our healthcare costs and homelessness, and improving our economic productivity and competitiveness.

(Chart #19) The focus of our prevention efforts must be our children and their attitudes—helping our kids, one kid at a time, to make better decisions. And we know how to do it. The more our kids see drug use as harmful and socially unacceptable, the less likely they are to get involved with drugs.

My son, Tod, is here today representing our youth. He could just as easily be your son or grandson. At 16, he is 30 years younger than I am. He likes heavy metal and I like Frank Sinatra. He wears earrings and I wear lapel pins. But the biggest difference is that 30 years ago we had very little drug use in America. Today it is all around him, in one of the most affluent communities and top public school systems in America. If Tod is on drugs, how am I going to be able to teach him that violence is not the way to resolve conflict? If he's using drugs, how will he make the tough decisions about dating in the age of AIDS? If he's using drugs, how does he get himself prepared for tomorrow's workforce? Unlike you or I, he faces this issue all the time and the decision about what is best for him.

(Testimony of Tod Hedrick, 16, 10th grade student in Greenwich, CT, Public School System)

I'll close with a short tape of some of our most recent anti drug messages for kids and parents. We will work to keep these messages coming and getting them shown more often. Our work is necessary, but not sufficient. We also work with, and support, Lee Brown's efforts. But America needs more federal prevention resources and a prevention system that cost-effectively catalyzes prevention programs at the community level—particularly by parents and through comprehensive in-school education. Most importantly, America's youth needs your leadership to clearly set drugs as a key priority for us all. When this testimony is over and you think about what should be done, what programs to support—try to see the issue as my son Tod sees it, as Lee Brown's grandchildren see it, as your daughters and sons and grandchildren see it. Then, you will have the only perspective that really counts.

(Show TV Tape)

Celebrity Endorsement :15; "April/Shallow Love" :30; "Alex/Her Face" :30; "What I Need" :30; "Play By Play" :30; "Like Father" :30; "Burbs" :30; "Long Way Home" :30

Thomas A. Hedrick, 3/9/95
Testimony Charts

Chart #1

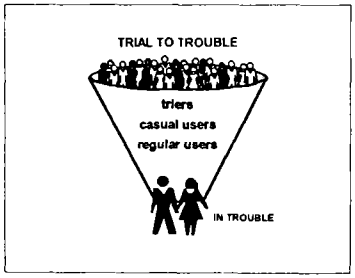


Chart #2

Of current adult drug users ---

9 out of 10 started using as teenagers

1 out of 2 started before 16th birthday

Source: SAMHSA Household Survey

Chart #3

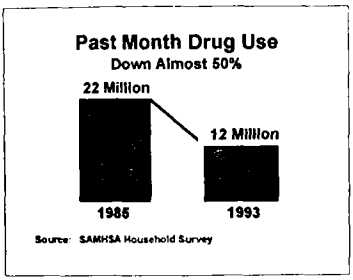


Chart #4

Ethnic Drug Use

- 76% of all drug users are white
- Among youth in school, drug use rates are 35% - 50% higher among whites than African Americans

Source: SAMHSA Household Survey
Monitoring the Future Study

Chart #5

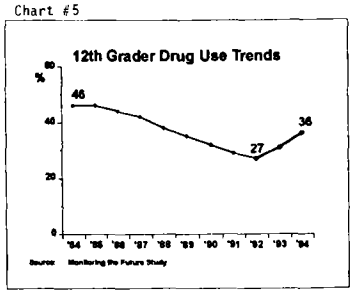


Chart #6

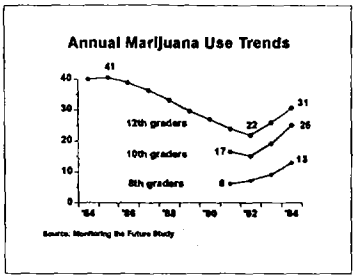


Chart #7

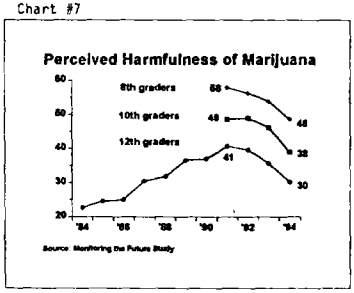


Chart #8

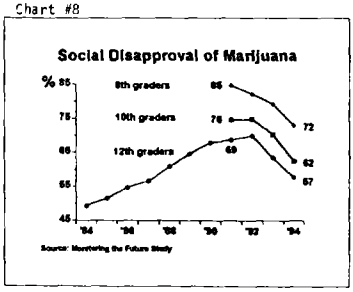


Chart #9

Why are anti-drug attitudes weakening?

1. Less anti-drug information
   - declining media attention
   - baby-boomer parent conflict
   - insufficient in-school education
2. More pro-drug information
   - legalization discussion
   - re-glamorization

Chart #10

More **Media Attention**

- Advertising messages
- News, editorials and features
- Entertainment

Chart #11

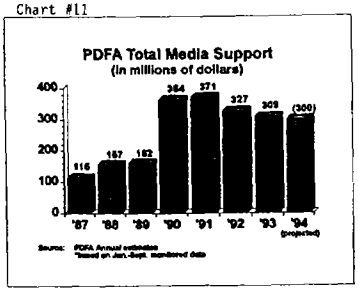
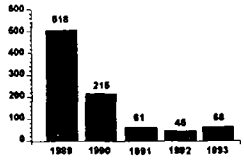


Chart #12

Network News Drug Stories



Source: Center for Media and Public Affairs

Chart #13

Youth Perceptions of Role Model Behavior

"Most are using drugs"

	1993(%)	1994(%)
Actors/actresses	36	42
Rock musicians	61	69

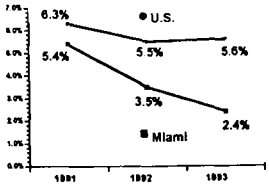
Source: Monitoring the Future Study
12th graders

Chart #14

Already over 3,000 community coalitions – the backbone of national prevention

Chart #15

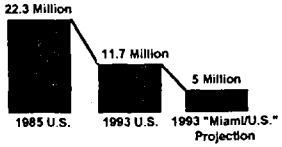
The Miami Story - Past Month Drug Use



Source: SAMHSA Household Survey

Chart #16

Past Month Drug Use



Source: SAMHSA Household Survey:
Est. based on Miami prevelance rates

Chart #17

Drug use is a preventable behavior

Chart #18

Drug prevention is also key to solving

- Crime and violence
- AIDS
- School dropouts
- Family abuse
- Healthcare costs
- Homelessness
- Economic competitiveness

Chart #19

Our children and their attitudes

DRUG ABUSE PREVENTION

Drug abuse is one of the most critical problems facing our nation, states, cities and neighborhoods. Cutting across all cultural, racial and economic lines, illegal drugs impair millions of Americans and are inextricably linked to crime and violence. Drug use and addiction contribute to the breakdown of our families, the abuse of children and adults, the spread of HIV/AIDS, school dropouts and the declining quality of education, homelessness, urban decay, high health care costs, and economic productivity and competitiveness. We must reduce the number of people who use drugs to significantly improve the most pressing domestic issues we face. Drug use is a preventable behavior.

1. Preventing drug use by young people, and by all who influence them, must be the cornerstone of national, state and local drug strategies and resources if we are to build safe and healthy families and communities. All children are at risk. National surveys indicate that three-quarters of drug users are white, and that nine out of ten current adult users of illegal drugs started using as teenagers—one out of two of them before their sixteenth birthday. We must re-establish and affirm the individual choice to remain drug-free. We must understand that drug abuse prevention is an on-going process that requires consistent reinforcement of the message, by our leaders and throughout society, that drug use is harmful and unacceptable. This message is vital to preventing the impairment of drug trial, and to reducing drug use before it becomes addiction. We must effectively influence the decisions our young people make about illegal drugs by providing drug education and dear expectations at home, in school, and by involving law enforcement officers and judges, faith leaders, healthcare professionals, the media, employers, and other local community recources.

2. Prevention works: we have achieved real progress in decreasing drug use and in understanding what works. Since 1979, dramatic increases in public attitudes of perceived risk and social disapproval toward illegal drugs produced a decline of nearly 50 percent in the number of new triers and non-addicted users through all segments of the population. Throughout the nation, drug prevention efforts came together—particularly at the community level—to establish non-use as the behavioral standard and social norm. This progress in prevention has also significantly reduced the number of people who would have become addicted.

3. However, diminishing resources and public focus now threaten future success. The gains so preciously earned in anti-drug attitudes and declining use are now reversing. Since the early 1990's, there has been decreased attention to the drug issue by national and local leaders and the media, and increased pro-drug publicity by some entertainers and legalization proponents. This has contributed to a reversal in the attitudes of perceived risk and social disapproval that distinguish non-users from users, and significant increases in the number of young people using illicit drugs.

Given the importance of drug abuse to the nation and the alarming recent increases in drug use among our youth, it would be imprudent and irresponsible to reduce public or private resources for drug prevention. Rather, investment in prevention resources is a proven, cost-effective solution for reducing drug abuse and its impact on other critical domestic problems. We must provide significantly greater resources and leadership from governmental, corporate and non-profit sectors at national, state and local levels—for drug abuse prevention. Intital drug use is a matter of choice, and with sufficient leadershipand resources, we can influence that choice positively. Drug abuse is a preventable behavior.

Mr. TOD HEDRICK. Thank you, Mr. Chairman and members of the committee.

Mr. MICA [presiding]. I would like thank you, Mr. Hedrick, for your testimony and also for your work and leadership with the Partnership for a Drug-Free America.

And at this time, I would recognize your son, Tod, for his comment.

Mr. TOD HEDRICK. Many people believe that it's only in the inner city that drug use is common. I'm here to tell you that that is not true at all. My hometown of Greenwich is a very affluent area of Connecticut, and most people are still in denial about our rampant drug problem.

The public school system is considered to be one of the finest in the Nation, yet our drug use among students in the high school is bad enough to mandate police dogs searching all the lockers. Students are found frequently with drugs on their person during school.

For some strange reason, the Board of Education of Greenwich just voted to reduce drug education in the school system. The only explanation is that the parents don't understand who their kids are and what they do. They assume that there can't be a crime and drug problem in such a wealthy town. They assume that the arrests made and incidents that happen are isolated and will never happen to their kids.

So a few years ago, when there was a double suicide where the victims were both using LSD, their parents were unsuspecting. A few months ago, a house was put under surveillance for drug trafficking. And also, the parents were surprised when their child was arrested.

These parents need a serious wake-up call. The sad truth is that the parents who are in denial and who make these assumptions are the ones with kids who are already regular users. The parents don't give enough attention to the issue or to the kids, just as the media and school systems don't. Since these three groups are making stupid decisions regarding drugs, the kids do exactly the same.

I've spoken up because I realize that no matter how much they study the statistics, adults can't have the firsthand knowledge today of losing friends to addiction and watching drugs "eat the heart out of this country," which ironically is our President's description of welfare. I remember when I was 12 years old, I knew a hardcore pot user in my school. This instance has multiplied a hundredfold in high school. Every kid in the school knows who deals and uses drugs and where they could go if they needed a fix. This entire country needs a huge turn-around in how it deals with drugs. The fact that drugs aren't a prominent issue anymore tells kids that adults don't care about it. That's suicide to my generation, and we're the ones who will be running this country pretty soon.

As a solution, education must start earlier in elementary school. Parents must talk to their kids about drugs regularly, and the media must give it headlines. And the legalization movement must be put down immediately, because it sends kids the message that adults are giving up and that drugs are acceptable. We all have to do our part to save future generations.

Mr. THOMAS HEDRICK. I will close my part of the testimony with a short tape of some of our most recent anti-drug messages for kids and parents. We will work at the Partnership to keep these messages coming and to get them aired more often.

Our work is necessary, but our work is not sufficient. We also work with and support Lee Brown's efforts. But what America needs is more Federal prevention resources and a prevention system that can cost-effectively catalyze prevention programs at the community level, particular by parents and particularly through comprehensive, in-school education.

Most importantly, quite frankly, America's youth needs your leadership to clearly set drugs as a priority for us all.

And when all the rhetoric is over and this testimony is over today and you go away and think about what should be done and what programs should be supported, I hope you will try to see this issue as my son Tod sees it or as Lee Brown's grandchildren see it or, quite frankly, as your daughters and sons and grandchildren see it. Because then, you will have the only perspective that really counts.

[Videotape shown.]

Mr. THOMAS HEDRICK. That completes our testimony. Thank you.

Mr. ZELIFF. Mrs. Ryan.

Ms. RYAN. Mr. Chairman, members of the subcommittee, thank you for inviting me to join in this discussion of drug control strategies and to address whether current prevention efforts can work.

These are some of the same issues that the Conrad N. Hilton Foundation and its president, Donald Hubbs, pondered during the mid-1980's. Hilton approached the RAND Corp. and asked how a private foundation can impact the problem of drug use among youth.

RAND initiated a broad-ranging inquiry into the three major strategies for curbing drug use in the United States: law enforcement, treatment, and prevention. Their findings led chief researcher Dr. Phyllis Ellickson to recommend prevention as the first priority, specifically, the development and longitudinal testing of Project ALERT, a prevention curriculum for middle school children. Today, Project ALERT is a validated program with proven effectiveness. It is based on the simple premise that young people, trying to appear more mature and independent, often start using drugs in response to social influence.

Project ALERT builds upon three propositions. One, substance abuse prevention programs should target substances that are used first and most widely by young people—tobacco, alcohol, marijuana, and, today, inhalants.

Two, drug prevention programs must begin by helping students develop the motivation to resist using drugs. Teaching resistance skills alone is not enough.

And three, adolescents are much more likely to absorb new information and learn new skills when they are actively involved in the learning process. How you teach is as important as what you teach. This underscores the need for delivery by an education professional.

Hilton challenged RAND to find out if a social influence approach incorporating these principles works across a broad variety of schools and community environments. The resulting drug prevention trial, conducted with methodological exactitude, remains one of the most rigorous ever undertaken.

The research findings disprove the three common criticisms of prevention programs. First, that prevention only works in middle class, largely white, suburban situations; second, that the program works only for the kids who need them least; and finally, that prevention programs prevent only trivial levels of use.

Project ALERT works well in urban, suburban, and rural areas, in middle- and low-income communities, and in schools with high and low minority populations.

As executive director of the BEST Foundation, a nonprofit organization created by the Hilton Foundation to make Project ALERT available to schools across America, I am on the front line of the implementation process, not the research process. And every day, I combat myths at the delivery level about what works and what doesn't.

Prevention can and does work, but our educators and policymakers must be selective in funding and implementing validated programs. It is estimated that more than 2,000 nonvalidated programs are in use. Clearly, we need to do a better job of technology transfer. We need to make information about valid approaches more widely available and provide incentives for educators to choose programs that have demonstrated results.

Substance abuse prevention programs must be specific. Despite the current clamor for generic programs, one size doesn't fit all. Motivating children to avoid drugs is not the same thing as motivating them to avoid violence. And we cannot teach kids to resist pro-drug pressures by teaching them how to cope with anger or frustration. Effective drug prevention programs need to have a specific drug content and need to deal with the specific societal pressures to use that are endemic to drugs.

Prevention programs must be ongoing. One intervention experience, even a series of lessons in elementary or junior high school, is not enough. Most programs, including Project ALERT, do not provide continued reinforcement during high school. But the pressures to use drugs do not subside as teenagers grow older. Funding to develop and validate high school programs is critical.

Education and school-based programs should be at the core of prevention. But, there is no substitute for a broader social environment that reinforces these programs. This includes strong leadership, media reinforcement, and parent- and community-based programs.

One support program that helps young people on a broader scale is the BEST Foundation's Nancy Reagan After School Program. This program develops creative, healthy behavior as an alternative to drug use and actively addresses the issues of self-esteem, stress management, skill-building, and self-expression. It is a program that works with the whole child, and a child that is nurtured and feels safe becomes a teachable child in the classroom.

Trying to deliver effective in-school programs without altering the environmental factors that help shape adolescent behavior won't work for many youth.

In summary, our national policy needs to support a core of validated in-school prevention programs that impact youth throughout their school years. These programs should be supplemented by family and community-based programs that send our children to class ready to learn. Prevention isn't the only answer, but it's an integral part of it. Thank you.

Mr. Chairman, I would like to submit supplemental material for the record the RAND Corp. research report titled "Prospects for Preventing Drug Use Among Adolescents" and a brochure titled "Project ALERT: A Solution From The BEST Foundation For A Drug-Free Tomorrow."

Mr. ZELIFF. Without objection.

[NOTE.—To reduce publication costs, the above information is filed and may be found in subcommittee files.]

Mr. ZELIFF. The remainder of the witnesses, if you feel that it's appropriate, all of your material can be submitted for the record, and if you would like to just kind of summarize, that would be great.

Mr. Copple.

Mr. COPPLE. Mr. Chairman, distinguished members of the Government Reform and Oversight Committee, my name is Jim Copple. I am the national director of Community Anti-Drug Coalitions of America. Community Anti-Drug Coalitions of America, or CADCA, was founded in 1992 by President Bush's President's Drug Advisory Council, and it was developed to respond to the growing community coalition movement in this country to address the Nation's drug crisis. We are privately funded from major grants from the Robert Wood Johnson Foundation, the Knight Foundation, and numerous other private foundations. We are a membership organization with approximately 2,500 community coalition members in every State and 2 territories.

I would like to begin my remarks by setting a context for what I would like to say following this little story which is in my written testimony. Several years ago, I was leading a local community coalition in Wichita, KS, called "Project Freedom" that was jointly funded by the Kansas Health Foundation in the Wichita public schools. At that time, we developed an interagency task force on gangs and drug-related violence. And it was my responsibility as director of Project Freedom to help support and fund our local gang unit. I occasionally went out with them. In fact, for a period of 8 months, I went out with them every weekend to do street interventions with kids who were involved in gangs.

On one particular evening, we were invited to participate in a raid on a crack house. We were told that there were weapons inside the house, a great amount of cocaine, and a number of children. One of my jobs or responsibilities when we went into the house was to isolate the children from a lot of the other commotion that was going on related to a raid.

On one particular evening, we went into this house. After all the commotion, got into the house, and it was secured. We went to this door that was closed in this bedroom, and several police gathered around it. But outside the door, we saw this sign that read, "Read the damn sign. No drinks or pipes in my room. Just stay out. My room." And we opened the door very carefully. And we saw in the corner of the room an 11-year-old girl who was hiding in the corner for fear of all of the commotion that was going on around her.

Around the room were anti-drug posters produced by our coalition, a workbook of drug refusal skills given to her by her teacher, and several other messages aimed at reducing substance abuse. I might add, all were resources produced with funding from Safe and Drug-Free School money.

That night, we took out of the house nine handguns, over $30,000 in crack cocaine. And the pipes that she was referring to on the sign were crack pipes. In the midst of the confusion and craziness, this 11-year-old child was making a stand.

Around her were the tools of support that provided her information and the mechanism for venting her own outrage with the behavior of parents and siblings. I fear that in the midst of the current vacuum of national leadership and the threat of rescissions and cuts in significant national programs aimed at addressing this issue, this young woman and thousands like her will not have a place to stand.

They look to our President, they look to you and to me and other members of this panel for assurances that this will not happen. CADCA members have been more than a little frustrated with the failure of our Nation's leadership to keep the pervasiveness of drug abuse before the American people.

Alarming increases in marijuana, cocaine, and heroin use has indicated the pride in monitoring the future survey data suggests that our messages of the dangers associated with drug abuse are getting lost in the clutter of other messages, such as legalization, how funds arrive in local communities, and whether or not the President inhaled or didn't inhale or the Speaker smoked low-grade or high-grade marijuana in graduate school.

All of this is perceived by our members as mindless conversation and has politicized and poisoned our national conversation on the drug problem.

There is a growing fear among CADCA members that any national drug strategy is only words on paper and visions vanishing in clouds of hopelessness. All of us today are faced with this disturbing dilemma. As Gerald Seib recently pointed out in the Wall Street Journal, "Now comes the new Republican Congress, which will be torn between its budget-cutting impulses and the painful fact that programs to interdict drugs and prevent their use costs money." Seib further pointed out that some in the drug-fighting community are particularly worried that "As spending on Federal social programs get packed into block grants and shipped out to the states, drug fighting will get pushed to the back of the line of competing claims."

Yours is not an easy task. And devastation caused by our Nation's drug abuse problems continues to bring havoc and chaos among many of our Nation's youth and neighborhoods. My members see it daily. And the story of this young child is only one story. But it is a story that should speak to the Nation.

The subtitle of the national drug control strategy released in February 1995 is "Strengthening Communities' Response to Drugs and Crime." Dr. Brown and his staff are to be commended for advancing a strategy that includes community prevention, along with traditional law enforcement treatment and interdiction responses to this growing crisis.

A strategy, however, is only as good as the resources that follow it and the visible leadership that advances it. We still seek greater parity between supply side issues and demand reduction issues. We still maintain that there must be a national voice advocating for substance abuse prevention, and that voice should be loudest from the White House and the Congress.

We still maintain that there is a direct correlation between perceived risk of crime and drug abuse with resources that are allocated to fight these twin evils. It is our dream that eventually, we

will see a strategy embraced by both the administration and Congress that supports a national drug abuse prevention system that coordinates, consolidates, and leads all substance abuse prevention activities within this country.

If there was such a system or even an agency, we could reduce Federal duplication, maximize funding strategies, promote common messages, establish a national dissemination network, and assure our local communities that substance abuse prevention is vital both to our planning and to our future.

If we established such an authority or an administration, we could save millions of dollars in Federal resources directed toward preventing drugs. We urge you to heed calls within the current strategy and from this Congress itself to coordinate, to think strategically about limited resources, and to understand the importance of a national message that is supported by national resources.

Finally, this is not an issue about Republicans and Democrats. It is not about block grants and national dissemination grants. It is about giving our children a place to stand as they refuse the horror of drug abuse. It is giving them a place to stand in the fact of poverty, a place to stand in despair, fractured in broken families. It is giving them hope.

Our members are prepared and are willing to work with whatever resources are provided. But you must know that prevention in this country has always been seriously and drastically underfunded. You cannot expect local communities to compete among limited resources. Do we buy police cars, or do we produce another workbook to place within our schools? What is the answer? The answer is probably both.

You cannot ignore the data. You cannot hide from the haunting image of another child seduced by the message that casual use is acceptable or the pain in the face of a family who has buried their child because of an overdose of heroin.

We urge you to embrace a national strategy that is comprehensive, balanced, and directs the majority of the resources to local communities to address local problems. Peter Drucker in the February issue of the Atlantic Monthly has argued that "As government seeks to reinvent itself, there must be preserved for the Federal Government the role of engaging in national crusades."

Drucker points to the drug war as one such crusade. This crusade is about saving lives. It is about giving a firm foundation so that our children can make their stand. It is time that we as a Nation make this crusade our national priority. And in the process, perhaps we will reinvent national will and character. Thank you.

[The prepared statement of Mr. Copple follows:]

PREPARED STATEMENT OF JAMES COPPLE, NATIONAL DIRECTOR, COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Chairman Zeliff and distinguished members of the Government Reform and Oversight Subcommittee, my name is Jim Copple, the National Director of Community Anti-Drug Coalitions of America. Community Anti-Drug Coalitions of America or CADCA was founded in October of 1992 by the President's Drug Advisory Council to respond to the growing community coalition movement organized to address the nation's drug crisis. We are privately funded with major grants from the Robert Wood Johnson Foundation, the Knight Foundation and numerous other private foundation sources. We are a membership organization with approximately 2500

community coalition members with member representation in every state and two territories.

I would like to begin my remarks by setting a context for what our membership does and for the importance of national leadership in the area of drug abuse resistance. Two years ago, I was leading a local community-based substance abuse coalition in Wichita, Kansas called Project Freedom. Our local coalition was funded as a public/private partnership between the Kansas Health Foundation and the Wichita Public Schools. Our mission was to reduce substance abuse and to address a growing drug-related violence problem with the advent of over 66 local gang sets. Every weekend for a period of eight months I rode with our local Gang Unit of the Wichita Police Department. On one evening, I participated in a raid of a local crack house. We were told by confidential informants that the house contained weapons, thousands of dollars of crack cocaine, six adults and two young children. My assignment on these occasions was to help isolate the children from the commotion that often accompanies such a raid. As we entered the house and police secured the rooms where the adults had been selling their drugs, we moved to a bedroom that we had been told contained the children. On the door, as we entered the room, we could not help but notice a sign that read, READ THE DAMN SIGN—AND NO DRINKS OR PIPES IN MY ROOM—JUST STAY OUT—MY ROOM! As we opened the door, I saw an eleven year old child hiding in the corner of the room. Around the room were anti-drug posters produced by our coalition, a workbook on drug-refusal skills given to her by her teacher and several other messages aimed at reducing substance abuse. I might add, all were resources produced with funding from Safe and Drug Free Schools money. That night we took from the house nine handguns and over $30,000 in cocaine. The pipes she was referring to on the sign were Crack Pipes.

In the midst of this confusion and craziness, this eleven year old child was making a stand. Around her were the tools of support that provided her information and a mechanism for venting her own outrage with the behavior of parents and siblings. I fear that in the midst of a current vacuum of national leadership and the threat of rescissions and cuts in significant national programs aimed at addressing this issue, this young woman and thousands like her will not have a place to stand. They look to our President, they look to you and to me for assurances that this will not happen.

CADCA members have been more than a little frustrated with the failure of our nation's leadership to keep the pervasiveness of drug abuse before the American people. Alarming increases in marijuana, cocaine and heroin use, as indicated in the recent release of the Monitoring the Future Data, suggest that our messages of the dangers associated with drug abuse are getting lost in the clutter of other messages such as legalization, how funds arrive in local communities, and whether or not the President inhaled or didn't inhale or the Speaker smoked low grade or high grade marijuana in graduate school. All of this is perceived as mindless and has politicized and poisoned our national conversation on the drug problem. There is a growing fear among CADCA members that any National Drug Strategy is only words on paper and visions vanishing in clouds of hopelessness. All of us today are faced with a disturbing dilemma. As Gerald Seib recently pointed out in the Wall Street Journal, "Now comes the new Republican Congress, which will be torn between its budget-cutting impulses and the painful fact that programs to interdict drugs and prevent their use cost money."[1] Seib further pointed out that "Some in the drug-fighting community are particularly worried that, as spending on federal social programs gets packed into block grants and shipped out to the states, drug-fighting will get pushed to the back of the line of competing claims."[2]

Yours is not an easy task and the devastation caused by our nation's drug abuse problems continues to bring havoc and chaos among many of our nation's neighborhoods. My members see it daily and the story of this young child is only one story. But it is a story that should speak to the nation. The subtitle of the National Drug Control Strategy released in February, 1995 is "Strengthening Communities' Response to Drugs and Crime." Dr. Brown and his staff are to be commended for advancing a strategy that includes community prevention along with traditional law enforcement and treatment responses to this growing crisis. A strategy, however, is only as good as the resources that follow it and the visible leadership that advances it. We still seek greater parity between supply side issues and demand reduction issues. We still maintain that there must be a national voice advocating for substance abuse prevention and that voice should be loudest from the White House and

[1] Gerald F. Seib, The Capital Journal, The Wall Street Journal, January 18, 1995, A16.
[2] Ibid.

Congress. We still maintain that there is a direct correlation between perceived risk of crime and drug abuse with resources that are allocated to fight these twin evils.

It is our dream that eventually we will see a strategy embraced by both the Administration and Congress that supports a national drug prevention system that coordinates, consolidates, and leads all substance abuse prevention activities within the country. If there was such a system or even an agency, we could reduce Federal duplication, maximize funding strategies, promote common messages, establish a national dissemination network, and assure our local communities that substance abuse prevention is vital to both our planning and our future. If we establish such an authority or administration, we could save millions of dollars in federal resources directed toward preventing drug abuse. We urge you to heed calls within the current strategy and from this Congress itself, to coordinate, to think strategically about limited resources and to understand the importance of a national message that is supported by national resources.

This issue is not about Republicans and Democrats, it is not about block grants and national demonstration grants, it is about giving our children a place to stand as they refuse the horror of drug abuse. It is giving them a place to stand in the face of poverty, despair, fractured and broken families. It is giving them hope. Our members are prepared and are willing to work with whatever resources are provided. But you must know, that prevention in this country has always been seriously and drastically underfunded. You cannot expect local communities to compete among limited resources. Do we buy police cars or do we produce another workbook to place within our schools? What is the answer? The answer is probably both. You cannot ignore the data, you cannot hide from the haunting image of another child seduced by the message that causual use is acceptable or the pain in the face of a family who has buried their child because of an overdose of heroin.

We urge you to embrace a National Strategy that is comprehensive, balanced and directs the majority of the resources to local communities to address local problems. Peter Drucker, in the February issue of the Atlantic Monthly has argued, that as government seeks to reinvent itself, there must be preserved for the Federal Government the role of engaging in national crusades.[3] Drucker points to the drug war as one such crusade. This crusade is about saving lives. It is about giving a firm foundation so that our children can make their stand. It is time that we as a nation make this crusade our national priority and, in the process, perhaps we will reinvent national will and character.

Mr. ZELIFF. Mr. Heard.

Mr. HEARD. Thank you, Mr. Chairman, members of the committee. I appreciate the opportunity to testify today. My name is Bobby Heard, and I'm the director of program services for the Texans' War on Drugs, a statewide grass roots nonprofit organization dedicated to prevention and mobilizing individuals in communities to address one of the most serious problems facing my State and our country, substance abuse.

It's certainly an honor to be part of this hearing with such distinguished individuals and especially our former First Lady. Mrs. Reagan may not know this, but it was primarily because of her focus and attention to the problem when she was in the White House that I became involved in this cause as a sophomore in high school.

I remember reading in the paper the story she actually told this morning about the visit that she made to Oakland and how inspired those young children were by her visit and made the pledge to her to lead a drug-free life and formed a club to help others do the same.

I remember thinking that if a group of fifth graders in Oakland could take a stand and educate their peers, maybe so could we. In my high school, we formed a group just doing that. And soon, I

[3] Peter F. Drucker, Really Reinventing Government, The Atlantic Monthly, Vol. 275, No. 2, February, 1995, 60–61.

came face-to-face with the reality of how young young people were getting involved with drugs.

It's sad that most parents, community leaders, and elected officials don't realize how easy it is for kids to get involved with drugs. Every adult needs to know how important it is that young people get clear and consistent messages from their communities, peers, and adults that drugs will not be tolerated and drugs are wrong and harmful.

In today's society, the norm is for many young people to try drugs. When our culture and media are fostering blatant pro-drug messages, it's no wonder our youth find it hard to say "no" to drugs.

Yes, I agree with what has been said here today. It really appears as if our country and elected leaders have lost the will for addressing this problem. What I don't understand is why. We know how to prevent this problem. And on that point, I would like to set one thing straight. Prevention is not pork. Unfortunately, during the crime bill debate, all prevention was painted with a broad brush as being wasteful and ineffective, but that's wrong. We know how to prevent substance abuse, and we know substance abuse prevention works.

It's because of substance abuse prevention that we were able to cut drug use in half, which you've seen these charts, between 1979 and 1992. No other social issue can claim that kind of success. But now, with no national will, no real leadership, a strong resurgence of pro-drug messages in the media, and reduced funding and now even elimination of entire programs, it should be no surprise that drug use is on the rise.

The only real solution we have is to reduce the demand for drugs. You can ask any law enforcement official, and they will tell you it's prevention that offers us the only real hope. Building prisons alone will not break the cycle. Medical experts will tell you we can't treat our way out of this problem. We have never been able to treat our way out of any epidemic this country has faced. Why do we think we can when it comes to drug abuse and addiction? Prevention must be something we do from generation to generation. Some of the proposals Congress is talking about is like saying, "Last year, we taught our first graders to read, and they did quite well. So now, we can take the money we used to teach reading and do something else." But what happens to the ones that will be in first grade next year?

Three weeks ago when I was here in Washington, DC, with my organization's president to meet with members of our Texas Congressional delegation, we saw almost every Member from Texas. And we really appreciated the time they took to listen to our concerns. Most of them understood the severity of this issue. However, what disappointed me was that a number of them felt no urgency in addressing this problem. And even one freshman Congressman said, "The Federal Government has no role to play in the war on drugs. This is a problem for state and local governments."

Without any disrespect, he was wrong. The Federal Government has a critical role to play. We must have national leadership. As we proved in the 1980's, with national focus and attention to this

problem, we can make a tremendous difference in reducing the demand.

At a time when we desperately need to turn up the volume against drug use, this Congress and the administration seems intent on not only turning down the dial, but eliminating the station altogether. Basically, it appears that the Congress is trying to dismantle our entire prevention structure. Last week, the House Appropriations Committee voted to send a rescission package to the floor of the House of Representatives now scheduled for a vote on March 15. The bill eliminates previously authorized funds for the Safe and Drug-Free Schools and Communities Act.

I understand from our Texas members of that subcommittee that the main reason the program was eliminated, one of the main reasons, was to find money to pay for disaster relief in California. They're eliminating one of the most important programs that reaches almost every school child from grades K through 12 in America, works to strengthen the family and community by building healthy, drug-free youth. While trying to pay for one State's natural disaster, we are creating the potential for serious national and human disaster affecting every family in all 50 States.

Another proposal that alarms me is a large youth development block grant proposed by Congressman Goodling and Senator Kassebaum. Basically, they want to take all the Federal prevention dollars allocated for substance abuse prevention, along with several other programs, and send that money to the county level to be administered by local officials. The money would be disbursed by local youth development advisory boards and used for any type of general youth development. In their proposal, the make-up of the boards does not include any substance abuse prevention specialists. We are talking about taking money now designated for drug education and giving it to local counties to spend on any type of general youth development. Now, that should be a good debate on pork.

Equally disheartening was to see in the President's budget a proposal to consolidate the demonstrations programs for the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment under SAMSA, the Substance Abuse Mental Health Services administration.

Prevention and treatment are two very different approaches to dealing with the drug problem. Treatment tackles the problem on the back end, while prevention is stopping something before it ever starts. When I talk about national leadership, part of that has been the Center for Substance Abuse Prevention. It has been a beacon for grass roots community and prevention programs.

Through CSAP's demonstration grants, we have gained a wealth of research that shows us what works and what does not. Consolidation would only pit treatment against prevention, with each fighting for very scarce resources.

In this time of consolidation and cost savings, what might make sense is to consolidate all Federal substance abuse prevention programs under one agency or create a separate drug abuse specific prevention block grant that could send moneys to the States.

[The prepared statement of Mr. Heard follows:]

PREPARED STATEMENT OF BOBBY HEARD, DIRECTOR OF PROGRAM SERVICES, TEXANS' WAR ON DRUGS

Chairman Zeliff and members of the committee, thank you for the opportunity to testify today. My name is Bobby Heard and I am the director of program services for the Texans' War on Drugs, a statewide grassroots nonprofit drug prevention and education organization dedicated to mobilizing individuals and communities to address one of the most serious problems facing my State and our country; substance abuse. It is certainly an honor to be a part of this hearing with such distinguished individuals and especially with our former First Lady Nancy Reagan.

Mrs. Reagan may not know this but it was primarily because of her focus and attention to the problem of drug abuse when she was in the White House that I became involved in this cause as a sophomore in high school. I remember reading in the newspaper a story about a visit Mrs. Reagan had made to a class of fifth graders in Oakland California. This group of students in this inner city school were so inspired that they made a pledge to her to live drug-free lives and formed a club to help others do the same.

I remember thinking that if a group of fifth graders in Oakland could take a stand against drug use and try to educate their peers so could I. So working with several of my friends at Round Rock High School, we formed a group to go out and educate our peers and younger students. My friends and I knew drug use was a problem at our school. We had no idea how early kids were starting to use drugs. I came quickly face to face with this reality. When visiting a classroom of fifth graders to discuss the benefits of leading a drug-free life, a young girl, boney and pale with long blond hair raised her hand. When I called on her, she stood up and faced her class addressing them, not me. She said to her classmates, "You guys don't know how easy it is to get involved with drugs. I started smoking pot when I was in the second grade with my older sister. We have done everything from hits of acid to shooting up cocaine." As she told her story you could see a deep pain and anguish come over her face. Her eyes began to fill with tears. "Three weeks ago," the little girl said, "my sister nearly overdosed and died from cocaine. You don't know how easy it is to get involved with drugs."

The reality is most parents, community leaders and elected officials don't realize how easy it is for kids to get involved with drugs. No young person should have to go though that kind of pain and despair. Every adult needs to know how important it is that young people get clear and consistent messages from their communities, peers and adults that drug use will not be tolerated. In today's society, the norm is for many young people to try drugs. When our culture and media are fostering blatant pro-drug messages, it is no wonder our youth find it hard to say no to drugs.

And yes I agree it appears as if the country and our elected leaders have lost the will for addressing this problem. What I don't understand is why? We know how to prevent this problem. And on that point let me set one thing straight, prevention is not pork! Unfortunately, during the crime bill debate all prevention was painted with a broad brush as being wasteful and ineffective. But that is wrong. We know substance abuse prevention works! It is because of substance abuse prevention that we were able to cut drug use in half between 1979 and 1992. No other social issue can claim this kind of success. But now with no national will, no real leadership, a strong resurgence of pro drug messages in the media, reduced funding, and even elimination of entire programs, it should be no surprise that drug use is on the rise.

What puzzles me even more is that national polls show crime is the number one concern of the American public. One undeniable fact is the direct correlation between drug use and crime. Law enforcement officials estimate between 50–80% of all crimes are committed while the perpetrator is under the influence of alcohol or other drugs. Not only is there a direct relationship between drug use and rising criminal activity, but there is also a direct link to teen age pregnancy, domestic violence, sky rocketing health care costs, and the breakdown of the fabric of our society, the family.

The only real solution we have is to reduce the demand for drugs. You can ask any law enforcement official and they will tell you it is prevention that offers the only real hope. Building prisons alone will not break the cycle.

Medical experts will tell you that we cannot treat our way out of this problem. We have never been able to treat our way out of any epidemic this country has faced, why do we think we can when it comes to drug abuse and addiction? Prevention must be something we do from generation to generation. What Congress is talking about doing is like saying last year we taught first graders to read and they did quite well. So now we can take the money we used to teach reading and do something else. But what happens to the ones that will be in first grade next year?

Unfortunately, it is usually the squeaky wheel that gets the grease. So much of our national drug strategies and resources have been focused on interdiction and treatment. A pregnant crack addict on an inner city street or a drug raid with police kicking in 4 doors makes for great pictures on the evening news. A community task force meeting, a group of parents gathering to learn better parenting techniques, or a group of students practicing refusal skills in a classroom does not increase the ratings for the evening news and therefore does not receive attention from our policy and decision makers.

Three weeks ago I was here in Washington. D.C. with my organization's president to meet with members of our Texas congressional delegation. We saw almost every Member from Texas. We appreciated the time they took to listen to our concerns. There were those that understood the severity of this issue. However, what disappointed me most was that a number of them felt no urgency in addressing this problem. And even one freshman Congressman said the Federal Government has no role to play in the war on drugs; that this is a problem for States and local governments. Without any disrespect he was wrong. The Federal Government has a critical role to play. We must have national leadership. As we proved in the 1980's, with national focus and attention to this problem, we can make a tremendous difference in reducing the demand for drugs.

At a time when we need to desperately increase the volume against drug use, the Congress seems to be intent on not only turning down the dial, but eliminating the station altogether.

This Congress is basically trying to dismantle the entire prevention infrastructure.

Last week the House Appropriation Committee voted to send a recision package to the floor of the House of Representatives, now scheduled for a vote on March 15. The bill eliminates previously authorized funds for the Safe and Drug Free Schools and Communities Act. I understand from members of the subcommittee that the main reason the program was eliminated was to find money to pay for disaster relief in California. They are eliminating one of the most important programs that reaches every child in school from grades K–12 in America and works to strengthen the family and community by building healthy and drug-free youth. While trying to pay for one State's natural disaster, we are creating the potential for a serious national human disaster affecting every family in all fifty States.

Another proposal that alarms me is the tremendous youth development block grant proposed by Congressman Goodling and Senator Kassebaum. Basically, they want to take all the federal prevention dollars allocated for substance abuse prevention along with several other programs and send that money to the county level to be administered by local officials. The money would be dispersed by local youth development advisory boards and used for any type of youth development. In their proposal the make up of the boards does not include any substance abuse prevention specialists. We are talking about taking money now designated for drug education and giving it to local county governments to spend on any type of general youth development. Now there should be a good debate on pork.

Equally disheartening was to see in the President's budget a proposal to consolidate the demonstration programs for the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment under the Substance Abuse and Mental Health Services Administration. Prevention and treatment are two very different approaches to dealing with the drug problem. Treatment tackles the problem at the back end. With prevention we are stopping something before it ever starts.

When I talk about national leadership, it has really been the Center for Substance Abuse Prevention that has been that beacon for the grassroots and community prevention programs. Through CSAP's demonstration grants we have gained a wealth of research that shows us what works and what does not. Consolidation would only pit treatment against prevention with each fighting for very scarce resources.

In this time of consolidation and cost saving, what might make sense is to consolidate all federal substance abuse prevention programs under one agency and/or create a separate drug abuse specific prevention block grant that would send monies to the States.

In closing, I too can say I was one of the many who voted for change in the last election. However the message this Congress received and the message I sent were not the same. Former Secretary of Health Education and Welfare during the Carter administration, Joseph Califano, summed up the real message for Congress and the administration in a recent article he wrote for the New York Times. Simply stated "it's drugs, stupid".

Mr. ZELIFF. I'm going to have to call a short recess for less than 10 minutes. As soon as two Members come back, we'll reopen. We have to go to vote, so we'll be right back.

[Recess.]

Mr. ZELIFF. The committee will reconvene. I think due to the lateness of the hour and meetings that apparently people have, we're going to limit the questioning to just if you have anything burning that you would like to ask.

Mrs. THURMAN. I do.

Mr. ZELIFF. You do? There you go. My partner from the other side has a burning issue.

Mrs. THURMAN. It's not burning. But I really need to ask Tod something.

Tod, since we're talking about the rise of drug use within our youth and you obviously are actively involved in this Partnership, at your school, what kind of peer pressure is put on, or is it just kind of casual and people just kind of hang out? Can you kind of give us an insight?

Mr. TOD HEDRICK. Well, it's more social, because there's kind of two groups. There's a whole group of people who use drugs and a group of people who don't. And usually, they don't interchange. So I think it's more social than—if you're in a group, then you already use drugs or you don't.

So you usually stick with that. And I think it's much more casual rather than—by the time kids get into high school, they usually know how to deal with peer pressure. Either they're going to give into it, or they're going to resist it. The determining factor is middle school, not really high school.

Mrs. THURMAN. I taught middle school for 9 years. I tend to agree with you. And I have a 16- and a 17-year-old, so I can appreciate that. Let me just ask one very quick question, as well. Because of your participation—do kids give you a hard time?

Mr. TOD HEDRICK. If I was in the local paper, yes. That's why I asked not to be. Yes, they would be giving me a hard time. And people who don't know me would end up hating me. So that's why I asked to be exempt from the newspapers.

Mrs. THURMAN. So it is tough for you.

Mr. TOD HEDRICK. I had to do it for myself and for the issue.

Mrs. THURMAN. I give you a lot of credit for that. Actually, I give all of you credit. And I wish we had more time to ask questions.

At this time, Mr. Chairman, however, I have been asked to put into the record a letter to Ms. Meek from parents in Dade County public school system that actually reiterate basically what I've heard today from this panel about the Safe and Drug-Free Schools as to the difference it made in their lives.

Mr. ZELIFF. Without objection, so ordered.

[The material to be supplied follows:]

TO WHOM IT MAY CONCERN,

My nieces and nephews and their Friends are students in the Dade County Public School System in Miami. My son will be old enough to attend public school soon. We recently heard that the government is considering eliminating the Safe and Drug-Free Schools programs throughout the Nation. Here in Miami, I have seen the benefits of these programs, they have helped a young relative of mine yet off of drugs and another one out of a gang. The drug and gang situation down here is very bad. The Safe and Drug Free Schools programs have definitely helped in de-

creasing these problems. They gave the lives of these kids, as well as the potential victims of their crimes. The police in our area have witnessed the success of these programs as myself and my family have. These programs really make a difference. Please don't cut these programs, as doing so will insure an increase in drug use and crime.

Thank you,

ELIZABETH HARGROVE

Mrs. THURMAN. And second, since we're doing tapes—and I really wish we could have seen this—I would also like to put in the Partnership PSA that President Clinton has done also as a part of our record.

Mr. ZELIFF. Without objection, so ordered.

[NOTE.—The vidoetape may be found in subcommittee files.]

Mrs. THURMAN. Thank you.

I thank all of you for being here. And keep up the good work. We need people like you. The other statement that I would say to you is, I do believe that we as leaders and those people within our communities, that we need to buildup the good things that we're doing out there and not always talk about the bad.

Because when we talk about the bad, it gets a lot more publicity. I think there's a lot more good out there than there is bad. I think that is part of our responsibility. Thank you.

Mr. ZELIFF. I would like to follow up with one quick question. You've heard a lot of testimony today. And we're trying to meet the challenge of refocusing the drug war. What single recommendation do you have for us as you've listened to this testimony?

Mr. TOD HEDRICK. Well, I think it definitely has to start here, and people have to know that it's being made an issue here, such as George Bush addressed the country on it during his term. I think President Clinton definitely has to do the same in order to really make it an issue. Because every single kid in my town knew about that speech that George Bush gave. And they definitely took that into account when they decided on drugs. And I think that the primary thing is education in the elementary schools and middle schools, because kids are still influenced, and they're still going to listen to adults. By the time they get into high school, you can't really turn back.

Mr. ZELIFF. And I think what I'm hearing you say is that we need to lead by example, whether it's the President of the United States or Members of Congress or community leaders, your Dad, your Mom, your relatives, you.

You are really important. If you are giving a good example and all of us provide that example, then it works its way all the way through. And then we get the message that drugs are no longer acceptable.

Mr. TOD HEDRICK. Exactly.

Mr. ZELIFF. And that's really what the goal is, isn't it?

I would just like to ask Mr. Heard a question. You mentioned youth development program, and we have heard a lot of programs in the community. And there are so many different agencies and so many different limited resources around.

How best when it comes to the prevention programs—that your working with, how do we hold programs accountable, so that we can know for sure if we have a good return on our investment,

whether the funds should be still committed to that particular program or not?

Mr. HEARD. I think that you need to require prevention programs, treatment programs, whatever, to have a very serious evaluative component. One of the reasons the Drug-Free Schools Program has come under criticism, particularly from Governor Engler, is that program doesn't require an evaluative component.

Or if it does, only by law—in the legislation, only 3 percent of those funds can be used for evaluation. Well, with 3 percent of your money, you can't really scientifically figure out very well if what you're doing is working or not.

You look at what's happening with CSAP, the Center for Substance Abuse Prevention, and their demonstration projects and the money that they put into finding what's working and what's not working.

It's really sad that we potentially could be losing a program like the Safe and Drug-Free Schools program because of one or two States' Governors can't get control of that money and have influenced this Congress, whereas in my State, the money is working very well in Texas. And in my State, we have data to show less violence in the school, less drop-out rate.

There are some direct correlations that we have been able to find as a result of that. But we have put a little money into evaluation. And we need to require all States to be doing that. And particularly with that program, I think that would give little safeguards there to prove that that's working.

Mr. ZELIFF. Good. Thank you.

This concludes the first in a series of hearings that we will have relative to the drug problem in America, and the programs that we need to come up with to deal with it and the accountability, leading by example, and getting a focus from the White House on down. All of our roles are very vital to the future of our country.

Frankly, we have a tremendous opportunity before us. Today will provide a good opportunity to refocus the message, and try to get back into a drug campaign to put America back on track. I believe that we have done some good, with what we have done here today.

We will be meeting with Dr. Brown within the next 30 days; we'll have that classified briefing that he talked about. We'll have another hearing. We'll do everything we can from our end of it to somehow make this a success. We thank you all very much for your participation.

[Whereupon, at 4 p.m., the subcommittee meeting was adjourned, subject to the call of the Chair.]

EFFECTIVENESS OF THE NATIONAL DRUG CONTROL STRATEGY AND THE STATUS OF THE DRUG WAR

THURSDAY, APRIL 6, 1995

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE,
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT,
Washington, DC.

The subcommittee met, pursuant to notice, at 8:10 a.m., in room 2154 Rayburn House Office Building, Hon. William H. Zeliff (chairman of the subcommittee) presiding.

Present: Representatives Zeliff, Ehrlich, Ros-Lehtinen, Mica, Blute, Souder, Shadegg, Schiff, Thurman, Condit.

Staff present: Robert Charles, staff director/counsel; Steve Vincze, counsel; Judith McCoy, chief clerk; Michele Lang, professional staff; Ronald Stroman, minority deputy staff director; Donald Goldberg, minority assistant to counsel; Cherri Branson, minority professional staff member; Elisabeth Campbell, minority staff assistant.

Mr. ZELIFF. The Subcommittee on National Security, International Affairs, and Criminal Justice will now come to order. This hearing is to continue our review of the President's National Drug Control Strategy and to evaluate the status of the drug war.

Before swearing in the witness and recognizing Members for questions, the Chair would like to welcome Dr. Lee Brown, President Clinton's Director of the Office of Drug Control Policy. Welcome, Dr. Brown.

Mr. BROWN. Thank you.

Mr. ZELIFF. Dr. Brown is here in continuation of the hearing that began on March 9, when he appeared along with former First Lady Nancy Reagan, former Drug Czar William Bennett, former DEA head Robert Bonner, and other distinguished drug policy experts.

Dr. Brown, it is a pleasure to have you here today and we thank you very much for coming back and resuming questions and adding, I guess, additional testimony in this very, very important subject.

As is the custom of this committee, we appreciate the opportunity to swear you in. Raise your right hand.

[Witness sworn.]

Mr. ZELIFF. Let the record show that the witness responded in the affirmative.

The way we are going to do this in agreement with the minority, the hearing will be concluding at 10:30 this morning. The Chair will recognize each Member for 5 minutes of questioning. Once all Members have had the opportunity for their questions, the Chair will recognize Members for a second round of questioning.

We will hold opening statements to the Chair, the ranking member, the committee chair, and the committee ranking member, and all other Members will be given an opportunity to include their statements in the record.

Without objection, so ordered.

In our hearing on March 9, featuring Mrs. Reagan, we began the process of evaluating both the National Drug Control Strategy and where we stand in the drug war. As we noted on that day, nationwide surveys clearly show that over the past 2 years something very, very formidable and frightening has begun to happen: Drug use is again rising steeply, especially among the Nation's children, reversing a decade-long downward trend. More kids are able to afford, and more kids are today using highly potent, dangerous drugs, including heroin, crack cocaine, LSD, inhalants, stimulants, and marijuana. Surveys done in 1993 and 1994 show that for every grade level surveyed and for every drug that I just mentioned, use is up. This is a "first" for casual use and it delivers an ominous message. Our Nation is more at risk than most people realize and it's very dangerous.

That is why, Dr. Brown, we have brought you here again today—and your offer to attend the second hearing is very much appreciated—to talk about this problem and start thinking about ways to reverse this great tragedy.

Since our first hearing, some outstanding articles have been written on the exploding drug problem. In one article, a prominent journalist came forward to discuss his battle with heroin. Over the past 2 weeks, the Washington Post carried an excellent series of articles describing the brutal infiltration by Colombia's Cali drug cartel in our own society. Quoting one of these articles, the Washington Post wrote, "The Cali cartel is increasingly using violence to protect its lucrative U.S. cocaine market. They are trying to do things in this country similar to what they do in Colombia."

This week the Post carried another story similar to stories that have appeared in Los Angeles Times, New York Times, and Dallas Morning News recently. The Post zeroed in on Mexico and the newly powerful Mexican drug cartels. The Post article mentions, "What makes the expanding role of Mexico in drug trafficking especially dangerous is that the fight in Colombia is among the most powerful cocaine cartels is widely viewed as being lost."

What we are learning, among other things, is that the administration's open reduction of drug interdiction efforts, its reduced emphasis on drug-related financial crimes, its shift of precious resources into treatment of hardcore addicts, and its willingness to tolerate unaccountable, invalidated, and often ineffective prevention programs is getting us nowhere. In fact, as internal documents indicate, it is now threatening our Nation's national security.

Since the last hearing, our offices have been flooded with letters and calls from parents, citizen groups, school teachers, police officers, and many people that are involved in the drug war and others

saying that they think that we need to get our Nation back on track and we need to get on with a much more effective effort.

We cannot become a Nation beholden to violent drug lords, whether it is Colombian, Mexican, or North American. We cannot become a Nation satisfied to watch Hollywood glorify drugs, and watch more kids using drugs each year. We have got to find and pursue a strategy that will work.

So, Dr. Brown, we turn to you. We have some limited time today to level with each other, to send a message that we need to return to strong interdiction, strong anti-drug financial crimes enforcement, strong validated accountable prevention and education programs. And we need Presidential leadership, your leadership, our leadership, our Nation's leadership, and everyone's leadership if we are ever going to win this drug war.

With these commitments, I am confident that we can regain control, work together to frame a strategy that will work to turn back the tide of illegal drug use and cartel-driven violence. Without these commitments, I am equally convinced that our national security is increasingly at risk.

I look forward to a frank dialog today, but I also want to thank you again for coming to discuss a very tough problem at a very tough time. Your job is not easy and I think most of us appreciate that. Again, we welcome you and we look forward to your testimony.

The Chair now recognizes the ranking minority member, my good friend, Karen Thurman of Florida, for opening statements.

Mrs. THURMAN. Good morning, Mr. Chairman, and thank you. I will be brief. First, Mr. Chairman, thank you for your continuing commitment to this important issue and for holding this series of hearings. Let me reiterate that I intend to work with you and the other members of the subcommittee in a nonpartisan and constructive manner to help find solutions to the drug problem facing our country.

I also want to welcome back Dr. Lee Brown. We do appreciate you coming in early this morning and giving as much time as you have, and we look forward to hearing more of your insights.

As our first hearing on March 9 clearly indicated drugs remain a serious problem among our Nation's youth. While we will continue to debate the merits of policies such as prevention efforts versus interdiction strategies, let me join with Chairman Zeliff and pledge my full support to you, Dr. Brown, and offer any assistance that I can provide.

This subcommittee's mission should be to work together with the administration in providing that assistance and to find those solutions that work. I just again want to thank you very much for being here and look forward to your remarks today.

Mr. BROWN. Thank you.

Mr. ZELIFF. We would like to start with the testimony of Dr. Brown. Your full written testimony will be included in the record, but if you would like to summarize, or start out with any preliminary remarks.

STATEMENT OF LEE BROWN, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

Mr. BROWN. Thank you, and good morning, Mr. Chairman and members of the subcommittee. I am pleased to appear before the committee once again and I am glad to be able to accommodate the chairman's time constraints so we can be here at 8 a.m.

It is my understanding that today's hearing is actually a continuation of the subcommittee hearing held on Thursday, March 9, at which time I testified about the President's 1995 National Drug Control Strategy which was released on the 8th of February. Unfortunately, at that time there was insufficient opportunity for the members of the subcommittee to ask all of their questions.

As you know, Mr. Chairman, I have not prepared separate testimony for today's hearing, but I am delighted to be here today to respond to all of your questions. Thank you.

Mr. ZELIFF. Thank you, Dr. Brown. We left off in terms of your testimony and the questions at the last hearing with an unclassified letter dated December 1, 1994, from Admiral Kramek, the U.S. Coast Guard Commandant and President Clinton's Interdiction Coordinator. It was a letter to you as Drug Czar and it dealt with the adequacy of interdiction resources.

Do you recall that letter?

Mr. BROWN. Yes, sir, I do.

Mr. ZELIFF. And we provided you with another copy today, I believe.

Mr. BROWN. I have a copy of it.

Mr. ZELIFF. OK. I guess before we get into other areas I would like to focus on that letter. On March 3, 4 days before we met in my office, and 6 days before our last hearing, I asked you in a hand-delivered letter to bring with you, "Any communications received by you from the administration's Interdiction Coordinator regarding the adequacy of interdiction resources."

Do you recall receiving that request?

Mr. BROWN. Yes, I do.

Mr. ZELIFF. And I guess one of the questions that we had, because it is relative to how many other letters are out there, we were a little concerned that you did not provide us with this information that was unclassified, did not recognize or indicate any reference to it. And I am just wondering why we had to get this information from another source?

Mr. BROWN. Mr. Chairman, there is a reason for that. This letter was attached to a classified document. As I indicated, I would be delighted to give you a classified briefing on the issue. That is the reason you did not receive this document.

To my knowledge, all the unclassified information we had at our disposal was provided for you. But, again, the reason this was not supplied was because it was attached to a classified document.

Mr. ZELIFF. We understand that the attachments were classified. The letter was not. And that was the only question that we had is why we had to dig so hard to get it.

I guess my question would be, are there any other letters that are pertinent and that we should receive that are very similar?

Mr. BROWN. To my knowledge, we provided you with all that you asked for.

Mr. ZELIFF. On the letter itself it refers to the conference. And I will just ask you, the conference on October 25, were you at that conference?

Mr. BROWN. I'm sorry, I didn't hear your question.

Mr. ZELIFF. OK. That letter refers to the conference that was held on October 25.

Mr. BROWN. That is correct.

Mr. ZELIFF. I assume you were—all right. Admiral Kramek stated, "I reaffirm my conclusion that we need to restore assets to the interdiction force structure."

You are familiar with the contents of that?

Mr. BROWN. Yes, sir.

Mr. ZELIFF. What was your feeling after being there at that conference and then the followup letter from the admiral relative to the content in that letter?

Mr. BROWN. Let me try to put it in context. One of my responsibilities is to coordinate on behalf of the President this country's counter narcotics efforts. The President issued a Presidential Decision Directive 14. In that directive he authorized me to be able to appoint an Interdiction Coordinator. I chose to appoint the Commandant of the Coast Guard for a variety of reasons, most important the Commandant is very competent in addressing the issues. I have great confidence in his ability. Admiral Kramek is doing an outstanding job.

He and I co-hosted the conference. We worked together to bring together the relevant players in the interdiction effort to determine what we need to do. We had a very productive conference. He is carrying out his responsibility. He is responsible for looking at the threat of interdiction—for interdiction purposes and making sure that our assets are in the correct place. So he is doing his job and he submitted to me a recommendation based upon that.

His responsibility, however, differs somewhat from mine. For example, if we had a person who was responsible only for prevention, they would focus only on the preventive aspects. If someone is responsible only for law enforcement, they would recommend to me issues dealing with only law enforcement.

I have responsibility for the totality of this Nation's counter narcotics efforts, starting with enforcement, prevention, education, treatment, our interdiction efforts, as well as our international efforts. I point that out because I have to look at the issues comprehensively in making sure that we have a balanced approach to address the counter narcotics problem in this country.

And so there are no surprises in his correspondence to me. The admiral and I talk on a regular basis. We meet and, as I said before, I have great confidence in what he is doing. He is doing a great job for this country.

Mr. ZELIFF. He certainly has got a great reputation and it's no intent on my part to discredit that, do anything but to compliment the great job that he is doing. But based on the letter and based on the consensus of agency heads during the conference, apparently there is indication in that letter that says that we must return to 1992/93 levels of effort on interdiction in terms of assets, restoring assets to the interdiction force structure.

The question would be what was done with that request? I believe the letter refers to the fact that he asked you to bring it to the attention of the President, and I'm just curious if that was done.

Mr. BROWN. What I think is important in looking at all aspects of our counter narcotics efforts is to make sure that our funds are spent in the most cost-effective way. To say we want to return to a specific level like 1992/93 does not provide me with the appropriate information upon which to make decisions.

For example, during that timeframe this Nation was purchasing a great deal of equipment, our capital investments. And as a result of that, those assets are now in place so it would not be necessary to have a budget at this time that is predicated upon an investment in our airplanes and helicopters and other equipment to address the issue.

But where are we now? I am working with the Interdiction Coordinator to do a complete assessment of our interdiction efforts. By that I mean taking a look at what is the threat as we see it today, what are the resources we have to address the threat, and what is the void. And then once we come to a conclusion about what we need, then we can make some decisions based upon what other resources are necessary to carry out this Nation's interdiction program.

Mr. ZELIFF. So on December 1, he wrote you a letter requesting a return to the previous assets of 1992/93, asked you to bring this to the attention of the President. This is a consensus of all agency heads. You, apparently, made a decision yourself not to do that and you are now several months later addressing whether, in fact, that request was justified?

Mr. BROWN. I am in the process of working with the Commandant to determine exactly what we need based upon a complete assessment of the drug threat to this country, what are we doing to address that threat through all of our resources, and then making a determination as to what are the budgetary implications of that.

Mr. ZELIFF. Did you ever bring it to the attention of the President in terms of reviewing what happened on the October 25 meeting and, very specifically, the request from Admiral Kramek?

Mr. BROWN. The specific request was never given to the President, but I do meet with the President and speak with the President on a regular basis about the drug issue. In fact, the President has been very much up front in addressing this issue, talking with all elements of our counter narcotics effort, military and others, engaging them in addressing the drug issue.

Mr. ZELIFF. So you——

Mr. BROWN. The answer to my question is that what we are doing right now is taking a look at our interdiction efforts, what strategies are used by the drug trafficking organizations, what are we doing in response to that.

And coming up with something I think you would appreciate also is making sure that our resources are used in a manner where we get the most from the efforts that we put forth. I think that is the reasonable thing to do and I consider that to be one of my responsibilities.

Mr. ZELIFF. October 25 was about 6 months ago and, apparently, all agency heads certainly put up the caution alarm, if not the cry for help. You elected not to present this message to the President. We are now 6 months later and we are reviewing whether, in fact, the consensus at that point was legitimate and do we really need additional interdiction efforts.

Am I understanding what you just——

Mr. BROWN. I will try to clarify it so there will be no need to guess about what I am saying. I may be repeating myself in some respects, but we did co-sponsor a conference bringing together the appropriate actors in our interdiction efforts. We looked at what we are doing. We looked at the threat.

As a result of that, the Commandant did send me the letter which you make reference to. The letter suggests we go back to a certain point in time and fund our interdiction efforts at that level.

My response was that we need to take a look at our budget. I think the Commandant would point out very vividly himself that he supports the policy that we have for interdiction in this country. He supports Presidential Decision Direction No. 14 calling for the controlled shift to the source countries. He supports the efforts to take a careful look at what we are doing to make sure we use our resources in the most cost-effective way.

And what we are doing right now is working with the Interdiction Coordinator to make sure that we have a clear understanding as to what do we really need, and not taking an arbitrary point in time where the budget may have been at one of its highest levels, and being at a higher level basically because this Nation was purchasing the necessary capital equipment to carry out the job. That would be helicopters, vessels, aircraft. We have those things in place right now.

But what we need to do is determine what do we need to do to fill whatever void exists in helping us carry out the policy of this country to deal with interdiction.

Mr. ZELIFF. Isn't it true that during the last 3 years President Clinton has overseen cuts in drug interdiction budget of more than 12.3 percent?

And let me just refer you to Admiral Kramek's paragraph four, "This would properly place drug interdiction and counter drug programs as a whole in the context of the most serious threats to the American people and our national security."

Admiral Kramek was communicating his view that the administration's reduced drug interdiction effort poses a serious threat to the American people and our national security. Isn't that true?

Mr. BROWN. I think it would not be true to suggest that the President has cut the budget. As you know, the President requests and the Congress has the responsibility to appropriate.

If you look at what happened in fiscal year 1994, the Congress cut the Department of Defense budget by some $300 million. This is occurring at the same time that a policy change took place where the decision was made, based upon an 8-month study by the National Security Council, to make a controlled shift—I'll use the word control because we used the word control in studying that policy—from interdiction in the transit zone to greater efforts in the source country.

Now, why would we do that? When we first started the counter narcotics effort in this country, the drug trafficking organizations were sending their drugs over in general aviation. We used the military, used Coast Guard. We used all of our resources and we made a difference. They changed their strategy. And because they changed their strategy, it is incumbent on us to change our strategy. This was not an arbitrary decision. This was the decision made after about 8 months of study of this issue by the National Security Council, which involves an inter-agency effort.

Now, once we made the policy change, Congress got ahead of the policy by cutting the Department of Defense budget by some $300 million; thus, we have a good policy calling for a shift, but nothing to shift. At the same time we wanted to place a greater emphasis in the source countries but, at the same time, the Congress cut State Department's budget by some $200 million.

But what do we end up with? We end up with a policy that calls for a shift in interdiction from the transit zone to the source countries, but a half a billion dollars cut in our interdiction budget. And, thus, the policy is still the right—a good policy, but we do not have the resources that we requested to carry out that policy.

Mr. ZELIFF. Before I turn it over to Mrs. Thurman, I guess my concern would be if the President had the drug issue on the front burner and as one of his major considerations in terms of his leadership and there was a meeting on October 25 of all agency heads that you were co-hosting with Admiral Kramek, and I guess I would probably want to be informed of the fact that my Interdiction Coordinator is asking for some resources, a return to 1992/93 levels, and is raising some red flags in terms of his ability to get the job done. My guess is, is somehow I would have wanted that communicated to me, and it concerns me that 6 months later we are finally starting to take a look at that.

Mr. BROWN. Can I answer that, Mr. Chairman? It would be inaccurate to assume that I am not communicating to the President on this issue. The President is very much concerned about what goes on in the drug issue, and we talk on a regular basis.

I think you could appreciate that if you were in my position you would not take an issue to the President without having the backup material to justify your request. I think that is incumbent upon me to do that and I will not do otherwise. I will make sure that I have the adequate information to present to the President prior to making any recommendations.

And we also, as you know, have a process for addressing the budget issue. It is called the budget process, where we will present before the President any issue that is appropriate to address the issue.

In fact, the President allowed me to do something that is unprecedented in my office; that is to sit with him when he hears the appeals from the various agencies on their budget. I sit down with OMB when they address the budget issues so I am very much involved in it. I consider it to be my professional responsibility in this position to make sure I have the facts before I present a proposal to the President.

Mr. ZELIFF. Again, on October 25 you certainly had the opportunity with every agency head there and a consensus of all agency

heads to move forward. I am glad that you are going back through it and I hope maybe these hearings are helpful, but my concern is we are not moving fast enough.

Mrs. Thurman.

Mrs. THURMAN. Thank you, Mr. Chairman. Dr. Brown, how do you answer the assertion that source countries are merely taking U.S. aid without making any significant efforts to stop the drug trade?

Mr. BROWN. We would have to look at it country-by-country. I have had a chance to travel in the source countries and also the transit countries, starting with Mexico, for example. Mexico has done a great deal in taking over the counter narcotics efforts themselves.

At one time we were investing a considerable amount of money, millions of dollars, in Mexico but they have taken over the initiative and they are addressing it themselves. They have a lot more to do and we are working with them to achieve the objective because some 70 percent of the cocaine that comes into the United States comes through Mexico so we are very concerned.

Panama was a great major transit money-laundering country. They have enacted legislation to help address the money-laundering issue there. I visited with their officials to insure that they are doing what is appropriate to address the problem.

Colombia, as you know, that is where the major cartels are and we have had a chance to meet with their officials, including the President, to insure for our benefit that they are addressing the issue.

The same thing is true with Peru. I think Peru is on the way to being much more aggressive in eradicating the coca leaf that is grown there. I met recently with Bolivia. They have done a good job except in the area of eradication. Now they are moving forward on that.

So we have to look at it country by country, and that is what the certification process is about, where the President will certify to the Congress that those countries are doing or not doing a good job in addressing the narcotics issue in their country.

Mrs. THURMAN. Thank you. So what you are telling me, we are making these diplomatic overtures. We are trying to work with these countries to——

Mr. BROWN. Most certainly. If you recall, just a few months ago the President hosted the heads of some 33 countries in this hemisphere at the Miami summit. And out of that came a declaration of principles and one of the major declaration of principles dealt with the narcotics effort because all of us in this hemisphere recognize that the narcotic problem does pose a threat to this entire hemisphere.

It's not just an American problem. This is a global problem. It is recognized by those countries because a country may start off as a growth country, production country, or transit country. That country soon becomes also a consumer country so it is in their best interest also to address the drug problem.

Mrs. THURMAN. Dr. Brown, are these not the continuation of what had been strategies from previous administrations? Are we

not doing some of those same things or, if we aren't, what are the differences that we are doing?

Mr. BROWN. There are some things and also some policy differences. As would be expected, because you have a change in administration, the problem doesn't change and, therefore, overnight the process of some 50 Federal agencies addressing the narcotics issue in this administration or this country will not change.

In enforcement, for example, the kingpin strategy, the linear strategy, are still being carried on by this administration. Working with sustained economic development, sustained democracy, those are very important issues. Looking at the issue of institution building, those are issues that are being carried on.

The major policy difference we have implemented under the Clinton administration is the policy to change from less than effective interdiction efforts in the transit zone and place a greater emphasis in the source countries.

If I could use it as an analogy, if we were concerned about hornets going throughout a community then we are better off going to the hornets' nest and stopping them there rather than waiting until they spread throughout the community and trying to grab them one by one.

The same thing is being done in our interdiction strategy. We are better off going to the source of the drugs because we are more able to stop them there than waiting till the drugs leave the country and then spread themselves throughout our vast air, water and land borders.

Mrs. THURMAN. You mentioned Peru and some of the other countries. It is my understanding that drug trafficking is estimated to infuse about a billion dollars into their economy. In Bolivia the coca industry is estimated to generate about 10 to 15 percent of the GNP.

What steps has the Clinton administration taken to address the root economic causes of coca cultivation?

Mr. BROWN. There is no one answer. We have a number of initiatives that we have going, and let's take Bolivia as an example because I have visited Bolivia and had a chance to look at what they are doing.

Providing those countries with alternative means of making a living is a big part of what we are trying to do. Sustained economic development. And I point it out because we are not going to solve that problem overnight. We are going to have to have from this country, this Congress, and any administration, a sustained commitment over a period of time.

In Bolivia, for example, they have used the coca leaf for years. In fact, about one-third is used for legitimate legal purposes in their country for things like coca tea and toothpaste and chewing gum and things like that.

But we have to also not lose sight that we are talking about developing nations and so as we develop the ability to provide an opportunity for them to get out of the coca growth business, there must be other opportunities.

I visited, for example, a banana plantation that we helped establish there and I talked to the farmers there. And they were much more pleased to be able to be farming in bananas than coca leaf.

But we also have to look at their infrastructure. They do not have the roads that we have to get their products to the market. The drug trafficking organizations will fly in and get the coca leaf, where the banana marketing people will not do that.

So we have to look at it in that context. We have to have a sustained effort to insure that there is a sustained economic development while at the same time reforming their institutions, their judicial system, their police, and at the same time making sure that democracy is sustained in those countries, making sure that all the things that are necessary for a stable Nation are in place.

That is the commitment we must have over a period of time, not a 1-year, not a 2-year, but a long-term commitment to work with them in addressing this issue.

Mrs. THURMAN. Dr. Brown, with that, and are we then now working with our Eastern Bloc countries to assure that they don't get into drug trafficking that we have seen in other areas? What are we doing?

Mr. BROWN. As I briefly alluded to, this is really an issue that is global in nature. The major threat to this country at this time is still cocaine coming from our neighbors to the south of us. Heroin is also a major concern. Heroin is a big problem in many of our European countries.

So, yes, we are concerned about the former Soviet Bloc nations and the drug trafficking that comes through those countries. We are working with them. Many of our officials in the administration have gone to Europe to meet with them. We are working through the United Nations.

My belief is that we have to approach it on several levels. No. 1, we must have bilateral relationships with the countries of concern to us. By the same token, we must have a reasonable approach. In looking at what we need to do in this hemisphere, cocaine is a very important part of what we are doing. That is what the Miami summit was all about, to give us the mechanism for doing that.

And I might add that that was not the first summit we have had on the drug issue or a summit that dealt with the drug issue, so it is a continuation of things that have taken place over a period of years.

Then if we look at the threat of heroin, we are concerned more about countries in Asia, particularly southeast Asia and southwest Asia. And so the United Nations also play a very important part through their narcotics program.

My point being that we have to look at it at different levels—bilateral relationships, reasonable relationships, as well as through the United Nations on a global effort.

Mrs. THURMAN. Let me move on to just a little bit of a related issue—the Customs Service has been criticized for poor interdiction efforts on the Southwest border and, additionally, there have been allegations of corruption among Custom Inspectors.

Is there any substance to these allegations?

Mr. BROWN. As could be expected, any allegation alleging misconduct is being investigated and the investigation is designed to determine if there is validity to any allegation made against a Cus-

toms official. That is kind of the normal course of business. You know I come from a police background.

Mrs. THURMAN. Right.

Mr. BROWN. And any time there is an allegation of misconduct on the part of a police officer, we have in place mechanisms to do that investigation.

By the same token, I have recently visited the Southwest border, one trip with the Customs Commissioner to take a look at what we are doing there because we are very much concerned about the drugs coming across the border into the United States from Mexico.

And we announced a program that we call Operation Hard Line where we are adding more Customs agents to the border, we are using technology to assist us in our interdiction efforts, and we expect to make a difference.

Mrs. THURMAN. Thank you, Dr. Brown.

Mr. ZELIFF. I would like to now recognize John Shadegg, our colleague from Arizona.

Mr. SHADEGG. Thank you, Mr. Chairman, and I commend you for these hearings. Dr. Brown, I appreciate your coming back so that we could pursue these issues.

I have got to begin by laying a little bit of foundation here. I have a 13-year-old daughter and a 9-year-old son. I consider myself right on the edge personally of these problems, and I live in Arizona.

You have just made some remarks about Operation Hard Line and your efforts on the Southwestern border of the United States. That concerns me gravely.

I have to say as a freshman I am frustrated by this process. I think I would rather sit down and have a conversation with you at length in your office or in some living room where we could get into some of these issues because I find a huge gulf between what you are saying here and some of the evidence that we see and some of the testimony of some of the other witnesses that we have heard. And it bothers me deeply.

It's not that I want to make partisan issues here. It's that I want to find out what we're doing and I would like, I think, to hopefully persuade you that some of the things that we are doing aren't working.

Just now a minute ago in the testimony that you were just giving, you talked about more heavily relying on Mexican officials to deal with these issues in their nation. I will tell you that scares me to death.

In September of last year, a Phoenix police officer was murdered. We have—the gentleman that committed the murder fled to Mexico. The Phoenix Police Department and the Phoenix Police Law Enforcement Officers Association clearly want to capture this man, but he has gone to Mexico.

The police department and the law enforcement officers, the Phoenix police officers, have come to my office and to every other Congressman's office from Arizona and laid out this case. They know where he is, they know of Mexican officials who know where he is, they have gone to them and said they want cooperation to go and get him. They have been told point blank by officials of Mexico we will not assist you; he is deeply involved and highly

placed in drug trafficking in Mexico, production and trafficking, and we simply will not cooperate in any way.

That says to me that a strategy which relies more heavily on Mexico, as you have just outlined, is a disaster. Do you have a response to that?

Mr. BROWN. Sure. First of all, I am a father also. I have raised four children. I am a grandfather of six children. In addition to that, I have some 30 years in law enforcement, so I have seen the problem from many perspectives and so I come to you from that perspective, as a father, grandfather, and also someone who started a career as an undercover narcotics officer and had the opportunity to be in charge of major police departments—Atlanta, Houston, and the largest police agency in this country, New York City. That is my perspective. I am very much concerned about what goes on from that perspective.

You raise questions about whether this should be a partisan issue. I would look forward to sitting down with you. I will contact your office and set up a time to do so because I strongly believe we cannot make the drug issue and the byproducts of crime and violence a Democratic issue, a Republican issue, or an Independent issue. This is an American crisis that we have to work on together and I am delighted to hear that you agree with me on that.

Mr. SHADEGG. The specific concern I have is that your testimony just indicated that we are relying more heavily now—our policy, you just said, is to rely more heavily on the officials in Mexico to deal with this problem in Mexico. And I have just outlined current evidence that those officials don't want to help us.

Does that concern you?

Mr. BROWN. Well, I am concerned with the totality of the drug problem. We have had numerous meetings with the Mexican officials and if you listen to their newly elected president, he has indicated he is very much concerned about a number of issues, not only the narcotics issue but also the corruption problem.

Just recently I met with the attorney general who, for example, was appointed from the opposition party, which gives some indication that they are attempting to move ahead on the issue. I indicated that we have a new strategy, we want to place a greater emphasis in the source countries, that relates to what we think must be done.

The Mexican Government is relying more on its own resources. We are working with them because much of the drugs that come into this country come through Mexico and so we have to rely on them as an ally in addressing the drug problem.

But we, just as they are, are concerned about some of the problems. We have to understand very clearly the narcotics industry, drug trafficking, it's big business. Billions of dollars involved in this industry.

And as a result, it corrupts. It corrupts officials in every country where we have a serious drug problem. Mexico is no exception to that. But we are working with them. We have to rely on them as being a very important ally.

Our State Department has sent its Deputy who is in charge of the narcotics problem to Mexico on one occasion—more than one occasion. The President has sent a message there himself. I have

written to the President on a couple occasions about this problem, so we are engaging Mexico in a very aggressive way.

Mr. SHADEGG. Let me ask a specific question. Isn't it true that we offered the Mexican president use our Black Hawk helicopters for this issue and he refused them?

Mr. BROWN. The use of equipment that we have in our possession has been offered to the Mexican Government. We are still working with them to see if we can assist them in any way. So we are offering our services. Keep it in mind that——

Mr. SHADEGG. But they're not using them now?

Mr. BROWN. Keep in mind at one time the Mexican Government felt they could carry out their responsibilities without any equipment from the United States. Now we are reassessing that decision and we are looking at being of any help we can.

Mr. SHADEGG. I hope they will reassess it, but I hope we will reassess any reduction of our own effort inside Mexico because I simply don't believe they will deal with the problem effectively when they tell the Phoenix law enforcement officers, sorry, we will not help you get a murderer back.

You mentioned source countries and that your interdiction efforts now, and I think this perhaps is a change in policy, are focused on source countries. That testimony conflicts 100 degrees, polar extremes, of the testimony we got last hearing regarding the efforts at interdiction, regarding a kingpin strategy.

What evidence can you give me in terms of hard numbers in your budget that we are, in fact, going after the source countries and have a kingpin strategy?

Mr. BROWN. I'm not sure what question you're asking. What evidence can I give you that we have a strategy?

Mr. SHADEGG. What evidence can you give me that in fact, we are focusing our efforts now in a meaningful way on interdiction in the source countries?

Mr. BROWN. I can tell you that the kingpin strategy, or linear strategy, has not changed. Contrary to what anyone else may tell you, I sit in this position. I know what's going on day after day after day. Someone who may have sat in this chair some years ago does not know what's going on day after day after day.

Now, what evidence you're asking for I'll be delighted to provide; any information you want to tell you what our strategy is.

Mr. SHADEGG. Well, how about can you cite to me specific conversations between the President and the president of Colombia or some other source nation where our President has placed this as a top priority and elicited their help and gotten it?

Mr. BROWN. The President has corresponded with the president of Mexico. He has corresponded with other presidents of the countries and almost in every instance the issue of narcotics comes up. Why? Because it's a major problem not just for the United States. It's a problem for their countries as well. Just recently I know——

Mr. SHADEGG. I'm glad it comes up, but has he ever sought them out to discuss this issue, and can you give this committee some evidence of that fact?

Mr. BROWN. I'll provide whatever this committee would like to have. If you're asking for specific dates, we will come back with you and give you whatever information you are asking for.

Mr. ZELIFF. Could I just jump in and ask a quick question? It sounds like what you are saying in answer to some of these questions is that the interdiction strategy is working, and you obviously must feel that way. We sure have indications that it is not. We have the Commandant of the Coast Guard that's asking for more resources. He has referred to the fact that the interdiction strategy needs help and it's not working.

You are sounding like you are willing to commit to the fact that it is. Now, can you give us some evidence that it is?

Mr. BROWN. What I am telling you is we have the right strategy.

Mr. ZELIFF. You have——

Mr. BROWN [continuing]. The right strategy, the correct strategy, an adequate strategy.

Mr. ZELIFF. Which is centered on treatment.

Mr. BROWN. We're talking about interdiction right now, aren't we?

Mr. ZELIFF. Well, that's right. But the right strategy——

Mr. BROWN. Let me respond to the question. I'll give you an answer.

Mr. ZELIFF. OK, go ahead.

Mr. BROWN. As I indicated before, the President issued President Decision Directive 14. That directive called for a controlled shift from interdiction in the transit zone and a greater emphasis in the source countries. Let me tell you why that is the case. Let me use my own experience as a police officer again.

When I entered police work and up to just a few years ago, the conventional wisdom in policing was that we should randomly patrol the cities, the logic being if you showed up at random you prevent crime. We were doing the same thing, randomly patrolling out in the transit zone.

What we learned in policing, and now we know in our interdiction efforts, is a random patrol produces random results. We want more from our resources, our efforts, than random results. And, therefore, the switch took place where we went to a policy that's going to the source countries attempting to stop the drugs there.

The problem, Mr. Chairman, is not the policy. The policy is—the problem is that the Congress cut a half a billion dollars from our interdiction efforts and, thus, the budget got ahead of the policy.

Mr. ZELIFF. Is there any—do you have any evidence that the source country program that you're referring to is working?

Mr. BROWN. Let me repeat what I said again, that the budget of this Congress got ahead of the policy.

Mr. ZELIFF. So it sounds like it's not working.

Mr. BROWN. Well, I would not say—I think it's inaccurate to characterize it as not working because we know that about 1,000 metric tons of cocaine is produced annually. We know that we consume in this country about a third of that. We also know that we interdict about a third of it and a third of it is lost in transit or will go to other countries.

The fact that we can interdict about a third of the cocaine that is produced has very meaningful and significant implications for us. No. 1, we deprive the drug trafficking organizations of literally billions of dollars. They have to work twice as hard to supply the appetite of cocaine users in America. By the same token, every

time we make a seizure we also learn more about their drug trafficking operations, which gives us intelligence so we can continue our law enforcement interdiction efforts.

Now, do we need to do more? Absolutely we need to do more.

Mr. ZELIFF. The Chair would like to recognize John Mica from Florida.

Mr. SHADEGG. Mr. Chairman, reclaiming my time, I think I lost a fair amount of it here. I do have a few more questions. With regard to the issue of interdiction, you would agree with me, would you not, Dr. Brown, that the evidence showing a decline in interdiction does not establish that you are succeeding in those efforts?

Mr. BROWN. I don't agree with the chart that you have there because you are mixing two different things. Our interdiction effort is not geared at marijuana so if you put a chart where you have interdiction and marijuana use, those are two separate different issues.

Mr. SHADEGG. Well, let's just look at the interdiction line. The interdiction line shows a dramatic decline over the past few years. Do you dispute that?

Mr. BROWN. You say a dramatic decline?

Mr. SHADEGG. I would call it dramatic, yes.

Mr. BROWN. I can provide you with more information on that. My recollection is that the interdiction seizures have been rather stable over the years, not a dramatic decline.

Mr. SHADEGG. Let me ask you a different question. You would agree with me that drug use among school students is up at every grade level? That evidence is before us. Does that suggest that we are succeeding in our interdiction efforts?

Mr. BROWN. Keep in mind that we are the ones who commission those studies and what we find is starting back in 1991, prior to this administration, I might add, that the drug use started to—well, let me just read into the record something I did last time to help us develop an understanding because there appears to be some indication that drug use started in January of—when the President took office. That is just not the case.

As I read into the record and want to do it again, this is a document in the files of my office dated May 1, 1992, and it says, "Policy makers in the Office of National Drug Control Policy have concluded that in 1991, 1991, both the supply of and the demand for cocaine increased from 1990, precisely the opposite outcome expected by the President's Drug Control Strategy."

Now, this is something that was here before we came. I think it is incorrect to make assertions that the drug problem started in this administration.

Mr. SHADEGG. Well, I'm not making that assumption at all. If it increased in 1990 and 1991, that's bad. But it looks to me like it is increasing now also.

Mr. BROWN. It is increasing. We all have to be very much concerned about that. That is why I was offended that the Congress would take back all the moneys that we have for the Safe and Drug-Free Schools program.

Mr. SHADEGG. One concluding remark, very quick. I hope to get a second round of questions.

Mr. ZELIFF. You will have that opportunity.

Mr. SHADEGG. Let me say just quickly that I believe children see through hypocrisy instantaneously. I know my children do. And I don't envy you your job. It seems to me that we have a serious credibility problem in America when the President, in fact, cuts funding for this program by 2000 percent when he takes office and when Dr. Joycelyn Elders makes the comments she makes, for me to go to my children and try to claim to them, that we have a consistent policy in this country which discourages drug use.

Mr. BROWN. The President has not cut the program that you are referring to. The Congress has been the one. The recision package just passed by the House took $472 million from our Safe and Drug Free Schools program for other purposes.

And to me that's outrageous that if you have what you identify as drug use amongst our young people going up, that you take back all the funds, almost all the funds, for the only program we have in this Nation to educate our young people about the drug problem. That's where we have the problem, Mr. Congressman.

Mr. SHADEGG. The President's first budget reduced the funding for your office from $101 million down to $5.8 million.

Mr. ZELIFF. OK, thanks, John. We will give you another shot. I think you've got some good material. I know that you have some additional questions.

John Mica from Florida has been a leader in this effort. John.

Mr. MICA. Thank you, and I didn't get to my second round last time. I appreciate the courtesy of the chairman.

Dr. Brown, thank you for coming back also. This week the administration—an official of the administration, DEA Deputy Administrator—that's the Drug Enforcement Administration Administrator—and a top State Department official told the Senate Foreign Relations Subcommittee on Western Hemisphere—let's see, they testified, "the drug trade is at its worst level ever with Colombia still the hub of shipments through—and shipments through Mexico on the rise."

Do you concur with that statement?

Mr. BROWN. I would not disagree with that. We do have a very, very serious drug problem. Mexico is a major source country—transit country.

Mr. MICA. OK, now let's talk about cocaine for a minute. Now, 90—what percentage would you say of the cocaine comes through Colombia, Bolivia and Peru?

Mr. BROWN. About three-quarters of the coca leaf is grown in Peru, another quarter is grown in Bolivia, and the drug cartels are——

Mr. MICA. So it's about 99 percent, 99.44 percent of the cocaine——

Mr. BROWN [continuing]. Comes from those countries——

Mr. MICA [continuing]. Comes from those three countries. Now, they also testified—Mr. Green said Colombia produces 75 percent of the world's cocaine, or it's coming out of there as an end product. Is that correct? This is the administration official in testimony this week.

Mr. BROWN. Well, Colombia would be the home of the drug trafficking organizations. Is that what you——

Mr. MICA. And where they process the cocaine?

Mr. BROWN. That is correct.

Mr. MICA. In the early 1980's, I was involved in the U.S. Senate and helped draft some of the language relating to certification. And I remember when we put the certification language together we modeled it really after human rights violations and we said when a country didn't take steps to curtail its drug trafficking, just like in improving humanitarian and human rights efforts, we would decertify that country.

Why hasn't President Clinton and you recommended that we decertify Colombia?

Mr. BROWN. Colombia was decertified. They were issued—the country was issued a national interest waiver because it is in the best interest of the United States to continue to work with Colombia in addressing the very serious drug problem.

Mr. MICA. Would you recommend to the Congress that the most favored nation status given to, as far as trade for Colombia be repealed?

Mr. BROWN. The certification process involves——

Mr. MICA. No, this is most favored nation trading status. Would you recommend to us that——

Mr. BROWN. I have not looked at that as an issue, but I might add——

Mr. MICA. But you said that we should use whatever means available to try to elicit support or attention to these problems. Now, we've got 75 percent of the cocaine coming out of that one country, processed cocaine. What means should we use?

Mr. BROWN. First of all, we are not going to deal with the problem by isolating any of those countries. We have to work with them. I might also add that we did not certify Colombia but gave a national interest waiver. If the Congress disagreed with that, then the Congress had 30 days to do something about it. The Congress did not do anything about it.

Mr. MICA. Are you recommending to us that we decertify Colombia and that we also change the trade status?

Mr. BROWN. I have not made a recommendation to you on anything.

Mr. MICA. I would look forward to that. Now, the other point here is we have heard more about Mexico and your officials have testified to us that Mexico is becoming the Colombia of tomorrow, today actually. And we have traced the corruption and drug trafficking to the very highest levels of Mexico. In fact, it's—in the last administration I dare say it was in the President's office.

In fact, even 2 weeks before this administration recommended former President Salinas to be the head of the World Trade Organization, it is my understanding officials from either the Treasury Department or one of the U.S. agencies briefed administration officials relating to the corruption at the highest levels and that might even involve President Salinas, and yet we went on to recommend him for WTO representative.

Are you aware of any of this information or activities or briefings?

Mr. BROWN. If we look at the issue that you raise about Mexico, Mexico was certified because in 1994 under the Salinas administration their seizures went up. We found that their seizures of precur-

sor chemicals went up and I am encouraged by the actions and what is being said by the new President. He has publicly stated that narcotics trafficking represented the single greatest threat to Mexican national security.

Mr. MICA. That is the current President?

Mr. BROWN. That is correct.

Mr. MICA. All right, but I am saying the former president, even his cousin was—we have information that he was running a drug landing strip. We have two members of his cabinet under investigation. We have the death of the highest religious officials in that country and this administration is recommending the former president to head the World Trade Organization?

Did you ever send a communication saying that you thought this was bad? Did you have any knowledge that these folks were involved at these levels and that——

Mr. BROWN. I did not send any communications to that effect.

Mr. MICA. OK, let me ask you another question. You said much of the drugs that come into this country come through Mexico.

Mr. ZELIFF. John, this is going to be the last question, and then we'll go to Mr. Schiff.

Mr. MICA. My final question. And you mention that we have to—and I think your words were we also have to use bilateral agreement—bilateral relations or things to try to get their attention. Now, I would say that trade and finance assistance probably are our biggest handles on trying to get their attention.

This administration just approved a $20 billion bailout for Mexico, and is there communication from you or from the President of the United States to the Mexicans saying that there are any conditions or that we want attention being paid to the drug trafficking which we now see in every—every bit of evidence, Mexican cartels expanding, Mexico's drug stain, drug lords influence pervading Mexico. Every one of these say that Mexico is heavily involved. We have the biggest handle we have probably ever had with a $20 billion bailout.

Have you or the President sent any communication or attached any caveats to this money to Mexico in the bailout?

Mr. BROWN. I have not sent any communications. I can't tell you what the President has sent. I can tell you from my knowledge that there has been a general understanding that the Mexican Government would increase their cooperation with the United States in dealing with the counter narcotics issue.

But one other point I want to make before your question has ended is the fact that the legislation passed by this Congress for certification has been taken seriously by this administration. The President has been tougher in using that legislation than any other administration. And if the Congress is not satisfied with the decision of the President, then you have 30 days in which to do something different. The Congress did not.

Mr. MICA. I would still like your recommendation.

Mr. ZELIFF. Congressman Schiff.

Mr. MICA. Thank you, and I yield back.

Mr. SCHIFF. Thank you, Mr. Chairman. I would like to begin by just congratulating you and our ranking member for continuing

this hearing and welcoming you back, Dr. Brown. Thank you for being here.

Mr. BROWN. Thank you.

Mr. SCHIFF. I would like to begin by going back to some budget issues that have been raised in previous questions. I would like to ask, are you familiar with the Financial Crimes Enforcement Network, which I believe is part of the Department of the Treasury?

Mr. BROWN. FinCEN. Yes, sir, I am.

Mr. SCHIFF. I think it's known—it's known by FinCEN for short, I do believe.

Mr. BROWN. Yes.

Mr. SCHIFF. And it is my understanding that pursuant to the Anti-Drug Abuse Act of 1988, you are required to sign off as to whether the funds they have authorized for their activities, which include anti-drug activities, are sufficient.

Mr. BROWN. I am required by law to certify the budgets of all the drug control agencies at the Federal level, including FinCEN.

Mr. SCHIFF. And I have a copy of a letter that I am told is unclassified. It is dated December 6, 1994. I believe it is in a packet that you were also presented here today in which you signed off that there was a sufficient budget.

And if I may quote in part, this is a letter from you to Secretary Lloyd Bentsen of the Treasury Department, "Pursuant to my responsibilities and authorities as described in the Act, I have completed my review of the fiscal year 1996 drug budget submissions of the Department of the Treasury. I certify that your request is adequate to implement the goals, priorities, and objectives of the National Drug Control Strategy."

That is a letter where you are signing off on the budget December 6. Do you recall that?

Mr. BROWN. Yes, sir, I do.

Mr. SCHIFF. Well, I tell you why I bring that up. I have a copy of another letter that I am told is also unclassified. It is dated September 28, 1994. It is a letter from you, sir, to Mr. Stanley Morris, who is director of the Financial Crimes Enforcement Network.

And here is how this letter reads,

> Pursuant to my responsibilities and authorities, I have completed my review of the drug budget submission for the Financial Crimes Enforcement Network for the Fiscal Year 1996. This budget submission seems to reflect a serious shift of resources away from the drug program to other international criminal activity. I am seriously concerned whether the level requested for drug-related resources is adequate to implement the goals, priorities and objectives of the National Drug Control Strategy.

Now, that letter you submitted on September 28, 1994.

Mr. BROWN. That is correct.

Mr. SCHIFF. Well, what I would like to know is what happened between September 28, 1994, where you appear to have objected to the budget as proposed by the Financial Crimes Enforcement Network, and December 6, 1994, where you signed off in approval of that budget.

Mr. BROWN. By law I am required to certify the budgets of all of the Federal agencies involved in drug control, certify that they are adequate to meet the President's Drug Control Strategy. I do that in a letter form. You have read the letter to the Secretary and

one to Stanley Morris, who is director of the Financial Crimes Enforcement Network.

The one to Mr. Morris went out first where we raised the issue about reducing the budget from 80 percent drug-related to 50 percent. As a result of that, we had an explanation provided to us. First of all, FinCEN is a service agency. They service Treasury, and Justice. As a result of that, they are not operational. They are not conducting investigations.

They pointed out that the various agencies they serve are asking for their services on other matters in addition to the drug issues. On other criminal matters, they are asking that services be provided to them.

Even that being the case where it went from 50 percent to 80 percent, in 1995, fiscal year 1995, their budget was $11.3 million. Our request for this year is $12.2 million, which is an increase even with the 50 percent being scored as drug-related.

Mr. SCHIFF. Well, I heard but I'm not entirely sure I understood. Was there any change in the recommended budget in the Financial Crimes Enforcement Network for drug-related activities as you saw the figures from September 28, when you appear to have objected to those figures, to December 6 when you said those figures were adequate? Was there any specific change?

Mr. BROWN. If we have questions about any agency's budget, they will receive a letter such as the one I sent to Stanley Morris raising our concern. That is followed up with a meeting or correspondence or some other mechanism of having my questions answered.

In this instance the answer to the issue that I raised was that the agencies that FinCEN services are requiring—making requests in more matters that are not drug-related and, therefore, when they scored their budget they are going from an 80 percent drug-related budget to 50 percent because their work is no longer 80 percent drug-related. It's 50 percent drug-related.

But as I said, even in saying that, the budget request that we made for fiscal year 1996 increases their budget. But the answer, very shortly, very succinctly, is that when their budget is scored we look at what amount of time and effort are they putting into drug-related matters. That is where we get the drug scoring. If it's not drug-related, then we cannot score it as being drug-related.

Mr. SCHIFF. But isn't—doesn't your first letter of September 28 indicate that based upon what you are seeing on how they are scoring the budget figures within what I understand is a group of funding priorities, that you have an objection to how they are funding and scoring for drug-related financing anti-drug activities? And did anything change? Did they change the formula or make any other change from September 28?

Mr. BROWN. My letter points out what is needed to further the budget submission proposed to change the methodology, and I think that's what's critical, used to score drug-related resources from 80 percent to only 50 percent. And I asked that they please provide detailed justification to schedule a briefing—or schedule a briefing for ONDCP on the methodology change.

They complied with my request. The methodology did not change but the explanation was given to us, the explanation being that

since FinCEN is a service organization, Department of Justice, and Treasury, call on them for financial crimes enforcement information. As a result, they are getting more requests now for things that are not drug related. Crimes, yes. Drug-related, there is less request or more requests for non drug-related information. That's the change in methodology.

The organization still works on drug cases at an increasing rate, and that is why we have an increase in the budget for FinCEN that is pending before the Congress.

Mr. SCHIFF. And you are saying that explanation alleviated your concerns so that you felt comfortable?

Mr. BROWN. That is correct. I felt comfortable in certifying their budget as being adequate to carry out the President's 1995 National Drug Control Strategy.

Mr. ZELIFF. Steve, we'll have to come back.

Mr. SCHIFF. Thank you, Mr. Chairman.

Mr. ZELIFF. I would like to recognize the gentle lady from Florida, Ileana Ros-Lehtinen.

Mrs. ROS-LEHTINEN. Thank you so much, Mr. Chairman. Thank you, Dr. Brown, for being with us today. Dr. Brown, there is a growing concern that Federal prevention moneys have not only been wasted, mismanaged and been ineffective but, actually, that they have been spent on educational programs which teach value relativity and fail to teach that illegal drug use is wrong—just plain and simply wrong.

Now, billions of dollars in Federal prevention moneys have been spent, much of it on so-called value clarification programs such as "Quest" and "Here's Looking at You Too." I would like to ask you, do these programs teach that illegal drug use is wrong under all circumstances, or do they actually teach the so-called responsible use of illegal drugs and of alcohol by underage students?

Also I would like to know how much Federal money goes each year to teaching this so-called values clarification approach for our Nation's students, and are you aware that many studies have shown that these Federal values clarification programs have not shown positive results?

I have here many statements from groups who have written to us, the members of this subcommittee, because of our interest in the anti-drug effort. Here is one from the Washington Alliance of Families, and they say that study after study proves that these programs do not produce the desired results and, worse yet, may even exacerbate the problem. In other words, they are a waste of taxpayers' money and a waste of time.

Drug Watch International says,

> We believe that changes in the delivery system of prevention moneys are appropriate. The Federal programs for funding community and school drug prevention were flawed and prone to abuse, misdirection, and waste. The intent of the Drug-Free Schools and Communities Act was to provide assistance to school and communities for comprehensive no drug use prevention projects, but somewhere along the way, many community partnerships turned from citizen participation to government agency control.

We have some documents from the Office of Drug Control Policy from the State of Michigan saying that in Michigan, more than $10 million in Federal funds intended to provide our children a front line defense against drugs was utilized for the following: Over

$81,900 for large teeth and giant toothbrushes; over $1.5 million on a human torso model used in one lesson of one grade, not even in the drug section of the curriculum; wooden cars with ping pong balls, over $12,300; hokey pokey song, over $18,000; over $7,000 on sheep eyes, whatever that is; dog bone kits, $3,700; bicycle pumps, $11,000; latex gloves, $12,000; over $300,000 was spent on how we feel about sound.

We have letters from constituents all across the Nation. As soon as this subcommittee was formed, we said that we would look at drug fighting efforts. Here is one, a constituent of Indianapolis, IN, she says, "These nondirective programs are often funded through Federal Drug-Free School grants, yet they do not usually comply with Federal law requiring that students be taught that drug use is wrong and harmful."

Here is a Federal publication, federally funded, which is a teacher's manual. This one is on smoking, drinking and drugs. Let me read to you what they say about drinking. They say to the teacher, "No matter what points you eventually choose to discuss, don't begin negatively with admonishments about the dangers of drinking." Good Lord, we would not want to do that.

"As a way to begin, list or brainstorm with your students some reasons why some people might give for drinking. Here are some examples. It can be relaxing, et cetera. Point out that if students decide to drink, they will need to consider how much, when, where, and with whom."

Then in order to make that decision better for the students, they give a handy-dandy little wheel that they can use to figure out how much they can drink in order to have responsible alcohol abuse. They say, suppose you have had three drinks. There is a premise to start from high school and junior high school students and on and on.

Thus I would like to go back to my original question about how you, as the Nation's Drug Czar, feel that these supposed values clarification courses teach children that drug use is wrong, and do you think that part of the basic core of our curriculum—in high schools and junior highs and elementary schools—should start with the premise that it is wrong, that illegal drug use is very wrong?

Mr. BROWN. The answer to your question is I absolutely do feel that the basic premise, the foundation upon which we start must be that drug use is wrong. One should not be teaching responsible drug use to our children. If that is being done, it's wrong. It should be stopped.

I believe very strongly, as is indicated in the President's Drug Control Strategy, we must have a consistent message. That message must be no use, no use period. That message must go from kindergarten all the way up to the 12th grade.

Have there been abuses in the program?

Mrs. ROS-LEHTINEN. Why are these curricula—what are you doing in your capacity to make sure that this values clarification, that all of this which is going out to the schools and which is federally funded is relative to one's own philosophy? What can you in your capacity do to have this stopped?

Mr. BROWN. As you know, the Department of Education administers the Safe and Drug Free Schools program. We have through

my office been working with the Department of Education in looking at how do you set up standards for addressing the problem.

The States are now required to identify the nature of their drug problem and develop their program designed to address it. Having measures of effectiveness to identify up front what steps are to be designed to achieve those goals, are a very important part of what we are trying to do.

Clearly, as in the case in many programs, there are abuses. I think working through the various State governments, our Department of Education is in the process of monitoring more about what goes on in order to alleviate and hopefully eliminate all the abuses in the program that takes place.

We do know much more now about what works in our school system than we did before. We know, for example, that when we address drug education in our school system we must have a consistent message and it is certainly the position of the President's National Drug Control Strategy that message must be no use, period, not teaching anyone about responsible drug use. That's ridiculous. It doesn't make sense. That is something we would not support. By the same token, we know that we must gear——

Mrs. ROS-LEHTINEN. Following up on that, Dr. Brown, I am glad to hear you say that it is ridiculous. I think that it is a total misuse of Federal funds, and I would hope that in your capacity you would take this as one of the most important missions of your office—to make sure that this money, the very precious money that we have, is used in the correct capacity. I think that leadership must come from the top.

I have letters or studies from Michigan, West Virginia, Massachusetts, Texas, Washington State, two from Kansas addressing this issue. Aren't these abuses a good reason to vote for the recision of these wasteful, counterproductive programs so that we can better use our Federal funds to review these programs? We have clear evidence that this is a misuse of Federal funds, and the leadership must come from above.

I don't think it does the children any good to keep funding these programs that have failed. I don't think that it does our community any good, and I don't think that our Federal dollars are used correctly. We would be glad to share this material with you.

I would hope that you would contact these school systems and say it's not enough that we keep refunding these programs year after year without examining exactly what they are doing with our dollars.

Mrs. THURMAN. If the gentle woman will yield.

Mrs. ROS-LEHTINEN. Yes.

Mrs. THURMAN. It is my understanding that we did the reauthorization last year of the Safe and Drug-Free Schools, and that, in fact, we have tightened up in looking at how they are achieving those goals and report their progress on a regular basis. So we are trying to put accountability back into this program.

Mrs. ROS-LEHTINEN. Reclaiming my time, that could be true but these letters are dated March, just a few weeks ago when we announced that we were going to continue with these hearings, and these are teaching modules that are still going out.

Therefore, if that has happened, I don't think that it's gotten to the local school system. As a mother of two children, 9 and 7 years old, I would be horrified if they were in a class that teaches them that they can be responsible about illegal drug use. I don't think that that's a wise use of our Federal dollars.

So if that message has gotten out, I don't think it has filtered down to the local level. They are the ones, those teachers are the ones, who are in contact with my children and with all of our children.

Let's get the word out, Dr. Brown. That is my strong recommendation that these programs are not effective and that they are not teaching children the correct message that we would like them to receive.

Mr. ZELIFF. Thank you.

Mr. BROWN. Let me just respectfully disagree with the conclusion that you have reached that the program is not effective. I have visited programs that are very effective, even here in our Nation's capital we have seen programs where young people raise a very important question about the effectiveness of the program.

I visited a junior high school just a few days ago, and talking about the recision package where all the funds are being taken back from this program, a young lady asked a very astute question: If the funds for prevention are taken from us, what message are we sending to the children of America?

I can tell you as many success stories—I'll take that back—many more success stories than you have told me horror stories, programs that I visited. The legislation that was put forth by the Safe and Drug Free Schools program, the legislation passed by this Congress tries to achieve two very important goals: No. 1, to give the States and localities broad flexibility to use the funds to address problems that they see as relevant to their jurisdictions; and, two, assign explicit responsibility for oversight and accountability for the use of those funds.

The reauthorization of the programs strengthens the States' responsibility for oversight, giving them the authority to approve or disapprove applications for funding by local school districts.

By the same token, there are routine audits of State and local programs that are channeled through the Education Department's Office of Inspector General. These routine site visits by Education's staff people—so there are many, many good programs.

I think it would be wrong to characterize the entire program as bad because of bad examples. I would be the first to admit that there are abuses of the program, like in any program that we may have at the Federal Government. However, it is very important for us to——

Mrs. ROS-LEHTINEN. But, Dr. Brown, if I may just—I know I just have a few seconds left, but we have alluded previously to the letter that you wrote to the Assistant Secretary of the Office of Elementary and Secondary Education where you, yourself, pointed out seven accountability issues. This is a July 15, 1994, letter.

I believe that it's hypocritical—excuse me, sir—but for you to attack some of us who are pointing out the ineffectiveness of the programs when you saw and wrote on it yourself.

I hope that they are not just—you realize that they are not just isolated horror stories. We have heard these complaints from school teachers and from parents for many years. They strongly believe that this money has not been wisely spent.

So I would hope that you could let us know. Did you get any response to the seven accountability issues that you raised in your letter to the Assistant Secretary?

[The letter referred to follows:]

Honorable Thomas Payzant
Assistant Secretary
Office of Elementary and Secondary Education
Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202–4732

DEAR MR. PAYZANT:

Pursuant to my responsibilities and authorities as described in Section 1003 of the Anti-Drug Abuse Act of 1988, I have completed my review of the Office of Elementary and Secondary Education's budget submission to the Department of Education for Fiscal Year 1996. I certify your budget request is adequate to implement the objectives of the National Drug Control Strategy.

While the budget levels requested are adequate, there are some additional areas that I would like for the Department to address in its budget submission to my office. These include:

- The budget indicates that interim data are available with regard to the evaluation of the Drug-Free Schools and Communities program. Please explain the findings, as well as how these findings will be used in the development of the Department's policy regarding drug prevention programs.
- Current law contains provisions for monitoring and ensuring compliance in carrying out drug prevention programs. Please provide a status report on the Department's efforts to monitor the use of the Governors' and State Educational Agencies (SEAs) funds. Additionally, please report on monitoring efforts for the Institutions of Higher Education.
- Please explain what standards are being used to implement the Drug-Free Schools and Communities program at the State and local levels. Also, please provide examples of successful curricula that can be used to develop school-based prevention programs.
- One of the tenets of the National Drug Control Strategy is the need for Federal, State, and local coordination of drug control efforts. Please explain how the 1996 budget request will be integrated into a comprehensive systems approach. In particular, please explain how your initiatives will link with the Pulling Americas Communities Together (PACT), Empowerment Zone, and Health and Human Services drug treatment and prevention programs.
- I am very pleased that the budget request includes a five percent increase for the formula portion of the Safe and Drug-Free Schools and Communities program. I would hope that this increase would be used to encourage State Educational Agencies (SEAs) to develop innovative approaches for targeting the recent increases of adolescent drug and alcohol use.
- The majority of the discretionary funds from the National programs appears to be allocated to Direct Services grants. While this is commendable, I believe that an equitable share of funds should target those areas that demonstrate the greatest need, such as the Fast-response Crisis Areas grants. Please provide data that support the requested increase in funding for the Direct Services grants.
- Finally, under the Drug-Free Schools and Communities program there were five drug specific regional centers. The new reauthorization proposal calls for several technical assistance centers. I need to be assured that drug prevention issues will continue to be adequately addressed in these new centers. In addition, please address how lessons learned and advances made in the five centers will be carried forward in the new centers.

Again, I would like to commend you for increasing the Safe and Drug-Free Schools and Communities budget request for FY 1996.

Should your staff have any questions regarding this certification, they should feel free to contact John T. Carnevale, Director of Planning and Budget at (202) 395–6736.

Sincerely,

LEE P. BROWN
Director

Mr. BROWN. I would suggest it is far from being hypocritical; it's my responsibility. I am carrying out my responsibility. If I see areas where we need improvement, improvement in any of our programs, I am going to raise those issues. That is my job.

Also, I think it's important to, again, re-stress the issue that the fact that if we have some abuses in a program, it is outrageous for the Congress to take back all the funds for the only program at the Federal level that is providing resources to school districts. Ninety-four percent of the school districts in America participate in those programs.

What you decide to do is to deprive children of the only program that we support that deals with education for prevention purposes dealing with drugs in our schools. That, in my estimation, is outrageous.

Mr. ZELIFF. Dr. Brown, isn't it true that an additional $2 billion is available through HHS for the same kind of programs and isn't it true that these programs are duplicative, and aren't you kind of politicizing the message?

The message is that some of these resources here are not working. By your own admission, you agree. I think we tried to point this out. Obviously, you have a big challenge before you and, you know, there are moneys out there that haven't been used, that are available for the same kind of programs.

We are also hearing since we started these hearings from all across America that there is much misuse. And I think the gentle lady very adequately brought out some of those examples.

You ought to, in my judgment, take a good look at some of these things, weed out the ones that aren't working. But, you know, if the recision package includes a small piece that is duplicative and there are other moneys and resources available, I don't think we want to hook our whole lives on that one issue, particularly when there is over $2 billion of moneys still available and uncommitted.

Mr. BROWN. The premise upon which you pose your question is not correct, Mr. Chairman. These numbers are just not correct that you are using to base your question. For this fiscal year Health and Human Services Substance Abuse and Mental Health Services Administration, has $430 million in funding targeted for prevention. That includes block grant moneys as well as demonstration funds.

As you know, most States have used these prevention funds to build a prevention infrastructure in each State. The only funds that are provided for our school program is the Safe and Drug-Free Schools program, not the funds that are used for other purposes in Health and Human Services.

That is why I have such strong feelings about the Congress taking all of the moneys that we have for our children, the cornerstone of this Nation's program to educate our children about the dangers of drug use at a time where we find that drug use is going up.

Mr. Chairman, it doesn't make sense. There is no logic behind it. It is outrageous at a time where your charts, any chart, any survey you want to look at tells us that drug use amongst our adolescents is going up and we have one program that provides funds to 94

percent of the school districts in this country and that is part of your recision package. How do you explain that to the children of America?

Mr. ZELIFF. I think that where we are trying to come out of this is to put accountability in this program, and targeted programs with targeted results. Accountability is where I think your programs are lacking. This is where it's fallen down. We have many, many examples where there is much misuse. I think I am not going to waste your time by going back over all her testimony but I think it was right on the point.

And I think what we need to do is tighten up the program. We need to use better leadership. We need to have accountability and I think that this Congress will be happy to support programs that will work. I think I would like to recognize right now the gentleman from Maryland, Bob Ehrlich, who is the vice chair of the subcommittee.

Mr. EHRLICH. Sir, we appreciate your coming back today. We really do.

Mr. BROWN. It is my pleasure.

Mr. EHRLICH. It's a good discussion. Let me refocus the discussion here with respect to two different matters.

First, I would like to revisit the Customs issue. Reading from your testimony given to our subcommittee on March 9, you said that we intend to review current enforcement efforts at the Southwest border to reduce the amount of drugs smuggled across the border, as well as border violence. The reduction of drug smuggling across the Southwest border will remain a top priority for U.S. Customs Service.

I switch now to an L.A. Times article dated February 13, 1995. The article begins, "The amount of cocaine seized from Mexican trucks and cargo at the border plummeted last year as U.S. Customs Service officials pressed on with a program to promote trade by letting most commercial cargo pass into this country without inspection.

"Not a single pound of cocaine was confiscated from more than two million trucks that passed through three of the busiest entry points along the Southwest border where Federal officials say most of the drugs enter this country. Of the 62,000 pounds of cocaine that Customs seized from commercial cargo nationwide, less than a ton was taken from shipments along the border with Mexico."

Obviously, I am trying to get clear in my own mind with respect to the status of the program, and I guess I will throw one more fact into the question. From your 1995 budget summary, in the President's own budget, he requested that U.S. Customs funding be cut from $573 million to $500 million.

My question to you, sir, is what is our present policy and what is the current status of your review with respect to the enforcement efforts at the Southwest border?

Mr. BROWN. First of all, our Customs Service is working very hard to improve the system of dealing with interdiction at our borders. On two separate occasions I've visited the border myself; one with the Commissioner where we announced Operation Hardline, where we're putting more agents on the border, where we're using technology to address the problems. The second was, we announced

the Border Technology Center there to use technology from other places to deal with the problem.

There are about 200,000 cars a day that come across the border, and it's a monumental task to address the problem. But I can tell you that we are very, very concerned about it. And we're working hard to improve our efforts there on the Southwest border. The Customs people have implemented training initiatives for their officers. The Customs Commissioner has traveled the 2,000 miles of the border, telling the agents that their responsibility is to do whatever is possible to intercept the drugs that come across our border.

So there are things we're doing. We have other agencies involved, such as Border Patrol. Although they're there for immigration purposes, they're also there to deal with problems of smuggling illegal substances, as well as narcotics, across our border.

Mr. EHRLICH. Now, with respect to the smuggling, you testified at our last hearing—you repeated here today, in fact—that more than 70 percent of the cocaine entering the United States crosses the border with Mexico, and an increasing amount is smuggled in cargo containers. My question should be, why has the President cut the budget for National Guard container searches on that border? And do you have any policy with respect to changing the way we are operating this particular program?

Mr. BROWN. The National Guard, unknown to many people, plays a very important role in our counternarcotics efforts. Their budget, as you know, is part of the Department of Defense. And they're making some realignments in their overall budget because we had such a substantial cut in our interdiction budget by the Congress, not the President.

As I pointed out earlier, the Congress cut the Department of Defense interdiction budget by some $300 million. So they have to adjust to that cut. Therefore, we can't do all the things that we were doing, based upon that substantial reduction in resources to DOD.

Mr. EHRLICH. Now, is that state-of-the-art, with respect to smuggling?

Mr. BROWN. I'm sorry?

Mr. EHRLICH. The M.O. that the smugglers are using—is that state-of-the-art now? The new containerization, is that how they're accomplishing their deed?

Mr. BROWN. The smugglers, the drug traffickers are very creative. They use a variety of ways of bringing drugs into the country. They use cargo planes; they use the cargo containers; they use individuals, cars. You name it, they're trying it.

Mr. EHRLICH. I guess the point I would like to make to you is that we are concerned that the President seems to have de-emphasized the role the National Guard can play with respect to this container issue. Let me just—I realize my time is running short—let me raise a somewhat completely different issue with you, and just get your comment on something.

You will recall the firestorm which occurred recently when the Speaker raised a question about drug use with respect to White House staff. Mr. Panetta criticized the Speaker for his comments. I read recently in the Washington Times that now 11 White House staffers are in a special random drug testing program because of

concerns about "recent drug use." This is testimony from the Director of the White House Office of Administration, Patsy Thomasson, in testimony before a Senate subcommittee.

So I guess my question to you would be: what's recent; what drugs are we talking about; and what's your office doing about it?

Mr. BROWN. Just to answer your previous question first so we can bring closure to that. Much of the drug smuggled across the United States-Mexican border will come in vehicles. Like I said, some 200,000 vehicles cross every day. And it would not be correct, Mr. Congressman, to say that the President is cutting the National Guard's budget. The Congress cut the Department of Defense budget by some $300 million. So it's not correct to say that the President is cutting the budget.

To the contrary, the President is asking for funds to carry out his National Drug Control Strategy. It's not correct to point that toward the President. In respect to your question, every testing designated position—that's our senior and sensitive positions in the Executive Office of the President—is covered by pre-employment and random drug testing.

When I took this position, I was required to be tested prior to assuming my position. I am in the computer, I'm subject to random testing at any time. Everyone on my staff is covered by the drug testing rules. The Federal employment and random drug testing is required by some 428,000 Federal employees who are in the senior and the sensitive positions.

I believe that all Federal employees should be subject to pre-employment and random testing, including the Members of the Congress, people who work for the Congress. They should also be subject to the same rules that we are required to, in terms of our responsibilities as parts of the administration.

Mr. EHRLICH. Sir, I agree with you, but let me revisit my question. The Speaker made a statement; the Speaker was criticized by the Chief of Staff. Yet it now appears that the Speaker may have been onto something. Let me ask you specifically about the statement by Miss Thomasson concerning recent drug use by White House staffers.

My question to you, sir, is how recent; what drugs; and what is your office doing about it?

Mr. BROWN. My office is a policy office. I do not administer drug tests. That's handled by another agency, so I don't have any answer to your question.

Mr. EHRLICH. Thank you.

Mr. ZELIFF. I think the problem here is, though, if we are going to lead by example, the White House has to lead by example, as we do as well. And I'd certainly agree with your idea and recommendation that we all be drug tested.

Mr. BROWN. I would recommend that those who work for the Congress also be subject to drug testing, just as those who work in the Executive Office of the President.

Mr. ZELIFF. Absolutely. This is—I think it's very hard to put out a very strong message, just say no to drugs, if at the top—and at the top you've got 11 people, if that's in fact the case, that we have got a drug problem at the White House—then it's very hard for you

to put out your message. I'd like to defer now, and recognize Peter Blute from Massachusetts. Peter.

Mr. BLUTE. Thank you very much, Mr. Chairman. I want to commend you and the ranking member for having these hearings, and commend Dr. Brown for coming here. We know you have a tough job. I want to personally thank you for taking time out of your busy schedule last year to attend the funeral of a slain police officer in my district. I know his family, and my constituents appreciated your presence there very much.

My question gets back again, I think, importantly, to Mexico. Many of us in the Congress, on both sides of the aisle, are concerned about the administration's approach to our entire relationship with Mexico. I was one of those, in a bipartisan way, that opposed the North American Free Trade Agreement, for example, because of our concern about the Mexican Government.

We were concerned about their veracity, about their very integrity. And as we now know, they were not straightforward with us about the value of their peso, for example, with disastrous results. And I believe you can't disconnect the financial relationship that a country has with another country, and the law enforcement relationship.

A little over 1½ years after NAFTA was passed, we read in the Washington Post that, "Mexico, for decades a key trans-shipment point for cocaine entering the United States, has expanded its role over the past year as a clearinghouse for worldwide drug shipments and money laundering, with the active help of business leaders and government officials."

And part of the reason that the drug organizations have been so successful is that they devote tens of millions of dollars in profits for pay-offs to Mexican Government and law enforcement officials. My question relates to the North American Free Trade Agreement. There are indications that the eased access for Mexican trucking has increased contraband, increased the flow of illegal drugs across the Mexican-United States border.

And I wanted to ask you, observing this over the last year or so, to what extent has NAFTA inadvertently increased drug flow from Mexico to the United States?

Mr. BROWN. If we take the consensus of all the U.S. law enforcement officials the conclusion would be that NAFTA has not had an effect, any significant effect, on the increase in the flow of illegal drugs into our country. The reason being that NAFTA reduces tariffs, it does not relax our customs inspections. As a result of NAFTA we've increased the number of customs inspections on the border. We're developing in my office, taking the leadership, on non-intrusive inspections, and technology.

We've implemented cooperative arrangements with major Mexican shippers that allow the inspectors to focus on unknown or suspect shippers. We've increased border patrols, staffing along the border, and improved the secure communications and sensor systems. We've improved operational coordination along the border through the HIDTA program, a program that's operated through my office. And we're continuing our effort to work to stop the drugs from coming across our border.

So NAFTA, from the consensus of everyone involved in enforcement, has not had an impact on a significant increase in drugs coming across our border.

Mr. BLUTE. Well, let me just say that there's no doubt that there's increasing numbers of trucking runs between Mexico and the United States. Clearly, the number of customs officials have not increased significantly to deal with that. And I would urge your administration to be very observant to this opportunity for the flow of drugs into the United States.

One last question, because I know we're short on time. Recently, the President announced his Mexican peso bail-out strategy, a $20 billion bail-out, which I oppose and which I think should have come before the Congress of the United States, rightfully so, in our role as having the power of the purse. But having said that, $20 billion is a heck of a lot of leverage. And I want to follow up on what Mr. Mica asked you: why didn't the President expressly and publicly tie the Mexican financial aide package to a Mexican Government promise to crack down on their increased drug trade?

Mr. BROWN. There was great debate about that issue. The final conclusion was that there is general understanding that the Mexican Government will work closer with us in addressing the drug problem. That's the general agreement, everyone understands that. By the same token, we talk about the whole issue of corruption. One of the things I know, certainly, from being a law enforcement official for all of my career, that drugs, because of the vast amount of moneys involved, corrupt people.

We find individual people with trust in our country corrupted by the drug problem. The same thing happens in Mexico. Individuals there are corrupted by the drug problem. I am encouraged because their recently inaugurated president has pointed out that he understands that. He's moving hard and fast on improving the conditions there. And so what I think we must do is continue to work with Mexico to help address the problem associated with 70 percent of the drugs that come into our country—that's cocaine—coming through Mexico.

We can't neglect Mexico. It's very important for us in terms of addressing the problem that is so significant on the streets of our cities.

Mr. ZELIFF. I thank our colleague from Massachusetts.

Mr. BLUTE. Thank you, Mr. Chairman.

Mr. ZELIFF. Our colleague from California, Mr. Gary Condit.

Mr. CONDIT. Thank you, Mr. Chairman, and let me commend you for your leadership in this area, and apologize for being late, and for the record, let you know that we have another hearing going on in Agriculture. So I apologize for coming in late, and I'm going to have to leave in a little bit. And I want to thank Dr. Brown for coming over.

I won't dwell on interdiction and the law enforcement part of this. I do have a great deal of interest in some of the comments that were made in reference to interdiction and NAFTA, and would encourage you to heed what was said by my colleagues over there—that we need to review and do oversight of NAFTA and the implications of trafficking and some of the trucking policies with NAFTA—and would encourage you to do that, Dr. Brown.

I know that you are looking at that, and will keep an eye on it. I would like to focus on, for a few minutes if I may, and get your response to the area of treatment. I think there ought to be a treatment policy in the portion of the drug policy by the administration and by this Congress. I think people who decide that they want to get off drugs and want some treatment, we ought to be able to try to facilitate that if we possibly can.

Over the years I've had numerous parents come to me and say, "I'd like to do something; I can't afford it." And I would like for you to tell me how has the President's policy involving treatment differed from the policy of previous administrations? And can you kind of explain what the rationale underlying the differences may be in those policies? And then I've got a couple followup questions.

Mr. BROWN. Yes, sir. The President's National Drug Control Strategy has, as its overarching goal, the reduction of drug use in America. We feel that we must place a greater emphasis and, indeed, more resources in demand reduction, prevention, education and treatment; while not neglecting aggressive enforcement, and interdiction, as well as our international programs.

Our programs, or at least our strategy differs from previous administrations in that previous administrations placed a greater emphasis on casual drug reduction, and did not focus on the chronic, hard-core, addicted drug user population. Our strategy focuses on the chronic, hard-core drug user population, which comprised about 20 percent of the drug users, yet they consume three-quarters of the drugs that are sold on the streets of our cities.

They commit much of the crime. They cause our health care costs to soar. They spread diseases. So, to me, it makes good sense to focus on that group. And I say that not from a social worker perspective, because I'm a cop—I've arrested people for drug use. In agencies I've headed we've arrested up to 100,000 people a year just for drug use. I think it's important for us to understand, at this point in time, that that has not solved the problem.

Therefore, we must do what the President proposes to do in his strategy—is to provide more resources for treatment. California, for example—in 1992, the State of California invested $209 million in treatment for 1 year. But that investment saved the taxpayers $1.5 billion. That's a pretty good investment. The Rand Corp.'s drug policy center looked at all the modalities for reducing drug use in the United States.

They pointed out that treatment is the most effective. That is the reason we're asking for additional resources for a treatment program that would address the hard-core, addicted drug user population. That's why our drug court concept, so important a part of the Crime Control Act that was passed by the Congress—that's why I was so disappointed that those funds are being rescinded again, taken away from us—to help us address the problem, because they've been so successful.

So treatment works. In my estimation, if you want to deal with the drug problem, you have to do something about those who are addicted to drugs. It's just that simple. It's not a complicated matter. Yet 20 percent of the drug-using population consuming almost 80 percent of the drugs, they are the ones committing much of the

crime. It makes good sense to provide treatment for them, including treatment within our jails and prisons.

And that's what we're attempting to do that's different from previous administrations. We believe that treatment works and makes good sense. It is not only good drug policy, it's good crime policy; it's good health policy; it's basically good economic policy.

Mr. ZELIFF. Congressman, would you yield just for a minute on something that's pertinent?

Mr. CONDIT. Absolutely, Mr. Chairman.

Mr. SCHIFF. Thank you very much, Mr. Chairman. Mr. Chairman, I also serve on the Judiciary Committee, and I feel that I should point out that the crime bill, as passed by the House of Representatives, puts potential funds for drug courts in block grants to States and communities. And if they wish to, they can spend even more money on drug courts than is in the crime bill that passed in 1994. Thank you, Mr. Chairman.

Mr. ZELIFF. Thank you.

Mr. CONDIT. Mr. Chairman, if I may, I think Dr. Brown summarized the differences very well and I think he dealt with what we hear sometimes—the criticism of treatment, and it's causing increase in casual use. And I appreciate that very much. I'd like to focus—maybe you could be more specific in the criminal areas such as prison rehabilitation and treatment.

We hear much complaint about people who go to prison don't get much treatment. And can you kind of maybe give us some indication? I know it may be a hard place to give treatment, and people have to be willing to want treatment, but maybe you can explain to us how the program works in that kind of area.

Mr. BROWN. The majority of the people that we arrest have a substance abuse problem. Logically, we should do something about that problem before releasing them back to society. Historically, we have not: they've been arrested, served their time, and go back on the street in the same, if not worse, condition than when they went in. We think that's wrong policy.

As a result of that, there are funds in the Crime Control Act for treatment within our jails and prisons. We know also, from empirical research, that coercive treatment also works. And so placing one in a treatment program while they're in jail or prison will bear positive results for individuals and, most important, for society.

I've had a chance to even visit therapeutic community prisons, where a whole prison is set up for rehabilitation of the drug offenders. I think that holds great promise. Again, it's logical, if you have the majority of the people who are committing crimes being arrested and going to our jails and prisons. Now the substance abuse problem—it just makes good sense to do something about that problem prior to releasing them back to the streets of our cities.

That's part of our National Drug Control Strategy, and I'm very pleased that at least the changes made by the Congress or the House in the Crime Control Act did not take back those funds for treatment within the criminal justice system.

Mr. CONDIT. If I may follow up, and I'm sorry, Mr. Chairman, but Dr. Brown, can you be specific in giving me an example of the kind of treatment that we get in prison? I mean, do you have a 12-

step program, something similar to that? And who do you contract with?

Mr. BROWN. I've visited treatment programs in county jails. And, to describe one in the State of Arizona I visited where the inmates there would go through the 12-step program, group counseling, as well as looking at other issues that may have caused them to get into the problem of drug use to begin with, such as vocational training.

One of the major elements that I hear from those that are in treatment that helps them improve their self-esteem—the drug users do not consider themselves to be very important people. So addressing that, addressing their vocational training is very important. In Texas I visited a prison where the whole prison is run by a non-government agency, but it's a therapeutic community. I've sat in on their sessions, their group sessions.

But in addition to the counseling, the 12-step program, there are also programs there to deal with the problems that got the person into difficulty to begin with. Many of them are drop-outs; therefore, they have GED training. Many of them were unskilled and unemployable; therefore, they're being given vocational training.

And then, aftercare is also an important part of that. It would not be effective to provide treatment within the prison system, when they would go back into the same environment and fall into, if you would, the same traps that got them into difficulty to begin with. So aftercare is important. But treatment follows a whole range. On the one extreme, you can have therapeutic communities in a prison, on the other extreme, you can have just counseling groups—the 12-step program or similar programs.

Mr. CONDIT. Do you think at this time we have an appropriate balance between treatment, interdiction, law enforcement, et cetera?

Mr. BROWN. We have about 1 million people in this country that we know need and can benefit from treatment that are not being served by the funds we have available. So treatment is underfunded. For the current fiscal year we asked for $355 million for our hard-core drug treatment initiative. We got $57 million—far, far less than we need. And so we need to do more in treatment for the long range.

If we want to really get a handle on solving the drug problem, we have to deal with individuals who are the addicted drug users, and get them off of drugs.

Mr. CONDIT. Thank you, Dr. Brown. Mr. Chairman, thank you very much. I wanted to focus on treatment, but I don't want Dr. Brown or anyone else in the room to get the impression that I'm not interested in interdiction. I know that you guys covered that before I got here. I think that we need to have a balance of interdiction, treatment and involvement of law enforcement.

And I do appreciate your efforts, Dr. Brown. This is an awesome task that you have before you, but it's a very important task to this country, and to our success as a country. And I appreciate your efforts and I appreciate you being here.

Mr. BROWN. I might add, just in closing on your question, or your last statement, that the President's 1995 National Drug Control Strategy is comprehensive. We deal with aggressive enforcement

with FBI, DEA, agencies up to par in terms of our budget requests. We have, at least we had, in our Safe and Drug-Free Schools programs. Hopefully the Senate will use this wisdom and restore those funds.

Interdiction is still a very important—will always be a very important part of what we do; in addition to that, our international program. So it is comprehensive. But we do also believe that the ultimate answer has to be to get people to stop using drugs. No demand, no supply.

Mr. ZELIFF. I'd like to recognize our colleague from Indiana, Mark Souder.

Mr. SOUDER. Thank you, Dr. Brown.

Mr. ZELIFF. He's been very patient, incidentally. Thank you.

Mr. SOUDER. Thank you, Dr. Brown, for coming again today. I have a couple of series of questions. But I wanted to first make a comment, also, on the Mexico question. I'm very concerned that people don't perceive, in foreign nations, that the U.S. Government is in the business of rewarding people for shipping drugs to this country. Our policy has not worked well on Colombia, and now we're repeating it in Mexico.

What we see is, first Mexico gets NAFTA, with things disguised and not told to us about information. Then as they become an even bigger drug supplier—and it looks like at this point, they will be bigger than Colombia—we're going to bail them out with a minimum of $20 billion. I hope the next step, if they continue to not control their problem, isn't to give them the Southwestern United States and hope it will help them to behave.

We have to take a firmer hand in this type of thing, rather than just rewarding bad behavior. It's a bad signal around the world: ship us drugs, and we'll help bail out your economy. But you're on record as not agreeing with that, as I understand it.

Mr. BROWN. I might just make a quick response to it.

Mr. SOUDER. OK.

Mr. BROWN. Clearly, we're not rewarding Mexico for shipping drugs into this country. That is just not the case, Mr. Congressman.

Mr. SOUDER. We're rewarding them for——

Mr. BROWN. There's a bigger issue than the drug issue.

Mr. SOUDER. You said that you hoped——

Mr. BROWN. We're talking about the peso and the economic stability of this hemisphere.

Mr. SOUDER. But you're saying that, we hope that by giving you money you'll change your behavior. And that is, in other words, "Oh, well, the government's going to cooperate with us now; and they didn't in the past, and now maybe this new government will be different. Let's wait to give them things until they show they'll cooperate. Let's put conditions on it."

Mr. BROWN. I did not say that.

Mr. SOUDER. You said that you felt that this will help them, that they're struggling. They've made commitments that they're going to try to change, that we need to help their economy. That line of argument is why we need to give them economic assistance.

Mr. BROWN. I think it's just wrong to make a comment that we're rewarding Mexico for shipping drugs to America. That is out and

out wrong. I believe that that can be taken, and that's why I said I want to make it clear that that's not what we're doing. But that's what it looks like to countries who are putting more in. They get more reward, the more they put in—that's what it starts to look like. I hope that it isn't taken that way.

That's a very singular focus on the issue that we're talking about.

Mr. ZELIFF. If I could just jump in for a second.

Mr. BROWN. It's much more complex than that, Mr. Congressman.

Mr. ZELIFF. If I could jump in for a second, I think there's probably an opportunity lost as we were providing that Mexican financial bail-out, not to tie into it some kind of recognition of the need to work closer with Mexico, in terms of drug interdiction. And I think that's basically what we're trying to do. But obviously you, although you have responsibility for the drug war, probably didn't make that decision. So we appreciate——

Mr. SOUDER. I have some very specific questions. As you know, President Clinton's former Surgeon General, Joycelyn Elders had supported the legalization of illegal drugs, and said that there were studies worldwide that supported that legalization of illegal drugs worked.

Can you assure me that your office never requested from the Surgeon General copies of those studies?

Mr. BROWN. Again, with all due respect, Surgeon General Elders did not say that.

Mr. SOUDER. She said that we should look into it, and that there were studies around the world that would be helpful. Did you ever request from her those studies?

Mr. BROWN. As you may recall, she spoke before the Press Club and answered the questions about crime and drugs. She indicated that she thought that it might be worth looking at what impact legalization would have on crime. She did not call for—and certainly at that point in time, I spoke up, literally everybody in the administration spoke up.

She spoke her position. I disagree with her.

Mr. SOUDER. Which I respect very much.

Mr. BROWN. I, along with President Clinton, we take a very, very strong stand against legalization. The President stated that he is unequivocally opposed to legalization of drugs.

Mr. SOUDER. Did you ever request——

Mr. BROWN. To answer your question, yes, I did request any studies she was aware of about where legalization took the crime out of drugs. She did not send me any studies. I don't think any such studies exist.

Mr. SOUDER. Thank you. I had one other question. And that is, it's important that as Drug Czar you get out and see what's going on in America and around the world. But there's been a lot of criticism of your travel, because some of it has been tied to personal visits in Chicago and in California.

Can you assure us that the official visits came before the family visits; and that the family visits were not set and then you solicited official functions?

Mr. BROWN. Never have I done any personal travel on government business. Anything I do on government business is government business. I do not mix the two. I've never traveled personally on government funds.

Mr. SOUDER. So when you went to Chicago at Thanksgiving and at Christmas, and the trips in California, did you pay for the tickets?

Mr. BROWN. There are times that I've gone, but I've paid for tickets, yes. Which ones are you referring to? If you're referring to the article written by Mr. York, let me clarify that for you. He requested information, clearly with a slant as to how he wanted to write his story. And indeed, he did try to market it to different publications, and most of them did not publish it. It did go into one publication.

He makes an allegation that I went to Chicago, relative to the christening of my grandson. That's just absolutely false. It's a lie. I went to Chicago and my son and my daughter-in-law scheduled the christening around my visit. I did not go there for that purpose. Let me be very clear—I know my—I have been in my business as a law enforcement officer for over 30 years. I know my responsibilities. I know I'm not to travel on Federal funds for personal purposes. I've never done that, nor will I ever intend to do that.

Mr. SOUDER. And I find it awkward to ask the questions, but it's our responsibility——

Mr. BROWN. I find it awkward to have to answer the questions.

Mr. SOUDER. It's our responsibility to at least follow up when an allegation like that is made. And, one of the questions I have is, can you assure us, as you have in general terms, in specific terms, that in December of that year, also in the three trips to California, you did not solicit the public events, after knowing you wanted to visit family or friends?

Mr. BROWN. Mr. Congressman, I do not have to solicit any public events to go any place in this country. I can't do all the requests that are asked of me. I have never solicited an event to go visit any place for any personal purposes. The article that was written is off-base, it's wrong, it's false. Never have I, in my career, violated the trust that's been bestowed upon me.

Mr. SOUDER. OK. Thank you.

Mr. ZELIFF. Congressman Mica, if you'll hold for a second, I want to refer to Mrs. Thurman. And then we'll get back to you.

Mrs. THURMAN. Thank you, Mr. Chairman. I need to go back to this issue of values clarification and what's being done with this money. I might ask this chairman, particularly, since we do have letters that have been written to either Members or to this committee, as they were referred to, that I certainly would like to have an opportunity to have those particular Governors, whose names and/or programs were mentioned, to respond.

I'm outraged by the fact that we might see some of these dollars being spent for less than what they were intended to be spent. That might, in fact, have a purpose and a reason why we have an increase in drug use in this country—that these moneys have not been used. However, I would agree with Dr. Brown on the other side of it; that I don't think we should throw out those programs that are working well.

In fact, if anything, maybe we ought to look at those programs to make them a model to be used in those States that obviously have not used those moneys correctly. And with that, I might suggest that I am a little confused by the questioning on that, since we've made it very clear over the last couple of weeks that we wanted to provide flexibility to the States and to the local governments to make those decisions.

In fact, in some cases, giving them as much as 20, 25 percent discretionary dollars in those dollars that are being block-granted back to States. I don't know that I've seen much in the legislation that has provided for that accountability. So I might suggest to you that we should look at that as we pass these pieces of legislation.

I personally have been to some of these programs, in fact, in the school system that my children are in. I have walked for drug-free society; I have been with those students, and have found them to be very encouraging. In fact, it is the one time that I have seen a strong partnership between our law enforcement, our school system, and our students, along with our teachers.

I know the State of Florida has, in fact, used these funds, has distributed them to the local school board. And in our local school boards, we've actually had participation on advisory councils that was set up to move it from the State perspective and into our communities. Dr. Brown, maybe you can suggest to us if that is happening in other parts of the country.

I would like to have an opportunity for you to talk a little bit more about some of those successful programs, but with one caveat. Let me suggest to you that I was a teacher for 9 years in the 1970's. It seems like a long time ago, and I agree, it probably was, when values clarification was the big issue. I haven't heard values clarification mentioned in a school curriculum even before I left the school system.

So I would like you to give us some ideas of the kinds of things that you're seeing out there that have been successful with our students; and how we can continue that success, if we were able to keep those funds, to make those programs even more a part of those communities, and how we might bring partnerships in with our business communities who are, in fact, would be the reciprocants of vandalism, crime and everything else, and how we can help with strengthening those programs.

Mr. BROWN. Your observation is correct—the funds go to more than just the drug education. It's the Safe and Drug-Free Schools programs, and also deals with crime. Let me just give an example from, randomly picked, the State of New Hampshire, the Department of Education.

Mr. ZELIFF. Good choice.

Mrs. THURMAN. Is that like random testing?

Mr. BROWN. Which says, funds are used for prevention curriculum and development and instruction; afterschool programs; homework assistance for at-risk youth; teacher training and effective discipline practice; parent education programs; early intervention service of youth who are actively using alcohol, other drugs, tobacco; prevention campaigns; youth leadership; on and on.

But their conclusion is that if funds are deleted, the above listed programs will end. There are simply no other funds available in

our State for school-based prevention programs to ensure safe and drug-free schools. I can go on. There's a whole list throughout this country which would tell the same story—that these funds are used for curriculum development; teaching young people to deal with conflict without resorting to violence; helping those who are using tobacco or alcohol or drugs; making sure that teachers are properly trained so they can help the young people.

And the irony of it is that if these programs are taken away, just as the Department of Education in the State of New Hampshire concluded, if these funds are deleted, then these programs will end because States just simply do not have the moneys to carry them on. I visited, as I said before, many of these programs. I've seen firsthand how young people can get up and articulate the ways by which they will avoid using drugs, based upon what they've seen.

I've seen programs in schools where young people are conflict resolution monitors, keeping problems from emerging in the schools by working with other people who are their peers. I've seen teachers who are very articulate in talking with their young people about the dangers of drug use. I've seen programs such as the DARE program, funded in part—particularly their training program, material development.

There are police officers going into the schools in uniform. In many places that may be the only positive role model those kids will have. And to deprive our children of that really has the potential of having a detrimental impact on the future of our country. That's why I feel so strongly about the deprivation that's taking place with the recision of funds for our Drug-Free and Safety Schools program.

They're making a difference. As I said before, it's the cornerstone of this Nation's program to provide information to our K through 12th graders about the problems of drug abuse, alcohol abuse, tobacco abuse. It's very critical to our overall efforts to reduce those lines that we see on the charts that are going up.

Mrs. THURMAN. Dr. Brown, when I was in the State senate, I found so often, because we have limited funds, that we all need to be very conscious of that, and make sure that our dollars are well spent. But one of the things that has always sparked my interest, or has given me concern has been the fact that so often we designate dollars to those areas that have high crime areas. And that's how those moneys might be distributed for drug-free programs.

And in fact, what we end up doing is leaving those communities that have done a very good job in presenting their cases out there, being left out of those formulas. Could that contribute at all to any increases, where we actually have kind of let those that have done well suffer because of areas of high crime, and forgetting that those programs have, in fact, worked?

Mr. BROWN. I think it would be a problem if those jurisdictions who have done a good job would be penalized for doing a good job. I use as an analogy, sometimes, when I was working as a police officer, the police may do a very good job in one area of the city, and the crime rate is down. It would not make good sense to take the police officers out of that neighborhood, and then see the crime rate go up. I think the same thing would be applicable here, as well.

I've seen, throughout the country, that some of our jurisdictions, particularly some of our small jurisdictions, that the school districts are pooling their money so they can take advantage of the resources that are available to individual jurisdictions in a pool, and purchase more resources to address the problem.

I don't think it would make sense to deprive a jurisdiction of funds because they're successful in achieving the objective.

Mrs. THURMAN. Which could happen under what we're doing now. Thank you.

Mr. ZELIFF. Thank you. Mr. Mica.

Mr. MICA. Dr. Brown, I want to pick up where I left off because we've established, I guess, some facts in this war on drugs that, in fact, that 99.44 percent of the cocaine is coming from Colombia, Bolivia and Peru. You told me in your testimony, didn't you say that you think we're catching about 25 percent of the cocaine, or did you say 33 percent?

Mr. BROWN. It's about a third of what's produced.

Mr. MICA. I thought you said a third. That was kind of shocking to hear from you, as the Drug Czar, leading this drug enforcement effort, when the Drug Enforcement Administration reports that 244,626 pounds were seized nationwide by Federal law enforcement agencies in 1993, the most recent year for which statistics are available. And the same officials estimate that only about 10 percent of the cocaine smuggled into the United States is seized.

It seems that we have a little bit of a difference of opinion there. OK, so we're dealing with three countries, and then we talked about Mexico—how more and more drugs are coming in through Mexico. In fact, when you testified before us last time, correct me if I'm wrong, you said that more than 70 percent of the cocaine entering the United States crosses the border with Mexico; and let's see—of which increasing amount is smuggled in cargo containers. Is that what you, in fact, testified, according to the statements we have from you for the last hearing?

Mr. BROWN. Would you repeat the question component there, please?

Mr. MICA. Well, again, your quote is, "More than 70 percent of the cocaine entering the United States crosses the border with Mexico, of which increasing amount is smuggled in cargo containers."

Mr. BROWN. Yes, sir.

Mr. MICA. OK. Now, we've had a really disastrous policy with the people in South America. And I attended the Summit of Americas, and I'll get back to this in just a second. And at the Summit of Americas, Members of Congress met with the President, the Vice President, I think Mr. Lake, several others, for almost an hour. And we talked about the problems of giving information, exchanging information, radar, and shoot-down policy; of which the President and Vice President and Mr. Lake were in some kind of a drug fog about, each one of them gave us a different response.

So I followed up the comments to the President, citing the problems; in fact, sent him a copy of some of the comments from some of the attendees. And let me read from President Fujimori of Peru. Fujimori assailed United States-led efforts against cocaine, including providing funds to South American law enforcement agencies

promoting crop substitution and eradication problems. "I remind them, the hemispheric leaders, that the anti-drug strategy has been a disaster." This is how he described our policy, the president of Peru.

Are you aware of, again, one of these leading three countries saying these remarks about our policy?

Mr. BROWN. Let me just go back to one of your previous questions about the seizures. I pointed out about a third of the cocaine seized, that's worldwide. We seized over 100 metric tons in this country, but a third is seized worldwide. When we talked to the leaders of other countries, they don't always share our perspective on the drug issue. Many will tell us that what we have to do is deal with the consumption problem in America.

Our strategy addresses reducing the demand for drugs. The observation is that the problem, from their perspective, exists in the United States, and thus if there was no demand for the drugs, there would be no supply for them. I think—I'm not aware of the article you're reading from.

Mr. MICA. The fact is that our policy relating to shoot-down, sharing radar information and other type of drug information was in total disarray. And they were dismayed by a lack of policy in the United States, and the President of the United States, the Vice President and Mr. Lake had no idea what was going on, I can assure you, because I was there and many other Members of Congress were there and talked to them.

OK, well, we've got cocaine coming in the country. We've done nothing as far as our policy, and you've testified 70 percent is coming in through Mexico. We just bailed them out for $20 billion, and there's no shred of evidence that you, as the leader of our drug effort, or the President of the United States, the leader of the country, had given any indication that this is a priority. We have no documentation in any way that you've done this.

So, now, OK, it's coming in. So what are you doing to stop it? And you testified last time, 70 percent, and it's coming in through cargo containers. I have your recommended budget for 1996. In 1994, the actual amount of money for U.S. Customs, which is responsible for this, is $572 million. And you recommend $500 million. Then I look at your policy over here, relating to container searches. The actual 1994 is 227,827 estimated searches, and then it's down to 209,000 as your 1996 projection.

Your ship days go from, again, searches, 2,268, and you're looking at doing 1,545. We have no policy as far as making this an international policy. So the stuff is coming in and we see articles like this: "Border Inspections Ease and Drug Seizures Plunge." So we're catching less drugs. I've got an article here from Tampa: "Heroin is Here." And it's coming in also through Mexico, we know.

So you're doing nothing as far as international leadership on the problem. It's coming in, and you're actually proposing that we reduce the areas that we can seize the stuff; is that correct?

Mr. BROWN. Which part are you asking?

Mr. MICA. Are these figures correct? Are you actually coming to the Congress, in the President's budget, did he recommend less money for Customs? And is part of your strategy to have reduced number of container searches and ship searches?

Mr. BROWN. Let me—you've said a lot, that's why I asked the question, which one are you asking about. First of all, it's incorrect to say that our policy is in disarray. That's just not accurate, Mr. Congressman. You make allegations about a shoot-down policy. As I testified the last time I was before the subcommittee, the shoot-down policy is a problem that was left over from the past administration, where there was a verbal understanding between the United States Government and Peru and Colombia that they would not use the evidence that we shared with them to shoot down aircraft.

They announced publicly that they were going to do that. Therefore, this administration had to address the problem because our lawyers advised that our personnel would be liable if they supplied information that was used to shoot down an airplane. So we came to the Congress and we got the problem resolved. The President asked the Congress to pass legislation which would give——

Mr. MICA. I think that's in reverse. We went to the administration and said the policy is in disarray, because I participated myself in those hearings.

Mr. BROWN. Well, your observation is certainly different than mine, because I was the one who recommended to the President that he ask the Congress to change the law, prior to the Congress being involved whatsoever.

Mr. ZELIFF. I hate to move this on, but the other side needs to have an opportunity to ask questions.

Mr. MICA. OK, just one final question, Dr. Brown. You know, we have some problems here, but you are the leader. And we're looking to you for leadership and some direction. So we're willing to work with you. But you have to come forward with some of these proposals and make this a priority. And some of these trade agreements and other things must be tackled, and loan agreements. You must be showing the leadership that these must be tied in to this war on drugs, or we're going to fail. Thank you, Mr. Chairman.

Mr. BROWN. I appreciate your offer for assistance, and I will call on you for your assistance. It's not helpful to make statements that I think are provocative that are not based on facts, to say that the President does not know what's going on. Clearly, the President knows what's going on on this issue.

Mr. ZELIFF. Congressman Condit of California.

Mr. CONDIT. Yes, I would like to, if I may, it may disappoint Dr. Brown, but I'd like to follow up on Mr. Mica's, where he's going on this. I'd like to ask you, how much input do you have in the administration when it comes to foreign aid, foreign affairs, NAFTA, those kinds of things. Are you asked to come in and make any recommendations on how you might tie your interest and our interest, in terms of drug interdiction, into those policies?

Frankly, I think Mr. Mica's on the right path. It is that when we do foreign aid, when we do a bail-out to Mexico, it is a perfect time to demand reciprocal policies when it comes to drug policy. It also is a perfect time for us to have prisoner exchange policies, and we've not been able to do that. And frankly, I think we've missed golden opportunities to force those governments to work a little closer with us.

I think the questions that Mr. Mica is putting forth ought to be put to Mr. Kantor and people who do foreign trade. And we did put

those questions to him, and some of us who didn't support NAFTA didn't support it for some of these very reasons. We thought we ought to have tied some of these policies with it. So I want to be fair to you, Dr. Brown. I mean, I don't know how much involvement you get with the administration when it comes to those policies, but maybe you can shed some light on that.

Mr. BROWN. As you know, my position is the drug policy advisor to the President, so I deal with the drug issue. The drug issue is obviously tied into many other things that we do, whether it's trade, commerce or whatever; there is a relationship. But you have the State Department that deals with the negotiations with other countries, not my office.

Mr. CONDIT. Right.

Mr. BROWN. And so when we talk about the funds going to Mexico, the State Department did address that as an issue. Your area offices and your national narcotics law enforcement offices—they worked on it. And the narcotics issue was a major element of concern. But ultimately, the decision was not to link narcotics with this issue at that time, but to develop some understandings that the funds that were forthcoming from the U.S. Government, that the understanding would be that they have to also address the drug problem.

So it wasn't something that was neglected. It was addressed, just in a different way.

Mr. CONDIT. Were you asked to make a recommendation of how we might tie——

Mr. BROWN. I was not asked to make a recommendation, but we did have conversations with those who were in the State Department, addressing the issue.

Mr. CONDIT. What would be the best avenue for us as an oversight committee in this area to make the suggestion that we ought to couple these together when possible; that we missed a perfect opportunity and we ought to do it? Now, I understand that someone, somewhere made the decision not to couple prisoner exchange and drug policy with the bail-out of Mexico, and obviously, if you've got the votes to do that, you do that.

I frankly think it was unwise. I think you ought to always get something in return, when you're willing to go on a limb and bail people out, something that's of value to us and to them. How best do we as a subcommittee address this issue of foreign aid, foreign policy that I think, frankly, would help you in your task?

Mr. BROWN. Well, first of all, it wasn't neglected. It was addressed. The decision was the understanding that Mexico would address the drug issue. I will take the message back. I'm hearing what you're saying. I will be certainly willing to take the message back so it will be conveyed appropriately.

Mr. CONDIT. And do you agree that this committee and Members of Congress ought to continually demand that this be a part of consideration? You may not agree with it, but that's probably the best way for us to——

Mr. BROWN. Well, certainly I'm in favor of anything that's going to help us deal with the drug problem.

Mr. CONDIT. Right.

Mr. BROWN. I think we have to tie it to a lot of different things. So I would not be in disagreement with you.

Mr. ZELIFF. OK. Mr. Souder, one quick question.

Mr. SOUDER. Yes, since we're the Government Reform and Oversight Committee, part of our responsibility is to do oversight, and I have one last travel question for you. And that is, pursuant to the Federal Statute 31 U.S. Code 113(a)(1), you provide to the committee copies of the travel expense records maintained by the Office of the National Drug Control Strategy, including any records of your personal travel by any member of the office at taxpayer expense.

[The information referred to follows:]

Travel By Lee P. Brown, Director of the Office of National Drug Control Policy—By Chronological Order & Cost

As of February 26, 1995

Date	Destination	Schedule	Total Cost
06/25 - 06/26/95.	Los Angeles, CA	Congressional Black Caucus Foundation Town Hall	880.88
06/30/93	Cambridge, MA	Harvard University Executive Session on Drugs	169.50
07/09/93	Chicago, IL	State Attorneys General Conference	478.55
07/16/93	Detroit, MI	National Association of Black Narcotics Agents Conference, Focus: HOPE (With Congressman Conyers), Hutzel Hospital Women's Treatment Center Site Visit.	785.02
07/19/93	Houston, TX	National Association of Blacks in Criminal Justice Conference.	
07/22/93	Milwaukee, WI	National Association of Black Law Enforcement Executives 17th Annual Conference, Rufus King High School Site Visit, Boys & Girls Club Site Visit.	454.50
08/10/93 to 08/17/94.	Latin America	Latin American Trip to 1) Panama, 2) Columbia 3) Peru and 4) Bolivia	1,408.37
08/23/93 to 08/26/94.	Southwest Border NM, AZ and TX.	Society of Photo-Op Instrumentation, Southwest Border Visit to 1) Albuquerque, NM, 2) Tucson, AZ, and 3) El Paso, TX.	661.00
09/08/93 to 09/09/93.	Omaha, NB	4th Annual Regional Police Chief's Conference, Drug Treatment Site Visit, Meetings with local officials, Mad Dad Site Visit, PRIDE, Omaha Police Chief, Local Omaha Area Mayors.	315.00
09/11/93	Lake Lanier, GA	Southeast Conference on Addiction	333.00
09/13/93	Atlanta, GA	3rd Annual Georgia School on Alcohol and Tobacco Prevention/Intervention.	
9/23/93	Kansas City, KS	Kansas City Medical Center, Treatment Center Site Visit	458.00
10/06/93	Jamesburg, NJ	"Drugs Don't Work" Governor's Conference in NJ	341.00
10/7 - 8 /93	Key West, FL	Joint Task Force Three Site Visits to Key West, FL, Miami, FL and Nassau.	346.00
10/11/93	Austin, TX	Texas' War on Drugs Conference, Meetings with Governor, Board members, Prison Treatment Center Site Visit.	
10/14/93	Oklahoma City, OK	Oklahoma Governor's Drug Conference, Drug treatment center Site Visit, Meetings with Governor and cabinet members.	517.16
10/16 - 10/17/93.	Louisville, KY, Chicago, IL.	National Pan Hellenic Council 57th Convention, St. Mark's United Methodist Church.	641.48
10/20/93	St Louis, MO	International Assn of Chiefs of Police Conference, Meeting with delegation from Northumbria England Police Force.	658.50
10/23/93	Los Angeles, CA	Community Forum Breakfast w/Assemblyman Richard Katz, Leo Politi Elementary School Drug Rally, Los Angeles Alliance for A Drug-Free Community, Nation Institute & California ACLU (Town Hall Meeting), Youth Training Program Site Visit, Scott Newman Drug Abuse Prevention Awards Dinner.	731.25

Travel By Lee P. Brown, Director of the Office of National Drug Control Policy—By Chronological Order & Cost—Continued

As of February 26, 1995

Date	Destination	Schedule	Total Cost
10/26/93	New York City, NY	United Nations Special Session on Narcotics, Luncheon for South American countries, Bilateral meetings with 1) Germany, 2) China, 3) Director of UNDCP and 4) Belgium, DARE Banquet.	173.50
10/28/93	Kansas City, MO	Kansas City Crime Commission Conference	790.50
10/29/93	Houston, TX	Conference of Council of Greater City Schools, 10th Anniversary Police Activities League Association, Red Ribbon Event/City Public Works Department, Town Hall Meeting (Televised), Meeting with Mayor Lanier.	
11/04/93	Chicago, IL	Center for Counter-Drug Technology Assessment Conference and use of new technology, Women's Treatment Center Site Visit, Cook County Corrections Center, Meeting with Mayor Daley.	625.36
11/10/93	New York City, NY	New York City's "Drugs Don't Work", Meeting w/Joseph Califano, Center for Addiction and Substance Abuse, Meeting w/Deputy Police Commissioner.	176.50
11/13/93	Memphis, TN	Mason Temple Church of God in Christ (With President), Olivet Baptist Church w/Congressman Ford & President.	614.50
11/14/93	Shreveport, LA	Town Hall Meeting w/Congressman Fields.	
	Monroe, LA	Town Hall Meeting w/Congressman Fields.	
	Grambling, LA	Town Hall Meeting w/Congressman Fields).	
	New Orleans, LA	Meeting w/Chief of Police.	
11/19/93	Memphis, TN	Memphis Police Department Annual Drug Conference, Drug Free Workplace Visit, Meeting w/Editorial Board of Memphis Appeal, Institute for African American Youth.	
11/20-21/93	Amherst, MA	Hampshire College Social Issues Roundtable	747.00
11/22/93	San Francisco, CA	Delancey Street Treatment Center Site Visit, Meeting with San Francisco Mayor Frank Jordan.	
11/23/93	Oakland, CA	Oakland Drug Court Site Visit, Oakland Probation Department Juvenile Offender Ranch Site Visit, Oakland Town Hall Forum, Meeting w/ Oakland Mayor Elih Harris, Meeting w/Judges.	
12/03/93	Miami, FL	1st National Conference on Drugs Courts	1,390.55
12/06/93	Las Vegas, NV	BASIC (Black Alcohol/Drug Services Information Center) Summit, Las Vegas Weed & Seed Initiative Luncheon, Bob Law Radio Show, Editorial Board, Las Vegas Review-Journal.	
12/07/93	Lisle, IL	Law Enforcement Coordinating Committee Conference.	
	Elgin, IL,	Public Housing Site Visit.	
12/08/93	New Orleans, LA	Congress of National Black Churches Awards Dinner	472.50
12/12/93	Miami, FL	National Conference of Black Mayors	278.18
12/22/93	Chicago, IL	Public Housing Authority Site Tour, Town Hall Mtg w/Alderman Ed Smith.	379.50
01/15/94	Atlanta, GA	Martin Luther King, Jr Center Annual King Day Labor, Management and Government Breakfast.	1,081.00
01/18/94	Sacramento, CA	Town Hall Meeting on Violent Crime w/Senator Boxer.	
01/19/94	New York City, NY	Foreign Press Center, Council of Foreign Relations, American & World Radio.	165.00
01/21/94	Portland, OR	Portland Regional Drug Initiative Conference, Meeting w/Mayor, Oregon Together.	554.00
01/24/94	Atlanta, GA	TBS Superstation Summit '94 (Media)	470.00
02/03/94	Houston, TX	Annual Drugs & Workplace Conference, American Leadership Forum	653.50
02/05/94	Boston, MA	Funeral for Chief Robert J. Mortell (Per Presidential Request)	159.00
02/11/94	Houston, TX	Herman Hospital Site Visit	931.70
02/13 - 17/94.	Mexico	Meetings with Mexican Government Officials, Field Site Visits.	

Travel By Lee P. Brown, Director of the Office of National Drug Control Policy—By Chronological Order & Cost—Continued

As of February 26, 1995

Date	Destination	Schedule	Total Cost
02/24/94	Tallahassee, FL	Florida A&M University Convocation, Treatment Center Site Visit, Editorial Board Tallahassee Democrat.	1,183.40
02/25/94	Los Angeles, CA	Empowerment Zone Meeting.	
02/25/94	Berkeley, CA	Western Society of Criminology Conference.	
	San Francisco, CA	Haight Ashbury Clinic Site Visit.	
	Richmond, CA	Treatment Center Site Visit.	
03/01/94	New York City, NY	Boy Scouts of America Humanitarian Awards Dinner, Editorial Board, New York Times, Children's Express Site Visit.	657.50
03/02/94	Dallas, TX	National Consortium of TASC Conference, Editorial Board, Dallas Morning News.	
03/04/94	Philadelphia, PA	PRIDE World Drug Conference, Editorial Board, Philadelphia Inquirer	857.00
	New York City, NY	Town Hall Meeting w/Congresswoman Nydia Velazquez, Meeting with local leaders, Meeting with Police Commissioner.	
03/05/94	Cincinnati, OH	Children's Defense Fund Annual Conf..	
03/11/94	Fresno, CA	Town Hall Meeting, Meeting with Mayor, Inspiration Treatment Home Site Visit, Sanctuary Youth Program Site Visit, Fresno State University.	547.50
03/19/94	Miami, FL	Congressional Black Caucus Conference Town Hall Meeting, Radio Show Participation.	1,282.45
03/20/94 to 03/22/94.	Venezuela	Latin America Narcotics Experts Conference, Meetings with President and other officials, law enforcement and treatment personnel.	
03/23 - 24/94.	San Jose, CA	American Leadership Forum Exemplary Leader Dinner, Santa Clara Officials.	
03/25/94	Oakland, CA	Joint Task Force Five Site Visit.	
03/31/94	Portland, OR	Recognition Dinner for Bill Hilliard, Oregon District Court Site Visit, The Oregonian Editorial Board.	647.70
04/08/94	New York City, NY	New York Health Care Event w/Rep. Edolphus Towns, Brooklyn Hospital Site Visit, Daycare Center Site Visit, New York City Officials.	146.00
04/11/94	San Francisco, CA	Partnership, Training & Employment Conf, Editorial Board S. F. Examiner, Walden Street Treatment Center, Mayor of San Francisco, Minority Caucus.	801.40
04/15/94	Cromwell, CT	Middlesex Chamber of Commerce Breakfast	1,088.00
04/15/94	New York City, NY	City Club of New York Friday Forum, Columbia University Conference.	
04/18/94	Houston, TX	Texas Southern University Thurgood Marshall School of Law Address.	
	Austin, TX	U.S. Conference of Mayors Address.	
04/26/94	Springfield, IL	Address Illinois Legislators, Breakfast with the Illinois National Guard, Triangle Center Site Visit.	298.00
	Charleston, IL	Eastern Illinois University Address, Political Science Honor Society Banquet.	
04/30/94	New Orleans, LA	National Forum for Black Public Administrators Awards Banquet	612.00
05/02/94	St. Louis, MO	ADPA Women's Conference (Distinguished Service Award).	
05/06/94	Springfield, MA	Representative Neal's Conference on Crime	456.00
05/08 - 10/94.	Puerto Rico	Meeting with Puerto Rico/Virgin Island HIDTA Officials	505.00
05/12/94	St. Louis, MO	St. Louis Police Department Memorial Breakfast,	484.00
		BASIC Health Care Site Visit.	
05/13/94	New York City, NY	Wall Street Journal Meeting/Interview	146.00
05/16/94	Philadelphia, PA	Delaware Valley Citizen Crime Commission, Law Enforcement Lectures w. Senator Wofford, Hope Clinic Site Visit, One Day at a Time Site Visit.	236.00
05/18/94	Chicago, IL	Boy Scouts of America Law Enforcement Crime and Security Luncheon	298.00
05/19/94	Greensboro, NC	Police/Citizen Appreciation Dinner	303.00
05/21/94	Cambridge, MA	Civil Liberties Union of Massachusetts/Harvard University	409.00

Travel By Lee P. Brown, Director of the Office of National Drug Control Policy—By Chronological Order & Cost—Continued

As of February 26, 1995

Date	Destination	Schedule	Total Cost
5/22/94	Killington, VT	Middle Atlantic States Corrections Association Annual Conference	124.00
05/27/94	Fresno, CA	Blue Ribbon Day Event w/ Rep. Lehman, Local Meeting w/Educators and Student Leaders w/Rep. Lehman, California State University, Fresno Commencement Address, Commencement (Honorary Doctorate).	7,561.56
05/28/94	San Jose, CA	San Jose Univ Commencement Address.	
05/29/94 - to 06/11/94.	Southeast Asia	Southeast Asia Travel.	
06/13/94	Santa Barbara, CA	USIA News & Current Affairs Workshop.	
06/14/94	Portland, OR	Iris Court Housing Site Visit, U.S. Conference of Mayors (Address/North East Community Policing Station.	
06/19-20/94	Atlanta, GA	Meeting with Atlanta Chief of Police, Meeting with State Youth Commissioner, Meeting with local businessmen, Meeting with Mayor Campbell, Center for Disease Control Briefing, Site tour of the McDaniel-Glenn Housing, Atlanta Constitution Editorial Board.	659.50
06/24/94	Tampa, FL	Breakfast Meeting/Community Demonstration w/ Acting Chief Bennie Holder, DACCO Drug Treatment Site Visit, Tampa Tribune Editorial Board, St. Petersburg Childs Park Community Center w/ Mayor David Fisher.	411.00
	Baltimore, MD	WBAL TV with Representative Mfume.	
06/28/94	Canterbury, NH	Odyssey Family Center Ribbon Cutting, Concord Monitor Editorial Board, Manchester Union Leader Editorial Board, University of New Hampshire Drug and Crime, Issues Forum Manchester, Interview with Andy Herschberger WMUR TV, New Hampshire Law Enforcement Luncheon.	673.00
06/29/94	Hartford, CT	Charter Oak Terrace Housing Project, Hartford Courant Editorial Board, Hartford Police Sub-Station Site Visit, Hartford Police Department.	
07/08/95	Chicago, IL	NAACP Health Conference	478.55
07/13/94	Orlando, FL	National Dare Officers Association Conference, Intercession City Tour of Adolescent Residential.	619.64
07/14/94	New York City, NY	Meeting with Police Commissioner William Bratton, Address Joe Califano and the CASA staff on ONDCP activities, NY Hospital-Cornell Medical Center Prevention Conference, Phoenix House Site Visit.	
07/16 - 19/94.	Richmond, VA	National Organization of Black Law Enforcement Executives (NOBLE) Conference/Opening, Address COE Symposium, Workshops, NOBLE Town Hall Meeting, Richmond Times-Dispatch Editorial Board, Meeting with Police Academy Staff, Meeting with Chief of Police.	Per Diem Only $—.—
07/22/94 to 07/23/94.	Chicago, IL	Drug Workshop at Kennedy-King College, Meeting with President of Kennedy-King College, T.V. show, P.A.C.T. Inc. Community Awareness Symposium, National Narcotics Officers Association.	650.002
07/25/94	Salt Lake City, UT	Health Security Express.	
07/26/94	Denver, CO	Health Security Express	551.00
07/31 - 8/02/94.	U.S. Virgin Islands	Meeting with Governor Alexander Farrelly, Meeting with V.I. Law Enforcement Officials, Meeting with V.I. Coast Guard Officials.	648.95
08/05 - 06/94.	Cleveland, OH	Site Tour of Miracle Village, Meeting, Luceille Fleming, Director, Ohio Dept. of Alcohol and Drug Addiction Services, Editorial Board, Cleveland Plain Dealer, Mayor, Cabinet and Police Executive Staff, Chief of Police, Live at Five TV Interview, Summit on Violence, WMJ-FM, WMMS-FM, WHK-FM, Interviews.	369.36
08/08/94	Chicago, IL	Alpha Phi Alpha's General Convention	452.00
08/08/94	Pittsburgh, PA	Association of Public Safety Communications Officials.	
08/14/94	New York City, NY	Crime Bill Event	184.64

Travel By Lee P. Brown, Director of the Office of National Drug Control Policy—By Chronological Order & Cost—Continued

As of February 26, 1995

Date	Destination	Schedule	Total Cost
08/17/94	Miami, FL	Drug Court Site Visit, Crime Bill Event & Press Conf w/Chief of Police, Miami Herald Editorial Board, Dade County Drug Court.	317.00
08/21/94 to 08/30/94.	Africa	South Africa and Nigeria (Per Presidential Request)	Gov't Aircraft no commercial airfare
8/30/94	Panama	Presidential Inauguration, Bilateral Meetings, Meeting with President of Columbia.	Gov't Aircraft no commercial airfare
09/07 - 09/08/94.	Boston, MA	ONDCP Northeastern Regional Conference, Boston Globe Editorial Board, Victory Programs Shattuck Campus Site Visit, Victory Programs Women's Hope Site Visit, Boston Against Drugs Site Visit.	284.59
09/10/94	Springfield, IL	Crime Bill Press Conference	710.50
09/12/94	Kansas City, MO	AmeriCorps National Service Initiative	488.50
09/16/94	Indianapolis, IN	Masters Scholars Distinguished Lecture Series	520.40
09/18 - 09/19/94.	New Orleans, LA	ONDCP Southern Regional Conference, CBS Television Interview, Press Events with Public Officials.	416.00
09/20/94	Charlotte, NC	President's Customer Service Day Event/Charlotte Police Department, Charlotte Observer Editorial Board.	323.00
09/29/94 to 09/30/94.	Keywest, FL	Joint Interagency Task Force Change of Command Ceremony	217.00
	Miami, FL	High Intensity Drug Trafficking Area Office.	
10/11 - 10/12/94.	Chicago, IL	ONDCP Midwestern Regional Conference, Meeting with Michigan Governor's Office of Drug Control Policy and Law Enforcement Officials, Meeting with TASC Project Director's, Meeting with IL Advisory Council on Alcoholism & Other Drug Dependency Members, Site Visit with Mayor Daley, Latino Youth Services Site Visit.	295.00
10/14 - 10/17/94.	Albuquerque, NM	IACP National Conference with Community Leaders	389.00
		IACP Event with President Clinton	(Return w. POTUS on Air Force One)
10/21/94	Long Branch, NJ	NAACP Address	1,318.00
	New Brunswick, NJ	Middlesex County Police Department Address.	
10/22/94	Houston, TX	Vision of Hope Treatment Center Opening Ceremony.	
10/24/94	Charleston, SC	Conference on Historically Black Colleges & Universities.	
10/31 - 11/01/94.	Pasadena, CA	ONDCP Western Regional Conference	562.50
	Los Angeles, CA	Los Angeles Times Editorial Board, Meeting with Chief Jerry Oliver & Pasadena Police Dept. Youth Advisors, Falcon Narcotics Abatement Program Site Visit, 52nd Street School Site Visit, Challenger Boys & Girls Club Event, Meeting with Health in the 'Hood Event Coordinators, Meeting with Andy Mecca, President, National Assoc. State, Alcohol & Drug Abuse Directors & Chief Drug Policy Official for the State of California.	
11/09 - 11/18/94.	Near East Asia	Pakistan and India	4,587.10
11/29/94	Columbus, OH	Conference on Community Oriented Policing	358.00
12/09 - 12/11/94.	Miami, FL	Summit of the Americas	Official Travel Dept. State

Travel By Lee P. Brown, Director of the Office of National Drug Control Policy—By Chronological Order & Cost—Continued

As of February 26, 1995

Date	Destination	Schedule	Total Cost
01/09/95	Las Vegas, NV	National Association of Drug Court Professionals	525.35
01/23/95	New York City, NY	Partnership for a Drug Free America Announcement	144.00
01/25/95	Nashville, TN	WLAC-AM Radio, WPLN-FM Radio, Open Forum at Fisk University, Nashville Tennessean Editorial Board.	954.50
01/26/95	Mirimar, FL	South FL Investigative Support Center Grand Opening, Meeting with local Police Chiefs.	
	Orlando, FL	Safe Schools Coalition National Conference.	
02/04/95	Chicago, IL	National Black Caucus of State Legislators, Black Male Initiative Address.	315.00
02/10/95	Milwaukee, WI	4th Annual Criminology & Law Studies Dinner, Marquette University	212.00
2/16 - 02/17/95.	Atlanta, GA	PACT Leadership Meeting, WVEE Live Radio Interview, WALR Call-in Radio Interview, Atlanta Journal Constitution Editorial Board, Cook Elementary School Address, Techwood Center Events, Fowler Elementary School site visit, Empowerment Zone events with Secretary Cisneros.	1028.00
2/21 - 02/26/95.	Los Angeles, CA	HIDTA Clearinghouse event, Join Together Survey Release, Los Angeles Times Editorial Board, Meeting with U.S. Attorneys & Criminal Justice Officials, Los Angeles Town Hall.	
	Sacramento, CA	Meeting with Sacramento Chief Arturo Venegas, Jr., Neighborhood Policing site visit, Community Resource Center site visit, Lunch with Criminal Justice leaders, Thurgood Marshall School Address, Sacramento Bee Editorial Board.	
	Alameda, CA	Joint Interagency Task Force Reception.	
	Oakland, CA	Oakland Chamber of Commerce Address, Oakland Empowerment Zone Event, Oakland Tribune Editorial Board.	
	San Francisco, CA	San Francisco Chronicle Editorial Board, KMAL Radio Interview, KCBS Telephone Radio Interview, Glide Memorial Church Address.	
	San Diego, CA	HIDTA Border event.	
	La Jolla, CA	California Psychiatric Association Address.	

Mr. BROWN. I'll be glad to provide you whatever you want, but there's nothing I can provide you on personal travel at taxpayers' expense because I've never traveled personally on taxpayers' expense. There will be nothing forthcoming on that because it's never happened.

Mr. SOUDER. I'd like to add one other comment. I know more specifically, not of your New York experience, but of your Houston experience. And, you were a national leader in identifying the harassment of drug dealers and people in the streets, and really were aggressive in making it uncomfortable for people to deal drugs. And I'd like to see you bring that same forthright aggressiveness to this national problem that is increasing, push this administration, in every area. If they don't want to hear you in International Relations, push them. Break some glass; do what you've done, don't let them calm you down and say, you can't do this.

I know it's difficult at times, but we want to back you up in that effort.

Mr. BROWN. Mr. Congressman, my problem is not the administration. My problem is with the Congress. If we ask for funds for programs and those funds are not forthcoming, then the agencies that are involved in our counternarcotics efforts cannot carry out their work. If the Congress chooses to rescind, to take back all the

appropriate funds for our Safe and Drug-Free Schools programs, then how can we implement a program?

If the Congress chooses to cut our interdiction budget by a half a billion dollars, how can we implement our policy? That's where I need your help, is helping us get the funds that the President is requesting. Keep in mind that the President has requested a record $14.2 billion. Why are we requesting that? Because we recognize we have a very serious drug problem. If you want to be helpful, which I sincerely believe that you do, then I would ask you to stand up and bang your hand on the table and ask for funds to allow us to carry out our National Drug Control Strategy.

Mr. SOUDER. And it isn't a question of money, but this Congress has been here only 90 days. It's not just a question of money, and that I think you'll see some of those. It's also a question of international; it's a question of having a bully pulpit. It's a lot of different things. But money is part of it, and we'll work with you on that.

Mr. ZELIFF. Thank you, Mr. Souder.

Mr. BROWN. Well, hopefully the first 90 days will not be what we see in the future.

Mr. ZELIFF. Dr. Brown, I think we're going to end this up on a very strong note. When you and I met in my office, I told you that we hopefully will use this as a focus to get the war back on track. You may feel that it's our fault that it's not on track; we may feel that it's the administration's fault. There's probably faults in both areas. And some of this has been brought out very clearly today.

Since we had our first hearing we have heard from people all over the country. And it wasn't only with Mrs. Reagan's lead-off witness comments, certainly your comments. We have visited with people involved in the drug war. I look forward to working with you and traveling with you in either Baltimore or Philadelphia or someplace close by so that we can become better acquainted with the challenges that you have before you.

My commitment to you is that we are listening. We do have to get through the process of whether the comments are ruled valid; whether the questions got answered. One of the things I'd like to do, because some of the questions and the answers were not real clear, is submit to you a series of questions from both sides of the aisle; give you a chance to reflect on them, get some additional information and get back to us.

We are very serious in our focus. This is one of our major issues. It's not going to go away, and we'll continue to work on it. We've learned a lot; we need to learn more. In the last hearing, you focused pretty much on treatment and on the 20 percent. We felt that we need to be focusing across the board, more effort in prevention, more effort in education, as well as more effort in interdiction.

We also talked about the hope that we could get the President to be much more involved in terms of leadership. I hope, truly hope, that that takes place. We need to also do our role, as well, as individual Members of Congress, as we go back to our States; get the Governors to do the same. We're going to have a meeting with major CEOs across the country. I've talked to the Speaker about it.

And we're going to talk about the drug war. We're going to talk about what can they do; what is their role? Issues like drug testing—maybe it's something we need to address in the Congress, not only in staffs, but Members of Congress. And if you have a Surgeon General that's talking about legalization and you have a drug problem in the White House, and if we have a drug problem anywhere in the country, obviously that's going to deter and hurt the efforts that we're trying to make in terms of providing good leadership on the drug war.

I believe that—and I guess one question I'd have—since our first hearing, have you talked to the President in terms of turning up the heat and putting it more on a front burner; using our hearings as an item of discussion in Cabinet meetings; and our supporting you, for example, when you are aggressive in terms of our policy with Mexico and that bail-out to try to tie in some of your efforts? Has anything taken place at all from our first hearing?

Mr. BROWN. I have regular conversations with the President on the drug issue. I think it's important to point out that the President understands the nature of the drug problem, probably more so than most people in this country. He has a feel for what needs to be done. He articulates what should be done. As you know, just recently, the President has invited the CEOs from the major entertainment and communications industry to the White House, where he talked to them about their efforts to solicit their help in being a part of the solution to the problem.

The President recently cut a public service announcement for the Partnership For A Drug Free America, talking to our young people about the problems of marijuana use. The President has been in the forefront in helping to address this issue. And he will continue to be. He's committed to it; he recognizes that this is a major problem; in his estimation, and my estimation, one of the more serious domestic problems confronting this country at this point in time.

He is providing leadership. He speaks out on it all the time. One of his recent radio programs was addressed solely to the issue of the drug problem. So I'm encouraged, Mr. Chairman, that you are sincere about working with us to address this problem. And I look forward to following up on the contacts made by my staff and your staff for us to go visit some sites to see firsthand what's going on.

Mr. ZELIFF. Including treatment sites. And we're going to do interdiction as well, and visits to source countries. And I would like to also, I think it was mentioned earlier, we need to go back to the Governors. We need to go back to people involved that are responsible for the safe and drug-free schools money. If, in fact, that is as good as you've touted it, and it needs to be put back in the budget, that needs to be evaluated.

If, in fact, the abuses involved are as serious as Mrs. Ros-Lehtinen indicated, then we need to also take that into evaluation. But I think, our drug funding needs to be better targeted, more accountability should be put into it, as is all the Federal programs. And I think the very valuable few dollars that we have chasing such great demand for those resources, we need to make sure that all of them take and score a direct hit.

The only thing I'd like to also add is, I really appreciate your leadership and what you're trying to do. We would very much, as

a committee, like to have the opportunity to informally meet with the President and talk about this issue. I don't know whether that is possible. If we could do that, we would be honored to do that.

Again, the leadership must come from you—I think you seem to be the quarterback. You've got to get him to carry the ball, as well as all of us to carry the ball. If we can all get together, refocus this message, and start putting the resources where they're going to do the most good, then hopefully we'll be able to win this drug war.

I think it's probably the No. 1 issue facing our country. It's something that I think we need to deal with in a different way than maybe it's been dealt with in the past.

Mr. BROWN. I agree with you about the seriousness of the problem. As the President said on many occasions, we're not going to be able to have the things we want in this country—family and work and community—unless we can get a handle on the drug problem. I'm also encouraged, Mr. Chairman, by your clear understanding that this is not a Republican issue, not a Democratic issue. This is an American crisis that we have to work together to resolve.

I'm convinced, based on what I see throughout the Nation, with the many good things that are going on in this country, that by working together and focusing our efforts on the problem, that we will make a difference. And we must make a difference for the future of our country.

Mr. ZELIFF. Thank you very much.

Mrs. THURMAN. Mr. Chairman, I just need to comment on this issue of trade, because I think that is an issue that was very bipartisan issue. To paint the administration as being the only one who raised this issue is absolutely untrue. In fact, if I remember correctly, it was a pretty bipartisan vote, with some of us voting against it because some of these issues were not taken care of.

So I just want to be careful, once again, in the spirit of working in a bipartisanship, that instead of pointing these fingers, as we seem to be doing, and focusing on the bail-out, when, in fact, it started back as far as the passage of NAFTA; that should have been the time that the concern was. And the only concern that I saw raised at that time was by Representative Clay Shaw.

In fact, this committee held a hearing on the issue of a man who had killed a niece of a constituent, and that he wanted to hold his vote for that. Not once did I hear the issue raised on what is being raised today by either side, quite honestly. So to, in the spirit of all of this, I think we need to keep this bipartisan. These are our children; these are our future; these are the natural resources that we have for this country to continue to be great.

I hope that we remember that through this series of hearings and opportunities we have to discuss with Dr. Brown, and in making sure that we can come up with a policy that will work. Thank you.

Mr. SOUDER [presiding]. Thank you. The Chair will keep the record open for 1 week for all Members, and for Dr. Brown, if you have additional information you want to submit. I want to thank you on behalf of the committee for your patience. You've been here longer than we estimated, and you've been very patient under some tough examining, including from myself.

I do believe it's important on this type of issue that we have bipartisan leadership, and we look forward to working with you, and appreciate your cooperation. With this, the Chair will adjourn the meeting. Do you have a closing comment? Go ahead.

Mr. BROWN. Thank you, and I appreciate your interest in this problem. I look forward to working with you.

Mr. SOUDER. Thank you, Dr. Brown. The meeting is adjourned.

[Whereupon, at 10:40 a.m., the subcommittee was adjourned, subject to the call of the Chair.]

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