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OFFICE OF NATIONAL DRUG CONTROL POLICY

Reducing Drug Abuse in America





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

**Biography of Barry R. McCaffrey
Director, Office of National Drug Control Policy**

Barry McCaffrey was confirmed by unanimous vote of the U.S. Senate as the Director of the White House Office of National Drug Control Policy (ONDCP) on 29 February 1996. He serves as a full member of the President's Cabinet and as the senior drug policy official in the Executive Branch. He is also a member of the National Security Council and the President's Drug Policy Council. Prior to confirmation as ONDCP Director, he was the Commander-in-Chief of the U.S. Armed Forces Southern Command coordinating all national security operations in Latin America.

General McCaffrey began his military career as a 17-year old Cadet at West Point. He served four combat tours: Dominican Republic, Vietnam (twice), and Iraq. When he retired from active duty, he was the most highly decorated and the youngest four star general in the U.S. Army. He twice received the Distinguished Service Cross, the nation's second highest award for valor. He also received two awards of the Silver Star for heroism and three Purple Heart medals for wounds sustained in combat. During Operation Desert Storm, he commanded the 24th Infantry Division and led the 200 kilometer "left hook" attack into the Euphrates River Valley.

Director McCaffrey graduated from Phillips Academy, Andover, Massachusetts and the U.S. Military Academy. He has a Master of Arts degree in Civil Government from American University and taught American Government, National Security Studies, and Comparative Politics at West Point. He also attended the Harvard University National Security Program. Director McCaffrey is a member of the Council on Foreign Relations and an associate member of the Inter-American Dialogue.

General McCaffrey served as the JCS assistant to General Colin Powell. While serving as the Director for Strategic Plans and Policy on the Joint Chiefs of Staff, he supported the Chairman as the principal JCS Staff advisor to the Secretary of State and to the U.S. Ambassador to the United Nations. Among the many awards he has received for his service are: the Department of State's Superior Honor Award for support of the Strategic Arms Limitation Talks; the NAACP Roy Wilkins Renowned Service Award; and decorations from the French, Brazilian, and Argentine governments.

Barry McCaffrey is married to the former Jill Ann Faulkner. They have three married children: Sean, a U.S. Army infantry Captain; Tara, a U.S. Army Washington National Guard nurse; and Amy, a school teacher.

ONDCP

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Primary mission: To lead national efforts to reduce illicit drug use and its consequences.

- Created by the Anti-Drug Abuse Act of 1988, as amended
- Develops National Drug Control Strategies and Coordinates and Oversees Implementation
- Develops National Drug Control Budgets
- Recommends improvements in management and organization of drug control efforts
- Conducts performance measurement activities to improve program effectiveness

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NATIONAL DRUG CONTROL POLICY MAJOR DIRECTIONS

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TEN YEAR STRATEGY

- Long-term commitment to approach
- Goals and measurable objectives that direct and clarify Department/agency drug control efforts included
- Longer term outlook allows for better definition of priorities, stronger support for programs that work, and stronger leadership from ONDCP

FIVE YEAR BUDGET

- Long-term funding support, linked to goals and objectives
- Links resource allocation to the feedback provided by performance management

COMMITMENT TO PERFORMANCE MEASUREMENT SYSTEM

- Measure progress and calibrate policy and strategy accordingly
- Efforts will build on agency measurement projects, supplemented as needed
- New measurement/data system under development

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National Drug Control Strategy Goals, 1997

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- **I:** Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco.
- **II:** Increase the safety of America's citizens by substantially reducing drug-related crime and violence.
- **III:** Reduce health and social costs to the public of illegal drug use.
- **IV:** Shield America's air, land, and sea frontiers from the drug threat.
- **V:** Break foreign and domestic drug sources of supply.

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GOAL I: Educate and Enable America's Youth to Reject Illegal Drugs as well as the Use of Alcohol and Tobacco

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- 1. Educate parents/caregivers to help youth reject drugs, alcohol, tobacco.
- 2. Pursue vigorous media campaign on dangers of drugs, alcohol, and tobacco.
- 3. Promote youth zero-tolerance use policies within school, workplace, and community.
- 4. Provide K-12 students with comprehensive drug, alcohol, & tobacco prevention programs.
- 5. Support parents/mentors in encouraging positive, healthy lifestyles.
- 6. Assist community coalitions and programs in preventing use.
- 7. Create partnership with media and sports organizations to avoid glamorization of use.
- 8. Support and disseminate scientific research on the consequences of legalization.
- 9. Implement national prevention principles.
- 10. Support research, including scientific information, about drug, alcohol, and tobacco prevention programs for youth.

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GOAL II: Increase Safety of America's Citizens by Substantially Reducing Drug-related Crime and Violence

- 1. Strengthen law enforcement, incl. task forces, to combat violence, disrupt organizations, and arrest their leaders.
- 2. Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs), to counter drug use, production, trafficking, and crime.
- 3. Help law enforcement disrupt money laundering and seize criminal assets.
- 4. Implement effective rehabilitative programs at all stages in the criminal justice system.
- 5. Break cycle of drug abuse and crime.
- 6. Support research, including information, to inform law enforcement, prosecution, incarceration, and treatment of offenders.

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GOAL III: Reduce Health and Social Costs to the Public of Illegal Drug Use

- 1. Support effective, efficient, accessible, drug treatment responsive to emerging trends.
- 2. Reduce drug-related health problems, emphasis on infectious diseases.
- 3. Promote adoption of drug-free workplace programs that emphasize drug-testing as key component in a comprehensive program.
- 4. Support research into the development of medications & treatment protocols to prevent/reduce dependence and abuse.
- 5. Promote credentialing of professionals who work with substance abusers.
- 6. Support research and technology, incl. scientific data, to reduce health and social costs of illegal drug use.

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GOAL IV: Shield America's Air, Land, and Sea Frontiers from the Drug Threat

- 1. Conduct flexible operations to disrupt, deter, and seize illegal drugs in transit to the U.S. and at borders.
- 2. Improve coordination and effectiveness of law enforcement and intelligence, especially at the Southwest Border, Puerto Rico, and US. Virgin Islands.
- 3. Improve bilateral and regional cooperation with Mexico and other transit countries to reduce drug flow into U.S.
- 4. Support research & tech, incl. scientific data, to disrupt, deter & seize illegal drugs in transit to the U.S. and at borders.

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GOAL V: Break Foreign and Domestic Source of Supply

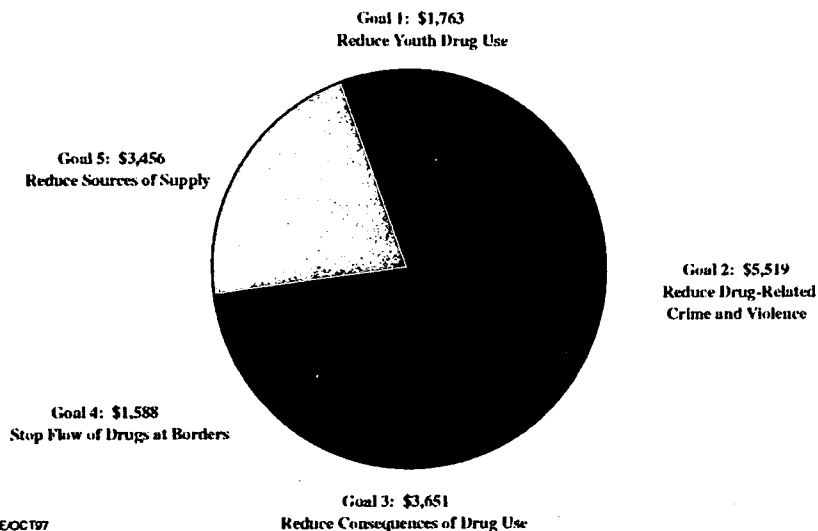
- 1. Produce net reduction in worldwide cultivation of coca, opium, and marijuana and other drugs, especially methamphetamine.
- 2. Disrupt and dismantle major international drug-trafficking organizations. and arrest their leaders.
- 3. Strengthen source country drug control efforts, political will, and capabilities.
- 4. Support bilateral, regional and multilateral initiatives and mobilize international organizational efforts.
- 5. Promote international money-laundering investigations and related seizures of assets.
- 6. Support research and technology, including scientific data, to reduce world-wide illegal drug supply.

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Fiscal Year 1998 Spending, by Goal

(dollars in millions)

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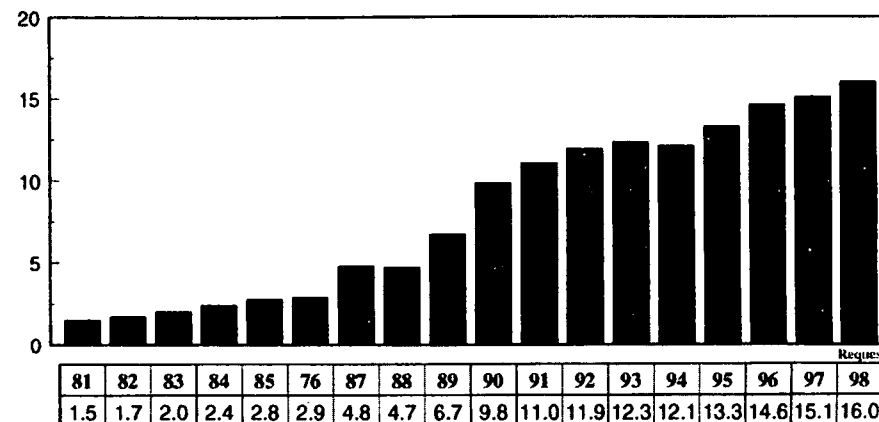


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The Federal Drug Control Budget has Doubled Since 1989 (Current Dollars)

11

Budget Authority; Billions of Dollars

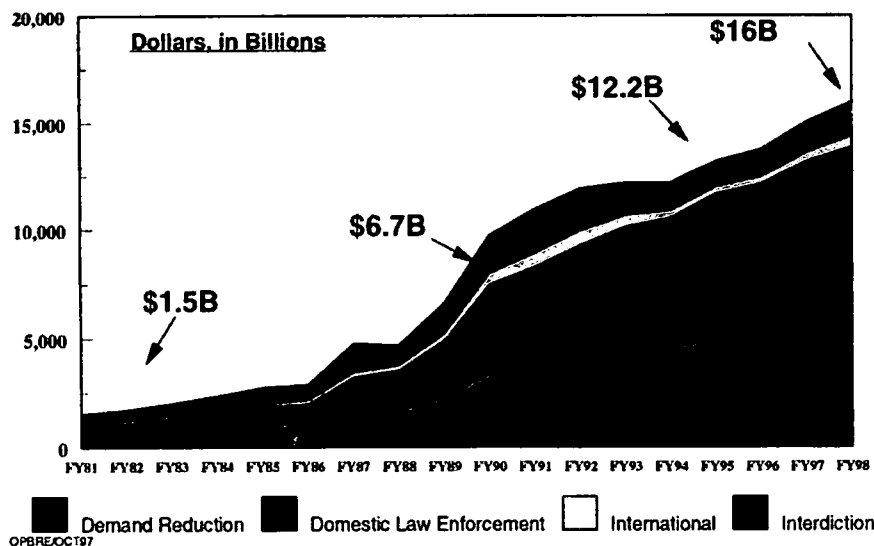


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Federal Drug Control Spending, by Function

1981 -1998

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NATIONAL DRUG CONTROL POLICY

MAJOR DIRECTIONS

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DRUG PREVENTION

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Role of Drug Prevention

- Deter new use
- Deter progression into more serious use
- Encourage existing users to stop using
- Break intergenerational cycle

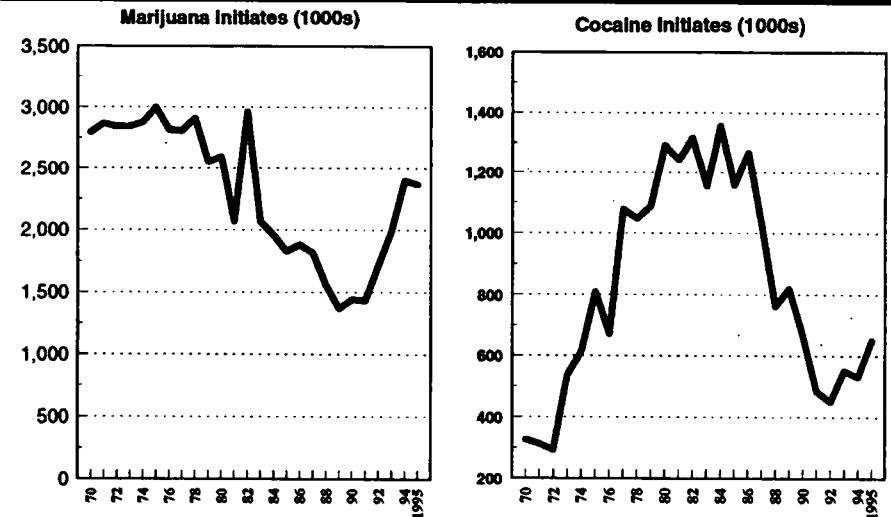
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Objectives of Drug Prevention

- Reduce risk factors
- Increase protective factors
- Improve knowledge and attitudes
- Reduce drug & alcohol problem behaviors

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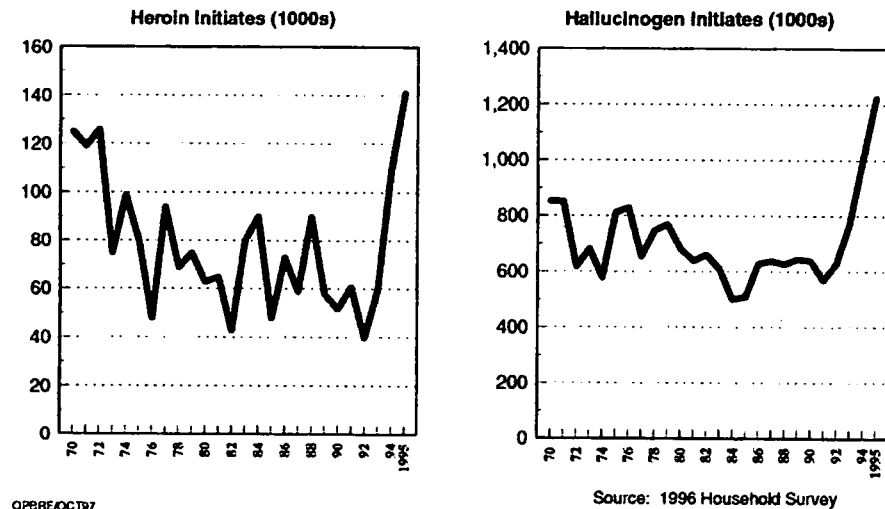
Marijuana Initiation Slightly Down, 1995 to 1996, After Increasing for Several Years. However, Cocaine Initiation Rose.



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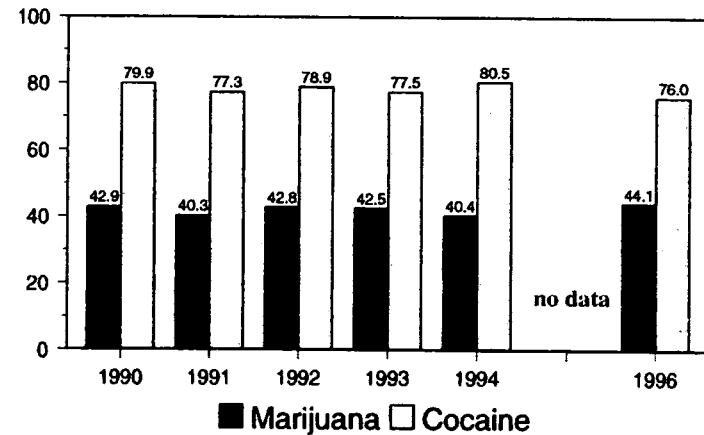
Source: 1996 Household Survey

Initiation Rates for both Heroin and Hallucinogens are Rising Dramatically.



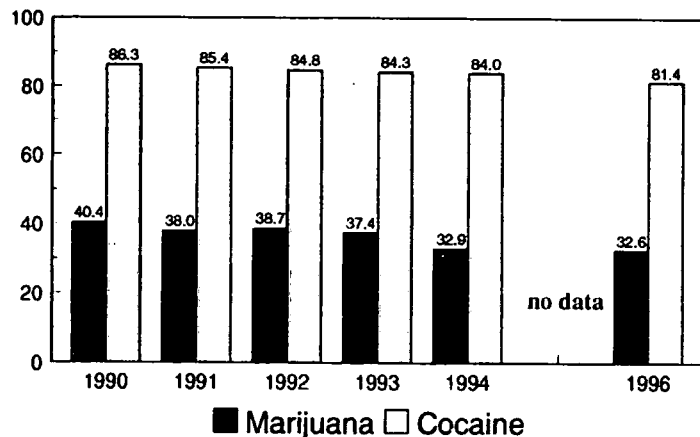
Perceived Harmfulness of Drug Use in the Household Population, Ages 12 and Above

Percent Reporting Great Risk From Occasional Use



Perceived Harmfulness of Drug Use in the Household Population, Ages 12 to 17

Percent Reporting Great Risk From Occasional Use



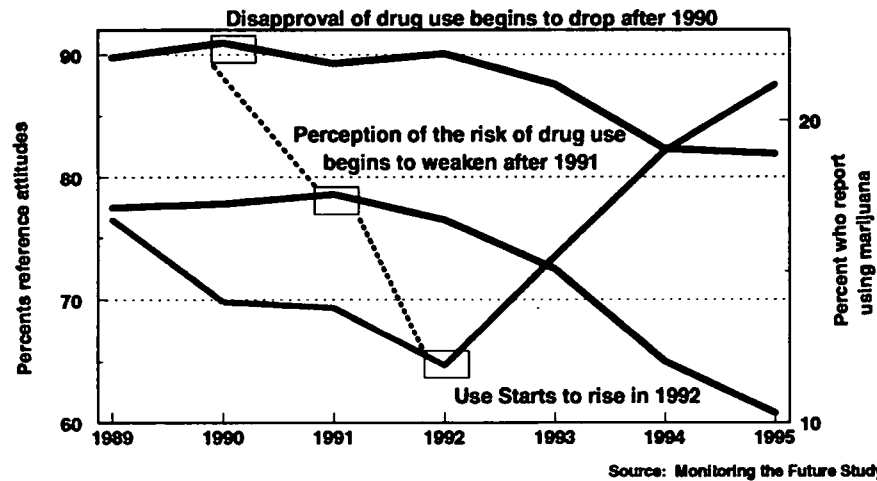
Possible Factors Affecting Weakening Risk Perception

What hypotheses seem most promising to account for the observed changes [in drug use] ?

- Rise in delinquency
- Increased use of gateway drugs (cigarettes)
- Decline in perceived harmfulness of drug use
- Mass culture (e.g., media)
- Reduction in informal learning about risks of drug use
- Decline in Executive Leadership (Federal, State, local, civic)
- Increased illicit drug availability & lower price (e.g., Marijuana)

Source: ONDCP Report on the Meeting of the Ann Arbor Group, June 1994

Attitudes and Their Affect on Drug Use



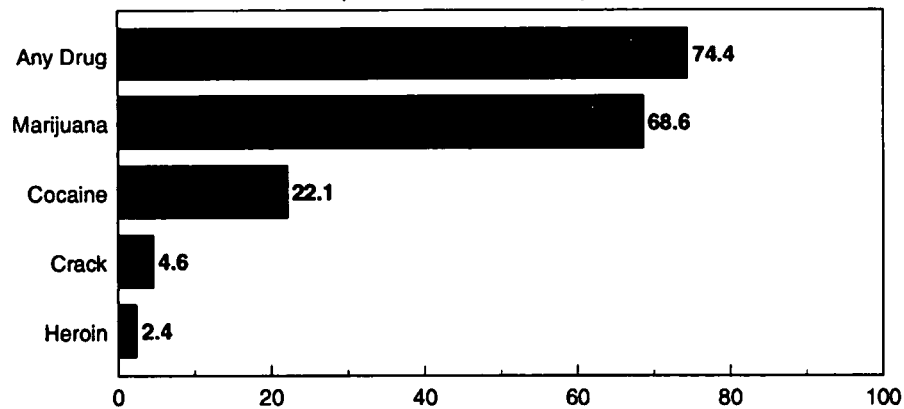
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DRUG USE

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74 Million People Have Tried Drugs at Least Once in Their Lifetime

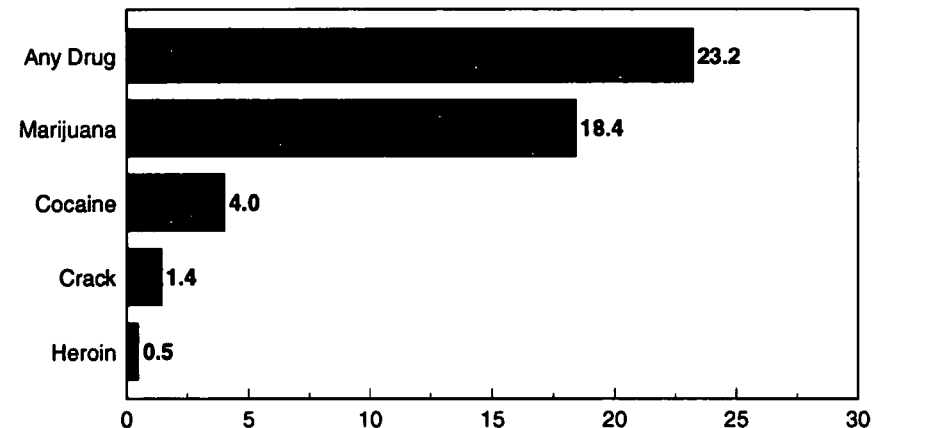
Lifetime Drug Use
(Users in Millions)



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23 Million People Used Illicit Drugs at Least Once in 1996

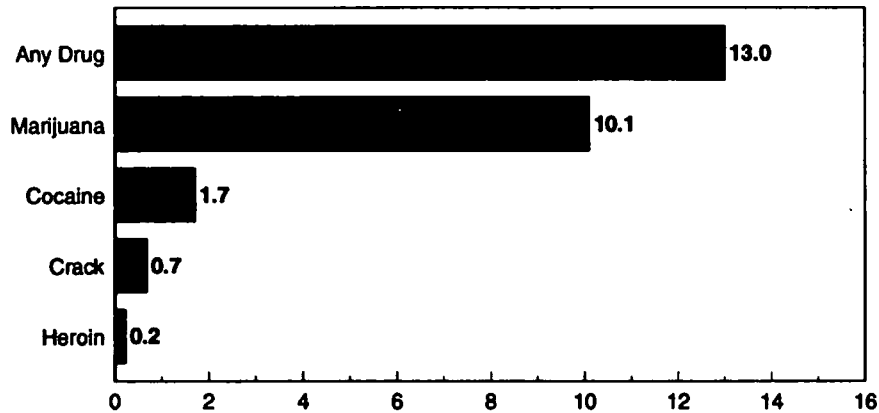
Use in the Past Year
(Users in Millions)



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13 Million People Used Illicit Drugs on a Current (Past Month) Basis

Use in the Past Month
(Users in Millions)



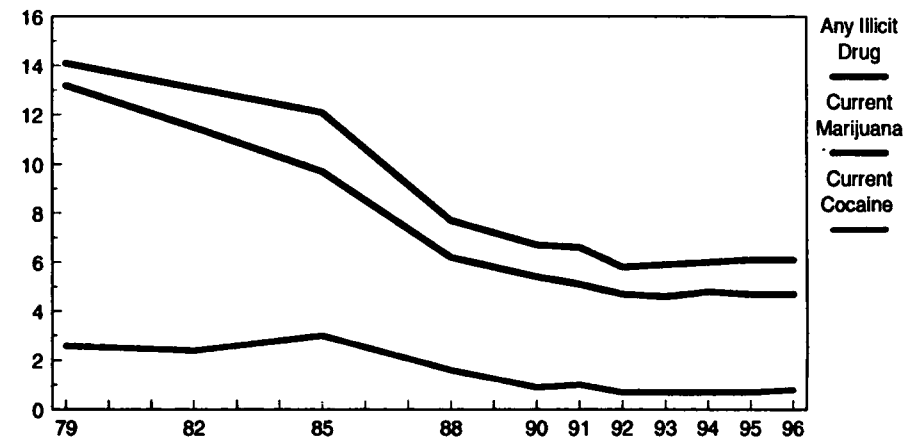
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Source: 1996 Household Survey

Illicit Drug Use in the Past Month, Ages 12 and Older, 1979 - 1996

Overall Drug Use Is Down

Percentage of Household Population

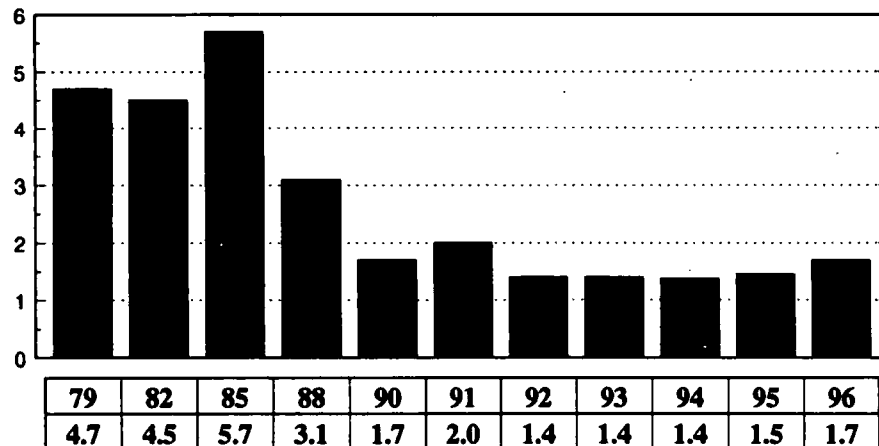


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Source: 1996 Household Survey

Current Use of Cocaine Is Down Significantly, 1985 to 1996

Millions of Users

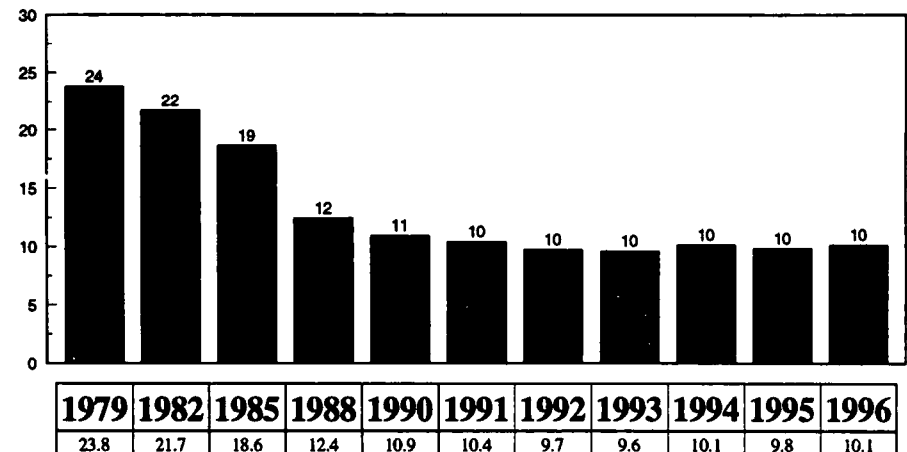


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Source: 1996 Household Survey

Current Use of Marijuana Is Down Significantly, 1979 - 1996

Millions of Users

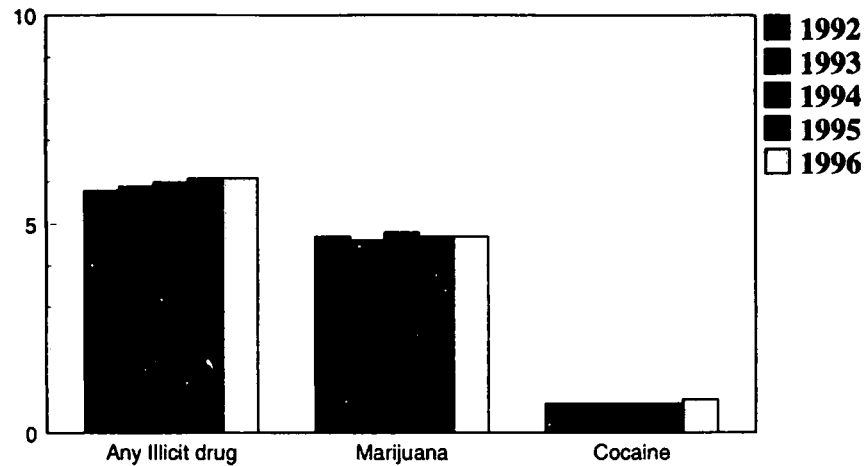


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Source: 1996 Household Survey

Current or Past Month Drug Use Appears to have Stabilized in the Household Population -- 1992 to 1996

Percentage of Household Population

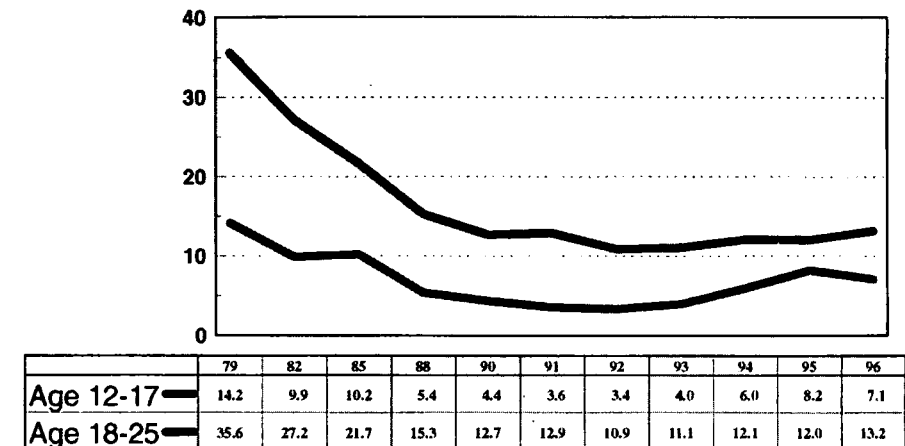


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Source: 1996 Household Survey

Current Use of Marijuana Among those Age 12-17 is Down This Year, but Current Use Among those 18-25 is Up.

Percent Reporting Current, Past Month Use



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Source: 1996 Household Survey

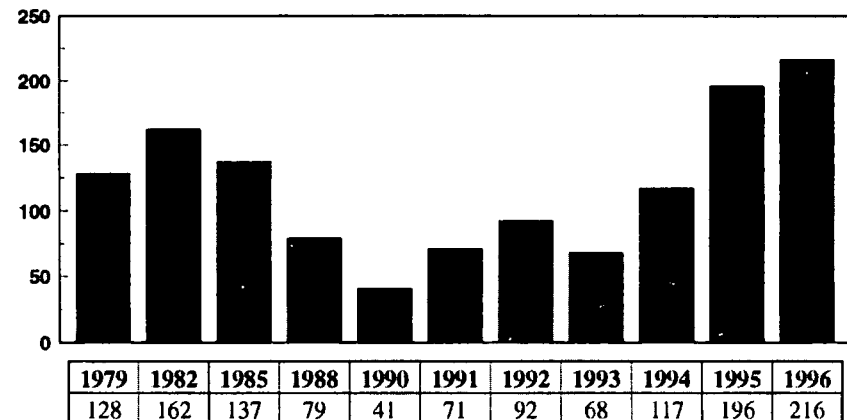
Heroin Use

- Pulse Check indicates that heroin use nationwide is still low, but use is increasing.
- High purity heroin and lower prices contribute to increased use.
- Many heroin users also use other illegal drugs, most often cocaine.
- Majority of users are in the 30s and injecting; younger users beginning to inhale heroin.
- While the numbers are still low, the 1996 Household Survey (NHSDA) shows a significant increase since 1993 in current use of heroin (see next chart).

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While the Numbers are still Low, the NHSDA Shows a Significant Increase Since 1993 in Current Use of Heroin.

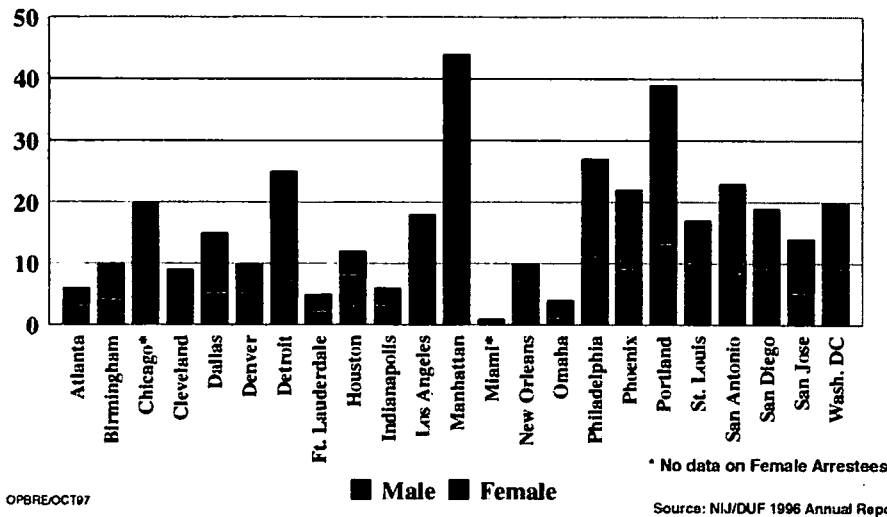
Estimates in Thousands of Users



Source: 1996 Household Survey

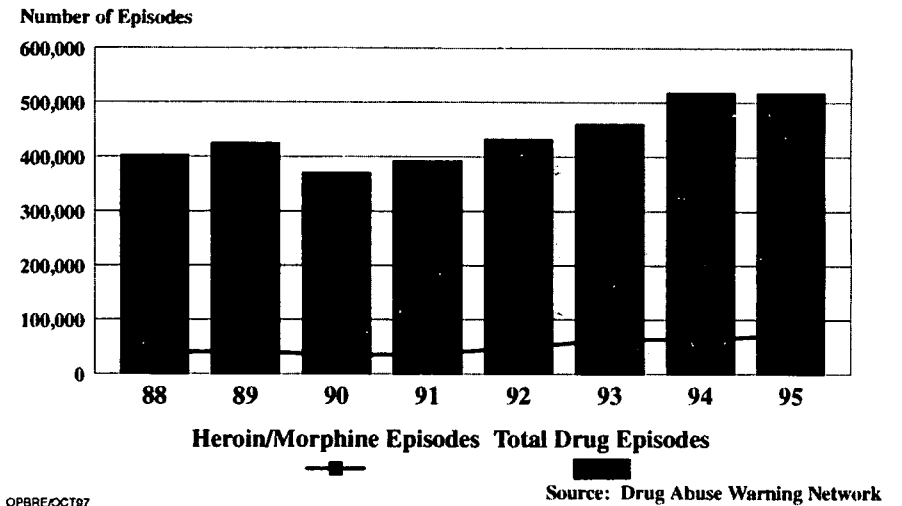
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Percentage of Adult Arrestees Who Tested Positive for Opiate Use in 23 Cities



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Estimated Number of Emergency Department Episodes. Heroin Episodes and Total Episodes, 1988-1995



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Profile of Heroin Users in Treatment

SEX	66% = male; 34% = female
RACE	45.3% = White; 26.6% = Hispanic; 25% = Black
AGE	22.3% = 35-39 years; 19.8% = 30-34 years; 19.6% = 40-44 years
FREQUENCY OF USE	83.9% = daily
EMPLOYMENT	53.7% = not in labor force
EDUCATION	42.7% = high school/GED completed
MARITAL STATUS	53.7% = never married
SOURCE OF INCOME	33.4% = public assistance
# PRIOR TREATMENT EPISODES	29% = 5 or more treatment episodes

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Source: SAMHSA's Treatment Episode Data Set (TEDS)

Problem Heroin Areas in the United States

CEWG*	Pulse Check	DUF**
Newark (Delaware)	Newark (Delaware)	Washington, DC
New York City	New York City	New York City
Seattle	Seattle	Portland
Chicago	Chicago	Chicago
Philadelphia	Bridgeport	Philadelphia
San Antonio	San Antonio/El Paso	San Antonio
Boston	Boston	Detroit
St. Louis	Denver	Phoenix

* Community Epidemiology Working Group
** Drug Use Forecasting System

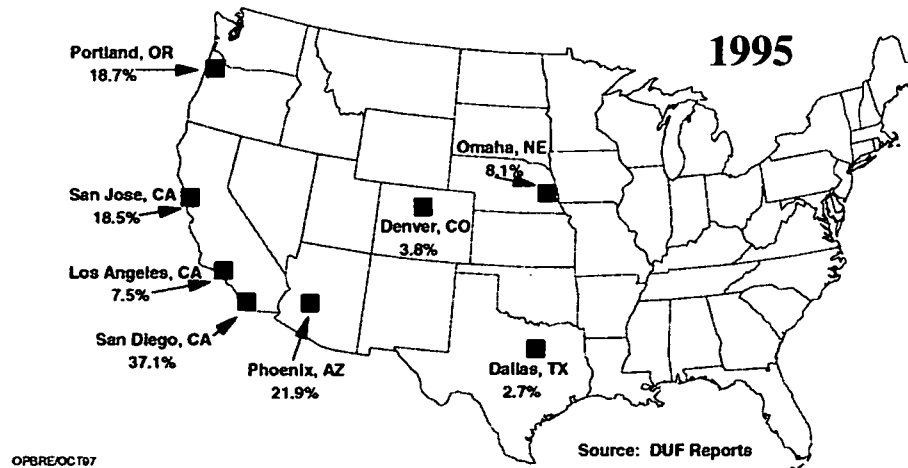
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Methamphetamine Use is Highest in the West

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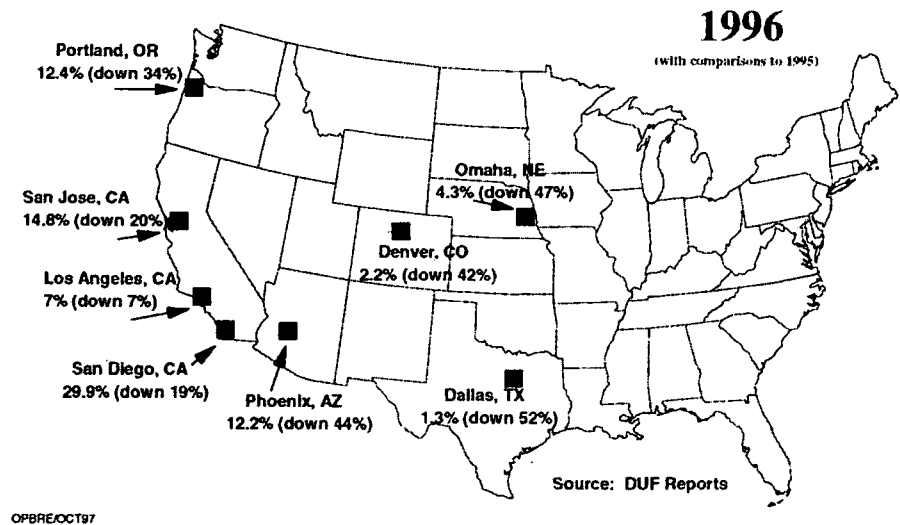
Drug Use Forecasting Sites Where Methamphetamine Use Was Highest in 1995

NOTE: All these cities reported a drop in methamphetamine use in 1996
(see next page for 1996 figures and comparison)



Methamphetamine Use is Still Highest in the West But Rates Dropped Substantially in 1996

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Summary of Current Situation

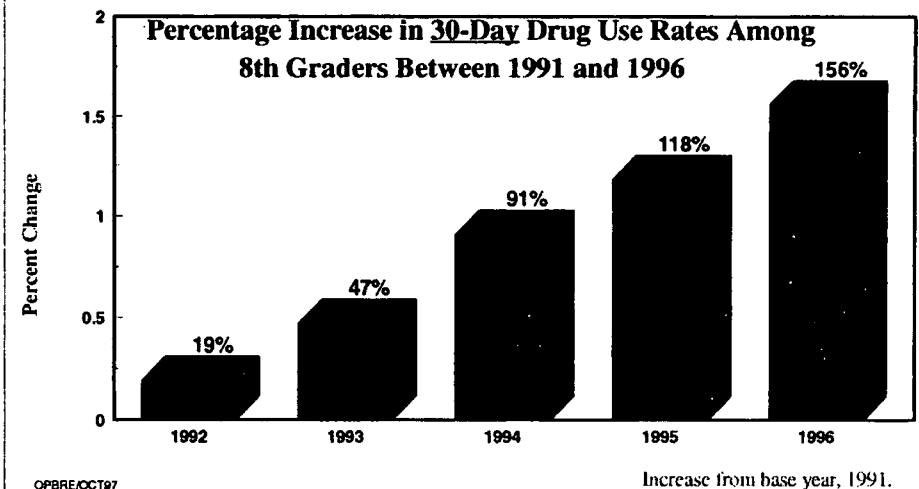
40

- Overall, drug use is down substantially. Since 1979, the number of current users of any illicit drug has declined from 25.4 million to 13 million – a decline of 50 percent.
- This nation is moving away from cocaine. Current use of cocaine in the household population is down from its peak in 1985 of 5.7 million users to 1.7 million in 1996 – a decline of 70 percent.
- Current use of marijuana is also down from 23.8 million users in 1979 to 10.1 million in 1996 – a decline of 58 percent.
- However, marijuana use is increasing dramatically among our young people.
- In addition, both heroin and methamphetamine use are on the rise.
 - There are reports of new, younger users inhaling and smoking heroin, and of increased marketing to new user populations.
 - In some areas, methamphetamine trafficking and use are on the rise.

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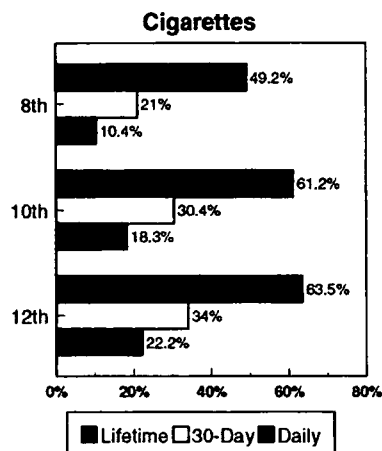
Drug Use: An Emergency Situation Among our Youth

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PREVALENCE OF USE OF CIGARETTES FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- Nearly two-thirds of 12th graders have used cigarettes in their lifetime, more than one in five is a daily user.

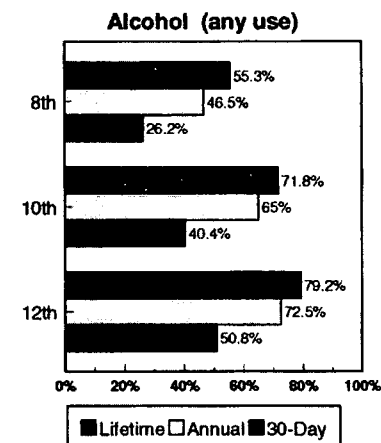


Source: 1996 Monitoring the Future Study

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PREVALENCE OF USE OF ALCOHOL FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- By 12th grade, over three-quarters of students have used alcohol in their lifetime; 51 percent are current users.

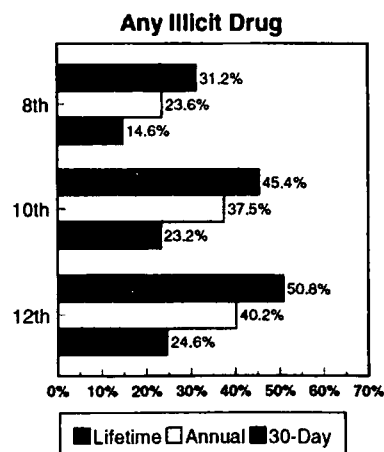


Source: 1996 Monitoring the Future Study

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PREVALENCE OF USE OF ANY ILLICIT DRUG FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- The increase in use between the 10th and 12th grades is much less than the increase between 8th and 10th grades.
- Over 50 percent of 12th graders have tried an illicit drug; nearly one in four are current users.

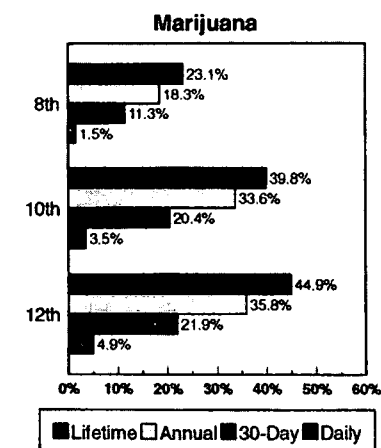


Source: 1996 Monitoring the Future Study

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PREVALENCE OF USE OF MARIJUANA FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- Lifetime, Annual, 30-day, and Daily use among 12th graders is about double that of 8th graders.
- About 45 percent of students have tried marijuana by the time they reach the 12th grade.
- More than one in five 12th graders are current users of marijuana; 1 in 20 are daily users.

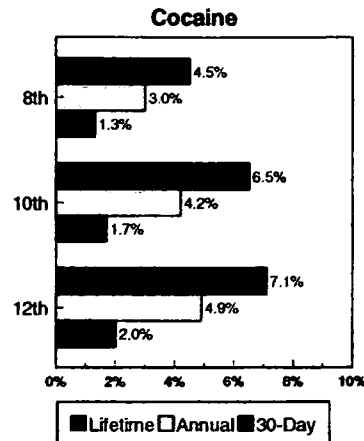


Source: 1996 Monitoring the Future Study

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PREVALENCE OF USE OF COCAINE FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- Cocaine use is much less prevalent among this population.
- Seven percent of 12th graders have used cocaine during their lifetime.
- Two percent are current users of cocaine.

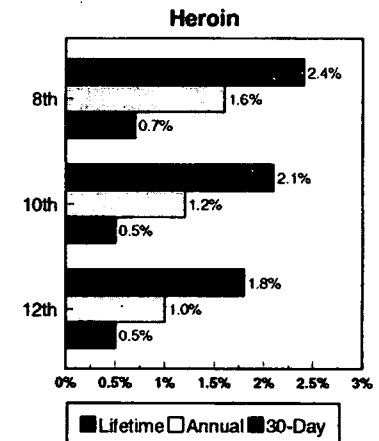


Source: 1996 Monitoring the Future Study

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PREVALENCE OF USE OF HEROIN FOR EIGHTH, TENTH, AND TWELFTH GRADERS, 1996

- The prevalence of use of heroin among 8th, 10th, and 12th graders is low.
- A troubling finding is that Lifetime, Annual, and 30-day use of heroin is greatest among today's 8th graders.
- One-half of a percent of 12th graders are current users of heroin.



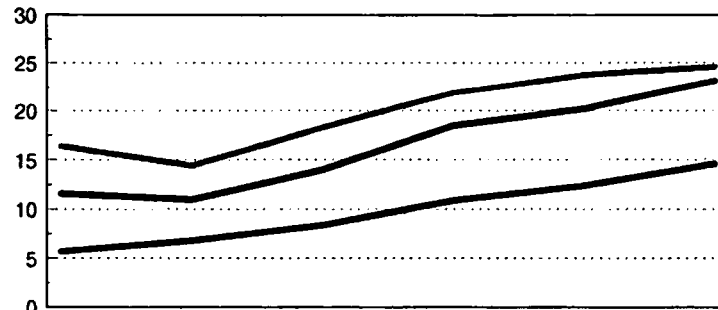
Source: 1996 Monitoring the Future Study

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Problem: Drug Use Among 8th, 10th, & 12th Graders is Increasing

30-Day Use of Any Illicit Drug

Percent who report use.



	1991	1992	1993	1994	1995	1996
8th Grade	5.7	6.8	8.4	10.9	12.4	14.6
10th Grade	11.6	11.0	14.0	18.5	20.2	23.2
12th Grade	16.4	14.4	18.3	21.9	23.8	24.6

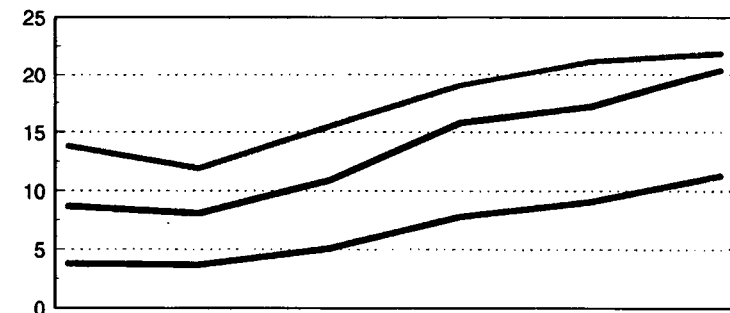
Source: 1996 Monitoring the Future Study

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Problem: 8th, 10th, & 12th Grade Marijuana Use Increasing

30-Day Marijuana Use Up

Percent who report use.



	1991	1992	1993	1994	1995	1996
8th Grade	3.8	3.7	5.1	7.8	9.1	11.3
10th Grade	8.7	8.1	10.9	15.8	17.2	20.4
12th Grade	13.8	11.9	15.5	19.0	21.2	21.9

Source: 1996 Monitoring the Future Study

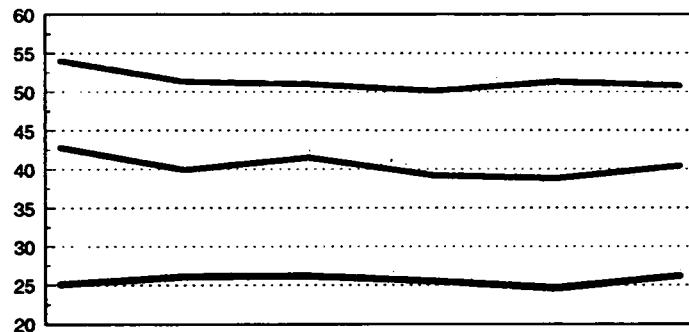
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TRENDS IN 30-DAY USE OF ALCOHOL ARE STABLE

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30-Day Alcohol Use

Percent who report use



	1991	1992	1993	1994	1995	1996
8th Grade	25.1	26.1	26.2	25.5	24.6	26.2
10th Grade	42.8	39.9	41.5	39.2	38.8	40.4
12th Grade	54.0	51.3	51.0	50.1	51.3	50.8

Source: 1996 Monitoring the Future Study

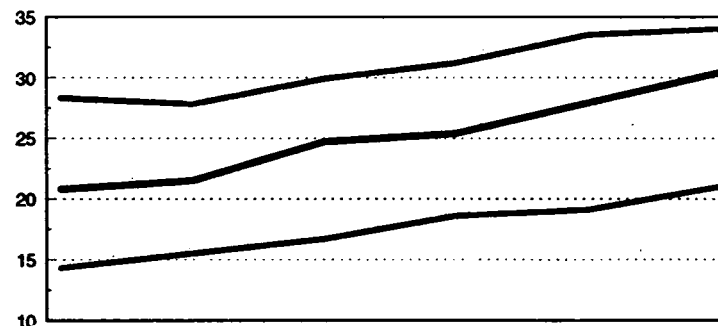
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TRENDS IN 30-DAY USE OF CIGARETTES SHOW RISING USE, ESPECIALLY FOR 10TH GRADERS

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30-Day Cigarette Use

Percent who report use



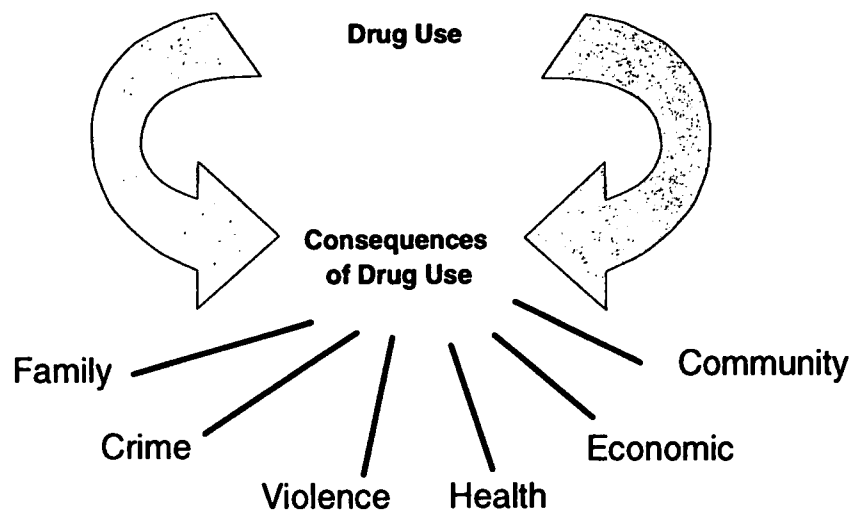
	1991	1992	1993	1994	1995	1996
8th Grade	14.3	15.5	16.7	18.6	19.1	21.0
10th Grade	20.8	21.5	24.7	25.4	27.9	30.4
12th Grade	28.3	27.8	29.9	31.2	33.5	34.0

Source: 1996 Monitoring the Future Study

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Consequences of Drug Use

4



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Consequences of Drug Use

5

The Social Costs of Illicit Drug Abuse Add Up to \$67 Billion Each Year, Most From the Cost of Crime.

U.S. Users Spend Substantially More Than \$50 Billion Annually to Purchase Drugs.

Cocaine and Heroin Problems Fill Up our Hospital Emergency Departments -- Heroin Visits are Rising, Cocaine Visits are Flat.

There are more than 1 Million Drug Arrests Annually -- Half of all Arrestees Test Positive for Illicit Drugs.

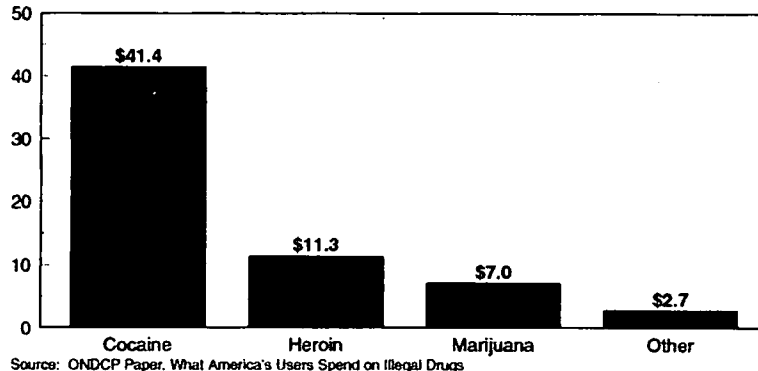
There is a High Correlation for Drug Use and Gang Behavior, Violence, and Carrying a Gun to School

There is a High Incidence of Property Crime Among Drug Users.

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The Money Spent to Buy Drugs Saps the Economic Health of the Nation

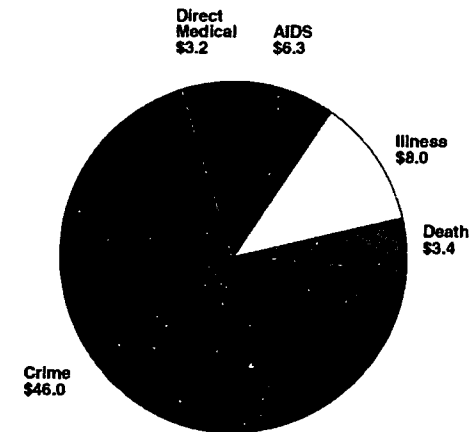
U.S. Users Spend \$62 Billion Annually
Billions of Dollars



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The Social Costs of Illicit Drug Abuse Add Up to \$67 Billion Each Year, Most From the Cost of Crime

Dollars, in Billions



OPBRE/OCT97

Source: Unpublished data, D.P. Rice, Institute for Health and Aging, University of California

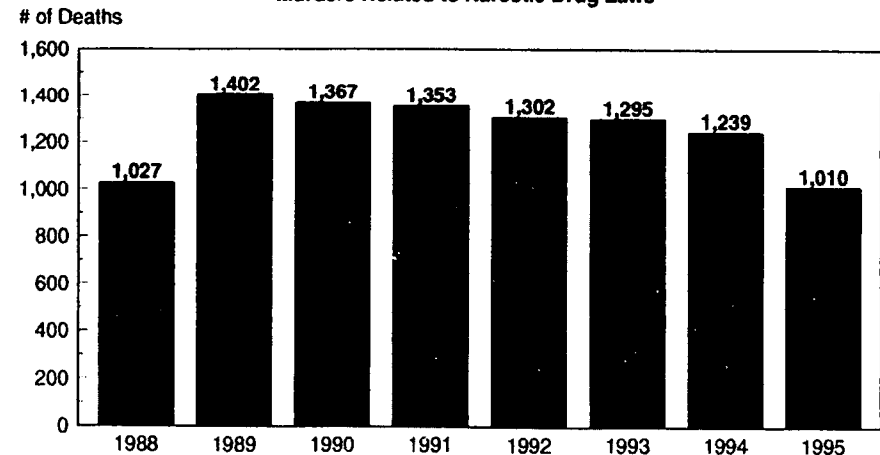
Crime Consequences

- Over 1 million arrests annually
- > 50 % arrestees test positive for illicit drugs
- High incidence of property crime by users
- Violence common to drug trafficking
- High correlation among drug use and gang behavior, violence, and carrying a gun to school

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Drug-Related Murders

Murders Related to Narcotic Drug Laws

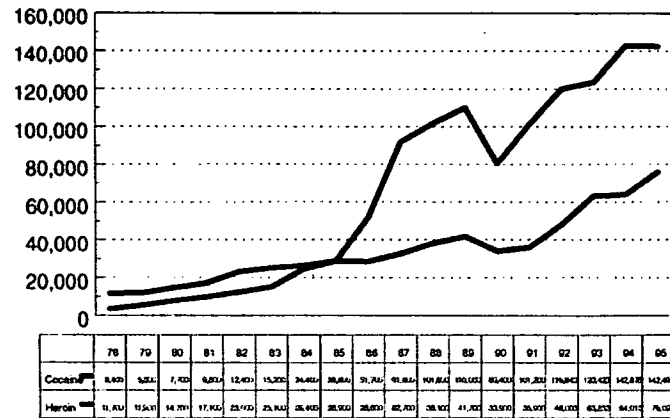


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Source: FBI, Uniform Crime Reports.

Cocaine and Heroin Episodes are Growing Problems in Emergency Rooms

Cocaine and Heroin Hospital Emergency Room Mentions, 1978 - 1995

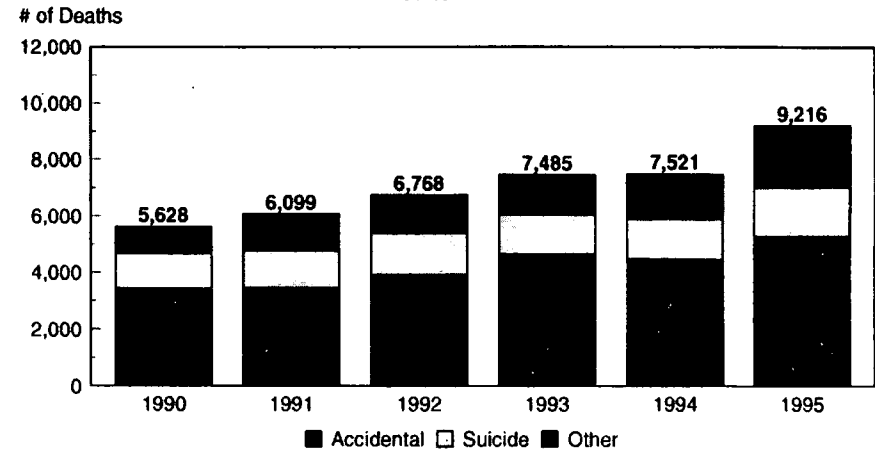


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Source: HHS Drug Abuse Warning Network

DAWN Drug-Related Deaths are Rising

DAWN Medical Examiner Data



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Source: HHS Drug Abuse Warning Network

Drug Related Criminal Activity

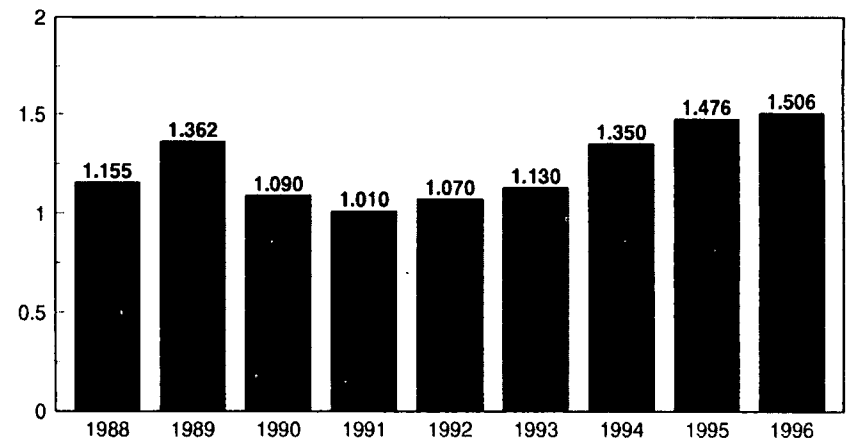
- NIDA study of drug users not in treatment found:
 - 46% report legal-only sources of income
 - 10% report illegal-only sources of income
 - 42% report both legal and illegal sources
 - 2% report no income.
- 30% of illegal income was generated from property crimes; 42% was from commercial sex.

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Source: NIDA, Drug Procurement Study.

Drug Related Arrests are Rising

Arrests for Drug Abuse Violations (in millions)

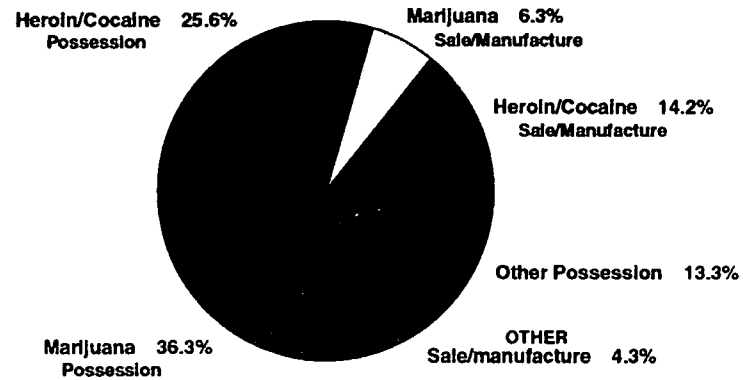


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Source: Uniform Crime Reports, FBI.

Reason For Drug Arrest

Arrests for Drug Abuse Violations, 1996

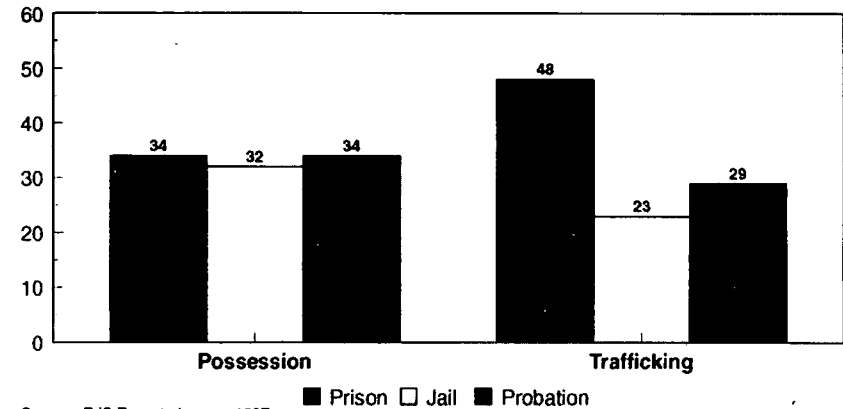


Source: Uniform Crime Reports

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Drug Trafficking Convictions in State Courts Lead to Stiffer Sentences than Drug Possession

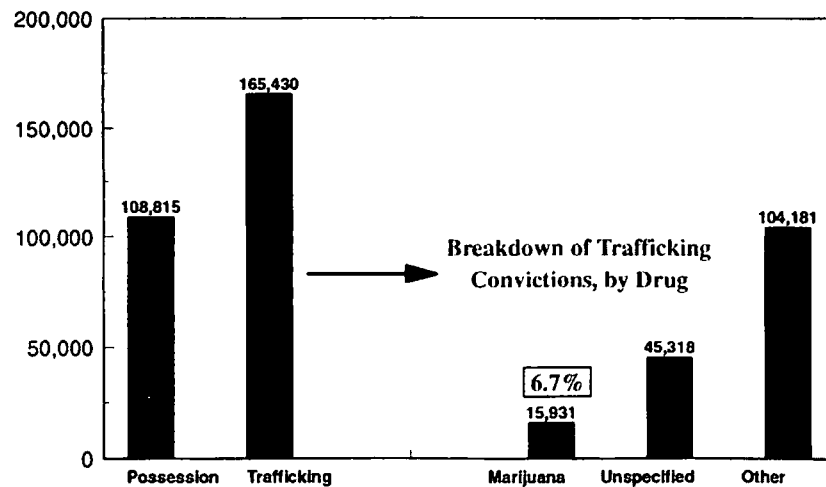
Percent of Felons Sentenced to Prison, Jail, and Probation
(Drug Possession versus Drug Trafficking)



Source: BJS Report, January 1997

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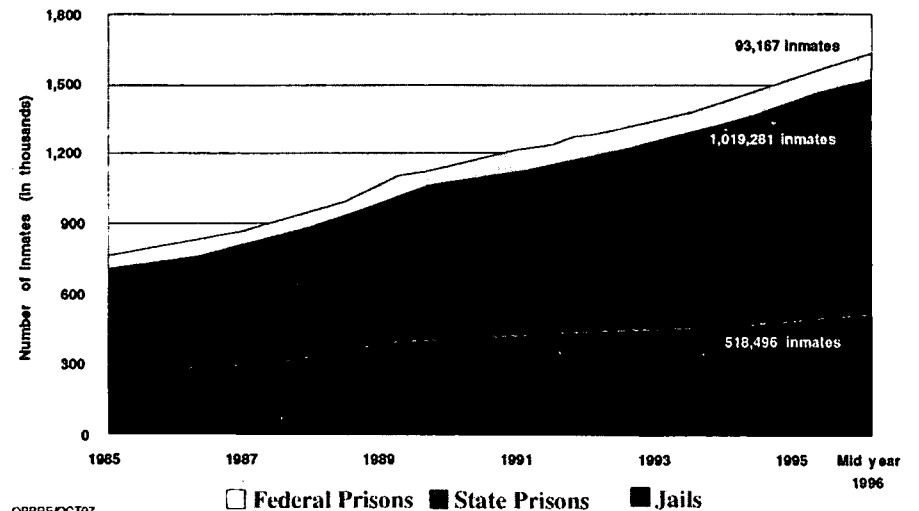
Marijuana Cases Make Up Only a Small Percentage of Felony Drug Trafficking Convictions in State Courts



Source: BJS Report, January 1997

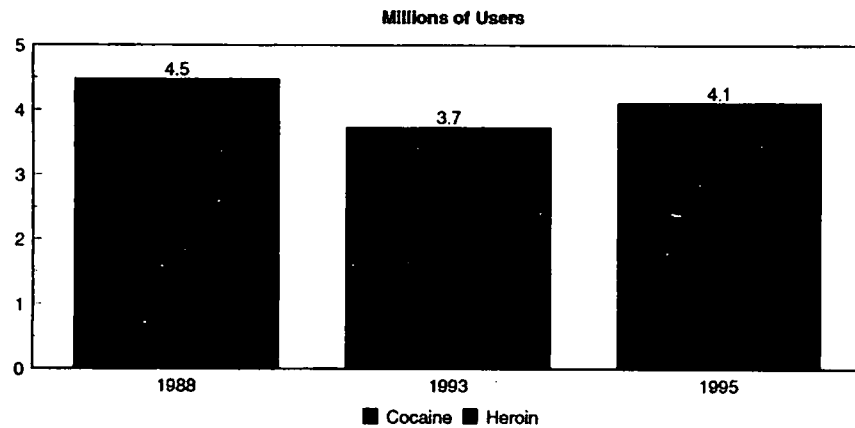
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Number of Persons in Federal and State Prisons and Local Jails, 1985-96



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The Hardcore Drug User Population is Small but Stable -- and the Heart of the Problem

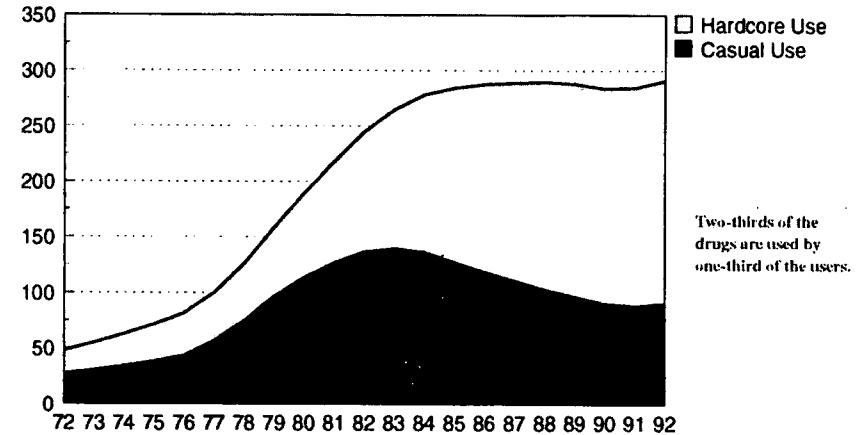


Hardcore users include individuals who use illicit drug at least weekly and exhibit behavioral problems stemming from their drug use.

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Hardcore Users Are Responsible for Most Illicit Drug Consumption, so Keep the Market Alive

Annual Consumption (Metric Tons of Pure Cocaine)



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DRUG TREATMENT

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Treatment Capacity is Not Adequate to Meet the Need

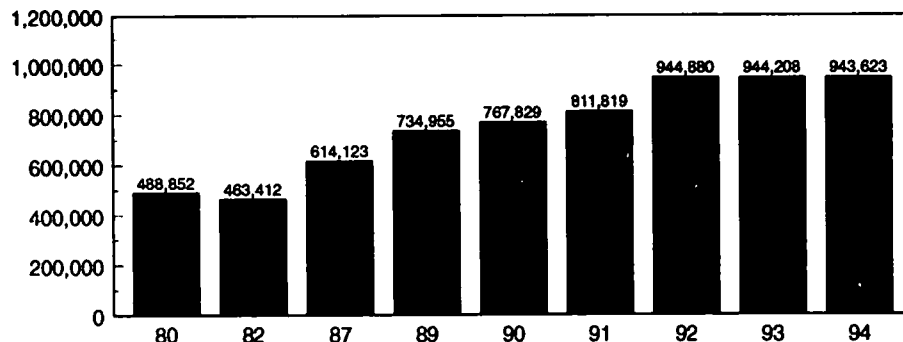
According to HHS --

- 3.8 million users exhibit problems from illicit drug use
- 2.4 of these users need some type of specialty treatment
- Capacity exists for about 1.3 million users
- Treatment Gap of more than 1 million remains

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Trend in Clients in Treatment

**Clients in Specialty Treatment
for Drugs and Alcohol**
(one-day census of active clients)



Source: National Drug and Alcohol Treatment Unit Survey (DHHS, June 1996)

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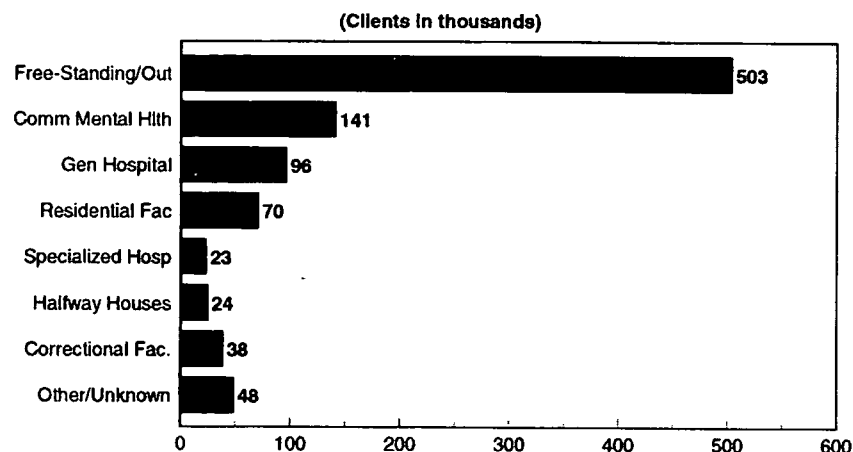
Potential Treatment Capacity

- Total Clients in Treatment: 943,623
- Divided by the Provider Utilization Rate: 74.2 percent
- Equals Total Potential Capacity: 1.3 million users

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Types & Use of Drug and Alcohol Treatment Capacity, 1994

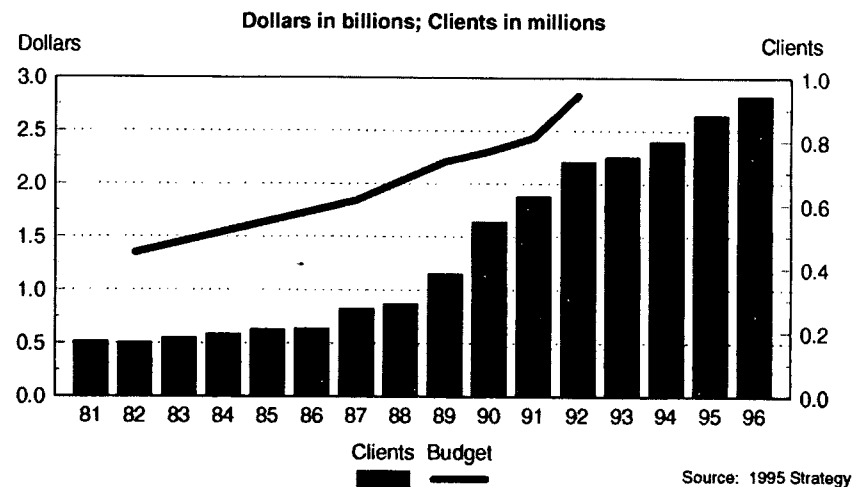
74



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Federal Resources for Treatment Have Helped to Close Gap

75

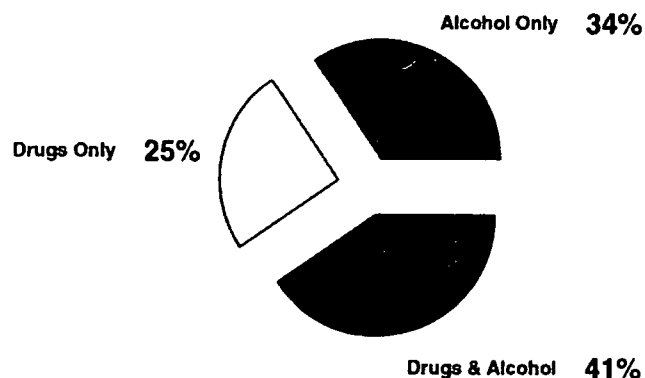


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Client Substance Abuse Problems

76

943,623 Clients In Treatment, 1995

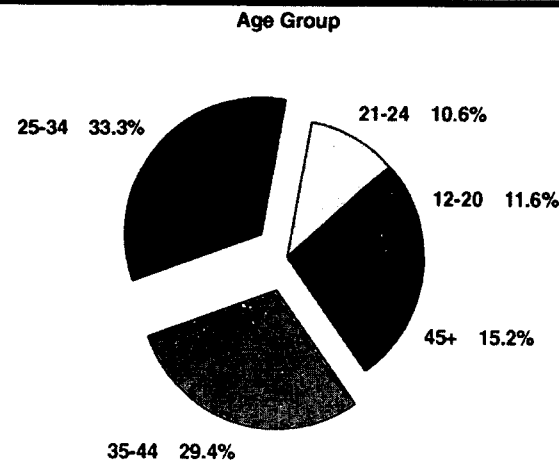


Source: National Drug and Alcohol Treatment Unit Survey (HHS)

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Age Distribution of Those In Treatment (drugs & alcohol)

77



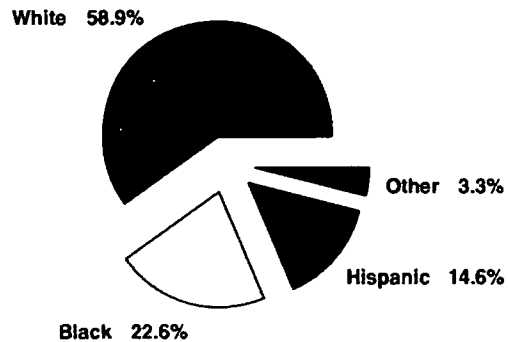
Source: National Drug and Alcohol Treatment Unit Survey (HHS)

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Race/Ethnicity of Clients in Treatment (drugs & alcohol)

78

Clients in Treatment, 1995

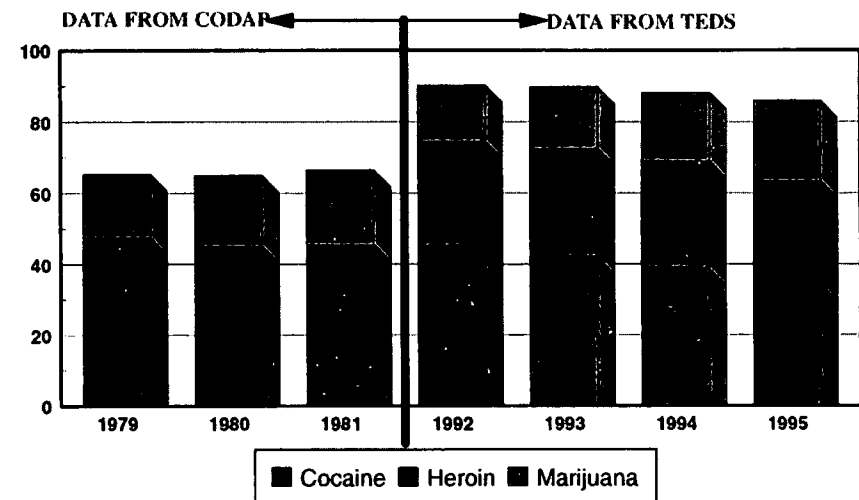


Source: National Drug and Alcohol Treatment Unit Survey (HHS)

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Admissions to Drug Treatment, by Primary Drug of Abuse

79

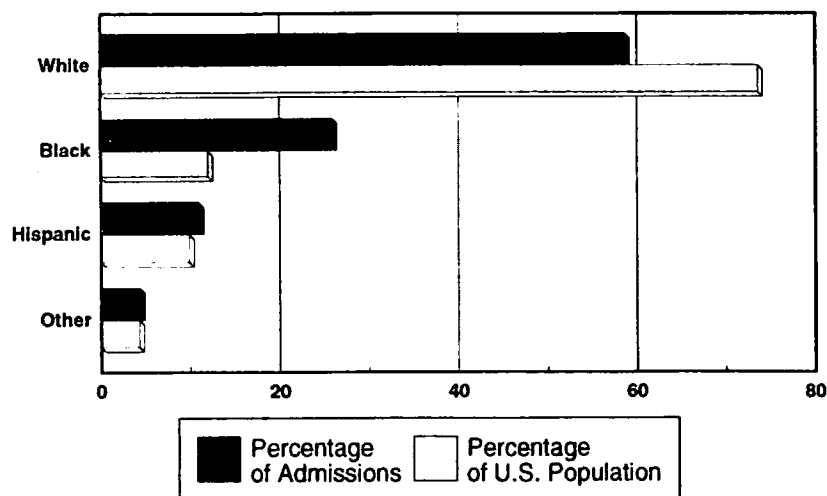


Source: Substance Abuse and Mental Health Services Administration, 1997

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Percent distribution of TEDS panel admissions and U.S. population by race/ethnicity, 1995

80

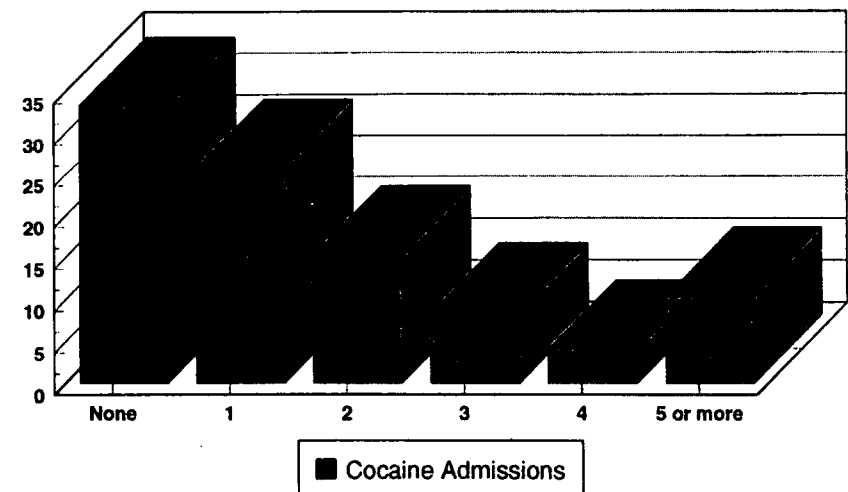


Source: Substance Abuse and Mental Health Services Administration, 1997

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Percent distribution of cocaine admissions by the number of prior treatment episodes, 1995

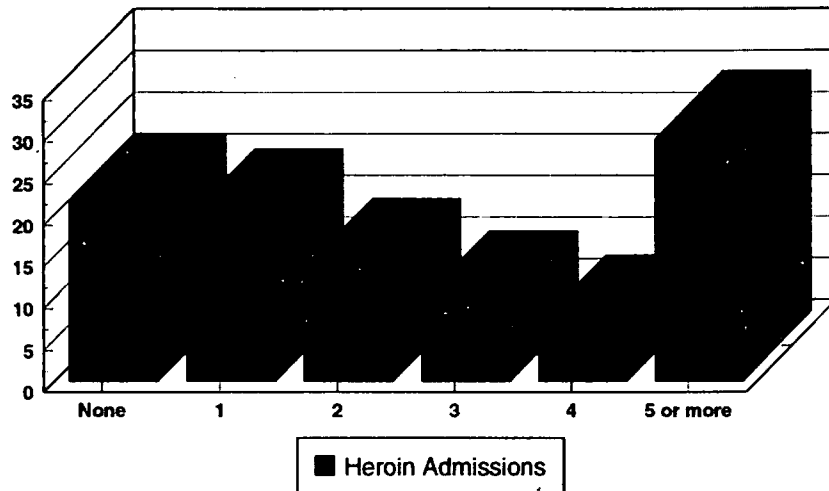
81



Source: Substance Abuse and Mental Health Services Administration, 1997

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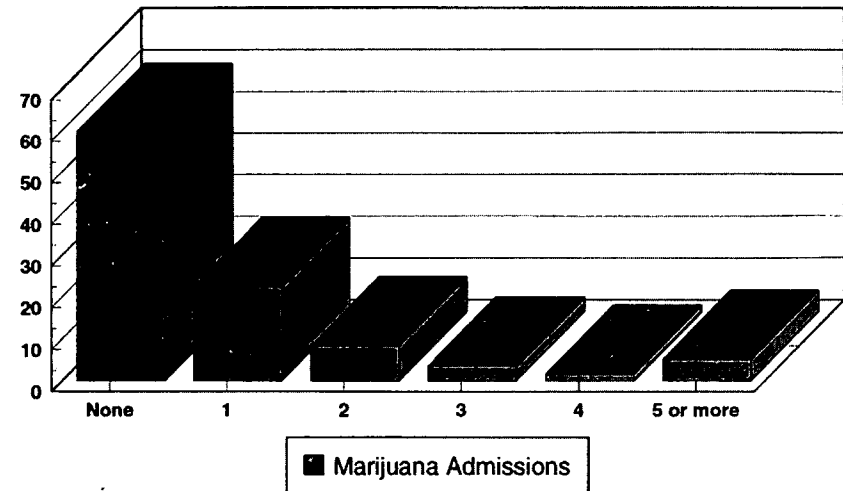
Percent distribution of heroin admissions by the number of prior treatment episodes, 1995



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Source: Substance Abuse and Mental Health Services Administration, 1997

Percent distribution of marijuana admissions by the number of prior treatment episodes, 1995



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Source: Substance Abuse and Mental Health Services Administration, 1997

Treatment Costs and Effects

Type of Treatment	Percent of Treatments	Cost Per Treatment	Effects per Treatment	
			Off Cocaine In Treatment	Off Heavy Use After Treatment *
Outpatient	77%	\$760	73%	34%
Residential	23%	\$5100	99%	38%
Weighted Avg	--	\$1740	79%	35% **

Source: Rand, 1994.

* For those who are in treatment for at least 3 months.

** ONDCP estimate of weighted average effective rate.

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Benefits From Treatment to Society Are Significant

■ 94 California Study (CALDATA) reported:

- Cost of treating 150,000 drug addicts in 92 was \$209 million.
- Benefits worth \$1.5 billion, mostly from reduced crime.
- Benefits were to the taxpayer (fewer crimes) and society (fewer disability payments, welfare transfers).

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Treatment has been Proven to be Effective

The key findings of the Cakdata study are as follows:

- Treatment can generate a seven to one return on investment. The study estimated that the \$209 million cost of providing treatment to 150,000 individuals generated an estimated \$1.5 billion in savings (mostly due to reduction in crime).
- Treatment reduces drug use. Illegal drug use by participants dropped by 40 percent as a result of treatment.
- Treatment reduces drug-related illness. Hospitalization rates dropped by a third after treatment.
- Post-treatment criminal activity correlates with the length of treatment programs. While overall criminal activity of surveyed individuals dropped by two-thirds after completion of treatment, the greater the time spent in a treatment program, the greater the reduction in individual criminal activity.
- Treatment can be effective for all. All populations — men and women, young and old, African-American, Hispanic, and white — experienced generally equal treatment effectiveness for each type of program studied.

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Treatment has been Proven to be Effective (continued)

The Cakdata findings were corroborated by the 1996 National Treatment Improvement Evaluation Study's conclusions that:

- Treatment reduces drug use. Clients reported reducing drug use by about 50 percent in the year following treatment.
- All types of treatment programs can be effective. Methadone maintenance programs, non-methadone outpatient programs, and both short and long-term residential programs demonstrated an ability to reduce drug use among participants.
- Criminal activity declines after treatment. Reports of "beating someone up" decreased from 49.3 to 11 percent, and reports of arrests decreased from 48.2 to 17.2 percent comparing the year before with the year following treatment.
- Health improves after treatment. Substance abuse-related medical visits decreased by more than 50 percent and in-patient mental health visits by more than 25 percent after treatment. So, too, did risk indicators of sexually-transmitted diseases.
- Treatment improves individual well-being. Following treatment, employment rates increased while homelessness and welfare receipts both decreased.

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SUPPLY REDUCTION

90

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1993: A New Approach to Reducing the Drug Supply Began

91

- **Broaden Interdiction to Include the Three Primary Areas for Impact**
- **Recognize that Interdiction Can Only Have a Limited Impact on the Flow of Drugs and Must be Supported by Other Programs and Approaches, if it is to Succeed**
- **Focus Attention on the Source of Drugs in What are Termed the Source Countries**

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Interdiction Strengths and Weaknesses

92

- **Interdiction alone cannot greatly impact the drug flow**
- **Without production control at the source, with each interdiction, producers can simply produce more**
- **Targetted interdiction, based on solid intelligence data, has the greatest chance of success**

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The Source Country Focus

93

- **Provides for better intelligence, so interdiction assets can be strategically placed and efficiently used**
- **Focuses attention close to where drugs are produced, increasing the leverage from each action**
- **Limits production to maximize the impact from interdiction**

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Source Country Focus (cont.)

- Interdiction is most effective when it occurs closest to the source because alternative supplies of coca leaf and base are limited
- Thus, stopping the flow of drugs before it can be moved out into the broader expanse of the transit zone is the most effective strategy

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Breaking Up the Delivery System

- Our strategy also focuses on breaking up the delivery system, at all levels
- The air bridge between Peru and Colombia is a weak link, and there has been success there
- Peru and Colombia end game participation is key to success
- Attacking that air bridge causes backups all the way up the line

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Significant Successes

- Increasing End Game Action in Colombia and Peru
- Air Bridge broken
- Paste and leaf prices fall close or below the cost of production in much of Peru
- Farmers are neglecting and abandoning coca fields
- Price for hiring pilots has risen dramatically

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Action Against Cartel Leadership

- Attacking the cartel leadership structure is key to disruption of business
- Focus on arresting and prosecuting leaders
- Requires substantial political will by source countries

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Current Successes and Results

- Six of the seven Cali Cartel leaders have been arrested, the seventh killed resisting arrest
- Scrambling for alternative delivery methods as flight paths are blocked
- Transit Zone interdiction is down
- Worldwide interdiction is the same or better than when we spent far more of the Federal budget on interdiction in the transit zone
- We are getting better results for less
- We are more effective in attacking the structure

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FEDERAL-WIDE DRUG SEIZURE SYSTEM ANNUAL SEIZURES, BY FISCAL YEAR

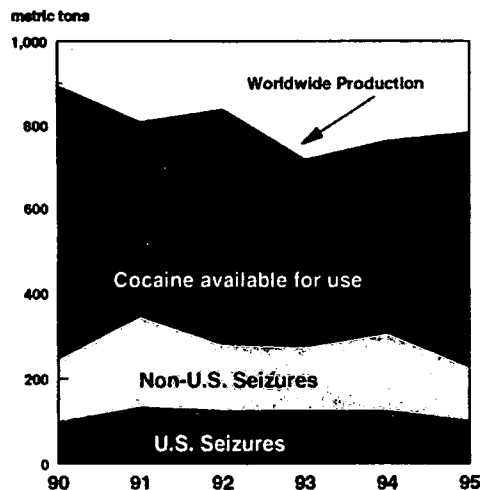
	1990	1991	1992	1993	1994	1995	1996*
COCAINE (METRIC TONS)	107.3	111.7	137.6	110.8	130	102.5	108.1
HEROIN (KILOS)	815.0	1,374.4	1,157.2	1,594.8	1,270.5	1,162.4	1,524.8
CANNABIS (METRIC TONS)	227.5	303.3	358	362.9	361.7	499.3	544.6

Source: DEA's FDSS Report (4/22/97)

*FY 1996 figures are preliminary and subject to updating.

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Cocaine Seizures versus Production



U.S. and foreign governments interdict about one-third of worldwide cocaine production:

Worldwide production has ranged generally between 800 to 900 metric tons since 1990.

U.S. cocaine seizures have averaged 113 metric tons per year over the 1990 to 1995 period.

Foreign government seizures have averaged 168 metric tons over the same period.

U.S. cocaine seizures are up in 1996 – 66.5 metric tons of cocaine were seized in the first three quarters of 1996, up 4 percent compared to the same period in 1995.

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