

THE EPIDEMIC OF TEENAGE DRUG USE

JOINT HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY,
INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE
OF THE

COMMITTEE ON GOVERNMENT REFORM
AND OVERSIGHT

AND THE

SUBCOMMITTEE ON EARLY CHILDHOOD,
YOUTH AND FAMILIES
OF THE

COMMITTEE ON ECONOMIC AND
EDUCATIONAL OPPORTUNITIES
HOUSE OF REPRESENTATIVES

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THE EPIDEMIC OF TEENAGE DRUG USE

THURSDAY, SEPTEMBER 26, 1996

HOUSE OF REPRESENTATIVES, SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE, OF THE COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT, JOINT WITH THE SUBCOMMITTEE ON EARLY CHILDHOOD, YOUTH AND FAMILIES, OF THE COMMITTEE ON ECONOMIC AND EDUCATIONAL OPPORTUNITIES,

Washington, DC.

The subcommittees met, pursuant to notice, at 10:40 a.m., in room 2154, Rayburn House Office Building, Hon. William H. Zeliff (chairman of the Subcommittee on National Security, International Affairs, and Criminal Justice) presiding.

Present: Representatives Zeliff, Mica, Souder, Shadegg, Thurman, Slaughter, Cunningham, Scott, Kildee, and Fattah.

Also present: Representative Clinger.

Staff present from the Committee on Government Reform and Oversight: Robert B. Charles, subcommittee staff director/chief counsel; Sean Littlefield, professional staff member; Ianthe Saylor, clerk; Cedric Hendricks, minority professional staff; and Jean Gosa, minority staff assistant.

Staff present from the Economic and Educational Opportunities Committee: Mark Brenner, professional staff member; and Leigh Stadthaus, oversight associate.

Mr. ZELIFF. Good morning, everyone.

Thank you for coming.

This is a joint session of the Subcommittee on National Security, International Affairs, and Criminal Justice, and the Subcommittee on Early Childhood, Youth and Families.

A quorum being present, this hearing of the subcommittees will now come to order.

These two subcommittees will together examine the grave threat posed by drug use among our Nation's youth. Beginning with studies released in August, we have seen a dramatic increase in drug use among our teens. The study released yesterday by PRIDE confirms this trend.

We have a distinguished set of witnesses joining us today. Doug Hall, the president of PRIDE, will share the latest study data with us. My good friend Congressman Rob Portman will testify about his initiative to build community antidrug coalitions in an effort to address this growing threat to the security of our young people and our Nation. Judge Robert Bonner, who appeared before our subcommittee with Nancy Reagan last year, joins us again today.

Following the testimony by these witnesses, I will turn the gavel over to my good friend and colleague, Duke Cunningham.

Before we get started hearing the details of the drug program—drug problem among our Nation's youth, I wanted to share some quick statistics from the PRIDE study which were announced and released yesterday.

Last year, nearly 1 of 4 seniors have used illicit drugs on a monthly basis; 1 out of 5 have used it on a weekly basis; and 1 out of 10 have used illicit drugs on a daily basis.

That is, in my judgment, very unacceptable and it is a tragedy, and it basically lead us to having this hearing today. We have an epidemic and we need to deal with it. We must fight the drug war to win, to stop our children from using these dangerous drugs, and to keep them out of our country and out of our neighborhoods and schools.

Numbers like the ones we have just talked about basically are the reasons why we started our efforts in this subcommittee about 2 years ago. We started with Nancy Reagan. No one at all was talking about the drug war 2 years ago, and we got it started. We have come a long way.

I have worked with Charlie Rangel and we formed a copartnership. Charlie Rangel is a Democrat from New York, and we formed a partnership among Members, 50 to 60 Members, that started a breakfast working group. That has been very effective.

Denny Hastert, my good friend from Illinois, his commitment and his leadership working with the leadership, the Speaker of the House, he asked Newt and myself and others to go on a trip to South America to talk to leaders there, in Mexico, Panama, Colombia, Bolivia and Peru about source country programs and what was working and what wasn't working.

We have been working with the Coast Guard on interdiction efforts. We have worked not only with Dr. Brown, but with Barry McCaffrey on education and prevention and treatment programs as well.

So we feel that we have done an awful lot of work in the last 2 years.

We have worked with our colleagues in the Senate. Bob Dole and Newt Gingrich asked several of us to share in the leadership of the Senate and House Task Force on National Drug Policy as well. So we have worked very hard on this insidious and terribly important national problem. These numbers show that we were right to have done so, and hopefully if we continue these efforts we will be able to turn the drug war around and get back on a winning path.

[The prepared statement of Hon. William H. Zeff, Jr., follows:]

OPENING REMARKS OF
CHAIRMAN ZELIFF

Joint Hearing of
The Subcommittee on National Security,
International Affairs, and Criminal Justice
and
The Subcommittee on Early Childhood, Youth, and Families

“Epidemic of Teen Drug Use”

SEPTEMBER 26, 1996

Good Morning everyone and thank you all for coming. Today, these two subcommittees have come together to examine the grave threat posed by drug use among our nation's youth. Beginning with studies released in August, we have seen a dramatic increase in drug use among our teens. The study released yesterday by PRIDE confirms this trend.

We have a distinguished set of witnesses joining us today. Doug Hall, the President of PRIDE, will share the latest study data with us. My good friend Congressman Rob Portman will testify about his initiative to build community anti-drug coalitions in an effort to address this growing threat to the security of our young people and our nation. Judge Robert Bonner, who appeared before my subcommittee with Nancy Reagan last year joins us again today.

Following testimony by those witnesses, I will turn the gavel over to my friend and colleague Duke Cunningham.

Before we get started hearing the details of the drug problem among our nation's youth, I want to share one statistic from the PRIDE study--last year nearly one in five high school seniors used an illicit drug at least once a week--that's one in five. That's simply unacceptable. We must fight the drug war to win--to stop our children from using these dangerous drugs, and to keep them out of our country, and out of our neighborhoods and schools.

Numbers like the one I've just shared are the reason I've been committed to the Drug War since the first day of the 104th Congress. For two years, I have been joined by many of the members sitting here in this fight. I would especially like to thank Denny Hastert, my good friend, for his committed leadership on this issue.

Along with the Subcommittee's efforts, members of Congress have fought this war in the Bipartisan Drug Policy Working Group which I founded and chair with Charlie Rangel. We have also worked with our colleagues in the Senate. Bob Dole and Newt Gingrich asked me to share in the leadership of the Senate-House Task Force on National Drug Policy.

We have all worked very hard on this insidious and terribly important national problem. These numbers show that we were right to have done so. Hopefully, if we continue these efforts, we will be able to turn the drug war around and start back on a winning path.

Mr. ZELIFF. I would like to now turn the Chair over to anybody on your side who would like to offer an opening statement?

Mr. Scott.

Mr. SCOTT. This is on education, on the education side.

Mr. ZELIFF. OK.

Mr. SCOTT. Mr. Chairman, I want to thank you and Mr. Cunningham, both chairmen, for holding the hearing today. I think our witnesses can help us clear a much-needed path out of the current nonproductive, fingerpointing debate over who is to blame for the increase in teen drug use.

Yesterday, I heard the contention made that President Clinton was responsible for the rise in teen drug use because he had abandoned the bully pulpit and that in 3,370 speeches the President mentioned illegal drugs—mentioned illegal drugs just 24 times.

Well, I don't think there is any more blame than the fact that one of the first actions taken by the new Republican majority after the 1994 elections, was the elimination of the Select Committee on Narcotics. So I hope we will not participate in the nonproductive election-year sloganeering, but really address the problem.

We need to know what the true dimensions of the problem are. In the mid-1980's, drug use was much higher than it is now, when 22 million American teens casually used drugs. Today approximately 11 million Americans use illegal drugs. Excuse me, 22 million was all Americans.

So let's acknowledge a couple of things. We have made overall progress but there are still very discouraging trends, including the increase in drug use, particularly marijuana use, among teens.

Now, we all know that this particular problem will not be solved through increase in interdiction efforts. Law enforcement officials say that this surge is marked by unique characteristics that will require new strategies to address supply and demand challenges. So I hope we will try to examine the causes and talk about what we need to do.

The papers are full of analysis lately. William Bennett, the former Drug Czar, believes that teen behavior is, more than anything, influenced by families and the overall culture. Well, how much influence does television have?

As you can see from the chart that has been put up, television coverage of the drug issue has dropped precipitously since 1989. Is that a factor? But rather than say what others can do or who's at fault, we should focus on what we can do constructively to effectively reduce the use of drugs by juveniles.

So I welcome the testimony of our witnesses today and I look forward to working in a bipartisan approach to addressing this problem.

Mr. ZELIFF. Thank you, Mr. Scott.

Our other co-chairman is here, Duke Cunningham.

Mr. CUNNINGHAM. Thank you, Mr. Chairman.

I would like to work on a bipartisan report and findings, whether it is from a Republican administration in a drug system with Contras or whether it is Bill Clinton in Mena, AR, or whether it is Republicans on this, or Democrats on this particular committee, or whatever it is the lack of response has been.

But I disagree that we have made strides. I think that the drug problem in this country is disastrous, and I think the crime problem in this country is disastrous, and I think there is a lot of different directions on both sides that we can point to.

It is even more important and absolutely uncompromising about the message—it is not just the message. It is the attitude that comes out of government. It is the attitude that comes out of parents. It is the attitudes that come out of schools, and then it is the message that comes across that attitude.

If parents from the 1980's who did drugs relay to their children that it is OK, that problem is not going to go away. If it is the government that produces an attitude that drugs are OK and we are not going to attend to them, and then the message is the same thing, that it is OK if you can inhale, then that is a wrong message and that is going to affect out of government. So, yes, it is a joint issue and we need to address that.

But we need to proclaim from the highest mountain of this committee and this government and the parents, not only the attitude but the message, and then followup with the action. That means local law enforcement. That means drug interdiction overseas in Colombia, Mexico, wherever it happens to be; an immigration policy that we just passed yesterday to stop many of the drugs that come across our border in our border States.

So what is the record? In 1992 on MTV, an interviewer—and the message and the attitude—asked Bill Clinton whether he would inhale given a chance to do so again?

Do it over again, of course? We are talking about inhaling marijuana, a joint.

Bill's reply: Sure, if I could. I tried before.

I mean, that is a wrong attitude. That is a wrong message to send to our children.

President Clinton slashed the Drug Czar's office 83 percent when he took office. When President Clinton had a Democratic Congress, they cut Safe and Drug Free Schools by \$111 million in fiscal year 1994. That is a fact. That is with a Democratic White House, a Democratic Senate and a Democratic House—and by the addition, \$22 million in 1995 for Drug and Safe Free Schools.

Meanwhile, lack of oversight at the Department of Education gave our program to waste and to fraud. Safe and Drug Free School money went to Michigan, for example, on giant plastic teeth and toothbrushes, on the idea that kids who brush their teeth don't abuse drugs.

In Fairfax, it was spent, \$176,000, on staff for a retreat, on funds on a retreat, and also funds for lumber for steps for an aerobic class and a field trip to Deep Run Lodge. That is not a message from the government. That is not a message from our schools. That is not a message from our parents. That is not an attitude or action that is desired in this war against drugs.

The President's National Security Council has placed the war on drugs 29th of 29 issues. Faced with the fact—Lee Brown, the President's Drug Policy Director, wrote in 1995 about a troubling decline in drug prosecutions. Senior Democratic Congressman, Charlie Rangel, who is very active on drug issues, said: I have never,

never, never seen a President who cares less about this issue. That is from Charlie Rangel, a Democrat.

Despite this ambiguous message from the White House, this Congress has taken decisive action on the war on drugs. We provided level funding to the Safe and Drug Free Schools program while fighting fraud and abuse; no cuts. We increased the Drug Czar's office. The DEA budget, the Coast Guard Antidrug Operations, the State Department's International Narcotics Control program, the Southwest Border States, and yesterday the Immigration bill, which when the President had, again, the House, the Senate and the White House, there was not a welfare reform bill nor an interdiction program or an immigration program.

We are taking action against crystal meth, which is a major problem in California and the Southwest and against trafficking, so-called Ruffies, otherwise known as the date-rape drug. We are fighting for tough mandatory sentences for those who peddle drugs that cause death of young people.

I would like to submit the rest of this for the record, Mr. Chairman.

But there is an attitude in the government today and in the White House, there is a policy, there is a statement that comes out, and there is little action.

That is not what we need in this war, and I hope to learn from the witnesses today.

Thank you, Mr. Chairman.

[The prepared statement of Hon. Randy Cunningham follows:]

**OPENING STATEMENT
OF REP. RANDY "DUKE" CUNNINGHAM
CHAIRMAN, HOUSE SUBCOMMITTEE ON
EARLY CHILDHOOD, YOUTH AND FAMILIES**

**JOINT HEARING WITH HOUSE GOVERNMENT REFORM
AND OVERSIGHT SUBCOMMITTEE ON NATIONAL SECURITY**

THE EPIDEMIC OF TEEN DRUG ABUSE

**SEPTEMBER 26, 1996, 10:30 A.M.
2154 RAYBURN BUILDING**

Good morning. Today's joint hearing of the House Subcommittee on Early Childhood, Youth and Families, and the House Government Reform and Oversight Subcommittee on National Security is called to order. Our topic today is the epidemic of teen drug abuse.

We will have opening statements from the chairman and ranking minority members of each subcommittee. In the interests of time and an orderly hearing, others who wish to offer opening statements may do so for the Record. As always, all Members will have the opportunity to ask questions, and to submit additional information for the Record as they wish.

Drugs Kill

Ladies and gentlemen, drugs kill. Drugs kill hope. Drugs kill opportunity to achieve the American Dream. And drugs kill our children, in greater and greater numbers.

It is more important than ever to be absolutely uncompromising about this message, that drugs kill. Because today's young people simply aren't getting that message. The media isn't telling them that drugs kill. Their peers are not saying that drugs kill. Many parents, who might have abused drugs in their youth, are uneasy about telling their own children that drugs kill. And, unfortunately, Washington has been less than clear about proclaiming from the highest mountaintop that drugs kill.

And the tide of drugs is mounting against our young people.

Among 12- to 17-year-olds, since 1992:

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- ▶ Marijuana use has doubled. More importantly for our children, today's marijuana is about 20 times as potent as the drug abused in the 60s.
- ▶ LSD use has climbed to record highs.
- ▶ And the number of young people who have used any illegal drug has risen an appalling 78 percent.

Mr. and Mrs. America, listen closely: If your teenager is not doing drugs, they know someone who does.

What Record of Leadership?

Unfortunately, while teen drug abuse has climbed the past four years, leadership in Washington has been pulling in different directions. But a parent whose child has lost a life to drugs doesn't care which politicians bicker for partisan advantage. They want to know what has been done, and what needs to be done.

What kind of moral leadership has President Clinton exercised in the war against drugs?

- ▶ In 1992, an MTV interviewer asked Bill Clinton whether he would "inhale" given the chance to "do it over again." Of course, we're talking about inhaling a marijuana joint. Bill Clinton's reply: "Sure, if I could. I tried before."
- ▶ President Clinton slashed the Drug Czar's office 83 percent.
- ▶ When President Clinton had a Democratic Congress, they cut Safe and Drug Free Schools, by \$111 million in FY 94, and by an additional \$21 million in 1995. Meanwhile, lack of oversight at the Department of Education gave over the program to waste and fraud. Safe and Drug Free Schools money was spent in Michigan on giant plastic teeth and toothbrushes, on the idea that kids who brush don't abuse drugs. In Fairfax County, it was spent on a \$176,000 staff retreat, on Funds for Lumber for a step aerobics class, and on a field trip to Deep Run Lodge.
- ▶ The President's National Security Council has placed the War on Drugs as its 29th priority out of 29 -- dead last on its list of national security priorities.

Faced with these facts, Lee Brown, the President's drug policy director, wrote in 1995 about a "troubling" decline in drug prosecutions. And a senior Democratic congressman, Charlie Rangel, who is very active on the drug issue, said "I have never, never, never seen a President who cares less about this issue."

Despite this ambiguous message from the White House, this Congress has taken decisive

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action in the war against drugs.

- ▶ We have provided level funding for the Safe and Drug Free Schools program, while fighting fraud and abuse. No cuts.
- ▶ We increased the Drug Czar's office, the DEA budget, Coast Guard anti-drug operations, the State Department's international narcotics control program, the Southwest Border States Anti-drug Information System, and several other programs like military drug interdiction over the President's request.
- ▶ We are taking action against crystal meth, which is a major problem in California and the Southwest, and against trafficking of so-called "roofies," otherwise known as the date-rape drug.
- ▶ We are fighting for tough, mandatory sentences for those who would peddle drugs of death to our young people.
- ▶ And we are holding hearings like this to proclaim the clear message: Drugs Kill. Say No to Drugs.

Tough leadership in law enforcement, and aggressive public education are our greatest weapons in the war on drugs.

What Must be Done

At today's hearing, we will hear from some of America's most respected authorities in the war on drugs. We will hear about the real-life, ground-level situation in our schools and communities. And we will hear how every American can contribute against our common enemy: those killers who peddle drugs to our children.

We must remember that Washington sets a standard and provides resources in the drug war. But no one can help our children better than those closest to them -- their parents, pastors, neighbors, teachers, local police, and community leaders. When we all publicly agree that drugs kill, and that their use will not be tolerated, and repeat that message with clarity over and over and over again, only then will we make headway in the war on drugs.

With that, I yield to my colleague Mr. ZELIFF, chairman of the National Security Subcommittee.

#

Mr. ZELIFF. Thank you, Mr. Chairman.

Mr. Fattah from Pennsylvania.

Mr. FATTAH. Thank you, Mr. Chairman.

I guess it would be appropriate for me to want to blame the increase in marijuana smoking over the last 2 years on the fact that the Republicans control the Congress, but I think that that would probably miss the point. We can tell by the opening statements and the blatant attacks on the President that this is nothing more than a continuation of a campaign attack rather than trying to really focus in on this issue.

There is a lot of work that has been done. Drug use in this country is down by half among adults. We do have a significant problem among juveniles, and I want to commend the chairman for holding this hearing where hopefully what we are really going to try to do is focus in on the problem. Because we know many of our national leaders—Newt Gingrich admitted that he used drugs at one point, smoked marijuana in college. We can't blame him for kids today having that problem. I think that what we need to do is to try to really use our—use the committee's resources, and hopefully the testimony here today will be useful, and move it away from the politics of this.

You know, we talk about the Drug Czar's office being cut. I mean, the Democrats, we are just going to come forth and say, well, Bob Dole voted not even to have a Drug Czar's office. We can go back and forth and back and forth, and it is not really going to do much to really address the issues that I hope sincerely underlie the chairman's call for this committee meeting.

Now, we are in the waning days of the 104th Congress. We know that much of the work that has taken place here is related to the budget and the CR. The Drug Czar, which I think both parties respect, has offered a proposal for funding. Hopefully we can, in a bipartisan way, adequately fund a significant antidrug effort that could focus in on the remaining problems.

We should be commending whatever the source of the reduction among adults and see how we can replicate that among children, rather than attempting to gain political points in an election that this hearing is going to not have an overwhelming effect on one way or the other.

So I want to thank the chairman for an opportunity to make an opening statement.

Mr. ZELIFF. Thank you, Mr. Fattah.

I just would like to, for the record—I don't know whether you were here when my opening statement was made, but it was certainly a very nonpartisan statement. My concern here—

Mr. FATTAH. I wasn't referring to your statement, Mr. Chairman.

Mr. ZELIFF. Yes.

Mr. FATTAH. But I did hear Congressman Cunningham's statement.

Mr. ZELIFF. I would just like to stress the fact that 2 years ago, when we started our effort in this subcommittee, no one was talking about the issue at all. I think from both sides of the aisle we now, Charlie Rangel and I got it going with a congressional breakfast, and Mr. Scott and others were there. I think the key here is that we have to recognize we now have an epidemic; crime and

drugs together as one issue. It is the No. 1 issue facing our country in terms of a tragic force that we need to deal with.

So our goals here are to get it focused and to solve the problem, but to get everybody to wake up in America, and hopefully we will be able to accomplish that with your help as well.

I would like to now turn it over to Mr. Mica from Florida.

Mr. MICA. I thank the chairman.

I also thank him for his leadership on this issue and for holding this and other hearings, and for bringing this issue to the attention of the Congress and the American people.

Just a quick comment for the record. I was one of those responsible for abolishing the Select Committees. The Select Committees did very little. Some of them were put together for a short time. One of them lasted, I think, 18 years. They had no legislative jurisdiction, so they were a lot of talk and no ability to act.

In fact, the responsibility for oversight was with the Government Operations Committee, the predecessor to this committee. I had over 100 Members of the last Congress ask Chairman Conyers to hold a hearing when we saw the drug war going to hell in a hand-basket. He brought Mr. Brown before this committee for a farcical half hour evaluation of what was going on, and we saw what was going on. What was going on started in 1992. Any chart you look at from 1980 down—I was involved in the Senate as a staffer putting together the war on drugs, and they dismantled it.

The results are—this is the headline in my district, Sunday, July 14th: “Long Out of Sight, Heroin is Back, Killing Teens.”

This weekend another teenager died in my district, and I thank the chairman for agreeing to hold a hearing, a field hearing, in Lake Marion, my community. This isn't Detroit. This isn't Los Angeles. This isn't Washington where they don't care whether 300 or 400 a year die on the streets. This is suburban, middle-class America that I represent, and they are slaughtering kids. This is the headline on Sunday: Orlando Area Teenage Drug Use Soars.

So this is an epidemic that started in 1992 because of a destruction and a dismantling of a very effective program. We need to put it back together. Through the leadership of this chairman and others, we are going to put it back together.

Then today, the headline: The White House Buries a Critical Drug Report. I still don't have a copy of that drug report, and if, in fact, General McCaffrey suppressed this report that said that their—that this administration's drug program and dismantling of interdiction and their approach was a failure, and suppressed that, I think he needs to come to our committee on Tuesday and explain that in a hearing that the chairman has also put together.

So this isn't political. This is about saving our children. This is about saving the next generation. This is about the cost-effectiveness of what we are doing. This is about getting our cities, our counties and our Federal Government together and our private sector and other folks working so that we can save the next generation.

I thank the chairman, and yield back the balance of my time.

Mr. ZELIFF. Thank you, Mr. Mica.

I would like to recognize the chairman of our full committee, Mr. Clinger, and just acknowledge him for the outstanding job that you have done for the last 2 years.

We appreciate your commitment and support. We wish you well as you move on to some other endeavors, and certainly you have earned the opportunity to take some time for yourself. We have appreciated your leadership. I don't know whether you have any comments.

Mr. CLINGER. Thank you very much, Mr. Chairman.

I want to commend you and Chairman Mica as well for the attention and the persistence that you have devoted to this very, very critical issue. Really, it was this committee and your leadership that have focused on this as a problem and as an emerging—burgeoning problem really since the beginning of this Congress when others were sort of saying this was—you know, we had solved that problem; that it was no longer going to be an issue.

I think you have recognized from the beginning that this was not a solved problem; that, in fact it was getting worse. Now we are getting sort of a drumbeat of studies that suggest that this is indeed a serious and growing problem, as Mr. Mica says, of epidemic proportions.

I think that the statistics and the figures that came out yesterday from the PRIDE group, a very highly respected parent organization who are concerned about this problem, that it is not just the percentage increase in the number of users, which has been somewhat downplayed because it didn't show actual numbers of increase, but what we do see is extremely—extreme increases in the time of—in other words, the numbers of uses that go on, so you have seen an explosion of people getting higher and getting higher more often than in the past. I think that has to be of extreme concern to us. So I think this is a very important hearing.

I would just touch on Mr. Mica's theme.

I am as concerned as you are, and I know he is, of what apparently is a suppression of a report that is critical of the backing away from the interdiction efforts that went on, and that has got to be of real concern.

I think the hearing that is proposed on Tuesday is absolutely essential, because we have got to find out what happened and who is suppressing this report? Why is it being suppressed? I commend you for all of these efforts and look forward to the hearing today.

Thank you very much, Mr. Chairman.

Mr. ZELIFF. Thank you, Mr. Chairman.

Mr. SOUDER from Indiana.

Mr. SOUDER. I also want to congratulate you, Chairman Zeliff, because not everybody in their career gets to be a person who can say I led the fight to bring awareness of a single issue as much as you did from the start by focusing on a couple of hearings, and then through the whole 2 years of focusing on the—what was abandonment of the drug war, which Congressman Mica now calls a drug skirmish.

I know that there is a feeling among all the groups across the country that we shouldn't be partisan, and for 2 years we focused more on the—how the issue was developing. But one thing that is going to come out of this campaign and what we see in both par-

ties, is that I do not think we will ever again see a President of the United States cut back the resources the way it was done here or to make the kind of joking comments that was done.

I hope he says he is sorry, and I think he has moved that direction by saying—in his new efforts. I think no matter who wins the next election and no matter who wins in the future, we won't see the retreat we saw here and we will move forward. But actions have consequences and that is being documented, and you can't run from the truth.

I also want to thank Chairman Cunningham. I happen to be vice chairman of the other committee here, so I am on both committees, and I am glad to see us working together on this issue because in the children/family area I think it is very important. I know—I have worked with the two Democratic Members on a number of issues, on Education and Juvenile Justice and others, and we have to continue to work together. Hopefully in about a month, the partisanship will be behind us and we can get in to digging in and trying to address these questions in the next Congress.

Thank you.

Mr. ZELIFF. Thank you.

I think the interesting thing is both candidates in the Presidential election are talking about the war on drugs. So we have come a long way in the last 2 years, and I think that is to the credit of everybody that has worked so hard.

At this point, I would like to welcome our first panel. Talking about someone who has rolled up his sleeves and really jumped in to try to find solutions, Rob Portman of Ohio has been a real leader in all parts of the drug war. He has already made impressive strides with his Community Coalition's Initiative and that is what he is here to talk to us about today.

Congressman Portman, thank you for taking your time here, and please share with us some of your insights and how we can go about winning the war on drugs.

STATEMENT OF HON. ROB PORTMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. PORTMAN. Thank you, Chairman Zeliff and members of the two subcommittees that have been at the forefront of the national drug policy.

Chairman Zeliff, I want to say a special word about you because you have chosen to leave the Congress at the end of this session. Thank you for your constructive and bipartisan work, both with the committee over the years and with the task force, in really addressing this problem. You did this long before there were headlines on teenage drug use and you are to be commended for it, and we will miss you.

This morning, as you know, I would like to focus on how Members of Congress can help address this national crisis. It is my belief, based on personal experience over the last year and a half, that national leadership is critical in many ways—some of those have been discussed this morning already—to reverse the troubling trends of increased drug use we are experiencing. But I also think that Members of Congress have a unique and effective role to play in their own communities.

The idea I have been advocating, and it has received bipartisan support in the House, is to have Members of Congress establish or support existing community antidrug coalitions in their districts, and get involved in this issue. Bill Clinger had an antidrug conference, for example, in his district last week, and it was highly successful.

You all know I think that addressing this problem is now of vital importance to the public. Chairman Zeff mentioned the recent polling data. In fact, the recent Gallup Poll and Wall Street Journal/NBC Poll show once again that drug abuse and crime are the No. 1 issue Americans want us to address. When you ask parents what is the most serious issue facing youth today, they say drug abuse. When you ask teenagers themselves, interestingly they also say it is drug abuse.

We have to remember what has happened in this country and put it in some perspective. The bottom line is that drug abuse has increased more than 20-fold, with about 4 million Americans trying illegal drugs a generation ago to about 80 million today. That is a dramatic increase in one generation, and it shows, in my view, a significant erosion of attitudes. It is not just about drug abuse. It is about so many other issues that we face as a Congress that are so important to us and so difficult to address.

Over half the homicides and violent crimes now are drug related. Some say it is two-thirds. In the urban areas it is certainly two-thirds. Kids who use drugs are 2 to 5 times more likely to drop out of school. More than half of the child/spousal abuse today is drug related. Drug use costs American business over \$60 billion a year. When you add alcohol abuse to that, it is another \$80 billion a year.

The tragedy is that this national crisis is upon us and we know what to do, in my view, but we are not doing it. Since the early 1980's, we made substantial progress, cutting drug abuse 70 percent from 1979, as you can see on this chart, until 1992.

In my view, Nancy Reagan's "Just Say No" campaign was not just about a slogan; it was about a national movement that energized the war on drugs, mobilized and organized people all across America, gave the drug issue media attention. It was mentioned earlier, and so critical to changing attitudes and to help drive usage down.

I think the proof is in the pudding. The tragedy is that we are losing the battle, particularly among our kids. That increase you see from 1992, roughly, up until today—

Mr. SCOTT. Mr. Chairman.

Mr. PORTMAN [continuing]. Is increasing among younger and younger Americans.

Mr. SCOTT. Mr. Chairman, could we turn the chart around so at least some of the audience can see it?

I spent 2 days in a trial recently looking at the back of charts, and I wouldn't want to subject the audience to that. If you can just turn it around so at least some of the audience can see it.

Mr. ZELIFF. Good point.

Mr. SCOTT. Thank you, Mr. Chairman.

Mr. PORTMAN. Again, the tragedy is that we are losing the battle, particularly among our children. Look at the marijuana usage. In

the average class of 25 eighth graders today, there has been a 167 percent increase over the last 5 years among eighth grade marijuana use. In the average class of 25, 5 are now using it and these are 13- and 14-year olds.

Some will say, well, what is the big deal with marijuana? Well, one problem is that it is a lot stronger than the stuff that used to be on the streets. The THC level is now believed to be 2 to 5 times stronger than just a generation ago.

Research also confirms now that marijuana use does impair judgment. It does impair kids' ability to learn. It does not permit them to reach their potentials. It also has proven to be a powerful gateway to other drugs, which is I think something you are going to hear more about from some of the witnesses coming up. Of course, it is not just about marijuana; inhalant use is up, use of stimulants is up, cocaine, amphetamines, methamphetamine and so on; LSD use is dramatically up. In fact, it is believed that LSD use is now at its highest recorded level.

The PRIDE data released yesterday, that Doug Hall will tell you more about in a moment, was frightening to me. About 1 in 10 kids are using illicit drugs daily, and this is what I think Chairman Clinger was getting at. In essence, they are now addicts. They are on their way to addiction. It is a national disgrace.

So that is the problem. I think we are increasingly familiar with it. Why is drug use on the upswing? In my view, it is not about income. It is not about where you live. It is not about ethnicity. It is not about level of education.

If you look at the good work that Lloyd Johnston has done in his widely accepted Monitoring the Future study year-after-year, he has shown that two major factors directly correlate with drug usage. The first is social disapproval; when society does a good job of sending the message that drug abuse is wrong, usage declines. Look at the incredible correlation on this chart before us.

The second major factor is perception of risk; when kids understand that drugs are harmful to them, usage also declines. Again, look at the incredible correlation. The use is the top line, with the diamonds, and the risk is the bottom line with the squares.

As you see, the risk begins to diminish, usage shoots up.

So why are these antidrug attitudes weakening? What's the reason for this weakening of attitudes?

In my view, opinion leaders from the President on down, from the White House to our city councils stopped talking about the drug problem and, as a result, I believe there was not a clear and consistent message. In fact, media attention did decline.

As was pointed out in the opening statements, in 1989 at the height of the drug war when we did have a clear message from the White House, there were 518 network news stories a year. Before General Barry McCaffrey came on the scene and helped energize this issue at the national level, there were on average less than 100 every year for the past 4 or 5 years.

We know how powerful the media can be in influencing the attitudes of our young people. We have some good data on that. There has also been reglamourization of the drug issue, as you see at the bottom there. I would include in this MTV, our athletes, movies, Hollywood certainly, music.

The legalization discussion I think has been detrimental, and this is from Bill Buckley to Jocelyn Elders, because I think kids are affected by that. It sends a confusing message to our children about the social acceptability of drug use.

Finally, I believe and it has been noted in a lot of the recent studies, that baby-boomer parents are conflicted. The national CASA study that was released by Joseph Califano a couple of weeks ago, shows that 65 percent of baby-boomer parents who used marijuana as kids expect their kids to try illegal drugs. We all know the degree to which expectations can become self-fulfilling prophecies.

So how do we reverse these trends? We have talked about the causes. We have talked about the disturbing trends. Yes, we need an effective interdiction effort and many members of these two panels have been involved in that. We need a strong criminal justice system that prosecutes and incarcerates drug offenders. We need treatment programs that can effectively rehabilitate addicts and prevent recidivism.

We also need a national education and prevention effort. In my view, in many respects that is where we get the most bang for the buck. But I think there also has to be a realization that ultimately the problem is not going to be solved in Washington. It is going to be solved in our homes, in our schools, in our neighborhoods, our churches, every other local venue where teenagers make decisions about whether to use illegal drugs.

In my view, we can't just have national leadership in Washington and on the House floor and in legislation we pass. I think we need to assert leadership back in our communities, to help mobilize the receptor of areas where we live, where we represent, to confront the problem.

The good news is that comprehensive community antidrug coalitions are actually working to reduce drug abuse. Take just one example; before 1988, Miami was viewed as having the worst drug problem among the top six cities in America. In 1993, Miami not only had the best drug record of the top six cities, it cut usage to half the national average. What happened?

Well, in 1988 Miami got organized and mobilized every sector of its community through what is called the Miami Coalition. Over the past year and a half, with the help of a lot of people at the national level and at the local level, I spearheaded the establishment of the Coalition for a Drug-Free Greater Cincinnati, mobilizing parents, businesses, religious leaders, students, law enforcement, the media and others to fashion a comprehensive long-term strategy to prevent and treat substance abuse one person at a time.

Here is what we are doing and an example of what other congressional coalitions can do around the country. First, on the media front, local TV, radio, newspapers and outdoor advertisers are aggressively running public service campaigns giving greater Cincinnati one of the most aggressive media campaigns in the country.

Studies from New York and Johns Hopkins Universities now clearly show that these antidrug media campaigns do have a significant impact on the attitudes of children toward drug abuse. Partnership for Drug Free America has done a great job with that nationally and they need our help.

We are also engaging businesses locally. As I said earlier, this is a bottom-line issue to American business. The Ohio Bureau of Workers Compensation and Choice Care, the largest HMO in our area, are both now offering for the first time ever workers compensation and health care premium discounts to employers that adopt drug-free workplace programs. This is particularly helpful with small and mid-size businesses that currently do not have drug-free workplace programs in place. Again, it is a bottom-line concern and this will give them a bottom-line incentive to get involved.

With national PRIDE's help, as Doug Hall I think will mention in a moment, the Coalition is beginning to train over 10,000 parents in my area, in 20 different school districts on the warning signs of drug abuse and practical steps to keep their kids drug free. PRIDE will tell you that if parents simply talk to their kids about drug abuse, we can see dramatic decreases, as much as 30 percent.

Over 1,000 congregations, Catholic, Protestant, Jewish, Islamic and others are now working in our area to communicate the anti-drug message from the pulpit on a coordinated basis. An inner-city innovative program led by Councilman Charles Winburn in Cincinnati, involved citizens to close crack houses and increase drug arrests. It is literally driving the dealer out of certain neighborhoods in Cincinnati and is one of the initiatives of the Coalition.

We have been working with the top national leaders in the field, the Partnership for a Drug Free America, CADCA, the Committee Antidrug Coalitions of America, PRIDE, DARE and many others who have brought their ideas and expertise to this effort and who are supporting the efforts of other Members of Congress around the country and stand ready to do so.

Finally, we have done benchmark studies in our area that we hope will keep the Coalition accountable to the public, because I think that is very important. This is something, frankly, that is one of the great benefits of having a partnership with the private sector, because as you involve these private sector people in your coalitions, they want to be sure that they are adding value. They want to be sure that we are actually making progress.

My hope is that with congressional leadership we can play a constructive role in every single district in America and that would make a huge difference. That is why we have been working with other Members of Congress to help establish or support existing Coalition efforts in our own districts.

At least 20 Members now, on a bipartisan basis, are actively doing this in their districts, mobilizing a receptor, bringing new ideas to the table and many other Members are doing similar things or have expressed interest in pursuing a coalition.

In sum, what we have tried to do in the last year and a half is to bring national leadership, which is so desperately needed on this issue, to the community level, where I think we can have a very meaningful impact, and to create a system that will sustain that leadership over time, and institutionalize it by doing it in congressional districts around the country where it should continue regardless of who is in office.

We have a guide on how to do it. As many of you know, we have Ethics Committee advice for every Member who may be interested.

One of the side benefits of becoming directly involved, in my view, at the community level, is that you inevitably will learn more about the issue, what is working, what is not working and see first-hand how some of these programs operate.

Let me conclude by urging that as national leaders we ought not to be fearful about talking about drug use as a moral issue. As James Q. Wilson has written: "Even now when the dangers of drug abuse are well-understood, many educated people still discuss the drug problem in almost every way except the right way. They talk about the cost of drug abuse, the socioeconomic factors that shape them. They rarely speak plainly. Drug use is wrong because it is immoral and it is immoral because it enslaves the mind and destroys the soul."

Bill Bennett has also spoken articulately on that saying: "Using drugs is wrong, not simply because drugs create medical problems but also because drugs destroy one's moral sense. People addicted to drugs neglect their duties. They neglect their family, children, friends, jobs, everything in life that is important, noble and worthwhile."

The program I advocate is not about more Federal dollars. I am not here today to advocate passing another law. I am here to ask really for much more than that, and that is a commitment of time and energy to mobilize our communities so that we can ensure a better future for our children and the neighborhoods in which we live.

Again, I thank you Chairman Zeliff and other members of the subcommittee for your time and for giving me the opportunity to present this.

[The prepared statement of Hon. Rob Portman follows:]

TESTIMONY OF HONORABLE ROB PORTMAN
SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS &
CRIMINAL JUSTICE
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

AND

SUBCOMMITTEE ON EARLY CHILDHOOD, YOUTH & FAMILIES
COMMITTEE ON ECONOMIC AND EDUCATIONAL OPPORTUNITIES

SEPTEMBER 26, 1996
10:30 A.M.
2154 RAYBURN HOUSE OFFICE BUILDING

CHAIRMAN ZELIFF, CHAIRMAN CUNNINGHAM AND DISTINGUISHED MEMBERS OF THE SUBCOMMITTEES. I COMMEND YOU FOR YOUR LEADERSHIP ON THIS ISSUE AND HAVE ENJOYED WORKING WITH YOU AND A NUMBER OF THE MEMBERS ON THESE TWO SUBCOMMITTEES WHO HAVE BEEN AT THE FOREFRONT OF OUR FEDERAL DRUG CONTROL POLICY.

THANK YOU FOR THE OPPORTUNITY TO TESTIFY TODAY ABOUT INCREASING TEENAGE DRUG USE IN AMERICA -- THE PROBLEM, ITS CAUSES, AND WHAT WE CAN DO ABOUT IT.

I WANT TO FOCUS ON HOW MEMBERS OF CONGRESS CAN HELP ADDRESS THIS NATIONAL CRISIS. IT IS MY BELIEF, BASED ON PERSONAL EXPERIENCE OVER THE LAST YEAR AND A HALF, THAT NATIONAL LEADERSHIP IS CRITICAL IN MANY WAYS TO REVERSING THE TROUBLING TRENDS OF INCREASED DRUG USE WE ARE EXPERIENCING AND THAT MEMBERS OF CONGRESS HAVE A UNIQUE AND EFFECTIVE ROLE TO PLAY IN THEIR OWN COMMUNITIES. THE IDEA I HAVE BEEN ADVOCATING AND THAT HAS RECEIVED BIPARTISAN SUPPORT IN THE HOUSE IS TO HAVE MEMBERS OF CONGRESS HELP ESTABLISH, OR SUPPORT EXISTING, COMMUNITY ANTI-DRUG COALITIONS IN THEIR DISTRICTS.

AS MANY OF YOU ALREADY KNOW, ADDRESSING THIS PROBLEM IS OF VITAL IMPORTANCE TO THE AMERICAN PUBLIC. THE MOST RECENT GALLUP POLL AND WALL STREET JOURNAL/NBC POLL SHOW THAT DRUG ABUSE AND CRIME ARE THE NUMBER ONE ISSUE AMERICANS WANT US TO ADDRESS. WHEN YOU ASK PARENTS WHAT IS THE MOST SERIOUS ISSUE FACING YOUTH, THEY SAY DRUG ABUSE. WHEN YOU ASK TEENAGERS THEMSELVES, THEY SAY DRUG ABUSE.

WE HAVE TO REMEMBER WHAT'S HAPPENED IN THIS COUNTRY -- WITHIN ONE GENERATION, DRUG ABUSE INCREASED 20 FOLD, FROM JUST 4 MILLION AMERICANS TRYING ILLEGAL DRUGS A GENERATION AGO TO ABOUT 80 MILLION TODAY. THAT IS A DRAMATIC INCREASE IN ONE GENERATION AND SHOWS A SIGNIFICANT EROSION IN ATTITUDES.

AND IT'S NOT JUST ABOUT DRUG ABUSE. OVER 50% OF HOMICIDE AND VIOLENT CRIME IS DRUG RELATED; IN THE URBAN AREAS, THAT RISES TO TWO-THIRDS; KIDS WHO USE DRUGS ARE 2-5 TIMES MORE LIKELY TO DROP OUT OF SCHOOL; ABOUT 1/4 OF OUR NATION'S TRILLION DOLLAR HEALTH BILL IS DRUG RELATED; MORE THAN HALF OF CHILD AND SPOUSAL ABUSE IS DRUG RELATED; AND DRUG USE COSTS BUSINESSES \$60 BILLION EVERY YEAR IN LOST PRODUCTIVITY DUE TO ABSENTEEISM, ACCIDENTS AND MEDICAL CLAIMS (WHEN YOU ADD IN ALCOHOL ABUSE THAT NUMBER JUMPS TO \$140 BILLION).

THE TRAGEDY OF THIS NATIONAL CRISIS IS THAT WE KNOW WHAT TO DO AND WE'RE NOT DOING IT. SINCE THE EARLY 1980'S WE MADE SUBSTANTIAL PROGRESS, CUTTING DRUG USE 70% FROM 1979 TO 1992. NANCY REAGAN'S "JUST SAY NO" CAMPAIGN WASN'T JUST A SLOGAN, IT

WAS A NATIONAL MOVEMENT THAT ENERGIZED THE WAR ON DRUGS, MOBILIZED AND ORGANIZED PEOPLE ALL ACROSS AMERICA, GAVE THE DRUG ISSUE MEDIA ATTENTION THAT IS SO CRITICAL TO CHANGING ATTITUDES AND HELPED DRIVE USAGE DOWN. THE PROOF IS IN THE PUDDING.

THE TRAGEDY IS THAT WE'RE LOSING THE BATTLE AMONG OUR CHILDREN. LOOK AT MARIJUANA USAGE -- IN THE AVERAGE CLASS OF 25 8TH GRADERS, 5 ARE USING IT -- THESE ARE 13 AND 14 YEAR OLDS! SOME WILL SAY, WHAT'S THE BIG DEAL WITH MARIJUANA -- WELL ONE PROBLEM IS THAT THE THC LEVELS ARE 2-5 TIMES STRONGER THAN A GENERATION AGO; RESEARCH ALSO NOW CONFIRMS THAT MARIJUANA USE IMPAIRS JUDGMENT AND LEARNING AND IS A POWERFUL GATEWAY TO OTHER DRUGS.

AND IT'S NOT JUST ABOUT MARIJUANA -- INHALANT USE (OVER THE COUNTER PRODUCTS LIKE GLUE, LIGHTER FLUIDS AND PAINTS), USE OF STIMULANTS (COCAINE, AMPHETAMINES, METHAMPHETAMINES), AND LSD USE ARE ALL DRAMATICALLY UP -- IN FACT, LSD USE IS AT ITS HIGHEST RECORDED LEVEL.

THE PRIDE DATA RELEASED YESTERDAY WAS FRIGHTENING. ABOUT 1 IN 10 KIDS ARE USING ILLICIT DRUGS DAILY -- IN ESSENCE, THEY ARE ADDICTS NOW OR ON THEIR WAY TO ADDICTION. WHAT A NATIONAL DISGRACE.

SO WHY IS DRUG USE ON THE UPSWING? IT'S NOT ABOUT INCOME, WHERE YOU LIVE, ETHNICITY, OR LEVEL OF EDUCATION. IT'S ALL ABOUT ATTITUDES ABOUT DRUG USE -- LLOYD JOHNSTON IN HIS WIDELY ACCEPTED MONITORING THE FUTURE STUDY HAS SHOWN YEAR AFTER YEAR THAT TWO

MAJOR FACTORS DIRECTLY CORRELATE WITH DRUG USAGE -- THE FIRST IS SOCIAL DISAPPROVAL. WHEN SOCIETY DOES A GOOD JOB OF SENDING THE MESSAGE THAT DRUG ABUSE IS WRONG, USAGE DECLINES; THE SECOND FACTOR IS PERCEPTION OF RISK: WHEN KIDS UNDERSTAND THAT DRUGS ARE HARMFUL TO THEM, USAGE ALSO DECLINES.

SO WHY ARE THESE ANTI-DRUG ATTITUDES WEAKENING? OPINION LEADERS FROM THE PRESIDENT ON DOWN STOPPED TALKING ABOUT THE DRUG PROBLEM -- AS A RESULT, THERE WAS NOT A CLEAR AND CONSISTENT MESSAGE AND MEDIA COVERAGE DECLINED. IN 1989, AT THE HEIGHT OF THE DRUG WAR WHEN WE DID HAVE A CLEAR MESSAGE FROM THE WHITE HOUSE, THERE WERE 518 NETWORK NEWS STORIES ON THE DRUG ISSUE. BEFORE BARRY MCCAFFREY CAME ON THE SCENE AND HELPED ENERGIZE THIS ISSUE AT THE NATIONAL LEVEL, THERE WERE ON AVERAGE LESS THAN 100 EVERY YEAR FOR THE PAST THREE YEARS. WE KNOW HOW POWERFUL THE MEDIA CAN BE IN INFLUENCING THE ATTITUDES OF OUR YOUNG PEOPLE.

THERE HAS ALSO BEEN A REGLAMORIZATION OF DRUG USE ON MTV, BY OUR ATHLETES AND IN MOVIES AND MUSIC. THE LEGALIZATION DISCUSSION -- FROM JOCELYN ELDERS TO BILL BUCKLEY -- HAS SENT CONFUSING MESSAGES TO CHILDREN ABOUT THE SOCIAL ACCEPTABILITY OF DRUG USE. FINALLY, BABY BOOM PARENTS ARE CONFLICTED -- THE NATIONAL CASA STUDY JUST RELEASED SHOWED THAT 65% OF BABY BOOMER PARENTS WHO USED MARIJUANA AS KIDS EXPECT THEIR KIDS TO TRY ILLEGAL DRUGS -- WE ALL KNOW HOW EXPECTATIONS CAN BECOME SELF-FULFILLING PROPHECIES.

SO HOW DO WE REVERSE THESE TRENDS? SURE, WE NEED AN EFFECTIVE INTERDICTION EFFORT, A STRONG CRIMINAL JUSTICE SYSTEM THAT PROSECUTES AND INCARCERATES DRUG OFFENDERS; TREATMENT PROGRAMS THAT CAN REHABILITATE ADDICTS AND PREVENT RECIDIVISM; AND A NATIONAL EDUCATION AND PREVENTION EFFORT.

BUT, I THINK THERE ALSO HAS TO BE THE REALIZATION THAT, ULTIMATELY, THIS PROBLEM IS NOT GOING TO BE SOLVED IN WASHINGTON. IT'S GOING TO BE SOLVED IN OUR HOMES, SCHOOLS, NEIGHBORHOODS, CHURCHES AND EVERY OTHER LOCAL VENUE WHERE TEENAGERS MAKE DECISIONS ABOUT WHETHER TO USE ILLEGAL DRUGS. WE CAN'T JUST HAVE NATIONAL LEADERSHIP IN WASHINGTON AND ON THE HOUSE FLOOR AND IN THE LEGISLATION WE PASS -- I THINK WE NEED TO ASSERT LEADERSHIP BACK IN OUR COMMUNITIES TO HELP MOBILIZE EVERY SECTOR OF THE AREAS WE REPRESENT TO CONFRONT THIS PROBLEM.

THE GOOD NEWS IS THAT COMPREHENSIVE COMMUNITY ANTI-DRUG COALITIONS ARE ACTUALLY WORKING TO REDUCE SUBSTANCE ABUSE. TAKE JUST ONE EXAMPLE -- BEFORE 1988, MIAMI, FLORIDA HAD THE WORST DRUG PROBLEM OF THE LARGEST 6 U.S. CITIES; IN THAT YEAR, MIAMI GOT ORGANIZED AND MOBILIZED EVERY SECTOR. BY 1993, MIAMI NOT ONLY HAD THE BEST DRUG RECORD OF THE TOP 6 CITIES, IT CUT USAGE TO HALF THE NATIONAL AVERAGE.

OVER THE LAST YEAR AND HALF, WITH THE HELP OF A LOT OF PEOPLE AT THE NATIONAL AND LOCAL LEVEL I SPEARHEADED THE ESTABLISHMENT OF THE COALITION FOR A DRUG-FREE GREATER CINCINNATI -- MOBILIZING PARENTS, BUSINESSES, RELIGIOUS LEADERS, STUDENTS,

LAW ENFORCEMENT, THE MEDIA AND OTHERS TO FASHION A COMPREHENSIVE, LONG-TERM STRATEGY TO PREVENT AND TREAT SUBSTANCE ABUSE, ONE PERSON AT A TIME. HERE'S WHAT WE'RE DOING AND AN EXAMPLE OF WHAT OTHER CONGRESSIONAL COALITIONS CAN DO AROUND THE COUNTRY:

LOCAL TV, RADIO, NEWSPAPERS AND OUTDOOR ADVERTISERS ARE AGGRESSIVELY RUNNING PUBLIC SERVICE ANNOUNCEMENTS AND ADS, GIVING GREATER CINCINNATI ONE OF THE MOST AGGRESSIVE ANTI-DRUG MEDIA CAMPAIGNS IN THE COUNTRY. STUDIES FROM NEW YORK AND JOHNS HOPKINS UNIVERSITIES CLEARLY SHOW THAT THESE ANTI-DRUG MEDIA CAMPAIGNS HAVE A SIGNIFICANT IMPACT ON THE ATTITUDES OF CHILDREN TOWARD DRUG USE.

WE'RE ALSO ENGAGING BUSINESSES. THE OHIO BUREAU OF WORKERS COMPENSATION AND CHOICECARE, OUR LARGEST HMO, ARE OFFERING FOR THE FIRST TIME, WORKERS COMPENSATION AND HEALTH CARE DISCOUNTS TO EMPLOYERS THAT ADOPT DRUG-FREE WORKPLACE PROGRAMS.

WITH NATIONAL PRIDE'S HELP, THE COALITION IS BEGINNING TO TRAIN OVER 10,000 PARENTS IN 20 SCHOOL DISTRICTS ON THE WARNING SIGNS OF DRUG ABUSE AND PRACTICAL STEPS TO KEEP THEIR KIDS DRUG FREE.

OVER 1,000 CONGREGATIONS -- CATHOLIC, PROTESTANT, JEWISH, ISLAMIC AND OTHERS -- ARE WORKING WITH US TO COMMUNICATE THE ANTI-DRUG MESSAGE FROM THE PULPIT ON A COORDINATED BASIS.

AND, AN INNOVATIVE INNER CITY PROJECT LEAD BY COUNCILMAN CHARLES WINBURN THAT INVOLVES CITIZENS TO CLOSE CRACK HOUSES AND INCREASE DRUG ARRESTS IS LITERALLY DRIVING THE DEALER OUT OF

CERTAIN NEIGHBORHOODS.

AND WE HAVE BEEN WORKING WITH THE TOP NATIONAL LEADERS IN THE FIELD -- THE PARTNERSHIP FOR A DRUG-FREE AMERICA, COMMUNITY ANTI-DRUG COALITIONS OF AMERICA, PRIDE, DARE, AND MANY OTHERS WHO HAVE BROUGHT THEIR IDEAS AND EXPERTISE TO THIS EFFORT, WHO ARE SUPPORTING THE EFFORTS OF OTHER MEMBERS AROUND THE COUNTRY, AND WHO ARE READY TO HELP YOU IN YOUR COMMUNITIES.

FINALLY, WE HAVE DONE BENCHMARK STUDIES THAT WE HOPE WILL KEEP THE COALITION ACCOUNTABLE TO THE PUBLIC -- SO WE KNOW WHAT IS WORKING AND WHAT IS NOT WORKING. THIS HAS BEEN ONE OF THE GREAT BENEFITS OF HAVING A PARTNERSHIP WITH THE PRIVATE SECTOR, WHOSE LIFE-BLOOD IS ACCOUNTABILITY.

MY HOPE IS THAT WITH CONGRESSIONAL LEADERSHIP, WE CAN PLAY A CONSTRUCTIVE ROLE IN EVERY DISTRICT ACROSS THE COUNTRY. THAT'S WHY WE'VE BEEN WORKING WITH OTHER MEMBERS OF CONGRESS TO HELP ESTABLISH OR SUPPORT EXISTING COALITION EFFORTS IN THEIR OWN DISTRICTS. AT LEAST 20 OTHER MEMBERS ARE ACTIVELY DOING THIS IN THEIR DISTRICTS, MOBILIZING EVERY SECTOR AND BRINGING NEW IDEAS AND RESOURCES TO THE TABLE. MANY OTHER MEMBERS HAVE EXPRESSED INTEREST IN STARTING A COALITION AS WELL.

IN SUM, WHAT WE HAVE TRIED TO DO IN THE LAST YEAR AND HALF IS TO BRING NATIONAL LEADERSHIP, WHICH IS SO DESPERATELY NEEDED ON THIS ISSUE, TO THE COMMUNITY LEVEL, WHERE I THINK WE CAN HAVE A MEANINGFUL IMPACT. AND, CREATE A SYSTEM THAT WILL ALSO SUSTAIN THAT LEADERSHIP OVER TIME AND INSTITUTIONALIZE IT THROUGH EVERY

DISTRICT IN THE COUNTRY. WE HAVE A GUIDE ON HOW TO DO IT, WITH ETHICS COMMITTEE ADVICE, FOR ANY MEMBER WHO IS INTERESTED.

ONE OF THE SIDE BENEFITS OF BECOMING DIRECTLY INVOLVED AT THE COMMUNITY LEVEL IS THAT WE CAN THEN SEE FIRSTHAND WHAT PROGRAMS ARE ACTUALLY WORKING.

LET ME CONCLUDE BY URGING THAT AS NATIONAL LEADERS WE OUGHT NOT BE FEARFUL ABOUT TALKING ABOUT DRUG USE AS A MORAL ISSUE. AS JAMES Q. WILSON HAS WRITTEN: "EVEN NOW, WHEN THE DANGERS OF DRUG ABUSE ARE WELL UNDERSTOOD, MANY EDUCATED PEOPLE STILL DISCUSS THE DRUG PROBLEM IN ALMOST EVERY WAY EXCEPT THE RIGHT WAY. THEY TALK ABOUT THE 'COSTS' OF DRUG USE AND THE 'SOCIOECONOMIC FACTORS' THAT SHAPE THAT USE. THEY RARELY SPEAK PLAINLY -- DRUG USE IS WRONG BECAUSE IT IS IMMORAL AND IT IS IMMORAL BECAUSE IT ENSLAVES THE MIND AND DESTROYS THE SOUL." OR AS BILL BENNETT HAS SAID, "USING DRUGS IS WRONG NOT SIMPLY BECAUSE DRUGS CREATE MEDICAL PROBLEMS, [BUT ALSO] BECAUSE DRUGS DESTROY ONE'S MORAL SENSE. PEOPLE ADDICTED TO DRUGS NEGLECT THEIR DUTIES. THEY NEGLECT FAMILY, CHILDREN, FRIENDS, JOBS -- EVERYTHING IN LIFE THAT IS IMPORTANT, NOBLE, WORTHWHILE -- FOR THE SAKE OF DRUGS."

THE PROGRAM I ADVOCATE IS NOT ABOUT MORE FEDERAL DOLLARS; I'M NOT HERE TODAY ADVOCATING PASSAGE OF ANOTHER BILL; I'M HERE TODAY TO ASK FOR MUCH MORE -- A COMMITMENT OF TIME TO MOBILIZE OUR COMMUNITIES SO THAT WE CAN ENSURE A BETTER FUTURE FOR OUR CHILDREN AND THE NEIGHBORHOODS IN WHICH THEY WILL LIVE.

THANK YOU, CHAIRMAN ZELIFF, CHAIRMAN CUNNINGHAM AND MEMBERS

OF THE SUBCOMMITTEES FOR GIVING ME THIS OPPORTUNITY. I AM HAPPY
TO TAKE ANY QUESTIONS.

Mr. ZELIFF. Thank you very much, Mr. Portman.

I just would like to congratulate you for your leadership in pulling together this commitment at the community-based level. I guess the question I would have, you mentioned 20 congressional Members, both sides of the aisle.

What two or three examples would you give—if a Member of Congress would like to take a look at probably one of the most successful efforts, what two or three areas are probably the most successful at this point that they could look at, and then if they needed information, maybe just repeat that one more time, who do they go to if they wanted to start one of these community coalitions?

Mr. PORTMAN. Well, my personal view is that every district is going to be different, Mr. Chairman, and probably it is good to look at a couple different examples, depending on what kind of area you represent, urban, rural, whether it is a mix or so on. Michael Forbes, who is a freshman, is doing a great job out on Long Island. We are very pleased the kind of progress he has made. I would say he has probably got the most aggressive effort in place right now. After the election, I think he, frankly, plans to increase that effort.

Frank Wolf, here locally, I think can provide a lot of information to people, and I am sure you all know Mr. Wolf already, but he is someone who has taken an interest in this issue for a long time and has recently moved to the Coalition step; he also has held a conference in his area.

We certainly would be pleased to have anybody come to Cincinnati to visit our effort, to meet with our people. We have done that with other national leaders. We think it is effective.

For more information, we have a 40-page guide, sort of a how-to guide that I wish I had had, because we made a lot of mistakes as we got into this, and I think that is very helpful to people. Just let me know. Contact our office. The person in my office to contact is John Bridgeland, 225-3164. Really anyone in the office can help you.

The ethics advice is also something we have worked through over a period of about a year, and I think our Ethics Office now here in the House is very familiar with this issue and can help you work through some of the issues in terms of fund-raising and so on, where you have to be careful as a Member of Congress.

The bottom line is, you can facilitate this back home. You can energize the community within the ethics parameters that we have to live within. But it is helpful to have that ethics advice. We have gone through that process again, have information on it, but you might want to talk directly with the Ethics Office as well.

Mr. ZELIFF. Thank you.

I guess one of the statistics that worried me the most is 11 percent of the parents today talk to their kids about drugs and 89 percent do not. As you put your coalitions together, how do you deal with that and how do you bring parents in? Just give us a little advice.

Mr. PORTMAN. Well, that is a good question and probably parents ultimately are the key here. Doug Hall can give you a lot more detail because he has been at this for a long time with PRIDE, which I think is the best national parent organization.

What we have done is we have assumed that the most effective political jurisdiction is the school district, that most parents associate themselves, unfortunately, not with our congressional districts—in fact, many people don't know perhaps who their Congressman or Congresswoman is, but they sure know what their school district is. Day-to-day in their lives it is their school districts and what might affect that school district that they pay the most attention to. So we have chosen to do this, Mr. Chairman, on the basis of school district.

We started in a large suburban school district that had a superintendent, frankly, who was going to face up to the issue, face up to the problem, and was willing to have a survey done which showed some dramatic increases in drug use.

As Mr. Mica said, this is not an urban inner-city problem, if it ever was. It is a problem that transcends all geographical boundaries. In this suburban school district we started with 15 parents who were willing to spend a considerable amount of time learning how to be trainers for other parents.

They went out and then trained 600 additional parents. They are training these parents to detect the signs of drug abuse from their kids and then to be able to deal with that, both in terms of what they should say to their kids and how to, frankly, get their kids involved in the appropriate treatment programs, and so on. In our view that is the most effective way to do it. You almost start in a pyramid-type shape or you start at the top with a group of parents who are really committed, who are willing to spend some time.

We had 200 parents show up at a town meeting. Out of that, we choose 15 who had the kind of commitment to make this work. They then go out and train again an additional several hundred parents. We now have about 10,000 parents involved in this. We think that is how it will grow and that is how it will happen, school district by school district.

Mr. ZELIFF. Thank you.

Mrs. Thurman.

Mrs. THURMAN. Congressman, I am sorry I missed your testimony. We had been given the information that we were going to recess for a little while, so I didn't make it over here. So I apologize for not being here.

But I just would like to say that I know that all of us appreciate your leadership. We have sat in some of these meetings in a bipartisan way and listened to the program that you have outlined here today. I think that your community should be very happy, or your school districts should be happy that you have put forth this effort and certainly bringing in families and where the root of it is, in making sure that those parents and others can get that information out to their kids.

As a former teacher, I think all of us recognize that the cooperation with our home or with their homes is probably the most important tool that any of us have in making sure that good information is given to our children and then certainly to—throughout our community. So I would actually like to—

Mr. FATTAH. Would the gentlelady yield?

Mrs. THURMAN [continuing]. Give my time to those that were here for your testimony, in case they have any questions, since I

have had the advantage of listening to your proposals and what you have been doing.

Mr. FATTAH. Will the gentlelady yield?

Mrs. THURMAN. So I thank you.

I would yield.

Mr. FATTAH. Thank you very much.

Congressman, I was very interested in your testimony. Obviously, you went through a lot to help spearhead this collaborative effort in Cincinnati.

Will you tell me about the funding for this activity?

Mr. PORTMAN. Mr. Fattah, up until about 3 weeks ago, this was strictly on a voluntary basis. We had not formed any formal entity. About 3 weeks ago, we formed a 501(c)(3) to be able to receive contributions.

Mr. FATTAH. Let me ask you specifically, are there Federal funds involved in this effort or given to this effort?

Mr. PORTMAN. No, there aren't. And I guess—my advice, and again every area is going to be different and I can't speak for how it might work in Philadelphia or other places, but what I did when we first gathered people a couple of years ago to talk about this effort—

Mr. FATTAH. I don't want to use up all my time. I heard your comments and I appreciate them.

Mr. PORTMAN. OK. Let me just finish this.

Mr. FATTAH. I, myself, put together an effort in Philadelphia, and I chair the Drug Free Campaign there, so we have a lot in common. I am just trying to understand the resources that you were able to put together.

So there were no government resources involved in this activity?

Mr. PORTMAN. That is correct.

Mr. FATTAH. And in terms of the media campaign, these were—the media outlets provided free advertisements, PSAs?

Mr. PORTMAN. That is right.

Mr. FATTAH. What about the drug treatment facilities, did you coordinate them into this awareness program?

Mr. PORTMAN. Yes.

Mr. FATTAH. Did you also have the police department and other local law enforcement?

Mr. PORTMAN. Yes, yes.

Mr. FATTAH. What about the DEA, did they also participate?

Mr. PORTMAN. No, DEA has not been a part of it.

Mr. FATTAH. The DEA—

Mr. PORTMAN. Has not been a part of it.

Mr. FATTAH. I was asking you about the DEA, the Drug Enforcement Administration.

Mr. PORTMAN. Right, the DEA.

Mr. FATTAH. The local office, have they been?

Mr. PORTMAN. No.

Mr. FATTAH. OK. Is yours mainly focused on the awareness and prevention side, this activity?

Mr. PORTMAN. That is correct.

Mr. FATTAH. What about the treatment side of it?

Mr. PORTMAN. We also have the treatment programs involved locally.

Mr. FATAH. Have you found it difficult—one of the difficulties we have had in Philadelphia is the time lag between people wanting to get into treatment programs and their ability to get in because of the lack of available space. Is that also a problem in Cincinnati?

Mr. PORTMAN. It is an issue in Cincinnati, yes.

Mr. FATAH. To what degree—do you know what the time lag is? Say, you had someone who was a drug abuser and wanted to get involved in the treatment program—in Philadelphia, it has been said to be about 3 to 4 months; is that the same as in Cincinnati?

Mr. PORTMAN. We have nine counties involved in this effort in the greater Cincinnati area and it depends on the county. Hamilton County, which is our largest single county, we have a very effective drug effort under way that is funded in part by the State, in part by local resources and counties have taken an active interest in it, and with some Federal dollars.

It is my understanding, they have been involved in our effort as one of the members of the Coalition, that the waiting list is not long there, but in some of the other counties there is a longer waiting list. I don't know the exact times.

Mr. FATAH. Now, the law enforcement has not been part of your focus so it is just particularly prevention. But have you had concerns about the need for additional police officers and issues like that in terms of high drug trafficking areas?

Mr. PORTMAN. My view is, no one is more desperate to solve this problem than law enforcement, and if you ask them, you know, what the most important issue is facing them, they will say drug abuse. That is how you reduce violent crime. So they are involved very much so.

We are involved with the DARE program, which is law enforcement also. There is a separate law enforcement effort going on that we are sort of supplementing there. But it is not so much on the enforcement side as it is on the awareness and education side.

Mr. FATAH. Now, have there been—has Cincinnati participated in the Cops on the Beat program?

Mr. PORTMAN. Yes.

Mr. FATAH. Are there additional police officers now in Cincinnati?

Mr. PORTMAN. Yes, there are some additional police officers.

Mr. FATAH. Now, have they been allocated to community policing activities?

Mr. PORTMAN. Yes.

Mr. FATAH. Have you found that successful in terms of combating some of the—

Mr. PORTMAN. It has been successful in reducing the rates of crime, I think, but I don't know specifically on drug abuse whether I would say that in the inner city it has been successful.

Mr. FATAH. OK. And let me just ask you one additional question.

The adult drug use went down considerably. It was youth, as you pointed out in your chart, that is going up, and started in 1992, the last year of the Bush administration.

Do you have any personal views, since you are so involved in why adults—the use by adults is declining and why 12-year-olds, it is increasing?

Mr. PORTMAN. I think you have to educate Americans generation by generation. I think, frankly, there was a period of time there where we were not educating a generation of children in that case. I think there is also, as I mentioned earlier, some denial on the part of parents and some ambivalence on the part of parents. I think that accounts for a lot of it.

Mr. FATTAH. I want to thank you very much for your testimony and for your efforts in Cincinnati.

I see we have the GOP-TV here, and I guess that we will be seeing this again.

So I want to thank you for coming before us.

Mr. ZELIFF. Thank you, Mr. Fattah.

Mr. Scott.

Mr. SCOTT. Did the lady from Florida finish her time?

Mrs. THURMAN. Yes.

Mr. SCOTT. OK.

Mr. Portman, after you did all that you did in putting the Coalition together, do I understand you to say that you actually made a difference in reducing drug use?

Mr. PORTMAN. I would say, Mr. Scott, that we don't know yet. We did a benchmark study about a year ago that was the most comprehensive study certainly done in our area. We took all of existing data that we had and then we were able to do some additional work to be able to create that benchmark.

I think within a year, you know, we will have a better sense of it, but my view is this is a long-term effort. I think it probably will take more like 5 to 10 years before we see significant reductions or a significant change in the trends.

Mr. SCOTT. Is it your view, then, you cannot do anything overnight to reduce drug use, but it is a long, drawn-out effort, where you have to continue the effort over and over again?

Mr. PORTMAN. I think you should do a number of things immediately, but I think you are correct. I think you are not going to see major changes in attitudes overnight, because I think, as I mentioned in my testimony, this is really a change of attitudes that needs to take place.

I also think that if we have learned anything in the last generation, it is that we need to have a sustained effort. That again, as I mentioned to Mr. Fattah, if you educate one generation and assume that that is going to continue, I think you will be mistaken. We need to keep the effort up on a long-term basis.

Mr. SCOTT. To set up a coalition such as you have in Cincinnati, what should we expect to have to pay to set—what are—what would be a reasonable funding level for such a coalition? I know we have one in my district in Richmond, and they talk along \$100,000, a couple hundred thousand dollars as to what it would cost for the better part of a congressional district to set one of these up and have it up and running and doing a lot and making a difference. What do you view as a reasonable funding goal for a coalition like this?

Mr. PORTMAN. There are thousands of coalitions around the country and we have talked to a lot of them about that very issue. I think you are about right. We hope to spend this year no more than \$60,000 to \$100,000. We did hire an executive director 2 weeks ago, once we got the 501(c)(3) up and going.

We do have one foundation interested in helping to provide the funding for her, and we would think that if you look around the country, it is anywhere from that range, the tens of thousands of dollars range, up into the millions, if everyone wants to actually run programs themselves.

As I tried to say earlier to Mr. Fattah, we took the Federal dollar off the table to get this started. We did that for a very specific reason, and that was because, in our view, in my view, there was a lot of competition between existing entities and it was difficult, we thought, to do so, without taking the dollar off the table and talking about it on a voluntary basis, how we can work together. But it does need some level of funding. In my view, there are a lot of sources out there that are available at that level that you talk about.

Mr. SCOTT. The reason I mention that, is later today we will have the opportunity to vote on legislation involving methamphetamine, where the prison construction and use costs are estimated to be about \$250 million over the next 5 years, which boils down to about \$100,000 a congressional district.

The mandatory minimums for crack cocaine are 5 years mandatory minimum, compared to probation for a similar amount of powder cocaine. We have had testimony to show that there has been no difference in a drug dealer's or drug user's decision to use powder or crack, notwithstanding 5 years mandatory for one, probation for the other. The major cost for the bill that we will vote on this afternoon is the 5-year mandatory minimum.

It seems to me that \$100,000 a year would go much better on the efforts that you have suggested, than one that for which there is no measurable effect. Do you agree with that?

Mr. PORTMAN. I am not familiar with this specific legislation, to be honest with you, and don't pretend to be an expert on it. But I will say, as I said earlier, that I think we can get more bang for the buck, in some respects, through education and prevention. My personal view, as you know, is that these community coalitions are the most effective venue, the most effective way to get at it.

Mr. SCOTT. Particularly because I think you indicated the social disapproval has so much of an effect, when you get the community together it helps in that measure.

Mr. PORTMAN. Uh-huh.

Mr. SCOTT. Mr. Chairman, I don't have any other questions.

I would be interested in seeing the results, the long-term results, in Cincinnati. I would be shocked if the efforts that you are making wouldn't show a trend in the right direction. I would certainly expect that and look forward to your evaluations as you do the 1-year, 2-year and 3-year evaluations.

Thank you, Mr. Chairman.

Mr. ZELIFF. Thank you, Mr. Scott.

I think from my observation, what you have been—what you are doing, that DARE and other programs haven't been able to do, is

you are going to get parents involved. You are going to get business people. They have gotten business people involved. Primarily, the key is to get parents involved in the process, and a true commitment.

Let me ask you one question. One of the things that has been amazing to me everywhere I have spoken around the country, even if it is a Coast Guard group or a military group, or what have you, and you ask the question, does anybody in this audience feel we are winning the war on drugs? I have never seen a hand go up. If you ask that question in Cincinnati with your group, would you see some hands go up?

Mr. PORTMAN. I think people are very excited about it. Initially, frankly, there was a lot of skepticism because this was just one more series of meetings leading to some press releases. But I think at this point people are excited about it and very eager, as Mr. Scott is, to see the results of this.

I am optimistic they will be good, but I think there is a lot of excitement now and that is generating, you know, more activity, more excitement. So it is a contagious sort of thing. It is exciting to watch.

Mr. ZELIFF. Are you leading also to getting involved—I assume you are getting involved with peer groups of young people as well as being part of that major commitment in the core group?

Mr. PORTMAN. One of the great things about a coalition that goes across school districts and even political boundaries, in our case, different cities and counties, is that there is a lot of cross-fertilization. In other words, there are efforts that might be successful in one school district, like a student peer group, that might not be being tried in another area.

We found that to be one specific area where some schools have been very successful with drug-free clubs and other schools didn't even know that was something that existed, and we have been able to move that into new areas and been able to make an impact, we think.

Mr. ZELIFF. One of the things that we have been doing up in New Hampshire with law enforcement relative to the crime and drugs issue, is a big discussion of using schools in the afternoons, using police athletic leagues, using—I mean, one of the biggest challenges and problems that we face is that kids go home to an empty house, and from 2:30 to 7 is when a lot of mischief gets done.

Anything that you are finding in your commitment there that is working that we can share?

Mr. PORTMAN. Well, all I would say, based on our experience locally, that is exactly right. Mrs. Thurman would be in a better position to talk about this, but schools are doing a good job.

As a former school teacher, I think you probably—you mentioned the role of the parents and the family and the home is so important. Our schools, at least locally, are doing a pretty good job. We have drug sweeps, and so on, going through, and where kids are using drugs primarily in our area is after school and on weekends, and it is usually at someone else's home. I think that data is supported by some of the national findings you may hear about later.

So absolutely, having these community groups involved, having the school being used after hours, I think it is important to give kids something to do and to give them some direction beyond the school hours.

Mr. ZELIFF. Thank you very much.

I think everybody has had——

Mr. FATTAH. Can I ask one last question?

Mr. ZELIFF. Mr. Fattah.

Mr. FATTAH. On this point about the—you had mentioned marijuana as a gateway to other drugs, and that is what we see the highest numbers on. There has been a lot of thought by experts who have looked at this, that tobacco is also a gateway to marijuana and to other drugs.

In terms of your collaborative effort there, is there a sense that this whole issue around cigarette smoking by teenagers is also an important part of this, and also alcohol, which is legal, but not for teenagers——

Mr. PORTMAN. Right.

Mr. FATTAH [continuing]. As an additional problem area? Because as I would understand, of all of the statistics that I have looked at, alcohol is the No. 1 problem in this age group and then we go on into marijuana and into some of these other areas. I would be interested in whether the parents, particularly that you have been interacting with, have concerns around the tobacco issue and the alcohol issues?

Mr. PORTMAN. Yes, they do. There is new data out on marijuana showing it is a gateway, as you know, and I think new data this week about—I remember a figure of 85 percent, that a kid using marijuana is 85 percent more likely to try cocaine.

But I think the data on cigarettes that came out about a year ago also from the CASA group, shows that there is that proclivity among kids who use tobacco and also use drugs, and there is probably a link there; also alcohol. Substance abuse generally, when you talk to the experts back home, people who are in the trenches dealing with this on the treatment side and prevention side, is interrelated.

One thing we have had to struggle with, and I just throw this out because we are talking about the Coalition effort here, is how broad do you cast the net? Is the Coalition going to focus on drugs or is it going to focus on substance abuse?

You don't want to be exclusive, leave anybody out, but you also don't want to spread yourself so thin that you are not making any progress anywhere. So what we have done is we have continued to work on substance abuse. We talk about substance abuse, cigarettes, alcohol, but our focus is primarily on teenage drug use.

Mr. FATTAH. I understand.

Now, on that issue, you know that there has been all kinds of creative uses of normal household products that have been utilized and do significant harm. So I was just wondering—you know, I mean, if you start to make distinctions that, you know, alcohol is fine or, you know, sniffing glue is fine or this, you know, that we are only concerned about marijuana, that you may send the wrong—the wrong signal. But I sense that to the degree that you

have parents involved that they will—they usually cast a pretty wide net.

Mr. PORTMAN. I would just mention one other issue which is prescription drugs, prescription drugs.

Mr. FATTAH. Yes.

Mr. PORTMAN. Abuse of drugs in the home that the parents have a prescription for.

Mr. FATTAH. OK.

Thank you very much.

Mr. ZELIFF. Thank you.

Mr. PORTMAN. Thank you, Mr. Fattah.

Mr. ZELIFF. Thank you very much.

I just have one quick question. Of all the things that you hear candidates talking about, are there any ideas that you think would be good, that—without mentioning the candidate necessarily but, I mean, I know on one side, they are talking about seed programs to do the kind of programs that you are working on. Does that make sense?

Mr. PORTMAN. It does. I am actually encouraged by the degree to which the issue is now out there.

Mr. ZELIFF. Both sides are talking about the issues.

Mr. PORTMAN. On both sides. It is partisan sometimes and it is not terribly constructive because of the partisanship, but at least the issue is being discussed. It is getting on the front page.

Until you create the concern out there, I think it is difficult to direct the attention to it. I particularly like the focus on the prevention and education side. But I also am someone who believes that all four of the areas I talked about earlier are necessary and there could be a concerted effort.

I happen to know more about and am more focused on the community level, so I am encouraged that the candidates are talking about that need to focus on the community antidrug coalitions.

Mr. ZELIFF. OK.

Well, we have a series of six votes, and unfortunately it is going to take about 40 minutes, I am afraid. I think we very much appreciate your contribution, your commitment and your testimony today.

The hearing will now recess for approximately 40 minutes.

[Recess.]

Mr. ZELIFF. The joint hearing of the subcommittees will now come to order.

Again, we apologize for the delay of the votes, but we would now like to proceed a little bit out of order, but the gentleman from Michigan, Mr. Kildee, has some observations that he would like to share with us.

Thank you.

Mr. KILDEE. Thank you very much, Mr. Chairman.

Obviously, this hearing has been rather disjointed and confused, but there has been work on the floor. I had been called and told that the hearing would not start until 11:30, and I did not realize that opening statements would be made at 10:30. I intended to make an opening statement at that time, but I will, Mr. Chairman, submit an opening statement for the record.

At this time, I must leave, however; I have a meeting with the President of the United States.

So I will leave and come back as soon as I can. Thank you very much.

Mr. ZELIFF. Without objection, so ordered.

Mr. CUNNINGHAM. Mr. Chairman, Mr. Kildee is one of the members that we can work with and does everything very candidly. At any time he wishes to make that statement, I would request that he be allowed to do that.

Mr. ZELIFF. Without objection, so ordered.

Mr. KILDEE. I will submit it for the record now because I have to get over there. I appreciate it, Mr. Cunningham.

Thanks a lot, Mr. Chairman.

Mr. ZELIFF. Give the President our best and tell him to help us out on this very important issue. Thank you.

At this time, I would like to welcome Judge Robert Bonner, a familiar voice to our subcommittee. Judge Bonner has served as Administrator of the Drug Enforcement Administration, U.S. attorney for Los Angeles and Federal district judge. The last time Judge Bonner was before the subcommittee was at a time when we just began these hearings, and I believe you followed Nancy Reagan at the time, and your testimony led to a much greater emphasis here. We appreciate your being here again today.

Mr. BONNER. Delighted to be here.

Mr. ZELIFF. If you would, Judge Bonner—would you be willing to stand and just raise your right hand?

Mr. BONNER. Of course.

[Witness sworn.]

Mr. ZELIFF. I guess we are going to bring both of you in on the same panel. I am sorry.

Doug Hall is the president of the National Parents' Resource Institute for Drug Education. His organization released the annual study yesterday, and he will share these alarming results with us today. Again, your organization has done a tremendous amount of work on this issue. We appreciate and are very proud of the efforts that you have made.

So if you would be willing to raise your right hand.

[Witness sworn.]

STATEMENTS OF ROBERT BONNER, FORMER ADMINISTRATOR OF THE U.S. DRUG ENFORCEMENT ADMINISTRATION, LOS ANGELES, CA; AND DOUGLAS HALL, NATIONAL EXECUTIVE VICE PRESIDENT, PARENTS' RESOURCE INSTITUTE FOR DRUG EDUCATION, ATLANTA, GA

Mr. ZELIFF. Judge, would you like to proceed?

Mr. BONNER. Yes. Thank you, Mr. Chairman. Thank you for the opportunity to appear again before your subcommittee and also the subcommittee chaired by Mr. Cunningham.

I did have the pleasure to appear before your committee, Mr. Chairman; I think it was back in March 1995. It was a hearing that was graced by the presence of Mrs. Reagan. I want to particularly commend your efforts in spotlighting and bringing to the fore this very serious issue that is faced by our Nation with respect to the problem of illegal drug use.

I want to, if I could, take a few moments to discuss the alarming increase in teenage drug use that started around 1993 and has certainly gotten worse, at a dramatically increasing rate, every year since 1993.

The upsurge in teenage drug use is particularly troubling for two reasons: One, the drug problem is a dynamic problem, and by that I mean, the more young people that enter into the illegal drug use pipeline now, the more hard-core drug users, addicts and dysfunctional citizens we are going to have in a few years. It's "as certain," as Shakespeare said, "as the night follows the day."

The second reason the skyrocketing upward trend that we have seen in the last 4 years with respect to teenage drug use and the rise in teenage drug use is troubling is that it follows over 10 years of steady declines in illegal drug use among teenagers and among the population generally.

It's no accident that teenage drug use has risen sharply, in my judgment, every year for the past 3 years, after over 10 years of decline. I don't think it's a mere coincidence that during the same timeframe, during the past 4 years, there has been a nearly total absence of Presidential leadership on this issue.

By the way, I want to say, I don't come here to—with any desire to make this a partisan issue. In fact, the reason I took time before to come before this committee, the reason I have written out on this subject over the last several years, is to try to get this administration to take notice of the serious rise in teenage drug use that's been occurring for the last 3 or 4 years.

But our country, Mr. Chairman, cannot have an effective drug control policy when the President himself does not make this a serious issue, when he jokes about it and, even worse, when the President himself is the butt of jokes because of remarks he has made about his own involvement with drugs.

I come before you today not only as a former head of the Drug Enforcement Administration, which I was privileged to be for over 3 years, but as a concerned American who is very worried about the upsurge in teenage drug use, which, if not countered, will soon lead us back to the edge of the abyss. I am saddened by what has happened and I am, in fact, angry that we have allowed this to happen.

I am angry about having to witness the rollback over the past 3 to 4 years of hard-fought victories between—that were attained and achieved between the mid-1980's and early 1990's. I am angry that unless we act soon, kids who don't use illegal drugs will soon be in the minority in our schools. This is certainly due, at least in part, to the neglect and indifference of the Clinton administration.

I'd like to take, if I could, just a moment, because I think it's important to review the progress that was made during the Reagan/Bush era, because it contrasts so sharply with the lack of progress that we have seen in the last 3 to 4 years. But in the late 1970's, early 1980's, we had a drug epidemic in our country of gargantuan proportions. That epidemic had been growing and spreading since the latter part of the 1960's—since the counterculture, as it was called, or in reality, what was a drug culture.

By the early 1980's, there was a shocking percentage of Americans who were regularly using illegal, dangerous and mind-altering

drugs. By the mid-1980's, I think it's safe to say that drugs were destroying all that was best about America. Families were being torn apart. Child and spousal abuse and violent crimes followed naturally from the invasion and increase in the level of drug usage in our country, and hundreds of thousands of drug-addicted babies were born annually to young mothers who more often than not could not responsibly care for themselves much less a young child who was born addicted.

Drug-related health care costs soared and drugs were rampant in the workplace, so rampant, I might say, that they threatened America's very ability to compete in the global marketplace. So by the—sometime in the mid-1980's, our national leadership said, enough is enough, and the will of our country was galvanized to do something about this problem.

The first thing, or one of the first things, that was done that was important was the passage by Congress in 1986 of the Antidrug Abuse Act, which stepped up enforcement of Federal drug laws against traffickers. That was sort of the muscle of the campaign.

In the mid-1980's, we also had Mrs. Reagan broadcasting a strong, clear message about drugs. "Just Say No" was the soul of the campaign, and the results were felt. Mrs. Reagan and the "Just Say No" campaign successfully communicated a moral and preventive message to our Nation's young people. Her message was a message that needed to be sent and needed to be heard, and the naysayers aside, it was important in changing attitudes about drug use; and so were President Reagan's and Mrs. Reagan's efforts to get the motion picture industry to stop glamourizing drug use.

We, in essence, evolved a very aggressive and strong drug control policy. There were essentially three basic prongs to it. It recognized that there was no silver bullet, no magic answer here, but the solutions necessarily included a strong drug law enforcement and interdiction effort; a strong educational and moral message emanating, at least certainly in part, from our national leadership, and aimed at the most vulnerable segment of our society, which is our young people and which emphasized user accountability; and third, effective treatment for hard-core drug users who wanted to stop using drugs.

I believe that mothers with young children expect leadership on this issue. They do not want their children exposed to illegal drugs in the sixth grade, the seventh grade, the eighth grade, or at all. It is a national disgrace that we are not keeping drugs out of our schools and away from our school-aged children.

It is mothers and fathers and families that worry and, worse, have gone through the anguish of a son or a daughter destroying themselves on drugs. It is people across America that want to stop the destruction caused by drug abuse in their communities.

But it is critical, it is crucial, that a commitment to do this reside and be demonstrated actively, vocally and credibly by the national leadership of our country, by the President of our country. The goal of our national drug strategy should be to dramatically reduce the number of drug users in our society.

If you measure what happened during the Reagan and Bush era against that standard—and there's a chart over here on the board that reflects drug use among high school seniors from the Univer-

sity of Michigan survey—but if you measure it against that standard, the success registered during the Reagan/Bush era was extraordinary.

According to the National Institute of Drug Abuse survey, regular users of cocaine, Mr. Chairman, went from 5.8 million in 1985 down to 1.3 million in 1992. But we saw the decline in drug use across the board during this period. Even marijuana use, which in 1985, according to the National Household Survey, there were 22 million or so Americans regularly using marijuana in 1985; that was to down below 9 million in 1992. So we saw a rapid and dramatic fall in the levels of drug use in our country, and we saw it at all age levels, including our young kids in high school and junior high.

That data indicates—if nothing else, it indicates that our national drug strategy at that time was working, that we were doing something right. We were certainly doing something more than holding at bay the problem that illegal drugs posed to our society.

So I am very worried about where we are heading today, because after a decade of steadily declining drug use among our teenagers, we have witnessed for the third straight year in a row increases in the number of young people using drugs, and that reversal has been substantial and it has been rapid.

The results—in fact, the results of the PRIDE survey, the results of the University of Michigan survey of high school students, the results of the National Household Survey that's conducted by the National Institute of Drug Abuse, that data with respect to our young people is terrifying. The increases are not limited to marijuana use. They include hard-core drugs, including cocaine, LSD, heroin. The so-called, ill-named "recreational drugs" like marijuana, stimulants and inhalants, the use of all of these drugs is increasing among our young people, irrespective of race and ethnicity, irrespective of social and economic levels.

We have seen the number of 12- to 17-year-olds who use illegal drugs has doubled in the last 4 years. Regular use by teens of LSD and other hallucinogens has tripled since Bill Clinton became President. According to the latest University of Michigan survey, a staggering 48.4 percent of all—of the graduating class of 1995, high school seniors, 48.4 percent, almost half of them, have used illegal drugs one or more times.

One other thing I want to, if I could—I will try to keep my remarks as brief as possible, but some things I think just need to be said here; and we have all heard of the University of Michigan survey and the rise in teenage drug use, but what hasn't been focused on too much is the Drug Abuse Warning Network. That's DAWN, and that measures the number of people who are admitted on an emergency room admission basis into our hospitals, that is related to illegal drug use.

Let me say that the DAWN data is reporting significant increases in hospital emergency room admissions related to heroin. In fact, one of the largest increases in recent time was for heroin-related hospital emergency room admissions.

Emergency—hospital emergency room admissions related to methamphetamine also have reached all-time record levels, the number of such admissions tripling, nearly tripling, between 1992

and 1994. We had better take the threat posed by heroin and methamphetamine, both addictive and destructive drugs, seriously now.

I think, Mr. Chairman, you can see why I am saddened and why I am angry about what's happened, because we have retreated in the fight against drugs after making significant gains, and we are imperiling the future of our country.

One other thing, if I could, Mr. Chairman: I would like to just briefly address what I think are the essential causes for this reversal in trend. I mean, why has this happened? I know Mr. Portman spoke to that briefly. But I think, when we ask ourselves, why has drug use increased so dramatically since 1993 among our young people, one reason quite simply is the lack of Presidential leadership. It's the lack of a clear, loud, persistent message that illegal drug use is wrong and it's unacceptable.

A second reason, I think, we are backsliding in this effort is the slackening by the Clinton administration of our efforts to reduce the availability of drugs through strong drug enforcement and international interdiction efforts. In the past few years of the Clinton administration, regrettably the only message on the drug issue that was going out was that of Jocelyn Elders, the former Surgeon General, who said we should consider legalizing drugs. That message from a high Clinton administration official, entrusted with overseeing the public health of our Nation, was in my judgment flagrantly irresponsible. It certainly failed to promote an increased awareness of the dangers of illegal drug use, and arguably, it encouraged it.

It should surprise no one, I don't think, that among teenagers the perceived risk of disapproval of using drugs has gone down; it has gone way down. At the same time, Bill Clinton has said, or did say—until this election year, said virtually nothing at all about the drug issue after taking office in January 1993. It's fair, I think, to say that under Bill Clinton, we went from "Just Say No" to "Just Say Nothing." Indeed, the most memorable statement that Bill Clinton has ever made about drugs is his statement that he didn't inhale.

I don't think anyone in Washington, I don't think anyone in our Nation's schools, I don't think anybody abroad believes that President Clinton was or even is now truly committed to the fight against illegal drugs, that they believe that this is a serious issue for him beyond an election year.

The efforts of—the effects of lack of Presidential leadership, though, extend beyond just the unfortunate message it sends to our young people, because I can assure you, Mr. Chairman, that—and this subcommittee—that from personal experience, foreign officials that I dealt with as head of DEA observed that one of President Clinton's first acts as President was to drastically cut the Drug Czar's office, the Office of National Drug Control Policy, by 80 percent and interpreted it—interpreted that move as a signal that the United States was backing away from the strong antidrug stance of the Reagan and Bush administrations.

Moreover, I know from personal experience that to get things done in Washington, particularly when you are dealing with an issue like the drug issue, that involves multiple agencies and departments of our government, it is essential that Cabinet secretar-

ies and agency heads understand that the President himself is deeply committed. Until this election year, frankly, I don't think anyone viewed President Clinton as giving a high priority to the fight against illegal drugs. He wasn't viewed as giving a high priority to it because there wasn't a high priority being given to it.

Bill Clinton did not take this issue seriously, and we are suffering the consequences. Even if he was, as has been said, joking on MTV in June 1992, one can imagine few statements more irresponsible than President Clinton's response to a teenage questioner on whether he, if given a chance, would smoke marijuana. Bill Clinton's response—I think Chairman Cunningham referred to it this morning—was, "Sure, if I could. I tried before."

Regrettably, that says it all, because the importance of a clear, unambiguous message from the President, decrying illegal drug use, cannot be overstated. That message should make clear that the use of illegal drugs is wrong and unacceptable, and Bill Clinton's remark on MTV did just the opposite.

I also think we are backtracking, Mr. Chairman, with respect to our interdiction efforts and our drug enforcement efforts there. I think they did have some success, and the Clinton administration has utterly failed to appreciate the value of strong, international drug enforcement and interdiction efforts.

With that, Mr. Chairman, I will conclude my remarks and at the appropriate time answer any questions that you or other members of the committee may have.

Mr. ZELIFF. Thank you.

[The prepared statement of Mr. Bonner follows:]

TESTIMONY OF

ROBERT C. BONNER

AT THE JOINT HEARING OF THE SUBCOMMITTEE ON
NATIONAL SECURITY, INTERNATIONAL RELATIONS, AND
CRIMINAL JUSTICE
AND THE
SUBCOMMITTEE ON EARLY CHILDHOOD, YOUTH AND FAMILIES

HEARING ROOM 2154

RAYBURN HOUSE OFFICE BUILDING

U. S. HOUSE OF REPRESENTATIVES

WASHINGTON, D.C.

SEPTEMBER 26, 1996

Chairman Zeliff and Chairman Cunningham, distinguished Members of the subcommittees, fellow panelists, and fellow concerned Americans:

I am pleased to be here today to discuss the disturbing and dramatic increases in the use of illegal drugs among our country's teenagers that began in 1993.

Chairman Zeliff and Chairman Cunningham, I particularly want to commend you both for holding this hearing and for the leadership you have both shown on this issue. Any hearing such as this that raises the public consciousness and understanding about the tragedy of teenage drug use and what it presages for our country is a positive step forward.

It is no accident that teenage drug use has risen sharply every year for the past three years, after over ten years of steady declines. It is no mere coincidence that during this same time frame, during the past four years there has been a total absence of presidential leadership on this issue.

Our country cannot have an effective national drug control policy when the President himself does not make this a serious issue, when he jokes about it and, even worse, when the President himself is the butt of jokes because of remarks he has made about his own involvement with drugs.

I come before you, not only as the former head of the Drug Enforcement Administration (DEA), but as a concerned American who is deeply worried about the upsurge in teenage drug use which, if not countered, will soon lead us back to the edge of the abyss.

I am saddened by what has happened and I am angry that we have allowed it to happen. My distress stems from witnessing the roll-back over the past four years of hard-fought victories achieved between the mid-1980's and the early 1990's. The progress in the fight against drugs during the Reagan-Bush era was substantial.

Let me review for you the progress made during that era because it contrasts sharply with the lack of progress, indeed the regression, that we have seen starting in 1993.

Progress During the Reagan-Bush Era

In the early 1980's we had a drug epidemic of gargantuan proportions. The epidemic had been spreading steadily for over a decade, following the emergence of the "drug culture" or "counter culture" in the late 1960's. By the early 1980's, there was a shocking percentage of Americans regularly using dangerous, addictive, and mind-altering drugs. Just when the nation thought the "French Connection," and the gravest drug threat of the early seventies -- heroin, was under control,

cocaine and, by the early 1980's, its deadly cousin, crack, burst on the scene like a plague-on-top-of-a-plague.

By the mid-1980's, it was evident that drugs were destroying all that was best about America. Families were torn apart by drugs, more than many realize. Child and spousal abuse, and criminal prosecutions followed naturally from the insidious invasion of powerful drugs. Hundreds of thousands of drug-addicted babies were born annually to young mothers who, more often than not, could not responsibly care for themselves, let alone children requiring serious medical attention. Drug-related health care costs soared, draining capital from our economy. Rampant in the workplace, the widespread use of illegal drugs literally threatened America's ability to compete in the global marketplace.

By 1985, our national leadership finally said, enough is enough. As a nation, we began to focus on our country's drug problem in a serious, thoughtful way. I believe that the tragedy of the Len Bias' cocaine overdose death, a local University of Maryland basketball star drafted by the Boston Celtics, marked a turning point in the war against drugs. The national will was galvanized against drugs and slowly, a three-pronged strategy to attack the nation's drug problem began to evolve.

First, the Anti-Drug Abuse Act of 1986 stepped up enforcement of the federal drug laws against traffickers. That was the muscle of the campaign. At least on the federal level, the message was clear -- if you traffic in drugs you'll be vigorously prosecuted and imprisoned. Period. We began to target the kingpins who ran the highest level international trafficking organizations and our capabilities and successes, working with other nations, in stemming the flow of illegal drugs from source and transit areas markedly increased.

Next, in the mid-1980s, Mrs. Reagan began broadcasting a strong, clear, moral message about drugs -- "Just Say No." This was the soul of the campaign. Despite a cacophony of liberal detractors, she persisted. The results were felt. Mrs. Reagan and the "Just Say No" campaign successfully communicated a moral and preventative message to our nation's young people. Her message needed to be sent and needed to be heard. And, the nay-sayers aside, it was important in changing attitudes about drug use. And so, were the Reagans' efforts to get the motion picture industry to stop glamorizing drug use.

By 1989, the commitment and political will of the national administration to fight the war against drugs was well understood domestically and throughout the world. In the Fall of 1989, President Bush announced his national drug control strategy, a truly comprehensive strategy to deal with

this national nightmare. The basic blueprint, put together by Bill Bennett, was excellent. It recognized that there is no silver bullet, no magic answer. The solution necessarily required a multi-faceted, three-prong approach: (1) strong drug law enforcement [the muscle of the campaign], (2) a strong educational and moral message emanating from our national leadership and aimed at the most vulnerable segment of our society -- our youth [the soul of the campaign], and (3) effective treatment for hard-core drug users who wanted to stop using drugs [the heart of the campaign]. But as with any living being, heart, soul and muscle are not enough if the will to live is not there. This is also true for our national drug strategy. It cannot work without sustained national leadership.

I believe that mothers with young children expect leadership on this issue. It is mothers and fathers and families that worry about or have gone through the anguish of a son or daughter destroying themselves on drugs. People across America in urban centers, suburbs, and rural communities want to stop the destruction caused by drug abuse in their communities. But it is crucial that this commitment also reside and be demonstrated actively, vocally, and regularly at the national leadership level.

The goal of the national drug control strategy should be to reduce dramatically the number of regular drug users in our

society. By so doing, we decrease the number of non-productive, dysfunctional citizens amongst us, and we decrease the enormous costs to society in the form of drug-related crime, violence, healthcare, and lost productivity.

Using this tough, realistic standard, the progress registered during the Reagan-Bush era was extraordinary. Let us start with cocaine. According to National Institute on Drug Abuse ("NIDA") Household Surveys, regular users of cocaine dropped from 5.8 million Americans in 1985 to 1.3 million in 1992. That is a decline of over 80% in cocaine users in seven years.

Similarly, crack cocaine use sharply declined from nearly half a million in 1990 to just over 300,000 two years later in 1992. In fact, in virtually every category of illegal drug, we saw sharp declines from the mid-1980's through 1992. Marijuana use, for example, plummeted from about 22 million regular users in 1985 to approximately 8.5 million in 1992. A decrease of an astonishing 61% in seven years.

These declines were not incremental; they were dramatic. They were across the board; all age groups. Indeed, there were sharp decreases in teenage drug use during the 1980's through 1992. This data indicate that our national drug strategy was working; that we were doing something right; and that we were doing more than just holding at bay the

destructive threat posed by drugs to our society. But where are we headed today?

The Rise in Teenage Drug Use Starting in 1993

After over a decade of steadily declining drug use by high school students, we have witnessed, for the third year in a row, increases in the number of young people using drugs. See Chart Nos. 1-3, attached. The reversal has been substantial and rapid.

The results of the annual University of Michigan high school survey and the National Household Survey on Drug Abuse are terrifying. And the increases are not limited to marijuana use. From the hard-core drugs of heroin, LSD, cocaine, and crack to the ill-named recreational drugs, marijuana, stimulants, and inhalants -- the use of all of these drugs is increasing among our young people. We have seen that the number of 12 to 17 year olds who use illegal drugs has doubled in the last four years (1992 to 1995). Just between 1994 and 1995 alone, we have witnessed a 33% increase in overall drug use among our teens (ages 12 to 17). Regular use by teens of LSD and other hallucinogens has almost tripled since Bill Clinton became President, up 183% since 1992. Regular use of cocaine has doubled since 1992.

According to the latest University of Michigan survey (released Dec. 1995), a staggering 48.4%, almost half, of the high school class of '95 had used illegal drugs at least once.

The Michigan survey also shows that while illicit drug use continued to climb into 1995; the perceived risks and disapproval of illegal drugs has declined. Researchers note that if this relaxed attitude continues, further marked increases in drug use by children can be expected. Moreover, the perceived availability of drugs like marijuana increased sharply, especially amongst 8th and 10th graders, our 13 and 15 year old kids. These foreboding trends cut across all ethnic and socioeconomic lines.

At the same time, the Drug Abuse Warning Network (DAWN) is reporting significant increases in hospital emergency room admissions related to drug abuse, with some of the largest increases for heroin-related admissions, up by 44% between 1992 and 1993. Just when the "French Connection" and its horrific story of heroin use in this country seemed like a faded twenty-year old memory, the threat of heroin has returned. The return of heroin is real and dangerous.

Emergency room admissions related to methamphetamine have also reached all-time record levels; the number of such admissions nearly tripled between 1992 and 1994. According to the DEA, methamphetamine use and trafficking is "spreading

across the country in recent years, initiating a ruinous cycle of drug addiction and crime."ⁱ

Mr. Chairman and subcommittee members, I think by now you have a sense of why I am so saddened and angry. We have retreated in the fight against drugs, after making significant hard-fought and dramatic gains. Researchers at the University of Michigan have stated that, "Despite substantial progress against illicit drug use in earlier years . . . it is a problem which is getting worse at a fairly rapid pace."ⁱⁱ

When Did the Upsurge in Teenage Drug Use Begin?

In order to deflect responsibility from President Clinton, HHS Secretary Donna Shalala recently asserted that the trend in increased teenage illegal drug use began in 1991 or 1992. Some Clinton Administration officials have suggested increased teenage drug use started as early as 1990. All of the data indicate that the upsurge in teenage drug use actually began in 1993, the year President Clinton took office. There have been annual increases in teenage drug use each year of the Clinton Presidency.

The respected National Household Survey on Drug Abuse reflects that the lowest percentage of regular (past month) illegal drug use (all drugs) among 12 to 17 year olds since 1979 was reached in 1992. The first increase in 14 years was registered in 1993. See Chart #1. Household Survey--Past

Month Illicit Drug Use. The same holds true for regular marijuana use. The lowest point in regular teenage marijuana use since 1985 was reached in 1992. The first increase occurred in 1993. See Chart #2: Household Survey -- Past Month Marijuana Use.

Similarly, the University of Michigan's respected survey of high school seniors (which started in 1975) shows that illegal drug use dropped through the 1980's and continued to drop right up to 1992. The first increases were reflected in 1993. See Chart: U. Of Mich.--Drug Use Among High School Seniors. Drug use among 10th graders also fell between 1991 and 1992, and increased in 1993. Although drug use among 8th graders did increase between 1991 and 1992, it should be noted that use by 8th graders occurs at much lower levels. The fact is that the first year in which drug use increased for all grade levels surveyed as part of the University of Michigan's study --12th, 10th and 8th graders -- was 1993.

The obvious question is: why has drug use increased so dramatically since 1993 among our young people? One reason is, quite simply, the lack of Presidential leadership.

The Causes for Reversal

In my view, one of the reasons we have lost ground is a lack of national, and specifically, presidential leadership. By that I mean, the lack of clear, loud, and persistent moral

message that illegal drug use is wrong and unacceptable. A second reason is the slackening by the Clinton Administration of efforts to reduce the availability of drugs through strong enforcement and international interdiction efforts.

As I have stated on other occasions, I believe that there has been a near total absence of Presidential leadership by Bill Clinton in the fight to turn back illegal drug use in this country. For example, two years ago, long before this election year, I wrote that we were beginning to backslide and observed that:

"Since taking office, President Clinton has said almost nothing regarding drug control and the need to address the drug problem. . . .
Regrettably, the message emanating from the Clinton Administration is far more muted regarding drug use, and I believe this ambivalence is contributing to a reversal of attitudes, particularly, among our young people. . ."iii

In March 1995, I testified before Chairman Zeliff's Subcommittee and expressed my concerns regarding the failure of President Clinton to speak out on this issue.

Indeed, during the first few years of the Clinton Administration, the most significant message regarding drugs from the Clinton Administration came from the statements of

Jocelyn Elders, the former Surgeon General, that we should consider legalization of drugs. That message from a Clinton administration official entrusted with overseeing the public health of the nation was astonishing. It clearly failed to promote an increased awareness of the dangers of drug abuse, and arguably encouraged it. It should not be surprising, then, that among teenagers the perceived risk and disapproval of using drugs has gone down in the past four years.

Leadership at every level of a society matters profoundly. In every organization, whether it is the military, a business, a church, or a government, the leader of that organization sets the tone for everyone else. It is to the leader's words, actions, and example that all ears, eyes, and minds are attuned, especially those of impressionable young people. Tragically, in the Clinton Administration, one of the loudest voices that has been heard on the issue of drugs was that of Dr. Elders. Her message was dead wrong and flagrantly irresponsible.

At the same time, Bill Clinton said virtually nothing at all about the drug issue after taking office in January 1993. It is fair to say that, under Bill Clinton we went from "Just Say No" to "Just Say Nothing." Indeed, the most memorable thing that Bill Clinton ever said about drugs was his comment:

"I didn't inhale."

I vividly recall that, in about February 1993, the joke du jour in Washington was that when Bill Clinton enters a room, the Marine Corps band strikes up:

"Inhale to the Chief."

Regrettably, the joke spoke volumes about a President who lacks the moral authority and credibility to be taken seriously on the drug issue. Sadly, no one in Washington, in our nation's schools or abroad thought that the President was committed to the fight against illegal drugs.

The effects of the lack of Presidential leadership extend beyond the unfortunate message it sends to our young people. I can assure the Subcommittee from personal experience that foreign officials observed that one of President Clinton's first acts was to drastically cut the Office of National Drug Control Policy by 80% and interpreted that move as a signal that the United States was backing away from the strong anti-drug stance of the Reagan and Bush Administrations. These foreign officials also noted the cut of 227 DEA Special Agents (about 6.5% of the total number of authorized DEA Agents). You can be sure that they also noticed the 50% cut in drug interdiction funding. Not surprisingly, officials from Mexico, Columbia, Bolivia and elsewhere began to doubt whether President Clinton and the United States were seriously committed to attacking the drug problem any longer.

Moreover, I know that to get things done in Washington, particularly when they involve, as the drug effort does, multiple agencies and departments of government, it is essential that cabinet secretaries and agency heads understand that the President himself is deeply committed. Until this election year, no one viewed President Clinton as giving a high priority to the fight against illegal drugs.

Bill Clinton did not take this issue seriously, and we are suffering the consequences. Even if he was joking on MTV in June 1992, one can imagine few statements more irresponsible than Bill Clinton's response to a teenager questioner on whether Bill Clinton, if he had a chance, would smoke marijuana. Bill Clinton's response: "Sure, if I could. I tried before." Regrettably, that says it all.

The importance of a clear, coherent and simple message from the President decrying illegal drug use cannot be overstated. The message should emphatically imbue our youth with the moral understanding that the use of illegal drugs is wrong. Bill Clinton's remark on MTV did just the opposite.

Messages not only matter; they are critical to curbing drug use among children. Mrs. Reagan's "Just Say No" program played a crucial role in effecting the attitudinal changes necessary to achieve the Reagan-Bush successes. We need that moral message if our national strategy is to prevail in the

minds of our youth. For the past four years, that message has not been heard from the White House.

When it comes to drug law enforcement and interdiction, the Clinton Administration has also fallen down on the job. While drug law enforcement and interdiction cannot completely shut off the flow of drugs to the U.S., they can drive the price of drugs up and decrease availability. When these efforts were focused, for example for most of 1990 and for half of 1992, the wholesale price of cocaine in the U.S. increased substantially. So as enforcement efforts succeeded, the price of cocaine went up. This is a simple Economics 101 lesson of supply and demand, a lesson you can bet the Cali drug cartel knows well.

Yet President Clinton cut funding for interdiction efforts by 50%. Predictably, as the resources for enforcement and interdiction were cut, the price of cocaine has gone down. Smart drug law enforcement and interdiction focused against the major production and distribution organizations and their leadership can affect the availability of drugs. It can destroy the drug kingpin organizations and their ability to export their poison to our country. Interdiction is an important prong in an effective drug enforcement strategy. Drug enforcement and interdiction can help drive the price up, and the demand, i.e., use, of drugs down. The Clinton Administration has utterly failed to appreciate the value of

strong international drug law enforcement and interdiction as a major component of an effective drug control strategy.

Conclusion

It is on this point that I wish to conclude. All Americans should be concerned with the issue of drug use, especially the alarming increases in the use of illegal drugs by our young people since President Clinton took office. And all Americans should focus on the results of the Clinton Administration's drug policy of the past four years. Regardless of all the posturing or explanations that different Clinton advocates have made about this, or promises they may make about the future, the proof, as they say, is in the pudding. The bottom line is unmistakable -- during the past four years, drug use among the youth of America has soared in nearly every category of illegal drug. When juxtaposed against the immediately preceding period and nearly a decade of declining drug use, there can be only one conclusion -- the Clinton Administration's drug policy has failed miserably, and indeed it is a national tragedy. We must reverse this trend and we have no time to waste.

We certainly can do better than we have since 1993. We have done better in the past. And I am convinced that with serious commitment and credible leadership, we will do a better job curbing illegal drug use in our nation.

Chairman Zeliff and Chairman Cunningham, I thank you for allowing me the opportunity to be here before you and your subcommittees today. I would be happy to answer any questions that you or other members of the subcommittees may have at this time.

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- i DEA World, March-April-May 1996 issue, page 2.
- ii Univ. of Michigan high school survey.
- iii Drug Policy Report, Volume 1, Number 9--October 1994
"Viewpoint: Drug Control: A Call for Leadership" by
Robert C. Bonner, pp. 1, 4.

Mr. ZELIFF. Mr. Hall.

Mr. HALL. Thank you, Chairman Zeliff and Chairman Cunningham.

Thank you for this opportunity to appear before your committee and to discuss this rise in adolescent drug use in the United States.

I think one of the long-term benefits of the debate that we are now undergoing may be that the Nation and the parents in the Nation will finally focus on this issue and that when we come back a year from now or 2 years from now we will see drug use lower than it is today; and hopefully, that will be part of the silver lining of this election campaign and the debate that is now occurring.

As you know, each autumn for the past 9 years, PRIDE has released its annual study of drug use by students in grades 6 through 12, and as I just mentioned, this time our release happens to precede a Presidential campaign. With that in mind, I want to speak for just a second about the campaign, because as I said, we welcome this dialog and we hope it will be conducted in a manner in which we can openly discuss issues and find some solutions, because I think that's what we are about.

We are admonishing the candidates to resist the temptation to make the drug issue a partisan political football; we feel it is not time to just fix blame, but it's a time to fix the problem, and it is a very serious problem. We have been heartened in recent weeks to hear both President Clinton and Senator Dole begin to outline very clearly the kinds of steps they will take in the next administration to bring down teen drug use. We are encouraged—we encourage them to continue this line of discussion with the American people.

We especially encourage them to do everything possible, and that would include our—our encouragement would include all the Members of Congress, both Democrat and Republican, to encourage parents to do everything that they can to help bring down this problem as well, and for parents to be aware that parents themselves, not Washington, are really the key to preventing drug use by teenagers.

Unfortunately, the data we released yesterday show that 7 out of 10 parents are essentially sitting on the sidelines as this teen drug use spirals out of control. We must continuously encourage them to warn their children about drug use, to set clear standards and to enforce those standards.

Yesterday, at the Press Club, was the fifth straight year that PRIDE has announced that student drug use is rising. In fact, for every illicit drug and for tobacco, drug use by students, mostly ages 11 through 18, is at the highest level that we have recorded in 8 years, 9 years.

More students are using more drugs more frequently and their use is more hard-core than we have ever seen.

Other studies seem to talk in terms of the scope of the problem, and I think the difference with the study we released yesterday is, we began to talk about the depth of the problem. More than one quarter of last year's graduating class and nearly one-fifth of all students in grades 6 through 12 used an illicit drug once a month or more often last year.

Daily use has more than doubled since our survey began 9 years ago. Many professionals would describe daily illicit drug use by such a young population as addiction, and we are looking at just startling, breathtaking statistics. This one: Nearly 1 in every 10 who received a diploma last June is a daily user of an illicit drug, 1 in every 10 who graduated.

Drug use by today's teenagers is not just a part of growing up; it's not just a youthful indiscretion. More students are using drugs to get very intoxicated. This includes alcohol, which actually has remained fairly stable over the last few years, but the number of students who say they get very high when they drink beer has now risen by 35 percent since our first study.

Intoxication levels, likewise, are rising for illicit drugs. As I said earlier, this is not so-called "recreational use," a term that we don't believe has any real significance at all any way. This is marijuana, cocaine, heroin, LSD and amphetamines. This is not experimentation. This is monthly, weekly and daily use, and we think it's a human tragedy.

To put these numbers in perspective, if you will imagine for just a moment a high school classroom with 30 students, our study showed that 3.5 percent of the 12th grade class tried heroin last year. That means that in every 12th grade class in America, in every single classroom, one student age 17 or 18 has already tried heroin.

Two had tried cocaine, three had tried amphetamines and nearly four had tried LSD, PCP or some other hallucinogen. These students are America's best and brightest. They are the ones who reach the 12th grade without dropping out. They are the ones now entering college, vocational schools, the job market and the armed services.

Students today also differ from their parents' generation. Most young people a generation ago waited until graduating from high school to try an illicit drug, if they ever tried a drug at all. Today's students are winding up at the door of their future with weekly, daily and monthly drug use on their resume. Nearly 17 percent of last year's graduating class smoked marijuana weekly or more often.

A stunning consequence of this marijuana use is that a fifth, 1 out of every 5, 20 percent, who smoke marijuana weekly will find it difficult, if not impossible, to pass a pre-employment drug test. Employment opportunity at most Fortune 500 companies and the armed services could be denied to these young people, the ones who graduated, the best.

The obvious question is, why? Why is drug use climbing? Though many possibilities come to mind, for us none is more jarring than the mere absence of most parents in preventing drug use by their children. Less than 30 percent of the students tell us that their parents talk to them often or a lot about the dangers of drugs. We believe that parents are the first line of defense against drug involvement for their children. Our data show that when parents fail to talk to their children about drugs, use is higher.

For example, among students who said they never hear from their parents on the subject of drugs, 35.5 percent reported they

used an illicit drug. The number fell to 26.6 percent when parents spoke a lot, a drop in drug use of 25 percent.

To compound the problem is the fact that students use drugs when parents are in charge, at night and on weekends. Students seldom use drugs at school. The most commonly preferred places for drug use are in a friend's home or in another place in the community or in their own home. Eighty-nine percent of the students report to us that their teachers have taught them about the dangers of drugs, 89 percent, but only 29 percent say their parents have done the same.

So we are suggesting that we need a campaign to assist parents, to encourage parents and to empower parents to become more involved in preventing drug use by their children.

Chief among these solutions would be the fresh idea we heard this morning, that Congressman Portman has started in the Second Congressional District. We are happy to be supporting him and other Members of Congress in trying to get to the parents in the districts and talk to them and train parents so that they are capable of talking with their children and know what to say.

We are also happy to know that General McCaffrey has met with this coalition in Cincinnati and has encouraged its efforts. We feel it is very important, and we appreciate the bipartisan efforts that are under way and that we have observed around this initiative in the past few months.

I might add that Dr. Brown also attended and met with this coalition when he was in the Drug Czar's office.

We at PRIDE have tremendous confidence in parents. We believe that a great majority of parents love and they care for their children, but we also believe at this time they need a little encouragement and maybe a little less criticism. A number of years ago, before the "war on drugs" analogy fell out of favor, PRIDE issued the following statement: "America's war on drugs will be won or lost on millions of tiny battlefields, in the homes of America, by the people who live there."

We believe this is still true. We hope that Members of Congress will support the grass-roots efforts like those in Congressman Portman's district, and we believe that this new form of governance is what is needed to capitalize on the immense energy of the American citizen who is ready and willing to join the fight against drugs.

Thank you very much.

Mr. ZELIFF. Thank you very much, Mr. Hall.

[The prepared statement of Mr. Hall follows:]

**Testimony by J. Douglas Hall
Executive Director, PRIDE**

before a Joint Hearing of the

**House Subcommittee on National Security,
International Affairs and Criminal Justice**

and the

House Subcommittee on Early Childhood Youth and Families

Washington, D.C.

September 26, 1996

Chairman Zeliff, Chairman Cunningham:

Thank you for this opportunity to appear before your committees to discuss the rise in adolescent drug use in America.

Each autumn for the past nine years PRIDE has released its annual survey of drug usage by students in grades 6 through 12. As happens every four years, today's announcement precedes a presidential election.

Before I begin I would like to speak about the campaign. We welcome the dialogue about teen drug use. It is through the open discussion of issues that we can find solutions.

But we would admonish the candidates to resist the temptation to make the drug issue a partisan political football. This is not a time to fix blame. It is a time to fix the problem.

In recent weeks both President Clinton and Senator Dole have outlined steps they would take to bring down teen drug use. We encourage them to continue this line of discussion with the American people.

We especially encourage them to do everything possible to make American parents aware that they, not Washington, hold the key to preventing drug use by teens.

Unfortunately, our data reveal that 7 out of 10 parents are essentially sitting on the sidelines as teen drug use spirals out of control. We must continuously encourage parents to warn their children about drug use, to set clear standards for behavior, and to enforce those standards.

A few weeks ago the government announced the findings of the National Household Survey on Drug Abuse. The Household study set off a barrage of news coverage of the drug issue. However, much of the coverage seemed to ask the question whether there was really a new teenage drug crisis in America.

The New York Times used the word "recreational" to describe teen drug use.

General McCaffrey was asked on PBS if most of the upswing in adolescent drug use were marijuana, as if it is acceptable for 12 year olds to smoke marijuana.

And last week the Wall Street Journal in a front page story questioned whether the Household Survey could be believed.

Yesterday at the National Press Club marked the fifth straight year that PRIDE has announced that student drug use is rising. In fact, for every illicit drug, and tobacco, drug use by students - mostly ages 11 through 18 - is at the highest level PRIDE has recorded in nine years.

More students are using more drugs more frequently, and their use is more hard core than we have ever seen.

The data we reported yesterday left little question about the seriousness of the drug problem among teenagers.

More than one quarter of last year's graduating class and nearly one fifth of all students in grades 6 through 12 used an illicit drug once a month or more often last year.

Daily drug use has more than doubled since our survey began nine years ago. Many professionals would describe daily illicit drug use by such a young population as addiction.

This may be the most breathtaking statistic in our study: Nearly one in every ten who received a diploma last June is a DAILY user of illicit drugs.

Drug use by today's teenagers is not just a part of growing up, a youthful indiscretion. More students are using drugs to get very intoxicated. This includes alcohol. The number of students who get very high when they drink beer has risen by 35% since our first study.

Likewise, intoxication levels are rising for illicit drugs.

This is not so-called "recreational" use. This is marijuana, cocaine, heroin, LSD, and amphetamines. This is not experimentation. This is monthly, weekly, and daily drug use. This is a human tragedy.

To put these numbers in perspective, imagine for a moment a high school classroom with 30 students. Picture the desks filled with young faces, the chalkboard, the American flag, the teacher. Our study showed that 3.5% of the 12th grade class tried heroin last year. That means that in every 12th grade classroom in America – every single classroom – one student, a 17 or 18 year old, had already tried heroin.

Two had tried cocaine.

Three had tried amphetamines.

And nearly four had tried LSD, PCP, or some other hallucinogen.

These students are America's best and brightest. They are the ones who reached the 12th grade without dropping out. They are the ones now entering our colleges, vocational schools, job market, and armed forces.

Today's students differ from their parents' generation. Most young people a generation ago waited until graduating high school before trying drugs – if they used at all. Today's students are showing up at the door of their future with monthly, weekly, and daily drug use on their resume. Nearly 17% of last June's graduating class smoked marijuana weekly or more often.

One stunning consequence of this marijuana use is that a fifth of the Class of '96, who smoke marijuana weekly, will find it difficult, if not impossible, to pass a pre-employment drug test. Employment opportunity at most Fortune 500 companies and the armed forces could be denied to them.

It has been said by some that the rise in teen drug use is -- quote -- just marijuana.

That viewpoint misses the point that no one, not even advocates of drug legalization, cares to see 14 and 15 year olds smoking marijuana on a weekly basis. But that is happening. Thirteen percent of ninth graders, ages 14 and 15, smoke marijuana on a weekly basis.

And when they smoke, nearly three-fourths of students tell us they get very high, bombed or stoned.

By the 12th grade, weekly marijuana use rises to 17%.

Furthermore, teen drug use is not JUST marijuana. Marijuana using students are deeply involved in other drug use. Among monthly marijuana users, 13% also use cocaine monthly, compared to just one-tenth of a percent among non-users. Nineteen percent of monthly marijuana users also use hallucinogens monthly, compared with just two-tenths of a percent among non-users, and nine percent use heroin, compared with just one-tenth of a percent among non users.

The obvious question is why. Why is student drug use is climbing?



*Devoted to
drug abuse prevention
through education*

PRESS RELEASE

Embargoed for release
1:00 p.m., Sept. 25, 1996

Contact: Doug Hall
770/458-9900

Student use of most drugs reaches highest level in nine years More report getting "very high, bombed, or stoned"

Washington, Sept. 25 – More than one in four high school seniors (26.5%) used an illicit drug once a month or more often during the past school year, and when they used drugs they got more intoxicated than ever.

- Nearly one in five 12th graders (18.3%) used an illicit drug weekly or more.
- Almost one in ten (8.4%) used daily.
- More than a quarter admitted *weekly* alcohol use (25.8%). In addition, 7.1% used cocaine in the past year; 11.6% used uppers; 12.1% used hallucinogens, and 3.5% used heroin.

In its ninth annual survey of students in grades 6-12, PRIDE (National Parents' Resource Institute for Drug Education) reported that annual use of most drugs was at the highest level since the survey began in 1987-88. Record percentages of use were reported for the following drug categories: cigarettes, marijuana, cocaine, uppers, downers, inhalants, and hallucinogens.

Only three drug categories have ever shown higher levels of use in the PRIDE Survey: beer, wine coolers, and liquor. (Heroin was added as a drug category in 1995-96.)

	% Any Illicit Drug Use by 12th Graders		
	1987-88*	1995-96	% Chg
Annual	29.5	40.8	+43.2
Monthly	15.8	26.5	+67.8
Weekly	9.7	18.3	+88.7
Daily	3.4	8.4	+147.1

*First Year of PRIDE Survey National Summary

MORE

3610 DeKalb Technology Parkway
Suite 105
Atlanta, GA 30340
Phone: 770/458-9900
Fax: 770/458-5030

Overall, for grades 6-12, PRIDE found that 29.5% of all students surveyed reported annual use of at least one illicit drug, compared with 18.6% in 1987-88, an increase of 58.6%.

	1987-88	1995-96	% Chg.
Annual	18.6	29.5	+58.6
Monthly	10.6	18.3	+72.6
Weekly	6.6	12.5	+89.4
Daily	2.3	5.2	+126.1

Annual use of any illicit drug increased from 24.0% in 1994-95 to 29.5% 1995-96, a one-year increase of 22.9%.

On a monthly basis, use of any illicit drug by students in grades 6-12 rose from 10.6% in 1987-88 to 18.3% in 1995-96, an increase of 72.6%.

Fewer students than ever say parents warn them

Despite these alarming statistics, the percentage of students who said their parents talk to them often or a lot about the problems of alcohol and other drugs plunged to the lowest level in the six years that the question has appeared on the survey instrument (29.6% in 1995-96 vs. 40.3% in 1990-91, a drop of 26.6%).

Nor are students receiving drug warnings from their peers. Only 11.7% said their friends talk to them regularly about the problems of drugs, compared to 10.7% in 1990-91, a slight improvement.

By contrast, 88.9% said their teachers have taught them about drug dangers.

Peers	11.7
Parents	29.6
Teachers	88.9

When parents warn their children about drugs, use is lower. For example, among students who said they never hear from their parents on the subject of drugs,

35.5% reported using an illicit drug in the past year. That number fell to 26.6% for those whose parents spoke "a lot."

Schools are least likely place of drug use

Compounding the problem that fewer parents talk to their children about drugs is the fact that most drug use occurs when and where parents are in charge.

Among five choices (home, friend's home, car, other place, and school), students said a school building is the last place they use drugs. For example, among 6-12th graders, 16.8% said they smoked marijuana at a friend's home, 13.9% said they smoked at some other place in the community, 10.3% said they smoked in a car, 8.2% said in their own home, and 4.2% said in school.

Students said they used drugs mostly at night and on weekends, again when parents are in charge.

MORE

"Students are getting more guidance about drugs from their teachers than from their parents and friends, and they are using drugs far more often at home, in cars, and at places in the community other than schools. School is the most drug-preventive, drug-free place in town," said Thomas J. Gleaton, president of PRIDE.

Where 5-12 th Graders Smoke Marijuana - %	
Friend's Home	16.8
Other Place	13.9
Car	10.3
Their Home	8.2
School	4.2

When they use, students are getting higher than ever

Besides more students using drugs more frequently, more students in 1995-96 reported getting "very high, bombed, or stoned." When they used marijuana, nearly three-fourths of seniors (73.6%) said they get very high, versus 62.8% who responded the same way in 1987-88.

Users of beer, cocaine, uppers, inhalants, and hallucinogens also said they were getting higher today than nine years ago.

"This is not so-called 'recreational' use. This is marijuana, cocaine, heroin, LSD, and amphetamines. This is not experimentation. This is monthly, weekly, and daily use. This is a human tragedy," said Doug Hall, executive director of PRIDE.

	% 12 th Graders Getting "Very High"	
	1987-88	1995-96
Beer	26.6	35.9
Marijuana	62.8	73.6
Cocaine	68.8	77.7
Uppers	29.7	46.4
Inhalants	36.9	50.0
Hallucinogens	84.4	87.7

Today's report marks the fifth straight year of rising drug use reported by PRIDE. The PRIDE Survey has been reported annually since the 1987-88 school year.

The responses of 129,560 students in 26 states from New York to California were included in the survey, making it the largest student survey in the nation, and the first to report drug use for the 1995-96 school year.

Marijuana users deeply involved in other drugs

Among all students studied 29.5% said they used an illicit drug in the past year, and 24.8% said they smoked marijuana. However, most marijuana users in the study also drank alcohol, and used other dangerous drugs at very high rates

Among monthly marijuana users, 69% also drank liquor monthly versus 7.4% of non-marijuana users; 13% used cocaine monthly versus one-tenth of a percent of non-users; and 19% used hallucinogens monthly versus two-tenths of a percent for non-users.

MORE

In the past year, the sharpest increase came in junior high marijuana use (grades 6-8) which rose from 9.5% annual use in 1994-95 to 13.6% in 1995-96, a 43% increase. Nearly a tenth of the junior high (8.1%) said they used marijuana on a monthly basis or more, up from 5.7% in the previous year.

Among high school students (grades 9-12), marijuana annual use climbed from 28.2% to 34%, a 20.6% increase. One out of five in high school (22.3%) smoked monthly or more, versus 18.5% the year before.

Use was highest in the senior class with 37.9% smoking marijuana on an annual basis, 24.3% monthly or more, 10.6% weekly or more, and 7.3% daily.

"One stunning consequence of marijuana use is that a fifth of the Class of '96 who smoke marijuana weekly will find it difficult, if not impossible, to pass a pre-employment drug test," Hail said. "And that says nothing about the negative health consequences of this drug use."

One reason for rising marijuana use may be a lack of belief by students that marijuana is harmful to their health. Among sixth graders, 85.5% said marijuana was "very harmful" to their health. But among 12th graders, only 43.6% said the same.

Students also found marijuana easy to obtain, with 73.3% of 12th graders saying it is easy to get.

Cigarette use at nine-year high

Nearly a half of all students in grades 9-12 smoked cigarettes in the past year (48.2%) and a third of them smoked monthly or more often (33.4%). That compares with 36.1% who used annually in 1987-88, a 33.5% increase, and 23.6% who smoked monthly, a 41.5% increase.

Daily smoking in grades 9-12 rose from 12.3% in 1987-88 to 18.4% in 1995-96, a 49.6% increase.

Mixed success in curbing teen violence

The percentage of students who said they carried a gun to school last year dropped slightly (from 4.9% the year before to 4.5%) as did the percentage saying they joined a gang (from 13.8% to 12.4%).

However, the number who said they threatened to harm someone rose (from 31.8% to 42.1%) as did the percentage of those who got in trouble with the police (from 24.7% to 25.2%).

MORE

Drug use was more common among students who carried a gun to school, joined a gang, got in trouble with the police, or experienced other negative behaviors. (See attachment.)

Methodology

The study was conducted during the 1995-96 school year and involved 129,560 students from 26 states. The PRIDE Survey represents data from sixth through twelfth grade students conducted between September and June of the school year. Participating schools are sent the PRIDE Questionnaire with explicit instructions for administering the anonymous, self report instrument.

Schools that administer the PRIDE Questionnaire do so voluntarily, or in compliance with a school district or state request.

The PRIDE Survey is consistent with other national studies, including the National Institute on Drug Abuse's Monitoring the Future Survey (see table below).

Any Illicit Drug Annual Use: PRIDE vs. Monitoring the Future																		
YEAR	1995-96			1994-95			1993-94			1992-93			1991-92			1990-91		
Grade	8	10	12	8	10	12	8	10	12	8	10	12	8	10	12	8	10	12
PRIDE	25.9	39.0	40.8	21.3	32.3	36.0	19.3	28.6	31.9	15.0	22.6	26.2	13.5	21.1	25.1	13.0	20.5	24.8
MTF				21.4	33.3	39.0	18.5	30.0	35.8	15.1	24.7	31.0	12.9	20.2	27.1	11.3	21.4	29.4
Difference				-0.1	+1.0	-3.2	0.8	+1.4	-3.9	-0.1	+2.1	-2.8	-0.6	-0.9	+2.0	-1.7	-0.9	+4.6

Information from the PRIDE Survey is found in the President's National Drug Control Strategy and the Bureau of Justice Statistics Sourcebook. It is also used by the United States Congress as an indicator of student drug use.

Results from the 1995-96 PRIDE Survey were announced at a press conference at the National Press Club in Washington. Participating were Thomas J. Gleaton, Ed.D., president of PRIDE, and co-author of the survey, J. Douglas Hall, executive director of PRIDE, and Gen. Barry R. McCaffrey (Ret.), director of the Office of National Drug Control Strategy.

States represented in the 1995-96 PRIDE Survey: Arkansas, California, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Kentucky, Louisiana, Michigan, Missouri, Mississippi, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Virginia, Washington, Wisconsin, and West Virginia.

A copy of the methodology is available upon request.

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PRIDE Survey
Percentage of Students Who Report Using Drugs

DRUG	GRADE LEVEL	ANNUAL USE			MONTHLY USE		
		1994-95	1995-96	change	1994-95	1995-96	change
Cigarettes	Junior High	28.1	31.1	+3.0*	16.7	17.2	+1.5*
	Senior High	44.4	48.2	+3.8*	31.3	33.4	+2.1*
	12th Graders	46.8	50.0	+3.2*	34.6	36.2	+1.6*
Beer	Junior High	30.8	33.1	+2.3*	11.8	12.5	+0.7*
	Senior High	57.4	59.1	+1.7*	33.3	34.3	+1.0*
	12th Graders	64.0	64.9	+0.9	40.6	41.2	+0.6
Wine Coolers	Junior High	29.8	33.2	+3.4*	9.8	10.8	+1.0*
	Senior High	51.7	52.6	+0.9*	23.1	22.3	-0.8*
	12th Graders	56.5	54.5	-2.0*	25.6	22.9	-2.7*
Liquor	Junior High	21.3	22.9	+1.6*	8.5	9.0	+0.5*
	Senior High	51.5	53.4	+1.9*	27.4	28.2	+0.8*
	12th Graders	59.5	59.9	+0.4	32.5	32.6	+0.3
Any Alcohol	Junior High	39.8	44.5	+4.7*	14.9	16.4	+1.5*
	Senior High	66.8	70.6	+3.8*	38.1	39.8	+1.7*
	12th Graders	73.4	75.6	+2.2*	45.4	46.4	+1.0
Marijuana	Junior High	9.8	10.0	+0.1*	5.7	6.1	+0.4*
	Senior High	28.2	34.0	+5.8*	18.5	22.3	+3.8*
	12th Graders	33.2	37.9	+4.7*	20.9	24.3	+3.4*
Cocaine	Junior High	1.9	2.7	+0.8*	1.2	1.5	+0.3*
	Senior High	4.5	5.6	+1.1*	2.6	2.9	+0.3*
	12th Graders	5.3	7.1	+1.8*	2.9	3.6	+0.7*
Uppers	Junior High	3.3	4.6	+1.3*	2.0	2.4	+0.4*
	Senior High	9.3	10.5	+1.2*	5.1	5.2	+0.1*
	12th Graders	10.6	11.6	+1.0*	5.6	5.8	+0.2
Downers	Junior High	2.4	3.6	+1.1*	1.5	1.9	+0.4*
	Senior High	5.5	7.1	+1.6*	3.4	3.8	+0.4*
	12th Graders	6.9	7.4	+1.5*	3.6	4.1	+0.5*
Inhalants	Junior High	6.3	8.5	+2.2*	2.9	3.8	+0.9*
	Senior High	7.5	7.8	+0.1	3.5	3.4	-0.1
	12th Graders	6.6	6.6	+0.0	3.1	3.1	+0.1
Hallucinogens	Junior High	2.4	3.3	+0.9*	1.5	1.8	+0.3*
	Senior High	7.7	9.5	+1.8*	4.1	4.5	+0.4*
	12th Graders	9.7	12.1	+2.4*	4.8	5.1	+0.3
Heroin	Junior High		2.1**			1.3**	
	Senior High		3.1**			1.9**	
	12th Graders		3.5**			2.2**	
Designer Drugs	Junior High		3.8**			2.1**	
	Senior High		5.1**			2.6**	
	12th Graders		5.2**			2.8**	
Any Illicit Drugs	Junior High	14.8	19.7	+4.9*	8.6	10.9	+2.3*
	Senior High	31.9	37.6	+5.7*	21.2	24.4	+3.2*
	12th Graders	35.8	40.8	+5.0*	23.0	26.5	+3.5*

*Statistically significant difference at .05 level using chi-square with variables year & no-use/use.

**New drug category added this year. No prior data to compare.

Grade	N-Sizes	
	1994-95	1995-96
Junior High	92,453	58,596
Senior High	105,788	70,964
12th	20,698	14,261

Mr. ZELIFF. I guess my first question would be to you, Judge Bonner. You were—describe when you were DEA Administrator.

Mr. BONNER. I was appointed, Mr. Chairman, in August 1990, and I served until November 1993. So it was mainly during the Bush administration, but I did serve into, I guess, about the first 6 or 7 months of the Clinton administration.

Mr. ZELIFF. So you had a chance to observe the different philosophies of two different administrations?

Mr. BONNER. Absolutely.

Mr. ZELIFF. Just for the record, as I recall, the Bush administration, it was 148 or 146 people in the Drug Czar's office under—I guess Bill Bennett started at that point. You might describe what happened relative to the cutback in the emphasis of the Drug Czar's office.

Mr. BONNER. Well, I became very concerned at the very beginning of the Clinton administration, in January or February 1993, because one of the first acts was to cut the Drug Czar's office by 80 percent, and that sent out signals. It was symbolic to a lot of foreign countries, who I was trying to get to seriously take meaningful action against drug traffickers operating in and from their countries; and I am talking about, just to be clear, Mexico, Colombia, Bolivia and many other countries of the world. I was talking to both high-level political leaders and high-level law enforcement leaders from those countries, and clearly, they were reading that gesture by Clinton as—the first act of coming into—into office, cutting the Drug Czar's office by 80 percent, as a signal from the Clinton administration that it was not taking the drug issue as seriously as the Bush administration had and the Reagan administration had.

Mr. ZELIFF. What signal was sent to the military and the Joint Chiefs?

Mr. BONNER. Well, I think, you know, generally speaking, throughout the government, I kind of looked around and tried to find the pulse of a serious commitment to attack the drug problem and to fight the drug problem that we had been engaged in for a number—any number of years. I had a hard time finding it.

The effect of that is that the absence of a strong, committed leadership from the President himself on this issue is that both the military, our own military and Department of Defense, also views that as a signal as to how important is this issue to the person who is in charge of our government, the President?

If people in this town, agency heads and Cabinet Secretaries, the people that General McCaffrey has to deal with as Drug Czar, if they sense that this is important to the President, this issue, you can get a lot done. But on the other hand, if they sense that this is not a high priority issue for a President—and I don't think it has been a high priority issue for President Clinton—then it is very hard to get things done. So I think we saw the effect of that.

One other effect, of course, was that it was immediately apparent to me that 227 DEA agents were going to be cut from the—from my budget as head of DEA. Now, that may not seem like a big number, but that's almost 7 percent of all of the DEA agents in this country worldwide were being cut in fiscal 1993, and frankly,

that not only hurt the efforts of DEA, but it also, by the way, was disconcerting to me.

I tend to think, by the way, that I would have been happy to stay on if I thought that there was a serious commitment to fighting the drug issue and the drug problem in our country. I probably would have stayed on, but I didn't see it there. Even though I had been asked at least temporarily to stay over for continuity, I decided myself, by the fall of 1993, that that commitment just wasn't there. Frankly, I had no interest in presiding over, let's say, a downsizing of DEA, which offices I had to close in this country and overseas and that sort of thing, and I decided that it was time for me to leave.

So every signal I was getting—and, frankly, not just me, but I think other people that look to what the United States is doing, look to the United States for leadership on this issue, were also unfortunately getting the signal that we weren't as committed to this issue as, certainly, the Reagan/Bush administrations had been. That has also had disastrous effects in terms of the lack of Presidential leadership and this problem that is getting worse at an alarming rate, particularly among our young people.

Mr. ZELIFF. The current DEA Administrator, Tom Constantine, said before this subcommittee that this drug issue—and this was 2 years ago—is a time bomb ticking, ready to go off at any time.

Do you agree with that statement?

Mr. BONNER. I think it's going off, Mr. Chairman. I think that's what this data is. This is terrifying data. The data that PRIDE has just released yesterday, the data that has been released by the University of Michigan survey and by the National Household Survey, all of it is extremely terrifying, because we already have moved in the wrong direction.

We are moving in the wrong direction on this issue. We have been for 3 or 4 years now, and we have to get a handle on that and turn it around and, hopefully, soon.

Mr. ZELIFF. You are familiar with the National Security Council, and when you were there, I believe that the drug problem was number 3 on the National Security list of priorities. It then got downgraded to number 29, which was dead last.

Any comment on that?

Mr. BONNER. Twenty-nine out of 29, I believe, is where it was on the list of priorities after I left. But it was certainly headed in that direction.

Well, what can you say? Again, that throughout the government, certainly throughout the Federal Government, that sends a signal to a lot of people that this is not a high-priority issue for the Clinton administration and, frankly, it wasn't a high priority for the Clinton administration and, therefore, we are seeing the effects of that in a number of ways. Some of them are fairly subtle, but we are seeing it in a number of ways.

One is in the incredible rise, the skyrocketing rise, in teenage illegal drug use. But we are also seeing the slackening of efforts in the interdiction area, which are so important in terms of not eliminating drugs from coming into the United States, but certainly we can reduce and staunch the flow of illegal drugs coming into this country through serious interdiction efforts.

It even sent signals to other countries that we are working with, or attempting to work with, as collaborators in terms of doing something serious and meaningful against the major producers and distributors of illegal drugs in other countries; and it sent the wrong signals to them, that we weren't as committed to this issue as we used to be, and that wasn't good, either.

So just about on any score, Presidential leadership is important. I don't think anybody can seriously contend otherwise. It just hasn't been there on this issue from Bill Clinton in the first 3½ years of his Presidency.

Mr. ZELIFF. Thank you, Judge. I will reserve—I have some questions for Mr. Hall that I will come back to.

Chairman Cunningham.

Mr. CUNNINGHAM. Thank you, Mr. Chairman. I will just go by "Duke." You don't have to call me "Chairman."

Mr. ZELIFF. OK, Duke.

Mr. CUNNINGHAM. Thank you.

I would ask—I think it's important, one of the most effective commercials I ever saw—and this is my drug of choice, which is a drug, coffee. The doctor has told me to quit. I can't. So I understand a little bit.

My own son was a drug addict, where I didn't have control. He lived with his mom in St. Louis. So, personally, I have suffered a great deal.

I got out of the Navy to save my son and when he went into an RTC, the doctor looked at me, Dr. Sams, and said, "Duke, there are only about 10 percent of the kids that aren't going to return to this place. It's tough."

I guess my first question would be that my colleague on the other side of the aisle made a statement that the problem is nothing compared to what it was in the 1980's, that use is down, that the President has done well.

Would any one of you agree with that, that the problem now is less?

Mr. BONNER. I would say, if I could just briefly, we are not back to the late 1970's and early 1980's to the level of drug use and abuse in this country that we saw then, but we are heading back in that direction, Mr. Cunningham. We are heading back there pretty fast, and in 2 or 3 or 4 years we will be back there unless we do something about reversing this trend.

Mr. CUNNINGHAM. What about as far as—the younger age use is what I am referring to. We are talking about mostly children here in high schools. I think I heard Mr. Hall say that where before that use that you are talking about used to be at least after high school, college and beyond. But now the problem is even more significant than it was in the 1980's, with younger use. Is that correct?

Mr. HALL. Well, historically, we began to measure with a Monitoring the Future survey back in the late 1970's, and we have not reached the level that we were at the peak of Monitoring the Future chart yet. But we are heading that way. I would agree with the summation of Judge Bonner.

I think that, you know, to try to be the guy here who represents the nonprofit, nonpartisan world, the difficulty in any line of questioning about where we are at this moment in time is that we are

going to be someplace else tomorrow. This, according to everyone's charts, this did begin in 1991-1992. It did accelerate during the Clinton administration.

But the problem I foresee for anyone is that a year from now, or 2 years from now, unless something happens and happens very dramatically and very quickly, the next administration and the next Congress will inherit some of the highest drug use levels ever.

Mr. CUNNINGHAM. I agree with that. What I would say to both gentlemen, if I have some kind of a problem medically, I want to resolve that problem. But it's equally important to see why I got sick and what were the causes. I think it's legitimate to point out the causes, as Judge Bonner has, of why we are ending up here today.

Yes, you know, General McCaffrey, I have a lot of faith in him. I know him personally, and I think he is very good, but I don't feel that he has been allowed the authority or given the wherewithal to complete that. I think he is a great—I think he is a good leader for that particular thing.

Mr. HALL. If I may just add, I would like to say that, speaking again from sort of the private sector, I don't know of—we have been around for all of the Drug Czars. I don't know of one who has had as much universal acclamation as General McCaffrey has, and we would agree with you.

Mr. CUNNINGHAM. I applaud him, too. Like I said, I know him personally.

But I would ask you, Judge Bonner, having served in both administrations—and Mr. Hall mentioned, in a bipartisan manner, that he has heard from both Senator Dole and the President recently, positive directions that they would go if they were elected, looking at both individuals' past histories, who would you believe the most to carry that out?

Mr. BONNER. You know, I frankly—I loath, Mr. Cunningham, to make this a partisan issue myself.

Mr. CUNNINGHAM. I am just talking common sense.

Mr. BONNER. I will say this: What troubles me about President Clinton is whether or not he brings any credibility to this issue, and that troubles me.

I would like to think that—you know, I read recently in the Washington Post, I guess it was 2 or 3 months ago, there was a big headline, Clinton Vows Major Fight Against Drugs. Well, that headline was in early May of this year. I mean, the question is where was he for 3½ years on this issue? I mean, now we are in an election year.

So the question is: Which one is likely to bring credibility and leadership on this issue? Both of those things go hand in hand.

All I can say is, I have some serious reservations as to whether President Clinton, whether Bill Clinton, can be a credible leader on this issue because of the statement he made on MTV when he was running for the Presidency in 1992.

Mr. CUNNINGHAM. Let's say he never made that statement. Who, still, would be most believable?

Mr. BONNER. Well, I tend to think that Bob Dole is the person that I would—you know, I would feel very confident that—

Mr. CUNNINGHAM. You feel comfortable if—

Mr. BONNER [continuing]. If Bob Dole were to be elected President, I know he would exercise leadership on this issue.

Mr. CUNNINGHAM. In your personal and professional opinion?

Mr. BONNER. On both—

Mr. CUNNINGHAM. I am asking Mr. Hall the same question. If you don't want to answer that, I don't mind.

Mr. HALL. I could probably answer it, but my board of directors would have to kill me.

Mr. CUNNINGHAM. I go back on it.

Let me say one thing, as I started to say. One of the most damning commercials I think I ever saw was a young boy walking with his father along the lake with a fishing rod. The father sat down and threw out the pole. The little boy sat right down beside him. The father kicked the ground. The little boy kicked the ground. The father looked and scratched his head. The little boy looked up and scratched his head. The father reached down and lit up a cigarette and the little boy picked up a stick and put it in his mouth.

I think part of the problems—and I think that in a bipartisan way we can resolve the problems that existed during the very difficult time in our Nation during the Vietnam conflict and what we generally call the “hippie generation” and the “drug generation” that existed. When parents do not demonize drugs to their children, or especially if they use them, I relate back to that commercial, how easy it is.

But I also know that parents that do talk to their children, some of those children are still going to use because of other influences. So that's where it expands into the schools. That's another area in which I think that in a bipartisan way we can work.

There's something else that hasn't—I had a question. I heard third hand, for example, Puerto Rico was told—and maybe other nations, and maybe as the head of the DEA you can tell me: There are other nations that are not required for their cargo to be inspected once they come into the United States, and that it is when they go into their own country; but leaving, once a cargo hits that ship and comes into the United States, or that airplane, that there are certain nations that we do not inspect because there is a law. Is that true?

Mr. BONNER. Well, Puerto Rico, once you enter—let's say a load of cocaine into Puerto Rico, and we are seeing that happen with, I think, more frequency now—once it's in Puerto Rico, then there is no subsequent Customs check of items from Puerto Rico because it's a territory of the United States.

So other than that, the only other example I can think of, Mr. Cunningham, is that for several years over the last couple of years there were a phenomenal number of—virtually all tractor-trailer trucks coming in from Mexico weren't checked by Customs. Now, I mean, that was a policy of the United States. It was a policy that was implemented by the Customs Service, and it had something to do with NAFTA and trying to relax trade with Mexico.

But when you have 70 percent of all cocaine that's coming into America coming across that Mexican border, which is very near your district; and when you have probably 40 percent of the marijuana that's coming into the United States illegally, at least from a foreign source, coming in through Mexico; and you have most of

the methamphetamine, or the precursors to make methamphetamine—and that's a growing problem, as you know, both in the West and elsewhere; it's spreading across the country—you have got to ask yourself whether it makes sense to simply have a policy of noninspection, which we did have under the Clinton administration for several years, of all tractor-trailer trucks coming across the United States border from Mexico.

Mr. CUNNINGHAM. Well, this is an issue that I think, again in a bipartisan way—there's real no fault from the President or from Republicans; it's an existing thing that I think we can work on, because as I understand it, the inspector was telling me that, yes, most of the cocaine and other drugs were coming through Mexico, but a large portion were now being funneled through Puerto Rico. I assume, like Guam, the Virgin Islands and those places—not as much, but most of it's coming through Puerto Rico now—that at least in a bipartisan way we can change that rule so that when it hits our shores, even though they are territories, that there be a secondary method in interdiction to stop that. I will work with my colleagues on the other side.

If the chairman—I see the light on, but I have got a couple of questions that I think are important.

Mr. BONNER. Could I just, though—I want to say, we relaxed our interdiction effort. The Clinton administration cut, as you know, interdiction funding by the U.S. military by about 50 percent and a lot of that interdiction effort was directed toward being able to detect and take some action with respect to both large shipments of, for example, cocaine moving in the Caribbean to Puerto Rico, moving up into Mexico and that sort of thing. So what we have—what we have done is to take something that was successful and reduce the availability of cocaine. Now, of course, heroin is being exported from Colombia. We have taken a program that was successful in reducing to some degree availability, and we have reduced that program, which is to me totally wrong-headed.

Mr. CUNNINGHAM. Let me make just two real quick statements, if I may, Mr. Chairman.

When we look at the causes of where we are at right now, when President Clinton had control of the House, the Senate and the White House, there was no immigration reform bill increasing number of Border Patrol, increasing INS, increasing the number of DEA, increasing the number to help stop it. Part of the infusion of the problem is coming, the majority of it for not just the West Coast but the East Coast as well, is coming through Mexico. That's one of the reasons not just to stop illegal immigration, but to stop the flow.

I was in the Navy when Duncan Hunter came to me and he said, "Duke, how do we get F-14s to stop drugs?" And I said, "Duncan, an F-14 radar can't even see it, let alone that." We came up with the fence and with other things to stop that, and this administration fought against the fence. They fought against the increase in Border Patrol, the increase in—as a matter of fact, OMB today sent out a letter and a memo to shut down this government because there are those within his own group that are against this immigration bill. Where the President only had one—only had one issue, that he would veto the immigration bill, now he has sent over two

pages after we pass it, and they are threatening to shut down the government because they don't like the immigration bill.

To us, that is stopping the flow of drugs and doing all the other things; and it was supported by 305 Members in the House, 97 to 3 in the Senate. When OMB is looking to shut down the government and when we take a look at the issue of why would we want this to happen as a direction from the left, that is upsetting.

The second thing I would say is that while the President had the White House, the House and the Senate, there was not a welfare reform bill. They had complete control there also. And I look—and I used to teach at Hinsdale High School in Illinois, Evanston, New Trier, some very fine schools, you go just a little bit down the road, there's 4½ miles of projects. Kids don't carry books; they carry guns. Kids don't look—their icons are pimps and drug dealers.

For a young female, the pregnancy rate is better than 50 percent. The male image to that is only some other senior male that's going to get them pregnant, and then probably going to get them pregnant again; and then the person that raises that child in most of those homes is a grandmother. The young male that goes becomes a gang member, and then involved in the drug use or drug trade. That's another reason why the welfare reform bill was important to us, the illegal immigration bill was important.

But when you are talking about parents, what parents are going to talk to that young child when the grandmother is teaching it and the other children are uncontrollable?

So I thank you both for your testimony. There's lots of things that we can do bipartisan, but there's also a reason to look at Mena, AR, when the President was Governor there and over 22 people have been murdered that were going to testify against Malek, the President's district attorney, who also shut down the Federal grand jury—or the State grand jury. The Federal grand jury was also shut down by a Clinton appointee to look into that when two kids were murdered, stabbed to death.

Thank you.

Mr. ZELIFF. Mr. Souder.

Mr. SOUDER. Mr. Hall, I wanted to ask you a couple of questions, and I will try not to get you into any political traps here, although all the subjects we talk about have potential political overtones.

One of the—we had a hearing last Saturday in Hollywood, and there was one lady, who is a psychologist, who was an antidrug counselor and who worked with the movie industry—quite frankly, probably not frequently enough—and one of the questions I was intrigued with, because she would review movies, scripts and so on to tell them whether she thought they were promoting—or accidentally or things in the background, like in Miami Vice we heard from a couple of producers how they would often have signals back in behind the actors, drug dealers would tune in and pick up different things.

But that led me—her belief was that when adults downplay their own previous usage, that that can encourage their kids. One of my hypotheses, as someone who went to college in the late 1960's and early 1970's, where there was high use of marijuana and others, is that if you communicate to your kids that, well, that was just something we did, now we are adults, the kids look at it and say,

"Well, yeah. Well, when I am an adult, I will be like you. Now I am going to be like you when you were a kid."

I wondered if you have ever done a study, or—because I believe parents are very important here—that would suggest different categories to zero in on some of this problem? Are there differences in behaviors of kids with parents who have never used or abused drugs when they were a youth or adult; parents who abused drugs, illegal drugs, when they were young but now condemn that and say, "Look, I was stupid, I was wrong, I am ashamed of what I did"; parents who abused drugs when they were younger and say, "Hey, that's just what kids did"; and parents who—I mean I know the last one, parents who continue to abuse drugs have kids who abuse drugs? We know that pretty well, and I would assume if parents don't—never did, their kids are less likely to.

Have we ever studied the middle groups of how parents respond to their previous behavior?

Mr. HALL. I would like to be able to answer your question. I just don't believe I am technically qualified to answer that. I think you have a person coming on the panel behind me who is an epidemiologist and may be able to get at that question much more professionally than I could.

However, I can tell you what our position has been for quite some time, and this has not been in a laboratory setting. But as I—as I mentioned earlier, we believe in parents, and we believe that parents love and care for their children, and we believe that the most important bond between a parent and a child is the bond of trust.

We have encouraged parents to be forthright and honest with their children. We tell parents that the object of parenting is to teach the lessons that were learned, and there's a—hidden in all of these numbers there are literally millions of parents who tried drugs maybe once or twice or occasionally in their youth and decided those drugs weren't good for them and made a decision not to use drugs anymore. Those parents are parents who fortified a decision that they thought drugs were wrong, and they did it from experimentation.

We would prefer that they never had experimented in the first place, but the fact is, they did, in very large numbers. If you look back in the—I can't see that chart from here, but I believe those numbers are back in the late 1970's, and you are seeing very, very high usage in the late 1970's, but some—millions of those parents did.

We tell—we tell parents that we think that they should talk to their children honestly and explain the problems they have. Both parents ought to be able to understand other things, that there are differences. There are differences in the physiology of a young child and a grown adult and the maturity and development of the two, the two individuals, the young child and the older adult. There are licenses in society, and children have to learn about licenses in society; and that becomes a device that we deal with parents, because alcohol is a legal drug for adults and an illegal drug for children, and it is often a very confusing situation for children.

So I am telling you what we as an organization do, and not within some sort of laboratory setting, but what we feel has been very

successful for us over the course of nearly 20 years; and I think Dr. Hansen later may know of some actual studies on this, but I can't call any to mind.

Mr. SOUDER. It is a critical issue because I don't think—you would have to be nearly blind to realize that we are not—we are living in a re-creation of the 1960's, practically. You go into the record stores. You see the marijuana leaf on the covers of CDs. You see hats in stores. You see kids—the Beatles are big again. I mean, the whole era, the next thing we will see the Bugs painted with flowers, the VW Bugs. I am concerned that how parents respond to the 1960's and their experience of the 1960's is partly what's happening. But it's tough to prove.

I want to move to something else here. I am going to take my glasses off because the print is too hard to read. I am still on a rampage about a hearing we had last week on heroin where—the recording industry was here, and in response to some concern about lyrics, she dared me—or she said, I defy you to come up with a single song where drugs were promoted. It was some incredible statement.

We, because I am not an MTV fan, a couple of people gave me some names and one was a song, Heroin Girl, by Everclear. The next day in the newspaper the recording industry person said that Heroin Girl was an antidrug song. Everclear, by the way, not being up on these things, I understand is somewhat like White Lightning, it is a name of an illegal substance to start with.

I want to read this song to you and see if either of you think this is an antidrug song, along with a couple of other comments we have learned.

"I used to know a girl. She had two pierced nipples and a black tattoo. We would drink that Mexican beer. We would live on Mexican food. Yes, I wish I could go back, back in time. Esther used to be the kind of girl that would never leave. She would do anything to give me what I need for my disease. She would do anything. I could hear them talking in the real world, but they don't understand that I am happy in hell with my Heroin Girl. I am losing myself in a white trash hell, lost inside a Heroin Girl. They found her out in the fields about a mile from home. Her face was warm from the sun but her body was cold. I heard a policeman say just another overdose, just another overdose. Esther used to be the kind of lover you would never leave. She would do anything to give me what I need for my disease. She would do anything."

There's another song on here, by the way, called Chemical Smile.

Now, a couple of things to put this in context: First off, the word "hell" comes through in every song on here as though it isn't a derogatory term in some sense, and some of the implication is from, because we used the word "hell," this was supposed to be derogatory.

Furthermore, we heard one of the—I think he was head of the Hollywood Producers Guild or something like that, he said in regard to the movie *Trainspotting*, where they show pros and cons to do this kind of thing, that this type of song fuels it. Any parent of teenagers, like I am, sees all the CDs with skulls of people dressed in black. Metallica, which is one of the milder groups in some ways,

where you have almost a perverse syndrome that if you are accenting the bad, it becomes the good. Reverse hero.

Furthermore, the lead singer of Everclear had a heroin problem apparently, or one of the singers did. The addiction is—the Heroin Girl is the heroin in his life. It's supposed to be—not being up on this and talking to some younger people, who attempted to interpret this for me, this is supposed to be some attempt to say that you might die if you have the heroin habit, et cetera. But in the magic of computers, we can call up all kinds of things from the past.

An interview with this lead singer says that this lead singer said that he believed that some adults might interpret this as a negative, but that kids didn't follow that. They thought it was a literal Heroin Girl, and he didn't care because it sold a lot of albums.

Now, is this part of our problem, when the recording industry holds up a song like this as a model of how they are fighting the drug problem? What is your reaction to songs like this, which is one of the milder—I mean, I agree it has some elements that could be seen as anti-heroin?

Also, if you have any reaction to the film *Trainspotting*, which according to—we also heard made—I mean, it shows the bad side of heroin. It shows the good side of heroin, too; but it shows the bad side and the good side, so therefore we shouldn't be condemning it so much because it's a creative movie.

Mr. HALL. One of the pillars of philosophy of our organization is a clear no-use message, and I don't believe—I wouldn't construe that as a clear no-use message.

I was in a meeting recently in which a very similar situation came up, in which a video was played which portrayed the idea of the venture was to give teenagers a video camera and have them go shoot a skit or a mini doc that would be an antidrug message. Of the 40 or 50 adults who sat and watched that, not a single one felt it had anything to do with being an antidrug documentary.

But there were two teenagers in the room who said they got it very clearly. So, again, you have stepped a little ways away from my expertise. But I would say that, you know, in my opinion, that's not a clear no-use message. What we have found to be effective with children in, again, 20 years of our experience, is to give children a clear no-use message about drugs, and that includes alcohol and tobacco.

Mr. SOUDER. Judge Bonner, would you like to comment on that?

Mr. BONNER. Let me just say—I think, one, I am not an expert in this area particularly, myself. I have had a teenage daughter. But I do know this, I do know that the recording industry and the messages it puts out are incredibly influential in the teenage popular culture. I do know that.

I do know that, generally speaking—and I don't want to brand all of the record industry, but generally speaking, the recording—record industry in this country has been incredibly irresponsible in terms of the messages that are being put out in lyrics and have been, by the way, I think in a very unrepentant way, for at least the last 20 or 25 years.

Unfortunately, the message that is glamorizing drug use, including marijuana, is going beyond just the recording industry. We are

also backtracking in terms of the motion picture industry. The entertainment industry generally now, more and more itself, is glamorizing or making light of drug use. I mean, there was an episode on *Cybill* just a week or two ago in which an elderly grandmother, I guess, is smoking pot, and that's supposed to be amusing, in front of teenage kids.

Trainspotting, by the way, I found to be a very, very disturbing movie. I do think that there, again, in *Trainspotting*, *Pulp Fiction*, you do have an element of glamorizing heroin use, and I just can't imagine a worse, a more terrible, a more irresponsible message than that.

So while we had made some progress with the entertainment industry generally back in the mid-'80's, late 1980's, early 1990's, that's all been wiped out. Again, I think it goes back to an absence of, among other things, not entirely but among other things, to strong Presidential leadership in this area.

Mr. SOUDER. One of the things—

Mr. ZELIFF. If you can, wind it up pretty quick here.

Mr. SOUDER. I am not going to ask a question. I am going to say one of the things I have learned in this process and in listening to different people in the hearings and so on, is that what seems to one person to be an anti—to kind of twist off of Mr. Hall's, that what seems to be an antidrug message to one person who, in effect, has standards, if somebody is looking because they have low self-esteem or they are depressed and they are looking toward antiheroes, somebody can—because that's, in effect, what this singer acknowledged. On the one hand, good kids who like rock music thought, this is bad. But kids who were despondent, who were more likely to abuse drugs, in fact looked at this as a song because the antihero was a glamorizing—glamorizing today doesn't mean you are like Jean Harlow or somebody like that. Glamorizing for somebody who is depressed is somebody in black, who is emaciated, who is wearing grunge clothes; and it is a reverse glamorization, and they are tricking a lot of adults into thinking they are doing things.

I yield back. Thank you for your comments.

Mr. ZELIFF. Mr. Shadegg.

Mr. SHADEGG. Thank you, Mr. Chairman. Let me begin, Mr. Hall, by saying that as a father of a 10-year-old, as a Member of Congress, and more importantly, as a father of a 13-year-old, I thank you for your work. I appreciate your testimony here today.

Mr. HALL. Thank you.

Mr. SHADEGG. Judge Bonner, I want to ask you some questions and, hopefully, clarify some things that confused me.

There is a story out in today's *Washington Times*, maybe it has already been discussed here in this hearing before I arrived, by Jerry Seper, having to do with the suppression apparently by the administration of a report by the Institute for Defense Analysis, dealing with the issue of interdiction. One of my grave concerns is that we have abandoned the strategy of interdiction and that when you are fighting a problem like drugs, I think you have to use as many tools as you have and not focus on one tool.

I see this administration as having focused on one tool and one tool only, and that being treatment for serious drug abusers. As

near as I can tell, that's not done a thing for my 10-year-old or my 13-year-old. It appears it has not only not done a thing for them, it has not done a thing for thousands of millions of youth across America.

I guess I would like to first get your thoughts on the issue of the importance of interdiction in this fight, and then I want to go on—and I don't know if you want to answer this or not; if you want to decline, that's fine. But it has been reported that when asked about this report, Mr. McCaffrey, the Drug Czar, described the report as utter nonsense and goes on in this article as saying that the report is an apology for putting increased machinery in the Caribbean.

I am baffled at that explanation. I don't know if you can shed any light on it. I don't understand how a report which says interdiction is important could be utter nonsense. Maybe I am—

Mr. BONNER. Well, let me—first of all, I think interdiction is important if it's part of a broader drug enforcement strategy which we take seriously and we aim resources against the highest level drug trafficking organizations in the world who are capable and are producing and distributing vast, bulk quantities of cocaine, heroin and drugs that reach America, that ultimately become available to our children. So interdiction is an important part of that effort.

The effort is, by the way—in my judgment, is to destroy the capabilities of the drug trafficking organizations, and you do that by attacking their vulnerabilities. One of their key vulnerabilities is the fact that they have to—to continue in their dirty, illegal business, they have to transport very large, bulky quantities of drugs. Somehow they have got to be able to do this and get them into the United States.

So within that context, there was, I think, a very highly successful interdiction program that was developed as part of our overall drug enforcement strategy at the highest—trafficking at the highest levels, and that included the use of the military. That included capabilities of being able to track the movements of these drugs and to take action against them or working cooperatively with other countries to see that action was taken against this movement.

Something happened, you know, to the extent that there is a Clinton drug strategy that was formulated and announced back in 1993 and so forth, there was a shift away from interdiction efforts and a shift toward the notion that we should put more funding in the treatment of hard-core drug users. It's not to say we shouldn't have treatment for hard-core drug users who wish treatment; we should have it. But to shift away from interdiction, I think, was a serious mistake because it was—it is important.

It is important to an overall drug effort in which we are pressing forward, a full-court press on all fronts. It's important to have that effort in place and that effort has been reduced, and it has been diminished.

Just one other point in terms of its importance: Some say, well, it never did any good. Well, I can tell you that through almost all of 1990—DEA, for example, just so you know, records and measures the wholesale price of cocaine in the United States. For almost all of 1990, the price of cocaine rose and it rose dramatically, and

there's only one reason for that and that was, we were more successful in damaging drug trafficking organizations and the movement of these poisons that were headed for our country.

So we were more successful for half of 1992: The price of cocaine rose. So we can be effective, and I think it was a serious mistake, a policy mistake, on the part of the Clinton administration to do away with this.

As for the suppression of a report, I don't know. Obviously, I have no knowledge of whether a report actually has been suppressed, but it would be very troubling if a report that was critical of the diminution of effort on the part of our country in terms of, particularly, international interdiction efforts; if that report had been suppressed, that would be extremely troubling. Obviously, it would be something else that the administration is trying to hide because it speaks volumes of serious policy mistakes that have been made by this administration that are causing these dramatic rises in drug use among our young people.

This would be included within the category of interdiction, source country efforts or prior to interdiction.

By the way, this is a very interesting question because so often terms don't get defined in Washington, but I am including it broadly by interdiction because interdiction, I suppose, in a very narrow sense is simply stopping and seizing drugs, but our policy has to be more than that. So I see interdiction, the seizure of drugs, if you will—by the way, we seize them wherever they are because most of them are headed to our shore—in the source country, in the transit areas and to the extent we can, our border, but we can't totally depend on being able to intercept a significant quantity of drugs at our border. But it is part of an overall effort to damage and hurt the trafficking organizations ultimately with a view toward destroying them and their abilities to produce and distribute vast quantities of drugs.

Mr. SHADEGG. I guess one last quick point. You would conclude that in saying we have reduced our effort in interdiction that means both seizing them at the border, seizing them at traffic zones—

Mr. BONNER. I think that has been the effect. I think that has been across the board that the least of that is attributable to a cut of funding. There has been a cut of about 50 percent in funding for interdiction efforts and that has resulted in less successful efforts and doing something that is very important in terms of drug use, and that is making drugs less available and more expensive because that is part of it. It is not all of it, but it is an important part of achieving the overall objective of driving down and reducing illegal drug use especially among our young kids.

Mr. SHADEGG. Thank you very much.

Mr. ZELIFF. Thank you. I guess the balance between education, prevention, treatment, interdiction, source country programs, it is like a five-legged stool. If you pull one leg out of five legs, the stool is going to cave in, so we need a well-balanced effort.

One question I would have for you, Mr. Bonner, is that, just describe for me, if you would, if we do interdiction and it is successful, we dislocate the source coming into the country, it has a posi-

tive effect on prices in that it will force prices to go up and basically as prices go up less people will be attracted to the drug.

Mr. BONNER. They not only go up, there becomes less availability, less ready availability of drugs. Obviously price is a factor, too, when the drugs are readily available. If you look at the data with respect to the marijuana, for example, in certainly by the late to early 1990's as a result of eradication efforts in our own country and DEA had a program working—an aggressive program and our overseas efforts to do something about marijuana.

The virtual elimination, by the way, of marijuana in Hawaii, which was a main producer of marijuana, it was almost totally eliminated by the early 1990's. What was the effect of that? One of the effects that has happened is the price of marijuana went through the roof. You were talking about at least for sativa, which is the preferred marijuana, you are talking about marijuana being 2, 3, 4, \$5,000 a pound in the United States. When you get the price up like that, first of all, it reduces the availability. It isn't as readily available and it is extremely expensive.

You bridge those two together and you see declined marijuana use. So there was a dramatic decline and there was a decline among our young kids. Both in junior high and high school. So these things go together and marijuana, by the way, is an area in which we are not just talking about drugs produced outside of the United States as all cocaine and heroin is. A lot is produced here, but we can do better. We can do better and we did do better and with the right kind of leadership we will do better.

Mr. ZELFF. You both were talking about the differences, comparison to the seventies and early eighties in drug use and we are not quite back there, but we are heading there quickly. I think you indicated that it could be as quick as 2 or 3 years on the same scale that we are moving, after dramatic reductions we are just going back up. The difference, as I see it, is we have much more pure and more potent drugs on the market today, much more addictive drugs. Do you care to comment?

Mr. HALL. One thing I would like to do is followup a little bit on interdiction and show you where these things sometimes aren't separate issues. That is how we operate outside of the United States as well and Judge Bonner is probably familiar with some of the international work that we do. Just this summer we trained youth in preventing drug use in seven Caribbean nations and there is a great demand outside the United States for the expertise in support of the United States in preventing drug use in the source and trafficking countries among their own populations of people, which we think is an important tool of American diplomacy and it may help in our interdiction efforts, particularly in some compliance and cooperation.

A project that we worked with down in Belize a few years ago to help educate the population in Belize about the dangers of drugs before there was an eradication effort and a stronger interdiction effort in Belize led to a dramatic cut in the supply of marijuana coming out of Belize, which at that time I forget statistics, but it was one of the very important exporting countries of marijuana to the United States. I do think that—and sometimes you cannot separate whether we are talking an interdiction effort or a prevention

effort or do they support one another, which they quite often do. I am sorry——

Mr. ZELIFF. That is a good point. If you could comment going in comparison back to the seventies and the early eighties where we had rampant drug use in this country the difference between then and now, however, is the potency and the either——

Mr. BONNER. First of all, let's just take marijuana, Mr. Chairman. If you went back to the late sixties, early to mid seventies, the THC content that was being smoked by the baby-boom generation, if you will, 2 to 3 percent of that is the psychoactive ingredient. The percentage of potency that is being seized by DEA and law enforcement in the last several years is 10 to 20 percent, so the potency is 5 to 10 times what it was back in the late sixties.

Mr. ZELIFF. Therefore more addictive.

Mr. BONNER. More addictive. It accounts for the fact that you have a large number of kids that are receiving drug treatment for marijuana addiction, marijuana problems. Heroin, if you went back 15, 20 years ago, I am talking about the retail level of heroin being sold in America, generally it had been diluted to 5 or 10 percent purity. Now it is not uncommon at all, particularly on the East Coast and even on the West Coast, retail heroin being sold at 50, 60, 70 percent purity so you are talking about far more potent and addictive and damaging drugs that are being consumed now than 15 or 20 years ago. That is something parents ought to understand.

Mr. ZELIFF. So it is not just the return, it is a major, major problem and a myth or epidemic, but it has got much more serious consequences than previously.

Mr. BONNER. Yes, I think that is exactly right.

Mr. ZELIFF. Mr. Hall, I just have one quick question. Your survey was about 129,130,000, I believe, in 26 States, a major piece of research. I guess one of the concerns I have is if you deal with seniors and 1 out of 4 once a month, 1 out of 5 once a week and 1 out of 10 on a daily use and these are our brightest—these are the graduates, these are the people who are going to go on to college, and I guess what my concern is the old slogan of "hope not dope." These are the kids that have hope. These are the kids that have goals. These are—what did you find out in your survey? Why are they doing it and what is their motivation and is there anything you can add and perhaps just to throw out on the table here?

Mr. HALL. Just one thing that Judge Bonner just mentioned, the supply of drugs and that includes the price of drugs, is moving in a direction that would encourage drug use. So we ask a question in our survey, if you find different types of drugs easy to obtain, and I don't have the number in front of me, but I have given your staff the complete document. But it is somewhere in the neighborhood of 70 percent of the students now who say they find marijuana easy to obtain.

Mr. ZELIFF. It's easy at affordable prices.

Mr. HALL. Yeah, it is very accessible to them. We have found as these charts do, we ask the question about the harmfulness of drugs. We have found that has gone in the wrong direction. Fewer students have found the drug harmful to their health, particularly with marijuana.

When you look at drugs like cocaine and heroin and hallucinogenic, I see a very high level all the way across the grades of the belief that the drug is harmful to their health. We deteriorate and erode that belief that marijuana is harmful to the health.

We ask about fringe use. We know that when students perceive their friends are using drugs, they are more likely to use drugs even if the perception is wrong. A lot of what came out of the CASA study recently, which was actually a perception study, was interesting to us because the perception was a disconnect with reality.

There is really not as much use as the youth perceived there was. We can see that fringe use is one of those. Of course I have mentioned several times the parental involvement. There are other issues. We ask your parents set clear rules for you, and when your parents set those rules for you, do they enforce them? Those are going in the wrong direction. There is a combination of forces that are at work here that are all pointing in the wrong direction, all of which set up drug use by students.

Mr. ZELIFF. Mr. Mica from Florida.

Mr. MICA. Thank you. I don't think you really have to be a rocket scientist to look at what happened in 1992 when the lack of emphasis on the interdiction program to see that drugs had flooded into the United States. We have seen—we took the subcommittee to Mexico, looked at the reports and incredible amounts of drugs that are coming through Mexico. We held a hearing on a clipper—Coast Guard cutter rather, in San Juan Bay and we let down our guard with the Coast Guard, which provides marine protection around Puerto Rico and now I have evidence that a report was prepared by the Secretary of Defense, requested by the Secretary of Defense and given to our new Drug Czar earlier this year.

It said that basically the Clinton administration is putting the eggs in the basket of treatment and dismantling interdiction was a failure. Would you have any reason to believe why we wouldn't reach that conclusion after the experience we had that you saw in several years? Would that be your assessment?

Mr. BONNER. I was commenting earlier, Mr. Mica, that I think a policy mistake was made and I said so at the time and said so since in terms of decreasing our interdiction efforts and I use that term very broadly in terms of our efforts to go after the means of transport of large quantities of drugs in source countries transit areas and, of course, at our own border. There was a shift to some degree in terms of the Clinton drug policy toward increased funding in terms of drug treatment for hard core drug users.

Don't get me wrong. By the way, I think there ought to be drug treatment for hard-core drug users, but I think it was a mistake to shift away from interdiction. I think the cut in interdiction funds was something around 50 percent and I think that has had the effect of decreasing our ability to interdict drugs that are moving toward the United States and that we have a greater availability of many illegal drugs in this country, particularly cocaine and heroin because we have slackened our efforts in that regard.

Mr. MICA. Were you aware that they transferred \$45 million, I believe it was, from INM, International Narcotics—

Mr. BONNER. Matters.

Mr. MICA. From the State Department to the Nation-building program in Haiti? I think some of your agents made us aware of that when we visited down in Bolivia and Peru.

Mr. BONNER. I am not personally aware of that. I know International Narcotics Matters itself has been renamed so it is not just narcotics, which may be symbolic in terms of how we view the drug issue; that it now has broader responsibilities even within the State Department, but I don't want to make a big issue over that. It is just that we have done some things that are symbolic that have sent the wrong signals, I think, to other countries that we are not taking the drug problem and the drug issue and the drug trafficking menace as seriously as we had in the past.

Mr. MICA. If you had a report that has been ordered, I guess, in 1995 just for a timeframe, then presented to you in March and then I guess again in May and still not released to the public that said basically that what you were doing, if you had been administrator or in charge or czar and the program of the administration was failing, would you have suppressed that kind of a document for that period of time?

Mr. BONNER. I think if you have seen what we have seen and that is a rampant increase in teenage drug use in the last 3 or 4 years as we have seen, we have also seen some alarming data about the spread of heroin and methamphetamine use based upon the increasing staggering increase in the hospital emergency room emissions with respect to those substances.

Frankly, I wouldn't be interested in anybody knowing the fact that I had taken some steps that far from reducing availability of these drugs if anything have increased their availability, made them less expensive higher purity levels and the like. I suppose by the same token, too, I might take the position that the rise in teenage drug use actually started before 1993 when I realize there is some data, by the way in the University of Michigan survey, but certainly in wake of the data here, this drug problem, the rampant increase in drug use started in 1993, not earlier. But I guess I wouldn't be interested in exactly looking at the data too carefully. I don't know whether that answers your question, Mr. Mica, but that is my best effort.

Mr. MICA. Again, as you know, I have been persistent on this issue for some time both in the last Congress and this Congress. I appreciate your coming with us and sharing with us your testimony today, both the witnesses. Thank you, Mr. Chairman.

Mr. ZELIFF. Mr. Fattah.

Mr. FATTAH. Thank you, Mr. Chairman. Mr. Bonner, I've had a chance to review your testimony and you seem to have gone to great lengths to criticize President Clinton.

Mr. BONNER. Very reluctantly, I can assure you, but, yes, I am critical.

Mr. FATTAH. You have had your opportunity to do so and let's go back to your days as the DEA Administrator. There have been several news reports now of suggestions, allegations, that the CIA was involved in bringing some drugs into California. Were you aware of this—were you aware of these allegations and do you know whether or not there is any reason for Congress to be concerned about this matter?

Mr. BONNER. I understand that the San Jose Mercury ran some news article that I have not read which alleges some CIA involvement in the movement or trafficking through Nicaragua—by the way sometime—it is not clear to me—but sometime in the earlier mid 1980's, I didn't become head of DEA until August 1990, so I wouldn't have been around at that point. But let me say the notion—let me try to answer.

Mr. ZELIFF. Why don't you let him answer.

Mr. FATTAH. I am not being combative. I was just saying that you were in the U.S. attorneys office prior to that in California?

Mr. BONNER. Yeah, I had been the U.S. attorney from 1984 to 1989.

Mr. FATTAH. So through your collective experiences are there matters based on these allegations that we should be concerned about?

Mr. BONNER. I would be very, very shocked if the CIA approved the movement of cocaine from anywhere in Central America to the United States. I would be very shocked by that. I don't happen to have any personal knowledge that is going to bear upon that question one way or the other, but I would be very shocked.

Part of the reason is this, by the way. I do know something about the pattern of drug trafficking that was occurring in the eighties and certainly into the 1990's and I can tell you this, that the movement of cocaine, all cocaine that was being moved in the United States, it didn't matter where it was coming through, was controlled by the Colombian cartel, principally, at that time the Medellin cartel and to some extent the Cali cartel. It would be very, very unusual that large scale shipments of cocaine would be being shipped by and controlled by Nicaraguans whether they were Sandinistas or whether they were contras.

Mr. FATTAH. You are aware that "60 Minutes" did a piece that said there was some conflict between the DEA and the CIA about a 1 ton load of cocaine that was involved in the sting that seemingly there wasn't close coordination with the DEA at that time.

Mr. BONNER. That was out of Venezuela.

Mr. FATTAH. You are aware of that story.

Mr. BONNER. I certainly am. I am, but does that mean one leaps to—first of all, even in that situation it is not clear whether—there was a lack of coordination with respect to that instance, but it is by no means clear that the policy of the CIA was to ship drugs in the United States for the purposes of their use.

That particular—actually, it would take me a long time to get into the Venezuelan situation, but let me say in answer to your question based upon everything I know, all of my background and experience I would be shocked if the CIA was responsible for the movement of cocaine into California for distribution to Los Angeles as has been alleged by the San Jose Mercury. I don't think that happened. I think it is very, very unlikely.

Mr. FATTAH. From what I gather you just said that the situation involving the 1 ton was a matter of some turf issues that were not clear between all of the various agencies in particular. As I recall it, the DEA was quite upset about the whole nature of how that confusion allowed 1 ton of cocaine to enter into the country.

Mr. BONNER. There was a Venezuelan general—this apparently occurred sometime around 1990—named General Guen, who was responsible for bringing about a ton of—1,000 kilograms of cocaine into south Florida. To be very charitable about it, let's say there was a failure of communication between the CIA and DEA or any other—Customs or any other U.S. law enforcement agency with respect to that.

Notwithstanding that situation, which I do know something about, I still think it is extraordinarily unlikely that the CIA would be involved in knowingly transporting or shipping cocaine into California as has been alleged in the San Jose Mercury. I don't believe the story. I doubt very seriously it is true.

On the other hand, I do have to say I wasn't there. I don't know. I haven't had a chance to investigate or examine the facts in detail. I think it is extremely unlikely that that story is true and, frankly, if it isn't true it ought to be put to rest soon. Somebody ought to be putting that to rest soon because it is obviously something that would be and is extremely disturbing to you, to me, and to a lot of other people.

Mr. FATTAH. I think I have heard from, in a bipartisan way, a number of the leaders of the Congress say that it should be looked into and it is a concern. Hopefully, at some point the appropriate committees will look into that matter. If on one hand drugs got into south Florida, it is hard to then discount that they could have or perhaps got into California and so I think some people are having difficulty just dismissing the article or the allegations especially absent any significant investigation into these matters.

Let me ask you a different question. Adult drug use has declined by about half since the mid eighties. At the same time, we have this corresponding increase in teenage drug use. Now, as you have—you say reluctantly criticize the President for the increase in teenage drug use. Do you correspondingly give the administration credit?

You spoke about their emphasis on treatment in terms of hard-core drug users which would be adults, I would take it. Do you think that the administration's efforts, at least as it relates to the adult population of drug users, has been—the focus of this has been our point?

Mr. BONNER. I am not exactly sure, I would have to look at the data. I think what has happened is that adult drug use has dropped and it is sort of flattened out over the last couple of years. By the way that is good. It hasn't risen. But the problem is that drug use is a dynamic problem. It is not a static problem. When you have sharp increases in teenage drug use, you are adding new—in this case—very young drug users to the pipeline. So that what happens in my experience is that within several years, 2, 3, 4 years, it takes a while. We are going to end up with more addicts, more hard-core drug users, with more people that are dysfunctional and not capable as functioning parents and responsible citizens. That is what is backing up in this pipeline.

Mr. FATTAH. Reluctantly, in order to be fair and balanced you would have to admit there has been a dramatic cut in adult drug use in this country at the same time that we see now a significant concern that has brought the chairman to this point of continuing

these sets of hearings. In relation to teenagers, you have to look at both issues because obviously hard-core drug use and the results of that and its impact on families among adults is an important policy issue.

I would—let me be more specific. You know that the goal of the drug strategy should be to reduce dramatically the number of regular drug users. You said that in your statement. The Clinton administration has made the reduction of hard-core drug use the main goal of their national drug control strategy. Do you believe the treatment programs are an effective method to reduce the number of regular drug users?

Mr. BONNER. I think there was a dramatic reduction in the number of regular drug users in America and it principally occurred from about mid 1980 to about 1992 and it has flattened out since then. I don't think we are making a whole lot of progress in that area. We can say at least among the adult population we are seeing sharp increases. The sharp increases over the last 3 or 4 years are in teenage drug use. I don't know. If you lose the battle there, you have lost it. Because in several years those are going to be—that is going to be an expanding base of hard-core drug users and addicts that are coming up. So—

Mr. ZELIFF. I think your time has expired.

Mr. FATTAH. My staff tells me you have been fairly liberal with the red light.

Mr. ZELIFF. I think there is a point. One more question.

Mr. SHADEGG. I think you have already been quite liberal, Mr. Chairman. I think the amount of time you have gone over, Mr. Fattah, equals the amount of time others have gone over.

Mr. FATTAH. I am not the chairman—

Mr. SHADEGG. I am raising the point.

Mr. ZELIFF. Let me ask Mr. Hall if you have any comments relative to Mr. Fattah's comment.

Mr. FATTAH. I have a question for Mr. Bonner.

Mr. ZELIFF. You get a chance in a second. It is while we are on the subject. Would you care to comment, Mr. Hall?

Mr. HALL. One thing we do know is if young people do not initiate illicit drug use by the age of 21, 22, 23 years old, it is highly unlikely they will ever enter into the user group of illicit drugs in their lifetime. So one thing you are seeing is that the success that we had back in the early years of the eighties with creating a very strong antidrug belief among young people is showing up in the adult population now as those people have aged.

But whether or not President Clinton deserves credit for that or not I think remains to be seen. The public has to decide who gets credit for that. But I think one of the explanations for that is that very thing and that is something that ought to be considered.

Mr. ZELIFF. To your request one question on each side, then we are going to wrap it up.

Mr. FATTAH. My question is quite complicated and it is actually nonpartisan and substantive so I would be glad to yield to the Republican side and if I could have another round—

Mr. ZELIFF. Just go ahead with your question.

Mr. FATTAH. Mr. Bonner, this is beyond the partisanship. There has been a serious debate between the Sentencing Commission and

the Congress on a very important policy issue related to cocaine in particular. As we have all come to understand in order to get crack cocaine you have to have powder cocaine. It is a derivative of powder cocaine.

Yet the Congress, as part of its concern in past years, to deal with this problem put in place mandatory sentencing that punishes the users of crack cocaine at a differing degree than powder cocaine. The Sentencing Commission suggested that we amend our policy in that regard, and for the first time in the history of the Sentencing Commission of offering a recommendation, the Congress rejected that.

Basically, I think many Members of Congress don't want to be soft on drug use and so forth and so on. Many members of—particularly the African-American community have been concerned because of the relative impact of this policy vis-a-vis young black males who are the minority of cocaine users in the country and they are also in the minority of crack users by all available data, but in the majority only in the category of those penalized by those mandatory sentences.

They are even in the minority of those arrested for crack, but still in the majority of those penalized under these mandatory sentences. The Congress has rejected, obviously, the Sentencing Commission's suggestion that we even out these penalties.

You are an expert in this field. You spent a lot of time—you have—actually were the Administrator of DEA. You have seen the impact of this drug epidemic in all of its impact and one of its impacts is that a large number of young people have been carted off to jail. That is one very real impact even though those who may be transporting large sums of this drug into this country have not always been—we have not always been able to successfully put them away. I would really like, because I think it would be helpful to maybe the 105th Congress, to hear your views on this very important matter.

Mr. BONNER. There is an imbalance, as you are quite right, between the quantity thresholds that kick in the mandatory minimum sentences depending upon whether the cocaine is in crack or base form or whether it is in the hydrochloride or powder form. I have given the matter some thought and I think that it actually would make more sense to me if we had the same quantity threshold for cocaine irrespective of which form it is in.

By the way, I think we ought to have mandatory minimum penalties for those dealing with drugs at a certain quantity, but I don't think we should make the differentiation. Part of the reason for that, by the way, is the very low quantity thresholds for crack cocaine. Five grams or more kicks in if you are in possession or selling 5 grams or more of crack cocaine. That kicks in the 5-year mandatory minimum penalty under Federal law.

The other thing that concerns me about a threshold that is that low, it tends to bring a lot of street dealer cases into the Federal court system for prosecution. It certainly puts pressure on the Federal system to handle these things and the Federal system is sufficiently small—I am talking about the Federal criminal justice system here, Federal Court, U.S. attorneys offices and the like are sufficiently small. That, I think, creates an imbalance and a pressure

to bring in street level traffickers and in my scheme of things, those street level traffickers ought to be prosecuted, but that ought to be handled at the State and local level rather than through Federal investigation and prosecution.

You have had that imbalance, too, as well. So overall, I conclude that it would make more sense if we simply had one quantity threshold for cocaine irrespective of whether it is crack or whether it is powder.

Mr. FATTAH. Let me thank you for that very candid response and let me say notwithstanding my disagreement with what I think are partisan, even if reluctant comments, your tenure had a lot of respect from, I think, people on both sides of the aisle and your work is respected and I appreciate your candid response. I am not from California. I am a Congressman from Pennsylvania, but the district that you used to be the U.S. attorney in—not during your tenure—of late with the Federal mandatory sentencing, one report has shown that the only people prosecuted under the mandatory sentencing guidelines have been African Americans.

I think part of what we had to do, if we want to really battle drugs in this country, is have everyone playing by one set of rules. People have to know that they are going to be fairly handled and irrespective of what the circumstances are and there is no community more concerned about dealing with the drug problem than the African-American community. I don't think anyone there is soft on drugs. But it should not be even the indication or inclination for people to be able to suggest that there is some imbalance in how this government is approaching these matters.

So I want to thank you for your testimony. I thank the chairman for extending to me the time. I know that we maybe can get back to whatever is on the agenda now. Thank you.

Mr. ZELIFF. Thank you, Mr. Fattah. Mr. Shadegg, one last question. Then we are going to wrap the panel up.

Mr. SHADEGG. I want to ask you a question, Mr. Hall. Last week we had testimony before the committee which suggested that while during my generation I believe it was very widely understood that heroin was an extremely dangerous drug. Even a one-time use of heroin could be life-threatening in the sense that it could result in an addiction and lead to the destruction of a life. The testimony we had suggested that today's youth don't view heroin in that extremely dangerous way we did in an earlier generation.

I know your survey has only been going on for 9 years. I guess my question of you is—as I look at this chart, I can't look backward and see what the attitude was in the first, second, third, fourth years to make a comparison—do you see an attitudinal change amongst children about how dangerous heroin is as a drug?

Mr. HALL. From that data I cannot answer that question because we really only just added the heroin question in the past school year. But what is interesting is that the process that led up to that, for a long time it took a lot of convincing internally in our organization to even accept the fact that heroin was a problem among people who were in school and less than 18 years old, but what we found out when we added the question was, yes, it is a problem among them.

I think our numbers are up in the neighborhood of 3.5 percent of use of heroin, but we don't have a longitudinal look at the powerfulness in our study. I think probably the Monitoring The Future survey would have that.

Mr. SHADEGG. It would be important to know. I walked to a vote immediately following that testimony and a colleague said to me in shock, he said, "How can it be that kids today don't realize how dangerous heroin is? We certainly realized how extremely dangerous it was." The only answer I can imagine is that we failed in the education process from then to now in getting at least that piece of information across.

I know when I was a kid you learned there were certain drugs that were perhaps recreational use drugs that you people could talk about, but heroin was not in that category. That was a drug serious drug users used. If you got near it, your life was gone. I hope we haven't let our education process—and by that, I don't mean the school process. I mean the education that we do as a Nation about the seriousness of this problem deteriorate so far that kids don't understand this. But it appears maybe we have.

Mr. HALL. With increased purity of heroin and now in the smokable forms of heroin, the stigma of heroin, which is the needle, has been removed and that may also lead to some sort of deterioration in the belief system about heroin, but I don't have any data. That would be sort of a speculation.

Mr. SHADEGG. Which is scary in itself if we get more kids involved in it because they don't have the stigma of the needle.

Mr. ZELIFF. I thank you and I want to thank the panel, Judge Bonner, Doug Hall, president of the National Parents Resource Institute for Drug Education. We appreciate your excellent work and, again, I know in a very bipartisan way from what we have seen in my involvement in this issue for the last 2 years, whether you go to the Bahamas or Mexico, anyplace in South America, anyplace in our country, it is not just in Baltimore, not just in Washington. It is a little town in Jackson, NH. It is everywhere.

What is at threat here is the country's threat and the future of our country and the world is at threat. If we can do anything at all together in spite of our partisan bickerings, get America to wake up and parents to wake up and start talking to their kids about drugs. We could somehow focus on the issues, provide leadership, that is what the goal of this subcommittee has been. I think the fact that both candidates are talking about it and we are talking about it in our own races, I think that is good.

We had our breakfast group of some 50 or 60 Members of Congress that Charlie Rangel and I tried to put together. There was some very strong interest and much, much frustration in terms of trying to figure out what works and what doesn't work. But I think we are making progress and hopefully 2 years from now we can say we won the war on drugs, but it is probably going to take a lot longer than that.

Thank all of you very, very much. I would look to turn the gavel over to my good friend and chairman of the Early Childhood, Youth and Family Subcommittee, Duke Cunningham, who will chair the rest of the hearing.

Mr. CUNNINGHAM [presiding]. First of all, we would like to apologize to all of the panelists who have been waiting. A series of 5-minute votes stopped a lot of the action. There are like three or four other hearings going on, appropriations bills, the continuing resolutions, all of these things in the final throws of the 104th Congress has stopped a little bit of action.

In the interest of time and as chairman, what I would like to do is, panel three and four, there is only one on panel three. There are two on panel four. We would like to combine both panels. We thank you for your patience of standing by during these times, but if Mr. Hansen, Mr. Wayne Roques, and Mr. Nelson Cooney would step forward, if that is OK, we will combine those and get into the hearing itself.

Mr. FATTAH. Thank you, Mr. Chairman. I am a stand-in here, but I will introduce Mr. William Hansen as president of Tanglewood Research, Inc., which prepares various education programs to ensure safe and drug-free schools. We want to welcome you and I hope that all of this next panel can help shed some light on this serious public policy issue.

Mr. CUNNINGHAM. This panel, the two witnesses, first Mr. Wayne, is it Roques? Former DEA agent from Miami. Mr. Roques has spent his entire career fighting a war on drugs and has extensive experience in talking to children about the ills of drug use. Mr. Nelson Cooney, senior vice president, Community Antidrug Coalitions of America, which works with local groups to help fight teen drug use and at this time I would like to swear the members in and remind you of the penalties both—all of you have been sworn in before and you understand the consequences of it. Raise your right hand please.

[Witnesses sworn.]

Mr. CUNNINGHAM. Let the record show that the witnesses responded in the affirmative. Please have a seat.

What I would do to start is that—I think it has been educational with the last panel and each of us, as we go through the time we have issued—and some of us are enlightened that we didn't expect.

One of the things I think that we would all agree on is that there have been certain things in our country that an attitude, a message, an action have changed. I don't mean to trivialize the issues that we are talking about today, but let me give you a couple of examples.

I remember as a youngster looking along our highways and every single highway had trash on it. There was an attitude of who cares, they threw it out the window. Pretty soon this Nation took a look at itself and it looked like a trash heap and the attitude from leadership, the message that was put out was, hey, it is bad to do that.

As a matter of fact, I have seen people stop and take license numbers of somebody throwing something out and report it. That is a national attitude. I think if you take a look at sexual child abuse. Now there is an attitude if you abuse a child—I don't think it has ever been a real popular thing to do that. But I think the awareness and the message out there is, hey, you do that to a young boy or young woman or young man, we are going to get you and we are going to get you hard. That is a national attitude.

I think the same thing on sexual abuse in the family and I think the same thing on racism that the national attitude has changed a lot. Are all of these perfect yet? No, but I think we have come a long way and I think what we are looking at here today is that the attitude and the message at one time was going in the right direction and that same message, attitude and action has changed.

If that is not the case, we would like to know about it and if it is, we would like to change it. If the uses are predominant like the witnesses have said, damn it, we had better work together as colleagues on both sides of the aisle and do something to change it because it affects our children and it affects your children.

Let me give you an example—do we have the staff? Well, it is a picture of T-shirts with marijuana on it. It is pictures with different memorabilia on it. Do I propose that the Federal Government get into private enterprise and make regulations? No, I think we regulate too much. But it purports an attitude that this is OK. It purports an attitude in our families and our children that I know my children would not wear that.

Maybe it is not as effective to some other people and maybe they would, maybe it is no big deal. The attitude and the message, I think, is very, very important and that is why we feel both in leadership, the parents, the homes, the schools, that things must change and that is what this hearing is about.

With that, I would recognize Mr. Hansen. We were liberal in the last panel. We had a little bit of time overlap. We would like you to limit it to 5 minutes and I will try also with my colleagues to be as liberal, as much as they can in the interest of time and we will give you 5 minutes, but we will go over that time and also in the questions if we have time for the panelists.

Is there anybody under time constraint, other witnesses that have to be out of here? With that, Dr. Hansen, we welcome you to the panel.

STATEMENTS OF WILLIAM HANSEN, PH.D., PRESIDENT, TANGLEWOOD RESEARCH, INC.; WAYNE ROQUES, DRUG PREVENTION CONSULTANT, SOUTH FLORIDA, FL; AND NELSON COONEY, SENIOR VICE PRESIDENT, COMMUNITY ANTIDRUG COALITIONS OF AMERICA, ALEXANDRIA, VA

Mr. HANSEN. Thank you, Chairman Cunningham. I appreciate the opportunity to be here. Let me just say a little bit about myself. I have been a drug abuse prevention researcher for the past 20 years. I have been funded primarily by the National Institute on Drug Abuse. The research has been also funded by the National Institute on Drug Abuse. Research has also been funded by the National Institute on Alcohol Abuse and Alcoholism; National Heart, Lung and Blood Vessel Institute; Centers for Disease Control; and the Centers for Substance Abuse Prevention.

Throughout this period of time that I have been working on this issue, of course, this has been the issue that I'm concerned with. I am primarily concerned with the prevention and education issues that accompany the drug problem. I appreciate all of the previous panelists who have done relatively well to define the nature of the problem. I sort of wish the one chart was still up there.

Mr. CUNNINGHAM. We can put it back up there. Can we replace and put the chart back up?

Mr. HANSEN. Actually, in the interest of time, and I don't mind being—I can continue on. I am going to reiterate some things that I think have already been said that the epidemic on illicit drug use emerged among young people in the 1960's and 1970's. There was a growing social movement that was very nonconventional against the status quo of our society and drugs figured into that movement.

It wasn't until 1975 that we thought that drug use was important enough to begin measuring it, so we began surveying continually since 1975 and we have added a variety of additional tools as the years go by. One of the things that is important to note is that drug use piqued in 1978 and 1979 when roughly about 39 percent of young people reported having used some form of illicit drugs in the past 30 days between 1979 and 1992. The prevalence of this recent illicit drug use dropped by an average of about 2 percent per year.

If we examine the period between 1979 and 1986, when the Omnibus Antidrug Act was passed, the average rate of interdiction prior to the act was 1.8 percent per year. After the act it was 2.1 percent per year, meaning if you think of a straight line and how much increase we had, we had a net increase of about a third of a tenth of a percent after the passage of the act per year. But now we know that it has increased from a low of 19 percent in 1992 to a high of about 24 percent in 1995. Most researchers that I deal with expect that this trend, if not challenged, will continue to rise, which, of course, is the reason for the hearings and the reason for the concern throughout the United States.

I would like to talk briefly about a substance that hasn't been talked much about just to make sure that it catches the attention of the committee and that is inhalants. Inhalants are substances that are sold in grocery stores and drug stores and gas stations. You can find them in every kitchen and in every garage and in every car in the United States and most offices.

Inhalant use, particularly among young adolescents, these are students between the ages of 11 and 14, have also shown this level of increase. In fact, currently in Winston-Salem, NC, there are more 9th grade inhalant users than there are 12th grade inhalant users. It is one of the phenomenons that has caught on that has never been seen before in this country. So the concern about drugs shouldn't only extend to those things we call illicit drugs that shouldn't be able to be purchased, but they extend to a variety of things which make me very concerned.

The question that we have tried to answer here is why has drug use increased. Clearly, there has been this change and it is a change that I'm concerned with. I answer this as a scientist who has studied this phenomenon for well over a decade now and I begin always by saying drug use develops not quickly but slowly.

The largest increase, at least before 1990, in marijuana use occurred between the 8th and the 9th grades when people left typically a junior high school and entered high school or middle school and entered a high school. Today, that increase is occurring even younger, but the increase clearly spans the period of 4 or 5 years at a minimum and often 5 or 6 years. The students who in the high

school survey began using more heavily in 1993 may have well begun using earlier than that. There are a lot of—what does the yellow light mean?

Mr. CUNNINGHAM. You have a minute, but go ahead. We are going to be lenient on the time.

Mr. HANSEN. I think there is a lot of social processes that may be involved that tell us that this isn't a simple problem that suddenly appears over a relatively long period of time. In 1986, the Congress and President authorized the Omnibus Antidrug Act, which authorized the Drug Free Schools Act. At that point in time I watched the prevention patterns that went on in schools because all of a sudden for the first time in our history the United States has gone into developing a prevention effort that we hoped would have long-term dividends in terms of changing the nature of this pattern.

When I see these patterns, my concern has to do with the fact that prevention efforts didn't succeed in the way that we wanted them to succeed. The unfortunate thing is this has happened. The fortunate thing is that during the past 15 years federally funded researchers have spent a great deal of effort trying to understand the nature of the problem and trying to develop effective strategies for preventing substance use. We learned that there is a variety of different methods out there that people try to employ.

Some methods are effective and some methods aren't effective. One of the things that we have learned is that well conducted social influence programs that address the social influence as the cause of substance use, can reverse substance use and decrease the onset of substance use by half. Programs given in the 6th and 7th grade through the 12th grade have found that even by the time of the 12th grade there continues to be long-term effects of these effective programs.

The biggest challenge is that most of the programs that are effective have not been widely disseminated. If we are going to consider a national strategy for preventing substance use as a major component of a national drug control policy, we need to make sure that effective programs have a method for getting out into the schools where they can be used. We also have to have an effective way of getting programs to parents who can use them.

I think this requires two elements. One is we need to have a dedicated and effective human infrastructure in place. Most schools now have drug-free school coordinators. These people have dedicated, over the past decade they learned what their job is. There still continues to be a high rate of turnover in these people, but there is an infrastructure in place.

There are dedicated teachers and police officers who enter into the schools who do the things that they need to do, but the second element that really is required is to have effective prevention programs. The scientific community has worked long and hard to have these programs and we would hope that the government would now take advantage of these things and make sure that they get implemented. Thank you.

[The prepared statement of Mr. Hansen follows:]

Effective Drug Abuse Prevention Programs
Statement Prepared by
William B. Hansen, Ph.D.
President
Tanglewood Research, Inc.
Clemmons, NC

Epidemiology

During the past twenty years, significant progress has been made among scientists and practitioners in understanding the causes and solutions of drug use problems. The primary fact that has been learned from this experience is that the challenge we face when addressing drug issues is daunting. Those who wish to become engaged in prevention and intervention must realize that, as current epidemiologic studies attest (Johnston, O'Malley & Bachman, 1996), attempts to change the patterns of drug use result in failure at least as often as it results in success. After a decade of funding dedicated to winning the war on drugs, the country is currently experiencing an increase in illicit drug use among school age youths. Such a situation suggests that, at a minimum, the solutions of the past need to be seriously reconsidered. Fortunately, additional hope from scientific research, including examples of programs that have documented success, is available.

An epidemic of illicit drug use emerged among American young people in the 1960s and continued to expand through the 1970s. Marijuana was the most popular illegal drug, with use among high school seniors gaining majority status; in the high school class of 1979, 60.4% reported having used marijuana (Johnston et al., 1994). Use of marijuana peaked around 1979 or 1980, and the decade of the 1980s saw a consistent decline to a point where annual prevalence was cut in half, going from one in two seniors in the class of 1979 to one in four seniors in the class of 1991. More recently, there has been a substantial turnaround. Daily use rates were 3.6% in 1994 and reveal a trend of increase that does not appear to be leveling off.

One substance that generally increased throughout the 1990s is inhalants. Among high school seniors, the annual use rate observed in 1993 was 7.0%, the highest since observations began in 1975. Unlike many drugs of abuse, inhalants can be found in nearly every home, garage, and office in America. They can be purchased in grocery stores, drug stores, hardware stores and gas stations. Inhalant use has seen its greatest increase among young adolescents.

The decline in illicit drug use between 1980 and 1990 has been largely attributed to the Omnibus Anti-Drug Act which pumped hundreds of millions of dollars into schools and communities to combat illicit drug use. However, two facts should be noted. First, the start of the decline in marijuana, amphetamines, sedative and tobacco use predated the expenditure of federal funds and continued at about the same rate despite the infusion of federal dollars. Second, the recent turn about in some forms of drug use corresponded to a period of relatively high levels of funding when programs and training were in place. This is particularly important given our understanding of the time course of drug use development; among youths, the

proportion of students who use drugs increases gradually beginning in middle or junior high school, not abruptly at grade twelve or eleven. This suggests that the turn about which was formally reserved in high school seniors in 1991 had its beginnings several years earlier.

Prevention

Reducing the demand for drugs must be part of a comprehensive national strategy for addressing the nation's drug problems. The goal of prevention is to delay, deter, or eliminate the onset of substance use within populations. At the core of prevention programs are several assumptions that deserve consideration. It is now widely recognized that prevention programs that are effective have several common features (Dusenbury and Falco, 1995). Primary among them is program focus. Program focus — the message of the program and what the program attempts to change — is the most important element of preventive intervention.

The history of prevention suggests that there have been three eras of program development. The first era can be characterized as being intuition-driven. Intuitive programs predominate in our schools and communities today. These programs reflect common sense ideas, ideology, and doing what appears to be popular or exciting.

The second era of program development is characterized by theory-driven programs. These programs, primarily funded through research projects sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) have relied on a combination of host-discipline theory (i.e. theories in which the program developer was trained as a student) and intuition (often not admitted) to guide program development. Thus, social psychologists focused on strategies that reflected the theories of their discipline such as Social Learning Theory (Bandura, 1974) and the Theory of Reasoned Action (Ajzen & Fishbein, 1978). Sociologists focused on Social Control Theory (Hirschi, 1968). Researchers grounded in public health used the Health Belief Model (Rosenstock, et al, 1973). Prevention programmers have used assumptions about cause and effect that are inherent in each of these theoretical perspectives to develop preventive interventions. The decade of the 1980's witnessed numerous field trials in which various combinations of elements were delivered and long-term follow-up tracking behavioral effects completed.

Much of what is known about effective school-based curricular approaches has been learned from researcher-initiated intervention trials.

In a recent review, Tobler and Stratton (in press) have examined four groups of programs: (a) information programs, (b) affective programs which also included information components, (c) social influence programs which also tended to include information, and (d) multiple component programs, usually including some element of all three of the previous groups but emphasizing social influence in conjunction with additional affective strategies. Tobler and Stratton (in press) used means and standard deviations to calculate effect size statistics for each of the studies reviewed above. Tobler's review increased the number of studies in the analysis and conducted analyses on two data sets. The first included all reported studies for which effect

sizes could be determined. The second included only those studies from the larger group that met methodological standards for inclusion (adequate follow-up, control groups, etc.).

Programs that were primarily informational or affective in nature had a relatively small effect sizes. Programs that featured social influences approaches or increased life skills approaches in addition to social influences approaches were, in comparison, relatively effective. Such programs include *Project SMART* and *Project STAR*, available from the University of Southern California (Hansen & Graham, 1991; Pentz, MacKinnon, Dwyer, et al., 1986), *Life Skills Training*, available from Gilbert Botvin of Cornell University (Botvin, Baker, Dusenbury, Tortu & Botvin, 1990), and *ALL STARS*, available from William Hansen of Tanglewood Research, Clemmons, North Carolina are examples of interactive social influence prevention programs.

More recently, researchers have systematically attempted the development of a science of prevention (Coie, et al. 1993; Hansen & McNeal, in press) that rests on empirical findings about etiology. As a result of this development, theory has not been abandoned, but has taken second priority to empirical findings. That is, explanation is of importance only once empirical relationships have been established. Research on the causes of substance abuse has examined numerous variables that serve as markers of these concepts, and empirical findings can be used to demonstrate the potential for prevention programs to have an impact on behavior. The essential logic of this approach is that a program must target a variable that statistically accounts for behavior. Variables that do not account for differences between users and non-users, or users and abusers hold little promise for being able to influence programmatic outcomes.

It is increasingly recognized that neither lore, nor expert consensus, nor popularity in theory accounts for or guarantees program success. Program success is determined primarily by the degree to which programs change characteristics of students, schools, neighborhoods, and families that statistically or mathematically account for drug use. Programs that target and change characteristics that account for drug use succeed. Programs that fail to target appropriate characteristics or that target appropriate characteristics that fail to produce needed change cannot and will not succeed.

Twelve mediating variables hypothesized from prior intervention research to act as change agents in substance use prevention programs were recently examined (Hansen & Graham, in preparation; Hansen, 1995). These included: normative beliefs, lifestyle/behavior incongruence, beliefs about consequences, commitment, resistance skills, stress management, self-esteem, alternatives, decision skills, goal setting skills, social skills, and assistance skills. Mediating variables were compared based on their ability to predict subsequent self-reported substance use. The variables most strongly associated with future drug use were normative beliefs, values and commitment (see Table 1 below). These results demonstrate that substance use prevention programs that target correcting erroneous normative beliefs, creating a perception that substance use will interfere with a young person's desired lifestyle, and building personal commitment may have an optimal potential for success. Beliefs about social and psychological consequences was a strong correlate, but had diminished value as a longitudinal predictor (not shown). Other variables, many of which are targeted by popular programs, were

shown to have minimal potential to change behavior.

Table 1
Correlations Between Modifiable Mediators and Drug Use

Mediating Variable	Alcohol	Tobacco	Inhalants	Illicit Drugs
Normative Beliefs	-0.63	-0.52	-0.38	-0.42
Life Style Compatibility	-0.61	-0.56	-0.38	-0.37
Commitment	-0.59	-0.59	-0.33	-0.30
Beliefs about Consequences	-0.55	-0.46	-0.39	-0.43
Resistance Skills	-0.40	-0.33	-0.31	-0.25
Goal-setting	-0.25	-0.25	-0.20	-0.19
Decision Skills	-0.24	-0.24	-0.18	-0.19
Activities/Alternatives	-0.23	-0.25	-0.17	-0.16
Self-Esteem	-0.19	-0.21	-0.20	-0.17
Stress Management Skills	-0.12	-0.15	-0.13	-0.07
Social/Life Skills	-0.05	-0.02	0.04	0.05
Assistance Skills	0.05	0.05	0.03	0.01

In the end, success in school-based prevention requires the development of a significant knowledge base. The importance of this technical capability cannot be over-emphasized. Without it, preventive approaches will fail more often than they succeed. The fact that failure characterizes nearly all non-research-based curricular approaches underscores this point. Currently, the school-based prevention field is characterized and dominated by individuals and groups who believe strongly in the value of prevention. More often than not, intuitive approaches that tend to be adopted seldom, if ever, achieve prevention goals. No matter how widespread or popular a program may be, effectiveness in preventing the onset of substance use and abuse must remain the primary and sole criterion by which programs are judged.

The state-of-the-art in prevention programming now clearly favors programs that are data-driven; programs must target and change mediating variables that are strongly predictive of substance use development. Many of the approaches that have been popular in the past, including building self-esteem, teaching generic social skills, and teaching specific skills such as stress management are not likely to be effective in school-based prevention. Programs that target these characteristics may fulfill other needs, but are not likely to be effective as preventive tools.

Mr. CUNNINGHAM. Thank you, Mr. Hansen. Mr. Roques is recognized for 5 minutes.

Mr. ROQUES. I have dedicated my entire adult life to drug enforcement and trying to slow down the proliferation of drugs and drug use in our society. I would like to give you a history as to how that came about. I grew up in what would now be called ghettos. I grew up in the French Quarter of New Orleans and below the industrial canal in New Orleans, which were very poor areas. I was a latch-key child.

My father left when I was 4 and I was surrounded by drugs and crime throughout my childhood, infancy and so forth. I actually was aware of and witnessed people using marijuana and heroin before I started kindergarten and I saw my first murder when I was 8 years old. The good thing or, if you will, the advantage that I had was in those days no one would give or sell drugs to a child.

In fact, in my neighborhood, which was well known to be owned and operated by organized crime, the French Quarter of New Orleans, it was probably a death penalty if you were to make that mistake.

What I had the opportunity to do and what children don't have the opportunity to do today if they don't live in the same kind of neighborhood or if they get offered drugs too early, I had the opportunity to see people under the influence, how they behaved, how they looked, and what occurred with them while they were using drugs. I made my decision at a very, very early age never to use drugs and was able to live with that decision.

Unfortunately, many of my generation did not because as time went on it became a popular thing to do. We got involved in the circumstances of the sixties with the Vietnam War and the protests and the revolution in general and what happened was that people use this as a part of that culture, if you will. I never got into the culture. I never got into the drugs.

We were poor enough that I knew if I didn't keep swimming I was going to sink. I didn't have time for foolishness. That was something that just didn't exist for me, so I had a lot of advantages in that sense. I did watch my neighborhood and most of my friends die or was aware that they died. A lot of them died in accidents when they were drunk or stoned. Shootouts with each other and other drug dealers over the years, cirrhosis of the liver, heart attacks from cocaine and so on. Most of them are gone now.

As a result, in 1969, shortly after I graduated from college in 1968, I joined the—well, at that time it was called the U.S. Bureau of Narcotics and Dangerous Drugs. With the fervor of a rookie, with them hiring more of us and putting a little more money into drug enforcement, we would be able to go out and clean up the problem probably in a pretty short order and then again on to private life. Of course, that didn't happen. But the Nixon administration was very serious about drugs.

They did expand the size of the agency. They did create the Bureau of Narcotics and Dangerous Drugs—or rather that was created before them, excuse me, but they created the Drug Enforcement Administration, which a consolidation of Federal efforts at that time, it never quite came off. He had his problems and left office and then unfortunately. Or not unfortunately, the Ford admin-

istration, I would say, continued to status quo, unfortunately. Then when President Carter came in, he put in people and it is pretty much history now who were there. If we didn't get—if we got leadership at all from the White House, we got negative leadership writing.

During that period of time the attitudes just got worse. We felt like we were lone voices crying in the wilderness and certainly felt abandoned by our government. At least I did and so did most of the people I worked with who, by the way, were the most dedicated, hard-working human beings I would have seen in my life. We probably averaged 14, 15 hours a day, 6 days a week.

It was difficult on our families and our health, but that was how dedicated we were. We went through a period of time coming up to the eighties where we were very discouraged and worked hard, but really lost a lot of ground. In my estimation, over the past 4 or 5 years, then, the Reagan administration came in and, quite frankly, there was a tremendous change in attitude about, one, making people pay for crimes they committed, and putting them in jail; then the "just say no" campaign came along. I have to tell you I think it was one of the greatest things that ever happened as far as drugs is concerned. A lot of people laughed at it and thought it was foolish and wouldn't help, but what it did was raise a consciousness of the people of this country, particularly parents and people in workplaces and so on and raised their consciousness to understand the harm that has been done to our society by the proliferation of drug use in our society.

We empowered the Grassroots Prevention Group, the mothers who had lost children, the mothers who had children who were addicted and so on and things began to really change. We made a tremendous level of accomplishment during that period of time between that year and you have all seen the statistics. I will not just repeat them because I want to give you a little different slant on it.

We went from 24.8 million drug users according to the surveys and the numbers are always questionable. They can never be exact, but I think the trends are very exact. What happened, in essence, was this: We went from 24.8 billion, that was 14 percent above our—12 and above population at that time, 14 percent. By 1992 we were down to 11.4 million that was 4 percent. That represents over a 70 percent decline in the number of drug users and the reason that my figure looks a little bit different than some of the figures you have seen is because they don't allow for population growth.

We had a lot more people during that period of time so the percentage actually dropped by over 70 percent. I hear people saying, of course—they are mostly drug culture and counter culture people—say the drug war has had no success. If we caused teenage pregnancy to decline by 70 percent, if we caused teenage violence to decline by 70 percent, if we caused serine conversion to HIV to decline by 70 percent, would anyone call that a failure and demand that we stop what we are doing and change? I think the answer to that is very clearly, no.

A lot of things came about, unfortunately, during Mr. Bush's administration. I guess about the end of 1991 when everything started heating up in the Middle East, all the attention in newspapers,

attention in the administration and a lot of other people went in that direction. A soon as the heat came off the drug issues, those of us in enforcement prevention and treatment began to warn this is a problem we are going to see increased use if we don't keep the pressure up.

Unfortunately, no one had the time for us and, of course, it happened. After the war was over, despite all the accolades and everything else, it was still a flagging economy and election and the attention never came back to drugs until very recently. We saw many things happen and one of the things I guess I can tell you that my blood rose up when I heard President Clinton say, "yes, I did, but I didn't inhale and I would have if I could have," because I knew the effect that that would have.

When I heard the Surgeon General—and I was told this would happen before she was appointed by someone in the drug culture. They talked to her and she understood that drugs—the prohibition against drugs was the cause of violence that we would hear about legalization and, in fact, we did. I knew that would be a problem.

In October 1987, I became a demand reduction coordinator in a Miami field division. I covered Florida and the Caribbean for the DEA. The demand reduction coordinator, as you all know, is a prevention specialist. I did hundreds of presentations, a couple of hundred every year, until I retired last year in 1995. During that period of time—

Mr. CUNNINGHAM. We don't have unlimited time.

Mr. ROQUES. I am almost done. What I saw was a change beginning when the pressure came off and continuing and I rarely went to a school in the last 3 or 4 years that I didn't hear jokes about "not inhaling," "would have if I could have," and the Surgeon General said we should legalize drugs. How can that be so dangerous?

The other thing I want to tell you is on the day of President Clinton's inauguration there was a group of people in a park across the street from the White House who were chanting, "Inhale to the chief." The drug culture has used those quotes over and over again to children and young people to tell them drugs is not really dangerous. Your President used them and he became President.

I have heard these things. I have seen them in writing. They are in some of the magazines out there and it is something that has to be combated and I have given my life to it and I hope the attention you are giving will do some good.

[The prepared statement of Mr. Roques follows:]

**WRITTEN STATEMENT PREPARED BY WAYNE J. ROQUES, DEA-RETIRED, FOR
PRESENTATION TO THE SUBCOMMITTEE ON NATIONAL SECURITY,
INTERNATIONAL AFFAIRS AND CRIMINAL JUSTICE OF THE COMMITTEE ON
GOVERNMENT REFORM AND OVERSIGHT AND THE SUBCOMMITTEE ON
EARLY CHILDHOOD, YOUTH AND FAMILIES OF THE COMMITTEE ON
ECONOMIC AND EDUCATIONAL OPPORTUNITIES AT A JOINT HEARING ON
THE EPIDEMIC OF TEENAGE DRUG USE ON SEPTEMBER 26, 1996**

I have dedicated nearly my entire adult life to combatting the proliferation of drug use in America. In 1969, I entered service with the U.S. Bureau of Narcotics and Dangerous Drugs in the New Orleans Regional Office. I rode the roller coaster of the drug war as a drug enforcement agent for about 26 years. I labored in drug enforcement as the Nixon Administration began to focus on the drug problem and the U.S. Drug Enforcement Administration was created. The size of the agent force and the budget grew significantly. After President Nixon resigned, the Ford Administration continued the status quo. We suffered grievously under the Carter Administration. There was little or even negative leadership in the drug arena and much ground was lost. By 1979, there were about 24.8 million current users (past month) of illegal drugs. This represented about 14% of the 12 and over population and the peak of drug use in this century. During the Reagan Administration, a new era in the drug war began. More assets and agents were assigned to the enforcement effort. The *Just Say No* campaign raised the consciousness of the public regarding the dreadful consequences that the laissez-faire public attitude toward drug use had inflicted on our society. Treatment research and programs abounded. By the end of the Bush Administration, the estimated number of current illegal drug users had fallen to approximately 11.4 million users or about 4% of the 12 and over population. That represented a decrease of over 70%. Moreover, the simple fact is that, while we are aware of the extraordinary decrease in the number of drug users since 1979, it is very difficult to evaluate what didn't happen. How many current users would we now be facing, if we had not attacked the problem in the 1980s? 30 million? 40 million? During the last year of the Bush Administration, the Gulf War, a flagging economy, and the election caused a loss of focus on the drug war. Many engaged in the drug war on both the supply and demand sides warned that this would result in increased use. These voices went unheeded.

Without a strong anti-drug commitment in the White House, many factors have combined to lower the perception of the harm of drug use among adolescents. There is the "I didn't inhale" or the "I would've if I could've gambits, a Surgeon General who was bewitched by drug culture fictions, an entertainment industry populated by perpetual juveniles, particularly rap artists, who promote marijuana and other drugs in their recordings, movies, etc., and a handsomely-financed pro-drug lobby intent on normalizing and, in time, to decriminalize/legalize the currently illegal drugs beginning with marijuana. They have created a sophistic tapestry of strategies/ to accomplish that end, e.g., harm reduction (enabling drug use), the medical marijuana scam (the National Institutes of Health reviewed each illness for which it is touted and found it not to be safe or efficacious as medicine), attributing racial motives to drug enforcement efforts, etc. Other more subtle signs of retreat from the drug war include: a recent proposal by GSA to alleviate the requirement that federal contractors comply with the Drug Free Workplace Act, hiring White House Staffers with a recent history of drug use, the 1993 reduction in the size of ONDCP, the FDA's refusal to approve home

drug testing kits, changes in the sophisticated drug kingpin, money laundering and international strategies at DEA, etc.

In October 1987, I was assigned as the demand reduction coordinator for the DEA Miami Field Division. I continued in that position until my retirement in July, 1995. As part of my duties, I presented hundreds of drug free schools programs to students at elementary, middle, high schools, and colleges and universities in my field division, nationally, and in other countries. For the first several years, I saw a strengthening of the resolve of adolescents against drug involvement.

Beginning in 1991, there was a diminution of interest in the drug problem and this was reflected in the attitudes of the students. After 1992, there was a discernible reduction in the anti-drug sentiments expressed by the students from middle school up. In the last few years, I seldom did drug free schools presentations where students didn't bring up the "I didn't inhale" or "I would have, if I could have" comments followed by snickers all around. More often than not a student would refer to the Surgeon General's unfortunate comments about studying drug legalization, because it might reduce violent crime. (A thesis based on the false premise that holds that it is the drug laws that cause the problems, not drug use). In reality, the vast majority of drug-related crime, particularly violent crime, is driven by the effects of being under the influence of drugs. Any reduction in the perception of harm caused by drug use among adolescents results in increased use with a corresponding increase in crime. We are currently reaping the wildwind of increasing drug use as a result of the loss of focus and lack of leadership in the drug war.

In this election year, we hear the oft repeated refrain that we need to divide the drug budget more equitably between enforcement, prevention, and treatment. The hard truth is that the drug war has been chronically under funded considering the scope of the problem. A modest increase in enforcement dollars would be reasonable, particularly in the interdiction area. However, the real increase in funding required is in the areas of prevention and treatment. Those two imperative prongs in the drug war should be funded at the same level as enforcement. Even if we were to increase funding to reflect that prescription, the amount of dollars expended on the drug war would remain a minimal figure relative to the expenditures of the federal government.

Drugs are an internal and external threat to our national security. People in this country as well as in source countries have in essence declared chemical (drugs) warfare on citizens of our country, their own countries, and, indeed, the world. When one compares the immediate threat to our health, culture, and security caused by drugs to the external threat to national security posed by other countries, it is clear that drugs are the gravest concern facing us. The U.S. military has reduced its surveillance and technical support to the drug war over the last few years. They must reassume their responsibilities to protect our borders from drugs as well as any from any potential human invaders. The National Guard is currently deeply involved in demand reduction and support to enforcement operations. This should be expanded and encouraged.

On the prevention side, we need to recognize that the repeated calls for family involvement have not been heeded. There many children with one parent or no parent. Parents received little or no drug education when they were in school. We have literally thousands of important scientific

studies, conducted here and abroad, regarding marijuana, cocaine, etc. that few people outside the actual researchers have ever even seen summaries of. One glaring failure of drug education efforts in this country has resulted from the assigning of responsibility for drug education to the U.S. Department of Education, an area in which they have no expertise. Exemplary of this is the fact that many schools have adopted the DARE program as their entire drug education program. The DARE program is an exceptional product, and should be retained; however, it is not a vaccine against drug use. Drug education should be inculcated in school curricula from K thru university level. People rarely begin drug use after age 21. The efforts of grassroots drug prevention groups and community coalitions are invaluable in changing attitudes in parents, adolescents, and society.

The responsibility for curricula evaluation, selection/development, and dissemination and distribution of drug free school funds should lie with prevention professionals. I have seen the proposal for a new streamlined agency to administer federal drug prevention and treatment programs and funding. The agency known as DAPTA would consolidate all federal drug programs, outside of enforcement, into one lean agency dedicated to block granting funds to the states and monitoring accountability and compliance with appropriate federal guidelines. National coordination of federal prevention and treatment efforts is imperative. This conceptual agency could perform that much needed function, while allowing a maximum of flexibility for state agencies. This could help align treatment assets to insure full utilization (currently about 25% of treatment beds are not filled). I hope that Congress will move quickly to create this innovative, badly needed agency to correct many of the problems attendant to the currently fragmented demand side federal effort.

If we are to stem the rising tide of adolescent drug use, parents, schools, churches, communities, and workplaces are going to have to renew, expand, and rededicate ourselves to anti-drug efforts before another generation is compromised, if not lost, to drug use. Thank you for the opportunity to share the knowledge that I have gleaned over 26 years of committed service to the war on drugs. I hope that you will take what is useful and add it to the federal armamentary arrayed against those who would poison our children, fellow citizens and our society. We are truly at a turning point in our culture. If we do not move surely and aggressively against the current rise in adolescent drug use in the U.S., history will judge us harshly and untold harm will afflict future generations.

Mr. CUNNINGHAM. Thank you, Mr. Roques.

Mr. COONEY. Is that Irish, by the way?

Mr. COONEY. That is very Irish.

Mr. CUNNINGHAM. There are only two kinds: Those that are and those that want to be.

Mr. COONEY. There is no relation to Gerry Cooney, the heavy-weight fighter that had a dubious career.

Thank you, Chairman Cunningham, Chairman Zeliff and members of the committee—

Mr. CUNNINGHAM. Could the gentleman speak closer to the microphone?

Mr. COONEY. Thank you for the opportunity and thank you for—is this thing on?

Mr. CUNNINGHAM. It must not be working.

Mr. COONEY. Thanks for the opportunity and thanks for staying this long. I know it has been a long day. I am going to be short. I am going to summarize my comments. You have my written testimony here, but I just want to try to get some context as the clean-up hitter of all the speakers today of what has been said.

Starting off with the question of how do we get to this epidemic of teenage drug use, I think a lot of people have touched on different parts of it and touched on some of the factors. In my view, it has been the multiple messages that has made the difference of how we were able to reduce drug use over the course of the 1980's into the early 1990's.

It was programs like PRIDE and DARE, but it was also the media getting involved with Partnership for a Drug-Free America messages. It was law enforcement getting beefed up, it was parents talking to their kids about drugs. So it wasn't one factor alone. It wasn't just national leadership. That is important. That is part of it. It was all of these things working in concert that were making an impact on the problem.

One of the things that I think is the greatest challenge that we face today is the insidious idea that we have to succumb to defeatist or cynical mentality on the war on drugs. This was made very clear to me in an article I read last week in the Washington Post where an editorial writer was writing, and I just want to quote briefly, he says, "As for drugs, this is a war we are all weary fighting. It goes nowhere; we never win. It never ends and we have come, I think, to resigning ourselves to living with a permanent drug problem."

That just amazes me when I hear that kind of comment, especially when we have heard testimony today that this Nation has had some of the greatest successes on the drug issues versus any other domestic problem that we battle. We have reduced it by over 50 percent. Yet still we have not done a good enough job getting the message out that we know what works, we know the type of programs and initiatives that can reduce drug use.

Now, I say that, but I also say that because we are not getting our message out, there is another message that our kids are getting and I wish Congressman Souder was here because some of his questions really address this. This is a cultural message that is bombarding our kids everyday that is pro drug. If you saw the chart that was up before—Congressman Shadegg, I saw you look-

ing at it. I brought that chart today because that chart came from a convention that our organization attended.

It is the largest apparel convention in the whole country and it is those types of slogans and it is clothing made out of hemp that are garnering the most interest from the fashion industry. If you look in the magazines, and this probably came up during the heroin hearing, that all of the models have this heroin look.

Kate Moss and others have this drugged outlook and that is what is popular. We shouldn't be surprised if our kids are getting bombarded with these messages day after day. Congressman Souder was talking about rock and roll music. Well, what, I believe, is the issue here and this was how I would have answered the question regardless of what the lyrics say, the kids are looking at two things. They are looking at the life-style of these musicians and when you have some of the top musicians of groups I have hardly heard of, groups like Stone Temple Pilots and Blind Melon and Smashing Pumpkins, these are the groups that our kids are listening to, as well as rap music groups.

If you look at these life-styles and these drug-related deaths it is no wonder that these kids are drawn to that because we have already seen that Generation X has this nihilistic view of the world that began several years ago with Kurt Cobain of Nirvana who died of suicide. It was known that he was abusing heroin and strung out on drugs most of the time. So they have this infatuation with death and drugs. They get it hit at them all of the time with the music, fashion industry, the clothes that they wear and we wonder why the kids today are experimenting with drugs, why they are trying drugs.

It is no mystery the message that was getting out, the multiple messages in the eighties have been silent and some of the greatest silences we have heard from PRIDE and other groups is coming from the parents who have abdicated their responsibility in this fight against drugs. We talked about the morally conflicted baby boomers who haven't come to terms with their own drug use so they can talk in a clear consistent message a no-use message to their kids. Parents have to see that.

In fact, Doug didn't talk about this in their survey CASA, Joe Califano's group out of New York did a survey a couple of weeks ago. They found these are amazing statistics that 40 percent of parents think they have little influence over teen's decisions over whether to use drugs, and 46 percent expect their kids to try illegal drugs. So with that kind of mentality from parents, it is only a self-fulfilling prophesy when their kids do experiment with drugs.

I don't believe that was the attitude in the eighties where parents felt that if they started early and talked to their kids about drugs at a young age and continued to talk about drugs and the dangers associated with it throughout adolescence that they could have an impact.

What I want to touch on in closing here is, and the group that I represent, Community Antidrug Coalitions of America, is things are actually working out there and it is what the parent groups are doing, and it is what some of the other folks are doing. What really is happening at the community level, which is a coalition effort, an organization that brings together all of the various sectors in the

community that are impacted by the drug issue. It brings together business to talk about drug-free workplace programs. I know that is happening in Richmond and in your district, Congressman Scott.

It brings together law enforcement so they are talking to the faith community, so the faith community is talking to schools, so each of these folks is not operating in isolation and when he was approached by Congressman Portman a couple of years ago about starting a coalition, we knew this was a great opportunity here. This is a way Members of Congress could play a very real leadership role back in their district because a Member of Congress can call a meeting and the key leaders and grass-roots organizations can show up at those meetings.

That is what happened and we saw the value of congressional leadership and now as we heard early on from Congressman Portman, there are 20 of these initiatives that are starting and I believe every Member of Congress can get involved in this type of thing, and we will see the lasting value of really committing his time to this.

Coalitions are doing some of the most exciting work that is out there. I could list various projects. Safe Streets Coalition in Tacoma, WA, has closed down 600 drug-dealing locations because they brought together neighborhoods, law enforcement and churches. Project Freedom in Wichita, KS, has pulled together all the different agency folks, the police, the schools, the social services, because they weren't talking to each other. They were all dealing with the same at-risk kids, but there was no communication. So they formed an interagency task force because they had this gang problem, and they started seeing results as the different agencies came together.

So a coalition strategy that is comprehensive, that brings together law enforcement, treatment, prevention and every part of the continuum, can have results and can make an impact. Dr. Hansen can probably tell you how difficult it is to measure those results, but I believe from my 7 years of experience in seeing some of the finest coalitions out of Miami, out of Wichita, out of Tacoma, and some of these other places, I have seen the results.

I just thank you for the opportunity today. I hope this continues what I believe has been a healthy dialog on this issue, that we continue to promote the ideas that Congressman Portman of the Congressional Coalition Initiative, and that we talk about the role that every sector of society has to play on this problem.

Thank you for giving me this time.

Mr. CUNNINGHAM. Thank you.

Dr. Hansen, when we look, and I really don't need a medical book, but when we look at the past drug abuses of previous generations, in your studies, is there a genetic weakness, is it mostly social, for the parents that did do drugs before? Is there something physical that is passed on to the children, a weakness?

Or is it, from what we have heard, and this is a legitimate question, I think, not meant for any direction, or is it more psychological in the message that that relays to the child, so that child is more perceptive or likely to use drugs? Or is it a combination of things?

Mr. HANSEN. Well, drug use onset is a complex phenomena.

Mr. CUNNINGHAM. I know. That is why I don't know the answer.

Mr. HANSEN. That is not an easy answer for me to give.

Mr. CUNNINGHAM. Succinctly.

Mr. HANSEN. As the prevention community and the people who are interested in understanding early onset, which is very predictive—I mean, one of the best predictors of later use and abuse is the early use of a drug, early involvement in drug use.

As you look at the data, it is pretty clear that the best way we have of understanding this is understanding how a young person views his own self and how they view the society that they live in. It is very much a social—socialization process.

There may be biological characteristics that once a person has experimented drugs, they kick them into a predictive pattern and then it may predispose them to move to that pattern quicker than others.

But anybody who uses drugs regularly can become addicted.

Mr. CUNNINGHAM. I agree with that. I think some of the finest families who have never done drugs, can have children who end up using drugs.

Mr. HANSEN. When you are looking at young people, when you are especially looking at adolescents, it is a socialization issue.

Mr. CUNNINGHAM. Peer pressure, psychological message, attitude.

Mr. HANSEN. We have boiled it down into a couple of things that seem to be very predictive. One is perception of the norm. An earlier presenter talked about exaggerated norms. I think it was Doug Hall. How they—how young people tend to have an erroneous perception of what is going on.

You ask them how many of your friends are doing this and they think everybody is and, in fact, it is very few of their friends, at least in the 6th and 7th and 8th grades. It is those kids who really overestimate that seem to be at the greatest risk.

Mr. CUNNINGHAM. We heard, Mr. Roques, that drug war has had about—you know, around a 70 percent effect against drugs, that when that was relieved, that there was a warning from the treatment centers and our children, professionals, that there was going to be a problem if we didn't continue it, and then there was.

Would you agree that it is preferable to stop that 70 percent from using it, especially in our youth, than to wait until after the 70 percent and then have more treatment?

Mr. HANSEN. Are you asking him or me?

Mr. CUNNINGHAM. Either one of you.

Mr. HANSEN. I think we will both say the same thing. Let's prevent it.

Mr. CUNNINGHAM. I would think so, too. I believe that is true also, is that it is like having smallpox and then hiring a bunch of doctors in an epidemic. I would rather stop people from getting smallpox.

So when we talk about the effect and the positives, do we need to weigh things? I think, yes. But I think to take a look at why we allow things to happen in the first place, to me, is more significant than trying to catch up.

Mr. ROQUES. The ultimate solution is prevention. If we could raise two or three generations of drug-free children, the supply

would go away. People are not going to produce something and bring it here, that isn't going to be sold. So that is the ultimate solution.

The short-term solution is law enforcement, because you have to stop the people that are currently selling the poison to people. Then, of course, treatment is what we do after the fact, that you are referring to. Bob Peterson who wasn't able to be here, but was invited, I know, and he is a colleague of mine, as he said: You don't win wars by treating the wounded.

Mr. CUNNINGHAM. Let me tell you one thing that I think was very effective. I used to represent a district in South Bay, and Bishop McKinney runs a private school for African-American children. In the neighborhood right across from this street was a kind of a drug house, and it was an apartment complex and there were a lot of drugs. We didn't have the sanctions of San Diego PD, but they were in plain clothes across from us. We literally took baseball bats with the entire community and cleaned out that apartment complex. Then we got a loan and repainted it, and in there we put single mothers and kept it that if they used drugs, they were out of there.

The effect on that entire community, the message, the attitude, the church, the parents, changed. I would say that it dramatically—and I would ask, you know, Bobby Scott, and I think he would agree, that kind of initiative would dramatically reduce drug use and an attitude that prevails.

I think one of the strongest things is you have strong law enforcement. But this is so multifaceted, this war. It is stopping it at the borders, it is stopping it in Colombia and in Panama and stopping it from coming in. It is an attitude. It is saying no, it is bad. It is in the families, in the churches and so on.

But, again, I think the main area—and I am going to yield up my time here—but to me the main area that if we were going to work in a bipartisan way, is to get in and get the message out. First, the attitude that it is wrong; B, that the message we have to put out is that it is wrong; C, that the actions that we take to stop it are very, very important.

Part of those are going into the communities, working with the churches, with the parents and the schools and synagogues and making sure that that stops.

I have run out of time.

Mr. ROQUES. If I could just say, law enforcement without prevention and treatment is just a holding action.

Mr. CUNNINGHAM. I agree. I would yield to my—oh, would you repeat it?

Mr. ROQUES. I said law enforcement without prevention and treatment is just a holding action. We are just trying to hold back the flood of drugs while we try to heal this Nation.

Mr. CUNNINGHAM. I agree.

Mr. ROQUES. You heal a nation through prevention and treatment.

Mr. CUNNINGHAM. You stop prevention, but even treatment, you tell a mother that has two or three children or one child on drugs, and there is no hope for them, you know, now, I would draw the

limit. I mean, you can help reach out to that child or that adult and offer them help, but there is a certain point.

I could go on with examples from even in San Diego on, and on, and on, with a mother that used, she had two daughters that I met, both of them had used since they were 11. There are arms that—I mean, they are gone. They are history. They are going to die, they are going to overdose or somebody is going to shoot them. They have a 99 percent chance they are not going to make it. There is a limit.

With that, I would yield to my friend Bobby Scott.

Mr. SCOTT. Thank you.

Mr. Roques, you mentioned the President's statements that he had acknowledged trying to inhale, I believe. You were using that as an example; you weren't suggesting that only Democrats are guilty of this?

Mr. ROQUES. Sir, I am nonpartisan.

Mr. SCOTT. OK. I mean, the point is—

Mr. ROQUES. I am saying that when the head of our country states that I tried but I couldn't inhale and I would have if I could have, the message I hear from children constantly, constantly those words are thrown back. Not just because he said them once, but because the drug culture picked them up and they use them every day.

Mr. SCOTT. OK. If speakers were selected at a major convention that admitted to prior drug use, that would fit under the same category; would it not?

Mr. ROQUES. I think it would. As a matter of fact, I will tell you something. I have not and would not bring people who have past use to healthy children. I have brought them to children recovering. I have never brought them to healthy people. I think it is a bad, bad mistake.

Mr. SCOTT. There is enough blame going around. What I would like to get to is what we can actually do to—as Congressmen, and Mr. Cooney has indicated, a lot of problems out there, and we have limited resources and there are limited things that we can do as Congressmen. You know, I think if everybody did what they could do in front of them, I think we would be—we could make some progress.

If, for example, we had \$50 million a year to apply to the goal of reducing drugs, our challenge would be what would be the best use of that?

Mr. ROQUES. OK. Let me just—I have to start this off, if you don't mind, for them, and they can of course give their own views of it.

When we talk about spending \$15.1 billion or \$16 billion or \$14 billion on this issue, this has been chronically underfunded. The scope of the drug problem in this country is enormous. We are spending, including corrections, including law enforcement, including treatment and prevention, we are spending probably 1 percent of our budget.

This is basically an internal and external threat to our national security, and we are underspending and have chronically underspent.

Mr. SCOTT. The question, if we are going to spend that kind of money, the question is whether we could do it as intelligently as we can. I just pointed out, Representative Portman indicated that we could set up community coalitions all over the country for about \$100,000 in a congressional district. We just voted a few minutes ago to spend exactly that money on increasing the penalties for meth up to a 5-year mandatory minimum. It is going to cost about \$100,000 per congressional district per year.

My question is whether it would have been more intelligent to fund the project that Representative Portman had, or fund something that by all accounts won't make any difference at all, is not being counterproductive?

Mr. ROQUES. I think if you were to look at the correlation between the rate of incarceration and the rate of drug use, you will find it is a disproportion—it is inverse proportion. The more people we put in jail and make it a real serious thing, the less people use. That also includes the fact that we had treatment and prevention going on at the same time.

As a matter of fact, I will say this: I think minimum mandatories have made an enormous difference and they made an enormous difference during the time that they were used. However, community coalitions—

Mr. SCOTT. Please, I only have a limited amount of time.

Mr. ROQUES. OK. Community coalitions, in my estimation, are one of the most valuable things we can do, because when you draw a community together and take your streets back, as was discussed here, you are going to have a positive effect. However, you can't put these things in isolation and trying to just—in my estimation, it is just not logical.

Mr. SCOTT. We have had testimony that the decision to use crack or powder cocaine is not affected by the fact that you have got a 5-year mandatory minimum for crack and probation for the same amount of powder.

Mr. ROQUES. Well, the truth is in the Federal Government when we lock up people for powder cocaine, we are not locking them up for 5 grams or 1,000 grams. We are locking them up for 220 pounds. When we lock up people for crack, we are locking them up for 14,000 dosage units. We are not locking up people at the other level.

In fact, if you look—and there was recently a study done, I think there is 51 people in Federal prison who were there, you might classify as young, first-time, nonviolent offenders, 51. I am talking about the number 51, not 51 percent.

We have under 3,500 people out of 100,000 in the Federal system who are there for crack to begin with, and the average weight they are there for is 14,000 dosage units.

Mr. SCOTT. What is the median?

Mr. ROQUES. The median is about—it is about 400 grams, or something like that, about 20—so it is about 6,000, 6,000 or 7,000.

Mr. SCOTT. That is in stark contrast to what we have been told before.

Mr. ROQUES. Well, I think that—

Mr. SCOTT. You believe that if we lock—continue to lock people up with the long mandatory minimums, we will be making progress on drug use in America?

Mr. ROQUES. Relative to crack and relative—

Mr. SCOTT. Knowing that you have 10 percent of the young black male population already in jail.

Mr. ROQUES. OK. But that is not relative to Federal crack enforcement. Federal crack enforcement is predicated primarily on violent groups. That is what we do with those.

We—when we lock those people up, when we go out to work a case on crack, it has to have a violence aspect to it or we don't work it. The reason that it was set as low as it was, was to permit us to work on crack at all.

In Florida, our minimum mandatory—not minimum mandatory, our minimum threshold for a case in Federal court is 3 kilograms. We can't even bring it to Federal court below that. In order to have it, that is why—

Mr. SCOTT. Well, the statute says 5-years mandatory minimum for about a week's worth of crack; simple possession will get you the 5-years mandatory minimum.

Let me get into what we can actually do. Apparently, Mr. Roques, you think we should continue spending the billions of dollars, and I don't know, I guess—and some of the stuff we have been doing today, it is good for political brochures, but some of the variables that are there that lead people to drug use, that we might be able to do something about, Mr. Hansen has indicated—

Mr. ROQUES. Excuse me. I never said that.

What I said was we need to do both, and we can't separate them.

Mr. SCOTT. Well, we are spending, out of the money that you indicated, we are spending, about 1 percent of it is going to prevention, and 99 percent of it is going to—

Mr. ROQUES. That is not quite the figures, but I understand your point.

Mr. SCOTT. Well, if you look at what we have done in this Congress, in the last couple of weeks we have taken money out of prevention and put it into prisons. We just built \$250 million more dollars worth of prisons in a vote we did this afternoon.

We are cutting back on prevention and adding to prisons. I mean, that is the direction we are going in; cutting Safe and Drug Free Schools. That is the direction we are going in.

I guess my question was, what other elements that lead young people to early decisions of drug use that we might be able to do something about?

Dr. Hansen.

Mr. HANSEN. If we have—I had a colleague who analyzed the budget. I am not a budget expert. She reported to me that 10 percent of the budget was sort of earmarked for prevention; 90 percent was earmarked for either treatment or interdiction.

I don't know how you deal with percentages, but I do know that long-term—

Mr. SCOTT. Well, one of the things you do with the percentages is you determine if you are going to spend \$50 million more a year, what is the best use of it?

Mr. HANSEN. If you are going to solve this problem long-term and you shortchange prevention, you are self-defeating. I mean, it is like the transmission commercial. You either pay us now or you pay us later. The cost later is much, much more expensive than the cost now.

Prevention takes time. It is not going to have an immediate effect. It is not going to have—be over glamorized. People are going to question it. People are going to debate about it. But the long-term solution has to put a heavy emphasis on prevention, and it has to have an organized effort if it is going to be sustained.

Mr. SCOTT. Well, just in closing, Mr. Chairman, that is the problem we have got, is that no one—as we get bill after bill after bill, we are always going in exactly the opposite direction of what you have just suggested. That is—the politics of it is it is a lot easier to vote for more prisons and there is no—as you have indicated, there is no glamour in voting for prevention.

Mr. HANSEN. Well, I would treat this increase in drug use as a wake-up call, that if we don't pay attention to prevention, it is going to continue.

Mr. ROQUES. I agree with that. You are absolutely right. You are absolutely right.

Mr. SCOTT. Thank you, Mr. Chairman.

Mr. ZELIFF [presiding]. Thank you, Mr. Scott.

Mr. Shadegg.

Mr. SHADEGG. Thank you, Mr. Chairman.

I guess I ought to begin by stating the evidence before this committee, in all of its hearings, has been that the pattern of—in the last 4 years, has been that we have abandoned a variety of strategies, including kingpin strategies, source country strategies, interdiction in source countries, interdiction in transit zones.

We have moved away from all of those in favor of treatment of hard-core addicts. That is neither prevention nor interdiction, and I think the consequences have come home to roost in the charts that are here. I don't really want to get into that. What I want to talk about is a problem that I see.

The chairman who started this discussed the issue of attitudes, and the fact that, for example, there was a time in America when it was socially acceptable to drive down the road and throw a can out the window or throw a piece of litter out the window. I recall those days, and it is clear we have changed that attitude.

There also was a time in America when it was societally acceptable to go to a party in somebody's home, become intoxicated, get in a car and drive home. I believe we have changed that.

We haven't completely won that fight, but we as a society have said, look, that is no longer acceptable conduct. You need to take the keys away from that person who is drunk. They don't get in the car and drive home. There is a designated driver.

We, as a Nation, changed our attitude, I believe, and we had both government action and private action, Mothers Against Drunk Driving, Students Against Drunk Driving.

I was interested very much in the comments of Mr. Cooney regarding parental abdication of responsibility, and these are your words, a clear, consistent no-use message.

I spent part of my day Saturday in Los Angeles, CA, at a field hearing of this, Mr. Zeliff's subcommittee, dealing with issue of media influence on drugs, the Hollywood influence, the glamorization of drugs, and then I spent all day Monday in San Luis Obispo at a subcommittee hearing listening to testimony there.

Both in California and in Arizona, my home State, there are drug legalization initiatives.

Mr. COONEY. Right.

Mr. SHADEGG. In California, I guess it is largely restricted to marijuana.

In Arizona, it regrettably is not. It is much broader than that. It talks about the medicinal use of a variety of drugs, including marijuana, and then also talks about lightening or reducing Arizona State sentences for a variety of other drugs.

I guess I want to ask you, Dr. Hansen, if in any of your studies on the effectiveness of treatment or prevention programs, amongst school children, you have ever been able—you ever looked at or have detected the effect of what kind of signal we send to kids when we advance legalization initiatives, or if that is beyond your scope and if you have thoughts on that issue?

Mr. HANSEN. Actually, that one is beyond my scope, but I do have thoughts on it.

Mr. SHADEGG. OK. Let's hear your thoughts.

Mr. HANSEN. It sends a message that—the adult population does send a message to youth by what it does. When there is a movement like this, and evidently—you know, I just recently learned about the California and Arizona initiatives myself. When there is a movement like this, it is not so much the passage of the referendum that would change things. It is the debate——

Mr. SHADEGG. Right.

Mr. HANSEN [continuing]. That becomes pro-use and pro-tolerance that becomes a very clear concern.

I realize that there is a major social challenge with this. We were just talking about in Boston last week, they had two rallies. One attracted 50,000 people and one attracted 500. Unfortunately, the one that attracted 500 was a drug prevention rally, and the one that attracted 50,000 was a legalize marijuana rally.

Those are concerns because it does send a message that these things are tolerable, they are not harmful, they don't interfere with the way you want to live your life and become a productive citizen. In fact, we know that those things are erroneous messages that really shouldn't be sent.

Unfortunately, the people in California and the people in Arizona have the right to put things like that on the ballot. It is ill-advised. I don't know what we can do about it.

Mr. SHADEGG. Well, I appreciate your comments. I am glad to hear you believe it is ill-advised. I hope some day you are able to research the impact, because it would be interesting to know. I mean, I think that would be helpful to quantifying.

Mr.—is it pronounced Roques?

Mr. ROQUES. Yes, sir.

Mr. SHADEGG. Your comments on this initiative in Arizona and California.

Mr. ROQUES. I happen to be deeply involved on the anti-legalization movement and I have a lot of thoughts on it. One, we effectively decriminalized marijuana in this country a long time ago. Very few people go to jail for it. We keep hearing all these stories about it, but the reality is they are not in jail; .5 of 1 percent people are in jail for possession of marijuana.

As a law enforcement officer, I have spent a lot of time in court. I can assure you that those people are there for the very simple reason they got caught doing something more serious and they pled down to the joint in their pocket. That is a fact.

Then there is about 1.5 percent that are in jail for trafficking in marijuana. In Federal prison, it is about 7,000 people are in jail for marijuana trafficking, in essence. About less than 3,500 for crack, and when we talk about pot or cocaine, the vast majority of people are in for pot or cocaine or heroin. Mostly it is pot or cocaine.

I believe that the message is astoundingly damaging. I hear children talking about it. They talk about it at all the rallies, do you think marijuana should be legalized? If not, why not? It is medicine.

The Surgeon General says drugs are OK, and so on. It is a mantra, and they are going after our children. The very simple fact is they do it in this sense: They need children, just like the tobacco needs children, to replace the ones who die and the ones who get too old to use because it is just—their health goes and everything like that. The second thing is they need to have children use because it keeps us off their backs to an extent.

A lot of children use and sell marijuana. They are afraid their children will get massive sanctions, so they are afraid and back off. Wait a minute. Let me be a little careful about this, because my kid might be busted. So they are using the children.

Of course, they all stand up and say, we don't want children to use. That would be the worst thing imaginable. In the meantime, they are out there selling the hemp products. They are out there pushing hemp as a savior of the environment, which is utter nonsense.

They are out there talking about medical marijuana, which NIH says it isn't. They are out there talking about harm reduction, which is nothing more than enabling drug use and all of these other initiatives that they have come with, and they are scams. They know they are scams.

They talk about it in their own meetings. Fortunately, for us, they put them on videotape. But these things go on and, unfortunately, the children are repeating those words, and you will see it time after time at school assemblies.

Mr. SHADEGG. Mr. Cooney.

Mr. COONEY. I just believe things like in the legalization issue don't occur in a vacuum. It is because we are not getting the messages out that I have talked about. When people believe in this country that there is nothing that we can do, that the war on drugs has been a total failure, then they will reach for simplistic solutions.

If you remember about a year ago, ABC had a Prime Time special called: The War on Drugs, Searching for Solutions. It was about 55 minutes of a pro-legalization puff piece, where it looked

at Needle Park in Zurich, and some of these places, which have been a dismal failure in terms of their own drug policy and use and crime and everything going up, but that is no surprise to me. If we are not getting a message out there that inspires some kind of hope in our kids that there are alternatives, and in parents and other people in the country that we know what works, we can turn this thing around, they will grasp for these things.

The initiative in California is very well-funded. That movement has a lot of money from George Cerros and other folks that have pumped a lot of money into the pro-legalization movement. The prevention side has been fairly disorganized, and there hasn't been a clear message against it.

They put out these old people who say the only way I can get relief from glaucoma is by smoking marijuana cigarettes, which is a joke. AMA admits there is no medical evidence to support that.

So we are going to get these kinds of initiatives, and that is why we need to redouble our efforts to get out our message, one of hope, one of we know what works, one that will denormalize drug use among kids and make it less glamorous and less cool.

Mr. SHADEGG. Mr. Chairman, if I could just make a comment.

First of all, Mr. Roques, I spent almost 8 years in the Arizona attorney general's office.

Your comment about the individuals who are in prison allegedly for possession, in fact, they really committed some significantly more serious crime and pled down to that. One of the outrages of the Arizona initiative is that upon its passage, everyone in prison for use and maybe even for some minor dealing categories, would be immediately eligible for parole. They would be out. I see that as a disaster.

Second, it troubles me greatly that the proponents of these ideas are usually extremely affluent people who have no idea of the consequences. I am working very hard in Arizona to get those in the seriously affected communities to come forward and speak about the consequences of sending this message, because I think that a lot of kids are going to get hurt and the kids who are going to get hurt worst are very removed from this intellectual debate about how we should be more libertarian in our attitude.

Mr. ROQUES. As a matter of fact, I don't call it libertarian. I called it libertine. You are absolutely right about that. I call those people that you are referring to the limousine drug users. They smoke a little grass, snort a little coke, wash down some Ecstasy with Dom Perignon at a party and then they walk downstairs and climb into a limousine and get driven home and tucked in. They don't think they have a drug problem.

If they do develop some kind of an addiction, they go out to a quiet place in the country that costs \$2,000 a day. Somebody runs their business, pays their bills and takes care of their family, and they don't really see what the problem with drugs is.

But when you live, as I lived, in the places that I lived, in the ghettos, and saw the people die and that they had no treatment because they had no availability and the other things, you realize that their attitudes decimate our population.

Crack is a good example. That drug was developed in order to be sold to poor people and children, because they wanted to broad-

en the base. That is what the Colombians wanted to do. They wanted to broaden the base of their sales.

Unfortunately, it decimated it. It went through our community and just destroyed it. The people that sell it, whether they be the street seller or the guy in Colombia, as far as I am concerned, are all equal game.

Mr. SHADEGG. I want to thank you all and compliment you on your efforts in this area and wish you the best.

Mr. ZELIFF. Thank you.

Let me just, Mr. Cooney, in getting—you talked about the coordination of the message and just maybe you can just elaborate a little bit. What do we need to do to coordinate it better?

What do we need to do to prevent the problems of turf? Any suggestions in terms of how to organize to fight the drug war and what we need to do?

Mr. COONEY. Well, I think one of the ways that we can—there is a couple of levels. One, I think you are already trying to do this with your hearings last week. We need to really have high-visibility hearings and challenge the entertainment industry. That is rock music, movies, television, fashion, that they need to stop glamorizing drug use.

There needs to be that consistent message so that kids and parents know that we recognize what they are doing; that we are not fooled by it; just because they claim they show this seedy side of drug use, that they are innocent of promoting drug use at all. I think that is one level.

I think the other level, most of the efforts that took place in the eighties that helped to reduce drug use on the prevention side were private sector efforts. It was things like the Partnership for Drug Free America, the largest peacetime campaign of public service advertisement.

The Parents Movement wasn't a well-funded movement. It was mothers just like Mothers Against Drunk Driving that was mentioned, that came up to Capitol Hill and worked in their communities and held red ribbon campaigns and brought attention.

I think what we need to do is we need to be focusing on it and getting out a clear message from the national level that is going to motivate businesses, that is going to motivate people at the community level, with the idea that we can turn it around. Because like I said, part of the difficulty is we are battling this cynicism and defeatism on the drug issue where people feel like nothing works. We have to do a better job of getting out our message and we are continually trying to do this, that there are things that work, that we know what works.

We need Members of Congress to exercise leadership at the local level. We need to—when we fund efforts, if we do have Federal funding, we need to do it in a much smarter way, where we are not dumping lots of money into a community where people are gathering around the table for the wrong reasons, because they want to get a piece of the funding that has come in.

We need to make sure that there is some community will and there is some activity that is already having an effect. We need to provide seed money, because as Congressman Portman said, it doesn't take a lot of money to do what he has done. It requires

leadership. It requires bringing different people who usually don't sit around the table together. I think that needs to happen because, like you say, there is a lot of turf.

Even among the groups that are doing good things, a lot of times they operate in isolation, like they are the answer, you know, that is the silver bullet. But it is not just one thing. It is all these different activities have to take place. It is workplace programs. It is prevention programs in the school, after-school programs, the whole continuum.

Mr. ZELIFF. How about the subject of drug testing?

The Wall Street Journal—and we had a press conference yesterday morning at 11:30—and the Wall Street Journal: Is Your Kid on Drugs? The FDA Makes It Hard to Know.

Just a quick quote here, the FDA doesn't claim that the kits are unsafe or ineffective. The same tests are routinely used by hospitals, employers and parole officers; but families can't be trusted to handle the results?

Is there a comment?

Maybe, Mr. Roques, you can comment on that a little bit.

Mr. ROQUES. When I hear people say you may damage your long-term trust relationship with your child if you drug test them, I want to know what damage it is going to do when your child is a junkie. I want to know what damage can be done when your child has been using it for 6 or 8 or 10 months or a year before you find out.

Our job is to get our children to age 21, healthy, educated, drug free, and ready for the future. If that means finding out if this kid is using, and getting him help right now. You are not testing him to bust him; you are testing him to get him help.

This nonsense that the FDA, you know, has this concern about parents, you know, let's get out there and educate the parents, that is something we should be doing. But when you ask a kid who is not using drugs if they are using, they are going to say no, and if you ask a kid who is using drugs, they are going to say no. You need to know.

It is not alcohol where you can smell it on their breath and they are falling down on their face. It is a different thing and it is not that recognizable. This to me is a very advisable thing.

If a family is concerned enough and they think they have a concern, they should take care and get that test. Then the next step, and that is, as far as I am concerned, ought to be in the instructions, your next step is to call a counselor.

Mr. ZELIFF. That is family. You get businesses—drug testing in businesses. I mean, it just seems to me that if we are serious about the drug war, we have got to do testing. We have got to do—my son is in the Marine Corps, has been in for 11 years, zero tolerance. We asked the lady from the music industry, zero tolerance.

I don't think they comprehend what zero tolerance is. Ball players get slapped on the wrist. They have got to go away for 2 weeks 3 weeks and they come back. I mean, what happens if we really want to win the war? Don't we have to go to a zero tolerance?

Mr. ROQUES. Zero tolerance to them is that they don't get caught, that is all that means to them. But the fact is that when you are talking about the workplace—and I am very involved in that. I do

instruction in that all the time. When you are talking about the workplace, if you want to see something fascinating, there was a study done in Michigan.

There were two studies done. One was done in the school area, where the study was done, and one was done for the State of Michigan. They asked employers what were the five most important skills they wanted in someone they would hire. No. 1, on both sides, was no substance abuse. That is the skill they wanted most.

The second was attitude. The third was politeness. The fourth was getting along with other people. Then you went down to the bottom half, was mathematics, physics, computer skills. They can train people in those things.

They can't train people not to be addicts. They can't train people to have an attitude of civility. That is why those things are more important in business and this tells them, drug testing them, what they have got.

Mr. COONEY. Chairman Zeliff, I just want to comment on that real quick. I believe that we have a great opportunity to get the small- and medium-size companies in this country to implement comprehensive drug-free workplace programs.

A lot of the Fortune 500 companies have done it. They have shown that it saves money off of their bottom line. It has been a great investment.

But a lot of times the smaller companies see it as a financial barrier. We need to create incentives. One of the better ideas that I have heard lately is getting the larger companies to set up vendor contracts, where any vendor that is going to do business with a large company has to have a drug-free workplace policy that includes testing. That is a great incentive for a lot of these smaller companies.

In most towns, these smaller companies usually do business with the big companies. It is getting things like insurance discounts. There have been programs in Washington State and other places, where they get discounts on the premiums for workers comp if they have a drug-free workplace. But it has only been small insurance companies. The big insurance companies have kind of sat on the sidelines.

So I think the big companies in this Nation can really take a leadership role in trying to encourage drug-free workplace programs through these kind of initiatives with the small- and medium-size companies.

Mr. ROQUES. I would like to add one more thing, because I totally agree with what he just said and I think it is very important that we do these things. We are sending the wrong messages continually out of Washington.

GSA has recently released information talking to their people who get contracts with the Federal Government, suggesting that they will no longer hold them responsible for answering the Drug-Free Workplace Act. So in other words, you won't have to have a drug-free workplace to get that \$250,000 Federal contract.

I am absolutely stunned that this is going on. I received this on an e-mail just before I came here. I just can't even imagine that they would do something like that, and I understand it has already been done on the Defense contracting.

Mr. ZELIFF. We will follow that up. That is absolutely crazy.

What do you think of the idea, if we really wanted to get serious, that anybody that gets a government check, starting with the Federal Government and then working the State Government, has to be drug tested—random drug tested?

Mr. ROQUES. I don't really have any problem with that at all. In fact, I would carry it a step further to the social services program. I believe that if you need a clean urine to get a paycheck, you should need a clean urine to get a welfare check or food stamps.

Mr. ZELIFF. I would agree.

Mr. ROQUES. Or a Federal job or any other kind of job. I think we have to tell people this country says zero tolerance.

Mr. CUNNINGHAM. Would the gentleman yield on that question?

Mr. ZELIFF. Yes.

Mr. CUNNINGHAM. One of the problems, when we had the bill—Mr. Solomon brought up the bill before in the House, when I was commanding officer of a squadron, I walked into the head of the pea line, we did it by lottery, numbers.

Mr. ROQUES. Sure.

Mr. CUNNINGHAM. Only a certain percentage. But when everyone went up, I went to the head of the line and said I am not going to have you do something I don't do myself.

Mr. ROQUES. Sure.

Mr. CUNNINGHAM. But in testimony, the real war, from those that don't want it, they were saying it costs so much. It doesn't cost very much. As a matter of fact, we did it within the squadron with a little test kit. Any that was suspect we sent off at very little cost, and that the cost—they were saying it was going to cost billions of dollars to do this and so on.

Do any of you agree with that? Just yes, or no.

Mr. ROQUES. It doesn't cost billions of dollars. Florida has a 5 percent discount in workers comp that more than pays for the program, for the small and medium businesses, more than pays for the program.

Mr. CUNNINGHAM. Thank you.

Thank you, Mr. Zeliff.

Mr. ZELIFF. Dr. Hansen, I would like to just, you know, the whole issue of Safe and Drug Free Schools has been politicized a lot. I think in 1993, the Democrats cut it back, and then we cut it back in terms of a—most recently the last year, and I think we finally ended up, you know, level funding it. I have been out in New Hampshire and I have seen some outstanding examples of good, excellent programs. I have seen—I have read about issues in Michigan where the programs were not well-done and well-accounted for.

Other than the concept of we need to put accountability into the process, what else do we need to do? How do we make the precious few dollars that we have that go into the Drug Free Schools program, how do we make that better? Any suggestions?

Mr. HANSEN. Well, sir, we have been doing research on how to make school programs effective. The challenge that we have had as researchers is seeing that when we actually look at what schools are doing, they often don't adopt the effective methods that we actually have developed. I mean, money should be spent in a smart

way. I mean, you shouldn't throw money into things that don't work.

Mr. ZELIFF. So what is the answer?

Mr. HANSEN. Well, the answer is that we have developed research-based programs. We have relatively large literature that people can access now that tells them the kinds of approaches that they need to buy into and spend their time doing it.

One of the challenges that I think we have, is we have teachers who are not necessarily trained to deliver these kinds of programs. In terms of program delivery, specialists are clearly preferred. I mean, if you watch a DARE officer deliver the program, and then you watch regular teachers teach, sometimes the DARE officer is just really outstanding and most often delivers the program extremely well.

I think we need to develop a cadre. It doesn't necessarily need to be police officers. It could be people from community agencies. It could be master teachers who are specialists, who can travel from place to place. But if we are going to have an effective prevention system in the country, and I think we need to have that, at a minimum there needs to be trained people who can have some specialty at delivering the program. They need to be delivering the right program.

Mr. ZELIFF. That money now goes through the Department of Education; is that the right approach?

Should it go there? Should it go through the Governor of each State, mixed in with a mix of law enforcement and teachers?

I mean, is there a better way of delivering those moneys, those services, those resources?

Mr. HANSEN. What I see and, of course, I'm not—you know, I'm not awfully familiar with exactly how money flows into this, so you will have to bear with some of the things that I say because I may not be accurate; but I see at our State level—I watch our local school district. That is the place where I tell what is going on.

The school district feels that they are primarily accountable to the State. The moneys actually flow through block grants to States. They don't feel accountable to the Federal Government. They feel accountable to the State Department of Public Instruction or Department of Education.

The State Departments of Education, of course, are responsible and responsive to the Federal Government and often feel that the guidelines and the mandates are coming down.

So when Congress mandates something and the Department of Education has that as its mandate to follow through on, eventually it does come down to the local level because those things are mandated.

Mr. ZELIFF. Thank you.

Chairman Cunningham.

Mr. CUNNINGHAM. I would ask the chairman to yield for just about 10 seconds. I have got to leave.

I want to thank all the panelists. Dr. Hansen, sounds like you would make a very fine Republican.

Why don't you switch over?

I appreciate the clarity of your testimony, and I mean that sincerely, and for all the Members.

It is an issue on which we are going to have to focus, and I think we can once we got out of this damn political year.

So thank you very much.

Mr. HANSEN. Thank you.

Mr. ZELIFF. I just—I had a situation a few months ago, 2 months ago, to visit a situation in Nashua, NH. It is a Captain Hodges who worked with the community in pulling together—he picked the most serious, and this is the second-biggest city in the State, the most serious drug-infested area in the city, heavy prostitution, heavy drugs, all kinds of problems; went in and the community—working with the business community and others, were able to get ahold of a building next to a church and eventually get both pieces of property. They worked from there and they ended up putting in a police athletic league kind of thing in there. They ended up making basically a community center.

The woman took over the church and they got various—all different—Catholics, Protestants, Jewish everybody came together. It was a massive effort throughout the city. It was really amazing. I went in there in the afternoon. It got started by law enforcement with very little funds, but everybody working together they had the place full.

There was a guy that was a former boxer and he had kids up there doing boxing. He had other things. They had other folks helping kids with homework. They had GED classes at night for adults.

The drug—the people who were selling drugs and using drugs were going and getting out of the neighborhood, replaced by hope. I think the key there, though, is that we can supply some programs and some resources, but we can't supply the muscle and the will and, frankly, we can never supply enough money. It has to be done in the individual community. I think, again, those are the things that, Mr. Cooney, you were talking about.

We have been here for almost 6 hours and we have done almost 30—25 or 30 of these. Again, I think we have finally made—we are making some progress. I hope we are.

Mr. Scott, you have been at the breakfast meetings Charlie Rangel and I have tried to put together, and it has been a lonely fight.

I look at you, Mr. Roques, as a career law enforcement guy. You guys put your life on the line. We have been out to the front lines, and you are doing an awful lot, but very little.

We thank you all for your commitment to this issue and your fight. Hopefully, 2 years, 4 years, 6 years, we will come back and we will start winning this almost impossible challenge, but it is a challenge that we can't afford to lose.

So thank you for your time and your energies and your commitment.

Thank you.

[Whereupon, at 4:10 p.m., the subcommittees adjourned.]



