

*(Following are the Responses to Post-Hearing Questions from the Drug Enforcement Administration (DEA). This material was not available at the time the hearing was printed.)*

**Questions for the Record**  
**Subcommittee on Crime, Terrorism,**  
**and Homeland Security**  
**Hearing date May 6, 2003**

## Questions from Rep. Bobby Scott

1. Please provide an evaluation of the cost effectiveness of treatment vs. enforcement for drug use reduction

The Drug Enforcement Administration (DEA) has not conducted nor has it analyzed an evaluation comparing the cost effectiveness of drug treatment to drug enforcement. We consider these two elements part and parcel of an integrated national drug control strategy and view both enforcement and treatment as critical to effectively confronting the problems posed by illicit drug availability and abuse. DEA supports the President's balanced strategy of interdiction and enforcement, coupled with prevention and treatment, as the essential elements for reducing both the supply and demand associated with illegal drugs in this country. DEA firmly believes both supply and demand reduction programs must be carried out, and the implementation of either element in the absence of the other will not bring about the desired results.

Enforcement, prevention, and treatment are interdependent, and current drug strategy incorporates all three. This year the strategy makes it a goal to expand access to substance abuse treatment and commits new resources to helping all those who need treatment get it. DEA fully supports helping drug users overcome their dependence on drugs. Treatment of addictions not only heals the drug user, it restores families, renews productivity, and also contributes to reducing the overall demand for drugs in this country.

DEA particularly endorses drug treatment courts. Last year, we coordinated a resolution accepted by the International Association of Chiefs of Police supporting drug treatment courts and advocating these courts' role in combating drug abuse. Drug treatment courts are a good example of the new balanced approach to fighting drug abuse and addiction. These courts are given a special responsibility to handle cases involving drug-addicted offenders through an extensive supervision and treatment program. Drug court programs use the varied experience and skills of a wide variety of law enforcement and treatment professionals: judges, prosecutors, defense counsels, substance abuse treatment specialists, probation officers, law enforcement and correctional personnel, educational and vocational experts, community leaders and others—all focused on one goal: to help cure addicts of their addiction, and to keep them cured.

What makes drug treatment courts so different is that graduates are held accountable for staying in the program. Judges keep people in incarceration if treatment fails. It is this combination of law enforcement with treatment that has made drug treatment courts successful. Law enforcement plays an especially important role in the beginning of the process because it often triggers treatment for people who need it. Most people do not volunteer for drug treatment. It is more often an outside motivator, like an arrest, that gets—and keeps—people in treatment. In fact, the criminal justice system serves as the largest referral source for drug treatment programs.

That fact illustrates the interdependence of drug treatment and enforcement. DEA continues to focus on its mission of dismantling and disrupting the source of supply by making the drug trade more costly, more difficult, and more risky. The importance of supply reduction cannot be overstated. History has shown that where drugs are easily available, they are abused. I believe that our recent experience with methamphetamine and Ecstasy enforcement demonstrates that supply influences demand. This phenomenon is most clearly highlighted by our observations of Ecstasy, a drug whose ready availability at "Rave" functions and other social settings has definitely contributed to dramatic increases in use.

Our current policy that balances prevention and enforcement of our laws with treatment has kept drug use outside the scope of acceptable behavior in the United States. To put it in perspective, less than 16 million Americans use illegal drugs. Contrast that to the fact that there are 66 million tobacco users and 109 million alcohol users. Drug use still remains unacceptably high, and there remains much work to do, especially with new challenges like methamphetamine and Ecstasy. But strong enforcement of our laws keeps most people from using drugs, disrupts the supply of drugs, creates risks for traffickers, and often helps those who have become addicted to drugs get the treatment they need.

Although DEA has not evaluated the relative costs of treatment versus enforcement, the Office of National Drug Control Policy (ONDCP) has published statistics that you might find to be helpful. In 1997, the average cost to incarcerate an inmate in a Federal prison was \$23,542. See "Drug Treatment in the Criminal Justice System," ONDCP Drug Policy Information Clearinghouse, March 2001, [www.whitehousedrugpolicy.org/publications/factsht/treatment/index.html](http://www.whitehousedrugpolicy.org/publications/factsht/treatment/index.html); National Drug Control Strategy, 2000 Annual Report, at 63. In contrast, the average cost per treatment episode was \$2,941 between 1993 and 1995. See "Drug Treatment in the Criminal Justice System," supra, citing "The Cost and Benefits of Substance Abuse Treatment: Findings from the National Treatment Improvement Evaluation Study," Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, National Evaluation Data Service, August 1999.

**2. How has the agency responded to the need for increased security to prevent agency firearms being lost, stolen or misused?**

DEA agrees that it is extremely important to prevent DEA-issued firearms from being lost, stolen or misused. In order to prevent firearms from being lost or stolen, DEA instituted a new weapons inventory program in September 2001. Under the program, DEA requires a custody card (DEA Form 17) to be completed for every DEA-issued weapon. The custody card is then used to conduct an inventory of DEA weapons. As of [insert date], DEA achieved a 100 percent current accounting of all DEA weapons. DEA also distributed teletypes to all field divisions on September 18, 2002 and February 24, 2003, to provide guidance to field offices on how to maintain a reliable accounting of DEA weapons.

In addition, DEA places a high priority on firearms safety, and the Agency has taken concrete steps to assure that firearms are handled in a manner consistent with DEA policy. Gun safety locks for use on unattended weapons are issued with every DEA handgun. DEA Agents Manual Section 6122.42 states that all Special Agents are responsible for the security of their firearms, and on December 3, 2002, DEA's Office of Inspections sent a teletype to all field divisions to communicate DEA's commitment to firearms safety. DEA anticipates that these measures will reinforce to field personnel the importance that DEA management places on firearms safety.

Finally, DEA maintains a policy that holds DEA Special Agents accountable for the negligent handling of firearms. DEA Agents Manual Section 6122.13 establishes a liability assessment process under which DEA investigates and makes determinations of negligence in situations involving the loss, theft or destruction of firearms. On July 25, 2002, DEA distributed a teletype to all field divisions which reiterated the process set forth in DEA Agents Manual Section 6122.13.

**Question from Representative Goodlatte**

**It has come to my attention that several federal law enforcement organizations, namely the Bureau of Immigration Enforcement, the Drug Enforcement Administration (DEA) and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), plan to establish permanent offices in the northwestern region of Virginia and/or the eastern portion of West Virginia.**

**What is the time frame in which the DEA office is to be established?**

**I is my understanding that the DEA is considering placing a permanent office in Martinsburg, West Virginia or Winchester, Virginia. Is the DEA also considering other locations within the Shenandoah Valley for its office? Why or why not?**

**Answer:**

There are no immediate plans to open a permanent field office in Martinsburg, West Virginia. The presence of the Drug Enforcement Administration (DEA) in Winchester, Virginia is longstanding, and the Special Agents assigned there are involved in numerous investigations in the Harrisonburg area. DEA intends to continue this level of support in the Harrisonburg area.

The Washington Division of the DEA opened the Winchester, Virginia Post of Duty (POD) in July 1997 and staffed this post with two Special Agents. The area of responsibility of the Winchester POD includes the counties of: Frederick, Clark, Warren, Shenandoah, Rockingham, Page, and Augusta. During 2000, in response to the drug threat in the region, the Washington Division assigned an additional Special Agent to the Winchester POD. All three Special Agents work cooperatively with area state and local drug task forces including the Northwest Virginia Regional Drug Task Force and the Rockingham County-State Police-Harrisonburg Police Department (RUSH) Task Force.

DEA is committed to targeting the highest level of drug violators operating in the Shenandoah Valley. Despite limited DEA resources at the Winchester POD, close cooperation between state and local task forces and local jurisdictions has produced significant results. Continued cooperation and successful drug enforcement investigations throughout this region are expected to continue.