

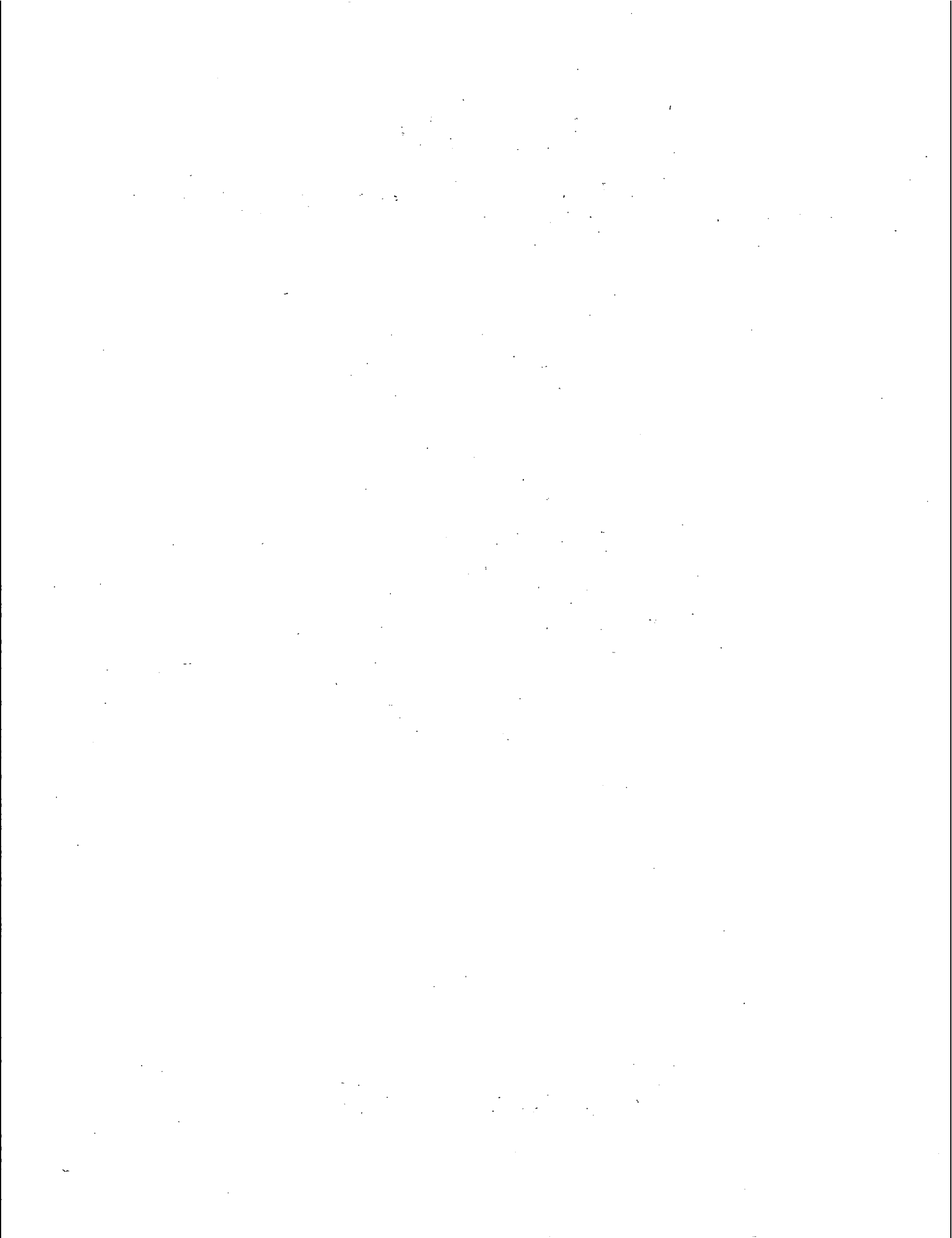
The 1999 *National Drug Control Strategy*



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Overview Briefing



**EXECUTIVE OFFICE OF THE PRESIDENT****OFFICE OF NATIONAL DRUG CONTROL POLICY**

Washington, D.C. 20503

Highlights of the 1999 National Drug Control Strategy

- Overall objective is to achieve a 50 percent reduction in drug use and availability and at least a 25 percent reduction in their consequences.
- Takes a long-term, holistic view of the nation's drug problem and recognizes the significant effect drug abuse has on the nation's public health and safety.
- Maintains that no single solution can suffice to deal with the multifaceted challenge that drug abuse represents. Demand and supply reduction efforts complement and support one another.
- Primary goal is to educate and enable our youth to reject substance abuse. If we can bring the almost seventy million American children to adulthood free of substance abuse, the vast majority will avoid drug dependency for the rest of their lives.
- Endorses treatment for the more than four million chronic users who constitute a major portion of domestic demand and suffer from poor health, unstable family relations, and other negative consequences of substance abuse.
- Addresses substance abuse by offenders. A third of state prisoners and one in five federal prisoners said they had committed their current offense while under the influence of drugs. Many non-violent, drug-related offenders will respond to a zero tolerance drug supervision program that includes treatment for substance abuse as required in lieu of incarceration.
- Views law enforcement as essential to reducing drug use in the United States and the first line of defense against drug trafficking.
- Stresses the need to protect borders from drug incursion and to cut drug supply more effectively in domestic communities.
- Seeks to curtail illegal drug trafficking in the transit zone via interdiction.
- Focuses on supply-reduction operations at the source.
- Supports international efforts to curtail drug production and trafficking.
- Based on the best available research and well-designed technological, informational, and intelligence systems.
- Backed by a budget that, with help from on-going feedback from ONDCP's performance measures of effectiveness system, will apply increasingly more effective approaches to the nation's drug problem.

February 22, 1999

Strategic Goals and Objectives of the

Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

- Objective 1: Educate parents and other care givers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.
- Objective 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.
- Objective 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.
- Objective 4: Provide students in grades K- 12 with alcohol, tobacco, and drug prevention programs and policies that are research based.
- Objective 5: Support parents and adult mentors in encouraging youth to engage in positive, healthy lifestyles and modeling behavior to be emulated by young people.
- Objective 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.
- Objective 7: Create partnerships with the media, entertainment industry, and professional sports organizations to avoid the glamorization, condoning, or normalization of illegal drugs and the use of alcohol and tobacco by youth.
- Objective 8: Develop and implement a set of research-based principles upon which prevention programming can be based.
- Objective 9: Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

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

- Objective 1: Strengthen law enforcement — including federal, state, and local drug task forces — to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.
- Objective 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.
- Objective 3: Help law enforcement to disrupt money laundering and seize and forfeit criminal assets.
- Objective 4: Break the cycle of drug abuse and crime.
- Objective 5: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

1999 National Drug Control Strategy

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

- Objective 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.
- Objective 2: Reduce drug-related health problems, with an emphasis on infectious diseases.
- Objective 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes: drug testing, education, prevention, and intervention.
- Objective 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.
- Objective 5: Support research into the development of medications and related protocols to prevent or reduce drug dependence and abuse.
- Objective 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.
- Objective 7: Support and disseminate scientific research and data on the consequences of legalizing drugs.

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

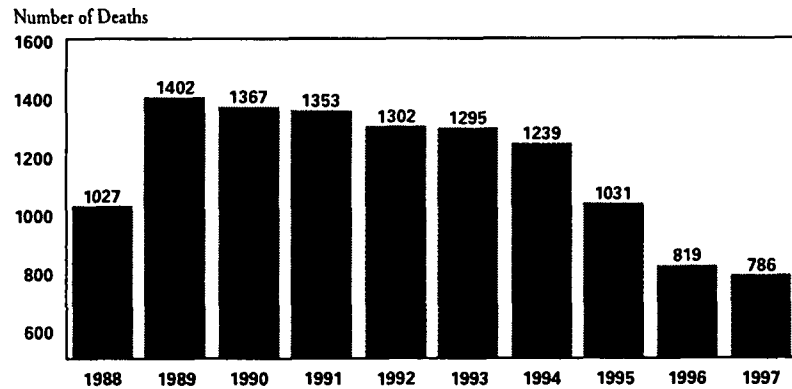
- Objective 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.
- Objective 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.
- Objective 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit zone countries in order to reduce the flow of illegal drugs into the United States.
- Objective 4: Support and highlight research and technology — including the development of scientific information and data — to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Goal 5: Break foreign and domestic drug sources of supply.

- Objective 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.
- Objective 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.
- Objective 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.
- Objective 4: Develop and support bilateral, regional, and multilateral initiatives and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.
- Objective 5: Promote international policies and laws that deter money laundering and facilitate anti-money laundering investigations as well as seizure and forfeiture of associated assets.
- Objective 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Drug Related Murders Continue to Decline

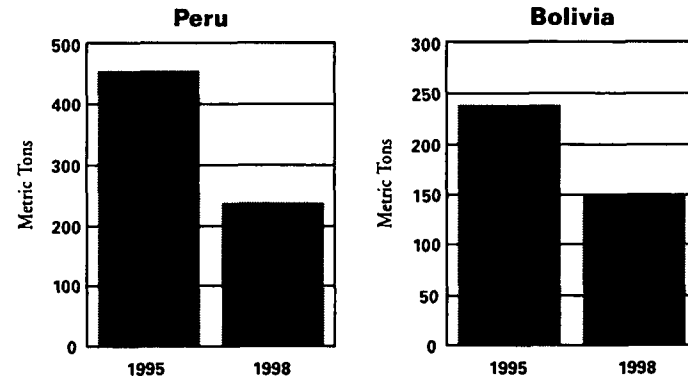
Murders related to narcotic drug laws



Source: FBI, Uniform Crime Reports

Cocaine Production in Peru and Bolivia Has Declined Dramatically

1995 to 1998

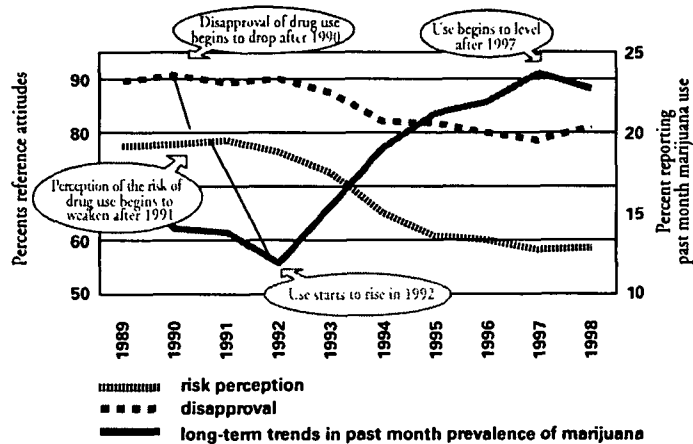


Source: ONDCP 1999

National Anti-Drug Policy is Working

Youth Attitudes Determine Youth Marijuana Use

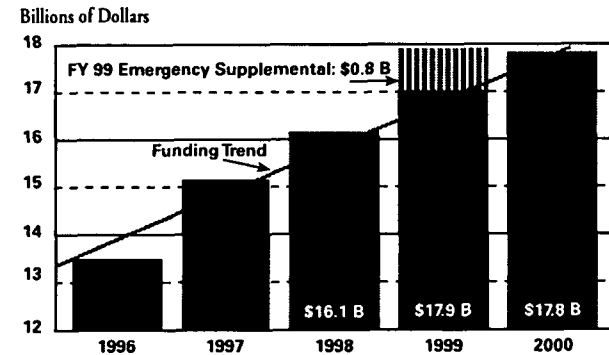
The Case of 12th Graders



Source: 1998 Monitoring the Future Study

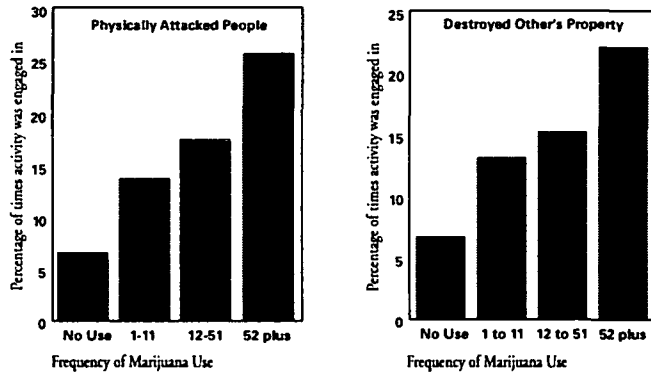
National Drug Control Budget Funding Trend Up

FY 1996 to FY 2000



Aggressive Anti-Social Behavior is Clearly Linked to Marijuana Use

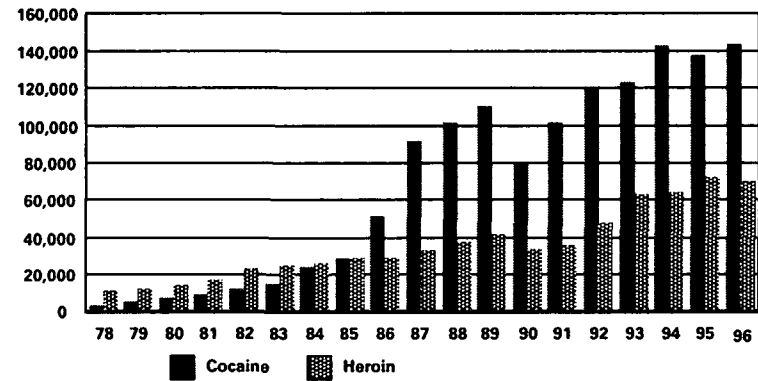
Percentage of those ages 12 to 17 who reported aggressive behavior in past 6 months, by number of days marijuana was used in the past year



Source: NIMDA Household Survey Data, 1994-1996

The Health Impact of Drug Abuse

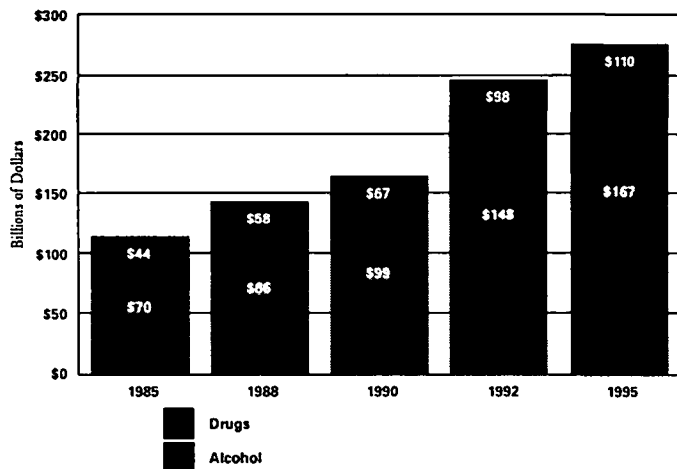
Cocaine and heroin hospital emergency room mentions, 1978-1996



Source: HHS Drug Abuse Warning Network

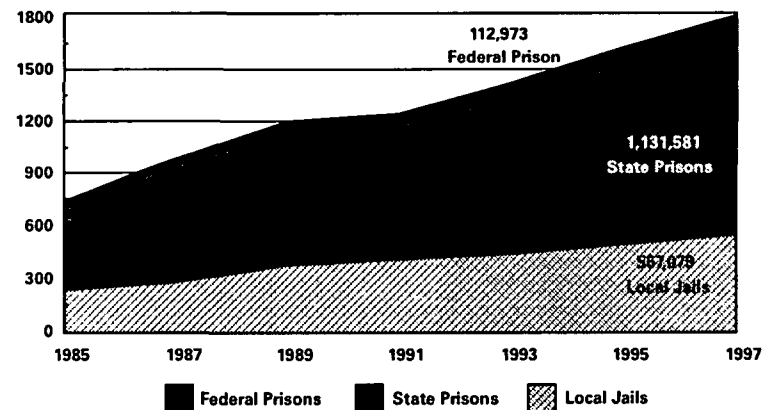
But We Still Have A Challenge.

The Social Costs of Drug and Alcohol Abuse



Source: Rice et al. 1993; Robert Wood Johnson Foundation, 1993; National Institute on Drug Abuse & National Institute on Alcohol Abuse and Alcoholism, March 1993

1.8 Million Americans are Incarcerated: An All-Time High



Source: Bureau of Justice Statistics, 1998



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**1999 National Drug Control Strategy
America's Drug Abuse Profile**

Overall Trends. In 1997, there were 13.9 million current users of any illicit drug in the total household population aged 12 and older, down from the peak year of 1979, when 25 million (or 14.1 percent of the population) abused illegal drugs. The 13.9 million number represents 6.4 percent of the total population and is statistically unchanged from 1996. 36 percent aged twelve and older have used an illegal drug in their lifetime. Of these, more than 90 percent used either marijuana or hashish and approximately 30 percent tried cocaine. There are an estimated 4 million chronic drug users in America: 3.6 million chronic cocaine users (primarily crack cocaine) and 810,000 chronic heroin users.

Juvenile Trends. Drug use among 12-17 year olds declined slightly in 1997 and 1998. Between 1992 and 1996, it had more than doubled among 8th graders, doubled among 10th graders, increased by 50 percent among 12th graders. Use of inhalants declined among 8th graders from 5.6 percent in 1997 to 4.8 percent in 1998. In 1998 alcohol use decreased among 10th graders, and remained stable among 8th graders and 12th graders, albeit at unacceptably high levels. Past-month use of cigarettes slightly declined among 8th, 10th, and 12th graders from 1997 to 1998. However, every day more than 6,000 people aged eighteen or younger try their first cigarette, and more than 3,000 people aged eighteen or younger become daily smokers.

Drug Availability. In 1997, an estimated 289 metric tons (MTs) of cocaine were available in the U.S., the lowest amount since the 1980s and far below the peak of 529 MTs in 1992. 145 MTs of cocaine were seized enroute to the U.S. in 1998. Marijuana remains readily available. Information about heroin price and purity is imprecise. In 1998 the average retail price for a pure gram of heroin was approximately \$1,799; the wholesale price was \$318. These prices were significantly lower than in 1981, when the retail price per gram was estimated to be \$3,115 and the wholesale price \$1,194. The average purity for retail heroin in 1998 was 25 percent, much higher than 1991's average of 19 percent. Methamphetamine remains the most prevalent synthetic drug.

Consequences of Drug Abuse. Drug-related deaths climbed throughout the 1990s but have leveled off at about 9,300. Drug-related medical emergencies remain near historic highs but remained statistically constant, with 514,347 episodes in 1996 and 527,058 in 1997. Illegal drugs cost our society approximately \$110 billion each year.

Drugs and Crime. More than 60 percent of adult male arrestees tested positive for drugs in twenty major cities in 1997. Drug offenders account for 25 percent of the growth in the state prison population and 72 percent of the growth in the federal prison population since 1990.

Drugs and the Workplace. 6.7 million current illegal drug users were employed full-time in 1997. Another 1.6 million current users worked part-time. Drug abuse is twice as prevalent among the unemployed compared to those employed full-time.



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1999 National Drug Control Strategy FY 2000 National Drug Control Budget

Summary: In total, drug control funding recommended for FY 2000 is **\$17.8 billion**, an increase of **\$735 million (+4.3%)** over FY 1999 regular appropriations of **\$17.0 billion**.

- In addition to regular appropriations, federal drug control agencies received \$844 million for emergency purposes in FY 1999. With this emergency funding, drug control appropriations total \$17.9 billion in FY 1999.
- **Demand Reduction Programs:** Spending that supports drug education, prevention and treatment programs increases by **\$210.0 million (+3.6%)** in FY 2000 over FY 1999 regular appropriations.
- **Supply Reduction Programs:** Spending that supports drug law enforcement efforts increases by **\$524.8 million (+4.7%)** in FY 2000 over FY 1999 regular appropriations.

Major Increases: Prevention and Treatment Programs

1. Youth Prevention:

School Coordinators: +\$15 million. These additional resources will expand the School Coordinator program, started in FY 1999. With this increase, total funding for this initiative will be \$50 million in FY 2000. This program will support the hiring of drug prevention coordinators in nearly half of the middle schools across the country to help improve the quality and effectiveness of drug prevention programs.

National Youth Anti-Drug Media Campaign: +\$10 million. This additional funding brings the budget for ONDCP's Media Campaign to \$195 million in FY 2000. With this money, ONDCP will continue its targeted, high impact, paid media campaign designed to change naive adolescent perceptions of the dangers and social approval of drugs.

Youth Tobacco Prevention: +\$61.0 million. The Centers for Disease Control and Prevention will receive an increase of \$27.0 million in drug-related funds to extend state-based efforts to conduct comprehensive programs to reduce and prevent tobacco use. The Food and Drug Administration will receive an additional \$34.0 million in drug-related funding in FY 2000 to expand implementation of its final rule intended to halt the supply of tobacco products to children.

2. Criminal Justice Programs:

Drug Intervention Program: +\$100 million. This initiative, funded through the Office of Justice Programs, will provide drug abuse assistance to state and local governments to develop and implement comprehensive systems for drug testing, drug treatment and graduated sanctions for offenders.

Drug Courts: +\$10 million. These additional resources will bring total funding for the Drug Courts program to \$50 million in FY 2000. This program provides alternatives to incarceration through using the coercive power of the court to force abstinence and alter behavior with a combination of escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.

3. Treatment:

Treatment Capacity Expansion Grants: +\$55 million. This additional funding will help the Substance Abuse and Mental Health Services Administration (SAMHSA) expand the availability of drug treatment in areas of existing or emerging treatment need.

Substance Abuse Block Grant Program: +\$30 million (\$24.8 million drug-related). This increase for SAMHSA's Substance Abuse Block Grant will provide funding to states for treatment and prevention services. This program is the backbone of federal efforts to reduce the gap between those who are actively seeking substance abuse treatment and the capacity of the public treatment system.

4. Law Enforcement & International Programs

Southwest border - INS: +\$50 million (\$7.5 million drug-related). INS will continue to deploy the Integrated Surveillance Information System (ISIS). ISIS, which incorporates infrared and color cameras with ground sensors, will aid Border Patrol enforcement efforts and drug interdiction along the Southwest border.

International Programs - State: +\$29 million. These new resources over FY 1999 (excluding emergency funding) are requested for the Bureau of International Narcotics and Law Enforcement Affairs (INL). This additional funding includes support for Andean countries, Mexico, and assistance to international organizations.

DEA Drug Intelligence: +\$22 million. This funding will provide \$13 million to accelerate implementation of DEA's FIREBIRD office automation system. FIREBIRD includes e-mail, uniform word processing and other forms of office automation that will provide DEA with more sophisticated electronic investigative records. Once fully deployed, FIREBIRD will allow DEA components located around the world to act as one cohesive unit through instantaneous access to critical law enforcement and intelligence information. In addition, \$9

million will enhance DEA's Special Operations Division by providing critical support for Title III investigations aimed at dismantling drug trafficking organizations.

Forward Operating Locations - DoD: +\$73.5 million. The drug control budget for the Department of Defense includes these additional resources in FY 2000 for restructuring SOUTHCOM's theater counterdrug architecture, which will include the development of three Forward Operating Locations (FOLs). These FOLs will support transit and source zone air operations in SOUTHCOM's area of responsibility.



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1999 National Drug Control Strategy
Performance Measures of Effectiveness System

OVERVIEW. Strategy links ends, ways, and means. Progress toward a strategy's goals and objectives must be constantly assessed in order to gauge success or failure and adjust the strategy accordingly. ONDCP has therefore, in conjunction with national drug-control program agencies, Congress, state and local officials, and private citizens with experience in demand and supply reduction, developed a Performance Measurement of Effectiveness (PME) system to orient drug-control efforts. This system (1) assesses the effectiveness of the *Strategy*, (2) provides information to the entire drug-control community on what needs to be done to refine policy and programmatic directions, and (3) assists with drug program budget management.

The PME system identifies ninety-seven performance targets, of which twelve indicate the impact of national drug-control activities on the *Strategy's* five overarching goals. The other eighty-five measure progress toward the *Strategy's* thirty-one supporting objectives. These targets represent desired end-states for the years 2002 and 2007. They are "stretch targets" in that they require progress above that attained in previous years. This assessment is in keeping with recommendations of the National Academy of Public Administration, the General Accounting Office, and other organizations advocating good government practices. The overall performance system is described in detail in a companion volume to the *Strategy -- Performance Measures of Effectiveness: Implementation and Findings*.

Progress toward each goal and objective will be gauged using existing research and new surveys. Monitoring the Future and the National Household Survey of Drug Abuse, for example, both estimate risk perception, rates of current use, age of initiation, and life-time use for alcohol, tobacco, and most illegal drugs. The ADAM system and DAWN indirectly measure the consequences of drug abuse. The State Department's annual *International Narcotics Control Strategy Report* (INCSR) provides country-by-country assessments of initiatives and accomplishments. INCSR reviews statistics on drug cultivation, eradication, production, trafficking patterns, and seizure along with law-enforcement efforts including arrests and the destruction of drug laboratories. The Subcommittee on Data, Research, and Interagency Coordination will consider additional instruments and measurement processes required to address the demographics of chronic users, domestic cannabis cultivation, drug availability, and data shortfalls related to drug policy.

The relationship between goals, objectives, targets, and federal and non-federal resources will be reassessed and refined continuously to reflect the dynamic drug-abuse problem and progress in reducing its scope. Non-achievement of a target over a period of time will trigger an in-depth interagency program evaluation to identify problems and recommend corrective action. Such measures might include a range of options such as modifying programs, reinforcing them with more resources, or eliminating them altogether. This ongoing review process will also allow reinforcement of successful programs.



Ten Actions Families Can Take to Raise Drug-Free Kids

- Start:** It is never too early to prevent your children from trying drugs. Building protective factors, such as letting your child know you care, plays an important role in protecting even the youngest children from drugs.
- Connect:** Take every opportunity to build lines of communication with your children. Do things as a family. Spend time together — eat dinner as a family, read together, play a game, attend religious services. Show that fun doesn't involve drugs.
- Listen:** Take a more active interest in what is going on in your child's life. Listen to their cares and concerns. Know what they are up to — what parties they are going to, with whom, and what will be served or available.
- Learn:** Children today are sophisticated. In order to educate your child about the danger of drugs, you need to educate yourself first. In many cases, you and your child can learn side by side. Sit down together and learn about the risks drugs pose.
- Educate:** Spend at least thirty minutes with your kids every month explaining with simple facts how drugs can hurt youngsters and destroy their dreams.
- Care:** Spend at least a few minutes each day telling and showing your children that you care. Make sure they know you care that they are drug-free. Explain to your child that you will always be there for them — no matter what happens. Make sure that they know to come to you first for help or information. The extended family plays a major role in influencing a child's life.
- Be Aware:** Look for the warning signs that your child may be developing a substance-abuse problem and get help before the problem occurs. Your pediatrician can help.
- Set Limits:** By setting limits on what is acceptable behavior, you show your children you care and help guide them to a safer, drug-free future. Declare limits: "This family doesn't do drugs. This family doesn't hang around people who do drugs." Enforce these limits. If you say no drugs or no drinking and driving, the rule applies to parents, too. Be consistent.
- Get Involved:** Effective prevention extends beyond the home into the community. Get involved in your community. Ensure that your community's streets, playgrounds, and schools are safe and drug-free. Start or join a community watch group or community anti-drug coalition. Become active in the PTA. Get involved in your church, synagogue, or faith.
- Lead:** Young people are as aware of what you do as much as what you say. Don't just say the right things; do the right things. Set a good example. If you, yourself, have a substance abuse problem, get help.

Office of National Drug Control Policy

Some Research-Based Drug Prevention Programs

The following programs have been developed as part of a research protocol and tested in a family, school, or community setting over a reasonable period with positive results. These programs are categorized by a new series of definitions adopted by the prevention field, which describes the programs according to the audience for which they are designed. There are universal programs, selective programs, and indicated programs.

Universal programs reach the general population — such as all students in a school.

Selective programs target groups at risk or subsets of the general population — such as children of drug users or poor school achievers.

Indicated programs are designed for people who are already experimenting with drugs or who exhibit other risk-related behavior.

Project STAR (Pentz et al. 1989; Pentz 1995) This is a universal drug-abuse prevention program that reaches the entire community with a comprehensive school program, mass media efforts, a parent program, community organization, and health policy change. Research results for this project have shown positive long-term effects: Students who began the program in junior high, and whose results were measured in their senior year of high school, showed significantly less use of marijuana (approximately 30 percent less), cigarettes (about 25 percent less), and alcohol (about 20 percent less) than children in schools that did not offer the program. The most important factor found to have affected drug use among the students was increased perceptions of their friends' intolerance of drug use.

Life Skills Training Program (Botvin et al. 1990, 1995a,b) This universal classroom program is designed to address a wide range of risk and protective factors by teaching general personal and social skills in combination with drug resistance skills and normative education. Results indicate that this prevention approach can produce 59 to 75 percent lower levels (relative to controls) of tobacco, alcohol, and marijuana use. Booster sessions can help maintain program effects. Long-term follow-up data from a randomized field trial involving nearly six-thousand students from fifty-six schools found significantly lower smoking, alcohol, and marijuana use six years after the initial baseline assessment. The prevalence of cigarette smoking, alcohol use, and marijuana use for students who received the Life Skills Training program was 44 percent lower than for control students, while weekly use of multiple drugs was 66 percent lower.

Seattle Social Development Project (Hawkins et al. 1992) A universal program, the Seattle project is a school-based intervention for grades one through six that seeks to reduce shared childhood risks for delinquency and drug abuse by enhancing protective factors. Long-term results indicate positive outcomes for students who participated in the program: reductions in antisocial behavior, improved academic skills, greater commitment to school, reduced levels of alienation and better bonding to pro-social others, less misbehavior in school, and fewer incidents of drug use in school.

Adolescents Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al. 1996a,b) ATLAS is a multi-component universal program, for male high school athletes, designed to reduce risk factors for use of anabolic steroids and other drugs while providing healthy sports nutrition and strength-training alternatives to illicit use of athletic-enhancing substances. Student athletes receiving the ATLAS program report better understanding of the effects of anabolic steroids and other drugs, greater belief in personal vulnerability to the adverse effects of anabolic steroids, and more certainty that their parents and coaches are intolerant of drug use. Importantly, these high school athletes continued to resist the temptation to use anabolic steroids and maintained better nutrition and exercise one year after the intervention.

Strengthening Families Program (Kumpfer et al. 1996) Strengthening Families is a selective prevention program, a multi-component, family-focused program that provides prevention programming for six to ten year-old children of substance abusers. The program began as an effort to help substance-abusing parents improve their parenting skills and reduce their children's risk factors. The program has been culturally modified and found effective (through independent evaluation) with African-American, Asian/Pacific Islander, and Hispanic families. This intervention approach has been evaluated in a variety of settings and with several racial and ethnic groups. The primary outcome of the program includes reductions in family conflict; improvement in family communication and organization; and reduction in youth conduct disorders, aggressiveness, and substance abuse.

Focus on Families (Catalano et al., in press) A selective program for parents receiving methadone treatment and for their children, Focus on Families has a primary goal of reducing parents' use of illegal drugs by teaching them skills for relapse prevention and coping. Parents also are taught how to manage their families better. Early results indicate that parents' drug use is dramatically lower and parenting skills significantly better than the results obtained in control groups. However, the program's effects on children have not yet been assessed.

Reconnecting Youth Program (Eggert et al. 1994, 1995) Reconnecting Youth is a school-based indicated prevention program that targets young people in grades nine through twelve who show signs of poor school achievement and potential for dropping out of high school. Research shows that this program improves school performance; reduces drug involvement; decreases deviant peer bonding; increases self-esteem, personal control, school bonding, and social support; and decreases depression, anger and aggression, hopelessness, stress, and suicidal behavior. Further analysis indicates that the support of Personal Growth Class teachers contributes to decreases in drug involvement and suicide risk behavior.

Adolescent Transitions Program (ATP) (Dishion et al., in press) The ATP is a school-based program that focuses on parenting practices and integrates the universal, selective, and indicated approaches for middle and junior high school interventions within a comprehensive framework. The goal, through collaboration with school staff, is to engage parents, establish norms for parenting practices, and disseminate information about risks for problem behavior and substance abuse.





The power of a Grandpa.

Children have a very special relationship with Grandma and Grandpa. That's why grandparents can be such powerful allies in helping keep a kid off drugs.

Grandparents are cool. Relaxed. They're not on the firing line every day. Some days a kid hates his folks. He never hates his grandparents. Grandparents ask direct, point-blank, embarrassing questions you're too nervous to ask:

"Who's the girl?"

"How come you're doing poorly in history?"

"Why are your eyes always red?"

"Did you go to the doctor? What did he say?"

The same kid who cons his parents is ashamed to lie to Grandpa. Without betraying their trust, a loving, understanding grandparent can discuss the danger of drugs openly with the child he adores. And should.

◦ The average age of first-time drug use among teens is 13. Some kids start at 9.

◦ 1 out of 4 American kids between 9 and 12 is offered illegal drugs. 22% of these kids receive the offer from a friend. And 10% named a family member as their source.

◦ Illegal drugs are linked to increased violence in many communities, to AIDS, to birth defects, drug-related crime, and homelessness.

As a grandparent, you hold a special place in the hearts and minds of your grandchildren. Share your knowledge, your love, your faith in them. Use your power as an influencer to steer your grandchildren away from drugs.

If you don't have the words, we do. We'll send you information on how to talk to your grandkids about drugs. Just ask for your free copy of *Keeping Youth Drug-Free*. Call 1-800-788-2800 or visit our websites, www.projectknow.com or www.drugfreeamerica.org.

Grandma, Grandpa. Talk to your grandkids. You don't realize the power you have to save them.

Office of National Drug Control Policy
Partnership for a Drug-Free America®



1999 NATIONAL DRUG CONTROL STRATEGY

Order Form

Name: _____

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Rockville, MD 20849-6000

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