REAUTHORIZATION OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE

OF THE

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT HOUSE OF REPRESENTATIVES

ONE HUNDRED FIFTH CONGRESS

FIRST SESSION

MAY 1, 1997

Serial No. 105–47

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

U.S. GOVERNMENT PRINTING OFFICE

44–274 CC WASHINGTON : 1997

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2250 Mail: Stop SSOP, Washington, DC 20402–0001

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

DAN BURTON, Indiana, *Chairman*

BENJAMIN A. GILMAN, New York
J. DENNIS HASTERT, Illinois
CONSTANCE A. MORELLA, Maryland
CHRISTOPHER SHAYS, Connecticut
STEVEN SCHIFF, New Mexico
CHRISTOPHER COX, California
ILEANA ROS-LEHTINEN, Florida
JOHN M. MCHUGH, New York
STEPHEN HORN, California
JOHN L. MICA, Florida
THOMAS M. DAVIS, Virginia
DAVID M. MCINTOSH, Indiana
MARK E. SOUDER, Indiana
JOE SCARBOROUGH, Florida
JOHN B. SHADEGG, Arizona
STEVEN C. LATOURETTE, Ohio
MARSHALL "MARK" SANFORD, South Carolina
JOHN E. SUNUNU, New Hampshire
PETE SESSIONS, Texas
MICHAEL PAPPAS, New Jersey
VINCE SNOWBARGER, Kansas
BOB BARR, Georgia
ROB PORTMAN, Ohio

HENRY A. WAXMAN, California
TOM LANTOS, California
ROBERT E. WISE, JR., West Virginia
MAJOR R. OWENS, New York
EDOLPHUS TOWNS, New York
PAUL E. KANJORSKI, Pennsylvania
GARY A. CONDIT, California
CAROLYN B. MALONEY, New York
THOMAS M. BARRETT, Wisconsin
ELEANOR HOLMES NORTON, Washington, DC
CHAKA FATTAH, Pennsylvania
ELIJAH E. CUMMINGS, Maryland
DENNIS J. KUCINICH, Ohio
ROD R. BLAGOJEVICH, Illinois
DANNY K. DAVIS, Illinois
JOHN F. TIERNEY, Massachusetts
JIM TURNER, Texas
THOMAS H. ALLEN, Maine
HAROLD E. FORD, JR., Tennessee

BERNARD SANDERS, Vermont (Independent)

KEVIN BINGER, *Staff Director*
DANIEL R. MOLL, *Deputy Staff Director*
JUDITH MCCOY, *Chief Clerk*
PHIL SCHILIRO, *Minority Staff Director*

SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE

J. DENNIS HASTERT, *Chairman*

MARK E. SOUDER, Indiana
CHRISTOPHER SHAYS, Connecticut
STEVEN SCHIFF, New Mexico
ILEANA ROS-LEHTINEN, Florida
JOHN M. MCHUGH, New York
JOHN L. MICA, Florida
JOHN B. SHADEGG, Arizona
STEVEN C. LATOURETTE, Ohio
BOB BARR, Georgia

THOMAS M. BARRETT, Wisconsin
TOM LANTOS, California
ROBERT E. WISE, JR., West Virginia
GARY A. CONDIT, California
ROD R. BLAGOJEVICH, Illinois
CAROLYN B. MALONEY, New York
ELIJAH E. CUMMINGS, Maryland
JIM TURNER, Texas

EX OFFICIO

DAN BURTON, Indiana

HENRY A. WAXMAN, California

ROBERT CHARLES, *Staff Director and Chief Counsel*
CHRIS MARSTON, *Legislative Assistant*
IANTHE SAYLOR, *Clerk*
MICHAEL YEAGER, *Minority Counsel*

CONTENTS

	Page
Hearing held on May 1, 1997	1
Statement of:	
McCaffrey, Gen. Barry, Director, Office of National Drug Control Policy	10
Rabkin, Norman, Director, Administration of Justice Issues, General Accounting Office, accompanied by Jess Ford, General Accounting Office, and Marsha Lillie-Blanton, General Accounting Office	73
Letters, statements, etc., submitted for the record by:	
Cummings, Hon. Elijah E., a Representative in Congress from the State of Maryland, prepared statement of	6
Hastert, Hon. J. Dennis, a Representative in Congress from the State of Illinois, prepared statement of	3
McCaffrey, Gen. Barry, Director, Office of National Drug Control Policy, prepared statement of	14
Rabkin, Norman, Director, Administration of Justice Issues, General Accounting Office, prepared statement of	75
Souder, Hon. Mark E., a Representative in Congress from the State of Indiana, December 31, 1996, Boston Herald article	49

REAUTHORIZATION OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

THURSDAY, MAY 1, 1997

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 11:10 a.m., in room 2154, Rayburn House Office Building, Hon. J. Dennis Hastert (chairman of the subcommittee) presiding.

Present: Representatives Hastert, Souder, Mica, Barr, Barrett, Blagojevich, and Cummings.

Staff present: Robert Charles, staff director and chief counsel; Chris Marston, legislative assistant; Ianthe Saylor, clerk; Michael Yeager, minority counsel; and Ellen Rayner, minority chief clerk.

Mr. HASTERT. The Subcommittee on National Security, International Affairs, and Criminal Justice will come to order. I want to say good morning and welcome to everybody. We have an excellent opportunity today and in the upcoming months. The authorization of the Office of National Drug Control Policy expires at the end of this fiscal year, which is September 30th. Considering legislation to reauthorize this office gives us a chance to evaluate the way our Government responds to the threat posed by illegal drugs.

Since the office was established in 1988, it has been reauthorized once in 1994. Several changes were made at that time. We now need to consider the effect of those changes and what new improvements we can make to enhance coordination of our Nation's efforts to fight drug abuse. As the subcommittee begins to develop its own ideas about changes in ONDCP, I look forward to hearing from Gen. McCaffrey, as we always do, about his proposals, and also Norm Rabkin of the General Accounting Office about the considerable work that office has done in evaluating coordination of the Federal drug control efforts.

Before we hear testimony from our witness, I'd like to take a moment to remind everyone that the issue we confront today is not just about technical changes in legislation; it's about the threat posed to our Nation by illegal drugs. And not just the people who you think sit or stand on the street corners. It's in our schools. It's in our communities. It's all over. And it really affects the No. 1 victim of this, our children.

As we consider proposals for changing ONDCP, we need to remember that we are working to protect our children and our society from the effects of drug abuse and the dangers connected with

drug trafficking. As recently as Tuesday, I was reminded of the dangers presented by drugs. A man in one of our adjoining districts in Illinois, just north of my own, was arrested for giving a so-called date rape drug to a woman. Had she not received prompt care, her reaction to the drug could have killed her.

While we have no measures to indicate that the prevalence of the particularly insidious use of date rape drugs, recent studies tell us that other types of drug use among our youth continues to rise. Illicit drug use among 8th and 10th graders has doubled in the last 5 to 6 years. Our children are using LSD and other hallucinogens, cocaine, heroin, and methamphetamine, at increasing levels. MDMA, commonly referred to as ecstacy, has been used by nearly 5 percent of 10th and 12th graders, as well as 2 percent of 8th graders.

MDMA is just one example of a new and emerging drug that threatens our youth. Parents have stopped talking to their children about the dangers of drug use. And only 3 of 10 children say their parents have talked to them about drugs. And faced with a problem of this magnitude, we must take very seriously the task before us today. Before asking Gen. McCaffrey to testify, I yield to my friend, the subcommittee's ranking member, Tom Barrett, for any opening comments that he may have. Mr. Barrett.

[The prepared statement of Hon. J. Dennis Hastert follows:]

Opening Statement of Chairman J. Dennis Hastert
Subcommittee on National Security, International Affairs and Criminal Justice
Hearing on the Reauthorization of the Office of National Drug Control Policy
Thursday, May 1, 1997

We have an excellent opportunity today and in the upcoming months. The authorization of the Office of National Drug Control Policy expires at the end of this fiscal year. Considering legislation to reauthorize this office gives us a chance to evaluate the way our government responds to the threat posed by illegal drugs.

Since the Office was established in 1988, it has been reauthorized once –in 1994. Several changes were made at that time. We now need to consider the effect of those changes and what new improvements we can make to enhance coordination of our nation's efforts to fight drug abuse. As the Subcommittee begins to develop its own ideas about changes in ONDCP, I look forward to hearing from General McCaffrey about his proposals and also Norm Rabkin of the General Accounting Office about the considerable work that office has done in evaluating coordination of federal drug control efforts.

Before we hear testimony from our witnesses, I want to take a moment to remind everyone that the issue we confront today is not just about technical changes in legislation. It is about the threat posed to our nation by illegal drugs. As we consider proposals for changing ONDCP, we need to remember that we are working to protect our children and our society from the effects of drug abuse and the dangers connected with drug trafficking.

As recently as Tuesday, I was reminded of the dangers presented by drugs. A man in Congressman Phil Crane's district just north of my own was arrested for giving a so-called "date rape" drug to a woman. Had she not received prompt care, her reaction to the drug would have killed her.

While we have no measures to indicate the prevalence of the particularly insidious use of "date rape" drugs, recent studies tell us that other types of drug use among our youth continues to rise:

- Illicit drug use among eighth and tenth graders has doubled in the last five to six years.

- Our children are using LSD, other hallucinogens, cocaine, heroin, and methamphetamines at increasing levels.

- MDMA, commonly referred to as ecstasy, has been used by nearly 5 percent of 10th and 12th graders as well as 2 percent of eighth graders. MDMA is just one example of new and emerging drugs that threaten our youth.

- Parents have stopped talking to their children about the dangers of drug abuse--only 3 of 10 children say their parents have talked to them about drugs.

Faced with a problem of this magnitude, we must take very seriously the task before us today.

Mr. BARRETT. Thank you, Mr. Chairman. I, too, would like to welcome Gen. McCaffrey and Mr. Rabkin today. The consequences of illegal drug use are more serious than ever for the health of our Nation, for our productivity, and for the safety of our communities. As you pointed out in the 1997 drug strategy, every man, woman and child in America pays about $1,000 per year to cover the expense of crime in our neighborhoods, extra law enforcement, unnecessary health care, auto accidents and loss productivity all resulting from substance abuse. And that's not to mention the incalculable harm done to families and communities by the effects of drugs.

Gen. McCaffrey, you have a difficult job. Not only are you responsible for developing our national drug control strategy, your office is also responsible for coordinating the drug control efforts over 50 Federal agencies, each with its own priorities, and each with its own bureaucracy. An important place to start in our effort to combat illegal drugs—and I see this reflected in the drug strategy and in the proposed reauthorization bill—is with our country's young people.

In recent years we've seen a very troubling increase in the number of teenagers and young adults using drugs. The percentage of youngsters between 12 and 17 using illegal drugs has steadily gone up, from 5.3 percent in 1992 to 10.9 percent in 1995. That's more than 1 out of every 10 young people in America. Among eighth graders, drug use has gone up 150 percent over the past 5 years. This year's drug strategy reflects the fact that underage alcohol and tobacco use leads to more serious drug use down the road. They are gateway drugs.

And research on the subject shows a strong statistical association between adolescent tobacco and alcohol use and the use of other drugs. Children 12 to 17 years old who smoke are 19 times more likely to use cocaine than children who have never smoked. Children 12 to 17 who drink alcohol are 50 times more likely to use cocaine than children who never drank; 12- to 17-year-olds who smoke cigarettes, drink alcohol, and use marijuana are 266 times more likely to use cocaine than children who never used these substances.

These are difficult problems, Gen. McCaffrey. And I stand ready, as I'm sure all of my colleagues do, to do everything in our power to help you succeed. I look forward to hearing your testimony today. Thank you.

Mr. HASTERT. The gentleman from Baltimore, MD.

Mr. CUMMINGS. Thank you very much, Mr. Chairman. General, I've had the honor to hear your testimony before this committee on different occasions. And let me say how impressed I am with your continuing commitment and integrity in fighting this drug war. I want to applaud you and encourage you to continue your mission. It is not enough to have a vision, it is important to be on a mission. And that is what I think you are trying to do. And I support you.

General, we don't have time to point fingers. Life is too short. And too many people are dying and suffering. You have travelled to my district of Baltimore and walked the streets with me where drug trafficking flourishes, and you have visited treatment centers where patients strive simply to get well. You have seen people who are in so much pain that they don't even know that they are in

pain. I fully support the HIDTA programs. In fact, I'm scheduled to visit the Washington-Baltimore HIDTA shortly.

This particular HIDTA provided vital support to the investigation that culminated in the largest drug seizure in Maryland's history. As you know, in February U.S. Customs and U.S. Drug Enforcement Administration agents seized 2,400 pounds of cocaine, worth $25 million, concealed in steel drums transported to a Baltimore chemical company. General, I am also grateful to you for your attentions to the abuses of tobacco and alcohol. Last May, a stunning report issued by the Federal Centers for Disease Control and Prevention stated that 4.5 million children and adolescents smoke in the United States.

This is particularly troubling for me because the proportion of African-American boys in grades 9 through 12 who reported they smoked was almost double. The report concluded that nearly one out of every three young people who smoke will have their lives shortened from terrible diseases caused by smoking. I am committed to doing everything possible to help enact President Clinton's new tobacco regulations. These policies are only the first steps in saving generations of young people from becoming addicted to tobacco, which science has proven causes serious health problems including early death.

I would also like to take this opportunity to comment on the Sentencing Commission's recent proposal to adjust the great disparity in sentencing for powdered cocaine versus crack cocaine. This development is long overdue. The current guidelines are not only racist, but they do nothing to assist in the development of a results-oriented national drug policy. And finally, I urge your office to do more to address the allegations made against the Central Intelligence Agency and their relationship with regard to the introduction of crack cocaine into American urban centers. Although you were one of the first Government officials to call for full disclosure by the CIA, very little or no interest in getting to the bottom of these disturbing charges is evident.

As the use of crack cocaine continues to skyrocket in urban areas, there is a growing outcry in American cities to know the truth about how this plague began. Until we can get an honest answer to the origins of this crisis, the talk of winning this war is useless. The House of Representatives must follow the example of the Senate, and hold open and thorough hearings on the trail of drugs from Nicaragua to Washington to the distribution networks of violent street gangs.

Finally, General, once again, let me say how pleased I am for you to be here today. I also want to compliment you on your hard-working and dedicated staff. They have been extremely helpful to me and my personal staff. I am fully supportive of your mission. And I stand ready to assist you in any way that I can.

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

Statement by the Honorable Elijah E. Cummings
May 1, 1997
Subcommittee on National Security

THANK YOU MR. CHAIRMAN:

I HAVE HAD THE HONOR TO HEAR YOUR TESTIMONY BEFORE THIS COMMITTEE ON DIFFERENT OCCASIONS AND LET ME SAY HOW IMPRESSED I AM WITH YOUR CONTINUING COMMITMENT AND INTEGRITY IN FIGHTING THE DRUG SCOURGE.

I WANT TO APPLAUD YOU AND ENCOURAGE YOU TO CONTINUE YOUR MISSION. IT IS NOT ENOUGH TO HAVE A VISION, IT IS IMPORTANT TO HAVE A MISSION, AND THAT IS WHAT I THINK YOU ARE TRYING TO DO AND I SUPPORT YOU.

GENERAL, WE DON'T HAVE TIME TO POINT FINGERS. LIFE IS TOO SHORT AND TOO MANY PEOPLE ARE DYING AND SUFFERING. YOU HAVE TRAVELED TO MY DISTRICT OF BALTIMORE AND WALKED THE STREETS WITH ME WHERE DRUG TRAFFICKERS FLOURISH AND YOU HAVE VISITED TREATMENT CENTERS WHERE PATIENTS STRIVE TO GET WELL. I THANK YOU FOR THAT.

I FULLY SUPPORT THE HIDTA (PRONOUNCED hi-DUH) PROGRAMS.

IN FACT, I AM SCHEDULED TO VISIT THE WASHINGTON/BALTIMORE HIDTA SHORTLY. THIS PARTICULAR HIDTA PROVIDED VITAL SUPPORT TO THE INVESTIGATION THAT CULMINATED IN THE LARGEST

DRUG SEIZURE IN MARYLAND HISTORY. IN FEBRUARY, U.S. CUSTOMS AND U.S. DRUG ENFORCEMENT ADMINISTRATION AGENTS SEIZED 2,400 POUNDS OF COCAINE, WORTH $25 MILLION, CONCEALED IN STEEL CONTAINERS TRANSPORTED TO A BALTIMORE CHEMICAL COMPANY.

GENERAL, I AM ALSO GRATEFUL TO YOU FOR YOUR ATTENTION TO THE ABUSES OF TOBACCO AND ALCOHOL.

LAST MAY, A STUNNING REPORT ISSUED BY THE FEDERAL CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) STATED THAT 4.5 MILLION CHILDREN AND ADOLESCENTS SMOKE IN THE UNITED STATES.

THIS IS PARTICULARLY TROUBLING FOR ME BECAUSE THE PROPORTION OF AFRICAN-AMERICAN BOYS IN GRADES NINE THROUGH TWELVE WHO REPORTED THEY SMOKED WAS ALMOST DOUBLE. THE REPORT CONCLUDED THAT NEARLY ONE OUT OF EVERY THREE YOUNG PEOPLE WHO SMOKE WILL HAVE THEIR LIVES SHORTENED FROM TERRIBLE DISEASES CAUSED BY SMOKING.

I AM COMMITTED TO DOING EVERYTHING POSSIBLE TO HELP ENACT PRESIDENT CLINTON'S NEW TOBACCO REGULATIONS. THESE POLICIES ARE ONLY THE FIRST STEPS IN SAVING GENERATIONS OF YOUNG PEOPLE FROM BECOMING ADDICTED TO TOBACCO, WHICH SCIENCE HAS PROVEN CAUSES SERIOUS HEALTH PROBLEMS INCLUDING EARLY DEATH.

I WOULD ALSO LIKE TO TAKE THIS OPPORTUNITY TO COMMENT ON THE SENTENCING COMMISSION'S RECENT PROPOSAL TO ADJUST THE GREAT DISPARITY IN SENTENCING FOR POWDERED COCAINE VERSUS CRACK COCAINE. THIS DEVELOPMENT IS LONG OVERDUE, THE CURRENT GUIDELINES ARE NOT ONLY RACIST, BUT THEY DO NOTHING TO ASSIST IN THE DEVELOPMENT OF A RESULTS-ORIENTED NATIONAL DRUG POLICY.

I ~~AM DISAPPOINTED THAT YOUR OFFICE HAS NOT DONE~~ MORE TO ADDRESS THE ALLEGATIONS MADE AGAINST THE CENTRAL INTELLIGENCE AGENCY (CIA) AND THEIR RELATIONSHIP TO INTRODUCING CRACK COCAINE INTO AMERICA'S INNER CITIES. *ALTHOUGH YOU WERE ONE OF THE FIRST GOVERNMENT OFFICIALS* TO CALL FOR FULL DISCLOSURE BY THE CIA, VERY LITTLE OR NO INTEREST IN GETTING TO THE BOTTOM OF THESE DISTURBING CHARGES IS EVIDENT.

AS THE USE OF CRACK COCAINE CONTINUES TO SKY ROCKET IN URBAN AREAS, THERE IS A GROWING OUTCRY IN AMERICA'S CITIES TO KNOW THE TRUTH ABOUT HOW THIS PLAGUE BEGAN. UNTIL WE CAN GET AN HONEST ANSWER TO THE ORIGINS OF THIS CRISIS, ANY TALK OF WINNING THIS WAR IS USELESS BANTER.

THE HOUSE OF REPRESENTATIVES MUST FOLLOW THE EXAMPLE OF THE SENATE AND HOLD OPEN AND THOROUGH HEARINGS ON THE TRAIL OF DRUGS FROM NICARAGUA TO WASHINGTON TO THE DISTRIBUTION NETWORKS OF VIOLENT STREET GANGS.

GENERAL, ONCE AGAIN, LET ME SAY HOW PLEASED I AM FOR YOU TO BE HERE. I ALSO WANT TO COMPLEMENT YOU ON YOUR HARDWORKING AND DEDICATED STAFF, THEY HAVE BEEN EXTREMELY HELPFUL TO ME AND MY PERSONAL STAFF.

I AM FULLY SUPPORTIVE OF YOUR MISSION AND STAND READY TO ASSIST YOU IN ANY WAY THAT I CAN.

Mr. HASTERT. Without objection, we'll move now to questioning. Anybody that has an opening statement will submit it for the record.

Mr. BLAGOJEVICH. Can I say something?

Mr. HASTERT. Go ahead.

Mr. BLAGOJEVICH. Thank you, Mr. Chairman. I would only say that—excuse me for being late, by the way. I would only say that in my judgment the war on drugs is our new cold war in America. We were successful in facing an external threat to our national security during the cold war because we had the will and the wherewithal, and we put forth the effort to meet that challenge. And I just hope that our country can put that same kind of focus in not only fighting but ultimately winning this war on drugs.

And I would simply say again that it's a real privilege to serve on this subcommittee. And, General, I look forward to hearing your testimony because I can't think of anything more important than this particular issue facing America. So, thank you for coming, and I'm eager to hear your testimony.

Mr. HASTERT. I thank the gentleman from Illinois. Now I would like to formally welcome Gen. Barry McCaffrey, Director of the Office of National Drug Control Policy. General, welcome. As usual, we look forward to hearing your testimony. General, as you know, the rules of the committee require that I swear you in. Will you please stand and raise your right hand?

[Witness sworn.]

Mr. HASTERT. Let the record show that the witness responded in the affirmative. General, please proceed with your testimony.

STATEMENT OF GEN. BARRY McCAFFREY, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

Gen. MCCAFFREY. Mr. Chairman, thank you very much for the opportunity to come down here and to lay out some initial thoughts, and, more importantly, respond to your own questions and listen to your own comments. Let me underscore that your leadership and also Mr. Barrett's and Elijah Cummings' and Rob Portman's and Steny Hoyer's and Jim Kolbe's and others has been a source of not only enormous confidence in dealing with Congress, but more importantly, we've learned a lot from listening to those of you who have worked this problem over the years.

With your permission, I would like to point out that we have with us in the hearing room some very important people to the drug issue. Dick Bonnette, Partnership for a Drug Free America, which has done such absolutely splendid work over the last many years trying to organize public service announcements, pro bono announcements. Jim Burke, as you know, has been the guiding light of that effort. We have with us the Community Anti-Drug Coalition of America, Jim Copple, representing more than 4,000 community coalitions across this country. Jim has been absolutely pivotal in our success in communicating the National Drug Strategy.

Bill Alden, from D.A.R.E. America, is also here. As you know, the D.A.R.E. program, with some 25 million children involved, has been what many of us believe the single most effective drug prevention program in the school system we've had to date. We also have Judge Jeff Tauber, from the National Association of Drug

Court Professionals. There are some 200 drug courts now, 89 of them funded by the United States, supported by Federal funds. And they have, while not being a magical bullet—are probably the single most effective new initiative, I argue, we've seen in the criminal justice system relating to the drug issue.

Mike Kirshenbaum, from the National Center for Drug Free Kids, is also with us—a very key organization in our continuing concern about gateway behavior with adolescents. And we have Chris Rugaber, from the National Association of State Alcohol and Drug Abuse Directors. And, as you know, they represent our State Governors as sort of the primary point of contact on prevention and treatment programs. And they've been essential to my own education in the last year. Finally, and very importantly, Laura Waxman, from the U.S. Conference of Mayors, is here, representing some 1,500 mayors of cities with populations over 30,000.

I've been involved very heavily in the last 6 months with not only Mayor Rich Daley but also his mayors' coalition on drugs, which, as you know, will come to Washington here, toward the end of May—probably over 100 mayors—to have a national conference and to present us with their own ideas. So I'm very grateful for these representatives to be present and to provide continuing guidance and support to me. Mr. Chairman, with your permission, I might offer for the record our statement, which we have provided to your committee members, and also the associated graphs. And it's our attempt to bring together in a coherent manner our own ideas on reauthorization.

Mr. HASTERT. Without objection.

Gen. MCCAFFREY. I've also provided, obviously, not only, Mr. Chairman, to your committee, but also to the Senate and the House Republican and Democratic leadership, our rewritten authorization bill for the Office of National Drug Control Policy. And that packet has been made available to all of you. We've had a very hard working group throughout the executive branch struggling over this for the last 8 months. We think it's a solid piece of work, and one that will allow us to continue to support the American people and to carry out the mandate of confronting drug abuse and its consequences in America.

And, finally, I will again remind myself, for starters, that the National Drug Control Strategy 1997 and the National Drug Control Strategy budget, which by law I must prepare and certify and submit to Congress each year, has been put on the table. We think they are solid pieces of work. The 1998 budget, itself, is some $16 billion that I have asked for the support of the two appropriations committees. Very briefly, with your permission, Mr. Chairman, I will run through some ideas that are on charts.

And starting off with, again, a restatement that our entire effort is organized around five goals of the National Drug Strategy. We have now articulated, we think, in a pretty decent fashion, 32 supporting objectives for these five goals. That is the conceptual framework that we intend to hang the budget, policies and programs on. The next chart briefly outlines a quick overview of where we are in drugs in America.

And, again, it's important to remind ourselves drug abuse is down by 50 percent, cocaine use has plummeted 75 percent. But

that's not the nature of the problem we're working. That may be the good news. But the bad news is that the—next chart—the consequences of this drug abuse have gone up. We're seeing more sick, desperate people, more hospital room emergencies. In addition, we are clearly facing a tremendous increase in the consequences of drug-related crime—1.6 million Americans behind bars.

And I've just tried to demonstrate Federal, local and State increases. We think it will go up 25 percent more by the turn of the century. And this is a system which we assert we have 7 percent of the treatment capacity for those incarcerated that we need. A quick overview. And this chart is not meant to be discouraging, but it does cause some pause for thought. Since the 1990 through 1995, we're looking at a system in which the production of cocaine has essentially not gone markedly up or down. The seizure rates in the international community have not gone up or down. And the domestic seizure rates have not changed.

I say this really to put explicitly on the table that what we actually are seeing now in cocaine is a heavy amount of drugs, the same amount of drugs, chasing less addicted people who are more sick than ever. That's the truth of the matter. And that's what we're facing on the interdiction fight. We can and should do better. But that's our track record. We've seen a change in youth attitudes. This, I would argue, as you have said in your opening statement, is the heart and soul of the problem.

Youth attitudes started changing in 1990. The perception of risk went down. Drug use started up. It has gotten worse every year since then. The problem is it's going to get worse. It's half as bad now as it was 15 years ago. So, we've got to simply get organized and confront this problem. The stat that bothers me most out of all of these is a look at the eighth graders. Look at the front end of the bubble, as they enter the most vulnerable period of their adolescent development, whether it's central nervous system or social development or the requirement to learn and physically develop, drug use among eighth graders has nearly tripled—primarily marijuana—in the last several years. And I underscore this because this is much higher THC levels of pot that we're talking about. These are not college sophomores. These are eighth graders. Drug abuse in the United States really begins in the sixth grade.

Finally, the purpose you've asked me to come over here and talk about is the reauthorization of the National Drug Control Policy Office. And these are two charts. If you'll put up the second one, also, Steve. The two charts outline the principal changes that we have tabled for your consideration and your colleagues. First, we are arguing that there should be a 10-year perspective on the strategy. I would still argue we should come down each year and update and explain whether environmental conditions have changed. But a 10-year commitment to face this drug problem. We would argue for a 5-year drug control budget, so that the debate that we put in front of you, that I force the Federal bureaucracy to look at it in a longer term and allow your judgments to come into play on a 5-year budget.

We think we're making some absolutely spectacular progress in developing measurable goals and objectives. And I can talk about this in greater detail in response to your own questions. But this

may be one of the most exciting things going on in Government to try and define performance targets and performance measures, and to be able to come down here and relate the money you gave me not to process but to outcomes.

Now, we're also going to argue to make more explicit what has been in the national drug strategy since 1992 under President Bush's guidance, that we are indeed concerned about gateway behavior. And I won't repeat the statistics so nicely laid out by your committee. But there is unarguable evidence that the correlation between some of these gateway behaviors and later addictive problems are so powerful that if we were talking about seat belts or lung cancer or dietary restrictions, there would simply be no discussion. On the other chart I've outlined four other considerations I'd ask you to consider.

We want to talk about an office of inter-governmental relations instead of State and local affairs. This better captures what they're doing. We're going to have to apply more attention to this HIDTA program. Congress has now given me $140 million, and has designated 15 HIDTAs. This is paying off. It's a good program. And so I recommended we put together an element inside ONDCP to follow it. CTAC—we want to broaden their viewpoint on bringing technology to bear on all five goals of the National Drug Strategy.

And, finally, Mr. Chairman, I would ask your committee to consider extending ONDCP for 12 years, to say that this is not a 1-year campaign. This is a 10-year strategy, 5-year budget, a long-term commitment to a coherent policy. That really captures the broad scale of what I would ask you to consider. And, Mr. Chairman, I thank you again for the opportunity to lay these ideas out for you.

[The prepared statement of Gen. McCaffrey follows:]

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

Statement by General Barry R. McCaffrey,
Director, Office of National Drug Control Policy
before the House Committee on Government Reform and Oversight,
Subcommittee on National Security, International Affairs, and Criminal Justice,
May 1, 1997

Good morning, Chairman Hastert, Representative Barrett, and other distinguished Members of the House Subcommittee on National Security, International Affairs, and Criminal Justice. It is an honor to be here today to lay out for you the reasons why the Office of National Drug Control Policy (ONDCP) merits the continued support of the Congress, respond to your questions, and listen to your views.

The President instructed me upon my appointment as Director, ONDCP to help create a cooperative bipartisan effort among Congress and the federal, state and local governments and to mobilize public and private support for reducing drug abuse and its consequences in America. My commitment to you was to forge a coherent counterdrug strategy that would both reduce illegal drug use and protect our youth and society from the terrible damage caused by drug abuse and drug trafficking. We believe that the *1997 National Drug Control Strategy* which was submitted to Congress in February and the supporting sixteen billion dollar Fiscal Year 1998 drug control budget provide both a necessary long-term framework and the required resources for accomplishing our common purpose of reducing drug abuse and its consequences in America.

Before reviewing the accomplishments of ONDCP since its creation by the Congress in 1988 and suggesting how ONDCP might better coordinate what must continue to be a national response to the drug problem, I would like to recognize the members of this Committee for your commitment to reducing illegal drug use and its consequences, in particular the leadership of the Chairman and the Ranking Minority Member. We know that the bipartisan support you have provided to the 1996 and 1997 National Drug Control strategies and their supporting counterdrug budgets has been important to our successes. ONDCP has also appreciated the counsel and support of representatives Gilman, Rangel, Portman, Cummings, Hoyer, and the other legislators who share your commitment and who have greatly influenced ONDCP's thinking over the past year and, indeed, over the past decade. We look forward to working with you and indeed all members of Congress. Your continued support is essential if we are to achieve our objective of preventing the 68 million Americans under the age of 18 from becoming a new generation of drug users.

Congressional Recognition of the Need for National Leadership

As a nation, we have made enormous progress in our efforts to reduce drug use and its consequences *(see Figure A-1)*. While America's illegal drug problem remains serious, it does not approach the emergency situation of the late 1970s or of the cocaine epidemic in the 1980s. Just six percent of our household population age 12 and over used drugs in 1995, down from 14.1 percent in 1979. Cocaine use also plunged. In 1995, 1.5 million Americans used cocaine on a monthly basis, a 74 percent decline from 5.7 million a decade earlier. In addition, fewer people are trying cocaine. The estimated 533 thousand first-time users in 1994 represented a 60 percent decline from approximately 1.3 million cocaine initiates per year between 1980 and 1984.

It should be clear that when as a nation we focus on the drug problem, drug use and its consequences can be driven down. A significant contributing reason to the dramatic decline in illegal drug use over the past decade has been the collective wisdom of the executive and legislative branches in developing a comprehensive federal response to the drug challenge. This developing federal response culminated with the passage of the passage of the Anti-Drug Abuse Act in 1988.

The 1988 Act (P.L. 100-690) established ONDCP as the coordinating locus of the national anti-drug effort within the Executive Office of the President. The extensive responsibilities assigned to ONDCP include:

- √ Developing the *National Drug Control Strategy*.
- √ Developing a consolidated National Drug Control Budget proposal for presentation to the President and the Congress (including quarterly reprogramming reports).
- √ Certifying the drug control budgets of programs, bureaus, agencies, and departments.
- √ Coordinating and overseeing federal anti-drug policies and programs of the more-than-fifty federal agencies responsible for implementing the counternarcotics budget.
- √ Encouraging private sector and state and local initiatives for drug prevention and control.
- √ Designating High Intensity Drug Trafficking Areas (HIDTAs) and providing overall policy guidance and oversight for the award of resources to federal, state and local law enforcement partnerships in these areas.

- ✓ Operating a Counterdrug Technology Assessment Center (CTAC) which would serve as the central counter-drug enforcement research and development center for the Federal Government.

ONDCP was reauthorized in 1994 by the Violent Crime Control and Law Enforcement Act (P.L. 103-322). Additional responsibilities assigned ONDCP included:

- ✓ Formulate drug budget initiatives. ONDCP is required to request heads of departments or agencies to include in their department's or agency's budget submission to the Office of Management and Budget (OMB) funding requests for specific initiatives consistent with the President's priorities for the *National Drug Control Strategy* and budget certifications.

- ✓ Issue budget guidance. ONDCP is required to provide, by July 1 of each year, budget recommendations to drug control agencies for the President's budget submission to Congress.

- ✓ Certify agency budget requests based on their adequacy to support the *National Drug Control Strategy*.

- ✓ Direct possible staff and budget resource transfers. ONDCP may transfer department or agency drug program personnel on temporary detail to another department or agency, or transfer up to two percent of the funds appropriated to a Drug Program agency account to a different Drug Control agency with the approval of the House and Senate Appropriations Committees.

- ✓ Issue funds control notices. ONDCP may direct that all or part of an amount appropriated to the National Drug Control Program agency account be obligated by months, fiscal year quarters, or other time periods; and activities, functions, projects, or object classes.

- ✓ Assess the drug situation. ONDCP is required to include in each *National Drug Control Strategy* an evaluation of the effectiveness of Federal drug control programs during the preceding year.

- ✓ Evaluating data system adequacy. ONDCP is required to include in each *Strategy* an assessment of the quality of current drug use measurement instruments and techniques to measure supply reduction and demand reduction activities; an assessment of the adequacy of the coverage of existing national drug use measurement instruments and techniques to measure the casual drug user population and groups at-risk for drug use; and a discussion of the actions ONDCP shall take to correct the deficiencies and limitations identified.

- ✓ Evaluate treatment system adequacy. ONDCP is required to include in each *Strategy* a discussion of the specific factors that restrict the availability of treatment services to those seeking it, along with proposed administrative or legislative remedies to make treatment available to those individuals in need.

- ✓ Evaluate *Strategy* functional programs. ONDCP is required to include in each *Strategy* an assessment of drug use and availability in the United States, focusing particularly on the effectiveness of interdiction, treatment, prevention, law enforcement, and international programs.

ONDCP Today

ONDCP is a lean agency of committed professional men and women. As a result of last year's congressionally-approved reinvigoration of ONDCP, we are authorized 124 full-time employees (FTEs) and 30 detailees. Our major activities include:

Developing and Implementing a comprehensive ten-year national anti-drug plan.

The *1997 National Drug Control Strategy* submitted by the President to the Congress is designed to provide guidance for the long term. We have proposed a ten-year commitment supported by five-year budgets so that continuity of effort can help ensure success. The *Strategy* addresses the two sides of the challenge: reducing demand and limiting availability of illegal drugs. The *Strategy* contains our collective wisdom for confronting illegal drugs. It provides general guidance while identifying specific initiatives. Particular programs will be reassessed annually to maximize opportunities for success, but the overall approach must be sustained.

ONDCP and the drug control agencies will complete a national performance system to measure progress of major drug programs supporting the *Strategy*, to provide feedback for strategy refinement and system management, and to assist the Administration in resource allocation.

To that end, ONDCP has established a program evaluation office to oversee the design and implementation of the new system. A first set of targets and measures will be submitted for congressional review this fiscal year. The measurement system will be dynamic, flexible, and responsive. The challenge is to reinforce success while not wasting resources on unproductive efforts. The performance measurement system will be constructed to ensure sufficient time is allotted to a program for it to succeed before terminating or reducing its support.

The *National Drug Control Strategy* is America's main guide in the struggle to decrease illegal drug use. The *Strategy* provides a compass for the nation to reach this critical objective. Developed in consultation with public and private organizations, it sets a course for the nation's collective effort against drugs.

Developing strategic initiatives which reduce drug use, drug availability, and the social and criminal consequences of drug abuse and trafficking

The key to a successful long-term strategy is mobilizing resources toward the systematic achievement of established goals. Any strategy – if it is to be effective – must be related to the resources it can put toward its implementation. Included in this year's *Strategy* are some key initiatives -- several of which ONDCP is responsible for implementing -- to ensure steady progress toward decreasing drug use and its consequences. These include:

I. Youth-oriented initiatives:

The Youth-Oriented Anti-Drug Campaign. Unfortunately, in recent years the number of drug-related public service announcements carried by television, radio, and print media have decreased markedly. We seek to reverse this trend by developing a public education campaign that supplements anti-drug announcements already offered by dedicated organizations such as the Partnership for a Drug-Free America under Jim Burke's leadership, the Ad Council, and others. Up to $175 million will be committed to this targeted educational campaign. ONDCP will also seek matching private sector donations. Attitudes can be changed with accurate and convincing messages.

Collaborating with the media and entertainment industries. Youth, perhaps even more than the public at large, are affected by the icons of our society. The glamour of Hollywood movies, the charisma of celebrities, the perceived proximity of television stars, the prowess of accomplished athletes, and the artistry of musicians all sway young people's emotions. The creative talent of the entertainment industries can depict drug use and its consequences accurately, thereby increasing the perception of risk that young people associate with illegal drugs, alcohol, and tobacco. ONDCP will work with the entertainment industries to change youth perception of illegal drugs and of the consequences of their use.

Broadening "drug-free zones" and preventing alcohol and tobacco use by youth. Young Americans are more likely to use illegal drugs, alcohol, and tobacco if these substances are readily available or if their use is encouraged directly or subtly in youth-oriented materials. We must keep illegal drugs, alcohol, and tobacco out of areas where children and adolescents study, play, or spend leisure time. We must also depict these

substances and their effects in accurate ways. In addition to promoting the idea that youth be educated about the dangers of illegal drugs, the *Strategy* recommends educating youth, their mentors, and the public about the dangers of underage drinking and about the lethal effects of tobacco products, and encouraging communities to support alcohol-free and tobacco-free behavior on the part of youth.

Expanding effective school-based prevention programs. Schools offer both formal and informal opportunities for changing youth attitudes toward drugs. The Department of Education will continue to focus on improving the quality of drug and violence prevention programming and changing the attitudes of students and parents regarding illicit use of alcohol, tobacco, and drugs.

Reducing drugged driving. Twenty percent of high school seniors state that they have smoked marijuana in a car. Law enforcement officers cite marijuana as the second-leading cause of drug-related accidents behind alcohol. The drugs and driving initiative developed by ONDCP, the Department of Transportation and HHS is intended to reduce drug use by young people as well as driving under the influence of drugs.

Countering Attempts to Legalize Marijuana. A 1994 survey by the Center on Addiction and Substance Abuse at Columbia University found that a twelve to seventeen year-old who smokes marijuana is eighty-five times more likely to use cocaine than a non-marijuana smoking peer. Clearly, if we want to reduce the rate of teenage drug use and prevent American youth from using dangerous drugs like cocaine, we must continue to oppose efforts to legalize marijuana.

Marijuana continues to be designated a Schedule I drug under the provisions of the Controlled Substance Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, because it has a high potential for abuse and no currently accepted medical use in the United States. That classification should not change unless the time-tested medical-scientific process that has provided our society with the best health care system in the world concludes that this drug is safe and has effective therapeutic uses.

The federal government has a responsibility to protect the American people from unsafe, ineffective medicines. That is one of the critical roles of the Food and Drug Administration. However, the government also has an obligation to ensure that regulatory systems do not prevent safe and effective medicines from being made quickly available to the sick The federal policy towards marijuana balances these twin obligations.

II. Initiatives to reduce drug-related crime and violence:

Integrating federal, state, and local efforts. We are encouraging greater cooperation among our law enforcement agencies. Edward Byrne Memorial Grants will provide financial support to multi-jurisdictional task forces. Coordination is facilitated by ONDCP's $140 million High Intensity Drug Trafficking Area (HIDTA) program which has identified counties in fifteen areas of the U.S. which require increased federal assistance to alleviate drug-related problems. The Bureau of Alcohol, Tobacco, and Firearms' Achilles Program is another important mechanism for fostering task force approaches to drug law enforcement. Also, the Community Oriented Policing Services (COPS) program will eventually bring 100,000 new police officers onto the streets.

Linking criminal justice and treatment systems. Incorporating drug prevention and treatment programs within the criminal justice system can result in decreased drug use and criminal activity and lower recidivism. To that end, the *Strategy* encourages drug testing, treatment, and education for all prisoners. It also encourages expanded use of drug courts that offer incentives for drug rehabilitation in lieu of incarceration for non-violent drug users. Finally, it advocates "coerced abstinence" programs that incorporate progressive sanctions to encourage criminals to stop using illegal drugs. These programs have the potential of positively influencing the two-thirds of the nation's chronic drug users who fall under the domain of the criminal justice system each year. More than two hundred drug courts and community programs like *Treatment Accountability for Safer Communities* are already applying these principles and are helping non-violent, drug-using offenders to break the cycle of drugs and crime.

Reducing the number of chronic drug users. 3.6 million chronic drug users are at the heart of America's drug problem. Two-thirds of the nation's supply of cocaine is consumed by just one-quarter of the drug-using population. These chronic users maintain drug markets, keep drug traffickers in business, and commit a disproportionately high percentage of drug-related crime. The *Strategy* focuses on helping the 3.6 million chronic drug users in America overcome addiction. Most of these drug abusers are involved in one way or another with the criminal justice system. It is clear that the coercive power of the criminal justice system can be used to test and treat drug addicts arrested for committing crimes. Drug use by persons under supervision of the criminal justice system should not be tolerated. We can dramatically reduce the number of chronic drug users if we harness the potential of the criminal justice system (*see Figure A-2*).

III. Initiatives to reduce health and social problems:

Lowering entry barriers to treatment programs. The willingness of chronic drug users to undergo treatment is influenced by availability of treatment programs, affordability of services, access to publicly-funded programs or medical coverage, personal motivation, family and employer support, and potential consequences of admitting a dependency problem. The *Strategy* seeks to reduce barriers so that more chronic users can begin treatment. Treatment programs must capitalize on individual motivation to end drug dependency. Publicly-funded treatment must be accessible to people who cannot afford private programs or who lack adequate medical services.

Addressing needs of the vulnerable. The health consequences of drug abuse are especially acute for pregnant women, children they are carrying, adolescents, racial and ethnic minorities, and those diagnosed with mental illnesses. We encourage treatment programs that address special needs of these populations, and we encourage states, communities, and health-care professionals to integrate drug prevention programs in prenatal, pediatric, and adolescent medical practices and clinics.

Expanding drug-free workplace programs. American businesses realize that keeping illegal drugs out of the workplace makes economic sense. Seventy-one percent of all illicit drug users aged 18 and older (7.4 million adults) are employed, including 5.4 million full-time workers and 1.9 million part-time workers. Drug testing and employee assistance programs -- when combined with supervisory concern, leadership, and support -- reduce drug use. The share of major U.S. firms that test for drugs rose to 81 percent in January 1996. Our challenge is to expand these programs to the small business community that employs 87 percent of all workers.

Expanding community anti-drug efforts. The community-based anti-drug movement in this country is strong, with more than 4,300 organized coalitions. These coalitions are significant partners for local, state, and federal agencies working to reduce drug use, especially among young people. One of the most successful is the Miami Coalition established by Tad Foot and Alvah Chapman. The Community Anti-Drug Coalitions of America (CADCA) under Jim Copple's leadership has helped organize this community-based approach to the drug problem. They deserve our continued support.

IV. Initiatives to shield our frontiers:

Addressing all drug entry points. The greater our success at interrupting drug trafficking along any particular border, the more traffickers attempt to introduce illegal drugs elsewhere. Consequently, we must develop a comprehensive, coordinated capability that allows the federal government to focus resources in response to shifting drug trafficking threats. Existing organizations and initiatives, such as the three U.S. military Joint Inter-Agency Task Forces, the Immigration Service's Inspections Branch, the Border Patrols' surveillance operations between ports of entry, and the Customs Service's Domestic Air Interdiction Coordination Center, have already increased our effectiveness and are the building blocks for this effort.

Preventing drug trafficking across the Southwest border. If a single geographic region were to be identified as a microcosm of America's drug problem, it would be the U.S. - Mexican border. Cocaine, heroin, methamphetamine, and marijuana all cross into the United States here, hidden among the eighty-four million cars, 232 million people, and 2.8 million trucks that the Customs Service estimates cross the thirty-eight ports of entry spanning nearly two thousand miles. American and Mexican ranchers are continually threatened and often harmed by violent bands of drug runners openly crossing their property.

Significant reinforcements have been committed to the substantial resources already focused on the Southwest Border. The U.S. Armed Forces' Joint Task Force-6 under the command of General James Lovelace, the El Paso Intelligence Center (EPIC) headed by Larry Gallina, the U.S. Border Patrol headed by Assistant Commissioner Douglas Kruhm, and Operation Alliance under Brian Pledger's leadership are examples of ongoing federal responses to this pressing problem. The Border Patrol has responded to the threat posed by drug runners to ranchers by integrating its surveillance efforts with the operations of federal, state, and local agencies. We are designing an overarching operational strategy to better organize our interdiction operations, focus resources, provide timely and accurate information that can secure evidence for specific cases, and anticipate strategic and tactical activities of drug traffickers.

Closing the Caribbean "back door." Our intelligence estimates that the second-most significant drug trafficking route into the U.S. is through the Caribbean, with Puerto Rico and the U.S. Virgin Islands targeted as U.S. points of entry. We will continue to build on the successes of the Puerto Rico/Virgin Islands HIDTA as well as on successful Border Patrol, Coast Guard, and Customs' operations. We will forge alliances with nations in the region to rededicate multilateral efforts to curtail drug trafficking and its corollary, money laundering. And we will invest the U.S. Interdiction Committee with the vision to mount successful interdiction efforts across the breadth and depth of the Caribbean.

Assuring informed drug policy. National Drug Control Program agencies must be supported by a national drug intelligence system that provides intelligence and information at all levels -- strategic, operational, and tactical. While the federal government has already made a substantial investment in counterdrug intelligence capabilities, there are some areas where the information base of National Drug Control Program agencies could be significantly improved. ONDCP is presently coordinating an extensive review of the federal drug control intelligence architecture. The premises of this review include:

1. The *National Drug Control Strategy* and the activities of the National Drug Control Program agencies must be information-based and intelligence-driven.

2. Counterdrug intelligence products must satisfy the requirements of those who are being supported at the federal, state, and local levels.

3. Existing laws should not be used as a basis to oppose consideration of a reorganized intelligence structure. We must organize ourselves in accordance with the law and both respond to and anticipate the drug threat.

V. Initiatives to reduce drug availability:

Bilateral cooperation with Mexico.

- **Certification of Mexican counterdrug cooperation.**

The President's decision to certify to the Congress that Mexico's senior officers of government are fully cooperating or taking adequate steps on their own to achieve the objectives of the 1988 United Nations Convention Against Illicit Traffic in Narcotics Drugs and Psychotropic Substances was based upon Mexico's accomplishments last year. President Zedillo has identified drug trafficking as the principal threat to Mexico's national security. Under his leadership, Mexican drug seizures increased notably in 1996, with marijuana seizures up 40% over 1994 and opium-related seizures up 41%. No other nation in the world eradicated as many hectares of illegal drugs as did Mexico in 1996. Mexico is clearly serious about responding effectively to the massive threats of violence and corruption generated by the approximately fifty billion dollars of U.S. expenditures on illegal drugs. Indeed, large numbers of Mexican police officers, prosecutors, and military have been killed while fighting to protect the Mexican people against drug-related threats.

- **Mexico continues to face an emergency situation.**

However, Mexico is facing an emergency situation and much more needs to be done. We share the dismay of Mexican authorities at the revelation that Mexico's top anti-drug official, General Gutierrez Rebollo, is alleged to have closely associated with the Carrillo Fuentes drug trafficking organization. This high level corruption and betrayal underscores the enormous corrupting influence and violence of the illegal drug trade. Mexican democratic institutions are under brutal internal attack by international drug criminals. We are encouraged by President Zedillo's dedication to rooting out corruption no matter where it is found. An example of that commitment is the relief from duties of more than 1,200 police officers in 1996.

We share the Congress' concerns about our bilateral efforts to achieve results in combating the production of and trafficking in illicit drugs. Clearly, significant quantities of heroin, methamphetamines, and marijuana used in the United States are produced in Mexico, and a major portion of the cocaine used in the United States is imported into the United States through Mexico. These drugs are moved illegally across the border between Mexico and the United States by major criminal organizations, which operate on both sides of the border and maintain the illegal flow of drugs into Mexico and the United States. Their actions, their profits, and their use of violence are a major cause of corruption on both sides of the border. We agree with you that the success of efforts to control illicit drug trafficking depends on improved coordination and cooperation between Mexico and United States drug law enforcement agencies and other institutions responsible for activities against illicit production, traffic, and abuse of drugs, particularly in the common border area. This will be one of the major issues of discussion during the President's trip to Mexico next month.

Making cocaine less available. Our national efforts against coca cultivation and the production and trafficking of cocaine must be guided by our Western hemisphere counterdrug strategy. Major initiatives include:

- **Reduction of coca cultivation.** We are supporting effective coca cultivation reduction programs in South America. We are encouraged by the dramatic 18 percent reduction in coca cultivation in Peru last year. For the first time in 10 years, Peruvian coca cultivation has dropped below 100,000 hectares. Our goal of virtual elimination of cultivation of illegal coca within the next decade is achievable. Our primary focus will consider alternative economic development in Peru -- the source of 57.5 percent of the cocaine.

- **Interdiction.** We have demonstrated that interdiction efforts in the source country zone can disrupt trafficking patterns significantly. Cargo flights (cocaine-carrying Caravelles and Boeing 707s) between Colombia and Mexico have stopped. We have broken the Andean air bridge between Peru and drug processing laboratories in Colombia. Over the past decade, U.S. and international interdiction efforts have consistently intercepted about a third of the coca that is produced in South America (*see Figure A-3*). Our challenge now is to react flexibly and block drug traffickers as they attempt to develop alternative river, ground, and maritime routes. In the transit zone of the Caribbean, Central America, Mexico and the eastern Pacific waters, we must continue to conduct flexible, in-depth, intelligence-driven defenses. Even now, drug traffickers are using shipping containers, cargo ships, and fishing trawlers to compensate for our effectiveness against aerial smuggling.

- **Actions against trafficking organizations.** The power, wealth, and sophistication of Colombian, Mexican, Dominican, and other drug syndicates pose enormous threats to governmental and judicial institutions in many Western hemisphere countries. Our international cocaine control strategy will continue to include an across-the-spectrum attack on these criminal organizations.

Making heroin less available. Efforts against production and trafficking of heroin will continue to be guided by the U.S. heroin control policy of November 1995. The heroin interdiction challenge is enormous:

- Potential global heroin production has increased about 60 percent in the past eight years to approximately 360 metric tons.

- In 1995, worldwide heroin seizures totaled 32 metric tons, less than 10 percent of the global production potential. U.S. heroin seizures were just 1.3 metric tons.

- The U.S. demand of approximately 10 tons of heroin consumed by 600,000 addicts represents a fraction of the production potential.

Our heroin control efforts must take these realities into account. We must work through diplomatic and public channels to promote international awareness of the heroin threat. We must help strengthen law enforcement efforts in heroin source and transit countries and bring cooperative law enforcement efforts to bear against processing and trafficking. These and other international challenges were raised by ONDCP during a recent session of the OAS' Inter-American Drug Abuse Control Commission here in Washington, DC.

Countering the methamphetamine threat. Methamphetamine abuse has been a growing problem on the West Coast and in the Southwest and Midwest. Methamphetamine is manufactured in both California and Mexico. It has also been produced in rural areas of the Midwest. All that is required to start up a methamphetamine laboratory is $100 worth of supplies readily available from retail stores and an Internet recipe. Methamphetamine production is increasing in California and the Midwest. DEA reported that meth lab busts increased 169 percent nationally in 1996 to 879. Lab busts in California were up 72 percent in 1996. This drug is an extremely addictive substance with long-lasting effects. Those under its influence often act violently (*see Figure A-4*).

Measuring and reducing illegal domestic marijuana cultivation. Our domestic cannabis crop reduction efforts must be supported by accurate information about drug crop locations and potential yields. We currently have no accurate estimate of the extent of domestic marijuana cultivation, although we know that much of the marijuana smoked in the U.S. is cultivated domestically – commercially, privately, outdoors, and indoors. ONDCP will coordinate the development of a domestic marijuana crop measurement program and more effective domestic eradication efforts.

Controlling the diversion of precursor chemicals. Drug production can be dramatically curtailed if the necessary precursor chemicals can be interdicted. We are encouraged that the importance of controlling chemicals is internationally accepted and will continue to urge adoption of chemical control regimes by other nations, e.g., Mexico's 1996 law criminalizing precursor chemical trafficking.

Providing long-term budgetary planning guidance to federal Drug Control Program agencies (FYs 1998-2002)

Critical to the success of the ten-year *National Drug Control Strategy* is funding support over the next five years of programs that will accomplish the established strategic goals and objectives. Although out-year funding levels for particular programs must be formulated in cooperation with all federal drug program agencies, the Administration has identified priority areas for funding for the next five years. ONDCP has emphasized these priorities for the next five years:

- **Reducing youth drug use** -- The centerpiece of our *Strategy* remains the prevention of drug use by the sixty-eight million children under the age of eighteen. Youth-oriented prevention programs today can reduce the number of addicted adults who will cause enormous damage to themselves and our society tomorrow.

- **Reducing the consequences of chronic drug use** -- The *Strategy* recognizes that significant reductions in illegal drug consumption cannot occur without addressing the problem of chronic drug use. Chronic drug users comprise about 20 percent of the drug-using population yet consume over two-thirds of the supply of drugs. By reducing the number of dependent drug users, we can lessen the adverse health and welfare consequences of illegal drug use as well as attendant criminal activity.

- **Reducing drug-related crime and violence** -- Domestic law enforcement has helped take back our streets from the ravages of the drug trade. Of particular concern is the relationship between drugs and crime. A disproportionate number of more than twelve million property crimes and almost two million violent crimes that occur each year are committed by drug users or traffickers.

- **Stopping the flow of drugs at U.S. borders** – The United States is the preeminent trading nation in the world. More than four hundred million tons of cargo enter our country each year. Illegal drugs represent but one part in a million of those imports. We must, however, vigorously shield our borders from the flow of illegal drugs. If we fail to reduce the availability of illegal drugs, it will be that much more difficult to stem the tide of drug abuse. Effective interdiction operations in the transit zone are critical to stopping drugs from crossing our borders and reaching our neighborhoods.

- **Reducing domestic and foreign sources of supply** -- Interdiction programs alone cannot prevent drugs from flowing into the United States and reaching our children. Therefore, the *Strategy* must target sources of supply as well. Working with source and transit nations offers the greatest prospect for eliminating foreign sources of supply. Cocaine, heroin, and frequently methamphetamine are produced outside the United States. These illegal drugs cause enormous harm to our citizens.

- **Maintaining strategic flexibility** -- A long-term strategy must be versatile and contain the infrastructure to respond to new drugs. America's drug problem is not static, as indicated by the recent emergence of methamphetamine. While the use of some drugs declines (e.g., cocaine), other substances make a comeback (e.g., methamphetamine, marijuana, and heroin). Still other drugs are used for the first time. Our *Strategy* must contain the means to identify and monitor new drug use trends so that programs can address them proactively.

Overseeing the High Intensity Drug Trafficking Area (HIDTA) Program

The Congressionally-mandated HIDTA program facilitates coordination of anti-drug activities and investigations of federal, state, and local law enforcement agencies. The HIDTA program designates geographic areas to which federal resources are allocated to link local, state, and federal drug enforcement efforts. Properly targeted, HIDTAs offer greater efficiency in countering illegal drug trade in local areas. HIDTA programs are based on a logical, comprehensive methodology for prioritizing needs and working with other initiatives. Since January 1990, counties in the following fifteen areas of the United States have been designated as HIDTAs:

- **1990**:
  - -- **New York/New Jersey**, Co-chairs: New York City Police Commissioner Howard Safir and U.S. Attorney Mary Jo White.
  - -- **Los Angeles**, Chair: Assistant U.S. Attorney Lisa Lench.
  - -- **Miami**, Chair: Special Agent-in-Charge Doyle Jourdan, Florida Department of Law Enforcement.
  - -- **Houston**, Chair: Special Agent-in-Charge Don Clark, FBI.
  - -- **Southwest Border**, Director: Mr. Dennis Usrey.

- **1994**:
  - -- **Baltimore/Washington**, D.C., Chair: Dr. Peter Luongo, Ph.D. Clinical Director, Adult Mental Health and Substance Abuse Services.
  - -- **Puerto Rico/U.S. Virgin Islands**, Chair: U.S. Attorney Guillermo Gil.

- **1995**:
  - -- **Chicago**, Chair: Assistant U.S. Attorney Mark Prosperi.
  - -- **Atlanta**, Chair: U.S. Attorney Kent Alexander.
  - -- **Philadelphia/Camden**, Chair: U.S. Attorney Michael Stiles.

- **1996 designations include**:
  - -- **Rocky Mountain HIDTA** (Colorado, Utah, and Wyoming), Chair: Acting Special Agent in Charge Armando Marin, DEA.
  - -- **Gulf Coast HIDTA** (Alabama, Louisiana, and Mississippi), Chair: Special Agent in Charge Ron Caffrey, DEA.
  - -- **Lake County HIDTA** (Lake County, Indiana), Chair: U.S. Attorney Jon E. DeGuilio.
  - -- **Midwest HIDTA** (Iowa, Kansas, Missouri, Nebraska, and South Dakota), focused on methamphetamine, Chair: U.S. Attorney Thomas J. Monaghan.
  - -- **Pacific NW HIDTA** (Washington Cascades), Chair: U.S. Attorney Kate Pflaumer.

The FY 1997 enacted budget included $140.207 million in discretionary funds for the HIDTA Program. At least half of HIDTA resources go to state and local participants. The FY 1997 funds are being used as follows:

- $9 million to expand the Chicago, Philadelphia/Camden, and Atlanta HIDTAs ($3 million to each).

- $2 million for the creation of new HIDTAs in San Francisco and Detroit ($1 million to each) upon completion of the designation process.

- $1.45 million for the New York/New Jersey HIDTA to support the Northern Manhattan Initiative (investigation of violent drug trafficking gangs).

- $1.45 million for the Southwest Border HIDTA to establish regional tactical coordination centers.

- $200,000 to fund a study whose objective is to develop a system for identifying areas that might be appropriately supported by HIDTAs.

- $100,000 for the Houston HIDTA to incorporate several counties in the Corpus Christi area upon completion of the designation process.

Operating the Counterdrug Technology Assessment Center (CTAC).

CTAC was created to serve as the central counter-drug research and development center for the federal government. Today, CTAC provides:

- Minimum, but crucial, funding for special research not covered by other agencies.

- Significant support for infrastructure needed to demonstrate technical feasibility and measure the effectiveness of proposed innovations of emerging technology in realistic environments.

- An outreach program to assess the technology available, to identify the best research from all sources, and to assist law enforcement and demand reduction agencies in bringing these advanced technologies into their operations.

CTAC also supports demand reduction initiatives that:

- Augment research and development for therapeutic drugs to counteract or block the effects of cocaine abuse. The intent is to develop an effective medication for cocaine addiction.

- May yield more effective treatment modalities with a special emphasis upon youth between the ages of 15-17.

- Support the development of a scoreboard to monitor the effectiveness of substance abuse treatment programs.

CTAC's demand reduction technology program has been developed in consultation with NIDA.

CTAC's supply reduction development program consists of:

- Cargo inspection technology development.

- Information technology research.

- Research into tactical technologies.

CTAC's non-intrusive cargo inspection systems initiative has involved Customs, the Federal Aviation Administration, and the U.S. Navy in the development of an operational test-bed for testing a pulsed fast neutron analysis system and transportable and fixed systems for non-intrusive inspection of cargo containers. The program will address operational constraints and cost factors associated with customs inspection.

CTAC reaches out to the science and technology communities through technology conferences and symposia, benchmark testing, and technical assessments of competing technologies and systems under consideration for development or procurement. CTAC also works with the Science and Technology Committee in developing its long-term technology research and development strategy.

Coordinating drug policy research.

ONDCP conducts research to inform the policy process, identify and detail changing trends in the supply of and demand for illegal drugs, monitor trends in drug use, identify emerging drug problems, assess program effectiveness, and improve the sources of data and information about the drug problem. ONDCP-supported research activities include:

- **Pulse Check**. This is a report on current drug use and emerging trends, based on qualitative information from the police, ethnographers, and epidemiologists working in the drug field, and drug treatment service providers across the country. This project is one of the best sources of current intelligence and data on drug use.

- **Retail value of drugs sold in the United States**. This is an annual project to determine how much Americans spend on illegal drugs. The report focuses on the retail sales value of cocaine, heroin, marijuana, and other illegal drugs. It provides ONDCP's estimates of the size of the chronic user population and the extent of drug use.

- **Drug market analysis**. Working with the National Institute of Justice, ONDCP is using the Drug Use Forecasting system as vehicle to analyze drug markets. This project will provide information on drug dealing and the drug/crime connection.

- **Chronic user survey**. This project will develop a new methodology to provide a means to estimate the size, location, and characteristics of the chronic population of drug users in the United States. It involves the development of mathematical models to determine the demographics of chronic drug users.

- **Survey of illicit drug prices**. This project generates quarterly and annual illicit drug prices and purities for the U.S. and selected cities and is used to monitor market trends and support other research projects related to the illicit drug market.

- **Policy studies/briefs**. Includes analyses of treatment, transit zone interdiction effectiveness, and the progression of drug use.
- **Juvenile drug and violent crime study.** This project is a major effort to analyze the juvenile drug and violent crime issue from a public policy perspective. The project will also identify other types of risk behaviors that may lead, facilitate, or predict entry into drug dealing and violent crime.

Consulting with leaders across the nation.

ONDCP has fulfilled congressional expectations over the past decade by becoming a focal point for consultation and coordination of national drug control policy. The past year's activities are indicative of ONDCP's contributions since its establishment in 1988. They include:

Governmental consultation. Within the executive branch of the federal government, every cabinet officer and all departments and agencies participated in the development of strategic goals and objectives and in the formulation of supporting budgets, initiatives, and programs. Similarly, within the legislative branch, views and suggestions were solicited from every Member of Congress. At the state and local levels, ONDCP solicited input from each state governor, along with those from American Samoa, Puerto Rico, and the U.S. Virgin Islands, and from the mayors of every city of 100,000 or more people. Views from public officials overseeing federal, state, and local prevention, education, treatment, law enforcement, correctional, and interdiction activities were also sought.

Private sector consultation. ONDCP solicited and received suggestions from: representatives of the more than 4,300 community anti-drug coalitions; chambers of commerce; editorial boards; non-governmental organizations; civic organizations; professional organizations (i.e. actors' guilds, bar associations, business associations, educational groups, law enforcement and correctional associations, medical associations, unions, and others); religious institutions; and private citizens including chronic drug users, inmates, parents, police officers, prevention specialists, recovering and recovered addicts, students, teachers, treatment providers, and victims of drug-related crimes. ONDCP also joined many members of Congress in their states and districts to learn more about the drug problem and observe solutions. The interest displayed by all and the thousands of unsolicited letters received by ONDCP underscored that a majority of Americans believe that drug use and drug-related crime are among our nation's most pressing social problems.

Keeping the Congress informed. ONDCP testified at thirteen Congressional hearings in 1996. Topics included: drug policy priorities; the federal drug control budget; international drug control programs; drug trafficking in the Western hemisphere; preventing drug trafficking across the Southwest Border; juvenile drug use trends; drug interdiction efforts; the global heroin threat; making cocaine less available; Arizona's Proposition 200 and California's Proposition 215 and similar efforts in other states.

Keeping the American people informed. ONDCP supported the anti-drug efforts of every national television network and numerous local television and radio organizations in 1996; more than 200 exclusive interviews were conducted. Detailed briefings were provided to the editorial boards of 22 newspapers and magazines. Spanish-language materials were generated for media organizations that serve Hispanic-Americans. A web site (www.ncjrs.org) and toll free telephone service (1-800-666-3332) staffed by drug policy information specialists provide drug-related data, perform customized bibliographic searches, advise requesters on data availability and of other information services, and maintain a public reading room. In addition, ONDCP maintains a "home page" that provides up-to-date information about the Office of National Drug Control Policy and drug policy issues.

Building support for U.S. international drug control programs. Leaders from key drug production and trafficking nations were briefed on the international components of the *National Drug Control Strategy*. Support for U.S. drug control efforts was also developed among important international and multilateral organizations such as the Association of Southeast Asian Nations, the European Union, and the Organization of American States. ONDCP also sought to inform international non-governmental organizations such as the International Commission of the Red Cross and the Washington Office on Latin America about U.S. drug control efforts.

Convening or participating in conferences and meetings. ONDCP briefed participants in numerous gatherings of organizations like the National Governors' Association, the Conference of Mayors, the National Association for the Advancement of Colored People, the American Medical Association, the American Bar Association, and the National Association of Police Officers. Additionally, ONDCP convened or participated in the following conferences and meetings to promote greater coordination of international, federal, state, and local anti-drug efforts; consider emerging problems; and consult experts as the *1997 Strategy* was being developed:

- **The President's Drug Policy Council.** Established by the President in March 1996, this Cabinet-level organization met on May 28, 1996 and December 12,1996 to assess the direction of the *National Drug Control Strategy* and discuss drug policy initiatives. Members of the council include heads of drug control program agencies and key presidential assistants.

- **Southwest Border Conference.** El Paso, Texas, July 9-10, 1996. Federal, state, and local representatives met to discuss the challenge of stopping drug trafficking across the 2,000 mile-long U.S. - Mexico border.

HIDTA Conference. Washington, D.C., July 15-16, 1996. Participants considered how the Congressionally-mandated HIDTA program can better coordinate regional law enforcement efforts.

The USIC/J-3 Counterdrug Quarterly Conference. Washington, D.C. These meetings provided a forum for executive-level discussions of U.S. international drug interdiction programs.

California Proposition 215/Arizona Proposition 200 Briefing. Washington, D.C., November 14, 1996. State, local, and community leaders briefed federal department and agency representatives on the recently-passed ballot initiatives as the federal response to both measures was being formulated.

Entertainment Industry. Hollywood, California, January 9-10, 1997. ONDCP met with leaders in the entertainment industry to discuss how the national drug prevention effort might be supported by the creative talents of the broadcast, film, and music industries.

Methamphetamine Conference. San Francisco, California, January 10, 1997. The purpose of this regional meeting was to examine the methamphetamine problem in western states, review progress made since the April 1996 release of the *National Methamphetamine Strategy*, and consider appropriate responses. A follow-on national methamphetamine conference is scheduled for May, 1997 in Omaha, Nebraska.

America's drug abuse problem underscores the continuing requirement for the Office of National Drug Control Policy

ONDCP's current statutory authorization sunsets on September 30, 1997. The logic that caused the Congress to conclude that a coordinating drug policy entity such as ONDCP was required still applies today. A short summation of the drug problem facing America underscores the continuing need for an agency with ONDCP's responsibilities. Indeed, the social and health costs to society cause by illegal drug use are staggering. Drug-related illness, death, and crime cost the nation approximately $67 billion a year. This cost is exacted in additional health care expenses, extra law enforcement, more auto accidents, increased crime, and lost productivity resulting from substance abuse. Illicit drug use hurts families, businesses, and neighborhoods; impedes education; and chokes criminal justice, health, and social service systems. Some of those consequences include:

Increased illness and death. Drug-induced deaths increased 47 percent between 1990 and 1994 and now number approximately 14,000 a year. More than 2,400 Americans suffered drug or gang-related deaths in 1995. The nation's 3.6 million chronic drug users disproportionately spread infectious diseases like hepatitis, tuberculosis, and HIV. More than 33 percent of new AIDS cases can be traced to injecting drug users and their sexual partners. Indeed, AIDS is the fastest-growing cause of illegal drug-related deaths.

Record high drug-related medical emergencies. In 1995, there were a record high 531,800 drug-related hospital emergency episodes, slightly more than 1994's 518,500 incidents. Cocaine-related episodes remain at an historic high while heroin-related emergencies increased by 124 percent between 1990 and 1995 (*see Figure A-5*).

Heroin fatalities. Heroin-related deaths increased between 1993 and 1994, the most recent years for which these statistics are available. In Phoenix, heroin fatalities were up 39 percent, in Denver -- 29 percent, and in New Orleans -- 25 percent.

Increased infant mortality. About six percent of pregnant women are using illegal drugs and putting their children at risk. A Washington State study of Medicaid recipients showed an infant mortality rate of 14.9 per 1,000 births among substance-abusing women as compared to 10.7 per 1,000 for women who were not substance abusers. Children born to drug-abusing women were found to be 2.5 times more likely to die from sudden infant death syndrome.

Juvenile addiction to nicotine and smoke-related illnesses. Every day, 3,000 children become regular cigarette smokers; as a result, one third of these youngsters will die of a smoking-related disease. The vast majority of smokers (over 80 percent) first tried a cigarette before age eighteen.

Decreased workplace productivity. Seventy-one percent of illegal drug users aged eighteen and older (7.4 million adults) are employed. According to an ongoing Postal Service study, among drug users, absenteeism is 66 percent higher, health benefit utilization is 84 percent greater in dollar terms, disciplinary actions are 90 percent higher, and there is significantly higher employee turnover.

Violent crime. In 1995, a majority of arrestees tested positively for drug use (*see Figure A-6*). Those arrested for robbery, burglary, and auto theft also had high positive rates. Many of the 12 million property crimes and 2 million violent crimes committed each year are drug-related

Crowded prisons and jails. In 1995, state and local law enforcement agencies made an estimated 1.4 million arrests for drug law violations. Almost 60 percent of federal prisoners are drug offenders as are 22 percent of the inmates in state prisons. More than 1.6 million Americans are now behind bars. Drug-related offenses account for nearly three-quarters of the total growth in federal prison inmates since 1980 (*see Figure A-7*)

Skyrocketing drug use among youth. The most alarming drug trend is the increasing use of illegal drugs, tobacco, and alcohol among our youth. Children who use these substances increase the chance of acquiring life-long dependency problems. According to a study conducted by Columbia University's Center on Addiction and Substance Abuse (CASA), children who smoke marijuana are 85 times more likely to use cocaine than peers who never try marijuana. The use of illicit drugs among eighth graders is up 150 percent over the past five years. While alarmingly high, the prevalence of drug use among today's young people has not returned to near-epidemic levels of the late 1970s. The most important challenge for drug policy is to reverse these dangerous trends.

A shared problem. Many Americans believe that drug abuse is not their problem. They have a misconception that drug users belong to a segment of society different from their own or that drug abuse is remote from their environment. They are wrong. Drug users permeate our society. They are our family members, classmates, teammates, neighbors, and coworkers. Seventy-one percent of drug users are employed, and the majority are white. Most of us have correctly concluded that drug use and drug-related crime are among our nation's most pressing social problems. Approximately 45 percent of us know someone who has suffered a substance abuse problem.

While drug use and its consequences threaten Americans of every socio-economic background, geographic region, educational level, and ethnic and racial identity, the effects of drug use are often felt disproportionately. Neighborhoods where illegal drug markets flourish are plagued by attendant crime and violence. Americans who lack comprehensive health plans and who have smaller incomes may be less able to afford

treatment programs to overcome drug dependence. Our citizens who depend on the availability of social services are often deprived of their benefits because too high a proportion of their case-load is occupied by drug-related medical problems. What all Americans must understand is that no one is immune from the consequences of drug use. Every family is vulnerable. We must make a commitment to reducing drug abuse and not mistakenly assume that illegal drugs are someone else's concern.

The Office of National Drug Control Reauthorization Act of 1997

Attached *(at Appendix B)* for Congressional consideration is the reauthorization bill which the Administration has transmitted to the Congress. The Administration believes that this bill will improve ours ability to develop, coordinate and implement the National Drug Control Program. The major ONDCP authorization modifications contained in the enclosed bill include:

1. **A requirement for a ten-year National Drug Control Strategy.** This long-range drug policy approach implements the President's objective of developing a comprehensive and dynamic ten-year drug control strategy. This approach has been endorsed by the President's Drug Policy Council and was a guiding principle in the formulation of the *1997 National Drug Control Strategy*. To support this long-term planning approach, the ONDCP Director will provide budget recommendations to the National Drug Control Program agencies for five-year budget projections to support the priorities of the national ten-year *Strategy*. The bill would also allow modification of the ten-year strategy as may be necessary to meet new and varying challenges, as well as to improve or eliminate programs in our supply and demand reduction efforts.

2. **A call for performance measures.** As part of ONDCP's effort to provide measures of effectiveness for the *Strategy* and federal drug control programs which support it, the bill expands the language of the 1994 reauthorization act that required the ONDCP Director to conduct an assessment of drug-related data instruments. This new language reflects ONDCP's ongoing effort to develop and implement meaningful assessments of federal programs to achieve the *Strategy's* goals and objectives.

3. **Measurable goals and initiatives.** The *1997 Strategy* provides a series of five goals and 32 objectives for reducing drug use and the consequences of drug use in the United States. The reauthorization bill provides for an annual report to Congress on efforts to implement the *National Drug Control Strategy*. Progress reports would be based on the performance measures which are being developed in consultation with all federal Drug Control Program agencies. The annual report would also include updates on drug abuse trends, patterns, and consequences that are currently part of the strategy reporting requirements.

4. **Explicit ONDCP responsibility to coordinate efforts to reduce underage use of alcohol and tobacco.** The bill clarifies ONDCP's responsibility for underage alcohol and tobacco use under the auspices of the *National Drug Control Strategy*. This would codify the practice begun five years ago by the Bush Administration of including underage tobacco and alcohol use in the *National Drug Control Strategy*. The *1992 Strategy* sharpened the focus on the treatment and prevention of underage alcohol abuse. Similarly, the *1992 Strategy* stated that underage tobacco use is a gateway to other harmful drugs and that reducing underage tobacco use should also be a focus of prevention and treatment efforts. Reducing the use of alcohol and tobacco by our youth has long been recognized as key to effective drug prevention and education. The Clinton Administration has carried forward efforts against underage alcohol and tobacco use, and the *1997 Strategy* reflects a continuation of those efforts.

5. **Creation of a new Office of Intergovernmental Relations.** The new office would supersede the current Bureau of State and Local Affairs (BSLA). Its functions would include coordination of federal, state and local drug enforcement policies. This change reflects not only BSLA's role in coordinating ONDCP's liaison with state and local governments, but also its current role in the coordination of federal, state and local domestic drug law enforcement activities on behalf of ONDCP *(see proposed organizational chart at Appendix C)*.

6. **Modification of the High Intensity Drug Trafficking Area (HIDTA) Program.** The bill would establish HIDTA as a separate program within ONDCP and give ONDCP the authority to issue regulations for the management of the program in consultation with HIDTA program agencies. For federal, state and local drug control agencies participating in the HIDTA program, issuance of regulations would clarify the administrative, record keeping, funds management, and other requirements for efficient HIDTA operation.

7. **Clarification of the Center for Counter Drug Technology (CTAC) responsibilities.** The bill would clarify current authority for CTAC to conduct research on demand reduction activities.

8. **A twelve-year extension of ONDCP.** The bill would extend ONDCP's authorization for twelve years. This is consistent with the implementation of a ten-year *National Drug Control Strategy*. After the implementation of the *Strategy*, the federal government will have two years to evaluate the effectiveness of ONDCP and to recommend the best method to continue oversight of the drug issue.

Conclusion

We remain confident that drug use and its consequences can be substantially reduced through a sustained and coordinated effort. We are encouraged by the following recent positive developments:

- 1995 marked the first time in the past five years that drug-related emergency department episodes did not rise significantly.
- There was a steady decline in drug-related homicides between 1989 and 1995.
- The 1996 *Monitoring the Future* study found that the use of heroin, inhalants and LSD decreased among tenth and twelfth graders between 1995 and 1996.
- Coca cultivation in Peru, the source of 57.5 percent of the cocaine on our streets, declined by 18 percent in the past year.

The Administration is confident that the Office of National Drug Control Reauthorization Act of 1997 submitted to Congress will further foster bipartisan consensus on national drug control policy, allow us to expand on these successes, and attain the objective of reducing drug use and its consequences in America. ONDCP has a critical role in the national drug control effort. This small but vital agency remains committed to the task of developing and sustaining a cooperative, bipartisan anti-drug effort that involves all branches and departments of the federal government and incorporates the extensive initiatives that are ongoing in our states, cities, and communities.

All of us at the Office of National Drug Control Policy appreciate the support of the Committee over the past decade and this past year. You have provided the encouragement and resources to bring a more intense focus to the effort to reduce drug abuse and its consequences in America.

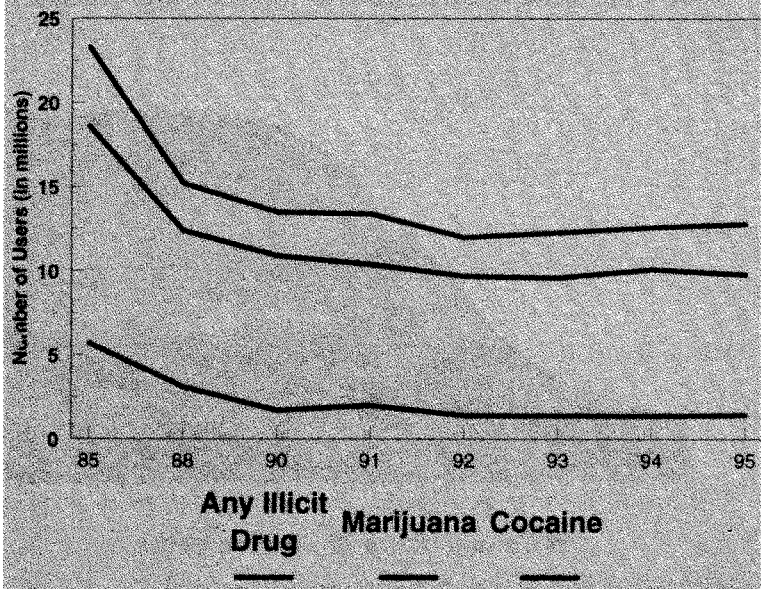
We are proud of our accomplishments, but recognize that we collectively face enormous challenges. We must reverse the five-year trend of increased drug use by our children. We must further reduce drug-related crime and violence. We must reduce the health and social consequences of drug abuse. We must better organize our efforts to keep drugs out of America. Finally, we must develop more effective supply reduction efforts so that we can reduce the quantity of illegal drugs that are cultivated and produced both at home and abroad.

Mr. Chairman, Representative Barrett, and other members of the Subcommittee, we will continue to rely upon your guidance as we continue our important work. We welcome your continued involvement and oversight. Working together we can succeed in better protecting our citizens, communities, schools, workplaces, and homes from the menace of illegal drugs.

Appendices:

A. Drug trend charts.
B. ONDCP Reauthorization Bill.
C. Proposed ONDCP organization chart.

Figure A-1: Current Illicit Drug Use (Defined as Use in the Past Month) is Down Substantially.



Source: 1995 Household Survey

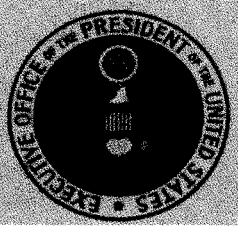
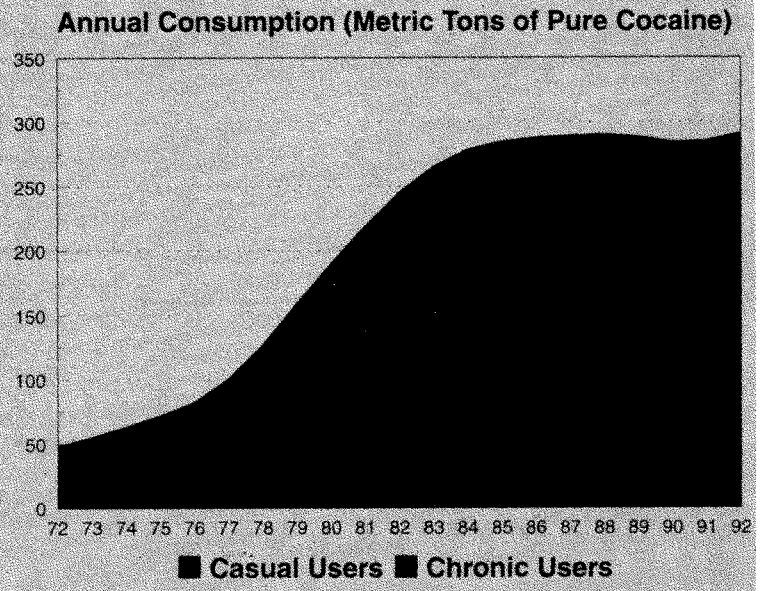
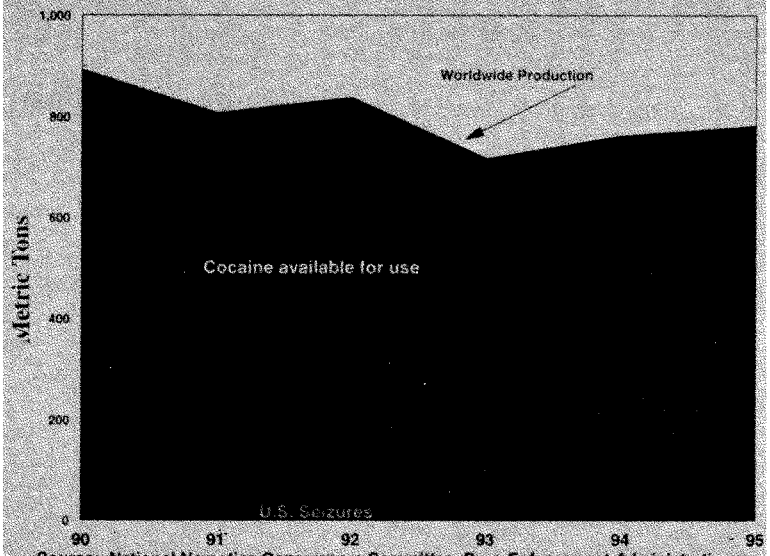


Figure A-2: Most of the Cocaine is Consumed by Chronic Users.



Source: Modeling the Demand for Cocaine, RAND Corporation, 1994

Figure A-3: Hemispheric Cocaine Seizures are Holding Steady.



Source: National Narcotics Consuymers Committee, Drug Enforcement Administrati

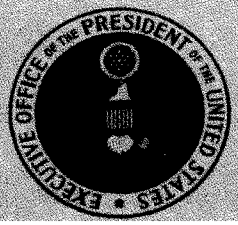
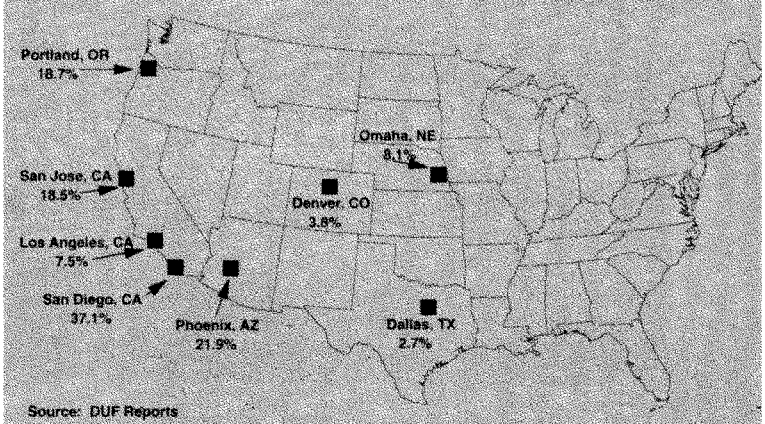


Figure A-4: Methamphetamine Use Among Arrestees is High, Particularly in the West.

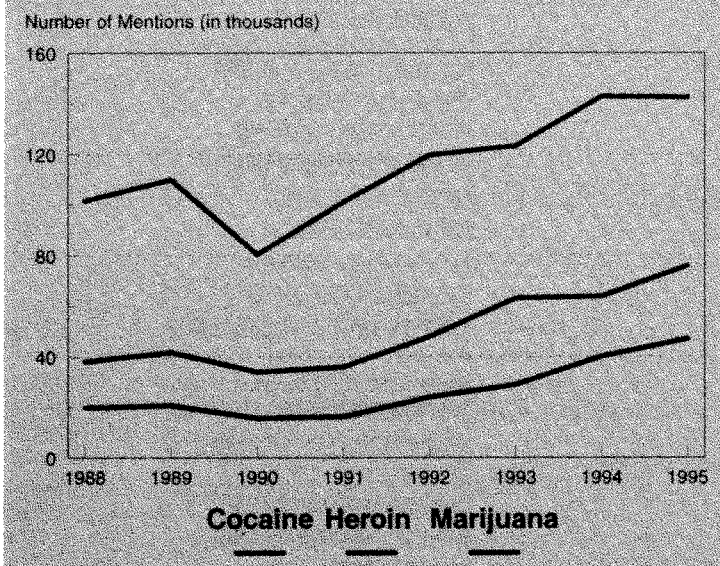
Drug Use Forecasting Sites Where Methamphetamine Use Was Highest in 1995



Source: DUF Reports

EXECUTIVE OFFICE OF THE PRESIDENT OF THE UNITED STATES

Figure A-5: Drug-Related Emergency Department Mentions are at Record Highs.



Source: Drug Abuse Warning Network, DHHS/SAMHSA

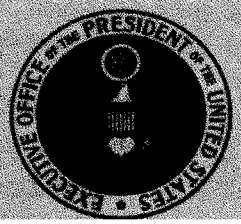
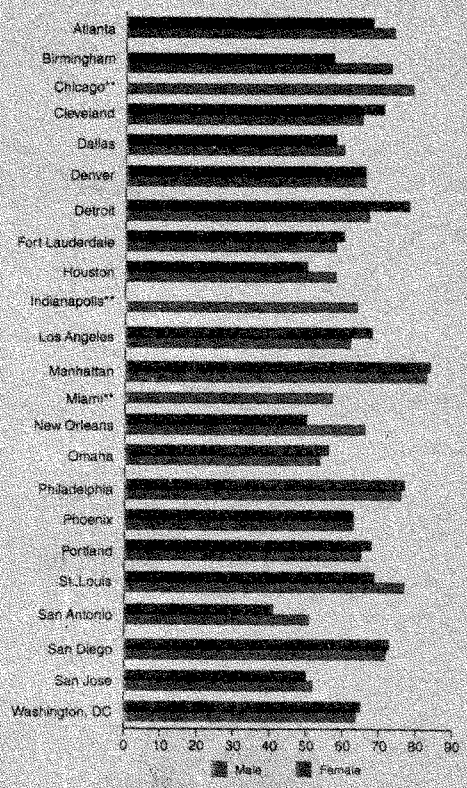


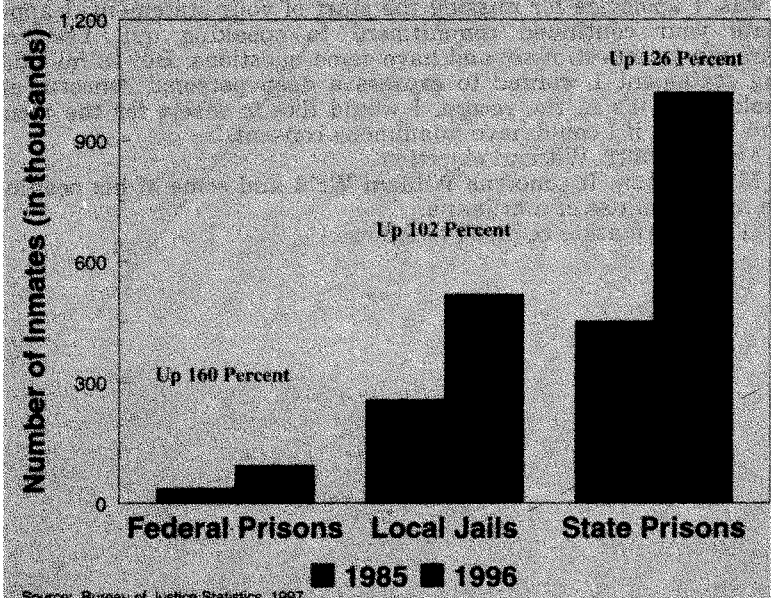
Figure A-6: There is a Clear Connection Between Drug Use and Crime.



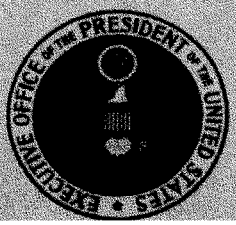
* Tested positive on urinalysis
** Data are not collected on female arrestees

Source: Drug Use Forecasting Program, National Institute of Justice, 1996

Figure A-7: An Increasing Number of our Citizens are Behind Bars -- Many for Drug Crimes.



Source: Bureau of Justice Statistics, 1997



Mr. HASTERT. I thank you, Gen. McCaffrey. And with us also now is our vice chairman, Mr. Souder, who didn't get a chance to give his opening statement. I think he's going to give a short opening statement. I'll let you open the questions, Mr. Souder.

Mr. SOUDER. Thank you, Mr. Chairman. And I want to welcome Gen. McCaffrey. You were briefly over in the Republican Conference. I thought you were going to address us over there where I was. I apologize for missing the start of your statement. I appreciate your continued commitment to speaking out. I've read through your testimony and have some questions. But in my opening statement I wanted to express a deep personal concern, and make sure it's in the record. I would like to insert for the record this article, if I could have unanimous consent.

Mr. HASTERT. Without objection.

Mr. SOUDER. It concerns William Weld and some of his positions on medicinal use of marijuana.

[The information referred to follows:]

THE BOSTON HERALD - December 31, 1996

Weld backs pot use for the ill. . . says he'd let docs prescribe pot.

Gov rips drug czar's threat

By CAROLYN RYAN

Gov. William F. Weld yesterday took a pot shot at President Clinton's bid to snuff out medicinal marijuana use, vowing he'd push to allow Bay State doctors to prescribe the outlaw weed.

Weld said the president's threat to criminally prosecute and strip the licenses of doctors who give marijuana to their ailing patients is an overreaction.

"I think that's too strict," Weld said.

Last month, voters in Arizona and California overwhelmingly approved ballot questions that allow for medical use of marijuana.

'This is not medicine, it's a Cheech and Chong show.'

Barry McCaffrey

The Arizona law also allows doctors to prescribe any other illegal drug — including LSD and heroin — as long as medical studies show the drug can benefit the patient.

Retired Gen. Barry McCaffrey, who leads Clinton's anti-drug effort, called the new laws "hoax initiatives" that would allow the use of dangerous drugs for even minor, common medical conditions.

"This is not medicine, it's a Cheech and Chong show," McCaffrey said.

Weld, however, said patients should be allowed to obtain marijuana, as long as a doctor certified the drug is needed.

"I don't see this as a step on the path to legalization," the governor said. "There's a substantial body of medical evidence that marijuana is useful particularly in treating nausea and arthritis."

Weld said he would push for the federal government to establish a legal source of pot so doctors in Massachusetts and other states could distribute it.

Weld's stand was immediately blasted by Sen. James Jajuga (D-Methuen), chairman of the Legislature's public safety committee.

"You could find 20 people who could say there'd be some medicinal use for crack cocaine," said Jajuga, a former state trooper. "I think this is almost bizarre."

But state Rep. Pat Jehlen (D-Somerville) praised Weld, noting that she watched one constituent with melanoma — a form of cancer — suffer in pain for six years before dying. She is convinced the man could have lived longer from marijuana use.

"People don't do this to get high," Jehlen said. "They do this because they need it."

Bill Downing of the Massachusetts Cannabis Reform Coalition agreed, saying, "Gov. Weld has been on our side from the very start."

The Clinton administration crackdown comes after a campaign in which Republicans blasted the president for joking on an MTV program he wished he had inhaled when he tried smoking a joint of marijuana.

Clinton was also embarrassed during the campaign by reports revealing marijuana use among young people had skyrocketed during his presidency.

Some studies suggest pot eases the symptoms of glaucoma, nausea due to chemotherapy for cancer and for fighting wasting, a severe weight loss associated with AIDS.

However, the drug remains controversial in medical circles and several experts believe legal drugs better combat those ailments.

Last year, Weld signed a bill requiring the Department of Public Health to set up a registry of patients who are using marijuana medically. The law allows those patients, if they are charged with pot possession, to use a medical defense in court.

The law also called for the state to conduct actual medical studies on the benefits of marijuana, but that program is stalled, because the state cannot obtain marijuana legally.

"I'd like to see an approved federal source so the Massachusetts law could kick in to effect and allow people to have access to marijuana for medicinal purposes," Weld said.

Despite his support for its medical use, Weld has never used marijuana, his spokeswoman, Ilene Hoffer said.

In 1987, Frank McNamara, U.S. attorney for Massachusetts, accused Weld of smoking marijuana at a party after a wedding in 1982.

Those allegations were rejected after the Department of Justice inquiry.

Mr. SOUDER. In your statement to us, you correctly point out, as you just did verbally, the danger of marijuana use as an entry-level drug. You point out that in even reducing drunk driving, that marijuana is now the second leading cause of drug-related accidents behind alcohol. We have another section countering attempts to legalize marijuana. You correctly point out that in preventing drug trafficking across the Southwest Border, that the United States-Mexican border is the microcosm of America's drug problem. You correctly point out the difficulties the we're facing with Mexico in the counter-drug cooperation, and talk about Mexico continuing to face an emergency situation in their country because their democratic institutions are under brutal internal attack by international drug criminals.

There are laudable things—you have a statement about measuring and reducing illegal domestic marijuana cultivation. In the Boston Herald, December 31, 1996, it says: "Gov Rips Drug Czar's Threat: Weld Backs Pot Use for the Ill. Says he: 'Let docs prescribe pot.' Governor William Weld yesterday took a pot shot at President Clinton's bid to snuff out medicinal marijuana use, following a push to allow state-based doctors to prescribe the outlaw weed."

Now, I want to know, if Mexico is our No. 1 problem in this country, where the drugs are coming across. And this is obviously not partisan. William Weld is a Republican. He takes a cheap shot at you, headlined. And I want to commend you on your efforts to speak out in a very difficult political situation, when two major States pass referendums. And I commend you for your efforts. And I think this potential could undermine our biggest international crisis—the Mexican border—if we send an ambassador to Mexico who is undermining our domestic efforts, criticizing our drug czar, and every time we meet the Mexican Government, every time we meet with Mexican legislators, every time we meet with them, they're going to throw our own Ambassador's statements back at us.

And I hope you will—if you can't publicly, at least privately, ask the President to reconsider this. And this is certainly going to be an issue. And many of us are going to make it an issue. Because I did not spend these multiple years and have my kid—working on the drug issue first as a staffer, and since as a Member—and watch my kids in my home town and people under attack by drugs, so that we appoint an ambassador to a country that is pooh-poohing a threat of this gradual legalization trend. And I can't imagine anything more devastating. And I hope that understanding that he has made you an issue, which puts you in an awkward position—that you'll be willing to speak out. And this is a devastating blow to what we've been trying to do to make America aware.

I just can't conceive that we would put a man in this most high and conspicuous position with this background. Even if he will retract this. If he understands what the administration position is—we're still going to have this thrown back at us. I felt that's very important to get in the record. It's not something that's going to end. And it is directly related to the drug czar, because he took—it says, "Gov Rips Drug Czar's Threat" and the language goes through.

So, I'm very disappointed. I wanted to put that into the record as an opening statement. And if I can now move to my questions, I will do so. One of the questions that we've been trying to sort out is some of where your drug research money has been going. And we understand that there was some question about what happened in 1996. 1997 is a bit unusual. And I just wondered for the record if you could provide us a comprehensive list of the individuals and organizations that ONDCP funded over the past 2 years, as well as through other agencies which you have budget review authority? Because there have been some concerns about where we're headed in the research regarding marijuana.

It is very important that we don't have mixed messages going out. Many of us—I, particularly have been disturbed as I've gone through schools, and have been evolving my position. I always opposed tobacco use for minors. And I believe we've had to up and—been moving along with the rest of the Government. While I fear Government intervention in too many areas, believe that we're going to have to cross some lines because of the tobacco usage and its relationship to marijuana and alcohol. I think we need to speak out more. But it's important that we keep a united front on the marijuana question. And I'm very concerned that—what research is out there, how it's being used, and how it can be distorted, and would appreciate that record so we can look at it in more detail.

I also wanted to commend you in your written statement. I missed the first part, so I'm not sure whether you verbally referred to that—and that was the importance of your work with the entertainment industry. It is clear from going to schools that the music and the movies and particularly the music, is one of the most sensitive areas with kids. And we really have to work with the administration and others to try to turn this. Could you elaborate on where you might be heading with this and just give me some comments on what you alluded to? I think you had, I think, just a few sentences that you were going to try to work with that.

Gen. MCCAFFREY. The entertainment industry visit was, to be honest, quite encouraging and almost surprising. I prepared for that for 3 or 4 months. There was enormous suspicion on the part of the entertainment world when I went out there whether they would be treated to a lecture and a thumping and then I'd leave. What we essentially did was, we asked for their help, we asked for their support.

I told them we had three principal concerns. First, that drug abuse be pictured realistically when it was shown, that we had no problems with a movie like "Trainspotting," but enormous difficulty with a movie that romanticized or portrayed as glamorous the use of drugs. We said if you're going to put drugs into the entertainment world, make sure it looks like real life. The second thing we asked them to do is, don't portray drug use as the norm. It isn't. Most of us in America don't use drugs. Some of us do and have enormous problems. So make sure you tell our children that it's 1 out of 10, which is a terrible problem, but it's not the norm of behavior among adolescents.

And the third thing we asked the entertainment world to consider is, don't portray drugs as funny. They're not funny. They kill 14,000 people a year and cause enormous anguish across this coun-

try. So we said, those are the three things we'd like you to consider. Finally, we asked for their thoughts and their involvement. I think we're getting some payoff already. I was astonished. I went to the Writers' Guild, the producers, the directors, the Entertainment Industry—EIC—Council, the Actors' Guild, and I think there was a very positive response.

The one clear problem I would suggest to you is, we're going to do a lot better with television than we are with the music industry. We're going to do better with the established movie industry than we are with the independents. There's tremendous sensitivity, which we support, to the rights of free expression in the entertainment world. But I think the larger firms were very positive. I was very impressed.

Mr. SOUDER. One thing that turned up in some of our discussions around "Trainspotting," which is very controversial, and also some of the music industry—and this may be something to look at in some of the research, is that there's clearly a difference of opinion of what is viewed as attractive by the majority of the people and what can be viewed as attractive by actually the high-risk groups who are more likely to be addicts.

Gen. MCCAFFREY. I agree.

Mr. SOUDER. And particularly when you go into the schools and see the type of clothing and almost a depressing view of life, that something to most of us that looks like portraying the actual and is a depressing thing that we wouldn't find attractive, is actually a reverse attraction.

Gen. MCCAFFREY. Yes. I agree.

Mr. SOUDER. And to some degree, educating, getting more research on that as it relates to the fashion industry and stuff, too, ups the awareness of parents as well.

Gen. MCCAFFREY. Yes. I think you're entirely right. "Trainspotting" is a good example in which perhaps to the adolescent world it's an inappropriate movie, but it's a great film for parents to see.

Mr. SOUDER. If I can make one other—just a brief comment. While I understand—and I have taken to calling this both war and cancer, that it's both things, as we've discussed this—the likelihood of a 12-year reauthorization is pretty minimal because it's one thing, if you're there and we're working closely together—but just as far as how likely Congress is going to move, and the ability to manage and do this—a 12-year reauthorization is probably not realistic. It doesn't mean we're not committed to a 12-year battle.

Viewing this as a cancer, any Congress that backs away is going to learn from—we're going to repeat history again if we don't keep the pressure on. I also wanted to express one other concern. And that is, I understand that there's some fencing going on between treatment interdiction. But I think that we need to make sure, just like your one chart that you had up there about interdiction, doesn't downplay that. Because there was some movement in less international interdiction in your chart, which actually opened up the amount of domestic.

I'm not sure, simply because I don't know all the facts, how much domestic drop there's actually been. But that's something we all

need to be very careful of, because we need to keep all fronts moving aggressively.

Gen. MCCAFFREY. I absolutely agree, Mr. Chairman.

Mr. SOUDER. I yield back.

Gen. MCCAFFREY. That's why, when I show that chart, I'm a little nervous. It could be used for mischief on both sides of the question. I certainly don't mean to imply that that's futile. That was over 300 metric tons of cocaine taken out of the system each year, which potentially would have devastating impact on America. So law enforcement in our country last year took 107 metric tons of cocaine away from the criminals. Thank God. I agree with your point entirely.

Mr. HASTERT. Thank you. The gentleman yields back his time. We have a vote pending. So I'm going to recess for 20 minutes. And we'll be back here at five after.

Gen. MCCAFFREY. Yes, sir.

[Recess.]

Mr. HASTERT. The committee will reconvene. General, one of the things that we've had discussions about and the colleague from Indiana opened up the whole issue with Mexico. And we've had discussions on that. A couple things concern us. And let me just ask you, do you feel that since we've had the certification of Mexico and moved forward—and I know you've had considerable talks there and in the Caribbean area—what positive grounds are what measurable goals have we reached there?

Gen. MCCAFFREY. Of course we have had a tremendous amount of energy into this process. And I think the congressional response and attention paid to it was in a large extent very helpful, because it underscored the vehemence and the insistence on the part of the United States Government as well as Mexican authorities that this level of corruption and violence that are threatening us out of international drug crime is unacceptable. So, I think some good came out of it.

Now, we're watching Mexican partners with enormous sympathy. That's the bottom line. We think their senior leadership are committed to confronting the issue. We think they have an enormous internal threat to their democratic institutions. And to be balanced about it, much of it comes from $49 billion of United States drug money, and I might add, a considerable amount of United States arms being smuggled into Mexico. Now, they also, it seems to me, have understood quite clearly that if they don't confront effectively this issue with their own police, judicial system and armed forces, that they will lose their future.

So, a lot of specific measures are ongoing, whether it's cooperation with training prosecutors, police agents. Mexico has announced today a very bold program to try and rebuild their drug police from the ground up. We have a considerable amount of support thanks to U.S. congressional action for providing their army with greater mobility to confront these massive drug gangs that are operating on both sides of the border.

We have extradition in a very balanced manner ongoing on both countries. The Mexicans have made the tremendous effort to energize these three binational border task forces. And I would expect in the year to come we'll see more happen out of that. They have

fired hundreds of corrupt police officers. This thing with Gen. Gutierrez Rebollo was a terrible blow, an incredible blow to Mexican leadership, to President Zedillo and Minister Cervantes, as you can imagine. They're attempting to roll up the gang of thugs that was part of his operation, which apparently was—essentially, he was a mole for Amato Carrillo Fuentes' drug gang. So, I think they're continuing to push the envelope. And we're going to work with them.

Mr. HASTERT. General, one of the things that you know that we've had discussions back and forth, there are about six or seven issues that we felt very strongly about. You've talked about one of them: extraditions, commitment to DEA agents, the use of side arm, which I know is a very touchy situation, permanent maritime agreements, the radar situation, and to endemic police corruption. And I would like for you, before the President goes to Mexico—I think it's May 6—that if you could write a letter of conveyance to me just in your assessment of where we're moving on that. I don't want you to do that publicly at this time. But I would like you to either us have a conversation or a letter outlining where we are at on those issues. I'd appreciate that very much.

Gen. MCCAFFREY. Mr. Chairman, I might add, in front of each of you, you should have a copy of the letter that I sent to the—if I can find it—to Hon. Porter Goss and Hon. Norman Dicks. We had a closed, classified session, security implication of Gen. Gutierrez Rebollo's arrest. You have a copy of that. It has my letter to the congressional hearing and an earlier letter to Foreign Minister Gurria. And I would be glad to share with you, sir, the classified book that we put together, which includes, among other things, our own internal look at our intelligence system, and what we knew then and what we intend to do about it. So, I'd welcome a chance to share that with you.

Mr. HASTERT. As you well know, one of our other areas of concern in South America is Colombia and the situation we have there. And, of course, they had some type of an action by the State Department and the President. There's also a 614 Waiver that's sitting, that's been approved by State and, I understand, is sitting on the President's desk. I have a personal view on that, that it's very important that they have the ability, especially the national police force and the army, have the ability to have weapons to protect themselves and actually go out and do the job that they very, very gallantly have been doing. What's your view on that? Can we have that 614 signed and sent to Colombia as soon as possible?

Gen. MCCAFFREY. Mr. Chairman, I think there's commitment on the part of the Secretary of State and most of her senior people, and certainly on my part, and, I believe, on the President's—I've talked to him about it—to provide 614 Waiver authority for Colombia. We share your view. Gen. Serrano and the Colombian police authorities, who at great sacrifice, have continued to fight against this menace and also Gen. Bedoya and the Army. There is a very definite problem now, though, as a challenge on human rights concerns and the Senate amendment which requires a waiver and puts us under caution to not provide these weapons or, for that matter, FMS sales without an in-use monitoring agreement. And we are working pro-actively with the Colombians to get this signed to

make sure both sides recognize the legitimate interest of the human rights community and the international press to watch this issue. If we can work through that I think we're going to move ahead. And I'm very confident we'll have a good outcome.

Mr. HASTERT. Well, we understand that, according to Ambassador Gelbard, at least, that is going to the police and not that Army, and there certainly is less movement——

Gen. MCCAFFREY. But we're also going to support the Army. Both. There was a change recently now to provide the helicopters, I believe—one tranche of the helicopters will go to the police.

Mr. HASTERT. Well, we may want to have a separate conversation on this. But I think it's very, very important that we do get the aid down there. And, you know, I'm very sensitive to human rights and the issues of human rights. But the fact is that our children are being delivered cocaine, and in some cases, heroin, on our street corners, in our schools. And I don't think there are more heinous violations of human rights than that. And anything that we can do on the ground in Mexico, in the United States, in Colombia or Peru or any place else to stop that, we need to do it. I'll yield back my time. And Mr. Barrett is here for questioning.

Mr. BARRETT. Thank you, Mr. Chairman. Gen. McCaffrey, one of my reactions when I first came to Washington was it seemed as though we had an office for everything. And many of these offices conflicted in their goals or duplicated goals of other agencies, and it was this office or that office overseeing things. And one of the things that I'm happiest you're doing is taking the lead on recognizing that the drug use can begin many times with underage children, in particular the use of tobacco and alcohol.

And I think it would be somewhat ludicrous if we had a drug czar and then a teenage tobacco czar and then a teenage alcohol consumption czar, when anybody who has been exposed to any of this recognizes that there is a correlation, as you have stated, as many others have stated. So I want to applaud your efforts in taking the lead on that. I think that's extremely important. And I think it helps dispel the notion that the Federal Government is tripping over itself by duplicating efforts. This is one of the times I have seen truly a person who brings issues that are somewhat related together because in the real world they are together. I just wanted to start off with that.

You've heard some criticism already today about the notion of having a 12-year authorization. From your perspective, what's more important—getting the 5-year budget or the 1-year, 12-year authorization?

Gen. MCCAFFREY. Well, I think these things have symbolic importance beyond the practical. I think what I would like to see us all do is understand that 5 years from today, we're going to still confront addiction in America and its consequences. And we're still going to have the responsibility to actively promote drug prevention among American children, and indeed to continue to defend our air, land and seafrontiers.

Given that, we need to understand that that strategy isn't a new idea every year, it's a concept that, if solid and coherent, ought to be used to build budgets year after year. And for that reason, I think the 10-year notion, if you didn't say it was a 10-year docu-

ment, I think we're missing a bet in a very important philosophical way to make that commitment. But I'm not sure practically it's going to stop us from doing what we need to do. The second notion, though, is that the 5-year budget—we're still going to have to come down here and authorize a budget execution every year.

I got that. But I would like to see that executive branch, the 50 agencies of Government, and the two Appropriations Committees force ourselves to see the tradeoffs in options. We simply can't have a debate over do we jail violent drug criminals or do drug prevention programs? Do we maintain the prison construction program or do after care? So if you don't get your time horizons out, as we do in the national security business or as IBM does and Sears & Roebuck does, I don't see how we're ever going to get a sensible solution to the problem. So, the strategy, the 5-year budgets, that's the heart and soul of it.

For sure, what's going to be the case is, 12 years from today—some of us may not be present—someone here is going to continue to exercise this absolutely pivotal responsibility to protect America from drug abuse. I'd like to recognize that, embrace it, and say this isn't a trick, an election year issue, this is a commitment to America's future.

Mr. BARRETT. Thank you. One of the other issues that is under your jurisdiction is the HIDTAs. Can you give me a little better feel for how those work and why you think those are so effective?

Gen. MCCAFFREY. Well, we do have a problem with HIDTAs. And the problem is having some concept that's defined having some objectives, having some performance measures of effectiveness. We've got to deliver that. The HIDTA concept has grown topsy-turvy. We're now up to 15. We've got two more that I've provided funding—$1 million each—to Detroit and San Francisco for startup. I think we need clarity in what we're doing. And I think we're going to provide that in this strategy and in the subsequent performance measures.

Now, having said all that, the 10 HIDTAs that have had a track record, some of them have been spectacular in using small amounts of money to support what smart cops and prosecutors are doing anyway: allowing task force operations so that local, State, and Federal law enforcement and prosecutors can go to the same place, share evidence, data and operations, deconflict operations, and bring together some coherence to counter-drug efforts. And the ones that are just spectacular are places like Miami, which in 7, 8 years of hard work has really made a tremendous change in the quality of the community life. And HIDTA has been a big part of it.

We've got the one in Puerto Rico-Virgin Islands—is going to make, I would argue, an enormous difference organizing some 600-some odd Federal law enforcement officers to act in sync with Puerto Rican police, attorney general, et cetera. New York—Howard Safers doing incredible work with—we've had—Mr. Chairman, your staffer was up there with us looking with tremendous admiration at what $9 million a year in Federal money has helped with in New York. So we're pretty upbeat about the potential of it.

Mr. HASTERT. Just in passing, they also have some National Guard assistance. Now, I want to talk about that in a few minutes.

And just stop short of harping on my behalf, General, I just want to go back on the 614 for a second. You know, the 505NUST agreement is in place with the police. And it's just very, very important that that's being expedited. I know that you have very close consultations with the President. And hopefully that thing could be signed before the President goes to Mexico, and moved. And that's our desire. So hopefully that can be passed on. I now recognize Mr. Mica.

Mr. MICA. Thank you and welcome back, General. Yesterday, a district court in San Francisco barred the Federal Government from retaliation against physicians who endorsed therapeutic marijuana under California Proposition 214. The judge specifically cited the mixed signals being sent by the Clinton administration as one of the bases of the judge's ruling. This week a Federal judge barred our law enforcement agents from taking any action against doctors who recommend marijuana to patients under California's Proposition 215. She cited mixed signals from the administration as one of her reasons. General, I'm really wondering if we are serious, if we are in fact sending mixed signals about what we want to do in this war on drugs. What's the situation? What's the problem? What can we do?

Gen. MCCAFFREY. Well, the judge issued a 42-page order, which—I have skim read parts of it. Obviously, Department of Justice has primary responsibility not only for representing us during those proceedings, but also interpreting what the results are. And I don't know. I don't know where this is going to come out. The only thing I can assure you of is that the administration position, we think, is prudent. It makes sense. It's in writing. It's a seven page document.

It's endorsed by the President. It's in concert with U.S. Federal law. We are supported by the American Medical Association, the California Medical Association, the American Cancer Society, the American Opthamological Society. We have said we would be glad to aggressively examine the scientific claims of smoked marijuana to be a safe and effective medicine. And that's going on in the NIH, FDA community. We have funded American Academy of Science Institute of Medicine studies on what we know and don't know about smoked marijuana.

We believe it is vitally important for the United States to maintain a system of national standards of medicine based on scientific inquiry and not ideology. We've got a problem and I——

Mr. MICA. You just got back, didn't you, from Mexico?

Gen. MCCAFFREY. I just got back from the Caribbean. I've also been to Mexico, yes.

Mr. MICA. Well, fairly recently. And the President is going there in the near future. Isn't the largest source of marijuana coming into the United States from Mexico?

Gen. MCCAFFREY. Well, it's hard to say because we don't know how much marijuana is produced in the United States. We have no accurate figures.

Mr. MICA. Well, OK. Let's not consider domestic production, just foreign coming into the United States. Mexico is No. 1 for marijuana?

Gen. MCCAFFREY. I think that's probably true, yes.

Mr. MICA. And we're now about to send a United States Ambassador to Mexico, who takes a position in opposition to the administration. And, in fact, that appointment may be sending a message now, that it's not all that bad, particularly for certain purposes that the administration has—and I sent you a letter applauding you on your initial stand on this. But can't you see that through our actions—our policy may be one thing, but our actions are sending a mixed message. What do you think about this appointment?

Gen. MCCAFFREY. Well, I think, again, it's unequivocally clear in writing, that the Attorney General, the Secretary of Health and Human Services, the Secretary of Education and I and others supported, obviously approved by the President, are unalterably opposed to the legalization of drugs or the surreptitious legalization of drugs under the guise of medical uses.

Mr. MICA. Will you join me in asking the President to withdraw this proposed Ambassador?

Gen. MCCAFFREY. No. I wouldn't think it would be appropriate, Mr. Congressman, for me to join that viewpoint.

Mr. MICA. OK. Thank you. Last year it was revealed that President Clinton had accepted a $20,000 check from Jorge Cabrerra, a member of a prominent Florida Keys fishing and lobster family. The donation enabled Cabrerra to attend a fundraiser with Vice President Al Gore——

Mr. BARRETT. Mr. Chairman, I'd like to raise a point of order. I don't believe this is within the scope of this hearing.

Mr. HASTERT. Well, it probably is within the scope. I believe the parliamentarian says, this counsel says it's within the scope. I'll take it under reservation and discuss it later.

Mr. BARRETT. No. Could you give me a specific reasoning as to how this is within the scope of this hearing?

Mr. MICA. Well, it deals—Mr. Chairman, may I speak to the gentleman's point? This deals specifically with an individual who smuggles $6,000 pounds of cocaine through the Florida Keys and——

Mr. BARRETT. Could he do it in an authorization bill?

Mr. MICA. I have a very specific question. We are not dealing with an authorization and appropriations. This is a Government Reform and Oversight Committee investigative subcommittee.

Mr. BARRETT. Mr. Chairman, what is the title of this hearing today, please?

Mr. HASTERT. It is the authorization of the ONDCP. The ONDCP has jurisdiction over drug smuggling and the reduction of the use of drugs. I would see that it's appropriate. The gentleman's time has expired. And we'll move on to the next questioner, Mr. Blagojevich.

Mr. Blagojevich, the gentleman from Illinois has no questions. The gentleman from Georgia.

Mr. BARR. In followup to something that my colleague from Florida said, I think, General, that we had a discussion about this at your last visit here. I think that very clearly what the judge perhaps was reflecting is contained in page 59 of the 1997 National Drug Control Strategy. The conclusion of the top paragraph on the left column it says, "We must continue to oppose efforts to legalize marijuana." You say here today, "The administration is 'unalter-

ably opposed' to medicinal uses or legalization of marijuana." Yet you go right down—a paragraph and a half further down that page, and it says, "Nonetheless," and then talks about—and you follow this up with a letter to me, $1 million that you wish to spend that the administration wants to spend to study the medicinal uses of marijuana.

I just fail to see very clearly that the administration can truly be unalterably opposed and then ask for money to study the issue. I think that is precisely where the confusion comes from. I'd like to turn, though, for a couple of specific questions, General, to another matter that concerns me. And I do appreciate the material that you and your office have furnished to me. And that is with regard to the legal basis on which your office expends moneys and deals with matters involving tobacco usage.

And this has nothing whatsoever to do with all of our opposition, which I share and which I know the President feels strongly about as do you, too—tobacco usage by teenagers, by underage children. But just liking that as a policy and agreeing with it does not provide the legal basis for the Office of National Drug Control Policy to engage in programs and policies and promotions of anti-tobacco programs.

And I still fail to see, even though in your kind letter to me you mentioned various provisions of 21 U.S.C. 1502 and 1507. There is absolutely nothing in those authorities that talks about tobacco as within the legal jurisdiction of your office. And, as a matter of fact, I truly believe, General, that the precise language of those sections supports my position that if this administration or any administration—and I know that you cite very correctly that a former administration sort of began this slippery slope in 1992. If, in fact, the administration or you want to engage in anti-tobacco efforts, as laudable as that may be, I think you need to come to the Congress—the administration does—and ask for the legal authority to do so.

Because I don't think you have the legal authority. And I intend to make that an issue. For example, in 21 U.S.C. 1507–1, the term drug is defined. And it refers very clearly to controlled substances. Tobacco is not a controlled substance, no matter how much people might want it to be, no matter how much people might want to, for various reasons, good or bad, substantive or political, to make it so. And I continue to have a very serious problem with your office engaging in activities, expending moneys, designed to stop tobacco usage.

I do think that if you believe that that is something that is an important part of the overall drug strategy. Maybe it is. Maybe it isn't. That you lay out the case and propose an amendment to the authorization legislation that provides for the jurisdiction of the Office of National Drug Control Policy. Because I don't think that power is there, the legal basis. As a matter of fact, I think it is very clear that it isn't there. And, again, I appreciate you corresponding with me on this. Is there anything you want to add to the record today over and above the letters that you sent me?

Gen. MCCAFFREY. Well, I certainly understand your concern. In fact, I think I share it. That's why in this reauthorization bill we do explicitly ask you to put aside those concerns and specifically

enumerate gateway behavior by tobacco and alcohol. So I share your conviction that we ought to come to Congress and explicitly ask you for this authority. And that's what I've just done. Now, the second thing I would argue, though, is that what you've cited is the Controlled Substances Act.

And what the 1988 law told us in ONDCP to do was establish policies for the drug program. And that certainly includes the right to do comprehensive, demand reduction efforts, which from President Bush on has, I think, quite wisely encompassed the reduction of use of illegal substances by adolescents. So, it's unquestionable that alcohol and tobacco are illegal substances for use by youngsters. We have found the evidence of University of Michigan and Columbia University, in particular, quite persuasive that smoking and alcohol use does indeed inexorably set one up for higher risk correlations of later addictive problems in life. But I do agree, Mr. Congressman, I ought to get from you explicit authority. And it will put aside some of these questions.

Mr. BARR. Could I just ask one very quick followup question, Mr. Chairman? Will you then be recommending to the President that he send forward to the Congress a specific proposal for providing that explicit authority or jurisdiction?

Gen. MCCAFFREY. Mr. Chairman, it's in the bill I sent over here. This hearing is on——

Mr. BARR. In chapter 20, so that it would appear—the language would appear in chapter 20.

Gen. MCCAFFREY. Yes. It's in——

Mr. BARRETT. I'm looking at page 2 of the bill. It appears that there's——

Gen. MCCAFFREY. Yes. It would be in our authorization and definition aspect of drug control.

Mr. BARR. OK.

Gen. MCCAFFREY. We will exclusively ask you——

Mr. BARR. But would it be amendment to chapter 20 of title 21? Is that where it will be?

Mr. BARRETT. Mr. Barr, I'm looking at page 2, lines 11 through 16.

Gen. MCCAFFREY. I can try and provide you a written response. But it will be in 21.1507 under definitions.

Mr. BARR. OK. Well, that's in chapter 20 of the——

Mr. HASTERT. The gentleman's time has expired. The gentleman from Wisconsin, Mr. Barrett. Gen. McCaffrey, I would like to ask you a couple things. First of all, in the issue of reauthorization, which I think we need to talk a couple minutes about. I tend to agree that we probably need to have a 5-year budget authorization. I see the need for planning to make sure that the equipment and strategies are in place over a period of time. I question whether a 12-year authorization is something that we'd want to do. I think things change. People change. Administrations change. Drug Czars change. And certainly the changes that you brought about, bringing in new ideas and different approaches from your predecessors have certainly been noted and marked. I'm not sure that we'd want to be bound under a policy that was set under one administration and one person, and drive that policy when people come and go and change. And I'd like your reaction to that.

Gen. MCCAFFREY. Well, I think your point is a good one, Mr. Chairman. The only thing I would, though, suggest is, you'll still pass budgets every year. Every dollar will have to be appropriated by Congress. And the Director of ONDCP will still have to come down here and explain the 5-year request and what they did or did not accomplish. I think second, the way we wrote that, it said that the strategy would still have to be updated, and the Director ought to explain—I mean, this is a dynamic problem. With any luck, 10 years from today, cocaine will not be a major drug of abuse in America.

But the problem may well be that methamphetamine and boutique drugs will be. So, I think you'll still have clear authority to demand hearings and to adjust this strategy as the situation evolves. So, again, I think what we've got is—we've got a request on my part for you to consider that this is a permanent challenge to our children, to our schools, our work places, that the mechanism that we put in place ought to be responsive to congressional interest. But the problem won't go away.

What we want to do is manage it down until it's causing the least amount of anguish. I think ought to commit to a decade. And 12 years, apparently. We just said 2 years beyond a 10-year strategy.

Mr. HASTERT. Well, I think we need to get your view. I think we'll have this as a point of issue and discussion.

Gen. MCCAFFREY. Yes.

Mr. HASTERT. And furthermore, I would just say that one of the things that I would hope we'd have in 10 years is a drug free America. I hope that we can fight this war week by week, day by day, month by month, and have some achievement there.

Gen. MCCAFFREY. Mm-hmm.

Mr. HASTERT. And as that fight progresses through the years, I think maybe we need to sometimes change our strategy.

Gen. MCCAFFREY. I agree. Yes.

Mr. HASTERT. I'm sure that if a general is going to place and fight a war, I'm not sure a 10-year strategy is always in place without some changing of it from time to time. But that's my own opinion.

Gen. MCCAFFREY. Mm-hmm.

Mr. HASTERT. At this time I'm going to yield to the gentleman from Illinois, Mr. Blagojevich.

Mr. BLAGOJEVICH. General, I was very impressed with the information that you provided with regard to the eighth graders and marijuana use and the rise of marijuana use among eighth graders. What specific policies are being implemented by your office or being discussed by your office with regard to addressing that problem that clearly can only get worse unless we meet the challenge head on?

Gen. MCCAFFREY. Well, the Department of Education, in particular, but also Health and Human Services and, indeed, Department of Justice, have a series of initiatives that we think are enormously important. I might also add that this is not only a Federal responsibility and the kind of work we saw endorsed by Gen. Powell and the President and others in Philadelphia are part and parcel of it. We think the reduction of drug abuse among children is

primarily a function of parents, educators, local coalitions. And that's the heart and soul of it.

Now, having said that, we're also asking Congress, Mr. Kolbe and his committee, to support $175 million a year for 5 years, where we'll also go back, after a matching pro bono $175 million. Partnership for a Drug Free America and the Advertising Council are assisting us with this. And we're going to try to talk to adolescents and their parents through the medium they're watching, through what is being used to instruct them. But I think it's a whole array of issues, and that the heart of and soul of it is not just the magnificent contributions of the D.A.R.E. program. You've got to have more than that. Something has got to happen between 3 p.m. and 7 p.m.

Mr. BLAGOJEVICH. Mm-hmm.

Gen. MCCAFFREY. And so mentoring initiatives and a whole series of other approaches—safe and drug free schools. The 1998 budget, we've got $620 million in there. We know we've got to be more responsive to Congress and make that it produces outcomes that I can explain what we did with the money. But we think we've got a pretty good effort.

Mr. BLAGOJEVICH. General, just quickly, did you say $620 million?

Gen. MCCAFFREY. In the 1998 budget. It's an increase of some $64 million—11.5 percent.

Mr. BLAGOJEVICH. And that money would be specifically earmarked to send back to community groups or local governments that match funds at the local level? Is that what you were saying?

Gen. MCCAFFREY. One of the challenges, of course, when you get into programs like this, is finding out where block grants go and how effectively they are spent, and what constraints do you put upon them. So I think Dick Riley and I and others have to ensure we deliver the goods. But, yes, that's where that money is going.

Mr. BLAGOJEVICH. Thank you, General.

Mr. HASTERT. The gentleman from Florida is recognized.

Mr. MICA. Thank you. General, I'm glad to see that you did get a hearing or opportunity to explain your side of the situation with the——

Mr. HASTERT. Did the gentleman have a specific question of the Chair?

Mr. MICA. Yes. I'm referring to the report that he referred to with Mr. Goss' Intelligence Committee. Because the—I can't think of a better term—but the screw up of having our highest folks dealing with the drug war, dealing with an involved drug czar from another country and our not knowing about it is a matter of importance if we're going to be funding these kind of programs, particularly over a long-term period. So, I'm pleased to see that my request was adhered to for that.

Along the same lines, I'm still concerned that in funding you in a multi-year fashion that we send the wrong signals. I believe that having a convicted drug dealer or a drug dealer actively involved in drug trade getting an invitation to the White House. I took my mother-in-law to the White House for a Christmas party. They checked her out. I would expect that the President of the United States, the Vice President and the First Lady should have some as-

surance that we have some program in place that, in fact, that these highest individuals aren't sending the wrong message by having these folks as their guests.

So, that is a concern in this multi-year funding. And also a congressional report that the Cabrerra donation was requested of him while he was in Havana on a business trip. So, I'm wondering why we find ourselves in this situation, why we don't have good intelligence. Are we putting enough resources in these areas? And do we have controls and policy in place to deal with these situations under your proposed multi-term budget?

Gen. MCCAFFREY. Well, the piece of the question that I guess I could respond to is, how good is our intelligence on foreign drug operations. And the answer is, it's pretty good. And it ought to be better. And it has difficulty. We don't get the appointments of the Government of Colombia or Mexico or—in the case of Gutierrez Rebollo, I think that Minister Cervantes and others were shocked and dismayed to find that they had pulled up a general officer who turned out to be a, apparently, a stooge of another drug gang.

We had a DEA office that had worked in that city of Guadalajara with him for 7 years and had not picked up on the fact that he was apparently an employee of the ACF gang. So I think we probably need to and we are scrutinizing how we go about learning more about the drug threat. But we do a remarkable job, by and large, of following smuggling routes, interdiction routes. Our biggest problem may well remain picking up Minister of Defense Boterro, that he was an active recipient of millions of dollars of drug money from a Colombian drug gang.

Mr. MICA. The other area, General—you know that I'm very supportive of you getting the money on a long-term basis or whatever-term basis you need it. The problem I have is still the issues like the 614, where we have equipment on the shelf, where we have funds already appropriated, and we can't get the equipment to Colombia in this instance. I have 14 waivers that the President granted. One for Serbia, Montenegro, Haiti, Somalia, Jordan, the list goes on and on. And since last year I wrote him, and again, we still don't have that equipment.

So what assurance do we have even if we go to a multi-year that we can even get the equipment that's on the shelf or already appropriated to these folks? And then I read today that Myles Frechette says, "Oops. I made a mistake. This is going to the police. And we may not even have had to have some type of consideration by the state to oppose this." It doesn't seem like we've got our act together.

Gen. MCCAFFREY. Well, I think we're working the 614 authority. We have not yet deliver the helicopters. We think we've got a shipping date on an American flag ship. We think we will get them there in May or June. There are problems with in-use monitoring agreements and human rights. We'll have to face up to the Leahy amendment and try and deal with it. We are still a Nation of laws, and we can't unilaterally direct these things to happen. But I share your dismay. And, Mr. Congressman, I will assure you it will get my attention. And we will try and support the police and army of Colombia. They deserve it.

Mr. HASTERT. I thank the gentleman. We have a vote on. And I know you have a time constraint, General. We will come back in approximately 10 minutes and make sure that you're out of here by the time that you have to be out of here. And I just want to say thank you very much for your cooperation and candidness today.

[Recess.]

Mr. SOUDER [presiding]. I'd like to call this hearing back to order. Thank you for being patient as we go through these voting processes. I have some additional questions, some of which are variations of some earlier questions. But I want to work through the record and talk. One is regarding Colombia. And I understand during the period I was gone you had some discussion about the helicopter assistance 614 Waiver.

But the particular concern we have—because we've had Gen. Serrano here in front of us, here. When we were in Colombia last year, we met with Gen. Serrano. While we have and share your concerns about the head of Colombia, there's certainly no question in his record that they've been fighting the drug war. Many of their police have died. I don't believe there are any human rights allegations against him. And our question is, why are his helicopters being held up, since the allegations are not against him?

Gen. MCCAFFREY. Mr. Chairman, I would probably be better off providing you an update for the record. I'll go back and check the specifics. The bottom line is we are committed to supporting the police and the Army of Colombia. We're also committed to following the restrictions of U.S. law, which requires us to take into account these very legitimate concerns about human rights, in-use monitoring agreements, and to ensure that the support goes to the counter-drug fight and not to counter-narcoguerrillas.

Now, having said that, there has been a continuing problem to get the appropriate concurrence of Colombian authorities, and to get the agreement of lawyers throughout the United States Government that we satisfy these requirements. I think we have finally—we're about to solve the problem. And I will try and come back to you and give you an update on what remaining difficulties there are.

Mr. SOUDER. Yes. As we talk with the leaders from the different countries—when people are actually out there fighting and dying as aggressively as Gen. Serrano. And I understand that this has been a concern in multiple countries, not just in Colombia, but in multiple countries as far as the human rights question. But I don't believe—and my understanding, unless you have something different for the record, that the allegations aren't in the area or even the concerns aren't in the area where the helicopters would be going. In other words, there are some questions regarding the Defense Department and concerns about the agreement. But you're not saying there's any concerns about Gen. Serrano's human rights record, are you?

Gen. MCCAFFREY. No. Not about him personally. I think there's been human rights abuses on a massive scale throughout the region. They've made a tremendous effort to improve them. Serrano has fired hundreds of corrupt cops. But I think there is a very deep concern on the part of our human rights community about the police, the Army, the institutions of justice. And I might add, a third

of the country isn't under the control of Colombian authorities anyway, it's under the control of narcoguerrillas. So, we do have a problem. We're going to have to face up to it.

Mr. SOUDER. We're concerned that this has been—it was promised 8 weeks ago. I appreciate the update. I hope you'll keep the pressure on the administration. Because I don't know how we proposed the—I mean, we heard very explicitly what they need the helicopters for. I don't know how we can continue to encourage them and not help equip them when they're doing a lot of our fighting, because we haven't reduced the demand here in our country. And it's something that we're very concerned about. I share human rights concerns. I have some question about—and I think it's important for the record—you're not saying Serrano, when allegations occur, isn't dealing with those?

Gen. MCCAFFREY. Well, I have——

Mr. SOUDER. You're saying he hasn't had any allegations, but you said there were people in the national police. But his record has been as aggressive.

Gen. MCCAFFREY. Sure.

Mr. SOUDER. We don't have any complaints against the national police?

Gen. MCCAFFREY. None. None at all. As far as we know, we have great respect for Gen. Serrano's leadership and integrity.

Mr. SOUDER. Our big concern—and I think this is important to be communicated—is that he hasn't used his leverage for some other battle. Because if they're going to him, and there's no complaints against him, and we're trying to use our ability to crack down on narcoterrorists and the drug people indirectly, even though this has been promised multiple times, it starts to undermine our credibility. And I think it's important, since it's been promised multiple times, to move this ahead and, if necessary, figure out several tracks here. Because I don't believe the national police are under question.

If I can move to another area. Understanding that you're going to get back to us. And I assume you've heard our grave concerns from multiple members here. I wanted to move into the question of the National Guard. At a strategy hearing we had in February you testified that the excellent work that the National Guard is doing to support our counter-drug efforts. And we've had several hearings with the National Guard. And I wholeheartedly agree that they've done an important work. And that's why I'm concerned. Our committee is concerned about why you had a $30 million decrease in funding for the National Guard in the President's request. Can you explain why you would want to cut funding for such an important part of our counter-drug effort?

Gen. MCCAFFREY. Well, I've had a conversation with Secretary Cohen. I went over and saw him about that and other matters in the defense area. And I think one of the principal problems facing DOD is maintaining an adequate defense given a very constrained budget. And in that constrained budget the answer has been that the National Guard percentage essentially remains unchanged: it's 23 percent of the total counter-drug DOD percentage. And when you get into State plans, there was—it's historically at 16 percent.

It's been higher. But that's about normal. The whole pie, though, has gotten smaller. And so the Guard's State plan efforts has been cut. It requires more funding in our judgment. But I'd be hard pressed to have suggested to SECDEF that he should cut other pieces of his counter-drug effort and provide the money to these National Guard efforts. So I've asked him to consider it and to come up with his own thinking. And we'll have a further discussion of it. And I will get back and try and resolve this concern. DOD's total funding is actually pretty good. We're up at about $1.6 billion.

If you take out the supplemental you gave us last year of $168.3 million it, in fact, is an increase. But I think the National Guard does need more funds. We're going to attempt to see how we can do it.

Mr. SOUDER. We're very concerned, because it impacts every State, particularly a lot of the States along the border where they're doing unique services and the cut is 30 percent, which is a fairly significant cut. So, we'll continue to work with you. But take this as that we're deeply concerned. I have some additional questions, but I'll go to Mr. Barrett.

OK. Another—I know that you and the President are, in general, working with Mexico and are visiting there soon. But I wanted to ask you a series of questions not so much about what you've necessarily done in this interim from the time we certified Mexico. If you have anything in the interim you can add this here but concerns that I hope you will address there and can report back the progress on after your trip. One is progress with Mexico and allowing DEA agents to carry firearms while assisting Mexican counter-drug operations.

Second is obtaining assurances from Mexico that the additional DEA agents that Congress appropriated can be stationed in Mexico, what commitments they have made to root-out the endemic corruption in their counter-drug efforts. The good news is that they seem to be making efforts. The bad news is that they're finding them in such high level places. But we want to be kept posted on what they're doing to get rid of the endemic corruption, not just the occasional. Have they made any headway on the over 100 outstanding extradition requests currently pending with Mexico?

I understand they say that they have extradition requests, too. But there's a question of scale and potency of these requests. And we want to hear what progress we're making. What's the status of our efforts to get a permanent maritime agreement with Mexico? So, those are among the questions that we've raised in the House, that, hopefully, if you don't have any additional updates on that now, which I would welcome you to give if you do, that you can, once again, inform us upon your return what progress you've made.

Gen. MCCAFFREY. I'd be glad to do just that, come back here and update you.

Mr. SOUDER. OK. Another question is, in regarding certification, in December 1996, in the State Department IG report, Assistant Secretary Gelbard was quoted as saying, "Since its inception in the mid-1980's the President's annual certification process has emerged as one of the most powerful tools in the conduct of our foreign drug control initiatives." Do you agree with this?

Gen. MCCAFFREY. I think it has been. You know, a lot of good has come out of it. It has focused the energies of the executive branch. The Secretary of State has the lead for this process. It has, as the President of Bolivia just said in an international conference on Monday, it's been a major factor in driving drug money out of the electoral process in Latin America. It has clearly galvanized many of us to even greater efforts.

Now, having said that, the other side of the coin is—and it really came over me in the Carter Center listening to nine former or currently serving Heads of State of Latin America—it has damaged the central notion that we can only confront the drug issue in cooperation with international allies. It's causing us a major difficulty. It's viewed as a direct offensive interference in the internal sovereignty in another nation. It allows the argument to come up—and it shouldn't come up—between partners, who are you to talk, you whose money and weapons drive this criminal process.

So I think there's been great damage. And I really have welcomed the thinking of people like the Speaker, Newt Gingrich, who was at this conference, and had some very creative, forward-thinking words. Sen. Coverdell has really pushed us to rethink the issue. We made need a higher order way of multi-national cooperation, perhaps in addition to certification, to try and remove this problem.

Mr. SOUDER. It's kind of an ironic position here that—a minute ago when we were talking about releasing helicopters to the national police of Colombia, which are being held up because we can't agree on the exact language of some relationships with their defense department, which is intense micro-managing, there's an incongruity. That we have to decide that when we're doing trade with countries, when we have opened processes, that we have a right to say that we expect you to do certain things, or the American taxpayers have a right to have certain actions.

I, too, share a concern that that is sometimes taken as a holier than thou position and sometimes looking down the nose as ugly American. And I've tried to be careful with my rhetoric in regards to Mexico, to be precise that we're fighting an evil which is shared by many of the concerns in Mexico. But that doesn't mean that I don't have a right to defend the taxpayers of Indiana. And it also doesn't mean not just in the drug area, but in the human rights area. And it also comes into most favored nation status, that we don't have a right as America without pronouncing—in other words, I'm not sure sometimes we'd certify ourselves if you look at some of the areas.

In other words, in States where they're legalizing marijuana, at least for not only medicinal purposes, we might have some internal problems. But the fact is that we're facing in the international area, some of these types of questions. And I think it's important that we take a strong stand as our country. And the review process has been working. So, I think your statement was very effective at the beginning. And I hope the latter part of that isn't taken that we should be backing away. What we need to figure out is how to keep the partnership going but still keep our flexibility here. With that, I yield to Mr. Barrett from Wisconsin.

Mr. BARRETT. Thank you. Gen. McCaffrey, GAO has recommended that ONDCP develop an after-action reporting system

top review counter-drug operations after their completion, assessing their strengths and weaknesses. The purpose is to learn lessons from the past to plan more effective future operations. Do you agree with the GAO's recommendation?

Gen. MCCAFFREY. I think I do. Let me say that, when I do, that I have been watching this process at work in the Department of Defense for 30-some-odd years. And I would be—if we do that, we need to ensure that we don't spend a ton of money to develop an automated system that produces reams of unexamined data in the years to come. So I think ONDCP should, indeed, be a center for institutional memory of what works and doesn't work.

But I'm more inclined to say that we need to go to performance measures of effectiveness to get targets to measure outcomes and to be able to show you dollars in, results out. And, oh, by the way, to learn from it. Because some of these programs aren't going to work and others are going to work spectacularly. I noticed the GAO report had cited the CALL system—Center for Army Lessons Learned. And, you know, we've done a lot of work on that. We just have to be cautious that we don't build another giant data base that doesn't influence real people like Tom Constantine, Director Freeh and others.

Mr. BARRETT. OK. Earlier this week I think you issued a statement on the sentencing guidelines and the treatment of crack cocaine versus powder cocaine. Can you capsule that for us and give us your reasoning for you thoughts on that issue?

Gen. MCCAFFREY. I think the mandatory minimum sentences and the sentencing commission have been concerned that—there was some very good rational thought that went into this in the beginning. There was a concern that crack was more rapidly addictive than powdered cocaine—that tends to be the truth—that crack was more closely associated with violence, with child abuse, with domestic abuse in general—I think that tended to be the case—and because, to deter those crimes, we needed a much lower threshold for possession of crack or sales. So we rolled into that.

But I think over time what's happened is we've developed an institutional problem. One of them is we've ended up with an African-American population of 11 percent of America. Thirty-three percent of the arrests for drug related offenses were African-American. And 48 percent of the people in prison were African-American. So we ended up with the appearance of racism in our judicial system. I don't think that was there. But I think the outcome has caused serious American concern. Now, the second thing that came out of that was when I listened to the people in the corrections system, who are locking up 1.6 million Americans, a figure that's growing enormously, they say that these floors and the mandatory minimums weren't necessarily helping solve the drug problem, a position that I largely agree with.

You've got to have drug courts, punishment and treatment in some sync, rather than just telling young men, this offense is 7 years, that one is 15 years. That isn't what actually affects behavior of young people doing crimes. I think the sentencing commission has rethought it. I welcome their initiatives. The Attorney General and I have been ordered by the President to examine their

findings. And I hope we can end up with a perhaps more helpful and better received policy in the country.

Mr. BARRETT. As you know, when Congress considered this issue last session, the recommendation was to equalize the treatment, and to equalize it by lowering the penalties for crack cocaine. And that was defeated by Congress. And ultimately the sentencing commission recommendations were signed into law by the President. What advice do you have to us—again, the perception, I think, among some politicians, at least, is if you do anything at all to even minimally lower the penalties for crack cocaine, that you're sending the wrong message. As the drug czar in this country, what is your response to that?

Gen. MCCAFFREY. I think that—look, at the end of the day 5 years from today, I would hope that we're going to continue to have less crack cocaine and powder cocaine abuse in America. The prevention program has been working for 10–15 years. New initiation of cocaine use has come down 60 percent in 10 years. But a lot of that is because people see the wreckage of human life when addicted to crack. African-Americans are using less crack than caucasians because there has been more visibility on the devastating impact of it.

If you watch crack sales in one of these big cities at 8 p.m., in many cases it's an African-American male selling to people out of the suburbs. Now, the bottom line is, I think we've got to remember what our purpose is: it's to reduce drug abuse and drug sales and not to put people in prison. We need drug treatment combined with the threat of incarceration. We've got too many people in prison. It's not helping the drug effort at all. That's my own viewpoint.

Mr. BARRETT. Thank you. I yield back my time.

Mr. SOUDER. My friend Mr. Barr from Georgia.

Mr. BARR. Thank you, Mr. Chairman. It's my understanding, General, that just within the last few days, I think—and I'd just like to ask you to clarify this—it's my understanding that a new extradition bill or a piece of legislation or constitutional provision was drafted and presented to the General Assembly down in Colombia. Could you tell me exactly what that was and what the status of it is?

Gen. MCCAFFREY. Mr. Congressman, I'll have to give you an answer in writing. I've been following the extradition issue in Colombia for 5 years now. It is not clear to me—our internal Government viewpoint is that it's not yet likely that it's going to pass. And we're pushing them pretty hard on it. We think, in accordance with international law with the 1988 U.N. convention, that it ought to pass, that civilized nations ought to have extradition so that offenses committed against another country can be punished in that country. I don't know how this is going to come out. I simply can't tell you. And I'd rather go back and review the evidence on it.

Mr. BARR. I'd appreciate it. And it doesn't have to be anything formal. Just have somebody give me a call. Because it sounds to me like at least it's some movement in the right direction.

Gen. MCCAFFREY. The only thing that gives me pause for thought is, there are two things these international criminals fear. The biggest one is extradition. And the other one is asset forfeiture. So, the notion of being hauled out of Colombia and made to stand

trial and imprisoned in the United States is one that they are adamantly against. And that's why the threat of violence and corruption on democratic institutions on that issue has been so extraordinary. I hope they do it. It's the right thing to do in accordance with international law. And that's what we're pushing them to do.

Mr. BARR. OK. Well, if you or somebody from your office could get back to me and clarify that I'd appreciate it. Let me return to the issue of the legalization of marijuana. I don't need to recite all the terms or the definition of a schedule 1 substance other than to make clear for the record for purpose of our discussion here, that a schedule 1 substance is a substance which "has no currently acceptable medical use and treatment in the United States." And there are, of course, other criteria as well.

I do have a very serious concern about any effort on the part of our Government given the fact that, as I understand it, we still do consider marijuana a schedule 1 substance. And, therefore, I have to believe that this administration continues to believe firmly and has the basis on which to back it up that marijuana, as a schedule 1 substance, meets the criteria in 21 U.S.C. 812 1A, B and C. That being the case, why would we want to study whether or not it has therapeutic uses, which is the work that's used in your drug strategy, which is a strange word.

I'm not quite sure what that means. The schedule 1, as the other schedule substances talk in terms of medical usage, not therapeutic usage. Therapeutic is a very, very, I think, vague word that is applied to many other sorts of procedures other than medical procedures. And it worries me that the administration is considering some sort of effort possibly to allow the usage of marijuana if it, quote—and this is a quote from page 59 of your drug strategy—if it "could have therapeutic uses." Could you clarify this anymore than in previous discussions we've had? Because it really, particularly in light of the court decision that my colleague from Florida referred to earlier today, is a serious concern. Because I think this type of language is directly undermining our effort to continue to hold the line against marijuana usage.

Gen. MCCAFFREY. Well, Mr. Congressman, I absolutely share your concern. And I won't recite the list of major medical organizations. But literally all serious professional medical organizations in this country support the viewpoint that the National Institute of Health and the FDA, using a scientific process, should be the manner, the protocol by which we deem medicines safe and effective. And marijuana, smoked marijuana, is still a schedule 1 drug believed to have no known medical benefit and poses great harm. That's the viewpoint based on the evidence generated by decades of research.

Mr. BARR. But why then—and I don't mean to cut you off—I certainly want you to finish your train of thought—but why then would we waste 1 penny, much less $1 million that we could be using, I think, much more effectively in some of your other programs, to study this issue, if that is, in fact, the position which is firmly backed up, as I believe it is, by the medical community and the medical experts in our Government?

Gen. MCCAFFREY. Well, let me just go on to suggest that smoked marijuana was studied intensively in the 1980's. And out of that

came the viewpoint that one component of the 435-some-odd components—THC—did potentially have medical benefit. It was made available for 15 years. It's been in pharmacies, suspended in an oil called marinol. There are problems with it. It isn't used much at all. In 1997, it's hard to imagine prescribing THC for management of pain or for that matter nausea. There are two other drugs that work far better.

Now, having said that, however, it's hard to disprove a negative. There may be other compounds in smoked marijuana that do have benefits. And the door ought to be open to scientific inquiry to determine that. That's why we—the $1 million was to review existing scientific literature that——

Mr. BARR. But why do we need to, I mean, with all of the things out there that we could be doing?

Gen. MCCAFFREY. Because two States—well, let me answer the question. Two States voted to do just that. And we have enormous pressure, some of it by drug-legalizing forces, others by legitimate communities, to have us look at this question. And, so, I think, from a scientific viewpoint, we should not be threatened by the examination of claims. And the $1 million was review the existing literature and make sure we know what we're talking about. Then the NIH will conduct serious inquiry, narrowly focused, on whether there actually is medical benefit from smoked pot.

Mr. BARR. Where did this term "therapeutic" come from and what does it mean? Because when you use the term "medical," to me that is—as used in the statute, also—a very specific, precise term. Why did you switch over to the use of a much different term in the drug control strategy, this term therapeutic?

Gen. MCCAFFREY. Well, I think the whole notion was, is it the case medically that smoked pot, that we know to be a carcinogenic, intoxicating substance, does it actually have benefit for the relief of AIDS nausea, chemotherapy, pain management, glaucoma, et cetera. That's the notion in which therapeutic was implied.

Mr. BARR. But are we going to start applying—see, this is the slippery slope and the open door problem here. Do we then start talking in terms of this broader concept of therapeutic uses for other drugs as well? I mean, somebody else comes in and claims that some other controlled substance other than marijuana and THC has therapeutic uses—and I suppose it does. It makes some people feel better. That's a therapeutic use. Don't you see the danger of starting to change very subtly here, by the use of terminology, what we're trying to do here?

Gen. MCCAFFREY. Yes.

Mr. BARR. And don't you see the slippery slope?

Gen. MCCAFFREY. Well, I hear your concerns. Let me take that into account. It's certainly not my intention to do anything but say we have a scientific medical process. We have the best medicine on the face of the earth. We got there by not allowing laetrile, thalidomide or smoked marijuana to end up as medicines. But if these substances can demonstrate a legitimate scientific benefit, then, of course, the door would be open.

Mr. BARR. But nobody has done that yet, have they?

Gen. MCCAFFREY. Done——

Mr. BARR. Exhibited that?

Gen. MCCAFFREY. Well, it's been tested.

Mr. BARR. Provided that scientific evidence.

Gen. MCCAFFREY. Well, no. It was tested. And out of it came the determination that THC did have medical benefit out of that process——

Mr. BARR. But that predates the inclusion in the controlled substances list, doesn't it? That was done quite some time ago.

Gen. MCCAFFREY. Well——

Mr. BARR. It may not predate a—I mean, you're talking about something that done a long time ago.

Mr. BARRETT. Mr. Chairman, regular order.

Gen. MCCAFFREY. Well, no. I think there's been continuing investigators, and there are still attempts to study the potential benefit of medical marijuana. That's why we have a genuine issue. I wouldn't, Mr. Barr, negate the fact that there is an issue at stake here to be confronted. My viewpoint has been the easiest way to do this is to use science to determine the outcome. You know, I don't think we're going to sign up for thalidomide.

Mr. BARR. But shouldn't——

Mr. BARRETT. Mr. Chairman, regular order.

Mr. BARR. To be consistent that——

Mr. BARRETT. Regular order, Mr. Chairman.

Mr. BARR. That we have made that determination and that that is——

Mr. BARRETT. Mr. Chairman, regular order, please. We are well beyond the 5 minutes.

Mr. BARR [continuing]. In the tradition of the Government.

Mr. BARRETT. Mr. Chairman, would you please rule on my statement?

Mr. SOUDER. Let him finish this last question. But what I would ask of Gen. McCaffrey, if you'll be willing to come back in June. Partly, we can followup on Mexico. But to pursue some of these kinds of questions which I know you're concerned about, too. I think this is actually an important sub-part inside the report that we're dealing with. But I know we also made a commitment to get you out of here at 1:30 p.m.

Gen. MCCAFFREY. I'd be delighted to return.

Mr. BARR. OK. And that last question was, that shouldn't the position of our Government, if it truly is that we are, in your words, unalterably opposed to the legalization of marijuana, shouldn't the position of the administration be very clearly enunciated that we have made the determination that it should continue to be a schedule 1 substance with no legitimate medical use? Why should we fuzz that up?

Gen. MCCAFFREY. Now, the legalization of marijuana, I would suggest, is a different question than whether it has medical benefits. Methamphetamine, the amphetamine family, are schedule 2 drugs. They have medical benefit. Cocaine is used for eye surgery, cocaine products. So, there's no where that the door is completely open to any chemical substance that might benefit American doctors. So far, smoked pot doesn't fall in that category. One of its components does—THC. And we'd certainly be glad to examine the validity of that assertion, in response to what has been a pretty strong demonstration of interest along those lines.

Mr. SOUDER. I thank the gentleman from Georgia. And I want to thank Gen. McCaffrey for spending so much time with us today. We wish you the best in coming back with direct progress from Mexico and also in your work in prevention and treatment areas. And thank you again. We'll look forward to continuing to work with you.

Gen. MCCAFFREY. Thank you, Mr. Chairman.

Mr. SOUDER. With that I would like to welcome our next panel. And now I would like to introduce Mr. Norm Rabkin. Mr. Rabkin is the Director of Administration of Justice Issues at the General Accounting Office. Rabkin, is that the correct way to say your name?

Mr. RABKIN. That's fine. Thank you, sir.

Mr. SOUDER. OK. If you'd please stand and raise your right hand, I'll swear you in.

[Witness sworn.]

Mr. SOUDER. Let the record show that the witness has responded in the affirmative. And Mr. Rabkin, if you could introduce Mr. Ford and Ms. Lillie-Blanton for the record so that we have that—all three of you were sworn in and took the oath, responded in the affirmative. But I didn't get the names before I did that.

Mr. RABKIN. Certainly. I'm pleased to be here today to discuss the General Accounting Office's views on the reauthorization of ONDCP. And with me are Jess Ford, who is responsible for GAO's work on international drug control issues, and Marsha Lillie-Blanton, who is responsible for GAO's work on drug abuse, prevention and treatment.

Mr. SOUDER. Thank you very much. And I look forward to hearing your testimony.

STATEMENT OF NORMAN RABKIN, DIRECTOR, ADMINISTRATION OF JUSTICE ISSUES, GENERAL ACCOUNTING OFFICE, ACCOMPANIED BY JESS FORD, GENERAL ACCOUNTING OFFICE, AND MARSHA LILLIE-BLANTON, GENERAL ACCOUNTING OFFICE

Mr. RABKIN. I have a prepared statement. If it could be put in the record. I have a very short summary that I'd like to offer.

Mr. SOUDER. Without objection, so ordered.

Mr. RABKIN. Thank you. Over the years, Mr. Chairman, the GAO has issued numerous reports on the Nation's drug control efforts. These reports show a consistent theme: the Nation's effort to control illegal drugs is complex, fragmented among many agencies, and hindered by the absence of meaningful performance measures for gauging the progress and guiding decisionmaking to better ensure that resources are used effectively.

In 1983, GAO concluded that there was a need to coordinate the Nation's drug control efforts, and recommended that the President delegate the responsibility to one individual to strengthen oversight of Federal drug enforcement programs. Since then GAO has periodically concluded that there is a continuing need for a central planning agency. Congress addressed this issue through the Anti-Drug Abuse Act of 1988, which created the ONDCP to better plan a Nation-wide drug control effort and assist Congress in overseeing that effort.

ONDCP was initially authorized through November 1993 and later reauthorized through September 30 of this year. Since the last reauthorization of ONDCP, GAO has issued many reports on various aspects of the drug control effort. Most recently we summarized our work on international supply reduction efforts, most of which has been done for this subcommittee. We concluded that these efforts have not reduced the availability of drugs for several reasons, including sophisticated drug trafficking organizations, competing U.S. foreign policy objectives and inadequate assistance from governments of drug producing and transit countries.

We also summarized some promising initial research results in the area of demand reduction. For example, recent research points to two types of promising drug prevention approaches for school age youth and three approaches for treating cocaine use. However, we also found that sufficient valuative research had not been done to test their effectiveness and applicability among different populations in different settings.

Our work also shows that the Nation still lacks meaningful performance measures to help guide decisionmaking for the drug control effort. We have acknowledged that performance measurement in the area of drug control is particularly difficult for a variety of reasons. Notwithstanding, we have concluded over the years that better performance measures than the ones in place were needed. In 1993, we recommended that Congress, as part of its reauthorization of ONDCP, direct the agency to develop additional performance measures.

In reauthorizing ONDCP in 1994, Congress specified that ONDCP's performance measurement system should assess changes in drug use, drug availability, the consequences of drug use, drug treatment capacity, and the adequacy of drug treatment systems. ONDCP's initial effort began around January 1994 with a private contractor, but did not prove fruitful. In the summer of 1996, it began a new effort involving working groups composed of representatives from Federal drug control agencies and State, local and private organizations. The working groups have been tasked with establishing performance measures for the goals set forth in the 1997 National Drug Control Strategy articulated by ONDCP.

As yet, however, no new measures have been approved by the ONDCP director. Given the complexity of the issues and the fragmentation of the approach to the National Drug Control Strategy among more than 50 Federal agencies, we continue to believe that there is a need for a central planning agency such as ONDCP to coordinate the Nation's efforts.

We note that while it is difficult to gauge ONDCP' effectiveness in the absence of good performance measures, we have found no compelling evidence that would lead us to advise against ONDCP's reauthorization for a finite period of time. Mr. Chairman, this completes my statement. And my colleagues and I would be pleased to answer your questions at this time.

[The prepared statement of Mr. Rabkin follows:]

DRUG CONTROL: REAUTHORIZATION OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

Summary of Statement of Norman J. Rabkin
U.S. General Accounting Office

Over the years, GAO has issued numerous reports on the nation's drug control efforts. These reports show a consistent theme: the nation's effort to control illegal drugs is complex, fragmented among many agencies, and hindered by the absence of meaningful performance measures to gauge progress and to guide decisionmaking to better ensure that limited resources are put to the best use.

In 1983, GAO concluded that there was a need to coordinate the nation's drug control efforts and recommended that the President make a clear delegation of responsibility to one individual to strengthen oversight of federal drug enforcement programs. Since then, GAO has periodically concluded that there is a continuing need for a central planning agency. Congress addressed this issue through the Anti-Drug Abuse Act of 1988, which created the Office of National Drug Control Policy (ONDCP) to better plan a nationwide drug control effort and assist Congress in overseeing that effort. ONDCP was initially authorized through November 1993 and later reauthorized through September 30, 1997.

GAO's recent work shows that there are some promising initial research results in the area of demand reduction but that international supply reduction efforts have not reduced the availability of drugs. GAO's work also shows that the nation still lacks meaningful performance measures to help guide decisionmaking. GAO has acknowledged that performance measurement in the area of drug control is particularly difficult for a variety of reasons. Notwithstanding, GAO has concluded over the years that better performance measures than the ones in place were needed. In 1993, GAO recommended that Congress, as part of its reauthorization of ONDCP, direct the agency to develop additional performance measures.

In reauthorizing ONDCP in 1994, Congress specified that ONDCP's performance measurement system should assess changes in drug use, drug availability, the consequences of drug use, drug treatment capacity, and the adequacy of drug treatment systems. ONDCP's initial effort, with a private contractor, did not prove fruitful, and, in the summer of 1996, it began a new effort involving working groups composed of representatives from federal drug control agencies and state, local, and private organizations. The working groups have been tasked with establishing performance measures for the goals set forth in the 1997 national strategy articulated by ONDCP. As of April 15, 1997, no new measures had been approved by the ONDCP Director.

Given the complexity of the issues and the fragmentation of the approach to the national drug strategy among more than 50 federal agencies, GAO continues to believe that there is a need for a central planning agency, such as ONDCP, to coordinate the nation's efforts. GAO notes that, while it is difficult to gauge ONDCP's effectiveness given the absence of good performance measures, GAO has found no compelling evidence that would lead it to advise against ONDCP's reauthorization for a finite period of time.

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to discuss the Office of National Drug Control Policy (ONDCP). My testimony focuses on (1) our recent work on federal drug control efforts; (2) ONDCP's efforts to implement performance measures; (3) ONDCP's anticipated actions to lead the development of a centralized lessons-learned data system for drug control activities; and (4) whether ONDCP, which is scheduled to expire in September of this year, should be reauthorized.

BACKGROUND

In 1988, Congress created ONDCP to better plan the federal drug control effort and assist it in overseeing that effort. ONDCP was initially authorized for 5 years--until November 1993. With the enactment of the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322 (1994)), ONDCP was reauthorized until September 30, 1997.

ONDCP is responsible for overseeing and coordinating the drug control efforts of over 50 federal agencies and programs. ONDCP is also charged with coordinating and reviewing the drug control activities of hundreds of state and local governments as well as

private organizations to ensure that the drug control effort is well coordinated and effective at all levels.[1]

Under the 1988 act, ONDCP is to (1) develop a national drug control strategy with short- and long-term objectives and annually revise and issue a new strategy to take into account what has been learned and accomplished during the previous year, (2) develop an annual consolidated budget providing funding estimates for implementing the strategy, and (3) oversee and coordinate implementation of the strategy by federal agencies. Since its inception, ONDCP has published nine annual national drug control strategies.

Some highlights of the 1997 strategy include: (1) explicit recognition that demand reduction must be the centerpiece of the national antidrug effort; (2) a commitment to robust international drug interdiction programs; and (3) making prevention of drug use by youth the top priority. The 1997 strategy sets forth five goals, including both supply and demand drug control efforts:

"1. Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco.

---

[1]ONDCP is also responsible for designating and providing overall policy guidance and oversight for the High Intensity Drug Trafficking Areas (HIDTA) Program and operating the Counterdrug Technology Assessment Center (CTAC), which serves as the counterdrug enforcement research and development center for the federal government.

"2. Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

"3. Reduce health and social costs to the public of illegal drug use.

"4. Shield America's air, land, and sea frontiers from the drug threat.

"5. Break foreign and domestic sources of supply."

The administration's drug control budget request for fiscal year 1998 is approximately $16 billion, an increase of $818 million over the 1997 budget. Approximately $5.5 billion is targeted for demand reduction, an increase of 10 percent over the 1997 budget and $10.5 billion for supply reduction, an increase of 3.2 percent over the 1997 budget.[2]

RECENT GAO WORK ON FEDERAL DRUG CONTROL EFFORTS

At the request of the Chairman, Subcommittee on Transportation and Related Agencies and the Chairman, Subcommittee on Labor, Health

---

[2]As defined in the Anti-Drug Abuse Act of 1988, P.L. 100-690, demand reduction includes drug abuse education, prevention, treatment, research, and rehabilitation. Supply reduction includes international drug control; foreign and domestic drug enforcement intelligence; interdiction; and domestic drug law enforcement, including law enforcement directed at drug users.

and Human Services, and Education, House Committee on Appropriations, on the demand reduction side we recently identified findings of current research on promising approaches in drug abuse prevention targeted at school-age youth and described promising drug treatment strategies for cocaine addiction. On the supply reduction side, we summarized our recent work assessing the effectiveness of international efforts, including interdiction, to reduce illegal drug availability.[3]

We reported that recent research points to two types of promising drug prevention approaches for school-age youth. The first approach emphasizes drug resistance skills, generic problem-solving/decisionmaking training, and modification of attitudes and norms that encourage drug use (the psychosocial approach). The second approach involves the coordinated use of multiple societal institutions, such as family, community, and schools, for delivering prevention programs (the comprehensive approach). Early research has demonstrated that both approaches have shown some success in reducing student drug use as well as strengthened individuals' ability to resist drugs in both short- and longer-term programs.

Three approaches have been found to be potentially promising in the treatment of cocaine use. These approaches include (1) avoidance

---

[3]Drug Control: Observations on Elements of the Federal Drug Control Strategy (GAO/GGD-97-42, Mar. 14, 1997).

or better management of drug-triggering situations (relapse prevention therapy); (2) exposure to community support programs, drug sanctions, and necessary employment counseling (community reinforcement/contingency management); and (3) use of a coordinated behavioral, emotional, and cognitive treatment approach (neurobehavioral therapy). Research shows that many drug dependent clients using these approaches have maintained extended periods of cocaine abstinence and greater retention in treatment programs.

While these prevention and treatment approaches have shown promising outcomes in some programs, further evaluative research would have to be conducted to determine their effectiveness and their applicability among different populations in varied settings. Such research should help policymakers better focus efforts and resources in an overall drug control strategy.

Regarding international drug control efforts, our work has shown that, despite some successes, efforts have not materially reduced the availability of drugs in the United States for several reasons. First, international drug trafficking organizations have become sophisticated, multibillion dollar industries that quickly adapt to new U.S. drug control efforts. Second, the United States faces other significant and long-standing obstacles, such as inconsistent funding, competing foreign policy objectives, organizational and operational limitations, and a lack of ways to tell whether or how well counternarcotics efforts are contributing to the goals and

objectives of the national drug control strategy, and the resulting inability to prioritize the use of limited resources. Third, in drug-producing and transit countries, counternarcotics efforts are constrained by competing economic and political policies, inadequate laws, limited resources and institutional capabilities, and internal problems such as terrorism and civil unrest.

Recognizing that there is no panacea for resolving all of the problems associated with illegal drug trafficking, and consistent with the intent of the Government Performance and Results Act (GPRA),[4] we recently made several recommendations to the Director of ONDCP to better comply with the 1988 Anti Drug Abuse Act's requirements. We recommended that ONDCP complete the development of a long-term plan with meaningful performance measures and multiyear funding needs that are linked to the goals and objectives

---

[4]GPRA (P.L. 103-62 (1993)) was enacted to improve performance measurement by federal agencies. It provides a useful framework for assessing the effectiveness of federal drug control efforts. Under GPRA, it is envisioned that each federal agency--defined as an executive department, government corporation, and an independent establishment--will move away from its concentration on traditional workload measures, such as staffing and activity levels, and move toward a focused assessment of results. GPRA requires each federal agency to develop two types of plans--a strategic plan and annual performance plans. Strategic plans are to cover a period of at least 5 years and include the agency's mission statement; identify the agency's long-term strategic goals; and describe how the agency intends to achieve those goals through its activities and through its human, capital, information, and other resources. Annual performance plans provide the direct linkage between the strategic goals outlined in the agency's strategic plan and what managers and employees do day to day. In addition, the performance plan is to contain the performance goals the agency will use to gauge its progress toward accomplishing its strategic goals and identify the performance measures the agency will use to assess its progress.

of the international drug control strategy. In particular, such a plan would permit ONDCP to better carry out its responsibility to at least annually review the progress made and adjust its plan, as appropriate. Further, we recommended that ONDCP enhance support for the increased use of intelligence and technology to (1) improve U.S. and other nations' efforts to reduce supplies of and interdict illegal drugs and (2) take the lead in developing a centralized lessons-learned data system to aid agency planners and operators in developing more effective counterdrug efforts.[5]

ONDCP'S EFFORTS TO IMPLEMENT PERFORMANCE MEASURES

We have acknowledged for many years that performance measurement in the area of drug control has been difficult. In 1988 and again in 1990, we reported that (1) it was difficult to isolate the full impact and effectiveness of a single program, such as drug interdiction, on reducing drug use without considering the impact of prevention and treatment efforts; (2) the clandestine nature of drug production, trafficking, and use had limited the quality and quantity of data that could be collected to measure program success; and (3) the data that were collected--for example, the data used to prepare estimates of drug availability and

[5]Drug Control: Long-Standing Problems Hinder U.S. International Efforts (GAO/NSIAD-97-75, Feb. 27, 1997).

consumption--were generally not designed to measure program effectiveness.[6]

In a 1993 report,[7] we concluded that although difficulties, such as the interrelated nature of programs, may have precluded the development of "perfect" or "precise" performance measures, these difficulties should not have stopped antidrug policymakers from developing the best alternative measures--measures that could provide general indicators of what was being accomplished over the long term.

We also reported in 1993 that ONDCP's national strategies did not contain adequate measures for assessing the contributions of component programs for reducing the nation's drug problems. In addition, we found little information on which to assess the contributions made by individual drug control agencies. As a result, we recommended that, as part of its reauthorization of ONDCP, Congress direct the agency to develop additional performance measures. In reauthorizing ONDCP in 1994, Congress specified that ONDCP's performance measurement system should assess changes in

---

[6]Controlling Drug Abuse: A Status Report (GAO/GGD-88-39, Mar. 1, 1988) and Drug Interdiction: Funding Continues to Increase but Program Effectiveness Is Unknown (GAO/GGD-91-10, Dec. 11, 1990).

[7]Drug Control: Reauthorization of the Office of National Drug Control Policy (GAO/GGD-93-144, Sept. 29, 1993).

drug use, drug availability, the consequences of drug use,[8] drug treatment capacity, and the adequacy of drug treatment systems.

Similarly, in our most recent report,[9] we found it still difficult to assess the performance of individual drug control agencies. For example, increased Customs Service inspections and use of technology to detect drugs being smuggled through ports of entry may cause smugglers to seek other routes; this would put more pressure on drug interdiction activities of other agencies, such as the Coast Guard. We concluded that it was important to consider both ONDCP and operational agency data together because results achieved by one agency in reducing the use of drugs may be offset by less favorable results by another agency.

According to ONDCP officials, around January 1994, they, in collaboration with the Department of Defense, entered into a contract with a private contractor to develop "measures of effectiveness" in the international arena. According to ONDCP officials, overall the results of the contractor's efforts did not prove useful in developing performance measures for ONDCP. The efforts of the contractor were eventually abandoned, and in the

---

[8]Consequences of drug use include burdens drug users place on hospital emergency rooms in the United States, national health care costs of drug use, drug-related crime and criminal activity, and contribution of drugs to the underground economy.

[9]GAO/GGD-97-42.

summer of 1996 ONDCP began a new effort to develop performance measures for all drug control operations.

The new effort relies on working groups, which consist of representatives from federal drug control agencies and state, local, and private organizations, to develop national drug control performance measures. According to ONDCP officials, early in 1997, the ONDCP working groups began developing performance targets (measurable milestones to track progress) and performance measures (the data used to track each target) for each of the objectives. As of April 1997, the plans for one of its five goals--"shield America's air, land, and sea frontiers from the drug threat"--were ready for the Director's approval, and they will be distributed to the affected agencies for agreement. ONDCP officials told us they are not yet that far along on the other four goals.

CENTRALIZED DATA SYSTEMS: LESSONS LEARNED

As previously mentioned, we recently recommended in our report on international antidrug activities that ONDCP strengthen its planning and implementation of antidrug activities through the development of an after-action reporting system similar to the Department of Defense's (DOD) system.[10] Under DOD's system, operations reports describe an operation's strengths and weaknesses and contain recommendations for consideration in future operations.

---

[10]GAO/NSIAD-97-75.

A governmentwide after-action system for reporting international antidrug activities should allow agencies to learn from the problems and impediments encountered internally and by other federal agencies in implementing past operations. With such information, the agencies would be in a better position to develop plans that avoid past problems or contingencies in known problem areas. This governmentwide after-action system should go a long way toward meeting ONDCP's basic responsibility of taking into account what has been learned and accomplished during the previous year and adjusting its plan accordingly. As of April 15, 1997, ONDCP officials said they had not yet implemented this recommendation. According to these officials, ONDCP is currently preparing a formal response to the Subcommittee on National Security, International Affairs, and Criminal Justice, Committee on Government Reform and Oversight, explaining how it plans to implement this recommendation.

THE NEED CONTINUES FOR A CENTRAL PLANNING AGENCY TO COORDINATE DRUG CONTROL EFFORTS

Over the years, we have concluded there is a continuing need for a central planning agency, such as ONDCP, to coordinate the nation's drug control efforts. Before ONDCP existed, we recommended in 1983 that the President make a clear delegation of responsibility to one individual to oversee federal drug enforcement programs to

strengthen central oversight of the federal drug enforcement program.[11] Again in 1988,[12] we reported problems caused by the fragmentation of federal antidrug efforts among cabinet departments and agencies, and the resulting lack of coordination of federal drug abuse control policies and programs. In 1993,[13] we concluded that given the severity of the drug problem and the large number of federal, state, and local agencies working on the problem, there was a continuing need for a central planning agency, such as ONDCP, to provide leadership and coordination for the nation's drug control efforts. We recommended that Congress reauthorize ONDCP for an additional finite period of time.

Coordinating the 5 goals of the national drug control strategy among more than 50 federal agencies is a complex process. Our analysis of federal agencies that contribute to the implementation of each of the 5 strategy goals showed an average of 21 agencies were committing resources to address specific strategy goals. For example, Goal 1 involves 18 agencies, Goals 2 and 3 involve 24, Goal 4 involves 13, and Goal 5 involves 28. Further, we found that more than 30 agencies are committing resources to implement two or more of the five strategy goals.

---

[11]Federal Drug Interdiction Efforts Need Strong Central Oversight (GAO/GGD-83-52, June 13, 1983).

[12]GAO/GGD-88-39.

[13]GAO/GGD-93-144.

Given the complexity of the issues and the fragmentation of the approach to the national drug control strategy among more than 50 agencies, we continue to believe there is a need for a central planning agency, such as ONDCP, to coordinate the nation's drug control efforts. In addition, we have found no compelling evidence to lead us to advise against ONDCP's reauthorization for a finite period of time.

- - - - -

Mr. Chairman, this completes my statement. I would be pleased to answer any questions you or the other Subcommittee members might have.

(186766)

Mr. SOUDER. Thank you very much for your testimony. There's a couple different ways to approach this. First, let me ask you some kind of fundamental questions. You raised the performance standard question, alluded to the fact that you believe that they're working with it. Do you believe they've carried out the provisions at ONDCP regarding its performance measurement?

Mr. RABKIN. Well, they're not there yet. I think they're making a very good faith effort. We've been briefed on the status, what they're doing, and where they are. And I think that they're on the right track by involving the agencies that are going to be charged with carrying out the strategy, getting them involved at the working level and at a policy. I think that they're on the right track.

Mr. SOUDER. One of the most difficult things in measurement is, in business terms we call them opportunity costs. Here it's kind of the reverse. In other words, you said, for example, in international narcotics, because of the sophistication of the organizations, it's not clear that we've actually reduced. How do we know what it would have been?

Mr. RABKIN. Well, we really don't know what the problem would have been without the efforts that were there. And I think the concept of a measurement system is to measure the results that are achieved with the resources that are invested. And as I understand it, it doesn't focus on what you call opportunity costs.

Mr. SOUDER. Because one of the fundamental questions that we get into in this whole area and in other committees that I'm in—in education, for example, these things are difficult too—that if you hold somebody just accountable for—let me relate to something I know. I was in furniture retailing. If you set a sales goal for somebody and say, "This is what we expect you to reach," and don't have an additional measure for saying, unless of course there's a recession—in other words, it may be a percentage of total—or have some adjustment—part of the problem here is, is that by definition if cocaine is seized, it's not on the market.

So it may be relative improvement that we're measuring, for one thing. But then if the coca production is higher, then it may be that we've made progress—part of what I sense here, and in the immigration question, quite frankly, as I was down along the California border looking at the drug and immigration question—is that since we have no idea exactly how much drugs are coming in and no idea how many illegal immigrants are coming in, it becomes very difficult to measure the performance standards other than the few things that are out there.

So, another way to ask my question then is, do you believe that the performance standards which we're trying to measure by are accounting for the different variables? And if not, what would you change?

Mr. RABKIN. In a large sense I think that they may be. In fact, I think that they can be. The performance standards will be—the program will be measures at different levels. There will be an overall, I think—an overall standard. And the ONDCP says, the overall mission is to reduce drug use. And I think you can look at that measure and see whether all the individual components of the strategy are having an effect when looked at as a whole. You can also break that down by goal. You can break it down by objectives

within the goals. And you can find, for example, the agencies that are responsible for interdicting cocaine: the Customs Service, the Coast Guard, and the other agencies that have that mission.

What are their individual performance goals? What results are they expected to achieve to help to contribute to the overall goal. And you can measure. The Congress, ONDCP as the overseer, the agencies themselves can measure their progress against the goals, taking into account the resources they were given to meet those goals. And that's where I think the 5 year planning, the 5 year budget comes, because the assumption is that the agencies will have the resources, will have a given level of resources to achieve these results.

If they get fewer resources, then I think it's appropriate to ask the question, well, what results will we get with those fewer resources, and then hold them accountable for that. And then there are other external factors. You cited a recession in the furniture business. There are other external factors, changes in economic conditions in source countries, changes in culture, that may affect the operations. And those should also be taken into account.

Mr. SOUDER. One of my frustrations, having first come to Washington as a Republican staff director on the Children and Family Committee, is that the social issues, we really didn't have much accountability standards for what we were spending. With law enforcement—there's a little bit more. I am a strong advocate of performance standards, because I believe at least it starts the bait and shows you what the exceptions are. But I also think it's important to keep in mind that those constantly need to be revised and worked on—and we need your help in advising on those.

Let me give you one other personal illustration. I used to jokingly do this in then Congressman Coats' district staff, as economic development liaison, my job was to help get industries in. And we didn't argue whether or not it was part of the Federal Government's role. What we were doing is drowning in northeast Indiana, last one out, please turn out the lights after a harvester pulled out. When I took the position with Coats the unemployment rate—I can't remember what it was—but it was near 15 percent. When I left it had dropped to about 5. In the 2 years after that it went back up to 7.

Hey, I did a great job, except GM came and put a plant in, really, with—pretty irrelevant to what I was doing. But the performance standard for my job, had it been, he lowered the unemployment rate, I'd have looked really good. But it really had little to do—I won't take no credit—but it had little to do with what I was doing. And I think one of things that we need to try to do—because all of us, as we're tightening our budget, need to know where are we getting the most bang for the buck—but we also need to know what those conditions are.

And, in fact, if we had a process—say, OK, now explain, not excuse, not whine, but explain the variations and how do we tighten this the next time. That's what the real world out in the private sector has to do or you go broke. Do you see that in this area, being able to evolve some—like you said, the sophistication of the trafficking, the unlimited borders along Mexico, both in water and land? How are we going to do the international trafficking? Also,

I'm on the oversight subcommittee on treatment and education programs, the only things out there are like D.A.R.E., where we have studies.

And it seems like often in prevention programs, they are very effective if you measure short term in third and fourth and fifth grade when the kids aren't very tempted. The question is, what happens when it hits junior high. Any additional insights on the performance standards related to any of these categories given how nebulous, how many influences are on the process?

Mr. RABKIN. Well, I'd like to make an overall comment and then perhaps some of my colleagues can answer some of the specific issues that you raised. I don't want to leave you with the impression that this is an easy process. Developing the performance measures themselves is difficult and yet it may be the easiest part of the process. A lot of the evaluation that's going to take place is going to depend on the quality of the data. You suggested that no one knows how much cocaine is coming into the country or is being shipped to the United States.

Well, it's important to know that if one of the measures is going to be the success of the interdictors in stopping it coming in. It's easy to find out what you stop. It's hard to know what you missed. And yet many of the measures that are being developed relate to the percentage of the goods that are coming in that are actually interdicted. So you need to know that denominator. So that's very difficult.

And if you do get good data, the analysis of the data and the assignment of these outcomes of the specific inputs is going to be extremely difficult. You know, is it really the efforts of the Customs Service at the border or is it really the efforts of DEA in some foreign countries, or is it really the efforts of the local law enforcement or is it really the efforts of the parents and the teachers that has caused it. That's going to be a very difficult evaluation to make. So I think that we're really just at the start of this whole process. And if you'd have comments on international or the treatment side?

Mr. SOUDER. Have Mr. Ford or Ms. Lillie-Blanton?

Mr. FORD. Yes. Let me comment on the international side, which is the area that I deal with. And I want to concur with Mr. Rabkin's comments. I don't think there's an easy answer coming up with measurable indicators that everyone is going to commonly agree to. But I think if you look at our efforts over the last 10 years, say, in the international side, all too often we've found cases where we have planned efforts either in a country or in a region or by agency and they don't seem to be well integrated. And what you cite as success of reduction in cultivation in one country there's an increase in another, so the net effect is that there's a net increase.

I think it's important—and this is why we support what ONDCP is trying to do—that we develop measures that generally we all agree to, but we have to have some flexibility. From your perspective you want to know where to make the right investment in terms of where to put the resources. And I think you have to have good data and some analysis of what the results are in order to make the best judgment instead of looking at it in a piecemeal

fashion. I think that's why we support what ONDCP is trying to do, particularly on the international side. Because it leads to a more coherent approach to what we're trying to achieve there.

Ms. LILLIE-BLANTON. I just want to respond briefly to your concerns about prevention. Because I fully agree that the problem of looking at all the intervening variables is very, very difficult. But on the treatment side, we made an investment on research and evaluation. I mean, we have several longitudinal studies over a 10-year period of time. We have several multi-site evaluations that looked at 5 to 10,000 drug users in treatment. And we now have in place another 7-year study that's looking over time at defined performance measures that have been set up in treatment. In the prevention arena we are nowhere close to where we have come in treatment.

And so I would say that setting those performance targets and developing the measures is the first that we need to do to get us to the point where we're not just looking at D.A.R.E. or just looking at the Midwestern Prevention Project. We have a few models. But we need to test out and evaluate those models in a larger context and, certainly, as you have said, over a longer time period. Because the intervening variables over the course of time is really what can effect the outcomes that we evaluate in a short time period.

Mr. SOUDER. One of the things in prevention—some things are more easily measurable directly than other things. For example, I know in Fort Wayne where they put the drug dogs in, the first year they found some, the second and third year they found none. That doesn't mean all of a sudden marijuana disappeared. But it wasn't at the school. Also we know that schools that put drug testing programs in for certain targeting things like athletes, which started probably 9 years ago in a case with McCutcheon High School in Indiana, all of sudden it disappeared during the period of time at least they were in athletics.

So there are some measurement things that are easier to measure, some that are harder. And even that only gives us short-term. I want to move to some other types of categories. But Mr. Barr said he had to leave. He said he appreciated your work, wants to stay posted on this type of thing as we look at performance standards and how we're doing the budget, and apologize that he didn't get his questioning in.

You mentioned, Mr. Rabkin, about the 5 year plan. The administration is—and you're supportive of long-term. The administration has been looking at a strategy for 10 years. Do you think that's the most effective way given the fact that we're struggling even to get the five?

Mr. RABKIN. I think there's value in a long-term strategy. I think it's good for an issue like drug control for the Government, for a coordinated effort with 50 different departments at the Federal level, not even to mention what's going on at the State and local and in the private sector, to have these targets set out there so you know where you are today—hopefully you have a baseline—and you know where you want to go. And I think it's important that you measure all along the way to see if you're still on the same path, the right path. And I think ONDCP's plan calls for that. I

mean, obviously there will be annual plans that will be up before the Congress every year in sessions like this.

The 50 agencies that are involved in the plan will be up before their authorizing and appropriations committees justifying their requests for that money and explaining what they are doing and what they have achieved and how their results fit in to this overall plan. I think there's plenty of opportunity for oversight. But it to me is a good move to have the target out there. It seems to me the strategy that has developed has evolved over time. You know, they were authorized in 1988–1989, and the first strategy came out shortly thereafter.

It sort of wavered. It seems to have settled in now. There seems to be some consistency over the last couple of years in the overall strategy. Now it's time to move on to the issue of measurement and evaluation. So, I think the 10-year strategy is a good idea.

Mr. SOUDER. You're raising some very difficult questions. Because if, indeed, we lack data on what's effective in so many different categories, it becomes a little presumptuous to plan too far given the fact that we're trying to up that research. And let me ask you a question, in working with Government agencies, if there's a plan out there, do you think the research and the monitoring tends to try to justify the behavior or do you think it's open minded research?

And isn't one of the natures of bureaucracy to try to justify its behavior? That's one of the dangers of having a plan where you start to try to justify what you're doing. In other words, stability is important for performance. On the other hand, when you get stability, it means you have entrenched bureaucracies trying to explain their behavior as opposed to trying to figure out how best to tackle the problem.

Mr. RABKIN. I think the theory here is not to focus on the behavior but rather to focus on the outcomes. And as long as the oversight focus is on outcomes and the agencies are held accountable, whatever behavior they exhibit to get to those outcomes—I mean, they would have planned it along the way and laid it out—but the focus should be on the outcomes. Are we reducing drug use and the illegal use of drugs and the consequences of that drug use? I mean, that's the overall mission of ONDCP. It's the overall mission of the drug control effort in the Federal Government. So I think as long as the focus is on outcomes. I think that's the theory behind the Government Performance and Results Act: hold the agencies accountable for outcomes rather than activities.

Mr. SOUDER. Right. Which is definitely what it should be. The figures lie and liars figure, however, still is there. We all know how statistics can be used. The Office of Management and Budget only accepted one third of the critical anti-drug interdiction effort proposed by the Coast Guard. Why would you or the President keep interdiction funding so low? In other words, do you feel there's any—what's your reaction to the funding level on interdiction? Should we up that?

Mr. RABKIN. I'm not in a position to—the General Accounting Office is not in a position to suggest what the funding level should be for interdiction. ONDCP's role is to consider the missions of all the agencies that are involved in the interdiction function and to

make that recommendation from a broader perspective. And I think there are results that can be gained through the investment of additional resources. The Coast Guard ran an operation called Frontier Shield last year or earlier this year, where they put additional resources in the Caribbean.

It produced activities. There were more seizures. You know, there were more cutters out for more hours looking at more—interdicting more ships, making more boardings, more seizures. And that resulted in less drugs getting into the country. But one of the things from a broader perspective, we've found, that when there are successes in one area of the country, that the sophisticated drug trafficking organizations move to where the resistance is less. And so it's important to look at this issue from a broader perspective. So increased funding for the Coast Guard may achieve certain results in certain areas, but you want to make sure—and that's where ONDCP plays a pivotal role, is looking at this in a much broader context, that the overall goals of interdiction and the overall goals of the drug strategy are being met.

Mr. SOUDER. Have you seen in performance review—one thing we heard at least informally when we were in Bolivia and Peru was that because of price pressures, partly because we were in fact forcing—in other words, that coming through Florida initially was the cheapest or they wouldn't have been coming in through Florida. As we move them to more complicated procedures, or as Peru moves them—instead of flying an airplane they have to go around the water route—as we tighten that, that affects their costs. So that either drives the price up in the United States or what they pay at the wholesale level.

And one of things that we were hearing was, for example—AID was saying—for the first time people were saying, well, what about planting bananas? Because have you looked at that in part of the performance monitoring in the international either Mr. Rabkin—in the source countries—or Mr. Ford?

Mr. FORD. First of all, we haven't done any recent work in Peru. What you're referring to is that outcome of an air operation that we've had there since 1995—it's an ongoing effort—that did have apparently some impact on the prices at the local level there which caused a number of the local farmers to say, hey, I'm not making enough money, I want to do something else. I think the issue here is we want to talk about sustainment of effort. And the fact that there appears to be some evidence that the traffickers are now, in fact, going around.

Now, how much that costs them in addition and how that impacts on street prices, at this point I can't comment on that. I haven't looked at the most recent data. But I think the most important point here is that while that effort appears to have been successful, you need to talk in terms of sustainment and you need to talk about how you're going to react to it. Because they always react to our operations. We tend to have success over some period of time and then the traffickers find ways around it.

And I think that there's some—I just recently came back from Panama and talked to SouthCOM, and they're talking a more regional perspective at looking at that issue and trying to come up with a more sustained approach. I think that from ONDCP's point

of view, they need to make sure that their interdiction strategy takes into consideration the entire region, not just what's going on in one country or country by country piecemeal. It needs to be all integrated together.

Because otherwise you're not going to be able to really get to the bottom line of what the impact is. It's all going to be short-term.

Mr. SOUDER. Well, the change in the flow into Florida has substantially—in other words, I agree that it moves.

Mr. FORD. Mm-hmm.

Mr. SOUDER. And it would be very difficult without having a lot of information we don't have to know what their cost changes are internally. But presumably even if you don't stop it, as you make it more complicated—some of these patterns have changed long-term. Now if we back down we start to see it go back to the previous area. But there's some—as I understand what you're saying—is that there's not really that type of performance review, partly because it would be very difficult to get the data. But the fact that they've had an 18 percent decrease in the amount being produced in the countries where it comes from, or that they have to clearly expend more, we know intuitively that that's made a change. We just don't know how much. Is that not correct?

Mr. FORD. Yes. I think that is correct. And I think that's important, though, because if you're going to advocate spending more resources on a particular operation, you want to—I would want to have a little more data on what the likely outcome of that is going to be, particularly if things seemed to have changed. And they're now analyzing that as we speak. They're now trying to figure out where the bad guys are now going and where do we need to put the effort.

Mr. SOUDER. Now, one of the problems that we have is that—we started in this discussion saying we have very little hard core evidence to grab onto, in particular, and what we have here is that we know that the Coast Guard accomplished its particular thing. We know that certain eradication programs are accomplishing certain things. We know that the shoot down policy in Peru accomplished certain things.

We know that the drug dogs accomplished certain things. We know that drug testing accomplished certain things. Many things where the funding proposals are actually going have less evidence then even that. It isn't that any of them seem to be. It's not that we shouldn't be looking at comprehensive—any evidence we get from anywhere given the totality of the problem and the inter-related variables, it's always going to be inconclusive, because it's a problem that will never really go away.

It's a matter of reducing the supply, upping the costs, trying to do some prevention treatment. It's not likely that we're ever going to totally get rid of the problem. So it becomes a little different performance standard than a zero tolerance.

Mr. RABKIN. Yes. I agree, Mr. Chairman. I think that that's behind the strategy and the measurement system. The goal that they set—and I expect that they will be presenting that information to the Congress some time late summer or early fall, that the goal will not be a zero goal, but it will be a certain reduction over a given period of time, and will probably have some incremental tar-

gets along the way. But I think there will be these interim measures and it will be something—that each of these different factions will have measures and targets and can be held accountable to those.

Mr. SOUDER. Have you been involved at all in the comprehensive overview and review by ONDCP of their counter-intelligence efforts? Because we've heard a lot—we're very concerned about what happened in Mexico. It took us ablind. Have you looked at any of that?

Mr. RABKIN. No. We have not looked recently at that. In the past we have looked at the drug intelligence structure in the Federal Government. This was 4 or 5 years ago. And we are working with committee staff on doing more work for the committee this year.

Mr. SOUDER. ONDCP hasn't contacted you or you haven't done or had any direct relationship with them on the counter-drug intelligence?

Mr. RABKIN. No, we have not. But we will—on this work for the committee, we will be working with ONDCP.

Mr. SOUDER. What about—apparently ONDCP has indicated that it is still studying the feasibility of implementing a lessons learned data base. What's your reaction to that?

Mr. RABKIN. I'll let Mr. Ford answer that.

Mr. FORD. Yes. Again, that was a recommendation in the report we did for the committee in February. And I want to preface my remarks. This dealt primarily with the international side of the drug war, not the entire operation. But basically our recommendation is geared toward a problem that we found over the years and the work we've done. And that has to do with the continuity of effort. What happens is that we run operations. We run people in and out. They're rotated out of their assignment. They move on to other assignments.

And a lot of the good information that we've learned from previous efforts sometimes gets lost or we actually have the data but it's not put in a place where people can touch on it so when they plan their reference in the future they have a good idea of what's happened. Our recommendation that we put in our report was geared toward having ONDCP develop a way of capturing that centralized information so that the continuity problem wouldn't resurface on various operations. We did not intend, necessarily, to develop an expensive data information system.

We basically wanted them to be a repository, central local point, for planners to go to get information on how to plan operations using some historical experience that we've had. And that's what the intent of the recommendation was when we put it into the report.

Mr. SOUDER. One gentleman I worked with years ago from the city of Miami School System, Dade County, as they were putting in the pioneer areas in school-based management, said that often nobody wants to do analysis because they're afraid that somehow somebody will get retribution, and lessons learned is a kind of a scary—it's like, what works, what doesn't and why. People are willing to say what works because then they might get more money. They aren't necessarily willing to share what didn't work.

And often you can learn more as a baseball player as why you struck out than how you got the hit. You need to study both parts of that. And I think a lessons learned repository would be helpful, not only for national, but, like you say, for around the country. You said—there was a quote, if I understand this, you have found no compelling evidence to lead us to advise against ONDCP's reauthorization. It doesn't sound, on the other hand, like you thought that it's been the central planning agency that you envisioned in your original.

In other words, I think Gen. McCaffrey has brought a strength to it in the sense of a public forum much like Bill Bennett did. But it really hasn't accomplished the type of integration that was the goal of that office. Do you feel there's a better structure that could be developed? How would you do that?

Mr. RABKIN. Mr. Chairman, I think the hesitancy in our language is simply because we didn't conduct an evaluation of ONDCP specifically to determine if it had effectively carried out its mission. We've been looking at some programs around from the different agencies that have peripherally been involved with ONDCP in their role as a coordinator. And it's only been—we spent a couple weeks getting ready for this hearing, focusing on the performance measurement system.

But basically what we're saying is there's certainly a need to coordinate, there's a need for that agency. ONDCP seems to have done the things that the Congress asked it to do when it reauthorized ONDCP in 1993. It seems to me that ONDCP is a good value for the investment in terms of the investment that the Congress is making in it as a coordinator. And there's a need for it. The only reason that we phrased it that way was because we hadn't done any specific work to answer the broader question.

Mr. SOUDER. In closing—and I appreciate the patience you've had, because this has been a strung-out hearing. That's a poor choice of words. But a hearing because of the voting and changing over here, it took a while. But let me—is it true, even given what you've just said, that—and I agree that we've made progress—that it could be doing better in these areas. If you could comment on this if you disagree or if you agree. At least in these areas including intelligence coordination—because clearly we've had problems—when the drug czar announces his satisfaction with a man who you find out not only was on the payroll of a cartel but was living in the apartment and living in the apartment with the person from the cartel and had hired a staff person that had been busted before for having been a narcotics trafficker, it is pretty self evident that we have an intelligence question, problem—that also, in budget oversight and certification, in internal hiring and coordination, in anti-legalization coordination and in coordination of interdiction and support, to just name a few. Would you not agree that they at least need to improve even if you're saying that they deserve to be reauthorized and that they're doing a reasonable job?

Mr. RABKIN. Well, from the evidence that I've heard presented today, I would think that, yes, there is an opportunity for ONDCP to do a better job. But, again, we haven't done any work specifically looking at these issues. For example, in the intelligence coordination, there's issues of coordination among the intelligence gathering

agencies and issues of coordination between the gathering agencies and the law enforcement agencies that can make use of that intelligence.

And then there's coordination among the law enforcement agencies to make sure that the best use of the intelligence is made. Those are some issues that we plan to get involved with in dealing with the question that the subcommittee is putting forth on drug intelligence. And so it's a very complicated area. And we'd rather do the analysis first and then reach the conclusions.

Mr. SOUDER. OK. Well, thank you very much for your time. And we look forward to continuing to work with you. Because it's an important part. Because as much as we are appalled by the continuing deaths in our own districts and the threats to our own families in addition to the Nation as a whole and the international community by narcotrafficking, it is wise to look at how we're spending the money and where, and getting the most value for each dollar, particularly as we're under the budget constraints. So we look forward to working with you with that. And with that, this hearing is adjourned.

[Whereupon, at 2:15 p.m., the subcommittee was adjourned.]

○