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OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, DC 20503**

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**Before the House Committee on Foreign Affairs' Subcommittee on the
Western Hemisphere**

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Chairman Engel, Ranking Member Burton, distinguished Members of the Subcommittee:

Thank you for the opportunity to testify about how the United States is coordinating its domestic actions to complement the major counter-drug efforts being undertaken by the Governments of Mexico and the nations of Central America in the context of the Merida Initiative. Other witnesses have addressed in a variety of fora the advantages of moving rapidly and decisively with our partners to uproot the infrastructure of violence and corruption that threatens public security and in some instances undermines democratic rule. Implementing the Merida Initiative, by providing the supplemental funding necessary for equipment, training, and institutional strengthening, is essential to empower our democratic neighbors to destroy the gangs and drug mafias that operate in their national territories. In addition to helping our friends address their national security threats, we also hope that the Merida Initiative will contribute to reducing the quantity of drugs that enter the United States, and, in close cooperation with the Merida partner nations, destroying the linked multinational criminal enterprises that threaten public security in all of our countries. In these remarks I will describe U.S. programs to reduce drug-flow across the southwest border by decreasing the demand for those drugs, as well as U.S. efforts to control the supply of drugs coming across the Southwest border in coordination with our allies.

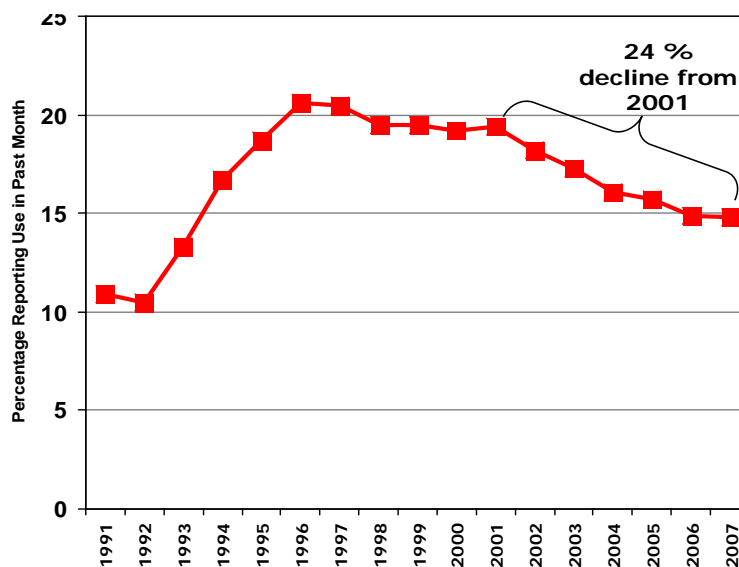
I would be remiss, however, if I didn't open my testimony with some very good news. The latest DEA reporting indicates a sharp increase in the street price of cocaine with a 44 percent increase in the price per pure gram between Jan-Sept of 2007. Average price per pure gram of cocaine is now \$136.93 (compared to \$95.35 in Jan). Purity of cocaine has dropped by 15 percent in the same period of time. Authorities in thirty-seven U.S. cities reported various levels of decreased cocaine availability; some of these reports indicate cocaine has been diluted with a variety of substances to stretch limited supplies. In short, our National drug control efforts are having a positive impact, as there is less cocaine available on our streets.

Reducing the Demand for Illegal Drugs

We understand that U.S. drug consumption provides much of the demand-pull that makes trafficking in illegal drugs such a potentially profitable crime. The Central America/Mexico smuggling corridor exists in large part because of the lucrative U.S. drug market, combined with insufficient institutional capacity and tremendous law enforcement challenges in Mexico and Central America. The vast majority of the cocaine consumed in the United States transits from the producer countries of South America through Mexico, which is also the largest foreign supplier of marijuana and the largest foreign source of methamphetamine. Although drug abuse is increasing rapidly in Mexico and Central America, in part because of the abundance of drugs available along transit routes, the United States remains the principal market for South American manufactured drugs.

As such, the first order of domestic business for the United States is to reduce consumption. We have been successful over the last six years, cutting by nearly one-quarter the consumption rates of illicit drugs among youth.

Current Use of Any Illicit Drug Among Youth



Source: 2007 Monitoring the Future (MTF) study – combined grades.

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Prevention efforts focus on youth because the potential for long-term addiction and associated physiological and neurological adverse effects is greatest among the earliest initiates. To the extent illicit drug consumption is delayed, particularly if it is delayed through young adulthood, the chance of subsequent abuse decreases dramatically.

Great progress has been made at the state and local level in reducing drug use. These local efforts, conducted by parents, teachers, coaches, faith community leaders and concerned members of the business community are highly effective because these individuals best understand the specific challenges their youth face. The Federal Government has a vital role in supporting these efforts through the Drug-Free Communities Support Program, by expanding

screening, intervention, and treatment programs, and through support for drug treatment courts which provide needed services and close criminal justice supervision to non-violent offenders.

The Drug-Free Communities Support Program

Recognizing that local problems require local solutions, ONDCP in cooperation with its Federal partner, the Substance Abuse and Mental Health Services Administration (SAMHSA), administers an innovative grant program to reduce youth substance abuse, the Drug Free Communities Support Program (DFC). Unique in its ability to provide Federal funding directly to local community organizations, DFC currently supports 736 grassroots community coalitions in 49 States, the District of Columbia, Puerto Rico, and the United States Virgin Islands with grants up to \$100,000 per year per coalition for up to five years. Since 1997, an estimated \$450 million has been awarded to prevent youth drug use. The DFC program involves more than 10,000 community volunteers working together to reach more than 31% of all youth in the United States in grades 6-12.

By supporting the development of local drug-free community coalitions, we are working with parents, youth, community leaders, clergy, educators, law enforcement, employers, and others to plan and implement an appropriate and sustainable response to local drug challenges.

Among the 2007 DFC grantees, 38 percent represent communities in economically disadvantaged areas, 23 percent urban, 41 percent suburban, and 34 percent rural.

From Screening to Recovery Support: A Continuum of Care

Despite recent reductions in drug use, many Americans continue to drink to excess, abuse prescription drugs, and use illegal drugs. Many Americans have some experience with substance abuse and its devastating effects on the person, the family, and the community.

For the thousands of Americans already suffering from substance use disorders, Federal initiatives such as SAMHSA's Substance Abuse Prevention and Treatment Block Grant and discretionary grant programs and National Institute on Drug Abuse (NIDA) sponsored research on drug abuse and addiction support State and community efforts to deliver the treatment services needed to achieve and maintain recovery.

Recognizing that addiction to substances is a treatable disease and recovery is possible, the Administration has supported innovative and effective programs designed to help expand treatment options, enhance treatment delivery, and improve treatment outcomes. By screening for substance use in the medical system, more Americans who are in need of interventions or treatment are being identified early and receiving services. Identifying substance use early may also stop the disease from progressing to addiction and reduce the need for long-term inpatient treatment—a costly and complex process involving long-term interaction with counselors, agencies, and professional services. Through the President's Access to Recovery Program, approximately \$400 million has been devoted to delivering a comprehensive spectrum of services tailored to the individual, including recovery support services.

Screening and Brief Intervention

In 2003, the Federal government began providing funding to support screening and brief intervention programs in States and tribal communities through Screening, Brief Intervention, and Referral to Treatment (SBIRT) cooperative agreements administered by SAMHSA. As of December 2007, over 577,436 clients in 11 States have been screened. Approximately 23 percent received a score that triggered the need for further assistance. Of this number, 15.9 percent received a brief intervention, 3.1 percent received brief drug treatment, and only 3.6 percent required referral to specialized drug treatment programs.

Outcome measures from the Federal program reveal that screening and brief intervention helps reduce substance abuse and related consequences, including emergency room and trauma center visits and deaths. Screening and brief interventions also increase the percentage of people who enter specialized treatment, have a positive impact on factors that enhance overall health, and may provide a shield from further drug use, including improvements in general and mental health, employment, and housing, and a reduction in arrests. Results from these Federal programs persist even 6 months after a brief intervention. Moreover, cost-benefit analyses of Federal programs have demonstrated net health care cost savings from screening and brief interventions. Considering the favorable cost-benefit ratio of Screening and Brief Intervention, it is a program that may be adaptable to the circumstances of drug abuse in Mexico and Central America, and could be facilitated by creating a web-based communications network that would spread its benefits rapidly to the community level and those lacking access to other forms of treatment.

Screening helps identify a large group of persons at risk for substance abuse disorders, particularly those who are unaware of or reluctant to acknowledge the consequences of their drug using behavior. For those who are referred to specialized treatment services as a result of screening, involvement with the criminal justice system, or on their own initiative, SAMHSA has made targeted efforts to provide services to underserved populations and to increase the number of treatment slots, providers, and modalities.

Breaking the Cycle of Addiction: Maintaining Recovery

Concerned about treatment for Americans whose “fight against drugs is a fight for their own lives,” the President announced Access to Recovery (ATR) in his 2003 State of the Union address. Starting in 2004, Congress appropriated approximately \$98 million per year over 3 years for the first ATR grants in 14 States and one tribal organization.

ATR, which is administered by SAMHSA, expands substance abuse treatment capacity, promotes choices in both recovery paths and services, increases the number and types of providers, allows clients through use of voucher systems to play a more significant role in the development of their treatment plans, and links clinical treatment with important recovery support services such as child care, transportation, and mentoring.

As of September 30, 2007, more than 190,000 people with substance use disorders have received clinical treatment and/or recovery support services through ATR, exceeding the 3-year target of 125,000.

Drug Courts: Treating Substance Abusing Offenders

For many Americans, substance abuse can lead to involvement with the criminal justice system. With 32 percent of State prisoners and 26 percent of Federal prisoners reporting in 2004 that they had committed their crimes while under the influence of drugs, connecting offenders with substance abuse treatment through drug courts, during incarceration, or after release back into the community is an important component of the Nation's strategy to heal drug users.

For nonviolent drug offenders whose underlying problem is substance use, drug treatment courts combine the power of the justice system with effective treatment services to break the cycle of criminal behavior, alcohol and drug use, child abuse and neglect, and incarceration. A decade of drug court research indicates that it reduces crime by lowering rearrest and conviction rates, improves substance abuse treatment outcomes, reunites families, and produces measurable cost benefits.

A recent study in Suffolk County, Massachusetts, found that drug court participants were 13 percent less likely to be re-arrested, 34 percent less likely to be re-convicted, and 24 percent less likely to be reincarcerated compared to probationers.

In line with their effects on crime rates, drug courts have proven to be cost-effective. One analysis in Washington State concluded that drug courts cost an average of \$4,333 per client, but save \$4,705 for taxpayers and \$4,395 for potential crime victims, thus yielding a net cost-benefit of \$4,767 per client. An analysis in California concluded that drug courts cost an average of about \$3,000 per client, but save an average of \$11,000 per client over the long term.

U.S. Illicit Drug Supply Reduction Strategy Along the Southwest Border

In addition to the Merida Initiative which is fundamentally a foreign assistance or security assistance package, the United States has developed a National Southwest Border Counternarcotics Strategy (SWBS) that provides 68 specific objectives and seven strategic goals for U.S. agencies operating along the border. Although the SWBS was developed through the inter-agency process prior to the Merida Initiative, the two programs are complementary. The SWBS is primarily a domestic coordination plan, focused on actions to be taken by U.S. agencies to reduce the flow of illegal drugs through the achievement of objectives in seven key areas:

- Intelligence Collection and Information Sharing;
- Interdiction at ports of entry;
- Interdiction between ports of entry;
- Aerial detection and response;
- Investigations and prosecutions;
- Financial crime; and
- Improved cooperation with Mexico.

Lead agencies with responsibility for achieving SWBS objectives are assigned according to agency expertise and operational experience. The SWBS primarily is designed to improve operational coordination in a resource neutral way among U.S. agencies for the achievement of priority objectives. DHS and DOJ continue to oversee a national implementation effort involving Federal, State, local, and private sector entities. This effort will also coordinate adjustments to the Strategy as new challenges emerge in the rapidly changing security environment on the Southwest Border. The SWBS must be updated in 2009, based on statutory requirements included in the ONDCP Reauthorization.

The portion of the SWBS related to U.S. actions in collaboration with Mexico identifies elements such as sharing improved inspection technology, collaboration with specialized law enforcement units, building on Mexico's anti-methamphetamine strategy, and enhancing the capacity to investigate and prosecute major drug traffickers on both sides of the border. These elements can be clearly seen in the proposal to Congress for the Merida Initiative. For example, the vetted units enhance Mexican law enforcement capacity and at the same time offer a reliable counterpart for U.S. law enforcement.

Some of the most valuable programs now underway, or soon to be implemented to achieve these objectives include:

- Increased priority for Operation Gatekeeper, a DEA-led OCDETF initiative to shut down organizations that control drug crossing points in the U.S. and Mexico.
- Multi-agency enforcement efforts being pursued by OCDETF Co-Located Strike Forces in Houston (with satellite branches in McAllen and Laredo) and San Diego.
- Expanded U.S. efforts against bulk cash smuggling into Mexico, led by DEA and ICE.
- Heightened emphasis on stopping illegal weapons smuggling into Mexico, led by ATF and ICE.
- Ongoing coordination with the Department of Homeland Security to assure that counter-drug measures are built into the Secure Border Initiative.

In addition to what is occurring as part of the SWBS, ONDCP implemented in 2006 the SWB Flow Project which provided federal agencies with an assist from the additional resources and focus of the regionally coordinated Southwest Border High Intensity Drug Trafficking Area Program on illicit drug activities along the border. This project was started to complement the SWBS. The SWB HIDTA encompasses four states, 47 counties, and has 92 initiatives. As a result of increased cooperation with the task forces charged with implementing the initiatives, marijuana seizures have increased along the entire border. In California, West Texas, and South Texas all of the initiatives met their expected seizure goals for 2006 and in most cases exceeded them. In Arizona and New Mexico many of the initiatives met their expected goals. We expect to see a marked improvement in Arizona and New Mexico as they streamline their operations.

My colleagues from the operational agencies will be able to provide a more in-depth review of programs they have undertaken in support of SWBS objectives. Oversight of progress toward specific objectives of the SWBS is exercised by the Office of National Drug Control Policy, and more directly by the Office of Counternarcotics Enforcement at the Department of Homeland Security, and the Department of Justice.

Results: In the Region and Beyond

U.S. counter-drug cooperation with Mexico and the Central American countries is designed to take advantage of trends and a favorable political climate throughout the region. The threat of instability caused by criminal organizations with the wherewithal to intimidate or corrupt law enforcement has been clearly recognized in the region. There is a willingness in the drug transit zone to join with cooperating producer countries such as Colombia and Peru, and consumer countries such as the United States, to disrupt the illicit drug trade by eliminating key inputs and disrupting the marketing mechanism through interdiction and arrest of the criminal leadership. The United States has an opportunity to support this hemispheric trend, through passage of the Free Trade Act with Colombia, ongoing robust support for coca eradication and interdiction programs, and approval of supplemental funding for the Merida Initiative.

We have seen what is possible when political will intersects with resources under the circumstances that existed internal to the illegal drug business in 2007. Cocaine became less available in the United States. As I mentioned at the outset of my testimony, we are seeing historic impacts on the price and purity of cocaine on American streets. This progress is only possible when all component parts work together.

To sustain these remarkable results it will be necessary for the United States to do its part. I thank you for the opportunity to address this body, and urge your support for the initiatives that will turn drug control possibility into reality. With that I would be pleased to respond to your questions.