



National Drug Control Strategy

The White House
February 2002

TO THE CONGRESS OF THE UNITED STATES:

I am pleased to transmit the 2002 National Drug Control Strategy, consistent with the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1705).

Illegal drug use threatens everything that is good about our country. It can break the bonds between parents and children. It can turn productive citizens into addicts, and it can transform schools into places of violence and chaos. Internationally, it finances the work of terrorists who use drug profits to fund their murderous work. Our fight against illegal drug use is a fight for our children's future, for struggling democracies, and against terrorism.

We have made progress in the past. From 1985 to 1992, drug use among high school seniors dropped each year. Progress was steady and, over time, dramatic. However, in recent years we have lost ground. This Strategy represents the first step in the return of the fight against drugs to the center of our national agenda. We must do this for one great moral reason: over time, drugs rob men, women, and children of their dignity and of their character.

We acknowledge that drug use among our young people is at unacceptably high levels. As a Nation, we know how to teach character, and how to dissuade children from ever using illegal drugs. We need to act on that knowledge.

This Strategy also seeks to expand the drug treatment system, while recognizing that even the best treatment program cannot help a drug user who does not seek its assistance. The Strategy also recognizes the vital role of law enforcement and interdiction programs, while focusing on the importance of attacking the drug trade's key vulnerabilities.

Previous Strategies have enjoyed bipartisan political and funding support in the Congress. I ask for your continued support in this critical endeavor.



THE WHITE HOUSE

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INTRODUCTION

In December 2001, the University of Michigan released its annual survey, *Monitoring the Future*, which measures drug use among American youth. Very little had changed from the previous year's report; most indicators were flat. The report generated little in the way of public comment.

Yet what *Monitoring the Future* had to say was deeply disturbing. Though drug use among our Nation's 8th, 10th, and 12th graders remains stable, it nevertheless is at levels that are close to record highs. More than 50 percent of our high school seniors experimented with illegal drugs at least once prior to graduation. And, during the month prior to the survey, 25 percent of seniors used illegal drugs, and 32 percent reported being drunk at least once.

This situation is not new. Indeed, drug use among our young people has hovered at unacceptably high levels for most of the past decade. As in the 1960s and 1970s, drug use has once again become all too accepted by our youth.

As self-styled drug policy "reformers" never tire of pointing out, people who use marijuana or cocaine once or twice do not invariably graduate to a life of drug addiction—just as not every teenager who drives drunk ends up in the emergency room. Yet a large percentage *do* in fact remain drug users. Recent data from Columbia University's National Center on Addiction and Substance Abuse show that roughly 60 percent of children who try cocaine and LSD during high school are still using drugs at graduation.

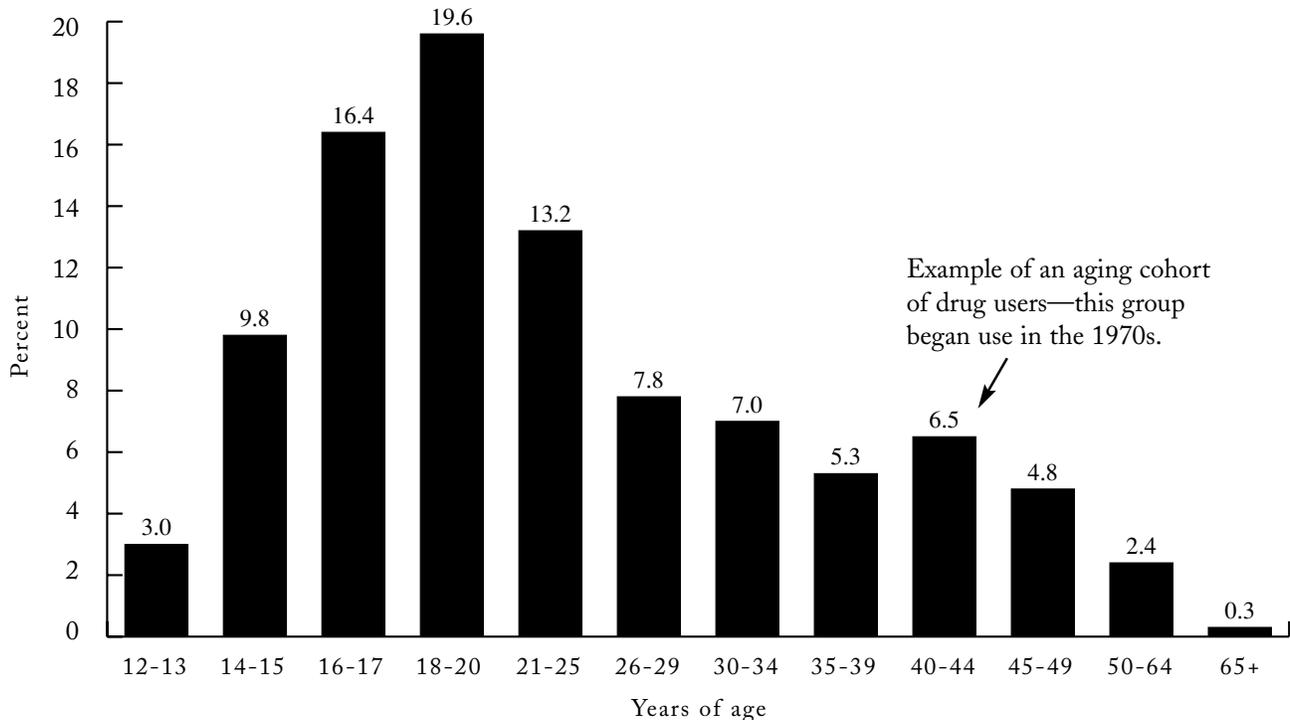
Although not establishing a causal relationship, other data from the Center show that a young

person who smokes marijuana is 85 times more likely to try cocaine. Data from another study show that the earlier people initiate drug use, the more likely they are to develop a drug problem later in life. According to the latest *National Household Survey on Drug Abuse*, adults who first used marijuana at the age of 14 or younger were 5 times more likely to be classified as drug dependent or abusers than adults who first used marijuana at age 18 or older. And if the long-term experience of many baby boomers (see Figure 1 on the following page) holds true for today's teenagers—a suspicion bolstered by recent discoveries in the field of brain imaging—the consequences of drug use among today's teenagers will be felt for decades.

Therein lies the enormous challenge for our Nation. Drug use among today's teenagers threatens to reverberate for years to come in areas as disparate as crime rates, the success of our Nation's colleges, the productivity of our industrial base, and the cohesiveness of our families.

That the individual consequences of drug use can be deadly is now well accepted—progress over decades past when drugs were held out as a door to enlightenment, or, at the least, a harmless diversion. But the consequences for society are no less serious. Although it is not fashionable to say so in some circles, tolerance of drug use is particularly corrosive for any self-governing people.

Democracies can flourish only when their citizens value their freedom and embrace personal responsibility. Drug use erodes the individual's capacity to pursue both ideals. It diminishes the individual's capacity to operate effectively in many of life's spheres—as a student, a parent, a

Figure 1: Drug Use Varies by Age but the Cohort Effect Lasts a Lifetime**Percentage Reporting Past Month Use of an Illicit Drug**

Source: 2000 National Household Survey on Drug Abuse

spouse, an employee—even as a coworker or fellow motorist. And, while some claim it represents an expression of individual autonomy, drug use is in fact inimical to personal freedom, producing a reduced capacity to participate in the life of the community and the promise of America.

President Bush has said: “We must reduce drug use for one great moral reason: Over time, drugs rob men, women, and children of their dignity and of their character. Illegal drugs are the enemies of ambition and hope. When we fight against drugs, we fight for the souls of our fellow Americans.”

Sadly, many of our fellow Americans are mired in a life of drug use. The roughly 470 hospital emergency rooms participating in the Drug Abuse Warning Network give a sense of the scope of the problem—roughly 175,000 emergency room incidents related to cocaine each year, while heroin and marijuana are each implicated in roughly 97,000 incidents. According to estimates generated from the *Household Survey*, 2.8 million Americans are “dependent” on illegal drugs, while an additional 1.5 million fall in the less severe “abuser” category. Over time, drugs will change these people from productive citizens into addicts. We need to unite as a Nation to begin the long and challenging task of transforming them back to health.

NATIONAL DRUG CONTROL STRATEGY GOALS

- Two-Year Goals:** A 10 percent reduction in current use of illegal drugs by the 12–17 age group
- A 10 percent reduction in current use of illegal drugs by adults age 18 and older
- Five-Year Goals:** A 25 percent reduction in current use of illegal drugs by the 12–17 age group
- A 25 percent reduction in current use of illegal drugs by adults age 18 and older

Progress toward all goals will be measured from the baseline established by the 2000 *National Household Survey on Drug Abuse*. All Strategy goals seek to reduce “current” use of “any illicit drug,” as defined by the *Household Survey*. Use of alcohol and tobacco products, while illegal for youths, are not included in these estimates.

Rebuilding the Consensus

Meeting the challenge of reducing illegal drug use will require more than just a range of targeted initiatives focused on key elements of the drug problem. It will take more than a 5-pronged strategy or a 15-point implementation plan because, in distinct contrast to the can-do attitude toward fighting terrorism, confidence has been undermined in the capacity of our public institutions—educational, rehabilitative, enforcement, and military—to fight drug use.

The easy cynicism that has grown up around the drug issue is no accident. Sowing it has been the deliberate aim of a decades-long campaign by proponents of legalization, critics whose mantra is “nothing works,” and whose central insight appears to be that they can avoid having to propose the unmentionable—a world where drugs are ubiquitous and where use and addiction would skyrocket—if they can hide behind the bland management critique that drug control efforts are “unworkable.”

Yet recent history shows otherwise. During the late 1980s and early 1990s, an engaged government and citizenry took on the drug issue and forced down drug use, with declines observed among 12th graders in every year between 1985 and 1992. The Federal Government supplied leadership, but so did parents and clergy, media and community groups, and state and local leaders.

The good news is that, in many cases, what worked then can work now. To make up the ground we have lost, we need only to recover the lessons of that recent past. We know that when we push against the drug problem it recedes. We will push against the drug problem; it will recede—a statement this document backs up with quantifiable, use-based goals.

Specifically, the National Drug Control Strategy will have as its objective reducing past-month, or “current” use of illegal drugs in the 12–17 age group by 10 percent over 2 years and 25 percent over 5 years. Similarly, the Strategy sets the goal of reducing current drug use among adults, those ages 18 and up, by 10 percent over 2 years and 25 percent over 5 years.

Bureaucracies are famously self-protective, but this document will depart from standard government practice by conceding that our drug fighting institutions have not worked as effectively as they should. In keeping with the goals of the President’s Management Agenda, it is our task to make these institutions perform better. Good government demands it, and it is our responsibility to future generations to ensure it.

Progress toward reducing illegal drug use has been frustrated not only by the deliberate efforts of legalization proponents, but also by well-intentioned advocates of various schools of thought concerning drug control; advocates who do not always appreciate the complexity of the drug problem or the ways in which differing drug control efforts reinforce one another.

This is partly a function of the drug problem’s wide disciplinary span, involving experts as different in training and outlook as a research scientist developing a pharmaceutical for fighting addiction and a DEA agent dismantling a methamphetamine trafficking organization. Over the years, some have advocated for an exclusive focus on supply control. Others have insisted that treatment of heavy users is the solution. Still others have argued that prevention is key.

All are partly right. What the Nation needs is an honest effort to integrate these strategies.

Reduced to its barest essentials, drug control policy has just two elements: modifying individual behavior to discourage and reduce drug use and addiction, and disrupting the market for illegal drugs. Those two elements are mutually reinforcing.

Drug treatment, for instance, is demonstrably effective in reducing crime. Law enforcement

helps “divert” users into treatment and makes the treatment system work more efficiently by giving treatment providers needed leverage over the clients they serve. Treatment programs narrow the problem for law enforcement by shrinking the market for illegal drugs. A clearer example of symbiosis is hard to find in public policy.

Similarly, prevention programs are perennially appealing because they stop drug use before it starts and, in so doing, they reduce the load on the treatment system and, ultimately, the criminal justice system. Prevention programs work best in a climate where law breaking is punished and young people are discouraged from trying illegal drugs in the first place.

These different elements of our drug control program are really two sides of the same coin. In some areas, as in the law enforcement and drug treatment systems, the connection is exceptionally strong and should be exploited. As will be described later and in more detail, this linkage offers a rare opportunity to make drug treatment available to a large pool of addicted individuals.

A variant of this linkage applies equally well to the many other people with whom the drug user comes into contact, whether a sibling, an employer, or a neighbor. Treatment works. But even the best drug treatment program cannot help a drug user who does not seek its assistance. Perhaps the greatest single challenge for our Nation in this area is to create a climate in which Americans confront drug use honestly and directly, encouraging those in need to enter and remain in drug treatment.

This Strategy seeks to apply the principles articulated above in the key areas of prevention, treatment, and supply reduction. Those sections are followed by tables summarizing the President’s

fiscal year 2003 budget request for drug control programs. That section is followed by a data appendix covering a range of drug-related topics, including patterns of drug use, information about drug treatment, trends in drug supply and total consumption, drug-related arrests, and arrests of individuals who tested positive for drugs at the time of arrest.

Integrating Budget and Performance

The President has committed the Federal Government to manage by results. Nowhere is the need for such management greater than in federal drug control efforts, in which coordinating the work of more than 50 national drug control program agencies can quickly become overwhelming for both the executive branch and Congress. This Strategy outlines two initiatives that will bring results-oriented management to drug control efforts: budgeting improvement and performance management.

In the past, the task of managing anti-drug programs has been complicated by the methods used to calculate the drug control budget. The budget information presented with the Strategy each year does not represent actual, managed dollars. With few exceptions, the dollars reported are not reflected as line items in the President's budget or in appropriations acts. Rather, they reflect percentages of total appropriations for agencies and programs, with a number of different methods used to estimate the portion dedicated to drug control.

Independent reviews, some conducted for the Office of National Drug Control Policy and some

by inspectors general in other federal agencies, have revealed that many of the estimation methods may not reflect accurately agency efforts. Even if the estimation techniques were perfect, the resulting numbers would still be difficult to use. Usually reflecting estimates generated after bottom-line decisions are made, these figures are not adequate for meaningful budget management in the executive branch or for deliberations in Congress.

Additionally, information is presented on a number of costs that are a consequence of drug use rather than expenditures aimed at reducing drug use. Because they do not reflect judgments about drug policy, they will be excluded from the drug control budget. These costs will continue to be reported as part of the annual report, *Economic Costs to Society of Drug Abuse*.

ONDCP will develop, in consultation with OMB and other federal agencies, a new methodology for identifying drug control spending. This new methodology will seek to tie all drug funding directly to actual dollars identified in the congressional presentations of drug control agencies that accompany the annual submission of the President's budget. If a line item in an agency's budget were judged to have a strong association with drug control, then 100 percent of this line item would be included in the drug budget.

Narrowing the scope of the drug control budget and presenting it in terms of real dollars will make it a more useful tool for policymakers. Resource allocation will become part of the decisionmaking process rather than information reported after decisions are made.

In addition to being more accurate, the new drug control budget will focus on agencies and programs that produce measurable results.

This will make it possible to improve accountability and, for the first time, will create a basis for comparing the results of supply and demand reduction activities and the underpinnings of a system for moving assets to areas of maximum effectiveness.

While all budget figures used in the Strategy are generated using the current methodology, a table showing an approximate outline of the new methodology is included in the Budget Summary chapter of this document.

In addition to changing the budget presentation, ONDCP will continue the work to bring accountability to drug control programs through the use of ONDCP's Performance Measures of Effectiveness System, which measures the results of federal drug control programs. In so doing, the Administration will be able to make better informed management and policy decisions about resource allocation. Working from our fundamental aim—to reduce drug use in America—the Administration will measure its success, at the policy level with drug use data, and at the program level with relevant indicators. This performance management system will help direct our efforts to effective programs and point the way to improvement for programs that underperform.

The Administration is committed to accountability in government. Drug policy will be no exception. By improving the system by which we manage drug programs, we will see results.

National Drug Control Strategy:
NATIONAL PRIORITIES

BUDGET HIGHLIGHTS

- **Safe and Drug-Free Schools Program: \$644 million**
(\$634.8 million drug-related). This program funds activities that address drug and violence prevention for young people. To improve evaluation and better direct program activities, ONDCP will work with the Department of Education to develop a useful evaluation plan that will impose program accountability while alerting schools to problem areas.
- **Drug-Free Communities Program: \$60 million.**
This program provides assistance to community groups on forming and sustaining effective community and anti-drug coalitions that fight the use of illegal drugs, alcohol, and tobacco by youth. The Administration proposes an increase of \$9.4 million over the fiscal year 2002 enacted level. Further, this request includes \$2 million for the National Community Anti-Drug Coalition Institute. The Institute will provide education, training, and technical assistance for coalition leaders and community teams and will help coalitions to evaluate their own performance.
- **National Youth Anti-Drug Media Campaign: \$180 million.**
The Media Campaign uses paid media messages to guide youth and parent attitudes about drug use and its consequences. Targeted, high impact, paid media advertisements—at both the national and local levels—seek to reduce drug use through changes in adolescents' perceptions of the danger and social disapproval of drugs.
- **Parents Drug Corps Program: \$5 million.**
This new initiative funded through the Corporation for National and Community Service will encourage parents to help children stay drug-free by training them in drug prevention skills and methods.

Stopping Use Before It Starts: Education and Community Action

Common sense tells us that preventing young people from experimenting with drugs in the first place is preferable to later—and more costly—treatment, rehabilitation, and possible incarceration.

Preventing drug use before it starts spares families the anguish of watching a relative slip into the grasp of addiction and protects society from many risks, such as those created by workers whose mental faculties are dulled by chemicals. Prevention is also the most cost-effective approach to the drug problem, sparing society the burden of treatment, rehabilitation, lost productivity, and other social pathologies—costs estimated at \$160 billion per year.

We know that prevention works. We know that, if we prevent young people from using drugs through age 18, the chance of their using drugs as adults is very small. We know that the use of alcohol by young people has been linked to a range of social pathologies, including the use of illegal drugs. We also know that prevention requires real and sustained effort by adults and peers. We know, in other words, a great deal. What we know presents us with a challenge: to face up to our shared responsibility to keep young people from ever using drugs.

Prevention programs involve schools and faith-based organizations, civic groups, and the mass media. But the single indispensable element of an effective prevention program is not a program at all. Parents and other caregivers have a tremendous influence on whether their kids use drugs. Intuition suggests this; the data confirm it. According to the Partnership for a Drug-Free

America, kids whose parents (or grandparents) teach them about the dangers of drugs are 36 percent less likely to smoke marijuana, 50 percent less likely to use inhalants, 56 percent less likely to use cocaine, and 65 percent less likely to use LSD.

But parents cannot do it alone. Schools, communities, the media, and others must offer prevention messages that are unambiguous and convey a direct message that drug use is dangerous, is wrong, and will not be tolerated.

At the level of school-based programs, drug prevention includes imparting factual, research-based drug education and teaching drug-refusal skills. Many effective prevention programs convey the dangers of underage drinking. Yet effective prevention programs go beyond merely reciting the dangers of drug use—dangers that might seem remote to many young people. A hallmark of many effective prevention programs is motivating young people to see their self-worth and purpose in society as part of the broader community. For young people, understanding one's place in society and learning to take responsibility for one's actions are at least as important as knowing the risks of smoking marijuana.

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

Drug use will abate only when parents, teachers, religious and civic leaders, and employers join together to reaffirm the principles of personal responsibility. Those working at the community level are making a lasting difference in our drug problem, applying Americans' renewed understanding of the importance of working together as citizens to push back against a menace that threatens us all.

they have caught up by the time of college graduation, according to data from *Monitoring the Future*. Administrators at our colleges and universities also need to do a better job of controlling underage drinking. Although not governed by the same statutes as illegal drugs, underage drinking is illegal, is at epidemic levels on many college campuses, and can have equally devastating consequences.

EFFECTIVE EDUCATION PROGRAMS: PROJECT STAR

Project STAR is a broad-based prevention program that teaches young people social skills and techniques to resist using drugs, even in the face of peer pressure. Unlike many prevention programs, Project STAR operates in the community, mass media, home, and in the schools. According to the National Institute on Drug Abuse, research findings on the project show that students who began the program in junior

high, and whose results were measured in their senior year of high school, showed significantly less use of marijuana (about 30 percent less), cigarettes (about 25 percent less), and alcohol (about 20 percent less) than children in schools that did not offer the program. The most important factor found to have affected drug use among the students was an increased perception of their friends' intolerance of drug use.

The newly reauthorized Drug-Free Communities Support Program will provide critical resources to expand prevention programs across America, including small towns, rural areas, and Native American communities, all of which have been hit hard in recent years by drug problems that have historically plagued big cities.

Community coalitions address geographic communities, but drug use can flourish in other types of communities, including our colleges and universities. It is surprising to many parents that, although college-bound high school students are less likely to use illegal drugs than their peers,

This Administration will provide national leadership and resources to those working to prevent drug abuse at the community level. For example, the National Youth Anti-Drug Media Campaign, in partnership with the Ad Council and Community Anti-Drug Coalitions of America, will spread the message that community coalitions are vital catalysts in preventing drug use. The Parents Drug Corps Program, funded through the Corporation for National and Community Service, will encourage parents to help children stay drug-free by training them in drug prevention skills and methods, and will promote cooperation nationally among a

network of parent organizations and community anti-drug coalitions.

This real work of reducing drug use is opposed by armchair theorists who want to define the problem away and normalize drug use. The outright legalization of drugs—a goal that is opposed by a solid majority of Americans—rests on the flawed premise that because some people

undermine our own prevention efforts. It is time to put the distracting argument about harm reduction behind us. We stand both for reducing drug use *and* its attendant consequences.

This is an effort in which every American has a role to play. In homes, schools, places of worship, the workplace, and civic and social organizations, we can set norms that both reaffirm the value of

COMMUNITY COALITIONS THAT SHOW RESULTS

The Fighting Back Partnership of Vallejo, California, was formed in response to the city's escalating crime rate in the late 1980s, blamed largely on gang activity and use of methamphetamine and crack cocaine. A coalition of churches, individuals, and agencies in the fields of substance abuse treatment, law enforcement, and education, as well as private businesses, took action on

three fronts: revitalizing neighborhoods, helping young people, and encouraging individuals in need to enter treatment. Today, in this racially diverse city of 118,000, neighborhood crime and drug use is down, the number of patients in substance abuse treatment has increased, calls for police assistance have declined, and residents say Vallejo is a safer, more desirable place to live.

will inevitably make bad choices, society should supply the means for those choices and pay for their consequences. Those consequences would be devastating—starting with what even proponents acknowledge would be an increase in drug *use*. Whether in their undiluted form or in other guises, such as “harm reduction,” efforts to legalize drugs represent the ultimate in disastrous social policy. This Administration will oppose them.

It goes without saying that we need to reduce the great harms associated with drug use. But it should be equally obvious that we can only do that in ways that do not increase drug use and

responsibility and good citizenship and dismiss the notion that drug use is consistent with the “pursuit of happiness” by a free and self-governing people. With national leadership and community engagement, we can—and we will—recreate the formula that helped America succeed against drugs in the past. We will bring resolve to our efforts, we will bring together coalitions of uniquely qualified individuals, and we will bring a renewed sense of purpose to the challenge of preventing drug use. And we will see drug use recede.

BUDGET HIGHLIGHTS

- **Drug Abuse Treatment Programs—SAMHSA.** The President has committed to adding \$1.6 billion to the drug treatment system over 5 years. The following enhancements for the Substance Abuse and Mental Health Services Administration (SAMHSA) will provide additional funding to increase the capacity of the treatment system:
 - **Targeted Capacity Expansion (TCE) Program: +\$109 million.** This additional funding will help SAMHSA expand the Treatment TCE program, which is designed to support a rapid, strategic response to emerging trends in substance abuse. Included in this proposal is \$50 million to be used for a new component of the TCE program. This new component would be structured to reserve funding for state-level competitions, weighted according to each state's need for treatment services.
 - **Substance Abuse Prevention and Treatment (SAPT) Block Grant: +\$60 million** (\$43 million of which will be drug related). This increase for SAMHSA's SAPT Block Grant will provide additional funding to states for treatment and prevention services. States use these funds to extend treatment services to pregnant women, women with dependent children, and racial and ethnic minorities.
- **Promoting Drug Treatment in the Criminal Justice System—**

Department of Justice: Critical to breaking the cycle of drugs and crime is providing resources that promote drug treatment and early intervention to individuals who come into contact with the criminal justice system. This initiative expands two criminal justice treatment programs that seek to reduce recidivism among these populations.

 - **Residential Substance Abuse Treatment (RSAT) Program: +\$7 million.** This enhancement will expand the RSAT program to \$77 million in fiscal year 2003. The RSAT program is a formula grant that distributes funds to states to support drug and alcohol treatment in state corrections facilities.
 - **Drug Courts Program: +\$2 million.** These additional resources will expand the Drug Courts program to \$52 million in fiscal year 2003. The Drug Courts program provides alternatives to incarceration by using the coercive power of the court to force abstinence and alter behavior through a combination of escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.

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

Many people stop using drugs on their own. Some stop only when faced with consequences, such as the loss of a professional license, a job, or personal liberty. Some do not or cannot stop. Their drug use has progressed to addiction, and they need our help.

To get them that help, the Federal Government needs more reliable needs assessments at the state and local levels to guide the expansion of particular types, or modalities, of drug treatment. We need better information about what works in drug treatment and where there are shortages of capacity. We also need to work toward administration of standardized assessments and to ensure appropriate placement for those in need of treatment.

Yet for more than a decade, the public agenda in this area has been preoccupied by an exclusive focus on the question of treatment *capacity*—whether the Federal Government is spending enough to make treatment services available to those in need.

But what *is* the total need? What is the capacity of our Nation's drug treatment system? And what, by extension, is the "right" level for federal treatment funding? Remarkably, until relatively recently, policymakers were saddled with a number of crude and deficient tools for estimating treatment capacity and the number of individuals in need of treatment.

Our understanding of treatment need advanced significantly with the release, in September 2001, of new data from the *National Household Survey on*

Drug Abuse. By incorporating into the survey questions distilled from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), we are now for the first time able to estimate that there are roughly 2.8 million "dependent" users, along with an additional 1.5 million users deemed to fall in the less severe "abuser" category.

As defined in DSM-IV, drug dependence—characterized by significant health problems, emotional problems, difficulty in cutting down on use, drug tolerance, withdrawal, and other symptoms—is more severe than drug abuse. Abuse is characterized by problems at work, home, and school; problems with family or friends; voluntary exposure to physical danger; and trouble with law enforcement. Individuals in both categories will have difficulty ending their drug use without treatment.

As currently constituted, the treatment system is not able to help all those deemed to be in need of drug treatment; according to conservative estimates, only an estimated 800,000 individuals had received drug treatment in the year prior to the survey. The President has committed to supporting a \$1.6 billion expansion in federal treatment aid over 5 years. Consistent with this pledge, the President's 2003 budget requests an increase of approximately \$100 million in federal treatment spending for the Substance Abuse and Mental Health Services Administration. (This enhancement is part of an overall treatment increase of \$224 million for fiscal year 2003.)

But the *Household Survey* contains another remarkable finding, one that argues that

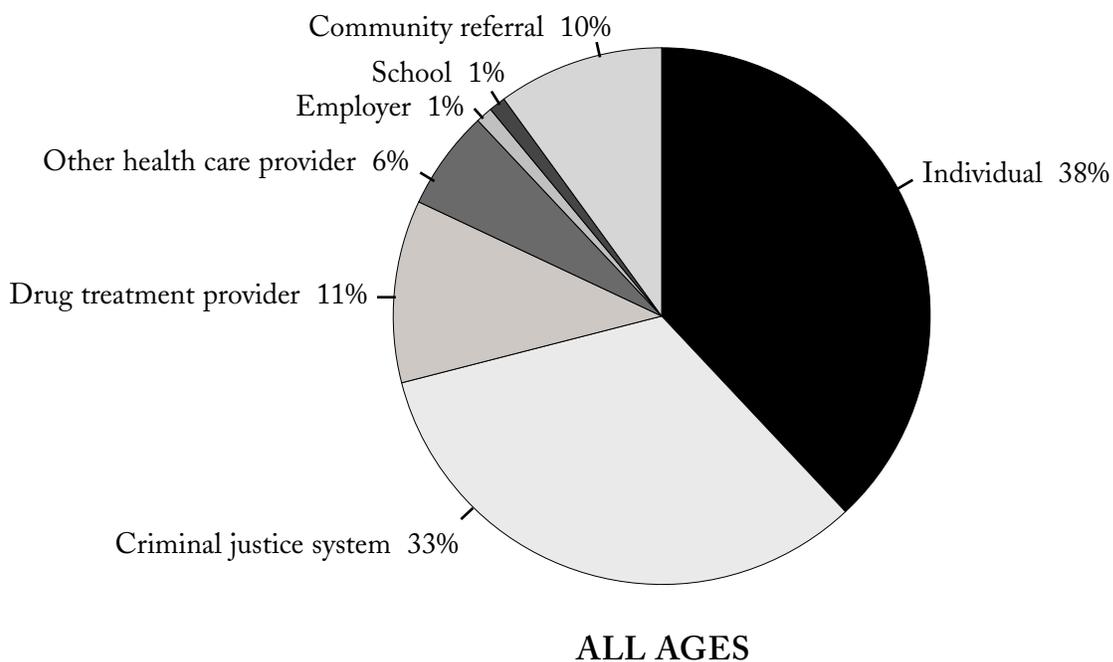
expanding the treatment system is not by itself sufficient. Frustrating the work of treatment providers, the overwhelming majority of users characterized with dependence or abuse do not see themselves as actually needing drug treatment. This tendency is particularly pronounced among adolescents and young adults. Of the estimated 3.9 million individuals who needed but did not receive treatment in 2000, fewer than 10 percent—just 381,000—reported actually *thinking* that they needed help.

There are good reasons for believing that the latter estimate is too low. The survey from which it is derived omits individuals currently in residential treatment and does not cover groups such as homeless people not living in shelters. ONDCP will convene experts to build on the

significant work that has already been done by the Department of Health and Human Services and others to attempt to determine more precisely the number of individuals currently receiving drug treatment services as well as the number of those seeking access to drug treatment. New data collection systems will aid in this process, including the National Treatment Outcome Monitoring System—currently being developed by ONDCP and the Center for Substance Abuse Treatment—which will provide vitally needed information on treatment admissions, waiting times, and treatment outcomes.

But the obvious conclusion one would draw from the data is in fact the correct one: most people who need drug treatment do not think they have a problem. To borrow a popular phrase, *they are in*

Figure 2: Drug Treatment Admissions by Source of Referral: All Ages and Ages 12–17



Note: Individual includes self-referral, and referral by a family member or by friends.
 Source: Treatment Episode Data Set (2001)

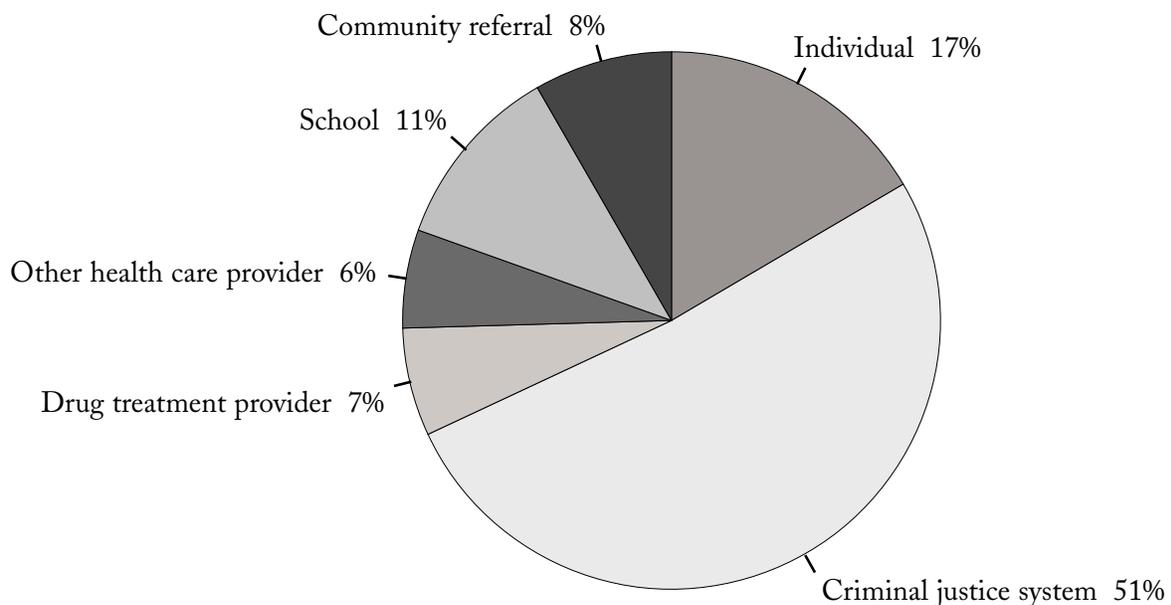
denial. If there were ever any question about the role of coercion in getting people into treatment, these findings should answer it.

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

Compassionate coercion begins with family, friends, and the community. Americans must begin to confront drug use—and therefore drug users—honestly and directly. We must encourage those in need to enter and remain in drug treatment.

Of course, drug users often conceal their involvement with illegal drugs. Yet looking back to the most recent *Household Survey* data, we know that there are more than 4 million Americans who, according to the DSM-IV definitions, suffer from a mix of difficulties that range from emotional problems to trouble with law enforcement. Drug users may be secretive, but their problems are often visible to us if we are willing to look for them.

Researchers estimate that well over half of all cocaine and heroin is purchased by individuals formally under the control of the criminal justice system—either on pretrial release, probation, or parole. Some 50–80 percent of arrestees in major cities tested positive for drugs at the time of arrest. The Bureau of Justice Statistics estimates that 150,000 state inmates are released each year



AGES 12–17

without receiving needed drug treatment, thus making the criminal justice system perhaps the most important natural ally of the drug treatment system. This Administration seeks to capitalize on the link between prison and drug treatment by expanding the Residential Substance Abuse Treatment program, a federal grant program that distributes funds to states to support drug and alcohol treatment in state corrections facilities.

At the federal level, with the goal of achieving a drug-free prison system, the Bureau of Prisons will be pushing for 100 percent inmate participation in prison treatment programs while improving treatment continuity for persons being released from confinement to community supervision. The Bureau will also seek to administer a drug urinalysis to every federal inmate within 60 days of release and will provide appropriate sanctions for a failed test.

In addition, the Administration proposes to increase federal support for the Drug Courts

program in fiscal year 2003. Drug courts use the coercive power of the judicial branch to force abstinence and alter behavior through a combination of escalating sanctions, mandatory drug testing, treatment, and effective aftercare programs. Some 782 drug courts now operate in 49 states and represent one of the most promising innovations in recent memory. Intrusive and carefully modulated programs like drug courts are often the only way to free a drug user from the grip of addiction. The Federal Government will be undertaking a longitudinal review of selected drug court programs to determine the long-term effects of drug court participation.

The criminal justice system is far from the only lever treatment providers have over drug users, a majority of whom work for a living. Companies know that drug use among their employees detracts from the bottom line, translating directly into increased absenteeism and tardiness, higher employee turnover, more damaged and stolen property, and more workers' compensation claims.

WHAT WORKS IN DRUG TREATMENT: OPERATION PAR

Operation PAR (Parental Awareness and Responsibility), serving five Florida counties, got its start in 1970 in the way many effective programs do—a parent concerned about her daughter's drug use took action. The organization's Family Support Network, an initiative designed to reduce marijuana use among youth, boasts a superior retention rate, keeping 88 percent of its clients in treatment after 10 months.

Operation PAR also provides drug treatment programs for Florida felons and boasts a 17 percent recommitment rate after 2 years for individuals completing the Long-Term Secure Drug Treatment Program. A program for juvenile offenders produces similar results.

KEY FINDINGS ABOUT DRUG TREATMENT

- Nearly 10,000 clients in community-based programs in 11 cities were compared before and after treatment on a number of key outcomes. Depending upon treatment modality, the data showed reductions in weekly use of heroin (between 44 and 69 percent), cocaine (between 56 and 69 percent), and marijuana (between 55 and 67 percent); reductions in illegal behavior (between 36 and 61 percent); and improvements in employment status (between 4 and 12 percent).
- One year following discharge from drug treatment, use of the primary drug of choice dropped 48 percent; arrests dropped 64 percent; self-reported illegal activity dropped 48 percent; and the number of health visits related to substance use declined by more than 50 percent.
- Five years after discharge, there was a 21 percent reduction in the use of any illegal drug—a 45 percent reduction in powder cocaine use, a 17 percent drop in crack cocaine use, a 14 percent decline in heroin use, and a 28 percent drop in marijuana use. Similar reductions were reported for criminal activity: a 30 percent reduction in selling drugs, a 23 percent decrease in victimizing others, and a 38 percent drop in breaking and entering, as well as a 56 percent drop in motor vehicle theft.

Sources: Drug Abuse Treatment Outcome Study, National Treatment Improvement Evaluation Study, and Services Research Outcomes Study.

Private industry, including the vast majority of Fortune 500 companies, has been quick to adopt drug-free workplace policies, including employee assistance programs (EAPs), which can require employees to participate in drug treatment programs. The success of major companies may even have had the unintended consequence of making small businesses more attractive to drug-using employees, since small companies are less likely to screen employees for drug use either before or during employment. Employees of smaller firms are also less likely to have access to EAPs.

Targeting Treatment Resources

By now, most Americans are acquainted with the idea that recovery from addiction is a lifelong challenge, yet few understand what that signifies for drug treatment programs. Simply put, for many people, ceasing a life of drug use involves more than one attempt at treatment and more than a single mode of drug treatment.

Effective treatment programs face a daunting challenge. Research has demonstrated that drug use can change the very structure and function of

HELPING FAMILIES HELP THEMSELVES

In 1995, a tiny grocery store in Manhattan's Lower East Side was the scene of a police shootout with local drug dealers that left one person dead and a police officer paralyzed. The following year, in that same corner store, La Bodega de La Familia opened its doors with an inventive plan to make drug treatment work better by helping the people *around* drug using criminal defendants—including family and friends. The strategy—helping families

help their loved ones—has been a big success. Preliminary results of a study by the Vera Institute of Justice indicate that participants in La Bodega's program significantly reduced their use of illegal drugs. Over a six-month period, past-month use of cocaine among La Bodega participants fell from 42 percent to just 10 percent (compared to a drop of 27 percent to 21 percent for a control group).

the brain, diminishing the capacity to make judgments, control impulses, and meet responsibilities. Advances in brain imaging techniques are enabling scientists to observe real-time neurochemical changes occurring in the brain as it processes information or responds to stimuli—including illegal drugs or drug treatment medications.

Brain imaging techniques reveal that illegal drugs like MDMA, better known as Ecstasy, modify brain chemistry by damaging neurons and altering the functions responsible for the release of serotonin, a brain chemical responsible for regulating memory and other cognitive functions, such as verbal reasoning and the ability to sustain attention. Additional studies suggest that the toxic effects of drug use persist long after an individual discontinues use.

While roughly half of all treatment is funded through private or other non-federal means, policymakers pondering questions about treatment spending have found their work simplified by a

calculus of self-interest. Briefly, the costs incurred in providing drug treatment are dwarfed by the costs of *not* providing treatment. Supporting drug treatment—helping drug users break the cycle of addiction—therefore makes sense on fiscal grounds as well as being the right thing to do.

Treatment capacity is an important question, and the President's \$1.6 billion initiative to increase the system's capacity was previously discussed. Yet the exclusive focus on treatment capacity has diverted attention from other important questions, such as how to direct current treatment resources more effectively, as well as how to improve the quality and availability of aftercare services.

In considering the federal role in expanding the treatment system, the sheer diversity of approaches aimed at freeing individuals from addiction argues for a greater focus on our ability to direct those in need to the most appropriate type, or modality, of drug treatment. This Administration takes a major step in that direction with a request for an increase of

RALLYING FAITH-BASED ORGANIZATIONS

When attempting to bring about a personal transformation of a drug user whose life has spun out of control, it only makes sense to call upon the life-transforming power of faith. The role of religion and spirituality in both preventing and treating substance abuse is documented in the results of a two-year study titled *So Help Me God: Substance Abuse, Religion and Spirituality*, by the National Center on Addiction and

Substance Abuse at Columbia University. The report found that participation in spiritually-based treatment programs increases the odds of maintaining abstinence and concluded that “religion and spirituality can play a powerful role in the prevention and treatment of substance abuse, and in the maintenance of sobriety.”

\$109 million for the Treatment Targeted Capacity Expansion (TCE) program—grants that are awarded to the cities, towns, counties, and states most in need. The program also targets high-priority groups for treatment, such as adolescents, pregnant women, and racial and ethnic minorities.

Treatment programs take many forms. They vary from an 18-month, inpatient therapeutic community in the rural Catskills, where clients learn discipline and basic life skills, to an outpatient clinic in Los Angeles, where heroin addicts line up for a daily dose of methadone and periodic counseling, to a long-term, faith-based program in Portland, Oregon, that uses the power of faith as an essential part of the treatment process.

The most intensive aspects of treatment typically are relatively short lived, and treatment must be followed by an aftercare component if long-term abstinence is to be a realistic expectation. For an increasing number of people, that abstinence is coerced—by family, friends, an employer, or the

criminal justice system. For tens of thousands, the key to staying away from drugs is a Twelve Step program, such as Narcotics Anonymous, an American success story that is modeled after the Alcoholics Anonymous movement, and which began developing in the 1940s. The success of NA and programs like it stems in large part from a single-minded emphasis on abstinence and the support of other individuals who also face the challenge of sustaining recovery for the rest of their lives.

BUDGET HIGHLIGHTS

- **Border Control and Enforcement: +\$76.3 million**
(+\$11.4 million of which is drug related). This enhancement of the U.S. Border Patrol includes hiring an additional 570 agents to enforce national borders and to combat international drug trafficking.
- **Southwest Border Drug Prosecutions: \$50 million.**
The President's fiscal year 2003 Budget maintains funding of \$50 million for the Southwest Border Drug Prosecution Initiative. This program provides critical support to counties along the Southwest Border for the costs of detaining and prosecuting drug cases referred to them by U.S. Attorneys.
- **Andean Counterdrug Initiative (ACI): \$731 million.**
The fiscal year 2003 Budget requests an increase of \$106 million over funding enacted for the ACI account in fiscal year 2002. This request includes resources to continue enforcement, border control, crop reduction, alternative development, institution building, and administration of justice and human rights programs. For Colombia, funding will be used for several broad categories including operations and maintenance of air assets provided with Plan Colombia supplemental funding; Colombian National Police and Army Counternarcotics Brigade operational support; and herbicide application programs. Additional funding will support critical Agency for International Development-implemented humanitarian, social, economic, and alternative development programs; support vulnerable groups; and provide resources for justice-sector reform projects.

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

Few areas of public policy boast linkages as clear as those that exist between the availability and use of illegal drugs. Simply put, the demand for drugs tends to vary with their price and availability. Disrupting this market relationship provides policymakers with a clear lever to reduce use.

For decades, the “supply effect” was understood more on the basis of anecdote than hard science. One oft-cited example involves heroin use by American servicemen during the Vietnam war. Southeast Asia offered cheap, potent heroin, which American servicemen used in sufficient numbers to provoke widespread alarm in Washington and the creation of an unprecedented program to administer drug tests on those returning from the war. As it turned out, this prudent strategy was partly for naught. Returning to a world where heroin was expensive, impure, and difficult to obtain, the vast majority of servicemen simply stopped using it. At first, supply had fostered demand. Later, for many, lack of supply would curtail demand.

The supply effect helps explain why some countries are so much more successful than others in controlling drug use among their citizens. Even countries with well-managed law enforcement systems can be overrun if geography conspires to make it difficult to interdict illegal drugs at the border or beyond.

Consider Malaysia, a nation with an effective drug control force and strict sanctions for drug trafficking (including a mandatory death sentence for certain drug crimes). Malaysia’s chief misfortune is one over which it has little control—

being located astride trafficking routes from nearby Burma and Thailand, making heroin cheap and plentiful. As a result, Malaysia’s population has a serious problem with intravenous heroin addiction.

It seems obvious that availability is a precondition for use. Yet availability is a relative term—what really matters to the drug user is that the market for illegal drugs produces availability *at a price*. Understanding of this fact has been obscured by images in the popular culture of crazed addicts who will do anything for a fix. Whatever compulsion drives them, most addicts are in fact quite conscious of and sensitive to the price and purity of the drugs they consume. Addicts must spend almost all their money on illegal drugs; rising prices for drugs such as cocaine and heroin do not magically enable them to beg, borrow, or steal more. (Conversely, the arrival of a ubiquitous, low-cost drug like crack cocaine can be a tremendous spur to consumption.) Above all, even heavy users of drugs are rational consumers, and the market signal conveyed by a drop in availability (or a dispiriting series of “rip-off” transactions) may be a powerful spur to enter a drug treatment program.

Recent research suggests that casual users, even teenagers, are susceptible to supply effects. A research paper, *Marijuana and Youth*, funded by the Robert Wood Johnson Foundation, concludes that changes in the price of marijuana “contributed significantly to the trends in youth marijuana use between 1982 and 1998, particularly during the contraction in use from 1982 to 1992.” That contraction was a product of many factors, including a concerted effort among

federal agencies to disrupt domestic production; these factors contributed to a doubling of the street price of marijuana in the space of a year.

It should not come as a surprise that drug users respond to market forces. The drug trade is in fact a vast market, one that faces numerous and often overlooked obstacles that may be used as pressure points.

Major drug-trafficking organizations and their suppliers face the colossal management challenge of supervising the cultivation of hundreds of thousands of acres of drug crops and importing thousands of tons of illicit chemicals into remote production areas that are often controlled by guerrilla armies. Traffickers must then move hundreds of tons of illegal drugs across continents and through intermediaries and a maze of specialized border smuggling organizations, then into the waiting hands of mid-level distributors in a foreign country where senior managers will never risk setting foot.

Even success—the shipment of illegal drugs to the United States—brings its own set of challenges, including the unlikely problem of money. The drug trade relies on the international banking system to launder billions of dollars each year, an increasingly uncertain proposition at a time when financial transactions are coming under increasing scrutiny. Where it is unable to infiltrate local banking systems, the drug trade must resort to reverse smuggling, in bulk form, enormous quantities of cash, which often weigh two to three times as much as the drugs that were smuggled in. Each of these processes involves a series of finely honed systems. Every finely honed system has its weaknesses. The drug trade's complexity and sheer vastness will prove to be its greatest weakness.

As we mount law enforcement programs here at home and with our international partners abroad,

the Federal Government will be guided by this understanding of the illegal drug trade as a market. To effectively manage our efforts, we will better define the market by estimating the flow of illicit drugs from their sources to our streets.

We will gauge our success by our ability to reduce the supply of drugs.

Disrupting Markets at Home

Domestically, disrupting drug markets will involve the cooperative, combined efforts of federal, state, and local law enforcement—each of which contributes in crucial ways. Effective drug supply reduction efforts will focus on intercepting drugs at the border and dismantling the drug networks that transport and distribute drugs and illicit proceeds from their sale throughout the United States.

Driving up the price of drugs such as cocaine and marijuana will require us to target the top of the trafficking pyramid using sophisticated cooperative mechanisms such as the Special Operations Division, a DEA-managed, multiagency operations center that includes participants from the Department of Justice and the U.S. Treasury. The virtue of this program is that it manages the challenging task of exploiting sensitive information in a manner that protects intelligence sources and methods, while making major strides in creating an environment in which federal law enforcement agencies can share information.

The Organized Crime Drug Enforcement Task Force (OCDETF) program was created in 1982 to focus resources on dismantling and disrupting major drug-trafficking organizations and their

money-laundering operations. Today, the Justice Department part of OCDETF has matured into a nationwide structure of task forces—including federal prosecutors and federal, state and local law enforcement agents—in nine regions receiving a total of \$338.6 million in fiscal year 2002, and focusing entirely on drug law enforcement. Yet, over the past several years, only 1 in 10 OCDETF investigations has included a financial investigation, and only 21 percent of these investigations have reached the leadership level of drug organizations, according to Justice Department figures. The Attorney General has refocused the OCDETF program to ensure that law enforcement efforts are directed at the most significant drug-trafficking organizations responsible for distributing most of the drugs in the United States. Under the OCDETF program, law enforcement will strategically identify the most sophisticated trafficking organizations, eliminate their leadership, take down their transportation and distribution operations, and dismantle their financial infrastructure. The effectiveness of the OCDETF program will be measured by its impact in reducing the supply of drugs in the United States.

The High Intensity Drug Trafficking Areas (HIDTA) program is administered by ONDCP in 28 HIDTA regions around the country. Over the coming months, ONDCP will consult with the Attorney General; the Secretary of the Treasury; heads of law enforcement agencies at the federal, state, and local levels; and relevant governors and mayors to see how best to ensure that the HIDTA program focuses on high-value trafficking targets and financial infrastructure.

Collaborative efforts like the Treasury Department's Financial Crimes Enforcement Network (FinCEN) must play a leading role in helping federal, state and local law enforcement uncover the financial crimes of drug traffickers.

The Treasury Department, as part of the National Money Laundering Strategy, has intensified the efforts of High Intensity Money Laundering and Related Financial Crimes Areas (HIFCAs), jointly managed with the Department of Justice. Federal law enforcement and regulatory efforts will focus on major money-laundering enterprises in these areas.

Over the long term, however, everything federal law enforcement does requires a public consensus that the laws they enforce are fair and that they enforce those laws in a fair manner. That consensus has eroded to an alarming extent in recent years. Law enforcement has been the target of a campaign that derides its work as sending users and low-level dealers to prison with sentences that are excessively harsh. Reams of data—including the most current information on federal convictions—argue otherwise.

According to the United States Sentencing Commission, the median quantity involved in cocaine-trafficking cases is 1,999 grams for powder, and 68.7 grams for crack cocaine—more than 600 “rocks” of crack. The relevant figures for heroin and marijuana are 512 grams and 56,110 grams, respectively—enough, in either case, for tens of thousands of doses. The notion that the federal criminal justice system is causing the arrest of legions of small-time drug offenders is thus revealed to be unsupportable, as is the claim that federal law enforcement agencies are busily locking up individuals for possession of—as opposed to trafficking in—illegal drugs. In fiscal year 2000, the most recent year for which we have data, there were just 232 federal possession convictions for cocaine, marijuana, and heroin combined.

The sentencing structure has fostered among some a perception of racial injustice within the criminal justice system. Clearly, the government must create and administer laws in a fair and

equitable fashion, but it is equally important that the public perceive that the government is doing so because if some believe that a law discriminates against a certain population, it hinders the ability of the government to enforce that law for the benefit of all in society. This Administration is committed to working with all interested parties to ensure that our criminal justice system is both fair and perceived as fair.

Going to the Source

While the bulk of our drug control program is based at home, there are elements of an effective drug control program that can only be pursued abroad. Internationally, we and our allies will attack the power and pocketbook of those international criminal and terrorist organizations that threaten our national security. We will support our international partners in their efforts to attack the drug trade within their borders, and we will work through international financial and banking institutions to combat drugs and terrorism-related money-laundering activities. In addition, we will work to strengthen democratic institutions and the rule of law in allied nations under attack from the illegal drug trade. Making it clear to traffickers that there is no safe haven from justice, we will work with our foreign counterparts to support their prosecutorial efforts and will prosecute foreign traffickers using the extraterritorial application of U.S. law.

We will continue to target the supply of illegal drugs in the source countries. The illicit industry that cultivates coca and produces, transports, and markets cocaine is vulnerable to effective law enforcement action. Coca, the raw material for cocaine, is produced in commercial quantities exclusively in the Andean region of South America.

Much of the heroin consumed in the United States is produced in the Andean region as well.

The coca industry thrives in areas devoid of effective law enforcement control. Yet with a meaningful government presence, capable law enforcement, and the political will to confront entrenched corruption and powerful political groups, the cocaine industry can be disrupted. Historically, international supply reduction efforts have reduced the cultivation of opium poppy and coca crops in a number of countries including Bolivia, Ecuador, Guatemala, Pakistan, Panama, Peru, and Thailand. In each of these cases, some combination of alternative development, eradication, enforcement, and interdiction programs was successfully adapted to local conditions.

Democracy is under pressure in the Andean region, in large measure because money generated by narcotics production and trafficking is available to well-armed antidemocratic groups. Past successes in crop control in Bolivia and Peru have been partially offset by coca cultivation increases in Colombia. Now, nearly 90 percent of the cocaine and the majority of the heroin arriving in the United States come from Colombia, mostly originating in southern Colombia where government control is weakest.

To date, government presence and security remain limited, at best, in southern Colombia. Aerial eradication has not been delivered continuously or intensely enough, and it has not been sufficient to change the economic equation in Colombia's Putumayo region. Coca remains the most lucrative crop in the southern growing areas, and growers, although willing to sign up for alternative development programs as a hedge, have little incentive to follow through with voluntary eradication without the pervasive threat of involuntary eradication and interdiction. As the

CONSEQUENCES OF DRUG USE

Economic Costs to Society. The total economic cost to society of illegal drug use in 2000 was an estimated \$160 billion, a 57 percent increase from 1992. The three major components of the total cost are health care costs (\$14.9 billion), productivity losses (\$110.5 billion), and other costs (\$35.2 billion), including the cost of goods and services lost to crime, the criminal justice system, and social welfare.

Expenditures for Illegal Drugs. Americans spent approximately \$64 billion for illegal drugs in 2000—more than 8 times the total federal outlays for research on HIV/AIDS, cancer, and heart disease. Domestic drug

users expended more than half that amount (\$35 billion) on cocaine. Expenditures for heroin and marijuana use totaled about \$10 billion each; methamphetamine expenditures totaled \$5 billion.

Drug-Related Deaths. The Centers for Disease Control and Prevention (CDC) estimate that 19,102 people died in 1999 (or 52 such deaths per day) as the direct result of drug-induced causes. Although current CDC data are not directly comparable with prior-year estimates, there was a steady increase in drug-induced deaths between 1990 and 1998—from 9,463 to 16,926.

Government of Colombia begins to make inroads against the massive increase in coca production in areas under illegal armed group control, drug traffickers will look for new sources of supply.

The United States stands ready to support Peru and Bolivia, as well as Ecuador and other countries in the region, to ensure that coca production does not migrate as a result of pressure being exerted in Colombia. The Administration requests \$731 million in dedicated funds in the fiscal year 2003 budget for the Andean Counterdrug Initiative to be applied in Bolivia, Brazil, Colombia, Ecuador, Panama, Peru, and Venezuela. About half the assistance is for Colombia's neighbors; the remainder is for sustaining ongoing programs in Colombia. Similarly, roughly half the assistance is dedicated to interdiction and eradication efforts; the remainder will go to alternative development

and institution-building programs, such as anticorruption and judicial system programs. An example of the latter is the *Casas de Justicia* program, which already has extended courtroom dispute resolution services to 18 underserved communities.

Roughly two-thirds of the U.S.-bound cocaine produced in the Andean region enters the United States across our border with Mexico. The recent extradition of major traffickers, including Everardo Arturo Paez Martinez, is evidence that the bilateral drug control relationship has improved since the beginning of the Fox and Bush administrations. Nonetheless, Mexico faces serious implementation difficulties because of corruption and underdeveloped institutions. Our primary strategy in working with the Government of Mexico will be to focus on disrupting and dismantling major transnational drug-trafficking organizations. The extent of our

mutual interest in such a strategy is underscored by estimates that cocaine consumption in that country has been rising sharply in recent years.

The terrorist attacks of September 11 have created a new awareness of our domestic vulnerability and highlight the need for an examination of how we do business at our borders. The Administration is currently reviewing a range of options for better controlling our borders to stop drugs from entering the United States.

In the Caribbean, we face a lack of Caribbean nation resources to take an aggressive stance against drug trafficking. In this area, we will focus on increasing maritime cooperation to interdict the flow of drugs, improving national capabilities to resist drug trafficking, providing assistance to strengthen regional counterdrug forces, and supporting anti-money laundering initiatives.

We will also employ more agile interdiction packages, such as the combination of a ship, an armed helicopter, and an extended-range pursuit boat currently utilized in the Coast Guard's Operation New Frontier. The success of New Frontier—which can use nonlethal force including warning shots and disabling fire—has changed the calculus of maritime smugglers in areas where it has been deployed. We will develop similarly effective interdiction packages, including the use of U.S. Customs Service P-3 aircraft, to disrupt trafficker operations in other areas of the Caribbean.

In Central Asia, we face a different set of challenges. Under the Taliban, Afghanistan became the source of more than 70 percent of the world's opium. After announcing a ban on opium production, the Taliban profited greatly from increased prices for stockpiled opium under their control. As Afghanistan is reconstructed, U.S. objectives include ensuring that illegal drug

income will never again finance regional instability or the threat of international terrorism.

Afghanistan's interim Foreign Minister has already made a public pronouncement indicating that the provisional government will move to eradicate drug production and trafficking. Nonetheless, crops are already being planted, and a significant drug harvest this spring could allow the drug trade to continue. Development assistance to Afghanistan should be designed to provide an incentive to steer away from a drug-crop economy, and law enforcement should provide sanctions to be employed against drug producers and traffickers. These actions will be particularly challenging during the early days of reconstruction and will require continuing involvement and encouragement from the international donor community.

The illegal drug proceeds of the Taliban represent just part of a global problem in which drug revenue helps fuel terrorist violence; 12 of the 28 international terrorist groups listed by the U.S. Department of State are alleged to be involved to some degree in drug trafficking. In Colombia, all three of the major terrorist groups are involved in the drug trade as a source of operational funding. This underscores the need to ensure that cooperative international law enforcement operations target those trafficking organizations that directly or indirectly help bankroll international terrorism.

The drug trade is a transnational market; disrupting it will require a cooperative international response. As in our other international efforts, we will also seek out international coalitions and trusted allies to combat drug production and trafficking. We will support regional, bilateral, and multilateral efforts that fight the drug-trafficking industry, and the destructive market that it purveys.