

CURRENT STATE OF DRUG POLICY: SUCCESSSES AND CHALLENGES



**Office of National Drug Control Policy
Executive Office of the President
Washington, DC 20503**

March 2008

Table of Contents

| SECTION | TITLE | PAGE |
|-------------------------|--|------|
| TRENDS | | 1 |
| 1. | Achieving the President's Goals for Youth Drug Use | 1 |
| 2. | <i>Monitoring the Future</i> Study Shows the Importance of Youth Drug Use Goals | 1 |
| 3. | Marijuana, the Most Prevalent Illicit Drug, Has Declined in Workforce Drug Testing | 2 |
| 4. | Use of Methamphetamine in the Workforce May Have Peaked | 2 |
| 5. | Substance Abuse Behaviors Respond to Concerted Action | 3 |
| CURRENT STATUS | | 4 |
| 6. | Law Enforcement Intelligence Reports Cocaine Shortages | 4 |
| 7. | Drug Use is Still High, and Its Consequences Contribute to Social Pathologies | 5 |
| 8. | Marijuana Today Is a More Potent Drug With More Serious Consequences | 6 |
| 9. | For Younger Users, Marijuana Is More Addictive and More Dangerous | 6 |
| 10. | Domestic Methamphetamine Superlab and Small Toxic Lab Incidents Are in Decline | 7 |
| 11. | Misuse of Prescription Drugs Is an Emerging Concern | 7 |
| 12. | Initiation of Misuse of Prescription Drugs Is Now Even with That of Marijuana | 8 |
| 13. | Diversion of Prescription Medications Contributes to Misuse | 8 |
| PROGRAMS | | 9 |
| 14. | Changing the Discourse About Drug Use: <i>Youth Anti-Drug Media Campaign</i> | 9 |
| 15. | <i>Drug-Free Communities</i> Nationwide | 9 |
| 16. | Rising Number of Drug Courts Is Having a Positive Effect | 10 |
| 17. | <i>Access to Recovery</i> : Making Drug Treatment More Accessible and More Effective | 11 |
| 18. | Progress in Mainstreaming <i>Screening and Brief Intervention</i> | 12 |
| 19. | Student Drug Testing Is a Tool for Prevention and Treatment | 13 |
| INTERNATIONAL SITUATION | | 14 |
| 20. | Andean Production Declines Magnified by Increasing Cocaine Seizures | 14 |
| 21. | Impact of <i>Plan Colombia</i> | 15 |
| 22. | Impact of Pressure on Mexican Drug Trafficking Organizations | 16 |
| 23. | Methamphetamine: Having an Impact on Trafficking Across the Border | 17 |
| 24. | Nearly 90 Percent of the Cocaine Available in the U.S. Crosses the Southwest Border | 18 |
| 25. | The Challenge of Afghanistan | 19 |
| BUDGET | | 20 |

Percent Reporting Past Month Use

| | 2001 | 2007 | Change as a % of 2001 |
|-------------------------|--------------|--------------|-----------------------|
| Any Illicit Drug | 19.4% | 14.8% | -24* |
| <i>Marijuana</i> | 16.6% | 12.4% | -25* |
| <i>MDMA (Ecstasy)</i> | 2.4% | 1.1% | -54* |
| <i>LSD</i> | 1.5% | 0.6% | -60* |
| <i>Amphetamines</i> | 4.7% | 3.2% | -32* |
| <i>Inhalants</i> | 2.8% | 2.6% | -7 |
| <i>Methamphetamine</i> | 1.4% | 0.5% | -64* |
| <i>Steroids</i> | 0.9% | 0.6% | -33* |
| <i>Cocaine</i> | 1.5% | 1.4% | -7 |
| <i>Heroin</i> | 0.4% | 0.4% | 0 |
| <i>Alcohol</i> | 35.5% | 30.1% | -15* |
| <i>Cigarettes</i> | 20.2% | 13.6% | -33* |

* Denotes statistically significant change from 2001.
 Source: 2007 *Monitoring the Future* (MTF) study special tabulations for combined 8th, 10th, and 12th graders (December 2007).

1 Achieving the President's Goals for Youth Drug Use

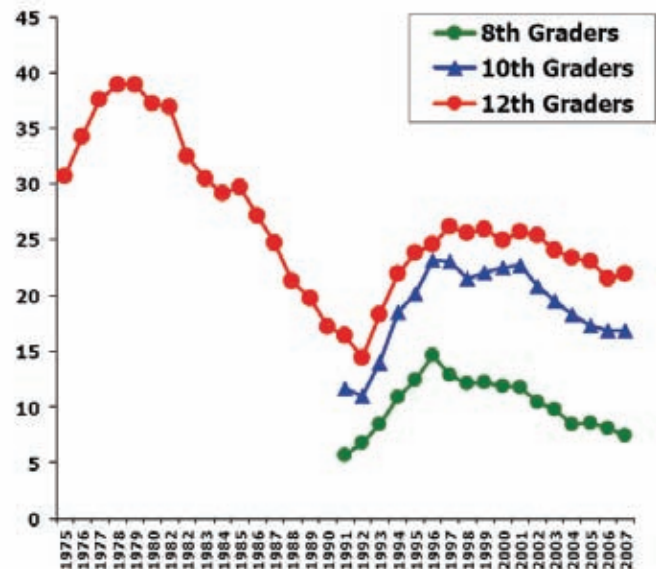
In 2001, the President set ambitious goals for driving down illicit drug use in America. Focusing on the category of Current Use of Any Illicit Drug (use within the past 30 days), the goals were to reduce youth drug use by 10 percent within two years, and by 25 percent within 5 years. Actual youth drug use, as measured by the *Monitoring the Future* (MTF) study — a national survey of middle and high school students — in this category declined by 11 percent within the first two years. And now, six years later, youth drug use has declined by 24 percent, with marijuana use declining 25 percent. Further, youth use of specific drugs has, in many instances, declined substantially — dropping over 50 percent for drugs such as Ecstasy, LSD, and methamphetamine, and 33 percent for steroids.

2 Monitoring the Future Study Shows the Importance of Youth Drug Use Goals

Drug use by youth in the recent past (here broken out by respective grade levels) has shown both sharp declines and dismaying increases. After falling steeply between 1979 and 1991, this favorable trend reversed and climbed steeply between 1992 and 1997, when it hit a plateau. Starting in 2001, however, the favorable trend downward was re-established, resulting in an aggregate 24 percent decline by 2007. Studies demonstrate that adolescence is a critical period regarding drug use. Young people who initiate early in their teen years are at far greater risk for dependency than those who initiate later in their maturation. Even more compelling, young people who do not initiate marijuana use by age 18-20 are highly unlikely ever to develop a drug dependency problem, a protective effect that stays with them throughout their lives. Driving down youth drug use during this critical period is the key to the future of all drug use in America.

Trends in Current Use (Past 30 Days) of Any Illicit Drug

Percent Reporting Past Month Use

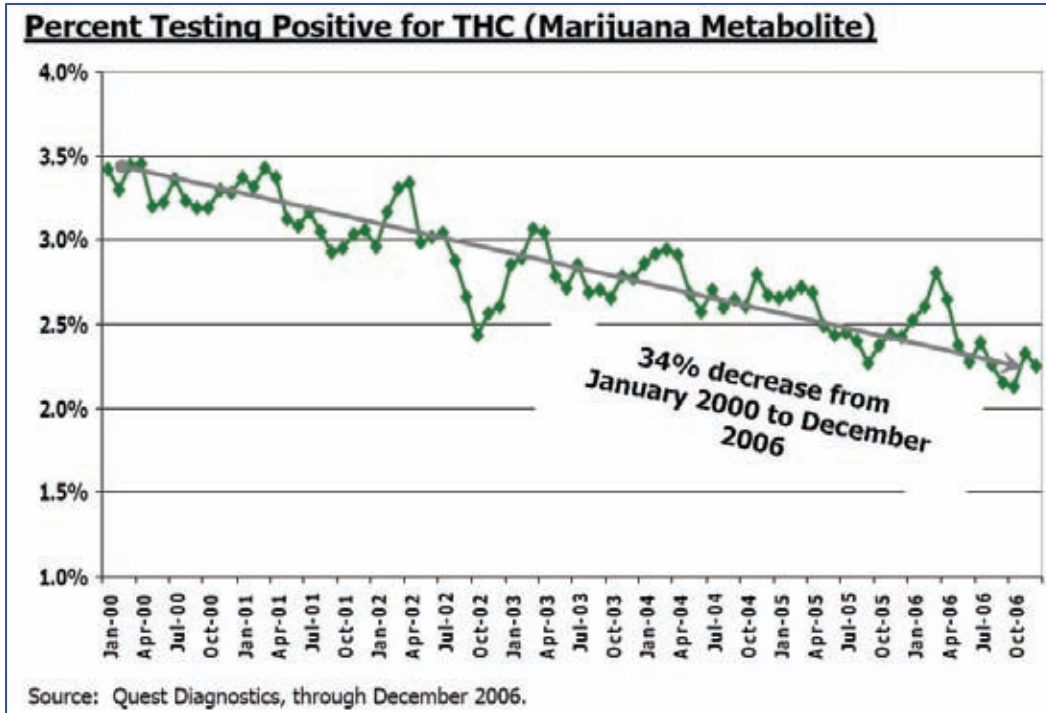


Source: 2007 *Monitoring the Future* (MTF) study, December 2007.

3 Marijuana, the Most Prevalent Illicit Drug, Has Declined in Workforce Drug Testing

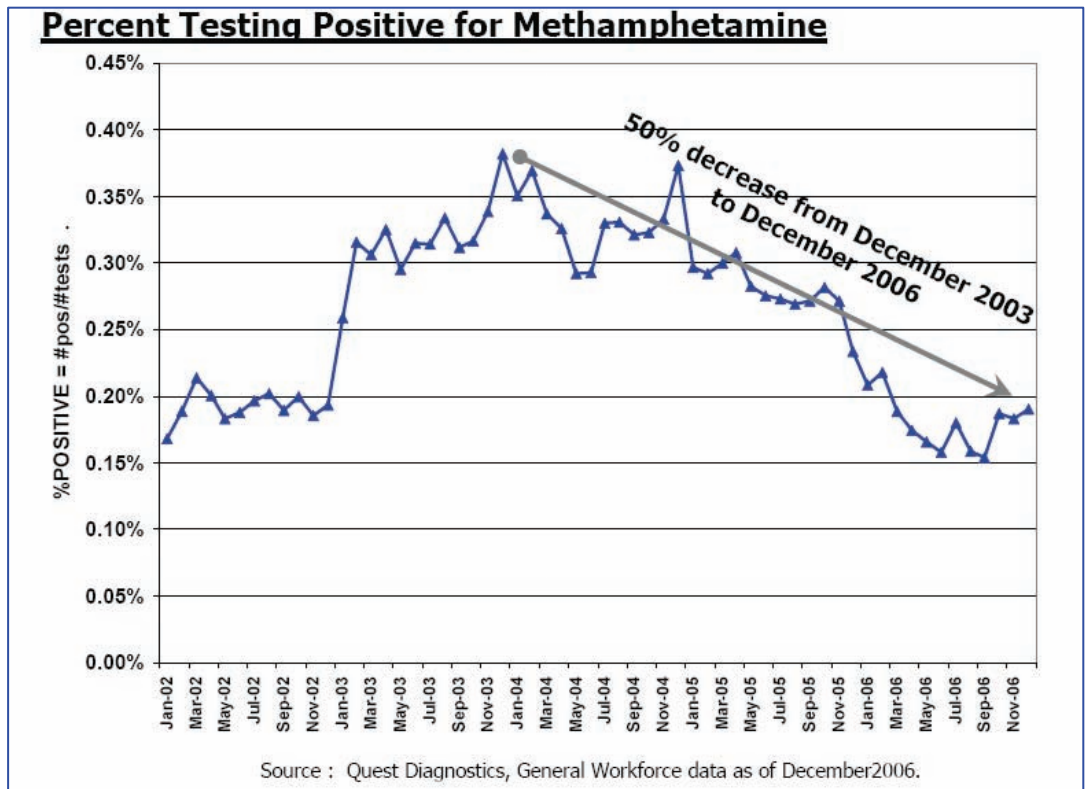
Offering a striking corroboration of youth drug use declines for marijuana as self-reported in the MTF survey (a 25 percent drop over the past five years), the number of positive tests in the workforce for marijuana has likewise declined over that same time period, at a remarkably similar rate, and the results can be tracked forward to the

end of 2006. We believe that a combination of effective media messaging about the risks of drug use and positive cultural norms regarding the unacceptability of drug use is driving the marijuana decline.



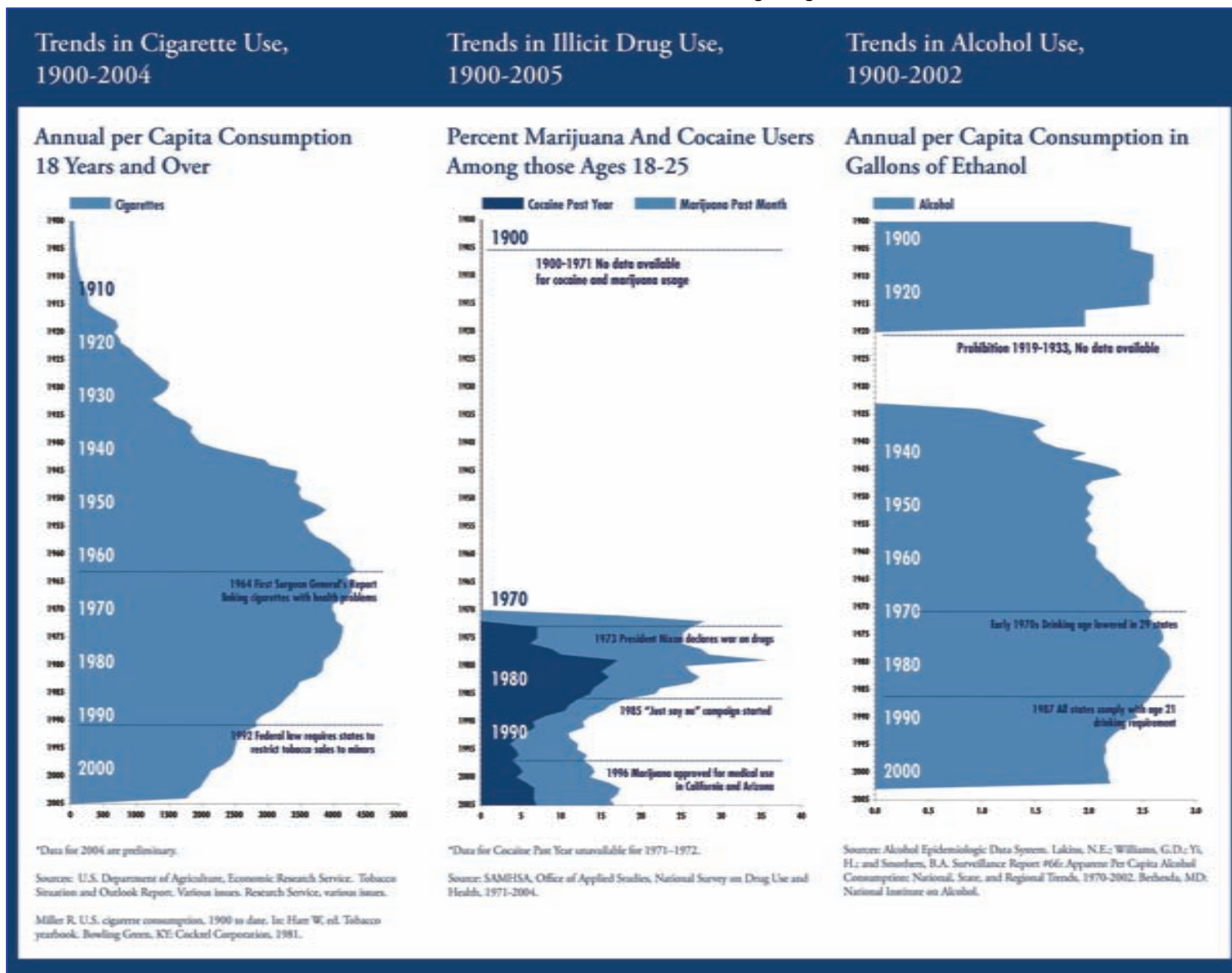
4 Use of Methamphetamine in the Workforce May Have Peaked

Positive drug tests in the workforce for methamphetamine, which is a subset of amphetamines, had been rising steeply in recent years. However, in 2004, that trend began to change — the percentage testing positive for methamphetamine declined by half from its peak in December 2003 to December 2006.



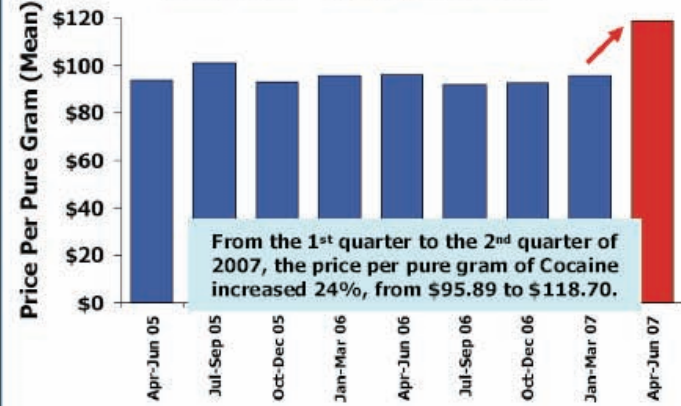
5 Substance Use Patterns Respond to Concerted Action

Contrary to arguments that all efforts to control or diminish the use of dangerous substances are futile, historical evidence well establishes that a combination of effective supply and demand reduction strategies can make a substantial difference in use behaviors. These trends in reality affect millions of people, and when use declines, a host of medical and social ills decline with them. The fight against substance abuse makes a real difference.



6 Law Enforcement Intelligence Reports Cocaine Shortages

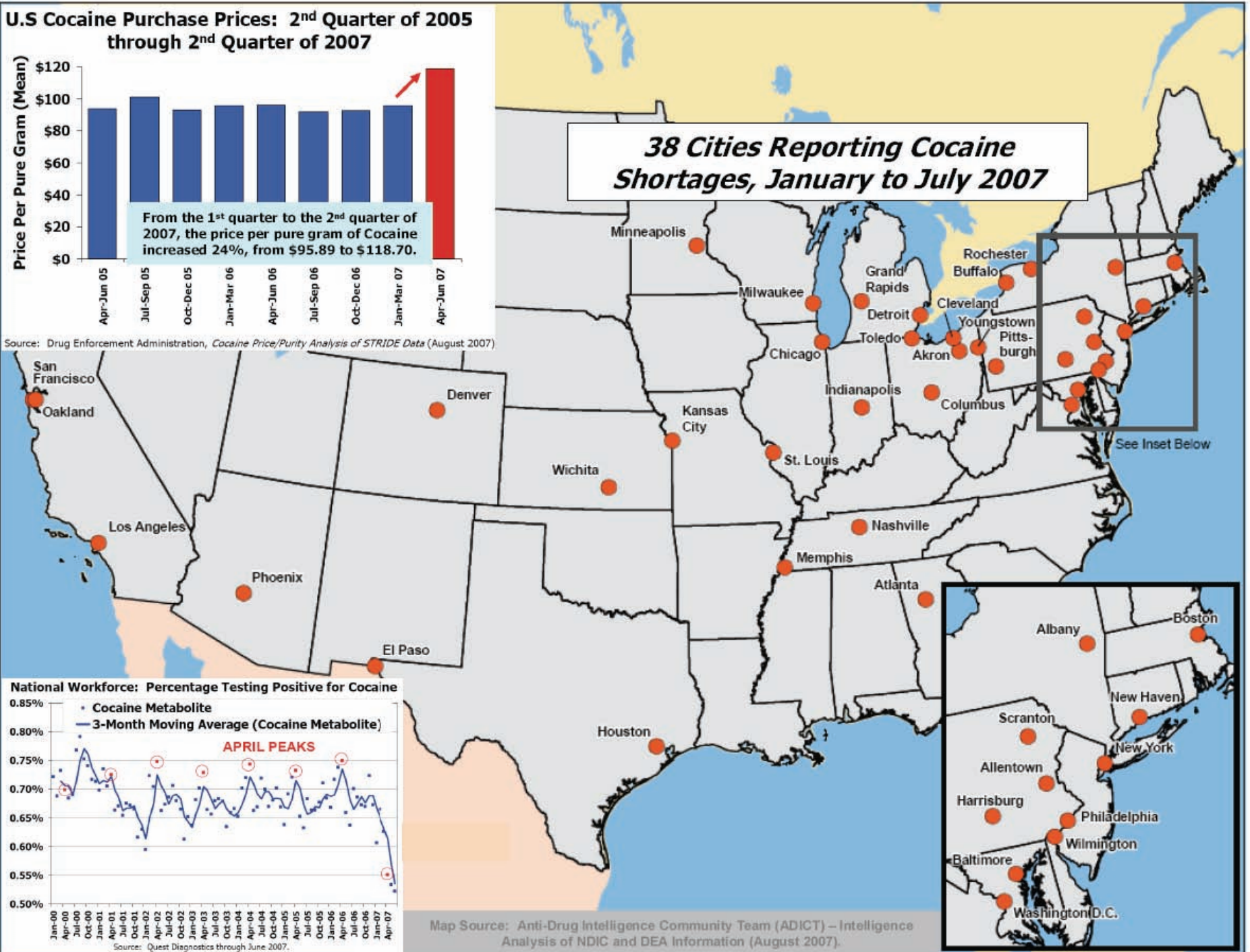
U.S. Cocaine Purchase Prices: 2nd Quarter of 2005 through 2nd Quarter of 2007



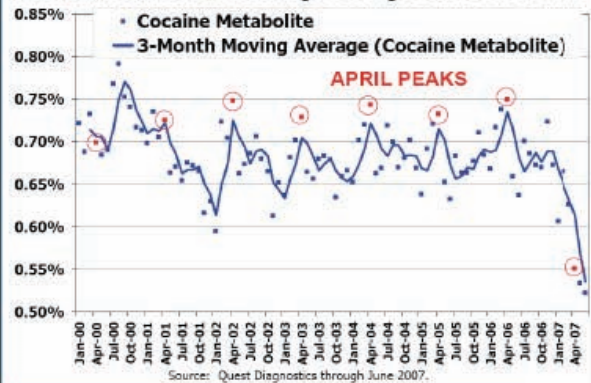
From the 1st quarter to the 2nd quarter of 2007, the price per pure gram of Cocaine increased 24%, from \$95.89 to \$118.70.

Source: Drug Enforcement Administration, Cocaine Price/Purity Analysis of STRIDE Data (August 2007)

38 Cities Reporting Cocaine Shortages, January to July 2007



National Workforce: Percentage Testing Positive for Cocaine



Source: Quest Diagnostics through June 2007.

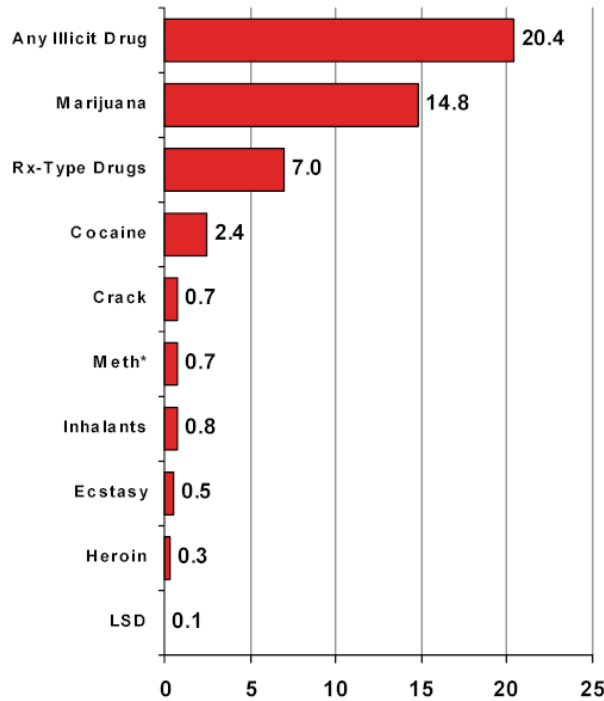
Drug Use Is Still High, and Its Consequences Contribute to Medical and Social Pathologies

From the *National Survey on Drug Use and Health* (NSDUH), conducted annually by SAMHSA, we learn that in 2006, more than 20 million Americans 12 years and older are current users of an illicit drug. Approximately 7 million exhibit the diagnostic criteria for drug abuse or dependence, with marijuana being by far the biggest contributor to the need for drug treatment. The only category of drug use that has risen since 2002 is the non-medical use of prescription medications, principally narcotic analgesics (pain relievers) such as Oxycontin® and Vicodin®. Although the drug problem can seem large, in reality, the great majority of drugs are consumed by a small minority of all users. Heavy users are thought to comprise approximately 20 percent of the drug-using population but actually account for at least 70 percent of total drug consumption. Changing their behavior can produce enormous benefits for them, their families, and for society — not the least of which is to deprive the illegal drug market of its largest source of revenue — the addicted, frequent, high-volume drug user.

Current Drug Users Number Over 20 Million and There Are 7 Million Problem Users

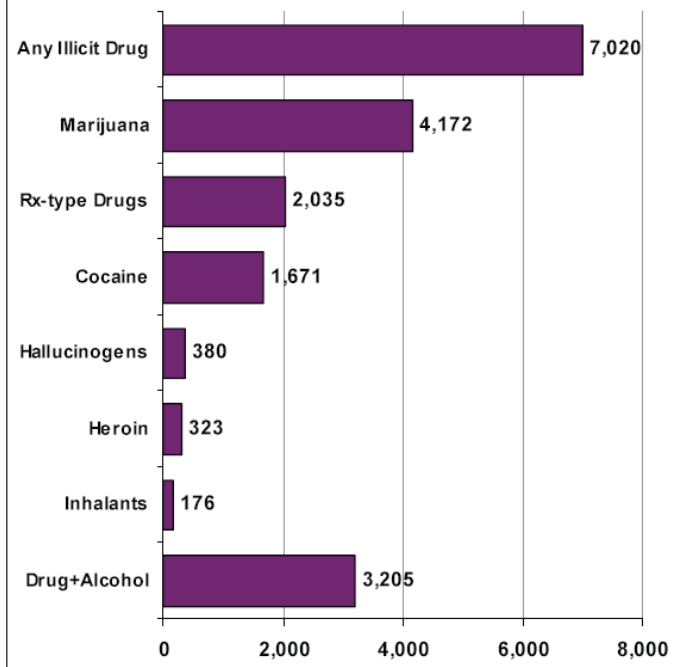
20.4 Million Americans Were Current (Past Month) Users of an Illicit Drug in 2006

Past Month Users, Ages 12 and Older (in Millions)



7 Million Persons Estimated to be Drug Dependent or Abusers in the Past Year

Past Year Dependent/Abusers, Ages 12 or Older (in Thousands)



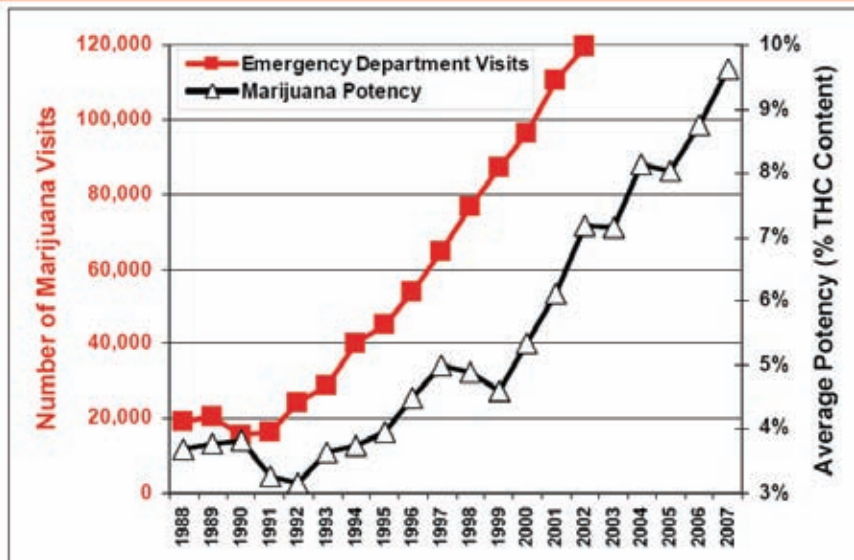
Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).

8 Marijuana Today Is a More Potent Drug With More Serious Consequences

Marijuana is not only the leading source of revenue for illegal narcotics traffickers, it is also a much more potent drug than it was when first introduced. Through deliberate efforts on the part of the marijuana industry, the average potency of marijuana today is two to three times greater than that of marijuana common during the

1980's. In fact, some "premium" varieties of marijuana can be as much as seven times more potent. Making matters worse, youth today are smoking marijuana at younger ages than in the past, making them more vulnerable to its damaging effects, as shown by multiple studies of the drug's psychological and cognitive dangers. One direct indication of the increased dangers is the soaring number of Emergency Department visits nationwide that involve marijuana use — a nearly 200 percent increase since the mid-nineties. Marijuana as a cause for an Emergency Room visit now surpasses heroin.

Marijuana Potency and Emergency Department Visits

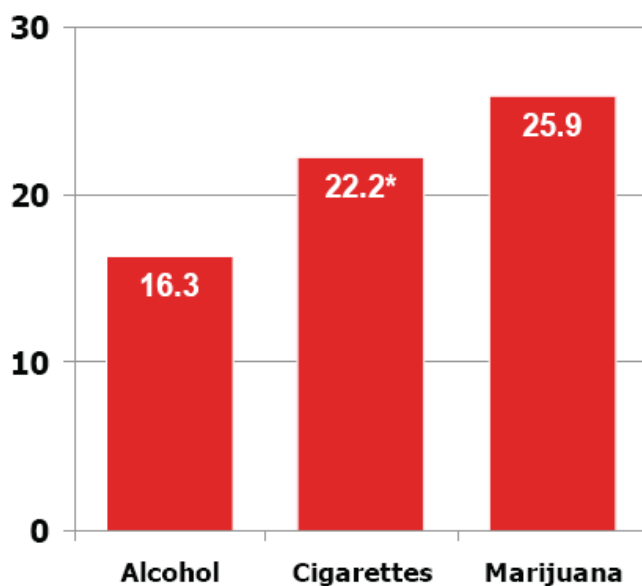


Sources: Drug Abuse Warning Network (DAWN), SAMHSA (2004) and Marijuana Potency Monitoring Project, University of Mississippi, Report #99 (January 2008).

9 For Younger Users, Marijuana Is More Addictive and More Dangerous

Use and Dependence/Abuse for Ages 12 to 17

Percent of Past Year Users Who are Dependent/Abuser



* Past month nicotine dependence

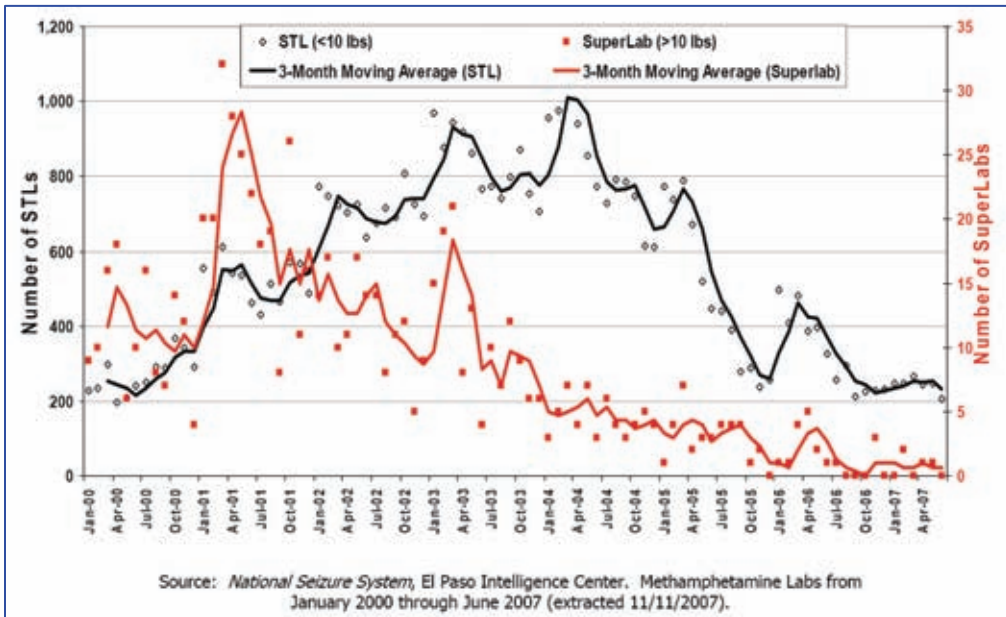
Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).

According to NSDUH, more than one in four 12-17 year olds who report using marijuana in the past year display the characteristics of abuse or dependency. The risk of marijuana abuse or dependency for younger users now exceeds that for alcohol and tobacco. Recent research supports the "gateway" dimension of marijuana use (creating greater risk of abuse or dependency on other drugs such as heroin and cocaine). Marijuana use itself is a serious risk, not only for addiction, but also is an added risk for developing psychosis, including schizophrenia.

10 Domestic Methamphetamine Superlab and Small Toxic Lab Incidents Are in Decline

Small Toxic Laboratory (STL) incidents (laboratory seizures, dumpsites, and/or chemical/glassware/equipment seizures from laboratories that produce less than 10 pounds of methamphetamine per production cycle), as reported by law enforcement to state authorities, had been sharply rising between 2001 and 2004. In 2004, the number of incidents hit a plateau, and then began to decline throughout 2005 — a trend that has continued through mid-2007. Superlabs (labs producing 10 pounds or more), which spiked in 2001, had already started to decline in 2002, and are now at a 10 year low. The Superlab decline coincided with effective international

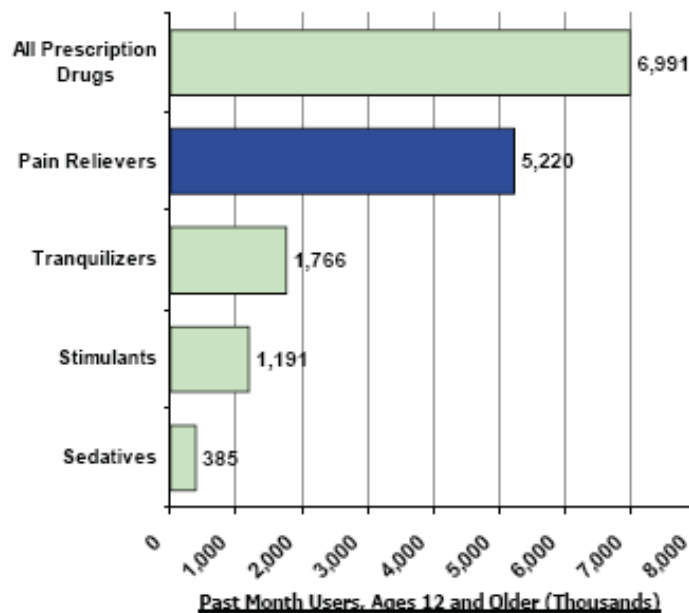
control efforts directed at the importation of precursor chemicals in large quantities, mostly from Canada. Given the extraordinary danger that meth labs posed for local communities (as well as costs), the steep and continuing decline is welcome news. The observed declines in seizures of both superlabs and small toxic labs have exceeded the *Synthetic Drug Control Strategy* goal of reducing domestic methamphetamine laboratories by 25 percent over three years.



11 Misuse of Prescription Drugs Is an Emerging Concern

Against the backdrop of overall declining drug use, there is new evidence of troubling trends regarding the misuse of prescription drugs, sometimes referred to as nonmedical use. Misuse of prescription drugs has been significantly higher among young adults (aged 18 to 25) since 2002. The predominant problem — accounting for nearly 75 percent of the misuse — involves narcotic pain-relievers. The central policy challenge is to ensure legitimate access to these medications while restricting inappropriate diversion and abuse.

Pain Relievers Account for the Largest Portion of Misuse of Prescription Drugs

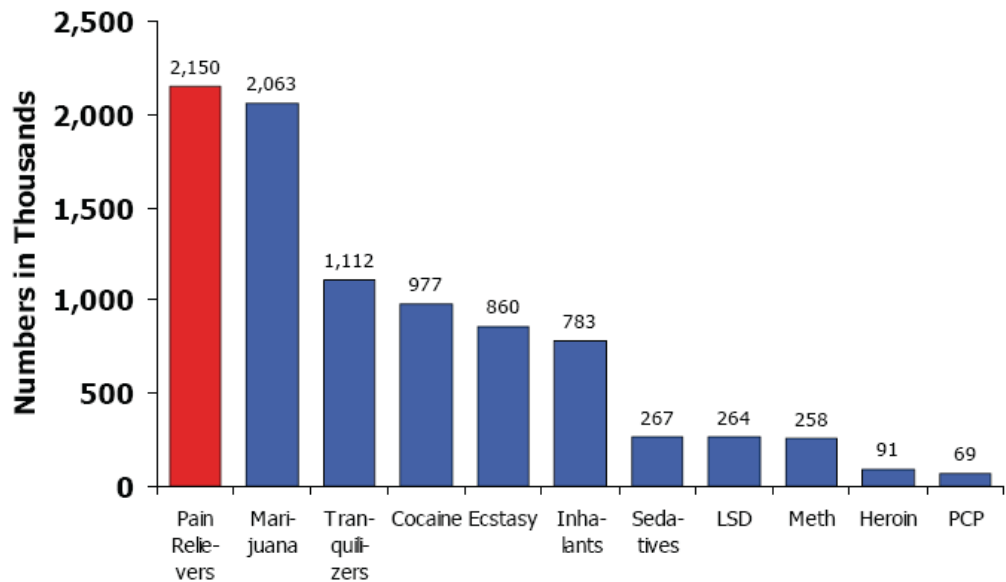


Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).

12 Initiation of Misuse of Prescription Drugs Is Now Even With That of Marijuana

New users of illicit drugs provide us with a window to drug use in the future. The most recent household survey data show that over two million people misused pain relievers for the first time in the past year. This is about the same number as new marijuana users. Although not all new users will continue drug use into the future, the large number who are misusing various prescription drugs for the first time is a cause for concern and action.

Past Year Initiates for Specific Illicit Drugs among Persons Aged 12 or Older, 2006

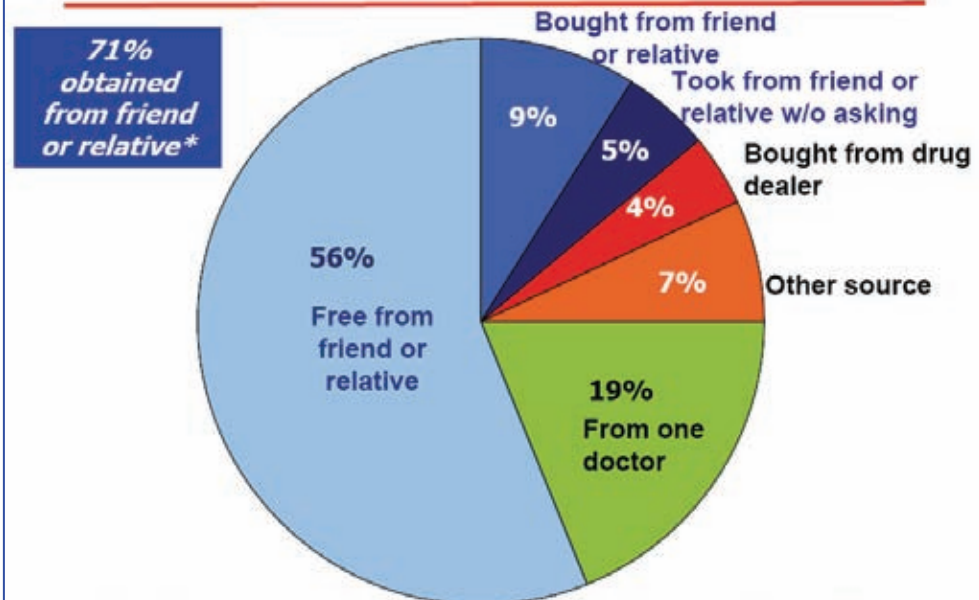


Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).

13 Diversion of Prescription Medications Contributes to Misuse

Improper diversion depends on multiple routes, including theft, prescription fraud, exploitation of the Internet, and even criminal medical dispensing. But the majority of misuse happens when people with a prescription pass their drugs to others illegitimately. Effective prescription-monitoring programs, coupled with physician and consumer education about the proper handling and disposal of medicines, can curtail the excessive volume of prescriptions that enter diversion.

Source of Pain Relievers for Most Recent Nonmedical Use Among Past Year Users



Past Year Nonmedical Users of Pain Relievers: 12.6 million

*Percentage from friend or relative is derived before rounding of individual components.

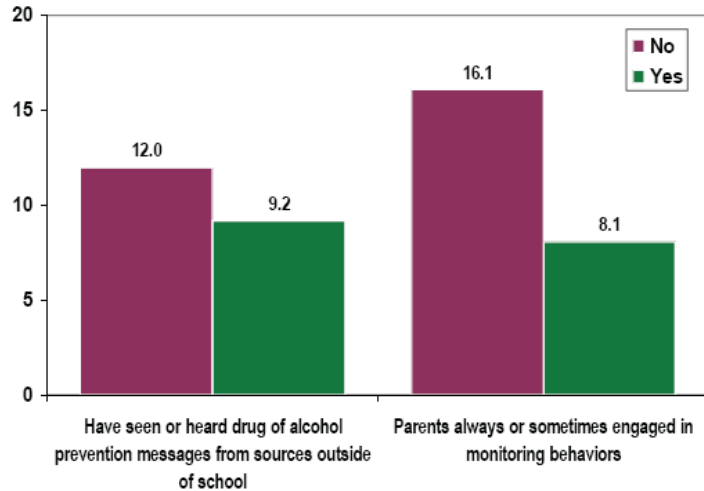
Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).

14 Changing the Discourse About Drug Use: *Youth Anti-Drug Media Campaign*

The rise or fall of drug use has been shown by research to be correlated with two important variables: perceptions of risk in using drugs, and communication of norms of disapproval regarding drug use. The ONDCP *Youth Anti-Drug Media Campaign* is a powerful instrument in communicating both of those messages. Against the tide of pro-drug messaging found in the wider popular culture, this program, along with other anti-drug programs, has been a focused and dramatic voice that has been an instrumental feature of the recent 23 percent decline in youth drug use. The Media Campaign has been particularly effective at targeting the drug with which youth are most likely to initiate their drug use (marijuana) and at precisely the age (14-16 years) when they are most vulnerable. Every generation, however, needs to be reinforced with the anti-drug message. If we are negligent, ground gained can be quickly lost again.

Exposure to Prevention Messages, Parental Involvement, and Youth Substance Use

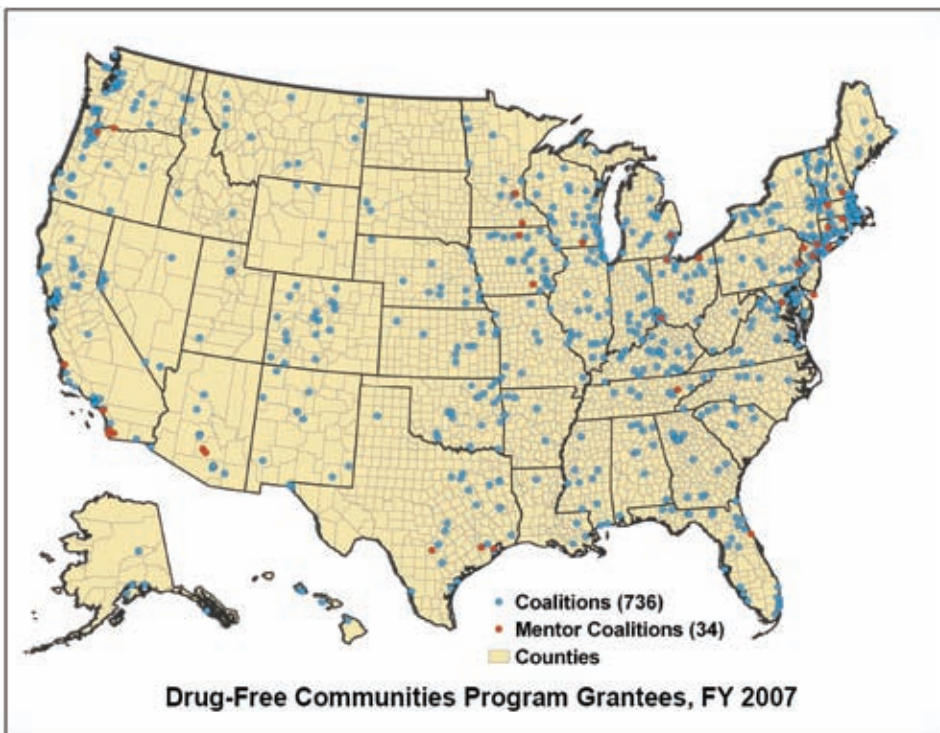
Percent of Youth Reporting Past Month Use of Any Illicit Drug



Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).

15 *Drug-Free Communities Nationwide*

Recognizing that local problems need local solutions, ONDCP works with partners across the country to promote successful local drug prevention strategies. By supporting the development of local drug-free community coalitions, the *Drug-Free Communities* (DFC) program is working to achieve long-term sustainable success in preventing youth drug use and enlisting parents in achieving these goals. Currently, ONDCP supports 736 DFC grantees nationwide with funds that are helping to maintain community anti-drug coalitions, thereby strengthening and fostering the necessary collaboration among public and private non-profit agencies with Federal, State, city, and tribal governments.

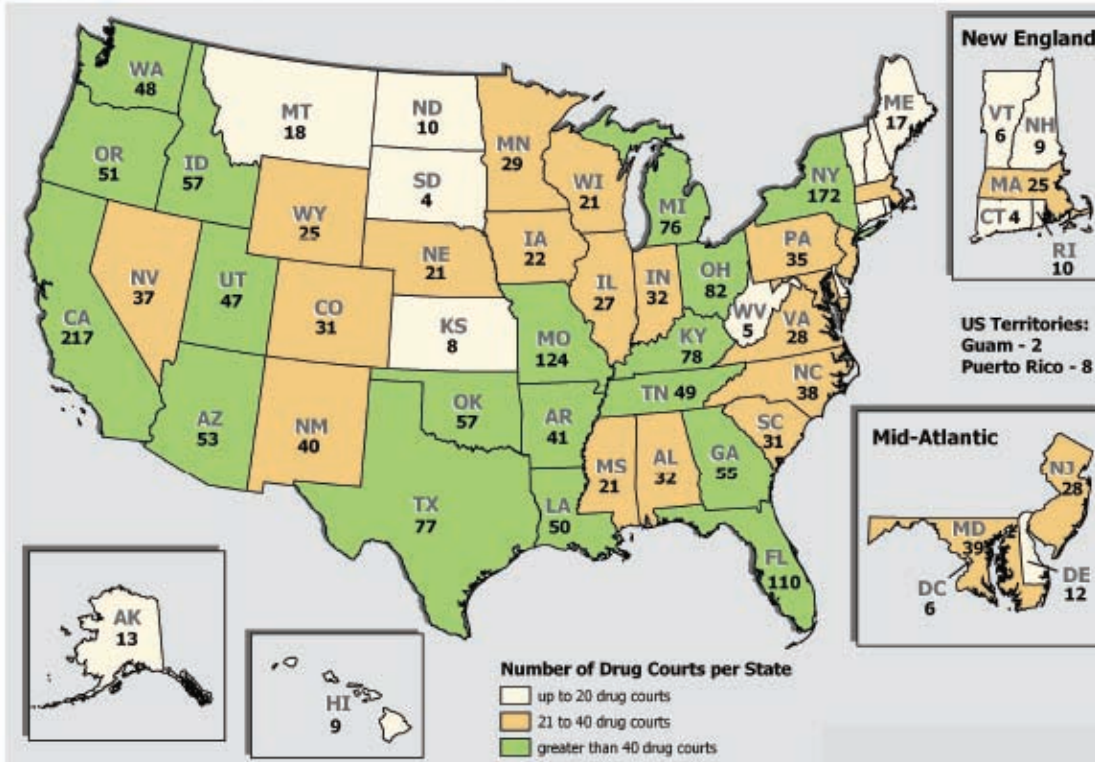
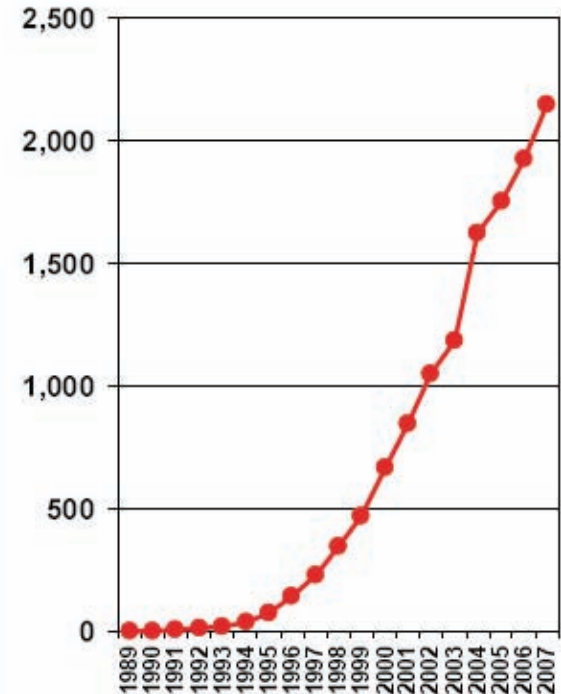


16 Rising Number of Drug Courts is Having a Positive Effect

Research has shown that drug courts are a highly effective avenue to drug treatment. Court-mandated drug treatment results in benefits for those who finish the program and stay drug-free, and sanctions for those who fail. Using the criminal justice system to accomplish treatment objectives has proven to be a powerful new tool in taking non-violent drug offenders whose underlying problem is their substance use and sending them to court-supervised treatment programs rather than incarceration. The Drug Court concept is spreading, even internationally. Drug courts are arenas that combine the power of the courts with treatment providers to foster a community of support in changing drug-using behavior.

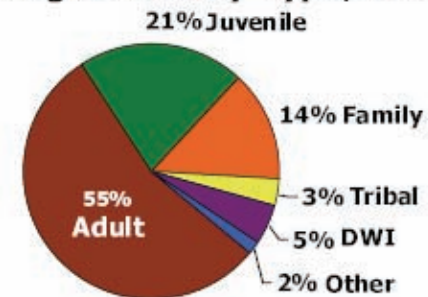
- According to the Government Accountability Office (GAO), positive findings from drug court evaluations in relation to recidivism indicate that drug court programs can be an effective means to deal with some offenders.
- In addition, some studies suggest that drug courts were found to be more cost-effective than other judicial options in the long run.
- While the majority of drug courts are focused on adults, other types include juvenile, family, tribal, DWI, and campus.

The Number of Drug Courts Continues to Increase Nationwide (1989–2007)



Drug Courts By State as of December 2007 (Total = 2,147)

Drug Courts By Type, 2007

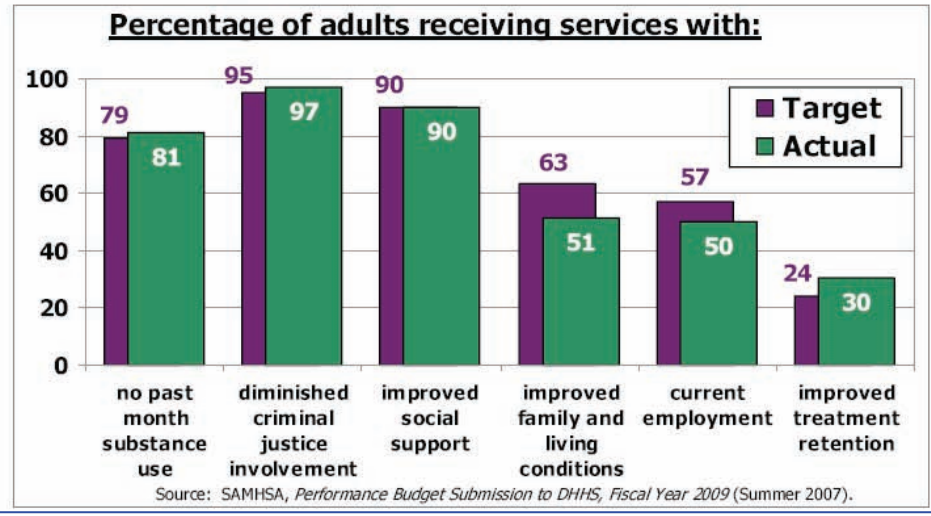
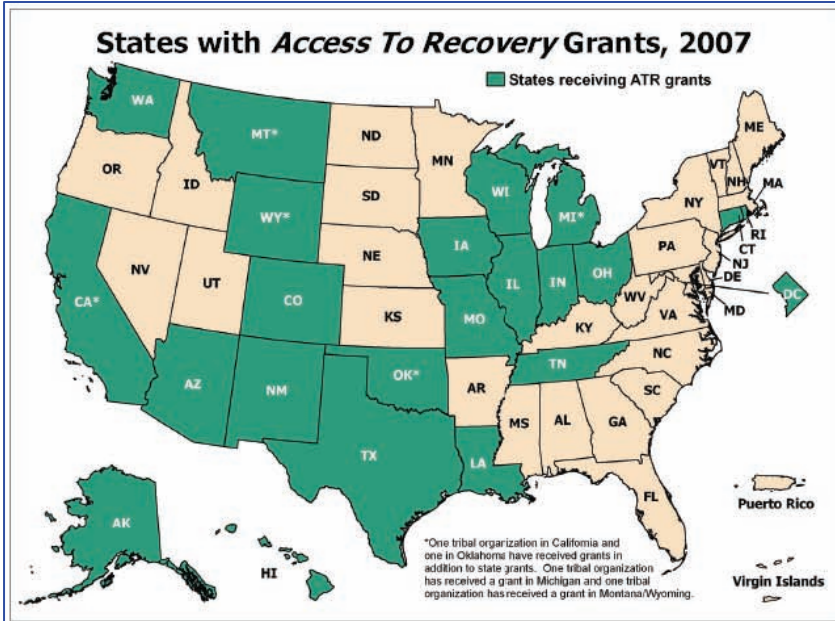


Source: National Drug Court Institute (January 2008).

17 Access to Recovery: Making Drug Treatment More Accessible and More Effective

In addition to support for drug treatment administered through state block grants (in which dollars go to states by a formula that is essentially population-dependent), *Access to Recovery* (ATR) is a program that provides support to areas with the greatest need of treatment. The goal of ATR is to expand the number of treatment providers, to better construct a match of treatment need with the type or modality of treatment offered, and to ensure that a full range of treatment providers, including faith-based programs, is accessible at a local level. Services such as transportation and job training can be critical for successful treatment.

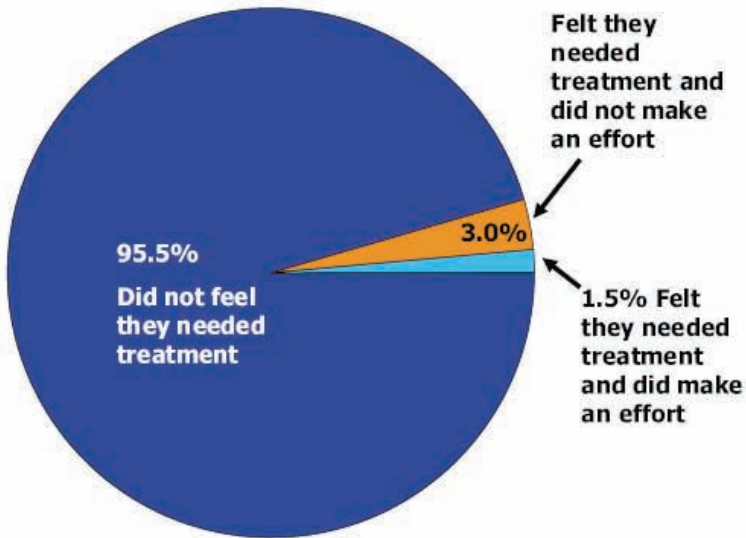
Those seeking treatment can be assured that services to meet their unique needs will be available, while also ensuring that providers who deliver effective services with measurable results are rewarded. To date, Congress has appropriated approximately half of the ATR request, although the program is already present in 22 states, the District of Columbia, and five Native American organizations. Over the past three years, ATR has recruited a wide range of service providers that have delivered treatment or recovery support services to over 170,000 people in need.



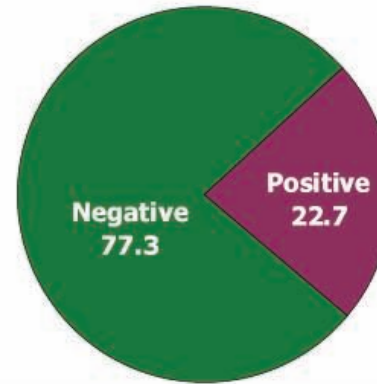
18 Progress in Mainstreaming *Screening and Brief Intervention*

The vast majority of persons who need substance abuse treatment do not feel they have such a need. Yet, from pilot program data, more than one in five patients screened positive for alcohol or illicit drug problems that require some form of intervention. Hence, there is a need for promoting and mainstreaming *Screening and Brief Intervention (SBI)*. New SBI codes to bill Medicaid providers were implemented in January 2007, and the American Medical Association has approved new *Current Procedural Terminology (CPT)* codes for SBI effective January 2008. ONDCP is collaborating with States, Federal agencies, and medical associations to educate professionals on the benefits of implementing SBI in various healthcare settings.

21 Million People Need But Do Not Receive Treatment for Illicit Drug or Alcohol Use



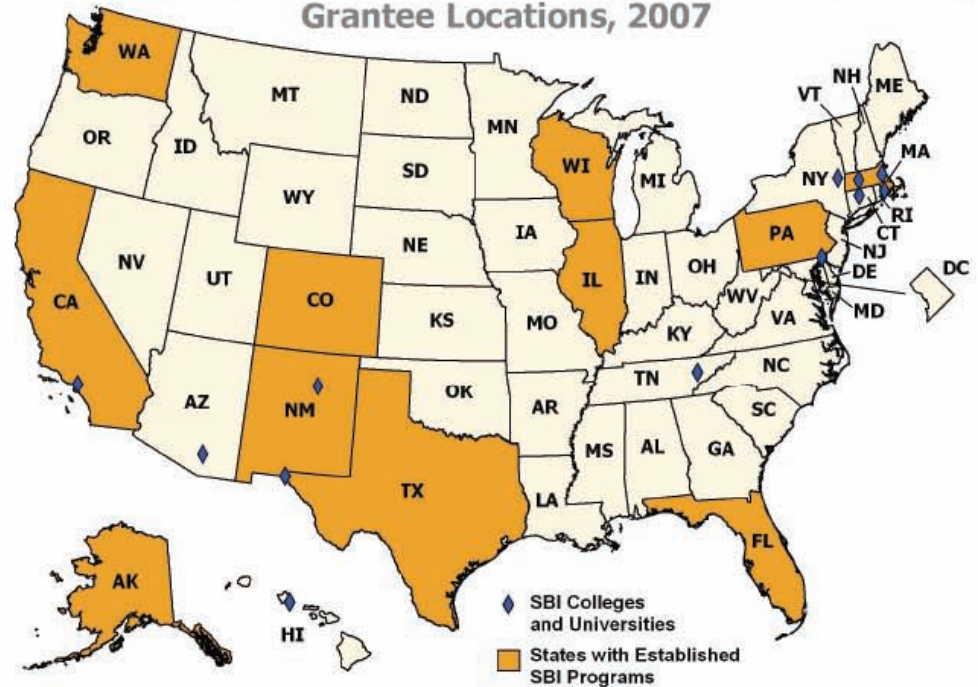
Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).



Of 459,599 patients, 22.7% screened positive, requiring an intervention.

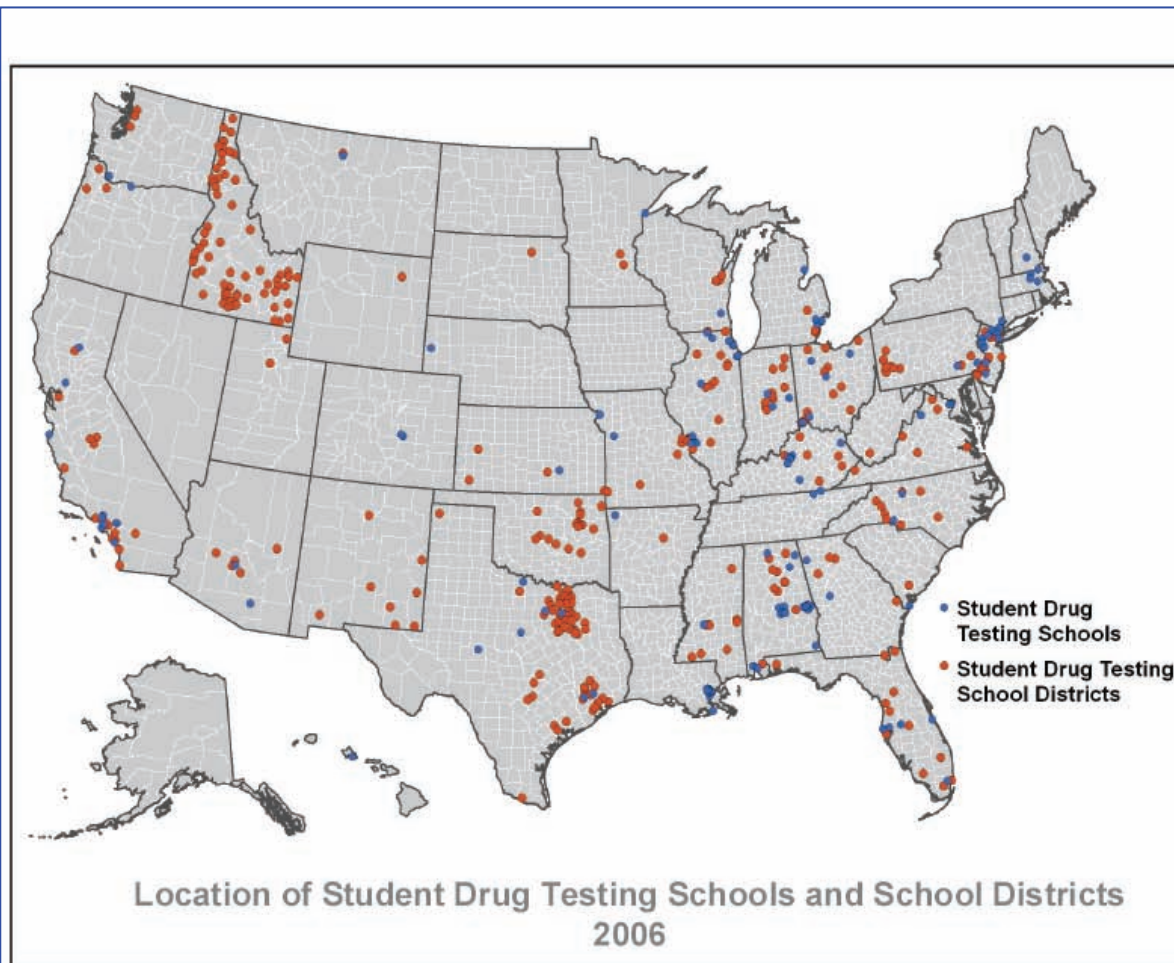
Source: SAMHSA, unpublished data from the Screening, Brief Intervention, and Referral to Treatment program (2004 through August 2006).

States with Established SBIRT Programs and University Grantee Locations, 2007



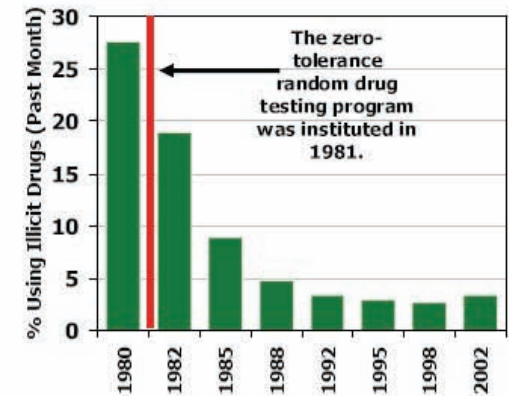
19 Student Drug Testing Is a Tool for Prevention and Treatment

Random drug-testing programs in schools can do for young people what such programs have already done successfully in other settings – provide for deterrence while getting help for those in need. Random drug testing demonstrably lowered rates of drug use in the military and in the workplace. An increasing number of schools are implementing random student drug testing (SDT) programs, with or without Federal funding. Since 2003, the Department of Education has issued 87 grants specifically targeted to implementing random SDT in 118 school districts which include 578 schools. Winston-Salem/Forsyth County Schools in North Carolina is a good example of how SDT works: students in the random SDT program were only half as likely as those not in the program to be past year marijuana users.

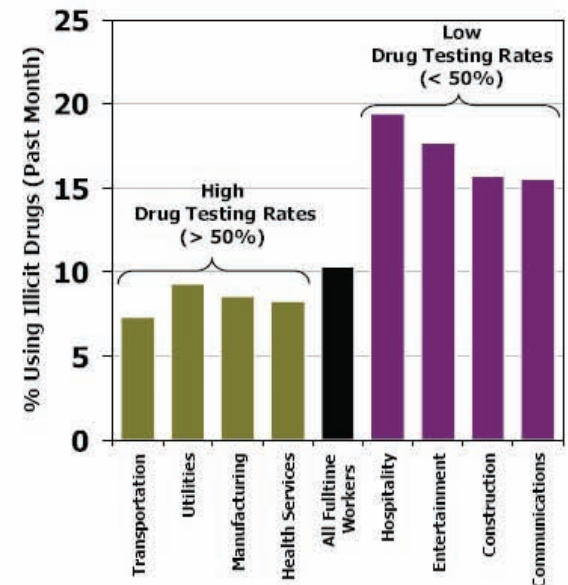


Sources: MILITARY--Bray, et al., 2002 *Department of Defense Survey of Health Related Behaviors Among Military Personnel* (November 2003); WORKPLACE – SAMHSA, *Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997 NHSDA* (September 1999).

MILITARY

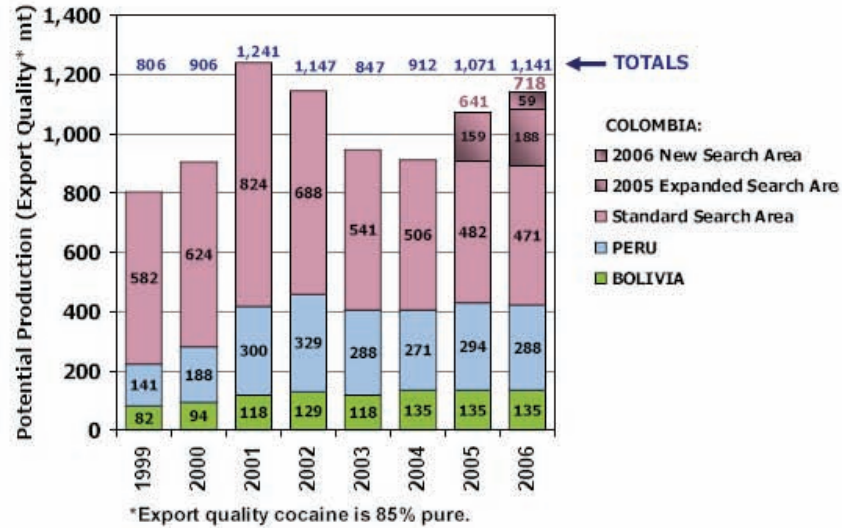


WORKPLACE



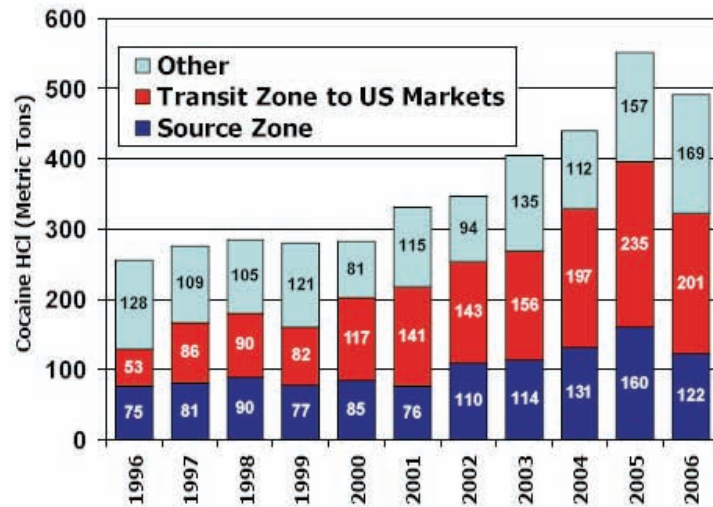
20 Andean Production Declines Magnified by Increasing Cocaine Seizures

Andean Potential Cocaine Production, 1999-2006



Sources: Crime and Narcotics Center, *2006 Colombian Coca Estimate* (May 2007); *Bolivia: Coca Cultivation, 2006* (December 2006); *Peru: 2006 Coca Cultivation and Potential Cocaine Production* (March 2007).

Global Cocaine Removals, 1996-2006



Source: 2005 and 2006 Interagency Assessment of Cocaine Movement (August 2007).



Source: Crime and Narcotics Center (CNC), 2007

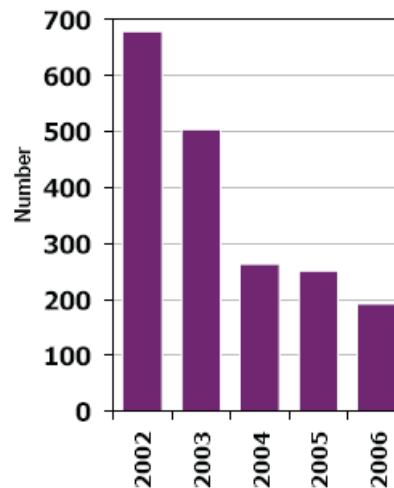
21 Impact of *Plan Colombia*

Plan Colombia has had a substantial impact on cocaine production. It has made cocaine more difficult and costly for the traffickers to produce. Plan Colombia also has helped to stabilize Colombia and has led to improvements in public safety, human rights, violence, and terrorism.

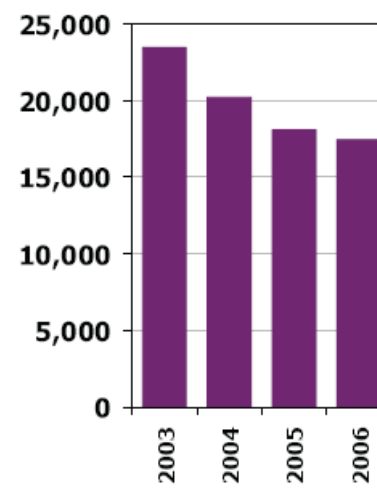
- Colombia has seized over 54 mt of more than 200 mt seized worldwide as of September 2007
- FARC revenue declined ~ 1/3 between 2003 and 2005
- Improved Public Security Situation and Public Protection Capacity
- Improved Respect for Human Rights
- Reduced Violence and Terrorism
- Strengthened Rule of Law
- Negotiating the Peace and Demobilization of Narco-Terror Organizations

VIOLENCE AND TERRORISM

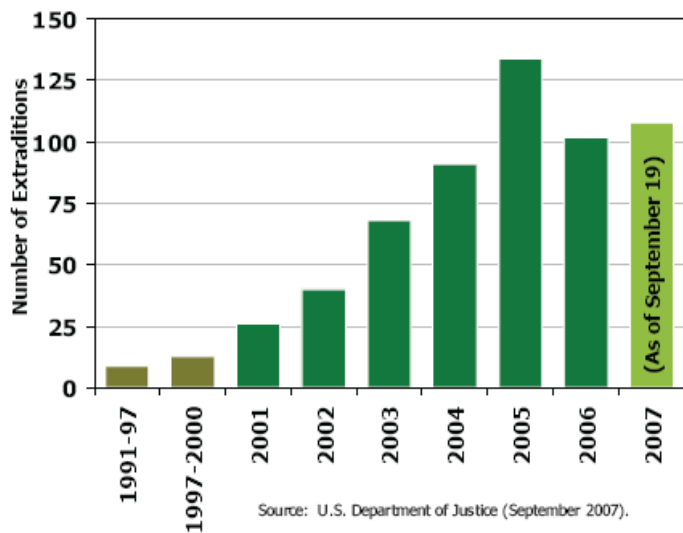
Victims of Massacres



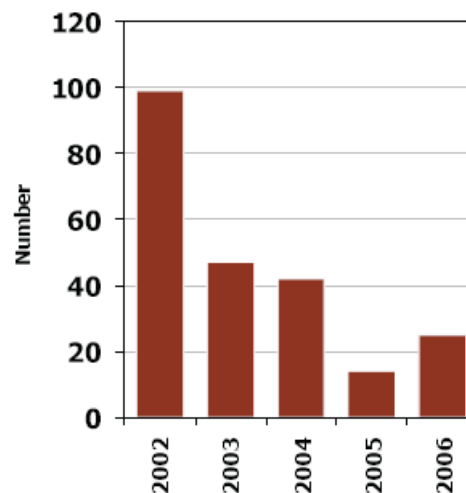
Homicide



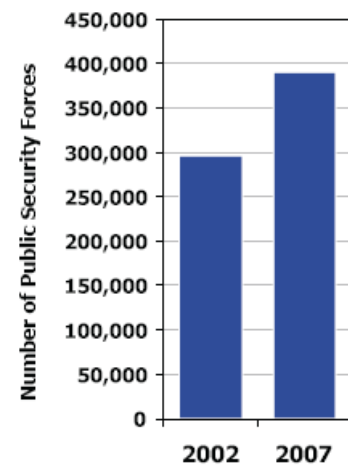
EXTRADITIONS



HOMICIDE OF UNION LEADERS



COLOMBIAN SECURITY FORCES



← *The Government of Colombia and the National Police have established a presence in all 1,099 municipalities for the first time.*

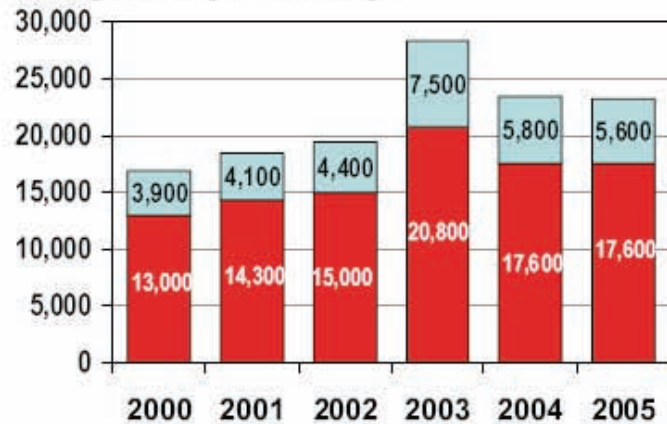
Sources for victims of massacre, homicide, homicide of union leaders, and security forces: Government of Colombia, Ministry of Defense website (August 2007) and Government of Colombia Office of the President website (September 2007).

22 Impact of Pressure on Mexican Drug Trafficking Organizations

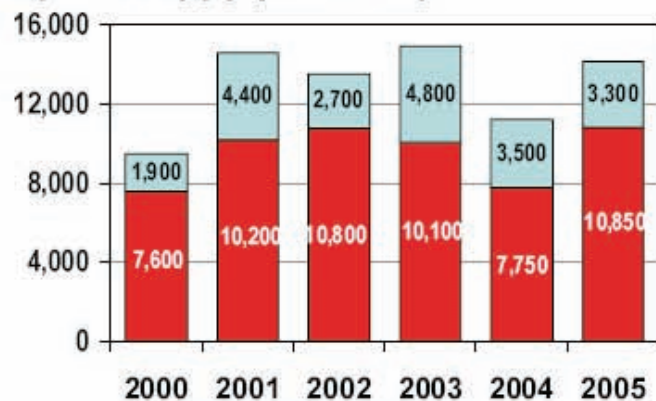
ERADICATION AND NET CULTIVATION



Marijuana (hectares)



Opium Poppy (hectares)



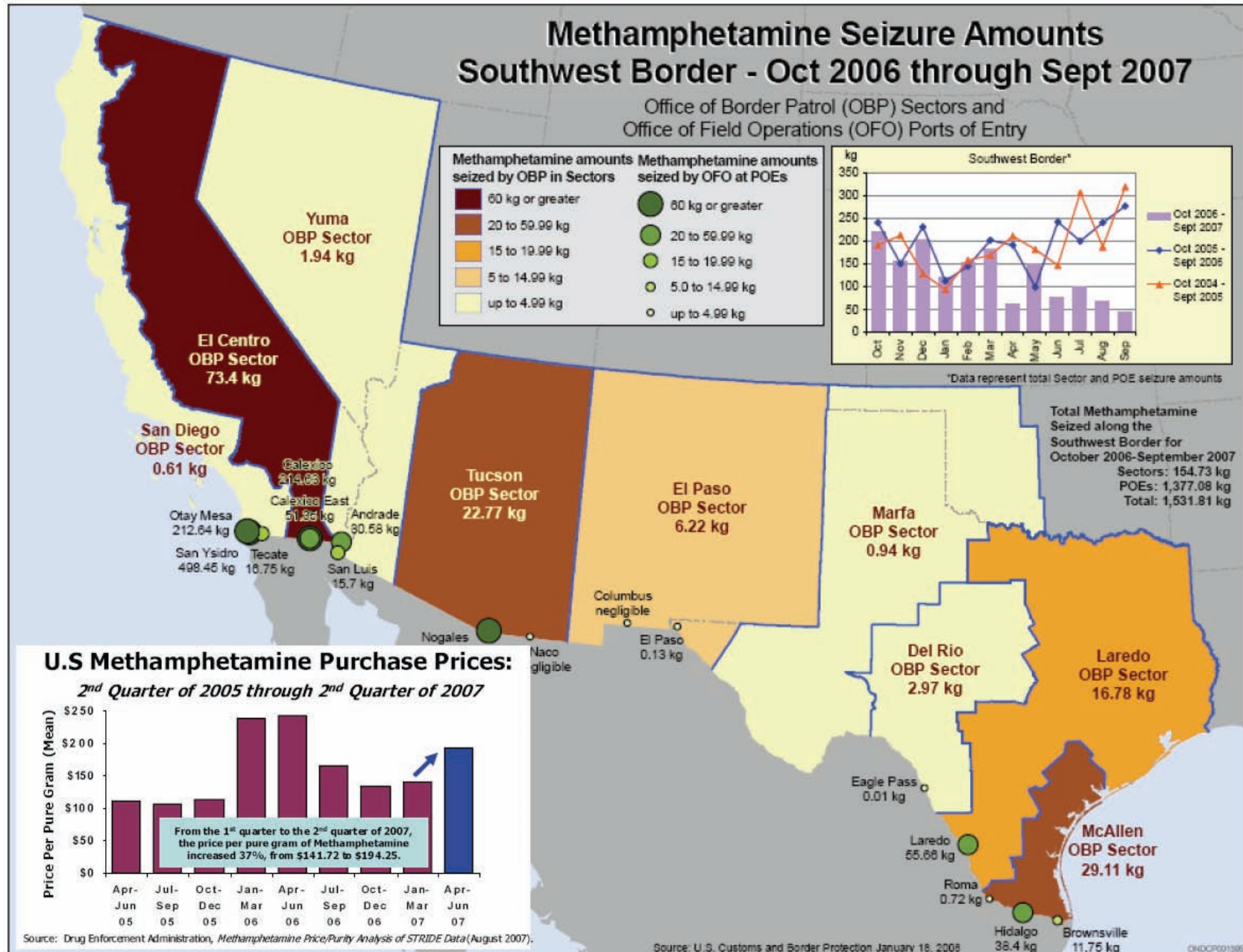
Source: Crime and Narcotics Center, 2006.

- Upon taking office in December 2006, President Calderon immediately turned to the armed forces and police for assistance in his campaign against drug trafficking organizations.
- Federal police and military units have conducted anti-crime sweeps in at least 10 states, netting large numbers of drugs, traffickers, vehicles, and weapons.
- As a result of these efforts and other pressures exerted in Mexico and cocaine producing countries, cocaine prices to US consumers have increased and purity has decreased.



23 Methamphetamine: Having an Impact on Trafficking Across the Border

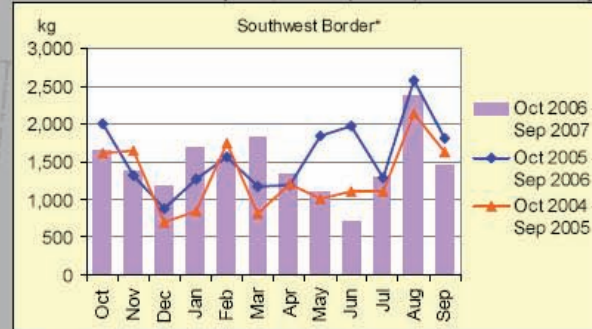
Seizures of methamphetamine along the southwest border have declined recently, suggesting that perhaps the flow has been reduced as a result of successes in restricting the precursor chemicals. This is supported by a recent 37 percent increase in the price of methamphetamine in the United States.



24 Nearly 90 Percent of the Cocaine Available in the U.S. Crosses the Southwest Border

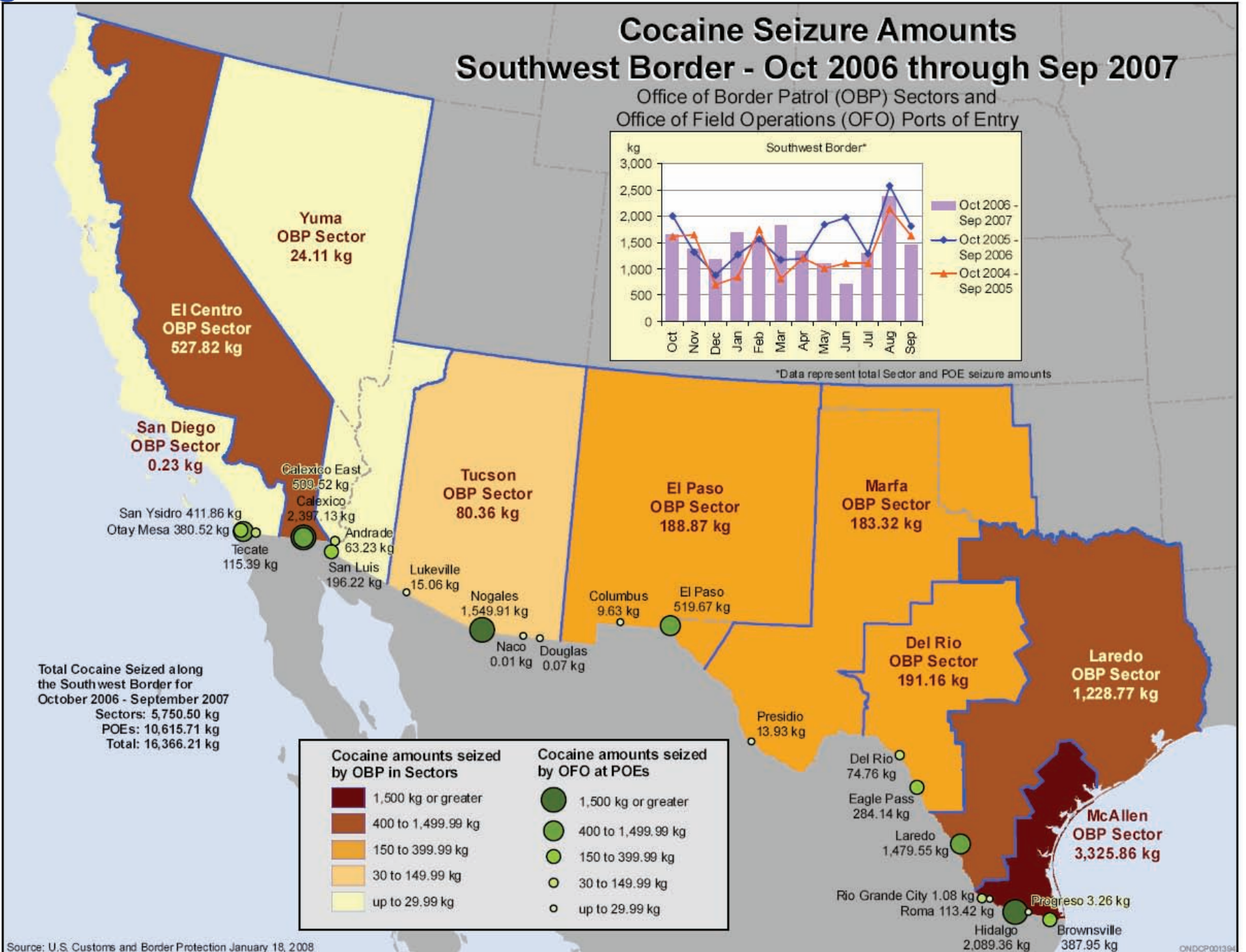
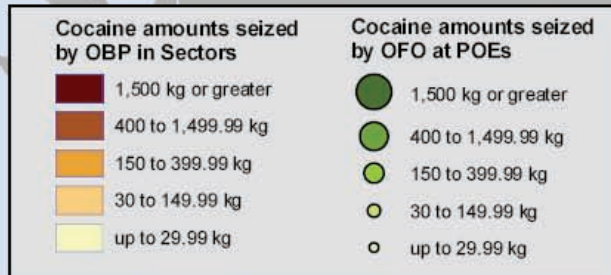
Cocaine Seizure Amounts Southwest Border - Oct 2006 through Sep 2007

Office of Border Patrol (OBP) Sectors and
Office of Field Operations (OFO) Ports of Entry



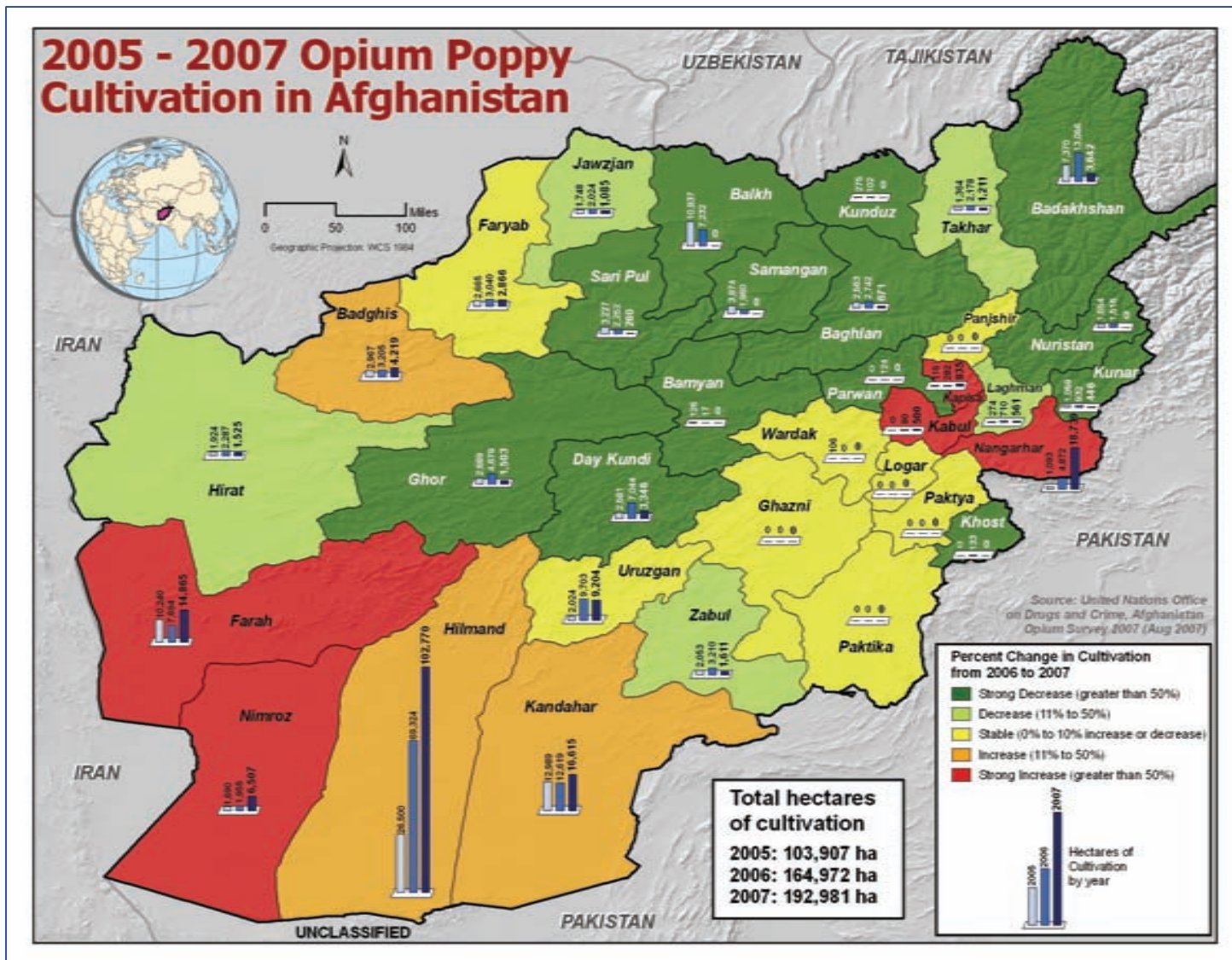
*Data represent total Sector and POE seizure amounts

Total Cocaine Seized along the Southwest Border for October 2006 - September 2007
Sectors: 5,750.50 kg
POEs: 10,615.71 kg
Total: 16,366.21 kg



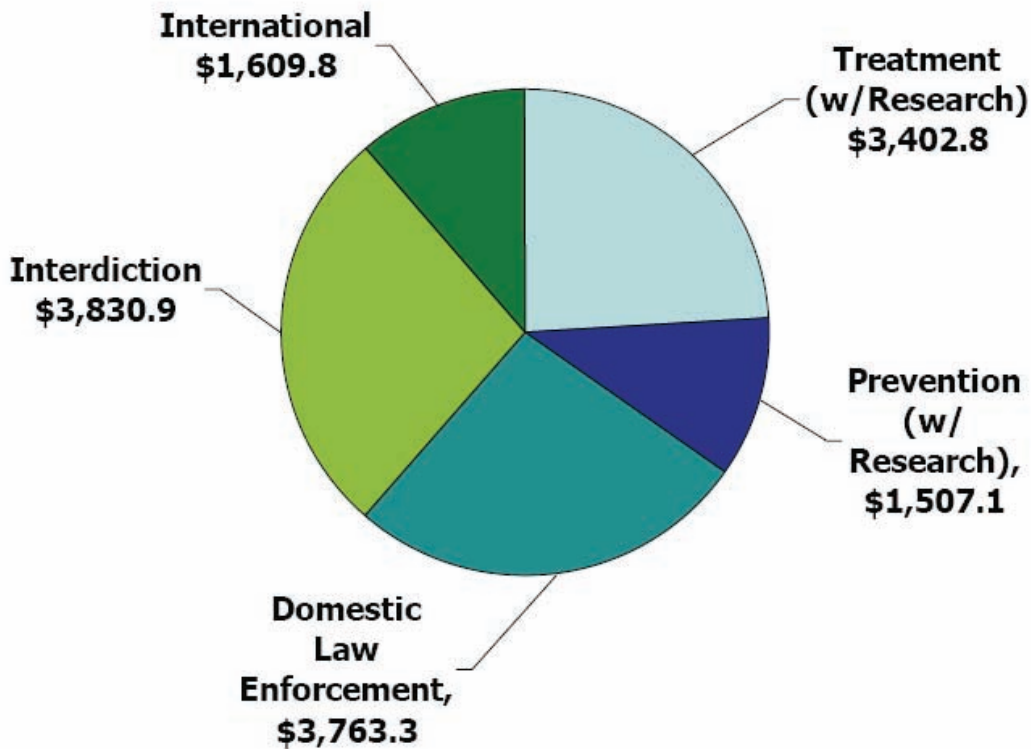
25 The Challenge of Afghanistan

International efforts to control drug supply by attacking drugs at their source and by targeting narco-trafficking organizations are necessary features of a balanced strategic approach to drug control. Afghan opium poppy cultivation has been responsible for nearly 90 percent of global opium supply in recent years. Though cultivation has increased since the fall of the Taliban, the problem remains nevertheless largely concentrated in a few provinces. The top six provinces for Afghan poppy cultivation, according to the 2007 opium survey conducted by the United Nations, accounted for an overwhelming majority of total cultivation. For 2007, several provinces (such as Hilmand, estimated to account for almost half of the total crop) saw a resurgence of poppy growth.



Our National Drug Control Strategy, in both budget and effort, is based on a balanced approach that integrates the principles of supply and demand to drive down drug use and its consequences for the nation. There are major achievements in pursuit of the strategy, but there are remaining challenges as well. Anti-drug programs nationwide, domestic law enforcement, and the international supply situation are major components of the multi-agency drug control budget coordinated by ONDCP. The data presented in this document establish a clear principle -- effective drug control policies make real advances possible.

Federal Drug Control Spending by Function FY 2009*



(Dollars in Millions)

***Total President's Request = \$14.1 Billion**

Source: *National Drug Control Strategy, 2009 Budget Summary*. Feb. 2008.

**Office of National Drug Control Policy
Executive Office of the President
Washington, DC 20503**

March 2008

Version 2008.2 [03-04]