



National Drug Control Strategy

The White House

February 2007



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TO THE CONGRESS OF THE UNITED STATES:

I am pleased to transmit the 2007 National Drug Control Strategy prepared by my Administration, consistent with the timing set forth in Section 201 of the Office of National Drug Control Policy Reauthorization Act of 2006.

When I took office, my Administration laid out an ambitious plan to reduce drug use in the Nation. With the support of Congress, the hard work of State and local officials, and the tireless efforts of thousands of faith-based and community organizations around the country, we have achieved significant declines in drug use. This year's strategy aims to continue this progress.

I appreciate the continued support of Congress as we work together on this critical endeavor.

A handwritten signature in black ink, appearing to read "George W. Bush". The signature is fluid and cursive, with a large initial "G" and "B".

THE WHITE HOUSE

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A Record of Accomplishment

The National Drug Control Strategy is a response to the situation the President found when he took office 6 years ago. Drug use had been on the rise over the previous decade and had reached a plateau. This trend had been met with ambivalence in many quarters, and the annual reports on drug use rarely made headlines. Worse, many felt there was nothing that could be done on a national level to combat drug use. Underlying this was the idea that drugs, addiction and the wide spectrum of related social ills could only be managed at best, not tackled head-on.

The Administration’s record flies in the face of these notions. The significant declines in drug use since the President took office show that, with effective policy combining enforcement, treatment, and prevention, coupled with the support of State and local officials, and the work of faith-based and community organizations, real advances are possible.

To focus the Nation’s drug control efforts directly on the problem of drug abuse, the President set ambitious goals for driving down illicit substance use in America. Using the category of past-month drug use as a benchmark, the Administration sought to reduce youth drug use by 10 percent within 2 years, and by 25 percent within 5 years. Actual youth use declined by 11 percent within the first 2 years, and now, in the fifth year, youth use has declined an astonishing 23.2 percent—just 1.8 percentage points short of the 25 percent goal. Encouragingly, the number of young people reporting any use of specific drugs in their lifetime has declined even more over 5 years, dropping 62 percent for LSD, 41 percent for methamphetamine, nearly 45 percent for Ecstasy, 40 percent for steroids, and 18 percent for marijuana. These percentages mean that 840,000 fewer young people were using illicit drugs in 2006 than in 2001.

Figure 1.
Percent Reporting Current Illicit Drug Use,
Combined Grades

Percent Reporting Past Month Use			
	2001	2006	Change as a % of 2001
Any Illicit Drug	19.40	14.90	-23*
Marijuana	16.60	12.50	-25*
MDMA (Ecstasy)	2.30	1.00	-56*
LSD	1.50	0.60	-60*
Amphetamines	4.70	3.10	-34*
Inhalants	3.00	2.90	-3
Methamphetamine	1.40	0.70	-50*
Steroids	0.90	0.70	-21*
Cocaine	1.00	0.90	-10
Heroin	0.50	0.40	-20
Alcohol	35.70	31.10	-13*
Cigarettes	20.30	14.40	-29*

*Denotes statistically significant change from 2001.
Note: Past-month use, 8th, 10th, and 12th grades combined; percent change calculated from figures having more precision than shown.
Source: 2006 *Monitoring the Future* (MTF) study special tabulations for combined 8th, 10th, and 12th graders, December 2006.

Lessons Learned: Successes and Challenges

The success of the President’s National Drug Control Strategy demonstrates that a robust drug control policy can achieve measurable progress in reducing drug abuse. Six years into the President’s first National Drug Control Strategy, a review of trends in drug use provides important insights into what works in drug control. It also provides lessons in dealing with current challenges such as continued high rates of drug use by adults, and the continued need to target young people in prevention and intervention efforts.

The following is a synopsis of key trends in drug use and the lessons they provide.

» **Target Youth Use and Set Goals To Measure Progress**

Since 2001, researchers at the University of Michigan’s Monitoring the Future (MTF) study of

8th, 10th, and 12th grade students have provided the Office of National Drug Control Policy (ONDCP) with special analyses that combine data from all three grades. These analyses help to assess our progress toward achieving the President’s goal of reducing youth drug use by 25 percent by 2006. These data indicate that the lowest levels of youth drug use were achieved in 1992, when past-month use of any illicit drug for all three grades combined was 10.5 percent. This rate then rose sharply, nearly doubling, through 1996, after which it remained stable at about 20 percent through 2001. Between 2001 and 2006 there was a 23 percent decline in youth drug use.

Studies demonstrate that adolescence is a critical period in determining a person’s risk for drug dependency. Young people who initiate drug use early in their teen years are at far greater risk for dependency than those who initiate later in life. Even more compelling, young people who do not initiate drug use by age 18-20 are unlikely ever to develop a drug dependency problem—a protective effect that lasts for life. Therefore, driving down youth drug use is a key priority for the Administration, as it holds the greatest promise to reduce overall drug use in America over time.

» **Targeting Heavily Dependent Users Can Reduce Demand Significantly**

Getting users into treatment not only offers the opportunity for individuals to break free from

the cruel grip of addiction, but also can help to undermine local drug markets and reduce the profitability of drug dealing. Although the drug problem can seem large and intractable, the profile of past-year drug users indicates that approximately 25 percent of the annual drug using population consumes illicit drugs 75 percent of the time. Changing the behavior of this relatively small number of chronic drug users can have enormously beneficial consequences for society, not the least of which is to deprive illegal drug traffickers of their largest source of revenue—the addicted, frequent, high-volume drug user. In market terms these drug users are the “best customers” of the whole illicit drug enterprise.

Removing chronic users’ demand for drugs has the potential to cripple drug profits. Expanded treatment options provided by the President’s Access to Recovery (ATR) initiative and screening and brief intervention services can stem the progression to addiction and play an important role in reducing drug trade profits. The higher the percentage of chronic user demand that is removed from the market, the more dramatic the disruption will be, as traffickers are forced to withdraw from the market. Healing drug users through effective treatment programs will lead to long-term reductions in drug profits which can shrink local drug markets to levels that can be more easily managed by local authorities.

Figure 2.
Percent Reporting Current Use of Any Illicit Drug, by Grade

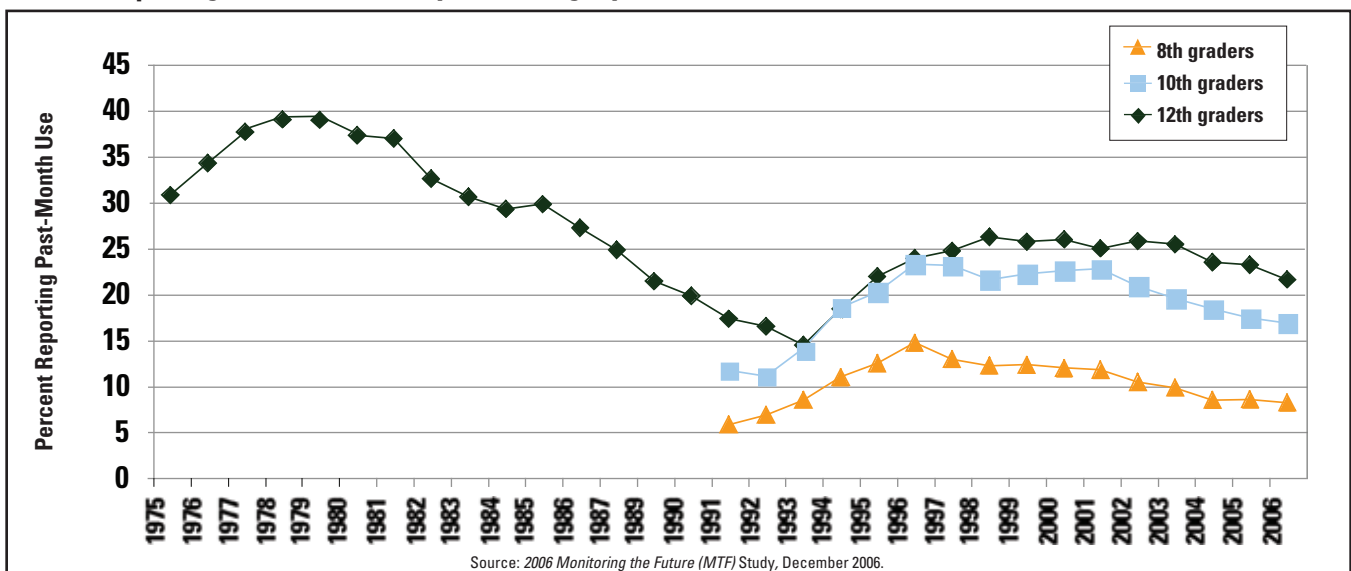
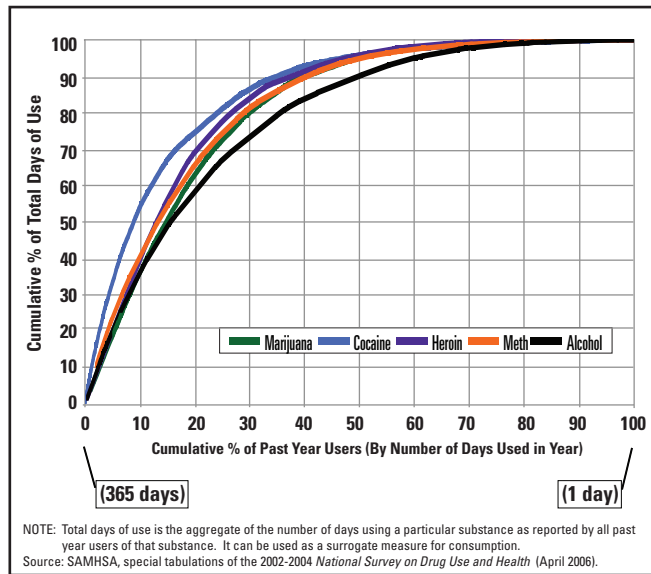


Figure 3.
Heavy Users Account for a Large Portion of Consumption



» **Strong Stance Against Steroids Led to Downturn in Use**

The use of dangerous performance-enhancing drugs, such as steroids, has become a troubling trend among youth in recent years. News accounts involving sports celebrities have provided negative role models for youth, whose use of these substances threatens not only their own health but also the integrity and character of sportsmanship. The President addressed this issue directly in his 2004 State of the Union Address. Congress subsequently passed, and the President signed into law, the Anabolic Steroid Control Act of 2004, which increased the number of banned steroids and precursor chemicals. This legislation, building on earlier governmental and nongovernmental efforts to educate youth about the risks of steroid use, has made a clear difference. Data show that lifetime use of steroids has fallen sharply over the last several years and is down by more than 40 percent since 2004.

» **Lowered Rates Show Importance of Culture: Biometrics Echo Self-Reporting Surveys**

Most findings about drug use over time come from self-reported survey data. Although valuable, such findings can be supplemented by objective evidence from biological markers of drug use. Although not representative of the general population, many years of results from drug testing in the workplace population (with more than seven million such test results being available every year) have shown significant patterns of change. For example, the number of positive tests for cocaine use, which had been rising through the mid-1990s, dropped 44 percent between 1995 and 2003 and has since leveled off.

Also, declines in youth marijuana use as self-reported in the MTF survey (a 23.2 percent drop over the past four years) coincided with a comparable decline in the number of positive tests in the adult workplace population. ONDCP believes that effective media messaging about the risks of drug use and cultural norms regarding the unacceptability of drug use combined to drive down marijuana use. As the President said in his 2006 State of the Union Address, characterizing declines in drug use, crime, abortion, and welfare cases: “These gains are evidence of a quiet transformation—a revolution of conscience, in which a rising generation is finding that a life of personal responsibility is a life of fulfillment.”

Figure 4.
Steroid Use Among 12th Graders Has Dropped Since 2004

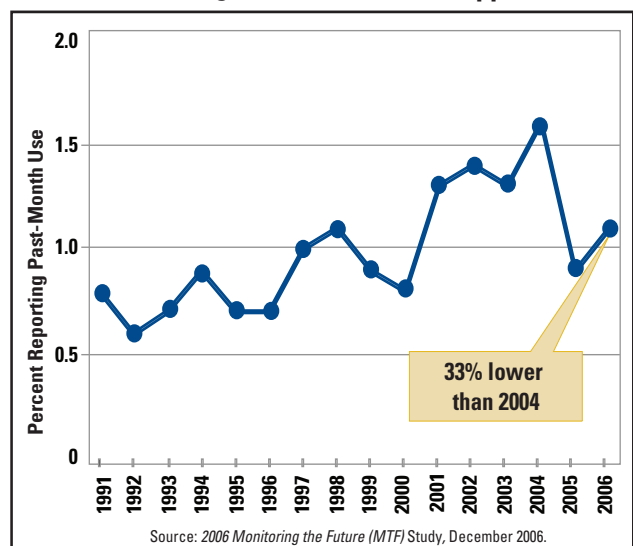
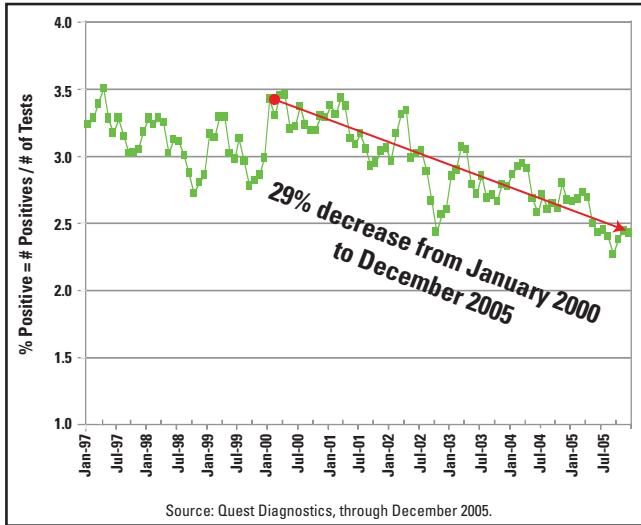


Figure 5.
Percent Testing Positive for THC (Marijuana Metabolite)



» **Progress in Combating Methamphetamine and Amphetamine Abuse**

Data from MTF and workplace drug testing suggest that the use of amphetamines, particularly methamphetamine, has dropped dramatically in recent years among youth and adults. According to the 2006 MTF, use of amphetamines among all three grades combined in each of the three prevalence categories dropped by more than one-quarter between 2001 and 2006: 27.4 percent for lifetime use, 29.1 percent for past-year use, and 34.0 percent for past-month use.

Use of methamphetamines in this population declined even more for each of the three prevalence categories during the same period of time: 41.4 percent for lifetime use, 41.2 percent for past year use, and 50.0 percent for past-month use.

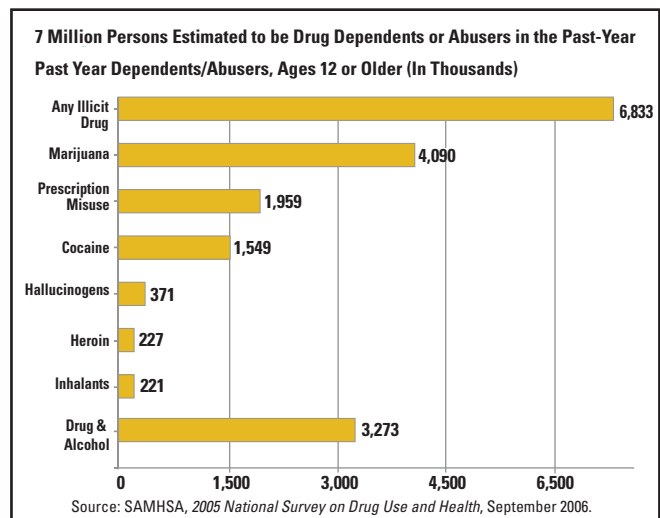
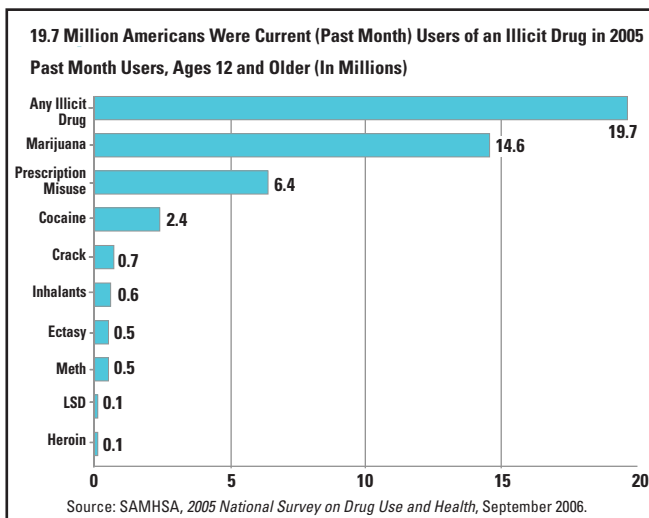
Among adults, data from workplace drug testing indicate that positives for amphetamines declined 17 percent between 2004 and May 2006, and positives for methamphetamines declined 45 percent during the same period of time.

» **Continuing Challenge of High Rates of Drug Use and Rising Prescription Drug Abuse**

According to the National Survey on Drug Use and Health (NSDUH), more than 19 million Americans 12 years and older are current users of an illicit drug. Approximately seven million of them exhibit the diagnostic criteria for abuse or dependence, with use of marijuana being by far the biggest contributor to the need for illicit drug treatment.

The MTF survey also shows important and disturbing news that the non-medical use of the prescription drug pain reliever OxyContin® has risen – the only category of illicit drug use among youth that has risen between 2002 and 2006.

Figure 6.
Drug Use and Dependence/Abuse in the United States



» **For Younger Users, Marijuana Is Dangerous and Addictive**

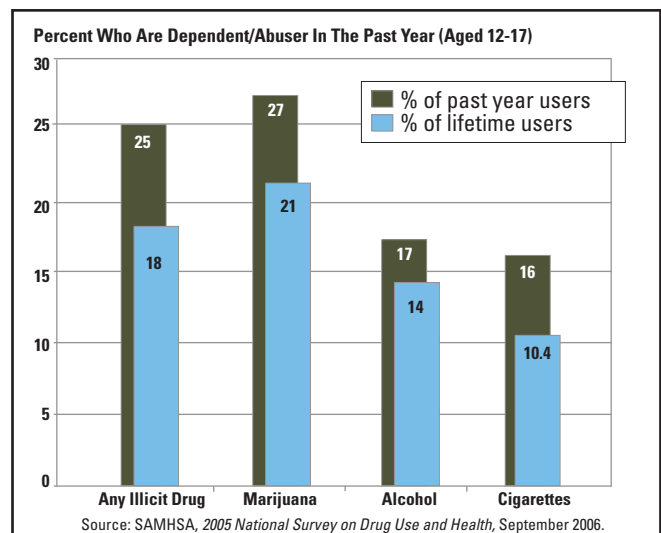
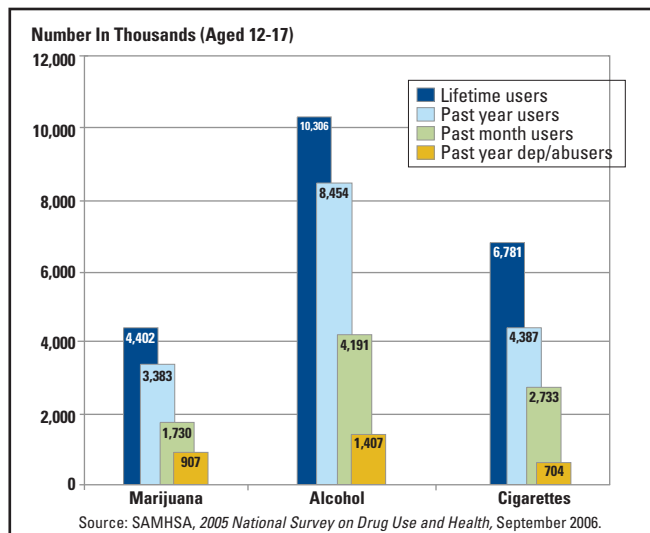
One in five 12- to 17-year-olds who report ever using marijuana display the characteristics of abuse or dependence. That number rises to more than one in four for those reporting past-year use of the drug. NSDUH has shown that the risk for marijuana abuse and dependency in younger users now exceeds that for alcohol and tobacco use, with 26.8 percent of past-year marijuana users between the ages of 12 and 17 displaying characteristics of abuse or dependency. The rate of abuse or dependency for past-year users of alcohol and cigarettes in the same age group is 16.6 percent and 16.0 percent, respectively.

Recent research has strengthened the view that marijuana is a particularly troubling drug for youth. Use of the drug is dangerous to the health and well-being of the user, particularly for young people. Aside from the predictable effects of smoking marijuana on an individual’s physical health (increasing the risk of respiratory ailments and cancer), marijuana has been associated with

emotional, behavioral, and academic problems. For example, studies have found that marijuana abusers are four times more likely to report symptoms of depression. Furthermore, using marijuana has been found to increase the risk for abuse and dependency on other drugs such as heroin and cocaine later in life.

Some believe that focusing on youth marijuana use could have a “balloon effect,” in which driving down marijuana use could result in rising rates of youth smoking and alcohol consumption. In fact, rates of marijuana, alcohol and cigarette smoking among young people have declined since 2001; the MTF survey reports that past month use of alcohol is down 13 percent, cigarette use is down 29 percent, and marijuana use is down 25 percent.

Figure 7.
Drug Use and Dependence/Abuse Among Youth



» **Both Domestic Methamphetamine Superlab and Small Toxic Lab Incidents Are Now in Decline**

In 2001, the number of incidents such as lab seizures, dumpsites, and/or equipment seizures involving Small Toxic Laboratories, or STLs – labs that produce less than 10 pounds of methamphetamine per production cycle, began to rise sharply, reaching 17,460 in 2003 according to monthly reports by law enforcement to state authorities. By 2004, however, the number of incidents hit a plateau at approximately 17,560 incidents, and then began to decline to approximately 12,000 in 2005. Superlabs, nearly all of which were in California, spiked in 2001, then declined in 2002, and are now at a 10-year low. The decline in superlabs coincided with effective international control efforts directed at the importation of precursor chemicals in large quantities, mostly from Canada. Given the extraordinary danger that these labs pose to local communities, the steep and continuing decline is welcome news.

Figure 8. **Total Methamphetamine Lab Incidents Have Been Declining**

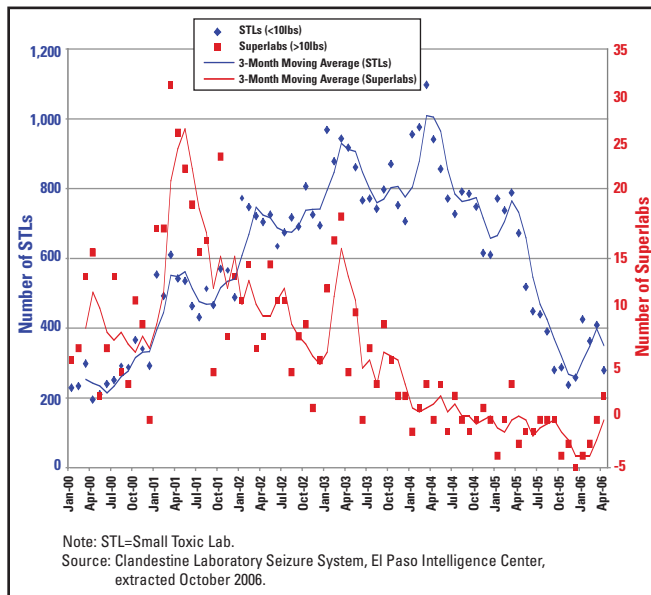
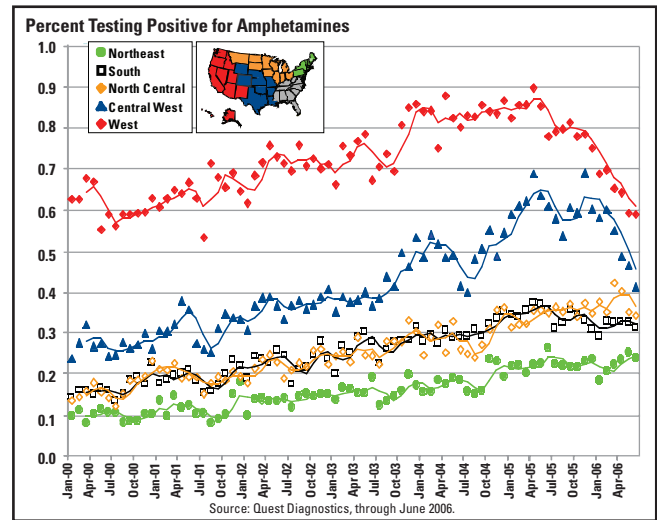


Figure 9. **Workplace Positives for Amphetamines, by Region**



» **Methamphetamine Use Is Regional**

The methamphetamine problem, fueled initially by production from large-capacity clandestine superlabs in the far western United States, has spread geographically across the country, but nevertheless remains regionally concentrated. STLs proliferated in the Midwest and Southeast as the role of superlabs declined, leading to an increase in reported lab “incidents” by law enforcement between 2001 and 2004. Yet the number of meth users as measured by positive workplace drug tests still was highest in the West. Additionally, steep drops in use have occurred precisely where there was the highest concentration of early users – the western region.

» **Diversion of Prescription Medications Contributes to Abuse**

Improper diversion of prescription drugs occurs via multiple routes, including theft, prescription fraud, exploitation of the Internet, and even criminal medical dispensing. But the majority of misuse is attributable to people with a legitimate prescription giving or selling their drugs to others illegitimately. Effective prescription monitoring programs, coupled with physician and consumer education about the proper handling and disposal of medicines, can curtail the excessive diversion of prescription drugs.

Although significant progress has been made in our efforts to reduce drug use in the United States, challenges remain. The progress can in large part be attributed to the President's efforts to tackle drug abuse head-on and challenge the Nation to reduce rates of use, particularly among young people. However, the hardest work is done in communities across the country, by State and local officials, police officers, health care professionals, counselors, coaches, and perhaps most importantly, in families.

Figure 10.
Prescription Drug Misuse Is a Significant Problem

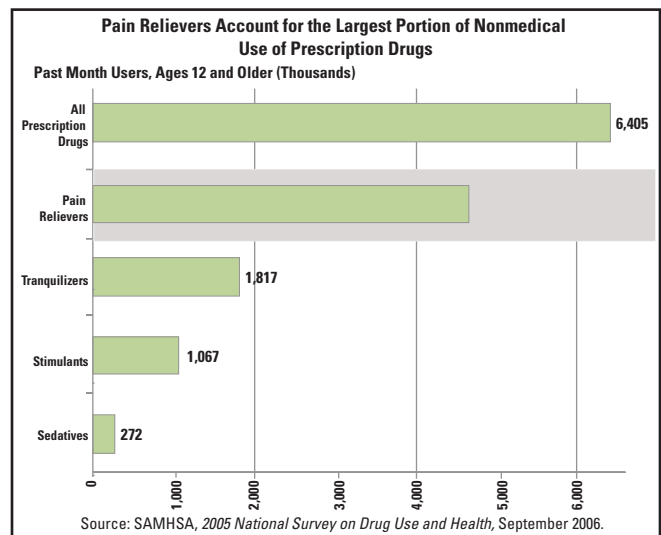
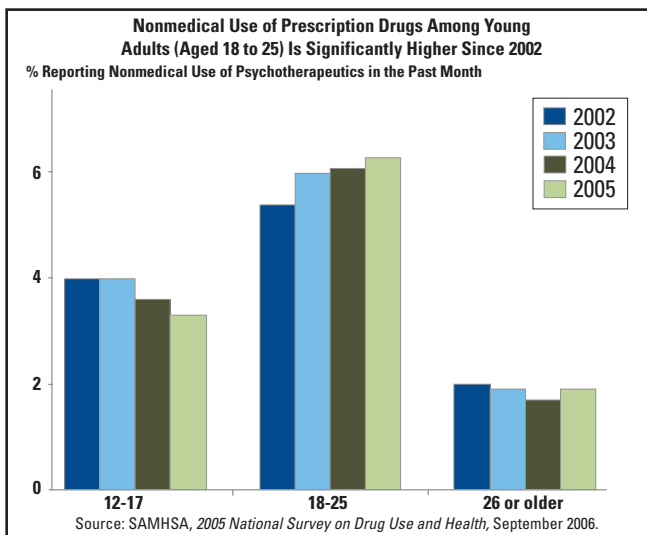
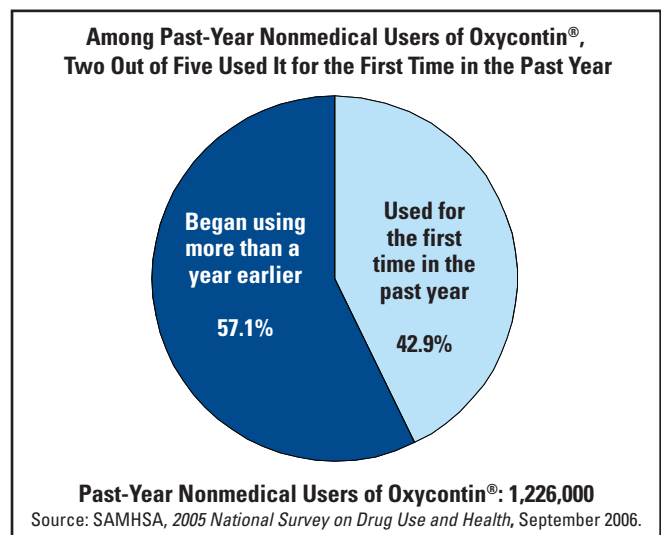
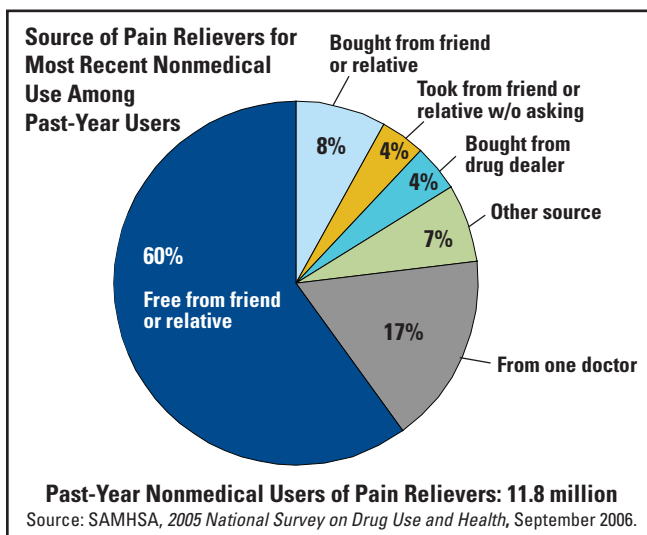


Figure 11.
Misuse of Pain Relievers

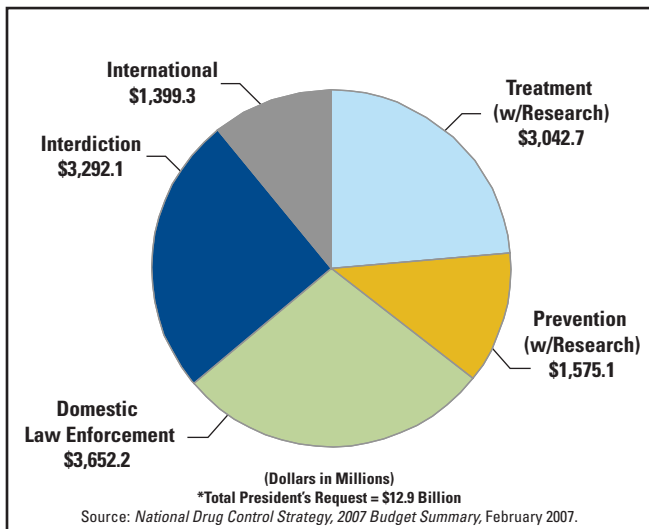


A Balanced Approach

The overarching goal of President George W. Bush’s drug control policy has been to reduce drug use in the Nation. The President’s National Drug Control Strategy, now in its sixth version, is based on a balanced policy to achieve this goal. The Strategy has three key elements: preventing drug use before it starts, intervening and healing those who already use drugs, and disrupting the market for illicit substances.

Each of these three elements is critical to the success of the overall strategy. Chapter 1 provides an overview of efforts to prevent drug use before it starts. The primary targets of prevention efforts are young people and their parents. Young people face the most severe consequences of using drugs and are the most susceptible to initiating drug use.

Figure 12.
Federal Drug Control Spending by Function
(In Millions), FY 2008*



Chapter 2 describes intervention and treatment of drug users, a key priority of this Administration. A major obstacle to intervening and treating drug users is reaching the users who do not realize they have a problem. This group is the vast majority of drug users in America, and reaching them before they become addicted makes it more likely they will change their habits and thereby avoid the serious health and behavioral consequences of addiction.

To address this, the Administration has focused on screening for substance abuse in a range of settings, from schools to hospitals. Screening by medical professionals in health care settings can help identify those in need of counseling or more intensive treatment. For those who need treatment, the ATR initiative is an innovative approach to provide individuals with an expanded array of treatment providers from which to choose, including faith-based and community organizations. The program also provides recovery support services—from child care to mentoring—so that people can access services to help them on the road to recovery.

Chapter 3 covers the third priority of the National Drug Control Strategy: attacking the market for illicit substances. The direct link between the availability of illicit substances and rates of abuse makes it imperative that we disrupt the drug market at home and abroad. The illicit drug trade operates as any other market does: changes in supply affect demand. Reducing the availability of drugs in the United States can cause a decline in purity or an increase in price. In such cases, initiation becomes less likely and dependence more difficult to sustain.

The core elements of the Administration’s market-disruption strategy—eradicating illicit crops, interdicting illegal drugs, and attacking drug organizations—are designed to reduce availability by attacking the pressure points of the illegal drug market. Because of these actions, a drug trafficker’s costs will increase, which will reduce the overall profits associated with drug trafficking. Increased risk of arrest will also deter traffickers from entering the market and encourage others to leave. The biggest impact, however, is that a shrinking international supply of drugs will result in less drugs on U.S. streets. Chapter 3 covers this topic in more detail.

ONDCP presents this National Drug Control Strategy to the Nation as a guide for next steps and a call to continued action by the thousands of families, individuals, and organizations that fight the scourge of drug abuse in our communities.

Stopping Drug Use Before It Starts: Education and Community Action

“In recent years, America has become a more hopeful Nation. Violent crime rates have fallen to their lowest levels since the 1970s. Welfare cases have dropped by more than half over the past decade. Drug use among youth is down 19 percent since 2001. There are fewer abortions in America than at any point in the last three decades, and the number of children born to teenage mothers has been falling for a dozen years in a row.

These gains are evidence of a quiet transformation—a revolution of conscience, in which a rising generation is finding that a life of personal responsibility is a life of fulfillment. Government has played a role. Wise policies, such as welfare reform and drug education and support for abstinence and adoption have made a difference in the character of our country. And everyone here tonight, Democrat and Republican, has a right to be proud of this record.”

President George W. Bush
State of the Union Address
January 30, 2006

In his 2006 State of the Union Address, President Bush noted that government has played a role in bringing about a “revolution of conscience” in this country by establishing policies that promote personal responsibility. Indeed, at the heart of the success in reducing drug use is a change in perceptions about not only the acceptability of using illicit substances, but also the need to take responsibility for one’s actions. These changes take place at the individual, family, and community levels, and much of our prevention and intervention strategy therefore focuses on changing behaviors and norms.

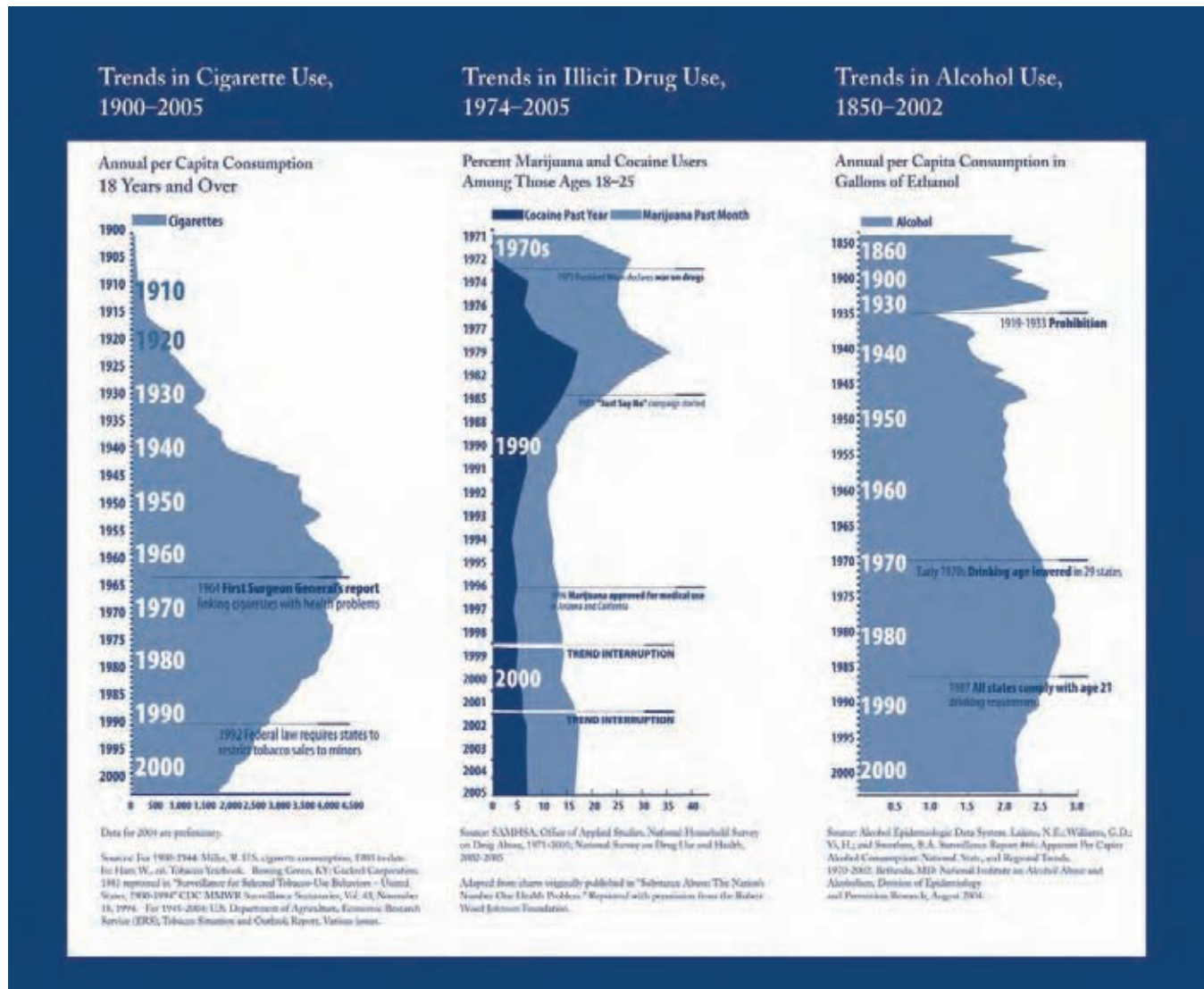
Trends in cigarette, illicit drug, and alcohol use over time demonstrate that substance use is malleable, and that it follows public perceptions of the acceptability and harmful consequences of substances. These trends also show that government can play an important role in

helping the public choose healthier lifestyles. From 1964 onward, the Surgeon General issued multiple reports on the health consequences of smoking. As figure 13 shows, a steady decline in cigarette smoking coincided with increased public awareness. Likewise, when President Nixon declared a war on drugs in 1971, use lowered before spiking again later that decade as popular culture embraced drug use. Subsequently, ballot initiatives to legalize marijuana for medical use in the late 1990s coincided with a rise in use.

Trends in alcohol use show that the legal availability of alcohol, particularly to young people, has an impact on use rates. Although unpopular, Prohibition, established in 1919 and repealed in 1933, had a significant impact on the volume of consumption. Lowering the drinking age in the early 1970s was accompanied by increases in consumption, while alcohol consumption and alcohol-related fatalities showed marked declines after 1987, when most states had increased the drinking age to 21.

Data over time show that baby-boomers experienced some of the highest prevalence rates of illicit drug use during their youth. Rates of use among this group, now largely within the 50- to 59-year-old age category, remain unexpectedly high as its members continue to age. This trend underscores not only the importance of early identification and referral for treatment in order to break the cycle of addiction, but more importantly, the need for effective drug prevention to help young people avoid initiating drug use. For some, behaviors developed in youth can persist for decades. Furthermore, the adult population has proven to be more resistant to changes in use rates. Thus baby boomers—the generation that was associated with high rates of drug use 30-40 years ago—continue to display elevated rates of use to this day.

Figure 13.
Trends in Cigarette, Illicit Drug, and Alcohol Abuse



A Focus on Young People

It is therefore good news that today's young people are making better and healthier decisions. With movies, music, and other forms of pop culture glorifying substance abuse, and with some sports celebrities using steroids, American families face an uphill battle in teaching young people to avoid using drugs. Yet young people have shown they can resist the barrage of messages and reject drugs.

Young people feel the greatest pressure to use drugs primarily from their peers. Unfortunately, this pressure is often reinforced through popular culture, creating the mistaken belief that “everyone is doing it” and that

drug use is cool and free of consequences. This “social norm” effect creates the mistaken belief among some young people—and sometimes even their parents—that more kids use drugs than actually do. In the past year, the majority of 12- to 17-year-olds talked at least once with one or more parents about the dangers of substance abuse. These discussions were helpful: rates of current substance use were lower for youths who did talk with parents than for those who did not.

Part of what may account for the decline in drug use among youth is an increased awareness of the dangers of drugs. Survey data show that drug use is inversely correlated with the perception of the harmful effects of drugs. The better young people understand the risks of

drug use, the more likely they are to choose not to use drugs. Clearly, parental involvement, education, and community action are key to preventing youth drug use.

It is important for parents, schools, coaches, and other people with influence over young people to consistently send the message that drug use is harmful and that it is an unwise decision. Communities must support successful drug-free efforts by young people and spread positive messages about rejecting drug use. The Administration has sought to change the perceptions of drug use in a number of ways, from supporting community coalitions to arming parents and community leaders with information to help them discuss the harmful effects of drugs with their children.

ONDCP's National Youth Anti-Drug Media Campaign uses the power of media to "unsell" the idea of drug use to America's teens. Media can widely disseminate clear, consistent, and credible messages to parents and communities as well as to teens directly. By using television, radio, print, online, and out-of-home communications, the Media Campaign can increase perceptions of the harm of drug use and of social disapproval.

The Media Campaign targets the most vulnerable population, those age 12-17, with the key audience being 14- to 16-year-olds. The teen brand Above the Influence inspires teens to reject negative influences, specifically drug use, by appealing to their senses of individuality and independence.



abovetheinfluence.com

Because teens report receiving far more prodrug messages than antidrug messages, the National Youth Anti-Drug Media Campaign works to refute myths and counter prodrug messages. Mixed messages come from many sources in teens' lives: media coverage and discussions of "medical marijuana," decriminalization efforts, popular culture such as movies and music, and the Internet. The growing number of social networking sites and blogs, along with the presence of e-mail spam promoting illegal online pharmacies, provide teens with increasing exposure

Helping America's Youth

In his 2005 State of the Union Address, President Bush announced a broad effort to engage all Americans in helping young people become healthy adults and asked First Lady Laura Bush to lead this important effort, which became known as the Helping America's Youth initiative. Helping America's Youth is a nationwide effort to raise awareness about the challenges facing our youth, particularly at-risk boys, and to motivate caring adults to connect with youth in three key areas: family, school, and community.

Mrs. Bush, building upon the success of the White House Conference on Helping America's Youth at Howard University in the fall of 2005, began working with State and local partners to host regional conferences throughout the United States in 2006. The two regional conferences, held in Indianapolis and Denver, provided training for community leaders and a speaker series on the current status of America's youth and successful methods for helping to make a difference in their lives. Mrs. Bush also traveled to many parts of the country to meet with young people and visit schools, after-school programs, and youth courts. What these programs all demonstrated is that adults can have the greatest effect on young people by caring for them, increasing their social connections, and helping them reach their full potential.

A new resource was also launched: the Helping America's Youth Web site, www.helpingamericasyouth.gov. The site is a one-stop center for information about the initiative, publications, and resources for adults; video footage of previous conferences; and access to an on-line planning tool, the Community Guide to Helping America's Youth. The Community Guide helps communities form successful partnerships, assess their needs and resources, and link them to effective programs to help youth in their neighborhoods.

to prodrug information and misinformation about the consequences of using drugs.

Countering these cultural challenges requires a targeted approach that effectively leverages the funds spent. To achieve this, the Media Campaign uses the same tools to evaluate the effectiveness of its messages that the private sector uses, such as testing messages with target audiences. The Media Campaign is the Nation’s most visible drug prevention effort. It focuses attention on the problem of drug use and supports parents, caregivers, and communities in their prevention efforts. It directly reaches teens, motivating them to live Above the Influence of drugs.

Prevention in Action: Partnerships Across the Country

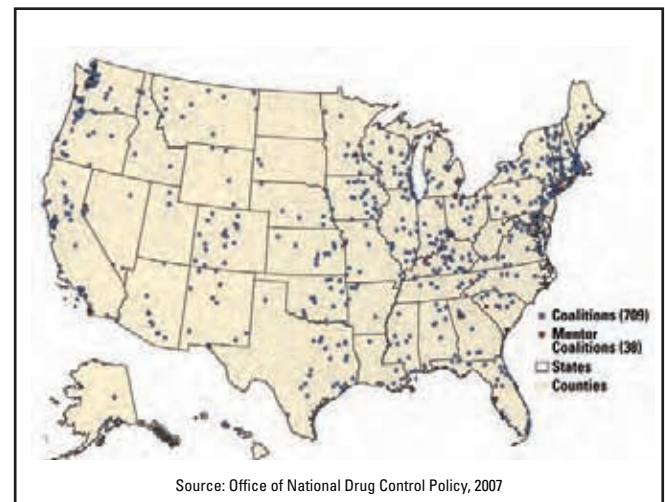
Recognizing that local problems need local solutions, ONDCP works with partners across the country to promote local drug prevention strategies. Understanding that there is no one-size-fits-all approach to protecting youth and strengthening communities to prevent drug use, ONDCP promotes community solutions to community problems.

By supporting the development of local drug-free community coalitions, the Administration is working to achieve long-term sustainable success in preventing drug use by youth and enlisting parents in achieving these goals. These coalitions bring together community leaders; professionals in health care, law enforcement, and education; the clergy; and others to provide grassroots solutions to substance abuse. Coalitions work to identify local drug problems and then establish partnerships to bring the community together to combat them. Some communities may find that prescription drug abuse is on the rise, while others may target marijuana use. The flexibility and locally driven nature of community coalitions allow a range of successful responses to local problems.

The Administration supports many of these coalitions by providing \$90 million in the FY 2008 Budget through the Drug-Free Communities (DFC) program. This program aims to mobilize key sectors of the community to work together toward a common goal of reducing youth substance use.

Each coalition funded through the DFC program identifies local problems and works with local leaders to develop and implement solutions unique to the problems identified in each community. As part of the qualification for DFC funding, each community must provide a dollar-for-dollar match to the \$100,000/ year in Federal funds provided through DFC. This community-level commitment to drug prevention helps ensure sustainability of local prevention programming far beyond the 5-year Federal funding cycle.

Figure 14. Drug-Free Communities Support Program Grantees, FY 2006



As the result of an increase in community-wide environmental activities and changes within DFC communities, successful coalitions may now qualify to “mentor” new and emerging community groups to help them replicate the successes seen by existing DFC communities in reducing youth drug use.

Upper Bucks Healthy Communities Healthy Youth Coalition

By focusing on positive youth development, supporting programs, and strengthening community relationships, the Upper Bucks Healthy Communities Healthy Youth Coalition has made significant progress in reducing youth substance use. Since 2004, the Upper Bucks Coalition, a Drug-Free Communities (DFC) grantee in Pennsylvania, has seen a 15 percent reduction in tobacco use among 12th graders, a 5 percent decrease in alcohol use among 10th graders, and a 44 percent reduction in tobacco use among 8th graders. The coalition has involved representatives from throughout the community to work collectively to implement successful drug prevention strategies.

This year, the coalition launched a social norms marketing campaign in one middle school and three high schools. The goal of the campaign is to inform youth and parents that the majority of teenagers in Upper Bucks choose *not* to drink. In fact, a survey of 8th, 10th, and 12th graders combined found that two out of three had not used alcohol in the last 30 days. The social norms campaign addresses the reality that the majority of youth over estimate how many of their peers engage in underage drinking. The coalition recruited 65 youth from 3 high schools to form what they call the “Street Team” to help plan and implement the project. Additionally, local businesses donated services and products to the campaign.

The students launched the first phase of the campaign in the opening weeks of the school year by passing out thousands of small green buttons with the letters “OMG.” OMG is commonly used by youth in electronic text messaging as an expression of surprise or joy or as a call to pay attention. The buttons developed a buzz of curiosity in the school. In phase two of the campaign, the students distributed 300 T-shirts and 5,000 static cling decals with the phrase “2outta3.” Finally, the entire message was revealed through the dissemination of 1,150 T-shirts and 5,000 silicone wrist bands with the message, “2outta3 Don’t Drink.” To reinforce the message, the coalition has printed news releases, newspaper articles, and newsletters. Research has shown that the strategy of using a social norms message is effective in reducing the rate of underage drinking and changing the perceptions of youth and adults.

The Upper Bucks Coalition has also involved youth sports leagues in their efforts to reduce substance use. Local coaches have attended Positive Coaching Alliance workshops called Double Goal Coach. The workshops are designed to train coaches of youth ages 8–18 on integrating positive youth development strategies as part of their coaching. Targeting this profession is important because youth sports organizations are second only to educational institutions as the segment of a community that can impact youth development.

Additionally, many youth drop out of organized sports around the age of 12, which coincidentally is the same time many young people begin to use tobacco, alcohol, and other drugs. By teaching coaches to mentor and lead young people more effectively, the coalition is increasing the likelihood that this effort will decrease youth risk factors and increase protective factors in the Upper Bucks community.

The business community has taken a lead in the Upper Bucks coalition. US Restaurants, the area Burger King franchisee, has raised more than \$3 million since 1985 in support of Project CARE, a coalition founding member. Since US Restaurants learned that youth were selling drugs outside of the Quakertown Burger King in the mid-1980s, Burger King Restaurants in the area have been selling fund-raising coupon sheets. The president of the restaurant chain realized he had to get involved, and the company became committed to supporting Project CARE. Project CARE has trained more than 20,000 adults working with young people in schools and communities and has awarded higher education scholarships to students formerly in crisis because of alcohol and other drug or mental health issues.

Lee Rush, the Upper Bucks Coalition Community Organizer, says that “the coalition strategy is working in their community. Youth substance use is declining, a result of the support and collaboration with area schools, youth-serving organizations, faith-based and community organizations, government agencies, business partners, parents, youth, and community members. Through these partnerships, the community has worked together to support youth.”

Join Together Northern Nevada Mentoring Coalition

The DFC Mentoring Program is an effort to enhance the number and quality of local Drug-Free Community Coalitions through the assistance of capable, experienced coalitions. DFC Mentoring Program grantees use their experience and success in changing the community environment to support and encourage the development of new, self-supporting drug-free community coalitions to meet the goals of the DFC program. Join Together Northern Nevada (JTNN) is using its expertise as well as the expertise of several other coalitions throughout the State of Nevada to build new coalitions in five Spanish-speaking communities in the State.

JTNN understood the needs of Nevada's Hispanic community in its fight against drug use, specifically relating to alcohol and methamphetamine. Having successfully built a coalition in the Reno area to reduce substance use, JTNN staff felt they could assist other communities in addressing their drug use challenges by applying the lessons learned in establishing their successful effort in Reno. Through the DFC Mentoring Program, JTNN recruited other established community coalitions and approached five Spanish-speaking communities with an offer to help them build community coalitions. The combined communities cover an area of 17,362 square miles. A total of 424,112 persons of Hispanic descent reside in this target area, more than 100,000 are under age 18. The Project Director works with each of the coalitions to set up individualized strategies to engage the Hispanic community.

Rural Nevada has unique challenges in developing community coalitions among the Spanish-speaking population. Because many of the Hispanic residents are migrant workers, they are often moving throughout the area. Therefore, Carson City, Lyon, Storey, and Douglas Counties have joined together to develop a multicounty coalition. There is now cross coordination between counties, and Hispanic leaders are engaged in several areas, including the creation of continuity between service delivery systems in each community.

The mentoring project in Nevada is successfully engaging a population that is at risk and traditionally underserved. Through their efforts, five communities are now building coalitions, assessing their needs and resources, and developing prevention plans that will ultimately change the community environment and potentially save lives.

ONDCP also works to support areas of the country that are particularly hard hit by the scourge of drugs. The Major Cities and Critical Areas Drug Initiative, described in detail in the following highlighted section, seeks to facilitate coordination among Federal, State and local authorities to combat drug use. This initiative builds on existing programs like Drug-Free Communities in order to leverage the greatest impact from Federal, State and local resources dedicated to these areas.

Major Cities and Critical Areas Drug Initiative

A key role that ONDCP plays is to bring people together and provide direction in fighting drug abuse in our Nation. ONDCP launched the Major Cities and Critical Areas Drug Initiative to coordinate the efforts of communities to combat drug abuse in the areas most in need. Drug use harms communities everywhere, but America's large cities are particularly hard hit. Targeting substance abuse in these cities can bring about a measurable decline in the Nation's drug problem.

Through this initiative, ONDCP directly engages with local officials and concerned citizens in America's major cities and in other local areas where there are emerging drug threats. The initiative allows ONDCP to work with the leadership of the targeted sites in the areas of drug prevention, drug treatment, and public safety to coordinate efforts and disseminate best practices in those areas. Additionally, ONDCP works with localities to determine the extent of illicit drug use and to determine the Federal, State and local resources assigned to the task of reducing use. Through this initiative, ONDCP is serving as a catalyst for multisector partnerships that leverage existing resources more effectively in each site. The initiative encourages improved data collection and utilizes data to evaluate the effectiveness of programs and practices that impact the drug problem at the local level. ONDCP is facilitating the development of local comprehensive strategies to address the continuum of substance abuse issues.

The goal of the initiative is to work with local leadership to reduce both domestic demand and supply. To this end, ONDCP concentrates on the following targets: local and regional drug market disruption; strategic utilization of datasets from the areas of prevention, treatment, and enforcement; establishment of effective community prevention coalitions; regular and ongoing evaluations of effort with local officials; drug courts; development and utilization of local data to respond to drug threats; student drug testing; coordinated treatment systems using SBIRT; and strategic prevention messaging in the media.

In the 3 years since the start of the Major Cities and Critical Areas Drug Initiative, there have been important achievements in developing better approaches to reducing drug use. Miami, Baltimore, Denver, Washington, DC, Detroit, and Orlando have created city drug strategies. Additionally, ONDCP is working with many other large cities, including Portland and Atlanta, to develop local strategies. In the last year, ONDCP has been helping to bring SBIRT programs to cities across the country. Several cities currently have existing programs, including Houston, Seattle, Chicago, San Diego, and Denver.

In developing strategies, cities can learn valuable lessons from one another. Frequently, one city's strategy for combating drug use holds promise for other cities facing similar problems. To assist cities in learning best practices, ONDCP published *Cities Without Drugs: The Major Cities Guide to Reducing Substance Abuse in Your Community*.

Additionally, ONDCP has facilitated city-to-city dialog, training, and technical assistance. ONDCP has also brokered improved relationships with Federal partners using diverse venues including summits, video and audio teleconferences, and leadership meetings. ONDCP has worked in conjunction with the US Conference of Mayors and the National League of Cities to convene and facilitate minisummits for mayors and their policy staff. Representatives from several cities have been linked via teleconferences on a variety of issues relating to the drug problem, including prostitution and addiction, community health and epidemiology, building better community coalitions, and screening for drug use in health settings. Other topics have included Prisoner Reentry programs and 211 telephone information systems. Like dialing 411, 211 connects the caller to information on community and government services.

A new focus for this initiative is emerging or critical threats either in specific geographic areas such as Tribal Lands or on priority issues, such as when heroin laced with the drug fentanyl cropped up in northern cities like Chicago, Detroit and Philadelphia in the summer of 2006. ONDCP rapidly responded by organizing a Fentanyl Forum in Philadelphia to educate community leaders around the country on this emerging threat. By tracking data to identify emerging trends and threats, ONDCP is able to be a proactive partner with State and local authorities to alert people and address these threats in a timely manner.

Drug Testing: Pushing Back in Our Schools and Workplaces

Drug prevention efforts have traditionally focused on education and community action to encourage rejection of drug use. At the community level these are important messages for youth to receive. We also know that drug use is usually accompanied by communication barriers and denial with parents and loved ones. Recognizing the problem, communities across the country are exploring measures to help reduce drug use in their schools.

A key tool to address this problem is student drug testing. In June 2002, the U.S. Supreme Court broadened the authority of public schools to test students for illegal drug use if they engage in extracurricular activities. This decision made a powerful, nonpunitive tool available to any school concerned about student drug use.

The Bush Administration has made drug testing a priority and has embarked on a student drug testing initiative to provide resources for communities across the country that want to test students. Implementing a program is a local decision and is not linked to Federal education funding. Currently, there are more than 480 federally funded programs in the Nation, and many others supported by community funds.

Student drug testing serves a dual purpose: it can prevent drug use while also helping identify students who need help. Student drug testing can prevent drug use because it gives students an “out:” if they want to participate in extracurricular activities, they know they will be subject to a test and can use potential testing as an excuse to refuse drugs when approached by a peer.

Furthermore, drug testing can help create a culture of disapproval toward drugs in schools. It also helps prepare students for a job market that often requires random drug testing for employees. Airline pilots, transportation workers, U.S. military personnel, and many others are subject to random testing. However, unlike workplace testing, which can include severe sanctions, student testing is not punitive and cannot be used for referral to law enforcement or affect the student’s progress in academic programs. Instead, the program aims to prevent use in the first place, help users get the help they need, and send a message that drug use is unacceptable.

Drug Testing in Oceanside, California Helps Students Say “No” to Drugs

In California’s Oceanside Unified School District, the Board of Education recognized that student athletes who are under the influence of drugs may endanger themselves or others on the playing field. In 1997, Oceanside implemented a mandatory random drug testing program for all student athletes after students began to express concern over the increase in drug use by their peers. The district formed a task force made up of representatives from the community, including students, parents, coaches, athletic directors, counselors, and administrators. The group met for 8 months to develop policy and procedures to implement a mandatory random drug testing program for student athletes.

In the wake of \$21 million in budget cuts, the district reluctantly eliminated the program in the 2004-2005 school year. Athletic directors and high school principals again noted a rise in drug use among students and urged the school system administration to reevaluate their decision. The district reinstated a minimal drug testing program for the 2005-2006 school year using \$11,200 with a plan to test about 14 students per week.

In October 2005, the district received grant funding in the amount of \$558,689 (over a 3 year funding cycle) from the U.S. Department of Education’s Office of Safe and Drug-Free Schools. The grant allowed the district to reinstate a more comprehensive drug testing program and evaluation. The population served by the current grant includes about 969 student athletes at El Camino High School and 436 student athletes at Oceanside High School.

An average of 40 student athletes from Oceanside and El Camino High schools are tested weekly for marijuana, cocaine, amphetamines, heroin, and alcohol. Additionally, grant funding allows the district to test roughly half of the testing population for steroids.

Very few student athletes test positive for drugs; since the program resumed in October 2005, there has only been one positive drug test. The district provides intervention services for students testing positive.

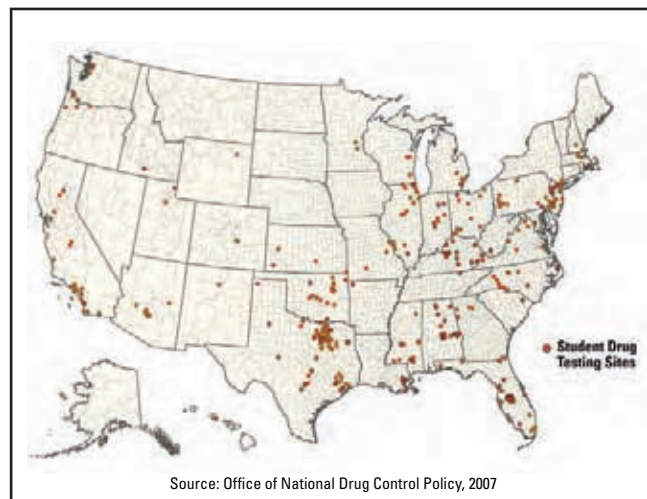
Early survey data confirm what coaches and administrators already knew: the drug testing program provides a powerful deterrent to drug use among student athletes. In May 2006, a group of El Camino High School athletes were surveyed regarding their attitudes about drug testing. Of students surveyed, more than half (52.2 percent) said that the school's drug testing program makes it easier for them to say "no" to drugs. Nearly 70 percent of students surveyed said that they would rather have drug testing at school than sign a promise not to use drugs. An overwhelming majority of students surveyed (80.4 percent) said there were times in the past year that they would have used drugs or alcohol had it not been for the drug testing program.

Parents call the drug testing program a needed "release valve" for students who need support in saying "no" to drugs. Many even believe that student athlete drug testing programs should be expanded to all schools to keep all players safe on the field. "The drug testing program is a deterrent to kids who may be sitting on the fence in terms of deciding whether or not to use drugs or alcohol when they are offered," said Kalae, a mother of seven, two of whom are current athletes at Oceanside High School. "The program gives athletes an "out," and other students respect and understand their decision not to use drugs," she added.

Superintendent Ken Noonan says the drug testing program has had numerous long- and short-term benefits for students. In addition to the immediate benefit of keeping students above the influence and safe while on the playing field, the program may keep kids from ever using drugs. "The drug testing program has a ripple effect on our students," he said. "If it deters even one student from using drugs, our time and energy as well as federal dollars have been well spent. Perhaps we have even saved that student and their family from a lifetime of the heartache caused by drug abuse," Noonan added.

Testing is a tried and true method of deterring drug use in America. In response to drug use among service members during deployment to Vietnam, the U.S. Army began testing in 1971. During the war, Army leadership was alarmed by reports finding that as many as 42 percent of U.S. troops in Vietnam had used opiates at least once, and that half of those individuals were reported to be

Figure 15.
Student Drug Testing Sites, FY 2006



physically dependent at some time. Concerned about troops endangering themselves and others while deployed in combat, and also about the potential for the drug abuse problem following them back home, the Army implemented stiff sanctions for drug use and offered an amnesty program coupled with mandatory urinalysis drug testing.

In 1981, the Department of Defense began to use drug test results as grounds for removal from military service. Since that time, testing has made a significant dent in usage rates in the military. The military's program is a highly effective and credible workplace drug testing program supported by a substantial amount of case law. Today, with service members deployed in Afghanistan, the world's largest source of illicit opiates, less than 1 percent of those returning home have tested positive.

The private sector has recognized the adverse consequences of drugs and the potential benefit of testing. Substance abuse in the workplace can lead to increased absenteeism, higher error rates, accidents, increased need for health care, and other negative consequences. Some workplaces require preemployment testing, while others have preemployment as well as continued random testing for all employees. While any form of drug testing can contribute to a drug-free workplace, subjecting all employees to random testing helps ensure that all workers remain drug free.

The Administration supports private-sector companies and organizations by developing and disseminating materials to help employers develop drug-free workplace programs. The Working Partners Web site, www.dol.gov/workingpartners, serves as a central source of news and information about alcohol- and drug-free workplaces. Among many other resources, it includes an online policy development tool and a variety of training and educational materials.

The Department of Labor has a number of initiatives to promote drug-free workplaces, including key initiatives

with the mine industry, small businesses, and labor unions. To promote more programs across the country, the Department of Labor and ONDCP designated October 16-22, 2006 as *Drug-Free Work Week*. This outreach campaign was developed with the Drug-Free Workplace Alliance, which is made up of owner/contractor associations and labor unions. The campaign distributed Drug-Free Work Week materials, published articles, and conducted local training and educational programs about the value of drug-free workplaces.

Drug-Free Workplace: Rio Tinto Minerals

Rio Tinto Minerals – Boron Operations has roots that stretch back to 1872. Operating as U.S. Borax Inc. until early 2006, Rio Tinto Minerals currently supplies nearly half of the global demand for refined borates.

The workforce at Rio Tinto Minerals – Boron Operations is comprised of about 600 hourly workers and 170 salaried personnel. Using equipment and trucks larger than an average house, this team annually produces one million tons of borate products, sold under the 20 Mule Team Borax brand. Borates are used in hundreds of applications, including insulation fiberglass, heat-resistant glass, ceramic glazes, detergents, agricultural micronutrients, wood preservatives, and flame retardants.

Prior to the 1990s, the organization's global borate business had very few on-the-job fatalities. However, beginning in 1991, the business began averaging one fatality every other year, reaching a total of five fatalities over the course of 7 years. This change in safety performance had a devastating effect on the company's workforce and neighboring community. Management suspected that drug and alcohol use was a significant contributing factor.

As part of a comprehensive effort to stop this trend, Rio Tinto Minerals implemented a drug- and alcohol-free workplace program that mandated drug and alcohol testing as a condition of employment. The organization also contracted with an Employee Assistance Program to help employees and their families deal with drug and alcohol problems, and opted to offer opportunities for rehabilitation to employees in need of help.

Rio Tinto Minerals implemented several types of drug and alcohol testing: preemployment, random (not more than two tests per year), reasonable cause (a supervisor decides to have an employee tested based on observed signs and symptoms), post-accident, return to duty, and follow-up. Once the program was in place, Rio Tinto Minerals learned that drugs and alcohol were indeed being used in the workplace. Some employees admitted to being intoxicated at work, and marijuana and methamphetamine were widely used.

The program was initially resisted, especially by some hourly workers who felt it violated their privacy. Most employees wanted the drug and alcohol problem brought under control for safety's sake, but they were not confident that the program would be fair, balanced, and trustworthy. Numerous meetings, arbitrations, and legal challenges arose.

In spite of these challenges, the Rio Tinto Minerals program prevailed, and drug testing is seldom challenged now. The organization believes that drug testing helps proactively identify those needing help, reduces accidents, improves attendance, and increases productivity. Company management also believes drug testing fosters greater awareness about drug and alcohol abuse, and that employees are taking these lessons home and sharing them with their families and friends. Today fewer employees test positive for drugs and alcohol, safety records have improved, and the majority of employees back the program.

Drug-Free Workplace: Eastern Industries, Inc.

“When a drug-free workplace policy includes only drug testing, you run the risk of losing valuable employees. By offering rehabilitation services in conjunction with drug testing, we’ve been able to keep good employees while offering them a chance to revisit their bad choices.”

—Glenn A. Fritzingler
Manager of Human Resources
Eastern Industries, Inc.

Eastern Industries, Inc. has provided a wide array of construction products and services for more than 60 years. Located in Pennsylvania, the company’s product lines include stone, hot mix asphalt, building supplies and ready-mix concrete. Eastern also manages two construction divisions and employs about 650 people during peak season.

In recent years, Eastern Industries shifted the focus of its drug-free workplace program from an approach centered on drug testing only to a policy that includes both testing and rehabilitation services. As a result, the company has been able to retain many valuable employees it might otherwise have lost. In fact, in many cases, contributing to individuals’ recovery has had the additional benefit of strengthening their loyalty and commitment to the organization.

Prior to 1996, Eastern Industries conducted random drug testing of its employees, and when workers tested positive, they generally left the company. For example, 43 employees tested positive for drug use in 1995. Thirty-five of those individuals resigned and eight were discharged, leaving Eastern Industries with a sudden loss of 4 percent of its workforce. In an industry that often struggles to find skilled workers, such drug testing outcomes posed their own challenges to the company.

Eastern quickly realized the benefits of investing in employees’ recovery. The company revisited its drug-free workplace policy and rewrote it to include rehabilitation services for employees who tested positive for drugs. Today, Eastern workers who test positive are offered the chance to enroll in a variety of inpatient and outpatient rehab programs – and return to work when they are able to do so safely because they have achieved recovery.

Managers at Eastern Industries consider the program a great success. The company is able to retain valuable, trained workers it would have lost under the old policy, and good employees are offered the opportunity to correct bad decisions and keep their jobs.

The policy also works well with some of the new, younger workers the company recruits. For example, when a young community college student in Eastern’s co-op program tested positive for drug use, the company enrolled that student in a rehabilitation program. That recruit went on to become an excellent employee who remains with the company today.

In addition to drug testing and opportunities for rehabilitation, Eastern Industries offers an Employee Assistance Program and periodic supervisor training to teach managers how to recognize impairment on the job. Employees also receive a refresher on the company’s drug-free workplace policy once a year.

Intervening and Healing America's Drug Users

Drug Use and Addiction

Although drug use is down among youth, overall levels of use are still high: 19.7 million Americans have used at least one illicit substance in the past month. Drug use is a threat to the health and well-being of the individual users, their families, and society as a whole. In 2002, more than 26,000 people died as a direct consequence of drug use, a figure that does not include those killed as an indirect consequence of drug-using behavior. Substance abuse and addiction are the costliest and most prevalent of brain maladies, surpassing Alzheimer's, depression, spinal cord injury, and other developmental disorders, according to a recent analysis in the *Archives of General Psychiatry*.

Drugs can affect people at all stages of life. Prenatal exposure to certain drugs is linked to low birth weight and premature deliveries and has been associated with developmental disorders. The adolescent brain may be particularly vulnerable because it is still maturing. Drug exposure may increase susceptibility to substance abuse and addiction, and may lead to poor academic achievement, psychiatric disorders, infections, accidents, risky sexual activity, violence and crime. The work performance of substance users can be characterized by absenteeism, illness, injuries, low productivity, high job turnover, and other problems.

Research on marijuana is illustrative: marijuana use during adolescence increases later risk for abuse of heroin or cocaine and dependency on other drugs. These conclusions have been echoed in research done on the effects of marijuana on laboratory animals, which are, of course, not subject to peer pressure. Animals that were exposed to the active ingredient in marijuana during adolescence consumed higher amounts of heroin and displayed greater heroin-seeking behavior after the animals matured into adults. These findings suggest that marijuana may produce a biological effect on the brain during adolescence that can persist into adulthood.

Indeed, youth who abstain from marijuana at an early age are twice as likely to graduate from college and are much less likely to steal or sell drugs than youth who experiment with marijuana. Early use of cannabis in vulnerable young people can also be a risk factor for developing psychiatric diseases such as schizophrenia later in life.

Heavy marijuana use into adulthood has an expanding set of risks. As with other addictive drugs, marijuana addiction results in withdrawal symptoms such as tremors, sweating, nausea, irritability, reduced appetite and sleep disturbances. High-potency marijuana can result in severe, prolonged withdrawal. It can also have other adverse health consequences, including exercise-induced heart pain, and reduced lung function and irritation. Heavy marijuana use during pregnancy can lead to impaired fetal growth and development. These are all compelling reasons to prevent marijuana use by young people. The harsh behavioral, health, and social consequences of other addictive drugs, such as methamphetamine, cocaine, and heroin are equally well documented.

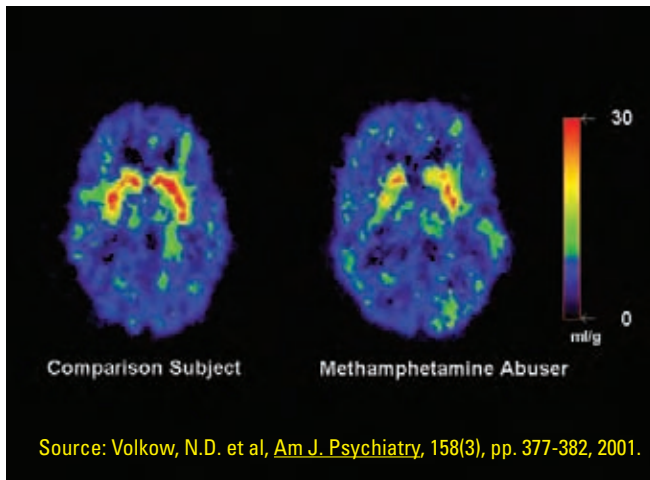
Despite the high costs of substance abuse, it is one of the most preventable threats to the Nation's health. So why do people initiate drug use? Drug use can be a learned behavior transmitted by nondependent users. Because the visible consequences of drug abuse may be delayed, or not apparent to others, drug abuse may seem to be harmless or of minimal risk, just as diseases can be spread during the incubation period, before signs of the disease are apparent. Others may begin using drugs during this "honeymoon period" when the drug user does not display the harmful effects of abuse. In this way the so-called "casual drug user" is key to the spread of drug use to others.

No one starts using drugs with the intention of becoming addicted, but research shows that even a single exposure to some substances can trigger biological changes in the brain. After repeated use many people will become addicted. Once the person is addicted, the brain shows many changes in tandem with altered behavior, judgment, and physical health. The addicted user can

then be driven to compulsively take the drug regardless of adverse consequences.

New research shows that drugs have powerful and disturbing effects on the human brain. Drugs resemble, but are not identical to, the chemicals produced by the brain to send messages normally. The “imposter messages” sent by cocaine, methamphetamine, MDMA (Ecstasy), and marijuana’s tetrahydrocannabinol (THC), for example, differ from the messages produced by the brain’s own chemicals—dopamine, serotonin, norepinephrine, and anandamide.

Figure 16. **Heavy Methamphetamine Abuser Shows a Significant Brain Change**



However, because drugs are “imposters” and do not precisely duplicate brain chemicals, the brain cannot control drug messages in the same way it controls its own. The result: euphoria, delusions, hallucinations, anger, and a host of other unusual sensations and behaviors that characterize drug-induced effects. Drug abuse causes the brain to adapt to these “imposter signals.” Withdrawal symptoms are sure signs of adaptation in the brain. A person undergoing withdrawal becomes irritable, anxious, and sleep-deprived. He or she can experience a host of other unpleasant feelings and even suffer horrible physical illness. During abstinence, drug craving and relapse are indications that, even if the drug has cleared the brain, its influence persists.

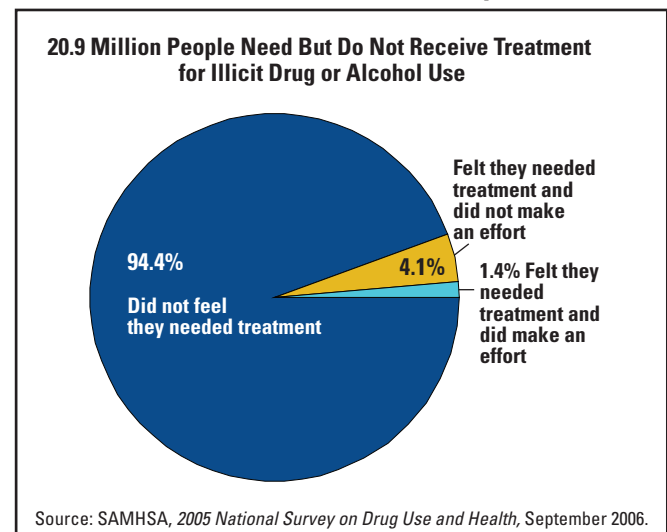
In addition, drugs can rewire the brain, a process somewhat akin to forming long-term memories. In the adolescent brain, which is not fully developed, drugs may restructure it in a way that makes the progression

to addiction faster and more likely, even later in life. Some drugs, such as methamphetamine, can produce visible toxic effects on the brain, produce dramatic behavioral changes, and significantly compromise brain function. However, after months to years of abstinence from methamphetamine, some changes are clearly reversible. Treatment can succeed in dismantling the destructive behavioral manifestations of the altered brain. Counseling, motivational therapies, medications, and social and spiritual support can promote recovery—indeed, a renaissance in the life of the addicted.

Targeting the Full Spectrum of Drug Users: Screening and Interventions

These findings underscore the importance of a public health approach to the drug problem and the need to identify and intervene with the full spectrum of drug users—from the so-called “casual” user to the addicted. A significant opportunity exists to target those who have a substance abuse problem but do not yet recognize it. Survey data on this point paint a bleak picture: nearly 95 percent of people with a diagnosable substance abuse problem do not feel they need help.

Figure 17. **The Vast Majority of People Who Need Help Are Unaware or Do Not Feel They Need Help**

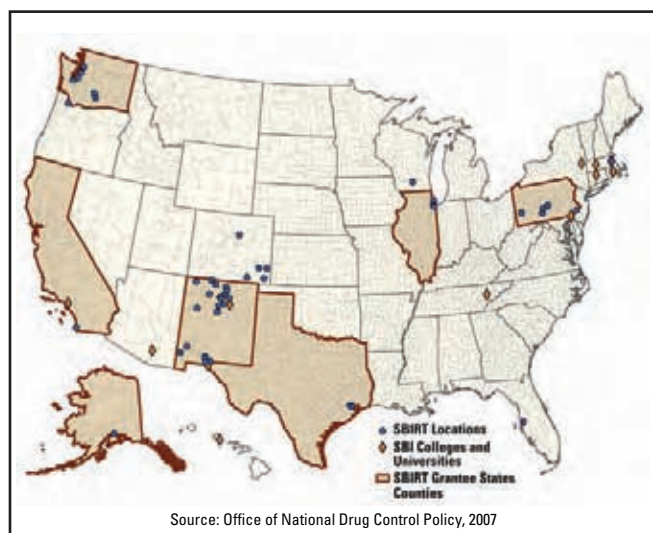


Unidentified users are therefore an important segment of the population to target in order to achieve the President's goal of reducing overall drug use in America. This is particularly compelling for adult users, whose rates have remained steady over time and who are difficult to reach in prevention and education efforts.

The medical community has developed an important tool to tackle this problem. The Federal government partnered with health care professionals to expand use of this tool to identify the full spectrum of users and provide brief, cost-effective interventions to help them cease use. The modality, called Screening, Brief Intervention, Referral and Treatment (SBIRT), has been deployed to hospitals, health clinics, and school-based clinics across the country as a demonstration project.

Figure 18.

Screening, Brief Intervention, Referral, and Treatment (SBIRT) Locations



Under SBIRT, medical professionals conduct brief screening in a general health care setting such as a hospital, a health clinic, or a university-based clinic. Screening, which may be administered in oral, written, or computer formats, is based on a standardized questionnaire that yields a score. The score indicates whether the person has a substance abuse problem and, if so, the extent of the problem—whether it is underage drinking, problem use, or full-scale addiction.

Under SBIRT, once a problem is detected, a medical professional immediately performs a brief intervention, lasting less than 30 minutes. Brief interventions assist patients in recognizing the impact of unhealthy drinking or drug use and commit them to a plan of action to cease use. Studies show that this brief intervention can reduce substance abuse significantly. These interventions are very cost effective as they reduce readmission into emergency departments and rehospitalizations. They also reduce DUIs and have the potential to address the problems before they become more severe. In many cases the brief intervention is sufficient for the nonaddicted user. Those with scores that fall into the range of dependence are referred to intensive treatment.

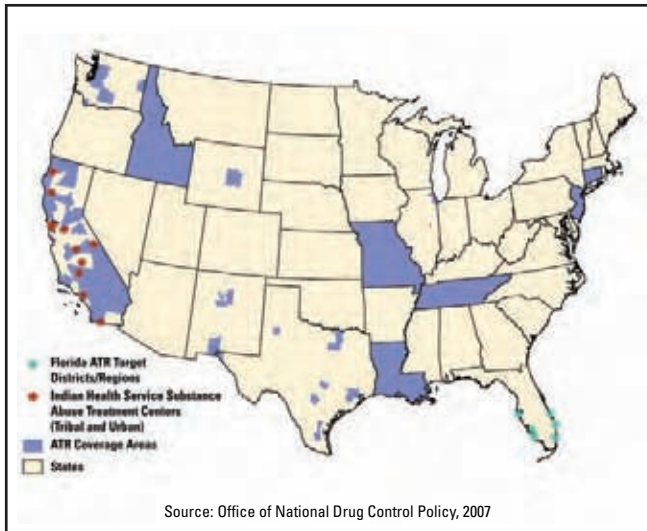
SBIRT has the potential to make a significant impact on the lives of substance abusers, their families, and our Nation's health and well-being. Substance abuse is associated with a wide range of problems, such as accidents, injuries, violence, increased errors, DUIs, and worsening of medical diseases such as diabetes. By significantly reducing substance use and abuse, SBIRT programs can reduce the associated adverse consequences and their costs to society.

ONDCP and the Department of Health and Human Services (HHS) are working with medical professionals to expand SBIRT programs across the country. As part of this effort, ONDCP hosted two medical education conferences to provide information to medical educators, medical associations and boards to implement SBIRT programs in medical settings. ONDCP is also collaborating with the Accreditation Council for Continuing Medical Education to disseminate screening and brief intervention on a national scale to physicians as a continuing medical education course. In addition, the Centers for Medicare and Medicaid Services recently established billing codes for screening and intervention programs in hospitals. It is now up to State Medicaid boards to decide whether their states will pay for these services. These codes have the potential to bring this important public health measure to communities around the country.

Expanding Treatment Options

For those referred to treatment because they have become addicted, the Administration is working to expand options for treatment. The Access to Recovery Program (ATR) program at HHS is a key source of innovation in the field of addiction recovery. The program provides clients with a voucher for treatment services as well as recovery support services. The program expands treatment options to include faith and community-based providers so that clients can choose a treatment regime in which they feel they will do best.

Figure 19.
Access to Recovery (ATR) Coverage Areas, FY 2004-2006



Many people who experience addiction face barriers to treatment, from finding child care while they are in a recovery program to accessing transportation services to take part in job training. For the first time, recovery support services such as child care, transportation vouchers, and mentoring services are provided as part of the ATR voucher program.

The program is now in 14 States and one tribal organization and is working to serve more than 125,000 people who seek treatment in the grantee States. The program requires that States provide outcome data so patient progress can be measured and best practices learned for future generations.

Paths to Recovery in California

Life Steps Foundation, Inc., located in California, has a history of developing innovative programs that help clients develop healthy lifestyles free of alcohol and addictive substances.

Life Steps’ residential treatment programs in central California allow mothers who have substance abuse problems to stay with their children while participating in treatment. Teams skilled in child development, parent education, and substance abuse recovery provide 24-hour support. As the women learn new ways to live without drugs and alcohol, they also learn that, with their guidance, their children can avoid addiction.

The Pasos de Vida program in San Luis Obispo is a comprehensive dual-diagnosis treatment program for women and their children. Clients commit to 12 months of sober living and 12 months of continuing aftercare and follow up. They live in a communal setting that includes an on-site Montessori-based childcare cooperative. Pasos di Vida maintains a 75 percent success rate.

Another program, the Alcohol and Drug Free Living Center, serves up to five pregnant and parenting women in recovery and their children. Center staff are always onsite to conduct training in recovery, nutrition, credit counseling, communication, and life skills. Mothers and their children also receive extensive, collaborative, community-based services.

To provide aftercare, Life Steps recently opened Anna’s House, a transitional house for graduates of their treatment programs. Graduates can live at Anna’s House for up to 6 months for a minimal fee while they secure employment and affordable housing. This program has provided a safety net for mothers and children who would normally have to reenter the community without key supports for maintaining sobriety.

Life Steps’ comprehensive programs provide an important service to their community. By providing not just treatment, but additional services and follow up care, Life Steps helps their clients achieve sobriety and move on to healthy and productive lives.

In the past, data on key outcomes such as employment, family and social connections, and abstinence from substance abuse were not tracked. In many cases, the outcome measures have been expanded to not only the ATR program, but to all recovery programs in the grantee States. In this way, ATR is revolutionizing the way recovery is provided in the country, focusing not just on spaces available for treatment, but the clients themselves and their progress toward independent and drug-free lives.

Drug Courts

For drug users who have become involved in the criminal justice system, drug courts provide an important strategy to help drug offenders achieve a drug- and crime-free life. Drug courts provide a comprehensive and effective response to drug-related criminal offenses. Using the coercive power of the courts coupled with the support of family, friends, counselors, and treatment providers, drug courts bring a unique mix of sanctions and incentives to help people achieve abstinence from drug use. Strong evidence indicates that drug courts achieve their objectives.

A recent survey of more than 120 evaluations of drug court programs showed that they outperformed virtually all other strategies that have been attempted for drug offenders within the 1 to 2 years that courts typically monitor offenders. Offenders who graduated from drug courts had significant reductions in rearrest rates and in charges for serious crimes. Data show that within the first year of release, 43.5 percent of drug offenders are rearrested, whereas only 16.4 percent of drug court graduates are rearrested.

Figure 20.
Drug Courts by State for January 2007

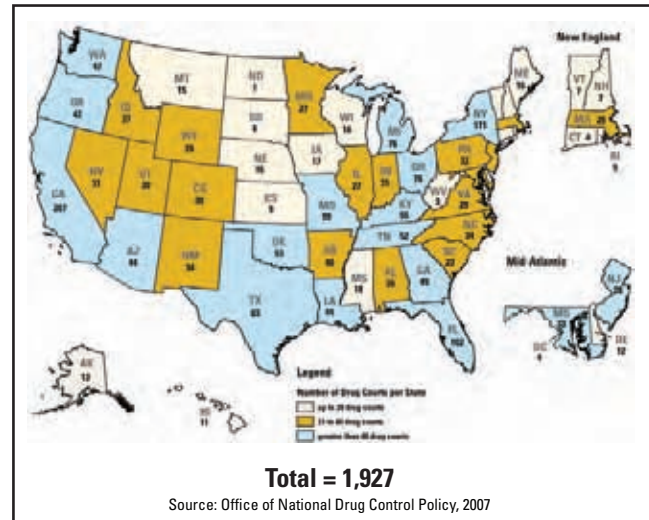
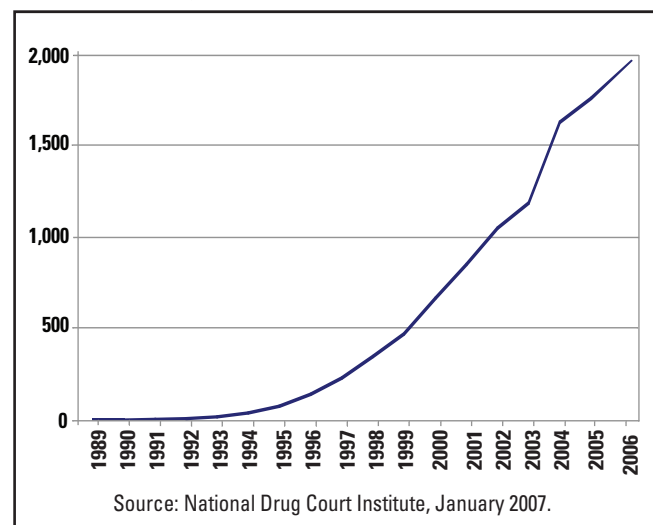


Figure 21.
Number of Drug Courts Nationwide, 1989-2006



Tough Love in Texas

In 2003, Harris County, Texas established a Drug Court program called *Success Through Addiction Recovery* (STAR). A voluntary program that bridges the gap between traditional criminal justice and therapeutic treatment, STAR works with up to 200 nonviolent drug offenders who are ready to lead clean, sober, productive lives. Since the first graduation in December 2004, individuals who completed the STAR program have a 1.25 percent recidivism rate as compared to the national average of 16.4 percent for similar drug court programs.

A public unfamiliar with the program might assume that participation in the STAR drug court would be a “way out” of serving prison time. Nothing could be further from the truth. Not a pretrial diversion program, STAR provides a higher level of offender supervision than any program other than incarceration. In fact, some drug offenders prefer incarceration because completing the Harris County program is, in many ways, much tougher than merely sitting in a cell.

STAR requires participants to make difficult choices, to examine their path to addiction, and to take a hard look at themselves and the consequences of their actions. STAR clients actively participate in programs that will change the way they live and take responsibility for their choices – both good and bad. As Judge Brock Thomas often tells them: “From here on out you must realize that it’s not your past that will define you, but the choices you make starting today which will define you most...for the rest of your life.” A STAR graduate says it is a “fear of God and a fear of [STAR drug court] Judge Cospier” that keep her on the road to recovery. She said, “The STAR program gave me opportunities I never had before, and they promised that they would not let me fail.”

A highly structured, 3-phase treatment program, STAR involves 12-step programs or approved alternatives, group and individual treatment and counseling programs, frequent random drug testing, and regular interaction with the judges. Although designed to last at least 12 months, there is no “automatic” graduation from STAR. To graduate and successfully reenter society, participants must take certain positive steps to become drug and crime free, including demonstrating continued sobriety through drug testing and getting an education or obtaining gainful employment. Even after graduation from the program, STAR clients must participate in aftercare for a minimum of 12 months. Graduates must continue to report to a case manager who monitors their sobriety, and successful discharge is determined on a case-by-case basis. Considering the program’s continued success, the folks at STAR must be doing something right.

The National Drug Control Strategy and the National Security Strategy: Tackling Transnational Threats

For decades, the global illicit drug trade has constituted a significant transnational security threat. Its power and influence threaten democratic governments, undermine the rule of law, terrorize populations, impede economic development, and cause regional instability. Its operations, organizations, and networks fuel arms and human trafficking, money laundering, and violent multinational gangs. The illicit drug trade finances insurgencies and funds militant extremist enemies of the United States and its allies worldwide.

Federal drug control and intelligence agencies are particularly focused on the dangerous nexus between drugs and terrorism. Currently, 18 of the 42 organizations on the State Department's List of Foreign Terrorist Organizations are linked to illicit drug trafficking. U.S. law enforcement agencies seek to leverage the tools, expertise, authorities, and capabilities that they have successfully used to dismantle major international drug trafficking organizations to confront terrorism and other transnational security threats.

The National Drug Control Strategy complements the National Security Strategy of the United States in this regard by directly supporting U.S. efforts to "Engage the Opportunities and Confront the Challenges of Globalization." Consistent with these two strategies, the United States will continue to address these challenges by providing additional emphasis and seeking new and innovative approaches in the following areas:

- Focusing U.S. action in areas where the illicit drug trade has converged or may converge with other transnational threats with severe implications for U.S. national security.
- Denying drug traffickers, narco-terrorists, and their criminal associates their illicit profits and access to the U.S. and international banking systems.
- Strengthening U.S. capabilities to identify and target the links between drug trafficking and other national security threats, and to anticipate future drug-related national security threats.
- Disrupting the flow of drugs to the United States and through other strategic areas by building new and stronger bilateral and multilateral partnerships.

Disrupting the Market for Illicit Drugs

Domestic and international law enforcement efforts to disrupt illicit drug markets are critical elements of a balanced strategic approach to drug control. By targeting the economic vulnerabilities of the illegal drug trade, market disruption seeks to create inefficiencies in drug production and distribution, resulting in decreased drug abuse in the United States. The impact of these efforts on illegal drug use has been demonstrated by the near-disappearance of certain once-popular drugs from U.S. society. For example, after an increase in LSD use during the 1990s, the reported rates of LSD use by young people have declined by nearly two-thirds since 2001, following the dismantling of the world's leading LSD manufacturing organization in 2000. MDMA (Ecstasy) use has made a similar dramatic turnaround since U.S. law enforcement partnered with the Netherlands to disrupt several major MDMA trafficking organizations in recent years.

The effect of market disruption initiatives can also be observed in recent reductions in the level of methamphetamine use. Following State and local efforts to tighten controls on methamphetamine's key ingredients, lifetime use of methamphetamine dropped by 12 percent and the number of new methamphetamine initiates fell by 40 percent between 2004 and 2005, as measured by the most recent NSDUH.

Disrupting the market for illegal drugs supports additional objectives at home and abroad. Domestic legislative and law enforcement efforts have sharply reduced the production of methamphetamine in small toxic labs that posed serious hazards to many American neighborhoods. Law enforcement efforts to dismantle violent drug gangs have removed countless criminals from American streets. Internationally, U.S. drug enforcement initiatives aid American allies and further our national security interests. As highlighted in the *National Security Strategy* and discussed in the preface to this chapter, the illicit drug trade “corrodes social order; bolsters crime and corruption; undermines effective governance;

facilitates the illicit transfer of weapons; and compromises traditional security and law enforcement.” U.S. training, technical assistance, information sharing, and other forms of aid help allies to counter the threat of drug trafficking. In doing so, they promote security, economic development, the rule of law, and democratic governance. To achieve these goals, the United States dedicates more than \$1 billion annually to international counternarcotics efforts such as those implemented by the Department of State and the Drug Enforcement Administration.

In Colombia, for example, drug market disruption programs have assisted the government in its remarkable efforts to transform a nation once under siege by drug traffickers and narco-terrorists. Similarly, U.S. and allied nation initiatives targeting the illicit drug trade in Afghanistan have yielded results in provinces where local leaders have demonstrated willingness to confront drug traffickers. These and several other successes will be discussed in greater detail in the pages that follow. However, the illicit drug trade constantly changes as traffickers modify their methods to minimize risks and maximize profits. Thus, this Strategy also describes how the U.S. Government is working with State and local agencies domestically and our partners abroad to overcome emerging drug trafficking challenges worldwide.

Methamphetamine and Synthetic Drugs

In June 2006, the Administration released the *Synthetic Drug Control Strategy* to address methamphetamine and prescription drug abuse. The *Synthetic Drug Control Strategy* is a companion document to the *National Drug Control Strategy* that details the Administration's policy and strategy regarding the abuse of synthetic drugs such as methamphetamine and pharmaceuticals.

The *Synthetic Drug Control Strategy* sets ambitious goals; using 2005 data as the baseline, it seeks to reduce methamphetamine abuse by 15 percent, reduce prescription drug abuse by 15 percent, and reduce domestic methamphetamine laboratory incidents (seizures of methamphetamine labs, lab equipment, or

lab waste) by 25 percent, all by the end of 2008. Early results indicate that the Administration is on track to achieve the two goals related to methamphetamine. The data suggest that the target for prescription drugs will be more challenging.

Control of precursor chemicals continues to play a key role in the Administration's approach to disrupting the methamphetamine market. Restrictions enacted in more than 40 States on the sale of products containing ephedrine and pseudoephedrine – ingredients essential to the production of methamphetamine – contributed to the 29 percent reduction in domestic methamphetamine lab seizures logged in the DEA El Paso Intelligence Center (EPIC) database in 2005 (see figure 8). On September 30, 2006, the Combat Methamphetamine Epidemic Act (CMEA) became fully effective, establishing a nationwide standard for precursor control based on these successful State provisions. The CMEA also includes stronger criminal penalties and provisions for enhanced international enforcement of laws to prevent the diversion of chemicals.

The Administration's international approach to disrupting methamphetamine trafficking reflects the principles behind the CMEA—working with countries that produce, use, and trade in methamphetamine precursors to ensure that chemicals are not diverted from lawful commerce to illicit purposes. Law enforcement data indicate that most of the methamphetamine consumed in the United States is either smuggled into our country or produced in domestic laboratories by drug trafficking organizations headquartered in other countries. In cases involving large labs, the precursors for making methamphetamine are not usually diverted from American retail outlets, but rather from the stream of legitimate international commerce.

The United States is working aggressively with the international community to stem the diversion of precursor chemicals, starting with our closest neighbors. After implementing tighter import controls in 2003, Canada ceased to be a major source of bulk pseudoephedrine. These tighter controls contributed to a dramatic decline in U.S. methamphetamine superlabs (defined as labs capable of producing ten or more pounds of methamphetamine per production cycle.) Although Mexico remains a major source of methamphetamine, Mexico's Federal Commission for the Protection against Sanitary Risk (COFEPRIS) has responded by taking

stringent steps to regulate pseudoephedrine. COFEPRIS has mandated that only manufacturers, not distributors, are now permitted to import pseudoephedrine into Mexico, sharply limiting those who have access to the precursor. Also, only four ports can be used for pseudoephedrine imports, and COFEPRIS has imposed a limit of 70 metric tons in total national imports per year. This new import limit represents a dramatic decrease from the 224 metric tons and 132 metric tons of pseudoephedrine imported into Mexico in 2004 and 2005, respectively. The new COFEPRIS regulations also state that pseudoephedrine in transit must be kept under guard at all times and must be transported in armored cars.

The aggressive actions taken by Canada, Mexico, and the United States to control the licit import and distribution of pseudoephedrine and other methamphetamine precursors have caused traffickers to attempt to smuggle more precursor chemicals into North America. This shift underscores the importance of cooperation with other countries that are major exporters of chemicals that can be used to manufacture methamphetamine.

After direct negotiations with the three largest exporters of methamphetamine precursors – China, India, and Germany – the U.S. delegation achieved approval of a resolution at the March 2006 meeting of the United Nations (UN) Commission on Narcotic Drugs. The resolution requests member states to take several important steps toward greater international cooperation against chemical diversion. It requests governments to:

- » Provide annual estimates to the UN-based International Narcotics Control Board (INCB) of their legitimate requirement for pseudoephedrine, ephedrine, and phenyl-2-propanone, as well as requirements for pharmaceutical preparations containing these substances.
- » Ensure that imports are commensurate with estimated annual needs; and
- » Permit the INCB to share information on specified consignments with law enforcement and regulatory authorities to prevent or interdict suspect shipments.

Joint Interagency Task Force West (JIATF-West) also contributes to international efforts against methamphetamine trafficking by analyzing illicit precursor chemical shipments from Asia to North America and Central America. JIATF-West provides

information and intelligence analysis, key counterdrug training, and critical infrastructure development support to U.S. and partner nation law enforcement agencies that are working to counter all aspects of the Asian methamphetamine trade.

This campaign to stop the diversion of methamphetamine precursor chemicals must accelerate on all fronts.

The *National Security Strategy* seeks to “engage the opportunities and confront the challenges of globalization.” One challenge of globalization lies in the massive legal trade of pharmaceutical products around the globe, within which diverted chemicals can be disguised. Determined efforts, using multilateral, regional, and bilateral approaches, are necessary to stop illicit diversion of methamphetamine precursors while also enabling licit trade.

Striking the Right Balance: Reducing the Nonmedical Use of Prescription Drugs

The nonmedical use of prescription drugs is now the second largest form of illicit drug abuse in the United States as measured by prevalence. Against a backdrop of declining teen drug use and fewer methamphetamine labs, recent data from NSDUH indicate that prescription drug abuse poses an increasing threat:

- » Approximately 6.4 million people use controlled-substance prescription drugs for nonmedical purposes, with 4.7 million misusing pain relievers.
- » The nonmedical use of pain relievers among 18- to 25-year-olds increased by 15 percent from 2002 to 2005.
- » Prescription drug abuse led all other drug categories in new initiates in 2004 and 2005.

The Administration’s overall approach balances the need to reduce the nonmedical use of prescription drugs with the need for medically necessary access to prescription drugs, including opioid pain relievers. Until recently, the primary difficulty in developing a strategy to reduce the illicit supply of prescription drugs was the lack of information regarding the sources of diversion. To address this problem, the Department of Health and Human Services added questions on this topic into NSDUH. The results indicated that more than half of

prescription drug diversion occurs for free from friends and family, with illicit drug sales accounting for less than 20 percent of prescription drug diversion. “Doctor shopping” and prescription fraud also accounted for less than 20 percent of diverted prescription drugs.

Prescription drug abuse and illicit drug abuse are highly correlated. Those who abuse one of these groups of substances have a higher risk of abusing the other. Screening for prescription drug abuse is being incorporated into SBIRT (Screen, Brief Intervention, and Referral to Treatment) programs nationwide, thereby greatly increasing the potential for early identification of prescription drug abuse problems.

The Federal Government treats pharmaceutical diversion in the same way that it treats the trafficking of other controlled substances such as heroin, cocaine, and methamphetamine. The United States will continue to vigorously apply criminal, civil, administrative, and asset forfeiture actions to disrupt the supply of diverted prescription drugs and dismantle the drug trafficking organizations that support this illegal trade.

Over the next 2 years the Administration will seek to raise awareness regarding the importance of properly disposing of unneeded, unused controlled substance prescription drugs to reduce their diversion. Unless stated otherwise on the label, proper disposal methods include intermingling drugs with undesirable substances (such as used coffee grounds) and depositing them in the garbage or bringing the drugs to a community pharmaceutical take-back or solid waste program. Unless otherwise directed, prescription drugs should not be flushed down the toilet due to the risk of contaminating water sources. Parents should remain vigilant and keep a tally of pharmaceuticals in the household to ensure that children do not have unauthorized access to them.

Another important tool for reducing prescription drug diversion is a Prescription Drug Monitoring Program (PDMP). PDMPs help reduce doctor shopping and prescription fraud while ensuring patient access to needed treatment by allowing physicians and pharmacists to input and receive accurate and timely prescription history information. At the beginning of this Administration, 15 PDMPs were operating in the United States. Today, there are 34 states in which a PDMP exists or is under development. The most recent addition is Ohio, where a PDMP became operational in October 2006. The Ohio

Automated Rx Reporting System requires submission of data on select controlled substances two times per month. It will be administered by the Ohio State Board of Pharmacy as a means of identifying and reducing prescription drug abuse. The Administration will encourage all 50 states to adopt PDMPs by the end of 2008.

Illicit online pharmacies remain a particular challenge. Active drug cases involving the Internet increased by 25 percent in 2006 (from 194 in FY 2005 to 242 in FY 2006.) To combat the diversion of pharmaceutical controlled substances via the Internet, the DEA, Federal Bureau of Investigation (FBI), and Immigration and Customs Enforcement (ICE) have increased investigations and asset seizures involving online sale of pharmaceuticals without a prescription. DEA is combining advanced technology with enforcement, intelligence, and personnel to support active Internet investigations. As a result, DEA seized more than \$52 million in cash, property, and assets from FY 2004 through FY 2006.

The Food and Drug Administration (FDA) is also taking action against illicit online pharmacies, often working closely with DEA. The FDA's Office of Criminal Investigations has established close working relationships with both foreign law enforcement agencies and large Internet businesses. The FDA has also taken many steps beyond traditional enforcement, such as providing information to State pharmacy boards, placing firms and products on import alert, and creating an educational campaign to warn consumers of the risks of buying drugs online.

Emerging Synthetic Drug Threats: A Note About Fentanyl

Synthetic drugs pose a persistent threat due to the constant possibility that new drugs will be diverted or misused. A very recent example is the emergence of fentanyl as a drug of abuse. Fentanyl, a synthetic opiate 30 to 50 times more powerful than heroin, was first synthesized in the late 1950s and can be usefully prescribed for the treatment of pain. In the past year, however, fentanyl has been associated with hundreds of overdoses, some of which have resulted in death. Most of these cases were in Delaware, Illinois, Maryland, Michigan, Missouri, New Jersey, and Pennsylvania, and involved heroin or cocaine that was tainted with diverted fentanyl.

The Administration's response has focused on reducing both supply and demand. The DEA worked with Mexican counterparts to dismantle a major clandestine fentanyl production operation in Mexico in May 2006. The Administration remains concerned about the possibility of a more widespread introduction of diverted fentanyl into heroin markets, since recipes for the manufacture of fentanyl have appeared on the Internet.

The Department of Justice and ONDCP have sponsored law enforcement conferences to address the fentanyl problem and have issued advisories about its dangers to all levels of law enforcement. DEA, the Chicago Police Department, and the Chicago High Intensity Drug Trafficking Area (HIDTA) office convened an emergency conference on fentanyl diversion in Chicago in June 2006, and ONDCP convened a forum in Philadelphia in July 2006 to share the latest information on this troubling threat. The Administration will continue to monitor fentanyl overdoses, working with law enforcement in the affected areas and targeting what appears to be a limited number of illegal fentanyl production operations.

Converging Threats on the Southwest Border

Securing our borders is a top priority for the U.S. Government. The Southwest Border poses an urgent challenge to national security. A recent study by DEA's El Paso Intelligence Center confirms that drug trafficking organizations collect fees to facilitate the movement of all types of contraband from Mexico into the United States. These "gatekeeper" organizations control the approaches to the Southwest Border and direct smuggling—of drugs, aliens, counterfeit goods, and potentially even terrorists into the United States. Power struggles between these organizations are responsible for widespread violence and corruption. By making headway against drug trafficking in partnership with the Mexican government, we can combat all of these serious threats to border security.

To coordinate Federal efforts to address the central position that the drug trade occupies among border threats, the Administration has developed a *National Southwest Border Counternarcotics Strategy* and an associated *Implementation Plan*. These two documents will help guide border control efforts and will increase the emphasis on disrupting the flow of drugs into the United States and the massive backflow of illicit cash into Mexico.

The counternarcotics capabilities supporting the *National Southwest Border Counternarcotics Strategy* will be enhanced by the Department of Homeland Security's (DHS) Secure Border Initiative (SBI), a comprehensive multiyear, multithreat, border security plan that will be implemented by U.S. Customs and Border Protection (CBP). SBI will increase the number of Border Patrol agents and expand associated physical infrastructure and technology. A critical component of SBI will leverage aerial surveillance and detection sensor technology to monitor border activity. A prototype of the new border control system will be deployed along the Southwest Border in the next several months.

Central to both the *National Southwest Border Counternarcotics Strategy* and SBI is a commitment by Federal agencies to substantially increase collaboration with State, local, and tribal agencies. One example of such collaboration is the DHS-led Border Enforcement Security Task Force, which combines personnel from different Federal agencies with key State and local

law enforcement agencies to target violent criminal organizations along the Southwest Border. These efforts, through the Organized Crime Drug Enforcement Task Force (OCDETF), HIDTA program, EPIC, the DHS-supported State and Local Fusion Centers, and other entities, combined with a continued partnership with the Government of Mexico, will enhance our effectiveness along the Southwest Border against all threats.

Mexico

Across the Southwest Border in Mexico, drug trafficking and associated violence pose a grave threat not only to the health and safety of the Mexican people, but to the sovereignty of Mexico itself. Threats, intimidation, and attacks have instilled widespread fear, challenged Mexico's free press, and compromised the ability of municipalities, states, and even the national government to exercise authority. This lawlessness is fueled by Mexico's position as the primary transit corridor for most of the cocaine available on American streets, as well as a considerable share of the heroin, methamphetamine, and marijuana destined for the U.S. market. The threat to the security of Mexico, as well as its impact on the drug situation in the United States, has served to strengthen the resolve of both countries to take on this challenge together.

DEA and other U.S. law enforcement agencies have developed highly productive relationships with key Mexican counterparts that are yielding positive results. Anticorruption initiatives and institutional reforms by the Mexican government have increased DEA's ability to share information and conduct joint investigations. In 2006, Mexico extradited 63 criminals to the United States. Twenty-seven of these cases involved narcotics traffickers, including a member of the feared Tijuana-based Arellano-Felix Organization. The eradication of illicit crops remains a priority mission for the Mexican Army, which eradicated nearly 30,000 hectares of marijuana in 2006. Mexican authorities continue to seize significant amounts of drugs as they flow into Mexico and toward the United States.

President Felipe Calderon has demonstrated that his administration will continue to pursue the strong counterdrug commitment he inherited from his predecessor, former President Vicente Fox. Mexico's extradition to the United States in early 2007 of 16 major drug traffickers is a concrete indication of Mexico's

commitment to directly attack and disrupt major drug trafficking organizations. The United States will continue to stand with Mexico and looks forward to increasing bilateral cooperation against the full array of cross-border drug threats.

Eradicating Domestic Marijuana Crops

Marijuana is the most widely used and readily available drug in the United States. DEA formed the Domestic Cannabis Eradication/Suppression Program (DCE/SP) to vigorously target, disrupt, and dismantle large-scale domestic marijuana growing operations. Working with ONDCP, DEA identified the top seven states for marijuana cultivation—California, Hawaii, Kentucky, Oregon, Tennessee, Washington, and West Virginia—and has shifted funding priorities to counter growing operations in these states. With these additional resources, the top seven states eradicated more than 5.5 million marijuana plants and the other states in the DCE/SP program accounted for the eradication of an additional 770,000 plants in 2006.

DEA’s DCE/SP program has forced many traffickers to abandon large outdoor marijuana plots in favor of smaller, better concealed illicit gardens. Cultivators also have turned to sophisticated hydroponic technology to cultivate marijuana plants indoors, using high-nutrient solutions rather than conventional soil to increase the potency of their marijuana plants. The National Drug

Intelligence Center’s *National Drug Threat Assessment 2007* notes that several Asian criminal groups have moved their indoor marijuana cultivation networks from Canada to residential neighborhoods in the United States. In a recent example, 44 homes in a Sacramento, California suburb were found to be filled with marijuana plants under indoor cultivation, all managed by a single Asian drug organization.

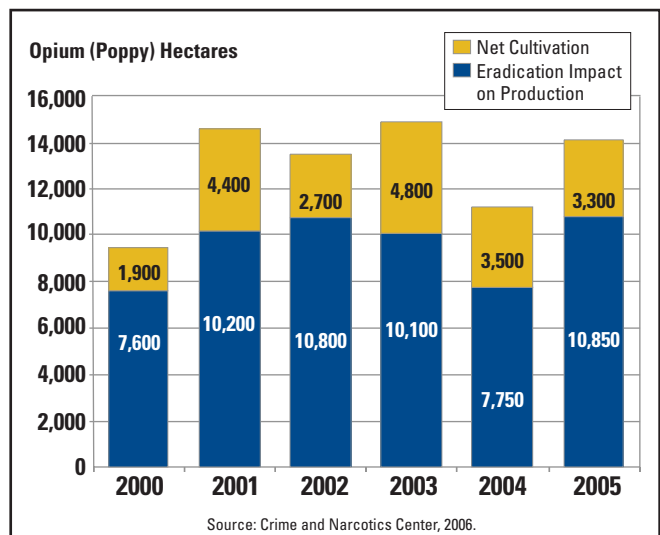
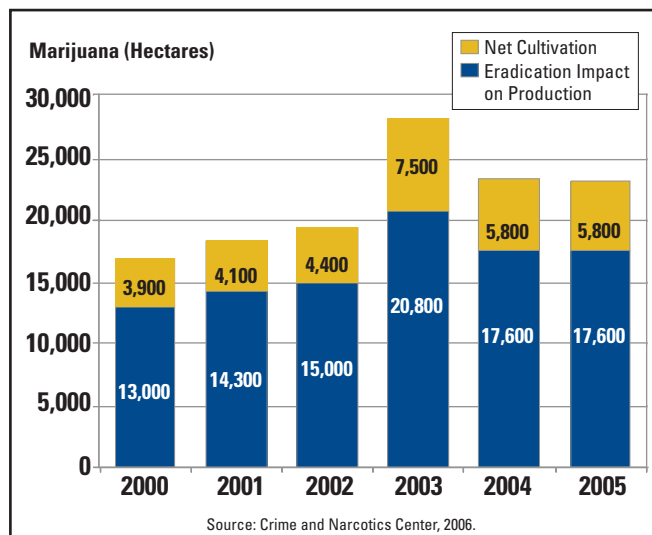
Federal, State and local authorities will continue to focus on the disruption of both indoor and outdoor marijuana production, both to discourage its production and use and to prevent traffickers from benefiting from what remains the most lucrative crop in the drug trafficker’s illegal product line.

Organizational Attack: Denying Drug Traffickers Their Profits

Money is the primary motivation of individuals involved in the drug trade at all levels and illicit funds are the lifeblood of drug trafficking organizations. Drug proceeds sustain production and trafficking operations and fuel corruption. By denying drug trafficking organizations their funds, law enforcement can inflict significant damage on their illicit business.

The *U.S. Money Laundering Threat Assessment*, published in December 2005, identifies the smuggling of bulk cash as a key money laundering threat. Most of the illicit money generated by drug sales in the

Figure 22. Mexico: Comparison of Eradication and Net Cultivation



Freezing the Flow of Drugs in the Pacific Northwest

Under the auspices of the U.S.-Canadian Integrated Border Enforcement Team program, U.S. Immigration and Customs Enforcement (ICE) officials recently led a joint investigation with authorities from the U.S. Forest Service, the U.S. National Park Service, and the Royal Canadian Mounted Police targeting a criminal organization that smuggled cocaine, marijuana, MDMA (Ecstasy), methamphetamine, and firearms across the Pacific Northwest border shared by Canada and the United States. In *Operation Frozen Timber*, investigators disrupted Canadian traffickers who used helicopters to move drugs, bulk cash, and firearms between remote areas in lower British Columbia and U.S. national park and forest lands in the State of Washington. The ultimate distribution points for the drugs smuggled in this scheme were located in western Washington and along the I-5 interstate highway corridor in Oregon and California.

As a result of the extensive intelligence, surveillance, and undercover operations in *Operation Frozen Timber*, 13 helicopters have been linked to this illicit trade, and 48 traffickers have been arrested in Canada and the United States. U.S. and Canadian authorities also have seized 860 pounds of cocaine, 8,000 pounds of high-potency “BC Bud” marijuana, 24,000 Ecstasy tablets, and 4 pounds of methamphetamine. Additionally, *Operation Frozen Timber* has yielded more than \$1.5 million in U.S. currency seizures and the forfeiture of three aircraft. ICE will leverage the lessons learned in *Operation Frozen Timber* to improve counterdrug efforts in the Pacific Northwest, and will continue to work with its Canadian counterparts to freeze the drug flow across the entire northern border of the United States.

United States is transported in cash across the Southwest Border into Mexico. Once the cash from drug sales in the United States is smuggled into Mexico, one of three things happens. First, the cash is converted into large denominations (\$50s and \$100s) and transported to drug source countries such as Colombia or wired to third-party countries. Second, the cash is kept in Mexico and used by Mexico-based trafficking organizations to support their operations. Third, the currency is repatriated to the United States through money service businesses (commonly referred to as “casas de cambio” or “centros cambiarios”), armored cars, or couriers, and then is deposited into U.S. financial institutions as “clean” money. Federal agencies are aggressively working to disrupt all of these movements of illicit funds.

DEA is actively targeting the illicit proceeds of drug traffickers in all of its investigations and is applying this heightened focus on financial matters to bulk currency movement, the Black Market Peso Exchange, and casas de cambio. DEA’s *Money Trail Initiative* targets drug and money transportation organizations operating in the United States with the goal of connecting these organizations to sources of drug supply in Mexico. Since its inception in 2005, the *Money Trail Initiative* has resulted in the dismantling of six national drug and money transportation organizations as well as the identification and dismantling of the Chihuahua, Mexico based Arriola-Marquez drug trafficking organization. As a result of both concentrated and

broad-based efforts to attack the financial structures of drug trafficking organizations, DEA denied drug trafficking and money laundering organizations \$1.6 billion in revenue and seized a total of \$341 million in U.S. currency in FY 2006.

ICE liaisons in Mexico, Ecuador, and Panama, in concert with special national law enforcement units located in each of these countries, are working on a bulk cash smuggling initiative known as *Operation Firewall*. This operation targets bulk cash smuggling by Mexican traffickers in the land, sea, air, passenger, and commercial transportation systems. As of October 2006, *Operation Firewall* has yielded more than 130 arrests and the seizure of more than \$52 million in cash and financial instruments. This initiative will expand to additional partner nations in 2007.

The Treasury Department’s Office of Foreign Assets Control (OFAC) has worked closely with both DEA and ICE to target the financial networks of Mexican drug trafficking organizations. Recent investigations resulted in the July 2006 identification (pursuant to the Foreign Narcotics Kingpin Designation Act) of a key Arellano Felix Organization money laundering cell that included several money service businesses and an armored car company. OFAC’s actions effectively shut down this major illicit finance operation.

In an effort to combat the repatriation of illicit funds, the Treasury Department's Financial Crimes Enforcement Network (FinCEN) issued an advisory to U.S. financial institutions in April 2006 on the potential money laundering threat associated with the smuggling of bulk U.S. currency into Mexico and its subsequent return to the United States through the misuse of relationships with U.S. financial institutions by certain Mexican financial institutions, including Mexican *casas de cambio*. Law enforcement agencies are also increasing their focus on other Bank Secrecy Act (the principal U.S. regulatory regime targeting money laundering and terrorist financing) data and violations to help disrupt the flow of illegal funds into and through U.S. financial institutions.

Finally, Federal law enforcement agencies, along with their State and local law enforcement partners, are aggressively working to identify money laundering cells in

the United States. The OCDETF Fusion Center and the National Seizure System (NSS) operated out of EPIC will support and enhance anti-money laundering intelligence and coordination. The information provided by the OCDETF Fusion Center and the NSS will allow law enforcement to identify disparate information and target organizational leaders for investigation and prosecution.

Colombia

During the past year, Colombia has continued to expand its aggressive efforts against drug trafficking. With U.S. assistance, Colombian forces were able to spray more than 160,000 hectares of coca. Another 40,000 hectares were manually eradicated. For the first time, manual and aerial spray eradication operations were conducted in key national parks and indigenous reserves

Following the Money to the Fall of the Cali Cartel

During the 1990s, the Cali Cartel of Colombia was one of the world's most powerful criminal organizations, estimated to be responsible for up to 80 percent of the cocaine smuggled into the United States. Today the cartel is in ruins, with its leaders imprisoned and their assets seized. In September 2006, Miguel and Gilberto Rodriguez-Orejuela, the brothers who ran the infamous Cali Cartel, pleaded guilty to a charge of conspiracy to import cocaine into the United States and agreed to plead guilty to conspiracy to commit money laundering. The Rodriguez-Orejuela brothers also agreed to the entry of a final forfeiture judgment in the amount of \$2.1 billion. The Rodriguez-Orejuela family members, whose names were used as "fronts" on the brothers' businesses and other assets, agreed to relinquish these businesses and assist in their forfeiture by Colombia and the United States. After several years of investigation, Miguel and Gilberto Rodriguez-Orejuela (62 and 67 years old, respectively) were finally sentenced to 30 years in an American prison.

The convictions of the Rodriguez-Orejuela brothers resulted from *Operation Cornerstone*, an OCDETF investigation led by ICE, with the cooperation of the Drug Enforcement Administration, the Department of Justice, and Colombian law enforcement agencies. Since its inception in August 1991, *Operation Cornerstone* has led to the conviction of more than 140 members of the Cali Cartel and the seizure of 47.5 metric tons of cocaine. Through records seizures and witness testimony, *Operation Cornerstone* produced documentation of the smuggling of 200 metric tons of cocaine into the United States, representing \$2.1 billion in drug proceeds. Thanks to the dedicated efforts of U.S. and Colombian law enforcement authorities, the Cali Cartel will no longer be able to benefit from these ill-gotten gains.

In the end, the Cali Cartel was incapacitated through the relentless investigation and immobilization of its hidden finances and assets. The four leaders of the Cali Cartel, Helmer Herrera Buitrago, Jose Santacruz Londono, and the two Rodriguez-Orejuela brothers, were initially identified as Specially Designated Narcotics Traffickers in 1995 pursuant to Executive Order 12978 under the International Emergency Economic Powers Act (IEEPA). The Treasury Department's Office of Foreign Assets Control (OFAC) then used IEEPA economic sanction authorities to attack the financial empire built by the Cali Cartel. Subsequent sanctions investigations by OFAC led to the addition of hundreds of front companies and individuals in Colombia and 10 other countries to the list of Specially Designated Narcotics Traffickers. OFAC's continued aggressive actions severely impacted the Cali Cartel's ability to reap the benefits of its drug trafficking activities, and ultimately pressured the conspirators into a plea agreement, signaling the end of this once-powerful drug trafficking organization.

that were once safe havens for the narco-terrorist group known as the Revolutionary Armed Forces of Colombia (FARC). Through aggressive eradication, the Colombian government also has effected a significant decrease in opium poppy cultivation over the last several years. In addition, Colombian and U.S. interdiction activities resulted in the seizure of more than 150 metric tons of seizures of cocaine and cocaine base in 2006, and the Colombian government completed several extraditions of key drug traffickers and FARC leaders for trial and conviction in U.S. courts.

Colombia also has worked to disarm and demobilize the two other major illegally armed groups that have been tied to drug trafficking. Through careful negotiation, more than 31,000 members of the United Self-Defense Forces of Colombia (AUC) have been demobilized, and talks that could lead to a demobilization process for members of the National Liberation Army (ELN) have begun as well. Demobilization reduces the options available to drug traffickers seeking protection from law enforcement forces in Colombia and has drastically reduced the level of violence and insecurity in the Colombian countryside.

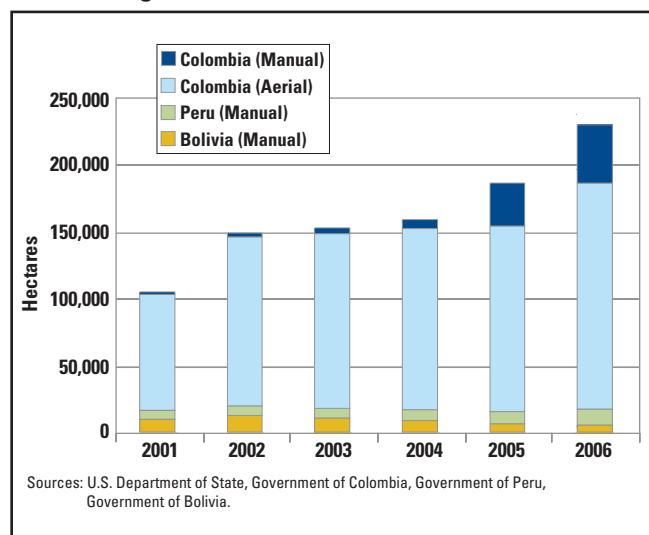
The more secure climate that has resulted from Colombia's counterdrug efforts has enabled the increasing growth of legitimate business and industry. Prior to 2000, the Colombian economy was severely impacted by crime, violence and the ongoing conflict with the FARC; investment was low and national unemployment hovered near 16 percent. Since 2001, the Colombian gross domestic product (GDP) has grown an average of 4 percent a year, and reached a 6-percent growth rate by the end of 2006. Inflation has dropped from the decades-old rate of 20 percent to 4.5 percent and unemployment has fallen from 15.7 percent in 2000 to 10.4 percent in 2006. Private investment in Colombia has also recovered, rising from 10.9 percent of GDP in 1999 to 17.5 percent of GDP in 2005. Strong drug control policies have helped to spark a remarkable economic turnaround that is creating a brighter future for all Colombians.

Drug traffickers have started to respond to the success of eradication, interdiction, and law enforcement efforts in multiple ways. Coca cultivators have undermined the impact of aerial eradication by pruning or replanting their crops with seedlings. They also have begun planting smaller fields in more remote areas that are harder for spray aircraft and manual eradicators to reach. Traffickers

also have taken advantage of neighboring countries to export drugs and to move precursors, money, and arms into Colombia. In addition, because drug trafficking organizations are now smaller, they have become less visible and less exposed to targeting by law enforcement officials.

Colombia and the United States are working to counter these challenges with efforts focused on improving the effectiveness of coca eradication programs. President Uribe has increased the pressure on coca cultivators by expanding the number of personnel focused on countering coca cultivation through a directive that makes coca eradication the responsibility of all public security forces in Colombia. The United States and Colombia also are investing in additional aircraft to increase overall aerial eradication capabilities. This will allow spray aircraft to continue to concentrate on aerial eradication in key cultivation zones while expanding efforts to identify and spray new coca crops more quickly in other areas of Colombia. Finally, the United States and Colombia are collaborating to acquire better data on coca cultivation and drug trafficking to assess and update the joint strategy as the drug trade in Colombia continues to evolve.

Figure 23.
Coca: Aerial Spraying and Manual Eradication in the Andean Region, 2001-2006



Succeeding With Plan Colombia

Due to the bravery and dedication of Colombian authorities, and the assistance provided by the United States, remarkable progress has been made toward the accomplishment of Plan Colombia's many goals, as indicated below:

- *Create the conditions for peace in Colombia:* More than 31,000 members of the AUC have demobilized; more than 10,000 dissidents from illegally armed groups have deserted, including 5,500 members of the FARC; and negotiations with the ELN, if successful, could lead to an additional 3,500 demobilized personnel.
- *Strengthen institutional presence, efficiency, and effectiveness at national, regional, and local levels to improve governance in the nation and increase the citizens' confidence in the state:* Public services have been improved in 143 municipalities and 111 municipalities have been strengthened financially.
- *Initiate rapid steps in the South to facilitate the transition to legal activities and to generate socially, economically, and environmentally sustainable alternatives to drug trafficking and violence:* More than 81,000 families have benefited from alternative development and livelihood programs; more than 102,000 hectares of licit crops have been cultivated; and more than 23,000 hectares of illicit crops have been manually eradicated.
- *Provide humanitarian assistance to those segments of the population that have been victimized by violence, with special emphasis on the displaced population and the most vulnerable groups:* More than 2.7 million internally displaced persons have been assisted, and the number of internally displaced persons seeking assistance has dropped from more than 92,000 in 2002 to about 12,000 in 2006.
- *Prevent further deterioration of ecosystems and implement measures to conserve and recover their environmental functions and build sustainable development options:* A Forest Ranger program has been established with more than 20,000 participants protecting more than 168,000 hectares of national forests that are being threatened by coca cultivators.
- *Instill respect for human rights and promote compliance with international humanitarian law in Colombian society:* In the past 3 years, all members of the Colombian Security Forces have participated in at least two human rights training sessions. Human rights complaints against public security forces have dropped by 40 percent since 1995.
- *Promote citizen involvement as a means for developing participatory democracy:* More than 333 new citizen oversight committees have been formed and 400 existing ones have received support.
- *Increase the presence and effectiveness of the Justice System:* Forty-three houses of justice ("Casas de Justicia") have been established in Colombia, handling more than 4.8 million cases. Colombia is undergoing an historic transition from an inquisitory criminal justice system (proceedings that are conducted only by a judge who reviews evidence listed on paper) to an accusatory system (with an investigative stage separate from a trial phase in which witnesses testify in open court). The new system has demonstrated greater effectiveness and efficiency in the regions where it has been initiated and it is now gaining the public's confidence for the first time.
- *Establish the security conditions that permit the implementation of government programs:* Public Security Forces have grown by more than 32 percent since 2002, 56 companies of mobile rural police (Carabineros) with 8,600 men have been created, 598 platoons consisting of 24,000 citizen-soldiers have been established throughout Colombia, and the Colombian National Police has established a presence in all 1,098 municipalities in Colombia for the first time in history.
- *Reduce the production, processing, trafficking, and corruptive influence of drug trafficking organizations:* Coca cultivation dropped more than 15 percent nationwide, including a 61 percent drop in the Putumayo; the purity of heroin seized at major U.S. ports of entry has sharply declined from 87 percent pure in 2000 to 68 percent pure in 2005, suggesting a decrease in Colombian heroin production; and more than 390 drug traffickers have been extradited to the United States over the past 4 years, undermining the drug trafficking organizations' ability to corrupt public officials.
- *Increased public safety:* The focus of Plan Colombia was to break the cycle of violence and reduce the impact of the FARC on farmers who wanted to begin cultivating licit products by increasing security throughout Colombia—a formidable task necessitating heavy investment. The improvements in security are remarkable.

Figure 24.
Public Security Progress Under Plan Colombia

	2002	2006	2006 vs 2002
All Terrorist Attacks	1,645	646	-61%
Assassinations			
Labor Leaders	99	25	-75%
Journalists	11	3	-73%
Ex-/Mayors	12	5	-58%
Displaced Families	92,742	30,181*	-68%
Massacre Victims	680	193	-72%
Kidnappings	2,885	687	-76%
Common Homicide	28,837	17,277	-40%

*Current as of October 2006.
Source: Government of Colombia.

Andean Ridge Developments

Peru is the world's second leading producer of cocaine and President Alan Garcia has renewed Peru's commitment to counter illicit coca cultivation. Although the UN Office on Drugs and Crime estimates that Peruvian cocaine production dropped by 10 metric tons between 2004 and 2005, coca acreage in Peru increased from an estimated 27,500 hectares to some 38,000 hectares over the same period. To counter this increase, Peru employs a strong integrated counternarcotics strategy of eradication and alternative development. This nexus has led to the eradication of more than 12,000 hectares of coca in 2006, the development of infrastructure projects, and millions of dollars in sales of licit products in coca-growing regions through the assistance of the U.S. State Department's Bureau for International Narcotics and Law Enforcement Affairs (INL). With U.S. assistance, Peru is also advancing an aggressive container-screening program in its major ports which resulted in the seizure of nearly 12 metric tons of cocaine in its first year—a three fold increase over seizures during the previous year.

Bolivia, the world's third largest producer of cocaine, has unfortunately adopted several policies that have allowed the expansion of coca cultivation. As cocaine production rises in Bolivia, foreign drug traffickers are increasing their presence there. Yet, after a slow start, the Bolivian government met its stated goal of eradicating 5000 hectares of coca in 2006. The United States is strongly encouraging Bolivia to establish tight controls on the sale of licit coca leaf for traditional use and to increase controls on the precursor chemicals used to make cocaine. The United States also continues to advance

development initiatives to assist Bolivian coca farmers in developing licit crops as alternatives to coca, increasing the competitiveness of licit enterprises, strengthening local democracy and state presence, and improving social services.

Ecuador and Venezuela have become major transit countries for drugs produced in the Andean Ridge. Northern Ecuador is a major transit point for cocaine, chemicals, and supplies for the FARC and other Colombian drug traffickers. Significant quantities of cocaine originating from Columbia or Peru and leaving South America by sea also depart from Ecuador. Cocaine seizures in Ecuador increased from 3 metric tons in FY 2004 to 34 metric tons in FY 2005, and more than 45 metric tons were seized in FY 2006. The volume of illicit drugs moving through Venezuela is also increasing, with the number of suspected drug flights traveling from Venezuela to Haiti, the Dominican Republic, and other points in the Caribbean more than doubling in 2006.

In September 2006, the U.S. Coast Guard and Ecuadorian authorities agreed on enhanced operational procedures for maritime counterdrug cooperation. The United States seeks to expand on that improved cooperation to reach a full maritime law enforcement agreement with Ecuador and will continue to seek opportunities for counterdrug cooperation with Venezuela.

Transit Zone Interdiction

Four consecutive record-setting years of illicit drug seizures in the transit zone have forced narcotics traffickers to adjust from well-established routes and methods to those they believe will be less susceptible to interdiction. Despite these shifts, the sum of transit zone cocaine seizures and high-confidence losses exceeded 288 metric tons in 2006.

Interdiction efforts in the transit zone over the past year have been bolstered by technological and procedural advances, along with a continuous flow of law enforcement intelligence. For example, the U.S. Coast Guard and Colombian counterparts are engaging in an effort that targets the fishing vessels that sail far out into the Eastern Pacific to serve as refuelers for go-fast speedboats. The U.S. Coast Guard has now been authorized to board Colombian-flagged fishing vessels that are operating outside of their officially documented purpose or beyond Colombian fishing zones. If the Coast Guard determines that these vessels are carrying excess fuel (presumably to refuel go-fast boats carrying drugs), they now have the means and the authority to render this fuel unusable.

Another example of such advances is the broad expansion of armed counterdrug helicopter capabilities used to disable fleeing vessels or to compel them to stop. The U.S. Coast Guard is cascading this capability beyond its special armed helicopter squadron into its HH-65C helicopter fleet. United Kingdom Royal Navy ships are now deploying with armed helicopters and U.S. Navy helicopters are now operating with Coast Guard gunners on board. Highly successful initiatives like these contributed to an approximate 44 percent reduction in the number of confirmed and suspected go-fast smuggling events in 2006. U.S. efforts were greatly assisted by the cooperation of El Salvador as the site of a Cooperative Security Location.

A key element of this year's interdiction successes has been DEA's *Operation All Inclusive*. This bilateral, intelligence driven strategy is specifically designed to disrupt the flow of illicit drugs, money, and chemicals between source zones and the United States by attacking the drug organizations' vulnerabilities in their supply, transportation systems, and financial infrastructures. In 2005 and 2006, DEA implemented *Operation All*

Inclusive throughout Central America, sharply boosting seizures of cocaine, marijuana, and precursor chemicals. As a result of these operations, drug trafficking organizations were forced to delay or suspend their drug operations, divert their routes, change their modes of transportation, and jettison loads. The success of these multiagency and bilateral operations exemplified the cooperation among law enforcement entities throughout the United States, Latin America, and Central America.

The close cooperation of partner nations was also demonstrated in October 2006 when a Dutch Maritime Patrol Aircraft, operating out of its base in Curacao, detected a suspect fishing vessel in the Caribbean. The Belgian Navy Ship *WESTDIEP* and the British Royal Fleet Auxiliary *WAVE RULER*, both with embarked U.S. Coast Guard Law Enforcement Detachments, converged on the Honduran flagged fishing vessel. The existing U.S.-Honduran bilateral agreement was invoked and the vessel was boarded, leading to the seizure of nearly 3 metric tons of cocaine en route to Central America. Such seamless cooperation by partner nations has been critical in maintaining a strong interdiction presence across the transit zone. In addition, continued bilateral cooperation with Colombian Navy units will advance similar operations closer to the source zone, along the north and west coasts of Colombia.

Expanding the level of cooperation with partner nations across the transit zone will deny traffickers the freedom of movement they enjoy within the territorial waters of nations that do not have the means to interdict them. Building on the success of existing maritime bilateral agreements, similar arrangements are needed throughout the Eastern Pacific and Caribbean transit zones to further increase the risks associated with trafficking illicit drugs.

To ensure increased disruption of cocaine flow and continued disruption of trafficker means, methods and modes going forward, this Strategy is setting an aggressive 40 percent transit zone interdiction goal for 2007, as measured against the Consolidated Counterdrug Database (CCDB) estimate of cocaine movement. Specifically, the 40 percent metric will be applied to the CCDB all-confidence estimate of cocaine movement through the transit zone toward the United States from October 1, 2005 through September 30, 2006 (to ensure that all data being considered have been fully vetted by the time this Strategy is published). This flow estimate

is conservative, because it measures only the cocaine movement that interagency operators and analysts are aware of; however, if this level of interdiction is achieved, it will constitute the largest transit zone disruption of the illicit cocaine market in history.

Intelligence-Driven Counterdrug Operations

Intelligence support to interdiction operations provides a model of cooperation among U.S. and cooperating nation military, law enforcement, and intelligence communities, demonstrating the tremendous increases in effectiveness and efficiency such creative collaboration can bring. *Operation Firewall* and *Operation Panama Express*,

multiagency cocaine interdiction programs, combine investigative and intelligence resources to interdict cocaine from the northern coast of Colombia to the United States. Since the first year of *Operation Firewall* (July 2002 to June 2003), maritime cocaine seizures have nearly tripled—from 4.1 metric tons to approximately 11 metric tons. *Operation Panama Express*, a multiagency OCDETF program, collects and analyzes vital law enforcement data and disseminates this information to U.S. Southern Command's JIATF-South. JIATF-South is the key interdiction command and control facility with tactical control over interagency detection and monitoring forces. EPIC collects intelligence to support law enforcement information collected at JIATF-South; together this law enforcement information is fused with foreign intelligence to guide ongoing interdiction

Success in the Transit Zone – The USS Gettysburg Makes Her Mark

During a 6-month period beginning in late 2005, the USS Gettysburg, with a U.S. Navy helicopter detachment and a U.S. Coast Guard Law Enforcement Detachment (LEDET), severely impacted trafficker operations in the deep Eastern Pacific Ocean and the Caribbean Sea. Patrolling an area exceeding the entire width of the United States, this formidable mix of counterdrug assets, with U.S. interagency and partner nation support, disrupted the movement of more than 28 metric tons of cocaine and arrested 42 drug traffickers.

The hunt began in early October 2005. After receiving intelligence from Joint Interagency Task Force South (JIATF-South) and EPIC, a USS Gettysburg helicopter disrupted a drug trafficking speedboat operation near Honduran waters, where the traffickers rushed the boat ashore and fled into the countryside.

When a U.S. Customs and Border Protection P-3 maritime patrol aircraft located three suspect fishing vessels 1,100 miles from the nearest shoreline, JIATF-South directed the Gettysburg to move in. Once on scene, the U.S. Coast Guard LEDET boarded one of the vessels and seized 244 bales of contraband, resulting in the seizure of more than 9 metric tons (20,470 lbs.) of cocaine and the arrest of 7 drug traffickers.

Less than a week later, and more than 1,300 miles from the previous interdiction, the Gettysburg detected a go-fast operating well off the coast of Panama and U.S. maritime patrol aircraft were diverted to assist in tracking it down. A maritime patrol aircraft caught the suspect dumping contraband overboard and quickly guided the Gettysburg into position for the intercept. The Gettysburg recovered 48 bales (1.5 metric tons) of illicit drugs and detained another 4 suspects.

In late February 2006, maritime patrol aircraft cued by fused intelligence detected a suspect fishing vessel and a go-fast operating almost 1,000 miles west of the Galapagos Islands. The now-seasoned Gettysburg team intercepted the fishing vessel and the go-fast, adding to their seizure tally another 211 bales (5 metric tons) of contraband and detention of 8 drug traffickers.

The highly successful Gettysburg deployment highlights the importance of synchronized interagency action and the rapid fusion and dissemination of actionable intelligence in effectively detecting, interdicting, and apprehending drug smugglers on the high seas. Throughout the duration of her 6-month deployment, the USS Gettysburg repeatedly proved that with the right combination of end game capability, intelligence, and maritime patrol aircraft support, impressive interdiction successes can be achieved in the transit zone.

operations. This collaboration has been a key factor in the record transit zone drug seizures of the past several years. Since the implementation of *Operation Panama Express*, 443.5 metric tons of cocaine have been seized/scuttled and 1,272 individuals have been arrested. At the end of FY 2006, these combined operations have resulted in total seizures of 512.8 metric tons of cocaine.

The Administration is now attempting to improve intelligence coordination and support of counterdrug operations in the U.S. arrival zone. To enhance border intelligence, CBP and DEA are sharing border crossing and violator vehicle data relative to drug and currency smuggling at an unprecedented level. This change has revealed that approximately 300 vehicles of interest to ICE, DEA, and CBP are crossing our borders on a daily basis.

The counterdrug intelligence structure is evolving further along our Nation's borders to better meet the changing drug threat while applying lessons learned from our interdiction experience. To be successful, law enforcement and border agencies must develop intelligence structures and processes to extract information from open case files, disseminate this intelligence, and fuse it with other national data. The resulting fused intelligence should be used to drive counterdrug detection and monitoring, law enforcement, and interdiction operations.

Such exacting systemic requirements can only be met by establishing intelligence structures and protocols for the rapid sharing of critical information and the establishment of specialized interagency intelligence centers where this information can be integrated, analyzed, and further disseminated. Ongoing initiatives, described in the textbox below, will substantially improve our intelligence structure nationally, at our borders, and internationally.

Agencies are not only in the process of substantially improving their ability to collect, share, and use intelligence information, but are also working to expand their ability to marshal both intelligence and operational data to evaluate the effectiveness of drug enforcement initiatives by region. As part of this broader effort, DEA is developing the Significant Investigation Impact Measurement System (SIIMS) and DrugSTAR. SIIMS has been used to assess such major investigations as *Operation Candy Box*, *Operation Cookie Dough*, and

Operation All-Inclusive. DrugSTAR seeks to employ real-time statistical data to develop effective enforcement strategies and assess performance in a manner somewhat similar to that of the New York Police Department's CompStat program. Drug traffickers are constantly adjusting their tactics: the only way to stay ahead of them is to continuously improve U.S. intelligence capabilities and understand the impact our operations have on their illicit enterprise.

Enhanced Counterdrug Intelligence Programs

DEA's El Paso Intelligence Center

The DEA's El Paso Intelligence Center (EPIC) monitors the movement of drugs, weapons, and currency, and is dedicated to post-seizure analysis and the establishment of links between recent border law enforcement actions and ongoing investigations. This DEA-led multiagency intelligence center also coordinates training for State and local officers in the methods of highway drug and drug currency interdiction. As part of a revitalization effort, additional interagency staff has been added and EPIC's connectivity with State and local governments has been enhanced through its new Open Portal and National Seizure System, which also allows access to the Clandestine Laboratory Seizure System.

DHS Intelligence Integration

The Department of Homeland Security (DHS) is working to establish an intelligence organization that ensures integrated and coordinated departmentwide intelligence support. Key DHS intelligence initiatives include a Border Security Intelligence Campaign Plan that will provide coordinated intelligence collection, analysis, and dissemination; a National Border Intelligence Center concept to support all DHS missions; and CBP intelligence units to support field operations. DHS also has deployed a Homeland Intelligence Support Team to EPIC to develop a concept of operations for improving DHS intelligence support to border law enforcement across all threats.

Drug Terror Nexus Division

The Department of Homeland Security's Office of Counternarcotics Enforcement (CNE), through its Drug Terror Nexus Division, has been tasked with tracking and severing connections between illegal drug trafficking and terrorism. CNE works within the Joint Terrorism Task Force construct and brings together the collective knowledge of DHS's Office of Intelligence & Analysis and other components of DHS with information from the entire interagency to more clearly identify the links between drug trafficking and terrorism. CNE, along with the National Drug Intelligence Center, will assist in providing intelligence overviews and focused assessments on links between drugs and terrorism for specific regions, including the Southwest Border.

HIDTA Intelligence Centers

The National Guard Bureau is establishing a network of analysts on the Southwest Border as part of a larger project that has already linked 15 of the 32 HIDTA intelligence centers. The National Guard analysts, working out of the HIDTA intelligence centers are linked together via a classified Department of Defense communication system that provides a secure means to disseminate up-to-date intelligence and information. This intelligence network leverages military, law enforcement, and intelligence resources to provide greater interagency and State and local coordination, collaboration, and cooperation in counterdrug operations.

OCDETF Fusion Center

The OCDETF Fusion Center gathers, stores, and analyzes all-source drug and related financial investigative information and intelligence to support coordinated, multijurisdictional investigations focused on the disruption and dismantlement of the most significant drug trafficking and money laundering enterprises. The Fusion Center's "Compass System" is now being used by agents and analysts to develop leads and intelligence products for the field. To date, more than 640 analytical products have been produced that support a wide array of investigations targeting the highest levels of the transnational drug trade and their supporting financial infrastructure.

After the fall of the Taliban, the United Kingdom coordinated international efforts to build the capacity of the Afghan government to combat the narcotics cultivation and trafficking problem that the country has long faced. In 2004, the U.S. Government implemented a comprehensive five-pillar strategy, in cooperation with the British, to support Afghan government efforts to eliminate narcotics production and trafficking in the country. The five pillars include public information, alternative livelihoods programs, poppy elimination and eradication; interdiction, and law enforcement and justice reform.

The five-pillar counternarcotics strategy has made headway in every pillar, including, for the first time, the eradication pillar. Ultimate success will require consistent progress across all pillars. The U.S. Government is working to strengthen the political will of the government of Afghanistan across the board. The Department of State is working to improve Afghan elimination and eradication capacity by supporting provincial governors and improving the capacity of the Counternarcotics Ministry's eradication force. DEA, Department of Justice, Department of Defense, and Department of State programs are building the capacity of the counternarcotics police, border management forces, and the Afghan court system. The international community must also continue to pursue opportunities for cooperation in areas such as trade, border management, and regional infrastructure integration, which can help suppress the drug trade and promote the sustainable economic development that will lead to broader counternarcotics success in Afghanistan.

As part of its poppy elimination and eradication pillar, the United States has worked with the governments of the United Kingdom and Afghanistan to develop a Good Performer's Fund (GPF) for 2007 to provide incentives to provinces that reduce poppy cultivation and which have been and remain free of poppy cultivation. The goal of the fund is to encourage provincial and district administrations to reduce plantings and eradicate poppies while holding leadership accountable for their antidrug performance. A three-pronged approach has been developed to target strategic locations in Afghanistan. Specifically, the fund will be used to:

- » Increase the number of poppy-free provinces from 6 to 14.
- » Sustain poppy reduction in five successful provinces by setting specific targets.
- » Reduce, through dissuasion and eradication, poppy production by at least 25 percent in Helmand Province.

Working in the law enforcement and interdiction pillars, DEA has taken on the mission to help the government of Afghanistan to target the command and control of the largest drug organizations in Afghanistan. DEA has done so by building Afghan institutions and by acting against Afghan narcotics trafficking networks directly. DEA operations in Afghanistan are an extension of *Operation Containment*, a DEA-led international effort that involves 19 countries and seeks to choke the flow of drugs and precursor chemicals into and out of Afghanistan. DEA's Afghanistan Foreign-deployed Advisory Support Teams (FAST) in Afghanistan have rapidly developed Afghan interdiction units and have improved the capacity of the Afghan Counternarcotics Police. At the same time DEA teams in Afghanistan have identified narcotics traffickers involved in targeting U.S. forces with improvised explosive devices. By providing critical information obtained from DEA human intelligence sources to U.S. Special Forces Teams, DEA has helped to protect the lives of our service members and our coalition partners.

The experience gained from comprehensive counternarcotics programs in other countries demonstrates that eliminating illicit crop cultivation is a long process that requires continued perseverance and dedication. The five pillar strategy in support of the Government of Afghanistan remains the best approach, but greater intensification of current initiatives and long-term resolve is needed. In doing so, the United States will refine its programs in each pillar based on lessons learned over the past year. In 2007, the United States will increasingly reap the benefits of past investments in the law enforcement and interdiction arena: the increasingly capable Afghan interdiction units, the counternarcotics courts and associated prosecutorial task force, and the greater understanding DEA has developed of Afghanistan's narcotics networks resulting from arrests, prosecutions, and convictions of senior traffickers operating in Afghanistan.

Nangarhar Province – Showing the Way

Afghanistan faces many challenges, but there are success stories that provide encouragement, hope, and valuable lessons for Afghanistan's fight against drug trafficking. The situation in Nangarhar Province is one such success story. According to the United Nations Office of Drugs and Crime, opium poppy cultivation in this province has declined 83 percent from 2004 to 2006, from 28,213 hectares to 4,872 hectares.

Government and public information programs in Nangarhar Province are extremely robust. In Nangarhar, 75 percent of farmers interviewed thought that the Afghan government's poppy ban could be implemented and enforced; only 15 percent said that it could not be enforced. Further, eradication was in fact a credible threat to opium cultivators in Nangarhar, and 83 percent of the farmers who cultivated opium poppy in 2004 and 2005 reported that their poppy crop had been eradicated. This campaign has contributed to the relatively low levels of opium cultivation prevailing in Nangarhar since 2004, illustrating that a credible threat of eradication is key to reducing poppy production.

Alternative livelihood programs have also made a difference in Nangarhar. The United Nations reports that Nangarhar received more than \$70 million (14 percent of the total committed to Afghanistan) in alternative livelihood projects in 2005 and 2006. Almost three-fourths of farmers in Nangarhar report that they benefited directly from these development projects. These initiatives include "cash for work" projects that have repaired hundreds of kilometers of roads and thousands of kilometers of irrigation canals. Additional projects include planting 1,500 hectares of fruit and nut orchards in Nangarhar, distributing seed and fertilizer in targeted provinces prior to the planting season, training thousands of farmers, helping small rural enterprises develop business plans and gain access to credit, and building industrial parks, roads, and cold storage units for produce to support development programs.

Nangarhar also has capitalized on effective security operations, road construction, relatively effective governance, and its access to the vast commodity and labor markets of its capital, Jalalabad. Farmers have diversified their crops and invested in crops that have higher values than opium poppy. Even in districts where opium has traditionally been entrenched, agencies are seeing farmers in Nangarhar shift away from opium poppy cultivation.

Although there is still much work to be done throughout Afghanistan to combat opium production and trafficking, Nangarhar's experience is an example of what can be accomplished through the effective combination of good governance, effective security operations, elimination and eradication, local and central government law enforcement operations, access to markets, and alternative livelihood assistance from the international community. The success in Nangarhar is a clear indication that in Afghanistan, just as within the United States, real, concrete headway can be made against the most challenging problems. The Administration intends to work closely with our international partners to build on this important progress over the next two years.

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Milwaukee HIDTA
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North Florida HIDTA
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 National Families in Action
 National Family Partnership
 National Federation of Republican Women
 National Federation of State High School Associations National
 Governors Association
 National Hispanic Medical Association
 National Hispanic Science Network on Drug Abuse National
 Indian Youth Leadership Project
 National Inhalant Prevention Coalition
 National Legal Aid and Defender Association
 National League of Cities
 National Lieutenant Governors Association
 National Mental Health Association
 National Narcotics Officers Associations Coalition
 National Organization of Black Law Enforcement Executives
 National Parents and Teachers Association
 National Pharmaceutical Council
 National Prevention Network
 National School Boards Association
 National Sheriffs Association
 National TASC (Treatment and Accountability for Safer
 Communities)
 National Troopers Foundation
 Network of Safe and Drug-Free Schools
 New York University -- School of Medicine
 Northeastern University -- Bouve College of Health Sciences
 M. Elaine Nugent
 Operation PAR (Parental Awareness Responsibility) Oregon
 Partnership Oregon Trail School District Partnership for a Drug-
 Free America
 Pennsylvania State University -- Prevention Research Center
 Phoenix House -- New York
 Police Executive Research Forum
 Police Foundation
 Michael Ponder, Applied Social Research and Education Prairie
 View Prevention Services
 Prevention Think Tank
 Prevention Through Service Alliance
 PRIDE Youth Program
 Bill Rhodes
 Rio Arriba Family
 Care Network
 Robert Wood Johnson Foundation
 Ronald McDonald House of Charities
 Rutgers University -- School of Criminal Justice
 Sacramento Mobilizing Against Substance Abuse
 Flor Santalo-Sherbahn
 Salud Hispana
 Peggy Sapp
 Scott Newman Center
 State University of New York -- Stony Brook, School of Social
 Welfare
 Ken Steil
 Substance Abuse Program Administrators Association Support
 Center for Alcohol, Drug Research and Education
 Sussex County Coalition for Healthy and Safe Families First Lady
 of Ohio Hope Taft
 Teen Challenge
 Teen Challenge International
 Teen Mania Ministries
 Temple University School of Medicine
 Texas Tech -- Department of Psychiatry
 The Bridge
 Therapeutic Communities of America
 Union of American Hebrew Congregations
 United Methodist Church
 United States Army War College
 United States Conference of Mayors
 University of California at Los Angeles
 University of Kansas
 University of Memphis -- Department of Psychology
 University of Michigan
 University of Minnesota
 University of Mississippi
 University of North Dakota -- School of Medicine and Health
 Services
 University of Rhode Island Community Research and Service
 Team
 University of South Carolina -- Department of Criminology and
 Criminal Justice
 University of South Carolina -- Department of Psychology
 University of Texas -- Institute for Advanced Technology
 University of Utah
 University of Washington
 University of Wisconsin -- Madison
 Utah Council for Crime Prevention
 Washington Business Group on Health
 Sissy Wegner
 Abraham Wandersman
 White Bison
 Sharon C. Wilsnak
 Yakima County Substance Abuse Coalition
 Yale University School of Medicine
 YMCA of America Young Life
 Xiaoyan Zhang

Drug Control Funding: Agency Summary FY 2006-FY 2008 (Budget Authority in Millions)

	FY 2006 Final	FY 2007 Estimate	FY 2008 Request
Department of Defense	1,086.6	1,073.9 ^{/1}	936.8
Department of Education	489.8	524.8	275.0
Department of Health and Human Services			
Centers for Medicare & Medicaid Services	—	—	75.0
National Institute on Drug Abuse	998.9	1,000.0	1,000.4
Substance Abuse and Mental Health Services Administration	2,440.9	2,442.5	2,360.4
Total HHS	\$3,439.7	\$3,442.5	\$3,435.7
Department of Homeland Security			
Customs and Border Protection	1,635.3	1,874.6	1,970.3
Immigration and Customs Enforcement	382.3	422.8	450.2
United States Coast Guard	1,225.5	1,140.2	1,073.2
Total DHS	\$3,243.1	\$3,437.6 ^{/1}	\$3,493.7
Department of Justice			
Bureau of Prisons	62.6	65.1	67.2
Drug Enforcement Administration	1,890.8	1,876.0	2,041.8
Interagency Crime and Drug Enforcement	483.2	485.1	509.2
Office of Justice Programs	238.2	227.8	178.9
Total DOJ	\$2,674.9	\$2,654.0	\$2,797.0
ONDCP			
Counterdrug Technology Assessment Center	29.7	19.6	5.0
High Intensity Drug Trafficking Area Program	224.7	225.3	220.0
Other Federal Drug Control Programs	193.0	194.0	224.5
<i>Drug-Free Communities (non-add)</i>	79.2	80.0	90.0
<i>National Youth Anti-Drug Media Campaign (non-add)</i>	99.0	100.0	130.0
Salaries and Expenses	26.6	26.0	23.9
Total ONDCP	\$474.0	\$464.9	\$473.4
Small Business Administration	1.0	1.0	1.0
Department of State			
Bureau of International Narcotics & Law Enforcement Affairs	1,036.0	1,011.2	783.7
United States Agency for International Development	120.9	84.0	313.1
Total State	\$1,156.9	\$1,095.2	\$1,096.8
Department of Transportation			
National Highway Traffic Safety Administration	1.6	2.7	2.7
Department of Treasury			
Internal Revenue Service	55.0	55.0	57.3
Department of Veterans Affairs			
Veterans Health Administration	376.7	376.6	392.0
Total	\$12,999.2	\$13,128.1	\$12,961.4

^{/1} The FY 2007 resources for the Departments of Defense and Homeland Security are enacted figures.

NOTE: In addition to the resources displayed in the table above, the Administration requests \$387.6 million in FY 2007 for Emergency Supplemental funding and \$266.1 million in FY 2008 for Emergency Designations. These resources represent counterdrug spending principally associated with Afghanistan operations. **Detail may not add to totals due to rounding.**

