



National Drug Control Strategy

The White House

February 2006



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TO THE CONGRESS OF THE UNITED STATES:

I am pleased to transmit the 2006 National Drug Control Strategy prepared by my Administration, consistent with the Office of National Drug Control Reauthorization Act of 1998 (21 U.S.C. 1705).

Four years ago, my Administration issued its first National Drug Control Strategy. That Strategy set out an ambitious, balanced plan to reduce drug use in our Nation. Since 2001, drug use by 8th, 10th, and 12th graders has dropped by 19 percent, translating to nearly 700,000 fewer young people using drugs.

I appreciate the support the Congress has given for previous Strategies. I look forward to your continued support 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 long horizontal stroke at the end.

THE WHITE HOUSE

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When President George W. Bush took office in 2001, drug use had risen to unacceptably high levels. Over the past decade, drug use by young people had nearly doubled, as measured by those who reported having used drugs in the past month: 11 percent of young people had used drugs in the past month in 1991, and 19 percent had done so in 2001. Indeed, in 2000, over half of all 12th graders in the United States had used an illicit drug at least once in his or her life before graduation.

Determined to fight this trend, the President set aggressive goals to reduce drug use in the United States, including reducing youth drug use by 10 percent in two years. That goal has been met and exceeded.

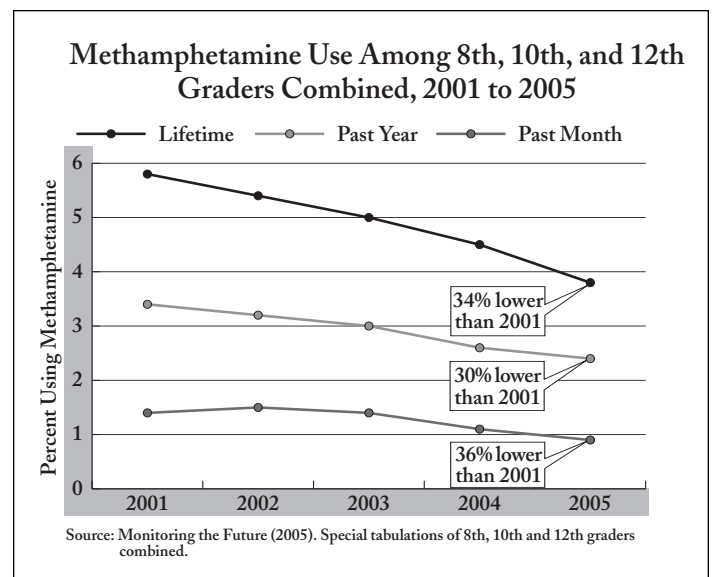
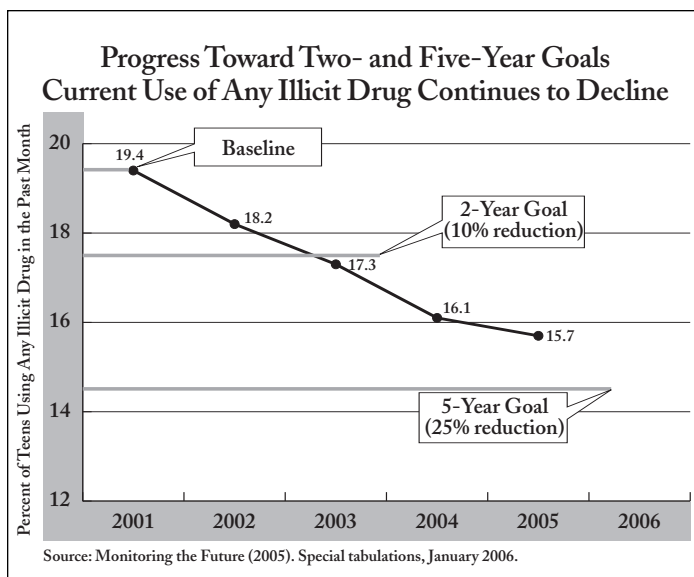
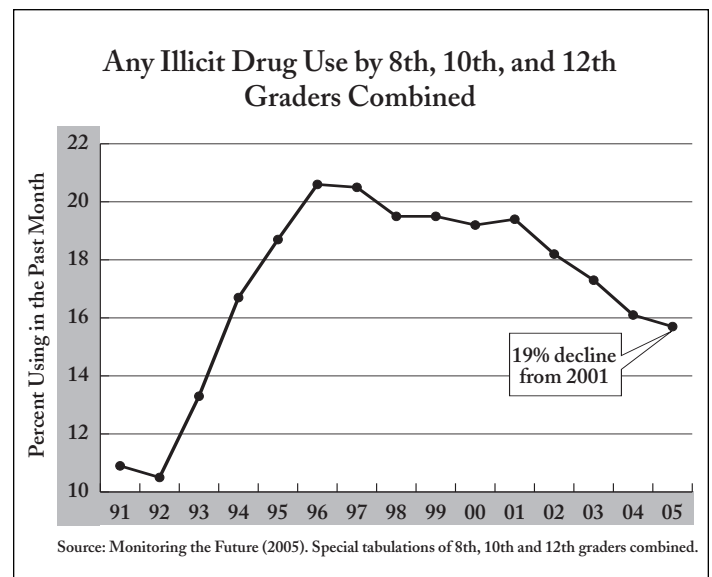
To achieve the goal of reducing drug use, the President set out an ambitious, balanced strategy that focuses on three primary elements: stopping drug use before it starts, healing drug users, and disrupting the market for illicit drugs.

The President's strategy is producing results. According to the latest University of Michigan *Monitoring the Future* survey of youth drug use that was released in December 2005, overall teen drug use has declined significantly since the President took office. Current use of illicit drugs by 8th, 10th, and 12th graders combined has dropped 19

percent since 2001. This translates into nearly 700,000 fewer young people using illicit drugs.

The survey reports other positive trends for this age group:

- The use of methamphetamine by 8th, 10th, and 12th graders combined has dropped by approximately one-third since 2001. The declines were 34 percent for lifetime use, 30 percent for past-year use, and 36 percent for past-month use.



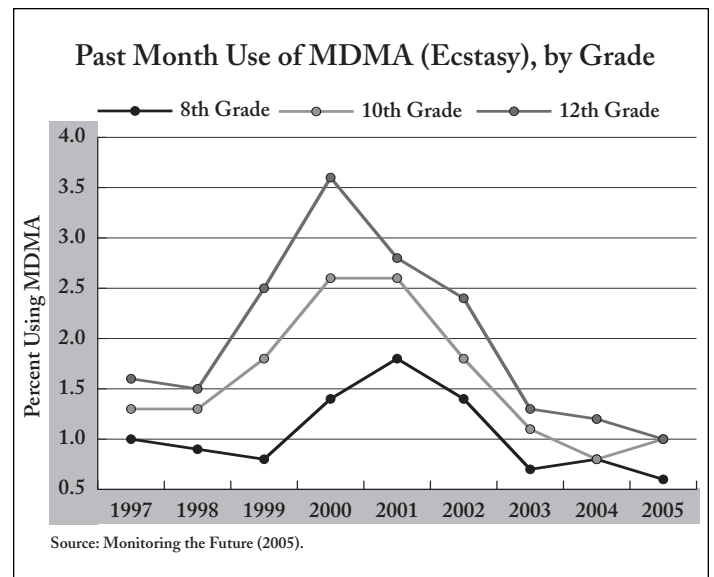
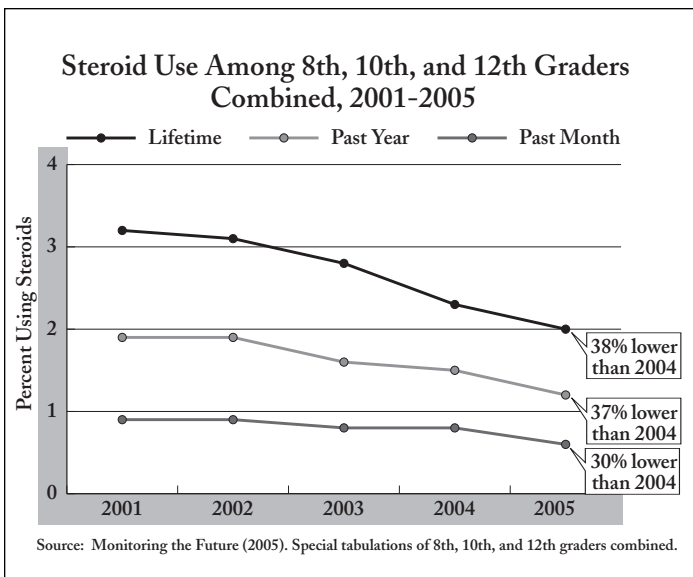
- Steroid use has dropped dramatically among young people since 2001, particularly in the past year. According to the survey, the use of steroids by 8th, 10th, and 12th graders was down 38 percent for lifetime use, 37 percent for past-year use, and 30 percent for past-month use.
- Although marijuana remains the most commonly used illicit drug among teens, usage rates are declining. Since 2001, marijuana use among 8th, 10th, and 12th graders combined dropped 13 percent for lifetime use, 15 percent for past-year use, and 19 percent for past-month use. Current use of marijuana decreased 28 percent (from 9.2 percent among 8th graders to 6.6 percent) and 23 percent among 10th graders (from 19.8 percent to 15.2 percent).
- There has been a steep decline in LSD use since 2001. Current use of LSD dropped approximately 50 percent among 8th graders (from 1.0 percent to 0.5 percent), 60 percent among 10th graders (from 1.5 percent to 0.6 percent), and 70 percent among 12th graders (from 2.3 percent to 0.7 percent).
- Use of Ecstasy (MDMA) has declined by nearly two thirds since 2001. Current use dropped 66 percent among 8th graders (from 1.8 percent to 0.6 percent), 61 percent among 10th graders (from 2.6 percent to 1.0 percent), and approximately 64

percent among 12th graders (from 2.8 percent to 1.0 percent).

- The use of certain other club drugs has also decreased, including rohypnol, GHB, and ketamine.
- In addition, consumption of alcohol and cigarettes by minors is down, including the rate of young people reporting being drunk.

The President’s strategy has an impressive record of accomplishment, but important work remains to be done. *Monitoring the Future* reports that cocaine and heroin use, while low, has remained stable. And prescription drug abuse remains troubling. Oxycontin, a prescription drug used as a painkiller, is the only drug for which the survey reports an increase in use across all three age groups: past-year use increased from 2.7 percent in 2002 to 3.4 percent in 2005, a 26 percent increase. (The survey began monitoring this drug in 2002.) And, despite the declines in use of many other drugs reported in the most recent survey, overall illicit drug use remains too high among America’s young people.

This year’s *National Drug Control Strategy* seeks to build on the progress that has already been made by outlining a balanced, integrated plan aimed at achieving the President’s goal of reducing drug use. Each pillar of the strategy is crucial, and each sustains the others. The three components are outlined in the following chapters.



The first chapter, *Stopping Drug Use Before It Starts*, outlines the Administration's work to prevent the initiation of drug use. An integral part of this effort is the new "Above the Influence" initiative by the White House Office of National Drug Control Policy (ONDCP)—National Youth Anti-Drug Media Campaign—and the Partnership for a Drug Free America. This initiative, which consists of television advertisements and interactive web-based outreach, calls on young people to be true to themselves by remaining "above the influence."

The second chapter, *Healing America's Drug Users*, highlights initiatives that treat drug users. Key initiatives include the President's Access to Recovery program, which expands treatment options, and drug courts, which seek to rehabilitate offenders with substance abuse problems.

The third chapter, *Disrupting Drug Markets*, outlines the Administration's work at home and abroad to disrupt the availability of illicit drugs, through source country efforts, interdiction programs, and investigative operations. We are attacking market vulnerabilities in the illegal drug trade and applying pressure to reduce profits and raise the risks of drug trafficking.

As in past years, this year's *National Drug Control Strategy* highlights the good work faith-based and community organizations are doing to combat the scourge of illicit drugs in their own communities. The Strategy seeks to harness these efforts, and the work of state and local officials, so that Americans work together to reach the President's goal of reducing overall drug use.

Major Cities Drug Initiative

ONDCP began the *Major Cities Drug Initiative* to channel the efforts of communities to combat drug abuse in the areas that need it most. Drug use harms communities everywhere, but America's large cities are particularly hard hit. A recent survey showed that large metropolitan areas in the United States have the highest rates of current illicit drug use. Targeting drugs in these cities can bring about a significant decline in the Nation's drug problem.

In 2003, the *Major Cities Drug Initiative* was launched in 25 of the Nation's largest metropolitan areas. Drawing on the resources and dedication of local officials who are on the front lines of combating drug problems in their neighborhoods, this initiative brings together Federal, state, and local officials working in drug prevention, treatment and law enforcement to identify the unique challenges drugs pose to each community.

ONDCP helps broker these relationships and promotes the development of local drug control strategies by bringing stakeholders together, offering information on current drug use, and developing inventories of Federal, state, and local resources for prevention, treatment and law enforcement. In the two years since the start of the *Major Cities Drug Initiative*, there have been important achievements in developing better approaches to reducing drug use. For example, Miami and Baltimore have developed city-wide drug control strategies, while Washington, DC, and Denver have strengthened and rewritten their existing strategies. ONDCP is working with other large cities to develop their own local strategies.

To assist cities in learning best practices, ONDCP published *Cities Without Drugs: The Major Cities Guide to Reducing Substance Abuse in Your Community*, which helps cities learn valuable lessons from one another.

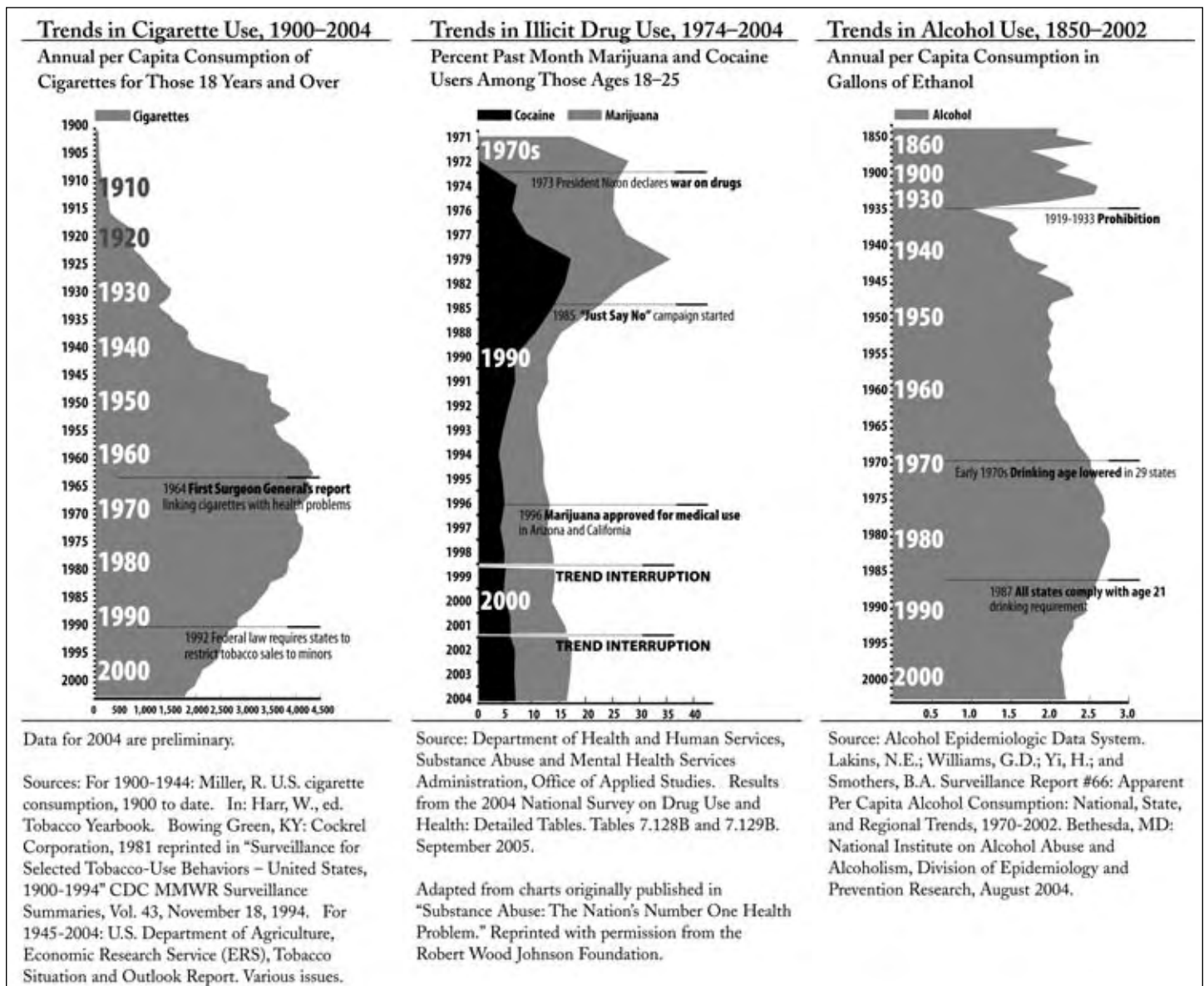
Additionally, ONDCP has facilitated city-to-city dialogue, provided training and technical assistance, and brokered improved relationships between cities and their Federal partners using diverse venues including summits, video and audio teleconferences, and leadership meetings. ONDCP has worked in conjunction with the US Conference of Mayors and the National League of Cities to convene and facilitate mini-summits for mayors and their policy staff. Representatives from several cities have been linked via video and audio teleconferences on a variety of issues relating to the drug problem, including prostitution and addiction, community health and epidemiology, and building better community coalitions.

Stopping Drug Use Before It Starts: Education and Community Action

When President Bush took office, drug use had been on the rise over much of the previous decade and had reached

unacceptably high levels. The Administration set out a bold agenda to counter these trends, and the Nation is seeing results: drug use is down, particularly by young people.

At the heart of the Administration's success in reducing drug use is a change in perceptions about the acceptability of using illicit substances. Education programs and outreach activities, backed up by scientific studies, have worked to spread the word that illicit substance use can be harmful to a person's health and wellbeing, as well as a detriment to society as a whole. Drug addiction can



also be seen as a threat to individual freedom in that it can reduce people to a single, destructive desire. Given the harmful effects of substance abuse, the *National Drug Control Strategy* has made healing drug users a priority—a testament to the fact that America is the land of second chances.

The greatest pressure on young people to start using drugs does not come from drug pushers but from their peers. It is, therefore, important to continue to educate young people about the dangers of drug use and build a cultural norm that views illicit drug use as unacceptable. This culture, and the attitudes that support it, works as a bulwark against the spread of drug use.

Attitudes start at home—and parents and caregivers play the most influential roles in the lives of children. Children who have parents and caregivers who are engaged, loving, and supportive are more likely to grow up to be healthy, productive adults. Engaging young people directly about drug use has been shown to reduce the chances of drug initiation. Also, research shows that if teens can make it to adulthood without experimenting with drugs, they are far less likely to begin using drugs later in life. The community also plays an important role in establishing a culture that promotes healthy choices. Through their actions and attitudes toward drug use, teachers, coaches, faith leaders, employers, and community organizations show young

people how to lead their lives. If these role models treat drug use as a rite of passage, young people will take the cue and experiment with dangerous, addictive substances. On the other hand, if they highlight the dangers of drug use and set out clear guidance that drug use is not tolerable, then they help build a culture that promotes drug free lives.

Trends in cigarette, illicit drug and alcohol use illustrate this point. The use of these substances has ebbed and flowed, reflecting cultural changes regarding perceptions of risk and the social acceptability of substance use, as well as the impact of effective policies that affect the availability of, and demand for, harmful substances (see chart on previous page). As substance abuse became socially acceptable in the 1970s, use increased. Likewise, when social norms changed and people became more aware of the dangers of substance abuse, use declined.

The Bush Administration has worked to change a culture of acceptance of drug use by providing information about the dangers of drugs to users and the costs to society. The Administration is working with parents, faith leaders, and community organizations to help young people make the decision to avoid illicit substances. Last year, First Lady Laura Bush launched the *Helping America's Youth Initiative*, which is intended to help young people avoid risky behavior. At the Helping America's Youth confer-

Community Guide to Helping America's Youth

During the 2005 State of the Union Address, President Bush announced that First Lady Laura Bush would lead a new initiative, known as *Helping America's Youth*.

The *Helping America's Youth Initiative* focuses on ways to help young people avoid risky behavior such as alcohol, tobacco, and drug use, engaging in early sexual activity, and gang involvement. The initiative works to bring Federal, state, local and nonprofit resources together to encourage public-private partnerships and to inspire caring adults to join the armies of compassion to help our Nation's youth. The aim is to create an environment that promotes healthy decisions so that young people can become productive citizens.

To help local communities better identify the challenges they face and the resources available to address those challenges, Mrs. Bush announced the creation of a web-based community guide. The *Community Guide to Helping America's Youth*, located at www.helpingamericasyouth.gov, provides an array of data to local communities on poverty, out-of-wedlock births, drug use, underage alcohol use, sexually transmitted disease rates, and other issues. It then gives a program-by-program list of services available in the community to help meet these challenges.

The *Community Guide* also gives insight into ways to create stronger community partnerships, from locating resources to finding individuals to serve as members on the board of directors for a service provider. Communities will be able to add to the site through their own secure community network and share best practices with other organizations around the country.

ence in October 2005, Mrs. Bush and five members of the President's Cabinet were joined by more than 600 parents, caregivers, civic leaders, faith-based and community service providers, researchers, and other interested parties to highlight the challenges young people face and identify ways to help young people grow to live successful, productive lives (see *Community Guide to Helping America's Youth*).

To help bolster cooperation among Federal, state, local, and non-governmental sectors, the Bush Administration launched the Strategic Prevention Framework (SPF). The framework develops data-driven comprehensive strategies that effectively reduce factors that put communities at risk for drug abuse, while strengthening protective factors that can result in healthy outcomes for individuals of all ages—particularly our Nation's youth.

The framework creates an infrastructure that ties together prevention efforts at Federal, state, and local levels and within communities. Each participating state develops a prevention strategy that is tailored to local needs and works to implement new policies, programs, and practices that leverage existing community resources while working to build new ones. The framework has two primary components: an evidenced-based five-step planning process to guide the development of a comprehensive

prevention strategy and a data-driven methodology that states and communities can use to plan and implement strategies that best serve their communities. Since the framework was announced in October 2004, the Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded 26 SPF State Incentive Grants.

This SPF program is built on the idea that states and local organizations are in the best position to identify the challenges they face and to take action to overcome them. Indeed, communities across the country have formed local anti-drug community coalitions that coordinate prevention and intervention efforts. These coalitions bring together community leaders and professionals in health care, law enforcement, and education to provide local, grassroots solutions to the challenges drug and alcohol abuse pose to their neighborhoods. Coalitions work to develop a model for all sectors to work together to change community norms and send the same no-use messages to young people. The Administration supports the efforts of many of these coalitions by providing \$79.2 million in the President's FY 2007 Budget through the Drug Free Communities (DFC) program. Through the establishment of community coalitions, the DFC program is designed to complement the development and implementation of the SPF in communities across America.

One Voice for Volusia

Drug use is a local problem that demands local solutions. Drug Free Community (DFC) coalitions bring together a wide range of stakeholders to tackle substance abuse on the local level. Their efforts focus on the prevention of youth alcohol, tobacco, drug, and inhalant use. When united, these coalitions of representatives from various community systems become a strong force for positive change in the Nation. Community coalitions assess local strengths and needs and then design their strategies around these findings.

One Voice for Volusia is a DFC located in Daytona Beach, Florida. The coalition has been in existence since 1997. In 2004, One Voice for



Volusia brought together local stakeholders to define a common vision for youth in their area. They identified 26 local organizations that work with or on behalf of youth. One Voice then worked to develop a plan to ensure that existing service programs run more efficiently. The group performed a local needs assessment to determine which youth issues they should prioritize. The assessment also provides a baseline by which progress can be measured.

"We're working on improving the community systems in Volusia County to create a healthier environment for all of our youth," says Executive Director Carrie Garnett.

Currently, the project covers both Volusia County and neighboring Flagler County. Key goals include building stronger families, promoting wellness and health, and creating a brighter future for children and youth.

Currently, there are over 700 funded DFC coalitions, which exist in every state and form the backbone of the Nation’s community prevention system. Under this program, each grantee receives up to \$100,000 annually for up to five years to develop a comprehensive community plan to address substance abuse problems.

Drug use is a particular concern for those who are leaving prison, and the Administration is supporting local organizations that help prisoners transition to independent, drug- and crime-free life outside prison walls. Recently, 30 organizations were awarded grants as part of a proposed four-year, \$300 million initiative that the President announced in his 2004 State of the Union Address.

Parents, caregivers, and community leaders play an important role in promoting healthy decisions, but ultimately young people must choose for themselves to stay away from drugs. Recognizing this, ONDCP’s National Youth Anti-Drug Media Campaign, working with the Partnership for a Drug-Free America, launched a new advertising and online campaign for teens ages 14–16 that encourages them to live “above the influence” and to reject the use of illicit drugs and other negative pressures.



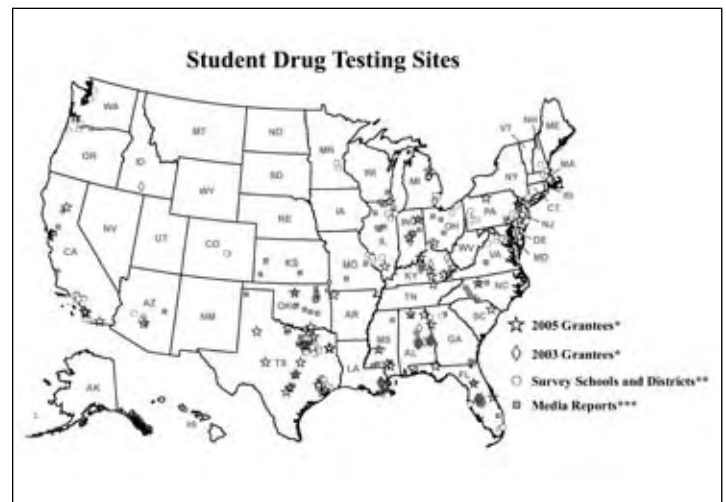
Above the Influence, launched in November 2005, features a series of television, print, and web-based interactive advertisements that tap into the power teens gain when they resist negative influences that compromise their values and aspirations.

Teens in high school today face competing pressures that can contribute to risky behaviors. These behaviors are positioned as “under the influence,” and the brand calls on teens to rise above them. The aim of this new campaign is to speak directly to the aspirations of young people. Staying away from drugs is not just what their parents and caregivers want for them—it is a way to be true to themselves and their potential.

Promoting a culture that supports healthy, drug free choices requires providing disincentives to using drugs as well. Screening for drugs is an important way to send the message that drug use is unacceptable—in the workplace, in schools, or as a condition for participating in extracurricular activities (see *Student Testing to Maintain Safe Schools*). Screening for drug use gives young people an “out” to say no to drugs. If they want to play on the volleyball team and know that they will be tested as members of the team, they can cite their desire to play as a reason not to use drugs when pressured by a peer.

In addition to creating a culture of disapproval toward drugs, drug testing also achieves three public health goals: it deters young people from initiating drug use; it identifies those who have initiated drug use so that parents and counselors can intervene early; and it helps identify those who have a dependency on drugs so that they can be referred for treatment.

Many schools across the country have instituted student testing as a way to maintain drug free schools and ensure that students who use drugs get the help they need. In his 2004 State of the Union Address, President Bush announced a new initiative to support communities that



- * Department of Education grantees
- ** School districts and private schools that identified themselves as conducting student drug testing in a 2003 survey conducted by the Office of National Drug Control Policy.
- *** Schools that were identified in media reports as conducting student drug testing.

Source: Office of National Drug Control Policy (2005).

want to include drug screening as part of their efforts to maintain drug free schools. The program is optional—communities must apply for the grants—and it is not tied in any way to Federal education funding. Furthermore, testing cannot result in referral to law enforcement agencies or adversely affect the student’s progress in academic programs. Instead, the program is designed to help students make healthy choices and provide support for those who may have become addicted to illicit drugs. As the President said in his 2004 State of the Union Address,

“The aim here is not to punish children, but to send them this message: We love you, and we don’t want to lose you.”

Recognizing the vital role that student drug-testing programs can play in reducing drug use in our Nation’s schools, the Administration has hosted a series of student drug-testing summits nationwide. These summits are designed to equip community leaders and local school officials with the tools they need to construct a successful student drug-testing program. Summit attendees learn from national and regional experts in the field about

Drug free Workplace

American employers pay a high price for substance abuse, including increased employee absences from work, a higher potential for accidents and errors, low employee morale, and high illness rates. To ensure a healthy and safe environment, employers across the country have enacted drug free workplace programs. These programs are an effective way for both large and small employers to prevent substance abuse and provide assistance to those who have developed a problem. It also sends an important message to both prospective and current employees: if you want to work and stay healthy, you can’t use drugs.



Recognizing the need for a high level of conscientiousness and integrity in its staff, the human resources department for a nursing facility in Kingman, Arizona, decided to set up a drug free workplace program. The program they designed consists of a written policy that clearly outlines employer expectations regarding drug use, training for supervisors on the signs and symptoms of drug use, education for employees about the dangers of drug use, and drug testing to deter and detect use. It also includes an Employee Assistance Program (EAP) to provide counseling and referral to employees with drug problems.

The center’s 200 employees accepted the program from the beginning, recognizing its value to them as employees and as caregivers to the residents. Since its implementation, there have been reductions in absenteeism, overtime, and workers’ compensation costs.

“The center provides quality living by people who care, and our drug free workplace program ensures that the caring people are always at their best,” said Reva J. Sorber, human resources manager of the

facility. “Because the center is a drug free workplace, employees feel safer and more secure, and families know that their loved ones are in the best of hands.”

Every business is unique, and drug free workplace programs should be tailored to match a company’s individual needs. Good programs generally include five elements:

- A written drug free workplace policy, that explains why the policy is enacted and provides a clear description of prohibited behaviors, as well as an explanation of the consequences for violating the policy.
- Supervisor training that ensures managers understand the workplace policy and provides information on how to recognize employees who have performance problems that may be related to substance abuse. It also explains how to refer employees to professional help.
- Employee education programs that provide information on company policy, how to comply with the policy, the consequences of violations, and general information on the dangers of substance abuse.
- Employee assistance programs that help prevent, identify, and resolve issues relating to substance abuse. These programs can include counseling and referral to professional help, which can be an alternative to dismissal.
- Drug testing that deters and detects drug use and provides concrete evidence for intervention.

The Department of Labor has a website, www.dol.gov/working-partners, that provides information on setting up a drug free workplace program. Employers should seek legal counsel when setting up a drug free workplace program to ensure company policy is in accordance with applicable local, state, or Federal laws and regulations.

current technology, research, and legal issues surrounding the program and receive practical advice from those who have run successful programs and found innovative ways to fund them. The Administration will build on these successes and host several more summits in 2006.

Screening for drug use in school also helps prepare students for the workforce. Students must prepare for being part of a workforce that is increasingly insistent on maintaining a drug free environment. Employers cite safety, absenteeism, and health-related problems as key reasons why positive tests can result in serious sanctions for employees. Student testing prepares young people for this reality.

For adults, drug screening helps prevent initiation of use by sending a clear message that in order to work, one must be drug free. Furthermore, because the vast majority of American adults work, and most of these workers are parents, the workplace is an effective setting for prevention messages that have the power to spread exponentially to America's families, schools, and communities. Perhaps most importantly, drug screening also keeps people who use drugs away from positions that can affect the safety of others, such as operating public transportation vehicles or caring for children and the elderly.

In all cases, the purpose of screening is twofold: send the message that drug use is unacceptable, and identify those who use drugs so they can receive appropriate intervention and treatment.

Student Testing to Maintain Safe Schools

A pioneer in student testing, Winston-Salem/Forsyth County Schools in North Carolina have used the It's My Call/It's Our Call random drug-testing program since 1998. In this program, high school students who participate



in extracurricular activities agree to be randomly tested for drugs and alcohol. Other high school students and all middle school students also may volunteer for the program. Parent permission is required.

The program has demonstrated its effectiveness. Since the 2000 school year, the percentage of students testing positive for alcohol and other drugs has declined steadily. It's My Call/It's Our Call is designed to be therapeutic rather than punitive. Students who test positive are invited to be evaluated and treated for addiction problems at the school system's expense. If students agree to evaluations and treatment, their positive results are not reported to school officials.

The program was started at Carver High School in 1992 before it was adopted system wide 6 years later. With almost 90 percent of the students participating in the program, Carver has won a trophy the past 3 years for having the highest percentage of student involvement. System wide participation in the program is a solid 55 percent.

"When so many students participate, they feel positive peer pressure to join the program," said Carol Montague, the principal of Carver. "It's helped create a very positive environment where you're expected to be drug and alcohol free." The program is a collaborative effort by the school system, the Forsyth County Sheriff's Office and the Partnership for a Drug-Free NC.

Healing America’s Drug Users

The previous chapter outlines the Administration’s work to prevent drug use before it starts. Recognizing that despite prevention efforts, some people will choose to begin using drugs, and many of them will become addicted, the Administration has made intervention and treatment a priority.

Indeed, 19.1 million Americans have used at least one illicit substance in the past month. Intervention and treatment are therefore key components to the President’s drug control strategy. Both aim to accomplish two important goals: stem the use of illicit drugs, while providing help to those who have become addicted.

Adopting a public health understanding of drug use and addiction provides important insights into what is a preventable and treatable disease. Drug use is a learned behavior most often transmitted by peers who are non-dependent users and have yet to show the negative effects of using illicit substances. The consequences of drug use are often delayed and therefore not always apparent, so current users can appear to live normal, productive lives before the effects of use take hold. During this “honeymoon period,” the user may convey the impression that drug use is not dangerous, and subsequently others with whom they interact may likewise choose to use drugs. In this sense, the so-called “casual” drug user is a critical vector in the spread of this behavior.

The Administration’s prevention efforts, described in the previous chapter, work to curb the spread of drug use by building a culture that rejects drugs. This effort is built on

Hope and Healing at Oxford House

The first Oxford House was founded in Silver Spring, Maryland, in 1975 by a group of recovering alcoholics. The idea was simple—provide a safe and supportive environment to maintain sobriety. The house was run democratically, and expenses were divided by the residents. News of the success of the first house caught on, and the Silver Spring home’s founding charter became a handbook for setting up houses across the country that promote recovery from substance abuse. Today, there are more than 1,000 Oxford Houses for individuals recovering from alcoholism and drug dependency. The Oxford House model is considered by many treatment professionals to be a particularly successful recovery support program.



Paul Molloy was one of the founders of the original house in Maryland. He now works in the central office for Oxford House, Inc., supporting Oxford Houses across the country. He credits the success of Oxford House to the support that residents give to each other.

Paul notes, “The concept underlying self-run, self-supported recovery houses is the same as the one underlying Alcoholics Anonymous and Narcotics Anonymous—addicted individuals can help themselves by helping each other abstain from alcohol and drug use one day at a time for a long enough time to permit a new set of values to be substituted for the values of a lifestyle in which alcohol and drugs were used.”

To enter an Oxford House, an individual must pledge to remain sober. A relapse results in immediate expulsion from the house. This rule ensures that the house remains a safe and supportive environment for all the residents, and reinforces the notion that recovery requires a change of heart as well as changes in behavior and an affirmative decision to remain drug and alcohol free.

Oxford House is built on the principle of self-help. The houses are run democratically, which helps the residents learn responsibility. The typical house has 8–15 residents, who must be interviewed and voted into being a resident of the home. Although homes often have waiting lists, a group of six or more individuals may charter their own house. Oxford House has a policy that states that as long as residents remain drug and alcohol free, pay the modest house dues, and maintain good behavior, they may remain in the house without pressure to leave.

education, outreach, and intervention programs and relies on the individual to make an informed decision.

However, even the best prevention efforts can be undermined by young people witnessing seemingly consequence-free drug use. Therefore, intervening with users who are in early stages of use is important both to ensure that the user does not develop dependency and to interrupt the transmission of this behavior to others.

The Administration is focused on expanding intervention programs and increasing the options for treatment. Intervention programs focus on users who are on the

verge of developing serious problems. Focusing on this nexus is cost effective and limits the spread of drug use by individuals who are in the early stages of use before the negative effects of continued use and addiction begin to fester.

A key priority of this Administration has been to make drug screening and intervention programs part of the Nation's existing network of health, education, law enforcement, and counseling providers. This requires training professionals to screen for drug use, identify users, and refer the users for treatment.

Hospital Screening in Houston

Substance abuse problems are common among all ages and socio-economic groups. Screening, Brief Intervention, Referral and Treatment (SBIRT) in the medical setting is an effective and cost-efficient method to stop substance abuse before it starts and provide help to individuals who have become addicted. Despite evidence that SBIRT programs are effective at reducing substance abuse and promoting healthy lifestyles, many health care providers do not know how to ask patients about drug use or how to provide referral or intervention services. To address this problem, the Bush Administration awarded grants in 2003 to six states and one tribal entity to develop, implement, and evaluate SBIRT programs in their communities.



One grantee in Texas, InSight, is a collaborative effort including the Texas Department of State Health Services, the Harris County Hospital District (HCHD), the Council on Alcohol and Drugs – Houston, Baylor College of Medicine, and the University of Texas. InSight works to screen all patients within the general medical setting for problematic use of alcohol and drugs and refer patients who may have a problem to a specialist. To do this, InSight provides a multidisciplinary team of specialists for assessment, intervention, follow-up services, and when necessary, placement in treatment programs. They also provide patients with advice on healthy choices about alcohol and drugs.

InSight screens patients using questions such as: Do you smoke or use tobacco? When is the last time you had more than four drinks in

one day? Do you use marijuana, cocaine, or other drugs? Do you use prescription medications that are not yours or other than as written on the label?

Critical to the success of InSight is the participation of physicians, nurses, nursing assistants, social workers, and all generalist health care professionals. The Harris County Hospital District is one of the Nation's largest publicly funded health care systems, and successful integration of the SBIRT program has the potential to significantly increase public awareness about the harmful effects of drugs. It also can provide interventions that decrease initiation of use by adolescents and increase the number of Americans who stop using drugs.

Angel is an example of an InSight success story. At 16, he was in trouble at home, in school, and with the law. His mother first contacted InSight and was encouraged to bring her son with her to an assessment. Angel did not feel comfortable going to "treatment," but he agreed to return to a Harris County school-based clinic to see an InSight specialist. Following his visits, Angel stopped using marijuana, returned home, and is doing better in school.

Since April 2004, InSight has screened more than 38,000 patients, and more than 5,500 patients have been assessed by specialists and provided services ranging from education to brief counseling to intensive treatment. At six months, 37% of patients report that they have abstained from or significantly reduced the number of days they have used drugs in the month before follow-up.

InSight has trained more than 500 health care professionals in screening and referral practices and anticipates increasing the number of patients receiving services to more than 6,000 each year. By the end of 2006, the tools that have led to the successful integration of SBIRT into a large, urban, publicly funded health care district will be available to other systems across the United States.

Faith-Based Treatment Provider Helps Katrina Victims

Tonja Myles and her husband Darren know about putting people's lives back together after devastations. They do it every day in their work as directors of Set Free Indeed Ministries, a faith-based drug and alcohol treatment center based in Baton Rouge, Louisiana.



Their ministry was highlighted by President Bush in his 2003 State of the Union Address. In the speech, the President announced his new Access to Recovery program, which permits people to use a voucher to choose a treatment provider that is right for them, whether the provider is faith-based or secular. For the first time, Louisiana resi-

dents could take a voucher and choose a recovery program like Set Free Indeed.

In August 2005, a new kind of devastation came to Set Free Ministries—Hurricane Katrina. Seeing firsthand the needs of relief workers who had come to the area to help evacuees, Tonja partnered with the Red Cross and the Bethany World Prayer Center to open the largest private shelter for hurricane relief workers. She also worked with other organizations in the area to create the Faith-Based Counseling Alliance, an organization that provides critically needed counseling services to Louisiana citizens displaced by the hurricane and to relief workers.

Tonja relates her response to Katrina to her mission to help people escape from addiction: “I think the reason why we pulled everything together so quickly is that addiction is just like a hurricane. The hurricane hits like addiction, and the hard part is the aftermath; cleaning up people's lives takes the longest time. We are used to being in their lives long term, no matter how ugly it gets. We are in the business of restoring broken lives.”

The Department of Health and Human Services offers grants through the Screening, Brief Intervention, Referral and Treatment (SBIRT) program to universities, hospitals, and health clinics across the country for training health care providers in the early identification of drug use and in proven methods for intervening and treating addicted individuals.

The programs vary widely, and the Administration is evaluating each to identify best practices, which can then be replicated. In one program, new students in a local community college must fill out a survey before opening their school email accounts. The interactive survey takes them through a line of questioning that helps them identify potential substance abuse problems. Students who may have a problem are referred to counselors who can do a more thorough evaluation in person. This program is built on a body of research showing that simply by asking questions regarding unhealthy behaviors and conducting a brief intervention, patients are more likely to avoid the behavior in the future and seek help if they believe they have a problem.

In other programs, emergency medical professionals are given training in how to screen for drug use through verbal questioning and identifying physical signs of drug

use. Individuals can then be more accurately diagnosed because the underlying pathology that brings patients to the emergency room may be linked to illicit substance use. Identified users are then referred to intervention and treatment services as needed.

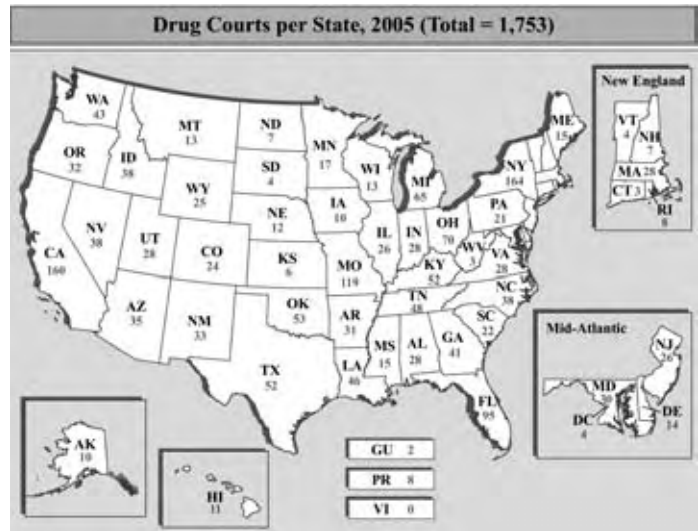
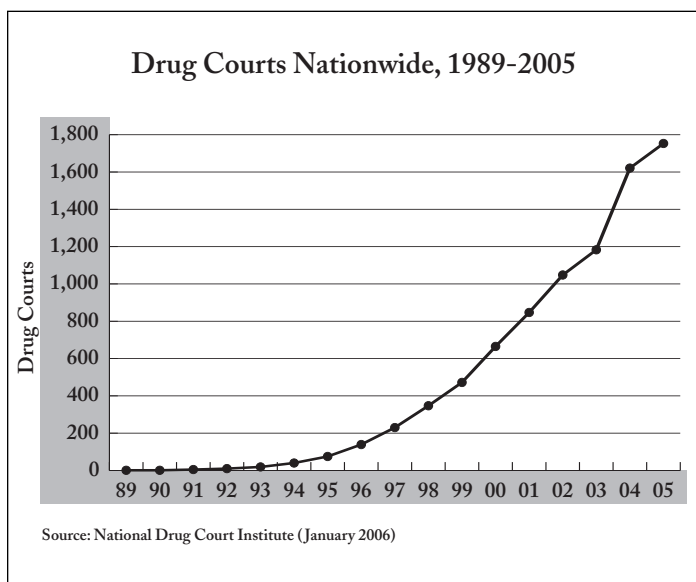
Expanding intervention programs requires including drug screening and intervention training for medical students and for physicians already in practice. The Administration held a medical education conference with leading health professionals in December 2004 to expand the intervention programs of the Nation's existing health service providers. This effort will continue in partnership with the medical community.

For those who have become drug dependent, the Administration is working to expand treatment options across the country. The President's Access to Recovery Program offers vouchers so that people can choose a program that works for them. Access to Recovery expands the choices to include faith-based providers, because a person's faith can play an important role in the healing process. The President's program is now in 14 states and one tribal organization and is working to provide services to the more than 125,000 people who seek treatment each year, but are not able to obtain it, in part, because they

cannot afford it. Indeed, getting users into treatment is also cost effective. One study of treatment programs found that every dollar spent on treatment saves nearly \$7.50 in costs associated with crime and lost productivity.

As part of the President's efforts to expand choice and individual empowerment in Federal assistance programs, the Administration will offer incentives to encourage states to provide a wider array of innovative treatment options by voluntarily using their Substance Abuse Block Grant funds for drug-treatment and recovery support service vouchers. Building on the successful model of the President's Access to Recovery program, distribution of block grant funds through a voucher system will promote innovative drug and alcohol treatment and recovery programs, provide a wider array of treatment provider options, and introduce into the system greater accountability and flexibility.

Another important program to help drug users who have been involved in crime is the use of drug courts. Drug courts are an innovative approach to helping drug offenders achieve a drug- and crime-free life (see *Drug Courts per State, 2005*). Drug courts use the power of the courts and the support of family, friends, and counselors to bring people to the path of recovery and to help them achieve drug free lives. This mix of incentives and sanctions has been found to be effective at reducing recidi-



Source: National Drug Court Institute (2005)

vism. 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.

Taking Action Against Methamphetamine

Methamphetamine is a dangerous and highly addictive drug that poses complex challenges for drug control. Of particular note is the problem of production. Because the drug can be manufactured in homes or vehicles and the precursor chemicals used to make it can be purchased from retail stores, the consequences of methamphetamine go beyond merely using this toxic drug. Indeed, the production of methamphetamine poses, in itself, a challenge for communities. Dangerous chemicals used in the manufacturing of the drug can cause harm to those in the vicinity of the producer. Cognizant of the nature of this synthetic drug threat, the Bush Administration is working closely with state and local authorities to combat methamphetamine use and production.

A key element to fighting methamphetamine production is striking a balance in the regulation of precursor chemicals such as pseudophedrine, which are used to manufacture the drug. This balance aims to allow for the use of legitimate products that contain pseudophedrine, such as

cold medicine, while preventing methamphetamine cooks from diverting the chemical for illegitimate uses. The Bush Administration has urged Congress to enact legislation that would limit the amount of pseudophedrine for retail sale to what could be used for individual, legitimate medical purposes. However, diversion of pseudophedrine can also occur when bulk shipments are imported into the United States. To ensure that the drug is not rerouted away from legitimate businesses and consumers, the Administration is working with other countries to improve the flow of information to the US Drug Enforcement Administration (DEA) about bulk shipments of this chemical.

These and other actions to combat methamphetamine are part of the Administration's Synthetic Action Plan, announced in October 2004. The Action Plan was the first step in developing a coordinated, strategic response to the problem of synthetic drugs like methamphetamine. The plan set out more than 40 recommendations for Federal, state, and local action aimed at preventing the illicit use of methamphetamine and other synthetic drugs. Most of these recommendations have been implemented or are in the process of being implemented. The Administration is in the process of developing and releasing a strategic document—a subset of this National Strategy—that details next steps for addressing the problem of synthetic drugs like methamphetamine over the coming years.

Healing Methamphetamine Users

Although methamphetamine is well known to be a dangerous and highly addictive drug, there is hope for individuals who have become addicted.



One successful program is the Butte County Drug Court in California. Of the 1,800 felony probation cases filed in Butte in 2003, more than 60 percent were methamphetamine related. Methamphetamines have so saturated the drug-addict population that 87 percent of current drug court participants have been methamphetamine users. The Butte County Drug Court has helped turn much of this population into productive members of society. Of the approximately 500 participants who have graduated from the program over the past nine years, the aggregate recidivism rate is only 14.9 percent. As Helen Harberts, a Special Assistant to the Butte County District Attorney, put it, "We are 30 years deep in the methamphetamine epidemic in Butte County, California, and drug courts are the only thing that have worked with this population."

Another program that has met with great success is the Salt Lake County Felony Drug Court Program in Utah. Of the 12,395 total

criminal cases filed in 2004, 25 percent were related to use of methamphetamines. This drug court is able to serve up to 1,000 participants at any given time, of which 81 percent have used methamphetamine as their primary or secondary drug. That the program has changed lives for the better is undeniable. Only 15.4 percent of recent graduates were rearrested on new drug charges, compared to 64 percent of eligible defendants who did not attend drug court.

The Honorable Dennis Fuchs, a Salt Lake City judge, praised the success of the program: "As a seasoned judge, I have found that frequent and immediate responses are the most effective way to deal with the methamphetamine addict. In addition, it is essential through treatment and court intervention to get to the underlying cause of the addiction and deal with the physiological and psychological reasons for the addiction. Drug courts are the most effective way to deal with these problems."

Drug courts push users into treatment, and treatment of methamphetamine users is showing promise. At this time, the most effective treatments for methamphetamine addiction are cognitive behavioral interventions, similar to those combating cocaine addiction. These approaches are designed to help modify the patient's thinking and behaviors and to increase skills in coping with stressful situations. Methamphetamine recovery support groups also appear to be effective adjuncts to behavioral interventions that can lead to long-term drug free recovery.

Disrupting Drug Markets

The policies and programs of the *National Drug Control Strategy* are guided by the fundamental insight that the illegal drug trade is a market, and both users and traffickers are affected by market dynamics. By disrupting this market, the US Government seeks to undermine the ability of drug suppliers to meet, expand, and profit from drug demand. When drug supply does not fully meet drug demand, changes in drug price and purity support prevention efforts by making initiation to drug use more difficult. They also contribute to treatment efforts by eroding the abilities of users to sustain their habits.

An increasingly diverse body of scientific evidence underscores the significance of drug price and purity to the habits of drug users. Youth surveys have demonstrated the strong inverse relationship between cocaine use and price. Emergency department admissions data and arrestee urinalysis results for both cocaine and heroin also reveal a strong correlation between use and price. Additional studies indicate that decreases in heroin purity and increases in heroin price are linked to increases in methadone program enrollments and dose requirements. The sensitivity of users to drug price and purity is a durable relationship that can be influenced to help achieve America's national drug control goals.

Drug control programs focused on market disruption attempt to reduce the profits and raise the risks involved in drug trafficking. The desired result is a reduced incentive for traffickers or would-be traffickers to enter or remain in the illicit trade. Moreover, these programs generate and exacerbate the challenges involved in the drug trade by forcing traffickers to take additional steps, identify new accomplices, and choose new methods of operation that increase the cost, risk, and complexity of smuggling drugs. The US Government and its international partners focus on eradicating drug crops, interdicting drug production and movement, and attacking

drug trafficking organizations with support from critical information and intelligence activities.

Combining these drug control tools into effective market-disruption campaigns requires an understanding of the operation and organization of illicit drug markets. Applying concepts used to analyze legal markets can be helpful. Similar to many lawful agricultural industries, the illicit drug industry is composed of business sectors focused on functions such as cultivation, production, transportation, distribution, and finance. Damaging these large business sectors often requires a deliberate and extended application of resources to overcome the resilience generated by multiple organizations operating in a single functional area.

Sometimes market disruptions can be achieved by rolling up trafficking organizations operating within a particular business sector. For example, law enforcement efforts targeting major Colombian cocaine transporters in 1999 resulted in the disruption of organizations responsible for smuggling 20–30 tons of cocaine each month. The dramatic impact of similar initiatives focused on major Dutch MDMA (Ecstasy) transporters is reflected in the 80 percent decline in US seizures of Ecstasy tablets shipped from abroad from 2001 to 2004. In other instances, eliminating a critical element of a business sector may be more effective. For example, between 1995 and 1999, the Peruvian coca cultivation sector was devastated by the interdiction of airplanes carrying coca to Colombia for processing into cocaine.

The illicit drug industry can also be viewed as a series of segments in a supply chain extending from fields abroad to streets at home. This segmented market view is based on the transfer of drug ownership from one organization to another in each segment. In the past, a single drug cartel owned the drug that it trafficked from its cultivation and production all the way to its wholesale distribution. Now, many large trafficking organizations specialize in specific segments of the supply chain, such as cultivation, production, transportation from source country to US border areas, and smuggling across the border into the

United States. By participating in only one market segment, traffickers can concentrate their expertise and connections while limiting their overall risk.

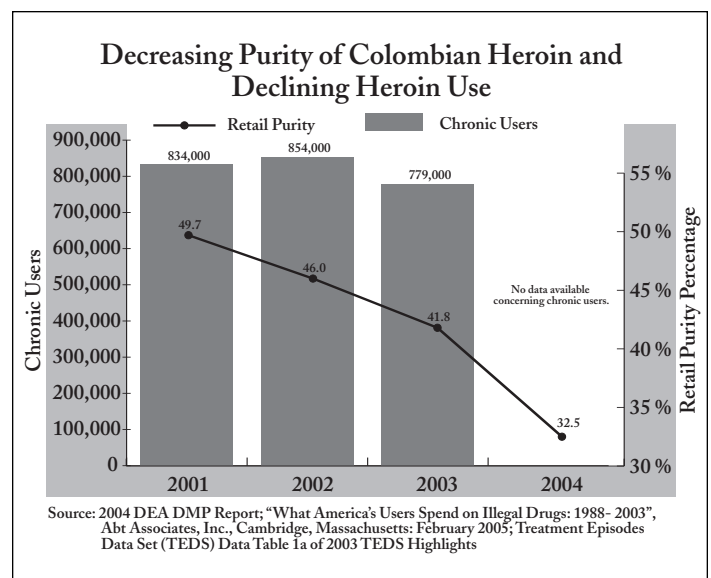
This segmented market view is perhaps most relevant to the cocaine industry, where unified Colombian cartels have been replaced by looser networks of Colombian and Mexican trafficking organizations. Separate Colombian organizations may handle the cultivation, production, and initial offshore movement segments of the cocaine supply chain. Mexican organizations then coordinate the remaining transportation and distribution segments required for the cocaine to reach US streets. In each exchange between traffickers, ownership of the product is transferred in a manner that ensures that the supplier will be compensated regardless of the final disposition of the cocaine.

The characteristics of each market segment enable us to identify areas where our market disruption resources can be used most effectively. Returning to the cocaine industry example, an analysis of the initial offshore movement segment of the cocaine supply chain reveals ample opportunities for market disruption. Colombian cocaine transporters must make arrangements for coastal departure points, suitable speedboats and fishing vessels, and the requisite crews and fuel. They must also coordinate drug storage, refueling, and product exchange. These unique skills take time and effort to replace when successful interdiction and investigation initiatives remove these transporters from the supply chain.

Armed with a better understanding of the different market segments, the United States can strategically target vulnerabilities and optimize impact on the market. Relatively short-term disruptions of drug markets caused by events such as the removal of a key drug trafficker can lead to significant challenges in the drug trade because of the importance of relationships and routines. However, combining sustained, focused operations on drug-market segments can yield more substantial changes in drug availability, price, and purity that support the reductions in drug use that are the ultimate goal of the *National Drug Control Strategy*.

We are beginning to see the results of our market disruption strategy in the United States. Cocaine price and purity at the retail level have reversed a three year trend of increasing purity and decreasing price. Continued declines in the potential production of cocaine in South America and record worldwide cocaine seizures have gradually reduced global supply. Worldwide seizures of cocaine, for example, reached record levels of more than 400 metric tons annually in 2003 and 2004. These unprecedented removals of cocaine from global distribution, combined with the diminished ability of the source countries to replenish worldwide supply, is beginning to have an effect in the United States. Between February and September 2005, retail cocaine purity dropped by 15 percent. Retail cocaine prices increased during the same period, suggesting the beginnings of a disruption of the cocaine market.

Not only are we now seeing positive changes in the domestic cocaine market, we are also achieving results with heroin. Expanded aerial eradication efforts, supported by the State Department's airwing, have inflicted substantial damage to the Colombian opium poppy cultivation sector, leading to a 68 percent reduction in cultivation from 2001 to 2004. Upgraded security screening at US airports has led to increased seizures of Colombian heroin, from 15 percent of available heroin in 2001 to 23 percent of available heroin in 2002. (Available heroin is the net amount of heroin available to the United



States; it is Colombian potential production of heroin less the seizures of heroin in Colombia.) As a result of these and many other law enforcement efforts, the retail purity of Colombian heroin dropped by 22 percent, and the retail price increased by 33 percent from 2003 to 2004.

Regardless of the time and expense involved, market disruption yields several additional benefits. It contributes to the Global War on Terrorism, severing the links between drug traffickers and terrorist organizations in countries such as Afghanistan and Colombia, among others. It renders support to allies such as the courageous administration of President Alvaro Uribe in Colombia. Market disruption initiatives remove some of the most violent criminals from society, from kingpins such as the remnants of the Cali Cartel to common thugs such as the vicious MS-13 street gang. This Strategy outlines how the efforts of the United States and its allies are working to disrupt the drug markets that threaten our society while furthering broader goals both at home and abroad.

Progress in the Andean Ridge

The Andean Ridge is the sole supplier of the world's cocaine and a provider of the heroin consumed in the United States. Although Colombia is the predominant source of both illicit drugs, any plan targeting cocaine and heroin production must consider the latent capacity within Bolivia and Peru. Drug production and trafficking in Ecuador and Venezuela must also be considered. The Administration's Andean Counterdrug Initiative (ACI) addresses all of these concerns and is yielding promising results. President Uribe and the Government of Colombia are firmly committed to countering the threat that drug trafficking poses to Colombia, the Western Hemisphere, and the world. Colombia and the United States are solid partners in a combined strategy of eradication, interdiction, and organizational attack.

In 2004, Colombia sprayed more than 131,000 hectares of coca and manually eradicated another 10,279 hectares. The Government of Colombia reported spraying more

Changes in Retail Price and Purity of Cocaine

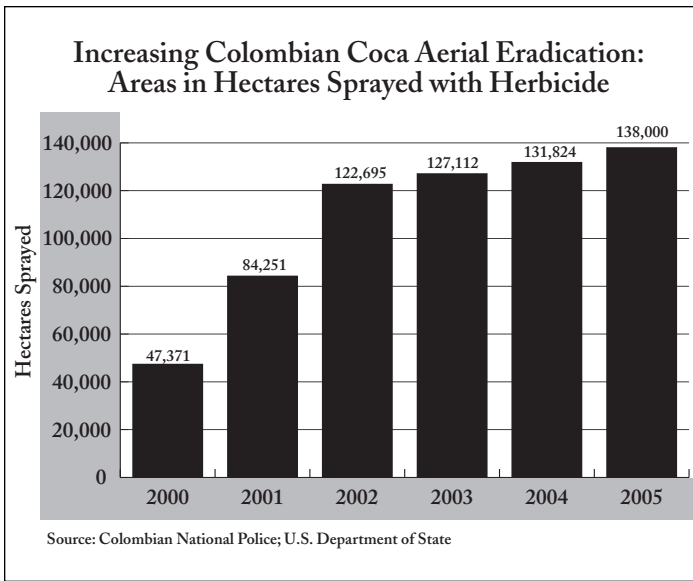
Starting in February 2005, retail-level cocaine price and purity showed evidence of reversing a three-year trend of increasing purity and decreasing prices. An analysis of retail cocaine samples showed that between February and September 2005 (the last month for which data are available), cocaine purity declined 15 percent, whereas price per pure gram increased 19 percent.

The trend reversal reflects successes in our overseas-market disruption strategy. Potential production of cocaine in South America has declined steadily since 2001, and worldwide cocaine seizures reached record levels in the past four years. Moreover, no "balloon effect" has occurred in Bolivian and Peruvian cultivation that would offset the dramatic year-over-year decreases in Colombia. In short, our overseas counterdrug efforts have slowly constricted the pipeline that brings cocaine to the United States.

Retail price and purity data are just now showing the effects of our supply-side successes, partly because there is a lag between when

leaf is harvested in Colombia and a US retail sample is collected and analyzed by the Drug Enforcement Administration (DEA). Retail-level cocaine is not necessarily ingested by an addict in the same year that its source coca plant was grown and harvested. In Colombia, for example, coca leaf must be harvested, processed into base, transported to a cocaine hydrochloride (HCl) lab, refined into HCl, smuggled to staging areas on the Colombian coast, transported and staged at multiple points in the transit zone, smuggled into the United States, sold to a US-based wholesale trafficker, distributed to a retail organization, and sold on the street at the drug's final destination. Although difficult to assess, analysts believe this lag could be anywhere from 9 to 24 months, depending on a host of variables.

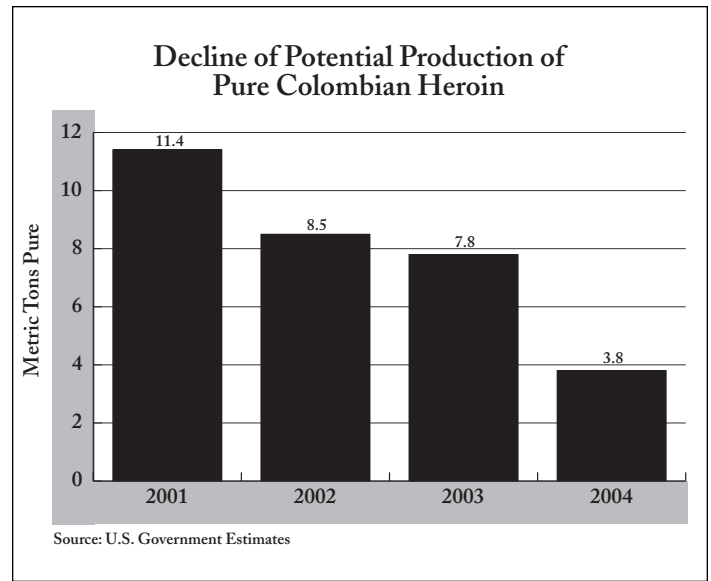
Cocaine demand is also a critical variable when measuring drug availability and the effects of our overseas-market disruption efforts. The most recent data from the National Survey of Drug Use and Health (NSDUH), a representative sample of more than 95 percent of the population 12 years of age and older, show reduced past-year consumption of crack cocaine between 2002 and 2004. Our supply-side constriction of US-bound cocaine appears to have now outpaced the decline in demand, and we are witnessing the early stages of a change in cocaine availability.



than 138,000 hectares of coca and manually eradicating more than 31,000 hectares in 2005. These efforts have reduced cultivation by one-third since 2001 and reduced potential pure cocaine production from 700 metric tons in 2001 to 430 metric tons in 2004.

Although substantial progress has been made in eradication, tactics must continually be adjusted as traffickers try to adapt to the Government of Colombia's massive eradication campaign (see *Increasing Colombian Coca Aerial Eradication*). In fact, the shrinking and dispersal of coca fields, the systematic use of seedbeds, and countermeasures designed to make plots harder to find from the air may require additional spray planes to continue to reduce Colombian coca production. It has already required increased aerial spray and manual eradication operations. The Department of State has received authorization to spend \$30 million in FY 2006 to buy and refurbish spray aircraft for Colombia under the Critical Flight Safety Program. The State Department will receive additional funding in FY 2007 to continue this crucial safety upgrade that will bolster a much-needed aerial eradication capability in Colombia.

Reports from the field indicate that the narcotraffickers are focusing their cultivation efforts in areas that are difficult to identify from the air because of bad weather, such as Nariño. With that in mind, the Government of Colombia, with our assistance, began additional spray



operations late last year in Nariño and increased manual eradication operations in eastern Colombia and the national parks where additional, previously undetected coca has been planted.

The attack on opium poppy has been just as relentless (see *Decline of Potential Production of Pure Colombian Heroin*). In 2004, Colombia sprayed 3,060 hectares of poppy and manually eradicated another 1,253. In 2005, Colombia sprayed more than 1,600 hectares of poppy and manually eradicated 496 hectares. Poppy cultivation has decreased by two-thirds since 2001, and potential pure heroin production decreased to 3.8 metric tons from 11.4 metric tons in 2001. These efforts have contributed greatly to the significant reductions in heroin purity that has taken place in the United States over the past two years.

Colombia is also aggressively pursuing the movement of illicit drugs throughout its national territory and is seizing record quantities of cocaine, coca base, heroin, and precursor chemicals. Contributing to Colombia's success has been the Air Bridge Denial program. In 2005, this program resulted in seven interdictions, five impounded aircraft, the destruction of two aircraft, and the seizure of 1.5 metric tons of cocaine in Colombia. Additionally, three aircraft and 2.1 metric tons of cocaine were impounded in neighboring countries after coordination between host nations and JIATF-South. In 2004, the

program resulted in the destruction of 13 aircraft, damage to one aircraft, and impounding three aircraft.

Colombian security forces, reaping the benefits of US law enforcement training and assistance, report the seizure of more than 200 metric tons of cocaine and coca base in 2005—setting an impressive single-year record. Additionally, security forces destroyed more than 130 cocaine HCl labs, preventing a significant amount of cocaine from being produced. In one significant operation in May 2005, Counternarcotics Police and Navy personnel captured 15 metric tons of cocaine along the Mira River in southern Nariño. The cocaine was packaged and ready to be loaded onto several trafficker speedboats that would have moved it through the eastern Pacific to eventual delivery points along the Mexican-Central American corridor.

Interdiction programs have benefited from the Government of Colombia's commitment to extend its presence and establish the rule of law throughout the country. This has restricted the movement of narcotrafickers and denied them operating space. By the end of 2005, public security forces such as the High Mountain

Battalions and the Mobile Brigades will have grown from 1 to 7 and from 7 to 15, respectively. Additionally, 54 rural police (Carabineros) squadrons were in place by the end of 2005, up from 25 squadrons in 2002. Furthermore, for the first time in history, all 1,098 Colombian municipalities have a National Police presence.

Finally, the Colombian military has continued implementation of its Plan Patriota (Plan Patriot) in the south-central part of the country—the general area of what was formerly a Revolutionary Armed Forces of Colombia (FARC) demilitarized zone. This operation has reduced the number of transportation corridors that the FARC used to move illicit drugs from the growing areas to the coast. This successful disruption of the transportation of illicit drugs has diminished the FARC's income from drugs over the past year. It also weakened a vicious terrorist organization that for decades attempted to violently overthrow Colombia's democratically elected government.

The commitment of the Government of Colombia to attack powerful drug traffickers and extradite them to the United States is unparalleled (see *Extraditions From Colombia*). In 2005, Colombia extradited several key

Extraditions From Colombia in 2005

| EXTRADITIONS BY YEARS | 12/97 to 12/99* | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Totals since 12/97 |
|------------------------------------|--|---------------------------|--------------------------|---------------------------|--------------------------------------|--------------------------|------------------------------|--------------------|
| Colombian Nationals Extradited | 1* | 11 | 23 | 37 | 64 | 88 | 131 | 355 |
| Non-Colombian Nationals Extradited | 8* (Cuba, Argentina, Panama, US, Venezuela) | 2 (Ecuador, Argentina) | 3 (Cuba, US/Cuba, US) | 3 (Italy, Ecuador, US) | 4 (Chile, Lebanon, Cuba, Ecuador) | 3 (Honduras, Ecuador) | 3 (Venez., Bahamas, Iran) | 26 |
| Total Extradited from Colombia | 9 | 13 | 26 | 40 | 68 | 91 | 134 | 381 |

* The Colombian Constitution was amended December 17, 1997, to allow the extradition of Colombian nationals. The first Colombian national was extradited to the U.S. November 21, 1999; 7 non-Colombians were extradited to the U.S. between December 17, 1997 and November 21, 1999. This chart was amended as of 6/4/04 by starting the statistical calculations from December 17, 1997, given that statistics are often provided from this date forward in documents, speeches, etc.

narcotraffickers, including a former Consolidated Priority Organizations Target (CPOT), Elias Cobos Muñoz; FARC logistics leader, Omaira Rojas Cabrera; and former head of the Cali Cartel, Miguel Rodríguez Orejuela. In December 2004, the Government of Colombia extradited the other Cali Cartel leader, Gilberto Rodríguez Orejuela, as well as a key FARC leader, Ricardo Palmera.

Colombia has also been aggressive in attacking the three designated foreign terrorist organizations in Colombia—the FARC, the United Self-Defense Forces/Group of Colombia (AUC), and the National Liberation Army (ELN)—which are all deeply involved in drug trafficking. However, President Uribe has also been willing to engage in a peace process with any terrorist organization that is willing to end violence and negotiate a peace agreement. In July 2005, Uribe signed the Justice and Peace Law, designed to provide the framework for members of the illegal armed groups to demobilize and reenter Colombian society. It is intended to apply to all illegal armed groups including the FARC and the ELN, as well as the AUC, if they also enter a peace process. The AUC entered into a cease-fire agreement with the government in 2003 and began demobilizing its organization. More than 20,000 AUC personnel had demobilized collectively as of January 31, 2006. The ELN has been engaged in exploratory talks concerning a possible peace process with the Colombian Government.

The United States and Colombia must work to secure and extend the success of the Andean Counterdrug Initiative and Plan Colombia by aggressively countering trafficker responses to the success of ongoing eradication, interdiction, and organizational attack programs. Increased aerial eradication capability is necessary to attack replanting efforts more swiftly. Additional focus must be placed on identifying new cultivation of coca and opium poppy, particularly in more remote areas. The United States will also support Colombia in coordinated efforts to increase interdiction pressure against drug-movement corridors within Colombia and to target the most vulnerable segments of the Colombian supply chain through organizational attack.

Peru and Bolivia remain the second and third largest producers of cocaine, with Peru producing 145 metric tons and Bolivia some 70 metric tons of pure cocaine in 2004. The United States has been and, to the extent possible, intends to continue working with these two countries in eventually reducing their illicit coca cultivation while creating an inhospitable environment for those considering reentry into cultivation, cocaine production, and transportation of the illicit product.

These countries continue to eradicate coca, attacking its spread into new areas. Both Peru and Bolivia have pressed their eradication campaigns in the face of organized opposition, and their success is evident by the strident objections and attempts to derail the eradication efforts by narcotrafficker groups.

Peru and Bolivia are interdicting record levels of cocaine and precursor chemicals in the traditional growing areas, creating logistical jams in the pipeline from the coca field to the HCl lab. Finally, these governments have been creating an environment that respects the rule of law by increasing the number of counterdrug prosecutors, developing laws that punish the white-collar dimensions of narcotrafficking (such as money laundering), and improving the efficiency of police units. The United States will work with Peru and Bolivia in these efforts as part of the broader Andean Counterdrug Initiative to ensure that drug trafficking does not experience a resurgence in these countries.

Targeting Methamphetamine and Other Synthetics

Since the early 1990s, and especially over the past few years, the illicit use of synthetic drugs such as methamphetamine and otherwise-legal prescription drugs has become a severe and troubling problem, both at the national level and in affected communities. The most devastating of these synthetic drugs has been methamphetamine, but in some areas, so-called club drugs such as Ecstasy have also become a major concern. The abuse of prescription drugs, including OxyContin (oxycodone), has become the second most prevalent form of drug abuse.

In response to these developments, in October 2004, the Federal Government released the *National Synthetic Drugs Action Plan*, the first comprehensive national plan to

address the problems of synthetic and pharmaceutical drug trafficking and abuse. The Action Plan outlines current Federal and state efforts in the areas of prevention, treatment, regulation, and law enforcement and made concrete recommendations for enhancing government efforts to reduce synthetic drug abuse. These efforts will be outlined in a separate document that will describe the Administration's plan for affecting the illicit market for synthetic drugs during the next 24 months.

Attacking the Domestic Methamphetamine and Precursor Threat

In the past decade and a half, methamphetamine use has gradually spread eastward across the United States. Between 1992 and 2002, the treatment admission rate for methamphetamine/amphetamine has increased from 10 to 52 admissions per 100,000 population age 12 or older (an

Disruption of the Colombian Heroin Market

Over the past several years, a significant disruption has occurred in the heroin market. Retail prices have increased by one-third, while retail purity has dropped 22 percent in one year. This outcome is the result of significant operations, both at home and abroad.



With the aid of the United States, the Colombian Government has redoubled its efforts in eradication and interdiction, making the cultivation of opium poppies and trafficking of heroin far more risky than the monetary reward. This has increasingly discouraged farmers from planting opium poppy; poppy cultivation declined by 68 percent from 2001 to 2004.

Law enforcement agencies in several US cities have dismantled major heroin organizations that controlled the domestic trafficking, distribution, and production (cutting and packaging) of heroin. Taking down these organizations has led to a noticeable

decline in the availability of heroin in New York City and record-low purities in Chicago. Increased US airport security has also resulted in increased drug seizures, primarily of Colombian heroin. In 2001, based on percentages from the Heroin Signature Program, 15 percent of the estimated available Colombian heroin was seized. In 2002, 2.2 metric tons of Colombian heroin were seized in the United States, about 23 percent of the estimated available Colombian heroin. This trend continued in 2003 and 2004, with US seizures of 26 percent and more than 29 percent of the available Colombian heroin, respectively.

The resulting shortfall in the supply of Colombian heroin has led to a decline in use. Heroin-treatment admissions reflect this decline. Admissions for heroin use reached a peak in 2002, with 289,056 recorded entries. Entries into treatment institutions declined in the following years, to 272,815 in 2003 (a 6 percent decrease from 2002) and an estimated 254,181 in 2004 (a 12 percent decrease from 2002). This data represents a summation of 2004 state data from Substance Abuse and Mental Health Services Administration's Treatment Episode Data Set.

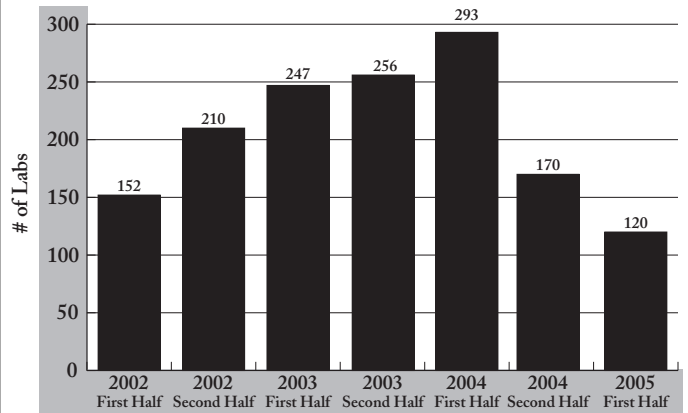
Although more work needs to be done, the combination of eradication, interdiction, and organizational attack has seriously disrupted the Colombian heroin market.

increase of over 500 percent). Additionally, between 2000 and 2004, the positive drug-testing rates among the general US workforce for methamphetamine/amphetamine increased from 0.25 percent to 0.52 percent of all tests (an increase of more than 200 percent). Although the spread of methamphetamine use is troubling, there is a significant bright spot in youth use rates since the President took office. Methamphetamine use rates have dropped by almost one-third among 8th, 10th and 12th graders since 2001 (as addressed in the Introduction).

In response to the increased threat from methamphetamine, US law enforcement agencies have increased their efforts both domestically and internationally to stem the flow of methamphetamine and the precursors that are used to produce it. States have also taken decisive action with dramatic results. Within the past year, 35 states have passed legislation to impose new regulations on the retail sale of the methamphetamine precursor pseudoephedrine. Because the challenges vary from state to state, these restrictions vary by state in their severity and content. States with the strictest pseudoephedrine laws have seen significant reductions in the seizure of small toxic labs. For example, 662 labs were seized in Oklahoma in 2003 (see *Reduced Methamphetamine Lab Seizures in Oklahoma*). After instituting strict laws controlling pseudoephedrine in March 2004, lab seizures in Oklahoma dropped by 38 percent to 409 labs in 2004, and only 62 labs were reported seized in Oklahoma during the first six months

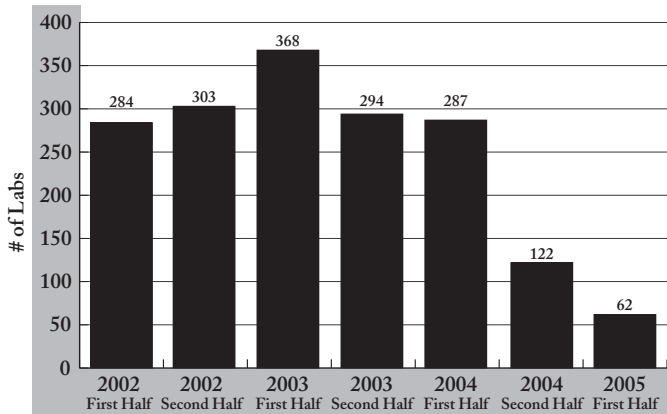
of 2005. Iowa has had similar results, with 503 labs seized in 2003, 463 labs seized in 2004 (an 8 percent drop), and only 120 reported labs seized during the first six months of 2005 (see *Reduced Methamphetamine Lab Seizures in Iowa*). As other states have adopted similar restrictions, methamphetamine lab seizures have declined nationally, with 10,182 lab seizures in 2003 to 9,851 lab seizures in 2004. Additionally, the number of seized “superlabs” (labs capable of producing more than 10 pounds of methamphetamine per production run) has declined from 245 in 2001 to 55 in 2004—a 77 percent decrease (see *Reduced Methamphetamine Superlab Seizures*).

Reduced Methamphetamine Lab Seizures in Iowa



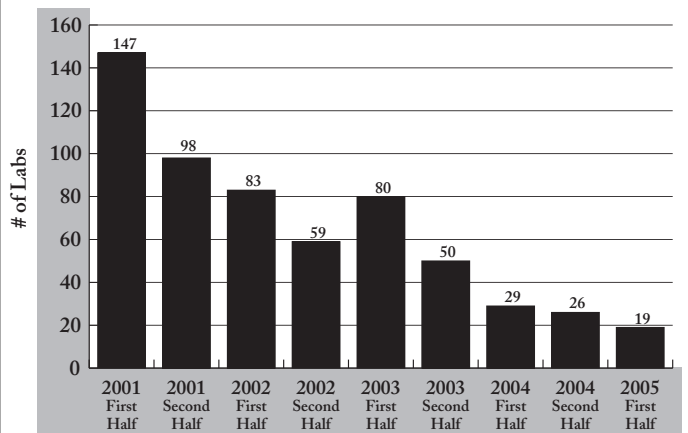
Source: Based on Clandestine Laboratory Seizure System (CLSS), extracted 11/20/05.

Reduced Methamphetamine Lab Seizures in Oklahoma



Source: Based on Clandestine Laboratory Seizure System (CLSS), extracted 11/20/05.

Reduced Methamphetamine Superlab Seizures



Source: Based on Clandestine Laboratory Seizure System (CLSS), extracted 11/20/05.

Federal efforts have also had a dramatic effect on the fight against methamphetamine. ONDCP's High Intensity Drug Trafficking Area (HIDTA) program has 96 initiatives that are specifically focused on methamphetamine—the largest number of initiatives focused on any single drug. In addition, DEA has taken steps to counter the methamphetamine threat. In 2005, DEA streamlined its Mobile Enforcement Teams (MET) program, which provides investigative support to state and local authori-

ties, and focused it on methamphetamine trafficking. DEA also conducted Operation Wildfire, a sweep operation conducted with state and local law enforcement partners in more than 200 cities across the United States that resulted in 427 arrests and the seizure of more than 208 pounds of methamphetamine. Additional Operation Wildfire seizures included 56 clandestine methamphetamine laboratories, more than 200,000 pseudoephedrine tablets, 300 pounds of pseudoephedrine powder, more

Dutch-US Cooperation and Collapse of MDMA Market

Five years ago, the United States saw a sharply escalating pattern of MDMA trafficking. Starting with the dance/rave scene, MDMA pills appeared to be an emerging epidemic. At its peak in 2001, total domestic seizures of MDMA reached 11 million tablets. In the past 2 years, however, total domestic seizures declined to less than 3 million tablets. Seizures of MDMA tablets shipped from abroad also dropped from around 7 million tablets in 2001 to less than 1.5 million tablets in 2003 and 2004. The dramatic decline in this drug market is reflected in the 40 percent decline in past-year users age 12 and older between 2002 and 2004.



Part of this success is the result of increased counternarcotics cooperation between the United States and the Netherlands. Joint investigations revealed that MDMA coming into the United States was primarily produced in the Netherlands. In response, US and Dutch law enforcement agencies have increased efforts to identify, investigate, and prosecute domestic and international criminal organizations engaged in the production, distribution, and transportation of MDMA. One example of this collaborative approach is *Operation Double Dutch*, in which US and Dutch customs agents used risk analysis techniques to successfully target suspicious cargo departing from Schiphol Airport in 2004 and 2005. US and Dutch authorities also conducted *Operation Mercure* to target MDMA mailed from the Netherlands to the United States in 2002. Moreover, the Netherlands and the United States have assumed leading roles in Project Prism, the United Nations International Narcotic Control Board's effort to limit international diversion of chemicals that can be used to produce MDMA and other illegal drugs.

The Netherlands has made several changes in its domestic efforts against MDMA trafficking. Five years ago the Dutch Government released a new strategy against the production, trade, and consumption of synthetic drugs and expanded the Dutch Police Synthetic Drugs Unit. Over the past several years, the Dutch have established five regional MDMA teams of 120 police officers and have increased the number of inspectors at Schiphol Airport examining airfreight to determine which cargoes are at risk of containing drugs. Dutch law enforcement authorities have expanded customs efforts, increased their capacity to dismantle laboratories, and intensified controls on chemical precursors. Authorities have successfully prosecuted cases against some of the most significant transnational crime groups engaged in the MDMA trade, effectively dismantling the leadership structures of these criminal organizations. The Dutch Government has entered into new treaties to expand the legal basis for cross-border law enforcement cooperation with its neighboring states, and joint operations with international law enforcement agencies have increased substantially. As a result of these various efforts, Dutch MDMA seizures increased from 3.6 million tablets in 2001 to an average of 5.5 million tablets a year for 2003 and 2004.

The United States has taken several significant steps to improve its own domestic efforts against MDMA trafficking. The Department of Homeland Security's Bureau of Immigration and Customs Enforcement established the National Ecstasy Task Force to serve as a command and control center for coordinating MDMA interdiction and investigation efforts and to collect actionable intelligence on developing patterns and trends for dissemination to the field. Since 2001, the Source Determination Program at the DEA Special Testing Laboratory has produced a club-drug monthly report that provides information on seizures nationwide, tracks ballistics, describes tablet monograms and other physical characteristics, and identifies current and past cases from illicit tableting sources. Recent enforcement initiatives, such as DEA's *Operation Sweet Tooth*, target organizations that distribute MDMA. *Operation Sweet Tooth* resulted in the dismantlement of two foreign-based MDMA trafficking organizations that distributed the drug in 36 cities in the United States.

than 224,000 ephedrine tablets, 123 weapons, 28 vehicles, and \$255,000 in US currency. Further, 30 drug-endangered children (DEC) were removed from methamphetamine-contaminated environments.

Decreasing the number of domestic labs not only reduces methamphetamine production and the environmental damage caused by the production process but also reduces the threat that these labs pose to families and children. According to the El Paso Intelligence Center, 14,260 methamphetamine lab-related incidents occurred during calendar year 2003. At 1,442 of the lab incidents during FY 2003, at least one child was present. The labs affected more than 3,000 children, including children who were residing at the labs but may not have been present at the time of the seizure and children who were visiting the site. Nearly 1,300 incidents involved a child being exposed to toxic chemicals.

In October 2003, ONDCP launched a national DEC initiative to assist with coordination among existing state programs that help rehabilitate children who have been affected by methamphetamine. The initiative also created a standardized training program to extend programming to states where such initiatives do not yet exist. Previously, the Department of Justice's Office of Community Oriented Policing Services (COPS) awarded \$2,124,000 to be used for programs helping children as part of the COPS Methamphetamine Initiative.

Attacking International Methamphetamine and Precursor Threats

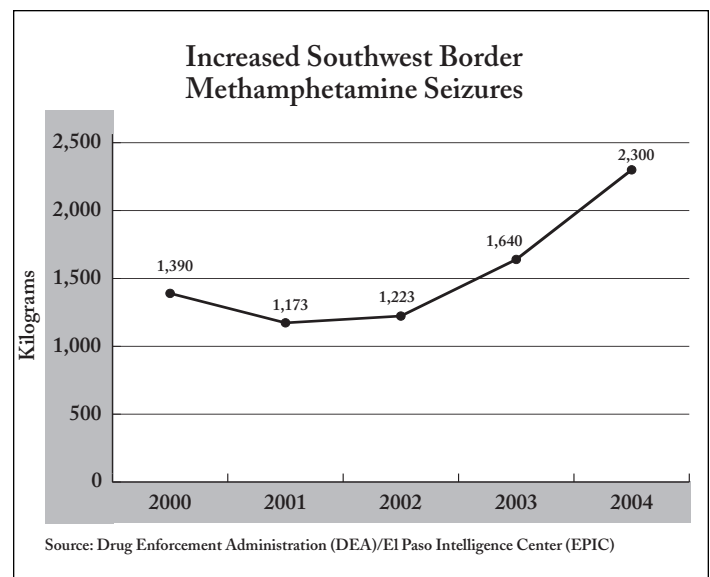
Although a great deal of law enforcement resources have been dedicated to fighting the spread of methamphetamine domestically, much of the success in disrupting the methamphetamine market will continue to rely on our ability to work with other countries to reduce the flow of methamphetamine and its precursors—principally pseudoephedrine and ephedrine—into the United States.

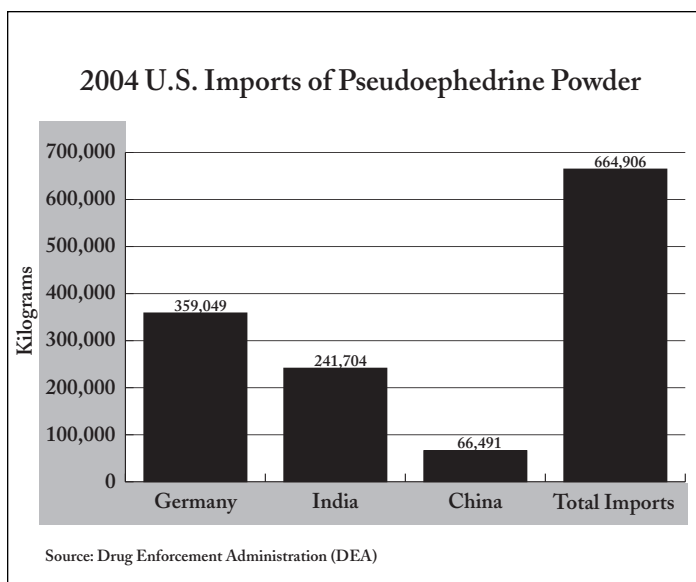
Over the past few years, increasing production of methamphetamine within Mexico has been indicated by

increased seizures at the US southwest border (see *Increased Southwest Border Methamphetamine Seizures*), reports of additional methamphetamine lab seizures within Mexico, and reports from state and local law enforcement throughout the United States concerning the influx of out-of-state methamphetamine within their jurisdictions. Although this is a significant and growing threat, Mexico has taken some important steps.

Through its Federal Commission for the Protection Against Sanitary Risks (COFEPRIS), Mexico is implementing several important wholesale and retail controls on pseudoephedrine in cooperation with the pharmaceutical industry and is considering others. In addition, Mexico recently imposed a policy limiting imports of pseudoephedrine and ephedrine to manufacturers only. Wholesale distributors are barred from importing raw pseudoephedrine and ephedrine. Furthermore, importers can import shipments of no more than 3,000 kilograms at a time. Mexico also has begun imposing import quotas tied to estimates of national needs after a study revealed a significant excess of pseudoephedrine imports over Mexico's estimated lawful needs.

With US support, Mexico is training and equipping methamphetamine-focused law enforcement teams to combat the spread of methamphetamine production in Mexico. DEA is providing laboratory cleanup and investigation training for Mexican law enforcement elements.

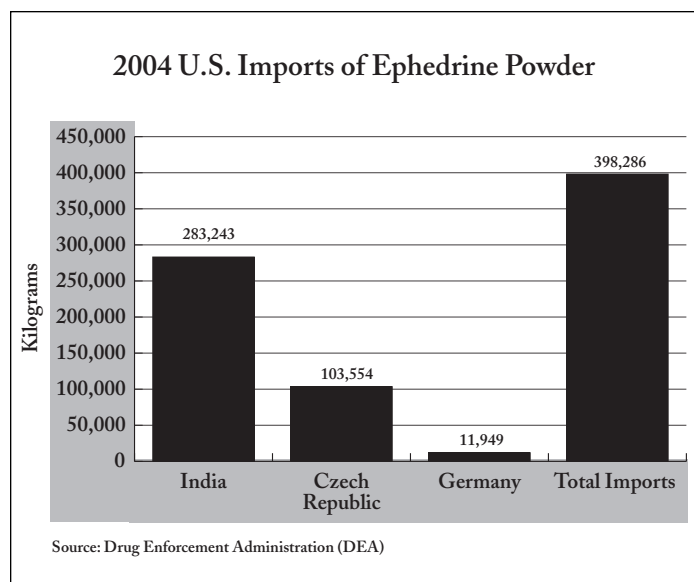




These teams have already identified and destroyed several large methamphetamine laboratories and many small-scale labs. Additionally, Mexican authorities have seized nearly 50 million methamphetamine precursor pills since December 2000.

Canada, like Mexico, is aiding us in the fight against trafficking and diversion. Canada has taken numerous steps over the past few years to prevent the diversion of pseudoephedrine and ephedrine through increased control of imports and exports. From 2000 to 2004, lawful pseudoephedrine imports into Canada fell from just over 500 to less than 50 metric tons. Additionally, from 2003 to 2004, lawful ephedrine imports fell from 19 to 7 metric tons, and overall pseudoephedrine and methamphetamine seizures have dropped over the past year. These reduced precursor imports into Canada resulted in sharp declines in the amounts of pseudoephedrine and ephedrine diverted into the United States for the manufacture of methamphetamine.

In addition to working with Mexico and Canada on this issue, the United States continues to work with the primary producing and exporting countries for bulk ephedrine and pseudoephedrine—China, the Czech Republic, Germany, and India (see *Foreign Sources of Methamphetamine Precursors*). The United States is also collaborating with the wider international community to reach arrangements that will impede the diversion of these



precursors to methamphetamine labs. For example, the DEA and its Mexican counterparts recently obtained a commitment from Hong Kong not to ship chemicals to the United States, Mexico, or Panama until receiving an import permit or equivalent documentation and notifying the receiving country.

The United States is very interested in reaching these types of prenotification agreements with India and China, as well for all shipment of pseudoephedrine and ephedrine regardless of destination country. This type of export transparency is solely intended to reduce diversion and illicit demand for both products. The United States and Mexico are also working to gain broader international support for prenotification of international shipments of combination tablets containing pseudoephedrine through multilateral bodies such as the Organization of American States and the Project Prism initiative convened by the United Nations International Narcotics Control Board.

Reducing Prescription Drug Abuse

The rise in the nonmedical use of prescription drugs listed as controlled substances has created a new challenge not only for traditional organizations involved in reducing drug use (e.g., law enforcement, treatment providers, and prevention specialists) but also for the medical and pharmaceutical community. The nature of this problem poses

the deceptively simple question: How do individuals who abuse prescription drugs get them? Data of this sort are hard to obtain, but experience suggests that it largely occurs in six ways (in no particular order): illegal purchases without a prescription over the Internet; so-called doctor shopping; theft or other diversion directly from pharmacies; unscrupulous doctors who—knowingly at worst, carelessly at best—overprescribe medications; traditional street-level drug dealing; and receiving prescription drugs for no cost from family and friends. The illegal use of pharmaceuticals is one of the fastest growing forms of drug abuse.

The Administration's strategy in this area focuses on preventing diversion and getting users into treatment where necessary. For example, one of the programs meeting with some success at the state level is the prescription-drug monitoring program (PDMP), which helps provide doctors, pharmacists, and, when appropriate, law enforcement with information about patient prescriptions. As of October 2005, a total of 25 states have operational PDMPs or are in the process of implementing them. To give a specific example of where PDMPs can help, an individual struggling with an addiction to Vicodin might go to five doctors to complain of back pain and receive five separate prescriptions for the drug, which could then be filled at five separate pharmacies. States with PDMPs help prevent doctors and pharmacists from becoming unwitting accessories to the abuse of these prescription drugs by showing information on other prescriptions given to, or filled by, the individual within the preceding weeks or months. In addition, identifying the abuser can help medical professionals recommend appropriate treatment.

PDMPs assist states in identifying diversion trends as they emerge. Analysis of PDMP data assists law enforcement in the identification of doctor shoppers and overprescribers. In addition, the information collected and analyzed by a state PDMP may be used to assist in identifying patients whose drug usage is increasing and who may benefit from a referral for treatment, to assist health care professionals in making appropriate treatment decisions for their patients, and to assist pharmacists in providing appropriate pharmaceutical care.

In 2003, Virginia implemented a limited PDMP in the southwestern portion of the state to address the growing abuse of oxycodone and other prescription drugs. Virginia's limited PDMP monitored schedule II controlled substances in one state-defined health district. The database now contains close to 500,000 prescriptions, and more than 1,000 requests for data have been processed. Virginia's limited PDMP was so successful in addressing diversion that legislation was passed in 2005 to extend the program to the entire state beginning in FY 2006. The program will capture data for all schedule II-IV prescriptions.

One of the Nation's flagship PDMPs is Kentucky's All Schedules Prescription Electronic Reporting program, or KASPER. The program is fully electronic. Within 16 days of filling a prescription, pharmacists must input the information into the KASPER database. KASPER covers drugs listed under schedules II-V. Physicians may request patient information from the KASPER system. Law enforcement agencies can receive information from KASPER for an active investigation. The KASPER system is entirely web based. During this past legislative session, Kentucky's PDMP received approval to bring in an expert consultant to focus on enhancing the data-collection side of the program. The goal was to make the entire system operate in real time.

Meanwhile, another source of prescription-drug diversion is the Internet, which is populated with thousands of sites that offer pharmaceutical controlled substances. Some Internet pharmacies operate within the law and accepted medical practice, providing a valuable service to consumers with a legitimate medical need for prescription drugs. However, the DEA has investigated cases where unscrupulous doctors have operated "pill mills" that essentially sell prescriptions or drugs after cursory or nonexistent medical examinations, sometimes making use of pharmaceuticals that have been smuggled into the United States.

The problem, of course, is one of safety and effectiveness: otherwise-legal prescription drugs can be distributed over the Internet with no medical exam, tests, or follow-up care

and no guarantees of safety and effectiveness or assurance of safe handling, storage, or shipping.

In response to this challenge, DEA will continue to work closely with the FDA to identify, investigate, and target online pharmacies operating outside the bounds of the law and legitimate medical practice. For example, in 2005, DEA announced the culmination of *Operation CYBERx*, an investigation that targeted major alleged pharmaceutical drug traffickers. The ringleaders of this group are believed to have operated more than 4,600 rogue Internet pharmacy websites, shipping prescription drugs—without a prescription—to the doors of many US citizens. To further assist in the identification and targeting of these rogue websites, DEA launched a toll-free international hotline (1-877-RX-ABUSE) for anonymous reporting on the illegal sale and abuse of controlled substances.

Intelligence and Organizational Attack

Effective implementation of the Nation's market disruption strategy poses new challenges for law enforcement and foreign intelligence capabilities. Market disruption requires a broad understanding of the global operations of the illicit-drug industry, from cultivation and production through transportation and distribution until it is marketed and consumed. Our counterdrug intelligence system can assist the market disruption effort in three critical ways. First, counterdrug intelligence can help identify the structure and components of the drug market and collect information in support of law enforcement efforts to attack and disrupt the market. Second, intelligence helps US Government officials locate strategic vulnerabilities within various drug markets that can be targeted by counterdrug initiatives. Third, counterdrug intelligence provides critical information to help US officials evaluate the success of counterdrug programs that target drug markets. Real-time detailed information about market indicators helps counterdrug authorities determine whether an initiative had the desired effect on the market.

Of these three priorities, perhaps none is more important than providing real-time intelligence and information about drug markets. To evaluate the success of counterdrug programs, policy makers need detailed information about the market's reaction to any counterdrug initiative. Not only does this information help counterdrug authorities gauge the success of a specific initiative, but it helps government officials formulate future initiatives based on the resulting impact on the market. Critical information that helps evaluate changes in illicit drug markets includes the price and purity of drugs throughout the distribution chain, a transport crew's wages, overall costs of various types of transport operations, and required amount of deposit for a drug trafficker to purchase bulk quantities of drugs.

Often during the course of an investigation of a specific trafficker, critical operational information related to other traffickers and their operations is uncovered. To disrupt the illicit drug market on a national basis, this informa-

tion must be extracted from open case files, pushed upward for further analysis and dissemination, fused with other national intelligence, and used to drive counterdrug operations.

Such exacting systemic requirements can only be met by establishing intelligence structures and protocols for the rapid sharing of critical information. The counterdrug intelligence structure is evolving rapidly to better meet the shifting drug trafficking threat and to adjust to substantial changes in the structure of the US Government. Narcotics specific intelligence initiatives are refocusing to ensure that our assets and capabilities are used to maximum effect.

Drug control agencies are leveraging their enforcement and intelligence capabilities against CPOTs—Consolidated Priority Organizations Targets—considered the highest level of criminal organizations in the drug trade. Efforts to disrupt and dismantle CPOT organizations are primarily accomplished through multiagency investigations coordinated by Organized Crime Drug Enforcement Task Force (OCDETF) agencies. Of the 45 CPOTs identified in FY 2005, 39 (87 percent) have been successfully indicted and 15 (33 percent) have been arrested. In three years, we have dismantled 20 organizations while severely disrupting an additional 11. The heads of 36 CPOT organizations—nearly 51 percent of the total CPOTs—have been arrested. In addition, in the past three years, the US Government has identified 70 major trafficking organizations, 13 of which have links to terrorist organizations, and added them to the CPOT list.

The OCDETF Fusion Center (OFC), when it reaches its initial operating capability in 2006, will significantly enhance law enforcement's ability to "connect the dots" and increase the flow of investigative information to the field. OFC is an intelligence center designed to collect, store, and analyze relevant all-source drug and related financial investigative information. The center will support multijurisdictional investigations focused on the disruption and dismantlement of significant drug trafficking and money-laundering enterprises. OFC, which is composed of nine agencies, is developing a comprehensive data warehouse that will give access to investigative drug and financial information to OCDETF member agencies and other

intelligence centers. Analysts at the center will use sophisticated link analysis tools to comprehensively analyze information and develop intelligence products and leads that can be used by OCDETF member agencies.

US law enforcement has recognized that predictive intelligence is the key to effective and efficient targeting and enforcement. Intelligence improvements are part of DEA-wide efforts to use intelligence to identify strategic targets whose arrest will have a maximum effect on the drug market. Expanded intelligence capabilities generate predictive intelligence, identifying trends and vulnerabilities against which limited enforcement resources can be directed. DEA's intelligence program provides dedicated analytical support to DEA investigations, programs, and operations worldwide. Significant initiatives include using DEA reports officers to extract information from DEA case files and disseminating that information by cable to the intelligence community, implementing a centralized collection management system that will determine collection priorities and task collection assets and identify collection gaps, and expanding career management and training opportunities for analysts.

DEA used enhanced intelligence capabilities in the execution of *Operation All Inclusive* in Central America. *Operation All Inclusive* was a multiagency US Government and host country effort that involved predictive intelligence modeling, thorough analytic assessment of trafficker vulnerabilities, and unprecedented intelligence sharing, planning, and operational collaboration. Overall, this cooperative, interagency effort had a significant effect. Intelligence clearly identified the disruption of maritime transportation operations. *Operation All Inclusive* contributed to drug seizures, including many in the Transit Zone by Joint Interagency Task Force South (JIATF-South), and \$15.2 million in bulk currency shipments.

DEA is refocusing El Paso Intelligence Center (EPIC) capabilities to enhance its efforts at predictive intelligence. EPIC is composed of 15 Federal agencies, which combine their intelligence and databases to provide wide-ranging investigative support. EPIC maintains several state-of-the-art programs that support law enforcement operations along the southwest border. Technological advances in

information sharing in the past two years and EPIC's 24/7 watch operation gives law enforcement tactical information related to the border 24 hours a day. EPIC is also developing its Open Connectivity Project that will provide its Federal, state, and local partners with online access to EPIC's research and analytical products, around the clock

support, and National Seizure System data. The project will be highly secure, thus enabling law enforcement agencies to coordinate joint operations and investigations safely and enhancing officer/personnel safety. It will also provide analysts with sophisticated Geospatial Information System technology.

Disrupting Chicago's Violent Drug Gangs

In Chicago, street gangs, narcotics, and violent crime are inextricably intertwined. The Chicago Police Department (CPD) is currently tracking 68 active street gangs comprised of more than 500 factions with a total membership estimated at 68,000 in Chicago. The four major Chicago street gangs—the Gangster Disciples, Latin Kings, Black Disciples, and Vice Lords—are present in more than half the states in the country. Street gangs control almost all of the local distribution of narcotics because of their sophisticated organizational structures, propensity for violence, and large membership. In 2003, almost 50 percent of all homicides in Chicago were street-gang or narcotics related.



The CPD and DEA have developed a multifaceted strategy to combat street gangs and attendant drug dealing and violence. The CPD has developed innovative operations with the assistance of various agencies, including the US Attorney's Office; Alcohol, Tobacco and Firearms; the FBI; Internal Revenue Service (IRS); Housing and Urban Development; Immigration and Customs Enforcement (ICE); Federal Communications Commission; Cook County States Attorney; Illinois Department of Corrections; and Chicago High Intensity Drug Trafficking Area (HIDTA).

In one example, participating local, state, and Federal agencies meet monthly to share information to target Main 21 gang members. The Main 21 list consists of gang leaders and members who exert significant influence over their membership and the community in the areas of gang activity, drug distribution, and violence. The meetings determine which participating agency has the best opportunity to successfully pursue a criminal case against a list member.

Most of the drugs distributed in Chicago are sold in open-air drug markets, which are operated by street gangs throughout the city. Targeted operations have been developed to clamp down on street gangs and open-air drug markets via physical and video surveillance, undercover buys, court-approved eavesdropping devices, and other investigative tools. Known as Street Corner Conspiracies, the number of operations has increased from 20 in 2003 to more than 50 in 2005. One example, *Operation Daytrader*, targeted a gang called the Mafia Insane Vice Lords. The operation used 15 wires over a two-year period, which resulted in identification of the sources of supply for heroin and cocaine sold by the group. The operation led to 49 Federal and 53 state indictments.

Street Corner Conspiracies uses a full range of law enforcement techniques to address open-air drug markets. Reverse sting missions, where undercover officers pretend to be drug dealers at an open-air drug market, have led to significant arrests and vehicle seizures. Pole-mounted cameras have been installed to monitor strategic street corners and properties owned by the Chicago Housing Authority. The cameras have dramatically reduced drug dealing and violence at those locations. Also, members of the CPD Deployment Operations Center analyze information generated from Street Corner Conspiracies to strategically deploy manpower and resources. The resulting presence of police manpower often reduces or eliminates potential gang/drug activity and/or violence in targeted areas of the city. IRS investigators have joined the CPD and other agencies in identifying and seizing the assets of gang members, including a radio station used to advertise locations to buy narcotics, several buildings, numerous luxury vehicles, jewelry, and substantial amounts of cash. The CPD has concentrated its efforts to seize weapons, which has resulted in Chicago leading other major cities in the seizure of guns.

The aforementioned operations have resulted in a 39 percent reduction in aggravated batteries with firearms and a 25 percent reduction in homicides in Chicago over a two-year period. Also, there have been a substantial number of arrests for narcotic violations and numerous disruptions of drug trafficking organizations. The Chicago strategy can be used as a model for other cities seeking ways to cope with street gangs, drugs, and violence.

A critical need to facilitate information sharing through electronic connectivity and automation continues to exist among Federal, state, local, and tribal law enforcement agencies. To meet this challenge, DEA, HIDTA, and their state and local partners have created an interagency committee to develop a National Virtual Pointer System (NVPS). NVPS connects existing Federal, state, local, and tribal law enforcement investigative systems to eliminate the possibility that multiple law enforcement organizations' activities could conflict in investigating and arresting the same criminal or criminal organization and allows for sharing of vital intelligence about the target. NVPS enables participating agencies to exchange target information through a single point of entry using a "sensitive but unclassified" network. NVPS established a single format for information sharing that lets participating systems communicate with many dissimilar systems.

Another effort to coordinate law enforcement efforts is *COBIJA*, which means "blanket" in Spanish. *COBIJA* is a coordinated planning effort managed by the Arizona Partnership of the Southwest Border HIDTA to synchronize local, tribal, state, and Federal highway interdiction operations through planning, information sharing, and intelligence generation. It establishes a mechanism that enhances operational coordination/cooperation and information/intelligence sharing throughout the United States. For example, *COBIJA* provides intelligence to field enforcement personnel to disrupt/dismantle smuggling routes/organizations, criminal enterprise activities, and other potential threats. The *COBIJA* planning effort has three components: an operational planning conference (attended by local, state, tribal, and Federal law enforcement task force participants) where agencies develop coordinated interdiction operations plans; an operational period, where dates are determined by an intelligence analysis process (and are usually two to six weeks long); and an after-action review process, where every participant has the opportunity to share lessons learned. The last *COBIJA* meeting took place in spring 2005 where more than 600 law enforcement personnel representing 45 states attended and provided written coordinated highway interdiction plans that resulted in 5,000 seizure incidents, \$37 million seized, more than 500,000 pounds of illicit drugs

seized, and 7,000 subjects arrested. Efforts are under way to regionalize this concept in selected areas of the United States, enhancing *COBIJA*'s focus on regional drug threats.

Financial Attack

The lure of making large sums of cash is the main motivation that drives drug trafficking. In our local communities, young adults begin selling narcotics because they see it as a quick way to earn a lot of money. Foreign drug traffickers ruthlessly fight their way to the top of criminal organizations for the monetary rewards and the power that it buys. In addition, numerous foreign terrorist organizations worldwide finance their terrorist operations through drug trafficking.

Because the drug trade is a profit-making business, a balance of cost versus reward and risk comes into play. Upsetting this balance offers the possibility of damaging the entire drug trade. Without sufficient funds, drug trafficking organizations' efforts to produce, purchase, and distribute drugs are seriously impaired. Major drug trafficking organizations have significant expenses that must be paid regardless of the income generated. Not being able to promptly pay these expenses will undermine a drug trafficking organization's ability to continue its business. Lack of money also diminishes organizations' ability to corrupt local and national governments and influence others.

Federal agencies are strategically refocusing their resources to attack the financial infrastructure of drug trafficking organizations. A strong ally in this attack is the financial sector of our economy, which has been effectively keeping most illegal funds out of our banking system. Drug trafficking organizations are being forced to ship narcotics proceeds in bulk to foreign countries rather than deposit the funds directly into the US banking system. The bulk and weight of the illicit proceeds that must be returned to the trafficking organizations vastly outweigh the drugs themselves and represent a significant vulnerability of drug trafficking organizations. Drug trafficking organizations are also resorting to the Colombian Black Market Peso Exchange to move their drug proceeds to Colombia. The United States is working with the Colombian

Government along with the financial sector to disrupt and dismantle this system, as well as with Mexican authorities to seize bulk cash smuggled into Mexico.

To accomplish this strategy, the OFC, as referenced in the intelligence section above, is being established. Within the next year, the OFC should be fully operational and capable of analyzing massive amounts of intelligence concerning the financial operations of drug trafficking organizations. In addition, DEA has initiated Financial Investigative Teams (FITs) in all domestic field division offices to attack drug finances. Internationally, DEA has initiated FITs in Colombia and Thailand and increased the number of agents who specialize in financial investigations in Mexico. DEA, ICE, and Customs and Border Protection (CBP) agents are training and working with vetted units in many foreign countries to intercept both narcotics and narcotics money. Internal Revenue Service Criminal Investigations Division (IRS-CID) and DEA have initiated a joint Wire Remitter Project to identify illegal money that is transmitted by wire service businesses. Identifying the sender and recipient of illegal funds will help us better understand and target the illegal financial infrastructure of drug trafficking organizations.

ICE, IRS-CID, and DEA have initiated Bulk Currency Initiatives to identify, intercept, and seize narcotics proceeds. Federal law enforcement agencies working together with state and local law enforcement in Operations Pipeline, Convoy, and Jetway continue to show improvements in attacking the bulk currency and monetary instrument shipments of drug trafficking organizations. DEA has exploited the intelligence gleaned from drug and bulk currency interdictions to identify, investigate, and dismantle five drug and currency transportation organizations linked to CPOT organizations. In the future, ICE and CBP intend to expand their use of dedicated outbound currency interdiction teams to sharply increase border-area cash seizures.

The United States is making progress in disrupting the market by seizing the profits of drug trafficking. During 2002, law enforcement agencies seized more than \$696.3 million just in currency and monetary instruments that were destined for foreign drug trafficking organizations.

In 2004, that amount increased to more than \$785.7 million, not including the value of assets seized or currency seized by state and local law enforcement. The new initiatives highlighted above will substantially increase the seizure of trafficker assets and further disrupt the operation of drug trafficking organizations.

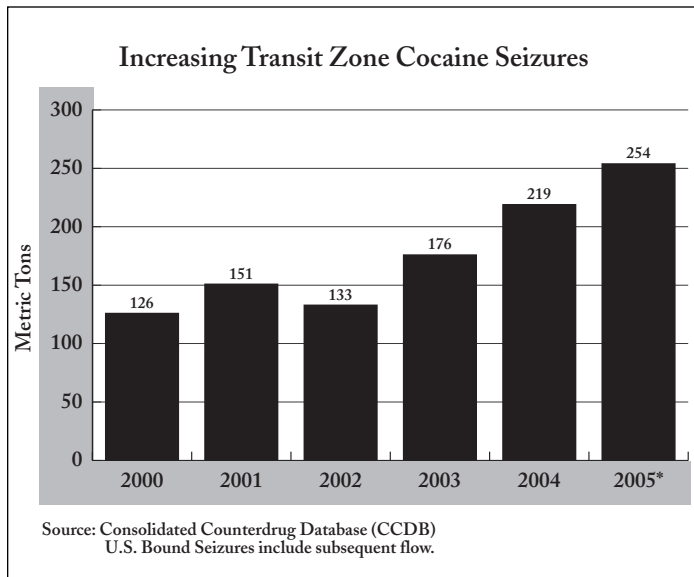
Transit Zone Interdiction

Transit Zone interdiction accounted for the removal of hundreds of tons of cocaine from the market in 2005 (see *Increasing Transit Zone Cocaine Seizures*). Large seizures denied traffickers significant profits from selling bulk quantities of cocaine. They also prevented millions of dollars in illegal proceeds from returning to Colombia.

For the third straight year, joint service, interagency, and multinational forces in the Transit Zone, under the able coordination of JIATF-South, seized and disrupted a record amount of cocaine (see *Making a Difference in the Transit Zone*). Transit Zone seizures and disruptions in 2005 amounted to 254 metric tons, compared to 219 metric tons in 2004 and 176 metric tons in 2003. In 2005, JIATF-South and allies air and maritime assets interdicted an impressive 66 go-fasts and 49 fishing vessels loaded with cocaine. During August 2005 alone, JIATF-South removed 45 metric tons of cocaine destined for US markets, stopping seven smuggler go-fasts, a similar number of trafficker fishing vessels, and two motor vessels.

Key to these successes is the collection and dissemination of actionable intelligence regarding maritime cocaine shipments. Operation Panama Express, an OCADETF initiative managed jointly by FBI, DEA, ICE, Coast Guard, and JIATF-South has greatly expanded interdiction-related intelligence. Since its inception in February 2000, Operation Panama Express has directly contributed to the seizure of more than 480 metric tons of cocaine and the arrest of over 1,000 individuals.

As expected, drug traffickers attempted to adapt to US interdiction efforts. Trafficker fishing-vessel operations moved farther out in the Pacific, in the area of the Galapagos Islands, and Ecuador was used more often as a



logistical hub for cocaine deliveries. Traffickers continued to launch cocaine-laden speedboats from the Colombian north coast to points along Central America and Mexico and increased their use of fishing vessels in the Caribbean.

JIATF-South, which integrates the interdiction efforts of US law enforcement and intelligence agencies with the Department of Defense, was a model of interagency coordination and efficiency in 2005. Of particular significance is JIATF-South's close working relationship with numerous allied countries—11 countries from South America and Europe have liaison officers at JIATF-South—which is critical for the synchronization of regional operations. As a result, allies such as the United Kingdom, the Netherlands, Spain, and France also seized record-breaking amounts of European-bound cocaine in the eastern Caribbean and the Atlantic Ocean in 2005—68 metric tons of cocaine, compared to 38 metric tons in 2004.

Making a Difference in the Transit Zone – The Case of USCGC *HAMILTON*

For five weeks during the summer of 2005, the US Coast Guard Cutter *Hamilton* and its MH-68 helicopter dominated the eastern Pacific Ocean, an area as large as the United States, and wreaked havoc on cocaine-laden speedboats and fishing vessels. The *Hamilton* interdicted four cocaine-laden vessels, seizing an impressive 13 metric tons of cocaine, valued at almost \$1 billion, and put 22 drug traffickers out of business.

The hunt began on August 11, 2005, when the *Hamilton*, based on a tip from JIATF-South, searched for a trafficker speedboat in the remote areas north of the Galapagos Islands. Shortly after nightfall, the *Hamilton* sighted a fast-moving target on the ship's fire control radar. Maneuvering undetected, the *Hamilton* launched the cutter's over-the-horizon small boats and rushed the target from different directions. Still undetected, and less than 100 yards from the target, both small boats lit up the vessel and announced their presence. The completely surprised speedboat crew immediately surrendered, and the *Hamilton* seized 2.3 metric tons of cocaine and five drug smugglers.

After a short stop to refuel and transfer detainees, the *Hamilton* resumed the search on August 17 for another smuggler speedboat

some 300 miles west of Ecuador. Shortly before sunset, the *Hamilton* again spied a fast-moving target on radar and launched its helicopter. Vectoring in on the fleeing speedboat, the helicopter fired warning shots and one round of disabling fire. The disabling fire stopped the speedboat dead in its tracks. The *Hamilton* added another 2.4 metric tons of cocaine to its total plus four traffickers.

A few weeks later, on September 17, the *Hamilton*, operating on another tip from JIATF-South, was on patrol several hundred miles off a well-known West Coast departure point for Colombian drug trafficking vessels. After covertly monitoring a suspicious radar contact throughout the night, the *Hamilton's* helicopter identified the target as the Colombian fishing vessel *Danny Ivan*. When darkness fell, the *Hamilton's* boarding team conducted a surprise short-notice boarding, rapidly securing the vessel before the traffickers were able to scuttle it. The boarding team discovered 6.1 metric tons of cocaine and detained nine drug smugglers.

Barely two days later, *Hamilton* and a US Navy ship, assisted by a Customs and Border Protection maritime patrol aircraft, cooperated in the pursuit of another trafficker speedboat some 250 miles from the Ecuadorian-Colombian border. *Hamilton* launched its helicopter, and, after a few warning shots, the traffickers surrendered. The *Hamilton's* haul was another 2.2 metric tons of cocaine and four smugglers. The *Hamilton* thus ended one of the most successful counterdrug deployments in US Coast Guard history.

Transit Zone interdiction is a team effort that relies on the successful execution of several steps in an interdiction continuum, including the collection and dissemination of actionable intelligence, the detection and monitoring of suspect vessels, and the physical interdiction of those vessels. A key player in the interdiction continuum, and one of the principal factors behind the record-breaking cocaine seizures, is the US Coast Guard's employment of armed helicopters, commonly referred to as HITRON (Helicopter Interdiction Tactical Squadron). Flying at 140 knots, these helicopters easily outrun the fastest trafficker speedboat. Armed with laser-sighted .50-caliber sniper rifles, they are capable of convincing even the most desperate smuggling crew that it is in their best interest to surrender. In FY 2005, HITRON interdicted 30 trafficker speedboats, 12 of them at night, capturing an impressive 50 metric tons of cocaine. These results should further improve as the United Kingdom, using US Coast Guard tactics, training, and procedures, has recently implemented Airborne Use of Force (AUF) capabilities and the US Navy prepares to employ armed helicopters against drug traffickers in 2006.

Record seizures are hurting traffickers, eroding their profits and destabilizing the transportation sector of the cocaine industry. However, as long as fishing-vessel and speedboat drug deliveries are still getting past our defenses in the Transit Zone, more work has to be done. As the traffickers modify their strategy, we will continue to adapt and forge new initiatives that will have an even greater impact on the illicit drug market. We will also continue working with our partner nations in the Source and Transit Zones to build their own capacity to detect, monitor, and interdict narcotics.

Mexico and the Southwest Border Challenge

The harsh climate, vast geography, and sparse population of the American southwest have long challenged law enforcement along the roughly 2,000-mile border with Mexico. In addition to the 33 legitimate crossing points, the border includes hundreds of miles of open desert, rugged mountains, and the Rio Grande River, providing an ideal environment for cross-border criminal activity. Drug traffickers exploit the border in two directions, smuggling drugs from Mexico into the United States and moving billions of dollars in illicit drug profits from the United States back into Mexico. This trafficking is conducted by using hidden compartments in cars and trucks, tunnels and aqueducts, backpackers on foot, light-weight aircraft and gliders, all-terrain vehicles, package delivery services, motorized launches, and even rafts floating across the Rio Grande. The same transportation networks that smuggle drugs across the border are also capable of bringing terrorists or weapons of mass destruction into our Nation.

Because the US Government's counterdrug, counterterror, and immigration enforcement missions are interrelated, improved counterdrug efforts will also enhance border security. In February 2005, the Homeland Security Advisor directed the development of a strategy to address the drug threat to the southwest border. Interagency efforts, at the time of this writing, are culminating in a coordinated *National Southwest Border Counternarcotics Strategy* that will identify key strategic objectives and provide specific recommendations to address the illicit narcotics threat and significantly improve overall interdiction efforts along the southwest border.

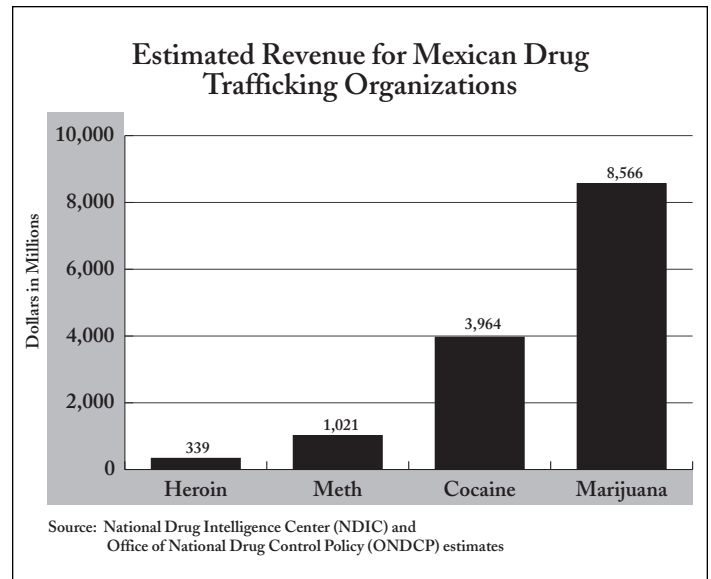
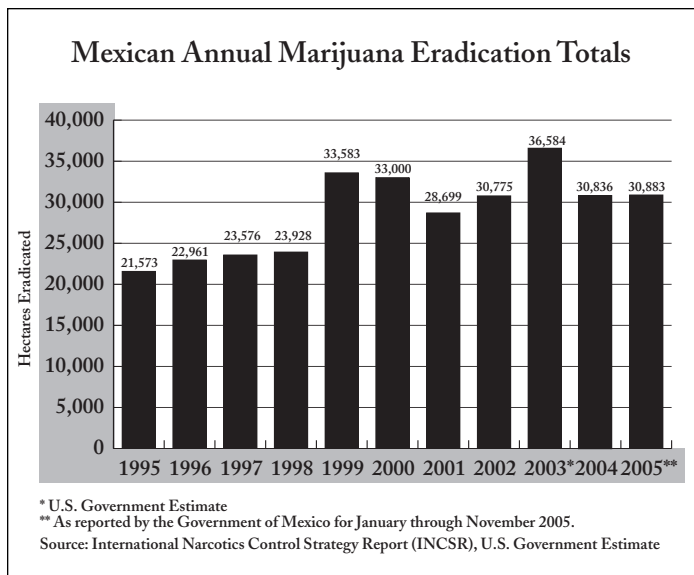
Most illicit drugs that enter the United States are smuggled across the US-Mexican border. Mexico produces the most heroin and foreign-sourced marijuana in the Western Hemisphere and is the primary transit route for US-bound cocaine. Mexican drug trafficking organizations are also increasingly involved in the production of methamphetamine consumed in the United States.

Responding to this challenge requires intense effort by both the United States and Mexico.

During the presidency of Vicente Fox, Mexico has demonstrated its commitment to countering the drug threat through its large-scale opium poppy and marijuana eradication programs. The Mexican Army and the Attorney General’s Office conduct eradication operations, and these programs consistently kill at least 80 percent of the opium poppy and marijuana crop each year.

This commitment to effective eradication is clearly reflected in its impact on Mexican opium poppy cultivation. In 2004, Mexico eradicated nearly 16,000 hectares of opium poppy, causing cultivation to drop 27 percent, from 4,800 hectares in 2003 to 3,500 hectares in 2004. Potential heroin production in Mexico fell by 25 percent over the same period, from 12 metric tons in 2003 to 9 metric tons in 2004.

Mexico’s commitment to eradication has reduced the country’s marijuana cultivation (see *Mexican Annual Marijuana Eradication Totals*). As a result of the eradication of 30,836 hectares of marijuana in 2004, marijuana cultivation fell 23 percent, from 7,500 hectares in 2003 to 5,800 hectares in 2004. Marijuana potential production, although still high by historical standards, fell from 13,400 metric tons in 2003 to an estimated 10,400 metric tons in 2004. As of November 2005, the Mexican Government reported that it had eradicated 30,883 hectares. The impact of these



eradication efforts is amplified by the roughly 2,000 additional metric tons of marijuana that Mexico seizes annually.

Mexico’s efforts against marijuana trafficking cause damage to an extremely profitable business. The US Government estimates that Mexican traffickers receive more than \$13.8 billion in revenue from illicit-drug sales to the United States; 61 percent of that revenue, or \$8.5 billion, is directly tied to marijuana export sales. Marijuana has become the primary revenue source for Mexican drug trafficking organizations, eclipsing the potential revenue from cocaine, heroin, and methamphetamine combined (see *Estimated Revenue for Mexican Drug Trafficking Organizations*).

Mexico has also improved the investigative and analytic capabilities of its premier Federal law enforcement institutions. The Federal Investigative Agency (AFI) and the National Center for Analysis, Planning, and Intelligence Against Organized Crime (CENAPI) of the Attorney General’s Office are more capable than they were before the Fox Administration. This progress was apparent in 2004, with the capture of five senior members of the Arellano Felix Organization, a senior operator of the Ismael Zambada Organization, two lieutenants of the Gulf Cartel, and Guatemalan kingpin Otto Roberto Herrera-García.

Attacking the Lucrative Marijuana Trade at Home

Domestic production of marijuana is not a new threat, but in recent years, the size and sophistication of domestic grow operations has increased. This is largely because of Mexican drug trafficking organizations (DTOs) operating within the United States. Mexican groups operating in the United States have several advantages, including reduced chance of seizure during transit of drugs across the border, convenient access to local drug markets, and the immense profitability of domestically grown marijuana.

Using labor smuggled across the border, Mexican criminal groups establish and maintain large marijuana cultivation operations on US public and private lands. Because the cultivation operations are protected both by booby traps and armed guards, they pose a significant risk to local residents, park visitors, and law enforcement officials. New cultivation techniques, including careful use of fertilizer and irrigation, have been perfected to produce a larger, more potent outdoor marijuana crop with an increased street value. Once harvested, the marijuana is quickly delivered to trafficking networks within the United States, reducing the cost of transportation and the potential risk of seizure.

Considering a typical outdoor crop of 5,000 plants, at \$4,000 per pound of sinsemilla, a trafficker can return more than \$20 million in a single outdoor season. In 2005, law enforcement seized more domestically cultivated marijuana in the San Diego region than they seized crossing the San Diego region's border points of entry. The Administration has responded to this threat by reorganizing and increasing our eradication initiatives.

For the 2005 eradication season, approximately 5.7 million marijuana plants were eradicated within the United States. This is a million plant increase over 2004. California led the way, with the expected eradication of more than 3 million plants, followed by 736,000 plants in Kentucky, 463,000 plants in Tennessee, and 251,000 plants in Hawaii. The Forest Service and Department of Interior combined eradicated an estimated 1.6 million plants during the 2005 eradication season. Eighty percent of these plants were eradicated from public lands in California, Kentucky, Tennessee, Arizona, Arkansas, Washington, and Oregon.

In an effort to vigorously target, disrupt, and dismantle large-scale marijuana cultivation operations, ONDCP and DEA, in conjunction with other Federal, state, and local agencies, have identified the top

seven states where illicit marijuana cultivation frequently takes place. These seven states, referred to as the Marijuana Seven (M7) include California, Oregon, Washington, Hawaii, Kentucky, Tennessee, and West Virginia. Based on historical performance measures, ONDCP and DEA shifted funding priorities at the start of the 2005 eradication season to focus on these states. With the additional resources made available, the M7 states eradicated 4.7 million plants in 2005, an increase of 1.9 million over 2004 totals. Because of the success achieved by the M7 states, this project will be expanded to include other selected states.

In addition to reallocating funds, DEA and HIDTA were responsible for numerous investigations that targeted both national and international DTOs that were using Federal, state, and local public lands to cultivate large quantities of marijuana. Several examples of these investigations are highlighted below.

DEA supported two significant investigations, one of which was designated an OCDETF case. The OCDETF and HIDTA investigation, known as *Operation Prairie Dog*, targeted a sizable outdoor growing operation in eastern Oregon. The case culminated in the seizure of more than 15,000 marijuana plants in six separate grow sites. Seven defendants were arrested, three of which were armed at the time of their arrest. Another case originated in Gila County, Arizona, on land owned and controlled by the US Forest Service. Hunters exploring the area came on an outdoor grow tended by armed Mexican nationals. Gunfire was exchanged, but no injuries were reported. The hunters reported their encounter with county and Federal officials. A subsequent search of the area yielded approximately 5,500 marijuana plants and a high-powered rifle.

Agents from the Central Valley California HIDTA Fresno Marijuana Task Force (FMTF), with the assistance of multiple law enforcement agencies, concluded a 17-month investigation into the large-scale cultivation and distribution of marijuana by the Oscar Rosales organization. FMTF agents served five search warrants and two Federal arrest warrants in Fresno and Madera Counties. Agents located two indoor and one outdoor marijuana garden in Fresno County. In Madera County, agents served three search warrants and located one indoor and one outdoor marijuana garden. Each garden was cultivating approximately 40 plants. Agents also seized 14 weapons at these locations and multiple pounds of marijuana processed for sale. Based on both the cultivated marijuana and processed marijuana, agents estimated the seizure to be worth approximately \$495,000.

Nonetheless, the Fox Administration still faces significant challenges. Mexican trafficking organizations have generated unprecedented violence, especially in border cities. Although Mexico has attempted an array of initiatives, it has yet to extradite a major active drug trafficker to the United States. To help overcome these challenges, the United States and Mexico will continue to work to address our shared problem with drug production and trafficking.

Building Afghanistan's Future

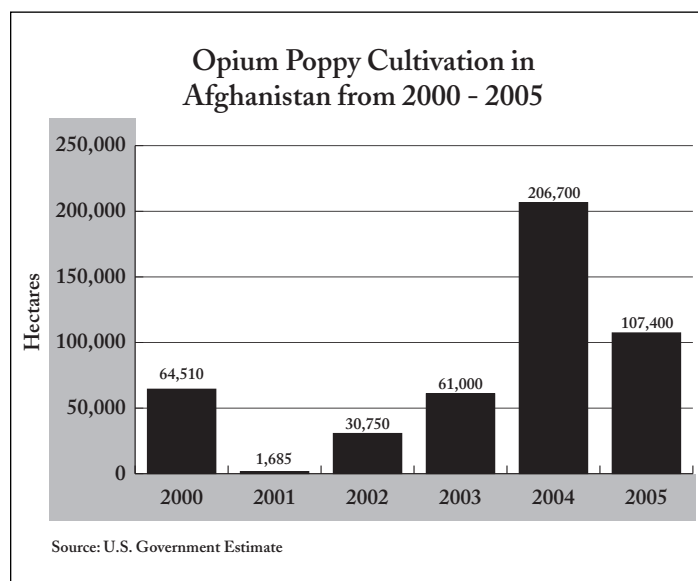
The United States is working to ensure that Afghanistan is never again a haven for terrorists, a major opium-producing country, or a source of instability or oppression.

The production and trafficking of narcotics in Afghanistan is a threat to the stability of both Afghanistan and the surrounding region. Recent estimates from the United Nations Office on Drugs and Crime indicate that 87 percent of the world's illegal opiates are produced in Afghanistan. In addition to all the other nefarious and debilitating consequences of opium poppy cultivation in Afghanistan, robust drug production contributes to an environment of corruption and of political and economic instability that can foster insurgent and terrorist organizations, thus threatening the democratically elected Afghan Government. Unchecked trafficking and production of narcotics threatens to undermine all of the other achievements that the United States and our allies are working towards in the region. The continued support of counternarcotics efforts must remain an important part of overall US policy in Afghanistan.

The strategy for attacking the economic basis of the drug trade in Afghanistan reinforces other priorities in the US Global War on Terror. We are committed to a counternarcotics strategy that aims to enhance stability in this fledgling democracy by attacking a source of financial and political support for terrorist organizations that threaten the United States and our allies. Our strategic objectives are to (1) build Afghan institutional capacity to sustain the battle against narcotics; (2) assist Afghan authorities to arrest, prosecute, and punish drug traffickers and corrupt Afghan officials; (3) increase the risk and provide economic alternatives to the illegal narcotics trade; and (4)

support Afghan Government efforts to make the narcotics trade culturally unacceptable.

Eliminating the entrenched drug trade and drug-funded corruption requires a long-term and sustained effort, to which Afghanistan President Hamid Karzai has pledged his complete support and commitment. This effort calls for US and other foreign assistance to eliminate this serious threat to both Afghanistan and the international community. Toward this end, working with the Governments of Afghanistan and the United Kingdom, the lead nation for coordinating international counternarcotics support in Afghanistan, we have developed a comprehensive and integrated strategy based on a five-pillar program designed to meet the challenge of narcotics production and trafficking on several fronts. The Public Information pillar aims at galvanizing the Afghan populace to reject opium poppy cultivation and trade. The Alternative Livelihoods pillar, spearheaded by the US Agency for International Development (USAID), seeks to establish economic alternatives to poppy cultivation (see text box: *USAID Alternative Livelihood Program*). The Poppy Elimination Program pillar centers on preventing poppy planting and eradicating fields when prevention is unsuccessful. Our Interdiction pillar seeks to build Afghan capacity to destroy drug labs, seize precursor chemical and opiates, and arrest major traffickers. The Justice Reform pillar assists the Afghan Government in building its



capacity to arrest, prosecute, and punish traffickers and corrupt officials.

Opium poppy cultivation in Afghanistan fell 48 percent from 2004 levels to 107,000 hectares in 2005. Potential opium production was estimated at 4,475 metric tons, a 10 percent decrease from 2004. The decrease in potential opium production was lower than the decrease in opium poppy cultivation because exceptionally good precipitation and minimal disease problems contributed to a rebound in opium yields. If the entire opium crop were processed, production results would equate to a potential 526 metric tons of heroin. Cultivation levels appear to have declined in 2005 primarily due to decisions by farmers to grow less poppy rather than through substantial eradication programs.

Although we are encouraged by the decline in poppy cultivation in 2005, we remain vigilant and determined to

rid Afghanistan of the scourge of the opium trade. The overall scope of the drug threat in Afghanistan remains unacceptably high. Building on these results will continue to require enormous political and administrative efforts, and we look forward to working with the Government of Afghanistan to strengthen its ability to combat this dangerous threat.

The United States is also working closely with the United Kingdom to help give Afghan farmers real economic alternatives, support the Afghan central government and governors to discourage cultivation and eradicate poppy fields, strengthen Afghan drug law enforcement, and help Afghanistan establish interdiction programs. The US Government is also working with our Afghan counterparts to build civic institutions and raise public awareness about the serious harm that drugs inflict (see text box: *DEA FAST Efforts in Afghanistan*).

USAID Alternative Livelihoods Program

Providing Economic Alternatives to Opium Poppy

USAID is playing a key role in the struggle against poppy by carrying out a multi year program to provide economic alternatives to poppy production in key drug-producing areas of Afghanistan. The USAID Alternative Livelihoods Program made a vital contribution to the significant crop reduction in 2005 through immediate-impact jobs for more than 45,000 laborers. The Alternative Livelihoods Program also supported agricultural infrastructure projects and planned comprehensive development projects in those provinces with significantly reduced or no poppy grown.

The program provides Afghan farmers with the skills and input they need to increase their farm's productivity and gives Afghan entrepreneurs access to credit to start or expand businesses that buy and add value to products produced on Afghan farms. The construction of a rural infrastructure is also an important component of the program that links rural areas with cities. The Alternative Livelihoods Program consists of four major elements:

1. **Immediate Needs:** Cash for work that provides an immediate alternative source of income to households that are dependent on the opium economy—an income bridge until comprehensive development takes effect.

2. **Comprehensive Development:** Long-term projects that accelerate economic growth, providing jobs and alternatives to poppy cultivation.
3. **High Visibility:** High-visibility projects in provinces not targeted for comprehensive development to show government concern and react to local counternarcotics initiatives to reduce poppy cultivation, e.g., a nationwide seed and fertilizer program launched in fall 2005.
4. **Good Performers Fund:** Sustainable economic development initiatives in provinces where leadership and communities are committed to discourage poppy production and maintain a poppy-free province.

In 2005, the Alternative Livelihoods Program contributed to the decline of opium poppy cultivation in Nangarhar Province, where cultivation was reduced by 95 percent. In Nangarhar, USAID employed approximately 13,000 people daily in 563 villages. More than 560,000 labor-days were paid, equaling approximately US\$2.5 million in wages paid to Afghans. The program cleaned 1,167 km of irrigation canals and constructed 20,750 cubic meters of flood protection walls. USAID is also implementing a longer-term comprehensive program that includes the establishment of a vegetable-processing plant and flour mill, provision of legitimate sources of credit to farmers and businesses, and the promotion of high-value crops. These efforts, supported by and integrated with the other strategy elements, are critical to reaching the goal of eventually eliminating opium poppy from Afghanistan.

DEA FAST Efforts in Afghanistan

Foreign-Deployed Advisory and Support Teams in Support of Afghan Interdiction Operations

The centerpiece of DEA's Afghanistan strategy is the Foreign-Deployed Advisory Support Teams (FAST) program. In direct support of the FY 2005 counternarcotics strategy, DEA trained, equipped, and deployed the FAST concept in Afghanistan, which is designed to identify, target, investigate, disrupt, or dismantle transnational drug trafficking operations in the region. With the assistance of the Department of Defense, DEA's FAST provides training, guidance, and mentoring to its Afghan counterparts, the National Interdiction Unit (NIU), while conducting bilateral investigations aimed at the region's trafficking organizations. The first FAST elements reported to Afghanistan in April 2005. From that time forward, the Kabul Country Office (CO), FAST, and NIU have worked all investigations and operations as one cohesive unit.



One of DEA's principal objectives is to help build up Afghanistan's counterdrug entities, including the Counternarcotics Police–Afghanistan (CNP-A). The NIU within CNP-A currently consists of five groups of 25 officers, all of whom received rigorous counternarcotics enforcement training between September 2004 and September 2005. Since October 2004, 128 NIU officers have graduated from the training program, and 114 are operationally deployed.

FAST consists of five teams, each consisting of five special agents, an Intelligence Research Specialist, two medics, two communications specialists, and a logistics specialist. Future teams will include a chemical diversion investigator. All team members will receive special Department of Defense training. DEA deployed two of these

teams on a 120-day rotation to Afghanistan with the mandate to support the Kabul CO and NIU investigations targeting the command and control of Afghanistan's most significant drug organizations, their operations, and financial underpinnings. Two additional teams deployed in July 2005 for a 120-day rotation. On conclusion of that deployment, the fifth FAST team began its rotation to Afghanistan in November 2005.

Although still in the early stages of operational development, FAST/NIU conducted combined, joint, and independent interdiction operations across Afghanistan with the Afghanistan Special Narcotics Force and CNP-A. Additionally, in September 2005, NIU conducted a three-day simultaneous interdiction operation in the southwestern region of Afghanistan, putting drug traffickers on alert that Afghanistan has the capability to conduct multiple protracted interdiction operations across the country. Reliable sources indicate that traffickers were shifting operational practices because of fear of the interdiction tactics, techniques, and procedures employed by DEA/FAST and NIU. The success of the program is reflected in the statistics for FY 2005:

Total FY 2005 Seizure Statistics

| | |
|----------------------------------|-------------------|
| Opium | 42.9 metric tons |
| Heroin | 5.5 metric tons |
| Morphine base..... | 220 kg |
| Hashish | 142.4 metric tons |
| Chemicals..... | 9.4 metric tons |
| Clandestine conversion labs* ... | 247 |
| Heroin presses | 44 |
| Processing vats | 49 |
| Arrested/detained..... | 32† |

* Opium, morphine base, heroin.

† Includes one extradition to United States.

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