



National Drug Control Strategy

Performance Measures
of Effectiveness

2001 ANNUAL REPORT



Office of National Drug Control Policy

Performance
Measures of
Effectiveness:
2001 Annual Report

Executive Summary

The Performance Measures of Effectiveness (PME) System was designed in 1997 to inform the drug control community about the extent to which it achieves the National Drug Control Strategy's (*Strategy's*) five Goals and 31 Objectives (Figure 1) and to assist in the clarification of problem areas and the development of corrective actions. This flexible, dynamic system will be refined this year, a maturation process of re-assessing targets and measures, reflecting enhanced interagency appreciation and awareness of joint accountability issues. The system may also require modifications to reflect the goals, objectives, and initiatives of the new, upcoming *Strategy*.

The PME System was developed through a collaborative process involving over 50 drug control agencies, drug control experts, and representatives of major state and local organizations. Widely acclaimed as a systematic effort to address joint accountability across Federal and non-Federal agencies, it was endorsed by Congress in The Office of National Drug Control Policy (ONDCP) Reauthorization Act of 1998 (P.L. 105-277) as the vehicle by which to assess strategic progress.

This is the second report that assesses our progress as a national community toward meeting the ambitious “stretch targets” that we set for ourselves. Actual results are compared against the “glide path” developed to gauge movement toward the five-year (2002) and ten-year (2007) targets. By tracking progress, the community gets an early warning when improvement is insufficient. If targets are not met over a period of time, this will trigger in-depth program evaluations to identify problem areas and develop appropriate responses. The PME System assesses the success of the national drug control community, not of any particular agency, although agency programs will be critically examined as part of the evaluation process.

The PME Report documents progress over a period of time, a trend line supplementing data on annual progress. This PME report concentrates on progress made in 1999, the second year of the ten-year *Strategy*. Note that we do not assess whether the differences are statistically significant since many of the data sources do not permit such calculations. The system identifies where progress is on track and where it is not. While inadequate progress signals the need to reassess the current level of our efforts, it does not imply failure since the glide path is linear and real life situations do not always follow this linear path. The system should be viewed as a rough gauge of the national drug control community's progress toward the desired end states, one that is useful nonetheless, in alerting the community when progress is insufficient to ensure timely achievement of long-term targets.

The PME System was designed so that it identified the most appropriate indicators of performance (in achieving the Goals and Objectives) whether or not the data were available. The assumption was that new data sources would be developed by the Federal community under the guidance of ONDCP's Subcommittee on Data, Research, and Interagency Coordination (Data Subcommittee) of the Drug Control Research, Data, and Evaluation Committee. Progress toward filling these data gaps takes time. Agencies have to follow a lengthy process, taking several years, for the design and implementation of a new data system. Nonetheless, some data sources have been modified and new ones developed, such as the cocaine flow model. Others are under development, such as the National Treatment Outcome Monitoring System. The feasibility of some measurements is being re-assessed, such as a flow model for estimating amounts of marijuana or methamphetamine produced. It is expected that the feasibility of the rest will be re-examined by the Federal community. It should be noted that without commitment to data, progress cannot be documented or accountability ensured.

The PME System

The PME System brings accountability to the nation's drug control policy. It is the first interagency-developed system that addresses joint accountability among Federal and non-Federal agencies. The System is based on the understanding that the Federal government is only one of many contributors to the desired end results. State, local, and private sector agencies share the responsibility for resources and programs in order to achieve the ambitious “stretch targets” for 2002 and 2007.

It should be understood that the PME Report is not a budget document. The goals and targets were developed separately from the budget process. Additionally, since the goals are to be attained over a ten-year period, intervening events may occur that prevent them from being met. Moreover, in drafting the performance targets, there are certain assumptions (including expectations) made about realizing future resource levels. Given these circumstances, goals and performances measures may need to be adjusted to reflect new or changing circumstances.

The nucleus of the PME System is embodied in the 12 Impact Targets that constitute long-term achievement of the five *Strategy* Goals. These “stretch targets” are intended to motivate the national drug control community to achieve more than was achieved in previous years, to stretch beyond current efforts to meet these aggressive, long-term targets. The year 1996 was selected through the interagency process as the “baseline” against which comparisons should be made. Exceptions were made when data were not available until later or when the initiative under consideration was begun at a later date. However, the PME System did not become operational until 1998, reflecting the publication of the ten-year *Strategy* (1998 through 2007).

Three critical areas focus on drug use, availability, and its disastrous consequences, the crux of the drug control mission:

- In the area of overall drug use, the desired end state is a 50 percent reduction by 2007 in the rate of illegal drug use in the United States compared to that in 1996. The interim target is a 25 percent reduction by 2002.
- In the area of drug availability, the desired end state is a 50 percent reduction by 2007 of the available supply of drugs in the United States. The interim target is a 25 percent reduction by 2002.
- In the area of drug use consequences, one end state is a 30 percent reduction by 2007 in the rate of crime and violent acts associated with drug trafficking and drug use compared to that in 1996. The interim target is a 15 percent reduction by 2002. For health and social costs, the end state is a 25 percent reduction by 2007 compared to the 1996 level and a 10 percent reduction by 2002.

Congress showed its keen interest in tracking the success of the national drug control community by identifying bold targets in the ONDCP Reauthorization Act of 1998. Critical mission areas include drug use among youth, overall availability of specific illicit drugs, purity levels of illicit drugs, and drug-related crime. The Administration will continue to track progress toward these targets and work with the national community to achieve these targets.

Fulfilling the Mission

Overall progress toward the Prevention Goal is off track as of the end of 1999: progress toward reducing youth drug use is off track relative to the base year of 1996. This means that the current rate of progress, if continued, is insufficient to enable achievement of the 2002 and 2007 targets. In fact, use of marijuana, cocaine, heroin, alcohol, and tobacco has remained relatively constant between 1996 (base year) and 1999. Moreover, the average age at which youth first use marijuana, cocaine, heroin, and methamphetamine has remained essentially constant from 1996 to 1998, the latest year for which data are available. Unless progress is escalated, the national drug control community is not likely to reach the ambitious 2002 and 2007 targets for prevention.

This pattern continues in other areas. Past month use (age 12 and over) of any illicit drug rose from 1996 to 1999. Drug use by those employed remained about the same: however, drug use by 18-25 year olds employed part-time rose noticeably. The number of chronic users did not decrease sufficiently to be on track—the number of chronic heroin users increased while that of cocaine declined but only moderately.

In terms of drug supply, progress toward reducing the quantity of illicit drugs available in U.S. drug markets is off track. Estimates of the availability of cocaine, heroin, marijuana, and methamphetamine, based on estimated consumption, indicate that progress is off track for each drug. Interestingly, progress toward interdicting the amount of cocaine coming through the transit and arrival zones is on track for cocaine, the only drug for which we have a viable drug flow model that estimates the amounts of drugs flowing through each zone. Progress at interdicting other drugs in the transit and arrival zones cannot, at present, be estimated. Moreover, progress toward reducing the amount of cocaine exported from source countries is off track. ONDCP with its interagency partners is in the process of developing such estimates for heroin while seeking methodologies for gauging the flow of the other drugs.

Significant progress continues in reducing the crime and violent consequences of drug trafficking and use. Crime data from the Uniform Crime Reports reflects reductions in all major categories of violent crime.

These inferences reflect status as of the end of 1999, the second year of the ten-year Strategy. Such complex societal changes take long to achieve: significant improvements in the underlying causal factors must occur before such behavioral and other changes manifest themselves in altered patterns of use and availability. Details on changes in the causal factors (shown by the contributory targets) are provided in the Appendices.

Clearly progress needs to be escalated if the national drug control community is to achieve its long-term targets. ONDCP plans to facilitate an examination of progress in each area to consider where escalation may be required or targets revised.

Managing for Results

The PME System is evolving into a tool for coordinating the activities of Federal and non-Federal partners so that, as a community, we focus on what needs to be done in order to meet the *Strategy's* targets. Action Plans drafted by interagency working groups in 1998 have undergone further refinement as Demand Reduction and Supply Reduction Interagency Working Groups (IWGs) have begun using them for coordinating the activities of over 50 Federal agencies. The Action Plans are based on Logic Models that identify causal relationships between governmental and non-governmental interventions and the desired end states embodied in the targets.

The Demand Reduction IWG has, in addition, commenced the process of systematically incorporating state, local, and private sector agencies into this collaborative process. Eventually, this will result in cohesive groups of stakeholders focusing on each set of targets, customizing them for their specific drug problems and aligning their activities and resources accordingly. This process of nationalizing is critical since the *Strategy* relies on all sectors of government, the private sector, and the international community to achieve its mission. Only through target-focused dialogue can various segments of the national community assign responsibility and resources.

Joint accountability requires partnering with key players to achieve common goals. The PME System established common targets and the means for tracking progress. To achieve the targets, Performance Partnerships are necessary to address intergovernmental issues and formalize arrangements that facilitate target achievement. ONDCP has established three pilot performance partnerships with the states of Oregon and Maryland and with Houston, Texas, in order to further understand these intergovernmental issues.

The PME System will be refined this year, constituting a maturation process of improving targets and measures. This will reflect greater agency interest in joint accountability as well as the priorities of the new upcoming drug control *Strategy*.

Next Steps

Organizing “communities of stakeholders” to focus on key sets of targets is an evolving, iterative process that will take several years. These communities will have to transform the Federal Action Plans into National Action Plans. The activities, programs, and resources of Federal, state, local, and private agencies must be aligned to achieve the targets. These national working groups will need to calibrate the Action Plans annually to reflect PME findings, new initiatives, and resource decisions. Performance Partnerships will be implemented further as Federal agencies work closely with non-Federal agencies to exchange managerial flexibility for improved performance. This dialogue between various sectors should assist in the empowerment of non-Federal sectors in undertaking effective approaches to drug control.

Meanwhile, ONDCP's Data Subcommittee will continue to prioritize and seek the dedication of needed resources for filling existing data gaps in the PME System. The data that inform the PME System will continue to be improved as drug control agencies begin to use data as tools for performance management. The Information Management System, currently in place, will continue to be refined so it functions as a tool to facilitate communication among partners at different levels of government and in the private sector.

Further work is needed to link budgets to results as the government moves slowly toward Performance Budgeting. The process started this year, of linking Action Plans to budgets, will take many years to mature as Federal agencies adjust their budgeting and accounting systems to align with their Strategic Plans under the Government Performance and Results Act.

Figure 1

Strategic Goals and Objectives of the National Drug Control Strategy

Goal One: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Objective 1: Educate parents and other care givers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Objective 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drug, alcohol, and tobacco use by youth.

Objective 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Objective 4: Provide students in grades K-12 with alcohol, tobacco, and drug prevention programs and policies that are research based.

Objective 5: Support parents and adult mentors in encouraging youth to engage in positive, healthy lifestyles and modeling behavior to be emulated by young people.

Objective 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.

Objective 7: Create partnerships with the media, entertainment industry, and professional sports organizations to avoid the glamorization, condoning, or normalization of illegal drugs and the use of alcohol and tobacco by youth.

Objective 8: Develop and implement a set of research-based principles upon which prevention programming can be based.

Objective 9: Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

Goal Two: Increase the safety of America's citizens by substantially reducing drug-related crime and violence

Objective 1: Strengthen law enforcement—including Federal, state, and local drug task forces—to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.

Objective 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

Objective 3: Help law enforcement to disrupt money laundering and seize and forfeit criminal assets.

Objective 4: Break the cycle of drug abuse and crime.

Objective 5: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Goal Three: Reduce health and social costs to the public of illegal drug use

Objective 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Objective 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Objective 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes: drug testing, education, prevention, and intervention.

Objective 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Objective 5: Support research into the development of medications and related protocols to prevent or reduce drug dependence and abuse.

Objective 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

Objective 7: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Goal Four: Shield America's air, land, and sea frontiers from the drug threat

Objective 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Objective 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.

Objective 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit zone countries in order to reduce the flow of illegal drugs into the United States.

Objective 4: Support and highlight research and technology—including the development of scientific information and data—to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Goal Five: Break foreign and domestic drug sources of supply

Objective 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Objective 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.

Objective 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.

Objective 4: Develop and support bilateral, regional, and multilateral initiatives and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Objective 5: Promote international policies and laws that deter money laundering and facilitate anti-money laundering investigations as well as seizure and forfeiture of associated assets.

Objective 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Performance Measures of Effectiveness *2001 Annual Report*

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I. A Systems Approach to Assessing Performance

The National Drug Control Strategy (*Strategy*) identifies five Goals and 31 Objectives to guide policy actions for achieving meaningful reductions in drug use, availability, and the damaging consequences of illicit drug use and trafficking.^{1,2} Public Law 105-277³ requires that the nation's success in achieving the *Strategy's* Goals and Objectives be assessed using the Performance Measures of Effectiveness (PME) System and that the *Strategy* be adjusted according to feedback from this system. In 1997, the Office of National Drug Control Policy (ONDCP) developed the PME System through an interagency process that tapped experts in drug prevention, treatment, law enforcement, interdiction, and international programs. This report summarizes the *Strategy's* progress at the end of 1999, as measured by the PME System.

This flexible, dynamic system will be refined this year, signifying a maturation process of re-assessing targets and measures, reflecting enhanced interagency appreciation

and awareness of joint accountability issues. The system may also require changes to reflect the goals, objectives, and initiatives of the new upcoming *Strategy*. Data sources will continue to be refined and augmented as agencies start using such information for managing for performance.

Background

The PME System is a mechanism for monitoring the progress of the national drug control community toward accomplishing the Goals and Objectives of the Strategy (Figure 2). Based on these, interagency work groups identified performance targets and associated measures for the years 2002 and 2007. The PME System compares actual results as of 1999, with progress necessary to achieve these long-term targets. No assessment of “statistical significance” has been made since many of the data sources do not permit such calculations and some targets are not quantitative.

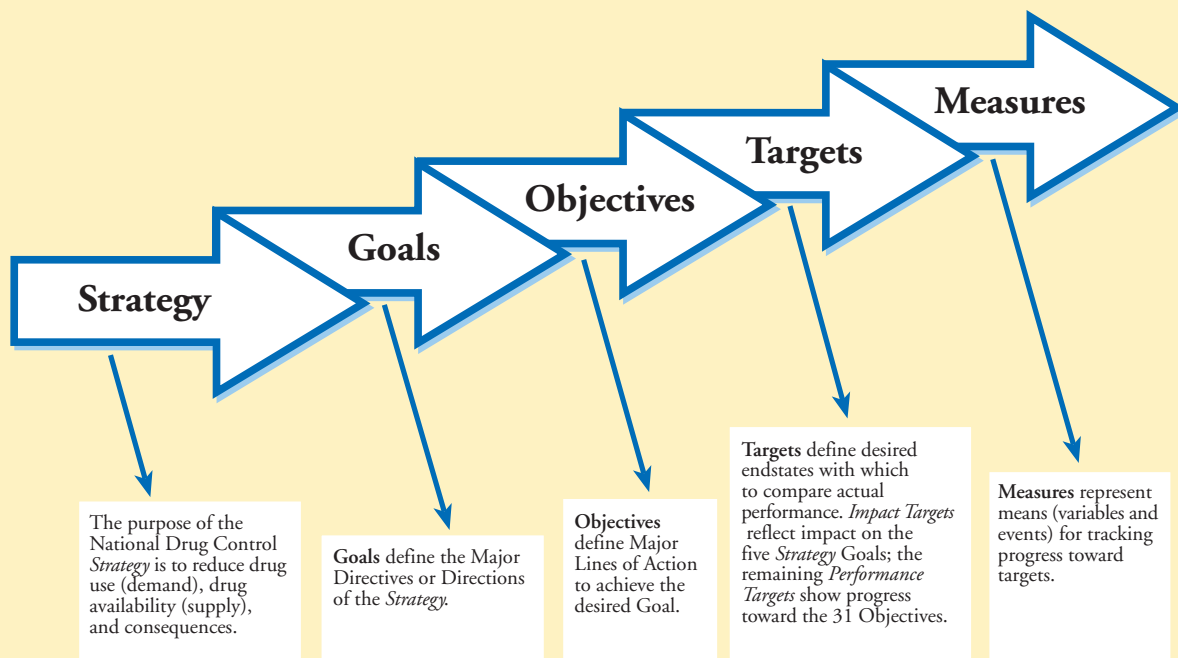
ONDCP's Key Responsibilities

ONDCP's key responsibilities according to the 1998 Reauthorization Act are:

- Develop performance targets and measures for each *Strategy* goal and objective;
- Identify major programs and activities of drug control program agencies that support the goals and objectives of the *Strategy*;
- Monitor consistency between the drug-related goals and objectives of the drug control agencies and ensure that their goals and budgets support and are fully consistent with the *Strategy*;
- Coordinate the development and implementation of national drug control data collection and reporting systems to support policy formulation and performance measurement; and
- Revise performance targets and measures to conform with drug control program agency budgets.

Figure 2

Performance Measurement Framework



Long-term targets were selected that require progress above that attained in previous years. These “stretch targets” were deliberately made ambitious in order to motivate the national drug control community to greater levels of performance.⁴

Ensuring accountability is a key focus of the PME System in monitoring the progress of the national drug control community. Determining responsibility for achieving results is an especially difficult problem because the combined efforts of over 50 Federal agencies, supplemented by state and local government partners as well as various non-governmental organizations, contribute to achieving the *Strategy*. The PME System addresses accountability⁵ by showing what supporting targets are not being met and by showing their relationship to the broader goals of the *Strategy*. If targets are not being met, then programming identified as logically contributing to the achievement of a given target, as well as supporting action plans, will need to be assessed and appropriate changes made.

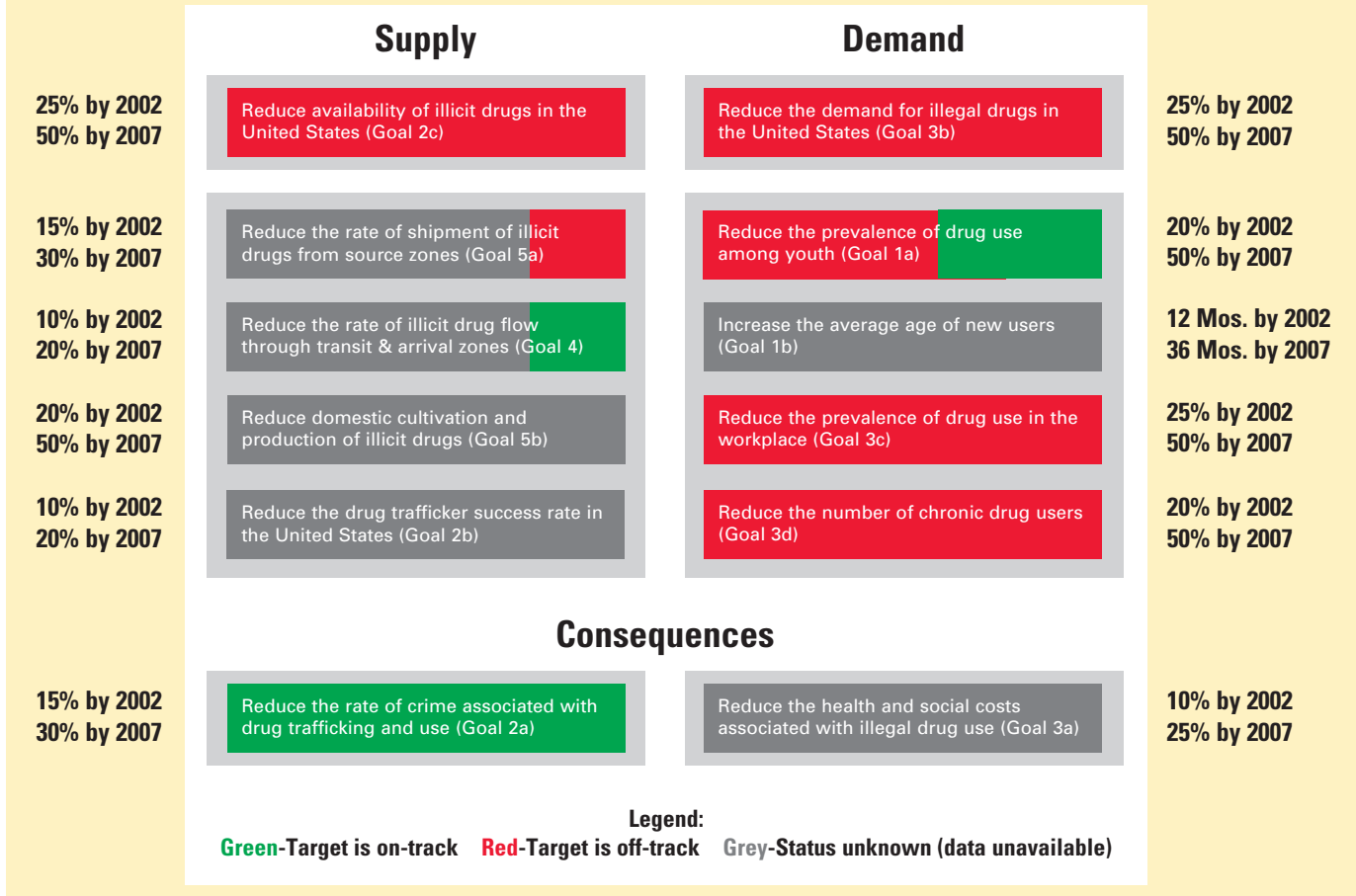
It should be understood that the PME is not a budget document. The Goals and Targets were developed separately from the budget process. Additionally, since the Goals are to be attained over a ten-year period,

intervening events may occur that prevent them from being met. Moreover, in drafting the PME, there are certain assumptions made about each Goal (Appendix C), including expectations about realizing future resource levels. Given these circumstances, targets and performance measures may need to be adjusted to reflect new or changing circumstances.

Impact Targets— Nucleus of the PME System

The nucleus of the PME system consists of 12 “Impact Targets” that define measurable results to be achieved by the *Strategy’s* five goals (Figure 3). There are five impact targets for demand reduction, five for supply reduction, and two for reducing the adverse health and criminal consequences associated with drug use and trafficking. Eighty-seven additional targets further delineate mid-(2002) and long-term (2007) targets for the *Strategy’s* 31 objectives. Although based on past drug use trends and research findings, the targets are primarily designed to motivate the community to achieve greater effectiveness, if necessary, by developing new policies and initiatives and by reinventing established processes.

Figure 3
12 Key Drug Strategy Impact Targets
 (87 other performance targets are not shown)



PME Targets and Measures

While the 12 Impact Targets (desired end results for each Goal) reflect the *Strategy's* overall success, another 87 performance targets offer critical information for the 31 Objectives underlying the *Strategy's* five Goals (see Figure 6).⁶ Of the 99 performance targets, 38 are milestones and 61 are numerical. Progress toward these targets is assessed by monitoring 157 associated measures (Figure 4).⁷ An additional 30 measures were added since the PME 2000 report which reported 127 measures. These additional measures are in part, directly related to the 12 Impact Targets and reflect the impact of individual drugs, including cocaine, heroin, marijuana, and methamphetamine.

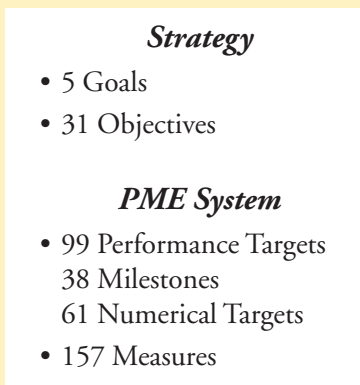
For most targets, 1996 was chosen as the base year against which to assess progress toward achieving 2002

and 2007 targets. Exceptions were made when data were not available till later or when the initiative under consideration was begun at a later date. However, the PME System does not begin its assessment of progress until 1998, reflecting the time at which the system became operational and the publication of the ten-year *Strategy* (1998 through 2007).

Congressional Targets

In P.L. 105-277 Congress specified five targets in the areas of youth drug use, overall drug use, drug availability, drug purity, and drug-related crime to be achieved by 2003 (for details, see Congressional Targets in Appendix E). Congress recognized that achieving these targets represents an enormous challenge and indicated that the purpose of these targets was to allow for

Figure 4
Goals, Objectives, Targets, and Measures



the annual restructuring of appropriations by the Appropriations Committees and Authorizing Committees.

Many of the Congressionally-mandated targets are also part of ONDCP’s PME System. However, a basic difference is the timing proposed for their realization. Generally, Congress proposes to achieve its targets by 2003 whereas under the PME System target achievement is set for 2007.

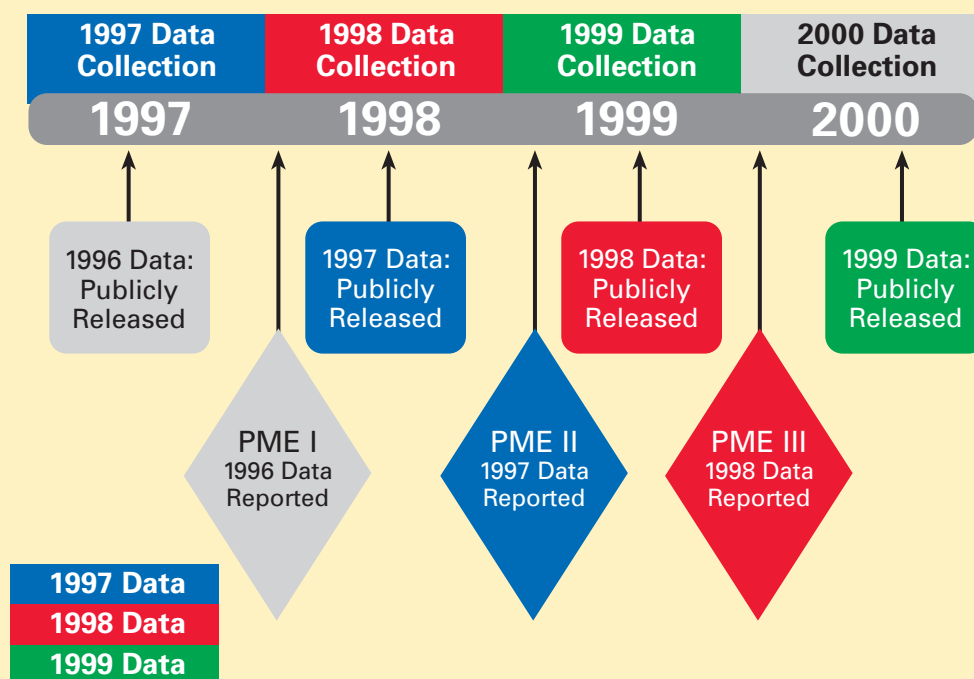
Reporting Issues— The Problem of Lagging Indicators

In the drug control arena, the collection of raw data, analysis, and dissemination of findings generally takes one to one-and-a-half years. In some cases, the delay may be longer. Because of this, progress will typically be reported a year or more after the target year. This delay is illustrated in Figure 5. This year’s PME Report reflects the most recently available information, generally 1999 data with some exceptions for 2000, for reporting progress toward each target.

Closing the Data Gap

The PME System is designed to answer the question: “What are the most valid indicators of success in achieving the Goal/Objective?” This approach was taken to avoid designing a performance system that merely reflected “off the shelf” data sources. Numerous measures require data systems to be developed or existing systems to be modified. Where no data exists, ONDCP’s Data Subcommittee, comprised of data managers from all Federal drug control agencies, is engaged in closing the

Figure 5
Data Availability
(Example: National Household Survey on Drug Abuse)



data gap. A description of activities taken to close the data gap is presented in Appendix D.

Progress toward filling these data gaps takes time. Agencies have to follow a lengthy process for the design and implementation of a new data system. Depending on the data system, this process can include deliberation within the agency on whether and how such a system should be developed, design and testing, OMB approval, and implementation. This process typically takes several years to complete. Some data sources have been modified and new ones developed, such as the cocaine flow model. Others are under development, such as the National Treatment Outcome Monitoring System. The feasibility of other measurements is being re-assessed, such as a flow model for estimating amounts of marijuana or methamphetamine produced. It is expected that the feasibility of the rest will be re-examined by the Federal community. It should be noted that without commitment to data, progress cannot be documented.

A Systems Approach to Performance Measurement

The PME System uses a logic model framework to link goals, objectives, and performance targets to programs and resources. The logic model underlying the *Strategy* is illustrated in Figure 6. Note that the linkage from each contributory target to the Impact Targets is also shown. This chart displays the assumptions that underlie the *Strategy*. It makes clear to stakeholders the connections between program outputs (such as number of community anti-drug coalitions) and eventual system outcomes (such as reduction in youth drug use). Only by assessing the system as a whole can the community address the interrelationships between demand reduction, supply reduction, and associated consequences. Clearly, drug control programs that address each of the targets (represented by a box in the chart) must be integrated to achieve the *Strategy's* goals.

Ensuring Accountability—Progress at a Glance

The logic model in Figure 6 also enables a succinct display of the national drug control community's success in achieving the drug control mission. Color-coding individual targets readily highlights areas that are “on” or “off track.” This refers to a linear glide path drawn

between the base year (1996 in most cases, except where no data were available or the program started later) and the mid- (2002) and long-term (2007) target years (see Appendix C). When actual progress in 1999 has met the minimum desired glide path, the appropriate target box is highlighted in green. When actual progress has fallen short of planned progress, the target box is highlighted in red. This assessment does not reflect whether the differences between actual and desired results are statistically significant or not, since many of the data sources used do not permit such calculations. Where no data system currently exists for evaluating actual progress, or pending data are unavailable at the time of publication, affected targets are presented in gray. The system should be viewed as a rough gauge of the national drug control community's progress toward the desired end states, one that is useful nonetheless, in alerting the community when progress is insufficient to ensure timely achievement of long-term targets.

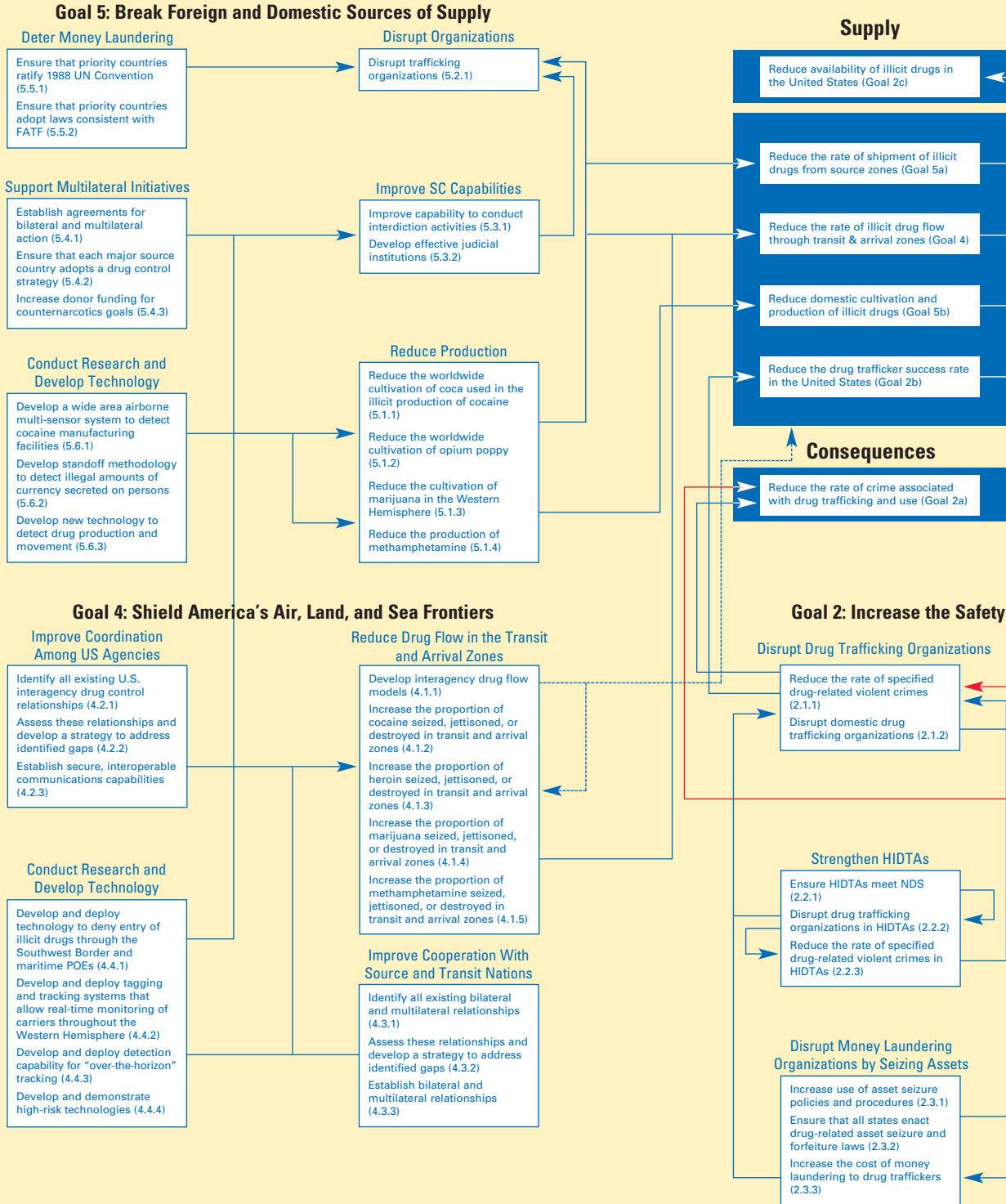
The *Strategy's* overall pattern of success and failure, relative to the *Strategy's* targets as of year-end 1999, is illustrated in Figure 7. In some cases the boxes are multi-colored. This reflects the status of the subcomponents of a target—for instance, the various colors may reflect status for each of the multiple drugs that comprise the overall target. A summary of the key findings is provided in the next chapter: detailed explanations are provided in Appendices B and C.

The PME System monitors progress toward each target, serving as an early warning system to the national drug control community. When progress toward a target is off track, it serves to alert the community to assess the situation and perhaps, escalate the rate of progress. If targets are not met for a period of time, the system will trigger an evaluation to determine the likely causes. This in-depth program evaluation determines causality and gauges the effectiveness of programs that contribute to the target. The PME System forces the national drug control community to examine accomplishments analytically and systematically.

The Road Ahead

Information generated by the PME System helps guide refinements in order to accomplish the *Strategy*⁸. By identifying problem areas, it focuses corrective actions where they are most needed. Feedback is provided to the national community through these reports.

Figure 6
The National Drug Control Strategy
Relationship Among Targets



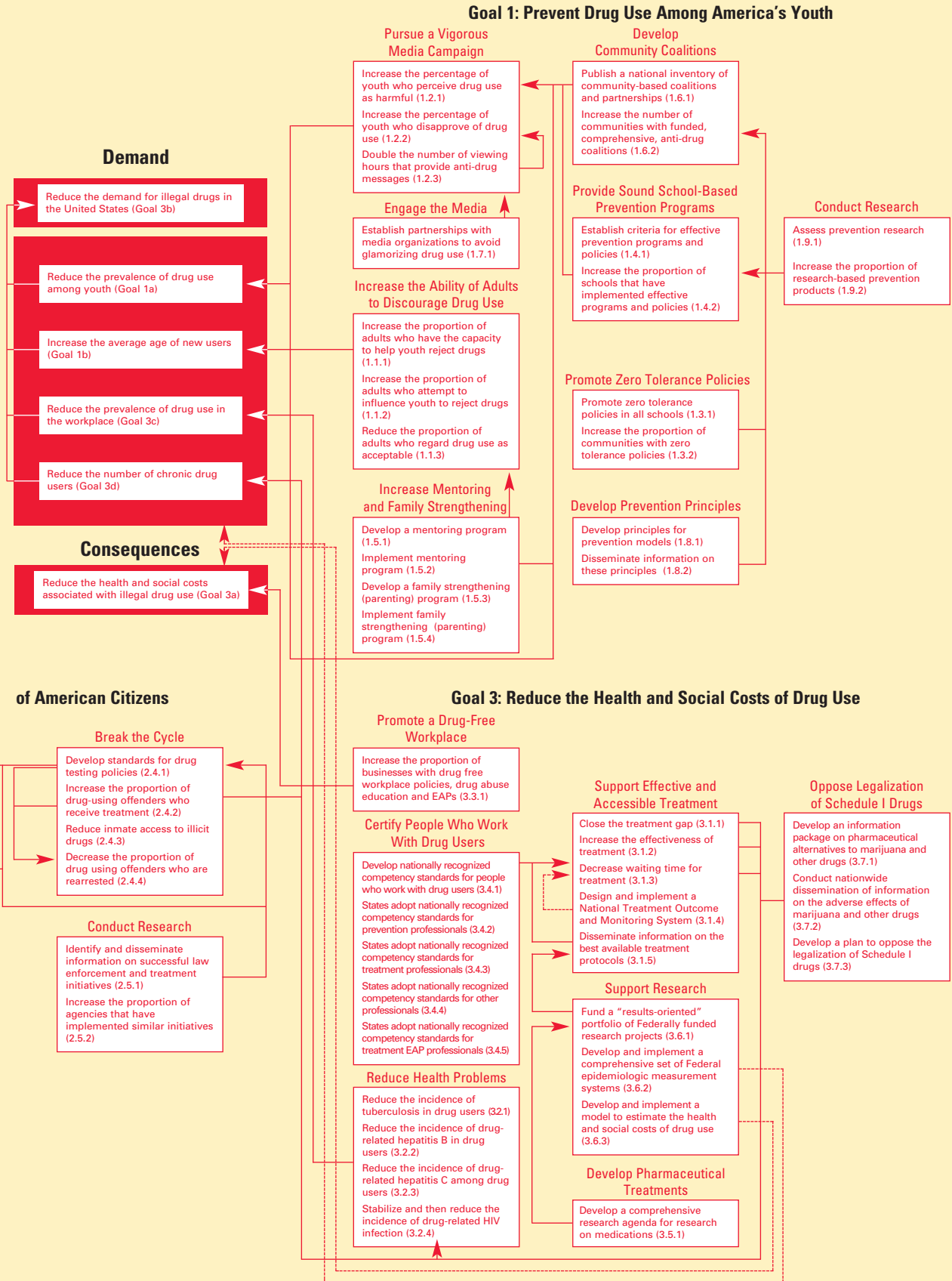
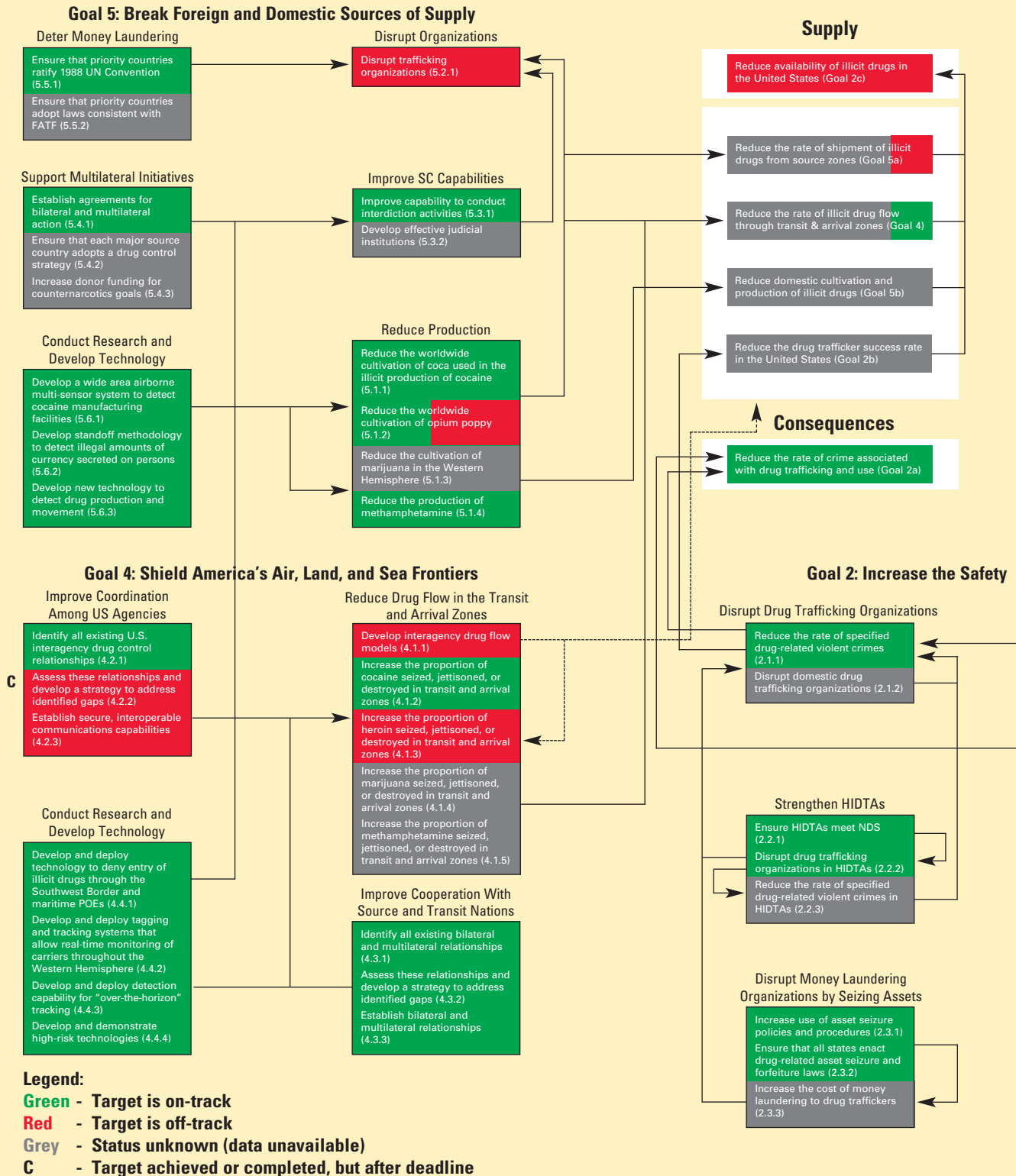
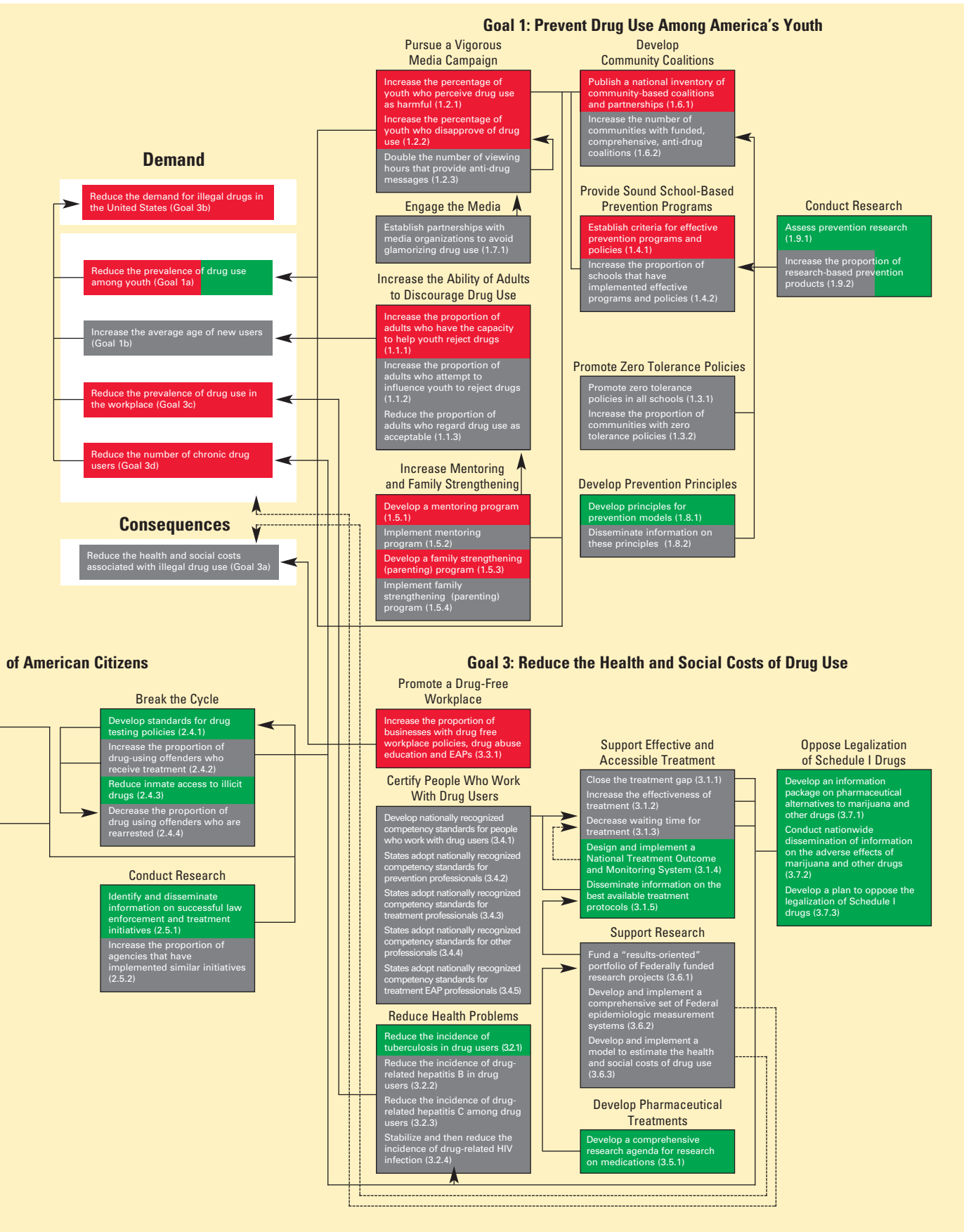


Figure 7
The National Drug Control Strategy Progress at a Glance
As of 1999 relative to 1996





The PME System is also a mechanism for managing toward results. By focusing the dialogue on desired long-term targets, it enables a more deliberate discussion of how best to achieve them. In order to begin addressing the issue of limited control over complex outcomes, ONDCP began utilizing various management techniques, primarily logic models and action plans. These enabled the Federal community to understand what needed to be done to achieve the targets (through developing logic models) and assigning responsibility for various actions (through action plans).

Using the PME System to its fullest potential as a performance management instrument requires more work. ONDCP is continuing a series of intergovernmental meetings⁹ to further refine Federal action plans and assign responsibilities to various participants. This effort involves small groups of committed stakeholders pursuing the best ways of achieving the *Strategy's* goals by developing new ways to achieve the stretch targets and by expanding active participation in the drug control effort. These nascent efforts at target-based coordination and multi-agency alignment are slowly being widened to include state, local, and private sector agencies. Clearly, non-Federal partners, generally the primary purveyors of direct services, must play key roles in assigning responsibilities and developing national agendas.

A key component toward achieving the *Strategy's* goals involves performance partnerships between Federal, state, and local governments. Performance partnerships have been established with the States of Maryland and Oregon and with the city of Houston, Texas. These partnerships have identified issues requiring combined Federal and state/local government participation to resolve; they are working to develop processes for achieving established targets that reflect state customization of the national PME targets.

This report consists of four chapters followed by several Appendices. Chapter II summarizes progress in achieving the *Strategy's* five Goals. Chapter III discusses the steps taken to proceed from performance measurement to performance management. Chapter IV outlines the road ahead. Appendix A explains Figure 7, the "red-green chart," and Appendix B discusses, more fully, each Impact target and key contributory targets. Appendix C provides information on each one of the 99 performance targets. The other appendices provide details of the PME System.

Endnotes

- 1 The term "drug" as used here includes illegal drugs and underage use of alcohol and tobacco.
- 2 The five Goals and 31 Objectives are reported in the *Strategy's 2000 Annual Report*, and *2001 Annual Report*. See also, ONDCP, [National Drug Control Strategy, 2000](#), The White House, or visit ONDCP's website at: www.whitehousedrugpolicy.gov.
- 3 Public Law 105-277, Section 706(b)(1)(A), Title VII, Office of National Drug Control Policy Reauthorization Act of 1998, October 21, 1998.
- 4 The General Accounting Office suggests that performance targets should set "stretch" goals that are ambitious and are aimed at achieving dramatic improvements in outcomes. See General Accounting Office, "Government Reform: Goal-Setting and Performance," GAO/AIMD/GGD-95-130R, 1995. In addition, the National Academy of Public Administration argues that, "[p]erformance targets should be realistic, but should, wherever feasible, encourage progress beyond historical performance levels." See the National Academy of Public Administration, "Toward Useful Performance Measurement: Lessons Learned from Initial Pilot Performance Plans," prepared under the Government Performance and Results Act (1994), page 8.
- 5 ONDCP's PME System measures the efficacy of the *Strategy's* Goals and Objectives. The System tracks the aggregate performance of the numerous programs that support each Goal and Objective. Any Goal or Objective will probably have many agency programs that contribute to the achievement of the performance target. The PME System does not track an individual agency's performance, but it does track the performance of its programs. Agencies are required to track their own performance through their GPRA plans, which should include aspects of their own specific drug control missions. Where applicable, the GPRA plans should document links to the ONDCP PME System.
- 6 This reflects a net increase of two targets (from 85 to 87). The increase in targets occurred when two targets under Goal 1, Objective 5, were refined into four targets. Initially the development of both a parenting and mentoring program (Target 1) and the implementation of both a parenting and mentoring program (Target 2) combined parenting and mentoring within the same targets. While similar, fundamental differences in the nature of parenting and mentoring programs warranted their separation into distinct targets. In the updated version a separate target addresses the development and implementation of each program.
- 7 Some targets have several measures. For instance, availability of all drugs is broken into availability of cocaine, marijuana, heroin, and methamphetamine.
- 8 Three previous reports on ONDCP's PME System have been published: [Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy](#), February 1998, [National Drug Control Strategy, Performance Measures of Effectiveness: Implementation and Findings](#), February

1999, and, National Drug Control Strategy, Performance Measures of Effectiveness: 2000 Annual Report. These are available on ONDCP's website, www.whitehousedrugpolicy.gov, or from the National Drug Clearinghouse by calling 1-800-666-3332.

9 In this report, the term "intergovernmental" includes the private sector.

II. Progress Toward Achieving the *Strategy's* Goals and Objectives

This chapter summarizes progress made, as of calendar year 1999, relative toward achieving the ten-year National Drug Control Strategy's (*Strategy's*) 12 Impact Targets. The *Strategy's* five goals focus on preventing drug use, increasing the public's safety by reducing drug-related crime, reducing health and social costs of illegal drug use, shielding our borders, and fostering international cooperation. This report assesses achievement as of 1999, the second year of the ten-year *Strategy*.

These Impact Targets define the desired long-term outcomes of the ten-year *Strategy* in its three principal policy areas: 1) drug use (five impact targets), 2) drug use consequences (two impact targets), and 3) drug availability in the United States (five impact targets). These complex societal targets take long to achieve; significant changes to the causal factors underlying drug use and availability must occur before substantive changes are observed. Because such behavioral changes occur slowly, it could take years for progress to manifest as positive outcomes reflected in the 12 Impact Targets. The findings in the contributory targets for each of the *Strategy's* Goals reflect this reality.

Interim progress will first become evident in the contributory targets; thus, to understand the details one should consult Appendix B. For example, the long-term goal of substantially reducing youth drug use (Goal One) first requires that youth become aware of the actual dangers of drug use (Objective One under Goal One). Increased awareness leads to healthier beliefs and attitudes that in turn lead to the desired outcome of healthier behavior evidenced by lower illicit drug use. The 12 Impact Targets measure actual usage trends. There are 87 contributory targets that affect the Impact Targets.

For most targets, 1996 was chosen as the base year against which progress toward achieving 2002 and 2007 end- states is measured.¹ The year 1996 corresponds to the first introduction of the *Strategy's* five goals; 2002 corresponds to interim policy targets and 2007 corresponds to the culmination of the 10-year *Strategy* first published in February 1998 (covering 1998 through 2007). Some targets have a later base-year reference for various reasons: for example, to reflect the start of a new initiative or when data first become available. However, the PME System does not begin its assessment of progress until 1998, reflecting the time at which the system became operational and the publication of the ten-year *Strategy* (1998 through 2007). Appendices A and B discuss, more fully, each Impact Target and key contributory target. Appendix C provides information on each one of the 99 performance targets of the PME System.

Note that for some measures, the data may show clear progress relative to prior years and still be reported here as "off track." This is because status is assessed relative to the glide path toward the 2002 and 2007 targets.² In the

"On Track vs. Off Track"

Progress is reported relative to the base year of 1996. Status is reported as "on track" when reported progress as of 1999 reaches the "glide path" necessary for achieving the long-term 2002 and 2007 targets. Note that programs may be "off track" even when there is clear improvement from previous years. It means that progress as measured by this system is currently insufficient to meet the long-term targets.

narrative and graphs that follow, progress is reported as on track (green) when actual results in 1999 reach the glide path or better; when the data falls short of this glide path it is reported as off track (red). When data is unavailable, target status is not reported (gray). If progress toward a target is off track (red) it implies that the current rate of progress is insufficient to achieve the

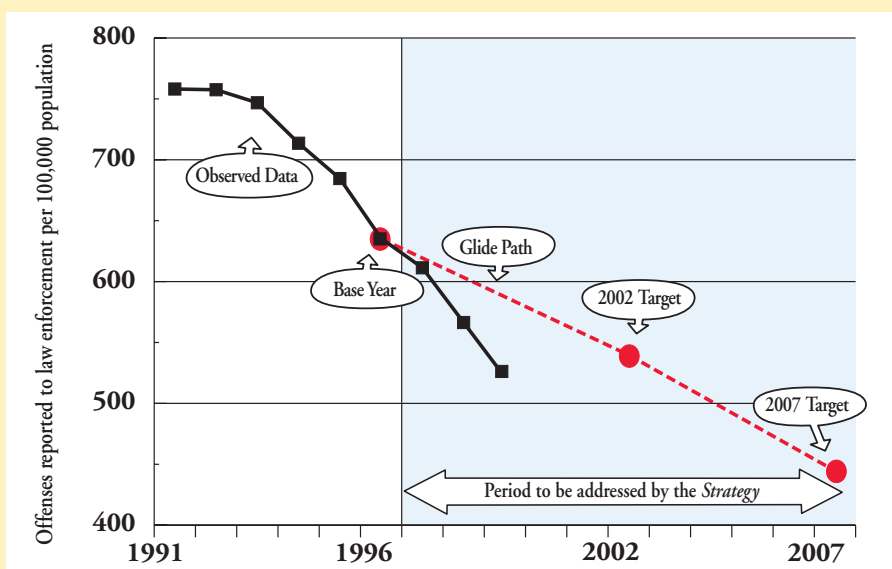
long-term (2007) targets. The drug control community needs to examine the issue, possibly to escalate efforts towards meeting that target. Also, throughout this report, we do not distinguish between statistically significant and statistically insignificant changes between reported figures. This is because many of the data sources used do not permit such calculations.

Chart Explanation

The charts in this chapter are used to summarize progress made by the drug control community toward achieving each Impact Target. The figure below illustrates the chart format used in this report, using the violent crime target as an example. Each chart provides both observed data and projected policy targets. Observed data points represent data collected (actual achievements) and reported by federal agencies and are shown in black. The impact targets for 2002 and 2007 are the projected policy targets and are shown in red. The red dotted line shows the projected glide path to achieving these targets from 1996, the base year for each chart, to 2007. The reader is able, at a glance, to assess progress. For example, in this chart if observed data for 1999 are below the glide path we are on track to achieve the end results. If observed data are above the glide path we are off track. The gray zone marks the period addressed by the Strategy's Performance Measures of Effectiveness (PME) System (i.e., baseline to 2007). The area in white represents the time period for which data are available prior to the PME's baseline year of 1996. In cases where such data are available, they provide detail on the historic trend for the measure. The data source is referenced at the bottom of each chart.

This specific chart shows, in black, a steady decline in the overall crime rate from 1991 through 1999. From 1997 through 1999 this trend is clearly below the glide path (depicted in red) indicating that overall violent crime is favorably on track toward exceeding the formal PME target for 2002 and 1007.

Figure 8
Illustrative Chart—Rate of Violent Crime



Source: 1999 Crime in the United States/Uniform Crime Reports.

Progress Toward Achieving Strategy Goal One: Reducing Youth Drug Use

The first goal of the *Strategy* endeavors to reduce long-term drug use by both reducing the proportion of youth engaging in illicit drug use and, for those that do try illicit drugs, by delaying their first attempt. It is well recognized that if children reach adulthood (18 to 20 years) without using illegal drugs they are much less likely to develop a chemical dependency problem later in life.³

Goal One's Impact Targets. Two key measures indicate the impact of the *Strategy's* initiatives on preventing and reducing youth drug use:

- **The Proportion of Youth Recently Using Illicit Drugs (Prevalence).** This measures the percentage of youth aged 12 to 17 years that have used various illicit drugs in the past 30 days.
- **Initial Age of Drug Use (Incidence).** Increasing the initial age of drug use would suggest that prevention programs are working and society's future drug burden will decline.

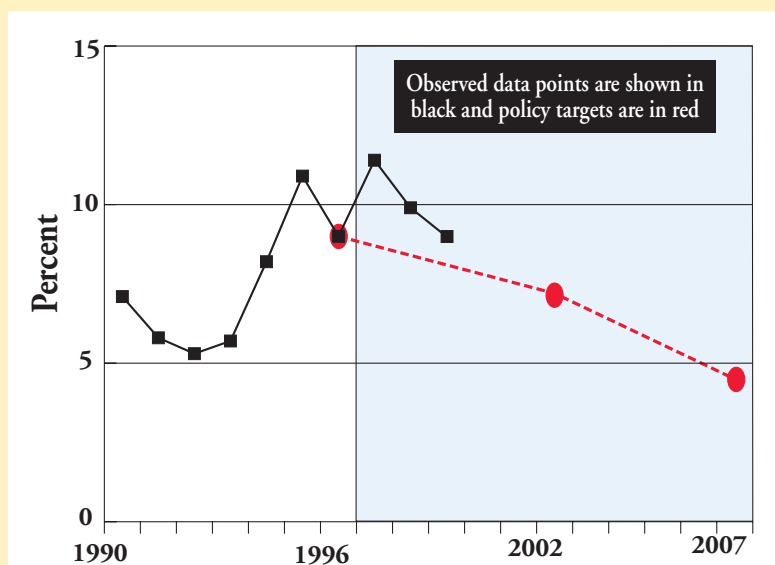
Overall Progress Toward this Goal is Off Track. Progress toward both reducing youth use of any illicit drug and

increasing the age of first use of any illicit drug has been off track (red). This is the second year for which youth use of any illicit drug has been off track (red).

Youth Drug Use—Current Users (Prevalence). As of 1999, progress towards reducing the percentage of youth using drugs is off track (red). Progress relative to the 1996 base year was not sufficient to reach the glide path. In fact, use of marijuana, cocaine, heroin, alcohol, and tobacco has remained relatively constant between 1996 (the base year) and 1999. This means that unless progress is escalated, the drug control community is not likely to reach the 2002 and 2007 policy targets.

The year 1999 is the latest for which ONDCP has data from the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Household Survey on Drug Abuse (NHSDA). In 1999, SAMHSA changed its survey methodology. Any inferences that are drawn from explicit or implicit comparisons between 1999 and prior years' data must be interpreted with caution.

Figure 9
Past Month Drug Use (Ages 12-17)



Source: 1999 National Household Survey on Drug Abuse.

Throughout this report, status presented does not distinguish between statistically significant and statistically insignificant changes between reported figures. This is because many of the data sources used do not permit such calculations.

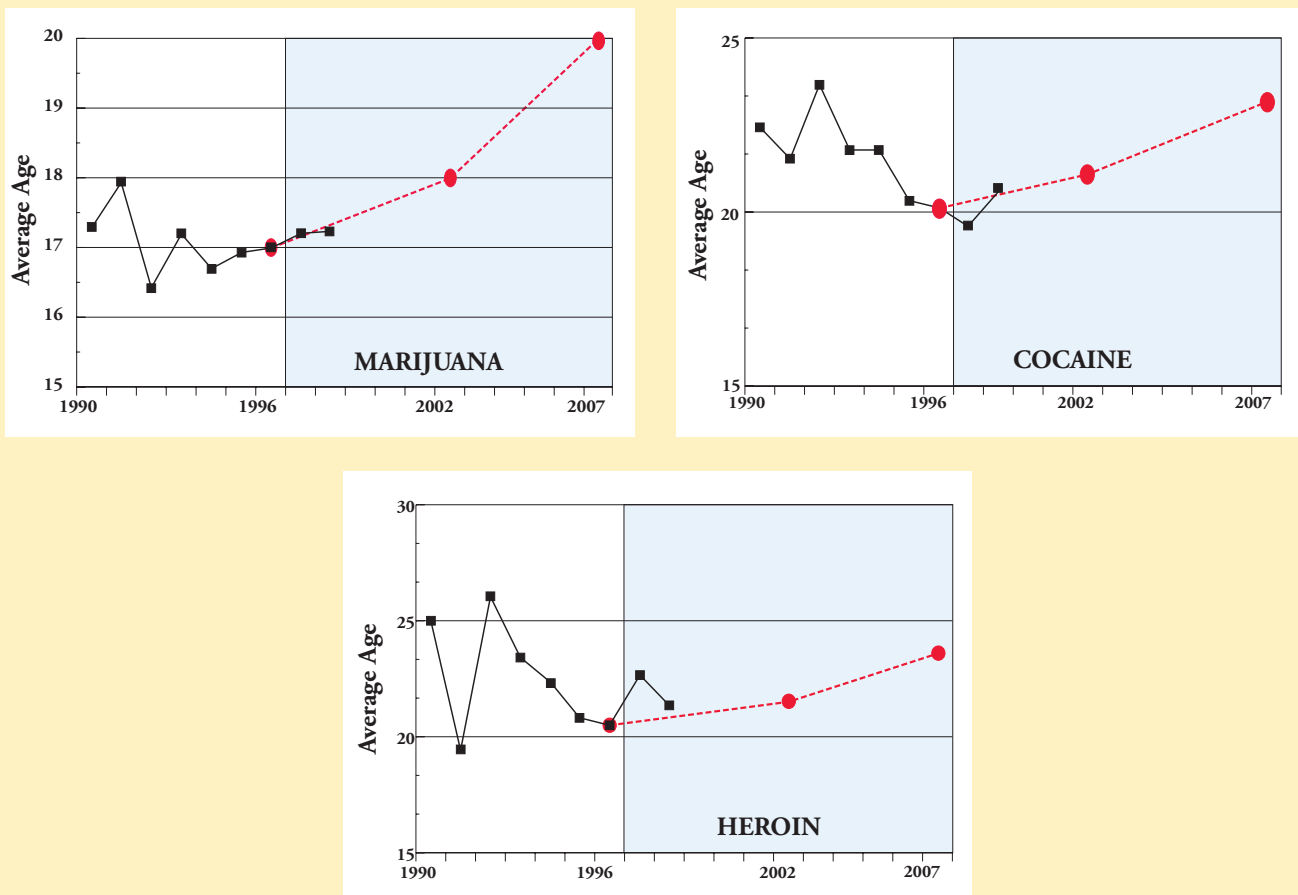
Figure 9 shows that between the 1996 base year⁴ and 1999, the percentage of youth aged 12 to 17 years currently (past 30 days) using any illicit type of drug increased to 11.4 percent in 1997 before returning to nine percent by 1999, close to the 1996 level.⁵

The only categories where drug use declined over this period are inhalants (down about 47 percent; from 1.7 to 0.9 percent) and cigarettes (down about 13 percent; from 18.3 to 15.9 percent).⁶

Youth Drug Use—Age of First Use (Incidence). Progress toward this target in 1999 is unknown (gray); the latest year for which data are available from the NHSDA is 1998. Reduction in the average age at first use of marijuana, cocaine, or heroin remained essentially constant in all drug categories in 1998). This means that as of 1998 progress is not sufficient to meet the long-term targets (i.e., progress is off track (red) through 1998)(Figure 10).

Exceptions were for tobacco and stimulants. The average age for first-time cigarette use was off track and held constant (from 15.7 to 15.4 years) between 1996 and 1997 (the latest year with first-use cigarette figures). First-time smokeless tobacco use favorably rose from

Figure 10
Average Age at First Use



Observed data points are shown in black and policy targets are in red.

Source: 1999 National Household Survey on Drug Abuse.

17.9 to 19 years between 1996 and 1998 (there is no PME target for smokeless tobacco). The average age for first-time use of stimulants declined from 21.8 to 18.8 years between 1996 and 1998 (there is currently no target for stimulant within the PME system).

Moreover, MDMA and other club drugs, are being used at an earlier age. This is partially attributable to a widespread misperception that these drugs are less harmful and less addictive than mainstream drugs such as heroin. In recognition of this, the National Youth Anti-Drug Media Campaign and other anti-drug partners are adjusting their messages to address this specific problem.

Progress Toward Achieving *Strategy* Goal Two: Reducing Drug-Related Crime and Violence

The negative social consequences of drug-related crime and violence mirror the tragedy that substance abuse inflicts upon individuals. Crime and reduced public safety are among the consequences of drug trafficking and drug use.

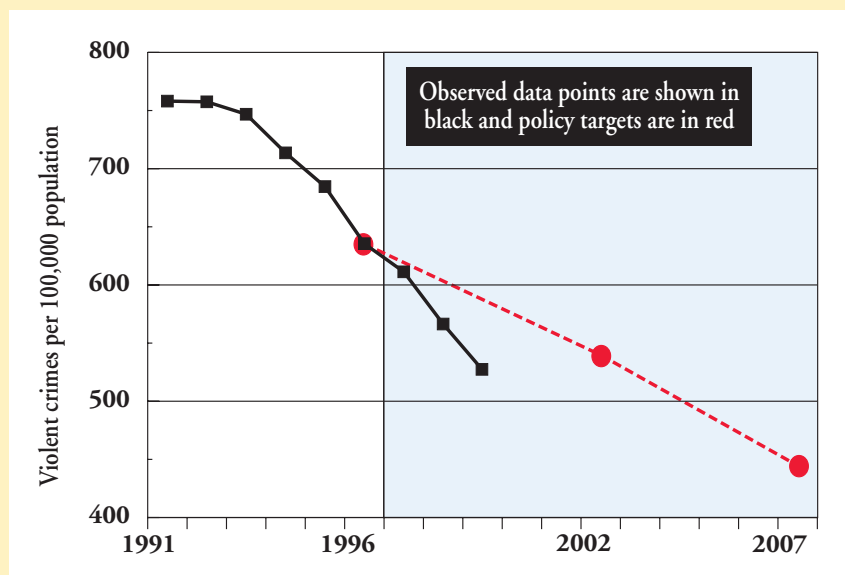
Achieving progress in Goal Two is predicated on the pursuit of policies and programs that successfully reduce domestic consumption, and the distribution of illicit drugs and associated criminal activity. Also central to achieving progress toward this goal is significant reduction in the availability of illicit drugs.

Goal Two's Impact Targets. Progress is measured by the following three targets:

- **Drug-Related Crime and Violence.** This target measures the rate of crime and violent acts associated with drug trafficking and use.
- **Domestic Trafficker Success.** The success of domestic traffickers is gauged by the rate at which illicit drugs of U.S. origin reach U.S. consumers. The domestic law enforcement community tries to reduce the quantity of illegal drugs in the U.S. through seizure and arrests.
- **Drug Availability in the United States.** This target measures the quantity of illicit drugs available in the United States.

Overall Progress Toward This Goal is Mixed. The reduction in drug-related crime is on track (green) and

Figure 11
Rate of Violent Crime



Source: *Crime in the United States/Uniform Crime Reports, 1999.*

currently there are no data to measure progress toward reducing domestic trafficker success (gray). The reduction in the quantity of illicit drugs available in the United States is off track (red). Detailed information on each of the three impact targets is presented below.

Drug-Related Crime and Violence. Progress on this impact target is on track (green) for the rate of violent crime per 100,000 population. The specific crimes that comprise the violent crime rate are murder, aggravated assault, robbery, and forcible rape. Progress on each of these specific crimes is on track (green). Last year, we reported continuing progress on reducing drug-related crime and violence as indicated by the Federal Bureau of Investigation's (FBI's) Uniform Crime Reports (UCR). This year, we continue to observe improved performance. Violent crime has been declining for several years since 1996, and 1999 was no exception. The violent crime rate in 1999 was the lowest recorded since 1978. The 1999 actual rate of 525 violent crimes per 100,000 exceeds the 2002 target and is on track (green) to achieve the 2007 target. This represents a decline in the violent crime rate of 17.5 percent between the 1996 base year and 1999.

The UCR tracks drug involvement only for murder; however, based on the recommendation of the Data Subcommittee, crime rates from the UCR for aggravated assault, robbery, and forcible rape are used by the PME System as proxies for drug involvement.

Domestic Trafficker Success. No data are available (gray) to measure the progress in the reduction of domestic trafficker success in marijuana and methamphetamine. This target does not apply to cocaine and heroin as neither is produced in the United States. The Department of Justice's Drug Enforcement Administration reports that there currently is no reliable method of assessing the rate at which marijuana and methamphetamine produced in the United States reaches the U.S. drug consumer. In the case of methamphetamine, the U.S. counterdrug community has been unable to produce a drug flow model to estimate the quantity manufactured domestically because the current drug flow model depends on tracking the chemicals used to make this synthetic drug. Unfortunately, the precursor chemicals have legitimate uses, making them difficult to track.

Drug Availability in the United States. Progress on this impact target is off track (red) for each of the four primary illegal drugs (cocaine, heroin, marijuana, and methamphetamine) for the second consecutive year. The availability in domestic drug markets of these illegal drugs is based on consumption estimates. These estimates are used to assess the success of our efforts at curbing U.S. availability of drugs, as measured in metric tons. Consumption estimates are one element of an overall flow model which includes cultivation or production within the source country, movement of the drugs to the United States, and ultimately consumption by users in the United States. While consumption estimates are available for all four drugs, an overall flow model is available only for cocaine. The source of the consumption estimates presented below, is data from *What America's Users Spend on Illegal Drugs 1988-1998, December 2000*.

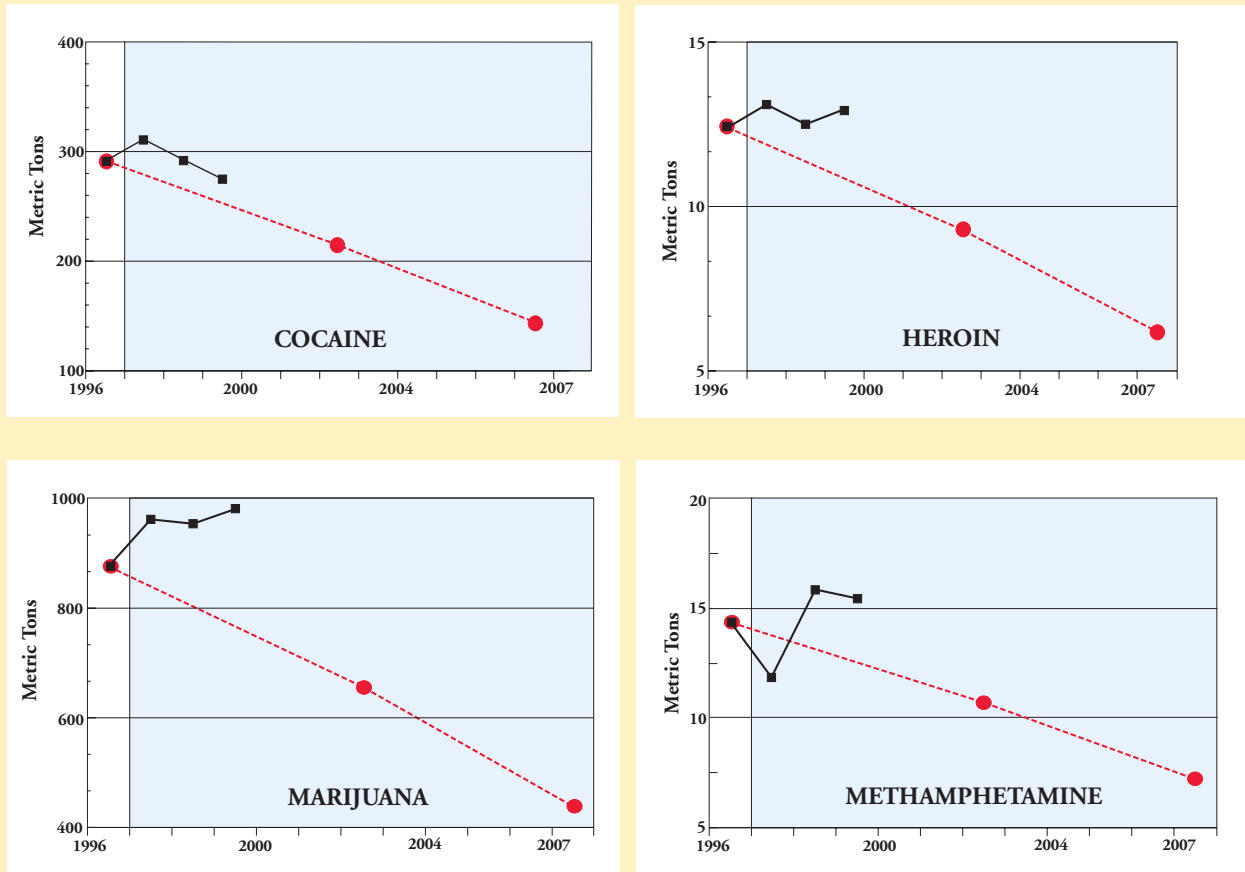
Consumption Estimates and the Drug Flow Model

The PME System uses consumption estimates to measure the availability in the United States of cocaine, heroin, marijuana, and methamphetamine. These estimates are one element of an overall flow model (see Appendix B for detailed explanation of the Drug Flow Model). A flow model includes estimates beginning with cultivation or production, within the source country, through movement of the drugs in transit to the U.S., and ultimately for consumption by users in the U.S.

Cocaine availability in 1999 (276 metric tons) is off track (red) because it does not reach the glide path toward the 2002 and 2007 targets.⁷ **Heroin** availability (12.9 metric tons) also is off track (red) because it also does not reach the glide path toward the 2002 and 2007 targets.

Domestic **marijuana** availability (982 metric tons) is off track (red) in 1999 because it does not reach the glide path toward the 2002 and 2007 targets. Accuracy of the magnitude of domestic marijuana consumption is uncertain, as modeling methodologies continue to be refined.

Figure 12
Drug Availability in the U.S. (Consumption Estimates)



Observed data points are shown in black and policy targets are in red.

Source: *What America's Users Spend on Illegal Drugs 1988–1989, December, 2000.*

Note: A single estimate of overall drug availability in the U.S. is not possible because of different modeling methodologies used for each drug.

Domestic *methamphetamine* availability (15.5 metric tons) is also off track (red) because it does not reach the glide path toward the 2002 and 2007 targets. Reliability of the methamphetamine estimates has not been established as this is the first attempt to estimate methamphetamine based on consumption data that are still limited. at a methamphetamine consumption estimate, and data are still limited.

Figure 12 above shows that between the 1996 base year and 1999, drug availability in the U.S. (based on consumption estimates) for cocaine, heroin, marijuana, and methamphetamine is off track (red) for each year. except for methamphetamine in 1997.

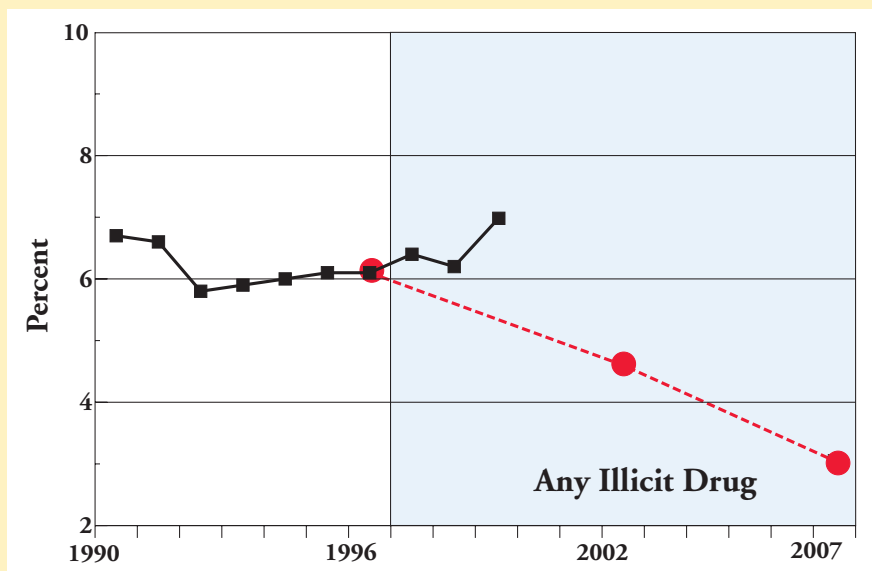
Progress Toward Achieving Strategy Goal Three: Reducing the Health and Social Costs of Illegal Drug Use

The third goal of the *Strategy* focuses on reducing the health and social costs of drug use by emphasizing treatment programs. Research clearly demonstrates that treatment works by having a positive impact on the level of drug use and associated crime. Longitudinal studies have repeatedly shown that drug use and criminal activity decline upon entry into treatment and remain below pre-treatment levels for up to five years.⁸ In addition, the *Strategy* encourages scientific research to increase our understanding of addiction so that we can improve our treatment programs. The year 1999 is the latest for which ONDCP has data from the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Household Survey on Drug Abuse (NHSDA). In 1999, SAMHSA changed its survey methodology. Any inferences that are drawn from explicit or implicit comparisons between 1999 and prior years' data must be interpreted with caution.

Four key measures indicate the success of the *Strategy's* initiatives on reducing the health and social costs of illegal drug use:

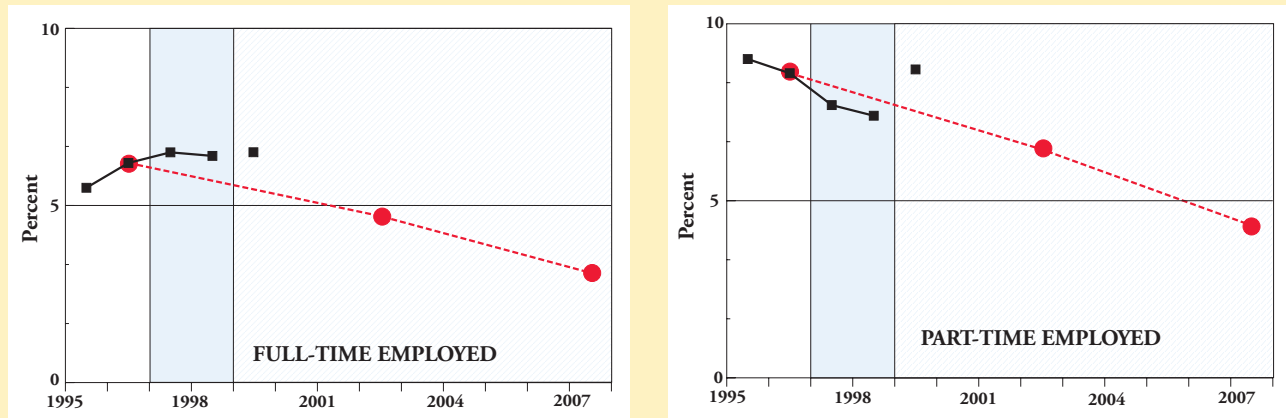
- **Estimated Economic Cost of Illicit Drug Use.** This measure presents, in dollar terms, a comprehensive estimate of drug-related illness and health care costs, productivity losses, and other attributable costs such as criminal justice activities (legal defense and adjudication, etc.).
- **The Proportion of the Population that are Current Illicit Drug Users (National Prevalence).** This measures the percent of the population (ages 12 and above) that are current illicit drug users as measured by use in the past 30 days. This summarizes recent actual illicit drug-use behavior patterns (Figure 13).
- **The Proportion of Employees Using Drugs in the Workplace.** The proportion of workers using drugs provides insight into the drug-related impact on productivity and related issues (Figure 14).
- **The Proportion of Chronic Users in the Population.** A major proportion of drug consumption, drug-related crime, and prison inmates can be attributed to the chronic user category, which is applied to those using heroin or cocaine at least weekly. Reducing the size of this group can have significant beneficial repercussions throughout society and the economy (Figure 15).

Figure 13
Illicit Drug Use in the Household Population



Source: 1999 National Household Survey on Drug Abuse.

Figure 14
Drug Use Among Full and Part-Time Workers



Observed data points are shown in black and policy targets are in red.

Source: 1999 National Household Survey on Drug Abuse.

Note: In 1999, SAMHSA changed its survey collection methodology. Comparisons made between 1999 and prior years' data must be interpreted with caution.

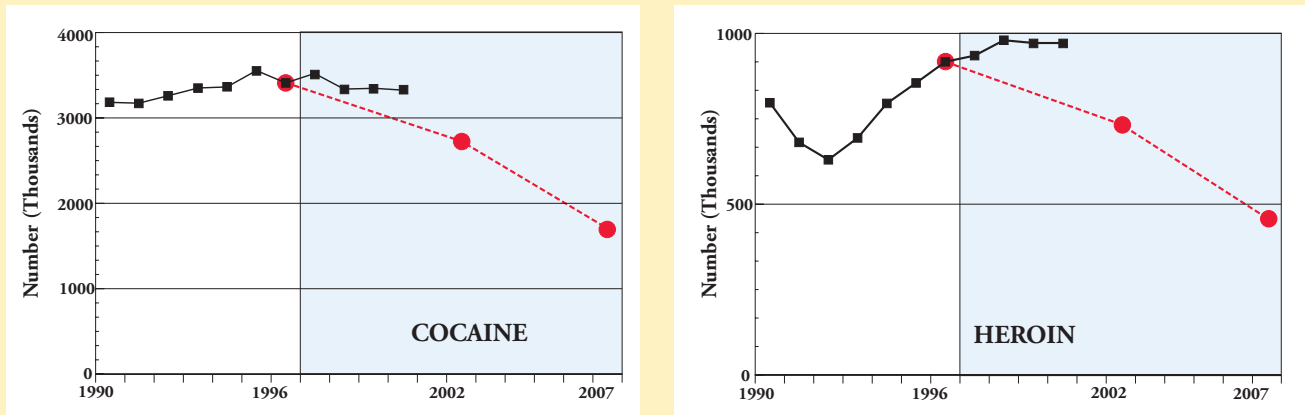
Overall Progress Toward this Goal is Off Track. Progress toward achieving all of the Goal Three Impact Targets has been off track (red). This is the second consecutive year for which national prevalence, drug use by those employed, and the number of chronic heroin users have been off track (red).

The Estimated Costs of Illicit Drug Use. Progress toward reducing the economic costs of illicit drug use between 1996 and 1999 is unknown (gray). The latest estimates were based on 1992 data and ONDCP is in the process of updating cost estimates of drug abuse to the year 1998. Between 1992 and 1995 lost potential productivity (lost earnings, illness, and death) attributed to drug abuse rose about 11.7 percent (from \$69,421 million to \$77,557 million in current dollars).⁹ Between 1996 and 1999 the number of emergency room drug mentions rose almost 12 percent (from 907,561 to 1,015,206); within those figures, cocaine mentions rose 10.7 percent (from 152,433 to 168,763), heroin mentions rose 14.3 percent (from 73,846 to 84,409), and marijuana mentions rose 62 percent (from 53,789 to 87,150).¹⁰ The increase in estimated costs might be explained by inflation, demographics, or the fact that 1999 costs reflect the availability of treatment in earlier years.

Nationwide Drug Use. Progress toward reducing overall drug use (any drug) nationwide in all age groups is off track (red) as of 1999.¹¹ According to the NHSDA report, between 1996 and 1999 past month use of any illicit drug rose 14.8 percent (from 6.1 percent to 7.0 percent). Most of this gain is attributable to increased marijuana use, which rose 14.9 percent (from 4.7 percent to 5.4 percent between 1996 and 1999). However, cocaine, heroin, methamphetamine, and other psychotherapeutic drug use remained constant over the same period, which means they too, did not reach the glide path toward the long-term target.

Drug Use in the Workplace. Progress toward reducing drug use in the workplace by full- and part-time workers is off track (red).¹² According to the NHSDA report, in 1999 current drug use among full-time workers was 6.5 percent (vs. 6.2 percent in 1996) while use among part-time workers was estimated at 8.6 percent (also vs. 8.6 percent in 1996), neither of which is on-track to reach the 2002 and 2007 targets.¹³

Figure 15
Chronic Hardcore Users



Observed data points are shown in black and policy targets are in red.

Source: Office of National Drug Control Policy/Abt Associates (2000), *What America's Users Spend on Illegal Drugs, 1988–1999*.

Note: The term “chronic hardcore user” is only applied to those using heroin or cocaine at least weekly and is not currently applied to regular users of other drugs.

The 18 to 25 year old age group accounted for the highest ratio of illicit drug use in the workplace by those employed in 1999.¹⁴ Within this group, between 1996 and 1999 drug use among full-time workers increased (from 15.5 percent to 16.1 percent) while use among those employed part-time rose (from 14.3 percent to 19.2 percent).¹⁵ In comparison, of those age 26 or older employed full-time only 5.1 percent used an illicit drug in the past month while 4.3 percent of those employed part-time used drugs in the prior month.

The Chronic User Population. Progress toward reducing the number of chronic hardcore drug users is off target (red).¹⁶ The “chronic user” term is applied only to those using heroin or cocaine at least weekly; the term “chronic user” is not currently applied to regular users of other drugs. Between 1996 and 1999 the estimated number of hardcore heroin users increased from 917,000 to 977,000.¹⁷ Although cocaine users declined from 3.4 million to 3.3 million after rising to about 3.5 million in 1997, the decline was insufficient to reach the glide path. Note that a large number of hardcore users consume both drugs; for example, according to the 1995 DUF sample 14 percent of hardcore users consumed both.

Progress Toward Achieving *Strategy* Goal Four: Stopping Drug Shipments En-Route to the U.S. Border

In addition to demand reduction, the *Strategy* is designed to address the reduction of illegal drug supply entering into or produced in the United States. Accordingly, the emphasis of Goal Four is to reduce that supply in transit to the United States, and at the U.S. border. Goal Five's emphasis is on breaking foreign and domestic sources of illegal drug supply.

Note that once illegal drugs cross the border, they are either removed from domestic consumption through law enforcement efforts, or enter into domestic consumption. This aspect of drug flow has been described earlier under Goal Two.

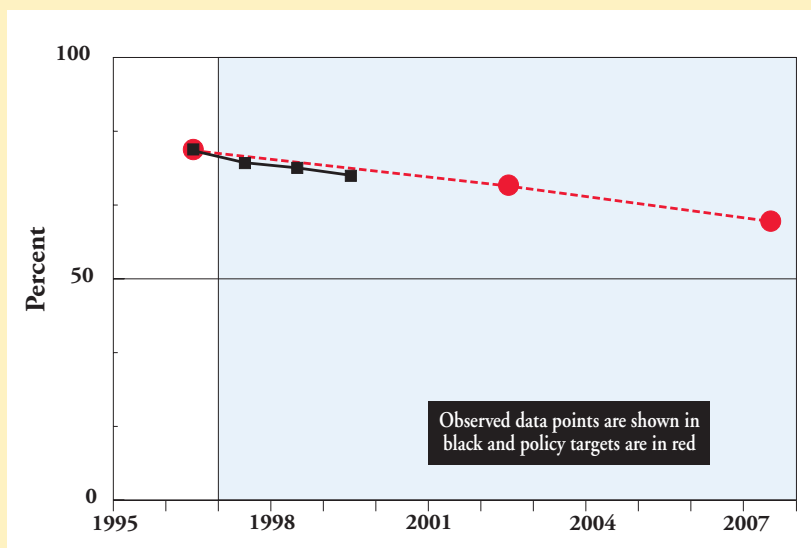
Goal Four's Impact Targets. Goal Four has an impact target that indicates the success of the drug control community at stopping drugs before they reach the U.S. border: the amount of drugs that eluded interdiction and passed through the transit and border zones.¹⁸

The key measure of effectiveness of the *Strategy's* initiatives, associated with shielding America's air, land, and sea frontiers, is the rate at which illegal drugs successfully enter the United States.

Overall Progress on This Goal is Mixed. Progress under Goal Four toward achieving this impact target is on track (green) for cocaine. Progress at reducing the rate of other drugs (i.e., marijuana, methamphetamine, heroin, and MDMA) entering the U.S. is unknown.

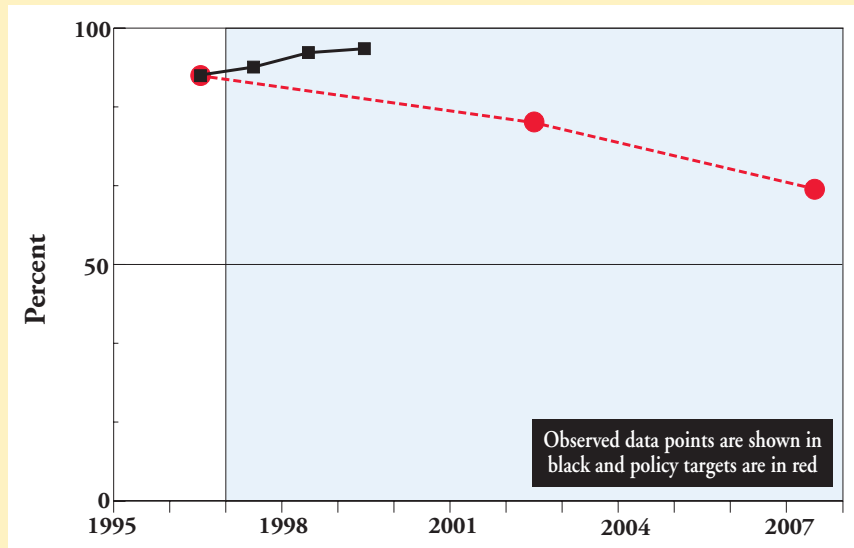
Cocaine—Transit and Border Zones. Overall progress on this performance target is on track. Out of 429 metric tons of cocaine that were illegally exported from source countries toward the United States, 313 metric tons entered into the United States despite interdiction efforts in the transit zone (including the border zone). This means that almost 73 percent of all cocaine departing the source countries made it into the U.S. (Figure 16).

Figure 16
Percent of Cocaine that Enters the U.S.
(of the total exported from source countries towards the U.S.)



Source: ONDCP Sequential Transition and Supply Model, 2000.

Figure 17
Percent of Heroin that Enters the U.S.
(of the total approaching U.S. borders)



ONDCP Heroin Consumption Estimate, 2000.

This marks an overall four percent reduction, over the base year of 1996, when 333 metric tons, out of 435 that left the source countries, entered into the United States. This success is primarily attributed to increased seizures within the transit zone where a four percent increase¹⁹ in cocaine seizures occurred in 1999 (61 metric tons seized). Cocaine that makes it into the U.S. from the border is a key element also considered when evaluating this impact target. Of this amount, data sources indicate an increase of approximately three percent, compared to the base year of 1996. This increase may be attributed to one or both of the following assumptions: 1) increased border zone commercial and passenger movement over the U.S. border from Mexico,²⁰ and/or 2) better concealment methods of cocaine by drug trafficking organizations.

Heroin. Determinations for the other illegal drugs can only be made based on existing consumption estimates, as a flow model does not currently exist for heroin. In 1999, and with consumption estimates for 2000, there has been an increase in heroin at the U.S. border of one percent since 1996.²¹ Of 13.7 metric tons of heroin that were estimated to have made it to the U.S. border, the preliminary estimate is that 13.05 metric tons successfully made it into the United States in 2000 (Figure 17).

Other Drugs. Determinations for the other illegal drugs can only be made based on existing consumption estimates, as flow models do not currently exist for marijuana, methamphetamine, heroin, and MDMA. These estimates indicate that the amounts of marijuana and methamphetamine entering into the United States have been reduced and that progress on this target is on track.

Progress Toward Achieving Strategy Goal Five: Breaking the Sources of Supply

America's supply reduction effort is primarily focused on reducing the quantity of illicit drugs produced both domestically and for export to the United States.

Goal Five's Impact Targets. The key measures of the Strategy's effectiveness at breaking foreign and domestic sources of supply are:

- **Reducing Illicit Drug Exports.** This measures the rate at which illicit drugs make it to the point of export from the growing or production areas in the source country.
- **Reducing Domestic Production and Cultivation.** This measures the quantity of methamphetamine manufactured, and marijuana cultivated, in the U.S. Note that other major drugs (cocaine, heroin, and to a large degree MDMA) are not currently produced within the U.S.

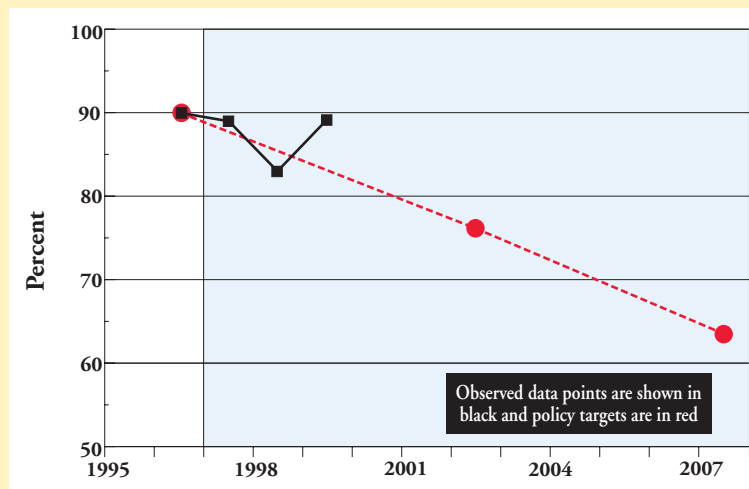
Overall Progress on This Goal is Mixed. Progress toward this target is off track (red) for cocaine, and gray for the other illicit drugs. Cocaine exports minimally decreased in 1999 compared to the base year of 1996.

Export rates of other drugs (i.e., heroin, methamphetamine, marijuana, and more recently, MDMA) are highly uncertain, since reliable methods for developing these estimates have yet to be developed. As a result, progress toward achieving the Strategy's targets is unknown (gray).²²

Cocaine. The source zone outflow rate increased in 1999, when 89% of the cocaine available at the growing areas made it to the source zone departure areas (Figure 18). The source zone outflow of cocaine significantly decreased in 1998, when 83% of total cocaine available at the growing/production areas made it to the source zone departure areas, or point of export.

This setback in 1999 may be due to increased production efficiencies prior to the implementation of "Plan Colombia". This conjecture is based on the following facts: 1) overall cocaine production has decreased by 23% between 1996 and 1999; 2) although fewer metric tons have been produced since 1996, almost the same proportion of it was moved by traffickers to the source zone departure areas for export.

Figure 18
Percent of Cocaine Exported from Source Countries
(of the amount produced)



Source: ONDCP Sequential Transition and Supply Model, 2000.

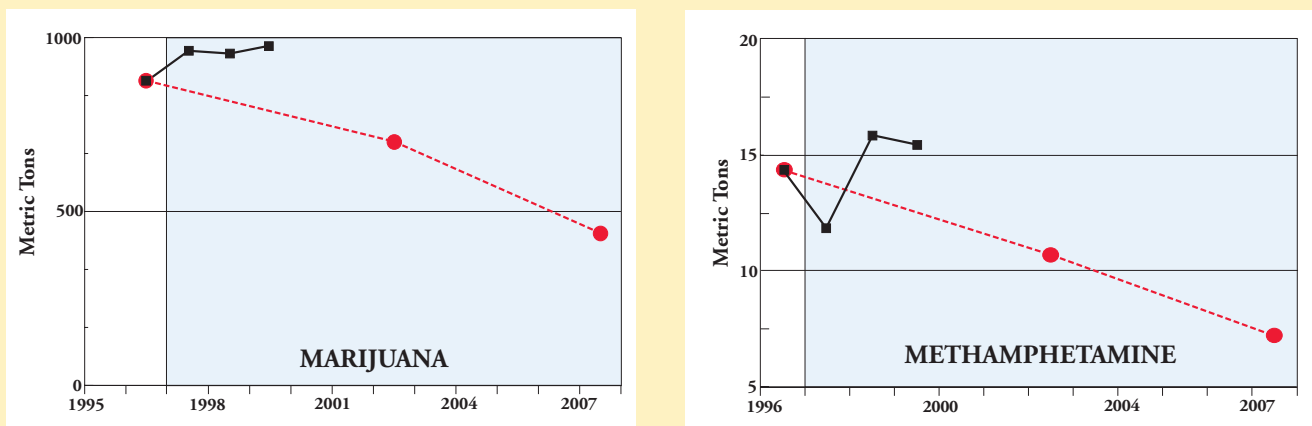
II. Progress Toward Achieving the Strategy's Goals and Objectives

Other Drugs. Source country outflow rates for all other drugs have yet to be established. Because the heroin flow model is not yet mature, the supply reduction community is unable to develop a highly reliable source country outflow estimate. The Drug Enforcement Administration's Heroin Signature Program has determined that heroin present in the United States originates from all four heroin source areas. (i.e., Colombia, Mexico, Southeast Asia, Southwest Asia). The Signature Program will serve as the foundation for future heroin source country outflow estimates.

Domestic Production and Cultivation. The amount of methamphetamine produced and marijuana cultivated in the United States cannot be estimated at this time,

thereby making the status of this target gray. One reason why domestic production estimates of methamphetamine are not available is because methamphetamine production includes dual-use chemicals with otherwise legitimate uses, and the current model is unable to differentiate between precursor chemicals intended for legitimate uses and those intended for illicit uses. With respect to marijuana, no Federal agency, including the Drug Enforcement Administration (DEA) and the U.S. Department of Agriculture, has been able to estimate domestic marijuana cultivation, since a methodology has yet to be established for such an estimation. However, the DEA does have data demonstrating how much domestic marijuana has been eradicated through their efforts, and those of state and local enforcement authorities.

Figure 19
Marijuana and Methamphetamine Consumed in the U.S.



Observed data points are shown in black and policy targets are in red.

Source: Office of National Drug Control Policy/Abt Associates (2000),
What America's Users Spend on Illegal Drugs, 1988–1998.

Endnotes

- 1 The targets for 2002 and 2007 were established as formal policy targets. A glide path was then drawn between 1996 and the two target years.
- 2 The basis for evaluating progress relative to the defined end-state end states for 2002 and 2007 is described in detail in Appendix C: Glide Paths and Annual Targets, Performance Measures of Effectiveness, 2000 Report.
- 3 There is substantial empirical evidence indicating that delayed onset of first-time drug use is an effective way of preventing drug use

altogether. See Kandel, D.B., E. Single, and R. Kessler, "The Epidemiology of Drug Use among New York State High School Students: Distribution, Trends, and Changes in Rates of Use," *American Journal of Public Health* 66:43-53 (1976); Fleming, J.P., S.G. Kellam, and C.H. Brown, "Early Predictors of Age at First use of Alcohol, Marijuana, and Cigarettes," *Drug and Alcohol Dependence* 9:285-303 (1982); Robins, L.N., and T.R. Przybeck, "Age of Onset of Drug Use as a Factor in Drug and Other Disorders," in *Etiology of Drug Abuse: Implications for Prevention*, C.L. Jones and R.J. Battjes (eds.), National Institute on Drug Abuse Research Monograph No. 56 (Washington DC: U.S. Government Printing Office, 1985).

II. Progress Toward Achieving the Strategy's Goals and Objectives

- 4 Most of the *Strategy's* targets have a base-year reference of 1996 from which long-term progress is measured; this coincides with the starting year of the current *Strategy*. However, some targets have a later base year reference for various reasons (to coincide with the start of a given initiative, for example).
- 5 All drug use figures in this section reflect youth drug use in the past 30 days as measured by HHS's Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Household Survey on Drug Abuse (NHSDA), or the University of Michigan's Monitoring the Future (MTF) survey (a school-based survey), as indicated.
- 6 Nonetheless, there is reason for cautious optimism. When one examines drug use in 2000 as evidenced by the University of Michigan's school-based Monitoring the Future (MTF) survey, with the exception of 3,4-methylenedioxyamphetamine (MDMA, also called ecstasy), 8th grade drug use declined between 1996 and 2000. From the 1996 base year to 2000, the MTF survey reported favorable declines in the percentage of 8th graders engaging in regular (past 30 day) drug use as follows: Use of any illicit drug declined by 18.5 percent (from 14.6 percent to 11.9 percent); marijuana use declined by 19.5 percent (from 11.3 percent to 9.1 percent); use of inhalants declined by 22 percent (from 5.8 percent to 4.5 percent); and cigarette use declined by 30 percent (from 21 percent to 14.6 percent). Note that the MTF survey provides more current data (through fall 2000) than is available from SAMHSA's Household Survey on Drug Abuse (through 1999) which is predominantly used here. The Household Survey measures drug use within broad ranges of age and demographic groups whereas the MTF survey focuses solely on drug use as reported by 8th, 10th, and 12th grade students.
- 7 In 1999, 313 metric tons of cocaine entered the U.S. (referred to under Goal 4). Domestic seizures in 1999 totaled 37 metric tons resulting in a net domestic availability of 276 metric tons.
- 8 Education, job training, and social skills instruction are important accompaniments to treatment. Experience proves that drug courts, drug testing, and drug treatment within the criminal justice system can reduce drug consumption and recidivism. A drug program that includes treatment both during and after incarceration is essential for safe reentry into the community.
- 9 National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism (1998). *The Economic Costs of Alcohol and Drug Abuse in the United States*, 1992. ONDCP is currently in the process of updating estimates of the social costs to society of drug abuse. These results will address costs through 1998.
- 10 *Drug Abuse Warning Network*, National Institute on Drug Abuse (1988-91) and Substance Abuse and Mental Health Services Administration (1992-99).
- 11 Figures are drawn from the Substance Abuse and Mental Health Services Administration's 2000 National Household Survey on Drug Abuse (NHSDA).
- 12 Ibid.
- 13 In 1999 the Substance Abuse and Mental Health Services Administration changed its survey methodology from a paper-and-pencil interview (PAPI) to a computer-assisted interview (CAI). Because of this change in collection methodology the reported 1999 figures are not directly comparable to those in 1998 and earlier.
- 14 This measure reflects drug use by those who are employed; it does not distinguish between drug use on versus off the job.
- 15 Ibid.
- 16 Data presented are preliminary composite estimates derived from the National Household Survey on Drug Abuse (NHSDA) and the Drug Use Forecasting (DUF) program (see W. Rhodes "Synthetic Estimation Applied to the Prevalence of Drug Use," *Journal of Drug Issues*, 23(2):297-321, 1993 for a detailed description of the methodology). Also, the estimates for 1999 and 2000 are projections.
- 17 The source for chronic user estimates is ONDCP's Retail Sales Report: "What America's Users Spend on Illegal Drugs, 1988-1998," December, 2000.
- 18 The transit zone is defined as the geographic area between the United States and those countries, which produce illegal drugs. The border zone is defined as the border of the United States, including ports of entry and areas between the ports of entry at the border.
- 19 Uncertainties (i.e., margin of error unknown) exist for the current ONDCP flow model for cocaine. As a result, a statement of absolute increases or decreases in real percentages must be viewed in this context.
- 20 With respect to this assumption, direct, bilateral trade between the United States and Mexico increased 141 percent, or from \$81.5B to \$196.6B between 1993 and 1995. This increase accounts for increased rail, truck, automobile, air, bus, vessel, and passenger traffic at the border. Such exponential commercial and passenger traffic increases also provide greater smuggling opportunities for drug trafficking organizations bringing cocaine into the United States.
- 21 Uncertainties (i.e., margin of error unknown) exist for the current consumption estimate for heroin. As a result, a statement of absolute increases or decreases in real percentages must be viewed in this context.
- 22 In coordination with other Federal entities, ONDCP is developing estimates of the outflow (rate and quantity) of drugs from the source zones. To date, a source country cocaine outflow estimating methodology has been established, and source zone cocaine outflow reductions are on-track track. Other source zone outflow models have yet to be established, thereby making it impossible to determine if the outflow of other illegal drugs is on track or not.

III. Achieving Performance Targets—A National Effort

The PME System monitors progress and ensures accountability by warning the community whether progress (as of 1999 for this document) ensures achievement of the 2002 and 2007 targets. However, after-the-fact evaluation will not suffice to meet these ambitious stretch targets. The national drug control community must work cohesively to increase the probability of achieving the targets on time. ONDCP's task is to persuade agencies to focus their agendas and resources on these targets—to act as cohesive communities of stakeholders focused on the best way to achieve the President's targets.

To do this successfully, ONDCP continues to use various management tools to augment its limited statutory authorities. The PME System provided a systematic way to link accountability to coordination and management. Logic models enabled interagency teams to chart out what needed to be done to achieve the target, to recognize conceptually the multiple activities and players that need to be marshaled in order to meet these stretch targets. Action Plans carried this step further by assigning responsibilities and timelines. This chapter describes this process of managing for results.

The *Strategy's* targets are not just Federal targets—they are national targets that entail the allocation of responsibilities among Federal and non-Federal sectors. The PME System recognizes that the Federal government is not alone in its responsibility to make progress toward achievement of the *Strategy's* Goals and Objectives. The efforts of states and local governments, private entities, individuals, and foreign governments also contribute to that achievement.

The Federal community took the first step to reach a national consensus by developing in 1998, the first interagency action plans (Federal) to accomplish the PME targets. The year 1999 marked the first year in the process

of mobilizing the national (Federal and non-Federal) community to take cohesive, coordinated action to achieve the PME targets. The first critical step was to begin organizing communities of stakeholders around each target (or set of targets). The second, described later in this chapter, was to develop Performance Partnerships.

ONDCP is actively working to mobilize diverse and independent groups into undertaking integrated efforts focused upon achieving the Strategy's targets.

Broadening the Base of the PME System

Achieving the targets with the active involvement of our state, local, and private sector partners necessitates broadening the base of participation or “nationalizing” the PME System so it becomes a tool for managing and measuring the activities of all sectors.

Two of the five *Strategy* Goals were selected as the initial “pilot” or “test bed” to begin the process of encouraging non-Federal participation in the PME System. Goal One, Preventing Drug Use Among America's Youth, and Goal Three, Reducing the Health and Social Costs of Drug Use, were selected because non-Federal participants already collaborate routinely with their Federal colleagues as part of ongoing demand reduction efforts.

The first step in broadening the base of participation was to involve ONDCP's Office of Demand Reduction Interagency Working Group (IWG). This IWG originally called the Prevention, Treatment, and Medical Research Subcommittee, was part of the Interagency Research and Evaluation Committee established by Executive Order

12838 in 1995. This subcommittee was tasked with enabling state and local communities to “plan, evaluate, and revise their efforts.”¹ This subcommittee, now called the Demand Reduction IWG, coordinates efforts in demand reduction “to better address common needs.” It is logical therefore, that they would use the logic models drafted earlier to assist them in the task of coordination to meet the agreed-upon targets.

In 1999, the IWG assigned the Objectives and associated Targets in Goals One and Three to their working groups to refine the logic models and action plans that had been developed by the PME Working Groups in 1998. Throughout 1999, the nine IWG working groups focused on refining the action plans for the 41 targets in Goals One and Three. These IWG working group members were tasked to “think out of the box.” They critically examined the initial action plans to ensure that actions proposed were, in fact, highly likely to result in meeting the PME targets.

Data gaps were identified and the first steps taken to identify lead and supporting agencies and to assign preliminary timelines to specific actions. Because the *Strategy* is a ten-year plan with specific targets for the years 2002 and 2007, the action plans are considered to be “works in-progress” that will be reviewed periodically and refined as necessary.

Nationalizing the PME System

Extending the PME System beyond the Federal sector is a critical step in achieving “national” involvement in the activities, interventions, and timelines necessary to meet the targets. In order to ensure an efficient and effective process, a deliberate, methodical approach was used in 2000 to begin nationalizing the PME System.

The primary focus was to mobilize the Nation—Federal and non-Federal sectors—to focus on the targets. This entailed actively involving non-Federal stakeholders to obtain their input on the action plans initially drafted by the Federal community. Further, ONDCP wanted to identify ways in which non-Federal stakeholders (and the constituencies they represent) could complement Federal activities and work collaboratively toward achievement of *Strategy* Goals and Objectives.

Toward this end, selected IWG working group members began identifying non-Federal participants to participate in these small groups of stakeholders coalescing around each major set of targets. These members are being selected both as subject-area experts and because they represent key constituencies. They will be expected to participate in developing the action plans as well as involving their constituencies in the process.

Mobilizing Non-Federal Participation: An Example

National Group Convened to Develop and Implement Programs to Promote Mentoring and Family Strengthening (Parenting) (Goal 1, Objective 5)

Federal Participants

Department of Health and Human Services
Department of Justice
Department of Education
Department of the Interior

Non-Federal Participants

Community Anti-Drug Coalitions of America (CADCA)
National Mentoring Alliance
Parents Advisory Council
Informed Families/National Family Partnership
Child Welfare League of America
Boys and Girls Clubs of America

A Pilot National Group

A key “pilot” national PME group convened in December 2000. Action plans were presented by Federal participants to a group of non-Federal stakeholders, addressing two areas: (1) the development and implementation of a national mentoring program; and (2) the development and implementation of a family strengthening (parenting) program.

This work, coordinated by the IWG Working Group on Parenting and Mentoring, is specifically targeted toward the achievement of Objective Five of Goal One. These targets require developing and implementing a national mentoring program and a national parenting program that meet the needs of non-Federal organizations geared toward strengthening the role of parents and mentors in preventing youth drug use.

This Federal/non-Federal PME working group is currently conducting a critical review of the draft logic model and action plan that was prepared by the Federal community in order to address the PME targets in this area.

In the coming months, ONDCP will mobilize additional national groups to address other demand reduction areas such as treatment research and effectiveness, workplace programming, credentialing, strategies for strengthening the role played by communities and families, shaping youth attitudes through education, and media and partnerships.

The process has been slightly different for the other Goals. The Senior Managers and Directors of the High Intensity Drug Trafficking Areas (HIDTA—Goal Two, Objective Two) have been re-assessing their mission and goals, as sometimes happens when performance management efforts are implemented. The results of their deliberations will be incorporated into the PME System as they proceed to refine their objectives and targets. It is expected that both ONDCP’s Office of State and Local Affairs and Office of Supply Reduction will participate in this process as we proceed.

This process of nationalizing will take place gradually and iteratively. The intent is to develop groups of stakeholders committed to achieving the targets by identifying necessary activities, assigning responsibility for these activities, and adjusting the action plans in accordance with the extent of annual progress toward the targets.

Performance Partnerships

The *National Drug Control Strategy* is a *national* rather than a *Federal* strategy. How then can the effectiveness of the *Strategy* be maximized? For the *Strategy* to be most effective, the sense of community and joint vision at the Federal level must be shared by other levels of government. By partnering with state and local governments, we gain a better understanding of the trends and obstacles concerning the drug control issue within states and communities.

ONDCP has pioneered formal performance partnerships between the Federal government and state or municipal governments to coordinate policy actions and share lessons-learned to enhance national efforts toward reducing illicit drug use and drug-related crime and violence. Performance partnerships operate on the principle of mutual need for cooperation to achieve common goals and a belief that collaboration will improve the effectiveness of drug control activities at all levels of government.

Performance Partnerships seek to increase collaboration to achieve mutual ends and have become increasingly popular as agencies recognize the limits of their ability to engineer complex social changes. Their purpose is to seek and implement ways to integrate public and private interventions to increase the likelihood of achieving mutual targets. What is new in Performance Partnerships is the outcome or results-oriented focus. ONDCP is concerned with how best to combine resources and activities to jointly achieve pre-specified objectives and targets.

In 1999, ONDCP initiated three exploratory performance partnerships with the States of Oregon and Maryland, and with the city of Houston, Texas. These partnerships serve as models to guide the way for Federal agencies and their state, local, and private counterparts.

The goal of the Oregon partnership is to reduce youth drug use and related crime in Oregon. Together, ONDCP and Oregon will evaluate and quantify the scope of youth drug use within the state and collaborate to reduce use and related crime. Partnership activities include exploring ways to raise community awareness, identifying cost savings for prevention programs, and disseminating information on effective programs, best practices, and evaluation systems.

The Maryland Partnership is focused around two goals. The first is to reduce overall youth drug use and the

second is to reduce drug-use by juvenile and adult offenders. These goals highlight the character of the nation’s drug problems as reflected in Maryland. Efforts are underway to develop specific recommendations for joint initiatives that support Maryland’s focus on preventing delinquent behavior and helping children develop core values, as well as creating a “seamless system” of drug testing, sanctions, and treatment for adult and juvenile offenders.

The Houston Partnership is unique for several reasons. The partnership provides insight into community-based (county, city, and private) contributions as well as challenges faced by large metropolitan areas. Specifically, the partnership focuses on reducing illicit drug use among youth and adults as well as drug-related crime among youth.

These Federal/state partnerships are the first in the area of drug control. The lessons learned will ultimately benefit the Nation and lay the groundwork for further integrating the activities of Federal, state, local, and private partners in the drug control community.

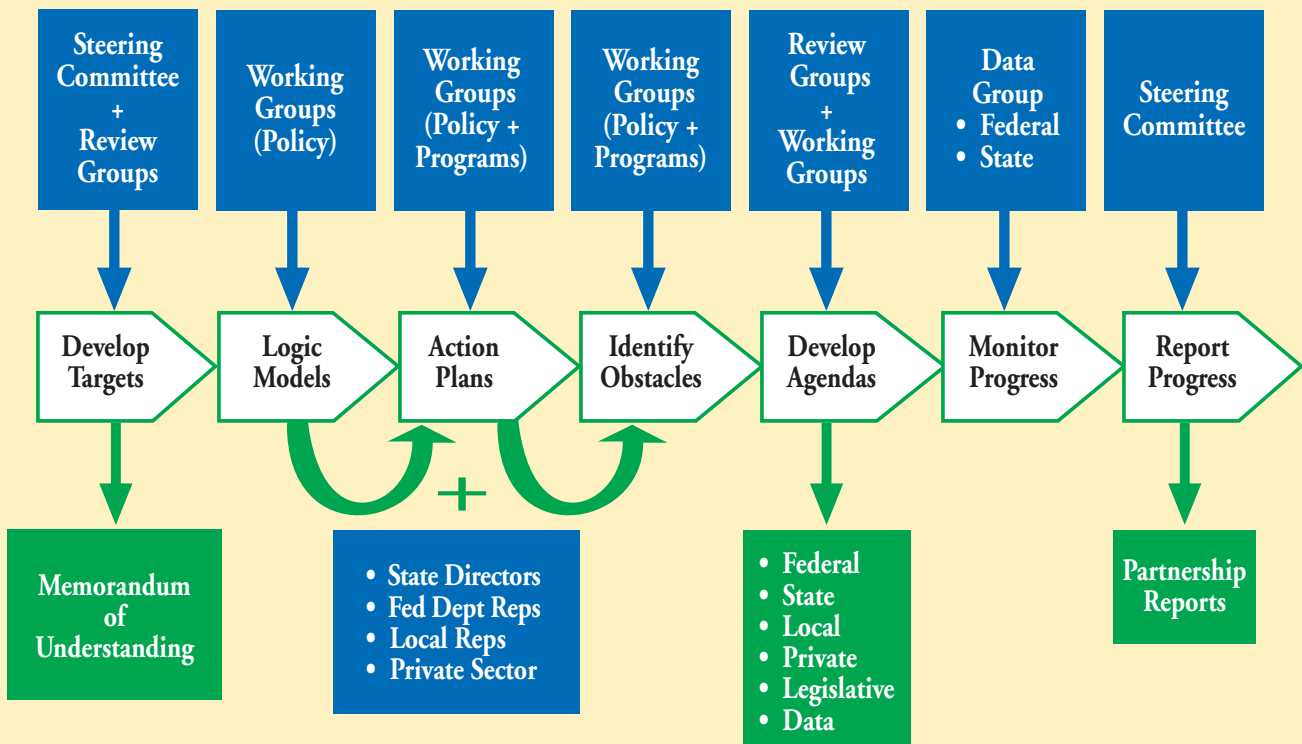
Framework of the Partnerships

Performance Partnerships reflect the growing recognition by all sectors of government and the private sector that the public demand for accountability cannot be accommodated without creative resolution of long-standing intergovernmental tensions. With the acknowledgement of the need for collaboration comes the desire to re-engineer existing relationships so that they focus more on ends and less on means. Performance Partnerships transform existing partnerships into results-focused efforts, initiated at the highest levels of government, and monitored publicly.

Forging Performance Partnerships involves organizational as well as conceptual issues. The right mix of players at each step is as critical as the choice of steps. Figure 20 depicts the model we have followed. This model incorporates features from earlier Performance Partnership efforts.²

Figure 20

Performance Partnerships—The Big Picture



The Oregon Partnership

The goal of this partnership is to reduce youth drug use and related crime in the State of Oregon. Together, the ONDCP and the State of Oregon will evaluate and quantify the scope of youth drug use within the state and collaborate to reduce use and related crime.

Oregon has been coordinating efforts and building partnerships to prevent drug use since 1989. They have charted long-term goals with citizen and agency assistance and established benchmarks to measure progress. The Oregon State Strategic Plan, focusing on high-risk youth, as well as communities and families, nicely complements the goals and objectives of the *National Drug Control Strategy*. Together, ONDCP and Oregon will integrate the PME System and the law enforcement, treatment, and prevention activities that comprise Oregon's drug control efforts.

The central themes of the partnership include: (1) youth drug use and crime are strongly linked; (2) success lies in a community-based focus; (3) individual, parental, and community accountability and ownership are critical; (4) emphasis should be on prevention, treatment, and education; (5) utilization of research-based programs and best practices; and, (6) programs and activities resulting from the partnership must meet the needs of a culturally diverse population.

The first partnership meeting was held in Salem, Oregon on June 9-11, 1999. The meeting focused on the development of goals, targets, and measures. A second meeting was held in Washington, D.C. on September 8-9, 1999, to continue develop and formalize the plan and to identify specific Federal and state action item responsibilities.

At the second meeting, the Federal/Oregon working groups developed 58 specific "action" recommendations. The recommendations focused on the following eight areas: (1) community-based approaches; (2) school-based approaches; (3) community awareness; (4) research-based principles and programs; (5) policy and program coordination; (6) comprehensive strategies to improve and integrate policies, programs, and funding; (7) accountability; and (8) youth access to drugs.

The action recommendations were then distributed by the Oregon Governor's office to local communities for feedback. Following a joint working group meeting in

Oregon in April 2000, the initial list of action recommendations were prioritized by the Oregon partners and responsibility for follow-up by specific Federal agencies and Oregon was assigned with mutually agreeable timelines. The Oregon partners are currently developing detailed outlines of 13 priority action recommendations where Federal collaboration is desired.

The Maryland Partnership

The Maryland Partnership is focused around two mutually supporting goals targeting both youth and adult populations. The first Partnership goal is to reduce youth drug use as indicated by (1) a decline in the overall rate of use and (2) an increase in the perception that using illicit drugs is harmful. The second goal is to reduce drug use by juvenile and adult offenders as shown by a drop in the rate of positive drug tests for offenders while on community supervision. These goals highlight the character of the nation's drug problems as reflected in the State of Maryland. Baseline measures and performance measures for each population have been established through the Break the Cycle Initiative and the Drug Early Warning System (DEWS).

Following the signing of the Memorandum of Understanding in April 1999 by the Lieutenant Governor and the Director of ONDCP, three joint working groups were convened: reducing youth drug use, reducing adult offender drug use, and reducing youth offender drug use.

Working groups identified actions needed to achieve the long-term targets and also identified Federal, state, and local programs that currently contribute to the desired outcomes. Gaps were listed and modifications to existing programs and procedures recommended. The action items were prioritized and provided to the Lieutenant Governor's Director of Policy and Planning for review. The review resulted in the drafting of proposed joint initiatives. These joint initiatives represent strategic opportunities for the Federal government and the State of Maryland to collaborate on specific initiatives to achieve the joint goals of reducing adult and juvenile offender drug use and youth drug use.

The Houston Partnership

Similar to the Maryland and Oregon Partnerships, Houston is focused around goals that target reducing illicit drug use among youth and adults as well as

drug-related crime among youth. However, unlike Maryland and Oregon, the Houston Partnership, by virtue of the added layer of governance, is unique in several ways. The partnership initiatives with Maryland and Oregon help us better understand the contributions of state governments to the *National Drug Control Strategy*. The Houston Partnership provides insight into the community-based (county, city, and private) contributions as well as the challenges faced by large metropolitan areas.

Houston's strategy to reduce drug use among youth and adults, and drug-related crime among youth is closely aligned with the goals and objectives of the *National Drug Control Strategy*. In the signed performance partnership agreement, ONDCP and Houston agreed to approach the partnership initiative by focusing on existing off-the-shelf Federal, state, and local data systems to assess the local drug problem. This assessment was to then be followed by an effort to organize services around outcomes.

Thus far, ONDCP and Houston have identified three Federal/local data sources that have potential for providing baseline measures and targets for goals that address youth drug use prevalence, treatment need and drug use consequences. The National, State, and Local Youth Risk Behavior Surveys (YRBS), the Arrestee Drug Abuse Monitoring System (ADAM), and treatment data available from the Texas Commission on Alcohol and Drug Abuse (TCADA), the state-level input to the national data set, will be used. Lastly, through a series of meetings and conferences, Houston's strategic planning and community mobilization efforts around issues of treatment demand and other local drug control, have resulted in it being one of 16 cities selected to participate in a *Join Together* project that is funded by the Robert Wood Johnson Foundation.

Working Together to Achieve National Objectives

The three Performance Partnerships have several similarities. Central to the three partnerships is the goal of reducing drug use and drug-related crime and violence. A major focus of each Performance Partnership is to objectively measure "performance" or progress toward achievement of the partnership goals. As a result, each partnership emphasizes the importance of developing and maintaining a data collection and reporting system that will provide meaningful feedback on progress.

Other key themes found among the three partnerships include the linkage of drug use and crime and recognition that success lies in a community-based focus that stresses individual, parental, and community accountability and ownership. Each partnership also emphasizes reducing drug use, utilizing research-based programs and best practices, involving community organizations and community leaders, and reducing criminal recidivism by achieving a decline drug use.

These partnerships are the first in the area of drug control. The lessons learned will ultimately benefit the nation and lay the groundwork for further integrating the activities of Federal, state, local, and private partners in the drug control community.

Endnotes

- 1 *1995 National Drug Control Strategy: Strengthening Communities Response to Drugs and Crime*, p.130.
- 2 According to the General Accounting Office's "A Government-Wide Perspective" published in 1999 as part of its *Performance Accountability Series*, the Environmental Protection Agency (EPA) and the Department of Health and Human Services (HHS) are two Federal agencies that have implemented Federal-state Performance Partnerships. EPA's National Environmental Performance Partnership System is arguably the most advanced. HHS's Office of Child Support Enforcement and Maternal and Child Health Block Grant Program has also undertaken noteworthy Performance Partnerships with the states.

IV. Next Steps

This chapter outlines what needs to be done over the next few years in order for the process of “managing for results” to become a part of institutional culture.¹ Achieving complex results and gauging the success of governmental and non-governmental interventions are made more difficult when the mission area is controversial and involves so many sectors. The strength and variety of the participants makes coordination a great challenge. Performance Management, an inherently complicated undertaking, is made more difficult when multiple levels of government are involved, not to mention international participants.

The PME System addresses these by forcing those involved to examine the issues and results from a systems perspective. In a world of competing, political interests, it forces the drug control community to ask whether its performance in reducing drug supply and demand has effected real change. It requires the White House to ask if the established goals and objectives of the *National Drug Control Strategy* are being met.

Monitoring progress and ensuring accountability is but the first step. To facilitate the accomplishment of the long-term targets, ONDCP has also engaged aggressively in augmenting its political role with modern management tools, as described in the previous chapter. In no other mission area has there been as much progress toward addressing joint accountability and charting a focused national course.

A Fluid, Dynamic System

The PME System encourages refinement and modification as it adapts to new realities. It will be modified this year as it adapts to a new national strategy. Base years and targets years may be changed. The interagency process will be energized in order to modify the targets and measures accordingly. In any case, some of the current targets

and measures need to be refined reflecting greater agency familiarity with the PME System and its performance measures.

In 2001, ONDCP intends to re-engage its stakeholders into a review(s) and possible revision of specific targets and measures. Analysis of some of the targets and measures in place since 1998, has demonstrated a need to revisit them and determine their validity for drug control efforts.

This system was designed so that it identified the most appropriate indicators of success, whether or not the data were available. The assumption was that new data sources would be developed by the Federal community, under the guidance of the interagency Data Subcommittee. Progress toward filling these data gaps takes time as agencies have to follow a lengthy process, taking several years, for the design and implementation of a new data system. Some data sources have been modified and new ones developed, such as the cocaine flow model. Others are under development, such as the National Treatment Outcome Monitoring System. The feasibility of other measurements is being reassessed, such as a flow model for estimating amounts of marijuana or methamphetamine produced. It is expected that the feasibility of the rest will be re-examined by the Federal community. It should be noted that without commitment to data, accountability cannot be documented.

Stakeholders and Customers

As the System reports on progress toward achieving the targets, the Action Plans will need calibration, which could result in the adjustment of timetables. As Executive or Congressional decisions impact budgets, possibly denying funds for key activities, Action Plans will require modification. In fact, the ONDCP Reauthorization Act requires us to modify the PME targets to reflect Federal budget appropriations.

Linking the Budget to Results

Work is underway to link the Federal budget process with the PME System. This is part of the on-going process of linking the four components of public governance—strategy, community, budget, and evaluation—critical to performance management. Agencies unaccustomed to submitting strategic or programmatic budgets, have begun crafting budgets to reflect the Strategy’s Goals and Objectives. Budget requests should incorporate Federal activities included in the Action Plans coalescing around the PME targets. Budget decisions should factor in PME System findings. Linking resources to results will take some years and is, at best, an incremental and iterative process.

Developing National Communities of Stakeholders

The process of forging intergovernmental groups of stakeholders focusing on each target (or set of related targets) has begun.² We anticipate this process to proceed after the PME System is modified in 2001 to reflect the new strategy. Federal action plans will be modified and, in some cases expanded, to reflect input from non-Federal participants. These Action Plans will need to assign responsibility by sector for various activities. Furthermore, these national communities of stakeholders will have to monitor annually, the completion of activities planned for that year and calibrate action plans accordingly.

In short, these groups must act as target-focused communities of Federal, state, local, and private sector stakeholders responsible for coordinating the activities of all four sectors to increase the likelihood of meeting the targets within the designated time frames. Participants need to act as representatives of their constituencies, sponsoring and advocating the group’s decisions to the wider community. These action plans are “works in progress” that reflect the dynamic nature of the politics and policies of drug control.

The ONDCP Offices of Demand Reduction, Supply Reduction, and State and Local Affairs will work with their interagency groups to mobilize the relevant constituencies as part of the nationalizing process.

Customizing the National Strategy

The *National Drug Control Strategy* is just that, “national.” Its success depends largely on state, local, and private sector efforts to curb drugs use and availability.

Any national strategy is likely to embrace all the common elements of drug control—prevention, treatment, law enforcement, interdiction, and source country efforts. The relative weights given to the different goals, objectives, and performance target numbers will depend on the jurisdiction. Key political decisions should reflect the needs of state, local and private entities.

Each state and region of the nation has drug control issues unique to them. For example, a state on the Southwest Border of the United States is more prone to drug trafficking than a state situated in the Midwest. Also, demand in a western state may rival that of their neighbors to the east, yet be less than that of a neighboring state to the south. These generic examples demonstrate the need for state, local and private entities to marshal their own resources with their own action plans to effect outcomes for their constituents and clients.

For the national strategy to be useful and relevant, non-Federal sectors have to customize it to fit their own particular needs and cultures. The national strategy and its PME System offer a template that can be modified, empowering states and localities to follow integrated customized strategies that are consistent with the President’s directives.

Performance Partnerships

ONDCP plans to initiate a variety of activities toward developing national communities of stakeholders. Formal Performance Partnerships constitute one key element of this process. The operational concept is to provide managerial flexibility, where Federal funding is involved, in return for greater accountability for pre-specified results. ONDCP has laid the foundation for three partnerships, with the States of Oregon and Maryland and the city of Houston. These enable all parties involved to understand the dynamics of Federal-state-local coordination to achieve national goals.

As Performance Partnerships require intensive staff resources, we do not anticipate such formalized additional partnerships in the near future. We anticipate, instead, to develop over the next few years, more efficient ways of developing these national constituencies, some of which are described below.

Leveraging

Persuading states, localities, and private entities to participate in this national dialogue in order to effect a coordinated national effort toward the long-term targets, will be difficult. This involves convincing other organizations and major stakeholders that it is mutually beneficial for them to work with us in order to harness and focus the national drug control effort through performance management.

Ideally, this effort will involve the active participation of key professional organizations and associations in every aspect of demand reduction and law enforcement (treatment, prevention, corrections, interdiction, law enforcement). These efforts would reinforce a sense that professional activity involves regular performance measurement and management.³ Further, the power of public and special interest groups should be harnessed toward this collective effort.⁴ ONDCP will explore these options further as the PME System matures.

Creating Incentives

Incentives are recommended by many organizations as rewards for successful performance.⁵ The incentive most preferred is, of course, additional funds. This option may not always be feasible. There are several other incentives that could be used to persuade agencies to participate in this nationwide effort. These include other tools of governance such as legislative changes, relaxation of regulations, use of tax authority to grant tax benefits, the provision of technical assistance, mobilization and coordination, etc. These are long-term efforts for ONDCP and its partners.⁶

Engaging the Public

Publicity is critical because it enables information sharing, participation, and, most importantly, the dialogue and debate process that must precede the identification of majority opinions. Publicity should be generated through a variety of mechanisms, primarily the Internet, professional and agency publications, periodicals, conferences, and related activities. ONDCP will engage in a series of outreach activities to states and other participants.

One key forum will be the Internet. The Internet would also enable us to draw on the evaluative efforts of others, thereby complementing our own efforts to

calibrate the *Strategy* by testing its causal linkages. Information on performance measures and on the target values established for these performance measures will be available, as will information on the government programs that are aligned with each of the targets.

The Internet could also serve as a vehicle for monitoring progress of states and the Nation, enabling participants and stakeholders to compare progress and calibrate strategies, as well as providing a mechanism for feedback on the *National Drug Control Strategy*. ONDCP views itself as a leader and facilitator toward good government practices. It will broker the disparate views of the many participants, forging majority viewpoints based on analysis and research. Such mechanisms also serve to strengthen the collective will and encourage other stakeholders to join the national effort.

“Are We There Yet?”

The answer to this question with respect to Performance Management and drug control, will be “no” for some time to come. Ideally, ONDCP would like the entire drug control community to “manage for results,” and some progress to this end has been made.

Some Federal entities have begun developing action plans and performance reports, aligned with their budget requests, to account for their results in drug control. Others have not because it has been difficult for them to divorce themselves from traditional planning-budget methods.

Recognizing that this is a gradual, iterative process that will take many years, ONDCP will make every effort to promote Performance Management within the drug control community. This effort will result in greater accountability to stakeholders and customers, including the public.

Endnotes

- 1 Reference the Office of National Drug Control Policy Reauthorization Act of 1998, Section 706 (c), 105th Congress, Public Law 105-277 for ONDCP’s statutory responsibilities.
- 2 The term “intergovernmental” as used in this document, includes the private sector.
- 3 Every association should include in its annual and regional conferences a panel on Performance Measurement that examines relevant national progress toward national and state and local targets. At such forums, “best practices” should be identified and participants encouraged to come together in a national focus on results.

IV. Next Steps

Association publications and periodicals should be a forum for case studies and “how-to” articles educating their constituencies on options for performance management.

- 4 Other organizations we can leverage include groups focusing on good government practices such as the Chief Financial Officers’ Council, Budget Office Advisory Committee, GPRA Implementation Group, etc. Other catalytic organizations that can support this effort include, but are not limited to, the National Governors’ Organization, the President’s Council on Integrity and Efficiency, the Council of Mayors, the National League of Cities, National Association of Counties, International City/County Management Association, and the American Society of Public Administration.
- 5 The NAPA Panel on Improving Government Performance strongly recommends “the development of positive incentives to encourage results-based management” including incentives other than monetary ones. *Effective Dissemination of the Government Performance and Results Act* (NAPA, January 1998, p. 25).
- 6 Options including highlighting high performers, orchestrating national awards, etc. For example, a special advisory group might be convened to select programs and agencies for Annual National Drug Control Awards to Federal, state, local, and private efforts in the areas of prevention, treatment, law enforcement, corrections, interdiction, etc.

Appendix A: Progress at a Glance

The *Strategy* represents a plan for reducing drug use, drug availability, and consequences associated with drug use and drug trafficking behavior. Attaining the end-states defined by the *Strategy* requires concerted program efforts at the Federal, State, local, and private sector levels. The programs that are maintained in support of the *Strategy* must have their own targets for performance, and these targets must be linked ultimately to the targets that have been established for *Strategy* Objectives. Such linkages constitute the components of causal chains in which program inputs are tied to program outputs, and ultimately program outcomes (or end-states). The term “logic model” describes the graphical depiction of these linkages.

A high-level logic model for showing the entire *National Drug Control Strategy* is presented here (Figure A-1). Note that the Goals and Objectives are arranged in ways believed to correspond with the relationships existing between the supply and demand for illicit drugs. The linkages depicted in Figure A-1 implicitly underlie the *Strategy*.

The *Strategy*'s progress is illustrated in Figure A-2. When actual progress meets or exceeds the established glide path from 1996 to the 2002 and 2007 milestones, the affected Target boxes are highlighted in Green. Where actual progress falls short of the glide path, the Target boxes are highlighted in Red. When data for evaluating actual progress are not yet available or released, affected Target boxes are highlighted in Gray. This status does not necessarily reflect statistically significant differences between reported figures and policy targets. This is because many of the data sources used do not permit such calculations. Also, some of the targets represent milestones for which interim progress is inherently subjective.

Note that there is often a time lag of over a year between the collection of raw data and the publication of results.

Explanatory Notes for the Impact Targets

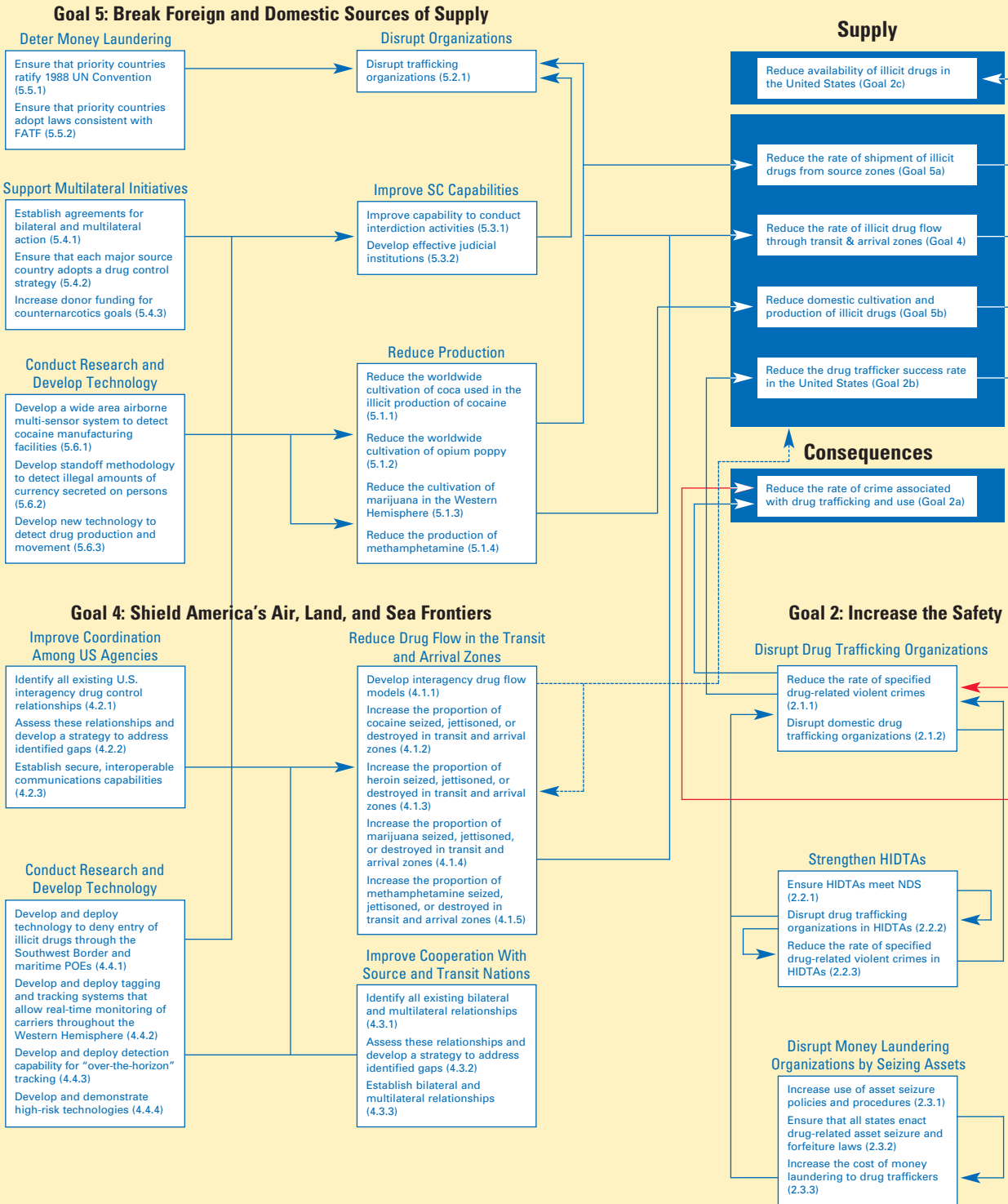
Demand Goal 1a: Reduce the prevalence of drug use among youth. Heroin and tobacco (cigarette) use rates are on track (green). Cocaine, marijuana, and alcohol use rates are off track (red).

Demand Goal 1b: Increase the average age of new users. Data for this Impact Target are reported in the National Household Survey on Drug Abuse (NHSDA) in terms of age of first use of specific drugs. Data (1999) are not currently available on age of first use of any illicit drug. The data through 1998 show that the average age of first time use of marijuana, heroin, cocaine, and alcohol increased but short of the target (red). The average age for first-time cigarette use declined slightly while first-time smokeless tobacco use favorably increased.

Supply Goal 2c: Reduce availability of illicit drugs in the United States. In the 2000 Annual PME Report, cocaine and methamphetamine status was green; marijuana and heroin status was red. This report reflects red for all four drugs. The reason for the change from green to red for cocaine and methamphetamine is as follows. Consumption estimates were revised in the last year as estimating techniques were refined. The revised estimates for cocaine changed the 1996 base year downward. This resulted in revised 1998 and 1999 target points and a red status for cocaine. For methamphetamine, the consumption estimates for 1998 and the current estimate for 1999 result in methamphetamine being above the target points for 1998 and 1999 and therefore the status is now red.

Supply Goal 4: Reduce the rate of illicit drug flow through transit and arrival zones. Cocaine status is green. Heroin, marijuana, and methamphetamine status are gray.

Figure A-1
The National Drug Control Strategy
Relationship Among Targets



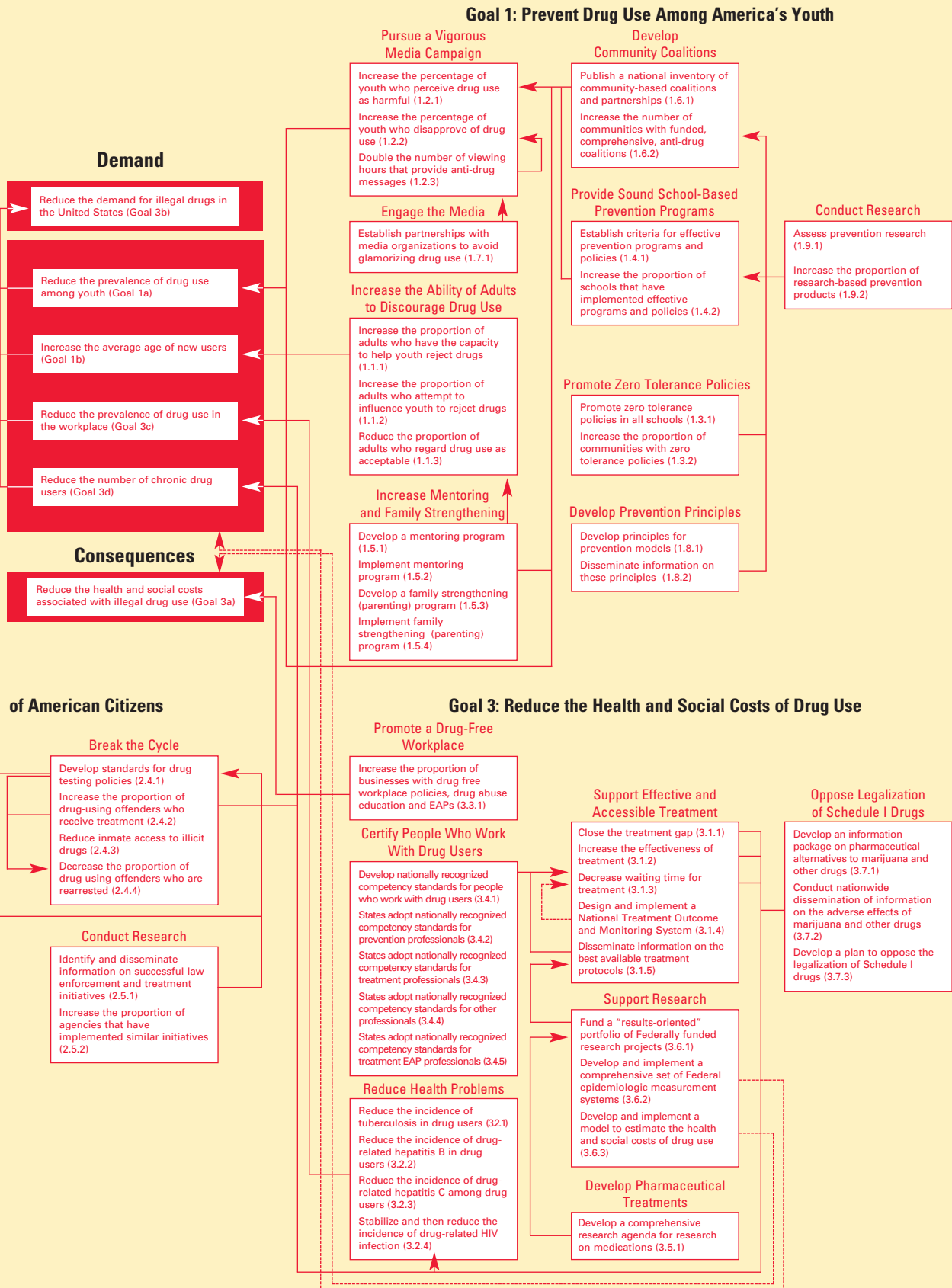
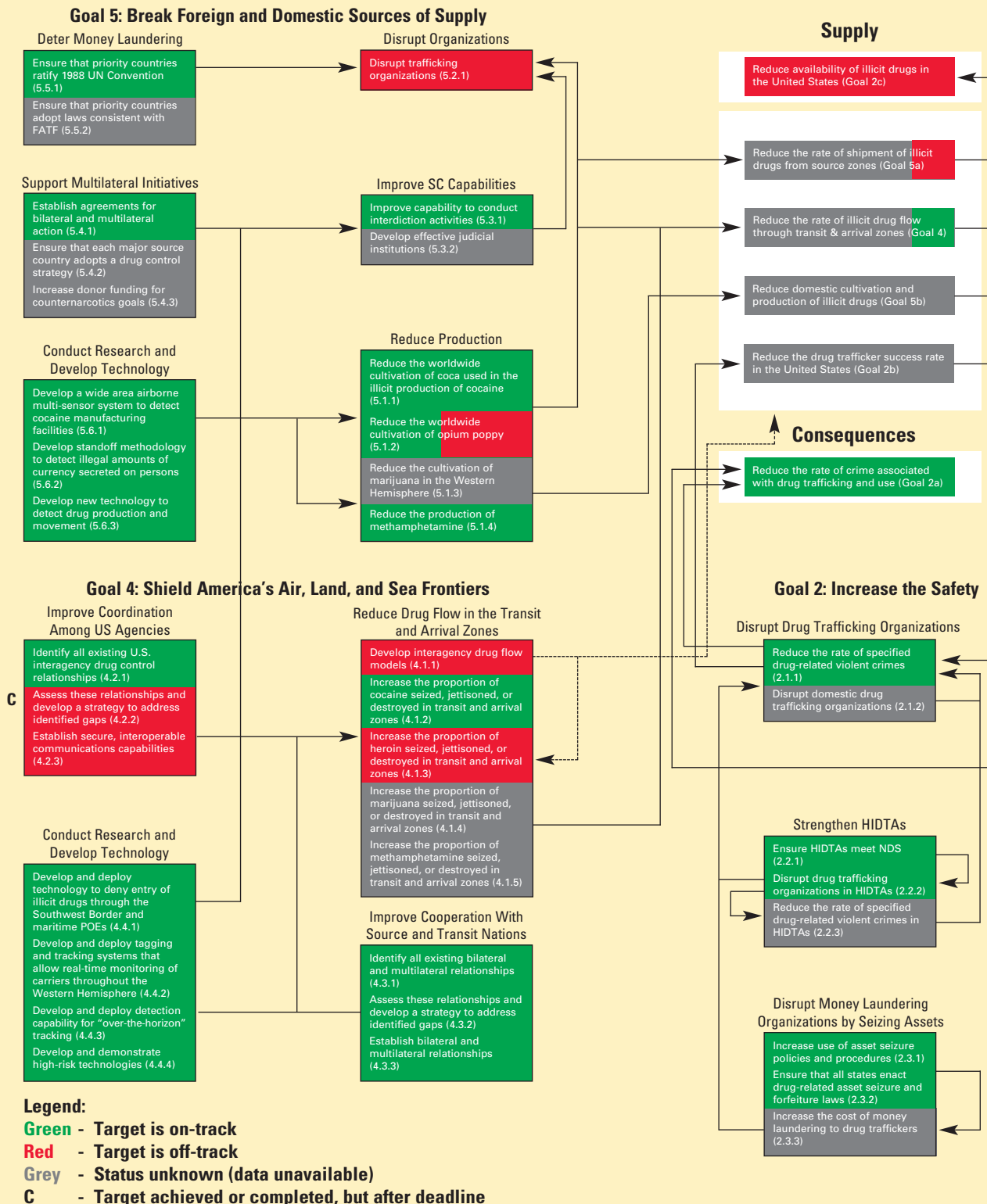
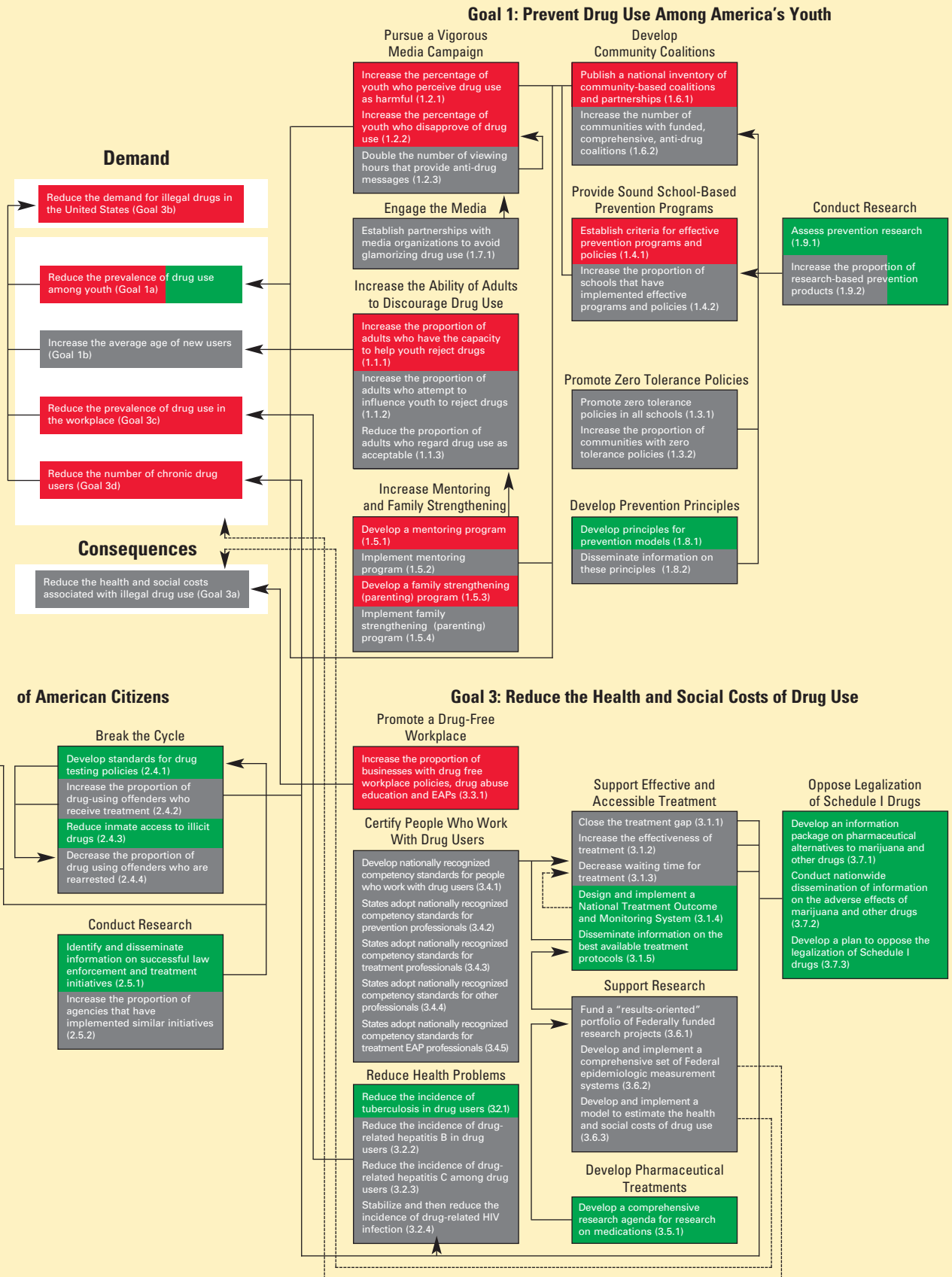


Figure A-2
The National Drug Control Strategy Progress at a Glance
 As of 1999 relative to 1996





Reduction estimates for the other illegal drugs can only be made based on existing consumption estimates, as a flow model does not exist for marijuana, methamphetamine, heroin, and MDMA. Consumption estimates reflect only a portion of an entire flow of illegal drugs. Although the heroin flow model has matured since last year, it has not yet matured to the state where data are reportable.

Supply Goal 5a: Reduce the rate of shipment of illicit drugs from source zones. Cocaine status is red while heroin, marijuana, and methamphetamine status are gray. This reflects a change in status from the 2000 PME Report. Like Goal Four, flow models do not exist for the other illegal drugs.

Explanatory Notes for the Other Performance Targets

Note that for milestone targets with a completion date after 1998, assessment of current status reflects a subjective judgement.

Goal 1, Objective 9, Target 2: Increase the development, dissemination, and implementation of research-based products and programs. The development of products and programs status is green. The status of the number of federal, state, and local practitioners receiving and implementing research-based prevention programs is gray.

Goal 5, Objective 1, Target 2: Reduce the worldwide cultivation of opium poppy. Data for this Target are reported in the International Narcotics Control Strategy Report (INCSR). In 1999, overall worldwide cultivation of opium is below the target level (green). Opium poppy cultivation for the Western Hemisphere declined from 1998, but still exceeds the target level for the region (red). This is partly due to increased cultivation and production efficiencies in the Western Hemisphere.

Appendix B:

Progress Toward Achieving the *Strategy's* Goals and Objectives

The ten-year National Drug Control Strategy (*Strategy*) addresses the spectrum of drug-related issues. It focuses on preventing drug use, increasing the public's safety by reducing drug-related crime, reducing health and social costs of illegal drug use, shielding our borders, and fostering international cooperation.

Underlying the *Strategy's* five Goals are 31 Objectives. To monitor and assess progress toward these, the PME System established 12 Impact Targets reflecting progress toward the goals and 87 contributory targets showing progress toward the 31 objectives.

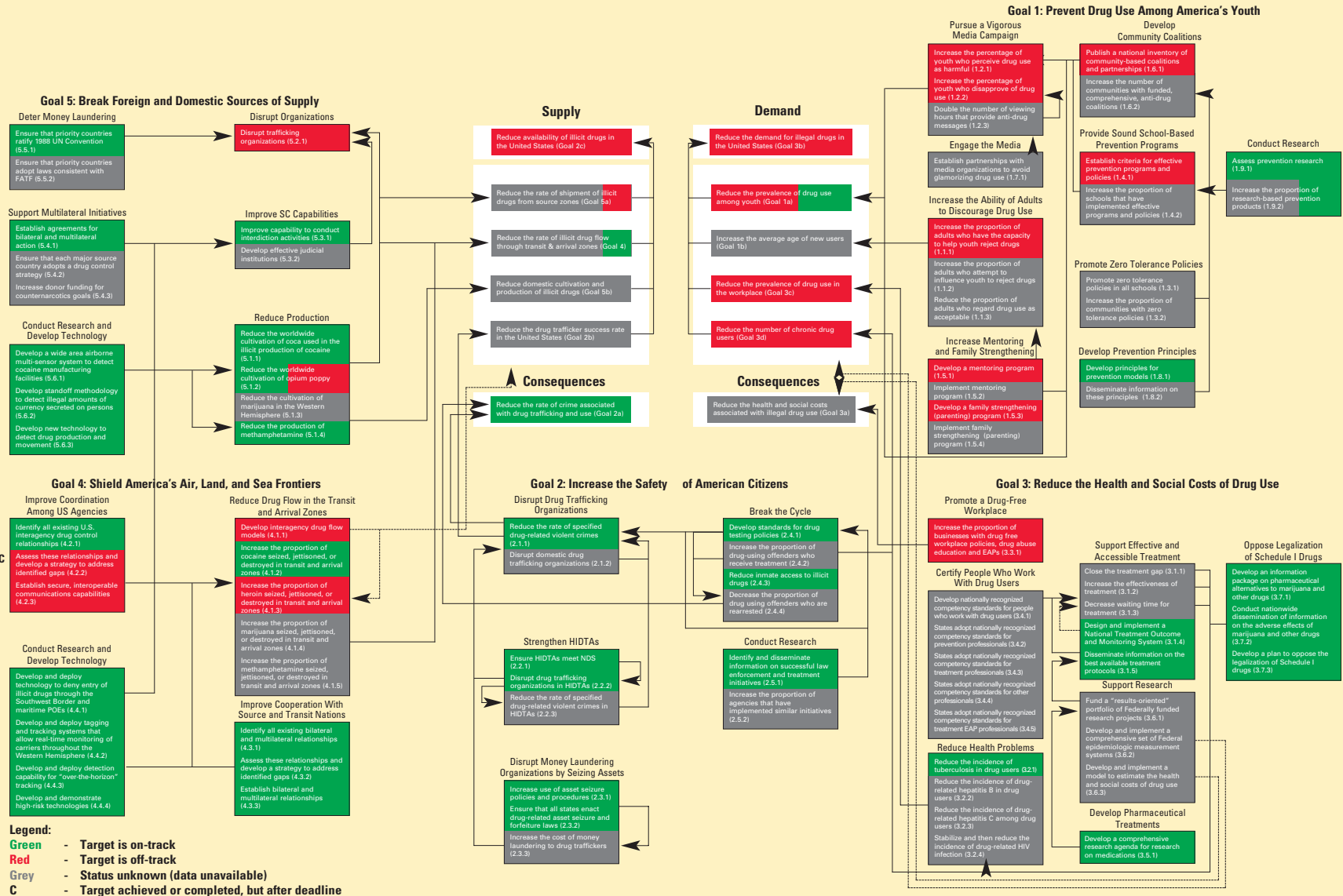
For most targets, 1996 was chosen as the base year against which progress toward achieving 2002 and 2007 end-states is measured.¹ The year 1996 corresponds to first introduction of the *Strategy's* five goals; 2007 corresponds to the culmination of the ten-year *Strategy* first published in February 1998 (covering 1998 through 2007) and 2002 is the mid-point. Some targets have a later base-year for various reasons; to coincide with the start of a given initiative or when data first become available, for example. However, the PME System does not begin its assessment of progress until 1998, reflecting the time at which the system became operational and the publication of the ten-year *Strategy* (1998 through 2007).

This chapter summarizes progress made as of 1999, relative toward achieving the 99 targets underlying the

Strategy's 5 Goals and 31 Objectives. It elaborates on the summary findings reported in Chapter II. The relationship showing the linkage between targets, the logic model underlying the *Strategy*, is illustrated and discussed in Chapter I, Figure 6. Color coding readily highlights targets that are on or off track. The overall pattern is depicted in the color-coded version of the logic model—Figure B-1. Progress is reported as on track (green) when the data meets or betters the glide path; when the data falls short of the glide path it is reported as off track (red). When data is unavailable, target status is not reported (gray). If progress toward a target is off track (red), it means the drug control community needs to examine the issue, and possibly escalate the efforts toward meeting that target.

Note that for some targets, the data may show clear progress relative to prior years and still be reported here as “off track.” This is because the progress as of 1999 is compared to the glide path and is assessed relative to the 2002 and 2007 targets.² Also, throughout this report, status presented does not distinguish between statistically significant and statistically insignificant changes between reported figures. This is because many of the data sources used do not permit such calculations. Over the longer-term all policy targets, if achieved, reflect favorable statistically significant changes in illicit drug use behavior.

Figure B-1
The National Drug Control Strategy Progress at a Glance
 As of 1999 relative to 1996



National Drug Control Strategy

Goal One: Educate and Enable America's Youth to Reject Illegal Drugs as well as Alcohol and Tobacco

The first goal of the *Strategy* is to prevent youth from ever trying drugs and to persuade those who have started using to stop. Two Impact Targets are used to measure the performance of this goal: the *Prevalence* impact target focuses on the overall level of drug use among youth and the *Incidence* impact target focuses on preventing or delaying first time use.³

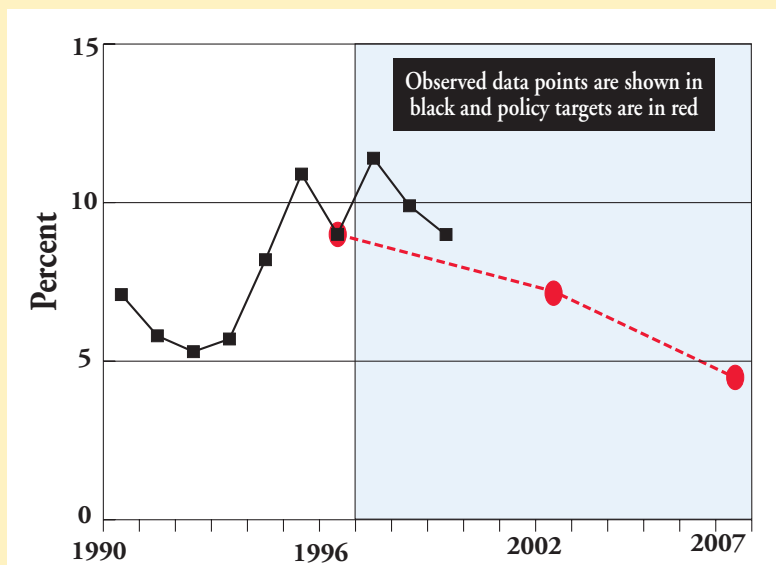
- **Prevalence Impact Target:** By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent. By 2002, reduce the prevalence of tobacco use among youth by 25 percent, and by 50 percent by 2007, as measured against the 1996 base year.
- **Incidence Impact Target:** By 2002, increase the average age for first time drug use by 12 months as measured against the 1996 base year. By 2007, increase this average age by 36 months as measured against the 1996 base year.

Progress toward achieving the impact target of reducing recent youth (past month) use of any illicit drug is off track for the second consecutive year. The *overall past month drug use* (prevalence) of any illicit drug among youth (ages 12-17) rose from the 1996 base year figure of nine percent to 11.4 percent in 1997 before declining back to nine percent in 1999 (Figure B-2).

The year 1999 is the latest for which ONDCP has data from the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Household Survey on Drug Abuse (NHSDA). In 1999, SAMHSA changed its survey methodology. Any inferences that are drawn from explicit or implicit comparisons between 1999 and prior years' data must be interpreted with caution.

Data from the National Household Survey on Drug Abuse (NHSDA) indicate that, since 1996, marijuana use among youth (age 12 to 17 years) did not change, cocaine use remained essentially unchanged at 0.7 percent (0.6

Figure B-2
Past Month Drug Use (Ages 12-17)



Source: 1999 National Household Survey on Drug Abuse

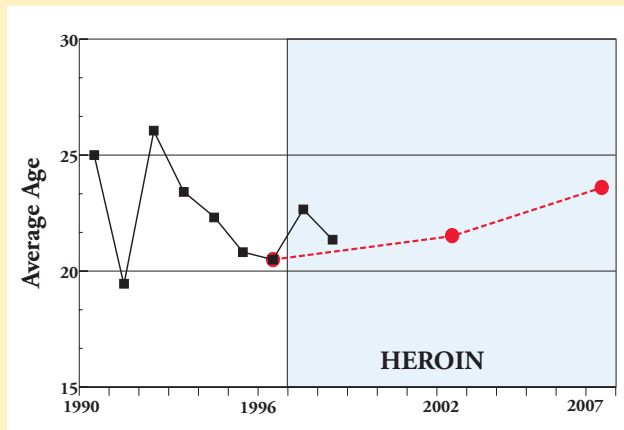
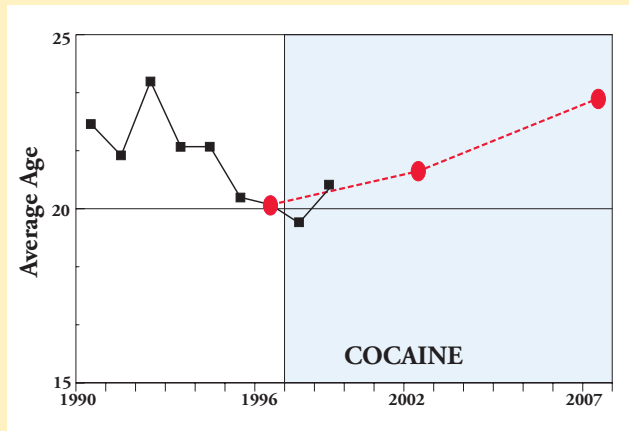
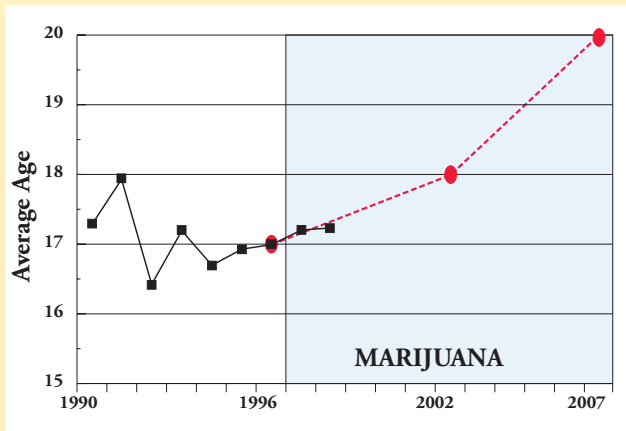
percent in 1996); inhalant use declined by about 18 percent; with heroin use remaining essentially constant. Note that in 1997 marijuana use rose to 9.4 percent (a 32 percent increase over 1996) before declining to 8.3 percent in 1998.⁴ However, illicit drug use other than marijuana increased about 10 percent over the past year. This is thought to be related to a 41 percent increase in the use of psychotherapeutic drugs.⁵

While there was undeniable improvement in the drug situation in a number of drug categories, youth drug use is essentially unchanged relative to 1996. Details on past month drug use by 12 to 17 year olds are as follows:

- **Marijuana** use among youth, at 7.0 percent in 1999, is unchanged from its 1996 level of 7.1 percent. Marijuana use reached a high of 9.4 percent in 1997 and declined to 8.3 percent in 1998.

- **Cocaine** use among youth remains statistically unchanged at 0.7 percent in 1999 compared to 0.6 percent in 1996. Cocaine use rose to 1.0 percent in 1997 and declined in 1998 to 0.8 percent.
- **Heroin** use among youth, measured at 0.1 percent in 1999 is down from 0.2 percent measured in 1996.
- **Tobacco** use among youth declined slightly between 1996 and 1999. The rate of cigarette use among youth (12 to 17 year-olds) was 18.3 percent in 1996 compared to 15.9 percent in 1999. In 1997 it rose to 19.9 percent and declined to 18.2 percent in 1998.
- **Alcohol** use among youth remains statistically unchanged from 1996 to 1999. The NHSDA reported that 19.0 percent had at least one drink during the past month in 1999 compared to 18.8 percent in 1996. In 1997 it was at 20.5 percent and 19.1 in 1998.

Figure B-3
Average Age at First Use



Observed data points are shown in black and policy targets are in red.

Source: 1999 National Household Survey on Drug Abuse.

- *Psychotherapeutic* use among youth increased from 1996 to 1999. The rate of use increased from 1.9 percent in 1996 to 2.4 percent in 1999. The 1999 figure reflects a 41 percent increase from 1998 (1.7 percent).⁶

The impact target of delaying the *initial age of drug use among youth* (incidence) is unknown (gray). In 1998, the latest year for which there is data, levels in all categories except tobacco are essentially unchanged from the 1996 levels. All improvements fall short of the progress required by the glide paths (Figure B-3). In addition, an adverse decline in the age of first use of stimulants was observed.

- The average age for first time *marijuana* use increased very slightly between 1996 and 1998 (1999 data are not available until August 2001). This change signals a delay in first time use in the 12 to 17 year old age cohort. The average age of first time use was reported at 17.0 years in 1996; it increased to 17.3 years in 1998.
- The average for first time *cocaine* use also increased slightly between 1996 and 1998. The average age of 20.1 years in 1996 increased to 20.6 years in 1998.
- The average age for first time *heroin* use increased between 1996 and 1998. The average age of 20.5 years in 1996 increased to 21.3 years in 1998.
- The average age for first time *psychotherapeutic* drug use varied by category. Average age of tranquilizer use increased from 24.0 years in 1996 to 25.2 years in 1998. First use of methamphetamine (about 19.2 years) and sedatives (at about 23 years) remained essentially unchanged. First use of stimulants decreased from 21.8 years in 1996 to 18.8 years in 1998, a significant change.

Note that the above figures are a calendar-based measure so there is a one-year lag from the year of data collection to the year it is reported. Because of this, the last full calendar year of information collected throughout the Household Survey is for 1998. Also, as additional survey data are collected each year's estimate is updated; as a result, values for any given year generally change slightly from one report to the next.

To summarize, recent progress in reducing youth drug use in several drug categories (marijuana, cocaine, and heroin) was observed; however, overall prevalence remains unchanged relative to 1996 baseline levels.⁷ Moreover, increases in the illicit use of psychotherapeutic drugs such as ecstasy signals cause for concern.

Nonetheless, there is reason for cautious optimism. When one examines drug use in 2000 as evidenced by the

University of Michigan's school-based Monitoring the Future (MTF) survey, with the exception of 3,4-methylenedioxymethamphetamine (MDMA, also called ecstasy), 8th grade drug use declined between 1996 and 2000.

Note that the MTF survey provides more current data (through fall 2000) than is available from SAMHSA's Household Survey on Drug Abuse (through 1999) which is predominantly used here. The Household Survey measures drug use within broad ranges of age and demographic groups whereas the MTF survey focuses solely on drug use as reported by 8th, 10th and 12th grade students.

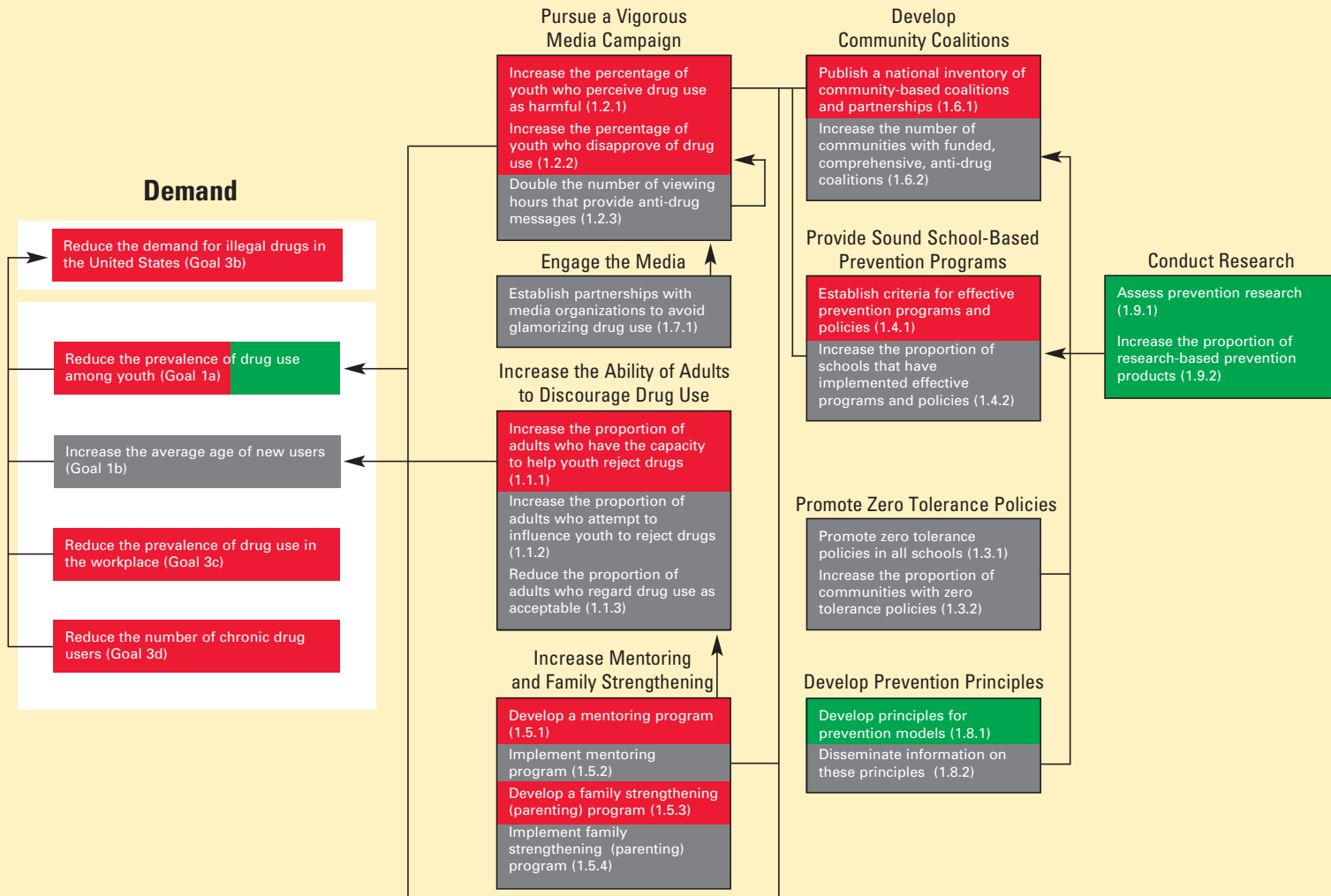
From the 1996 base year to 2000, the MTF survey reported favorable declines in the percentage of 8th graders engaging in regular (past 30 day) drug use as follows: Use of any illicit drug declined by 18.5 percent (from 14.6 percent to 11.9 percent); marijuana use declined by 19.5 percent (from 11.3 percent to 9.1 percent); use of inhalants declined by 22 percent (from 5.8 percent to 4.5 percent); and cigarette use declined by 30 percent (from 21 percent to 14.6 percent).

According to the MTF survey, between 1999 and 2000 the largest increase in past 30 day use of MDMA, 75 percent, occurred among 8th graders (from 0.8 percent to 1.4 percent). Over this one year period use by 10th and 12th graders increased by about 44 percent.⁸ This pattern of increasing MDMA use appears to have continued into 2001. It should be noted that the PME System does not yet monitor use of psychotherapeutics, a category which includes MDMA and other so-called "Club Drugs." This has not been a category of concern until recently, when youth use of these drugs noticeably increased.⁹ In addition, between 1996 and 2000 past 30 day use of MDMA increased about 40 percent among 8th graders (from 1.0 to 1.4 percent); use by 10th graders increased about 44 percent (from 1.8 to 2.6 percent); the largest increase, 80 percent (from 2.0 to 3.6 percent), occurred among 12th graders.¹⁰

Progress toward achieving the Impact Targets must be interpreted in the light of what is happening with the contributory targets that were established for each of Goal One's Objectives. Goal One has nine Objectives and 19 contributory Targets. These Targets corroborate the success highlighted by the associated Impact Targets (see Appendix C for a detailed breakdown). To see the pattern we must examine the logic model for Goal One. Many of Goal One's Objectives are intended to favorably affect youth drug use attitudes, which research has shown is critical to affecting drug use prevalence. To do this we

Figure B-4
Logic Model for Goal One

Goal 1: Prevent Drug Use Among America's Youth



examine the Goal One portion of the chart, Progress at a Glance (“red-green” chart), Figure B-4. Highlights include:

- **Objective 1, Target 1—Increase Adult Understanding and Capacity to Help Youth Reject Illegal Drug Use:** Progress toward achieving this target appears off track. Data from the Partnership Attitude Tracking Study (PATS) by the Partnership for a Drug-Free America (PDFA) show no change in the proportion of adults who believe they have the ability to influence their children to reject illegal drug use since the 1998 base year. First, the proportion of parents who disagree strongly with the statement, “I wish I knew better what to say to my child about drugs,” essentially remained constant (from 39.% in 1998 to 39.0% in 2000). The data show a small rise in the proportion of adults disagreeing with the statement, “What I say will have little influence on whether my child uses drugs,” (from 70.2% in 1998 to 73% in 2000). Lastly, the proportion of parent who disagree with the statement, “Drug education is best handled by schools, not parents,” essentially remained constant (from 83.7% in 1998 to 82% in 2000).
- **Objective 2, Targets 1-3—Pursuit of a Vigorous Advertising and Public Communications Program,** focuses on changing youth attitudes toward drug use through an advertising and public communications program. Measuring changes in youth attitudes is important because changing attitudes are precursors of changes in prevalence. However, research indicates that changing attitudes takes as long as three years to translate into changes in drug use.

The two key PME targets in Objective Two address youth risk perception and youth disapproval. The measures for these targets focus on the percentage of youth between the 1998 base year and 2000, the latest year for which we have data,¹¹ who perceive drug use (marijuana, cocaine, heroin, alcohol, and tobacco) as harmful and who disapprove of it. Because eighth graders represent the coming generation of youth, data on eighth graders from the school-based Monitoring the Future (MTF) survey is used as a proxy measure for these two targets. Moreover, ONDCP’s Media Campaign is also aimed at this age group. The third target, television anti-drug messages, uses data from the evaluation of ONDCP’s Media Campaign to measure changes in youth attitudes. Note that the focus of the Media Campaign is, by design, on entry-level substances—specifically marijuana and inhalants.

- **Objective 2, Target 1—Increasing Youth Risk Perception of Drug Use:** Progress toward changing youth perception of the harmfulness of drugs is off track. Results from the 2000 MTF survey do not show any significant improvement between 1998 and 2000 in the percentages of 8th graders “who perceive harm” in the use of drugs. The changes were: marijuana (73.0% to 74.8%), cocaine powder (65.2% to 65.5%), non-injection heroin use (79.0% to 78.6%), five or more drinks of alcohol once or twice a weekend (56.0% to 55.9%), and cigarettes (54.3% to 58.8%).
- **Objective 2, Target 2—Increasing Youth Disapproval of Drug Use:** Progress toward changing youth disapproval of drug use is off track. Between 1998 and 2000 no significant improvement in the percentages of 8th graders who disapprove of the use of drugs was observed. The changes were: marijuana (84.5% to 85.3%), powder cocaine (89.3% to 88.8%), non-injection heroin use (89.7% to 88.9%), five or more drinks with alcohol a weekend (81.0% to 81.2%) and cigarettes (80.0% to 81.9%).
- **Objective 5, Targets 1-4—Develop and Implement Mentoring and Parenting Programs:** Progress toward achieving this target is off track (red). Through the Center for Substance Abuse Prevention’s (CSAP) *Parenting IS Prevention Initiative*, significant collaborative efforts have been made with major parenting organizations such as the Child Welfare League of America, Parents Without Partners International, The National Council on Family Relations, and the Head Start Association. As a result, these organizations are offering training and other resources to their members. In addition, an interagency working group that included federal, state, local, and private agencies convened to begin “nationalizing” parenting and mentoring efforts to “nationalize” the federal action plans by including non-federal agencies. Key duties for national parenting and mentoring associations were explored, action plans were adjusted, and a sub-group was formed to ensure continued commitment to the national plan.
- **Objective 7, Target 1—Establish Partnerships with Major Media, Entertainment, and Professional Sports Organizations:** Progress toward achieving this target is unknown (gray). ONDCP’s National Youth Anti-Drug Media Campaign depicts the harmful effects of drugs and the benefits of a drug-free lifestyle. Although the Campaign was not fully-implemented until late 1999, the establishment of key partnerships was well under-

way long before this point. Since then, the Campaign has forged over 23 online partnerships, and 40 news and other organizations have carried anti-drug messages.

- **Objective 8, Targets 1-2—Develop and Disseminate Prevention Models:** ONDCP completed interagency coordination of 15 basic principles of prevention found to be fundamental to effective prevention programs; target one is on track (green). Progress toward the

dissemination of these principles is unknown (gray). The final document, Evidence-Based Principles for Substance Abuse Prevention, has been published and distributed at professional meetings, research conferences, and posted on websites used by school districts. In addition, Centers for the Advancement of Prevention have disseminated these principles, and the principles have been translated into Spanish and distributed extensively to the U.S.-Mexico border states.

National Drug Control Strategy

Goal Two: Increase the Safety of America's Citizens by Substantially Reducing Drug-Related Crime and Violence

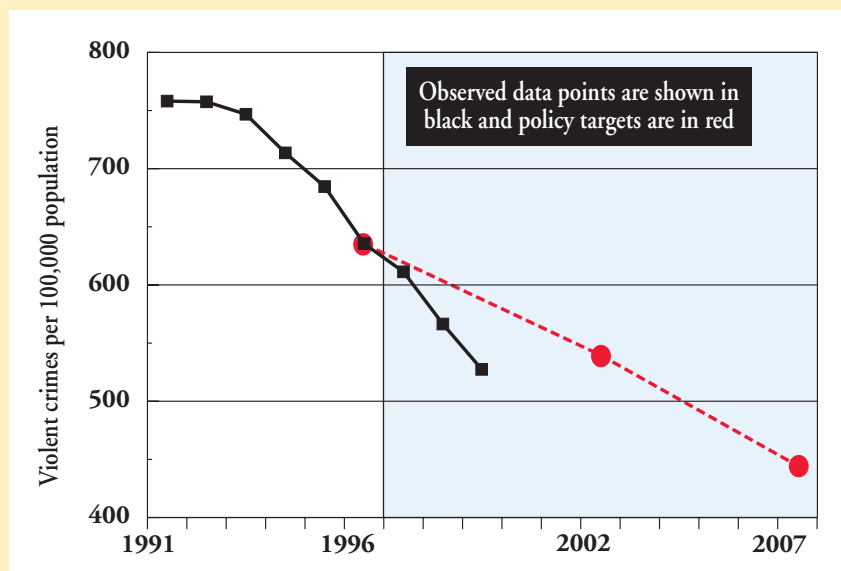
The purpose of this Goal on Public Safety and Domestic Law Enforcement is to reduce the negative social consequences of drug-related crime in the United States. Three impact targets are used to measure progress toward this Goal; one focuses on reducing crime and violent acts; another focuses on reducing drug trafficker success; and the last focuses on reducing the available supply of drugs in the United States:

- **Drug Related Crime and Violence Impact Target:** By 2002, reduce by 15 percent the rates of crime and violent acts associated with drug trafficking and use, as compared

with the 1996 base year. By 2007, reduce drug-related crime and violence by 30 percent.

- **Drug Trafficker Success Impact Target:** By 2002, reduce by 10 percent the rate at which illicit drugs of U.S. origin reach the U.S. consumer, as compared with the 1996 base year. By 2007, reduce this rate by 20 percent.
- **Drug Availability in the U.S. Impact Target:** By 2002, reduce drug availability in the United States by 25 percent as compared with the estimated 1996 base year. By 2007, reduce illicit drug availability in the U.S. by 50 percent.

Figure B-5
Rate of Violent Crime



Source: Crime in the United States/Uniform Crime Reports, 1999.

As summarized in Chapter II, progress in the first impact target is on track (green) toward achievement of a reduction in *Drug-Related Crime and Violence*. We continue to observe a reduction in the violent crime rate as reported by the FBI's Uniform Crime Reports (Figure B-5).¹² The violent crime rate in 1999 was the lowest recorded since 1978. Compared to the 1996 base year level of 637 violent crimes per 100,000 inhabitants, 1999's rate of 525 per 100,000 clearly exceeds the 1999 target of 598.3 and the 2002 target of 541 violent crimes per 100,000 inhabitants. This represents a decline in the violent crime rate of 17.5 percent between the 1996 base year and 1999. Note that in the absence of data on drug-related crimes, we use the violent crime rate regardless of circumstances as a proxy.

The second Impact Target of Goal Two, *Domestic Trafficker Success*, focuses on reducing the rate at which illicit drugs of United States origin reach U.S. consumers. The measure for this impact target is intended to reflect the extent to which domestic law enforcement efforts affect the amount of illicit drugs available for U.S. distribution from reaching customers.

Currently, there are no data available to measure the progress of this impact target. The Department of Justice's Drug Enforcement Administration reports that there is no reliable method of assessing the rate at which marijuana and methamphetamine produced or manufactured in the United States reaches the U.S. drug consumer. In the case of methamphetamine, the U.S. counterdrug community has been unable to produce a flow model to estimate the quantity manufactured because the current flow model depends on tracking the chemicals used to make this synthetic drug. Unfortunately, the precursor chemicals also have legitimate uses, making them hard to track. This target does not apply to cocaine and heroin as neither is produced in the United States.

The third impact target, *Drug Availability in the United States*, focuses on cocaine, heroin, marijuana, and methamphetamine. This is the second consecutive year that progress toward achievement of this target is off track (red) for each of the four illicit drugs. The estimated availability of each individual drug is presented separately. A single estimate of overall drug availability in the U.S. is not possible because of different modeling methodologies used for each drug (Figure B-6).

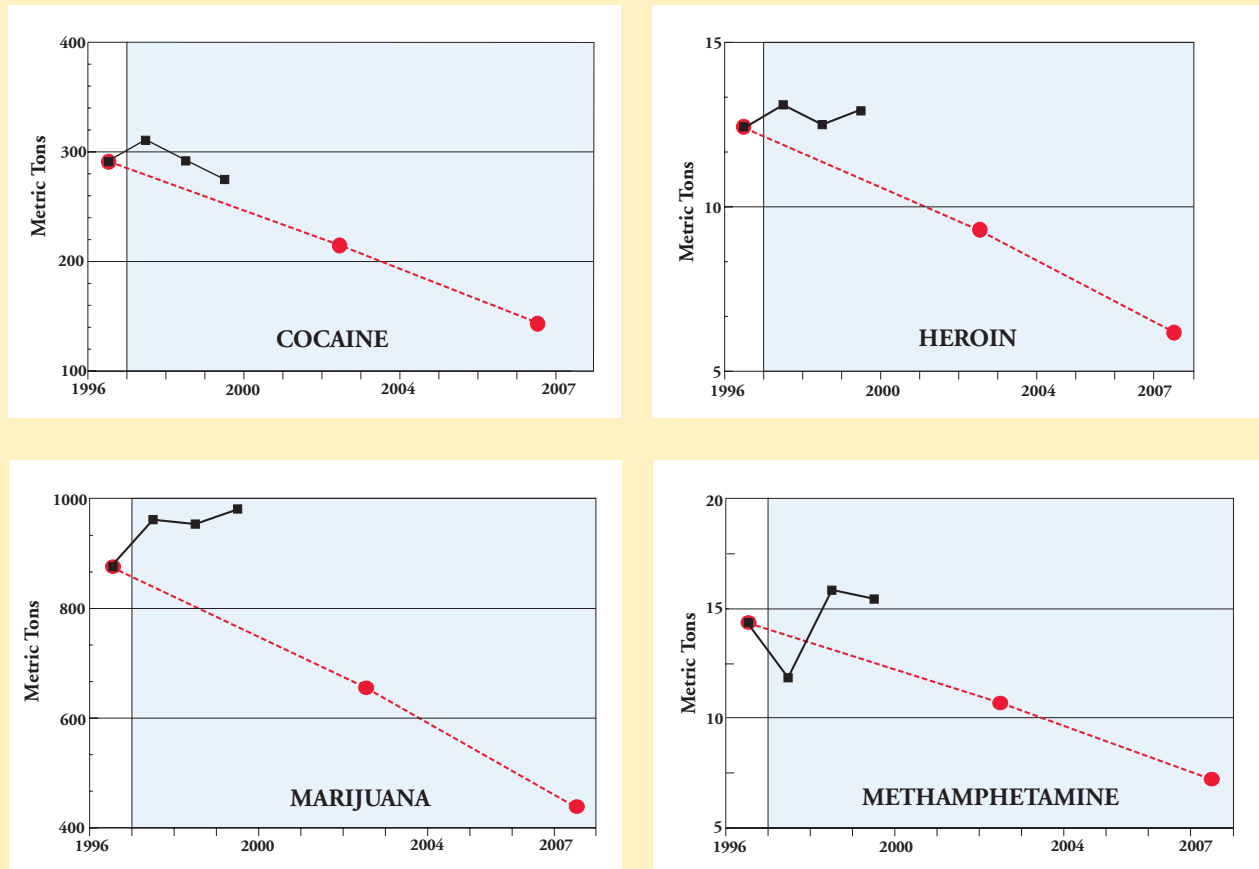
Figure B-6 Drug Flow Model Explanation

The PME System requires estimates of the amounts of drugs (cocaine, heroin, marijuana, and methamphetamine) flowing from source countries, through the transit zone, across the U.S. border, and to domestic drug markets in order to assess the success of our efforts to curb the availability of drugs. Such approximations are used to transform disparate measures such as seizures, cultivation, potential production, and movement estimates into indicators of the extent to which we have limited the success of traffickers in moving drugs from one place to another. Over the past two years, ONDCP has led research to integrate various interagency estimation processes into a coherent and consistent set of availability estimate for each stage of drug movement from source to street. This flow model makes use of all existing data currently used by the drug supply control community to estimate various parts of the drug flow.

For estimating cocaine availability, two approaches were combined—a cultivation-based approach and a consumption-based approach. The cultivation-based approach begins with coca cultivation estimates, converting this into cocaine base and HCI, then continuing by sequentially reducing this amount according to the extent of losses due to seizures and spoilage. This results in an estimate of cocaine availability for export from South America. This consumption-based approach begins with the domestic consumption estimate, then adds transit seizures and consumption, and domestic border and internal seizures to result in an estimate of cocaine departing from South America. Consumption-based estimates have been developed for heroin, marijuana, and methamphetamine.

These estimation processes began with 1996 data, since this is the base year for the PME. Flow model methodologies are continually being refined. As a result, some estimates for prior years may be adjusted in later years.

Figure B-7
Drug Availability in the U.S. (Consumption Estimates)



Observed data points are shown in black and policy targets are in red.

Source: What America's Users Spend on Illegal Drugs 1988–1989, December, 2000.

Note: A single estimate of overall drug availability in the U.S. is not possible because of different modeling methodologies used for each drug.

The analyses of the 1999 data regarding the availability of cocaine, heroin, marijuana, and methamphetamine indicate that progress on each is off track because they do not reach the glide path toward the 2002 and 2007 targets (Figure B-7). In this report, estimated consumption data for cocaine and methamphetamine from 1996 through 1998 reflect adjusted estimates from the data presented in the 2000 PME Report. This has resulted in cocaine and methamphetamine availability, which previously were below the glide path to fall above the glide path in this report. A discussion of each drug follows below.

- **Cocaine** availability for 1999 is off track (red) because the estimated cocaine availability of 276 metric tons at the retail level does not reach the glide path toward the 2002 and 2007 targets. Availability rose from the 1996 base year of 288 metric tons to 312 metric tons in 1997 and then dropped to 291 metric tons in 1998. Although availability dropped again in 1999, it remains above the glide path.

- **Heroin** availability for 1999 is also off track (red) because the estimated heroin availability of 12.9 metric tons does not reach the glide path toward the 2002 and 2007 targets. Availability rose from the 1996 base year of 12.4 metric tons to 13.1 metric tons in 1997 and then dropped to 12.5 metric tons in 1998. Availability rose again in 1999 and remains off track. Domestic heroin availability is obtained from a consumption and a supply-based approach.¹³ Over the past two years, this shows a negligible change in heroin consumption. Use of a supply-approach, which combines the results of DEA's Heroin Signature Program (HSP) and CNC's Potential Production process, also yields a steady, although higher estimate of 16 mt of heroin consumed over the past two years.
- **Domestic marijuana** availability is off track (red) because the estimated marijuana availability of 982 metric tons does not reach the glide path toward the 2002 and 2007 targets. Availability rose from the 1996 base year of 876 metric tons to 962 metric tons in 1997 and then dropped to 954 metric tons in 1998. Availability rose again in 1999 and remains above the target. Domestic marijuana availability has only been estimated using a consumption approach. Accuracy of the magnitude of domestic marijuana consumption is uncertain, as modeling continues to be refined.¹⁴
- **Domestic methamphetamine** availability is also off track (red) because the estimated methamphetamine availability of 15.5 metric tons does not reach the glide path toward the 2002 and 2007 targets. Although availability dropped from the 1996 base year of 14.3 metric tons to 11.9 metric tons in 1997, it rose again to 15.9 metric tons in 1998 and remains off track in 1999. Domestic methamphetamine availability has only been estimated using a consumption approach. Reliability of these methamphetamine estimates has not been established as this is the first attempt at a methamphetamine consumption estimate, and data collection is still limited.¹⁵

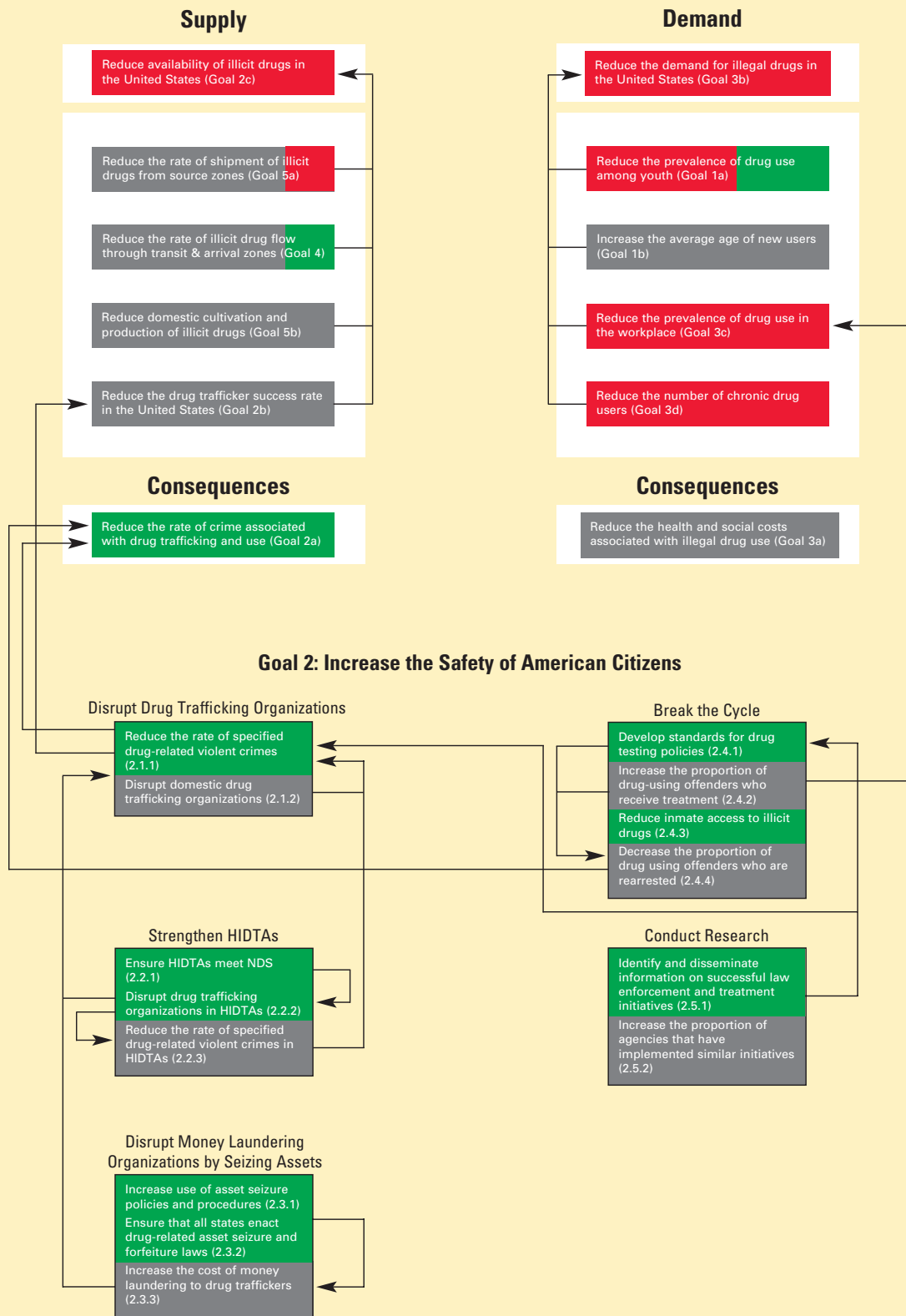
Goal Two has five Objectives and 14 contributory Targets (*Figure B-8: Logic Model for Goal Two*). The objectives and contributory targets directly support the focus of Goal Two, that is, to reduce drug-related crime and violence.

Progress toward achievement of the Impact Targets is linked to the achievement of the Contributory Targets. Goal Two's contributory targets corroborate the success highlighted by the first Impact Target discussed above.

This pattern is shown in the red-green chart for Goal Two (see Appendix C for a detailed breakdown).¹⁶ Highlights include:

- **Objective 1, Target 1—Drug-Related Violent Crime:** Progress toward achievement of this target is on track (green). Many crimes like murder, rape, robbery, and aggravated assault are often committed under the influence of drugs. In addition, some crimes, such as murder or robbery may be motivated by a need to obtain money for drugs. Progress on each specific crime in this contributory target is also on track (green) and has contributed to the reduction in the violent crime rate. Progress on specific crimes that comprise the violent crime rate is as follows:¹⁷
 - The rate of *murders* per 100,000 inhabitants is on track (green). In 1996, there were 7.4 murders per 100,000 inhabitants in the United States. The reduction of the 1999 rate to 5.7 murders per 100,000 inhabitants exceeds both the 1999 and 2002 targets. Homicides are the only type of crime for which the Uniform Crime Report (UCR) presents “drug-related” as the circumstance.
 - **Forcible rapes** also declined in 1999 and are on track (green). There were 36.3 rapes per 100,000 inhabitants in 1996, which declined to 32.7 in 1999.
 - **Robberies** continue down substantially in 1999 and are also on track (green). The number of robberies per 100,000 inhabitants was 201.9 in 1996; the rate is 150.2 for 1999.
 - **Aggravated assaults** are also down and on track (green). The number of aggravated assaults reported for the base year of 1996 was 390.0 per 100,000 inhabitants. The rate for 1999 is 336.1.
- **Objective 3, Target 2—State Anti-Money Laundering and Asset Seizure/Forfeiture Statutes:** Progress toward achievement of this target is on track (green), as measured by the number of states that have adopted anti-money laundering and asset seizure/forfeiture statutes. The success of drug traffickers and organized crime is dependent on the ability to launder billions of dollars derived from illicit activities. Through money laundering, the criminal transforms illegal proceeds into funds with a seemingly legal source. Asset seizure/forfeiture is used to attack the economic infrastructure of drug trafficking organizations and money laundering enterprises. Progress toward achievement of this contributory target is linked to progress toward achieving a reduction in drug-related crime and

Figure B-8
Logic Model for Goal Two



violence. The U.S. Department of Justice reports that as of the base year of 1998, 31 states adopted anti-money laundering legislation. This has increased to 32 states in 1999. Regarding asset seizure/forfeiture statutes, all 50 states have adopted legislation as of the end of 1999.

- **Objective 4, Target 3—Inmate Access to Illegal Drugs:** Progress toward achievement of this target is on track (green). Drug-dependent individuals are responsible for a disproportionate percentage of our nation's violent

crime. Given the link between drugs and crime, reducing the number of drug-dependent criminals would decrease the amount of drugs consumed, the size of illegal drug markets, the number of drug dealers, and the incidence of drug-related crime and violence. Available data for 1999 indicates that fewer federal and state inmates tested positive for illicit drugs in 1999 (3.2 percent) than tested positive in the 1998 base year (4.0 percent).

National Drug Control Strategy

Goal Three: Reduce Health and Social Costs to the Public of Illegal Drug Use

Goals One and Three target the demand reduction portion of the *Strategy* and are supplemented by some Objectives in Goal Two. The key impact target in the *Strategy* for demand reduction (under Goal Three) pinpoints overall drug use in the United States (Figure B-9):

- **Health and Social Costs Impact Target:** Reduce health and social costs of drug use as expressed in constant dollars (as compared to the 1996 base year) by 10 percent by 2002, and 25 percent by 2007.
- **Overall Drug Use Impact Target:** Reduce drug use nationwide (as compared to the base year of 1996) by 25 percent by 2002, and 50 percent by 2007.
- **Drug Use in the Workplace Impact Target:** Reduce drug use in the workplace (as compared to the base year of 1996) by 25 percent by 2002, and 50 percent by 2007.
- **Chronic Users Impact Target:** Reduce the number of chronic users (as compared to the base year of 1996) by 20 percent by 2002, and 50 percent by 2007.

The first impact target seeks to quantify *Health and Social Costs*, in constant dollars, that are attributable to illegal drugs. Progress toward achieving this target is unknown (gray); ONDCP is currently in the process of updating estimates of social costs to society. These results, through 1998, will become available in the Spring of 2001. In 1998, a study conducted for the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimated the total economic cost of drug abuse in the United States as \$110 billion for 1995. The estimate includes the costs

associated with substance abuse treatment and prevention; economic losses resulting from reduced job productivity or lost earnings, and other costs to society such as crime and social welfare.

The year 1999 is the latest for which ONDCP has data from the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Household Survey on Drug Abuse (NHSDA). In 1999, SAMHSA changed its survey methodology. Any inferences that are drawn from explicit or implicit comparisons between 1999 and prior years' data must be interpreted with caution.

Progress toward reducing the second impact target, *overall drug use* (among those age 12 and older), is off track for the second consecutive year. Using NHSDA as the source, there is no progress evident between 1996 and 1999 in reducing overall drug use (reference Figure B-10). Between 1996 and 1999, illicit drug use (within the past 30 days) among those age 12 and older rose slightly from 6.1 percent to 7.0 percent. Excluding marijuana, 2.9 percent of the population 12 and older used an illicit drug in 1999. Highlights of use on a drug-by-drug basis follow.

- **Marijuana** use was 5.4 percent in 1999. This is essentially unchanged from its 1996 level of 4.7 percent.
- **Cocaine** use remained stable between 1996 and 1999 at 0.8 percent.
- **Heroin** use, at 0.1 percent in 1999, is unchanged since 1994.¹⁸

Figure B-9
Logic Model for Goal Three

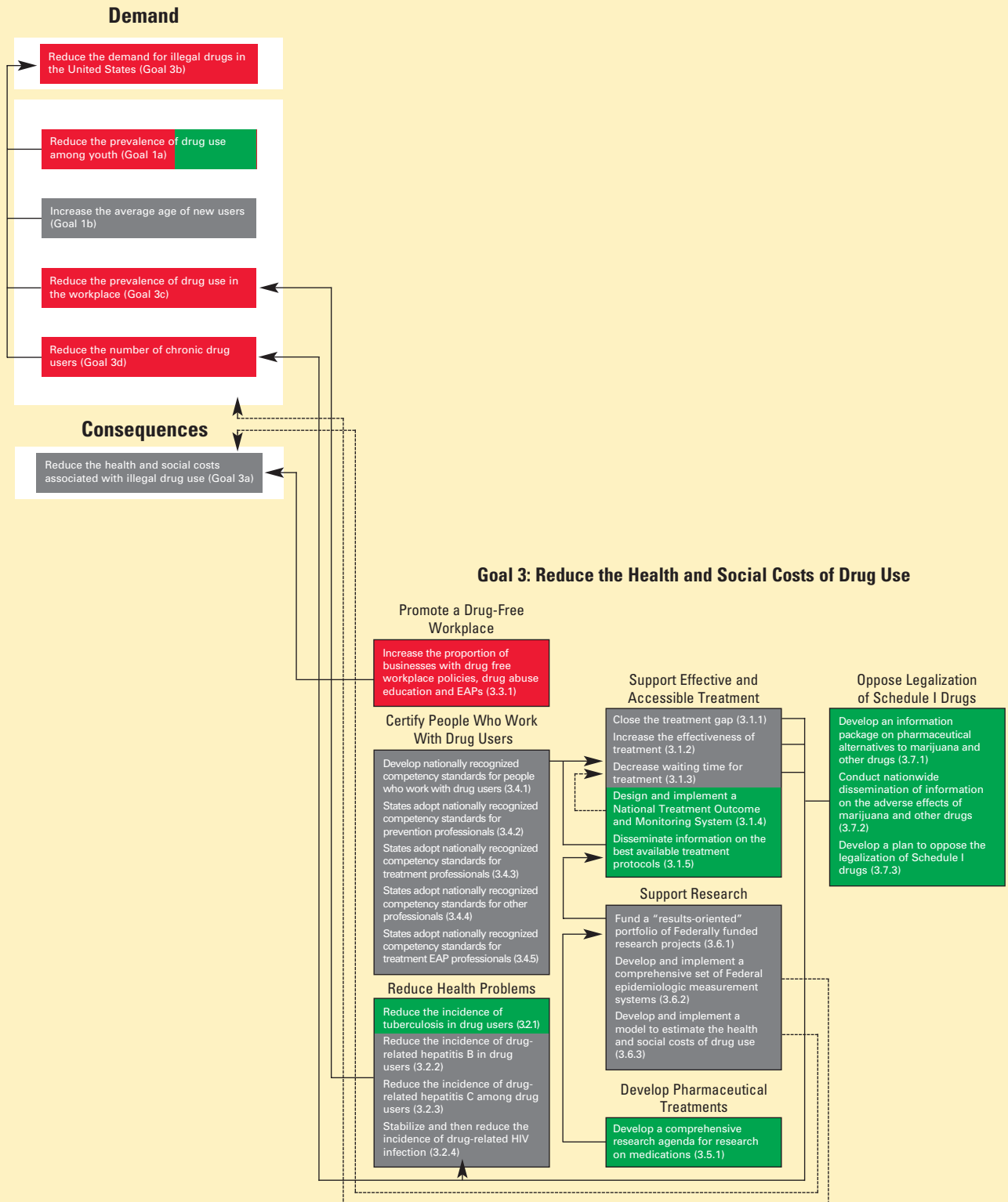
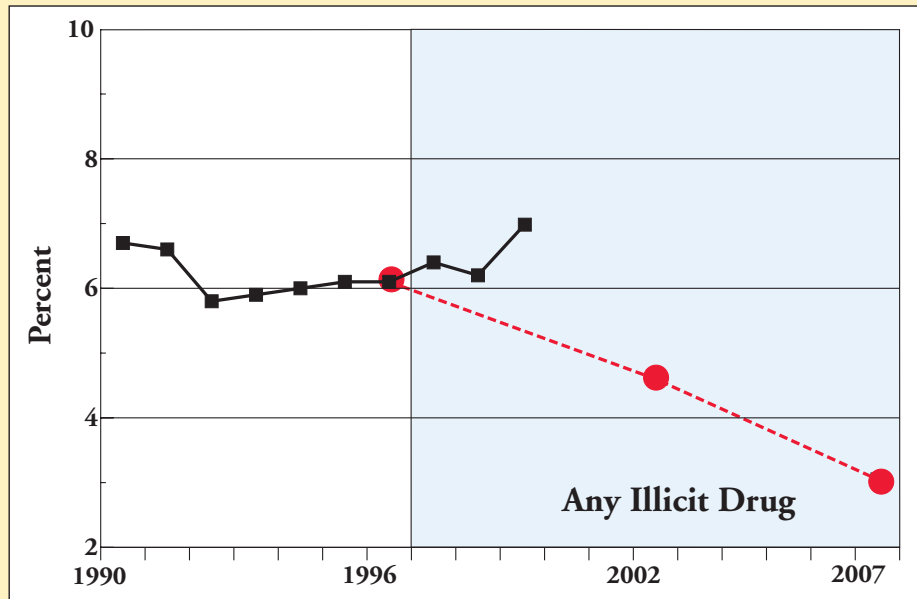


Figure B-10
Illicit Drug Use in the Household Population (Past Month)



Source: 1999 National Household Survey on Drug Abuse.

- *Alcohol and tobacco* use, was essentially unchanged. Binge alcohol drinking stayed constant at slightly over 15 percent (from 15.5% in 1996 to 15.1% in 1999). Similarly, cigarette use stayed relatively constant at about 29 percent (from 28.9% in 1996 to 29.7% in 1999).
- *Psychotherapeutic* use, at 1.5 percent in 1999, is essentially unchanged from its 1996 level of 1.4 percent. Note that given the margin of error in the data these figures are statistically unchanged over this period, the reported figures reflects an upturn from the downward trend observed between 1996 through 1998 (from 1.4 to 1.1 percent). Also, the majority of increase in the use of these drugs occur among youth.
- The rate of current drug use among those *employed full-time (18 and older)* was 6.5 percent in 1999.²⁰ Among those in the 18 to 25 year age group drug use was 16.1 percent in 1999.
- The current rate of drug use among those *employed part-time (18 and older)* is reported at 8.6 percent in 1999. Among those in the 18 to 25 year age group drug use was 19.2 percent in 1999.

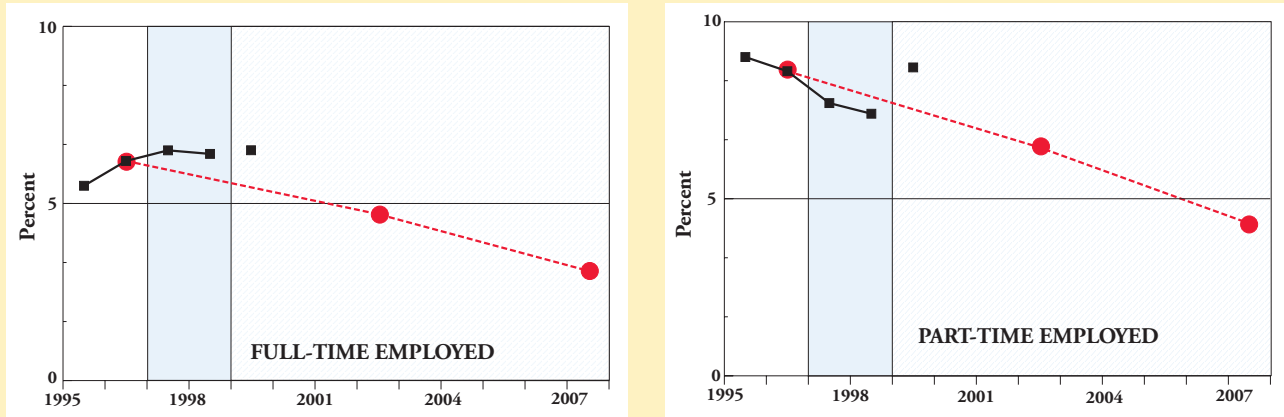
During 1999 and 2000, the thriving national economy tightened the labor market significantly. As a result, many small and medium-sized employers had difficulty retaining or recruiting qualified workers. To help retain current employees and to avoid discouraging prospective employees from applying, many companies ignored or consciously chose not to implement drug-related workplace programs.

To reduce overall drug use in the U.S., drug treatment must be provided to the more than three million addicts who consume the majority of the illicit drugs available for consumption and commit a disproportionate amount of crimes.

Progress toward reducing the third impact target, *Drug Use in the Workplace*, is off track for the second consecutive year. There was no progress in reducing drug use relative to the 1996 baseline year (Figure B-11):¹⁹

Progress toward the last impact target, reducing the Chronic User population, is off track; this is the second consecutive year in which the number of chronic heroin users has been off track (Figure B-12). ONDCP estimates that the number of cocaine addicts declined from 3,410 thousand in 1996 to 3,348 thousand in 1999. The estimated number of heroin addicts increased from 917,000 in 1996 to 977,000 in 1999.²¹

Figure B-11
Drug Use Among Full and Part-Time Workers

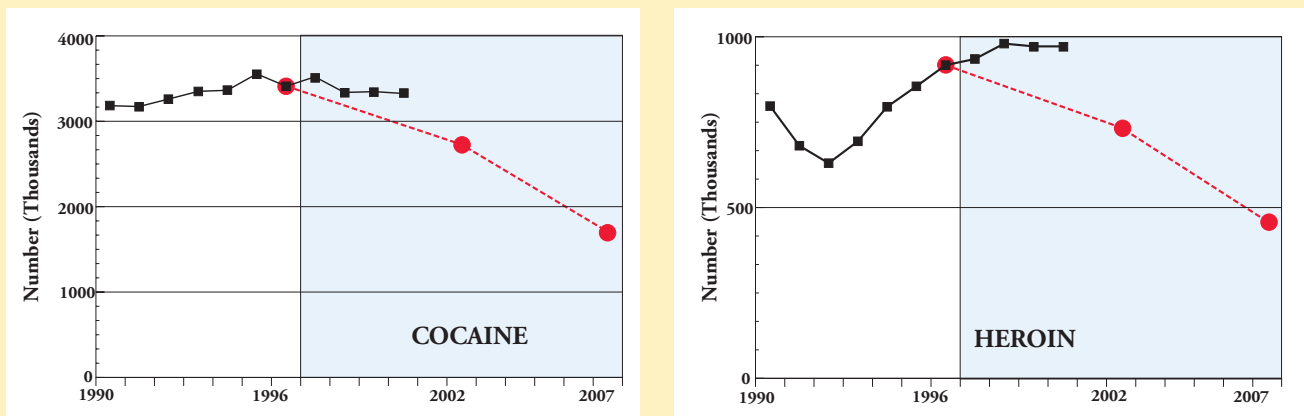


Observed data points are shown in black and policy targets are in red.

Source: 1999 National Household Survey on Drug Abuse.

Note: In 1999, SAMHSA changed its survey collection methodology. Comparisons cannot be made between 1999 and prior years.

Figure B-12
Chronic Hardcore Users



Observed data points are shown in black and policy targets are in red.

Source: Office of National Drug Control Policy/Abt Associates (2000), What America's Users Spend on Illegal Drugs, 1988–1999.

Note: The term “chronic hardcore user” is only applied to those using heroin or cocaine at least weekly and is not currently applied to regular users of other drugs.

It is important to note that these estimates are model-based and are subject to change once ONDCP completes the development of a new methodology for estimating the number of chronic users in the U.S. ONDCP has received funding from Congress and has undertaken research to refine a methodology that will provide better estimates of the size and composition of this population.²² The next formal survey results are not expected until 2002.

Goal Three's contributory performance targets corroborate the success highlighted by the Impact Targets, discussed above. Progress has been uneven, this pattern is shown in the red-green chart for Goal Three (see Appendix C for a detailed breakdown). Highlights include:

- **Objective 1, Target 1—Treatment Gap:** Progress toward achieving this target is unknown (gray). Estimates reported of those needing treatment were 3.32 million in 1996.²³ The federal drug control community reviewed the methodology by which the treatment gap

is calculated to obtain a more precise estimate and ensure consistency with approaches used by states for allocating funds. As a result, in 2000 a module measuring dependence and abuse based on SDM-IV criteria was developed and added to the expanded National Household Survey on Drug Abuse. The 2000 data will be the first to measure the treatment gap using the new methodology. Results are scheduled for release in the third quarter of 2001; state estimates will be released in October, 2001.

- **Objective 2, Targets 1-4—Reducing Drug-related Health Problems:** Progress toward reducing drug-related cases of tuberculosis is on track (green); progress toward reducing cases of hepatitis B and C, and HIV/AIDS are unknown (gray). Between 1997 and 1999, the Centers for Disease Control reported that the estimated incidences of drug-related tuberculosis declined steadily (from 1,952 in 1997 to 1,777 in 1998, and 1,577 in 1999).^{24,25}

National Drug Control Strategy

Goal Four: Shield America's Air, Land, and Sea Frontiers from the Drug Threat

The purpose of this Goal on shielding America's frontiers from the drug threat is to protect America's citizens from the threats posed by illegal drugs crossing our borders. One impact target is used to measure progress toward this Goal, and it indicates the success of the *Strategy's* initiatives at stopping drugs before they reach the U.S. border:

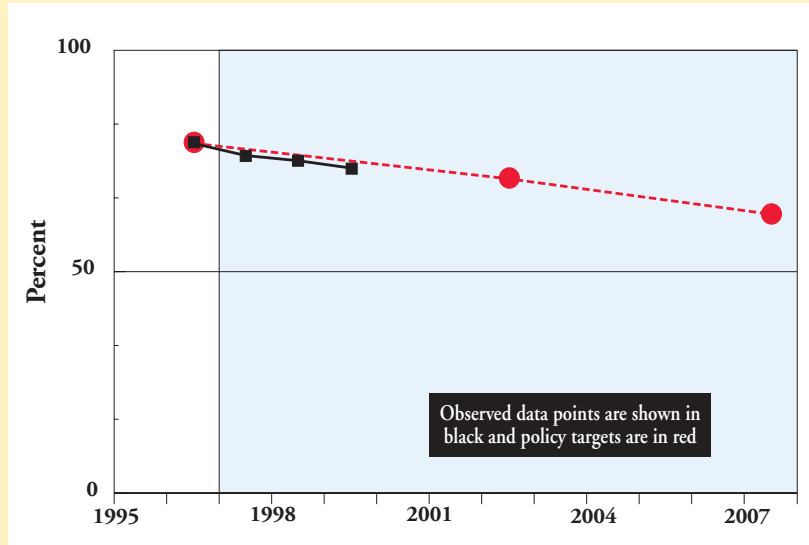
- **Transit and Border Zone Drug Flow:** *By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.*

The key measure of effectiveness of the *Strategy's* initiatives, associated with shielding America's air, land, and sea frontiers, is the rate at which illegal drugs successfully enter the United States.

Progress under Goal Four toward achieving this impact target is on track (green) for cocaine. Progress at reducing the rate of other drugs (i.e., marijuana, methamphetamine, heroin, and MDMA) entering the U.S. is unknown (gray).

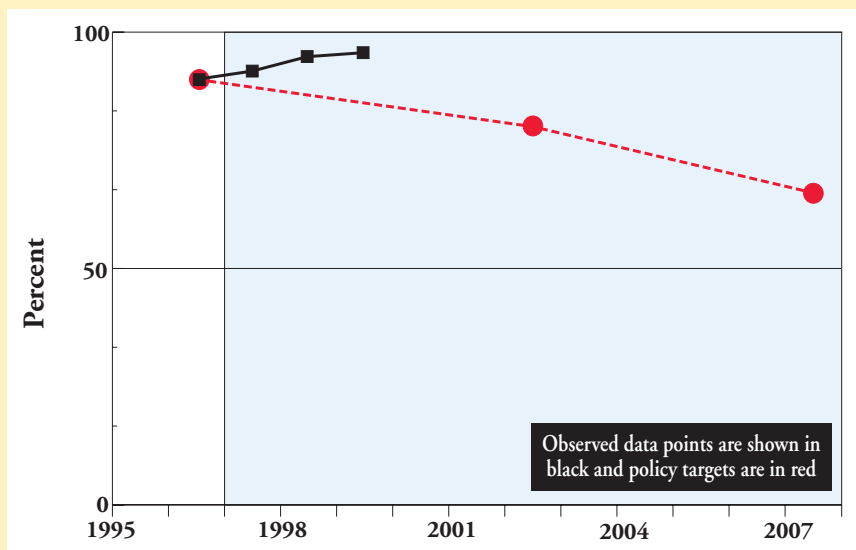
Overall progress on this performance target is on track. Out of 429 metric tons of cocaine that were illegally exported from source countries toward the United States, 313 metric tons illegally entered into the United States, despite interdiction efforts in the transit zone. This means that almost 73 percent of all cocaine departing the source countries made it into America (Figure B-13). This marks an overall four percent reduction, over the base year of 1996, when 333 metric tons, out of 435 that left the source countries, entered into the United States. This success is primarily attributed to increased seizures within the transit zone, where a four percent increase in cocaine seizures occurred in 1999 (61 metric tons seized).

Figure B-13
Percent of Cocaine that Enters the U.S.
(of the total exported from source countries towards the U.S.)



Source: ONDCP Sequential Transition and Supply Model, 2000.

Figure B-14
Percent of Heroin that Enters the U.S.
(of the total approaching U.S. borders)



ONDCP Heroin Consumption Estimate, 2000.

Cocaine that makes it into the U.S. from the border is a key element also considered when evaluating this impact target. Of this amount, data sources indicate an increase of approximately three percent, compared to the base year of 1996. This increase may be attributed to one or both of the following assumptions: 1) increased border zone commercial and passenger movement over the U.S. border from Mexico; and/or 2) better concealment methods of cocaine by drug trafficking organizations.

With respect to the first assumption, direct, bilateral trade between the United States and Mexico increased 141 percent, or from \$81.5B to \$196.6B between 1993 and 1995. This increase accounts for increased rail, truck, automobile, air, bus, vessel, and passenger traffic at the border. Such exponential commercial and passenger traffic increases also provide greater smuggling opportunities for drug trafficking organizations bringing cocaine into the United States, which supports the second assumption.

In 1999, and with estimates for 2000, there has been an increase in *heroin* flow at the U.S. border of one percent since 1996 (this is based on consumption estimates since a formal drug flow model for heroin does not yet exist). Of 13.7 metric tons of heroin that were estimated to have made it to the U.S. border, the preliminary estimate is that 13.05 metric tons successfully made it into the United States in 2000 (Figure B-14). Determinations for the other illegal drugs can only be made based on existing consumption estimates, as flow models do not exist currently for *marijuana*, *methamphetamine*, and *MDMA*. These estimates indicate that marijuana and methamphetamine entering into the United States has been reduced and progress on this target is on track.

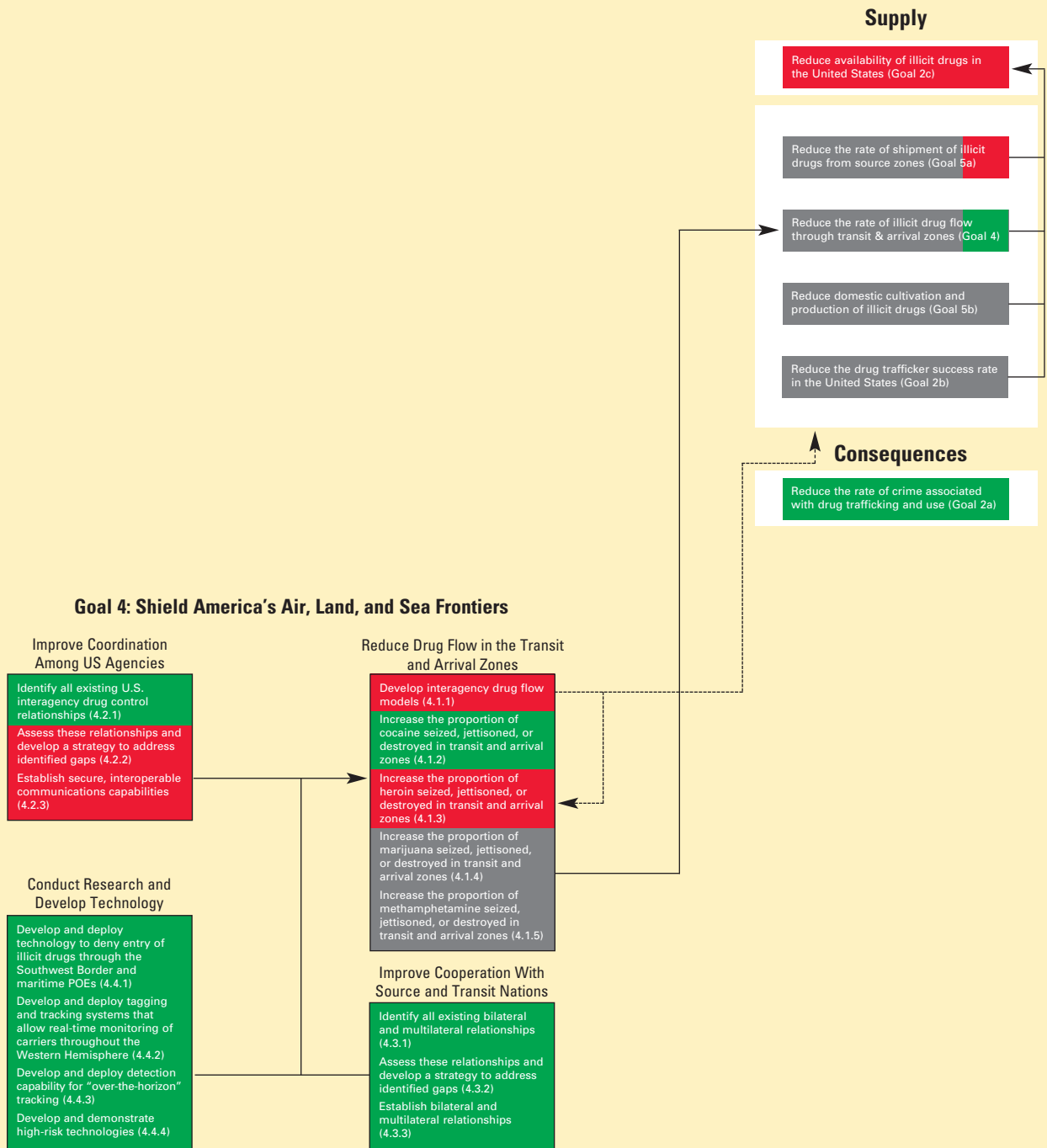
Goal Four has four Objectives and 15 contributory Targets, and the pattern of success is shown in the red-green model for this goal (Figure B-15). The objectives directly support the focus of Goal Four, that is, to protect America's citizens from the threats posed by illegal drugs crossing our borders.

- **Objective 2, Target 3—Improving Coordination Among U.S. Agencies:** In 2000, The Interdiction Committee completed its review of the Border Coordination Initiative (BCI) and developed an Arrival Zone

Interdiction Plan, which has yet to be approved. This development strongly lends itself to the success of ultimately meeting this target and the objective, since the Arrival Zone Interdiction Plan will represent improved coordination among U.S. counterdrug agencies working on the Southwest border, Puerto Rico, and the U.S. Virgin Islands.

- **Objective 3, Target 3—Improving Cooperation with Source and Transit Nations:** This target's importance goes beyond the domestic expectations of the National Drug Control Strategy. It is committed to improved, counterdrug cooperation between the United States and transit and source zone nations. This target is on track as the following achievements have occurred: 1) a Multilateral Evaluation Mechanism (MEM)—essentially, a hemispheric system of performance measurement—was developed in response to the 1998 Summit of the Americas' Hemispheric Alliance Against Drugs, in which all member nations agreed to broaden drug prevention efforts; cooperate in data collection and analysis, prosecutions, and extradition; establish or strengthen anti-money laundering units; and prevent the illicit diversion of chemical precursors; 2) law enforcement treaties were approved by the Senate in October 2000, facilitating America's counternarcotics efforts, which included four extradition treaties (Belize, Paraguay, South Africa, and Sri Lanka) and eight bilateral mutual legal assistance treaties (MLAT) (Cyprus, Egypt, France, Greece, Nigeria, Romania, South Africa, Ukraine); and 3) the U.S. signed a Mutual Legal Assistance Agreement with China (June 2000) and developed and signed an action plan on crime with South Africa—primarily training and focused on money laundering and border controls—under the Bi-National Commission (BNC) in August 2000.
- **Objective 4, Target 3—Developing and Deploying Detection and Monitoring Technology:** Between 1998 and 2000, this milestone was achieved, with respect to the detection and monitoring of air targets of interest (TOI) in the transit and source zones. Because of radar over-the-horizon (ROTHR) limitations, maritime TOI's were not detected and monitored using this technology.

Figure B-15
Logic Model for Goal Four



National Drug Control Strategy

Goal Five: Break Foreign and Domestic Drug Sources of Supply

The purpose of this Goal on breaking drug sources of supply is to eliminate illegal drug cultivation, destroy drug trafficking organizations, interdict drug shipments, encourage international cooperation, and safeguard democracy and human rights. The key measures of the Strategy's effectiveness at breaking foreign and domestic sources of supply are:

- **Reducing Illicit Drugs Intended for Export (Source Zone Outflow):** This rate is based on the proportion of illicit drugs that make it to the point of export, within the source country, to the amount of illicit drug that had been produced or grown within the source country.
- **Reducing Domestic Production and Cultivation:** This measures the quantity of methamphetamine manufactured, and marijuana cultivated, in the U.S. Note that other major drugs (cocaine, heroin, and to a large degree MDMA) are not currently produced within the U.S.

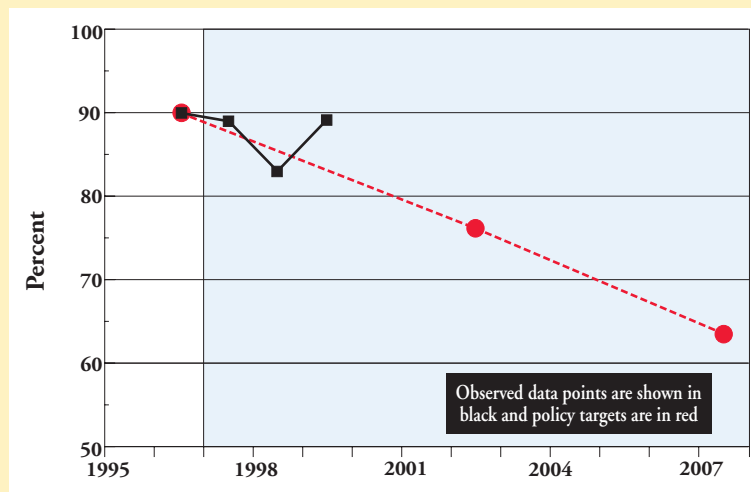
Although cocaine exports to the U.S. have declined minimally from the base year, progress toward this target is off track (red). Export rates of other drugs (i.e., heroin,

methamphetamine, marijuana, and more recently, MDMA) are highly uncertain, since reliable methods for developing these estimates have yet to be developed. As a result, progress toward achieving the Strategy's targets is largely unknown (gray).²⁶

The *source zone outflow of cocaine*, or cocaine intended for export, significantly decreased in 1998, when 83 percent of total cocaine available at the growing/production areas made it to the source zone departure areas. This outflow rate increased, however, in 1999, when 89 percent of the cocaine available at the growing areas made it to the source zone departure areas, or point of export (Figure B-16). This target is not on track (red).

This setback in 1999 may be due to increased production efficiencies prior to the implementation of "Plan Colombia." This conjecture is based on the following facts: 1) overall cocaine production has decreased by 23 percent between 1996 and 1999; 2) although fewer metric tons have been produced, an equal proportion of it successfully moved to the source zone departure areas.

Figure B-16
Percent of Cocaine Exported from Source Countries
(of the amount produced)



Source: ONDCP Sequential Transition and Supply Model, 2000.

Source country outflow rates for all other drugs have yet to be established. Because the heroin flow model is not yet mature it is unable to develop a highly reliable source country outflow estimate. The Drug Enforcement Administration's Heroin Signature Program, however, has determined that heroin present in the United States originates from all four heroin source areas. (i.e., Colombia, Mexico, Southeast Asia, Southwest Asia). The Signature Program serves as the foundation for future heroin source country outflow estimates.

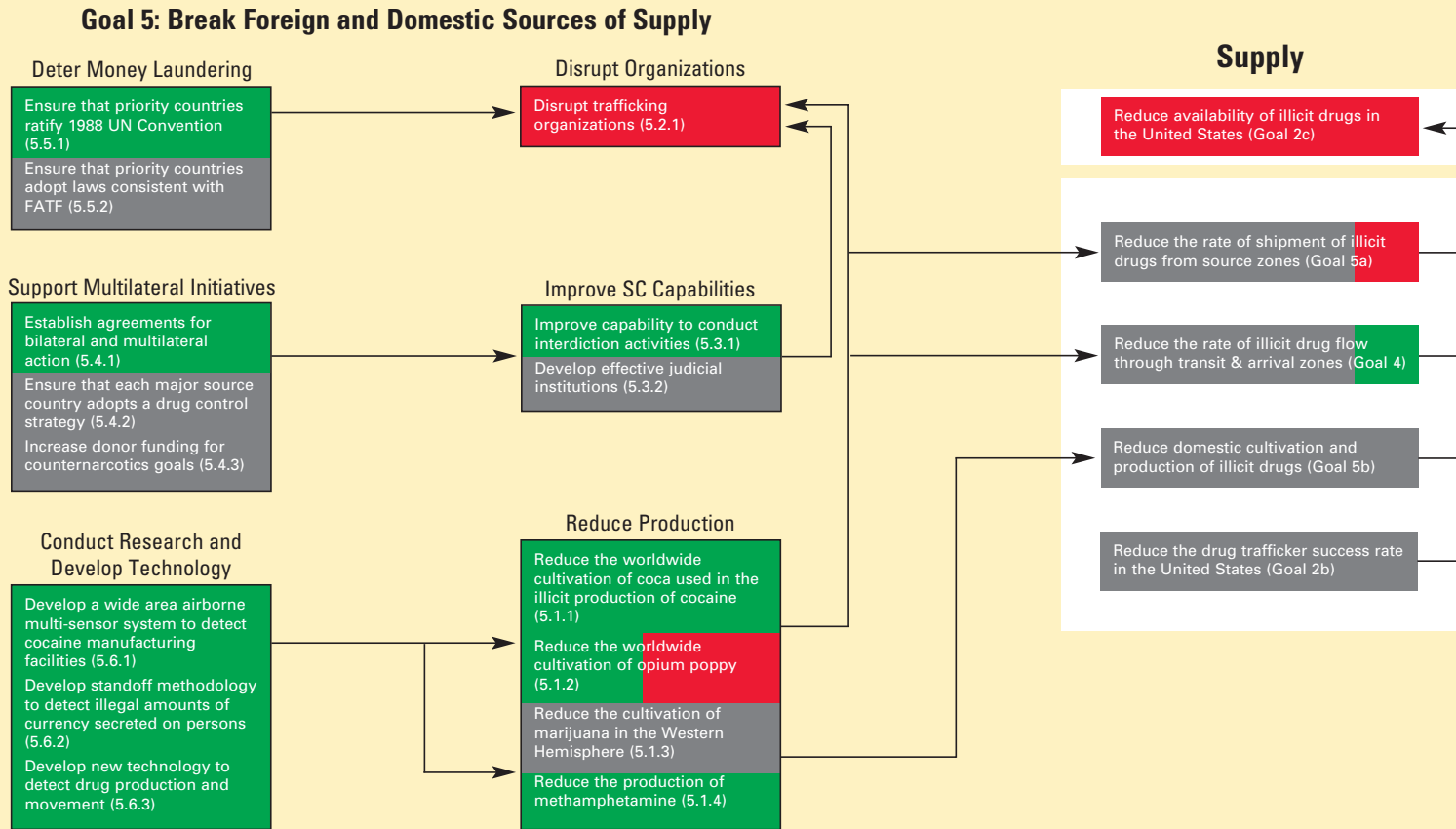
Domestic production and cultivation. The amount of methamphetamine produced and marijuana cultivated in the United States cannot be estimated at this time; status is unknown (gray). One reason why domestic production estimates of methamphetamine are not available is because methamphetamine production includes dual-use chemicals with otherwise legitimate uses, and the current model is unable to differentiate between precursor chemicals intended for legitimate uses or intended for illicit uses. With respect to marijuana, no Federal agency, including the Drug Enforcement Administration (DEA) and the U.S. Department of Agriculture, has been able to estimate domestic marijuana cultivation, since a methodology has yet to be established for such an estimation. However, the DEA does have data demonstrating how much domestic marijuana has been eradicated through their efforts, and the cooperative efforts of state and local enforcement authorities.

Because domestic production estimates of marijuana and methamphetamine have yet to be established, it is impossible to determine if the target for the reduction in domestic production of these drugs is on track or not. While domestic production of these drugs is difficult to estimate, the quantity of these drugs consumed domestically (from both foreign and domestic suppliers) can be estimated; these estimates provide insight into the overall magnitude of the problem.

Goal Five has six Objectives and 15 contributory Targets (Figure B-17). The objectives directly support the focus of Goal Five, that is, to eliminate illegal drug cultivation, destroy drug trafficking organizations, interdict drug shipments, encourage international cooperation, and safeguard democracy and human rights.

- **Objective 1, Target 2—Opium Poppy:** This target has been met and exceeded by the counterdrug community. Since the base year of 1996, there has been a 28 percent reduction in net, worldwide cultivation of opium poppy. This exceeds the 2007 target of a 20 percent reduction. A combination of elements has led to this success. They include improved, foreign (i.e., Thailand) and domestic counterdrug efforts, and extended, poor weather conditions (i.e., drought) in Southeast Asia.
- **Objective 1, Target 4—Other Illegal Drugs:** The intention of this target is to ensure that law enforcement personnel are adequately trained and equipped to safely dismantle 100 percent of identified methamphetamine and other illicit synthetic drug production laboratories by 2002. Based on the data available, it is clear that this target has been achieved with respect to methamphetamine and in advance of the 2002 target deadline. For example, 100 percent of all methamphetamine laboratories identified have been safely dismantled, since the base year of 1996. As a matter of fact, methamphetamine laboratory seizures in 1999 increased by more than 300 percent over the 1996 base year. Additionally, the purity of methamphetamine was significantly reduced between 1995, when it was estimated to be 60.5 percent, and 1999, when it was estimated to be 31.1 percent.
- **Objective 2, Target 1—Arrest and Prosecute Drug Traffickers and Disrupt Trafficking Organizations:** This target is off track (red). As of 2000, 26 percent of all targeted trafficking organizations were either dismantled or significantly disrupted. This target, however, has been identified as one that may require modification, so as to identify all drug trafficking organizations, regardless of whether or not they're based on an annual list of targets. The dismantling and disruption of these organizations may not occur within a given calendar year, because of pending investigations or a lengthy judicial process. Therefore, this target will be examined by ONDCP and by various Federal investigative, law enforcement agencies for its validity.

Figure B-17
Logic Model for Goal Five



Endnotes

- 1 The targets for 2002 and 2007 were established as formal policy targets. Interim targets were then calculated between the base year and these targets.
- 2 The basis for evaluating progress relative to the defined end-states for 2002 and 2007 is described in detail in Appendix C: Glide Paths and Annual Targets, Performance Measures of Effectiveness, 2000 Report.
- 3 Research suggests that people who begin using drugs at an early age are more likely to develop problems, including addiction. "Age at Onset of Drug Use and its Association with DSM-IV Drug Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey," Grant and Danson, *Journal of Substance Abuse*, March 1998. Research also suggest that the longer initial use is delayed, the more likely it is that the person will not go on to use drugs. *Substance Abuse and the American Adolescent*, CASA, August 1997.
- 4 Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Summary of findings from the 1998 National Household Survey on Drug Abuse. August, 1999. OAS, SAMHSA, DHHS.
- 5 Psychotherapeutic drugs include stimulants, sedatives, tranquilizers, and analgesics. The figures reported in the 1999 NHSDA report, referenced here, do not include over-the-counter drugs.
- 6 According to SAMHSA's Household Survey the non-medical use of psychotherapeutics in the 12 to 17 year age group from 1996 through 1999 was: 1.9%, 2.1%, 1.7%, and 2.4%.
- 7 Prevalence is the cumulative total number of cases of a particular disease or condition in the population. Incidence is the number of new cases of the disease or condition in a specified period of time. Typically, incidence is high and prevalence low in the beginning of an epidemic: with the reverse being true as the epidemic comes to an end.
- 8 According to MTF, from 1996 through 2000 the percentage of 8th graders using of MDMA was: 1.0%, 0.9%, 0.8%, and 1.4%. Over the same period the percentage of 10th graders using MDMA was: 1.8%, 1.3%, 1.8%, and 2.6%. Over the same period the percentage of 12th graders using MDMA was: 2.0%, 1.5%, 2.5%, and 3.6%.
- 9 In October, 2000 the National Institute on Drug Abuse (NIDA) announced a new research initiative into club drugs.
- 10 At the time of this publication, the Performance Measures of Effectiveness system does not track as a formal target 3,4-methylenedioxymethamphetamine (MDMA/Ecstasy) use.
- 11 Figures for intervening years are presented in Appendix C.
- 12 Source: U.S. Department of Justice, *Crime in the United States: Uniform Crime Reports*, 1999 October, 2000.
- 13 Domestic heroin availability was measured in two independent ways: a consumption-based approach, and a supply-based approach. The consumption-based approach estimates the availability by determining heroin consumption of hardcore and occasional heroin users. Hardcore users are assumed to consume 75 percent of the total domestic heroin consumed. Estimation of their consumption is based on multiplying the number of hardcore users with: a) their weekly expenditure rate, and b) the retail price of heroin. The supply approach combines the potential heroin production estimate with the relative source-area distribution of domestic heroin, assuming that all heroin production in Latin America is destined for the U.S. See *What America's Users Spend on Illegal Drugs, 1988-1998*, ONDCP, December 2000 for a more detailed description of this methodology.
- 14 Domestic marijuana availability was measured with a consumption-based approach that was somewhat different from the consumption-based approaches used for the other three drugs. Three variables were multiplied to produce the estimate of the availability of marijuana in the United States: (1) the number of users in the past month, (2) the average number of joints used in the past month, and (3) the average weight per joint. A supply approach for estimating domestic availability of marijuana is not feasible at this time because marijuana/hashish is grown widely in many countries around the world, making it difficult to produce estimates via satellite imagery—resulting estimates are very imprecise. Also, much of the marijuana consumed in the United States is grown domestically (marijuana is cultivated in nearly every State), both outdoors and increasingly indoors, again making estimation difficult. ONDCP is currently leading an interagency effort to determine the feasibility of developing estimation procedures for both indoor and outdoor domestic cultivation of marijuana. See *What America's Users Spend on Illegal Drugs, 1988-1998*, ONDCP, December 2000 for a more detailed description of this methodology.
- 15 Domestic methamphetamine availability was measured with a consumption-based approach similar in approach to those used for cocaine and heroin. This approach estimates the domestic availability by determining methamphetamine consumption of hardcore and occasional methamphetamine users. Hardcore users are assumed to consume 75 percent of the total domestically consumed methamphetamine. Estimation of their consumption is based on multiplying the number of hardcore users with: a) their weekly expenditure rate, and b) the retail price of methamphetamine. The resulting consumption-based estimates for methamphetamine are more tentative than those for cocaine and heroin, which are derived in a similar manner, because: 1) methamphetamine use is rare among arrestees (the ADAM sample) in many cities, so the estimates are actually based on the experiences of a few cities which are then prorated across the nation, and 2) the estimates vary markedly from year to year (the data are presented as three-year moving averages, thus "smoothing" the data). Obtaining reliable and accurate supply based estimates for the domestic availability of methamphetamine is very difficult, if not impossible because 1) methamphetamine is a synthetic drug that can be produced relatively easily in small labs by people with little technical skills, and 2) the precursor chemicals, in many cases are not controlled, and in fact are readily available in over the counter cold remedies. See *What America's Users Spend on Illegal Drugs, 1988-1998*, ONDCP, December 2000 for a more detailed description of this methodology.

- 16 These summaries are based on the aggregated inputs from each of the individual High Intensity Drug Trafficking Areas (HIDTAs).
- 17 There is presently no information on “drug-related” crime since the Uniform Crime Reports does not disaggregate crime rates according to cause (except for murder rates). ONDCP’s Interagency Data Subcommittee has recommended that the overall crime rate be used as a proxy measure.
- 18 Caution should be used in interpreting the estimates of heroin use from the NHSDA. These are unstable estimates because of the small sample of self-reporting heroin users captured by the survey.
- 19 Currently, estimates do not exist for drug use in the workplace. As a proxy measure, we are using the prevalence of drug use among full-time and part-time employees from the National Household Survey on Drug Abuse.
- 20 Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Summary of findings from the 1999 National Household Survey on Drug Abuse. August, 2000. OAS, SAMHSA, DHHS.
- 21 Figures from the preliminary report, Hardcore User Survey, Abt Associates, 1999. Note that the term “chronic user” is applied only to those using heroin and cocaine at least weekly; this term is not currently applied to regular users of other drugs.
- 22 These estimates are derived from mathematical models. The models are based upon data from the National Household Survey on Drug Abuse, the Arrestee Drug Abuse Monitoring system, and other data sources. These are refined each year as new data becomes available. Caution should be used in interpreting trends in the number of hardcore users based upon these estimates because they are not associated with standard errors.
- 23 Source: Unpublished data from SAMHSA from the 1998 National Household Survey on Drug Abuse. Note that due to improvements in coverage by UFDS, the counts of clients in treatment in 1998 are not comparable to earlier years. Therefore, the large drop may be artificial. It is difficult to tell whether the treatment gap has been reduced substantially.
- 24 Source: Centers for Disease Control and Prevention Tuberculosis Surveillance Reports.
- 25 Currently the Centers for Disease Control (CDC) collect HIV infection case reports from 35 areas as reported through public health departments. HIV case reports do not necessarily represent incident (new) HIV infections because persons may be tested at any point during the course of their disease and not all persons newly infected get tested and reported. Also, persons who are tested anonymously are not reported. Thus, since HIV reports represent a minimum number of prevalent HIV cases and many states do not report HIV cases the available data may not reflect national trends.
- Hepatitis infection estimates are derived from six geographically diverse counties; the Sentinel Counties Study. In these counties the estimated incidence of acute hepatitis has declined by over 80 percent since 1989. This decline has resulted in a small number of cases which even after correcting for under-reporting and asymptomatic infections may not provide reliable annual estimates of the absolute number of new hepatitis virus infections in the U.S. In the Sentinel Counties history of drug use among cases with acute hepatitis is determined by self-report, an approach that tends to result in under reporting. Because of these factors, precise estimates of annual new hepatitis virus infections are not available on an annual basis; a responsible assessment is possible at roughly five-year intervals based on the current available data.
- 26 In coordination with other federal entities, ONDCP is developing estimates of the outflow (rate and quantity) of drugs from the source zones. To date, a source country cocaine outflow estimating methodology has been established, and source zone cocaine outflow reductions are on track. Other source zone outflow models have yet to be established, thereby making it impossible to determine if the outflow of other illegal drugs is on track or not.

Appendix C: Targets and Measures

This appendix details the 99 performance targets, 12 of which are Impact Targets, and 157 associated measures that comprise the PME System. The Impact Targets are designed to define outcomes or end states for the overall Goals of the *Strategy*. The remaining 87 performance targets are linked to the *Strategy* Objectives, which are supported by Federal and non-Federal drug control programs and/or interventions.

Of the 99 targets detailed in this appendix, 38 are milestones and 61 are numerical targets. The milestones are satisfied by completion of a specific requirement not later than a specified time. A numerical target is evaluated by comparing an actual value against a predetermined target value for each year.

All 99 performance targets, regardless of whether they are linked to *Strategy* Goals or Objectives, have at least one associated performance measure that shows how progress toward that target will be monitored. As stated above, there are a total of 157 measures identified to assess progress toward the 99 performance targets

Progress toward these performance targets is critically dependent on the efforts of individuals; families; communities; private entities; and State, local and foreign governments. Data reflecting these efforts must be factored in with information on the Federal progress toward these Goals. Although Federal agencies are designated as “Reporting Agency” and “Supporting Federal Agencies” for each target and measure, this does not represent a complete list of actors that will help the Nation achieve the specified Goals. There are numerous targets that will require the efforts of our state, local, foreign, and private partners.

Federal agencies responsible for reporting performance measures to ONDCP are listed in this section under the

appropriate measures. A minimum of one Federal agency is designated as the Reporting Agency responsible for reporting progress on each measure. Supporting Federal Agencies will assist with data collection and assessment, or have programs that contribute to achieving the given target.

The PME System is designed to be a dynamic system with room for growth, modification, and improvement over time. When the PME System was originally unveiled in 1998, there were 94 performance targets. Thanks to the efforts of the five PME Steering Groups and the 21 PME Working Groups, the PME System has been improved. Some of the original 94 targets have been modified or deleted, new targets have been added to address areas not previously included, and the measures associated with these targets have been refined. In addition, all PME data is managed by an ONDCP-tailored information management system (IMS). This system will better track all past years data and allow efficient input of new data.

To assist readers with the terminology used in this appendix, a terminology key (page C-4) follows the underlying assumptions and factors discussed below.

Underlying Assumptions and Factors

Several general and specific assumptions underlie each of the *Strategy*'s Goals. In addition, several general factors affect success in implementing the *Strategy*. These are summarized here.

General Assumptions:

- The drug problem is dynamic and our response must change accordingly.
- The American people will oppose the unconstrained flow of illicit drugs into the United States and the use of illegal drugs within the United States.

- Reduction in foreign and domestic production and supply will affect illegal drug use through price effects caused by reduced availability.
- ONDCP will lead interagency efforts to develop official government estimates of drug availability. It is expected that this will enable baseline estimates for 1996. If this proves to be infeasible, then a subsequent year will be used as the baseline.

Goal One Assumptions:

- Clear anti-drug messages from parents and community leaders are effective in persuading youth to recognize the risks of illegal drug use.
- Prevention programs that meet accepted standards will be effective in countering cohort attitudes and media messages that encourage drug experimentation and use.
- Widely disseminated evidence of the harmful consequences of using marijuana and other illegal drugs will increase the number of adults and youth that reject them.

Goal Two Assumptions:

- Control of domestic consumption, distribution, and associated criminal activity is primarily a state- and local-level law enforcement function and is a key contributor to the success of supply and consequence targets; control of major drug supply and distribution organizations is primarily a Federal law enforcement function.
- A significant reduction in the supply of illicit drugs will have a price effect (increase) that reduces drug use.

Goal Three Assumptions:

- Early entry into effective substance abuse treatment and sufficient incentive to remain in treatment will reduce high-risk behaviors (injecting drugs, sex for drugs, etc.) and decrease the spread of infectious diseases, assuming no new emergent infectious diseases affecting the population group.
- Increasing education and training of prevention and treatment providers will improve results and decrease health care costs.
- Advances in medicines and treatment protocols, and support for mental health needs can prevent increases in the chronic user population.

Goal Four Assumptions:

- Improved intelligence, law enforcement, and applied technology will result in more successful and cost-effective anti-drug operations.
- Traffickers will react to counter U.S. interdiction efforts if trafficking remains profitable.
- Major source and transit countries with which the U.S. has diplomatic relations will oppose trafficker violations and exploitation of their territories and these countries will cooperate with U.S. counterdrug efforts.
- Increased bilateral and multilateral law enforcement cooperation will improve the effectiveness of anti-drug investigations and operations.
- A method for generating flow estimates can be developed for illicit drugs flowing into the U.S.

Goal Five Assumptions:

- Production and distribution of illicit drugs in the source zone can be controlled and reduced by appropriate crop control, economic development, legal and institutional reforms, international cooperation, and demand reduction activities.
- Political, economic, and social instability in the countries of the source and transit zones will not prevent host governments from pursuing effective drug control efforts.
- The UN, the U.S., and allied nations will continue to encourage and assist member countries to ratify the 1988 UN Drug Convention (Vienna).
- The UN will not repeal or adversely modify the 1988 UN Drug Convention (Vienna).

Critical Factors:

- Improved drug indicators are required for measuring illicit drug availability.
- Federal incentives and support for states and local communities to report data necessary to measure performance.
- U.S. law enforcement and intelligence “presence” must be maintained in all major source and transit countries where diplomatic relations exist, and this presence must be developed in those countries where diplomatic relations do not exist.
- Successful prevention and treatment programs that meet accepted standards are adopted nationwide.

TERMINOLOGY KEY

GOAL X

OBJECTIVE X: Major line of action to achieve the desired goal.

Target Subtitle

GLIDE PATH (Numerical Targets Only)

A graphical representation (histogram) depicting the expected annual progress associated with each numerical target. In most cases, the glide paths reflect linear progress from 1998 (the first year with an annual target) to the mid-term and end state values for 2002 and 2007, respectively, defined in the target. Glide paths may be modified in the future based upon rationales identified in the action plans.

Primary Data Source

The specific data sources that will be used to measure progress toward the annual targets.

Secondary Data Source(s)

Although a specific data source has been selected, data may not yet be available for the desired source or for the current year. This section contains any other pertinent data related to the target or trend information for years prior to 1998.

Target #

To track progress toward the Strategy Goals or Objectives, a target states a desired outcome, output, or milestone to be accomplished.

Measure #

Each target has at least one associated measure. For a milestone, the measure typically reflects completion of a specific event such as a report, development of a plan, etc. For a numerical target, the measure describes what is to be measured and, in some cases, how it will be calculated.

Reporting Agency

The agency responsible for reporting the measure to ONDCP. This is not necessarily the only agency responsible for achieving the target.

Supporting Agencies

The agencies responsible for providing data to the Reporting Agency.

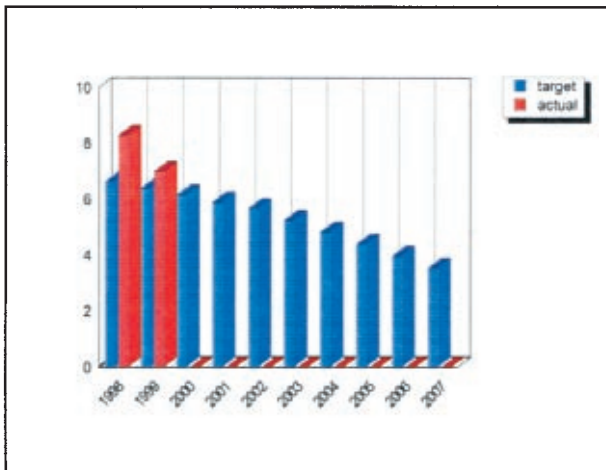
Status

This section provides additional information about the target such as progress made with regard to the action plan or issues that have not been resolved.

GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Use of illegal drugs, alcohol, and tobacco by youth; percent using marijuana in the past month, CY 98-07



Primary Data Source

1999 National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year. Reduce tobacco use by youth by 25 percent by 2002 and by 55 percent by 2007.

Measure 1

Past month prevalence of marijuana use by youth

Reporting Agency

HHS

Supporting Agencies

DoD, DOJ, ED

Status

Since 1996, past month prevalence of marijuana use has been essentially unchanged.

In 1999, SAMHSA changed its survey methodology from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). For this year only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. ONDCP's interagency working group recommends that in subsequent years, the measurement trend should begin with 1999 using the CAI method because trendable PAPI-method data will terminate with 1999 rates. Under the CAI approach youth prevalence of marijuana use was 7.7 percent.

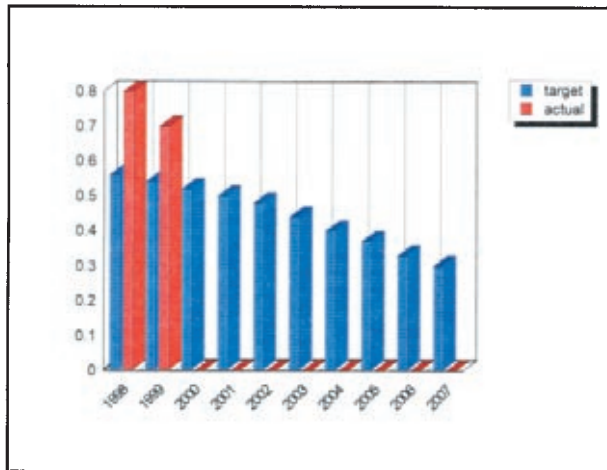
GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Use of illegal drugs, alcohol, and tobacco by youth; percent using cocaine in the past month, CY 98-07

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year. Reduce tobacco use by youth by 25 percent by 2002 and by 55 percent by 2007.



Primary Data Source

1999 National Household Survey on Drug Abuse.

Measure 2

Past month prevalence of cocaine use by youth

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DoD, DOJ, ED

Status

Since 1996, past month prevalence of cocaine use has been essentially unchanged.

In 1999, SAMHSA changed its survey methodology from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). For this year only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. ONDCP's interagency working group recommends that in subsequent years, the measurement trend should begin with 1999 using the CAI method because trendable PAPI-method data will terminate with 1999 rates. Under the CAI approach youth prevalence of cocaine use was 0.5 percent.

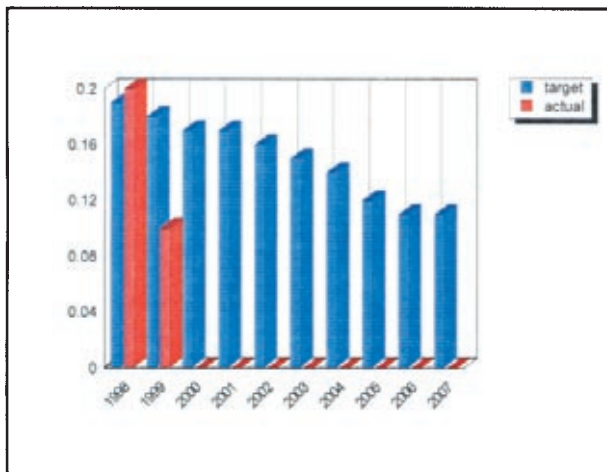
GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Use of illegal drugs, alcohol, and tobacco by youth; percent using heroin in the past month, CY 98-07

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year. Reduce tobacco use by youth by 25 percent by 2002 and by 55 percent by 2007.



Primary Data Source

1999 National Household Survey on Drug Abuse.

Measure 3

Past month prevalence of heroin use by youth

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DoD, DOJ, Ed

Status

Since 1996, past month prevalence of heroin use has been essentially unchanged.

In 1999, SAMHSA changed its survey methodology from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). For this year only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. ONDCP's interagency working group recommends that in subsequent years, the measurement trend should begin with 1999 using the CAI method because trendable PAPI-method data will terminate with 1999 rates. Under the CAI approach youth prevalence of heroin use was 0.2 percent.

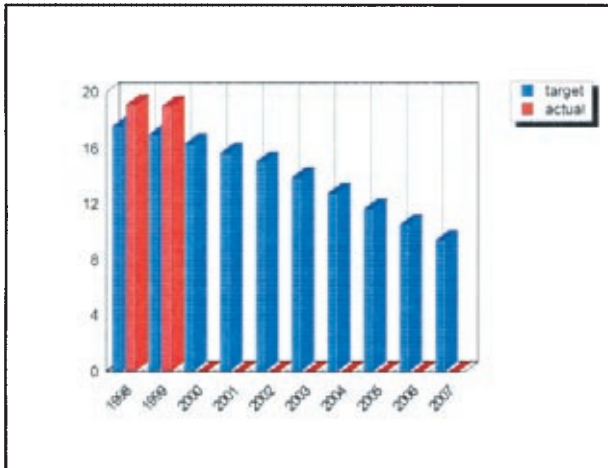
GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Use of illegal drugs, alcohol, and tobacco by youth; percent using alcohol in the past month, CY 98-07

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year. Reduce tobacco use by youth by 25 percent by 2002 and by 55 percent by 2007.



Primary Data Source

1999 National Household Survey on Drug Abuse.

Measure 4

Past month prevalence of alcohol use by youth

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DoD, DOJ, ED

Status

Since 1996, past month prevalence of alcohol use has been essentially unchanged.

In 1999, SAMHSA changed its survey methodology from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). For this year only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. ONDCP's interagency working group recommends that in subsequent years, the measurement trend should begin with 1999 using the CAI method because trendable PAPI-method data will terminate with 1999 rates. Under the CAI approach youth prevalence of alcohol use was 18.6 percent.

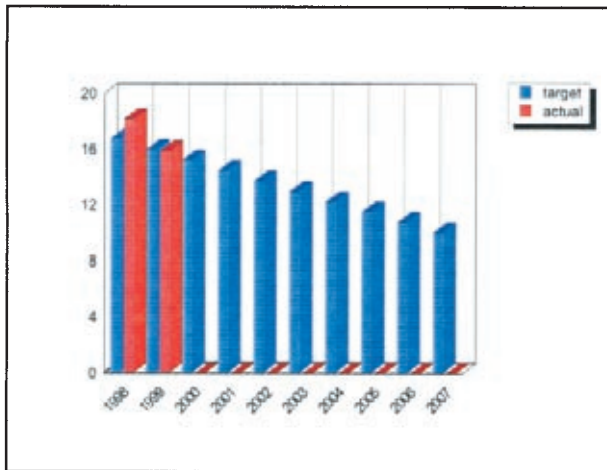
GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Use of illegal drugs, alcohol, and tobacco by youth; percent using tobacco in the past month, CY 98-07

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year. Reduce tobacco use by youth by 25 percent by 2002 and by 55 percent by 2007.



Primary Data Source

1999 National Household Survey on Drug Abuse.

Measure 5

Past month prevalence of tobacco (cigarette) use by youth

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DoD, DOJ, ED

Status

Since 1996, past month prevalence of cigarette use has been essentially unchanged.

In 1999, SAMHSA changed its survey methodology from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). For this year only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. ONDCP's interagency working group recommends that in subsequent years, the measurement trend should begin with 1999 using the CAI method because trendable PAPI-method data will terminate with 1999 rates. Under the CAI approach youth prevalence of tobacco use was 17.3 percent, and cigarette use was 14.9 percent.

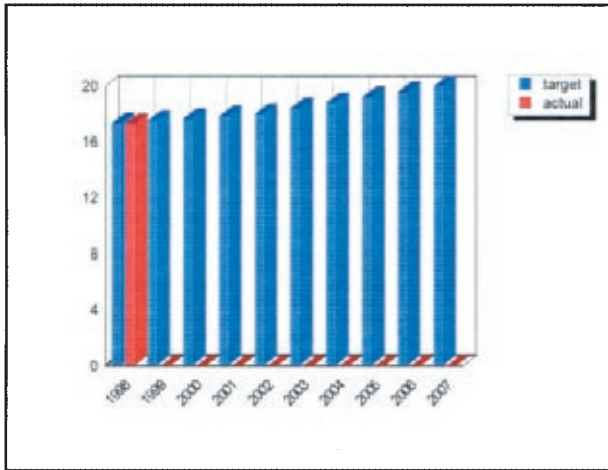
GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Initial age of drug use in youth; average age of first-time marijuana use, CY 98-07

Target 2

By 2002, increase the average age for first-time drug use by 12 months from the average age of first time use in 1996. By 2007, increase the average age of first-time drug use by 36 months from the 1996 base year.



Primary Data Source

1999 National Household Survey on Drug Abuse.

Measure 1

Average age of first-time marijuana use.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED, DoD

Status

Since 1996, the average age of first-time use of marijuana has remained essentially unchanged.

Because this is a calendar-year-based measure, there is a one-year lag from the year of data collection. Therefore, the last full calendar year of information collected throughout the 1999 Household Survey is for 1998. Also, as additional data are collected each year's estimate is updated. As a result, values for any given year generally change slightly from one report to the next.

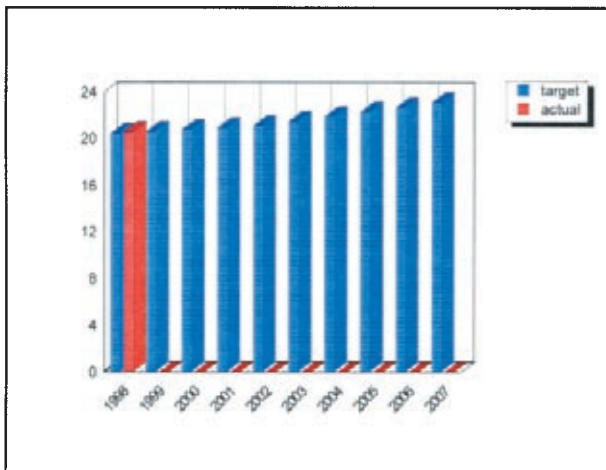
GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Initial age of drug use in youth; average age of first-time cocaine use, CY 98-07

Target 2

By 2002, increase the average age for first-time drug use by 12 months from the average age of first time use in 1996. By 2007, increase the average age of first-time drug use by 36 months from the 1996 base year.



Primary Data Source

1999 National Household Survey on Drug Abuse.

Measure 2

Average age of first-time cocaine use.

Reporting Agency
HHS

Secondary Data Source(s)
None

Supporting Agencies
DOJ, ED, DoD

Status

Since 1996, the average age of first-time cocaine use has remained essentially unchanged.

Because this is a calendar-year-based measure, there is a one-year lag from the year of data collection. Therefore, the last full calendar year of information collected throughout the 1999 Household Survey is for 1998. Also, as additional data are collected each year's estimate is updated. As a result, values for any given year generally change slightly from one report to the next.

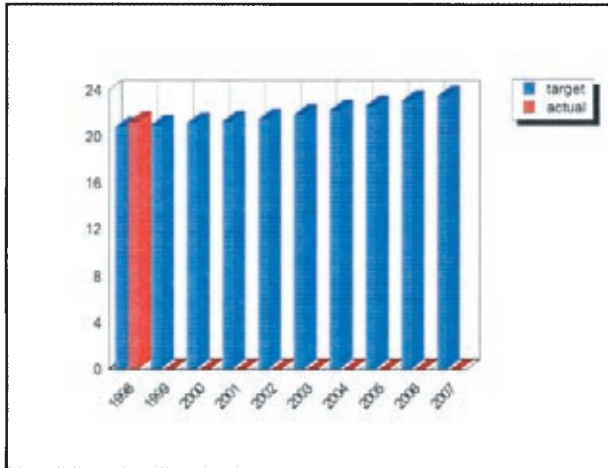
GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Initial age of drug use in youth; average age of first-time heroin use, CY 98-07

Target 2

By 2002, increase the average age for first time drug use by 12 months from the average age of first-time use in 1996. By 2007, increase the average age of first-time drug use by 36 months from the 1996 base year.



Primary Data Source

1999 National Household Survey on Drug Abuse.

Measure 3

Average age of first-time heroin use

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DoD, DOJ, ED

Status

Since 1996, the average age of first-time heroin has remained essentially unchanged.

Because this is a calendar-year-based measure, there is a one-year lag from the year of data collection. Therefore, the last full calendar year of information collected throughout the 1999 Household Survey is for 1998. Also, as additional data are collected each year's estimate is updated. As a result, values for any given year generally change slightly from one report to the next.

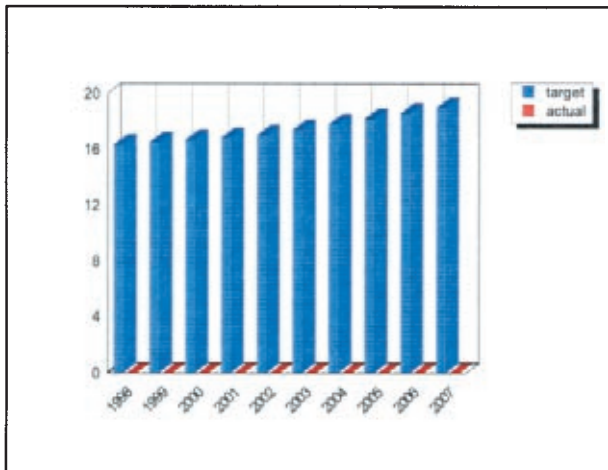
GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Initial age of drug use in youth; average age of first time alcohol use, CY 98-07

Target 2

By 2002, increase the average age for first-time drug use by 12 months from the average age of first time use in 1996. By 2007, increase the average age of first-time drug use by 36 months from the 1996 base year.



Primary Data Source

1999 National Household Survey on Drug Abuse.

Measure 4

Average age of first-time alcohol use

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DoD, DOJ, ED

Status

Since 1996, the average age of first-time use of alcohol has remained essentially unchanged.

Because this is a calendar-year-based measure, there is a one-year lag from the year of data collection. Therefore, the last full calendar year of information collected throughout the 1999 Household Survey is for 1998 although data are not available for this variable in 1998. Also, as additional data are collected each year's estimate is updated. As a result, values for any given year generally change slightly from one report to the next.

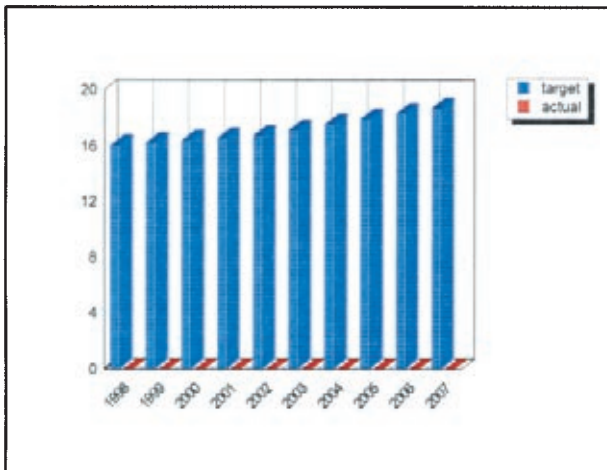
GOAL 1

IMPACT TARGET - Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

Initial age of drug use in youth; average age of first time cigarette use, CY 98-07

Target 2

By 2002, increase the average age for first time drug use by 12 months from the average age of first-time use in 1996. By 2007, increase the average age of first-time drug use by 36 months from the 1996 base year.



Primary Data Source

1999 National Household Survey on Drug Abuse.

Measure 5

Average age of first-time cigarette use

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DoD, DOJ, ED

Status

Since 1996 the average age of first-time cigarette use has remained essentially unchanged.

Because this is a calendar-year-based measure, there is a one-year lag from the year of data collection. Therefore, the last full calendar year of information collected throughout the 1999 Household Survey is for 1998, although data are not available for this variable in 1998. Also, as additional data are collected each year's estimate is updated. As a result, values for any given year generally change slightly from one report to the next.

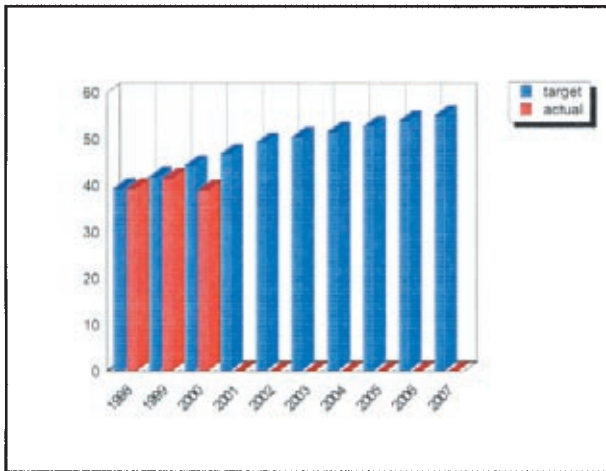
GOAL 1

OBJECTIVE 1: Educate parents and other caregivers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Adult understanding and capacity (percent), CY 98-07

Target 1

By 2002, increase by 25 percent the proportion of adults who have the capacity to help youth reject illegal drug use compared to the 1998 base year. By 2007, increase the proportion by 40 percent over the base year.



Primary Data Source

National Household Survey on Drug Abuse when data from the Parent Experience Module becomes available.

Secondary Data Source(s)

2000 Partnership Attitude Tracking Study (PATS) data from the Partnership for a Drug-Free America (PDFA).

Measure 1

The proportion of adults who disagree somewhat or disagree strongly with such statements as: "I wish I knew better what to say to my child about drugs."

Reporting Agency

HHS

Supporting Agencies

ONDCP, DOJ, DOL, ED

Status

The Federal drug control community developed an action plan to coordinate Federal activities and support community coalitions and law enforcement organizations. The NHSDA was identified to measure progress toward this target. In 1998, the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) added a special module to the NHSDA, the "Parent Experience Module," that contained this question. The question was asked only of those adults who were parents of 12-17-year-old children, at least one of whom was selected to participate in the survey. Because these data come from a special sample of the NHSDA with different selection probabilities from the general household sample, special weights have to be calculated to produce the estimates. Data for 1999 and 2000 from this module are expected in the third quarter of 2001.

Additionally, relevant data for this target also includes the Partnership Attitude Tracking Study (PATS) from the Partnership for a Drug-Free America (PDFA). 1998 PATS data indicate that 39.4 percent of parents disagree with "I wish I knew better what to say to my child about drugs." Data for 1999 (41.5 percent) and 2000 (39 percent) indicate no appreciable change.

The Parent Experience Module for the NHSDA is expected to yield data for 1999 and 2000 in August 2001.

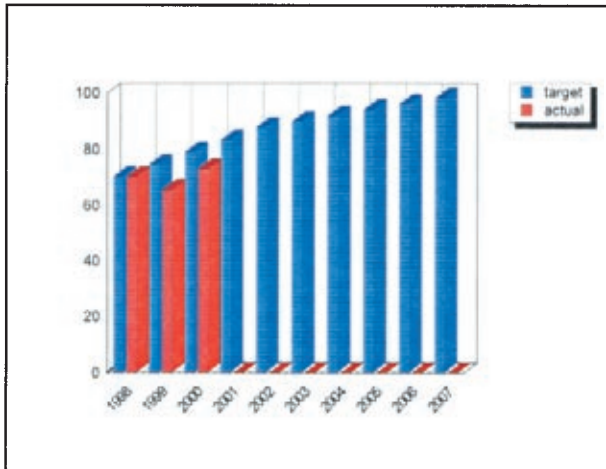
GOAL 1

OBJECTIVE 1: Educate parents and other caregivers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Adult understanding and capacity (percent), CY 98-07

Target 1

By 2002, increase by 25 percent the proportion of adults who have the capacity to help youth reject illegal drug use compared to the 1998 base year. By 2007, increase the proportion by 40 percent over the base year.



Measure 2

The proportion of adults who disagree somewhat or disagree strongly with such statements as: "What I say will have little influence on whether my child uses drugs."

Reporting Agency
HHS

Primary Data Source

National Household Survey on Drug Abuse when data from the Parent Experience Module becomes available.

Secondary Data Source(s)

2000 Partnership Attitude Tracking Study (PATS) data from the Partnership for Drug-Free America (PDFA).

Supporting Agencies
ONDCP, DOJ, DOL, ED

Status

The Federal drug control community developed an action plan to coordinate Federal activities and support community coalitions and law enforcement organizations. The NHSDA was identified to measure progress toward this target. In 1998, the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) added a special module to the NHSDA, the "Parent Experience Module," that contained this question. The question was asked only of those adults who were parents of 12-17-year-old children, at least one of whom was selected to participate in the survey. Because these data come from a special sample of the NHSDA with different selection probabilities from the general household sample, special weights have to be calculated to produce the estimates. Data for 1999 and 2000 from this module are expected in the third quarter of 2001.

Additionally, relevant data for this target also includes the Partnership Attitude Tracking Study (PATS) from the Partnership for a Drug-Free America (PDFA). 1998 PATS data indicate 70.2 percent of parents disagree with "What I say will have little influence on whether my child tries marijuana." Data for 1999 (65.5 percent) and 2000 (73 percent) indicate no appreciable change.

The Parent Experience Module for the NHSDA is expected to yield data for 1999 and 2000 in August 2001.

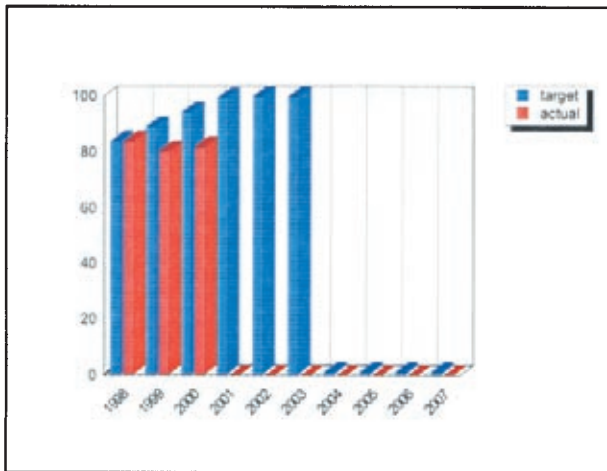
GOAL 1

OBJECTIVE 1: Educate parents and other caregivers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Adult understanding and capacity (percent), CY 98-07

Target 1

By 2002, increase by 25 percent the proportion of adults who have the capacity to help youth reject illegal drug use compared to the 1998 base year. By 2007, increase the proportion by 40 percent over the base year.



Primary Data Source

National Household Survey on Drug Abuse when data from the Parent Experience Module becomes available.

Secondary Data Source(s)

2000 Partnership Attitude Tracking Study (PATS) data from the Partnership for a Drug-Free America (PDFA).

Measure 3

The proportion of adults who disagree somewhat or disagree strongly with such statements as: "Drug education is best handled by schools, not parents."

Reporting Agency

HHS

Supporting Agencies

ONDCP, DOJ, DOL, ED

Status

The Federal drug control community developed an action plan to coordinate Federal activities and support community coalitions and law enforcement organizations. The NHSDA was identified to measure progress toward this target. In 1998, the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) added a special module to the NHSDA, the "Parent Experience Module," that contained this question. The question was asked only of those adults who were parents of 12-17-year-old children, at least one of whom was selected to participate in the survey. Because these data come from a special sample of the NHSDA with different selection probabilities from the general household sample, special weights have to be calculated to produce the estimates. Data for 1999 and 2000 from this module are expected in the third quarter of 2001.

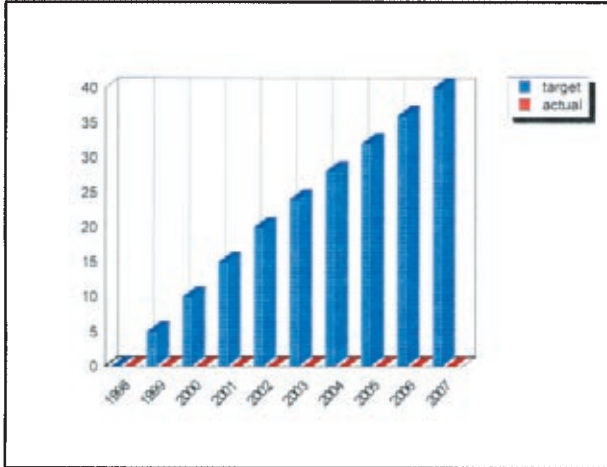
Additionally, relevant data for this target also includes the Partnership Attitude Tracking Study (PATS) from the Partnership for a Drug-Free America (PDFA). 1998 PATS data indicate 83.7 percent of parents disagree with "Drug education is best handled by schools, not parents." Data for 1999 (80.4 percent) and 2000 (82 percent) indicates no appreciable change.

The Parent Experience Module for the NHSDA is expected to yield data for 1999 and 2000 in August 2001.

GOAL 1

OBJECTIVE 1: Educate parents and other caregivers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Change in adults influencing youth, CY 98-07



Primary Data Source

National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Target 2

By 2002, increase by 20 percent the proportion of adults that attempt to influence youth to reject drugs, alcohol, and tobacco over the 1998 base year. By 2007, increase the proportion by 40 percent over the base year.

Measure 1

The proportion of adults that reported (a) having discussed drugs with children thoroughly, and (b) having attempted to persuade them to reject drugs.

Reporting Agency

HHS

Supporting Agencies

DOJ, ED

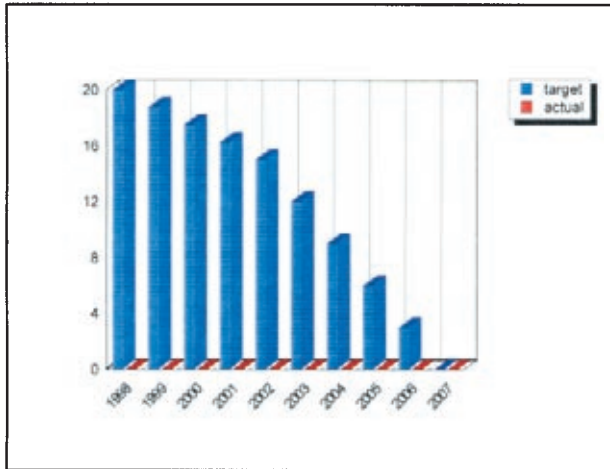
Status

The Federal drug control community developed an action plan to coordinate Federal activities and support States and local communities. Based on the recommendation of the PME working group, this target was modified to focus on "adults" and shift the previous focus on "parents and other adult mentors" to Goal 1, Objective 5 which is already focused on "parenting." The NHSDA was identified as the data source to measure progress toward this target. One or more survey questions to measure this target were projected to be included in the NHSDA starting in 1998, however, ONDCP and SAMHSA determined that further refinement of the questions was necessary. The questions may be ready for inclusion in the 2000 NHSDA. The year 2000 NHSDA will not yield analyzed results until the 2002 PME Report.

GOAL 1

OBJECTIVE 1: Educate parents and other caregivers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Change in adult acceptance rates, CY 98-07



Primary Data Source

National Household Survey on Drug Abuse

Secondary Data Source(s)

None

Target 3

By 2002, reduce by 5 percent the proportion of adult acceptance of illegal drug use as compared to the 1998 base year. By 2007, decrease the rate to at least 20 percent below the base year rate.

Measure 1

The proportion of adult acceptance of illegal drug use.

Reporting Agency

HHS

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to help adults better understand the risks associated with illegal drug use and underage/excessive use of alcohol and tobacco with research-based initiatives. One or more survey questions to measure this target were projected to be included in the NHSDA starting in 1998, however, ONDCP and SAMHSA determined that further refinement of the questions was necessary. The questions may be ready for inclusion in the 2000 NHSDA. The 2000 NHSDA will not yield analyzed results until the 2002 PME Report.

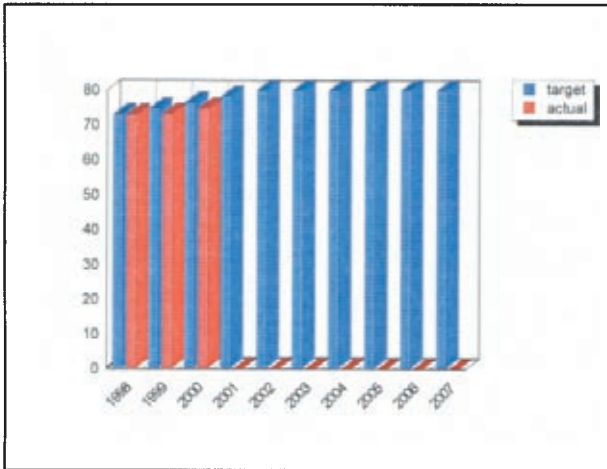
GOAL 1

OBJECTIVE 1: Educate parents and other caregivers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Change in adult acceptance rates, CY 98-07

Target 3

By 2002, reduce by 5 percent the proportion of adult acceptance of illegal drug use as compared to the 1998 base year. By 2007, decrease the rate to at least 20 percent below the base year rate.



Primary Data Source

National Household Survey on Drug Abuse

Reporting Agency

HHS

Measure 1

The proportion of adult acceptance of illegal drug use.

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to help adults better understand the risks associated with illegal drug use and underage/excessive use of alcohol and tobacco with research-based initiatives. One or more survey questions to measure this target were projected to be included in the NHSDA starting in 1998, however, ONDCP and SAMHSA determined that further refinement of the questions was necessary. The questions may be ready for inclusion in the 2000 NHSDA. The 2000 NHSDA will not yield analyzed results until the 2002 PME Report.

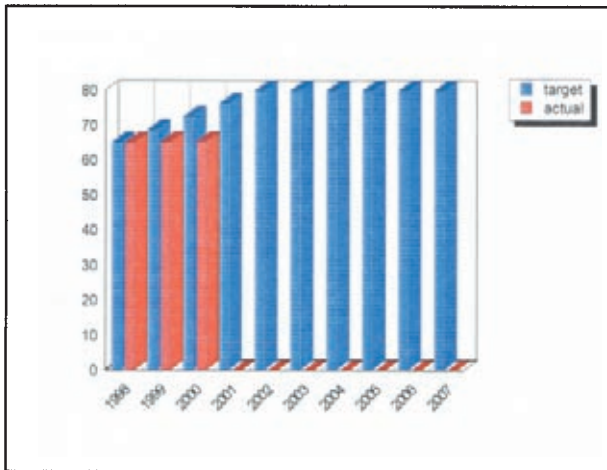
GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent of youth perceiving risk in using cocaine regularly, CY 98-07

Target 1

By 2002, increase to 80 the percentage of youth who perceive that regular use of illegal drugs, alcohol, and tobacco is harmful and maintain this rate through 2007.



Primary Data Source

2000 Monitoring the Future Study.

Measure 2

The percent of youth (8th graders as a proxy) who report great risk in occasional cocaine use.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco. The percentage of youth (8th graders) that report great risk in occasional cocaine use in the Monitoring the Future Study data was relatively unchanged compared to the 1998 baseline.

Note that the focus of the ONDCP National Youth Anti-Drug Media Campaign is, by design, on the entry level substances of marijuana and inhalents.

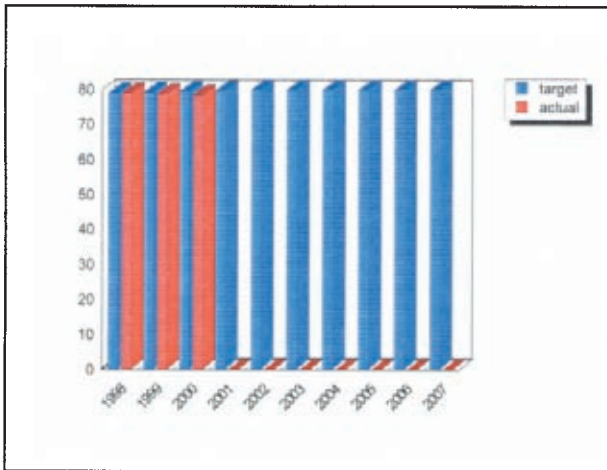
GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent of youth perceiving risk in using heroin regularly, CY 98-07

Target 1

By 2002, increase to 80 the percentage of youth who perceive that regular use of illegal drugs, alcohol, and tobacco is harmful and maintain this rate through 2007.



Primary Data Source

2000 Monitoring the Future Study.

Measure 3

The percent of youth (8th graders as a proxy) who report great risk in occasional (non-injection) heroin use.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco. The percentage of youth (8th graders) that report great risk in occasional heroin use in the Monitoring the Future Study data was relatively unchanged compared to the 1998 baseline.

Note that the focus of the ONDCP National Youth Anti-Drug Media Campaign is, by design, on the entry level substances of marijuana and inhalents.

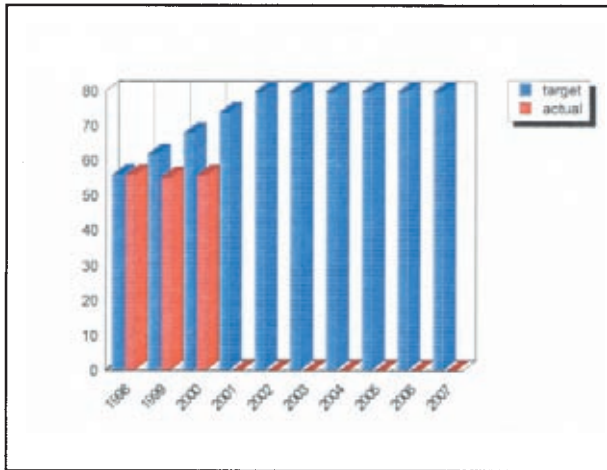
GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent of youth perceiving risk in heavy drinking each weekend, CY 98-07

Target 1

By 2002, increase to 80 the percentage of youth who perceive that regular use of illegal drugs, alcohol, and tobacco is harmful and maintain this rate through 2007.



Primary Data Source

2000 Monitoring the Future Study.

Measure 4

The percent of youth (8th graders as a proxy) who report great risk in five or more drinks once or twice each weekend.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to inform youth, families and other adult influencers of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco. The percentage of youth (8th graders) that report great risk in five or more drinks once or twice each weekend in the Monitoring the Future Study data is essentially unchanged relative to the 1998 baseline.

Note that the focus of the ONDCP National Youth Anti-Drug Media Campaign is, by design, on the entry level substances of marijuana and inhalents.

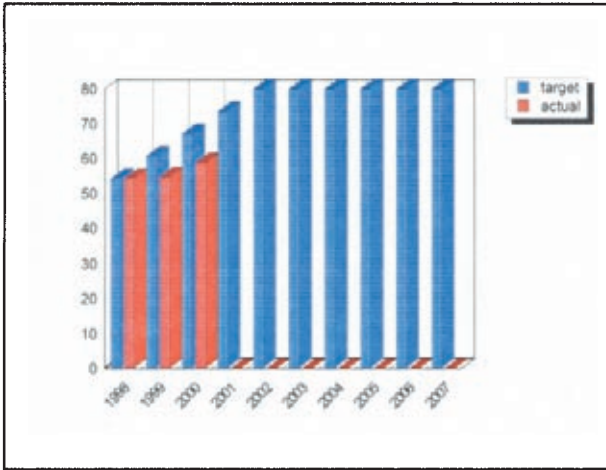
GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent of youth perceiving risk in smoking cigarettes daily, CY 98-07

Target 1

By 2002, increase to 80 the percentage of youth who perceive that regular use of illegal drugs, alcohol, and tobacco is harmful and maintain this rate through 2007.



Primary Data Source

2000 Monitoring the Future Study.

Measure 5

The percent of youth (8th graders as a proxy) who report great risk in smoking one or more packs of cigarettes per day.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to inform youth, families and other adult influencers of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco. The percentage of youth (8th graders) that report great risk in smoking one or more packs of cigarettes per day in the Monitoring the Future Study data showed a favorable and statistically significant increase relative to the 1998 baseline.

Note that the focus of the ONDCP National Youth Anti-Drug Media Campaign is, by design, on the entry level substances of marijuana and inhalents.

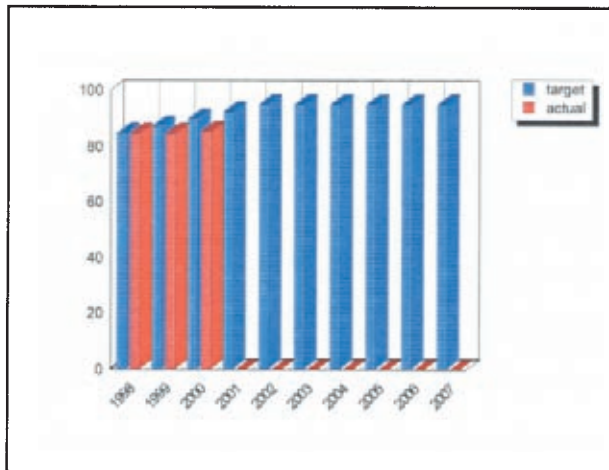
GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent of youth disapproving of regular marijuana use, CY 98-07

Target 2

By 2002, increase to 95 the percentage of youth who disapprove of illegal drugs, alcohol, and tobacco use and maintain this rate through 2007.



Primary Data Source

2000 Monitoring the Future Study.

Measure 1

The percent of youth (8th graders as a proxy) who report disapproval of regular marijuana use.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco. The percentage of youth (8th graders) that report disapproval of regular marijuana use in the Monitoring the Future Study data was essentially unchanged relative to the 1998 baseline.

Note that the focus of the ONDCP National Youth Anti-Drug Media Campaign is, by design, on the entry level substances of marijuana and inhalents.

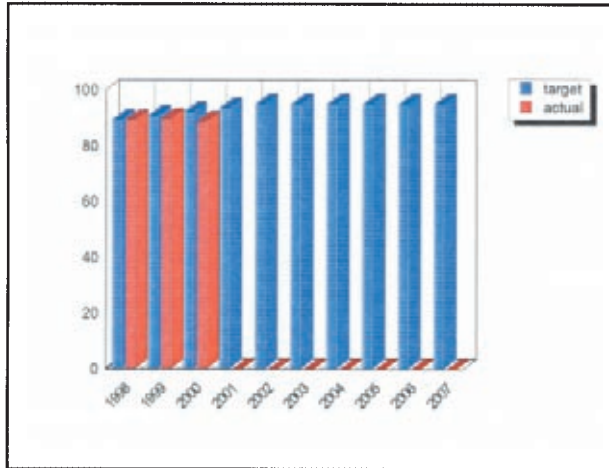
GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent of youth disapproving of regular cocaine use, CY 98-07

Target 2

By 2002, increase to 95 the percentage of youth who disapprove of illegal drugs, alcohol, and tobacco use and maintain this rate through 2007.



Primary Data Source

2000 Monitoring the Future Study.

Measure 2

The percent of youth (8th graders as a proxy) who report disapproval of occasional cocaine use.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco. The percentage of youth (8th graders) that report disapproval of occasional cocaine use in the Monitoring the Future Study data was essentially unchanged relative to the 1998 baseline.

Note that the focus of the ONDCP National Youth Anti-Drug Media Campaign is, by design, on the entry level substances of marijuana and inhalents.

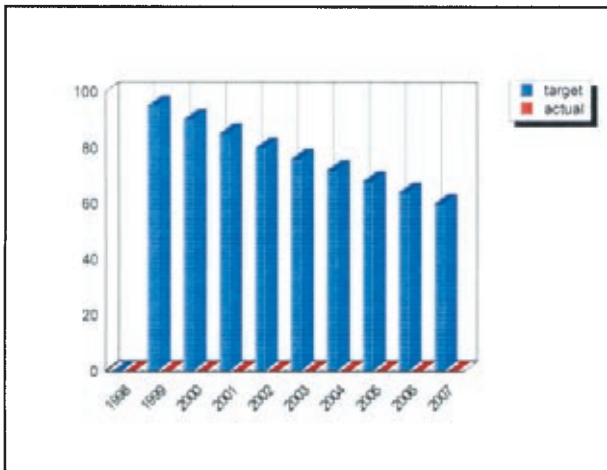
GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent of youth disapproving of occasional non-injection heroin use, CY 98-07

Target 2

By 2002, increase to 95 the percentage of youth who disapprove of illegal drugs, alcohol, and tobacco use and maintain this rate through 2007.



Measure 3

The percent of youth (8th graders as a proxy) who report disapproval of occasional non-injection heroin use.

Primary Data Source

2000 Monitoring the Future Study.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco. The percentage of youth (8th graders) that report disapproval of occasional non-injection heroin use in the Monitoring the Future Study data is essentially unchanged relative to the 1998 baseline.

Note that the focus of the ONDCP National Youth Anti-Drug Media Campaign is, by design, on the entry level substances of marijuana and inhalents.

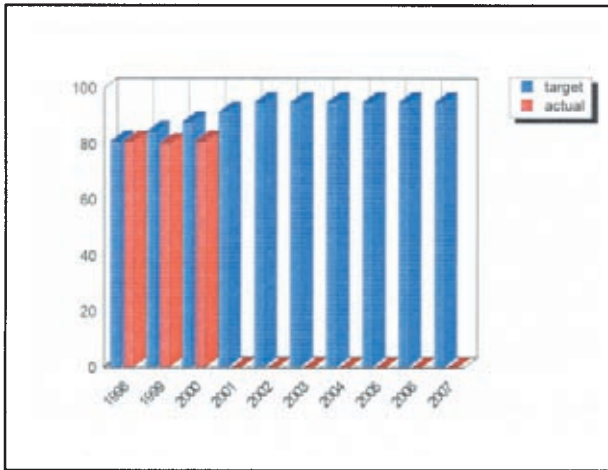
GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent of youth disapproving of regular heavy weekend drinking, CY 98-07

Target 2

By 2002, increase to 95 the percentage of youth who disapprove of illegal drugs, alcohol, and tobacco use and maintain this rate through 2007.



Primary Data Source

2000 Monitoring the Future Study.

Measure 4

The percent of youth (8th graders as a proxy) who report disapproval of five or more drinks once or twice each weekend.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco. The percentage of youth (8th graders) that report disapproval of five or more drinks once or twice each weekend in the Monitoring the Future Study data is essentially unchanged relative to the 1998 baseline.

Note that the focus of the ONDCP National Youth Anti-Drug Media Campaign is, by design, on the entry level substances of marijuana and inhalents.

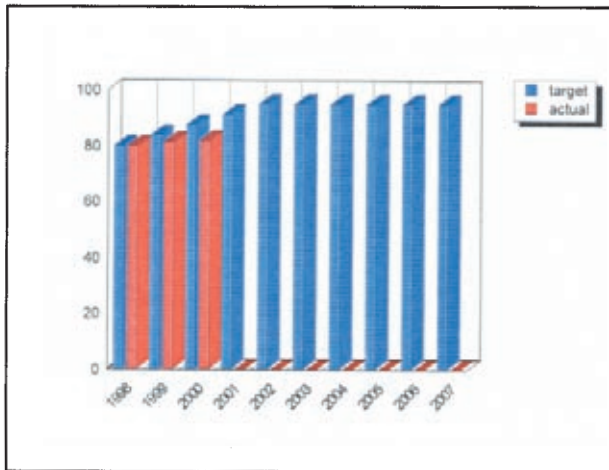
GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent of youth disapproving of smoking one or more packs of cigarettes daily, CY 98-07

Target 2

By 2002, increase to 95 the percentage of youth who disapprove of illegal drugs, alcohol, and tobacco use and maintain this rate through 2007.



Primary Data Source

2000 Monitoring the Future Study.

Reporting Agency

HHS

Secondary Data Source(s)

None

Measure 5

The percent of youth (8th graders as a proxy) who report disapproval of smoking one pack of cigarettes per day.

Supporting Agencies

DOJ, ED

Status

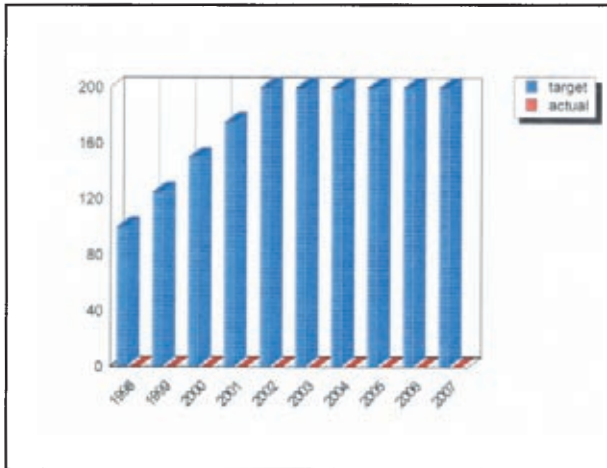
The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco. The percentage of youth (8th graders) that report disapproval of smoking one pack of cigarettes per day in the Monitoring the Future Study data suggests a positive increase relative to the 1998 baseline (the change from 1999 to 2000 reflects a statistically insignificant change).

Note that the focus of the ONDCP National Youth Anti-Drug Media Campaign is, by design, on the entry level substances of marijuana and inhalents.

GOAL 1

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Percent change in youth TV viewing hours of anti-drug messages, CY 98-07



Primary Data Source

ONDCP National Youth Anti-Drug Media Campaign.

Secondary Data Source(s)

None

Target 3

By 2002, double the number of TV viewing hours that focus on anti-drug messages, as compared to the 1998 base year, and maintain that level through 2007.

Measure 1

The number of TV viewing hours by youth that focus on anti-drug messages

Reporting Agency

ONDCP

Supporting Agencies

HHS

Status

The Federal drug control community convened a meeting in January 2001 to address concerns regarding this target and to draft appropriate changes for interagency review. From this meeting acceptable baseline concepts, criteria for tracking progress, and possible changes to the target itself were outlined.

ONDCP conducted an analysis of broadcast television content that measured portrayals of drug use in prime time programming, and other popular programs with youth. The study revealed that relatively few, approximately three percent of episodes, portray drug abuse with most of these showing negative consequences of such use.

Overall, the anti-drug content focus in broadcast television appears to be rising due to Media Campaign and other federal and private sector efforts. These efforts address both program content and anti-drug advertising. The Media Campaign's pro bono match yielded substantial media weight; the resulting anti-drug messages and themes in show content tend to result in more time devoted to the anti-drug theme than possible from a 30 second advertisement. In addition, the inclusion of anti-drug themes in show content tends to increase message credibility because it comes from a celebrity or popular and respected character on the program.

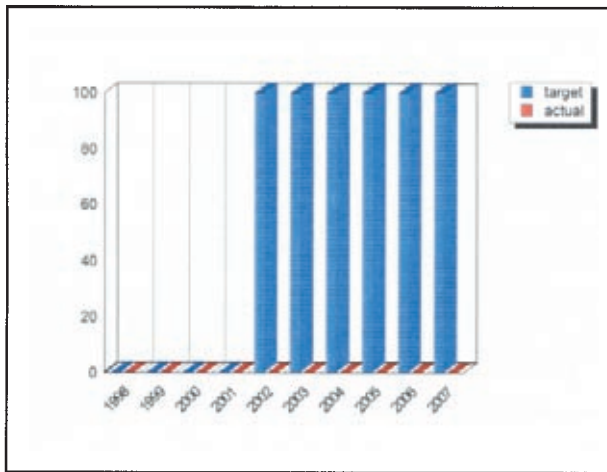
GOAL 1

OBJECTIVE 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Percent of school districts with zero tolerance drug and alcohol policies, CY 98-02

Target 1

By 2002, all schools and school districts will have zero tolerance policies concerning the use of illegal drugs, alcohol, and tobacco by youth.



Primary Data Source

School Health Policies and Programs Study (SHPPS). This study is currently being conducted every six years.

Secondary Data Source(s)

None

Measure 1

The proportion of public and private schools that have published a zero tolerance drug abuse and alcohol policy for students.

Reporting Agency

HHS

Supporting Agencies

BIA, DoD, DOL, DOT, ED, DOJ (OJJDP)

Status

In 1995, the last year the SHPPS study was conducted, it was found that 97 percent of all school districts had some form of written policy regarding tobacco, alcohol, and drug use by students. The Department of Education (ED) is encouraging the use of comprehensive approaches through its program Safe Schools, Healthy Students. This program is being tested in 70 comprehensive sites nationally.

Data is collected in six year intervals. Because data is not available or projected to be available, interim targets are not shown in the above chart.

The intent of this target is for school districts to adopt zero tolerance policies for illegal drugs, alcohol, and tobacco use by youth on school property at all times. ONDCP continues to work with the Department of Health and Human Services to identify possible alternative data sources.

The 2000 SHPPS study is underway and results will be released in 2001, after this report goes to press for publication.

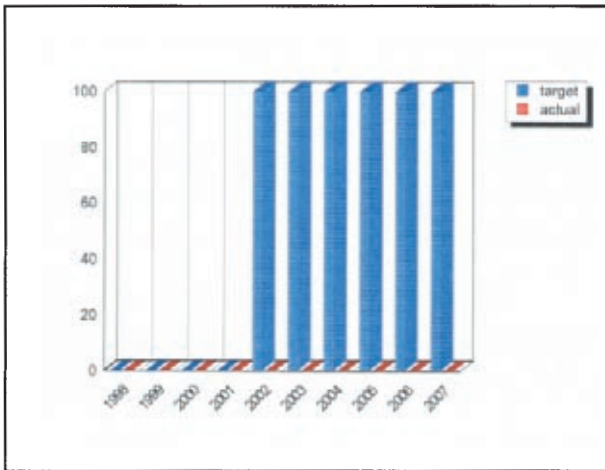
GOAL 1

OBJECTIVE 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Percent of school districts with zero tolerance tobacco policies, CY 98-02

Target 1

By 2002, all schools and school districts will have zero tolerance policies concerning the use of illegal drugs, alcohol, and tobacco by youth.



Measure 2

The proportion of public and private schools that have published a zero tolerance tobacco policy for students.

Primary Data Source

School Health Policies and Programs Study (SHPPS). This study is currently being conducted every six years.

Reporting Agency
HHS

Secondary Data Source(s)
None

Supporting Agencies
BIA, DoD, DOL, DOT, ED, DOJ (OJJDP)

Status

In 1995, SHPPS found that 97 percent of all school districts had some form of written policy regarding tobacco, alcohol, and drug use by students. The intent of this target is for school districts to adopt zero tolerance policies for illegal drugs, alcohol, and tobacco use by youth on school property at all times.

Data is collected in six year intervals. Because data is not available or projected to be available, interim targets are not shown in the above chart.

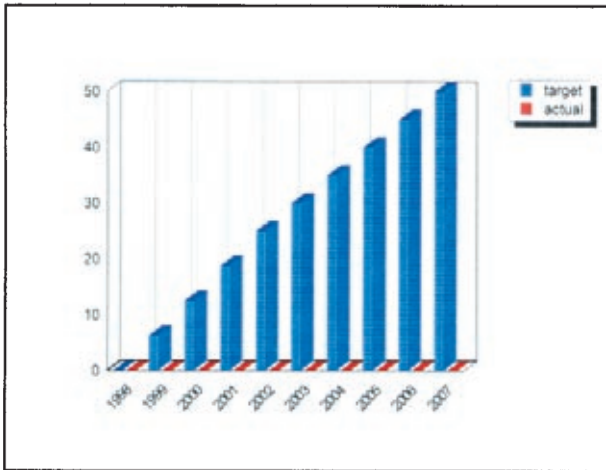
The U.S. Department of Education, Safe and Drug-Free Schools and Communities Program issues the annual report on school safety in cooperation with the U.S. Department of Justice. Data in this report discusses the decline in school crime and the efforts to focus on community collaborations that create safe and drug-free learning environments for all students.

ONDCP continues to work with the Department of Health and Human Services, the Department of Education, and other federal agencies to identify possible alternative data sources. The 2000 SHPPS study is underway and results will be released in 2001, after this report goes to press for publication.

GOAL 1

OBJECTIVE 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Percent of communities with zero tolerance youth drug abuse policies, CY 98-07



Primary Data Source

To be determined.

Secondary Data Source(s)

None

Target 2

By 2002, increase by 25 percent over the 1998 base year the proportion of designated communities (as determined by an interagency group) that have developed, through broad-based participation (parents, businesses, and community groups), publicly stated and written zero tolerance drug abuse policies for youth. By 2007, increase the proportion to at least 50 percent over the 1998 base year.

Measure 1

Proportion of designated communities that have published zero tolerance drug abuse policies for youth.

Reporting Agency

HHS

Supporting Agencies

BIA, DoD, DOL, DOT, ED, DOJ (OJJDP)

Status

The Federal drug control community developed an action plan to help persuade States, counties, communities, and national organizations to develop drug abuse policies. A reliable data source for this measure has not yet been determined. The Safe Schools and Healthy Students initiative examines cooperative methods of promoting safe, disciplined, and drug-free schools and communities. ONDCP continues to work with the Department of Health and Human Services and relevant supporting agencies to identify an appropriate data source and administrative records to obtain data that will effectively measure this target.

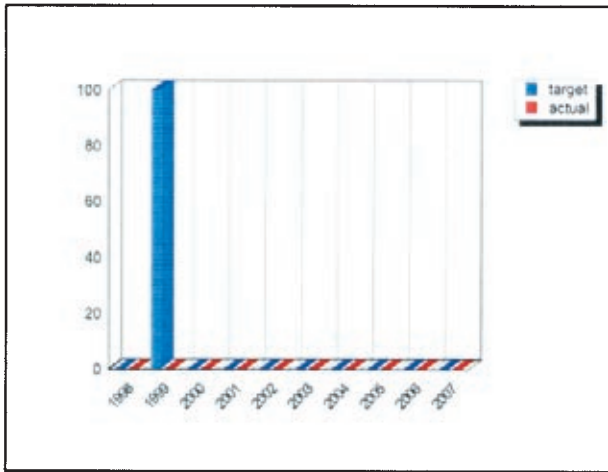
GOAL 1

OBJECTIVE 4: Provide students in grades K-12 with alcohol, tobacco, and drug prevention programs and policies that are research based.

By 1999 establish criteria for effective programs and policies, percent completed, CY 99

Target 1

By 1999, establish criteria to determine whether school districts have implemented research-based drug, alcohol, and tobacco prevention programs and policies.



Primary Data Source

Measure 1

Criteria established to determine whether school districts have effectively implemented research-based drug, alcohol, and tobacco prevention programs and policies.

Reporting Agency
HHS, ED

Secondary Data Source(s)
None

Supporting Agencies
DOJ

Status

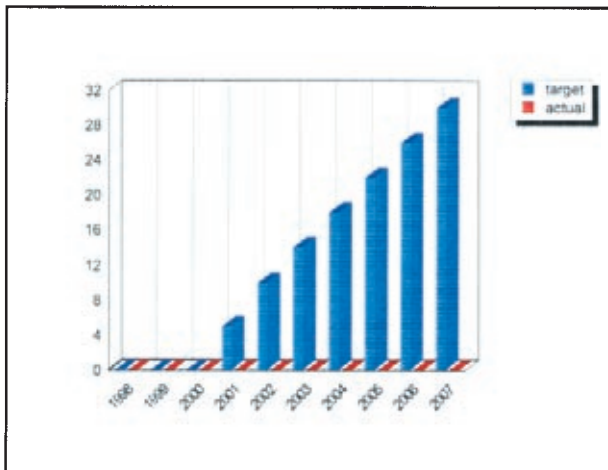
The Department of Education's Safe and Drug-Free Schools Program convened an expert panel to search for the best programs regarding safe, disciplined, and drug-free schools. They identified nine exemplary and 33 promising programs. The Department of Education will publish and disseminate information about these programs and encourage their use in new sites. Models are selected based on rigorous criteria that judges evidence of program effectiveness. The panel completed its current review cycle and its publication is expected in early 2001, after this report goes to press for publication.

For this milestone measure, the progress reflected in the above chart reflects a subjective assessment toward completion of this milestone target and is subject to future revision.

GOAL 1

OBJECTIVE 4: Provide students in grades K-12 with alcohol, tobacco, and drug prevention programs and policies that are research based.

Percentage of school districts with research-based prevention programs and policies, CY 00-07



Primary Data Source

Department of Education's "Progress in Prevention: Report on the National Study of Local Education Agency Activities Under the Safe and Drug-Free Schools and Communities Act"

Secondary Data Source(s)

None

Target 2

By 2002, increase the proportion of school districts that have implemented research-based drug, alcohol, and tobacco prevention programs and policies by 10 percent compared to the 2000 base year percentage. By 2007, increase the proportion to at least 30 percent over the base year.

Measure 1

The proportion of school districts that have implemented research-based drug, alcohol, and tobacco prevention programs and policies.

Reporting Agency

DOED, HHS

Supporting Agencies

DOJ

Status

Lead prevention agencies working with ONDCP, including the Department of Education, compiled key evidence-based principles of drug prevention. This resulted in 15 principles of prevention that were disseminated in September, 2000. These provide a guidepost for schools and communities to determine the extent to which their local programs and policies are consistent with federal evidence-based principles founded in research. Data regarding the extent to which schools need to modify current practices will be available in 2001, after this report is published.

The Robert Wood Johnson Foundation conducted a study and reported in November, 2000, that schools were hampered by training and technical assistance costs to ensure the adequate or full implementation of prevention programs. Also, schools often need added assistance in evaluating their specific needs and matching the appropriate program model to address those needs.

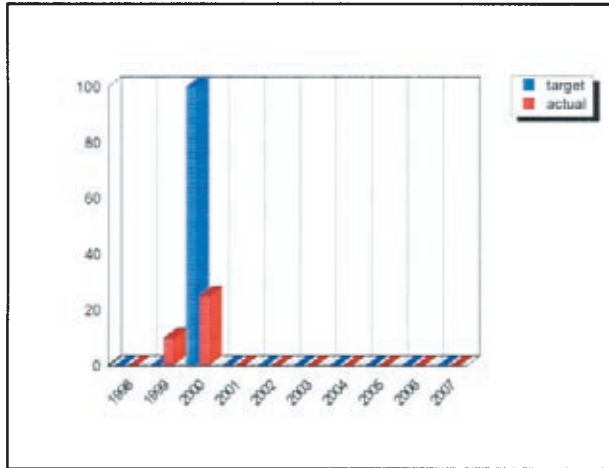
GOAL 1

OBJECTIVE 5: Support parents and adult mentors in encouraging youth to engage in positive, health lifestyles and modeling behavior to be emulated by young people.

By 2000, develop a national mentoring program proposal, percent completed, CY 99-00

Target 1

By 2000, develop a national program proposal, building on existing efforts, for promoting growth in the number of mentors as well as mentoring organizations.



Primary Data Source

TBD

Measure 1

Status of program proposal, the organizational infrastructure, and the action agenda that will be used to maximize the impact of a nationwide program.

Reporting Agency

HHS

Secondary Data Source(s)

Interagency working group on mentoring.

Supporting Agencies

DOJ (OJJDP), HHS (ACF), ED, HUD, DOL, Corporation for National and Community Service plus Civic Alliance and private foundations.

Status

An interagency working group convened to review the validity of the targets, measures, and action plans to fulfill this objective. Recommendations were made to expand the understanding of types of mentors and mentoring organizations, and the needs of parents that must be satisfied to promote good parenting, and gaps in services and outreach to parents. The working group included federal, state, local, and private sector representatives that discussed options, clarified responsibilities, assessed resources, and charted out future actions via national action plans. This "nationalizing" meeting focused on integrating federal efforts with those at state and lower levels and served to expand the network of organizations working toward fostering good mentoring of our nation's youth. The group outlined the key duties that could be accomplished by an existing or expanded national mentoring association, training qualifications for mentors engaged in substance abuse issues, and potential sources of funding. The group will continue to monitor the accomplishment of the actions assigned, calibrate the action plans as needed, seek resources, and report on the impact of events on possible target achievement. A sub-set of attendees will provide follow-up to ensure stakeholders' continue commitment to the national plan, as well as further refine the plan to reflect budgets, changes in the drug problem, and progress toward target-achievement.

For this milestone measure, the cumulative progress reflected in the above chart reflects a subjective assessment and is subject to future revision.

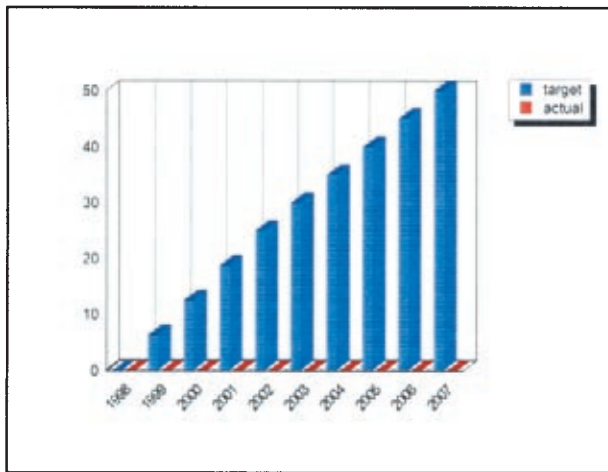
GOAL 1

OBJECTIVE 5: Support parents and adult mentors in encouraging youth to engage in positive, health lifestyles and modeling behavior to be emulated by young people.

By 2002 implement a national mentoring program, percent increase, CY 98-07

Target 2

By 2002, implement this program at a level sufficient to increase by 25 percent, over a 1998 base year, the number of organizations that provide training to adult mentors of children aged 17 and under. By 2007, increase this proportion by 50 percent over the number in the base year.



Primary Data Source

To be determined.

Measure 1

The number of organizations that provide training to adults involved in mentoring children aged 17 and under.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ (OJJDP), HHS (ACF), ED, HUD, DOL, Corporation for National and Community Service plus Civic Alliance and private foundations.

Status

The PME working group developed a revised action plan to review existing mentoring training and family strengthening (parenting) programs and their infrastructures, identify successful programs and models, and identify funding and legislative supports. Based on the recommendation of the PME working group, this target was modified to focus on "mentoring" and shift the previous focus on "parenting" to two new targets (3 and 4) in this Objective. Through implementation of a National Mentoring Program, Federal agencies plan to increase the number of adults trained in mentoring children in substance abuse prevention. The baseline and data source to measure progress will be the administrative records of the agency responsible for implementation of the program. Progress toward achievement of this target is being facilitated by working through national parenting and mentoring organizations. Through the Center for Substance Abuse Prevention's (CSAP's) Parenting IS Prevention (PIP) Initiative, significant collaboration efforts have been made with major parenting organizations such as the Child Welfare League of America, Parents Without Partners International, The National Council on Family Relations, and the Head Start Association. As a result, these organizations are offering training and other resources to their members. In addition, in both the Parenting and Mentoring areas, the Prevention Through Service Civic Alliance has been used to reach parents and mentors through civic organizations. Mentoring organizations currently working with the Federal effort include the Boys and Girls Club of America, Big Brothers/Big Sisters of America, National Indian Youth Leadership Development Project, California Mentor Initiative, 100 Black Men of America, and the National Mentoring Partnership.

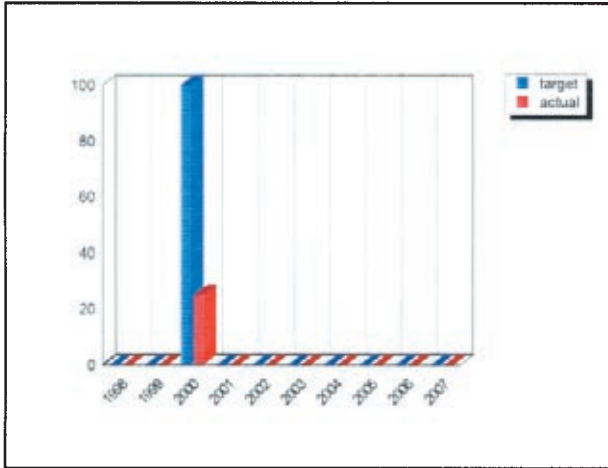
GOAL 1

OBJECTIVE 5: Support parents and adult mentors in encouraging youth to engage in positive, health lifestyles and modeling behavior to be emulated by young people.

By 2000 develop a family strengthening (parenting) program, percent completed, CY 00

Target 3

By 2000, develop a national family strengthening (parenting) program proposal, building on existing efforts, for promoting growth in the number of trained parents as well as family strengthening (parenting) organizations.



Primary Data Source

Measure 1

Status of the program proposal, the organizational infrastructure and the action agenda that will be used to maximize the impact of a nationwide program.

Reporting Agency
HHS

Secondary Data Source(s)
None

Supporting Agencies

Status

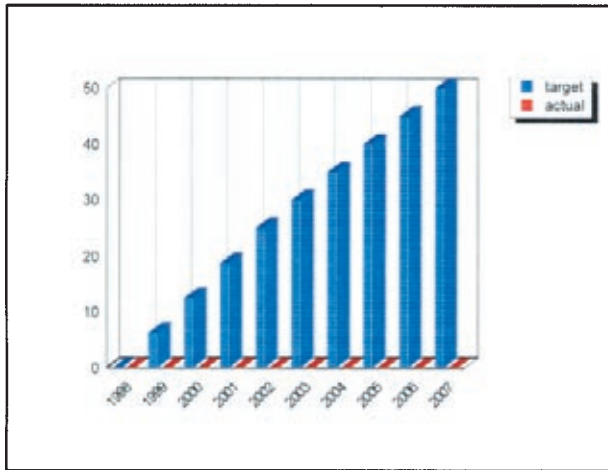
An interagency working group convened to review the validity of the targets, measures, and action plans to fulfill this objective. Recommendations were made to expand the understanding of types of parenting/family situations, the needs of parents that must be satisfied to promote good parenting, and gaps in services and outreach to parents. The working group included federal, state, local, and private sector representatives that discussed options, clarified responsibilities, assessed resources, and charted out future actions via national action plans. This "nationalizing" meeting focused on integrating federal efforts with those at state and lower levels and served to expand the network of organizations working toward fostering good parenting of our nation's youth. The working group reviewed the Federal Action Plan for implementing the targets, assigned responsibility by sectors, and determined timelines. The groups will continue to monitor the accomplishment of the actions assigned, calibrate the action plans as needed, seek resources, and report on the impact of events on possible target achievement. A sub-set of attendees will provide follow-up to ensure stakeholders continue commitment to the national plan, as well as further refine the plan to reflect budgets, changes in the drug problem, and progress toward target-achievement.

For this milestone measure, the cumulative progress reflected in the above chart reflects a subjective assessment and is subject to future revision.

GOAL 1

OBJECTIVE 5: Support parents and adult mentors in encouraging youth to engage in positive, health lifestyles and modeling behavior to be emulated by young people.

By 2002 implement a family strengthening (parenting) program, percent increase, CY 98-07



Primary Data Source

To be determined.

Secondary Data Source(s)

None

Target 4

By 2002, implement this program at a level sufficient to increase by 25 percent, over a 1998 base year, the number of organizations that provide substance abuse prevention training to parents of children aged 17 and under. By 2007, increase this proportion by 50 percent over the number in the base year.

Measure 1

The number of organizations that provide substance abuse prevention training to parents of children aged 17 and under.

Reporting Agency

HHS

Supporting Agencies

DOJ (OJJDP), HHS (ACF), ED, HUD, DOL, Corporation for National Service plus Civic Alliance and private foundations.

Status

An interagency workgroup reviewed a number of recognized high-quality family strengthening programs. Through interagency agreements with ONDCP, the DHHS, SAMHSA (CSAP), and other federal partners, a range of efforts are being implemented to organize, train, motivate and raise the awareness of parents to such programs to assist them in helping children and youth remain drug-free. These efforts include reaching parents at home, through their children's schools, through places of worship, media campaigns, accessible media formats, community events, organizations, and the workplace.

ONDCP, SAMHSA, in collaboration with the Office of Juvenile Justice and Delinquency Prevention and the Child Welfare League of America developed a three part initiative to help develop innovative and effective approaches for the prevention of substance abuse involving parents. Using CSAP's core measures, standardized process and outcome evaluations will be conducted to determine the effectiveness of a variety of science-based best practices and whether certain programs can be replicated with reasonable fidelity so they still get positive results with diverse populations. Through the SAMHSA's Strengthening America's Families, 34 research-based family strengthening model programs were identified. The Strengthening Families Program will assist local communities to deliver effective parenting and family information; will document the decision-making processes for the selection and testing of interventions in community settings; and determine the impact of the interventions on the target families. Parent groups and the Parenting IS Prevention (PIP) program will help CSAP target best practices and disseminate that information to parents.

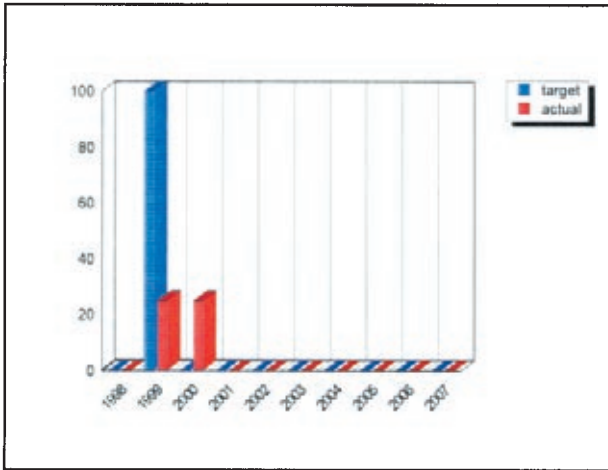
GOAL 1

OBJECTIVE 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.

Develop Coalition Directory, percent completed, CY 99-00

Target 1

By 1999, publish a national inventory of anti-drug community-based coalitions.



Primary Data Source

TBD

Measure 1

Publication of a national inventory of anti-drug community-based coalitions and partnerships

Reporting Agency

ONDCP

Secondary Data Source(s)

Developed from ONDCP-sponsored studies.

Supporting Agencies

HHS, DOJ (DEA, BJA, OJJDP), ED, HUD

Status

ONDCP is currently in the process of competing a new contract to produce the directory. An unpublished draft directory was produced last year, which will contribute to the development of the final version. It is anticipated that the directory will be available within a year, with updates produced annually.

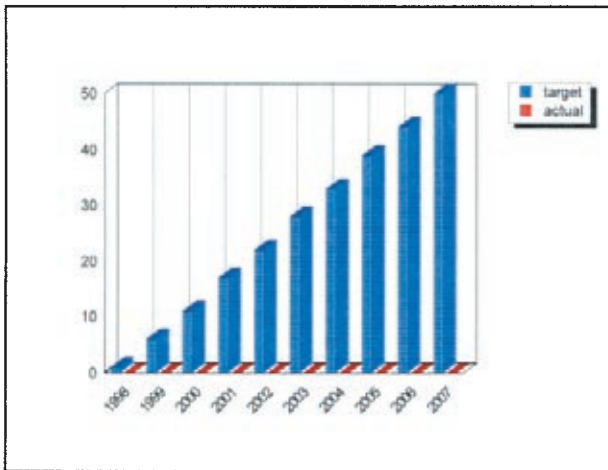
GOAL 1

OBJECTIVE 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.

Percent change in communities with funded coalitions, CY 99-07

Target 2

By 2007, increase by 50 percent the number of communities with comprehensive anti-drug coalitions funded publicly or privately as compared to the 1999 base year.



Measure 1

Percentage of communities with comprehensive anti-drug coalitions funded publicly or privately

Primary Data Source

ONDCP in coordination with the Community Anti-Drug Coalitions of American (CADCA). Other consultants may also contribute.

Reporting Agency

ONDCP

Secondary Data Source(s)

None

Supporting Agencies

HHS, DOJ (BJA, OJJDP), DOC, DOL, DOT, ED, HUD

Status

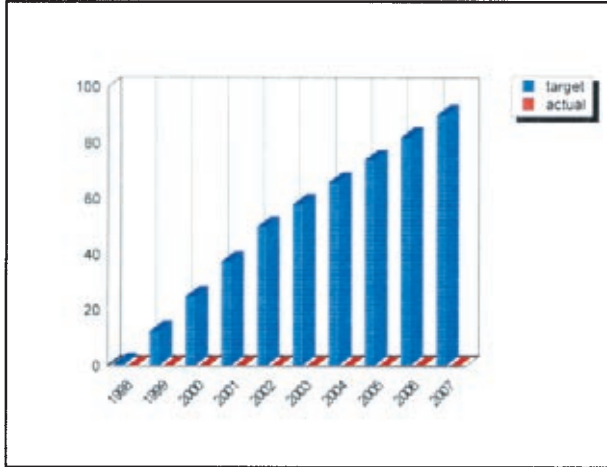
The Federal drug control community developed an action plan to identify and disseminate critical characteristics of effective, comprehensive, coalition models and coordinate Federal, State, and private efforts to support comprehensive community coalitions.

ONDCP is currently in the process of competing a new contract to produce the directory. An unpublished draft directory was produced last year, which will contribute to the development of the final version. It is anticipated that the directory will be available within a year, with updates produced annually.

GOAL 1

OBJECTIVE 7: Create partnerships with the media, entertainment industry, and professional sports organizations to avoid the glamorization, condoning, or normalization of illegal drugs and the use of alcohol and tobacco by youth.

Percent increase in partnerships with media organizations, CY 98-07



Primary Data Source

ONDCP National Youth Anti-Drug Media Campaign.

Secondary Data Source(s)

None

Target 1

By 2002, establish partnerships with 50 percent of major media, entertainment, and professional sports organizations to avoid glamorizing, condoning, or legitimizing the use of illegal drugs, alcohol, and tobacco. By 2007, partnerships with 90 percent of each organizational type will be established.

Measure 1

Percentage of major entertainment organizations that avoid glamorizing, condoning or normalizing the use of illegal drugs, alcohol, and tobacco.

Reporting Agency

ONDCP

Supporting Agencies

HHS, DOJ, ED

Status

ONDCP's National Youth Anti-Drug Media Campaign includes initiatives to forge partnerships with key organizations and was fully implemented in the year 2000.

The Media Campaign continues to develop additional partnerships. Significant national partners include the Partnership for Drug Free America, the Ad Council, and the American Advertising Federation. In addition, many advertising agencies that supply the advertising and related services have donated their best creative efforts. ABC, CBS, NBC, Fox, and Warner Brothers Network all have created their own anti-drug advertisements, many of which involve celebrities. Other key national media include the New York Times through its Newspapers in Education program, USA Today, Cable in the Classroom, Channel One, and the National Education Association, as well as industry-specific media such as the Hollywood Reporter. Note that the marketplace for media and related organizations is dynamic; many such organizations are bought and sold each year and high turnover among key executives makes sustaining partnerships difficult.

The federal drug control community convened a meeting in January 2001 that addressed concerns regarding this target and which drafted appropriate changes for interagency review. The objective is to develop an appropriate baseline, criteria for tracking progress, and specific changes to the target itself.

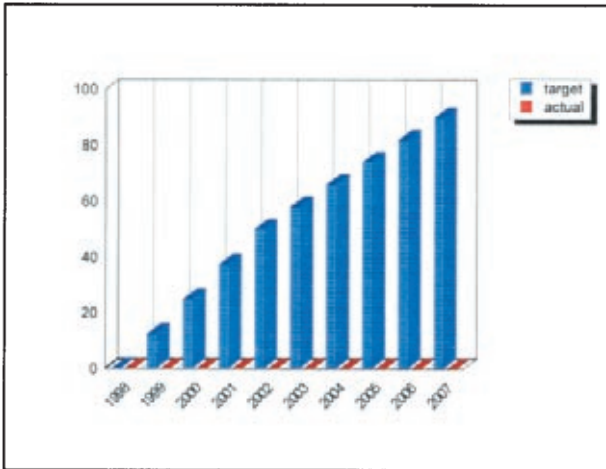
GOAL 1

OBJECTIVE 7: Create partnerships with the media, entertainment industry, and professional sports organizations to avoid the glamorization, condoning, or normalization of illegal drugs and the use of alcohol and tobacco by youth.

Percent increase in partnerships with entertainment organizations, CY 98-07

Target 1

By 2002, establish partnerships with 50 percent of major media, entertainment, and professional sports organizations to avoid glamorizing, condoning, or legitimizing the use of illegal drugs, alcohol, and tobacco. By 2007, partnerships with 90 percent of each organizational type will be established.



Measure 2

Percentage of major entertainment organizations that avoid glamorizing, condoning or normalizing the use of tobacco, alcohol, and illegal drugs

Reporting Agency
ONDCP

Primary Data Source

ONDCP National Youth Anti-Drug Media Campaign.

Secondary Data Source(s)

None

Supporting Agencies

HHS, DOJ, DOT, ED

Status

ONDCP's National Youth Anti-Drug Media Campaign includes initiatives to forge partnerships with key organizations and was fully implemented in the year 2000.

The Media Campaign continues to develop additional partners with key entertainment organizations. Interactive work with Sony Pictures Digital Entertainment and other high-profile organizations helps establish credibility and reach to youth audiences. Major celebrities such as Lauryn Hill, the Dixie Chicks, and Mary G. Blige have lent their voices and images to the anti-drug message and more than 455 million pro bono internet impressions have been the result of partnerships with organizations such as oprah.com, MTV.com, Lycos Network, Yahoo, AOL.com, and others. Other partnerships have been established with groups such as KB Gear Interactive and other interactive firms.

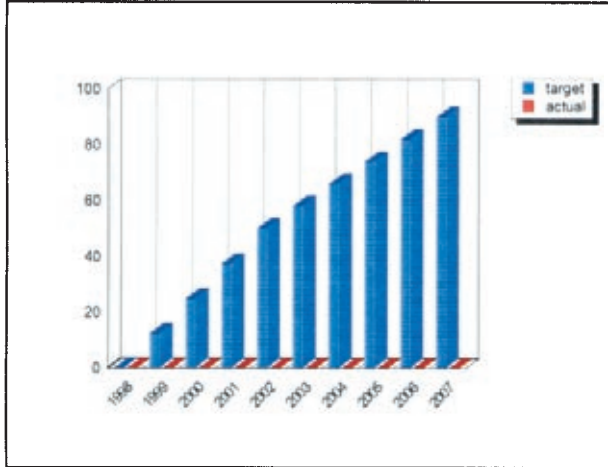
The Media Campaign has worked with many organizations including Media Scope and the Writer's Guild Foundation. The Media Campaign has also conducted briefings for entertainment industry writers and producers on topics such as ecstasy (the drug MDMA) and sex, drugs, and teens to help improve the accuracy with which drugs are portrayed in entertainment, especially via media that may influence youth.

The federal drug control community convened a meeting in January 2001 to address concerns regarding this target and to draft appropriate changes for interagency review. This will address determination of an appropriate baseline, criteria for tracking progress, and possible changes to the target itself.

GOAL 1

OBJECTIVE 7: Create partnerships with the media, entertainment industry, and professional sports organizations to avoid the glamorization, condoning, or normalization of illegal drugs and the use of alcohol and tobacco by youth.

Percent increase in partnerships with sports organizations, CY 98-07



Primary Data Source

ONDCP National Youth Anti-Drug Media Campaign.

Secondary Data Source(s)

None

Target 1

By 2002, establish partnerships with 50 percent of major media, entertainment, and professional sports organizations to avoid glamorizing, condoning, or legitimizing the use of illegal drugs, alcohol, and tobacco. By 2007, partnerships with 90 percent of each organizational type will be established.

Measure 3

Percentage of major professional sports organizations that avoid glamorizing, condoning or normalizing the use of illegal drugs, alcohol, and tobacco.

Reporting Agency

ONDCP

Supporting Agencies

HHS, DOJ, ED

Status

With the full-scale (Phase Three) implementation of the Media Campaign well underway, a number of partnerships have been developed with both sports organizations and individual amateur and professional athletes that demonstrate their commitment to a drug-free society as well as to drug free competition. Such partnerships include the ESPN Summer X-Games, the US Women's Soccer Team, Olympic Gold Medallist Tara Lipinski, and the Los Angeles Lakers. New partners are being recruited to involve coaches at all level and in all sports, to increase youth involvement in sports as an important "anti-drug." In addition, briefings for entertainment industry writers and producers, as well as news media professionals, are being developed on the issue of sports doping. The Media Campaign can help increase youth, parent and sports industry professionals understanding of the hazards of doping and the use of other drugs.

The federal drug control community convened a meeting in January 2001 to address concerns regarding this target and to draft appropriate changes for interagency review. This will address determination of an appropriate baseline, criteria for tracking progress, and possible changes to the target itself.

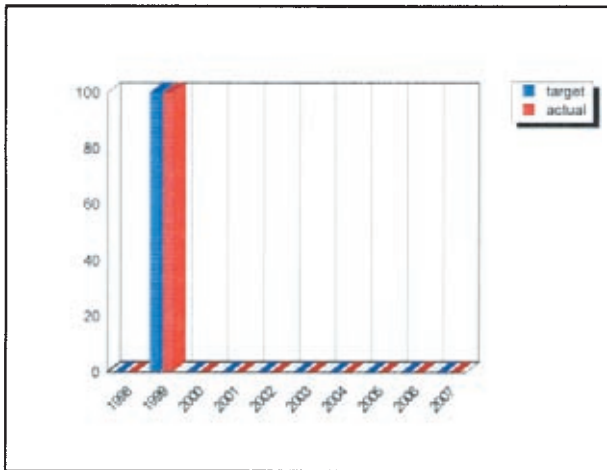
GOAL 1

OBJECTIVE 8: Develop and implement a set of research-based principles upon which prevention programming can be based.

By 1999 develop research-based prevention models, percent completed, CY 99

Target 1

By 1999, in concert with Federal and State agencies and national and local community organizations, develop research-based principles for drug abuse prevention models. Annually update these prevention models from new research.



Measure 1

Research-based prevention principles and models developed by 1999 and updated annually thereafter.

Primary Data Source

TBD

Reporting Agency

ONDCP, HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

In 1999, ONDCP completed the documentation and interagency coordination of 15 basic principles of prevention found to be fundamental to effective prevention programs. The final document is the Evidence-Based Principles for Substance Abuse Prevention. This publication is distributed at professional meetings, research conferences, and posted on websites used by school districts. In addition, Centers for the Advancement of Prevention has disseminated these principles, and the principles have been translated into Spanish and distributed extensively to the U.S.-Mexico border states.

SAMHSA developed and published a monograph, "Understanding Substance Abuse Prevention Toward the 21st Century: A Primer of Effective Programs." All programs demonstrate effectiveness.

An interagency group will be convened, as necessary, to refine the principles. Such a meeting is tentatively planned for 2001 to consider new research findings.

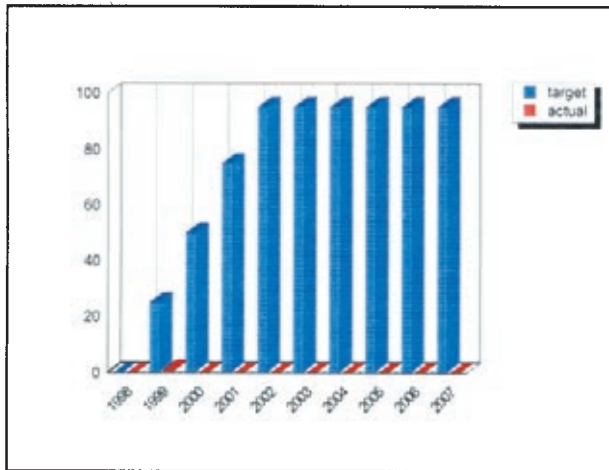
As a byproduct of the efforts begun under this target, NIAAA has initiated a complementary process of developing prevention principles for preventing alcohol use prevention for youth.

For this milestone measure, the progress reflected in the above chart reflects a subjective assessment and is subject to future revision.

GOAL 1

OBJECTIVE 8: Develop and implement a set of research-based principles upon which prevention programming can be based.

Percent increase in number of school districts and other organizations receiving information annually, CY 99-02



Primary Data Source

ONDCP's Evidence-Based Principles for Substance Abuse Prevention.

Secondary Data Source(s)

None

Target 2

By 2000, annually disseminate research-based information about prevention principles and models to 50 percent of schools, and/or school districts, State and local governments, national, state, and local community organizations, and other relevant organizations identified in a dissemination plan. By 2002, achieve annual dissemination to 95 percent of these agencies.

Measure 1

The proportion of school districts, State and local governments, national, state and local community organizations, and other relevant organizations receiving annual information on research-based prevention principles and models.

Reporting Agency

ED, HHS

Supporting Agencies

DoD, DOJ (OJJDP)

Status

The Federal drug control community developed an action plan to disseminate the evidence-based principles of drug prevention and models to school districts, state and local government officials, and local and national organizations. The evidence-based principles of prevention have been incorporated by state agencies in their Substance Abuse Prevention and Treatment block grant funding mechanisms. SAMHSA/CSAP's High-Risk Youth Program launched the National Registry of Effective Prevention Programs (NREPP) in September 2000.

These principles will be reviewed and refined as necessary in 2001 when the National Institute on Alcohol Abuse and Alcoholism will have completed their "gold book" of prevention principles. The targeted completion for the update of the original principles is planned for the end of 2001.

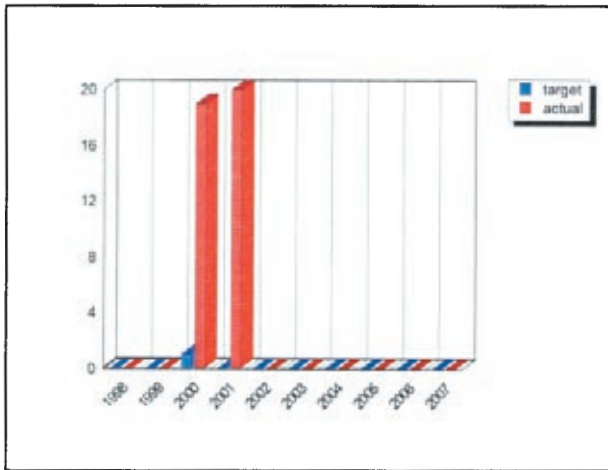
GOAL 1

OBJECTIVE 9: Support and highlight research, including the development of scientific information to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

Assess prevention research - Number of model programs identified, CY 00

Target 1

By 2000, identify and prioritize critical prevention research and knowledge development studies to educate and enable youth to reject illegal drugs.



Measure 1

Quality assessment of current and new prevention research and knowledge studies with the purpose to enable youth to reject drugs

Reporting Agency
HHS

Primary Data Source

SAMHSA's National Registry of Effective Prevention Programs (NREPP).

Secondary Data Source(s)

None

Supporting Agencies

Ed, DOJ (OJJDP)

Status

SAMHSA's Center for Substance Abuse Prevention (CSAP), Department of Health and Human Services, maintains the National Registry of Effective Prevention Programs (NREPP), a database system which includes research-based effective preventive strategies, programs, and models. To date, 39 model programs have been identified by NREPP, and have information available about them on CSAP's website and in written materials. Included in these 39 are 20 model programs identified by CSAP in 2001. In 2000, CSAP expected to identify an additional 16 to 18 models.

SAMHSA developed and published a monograph, "Understanding Substance Abuse Prevention Toward the 21st Century: A Primer of Effective Programs." All programs demonstrate effectiveness.

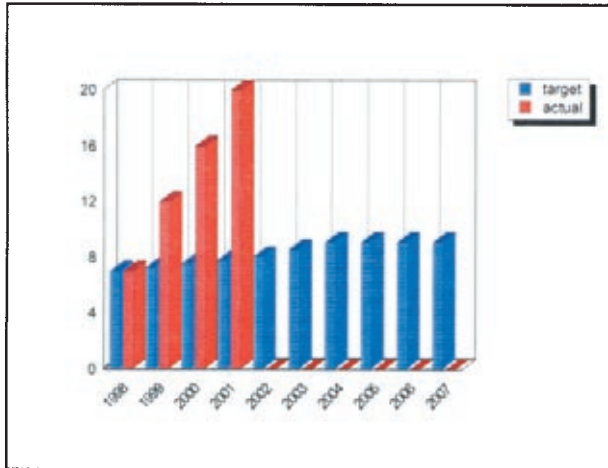
Information about new models will be incorporated in an Annual Report to the Field developed by SAMHSA/CSAP's National Center for the Advancement of Prevention (NCAP), which continues to synthesize research findings and provide a rigorous review of evaluation results for wide distribution.

For this milestone measure, the progress reflected in the above chart reflects a subjective assessment and is subject to future revision.

GOAL 1

OBJECTIVE 9: Support and highlight research, including the development of scientific information to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

Percent change in the number of research-based products and programs developed, CY 98-04



Target 2

By 2002, increase by 15 percent the (a) development of research-base prevention products and programs; (b) dissemination of research-based products and programs to Federal, State, local practitioners; and (c) implementation of research-based prevention products and programs. By 2004, achieve a 30 percent increase in the development, dissemination, and implementation of research-based prevention products and programs.

Measure 1

The number of research-based prevention products (e.g., curricula, information brochures, etc.) and programs developed for use by Federal, State, and local prevention practioners.

Reporting Agency
HHS

Primary Data Source

SAMHSA's National Registry of Effective Prevention Programs (NREPP).

Secondary Data Source(s)

None

Supporting Agencies

ED, DOJ (OJJDP), HUD, Treasury

Status

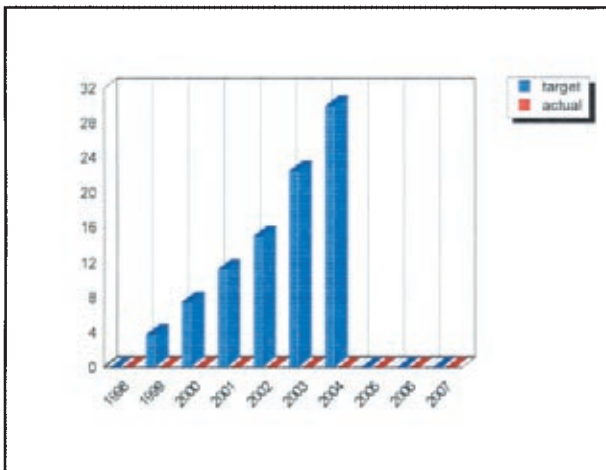
SAMHSA's Center for Substance Abuse Prevention (CSAP) continues to identify model programs through its National Registry of Effective Prevention Programs (NREPP). Nineteen (19) programs have been identified to date and are being disseminated through CSAP's National Dissemination System, via web-site, written materials, and other national promotions. Another 20 models were identified and readied for dissemination in 2001. CSAP's Centers for the Application of Prevention Technology (CAPTs) are also preparing to sponsor two national trainings of the CSAP models during the Spring of 2001. CSAP continues to negotiate agreements with private sector partners (e.g. National Association of Elementary School Principals, Boys and Girls Clubs of America, Inner City Games Foundation, National Council on Aging, National Senior Service Corps, Charles Drew Medical School) to help promote these models.

SAMHSA developed and published a monograph, "Understanding Substance Abuse Prevention Toward the 21st Century: A Primer of Effective Programs." All programs demonstrate effectiveness.

GOAL 1

OBJECTIVE 9: Support and highlight research, including the development of scientific information to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

Percent increase in the proportion receiving research-based products and programs, CY 99-04



Primary Data Source

To be determined.

Secondary Data Source(s)

None

Target 2

By 2002, increase by 15 percent the (a) development of research-base prevention products and programs; (b) dissemination of research-based products and programs to Federal, State, local practitioners; and (c) implementation of research-based prevention products and programs. By 2004, achieve a 30 percent increase in the development, dissemination, and implementation of research-based prevention products and programs.

Measure 2

Proportion of Federal, State, and local prevention practitioners receiving research-based prevention products and programs.

Reporting Agency

HHS

Supporting Agencies

ED, DOJ (OJJDP), HUD, Treasury

Status

As a direct linkage to SAMHSA/CSAP's efforts to identify and disseminate model programs through the National Registry of Effective Prevention programs (NREPP) and through its National Dissemination System, CSAP is developing a national Tracking System (tentatively titled the Prevention Program Outcome Measurement System - PPOMS) that will enable us to track, at a minimum, the following measures:

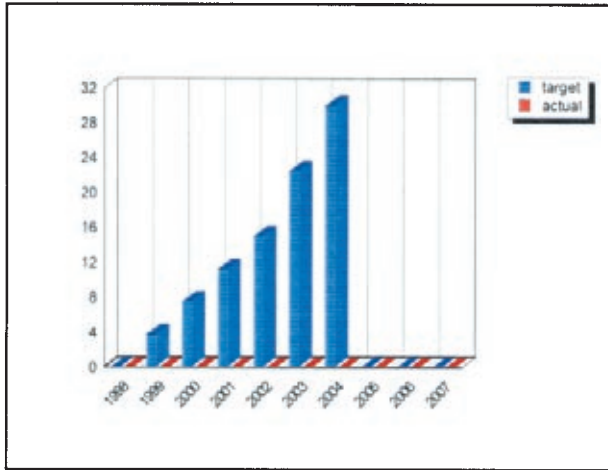
- 1) the number of contacts from the field for information about model programs,
- 2) the number and types of materials ordered (curricula, videos, etc.) for a specific model,
- 3) the number of individuals and organizations trained in a particular model,
- 4) the number of implementations of individual models and all models in aggregate.

This information will enable CSAP to determine the nature and extent of the full array of interest in and implementation of science-based prevention programs. Currently, CSAP is developing formal methodology to collect this data and expects to start data collection early in 2001.

GOAL 1

OBJECTIVE 9: Support and highlight research, including the development of scientific information to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

Percent increase in the proportion implementing research-based products and programs, CY 99-04



Primary Data Source

To be determined.

Secondary Data Source(s)

None

Target 2

By 2002, increase by 15 percent the (a) development of research-base prevention products and programs; (b) dissemination of research-based products and programs to Federal, State, local practitioners; and (c) implementation of research-based prevention products and programs. By 2004, achieve a 30 percent increase in the development, dissemination, and implementation of research-based prevention products and programs.

Measure 3

Proportion of Federal, State and local prevention practioners implementing research-based prevention products and programs.

Reporting Agency

HHS

Supporting Agencies

ED, DOJ (OJJDP), HUD, Treasury

Status

As a direct linkage to SAMHSA/CSAP's efforts to identify and disseminate model programs through the National Registry of Effective Prevention programs (NREPP) and through its National Dissemination System, CSAP is developing a national Tracking System (tentatively titled the Prevention Program Outcome Measurement System - PPOMS) that will enable us to track, at a minimum, the following measures:

- 1) the number of contacts from the field for information about model programs,
- 2) the number and types of materials ordered (curricula, videos, etc.) for a specific model,
- 3) the number of individuals and organizations trained in a particular model,
- 4) the number of implementations of individual models and all models in aggregate.

This information will enable CSAP to determine the nature and extent of the full array of interest in and implementation of science-based prevention programs. Currently, CSAP is developing formal methodology to collect this data and expects to start data collection early in 2001.

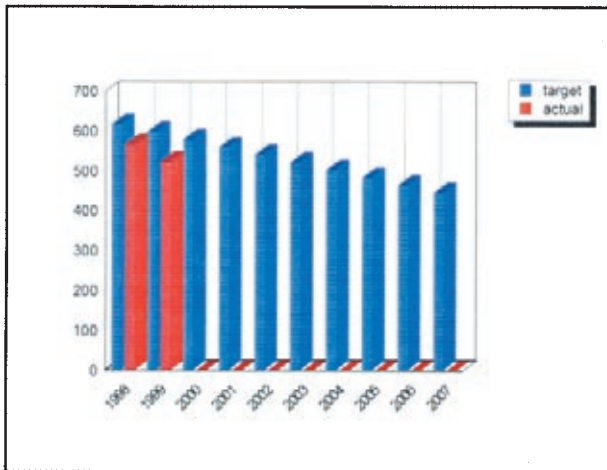
GOAL 2

IMPACT TARGET - Increase the safety of America's citizens by substantially reducing drug-related crime and violence

Drug related crime and violence, overall crime rate per 100,000 population, CY 98-07

Target 1

By 2002, reduce by 15 percent the rate of crime and violent acts associated with drug trafficking and use, as compared with the 1996 base year. By 2007, reduce drug-related crime and violence by 30 percent as compared with the base year.



Measure 1

The nationwide rate of crime and violent acts associated with drug trafficking and use as measured by available indicators.

Reporting Agency

FBI

Primary Data Source

Uniform Crime Reports (UCR), Crime in the United States.

Secondary Data Source(s)

None

Supporting Agencies

DOJ, Treasury

Status

Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. Data from the Uniform Crime Reports (UCR) indicates the overall violent crime rate in 1999 was the lowest since 1978. Compared to the 1996 baseline rate of 636.5 violent crimes per 100,000 population, the 1999 rate of 524.7 violent crimes per 100,000 population represents a decline of 17.5 percent. The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of murder, for which drug involvement is tracked, that current Federal data systems cannot provide the foundation for tracking drug involvement in robberies, rapes, and assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement.

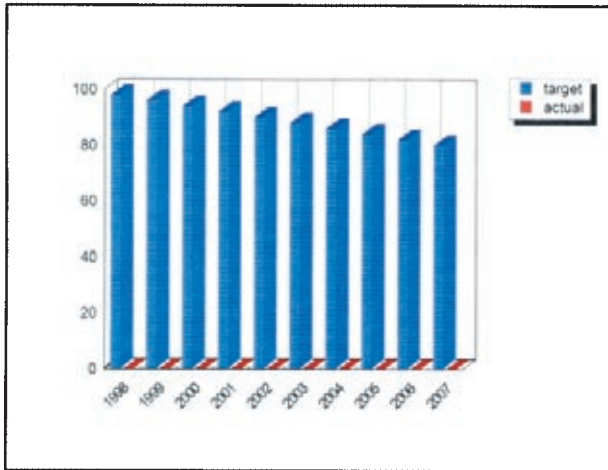
GOAL 2

IMPACT TARGET - Increase the safety of America's citizens by substantially reducing drug-related crime and violence

Reduce domestic trafficker success, rate reduction in percent (marijuana), CY 98-07

Target 2

By 2002, reduce by 10 percent the rate at which illicit drugs of U.S. origin reach the U.S. consumer, as compared with the 1996 base year. By 2007, reduce this rate by 20 percent over the base year.



Primary Data Source

TBD

Measure 1

The rate at which marijuana venued in the U.S. reaches U.S. consumers.

Reporting Agency

DEA

Secondary Data Source(s)

None

Supporting Agencies

DOJ, HIDTAs, Treasury

Status

DEA does not have an assessment or data that would indicate the quantity of marijuana venued or produced in the U.S. that reaches U.S. consumers.

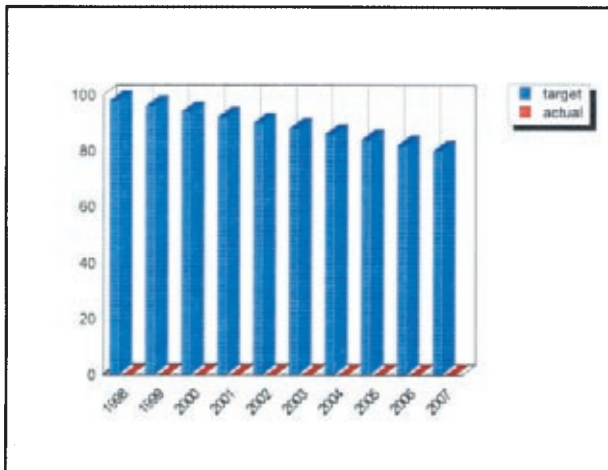
GOAL 2

IMPACT TARGET - Increase the safety of America's citizens by substantially reducing drug-related crime and violence

Reduce domestic trafficker success, rate reduction in percent (methamphetamine), CY 98-07

Target 2

By 2002, reduce by 10 percent the rate at which illicit drugs of U.S. origin reach the U.S. consumer, as compared with the 1996 base year. By 2007, reduce this rate by 20 percent over the base year.



Primary Data Source

TBD

Measure 2

Rate of methamphetamine venued in the United States that reaches U.S. consumers.

Reporting Agency

DEA

Secondary Data Source(s)

None

Supporting Agencies

DOJ, HIDTAs, Treasury

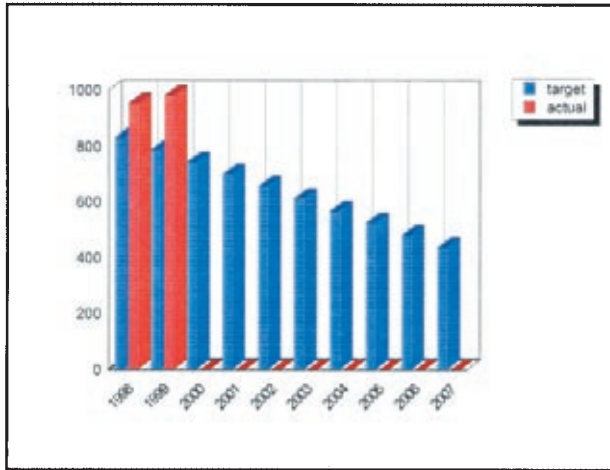
Status

DEA does not have an assessment nor possesses data that would indicate the quantity of methamphetamine venued or produced in the U.S. that reaches U.S. consumers. The U.S. counterdrug community has been unable to produce a flow model because this synthetic drug is produced with dual-use chemicals with legitimate uses.

GOAL 2

IMPACT TARGET - Increase the safety of America's citizens by substantially reducing drug-related crime and violence

Reduce drug availability in the United States, marijuana in metric tons, CY 98-07



Primary Data Source

Consumption Estimate (Drug Flow Model)
 What America's Users Spend on Illegal Drugs 1988-1998,
 December 2000

Secondary Data Source(s)

None

Target 3

By 2002, reduce drug availability in the United States by 25 percent as compared with the estimated 1996 base year. By 2007, reduce illicit drug availability in the U.S. by 50 percent from the base year.

Measure 1

Quantity of marijuana in metric tons per calendar year available in the United States

Reporting Agency

ONDCP

Supporting Agencies

DoD, FBI, DEA, NDIC, NSA, BOP, USCG, USCS, USIC

Status

Domestic marijuana availability has only been estimated using a consumption approach. Marijuana availability in 1999 of 982 metric tons did not achieve the target reduction to 788 metric tons from the 1996 base year of 876 metric tons. Marijuana availability is off-track (red) for the second consecutive year. Accuracy of the magnitude of domestic marijuana consumption is uncertain, as modeling continues to be refined.

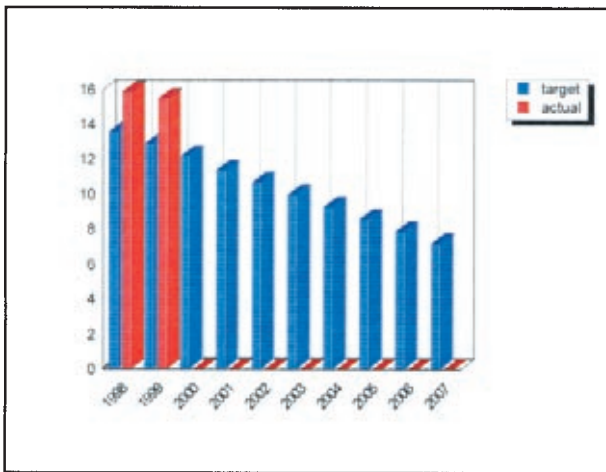
GOAL 2

IMPACT TARGET - Increase the safety of America's citizens by substantially reducing drug-related crime and violence

Reduce drug availability in the United States, methamphetamine in metric tons, CY 98-07

Target 3

By 2002, reduce drug availability in the United States by 25 percent as compared with the estimated 1996 base year. By 2007, reduce illicit drug availability in the U.S. by 50 percent from the base year.



Primary Data Source

Consumption Estimate (Drug Flow Model)
 What America's Users Spend on Illegal Drugs 1988-1998,
 December 2000

Secondary Data Source(s)

None

Measure 2

Quantity of methamphetamine in metric tons per calendar year available in the United States

Reporting Agency

ONDCP

Supporting Agencies

DoD, FBI, DEA, NDIC, NSA, BOP, USCG, USCS,USIC

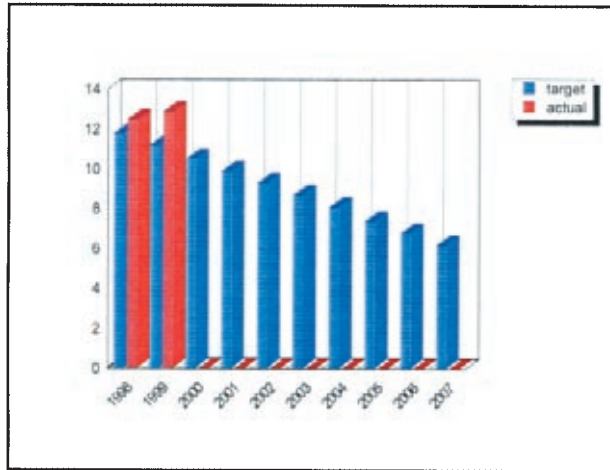
Status

Domestic methamphetamine availability has only been estimated using a consumption approach. Methamphetamine availability in 1999 of 15.5 metric tons did not achieve the target reduction to 12.9 metric tons from the 1996 base year of 14.3 metric tons. Methamphetamine availability is off-track (red) for the second consecutive year. Reliability of these estimates has not been established as this is the first attempt at a methamphetamine consumption estimate and data collection is still limited.

GOAL 2

IMPACT TARGET - Increase the safety of America's citizens by substantially reducing drug-related crime and violence

Reduce drug availability in the United States, heroin in metric tons, CY 98-07



Primary Data Source

Consumption Estimate (Drug Flow Model)
 What America's Users Spend on Illegal Drugs 1988-1998,
 December 2000

Secondary Data Source(s)

None

Target 3

By 2002, reduce drug availability in the United States by 25 percent as compared with the estimated 1996 base year. By 2007, reduce illicit drug availability in the U.S. by 50 percent from the base year.

Measure 3

Quantity of heroin in metric tons per calendar year available in the United States

Reporting Agency

ONDCP

Supporting Agencies

DoD, FBI, DEA, NDIC, NSA, USCG, USCS, USIC

Status

Domestic heroin availability is obtained from a consumption approach. Heroin availability in 1999 of 12.9 metric tons did not achieve the target reduction to 11.2 metric tons from the 1996 base year of 12.4 metric tons. Over the past two years, this shows a negligible change in heroin consumption. Heroin availability is off-track (red) for the second consecutive year. Use of a supply-approach, which combines the results of DEA's Heroin Signature Program (HSP) and the Crime and Narcotics Center's (CNC) Potential Production process, also yields a higher estimate of 16 metric tons of heroin consumed over the last two years.

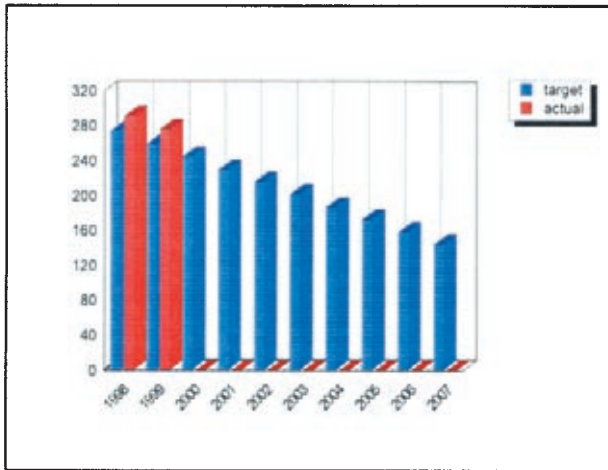
GOAL 2

IMPACT TARGET - Increase the safety of America's citizens by substantially reducing drug-related crime and violence

Reduce drug availability in the United States, cocaine in metric tons, CY 98-07

Target 3

By 2002, reduce drug availability in the United States by 25 percent as compared with the estimated 1996 base year. By 2007, reduce illicit drug availability in the U.S. by 50 percent from the base year.



Measure 4

Quantity of cocaine in metric tons per calendar year available in the United States

Reporting Agency
ONDCP

Primary Data Source

Consumption Estimate (Drug Flow Model)
What America's Users Spend on Illegal Drugs 1988-1998,
December 2000

Secondary Data Source(s)

None

Supporting Agencies

DoD, FBI, DEA, NDIC, NSA, USCG, USCS, USIC

Status

Cocaine availability at the retail level is based on a consumption model. Cocaine availability in 1999 of 276 metric tons did not achieve the target reduction to 259 metric tons from the 1996 base year of 288 metric tons. Cocaine availability is off-track (red) for the second consecutive year.

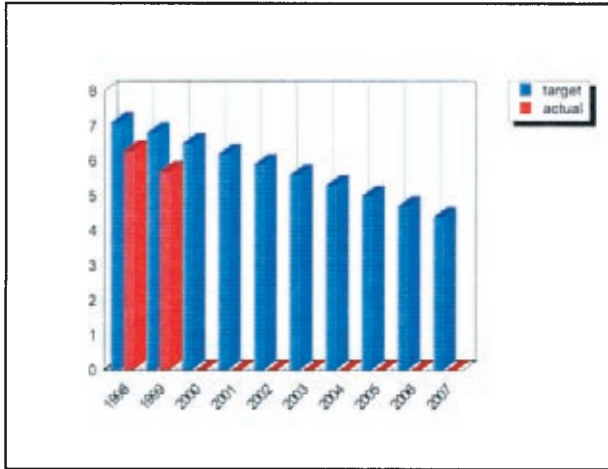
GOAL 2

OBJECTIVE 1: Strengthen law enforcement - including Federal, State, and local drug task forces - to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.

Reduce drug-related violent crime rate - murder rate per 100,000 population, CY 98-07

Target 1

By 2002, achieve a 20 percent reduction in the rate of homicides, robberies, forcible rapes, and aggravated assaults associated with illegal drugs as compared to the 1996 base year. By 2007, achieve at least a 40 percent reduction from the base year in specified drug-related crimes.



Primary Data Source

Uniform Crime Reports (UCR), Crime in the United States.

Measure 1

The reported rate of murder associated with the distribution, sale, or consumption of illegal drugs as measured by available crime indicators.

Reporting Agency

FBI

Secondary Data Source(s)

None

Supporting Agencies

DEA, Treasury

Status

The reduction in the rate of murders (and nonnegligent manslaughter) per 100,000 population in 1999 is on track. In the 1996 base year, there were 7.4 murders per 100,000 population in the United States; this rate dropped to 5.7 in 1999 (a decline of 23 percent). Overall violent crime rate declined in 1999 to the lowest level since 1978, with 525 violent crimes per 100,000 population. The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of homicides, for which drug involvement is tracked, that current Federal data systems cannot provide the foundation for tracking drug involvement in robberies, rapes, and assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement.

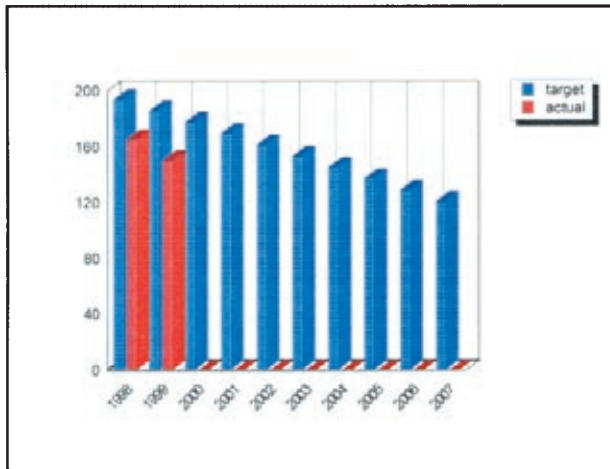
GOAL 2

OBJECTIVE 1: Strengthen law enforcement - including Federal, State, and local drug task forces - to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.

Reduce drug-related violent crime rate - robbery rate per 100,000 population, CY 98-07

Target 1

By 2002, achieve a 20 percent reduction in the rate of homicides, robberies, forcible rapes, and aggravated assaults associated with illegal drugs as compared to the 1996 base year. By 2007, achieve at least a 40 percent reduction from the base year in specified drug-related crimes.



Primary Data Source

Uniform Crime Reports (UCR), Crime in the United States.

Measure 2

The reported rate of robberies.

Reporting Agency

FBI

Secondary Data Source(s)

None

Supporting Agencies

DEA, Treasury

Status

The reduction in the rate of robberies per 100,000 population in 1999 is on track. In the 1996 base year, there were 201.9 robberies per 100,000 population in the United States; this rate dropped to 150.2 in 1999 (a decline of 25 percent). Overall violent crime rate declined in 1999 to the lowest level since 1978, with 525 violent crimes per 100,000 population. The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of homicides, for which drug involvement is tracked, that current Federal data systems cannot provide the foundation for tracking drug involvement in robberies, rapes, and assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement.

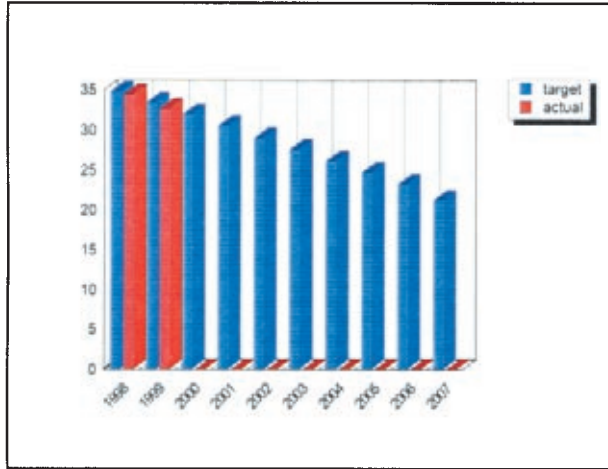
GOAL 2

OBJECTIVE 1: Strengthen law enforcement - including Federal, State, and local drug task forces - to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.

Reduce drug-related violent crime rate - forcible rape rate per 100,000 population, CY 98-07

Target 1

By 2002, achieve a 20 percent reduction in the rate of homicides, robberies, forcible rapes, and aggravated assaults associated with illegal drugs as compared to the 1996 base year. By 2007, achieve at least a 40 percent reduction from the base year in specified drug-related crimes.



Primary Data Source

Uniform Crime Reports (UCR), Crime in the United States.

Reporting Agency

FBI

Measure 3

The reported rate of forcible rapes.

Secondary Data Source(s)

None

Supporting Agencies

DEA, Treasury

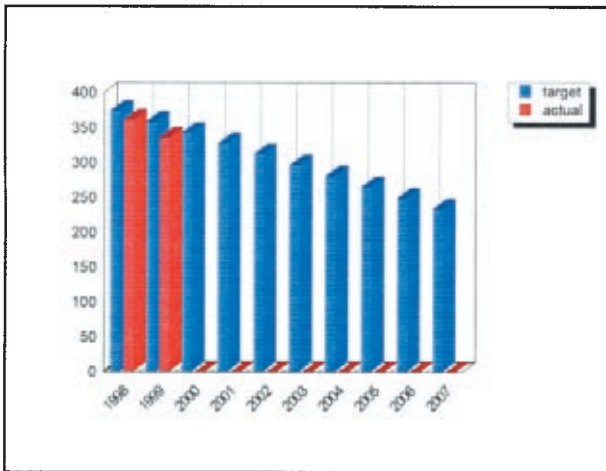
Status

The reduction in the rate of forcible rapes per 100,000 population in 1999 is on track. In the 1996 base year, there were 36.3 forcible rapes per 100,000 population in the United States; this rate dropped to 32.7 in 1999 (a decline of 10 percent). Overall violent crime rate declined in 1999 to the lowest level since 1978, with 525 violent crimes per 100,000 population. The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of homicides, for which drug involvement is tracked, that current Federal data systems cannot provide the foundation for tracking drug involvement in robberies, forcible rapes, and aggravated assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement.

GOAL 2

OBJECTIVE 1: Strengthen law enforcement - including Federal, State, and local drug task forces - to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.

Reduce drug-related violent crime rate - aggravated assault rate per 100,000 population, CY 98-07



Primary Data Source

Uniform Crime Reports (UCR), Crime in the United States.

Secondary Data Source(s)

None

Target 1

By 2002, achieve a 20 percent reduction in the rate of homicides, robberies, forcible rapes, and aggravated assaults associated with illegal drugs as compared to the 1996 base year. By 2007, achieve at least a 40 percent reduction from the base year in specified drug-related crimes.

Measure 4

The reported rate of aggravated assaults.

Reporting Agency

FBI

Supporting Agencies

DEA, Treasury

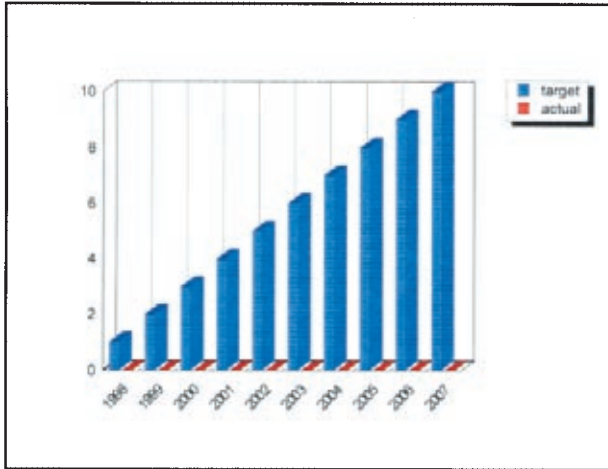
Status

The reduction in the rate of aggravated assaults per 100,000 population in 1999 is on track. In the 1996 base year, there were 390.0 aggravated assaults per 100,000 population in the United States; this rate dropped to 336.1 in 1999 (a decline of 13.8 percent). Overall violent crime rate declined in 1999 to the lowest level since 1978, with 525 violent crimes per 100,000 population. The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of homicides, for which drug involvement is tracked, that current Federal data systems cannot provide the foundation for tracking drug involvement in robberies, rapes, and assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement.

GOAL 2

OBJECTIVE 1: Strengthen law enforcement - including Federal, State, and local drug task forces - to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.

Drug trafficking organizations, percent disrupted or dismantled, CY 98-07



Primary Data Source

TBD

Secondary Data Source(s)

None

Target 2

By 2002, using a prioritized list of domestic drug law enforcement community designated targets, increase by five points the percentage of drug trafficking organizations disrupted, dismantled, or otherwise rendered ineffective as measured against the percentage recorded in the 1997 base year. By 2007, increase the target percentage by at least 10 points above the base year. (Note: No data available; actual base year to be determined)

Measure 1

The percentage of targeted organizations on the counterdrug community's designated target list which are disrupted, dismantled, or otherwise rendered ineffective, measured annually.

Reporting Agency

DEA

Supporting Agencies

DoD, DOS, FBI, USCS, Treasury

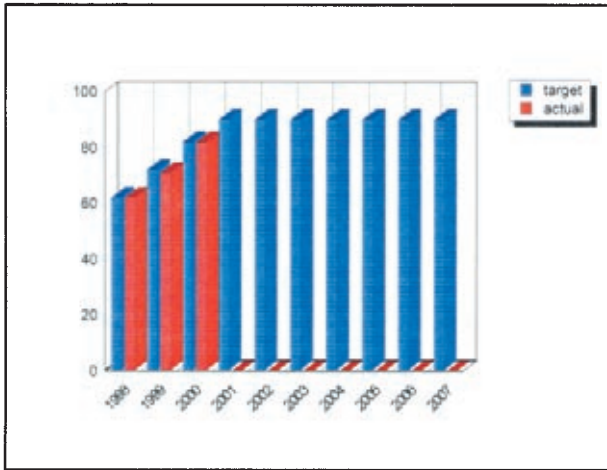
Status

A consolidated Major Drug Trafficking Organization Target List has not yet been developed because of the need to more clearly define what constitutes a major drug trafficking organization and what criteria will be used to determine when an organization has been disrupted, dismantled, or otherwise rendered ineffective. DEA is currently developing its consolidated Major Drug Trafficking Organization Target List systematically through the implementation of DEA's Strategic Plan. DEA anticipates implementing its Strategic Plan, including its targeting and reporting mechanisms in 2001. Once implemented, the targeting initiative and reporting mechanisms will undergo continuous monitoring and refinement. Since no target list currently exists, the base year will need to be adjusted once the list has been developed. A revised glide path, based on actual base year data, will be constructed after the Target List has been developed.

GOAL 2

OBJECTIVE 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

HIDTA development standards (Mature HIDTAs), percent compliance, CY 98-07



Primary Data Source

Administrative data to be reported annually by each HIDTA Director to ONDCP.

Secondary Data Source(s)

None

Target 1

Each HIDTA will improve the efficiency and effectiveness of Federal, State, and local law enforcement efforts by the progressive compliance with the National HIDTA Developmental Standards at the rate of at least 10 percent per year beginning with the 1998 base year, with HIDTAs in compliance with 90 percent of the standards by 2007.

Measure 1

The aggregate proportion of National HIDTA Developmental Standards complied with by the end of each calendar year in mature HIDTAs (existing as of January 1, 1998).

Reporting Agency

ONDCP

Supporting Agencies

DEA, FBI

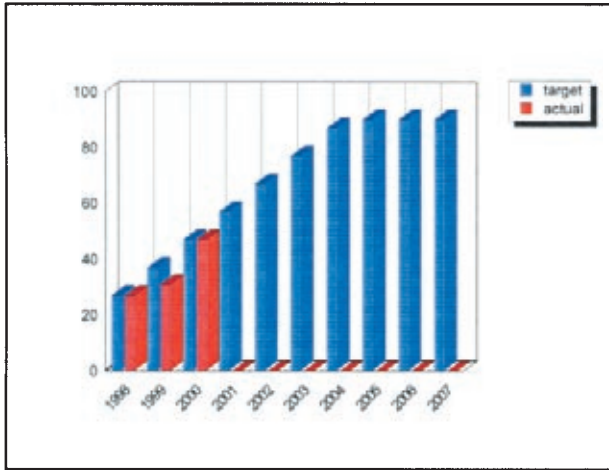
Status

Data reported by the HIDTAs indicates the annual performance targets were achieved in calendar years 1998, 1999, and 2000. HIDTAs reported compliance with 729 of 1176 standards (62 percent) as of December 31, 1998; 838 of 1176 standards (71 percent) as of July 1, 1999; and 968 of 1176 standards (82 percent) were achieved as of September 1, 2000. Further, the overall performance target of 90 percent (of the standards achieved by calendar year 2007) will likely be achieved during the next calendar year. For this reason, ONDCP chartered a working group to provide recommendations for updating this target and measure. Also, a working group at the December 1999 National HIDTA Conference provided recommendations for updating this target and measure. This target will be updated based on the recommendations of the working groups. There are 21 mature HIDTAs.

GOAL 2

OBJECTIVE 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

HIDTA development standards (New HIDTAs), percent compliance, CY 98-07



Primary Data Source

Administrative data to be reported annually by each HIDTA director to ONDCP.

Secondary Data Source(s)

None

Target 1

Each HIDTA will improve the efficiency and effectiveness of Federal, State, and local law enforcement efforts by the progressive compliance with the National HIDTA Developmental Standards at the rate of at least 10 percent per year beginning with the 1998 base year, with HIDTAs in compliance with 90 percent of the standards by 2007.

Measure 2

The aggregate proportion of National HIDTA Developmental Standards complied with by the end of each calendar year in the new HIDTAs (created after January 1, 1998).

Reporting Agency

ONDCP

Supporting Agencies

DEA, FBI

Status

Data reported by the HIDTAs indicates the annual performance targets were achieved in calendar years 1998, 1999, and 2000. In calendar year 2000, the number of new HIDTAs was revised from four to nine to include five new HIDTAs that were designated in June 1999. HIDTAs reported compliance with 60 of 224 standards (27 percent) as of December 31, 1998; 70 of 224 standards (32 percent) as of July 1, 1999; and 236 of 504 standards (47 percent) achieved by September 1, 2000. For this reason, ONDCP chartered a working group to provide recommendations for updating this target and measure. Also, a working group at the December 1999 National HIDTA Conference provided recommendations for updating this target and measure. This target will be updated based on the recommendations of the working groups. (Note: Two new HIDTAs were designated in January 2001. This addition of Nevada and North Florida HIDTAs will necessitate changes to the 2001 data in next year's report, increasing the total standards to be complied with from 504 for nine HIDTAs to 616 for 11 HIDTAs.)

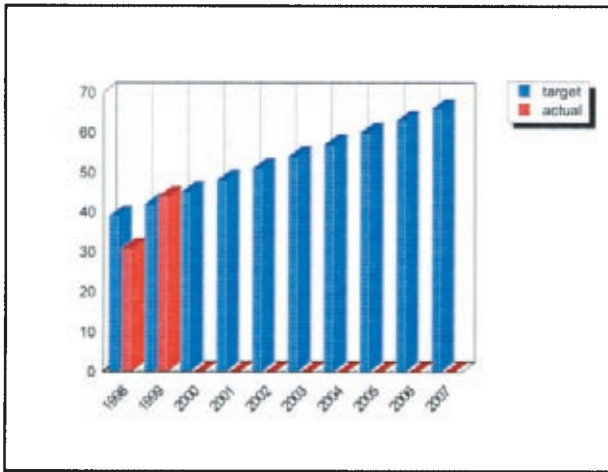
GOAL 2

OBJECTIVE 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

Drug trafficking organizations (DTO) in HIDTAs, percent disrupted or dismantled, CY 98-07

Target 2

By 2002, increase the proportion of drug trafficking organizations disrupted or dismantled as identified in HIDTA threat assessments by 15 percent above the proportion in the 1997 base year. By 2007, increase the proportion disrupted or dismantled to 30 percent above the base year ratio.



Primary Data Source

Annual HIDTA threat assessments serve as the foundation of this list.

Measure 1

The proportion of targeted drug trafficking organizations disrupted or dismantled by or within HIDTAs.

Reporting Agency
ONDCP

Secondary Data Source(s)
None

Supporting Agencies
DoD, DEA, DOS, FBI, USCS, Treasury

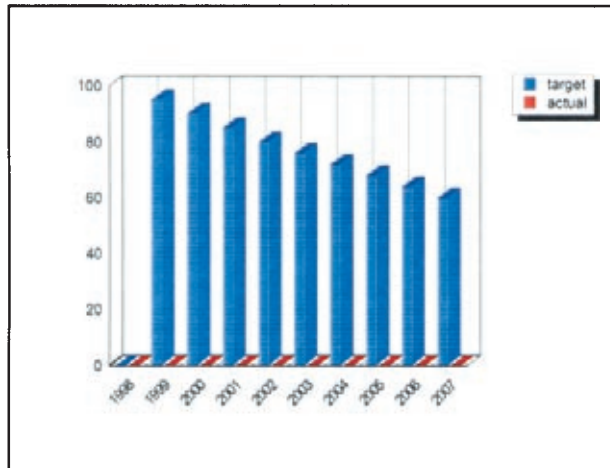
Status

Data for 1999 is included below. During 1997, 3,418 DTOs were identified, and 1,244 disrupted or dismantled (36 percent); during 1998, 6,324 DTOs were identified, and 1,956 disrupted or dismantled (31 percent); and during 1999, 7,287 DTOs were identified and 3,230 disrupted or dismantled (44 percent). The analysis of these initial three data points and the recommendations of the HIDTA Performance Management Working Group suggest that while this target and measure provide an indication of work accomplished, they are not reliable indicators of the impact on drug trafficking. Options for modifying this target and measure to reflect "outcome" versus "output" are currently under review by the HIDTA Performance Management Working Group.

GOAL 2

OBJECTIVE 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

Reduce drug-related violent crime in HIDTAs, decrease in percent (murder), CY 98-07



Primary Data Source

(Future) Special tabulations from the Uniform Crime Reports (UCR), Crime in the United States.

Secondary Data Source(s)

None

Target 3

By 2002, reduce by 20 percent the rate of drug-related murder, robbery, forcible rape, and aggravated assault in HIDTAs as compared to the 1996 base year. By 2007, reduce specified drug-related crimes in HIDTAs by 40 percent.

Measure 1

The reported rate of murder and nonnegligent manslaughter associated with distribution, sale, or consumption of illegal drugs as measured by available crime indicators.

Reporting Agency

ONDCP

Supporting Agencies

DEA, FBI, Treasury

Status

The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of murders, for which drug involvement is tracked, that current Federal data systems cannot track drug involvement in robberies, forcible rapes, and aggravated assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement. Moreover, the FBI does not report UCR data by county (the geographic unit upon which HIDTAs are based). In order for UCR data to be used to assess progress on this target for HIDTAs, special data runs must be conducted. ONDCP recently awarded a contract to have special tabulations conducted on the UCR, in order to provide the estimates for this measure. ONDCP anticipates obtaining these estimates by August 2001. The utility of this approach will be reviewed in the next year as part of the interagency Subcommittee process.

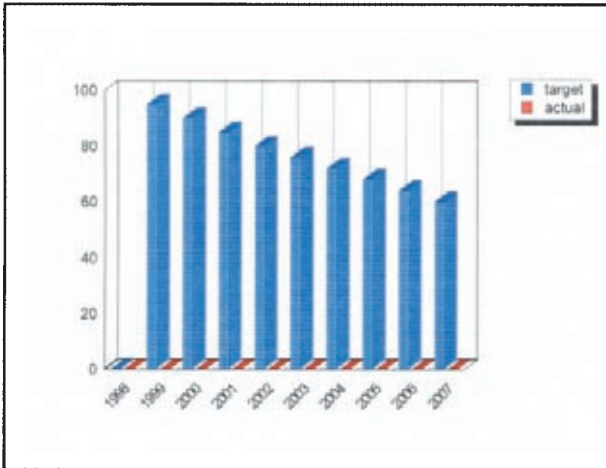
GOAL 2

OBJECTIVE 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

Reduce drug-related violent crime in HIDTAs, decrease in percent (robbery), CY 98-07

Target 3

By 2002, reduce by 20 percent the rate of drug related murder, robbery, forcible rape, and aggravated assault in HIDTAs as compared to the 1996 base year. By 2007, reduce specified drug-related crimes in HIDTAs by 40 percent.



Primary Data Source

(Future) Special tabulations from the Uniform Crime Reports (UCR), Crime in the United States.

Measure 2

The reported rate of robberies associated with distribution, sale, or consumption of illegal drugs as measured by available crime indicators.

Reporting Agency

ONDCP

Secondary Data Source(s)

None

Supporting Agencies

DEA, FBI, Treasury

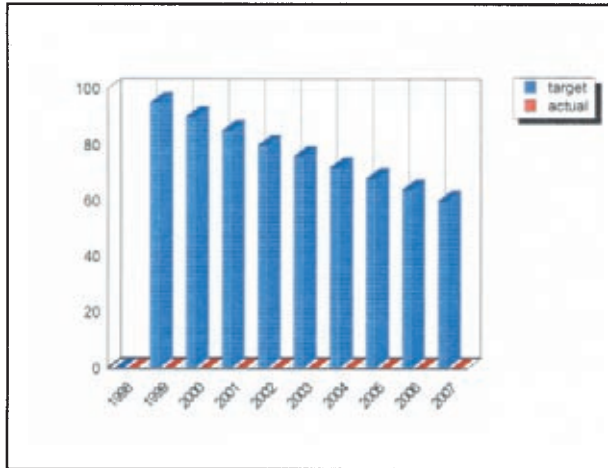
Status

The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of murders, for which drug involvement is tracked, that current Federal data systems cannot track drug involvement in robberies, forcible rapes, and aggravated assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement. Moreover, the FBI does not report UCR data by county (the geographic unit upon which HIDTAs are based). In order for UCR data to be used to assess progress on this target for HIDTAs, special data runs must be conducted. ONDCP recently awarded a contract to have special tabulations conducted on the UCR in order to provide the estimates for this measure. ONDCP anticipates obtaining these estimates by August 2001. The utility of this approach will be reviewed in the next year as part of the interagency Subcommittee process.

GOAL 2

OBJECTIVE 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

Reduce drug-related violent crime in HIDTAs, decrease in percent (forcible rape), CY 98-07



Primary Data Source

(Future) Special tabulations from the Uniform Crime Reports (UCR), Crime in the United States

Secondary Data Source(s)

None

Target 3

By 2002, reduce by 20 percent the rate of drug related murder, robbery, forcible rape, and aggravated assault in HIDTAs as compared to the 1996 base year. By 2007, reduce specified drug-related crimes in HIDTAs by 40 percent.

Measure 3

The reported rate of forcible rapes associated with distribution, sale, or consumption of illegal drugs as measured by available crime indicators.

Reporting Agency

ONDCP

Supporting Agencies

DEA, FBI, Treasury

Status

The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of murders, for which drug involvement is tracked, that current Federal data systems cannot track drug involvement in robberies, forcible rapes, and aggravated assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement. Moreover, the FBI does not report UCR data by county (the geographic unit upon which HIDTAs are based). In order for UCR data to be used to assess progress on this target for HIDTAs, special data runs must be conducted. ONDCP recently awarded a contract to have special tabulations conducted on the UCR, in order to provide the estimates for this measure. ONDCP anticipates obtaining these estimates by August 2001. The utility of this approach will be reviewed in the next year as part of the interagency Subcommittee process.

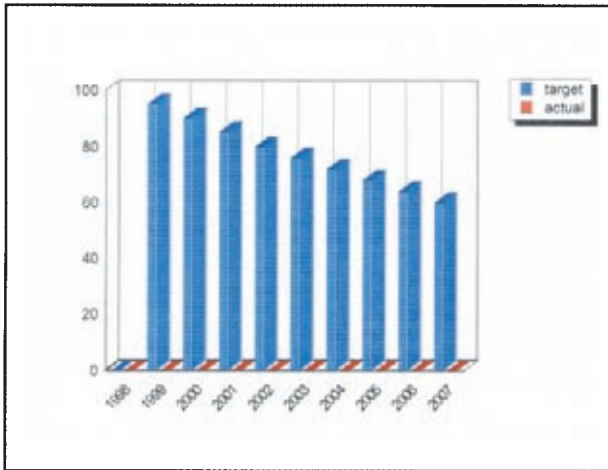
GOAL 2

OBJECTIVE 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

Reduce drug-related violent crime in HIDTAs, decrease in percent (aggravated assault), CY 98-07

Target 3

By 2002, reduce by 20 percent the rate of drug related murder, robbery, forcible rape, and aggravated assault in HIDTAs as compared to the 1996 base year. By 2007, reduce specified drug-related crimes in HIDTAs by 40 percent.



Primary Data Source

(Future) Special tabulations from the Uniform Crime Reports (UCR), Crime in the United States

Measure 4

Rate of aggravated assaults in HIDTAs that are associated with distribution, sale, or consumption of illegal drugs

Reporting Agency

ONDCP

Secondary Data Source(s)

None

Supporting Agencies

DEA, FBI, Treasury

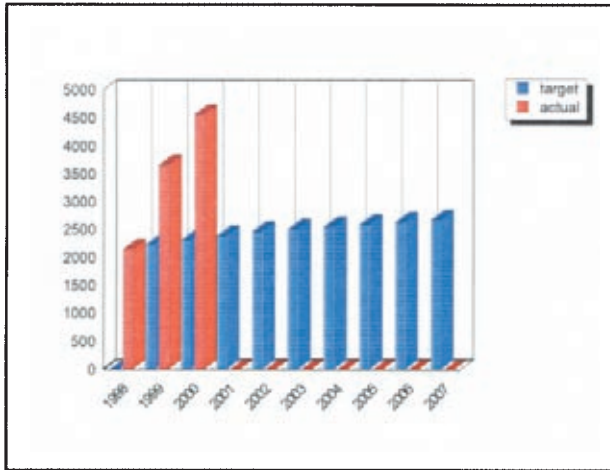
Status

The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of murders, for which drug involvement is tracked, that current Federal data systems cannot track drug involvement in robberies, forcible rapes, and aggravated assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement. Moreover, the FBI does not report UCR data by county (the geographic unit upon which HIDTAs are based). In order for UCR data to be used to assess progress on this target for HIDTAs, special data runs must be conducted. ONDCP recently awarded a contract to have special tabulations conducted on the UCR, in order to provide the estimates for this measure. ONDCP anticipates obtaining these estimates by August 2001. The utility of this approach will be reviewed in the next year as part of the interagency Subcommittee process.

GOAL 2

OBJECTIVE 3: Help law enforcement to disrupt money laundering and seize and forfeit criminal assets.

Increase use of asset seizure procedures, number of state and local jurisdictions, CY 98-07



Primary Data Source

Administrative data reported to ONDCP by the Department of Justice's Asset Forfeiture and Money Laundering Section and information contained in the Bureau of Justice Statistics' Law Enforcement Management and Administration Statistics.

Secondary Data Source(s)

None

Target 1

By 2002, increase the proportion of State and local law enforcement agencies effectively using asset seizure procedures in the investigative process by 10 percentage points over the 1998 base year. By 2007, increase this proportion by 20 percentage points over the base year.

Measure 1

The proportion of State and local law enforcement agencies utilizing asset seizure/forfeiture policies within the investigative process.

Reporting Agency

DOJ

Supporting Agencies

FBI, DEA, USCS, Treasury

Status

This target is on-track. Year 2000 data indicate a 13 percent increase over the 1998 base year. Within the Federal forfeiture program, the Department of Justice reports 2,146 of 18,769 (base year 1998), 3,646 of 18,769 (1999) and 4,559 of 18,769 (2000) State and local agencies have agreed to follow federal forfeiture program policies. Available data is limited to the number of State and local law enforcement agencies using Federal asset seizure/forfeiture policies within the investigative process. Since State and local forfeiture programs are run separately from the Federal forfeiture program, it is currently difficult to provide any meaningful data on State and local law enforcement use of asset forfeiture at the state and local level. Each State program is run differently and there is no statutory obligation that each state provide the Federal government with data regarding its use of asset forfeiture policies.

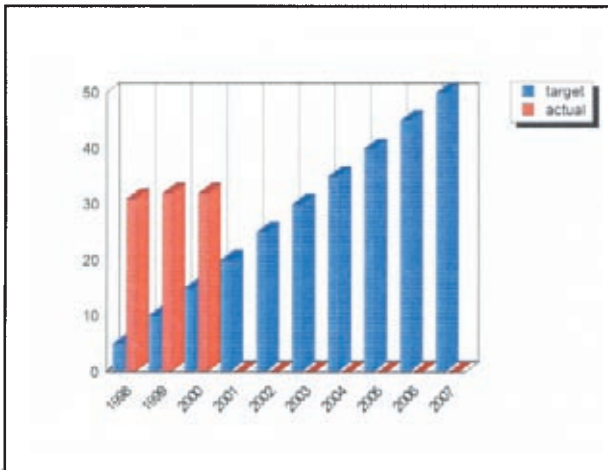
GOAL 2

OBJECTIVE 3: Help law enforcement to disrupt money laundering and seize and forfeit criminal assets.

State anti-money laundering statutes, number of states, CY 98-07

Target 2

By 2007, all States enact drug-related anti-money laundering statutes.



Primary Data Source

Administrative data reported to ONDCP by the Department of Justice's Asset Forfeiture and Money Laundering Section.

Measure 1

Number of States that have adopted anti-money laundering legislation.

Reporting Agency

DOJ

Secondary Data Source(s)

None

Supporting Agencies

FBI, DEA, USCS, Treasury

Status

The Department of Justice reports that as of the 1998 base year, 31 States adopted anti-money laundering legislation, 32 States as of 1999, and 32 States as of 2000.

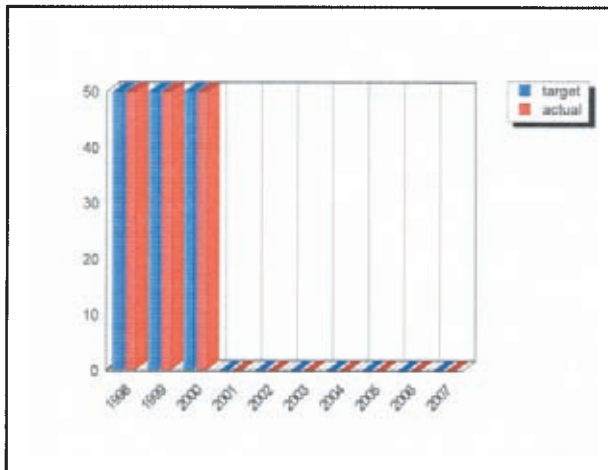
GOAL 2

OBJECTIVE 3: Help law enforcement to disrupt money laundering and seize and forfeit criminal assets.

State asset seizure/forfeiture statutes, number of states, CY 98-07

Target 2

By 2007, all States enact drug-related asset seizure/forfeiture statutes.



Measure 2

Number of States that have adopted asset seizure/forfeiture statutes

Reporting Agency
DOJ

Primary Data Source

Administrative data reported to ONDCP by the Department of Justice's Asset Forfeiture and Money Laundering Section.

Secondary Data Source(s)
None

Supporting Agencies
FBI, DEA, USCS, Treasury

Status

This target is completed for asset seizure/forfeiture statutes. The Department of Justice reports that as of the end of 1999, all 50 states have adopted asset seizure/forfeiture legislation.

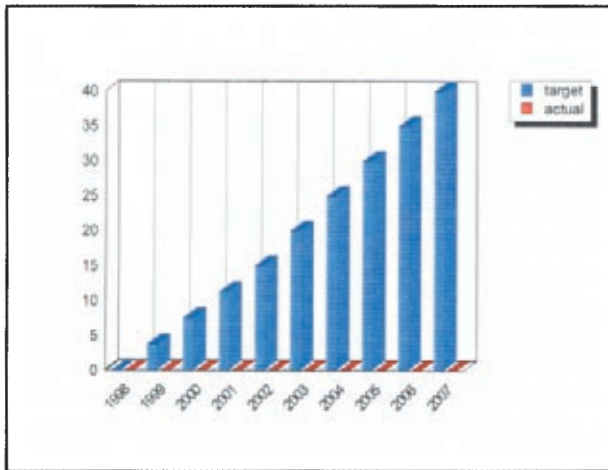
GOAL 2

OBJECTIVE 3: Help law enforcement to disrupt money laundering and seize and forfeit criminal assets.

Increase money laundering costs, average cost increase in percent, CY 98-07

Target 3

By 2002, increase the cost of money laundering to drug traffickers within the United States by 15 percent over costs in the 1998 base year. By 2007, increase money laundering costs at least 40 percent over base year costs.



Primary Data Source

TBD

Measure 1

The average cost per dollar of money laundering transactions to drug trafficking organizations within the United States.

Reporting Agency

Treasury

Secondary Data Source(s)

None

Supporting Agencies

DOJ, FinCEN

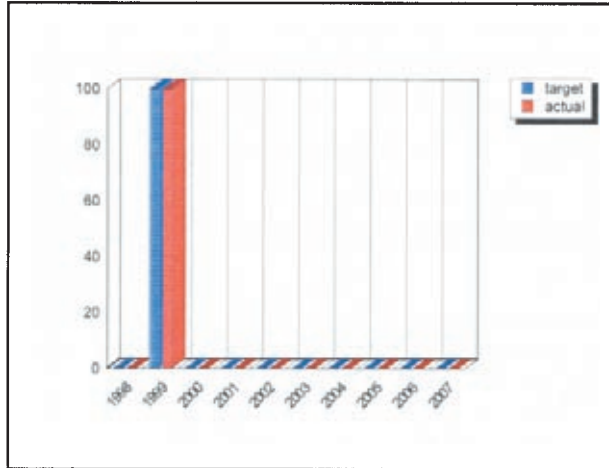
Status

The Department of the Treasury has determined that the optimum way to measure this target is through a survey of undercover operations. However, such a survey has not yet been feasible because of the nature of the operations and a desire to await findings of Treasury's project to estimate the magnitude of money laundering. Treasury (Enforcement), through its Financial Crimes Enforcement Network, awarded a contract in August 2000 to develop a methodology for estimating the magnitude of money laundering. The project is in two phases. Phase I, estimated to last about nine months, will identify key sources of data, collect and evaluate it, and develop a methodology to estimate the magnitude of money laundering. Phase II, estimated to last another nine months, will test the data quality, sample case files, implement the model and report findings, and include a plan for improving currently reported data. As the methodology is developed and tested, ONDCP will assess its applicability to the current target and measure.

GOAL 2

OBJECTIVE 4: Break the cycle of drug abuse and crime.

Drug testing policies, percent of adult state correctional agencies, CY 98-07



Primary Data Source

Administrative data reported to ONDCP by the Department of Justice's Corrections Program Office.

Secondary Data Source(s)

None

Target 1

By 1999, in concert with the States, adopt drug testing policies within the criminal justice system which:

- a. clearly articulate the purposes and goals of drug testing and prescribe responses;
- b. require a positive response to each positive test, which may include assessment, event documentation, enhanced case management, increased judicial supervision, or imposition of graduated sanctions and treatment interventions;
- c. target appropriate populations based on an assessment of need for each type of testing;
- d. specify testing types and frequency;
- e. specify how offenders will be targeted for testing; and
- f. detail staff training

Measure 1

The proportion of adult State Correctional Agencies that have policies that include a-f above.

Reporting Agency

DOJ

Supporting Agencies

Status

This target was completed, on track, in 1999. Adult State correctional agencies have worked with the Department of Justice and put in place policies that meet this target. The FY 1997 Department of Justice Appropriations Act included a provision that required the States to implement a program of drug testing and interventions for offenders under corrections supervision. The FY 1999 Department of Justice Appropriation Act made compliance voluntary. As of the end of 1999, although there is no statutory reporting requirement, all 56 states and territories have reported implementation of such policies. Additionally, Violent Offender Incarceration/Truth-in-Sentencing grantees funded by the Department of Justice are required to implement a program of drug testing, intervention, and sanctions for offenders under corrections supervision.

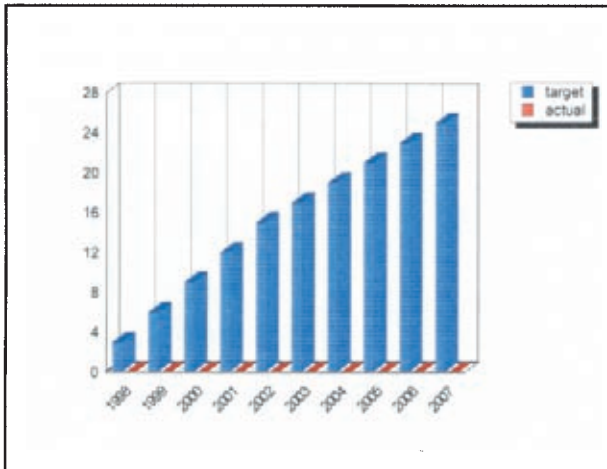
GOAL 2

OBJECTIVE 4: Break the cycle of drug abuse and crime.

Increase substance abuse treatment availability, percent provided treatment, CY 98-07

Target 2

By 2002, increase the proportion of prison and jail inmates provided substance abuse treatment interventions prior to release by 15 percent from the 1997 baseline. By 2007, increase the proportion by 25 percent of the baseline.



Measure 1

The proportion of Federal, state, and local inmates provided with substance abuse treatment interventions prior to release.

Reporting Agency
HHS

Primary Data Source

(1) Uniform Facility Data Set (UFDS) Survey of Correctional Facilities of the Drug and Alcohol Services Information System (DASIS); (2) DOJ/BJJ Jail Inmate Survey (future).

Secondary Data Source(s)

None

Supporting Agencies

DOJ

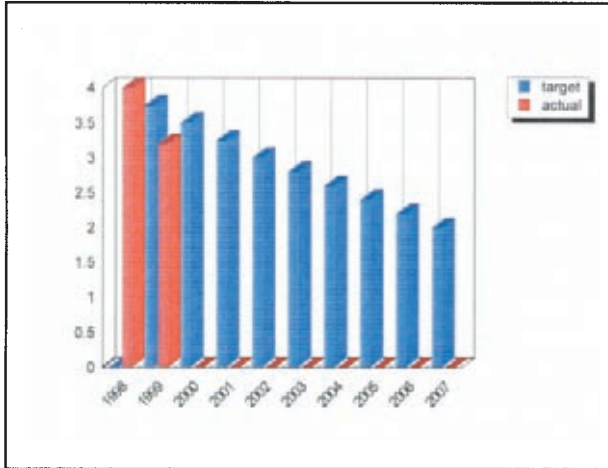
Status

According to 1997 baseline data from UFDS, 3,027 adult and juvenile facilities (not including jails) provided substance abuse treatment interventions to 173,000 inmates (10.5 percent). Information on the number of inmates that require substance abuse treatment is not yet available. Additional data collection and an improved survey design to measure total need is required. The Department of Health and Human Services has requested funding (in FY 2002 budget request) for the next survey of approximately 8,000 correctional facilities nationwide. The Jail Inmate Survey of 1997 (U.S. Department of Justice, Bureau of Justice Statistics) provides some data, however it is not current enough to be useful in measuring the status of this target. According to the Bureau of Justice Statistics, results of a current study will be collected in 2001 and available in 2002.

GOAL 2

OBJECTIVE 4: Break the cycle of drug abuse and crime.

Reduce inmate access to illegal drugs, percent of inmates testing positive, CY 98-07



Primary Data Source

(1) Violent Offender Incarceration and Truth-in-Sentencing (VOI/TIS) Drug Testing Data Report (State data); (2) Federal Bureau of Prisons.

Secondary Data Source(s)

None

Target 3

By 2002, reduce by 25 percent the proportion of inmates who test positive for illegal drug use during their incarceration in Federal and State detention facilities as compared to the positive drug test rate in the 1998 base year. By 2007, reduce positive tests by 50 percent as compared to the base year.

Measure 1

The proportion of inmates that test positive for drugs

Reporting Agency

DOJ

Supporting Agencies

ONDCP

Status

Information to provide a 1998 baseline by which to measure the progress of this target was obtained from the Federal Bureau of Prisons and from the Drug Testing Baseline report required by the guidelines published by the Attorney General for states to receive funding under the Violent Offender Incarceration/Truth-in-Sentencing Incentive Grants Program. Available data for 1998 indicates that of 1.2 million Federal and State inmates and 692,000 random tests, 4.0 percent tested positive (96 percent were drug-free). Data for 1999 indicates that of 1.26 million Federal and State inmates and 1.27 million random tests, 3.2 percent tested positive (96.8 percent were drug-free).

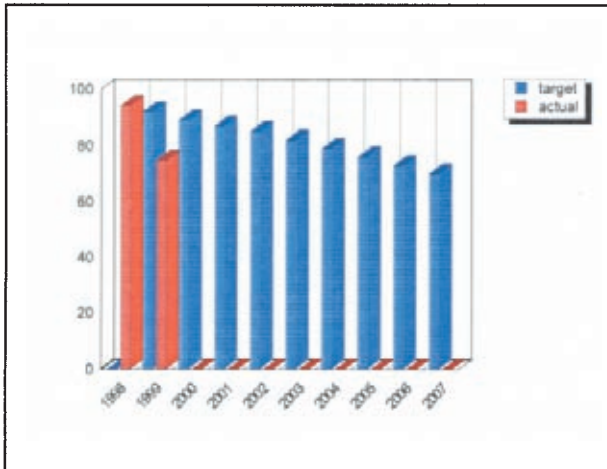
GOAL 2

OBJECTIVE 4: Break the cycle of drug abuse and crime.

Reduce drugs and recidivism, percent of drug-using offenders rearrested, CY 98-07

Target 4

By 2002, reduce by 10 percent the proportion of identified drug-using offenders who are rearrested for new felonies or serious misdemeanors within a one-year period following their release from supervision, using 1998 as the base year. By 2007, reduce this proportion by at least 25 percent below the base year proportion.



Measure 1

The proportion of identified drug-using offenders receiving RSAT treatment interventions who commit a felony or serious misdemeanor within the one-year period following release from supervision.

Reporting Agency
DOJ

Primary Data Source

Office of Justice Programs' Residential Substance Abuse Treatment (RSAT) annual reports.

Secondary Data Source(s)

None

Supporting Agencies

ONDCP

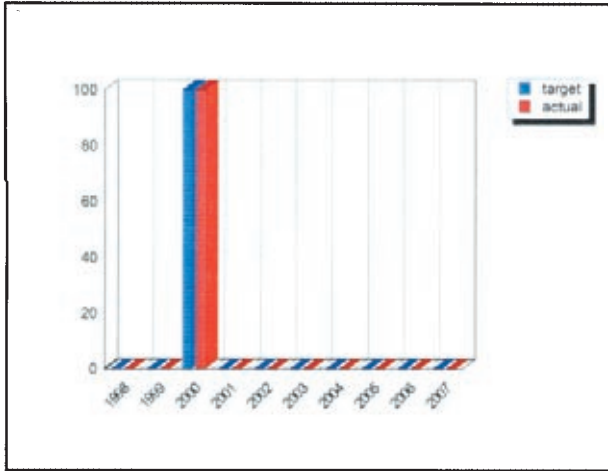
Status

Because the program has been phased in over several years, only a small number of states have reported data. The chart above presents only limited available data and does not reflect progress on a national level. The information available from RSAT annual reports for 1998 (five states) indicates an average of 94.2% of identified drug-using offenders were arrest free one year after their release. For 1999, data reported from 10 states indicates an average of 74.7% of identified drug using offenders were conviction free one year after release. When the data was collected, some graduates of RSAT programs had only been in the community for approximately six months. As a result, this information may not accurately reflect recidivism rates. Furthermore, reliability of the data is compromised by a combination of nonstandardized reporting criteria and different data sources. ONDCP will work with the U.S. Department of Justice to improve the standardization of reporting criteria.

GOAL 2

OBJECTIVE 5: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Effectiveness study - Milestone Target - Completed, CY 98-07



Primary Data Source

Administrative data reported to ONDCP by the Department of Justice's Office of Justice Programs

Secondary Data Source(s)

None

Target 1

By 2002, research the relative success of criminal justice, law enforcement, and offender treatment programs; identify selected initiatives that are deemed the most effective; and disseminate this information to all known criminal justice, law enforcement, and drug prevention/treatment agencies.

Measure 1

Publication and dissemination of an effectiveness study of criminal justice, law enforcement, and offender treatment programs

Reporting Agency

DOJ

Supporting Agencies

Status

This target is completed. The Department of Justice indicated that funding was not available to initiate a research project grant to document promising prevention, treatment, and law enforcement programs. As an alternative to a new research project at this time, the Department of Justice enlisted the aid of a contractor to develop a best practices guide which was published in the summer of 2000. The guide is titled: Promising Strategies to Reduce Substance Abuse; it is available from the National Criminal Justice Reference Service (NCJ 183152).

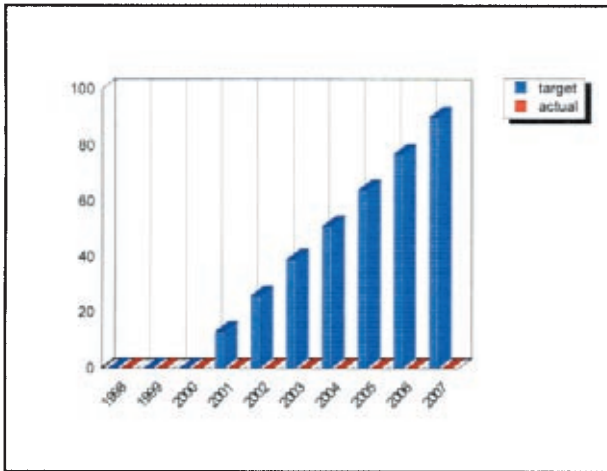
GOAL 2

OBJECTIVE 5: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Implement selected initiatives, percent of agencies, CY 98-07

Target 2

By 2007, 90 percent of criminal justice, law enforcement, and drug prevention/treatment agencies have selected and implemented initiatives identified in the effectiveness study as being effective or as having potential.



Measure 1

The proportion of criminal justice, law enforcement, and drug prevention/treatment agencies that have selected and implemented initiatives in the effectiveness study as being effective or as having potential.

Primary Data Source

TBD

Reporting Agency

DOJ

Secondary Data Source(s)

None

Supporting Agencies

ONDCP

Status

The efficacy of retaining or modifying this target is being reviewed by ONDCP because funding was not available to conduct the Effectiveness Study in the preceding Target 1.

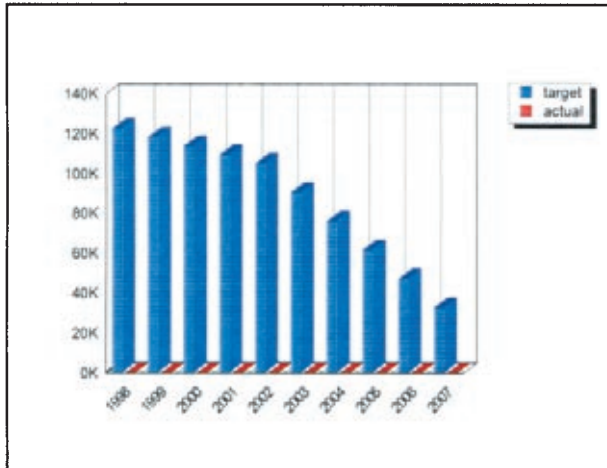
GOAL 3

IMPACT TARGET - Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse

**Reduce the health and social costs of illicit drug use
(\$ million) CY 98-07**

Target 1

By 2002, reduce health and social costs associated with illegal drugs by 10 percent, as expressed in constant dollars, as compared to the 1996 base year. By 2007, reduce costs by 25 percent as compared to the base year.



Primary Data Source

ONDCP study.

Measure 1

Health & social costs (in constant dollars) attributable to illegal drugs.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, DOL, ED, VA, and Treasury

Status

ONDCP is currently in the process of updating estimates of costs to society of drug abuse. These results will become available in the Spring of 2001 and will present data through 1998.

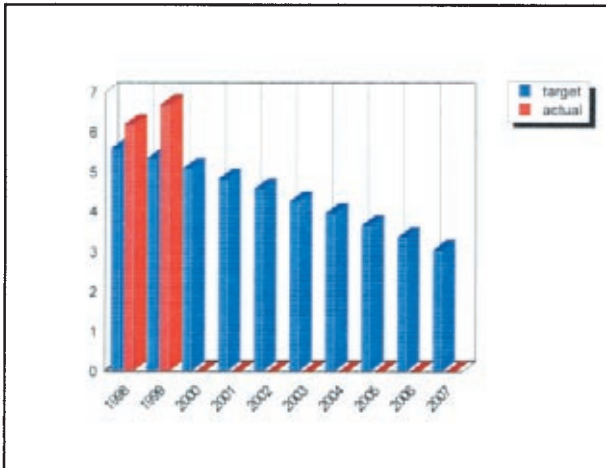
GOAL 3

IMPACT TARGET - Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse

Percent using drugs during the past month CY 98-07

Target 2

By 2002, reduce the nationwide prevalence of illegal drug use by 25 percent as compared to the 1996 base year. By 2007, reduce prevalence by 50 percent as compared to the base year.



Primary Data Source

National Household Survey on Drug Abuse.

Measure 1

The prevalence of drug use as measured by the National Household Survey and other relevant surveys.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, DOL, ED, VA, and Treasury

Status

Since 1996, past month use of any illicit drug (in the population aged 12 years and above) remained relatively stable.

In 1999, SAMHSA changed its survey methodology from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). For 1999, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. ONDCP's interagency working group recommends that in subsequent years, the measurement trend should begin with 1999 using the CAI method because trendable PAPI-method data will terminate with 1999 rates.

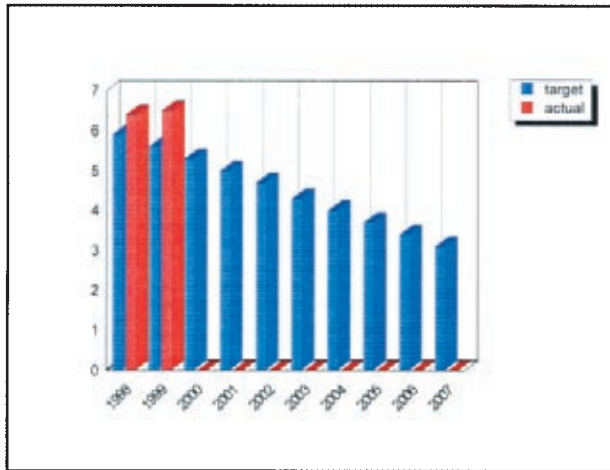
GOAL 3

IMPACT TARGET - Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse

Percent of adults (18 and older) employed full-time reporting current illicit drug use CY 98-07

Target 3

By 2002, reduce the prevalence of drug use in the workplace by 25 percent as compared to the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year.



Primary Data Source

National Household Survey on Drug Abuse.

Measure 1

The prevalence of drug use in the workplace as measured by the National Household Survey and other relevant surveys.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, DOL, DOT, ED, VA, and Treasury

Status

NOTE: In 1999, SAMHSA changed its survey methodology. Any inferences that are drawn from explicit or implicit comparisons between 1999 and prior years data must be done with caution.

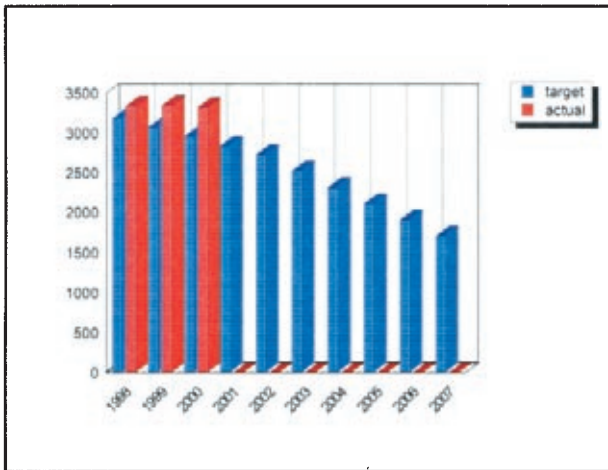
Difficulties in assessing progress toward rates of drug use in the workplace are chiefly related to a lack of contemporary research on venue of drug use among workers. However, the National Household Survey on Drug Abuse, which queries respondents about both drug use and employment status, can be used as a proxy source of secondary data for rates of drug use among the working population. Published findings from the Household Survey reveal current employment status is highly correlated with rates of illicit drug use. For 1999, of those adults 18 and older who reported being employed full- or part-time, 6.5 percent and 8.6 percent reported current illicit drug use, respectively.

To effectively gauge progress in workplace efforts to reduce drug use, primary data sources regarding the establishment, promotion, and outcomes of drug-free workplace programs are essential. The last nationally representative surveys of employer establishments designed to determine the baseline percentage of workplaces with specific program components was published in 1990. The need for a new, periodic, nationally representative survey of workplace factors contributing to drug abuse is addressed by the SAMHSA/HHS 2002 budget proposal. The proposed survey will begin to address the critical lack of contemporary data regarding substance abuse-linked work performance, health care, accidents, and injury liability issues.

GOAL 3

IMPACT TARGET - Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse

Changes, in thousands, in the number of chronic drug users (cocaine figures illustrated below) CY 98-07



Primary Data Source

ONDCP's Retail Sales Report: "What America's Users Spend on Illegal Drugs, 1988-1998," December, 2000.

Secondary Data Source(s)

None

Target 4

By 2002, reduce the number of chronic drug users by 20 percent as compared to 1996 base year. By 2007, reduce the number of chronic drug users by 50 percent as compared to the base year.

Measure 1

The estimated number of chronic drug users.

Reporting Agency

HHS

Supporting Agencies

DOJ, ED, VA, Treasury, and ONDCP

Status

	HEROIN	COCAINE
1996	917 thou	3,410 thou
1997	935	3,503
1998	980	3,343
1999	977	3,348
2000	977	3,325

NOTE: A large number of drug users use both heroin and cocaine. For example, of the hardcore users in the 1995 DUF sample, 70 percent were hardcore users of cocaine only, 16 percent were hardcore users of heroin only, and 14 percent were hardcore users of both drugs.

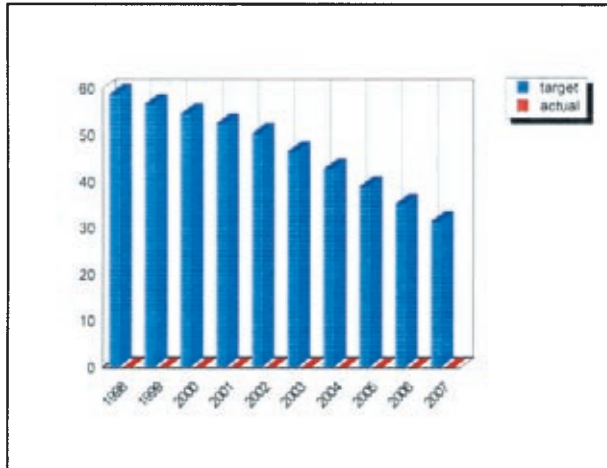
GOAL 3

OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Percent change in the treatment gap CY 98-07

Target 1

By 2002, reduce the treatment gap by at least 20 percent as compared to the 1996 base year. By 2007, reduce the gap by at least 50 percent compared to the base year.



Primary Data Source

National Household Survey on Drug Abuse, Uniform Faculty Data Set, Uniform Crime Reports, and the Alcohol and Drug Services Study.

Secondary Data Source(s)

None

Measure 1

Treatment gap, defined as the difference between those needing treatment and those who actually received it.

Reporting Agency

HHS

Supporting Agencies

DOJ, DVA, ONDCP

Status

The target is to reduce the size of the treatment gap (i.e., the difference between those who received treatment in any given year and those who would benefit from treatment as defined by diagnoses of drug abuse or drug dependence). The Federal drug control community reviewed the methodology by which the treatment gap is calculated in order to obtain a more precise estimate and to ensure consistency with approaches used by states to allocate funds. Drug abuse and drug dependence were defined according to criteria in the Diagnostic and Statistical Manual of Mental Disorders, version IV. A module measuring dependence and abuse was added to the expanded National Household Survey on Drug Abuse in 2000. The 2000 data, to be released in August 2001, will be the first to contain a measure of the treatment gap using the new methodology.

In 1996, an estimated 5.3 million persons were in need of treatment services for substance abuse problems. Of this group, approximately 1.9 million persons or 37 percent received treatment, leaving a drug treatment capacity shortfall of 63 percent or an estimated 3.3 million persons unable to access drug treatment services.

GOAL 3

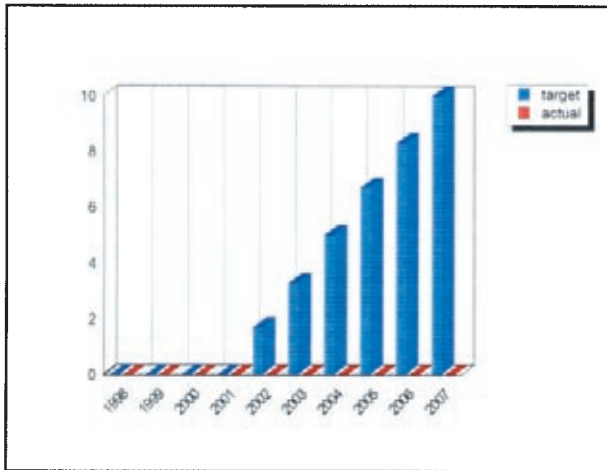
OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Percent change in full-time employment CY 01-07

Target 2

By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:

- a. 10 percent increase in full-time employment (adults in the labor market);
- b. 10 percent increase in educational status (adolescents);
- c. 10 percent decrease in illegal activity;
- d. 10 percent increase in general medical health; and a
- e. 10 percent decrease in drug use.



Measure 1

Percent increase in full-time employment (adults in the labor market) compared against data from the 2001 base year.

Reporting Agency
HHS

Primary Data Source

National Treatment Outcome Monitoring System (NTOMS).

Secondary Data Source(s)

None

Supporting Agencies

BIA, DoD, DOJ, ED, ONDCP

Status

The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans to achieve each of the five categories of this target.

In 2001, the Center for Substance Abuse Treatment (CSAT), in cooperation with ONDCP, is developing and implementing the National Treatment Outcome Monitoring System (NTOMS). Through continuous monitoring, NTOMS will provide nationally representative data on treatment admissions, the size and characteristics of the hardcore drug using population, waiting time, and treatment outcomes.

GOAL 3

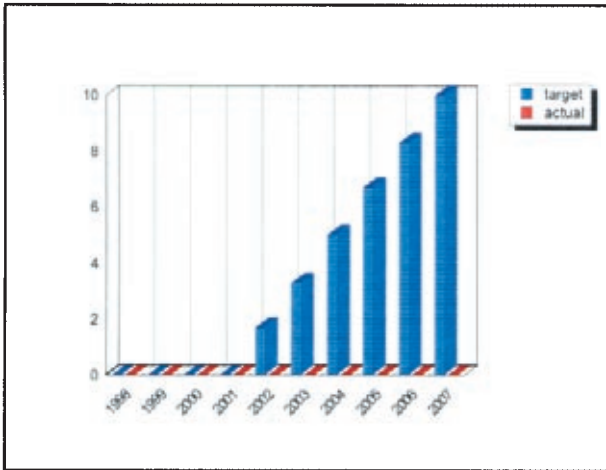
OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Percent change in educational status CY 01-07

Target 2

By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:

- a. 10 percent increase in full-time employment (adults in the labor market);
- b. 10 percent increase in educational status (adolescents);
- c. 10 percent decrease in illegal activity;
- d. 10 percent increase in general medical health; and a
- e. 10 percent decrease in drug use.



Primary Data Source

National Treatment Outcome Monitoring System (NTOMS).

Measure 2

Percent increase in educational status (adolescents) compared against data from the 2001 base year.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

BIA, DoD, DOJ, ED, ONDCP

Status

The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans to achieve each of the five categories of this target.

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GOAL 3

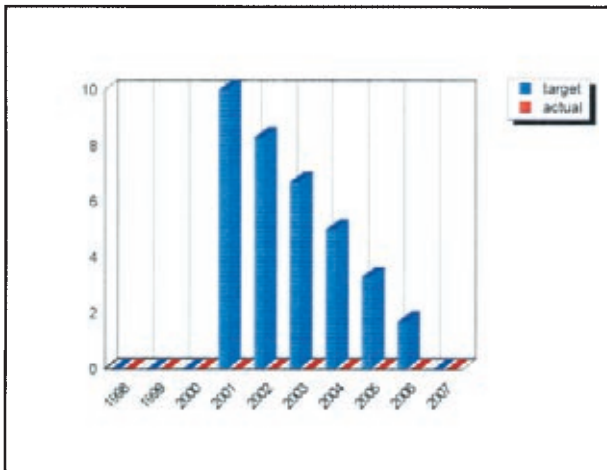
OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Percent change in illegal activity CY 01-07

Target 2

By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:

- a. 10 percent increase in full-time employment (adults in the labor market);
- b. 10 percent increase in educational status (adolescents);
- c. 10 percent decrease in illegal activity;
- d. 10 percent increase in general medical health; and a
- e. 10 percent decrease in drug use.



Measure 3

Percent decrease in illegal activity compared against data from the 2001 base year.

Primary Data Source

National Treatment Outcome Monitoring System (NTOMS).

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

BIA, DoD, DOJ, ED

Status

The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans to achieve each of the five categories of this target.

In 2001, the Center for Substance Abuse Treatment (CSAT), in cooperation with ONDCP, is developing and implementing the National Treatment Outcome Monitoring System (NTOMS). Through continuous monitoring, NTOMS will provide nationally representative data on treatment admissions, the size and characteristics of the hardcore drug using population, waiting time, and treatment outcomes.

GOAL 3

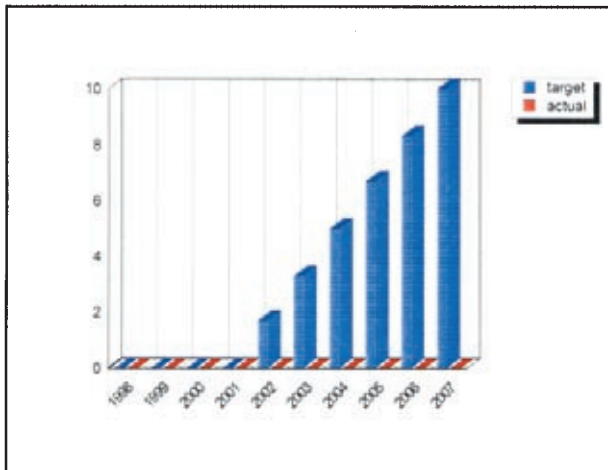
OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Percent change in general medical health CY 01-07

Target 2

By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:

- a. 10 percent increase in full-time employment (adults in the labor market);
- b. 10 percent increase in educational status (adolescents);
- c. 10 percent decrease in illegal activity;
- d. 10 percent increase in general medical health; and a
- e. 10 percent decrease in drug use.



Primary Data Source

National Treatment Outcome Monitoring System (NTOMS).

Measure 4

Percent increase in general medical health compared against data from the 2001 base year.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

BIA, DoD, DOJ, ED

Status

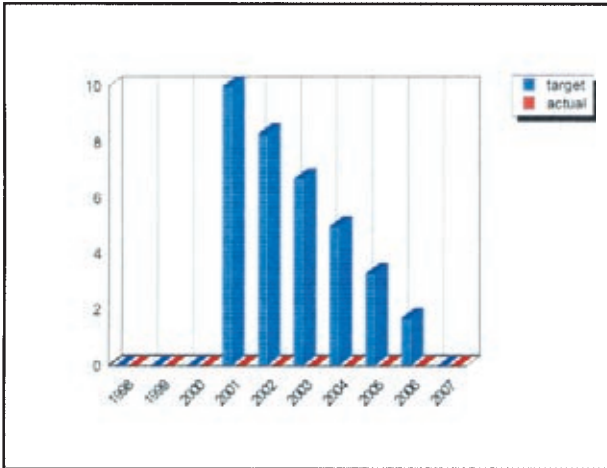
The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans to achieve each of the five categories of this target.

In 2001, the Center for Substance Abuse Treatment (CSAT), in cooperation with ONDCP, is developing and implementing the National Treatment Outcome Monitoring System (NTOMS). Through continuous monitoring, NTOMS will provide nationally representative data on treatment admissions, the size and characteristics of the hardcore drug using population, waiting time, and treatment outcomes.

GOAL 3

OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Percent change in drug use CY 01-07



Primary Data Source

National Treatment Outcome Monitoring System (NTOMS).

Secondary Data Source(s)

None

Target 2

By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:

- a. 10 percent increase in full-time employment (adults in the labor market);
- b. 10 percent increase in educational status (adolescents);
- c. 10 percent decrease in illegal activity;
- d. 10 percent increase in general medical health; and a
- e. 10 percent decrease in drug use.

Measure 5

Percent decrease in drug use compared against data from the 2001 base year.

Reporting Agency

HHS

Supporting Agencies

BIA, DoD, DOJ, ED

Status

The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans to achieve each of the five categories of this target.

In 2001, the Center for Substance Abuse Treatment (CSAT), in cooperation with ONDCP, is developing and implementing the National Treatment Outcome Monitoring System (NTOMS). Through continuous monitoring, NTOMS will provide nationally representative data on treatment admissions, the size and characteristics of the hardcore drug using population, waiting time, and treatment outcomes.

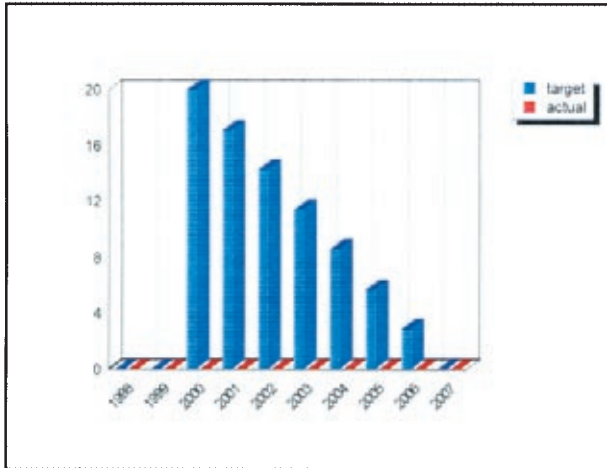
GOAL 3

OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Percent change in average waiting time CY 00-07

Target 3

By 2007, reduce the average waiting time to enter treatment by 20 percent as compared to the 2000 base year.



Measure 1

Average waiting time.

Primary Data Source

National Treatment Outcome Monitoring System (NTOMS); from the Addiction Severity Index Waiting Time module.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, ED

Status

In 2001, the Center for Substance Abuse Treatment (CSAT), in cooperation with ONDCP, is developing and implementing the National Treatment Outcome Monitoring System (NTOMS). Through continuous monitoring, NTOMS will provide nationally representative data on treatment admissions, the size and characteristics of the hardcore drug using population, waiting time, and treatment outcomes.

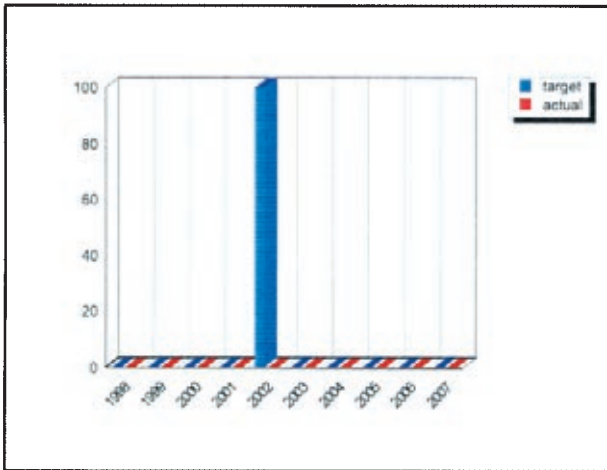
GOAL 3

OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Implement NTOMS CY 02

Target 4

By 2002, develop and implement a National Treatment Outcome Monitoring System (NTOMS) to collect data on an ongoing basis and provide drug treatment providers nationwide with a source of information needed to identify changes in drug abuse treatment outcomes and to identify program-level determinants of change.



Measure 1

NTOMS implemented and providing continuous information updates on the performance of clients and the drug treatment service delivery system.

Reporting Agency
HHS

Primary Data Source

NTOMs database implemented, updated and actively disseminating information. Assessed annually by interagency group and expert advisors.

Secondary Data Source(s)

None

Supporting Agencies

DOJ, DOT, ED, ONDCP

Status

The Office of National Drug Control Policy (ONDCP) has pilot tested an information system effort with treatment programs around the country that is now being expanded by the Department of Health and Human Services (HHS) into the National Treatment Outcome Monitoring System (NTOMS). In 2001, the Center for Substance Abuse Treatment (CSAT), with assistance from ONDCP, will implement requirements for NTOMS. NTOMS will provide nationally representative data on treatment admissions, the size and characteristics of the hardcore drug using population, waiting time, and treatment outcomes. Under NTOMS, treatment program performance will be measured with common instruments allowing for comparison of relative effectiveness.

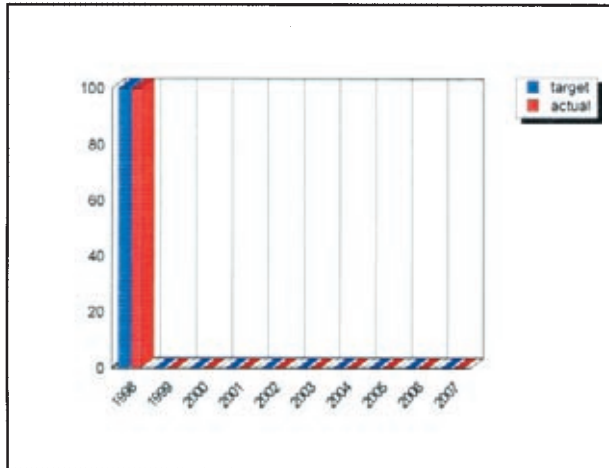
GOAL 3

OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Disseminate treatment information CY 98

Target 5

By December 1998 (and annually thereafter), disseminate current information to key civic leaders about the best available drug treatment in order to substantially enhance efficiency, effectiveness, and accessibility of drug treatment nationwide.



Primary Data Source

HHS Administrative Information

Measure 1

Progress toward more extensive information dissemination

Reporting Agency

HHS

Secondary Data Source(s)

National Treatment Plan Initiatives

Supporting Agencies

DOJ, DOT, ED

Status

This target was initially completed in 1998. Initially a one year commitment, the interagency group charged with evaluating the effort made this an annual activity. As a result, the federal drug control community: 1) disseminated treatment information during the 1999 and 2000 National Alcohol and Drug Addiction Recovery Months (NADARM) to key civic leaders, allied organization members, and media, with increasing attention to how the information was being used by recipients and how well it was communicated to the public. The interagency group, which now includes representatives of constituent and consumer organizations, continues to meet regularly to plan and evaluate dissemination materials and methods, develop materials, and carry out the annual NADARM dissemination of information about best treatment practices.

An additional theme consistent with the National Treatment Plan, reducing the stigma associated with treatment, has been added for materials development. The interagency group agreed that there is a persistent public misperception that treatment does not work and additional effort must be made to remedy treatment effectiveness misperceptions to offset prejudice directed at addicts, those in recovery, and the individuals, groups and communities with which they associated. The ultimate goal addresses two areas: 1) discourage substance abuse and encourage people to undergo treatment, and, 2) to develop greater opinion leader and public understanding about people in need of treatment and their potential to contribute to society.

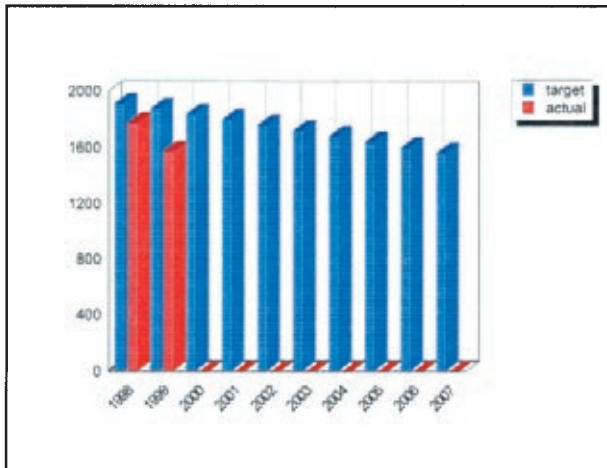
GOAL 3

OBJECTIVE 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Number of drug-related cases of tuberculosis CY 97-07

Target 1

By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related tuberculosis by 10 percent among the total U.S. population. By 2007, reduce the incidence by 20 percent as compared to the base year.



Primary Data Source

CDC's surveillance reports for tuberculosis and HIV.

Measure 1

The incidence of drug-abuse related tuberculosis as systematically reported in the Centers for Disease Control and Prevention's (CDC's) Tuberculosis Verified Case Reporting System, and the VA Substance Abuse Database.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DVA

Status

The Federal drug control community developed an action plan to improve the effectiveness of prevention and treatment services through continued research and evaluation and to help tailor these services to special settings and populations. The CDC maintains a national database for the public health surveillance of tuberculosis.

Of the drug-related tuberculosis cases reported, about 29 percent are associated with injection drug use. Incidences of drug-related tuberculosis are:

1997: 1,952 (583 injection, 1,369 non-injection)

1998: 1,777 (489 injection, 1,288 non-injection)

1999: 1,577 (425 injection, 1,152 non-injection)

Note that the PME 2000 Report erroneously reported 5,800 TB cases from injecting drug users in 1997 instead of 583.

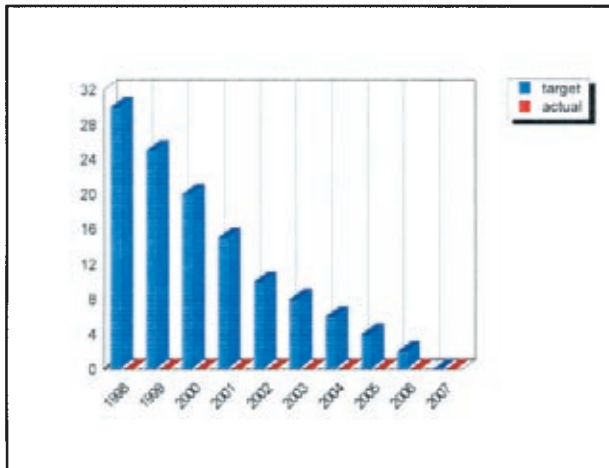
GOAL 3

OBJECTIVE 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Percent change in Hepatitis B incidence CY 97-07

Target 2

By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related Hepatitis B by 25 percent among the total U.S. population. By 2007, reduce the incidence by 35 percent as compared to the base year.



Measure 1

The incidence of drug-abuse related Hepatitis B as systematically assessed from CDC's HIV National Viral Hepatitis Reporting System, CDC's Five County Surveillance System, and the VA Substance Abuse Database.

Reporting Agency
HHS

Primary Data Source
CDC Reporting System.

Secondary Data Source(s)
None

Supporting Agencies
DVA

Status

The Federal drug control community developed an action plan to improve the effectiveness of prevention and treatment services through continued research and evaluation and to help tailor these services to special settings and populations. For Hepatitis B and C, data are captured through CDC's National Notifiable Disease Surveillance System.

NOTE: Reliable annual estimates of Hepatitis B and Hepatitis C are not possible. This is because the estimates are derived from sampling six geographically diverse counties representative of the U.S. These figures are then extrapolated to generate national estimates. Because of the small sample size, reliable trends can be discerned over long-term periods -- roughly about every five years.

1995 is the most recent year on which baseline data are available for Hepatitis B cases. Injection drug users represent approximately 25 percent or 10,216 of the total Hepatitis B cases for 1995.

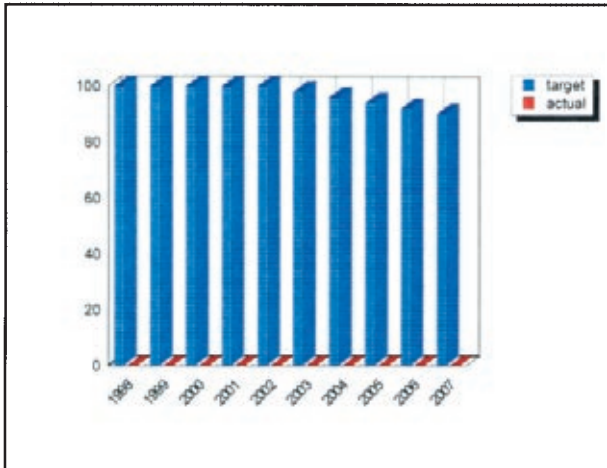
GOAL 3

OBJECTIVE 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Percent change in HIV incidence CY 97-07

Target 3

By 2002, as compared to the 1997 base year, stabilize the incidence of drug abuse related HIV infection. By 2007, reduce the incidence by 10 percent as compared to the base year.



Measure 1

The incidence of drug-abuse related HIV as systematically assessed from CDC's HIV Counseling and Testing Database, CDC's Seroprevalence Surveillance Systems for IDUs, and the VA Substance Abuse Database.

Reporting Agency
HHS

Supporting Agencies
DVA

Primary Data Source

CDC's HIV/AIDS Surveillance Report. The CDC collected data from 35 states as of 2000. Data from additional states is added as it becomes available.

Secondary Data Source(s)

None

Status

The Federal drug control community developed an action plan to improve the effectiveness of prevention and treatment services through continued research and evaluation and to help tailor these services to special settings and populations.

Currently, CDC collects AIDS case data from all 50 states and territories and HIV infection case reports in 35 states; prior year data included fewer states and territories. HIV surveillance data reflect cases diagnosed and reported through public health departments. HIV case reports do not necessarily represent incident (new) HIV infections because persons may be tested at any point throughout the course of their disease and not all persons newly infected have been tested and therefore cannot be reported. Similarly, HIV reports represent a minimum number of prevalent HIV cases since not all persons with HIV infection are tested and persons tested anonymously are not reported. Furthermore, since not all states report HIV cases, HIV reporting may not reflect national trends.

Given these circumstances, ONDCP will reconvene the working group to evaluate the utility of this measure and examine alternatives.

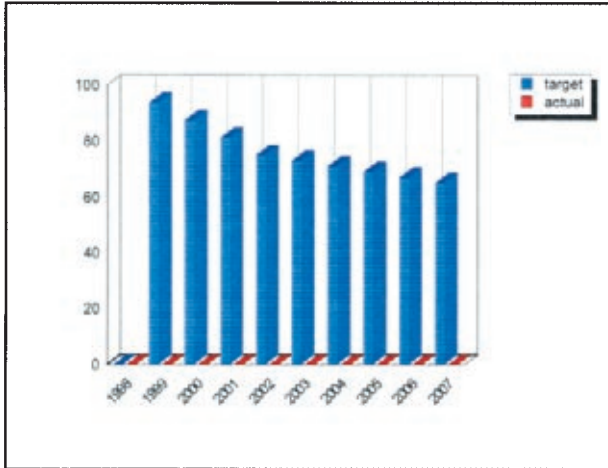
CDC reported the following drug-use related incidences of HIV (data & trends are subject to the limitations noted):

- 1997: 2,937 (30 states reported)
- 1998: 3,156 (32 states reported)
- 1999: 3,602 (33 states reported)

GOAL 3

OBJECTIVE 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Percent change in Hepatitis C incidence CY 97-07



Primary Data Source

CDC Reporting System.

Secondary Data Source(s)

None

Target 4

By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related Hepatitis C by 25 percent among the total U.S. population. By 2007, reduce the incidence by 35 percent as compared to the base year.

Measure 1

The incidence of drug-abuse related Hepatitis C as systematically assessed from CDC's HIV counseling and testing database, CDC's Seroprevalence Surveillance Systems for IDUs, and the VA Substance Abuse Database.

Reporting Agency

HHS

Supporting Agencies

DVA

Status

The Federal drug control community developed an action plan to improve the effectiveness of prevention and treatment services through continued research and evaluation and to help tailor these services to special settings and populations. For Hepatitis B and C, data are captured through CDC's National Notifiable Disease Surveillance System.

Reliable annual estimates of Hepatitis B and Hepatitis C are not possible. This is because the estimates are derived from sampling six geographically diverse counties representative of the U.S. These figures are then extrapolated to generate national estimates. Because of the small sample size, reliable trends can be discerned over long-term periods -- roughly about every five years.

The CDC estimates there were approximately 36,000 incidences of Hepatitis C infections in 1996, the most recent year for which data are available. However, CDC does not separate out cases that are drug-related.

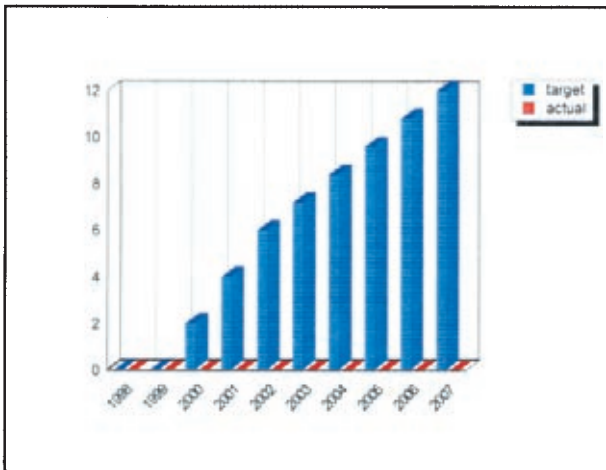
GOAL 3

OBJECTIVE 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes: Drug testing, education, prevention, and intervention.

Percent increase in workplaces with employee assistance programs CY 99-07

Target 1

By 2002, increase over the 1999 base year the number of workplaces with (a) employee assistance programs by 6 percent; (b) drug-free workplace policies by 15 percent; (c) drug testing by 12 percent; and (d) at least 1 hour per year of substance abuse education by 12 percent. By 2007, increase each to at least 12, 30, 24, and 24 percent, respectively, over the base year.



Measure 1

The percentage of workplaces with employee assistance programs.

Reporting Agency
HHS

Primary Data Source

None. A broadbased and nationally representative survey of workplace factors is contained in the SAMHSA/HHS 2002 budget proposal.

Secondary Data Source(s)

None

Supporting Agencies
ED, DOL, DOT, BSA

Status

Difficulties in assessing current percentages of workplaces with employee assistance programs are hampered by a lack of contemporary nationally representative employer data. The last national survey of employer establishments designed to determine the percentage of workplaces with employee assistance programs was published by the Department of Labor's Bureau of Labor Statistics in 1990.

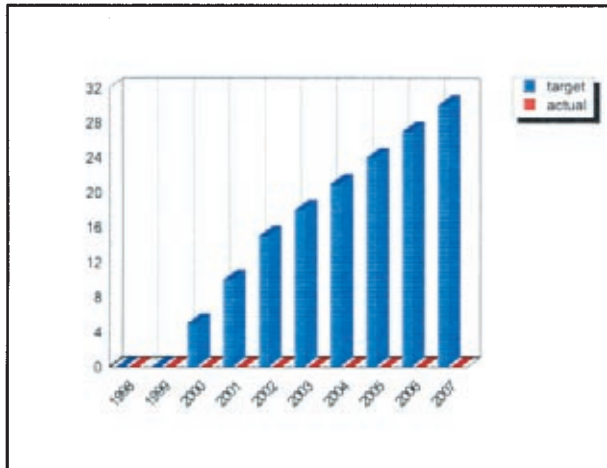
Evidence of a steady growth in employee assistance programs or EAPs is demonstrated by two private sector EAP industry surveys, the Open Minds' Yearbook of Managed Behavioral Health Market Share and the Society for Human Resource Management's Annual Benefits Survey. These surveys, while limited in scope, indicate that approximately 50 million employees in the US were covered by such programs in 2000, equal to roughly 60 percent of the workforce. This figure shows an approximate increase of 5 percent over 1999 market penetration.

Data gathered by these two industry surveys and results of special employee queries inserted in SAMHSA's 1994 and 1997 Household Surveys, however, indicates a relative disparity in the distribution of EAPs by employer size and type. While the overwhelming majority of Fortune 500 companies and employers with workforces over 5000 typically offer this important benefit to employees (91 percent according to SHRM's 2001 Annual Benefits Survey), the smaller and newly-formed entrepreneurial work organizations in our economy have lagged far behind in implementing this important drug-free workplace component for their workers. Similarly, workplaces and industries (such as energy, transportation, public safety, etc.) with greater government regulation and more acute occupational safety concerns, almost universally provide access to employees with employee assistance services, while industries such as food service, hospitality, retail sales, and temporary or contract labor services do not.

GOAL 3

OBJECTIVE 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes: Drug testing, education, prevention, and intervention.

Percent increase in workplaces with drug-free policies CY 99-07



Primary Data Source

None. A broadbased and nationally representative survey of workplace factors is contained in the SAMHSA/HHS 2002 budget proposal.

Secondary Data Source(s)

None

Target 1

By 2002, increase over the 1999 base year the number of workplaces with (a) employee assistance programs by 6 percent; (b) drug-free workplace policies by 15 percent; (c) drug testing by 12 percent; and (d) at least 1 hour per year of substance abuse education by 12 percent. By 2007, increase each to at least 12, 30, 24, and 24 percent, respectively, over the base year.

Measure 2

The percentage of workplaces with drug-free workplace policies.

Reporting Agency

HHS

Supporting Agencies

ED, DOL, DOT, SBA

Status

Difficulties in assessing current percentages of workplaces with drug-free workplace policies are hampered by a lack of contemporary nationally representative employer data. The last national survey of employer establishments designed to determine the percentage of workplaces with such drug-free policy elements in place was published by the Department of Labor's Bureau of Labor Statistics in 1990.

In 1992, the Office of Disease Prevention and Health Promotion (HHS) conducted a survey of private worksites to examine the degree and type of health promotion activities. Survey respondents were selected to represent a variety of industry types and establishment sizes. Company sizes ranged from 50 employees to more than 750 employees. In the area of alcohol and drug abuse prevention, the survey found that a majority of worksites had a formal policy. Eighty-eight percent of the respondents had a policy addressing alcohol abuse and 89 percent had a policy concerning illicit drug use. Special queries of working adults inserted in the 1994 and 1997 Household Surveys and reported in the SAMHSA study, Worker Drug Use and Workplace Policies and Programs, indicates approximately 70 percent of workers overall report awareness of written policies regarding drug and alcohol use, and this percentage increased relative with the establishment's size.

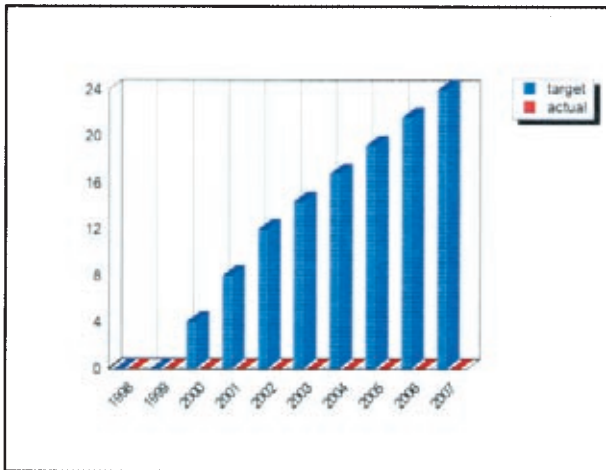
GOAL 3

OBJECTIVE 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes: Drug testing, education, prevention, and intervention.

**Percent increase in workplaces with drug-testing programs
CY 99-07**

Target 1

By 2002, increase over the 1999 base year the number of workplaces with (a) employee assistance programs by 6 percent; (b) drug-free workplace policies by 15 percent; (c) drug testing by 12 percent; and (d) at least 1 hour per year of substance abuse education by 12 percent. By 2007, increase each to at least 12, 30, 24, and 24 percent, respectively, over the base year.



Measure 3

The percentage of workplaces with drug testing programs.

Reporting Agency
HHS

Primary Data Source

None. A broadbased and nationally representative survey of workplace factors is contained in the SAMHSA/HHS 2002 budget proposal.

Secondary Data Source(s)
None

Supporting Agencies
ED, DOL, DOT, SBA

Status

Difficulties in assessing current percentages of workplaces with drug testing programs are hampered by a lack of contemporary nationally representative employer data. The last truly national survey of employer establishments designed to determine the percentage of workplaces with drug testing programs was published by the Department of Labor's Bureau of Labor Statistics in 1990.

Evidence of a change in the growth of the percentage of employers with drug testing programs is furnished by an annual limited membership* survey from the American Management Association. In 1986, only 21.5 percent of AMA member companies required employees to submit to drug testing; by 1996, 81 percent did. Beginning in 1997, the percentage began to decline, 74 percent in 1997 and 1998, to 70 percent in 1999 and 66 percent in 2000. This trend in reduction of employers with drug testing programs appears to mirror the thriving national economy, an increasing tightening of the available labor pool, and the lowest unemployment rates in many years.

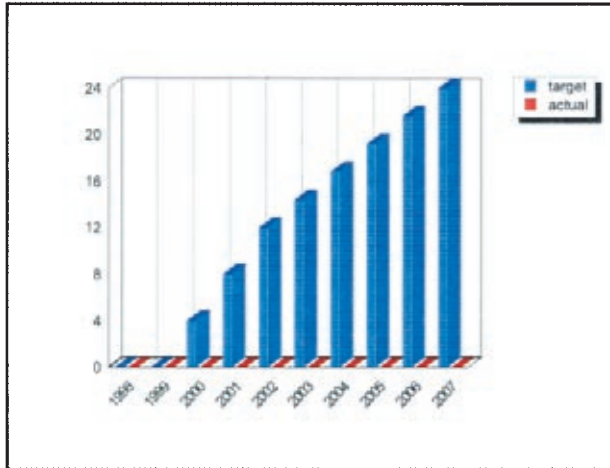
The AMA finding of reductions in employer drug testing programs also is confirmed by anecdotal news and industry sector reports of many small and medium-sized employers experiencing difficulty in retaining, attracting, and recruiting qualified workers. To help retention and to avoid discouraging prospective employees from applying, some companies may have rethought the use of drug testing or chose not to implement such programs.

*The AMA's member companies together employ one-fourth of the US workforce and are drawn from the top five percent of US business in terms of sales and total employees. Manufacturing companies comprise nearly half of the AMA; the second and third largest employer categories are for-profit and non-profit General Service employers, respectively.

GOAL 3

OBJECTIVE 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes: Drug testing, education, prevention, and intervention.

Percent increase in workplaces with substance abuse education CY 99-07



Primary Data Source

None. A broadbased and nationally representative survey of workplace factors is contained in the SAMHSA/HHS 2002 budget proposal.

Secondary Data Source(s)

None

Target 1

By 2002, increase over the 1999 base year the number of workplaces with (a) employee assistance programs by 6 percent; (b) drug-free workplace policies by 15 percent; (c) drug testing by 12 percent; and (d) at least 1 hour per year of substance abuse education by 12 percent. By 2007, increase each to at least 12, 30, 24, and 24 percent, respectively, over the base year.

Measure 4

The percentage of workplaces with substance abuse education.

Reporting Agency

HHS

Supporting Agencies

ED, DOL, SBA

Status

Difficulties in assessing current percentages of workplaces with substance abuse educational programs are hampered by a lack of contemporary nationally representative employer data. The last national representative survey of workplace substance abuse education efforts establishments designed to determine the percentage of workplaces with drug testing programs was published by the Department of Labor's Bureau of Labor Statistics in 1990.

In 1992, the Office of Disease Prevention and Health Promotion (HHS) conducted a survey of private worksites to examine the degree and type of health promotion activities. Survey respondents were selected to represent a variety of industry types and establishment sizes. Company sizes ranged from 50 employees to more than 750 employees. Information or activities concerning alcohol and drug education were provided by 36 percent of employers. Special employee queries inserted in the 1994 and 1997 Household Surveys and reported in the SAMHSA study, Worker Drug Use and Workplace Policies and Programs, indicates approximately 73 percent of workers overall said they were aware of written policies regarding drug and alcohol use, and this percentage ranged from 50 to 90 percent in small to large workplaces.

GOAL 3

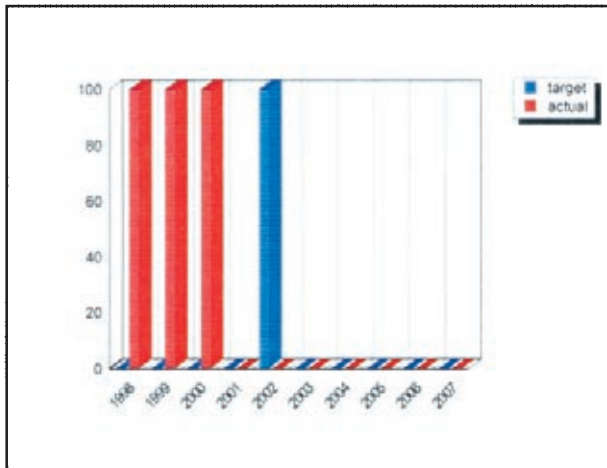
OBJECTIVE 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Percentage of states with nationally recognized standards for education and training CY 98-02

Target 1

By 2002, building on current efforts, develop nationally recognized standards for education and training for:

- a. substance abuse prevention service professionals;
- b. substance abuse treatment service professionals;
- c. substance abuse professionals (required by Department of Transportation alcohol and drug abuse program); and
- d. employee assistance professionals who provide substance abuse services.



Measure 1

Development of nationally recognized standards for education and training of substance abuse service professionals by appropriate (identified, aged upon) professional organizations.

Reporting Agency
HHS

Primary Data Source

Secondary Data Source(s)
None

Supporting Agencies

Status

Effective treatment services are being fostered through the provision of treatment manuals by the National Institute on Drug Abuse (NIDA), treatment improvement protocols by CSAT, clinical practice guidelines by the Veteran's Administration (VA), and a comprehensive treatment curriculum by the Federal Bureau of Prisons (BOP). These resources are being applied by state and local treatment programs with promising results. CSAT has also joined with the Certification Board for Addiction Professionals of Florida and a number of national stakeholder organizations to develop core competencies for substance abuse counselors. The Addiction Technology Transfer Centers (ATTC) is a nationwide, multi-disciplinary resource that draws on the knowledge of experts in the field of addiction. It was launched by CSAT under the Substance Abuse Mental Health Services Administration (SAMHSA) and consists of 13 independent Regional Centers and a National Office. ATTC facilitates access to research and education and fosters alliances among practitioners, researchers, policy makers, funders, and consumers to support and implement best treatment practices. Ultimately, these efforts will lead to a body of certified professionals equipped with manuals reflecting the state of the science.

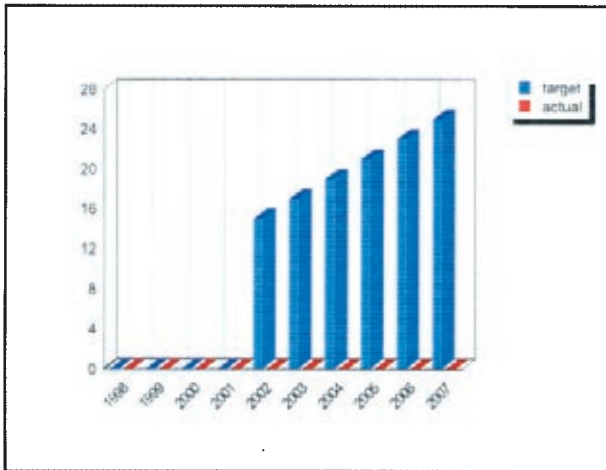
GOAL 3

OBJECTIVE 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Number of states with nationally recognized competency standards for prevention service professionals CY 02-07

Target 2

By 2002, at least 15 States will have adopted national standards for credentialing of substance abuse prevention service professionals and by 2007, at least 25 States will have adopted national standards.



Measure 1

The number of states that adopt nationally recognized competency standards for certification/licensure of substance abuse prevention service professionals.

Primary Data Source

None

Reporting Agency

HHS

Secondary Data Source(s)

None.

Supporting Agencies

DOT

Status

A one-time survey was conducted under an existing contract by the Center for Substance Abuse Treatment (CSAT) that provides a census of State certification and licensing requirements. This census will be updated periodically and is available electronically at the Addiction Technology Transfer Centers (ATTC) website: <http://www.nattc.org>. The Subcommittee on Data, Research, and Interagency Coordination will identify an additional data source to monitor the progress of these targets. The Federal drug control community is encouraging States and credentialing/licensing bodies to adopt the nationally recognized "Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice."

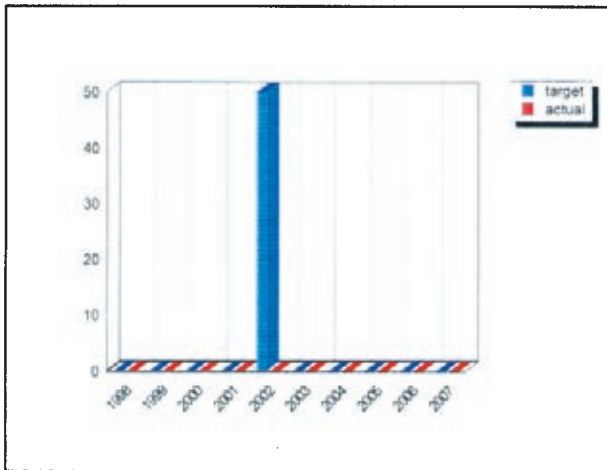
GOAL 3

OBJECTIVE 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Number of states with nationally recognized standards for credentialing substance abuse professionals CY 02

Target 3

By 2002, all States will have adopted nationally recognized standards for credentialing of substance abuse treatment service professionals.



Measure 1

The number of states that adopt nationally recognized competency standards for certification/licensure of treatment service professionals.

Primary Data Source

HHS Administrative Information

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOT

Status

A one-time survey was conducted under an existing contract by the Center for Substance Abuse Treatment (CSAT) that provides a census of State certification and licensing requirements. This census will be updated periodically and is available electronically at the Addiction Technology Transfer Centers (ATTC) website: <http://www.nattc.org>. The Subcommittee on Data, Research, and Interagency Coordination will identify an additional data source to monitor the progress of these targets. The Federal drug control community is encouraging States and credentialing/licensing bodies to adopt the nationally recognized "Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice."

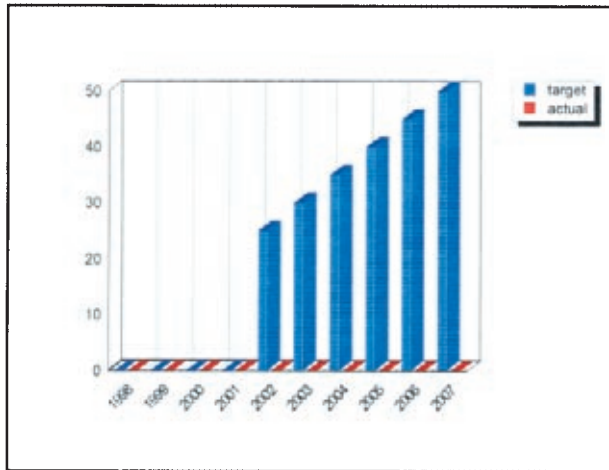
GOAL 3

OBJECTIVE 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Number of states adopting nationally recognized competency standards for certification CY 02-07

Target 4

By 2002, at least 25 States will have adopted nationally recognized standards for credentialing of substance abuse professionals and by 2007, all States will have adopted national standards.



Primary Data Source

HHS Administrative Information

Measure 1

Number of states that adopt nationally recognized competency standards for certification/licensure of substance abuse professionals.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOT

Status

A one-time survey was conducted under an existing contract by the Center for Substance Abuse Treatment (CSAT) that provides a census of State certification and licensing requirements. This census will be updated periodically and is available electronically at the Addiction Technology Transfer Centers (ATTC) website: <http://www.nattc.org>. The Subcommittee on Data, Research, and Interagency Coordination will identify an additional data source to monitor the progress of these targets. The Federal drug control community is encouraging States and credentialing/licensing bodies to adopt the nationally recognized "Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice."

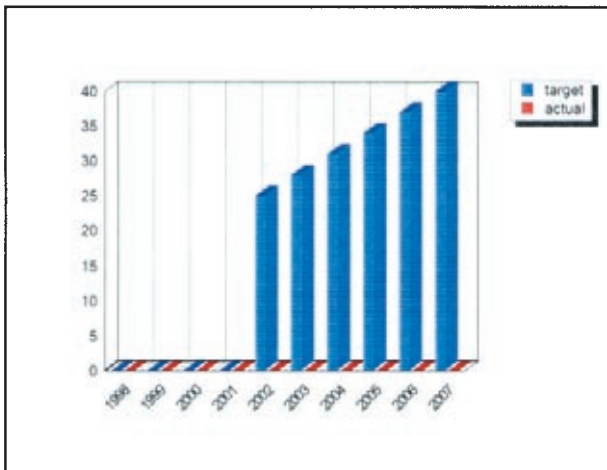
GOAL 3

OBJECTIVE 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Number of states adopting nationally recognized competency standards for certification CY 02-07

Target 5

By 2002, at least 25 States will have adopted nationally recognized standards for credentialing of employee assistance professionals who provide substance abuse services and by 2007, at least 40 States will have adopted national standards.



Measure 1

The number of states that adopt nationally recognized competency standards for certification/licensure of employee assistance professionals who provide substance abuse services.

Primary Data Source

HHS Administrative Information

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOT

Status

A one-time survey was conducted under an existing contract by the Center for Substance Abuse Treatment (CSAT) that provides a census of State certification and licensing requirements. This census will be updated periodically and is available electronically at the Addiction Technology Transfer Centers (ATTC) website: <http://www.nattc.org>. The Subcommittee on Data, Research, and Interagency Coordination will identify an additional data source to monitor the progress of these targets. The Federal drug control community is encouraging States and credentialing/licensing bodies to adopt the nationally recognized "Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice."

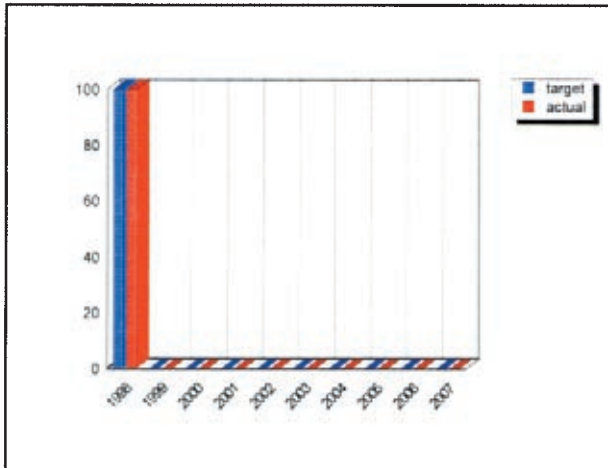
GOAL 3

OBJECTIVE 5: Support research into the development of medications and related protocols to prevent or reduce drug dependence and abuse.

Develop a prioritized list of questions that focus research efforts, percent completed, CY 98-99

Target 1

By 1999, develop a prioritized list of research questions that support the development of medications and related protocols to prevent or reduce drug dependence and abuse.



Primary Data Source

Measure 1

Status of medication research questions list

Reporting Agency
HHS

Secondary Data Source(s)
None

Supporting Agencies
VA

Status

This target was completed in 1998. The Federal drug control community drafted the following prioritized list of research topics supporting the development of medications and related protocols to prevent or reduce drug dependence and abuse: (1) modulation of the effects of cocaine on the dopamine system including peripheral cocaine blocking agents, direct modulation at the dopamine transporter, pre-synaptic modulation, and homeostatic restoration agents; (2) alteration of the effects of conditioned cues; (3) modulation of the stress response; and (4) alteration of mood states.

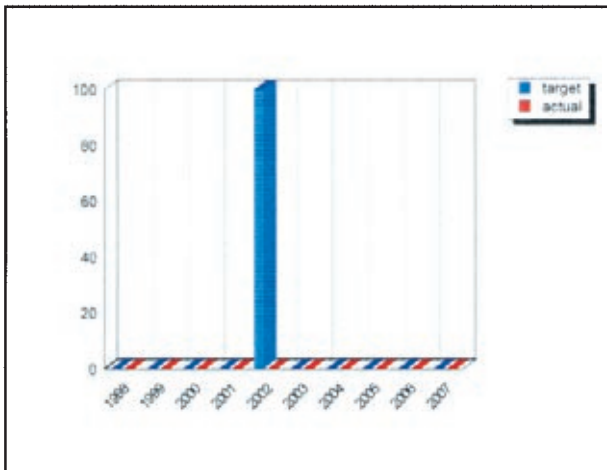
GOAL 3

OBJECTIVE 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

Develop a funded portfolio of federally-funded research projects, percent completed, CY 02

Target 1

By 2002, establish an interagency portfolio of Federally funded research projects to reduce the health and social costs of illegal drug use.



Measure 1

Development status of the interagency portfolio of federally-funded research projects.

Primary Data Source

Interagency Group Administrative Information

Reporting Agency

Interagency Group

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoAgri, DOC, DoD, DOT, HHS, VA, Treasury

Status

The Federal drug control community plans to identify an organization to serve as an external review panel to determine agency mission and research overlap and identify research gaps and opportunities to collaborate and share research progress. They are making progress for establishing the portfolio by 2002.

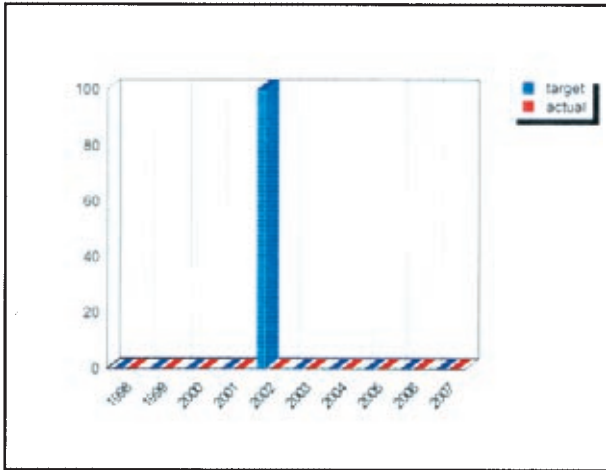
GOAL 3

OBJECTIVE 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

Develop an epidemiological model CY 02

Target 2

By 2002, develop and implement comprehensive Federal epidemiological measurement systems.



Primary Data Source

Administrative Information

Measure 1

Implementation status of Federal epidemiological measurement.

Reporting Agency

ONDCP

Secondary Data Source(s)

None

Supporting Agencies

HHS, DOJ

Status

The Federal drug control community developed an initial action plan; the approach includes the implementation of epidemiological models by collecting data needed for a model; developing and testing models to estimate incidence, prevalence, and treatment needs/utilization; and then reviewing and disseminating findings.

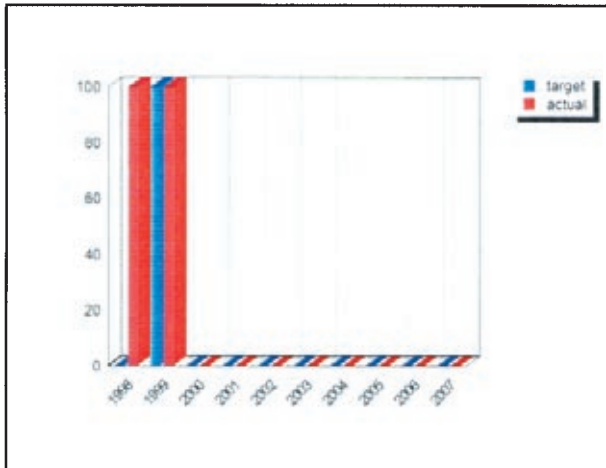
GOAL 3

OBJECTIVE 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

Develop a health/social cost model, percent developed, CY 98-99

Target 3

By 1999, research and recommend for implementation an interagency capacity or model to monitor changes in the health and social costs of illegal drugs from agreed upon baseline costs.



Primary Data Source

HHS Administrative Information

Measure 1

Status of health and social cost model development and implementation.

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoAgri, DOC, DoD, DOT, HHS, VA, Treasury

Status

The Federal drug control community developed an action plan to review existing studies and data sets, identify needed methodological improvements and data gaps, determine data sources for cost estimates, generate timeframe estimates, identify and resolve data problems, and coordinate data collection efforts.

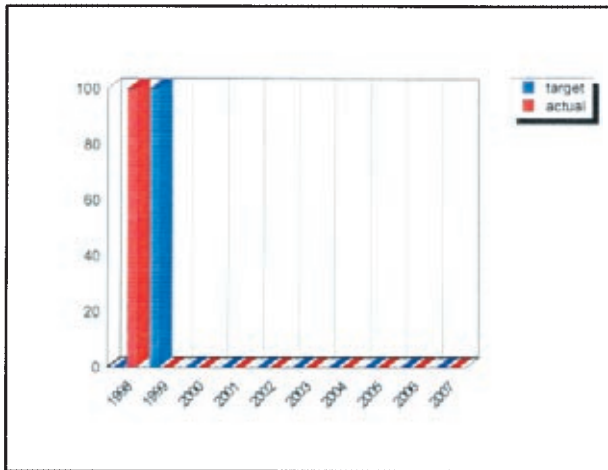
GOAL 3

OBJECTIVE 7: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Develop and disseminate a research-based information package, percent completed, CY 98-99

Target 1

By 1999, develop and disseminate an information package, based on existing research, for State legislators, governors, and physicians, on the use of marijuana for medicinal purposes and pharmaceutical alternatives to marijuana and other illegal drugs.



Measure 1

Development and initial distribution of an information package about the potential adverse effects of marijuana and other illegal drugs.

Reporting Agency
HHS

Primary Data Source

HHS Administrative Information

Secondary Data Source(s)

None

Supporting Agencies

DEA, ED

Status

This target was completed in 1998. An information package containing the following information was developed: (1) an ONDCP statement on marijuana as medicine, (2) interagency talking points, (3) an ONDCP press statement, and (4) a letter from three former Presidents opposing ballot initiatives to legalize Schedule I drugs. In addition, given concerns about encroaching efforts to justify legalization of harmful psychoactive drugs, the National Drug Control Strategy includes measures to counter the potential harm such activities pose. These include:

- * Presenting information that demonstrates the harm caused by substance abuse.
- * Teaching youth that substance abuse is detrimental to their health and well-being.
- * Supporting established scientific procedures to ensure that only safe and effective drugs are used for the treatment of medical ailments.
- * Informing state and local government as well as community coalitions and civic organizations about the techniques associated with the drug legalization movement.
- * Ensuring the rule of law.
- * Working with the international community to reinforce mutual efforts against drug legalization.

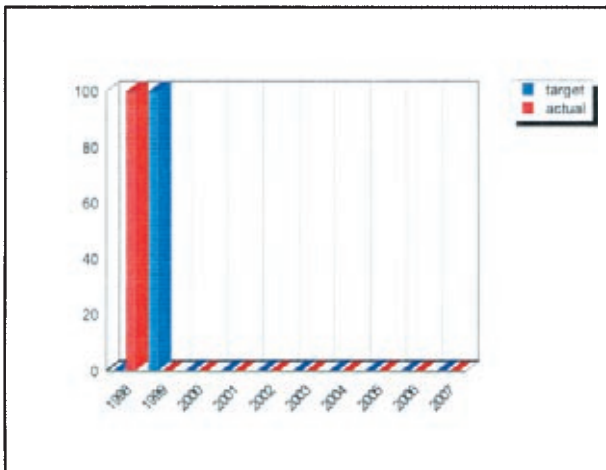
GOAL 3

OBJECTIVE 7: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Disseminate evidence of the adverse effects of legalizing marijuana and other drugs CY 98-99

Target 2

In 1999, complete nationwide dissemination of scientific evidence of the potential adverse effects of legalizing marijuana and other illegal drugs.



Measure 1

Information package developed and disseminated.

Primary Data Source

HHS Administrative Information

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DEA, ED, Dept. of Agriculture

Status

This target was completed in 1998. An information package was disseminated nationally with special attention focused on the States with pending drug legalization ballot initiatives. The Director of ONDCP held a press conference. The Deputy Director, ONDCP, made a two-day, four-city tour to meet with local grass roots organizations opposing the legalization of Schedule I drugs and made appearances on radio shows opposing the ballot initiatives. In addition, given concerns about encroaching efforts to justify legalization of harmful psychoactive drugs, the National Drug Control Strategy includes measures to counter the potential harm such activities pose. These include:

- * Presenting information that demonstrates the harm caused by substance abuse.
- * Teaching youth that substance abuse is detrimental to their health and well-being.
- * Supporting established scientific procedures to ensure that only safe and effective drugs are used for the treatment of medical ailments.
- * Informing state and local government as well as community coalitions and civic organizations about the techniques associated with the drug legalization movement.
- * Ensuring the rule of law.
- * Working with the international community to reinforce mutual efforts against drug legalization.

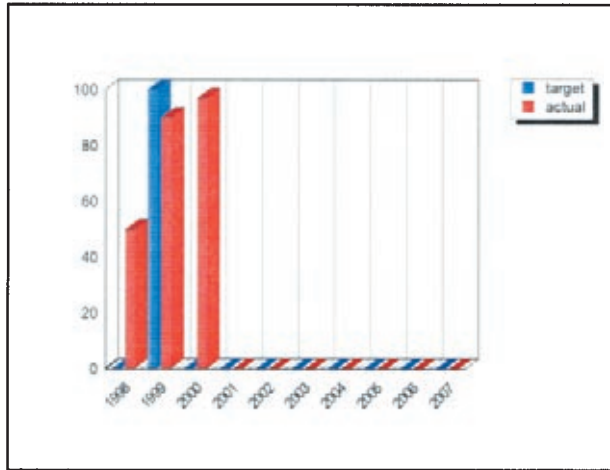
GOAL 3

OBJECTIVE 7: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Develop a plan that opposes the legalization of Schedule I drugs CY 98-00

Target 3

By 1999, develop a plan to disseminate information for state legislators, governors, citizens, law enforcement personnel, and medical personnel to help them in their efforts to oppose the legalization of Schedule I drugs as well as pharmacological alternatives.



Primary Data Source

Administrative Information

Measure 1

Status of the development of a plan that opposes legalization of Schedule I drugs

Reporting Agency

ONDCP

Secondary Data Source(s)

None

Supporting Agencies

HHS, DOJ, SAMHSA, FDA, VA, DoD, USDA, NIJ, DEA, ED

Status

The ONDCP statement on marijuana has been updated and distributed. Speeches and talking points for senior ONDCP officials on legalization have been developed. The Director's testimony on legalization as well as the Deputy Director's testimony on the medical use of marijuana will be distributed more widely to groups such as the governors, mayors, and state officials. DEA has developed Speaking out Against Drug Legalization, a guide which assists law enforcement officials and community leaders in framing arguments against legalization. In addition, given concerns about increasing efforts to justify legalization of harmful psychoactive drugs, the National Drug Control Strategy includes measures to counter the potential harm such activities pose. These include:

- * Presenting information that demonstrates the harm caused by substance abuse.
- * Teaching youth that substance abuse is detrimental to their health and well-being.
- * Supporting established scientific procedures to ensure that only safe and effective drugs are used for the treatment of medical ailments.
- * Informing state and local government as well as community coalitions and civic organizations about the techniques associated with the drug legalization movement.
- * Ensuring the rule of law.
- * Working with the international community to reinforce mutual efforts against drug legalization.

For this milestone measure, the progress reflected in the above chart reflects a subjective assessment and is subject to future revision.

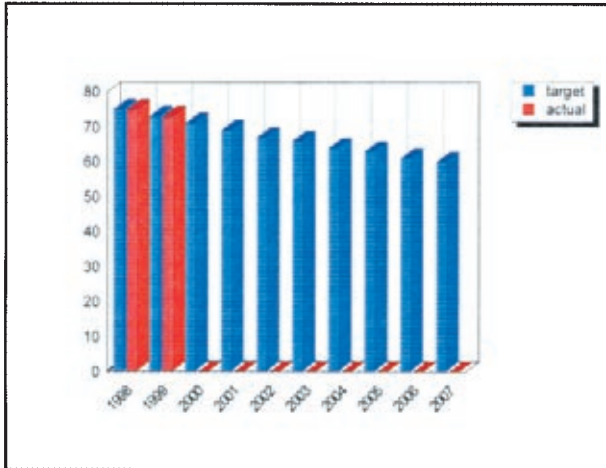
GOAL 4

IMPACT TARGET - Shield America's air, land, and sea frontiers from the drug threat

**Reduce transit and border zone drug flow (Cocaine),
reduction in percentage of drug flow (Cocaine), CY 98-07**

Target 1

By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.



Primary Data Source

ONDCP Cocaine Flow Model which integrates data from: FDSS; CCDB; INCSR; CNC coca cultivation estimates; IACM; NHSDA; and ADAM.

Secondary Data Source(s)

None

Measure 1

The rate that illegal drugs are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies.

Reporting Agency

ONDCP

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

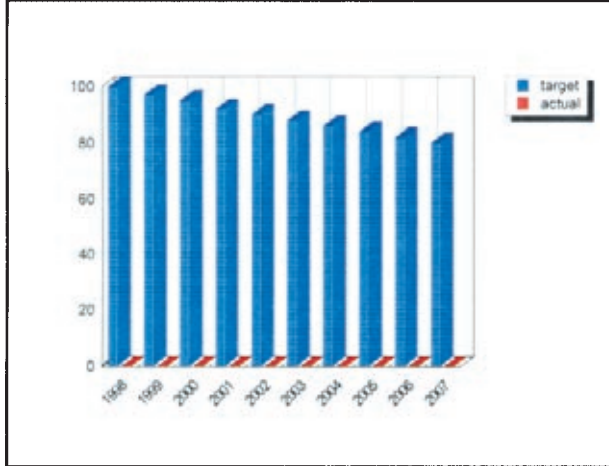
Status

ONDCP Cocaine Flow Model: Modeling cocaine availability is in a mature process, and is now reportable.

GOAL 4

IMPACT TARGET - Shield America's air, land, and sea frontiers from the drug threat

**Reduce transit and border zone drug flow (Heroin),
reduction in percentage of drug flow (Heroin), CY 98-07**



Primary Data Source

The ONDCP Heroin Flow Model, which integrates data from: FDSS; INCSR; and the CNC potential heroin estimates.

Secondary Data Source(s)

None

Target 1

By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.

Measure 2

The rate that illegal drugs in the transit zones are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies (Heroin).

Reporting Agency

ONDCP

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

Status

ONDCP Heroin Flow Model: Heroin modeling follows in maturity level, but is limited by the lack of accurate foreign consumption figures.

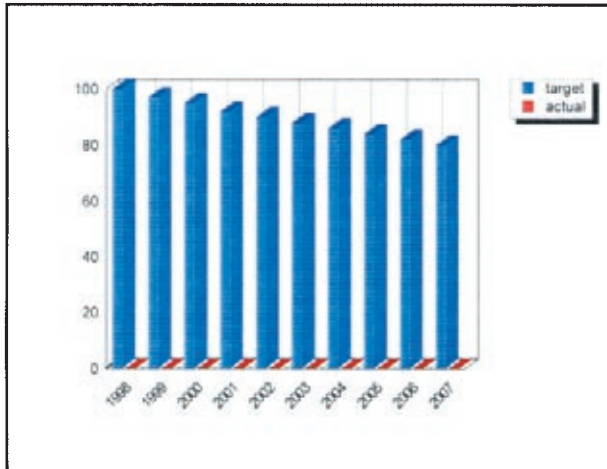
GOAL 4

IMPACT TARGET - Shield America's air, land, and sea frontiers from the drug threat

**Reduce transit and border zone drug flow (Marijuana),
reduction in percentage of drug flow (Marijuana), CY 98-07**

Target 1

By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.



Measure 3

The rate that illegal drugs in the transit zones are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies. (Marijuana)

Reporting Agency
ONDCP

Primary Data Source

None

Secondary Data Source(s)

None

Supporting Agencies

DEA, DOS, FBI, NSA, USCG, USCS, USIC

Status

For the modeling of marijuana availability, only a consumption estimate has been developed, although domestic supply is a key component. In 1999, the Department of Agriculture agreed to participate in a process to investigate possible tools for developing this estimate sometime in 2000. To date, this process has yet to be initiated.

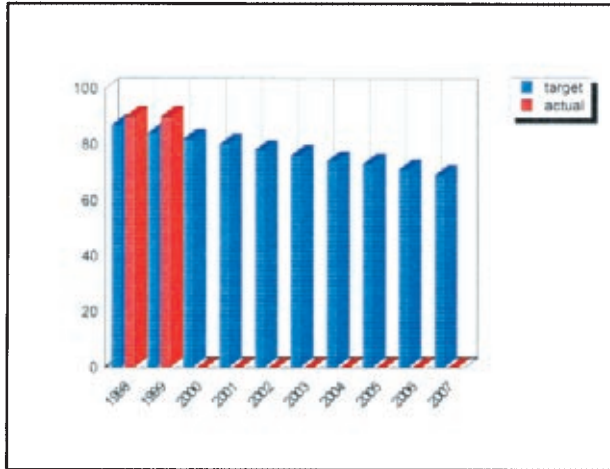
GOAL 4

IMPACT TARGET - Shield America's air, land, and sea frontiers from the drug threat

Reduce transit and border zone drug flow (Methamphetamine), percentage reduction of drug flow (Methamphetamine), CY 98-07

Target 1

By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.



Measure 4

The rate that illegal drugs in the transit zones are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies. (Methamphetamine)

Reporting Agency
ONDCP

Primary Data Source

None

Secondary Data Source(s)

None

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

Status

For the modeling of methamphetamine availability, only a consumption estimate has been developed, although domestic supply is a key component. Methamphetamine supply estimates are difficult to determine for the same reasons identified for marijuana.

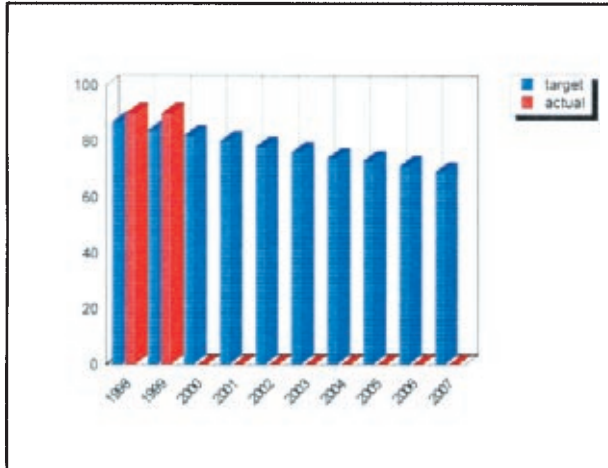
GOAL 4

IMPACT TARGET - Shield America's air, land, and sea frontiers from the drug threat

**Reduce transit and border zone drug flow (Cocaine),
reduction in percentage of drug flow (Cocaine), CY 98-07**

Target 1

By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.



Measure 5

The rate that illegal drugs in the arrival zones are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies. (Cocaine)

Reporting Agency
ONDCP

Primary Data Source

ONDCP Cocaine Flow Model which integrates data from: FDSS; CCDB; INCSR; CNC coca cultivation estimates; IACM; NHSDA; and ADAM.

Secondary Data Source(s)

None

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

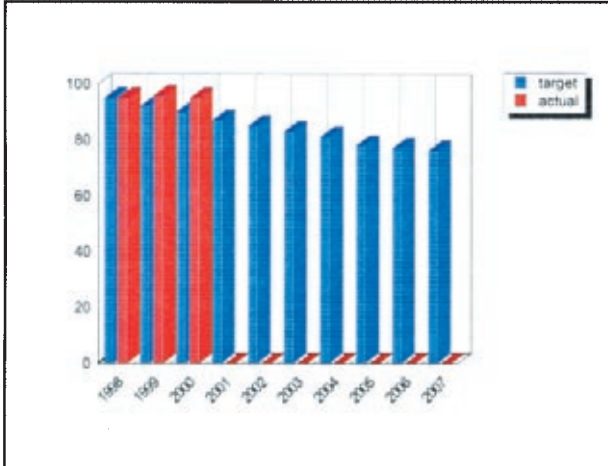
Status

ONDCP Cocaine Flow Model: Modeling cocaine availability is in a mature process, and is now reportable.

GOAL 4

IMPACT TARGET - Shield America's air, land, and sea frontiers from the drug threat

**Reduce transit and border zone drug flow (Heroin),
reduction in percentage of drug flow (Heroin), CY 98-07**



Primary Data Source

The ONDCP Heroin Flow Model, which integrates data from: Federal-wide Drug Seizure System (FDSS); INCSR; and the CNC potential heroin estimates.

Secondary Data Source(s)

None

Target 1

By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.

Measure 6

The rate that illegal drugs in the arrival zone are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies. (Heroin)

Reporting Agency

ONDCP

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

Status

ONDCP Heroin Flow Model: Heroin modeling follows in maturity level, but is limited by the lack of accurate foreign production and consumption figures.

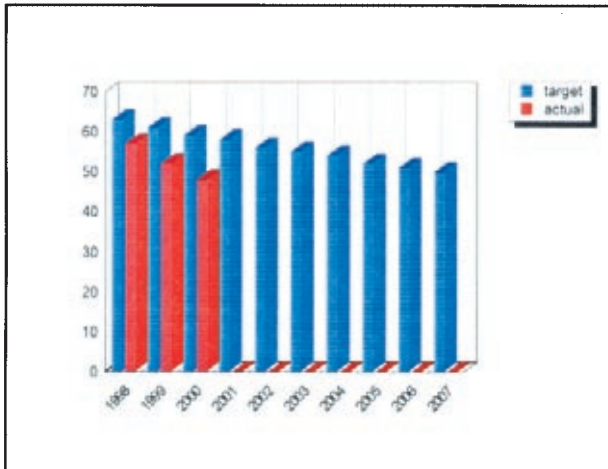
GOAL 4

IMPACT TARGET - Shield America's air, land, and sea frontiers from the drug threat

**Reduce transit and border zone drug flow (Marijuana),
reduction in percentage of drug flow (Marijuana), CY 98-07**

Target 1

By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.



Measure 7

The rate that illegal drugs in the arrival zone are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies. (Marijuana)

Reporting Agency
ONDCP

Primary Data Source

"What America's Users Spend on Illegal Drugs," 1988-1998, ONDCP, December 2000.

Secondary Data Source(s)

None

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

Status

For the modeling of marijuana availability, only a consumption estimate has been developed, although domestic supply is a key component. In 1999, the Department of Agriculture agreed to participate in a process to investigate possible tools for developing this estimate sometime in 2000. To date, this process has yet to be initiated.

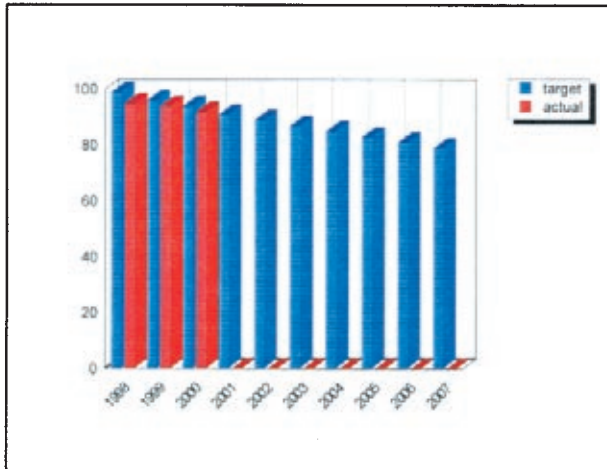
GOAL 4

IMPACT TARGET - Shield America's air, land, and sea frontiers from the drug threat

Reduce transit and border zone drug flow (Methamphetamine), reduction in percentage of drug flow (Methamphetamine), CY 98-07

Target 1

By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.



Measure 8

The rate that illegal drugs in the arrival zone are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies. (Methamphetamine)

Reporting Agency
ONDCP

Primary Data Source

"What America's Users Spend on Illegal Drugs," 1988-1998, ONDCP, December 2000.

Secondary Data Source(s)

None

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

Status

For the modeling of methamphetamine availability, only a consumption estimate has been developed, although domestic supply is a key component. Methamphetamine supply estimates are difficult to determine for the same reasons identified for marijuana.

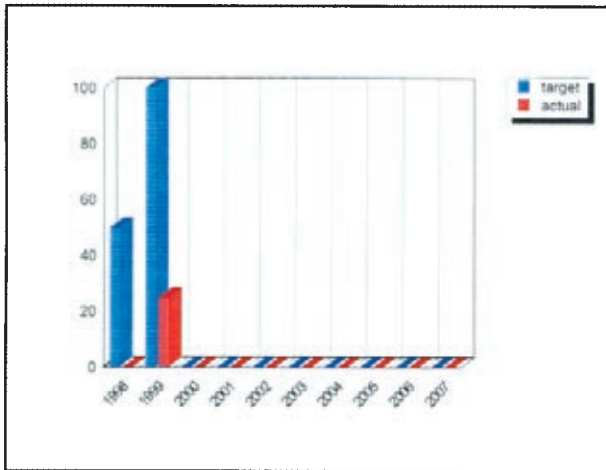
GOAL 4

OBJECTIVE 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Develop interagency drug flow models, percentage of drug flow models developed, CY 98-99

Target 1

By 1999, develop accurate databases for estimating the flow of U.S.-bound movement of cocaine, heroin, marijuana, and methamphetamine (including quantitative information on amounts being moved and modes of transportation). Update the databases quarterly.



Measure 1

Development of an interagency drug flow model for each major illicit drug - cocaine, heroin, marijuana, methamphetamine.

Reporting Agency
ONDCP

Primary Data Source
ONDCP

Secondary Data Source(s)
None

Supporting Agencies
DEA, DoD, DOS, USCG, USCS, EPIC, JIATFs

Status

A detailed report on the status of efforts to develop drug flow models for the four major drugs can also be found in Chapter 2 of this Report. The following paragraphs provide updates on development of each of the four interagency drug flow models. As this target called for all four to be developed by 1999, and only, cocaine, has been, this target is off-track.

Cocaine Interagency Drug Flow Model: Modeling cocaine availability is in a mature process, and is now reportable.

Heroin Interagency Drug Flow Model: Heroin modeling follows in maturity level, but is limited by the lack of accurate foreign production and consumption figures.

Marijuana Interagency Drug Flow Model: For the modeling of marijuana availability, only a consumption estimate has been developed, although domestic supply is a key component. In 1999, the Department of Agriculture agreed to participate in a process to investigate possible tools for developing this estimate sometime in 2000. To date, this process has yet to be initiated.

Methamphetamine Interagency Flow Model: This was the first methamphetamine (meth) consumption estimate and improvements are expected over the next year. Meth supply estimates are difficult to determine for the same reasons identified for marijuana.

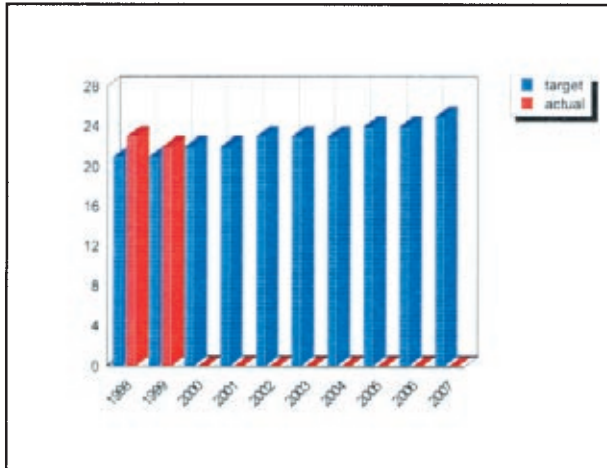
GOAL 4

OBJECTIVE 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Cocaine removal, percentage of cocaine removed in transit against the drug flow, CY 98-07

Target 2

By 2002, increase the proportion of cocaine removed in transit to the United States and at the U.S. borders as measured against interagency flow estimates of cocaine enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.



Measure 1

The amount of cocaine seized, jettisoned, or destroyed in transit to the U.S. added to the amount of cocaine seized at U.S. borders, divided by the interagency estimate of cocaine flow to the U.S.

Reporting Agency
ONDCP, USIC

Primary Data Source

Cocaine Interagency Flow Model; IACM, March 1999.

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS

Status

To date, the actual amount of any illicit drug, including cocaine, jettisoned or destroyed en-route to the United States can not be calculated or estimated. Only drugs seized en-route can be.

ONDCP estimates that in 1996 21% (93 mt removed/435 mt inbound) of cocaine enroute to the U.S. was removed; note this reflects a revision from last year's report in which the ONDCP model used a removal of 29% based on 1996 seizure information. For 1998 the ONDCP model indicates 23% (104 mt removed/451mt inbound) of cocaine enroute to the U.S. was removed and for 1999 that 22% (95 mt removed/429 mt inbound) was removed.

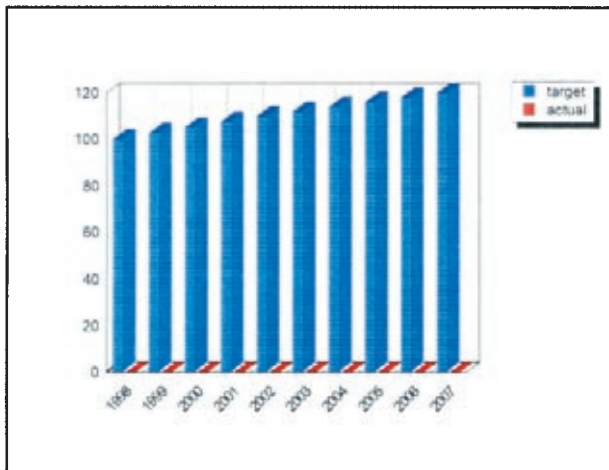
GOAL 4

OBJECTIVE 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Heroin removal, percentage of heroin removed in transit against the drug flow, CY 98-07

Target 3

By 2002, increase the proportion of heroin removed in transit to the United States and at the U.S. borders as measured against interagency flow estimates of heroin enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.



Measure 1

The amount of heroin seized, jettisoned, or destroyed in the Western Hemisphere in transit to the U.S. added to the amount of heroin seized at U.S. borders, divided by the interagency estimate of heroin flow to the U.S.

Reporting Agency
ONDCP, USIC

Primary Data Source

Heroin Interagency Flow Model (under development).

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS

Status

Determining the amount of heroin available in the United States is more difficult to determine than cocaine because of the geographic diversity of cultivation. It is assumed by many in the counterdrug community that the majority of the metric tons (mt) of pure heroin produced in Mexico and Colombia is destined for U.S. users.

Consumption information seems to indicate heroin availability has stabilized over the past three years. If true, the heroin removal rate has not changed significantly since the base year. More precise data is reflected here, compared to last year's report, as a result of the growing maturation of the ONDCP-supported heroin flow model.

According to the ONDCP estimates, the proportion of heroin removed en-route to the U.S. has remained constant at between 4 and 5 percent: 1996 -- 5% (.63 mt/13.33 mt); 1998 -- 5% (.75 mt/13.5 mt); 1999 -- 4% (.54 mt/13.57 mt); and 2000 - 5% (estimated - .65 mt/13.7 mt). ONDCP estimates of heroin removed were different last year. Before the heroin flow model matured, the estimates of heroin removed were at or around 10 and 11 percent between 1996 and 1998.

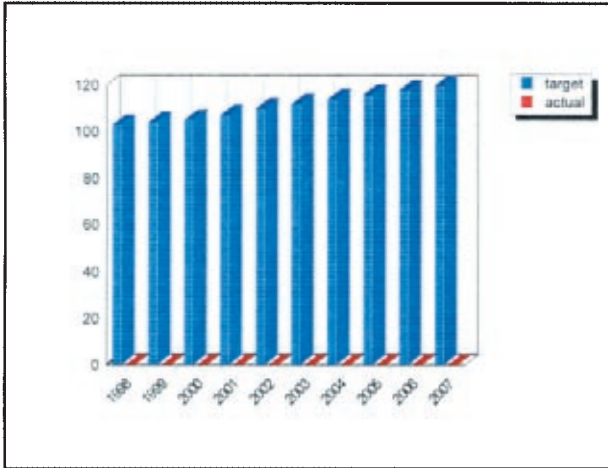
GOAL 4

OBJECTIVE 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Marijuana removal, percentage of marijuana removed in transit against the drug flow, CY 98-07

Target 4

By 2002, increase the proportion of marijuana removed in transit to the United States and at the U.S. borders as measured against interagency flow estimates of marijuana enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.



Measure 1

The amount of marijuana seized, jettisoned, or destroyed in the Western Hemisphere in transit to the U.S. added to the amount of marijuana seized at U.S. borders, divided by the interagency estimate of marijuana flow to the U.S.

Reporting Agency
ONDCP, USIC

Primary Data Source

Marijuana Interagency Flow Model (under development).

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS

Status

According to the FDSS, 874 mt of marijuana were seized in 1996. Seizures were 960 mt in 1997, 952 mt in 1998, 982 mt in 1999, and an estimated seizure amount of 1,009 mt in 2000. Note that marijuana seizure data has limited utility unless it is divided by the estimated flow of marijuana to the United States.

Due to the enormous amount of cannabis grown worldwide and the ready availability of domestic cannabis, reliably determining the amount of cannabis available for domestic consumption has been extremely difficult. Although seizures of cannabis have been increasing over the last three years it cannot be assumed that the quantity of cannabis entering the United States is correspondingly decreasing; increasing seizures can reflect a constant, or even decreasing, proportion of cannabis extracted from an increasing flow of cannabis to the U.S. The lack of reliable availability compounds the difficulty in evaluating the true significance of seizure trends.

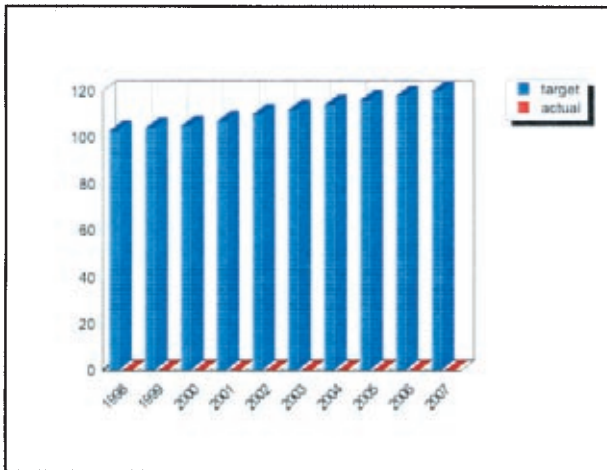
GOAL 4

OBJECTIVE 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Methamphetamine removal, percentage of methamphetamine removed in transit against the drug flow, CY 98-07

Target 5

By 2002, increase the proportion of methamphetamine removed in transit to the United States and at the U.S. borders as measured against interagency flow estimates of methamphetamine enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.



Measure 1

The amount of methamphetamine seized, jettisoned, or destroyed in the Western Hemisphere in transit to the U.S. added to the amount of methamphetamine seized at U.S. borders, divided by the interagency estimate of methamphetamine flow to the U.S.

Reporting Agency
ONDCP, USIC

Primary Data Source

Methamphetamine Interagency Flow Model (in development)

Secondary Data Source(s)

None

Supporting Agencies

Status

According to the Federal-wide Drug Seizure System (FDSS) methamphetamine seizures in kilograms (kg) were: 136 kg in 1996, 1,052 kg in 1997, 2,356 kg in 1998, 2,573 kg for 1999, and an estimate of 3,512 kg for 2000.

Because methamphetamine is produced domestically by numerous small clandestine laboratories, often for selectively chosen customers, a meaningful assessment of domestic consumption is very difficult to develop.

Enforcement operations exist targeting the international drug trafficking organizations having a command and control infrastructure in Mexico (the predominant, if not exclusive, foreign source of methamphetamine exported to the U.S.). These operations specifically target the largest of the methamphetamine traffickers operating from Mexico within the U.S.

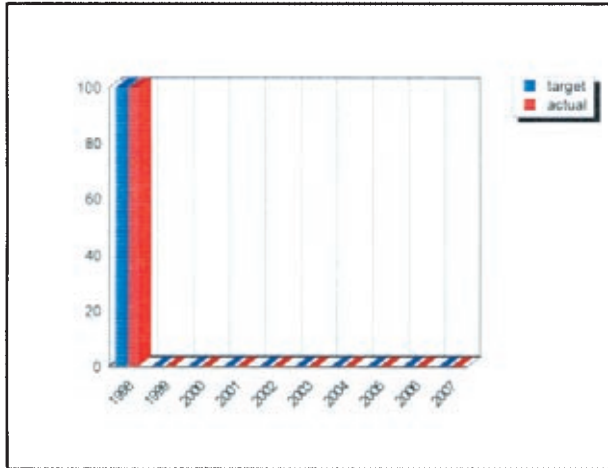
GOAL 4

OBJECTIVE 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.

Cooperative intelligence and investigative relationships, percentage of target completed, CY 98

Target 1

By December 1998, identify and inventory all existing U.S. interagency intelligence and investigative cooperative relationships associated with air, maritime, and land smuggling.



Measure 1

A baseline report is prepared, published, and disseminated on existing interagency bilateral and multilateral intelligence and investigative relationships.

Reporting Agency
DEA

Primary Data Source
DEA

Secondary Data Source(s)
None

Supporting Agencies
DoD, FBI, NSA, USCG, USCS, USIC

Status

This target was completed in 1998. The White House Task Force on Counterdrug Intelligence Centers and Activities completed an exhaustive report in July 1998 that identified and inventories all known intelligence and investigative relationships, including those associated with air, maritime, and land smuggling. This report satisfied the requirements of this milestone.

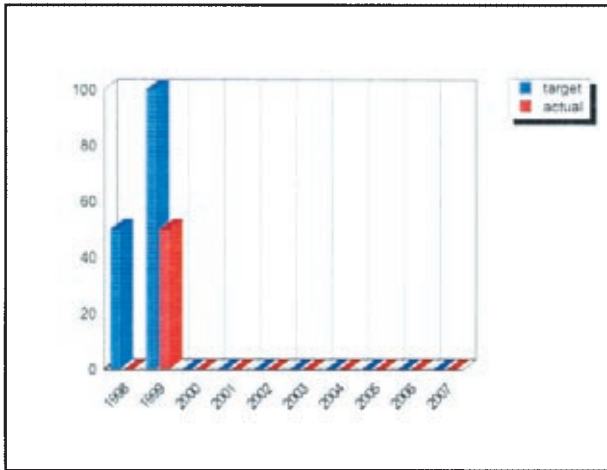
GOAL 4

OBJECTIVE 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.

Intelligence relationship gaps, percentage of target completed, CY 98-99

Target 2

By December 1999, assess all U.S. intelligence and investigative cooperative relationships and develop a strategy to resolve identified gaps among U.S. law enforcement agencies.



Measure 1

Status of baseline report containing accepted standards regarding investigative cooperation, effectiveness, and gaps in intelligence relationships

Reporting Agency
DEA

Primary Data Source

DEA

Secondary Data Source(s)

None

Supporting Agencies

DoD, FBI, USCG, USCS, CDX

Status

The General Counterdrug Intelligence Plan (GCIP) published on February 11, 2000, established a three-tiered cabinet-level drug-intelligence policy-coordination structure to assure oversight and to leverage existing information technology to speed and streamline the flow of drug intelligence and law enforcement information to law enforcement entities that need it. The GCIP contains 73 specific action items, many of which are designed to promote Federal, state, local, and tribal law enforcement information sharing.

Additionally, the creation of the Counterdrug Intelligence Coordination Group (CDICG) provides a forum for the expeditious resolution of drug intelligence issues. The GCIP calls for large-scale improvement in secure interconnectivity to facilitate information sharing among Federal, state, and local drug law enforcement agencies. Preliminary initiatives have focused on enhancing connectivity among Federal drug law enforcement agencies, multi-agency task force initiatives along the Southwest border, as well as among the HIDTAs.

DEA recommends that the CDICG serve as the reporting agency for this target in the future, since it is now in operation on behalf of multiple intelligence agencies.

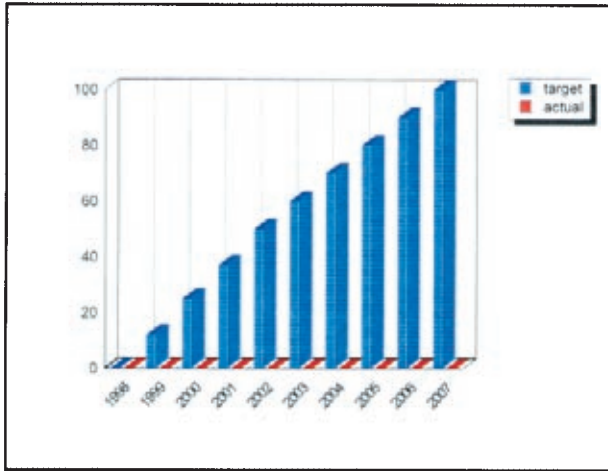
The only reason this target is not on track is because its publication exceeded the December 1999 deadline.

GOAL 4

OBJECTIVE 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.

Communications, percentage of target completed, CY 98-07

Target 3



By 2002, establish secure, interoperable communication capabilities among at least 50 percent of U.S. Federal drug law enforcement agencies to facilitate the exchange of timely, sensitive, tactical (field-level) information. By 2007, ensure that secure, interoperable communications are available for all U.S. Federal drug law enforcement agencies.

Measure 1

Percentage of field-level, Federal drug law enforcement agencies with dedicated access to a timely, secure means of communicating tactical information with other Federal agencies.

Reporting Agency
TIC

Primary Data Source

US Customs and the Immigration and Naturalization Service under the Border Coordination Initiative (BCI).

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoD, FBI, USCG, USCS

Status

The intent of this target is to develop, by 2002, secure operable communication capabilities among at least 50 percent of U.S. Federal drug law enforcement agencies and ensure that such communication capability is available to all Federal drug law enforcement agencies by 2007. ONDCP requested The Interdiction Committee (TIC) to assume responsibility for reporting on the status of this task. Further efforts to achieve this target are being held in abeyance pending completion of the TIC review of Southwest Border Coordination and development of an Arrival Zone Interdiction Plan.

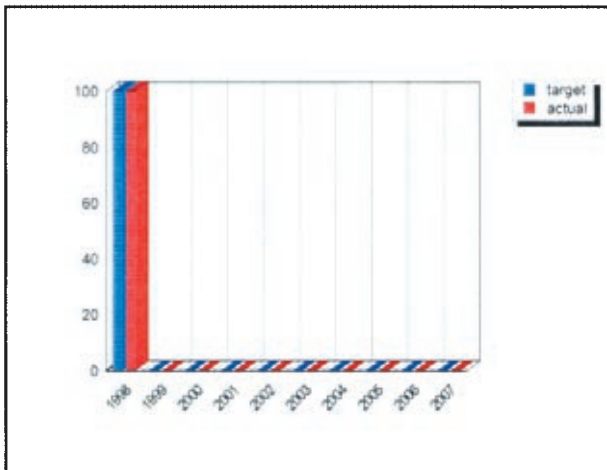
GOAL 4

OBJECTIVE 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit-zone countries in order to reduce the flow of illegal drugs into the United States.

Identify and inventory foreign cooperative relationships, percentage of target completed, CY 98

Target 1

By December 1998, identify and inventory existing bilateral and multilateral intelligence and investigative agreements between the United States and foreign countries, including those that have multiparty air, maritime, and land anti-smuggling agreements with the United States.



Measure 1

A baseline report is prepared, and disseminated on existing interagency bilateral and multilateral intelligence and investigative relationships.

Reporting Agency
DEA

Primary Data Source
DEA

Secondary Data Source(s)
None

Supporting Agencies
DoD, DOS, FBI, NSA, USCG, USCS, USIC

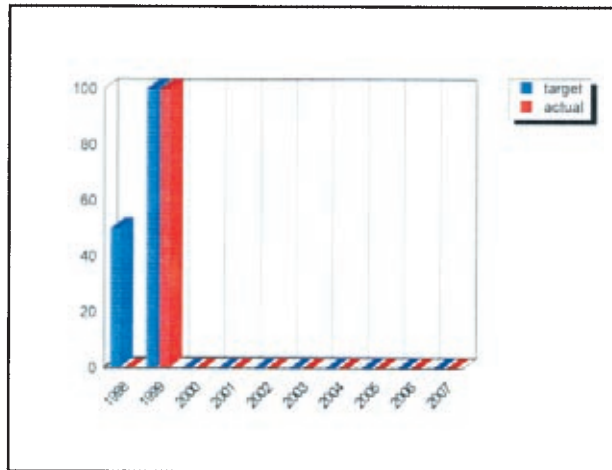
Status

This target was completed in 1998. The interagency PME working group completed an exhaustive review of all bilateral and multilateral intelligence and investigative agreements between the U.S. and 23 foreign countries identified by the working group. These countries included major transit-zone countries and other nations where the working group felt strong bilateral and/or multilateral relationships were essential. The working group's report included a summary of conventions/summits, extradition agreements, multilateral agreements, letters of agreement, chemical control agreements, maritime agreements, customs mutual assistance agreements, Inter-American Drug Abuse Control Commission (CICAD) agreements, and U.S. law enforcement presence in these 23 nations.

GOAL 4

OBJECTIVE 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit-zone countries in order to reduce the flow of illegal drugs into the United States.

Gaps in intelligence and cooperation, percentage of target completed, CY 99



Primary Data Source

ONDCP, DEA

Secondary Data Source(s)

None

Target 2

By December 1999, assess all bilateral and multilateral drug intelligence and investigative relationships between the United States and transit-zone countries. The assessment should identify gaps in relationships and offer recommendations to fill them.

Measure 1

Completion of a baseline report containing recommendations regarding gaps in intelligence and investigative cooperation and effectiveness.

Reporting Agency

ONDCP, DEA

Supporting Agencies

DoD, FBI, USCG, USCS, CDX

Status

The General Counterdrug Intelligence Plan (GCIP), published in February 2000, contains several key recommendations designed to improve the sharing of counterdrug intelligence information within the U.S. Government. The CDICG will coordinate the development of a comprehensive interagency system, governed by adequate policy direction, to facilitate the secure and timely sharing of drug intelligence with allies and counterdrug partner nations. Agencies producing drug intelligence of use to host nations will ensure, consistent with U.S. national security and foreign policy goals, that this intelligence is provided in a format that allows for a timely release to specific authorized foreign counterparts. This milestone target has been satisfied.

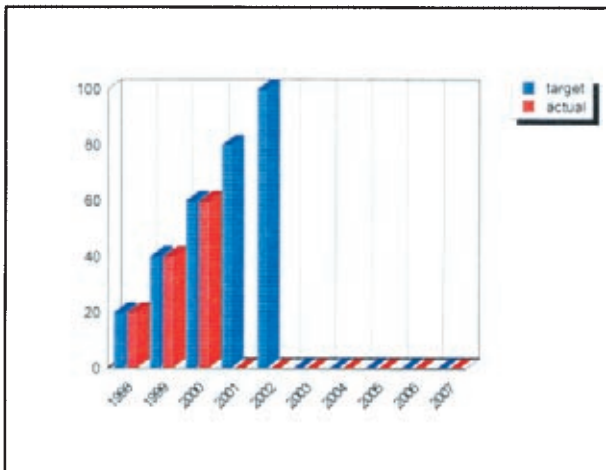
GOAL 4

OBJECTIVE 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit-zone countries in order to reduce the flow of illegal drugs into the United States.

Support agreements, percentage of transit zone nations that have support agreements with the U.S., CY 98-02

Target 3

By 2002, bilateral agreements and other appropriate arrangements will be in place for all major illicit drug transit zone nations with which the United States has diplomatic relations to facilitate or provide cooperative support for the activities of U.S. counterdrug departments and agencies in controlling drug smuggling.



Primary Data Source

DOS/INL

Measure 1

Successfully negotiated bilateral or multilateral agreements with significant transit zone nations where needed for operational or other counterdrug concerns, as determined by an interagency assessment.

Reporting Agency

DOS

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoD, NSA, USBP, USIC

Status

The growing trend toward greater cooperation in the Western Hemisphere is creating unprecedented drug-control opportunities. During the 1998 Summit of the Americas in Santiago, Chile, a Hemispheric Alliance Against Drugs was adopted. All nations agreed to broaden drug prevention efforts; cooperate in data collection and analysis, prosecutions, and extradition; establish or strengthen anti-money laundering units; and prevent the illicit diversion of chemical precursors. The centerpiece of the agreement is a commitment to create a Multilateral Evaluation Mechanism (MEM) - essentially, a hemispheric system of performance measurement.

The MEM is on track for full implementation. The Organization of American States (OAS) Government Experts Group (GEG) is drafting individual country reports based on the MEM questionnaires, which were due to be published and distributed in December 2000.

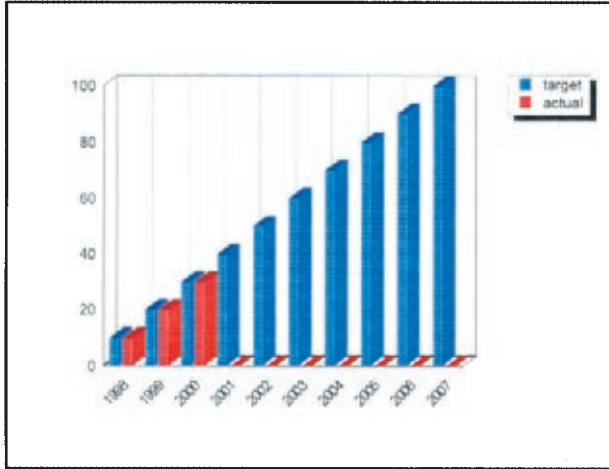
The Senate provided advice and consent to the following law enforcement treaties in October 2000, and will facilitate America's counternarcotics efforts: 1) Four extradition treaties (Belize, Paraguay, South Africa, and Sri Lanka); and 2) Eight bilateral mutual legal assistance treaties (MLAT) (Cyprus, Egypt, France, Greece, Nigeria, Romania, South Africa, Ukraine).

In addition, the U.S. signed a Mutual Legal Assistance Agreement with China (June 2000) and developed and signed an action plan on crime with South Africa -- primarily training and focused on money laundering and border controls -- under the Bi-National Commission (BNC) in August 2000.

GOAL 4

OBJECTIVE 4: Support and highlight research and technology - including the development of scientific information and data - to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Anti smuggling technology, percentage of target achieved, CY 98-07



Primary Data Source

USCS

Secondary Data Source(s)

None

Target 1

By 2007, develop a deployment-ready technology to detect entry through the Southwest Border, maritime points of entry, and other designated entry points of at least 80 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.

Measure 1

Comprehensive technical and operational validation testing that demonstrates the required system performance effectiveness (measured at an 80-percent confidence level).

Reporting Agency

USCS

Supporting Agencies

DoD

Status

In FY 1999, the U.S. Customs Service, in response to its Five Year Technology Plan, received funds to accelerate the design, development, and testing of non-intrusive inspection (NII) equipment. The Department of Defense, working with the U.S. Customs Service, has developed an array of technologies that can identify, with reliability, operationally significant amounts of cocaine and marijuana. As a result of that funding, Customs now has a total of 43 pieces of NII equipment deployed at seaports and along the Southwest border.

This target is on track.

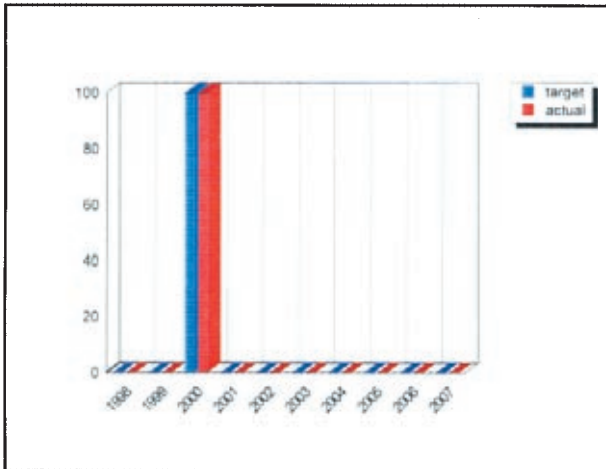
GOAL 4

OBJECTIVE 4: Support and highlight research and technology - including the development of scientific information and data - to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Vehicle tagging, percentage of target achieved, CY 98-00

Target 2

By 2000, develop and deploy tagging and tracking systems that allow the real-time monitoring of ships, containers, land vehicles, and aircraft throughout the Western Hemisphere and in selective operations worldwide.



Measure 1

Comprehensive technical and operational validation testing that demonstrates the required system performance effectiveness (measured at an 80 percent confidence level).

Primary Data Source

DoD

Reporting Agency

DOD

Secondary Data Source(s)

None

Supporting Agencies

DEA, DOS, USBP, USCG, USCS

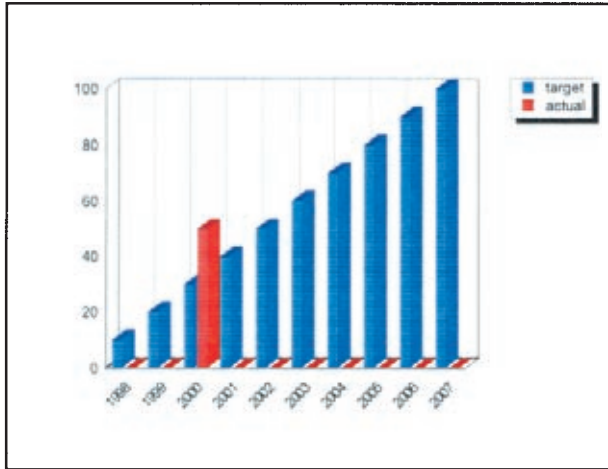
Status

During FY 2000, technology development was completed on a GPS, satellite-monitored tag that, when added to the existing inventory of tags, satisfies the technology requirement for tags to real-time monitor ships, containers, land vehicles, and aircraft. This technology development target has been satisfied and completed. Over the next several years additional technologies may become available to further enhance the monitoring capability.

GOAL 4

OBJECTIVE 4: Support and highlight research and technology - including the development of scientific information and data - to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Over-the-horizon (OTH) tracking, percentage of target completed, CY 98-07



Primary Data Source

DoD

Secondary Data Source(s)

None

Target 3

By 2007, develop and deploy detection and monitoring technology that will allow OTH tracking of both aircraft and ships during more than 90 percent of each day, with sufficient accuracy to detect, monitor, and vector assets to support end-game interdiction of drug smuggling targets throughout the transit/source zone nations.

Measure 1

Completion of the development and deployment of detection and monitoring technology for OTH (over-the-horizon) tracking that meets specifications described in the target.

Reporting Agency

DOD

Supporting Agencies

Status

For air targets: Technology insertion during FY 1999 and 2000 has enhanced the performance of the ROTHR's to monitor air targets. These improvements included: increased positional accuracy, enhanced track maintenance/continuity, reduced clutter, etc. Operational data indicates that the ROTHR performance against air targets satisfies the technology target.

For maritime targets, technology opportunities are being explored for detecting and tracking 70-foot fishing vessels and smaller craft. To successfully meet the technology development requirement for these maritime targets, technology programs will continue over the next 5-7 years.

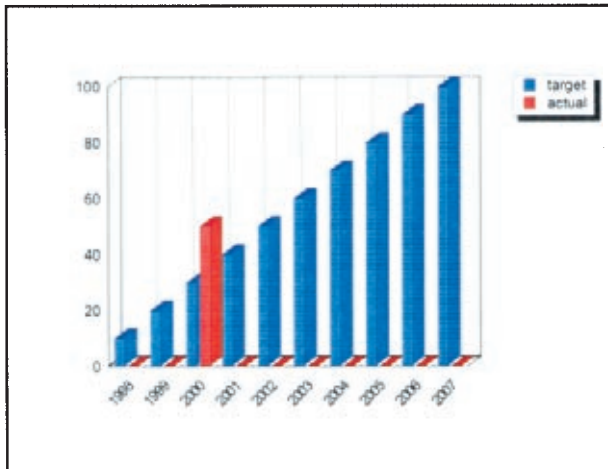
GOAL 4

OBJECTIVE 4: Support and highlight research and technology - including the development of scientific information and data - to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Over-the-horizon (OTH) tracking, percentage of target completed, CY 98-07

Target 3

The target is to be able to track 90 percent of all detected air and maritime targets to an end-game location by 2007. Straight line increase of 10% per year from 1999 through 2007.



Primary Data Source

DoD

Measure 2

Percentage of detected air and maritime targets tracked to end-game location.

Reporting Agency

DOD

Secondary Data Source(s)

None

Supporting Agencies

Status

No maritime TOI's were tracked by ROTHHR or are reflected in the above figures. The denominator reflects the total number of targets detected by all counterdrug assets.

The numerators reflect actual ROTHHR tracking to end-game location.

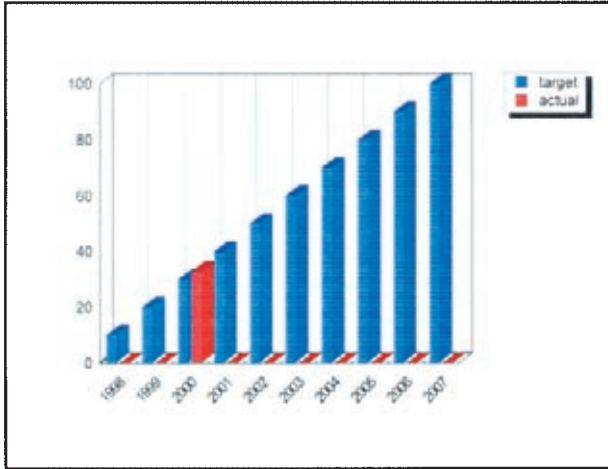
Not all targets tracked resulted in seizure of narcotics, seizure/destruction of aircraft, or other law enforcement action. Percent of detected air targets resulting in law enforcement action: 1998, 21 percent; 1999, 24 percent, 2000 (as of 20 Sep 00) 14 percent.

This target has been met, with respect to the detection and monitoring of suspect aircraft.

GOAL 4

OBJECTIVE 4: Support and highlight research and technology - including the development of scientific information and data - to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

High-risk technologies, percentage of target completed, CY 98-07



Primary Data Source

DoD

Secondary Data Source(s)

None

Target 4

By 2007, demonstrate high-risk technologies, including:

- a. long standoff fingerprint identification of specific aircraft and ships;
- b. long standoff identification of large quantities of cocaine inside an aircraft;
- c. cooperative and noncooperative facial and voice recognition of perpetrators at POEs and remote locations;
- d. identification of tunnels under the Southwest Border, using rapid area survey;
- e. noninvasive identification of body-carried and swallowed drugs; and
- f. preventing aircraft on the ground, small maritime craft, and land vehicles from moving (without using lethal force and from a standoff).

Measure 1

The proportion of high risk technologies developed that include a-f above.

Reporting Agency

DOD

Supporting Agencies

DEA, USBP, USCG, USCS

Status

To date, progress has been made with respect to the development of certain high-risk technologies. In FY 2000, the following high-risk technologies have been successfully developed and operationalized: 1) long standoff "fingerprinting" of specific ships; 2) rapid tunnel detection for the Southwest Border; and 3) non-lethal technologies for stopping maritime craft.

Technology development continue on facial identification software and automated voice identification technology, with expectations of successful demonstrations and completion in FY 2001. More challenging technology areas, including long standoff cocaine identification in aircraft, rapid and non-invasive identification of drug body carries, and reliable non-lethal stopping of land vehicles, require continuing research and technology development over the next 5-7 years.

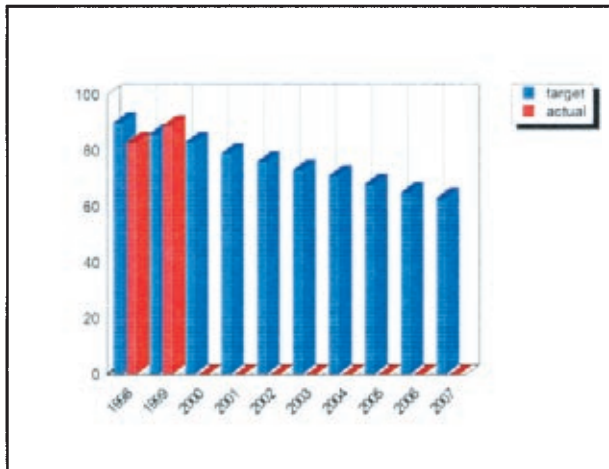
GOAL 5

IMPACT TARGET - Break foreign and domestic drug source of supply

Reduction in source zone outflow (cocaine), reduction in percentage of drug flow (cocaine), in country, from production to the point of export, CY 98-07

Target 1

By 2002, reduce the rate of outflow of illicit drugs from the source zone by 15 percent as compared to the 1996 base year. By 2007, reduce outflow rate by a total of 30 percent measured against the base year.



Measure 1

The outflow rate of cocaine leaving the source zone.

Primary Data Source

ONDCP Cocaine Flow Model which integrates data from: FDSS; CCDB; INCSR; CNC coca cultivation estimates; IACM; NHSDA; and ADAM.

Reporting Agency

ONDCP

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoD, DOS, NSA, USAID, USCS

Status

ONDCP Cocaine Flow Model: Modeling cocaine availability is in a mature process, and is now reportable.

Measurement of coca cultivation closely correlates with production.

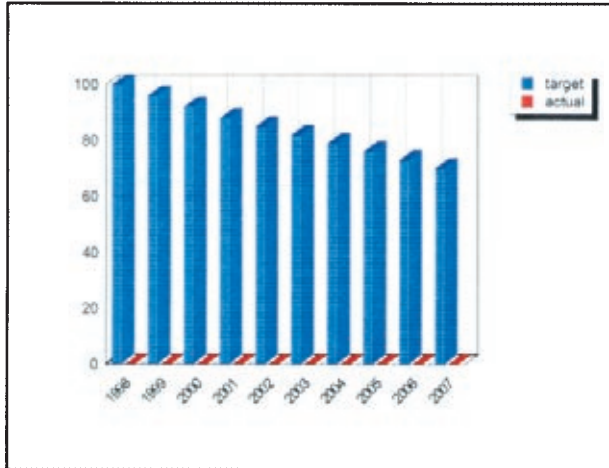
Assumptions:

- A. No stockpiling is occurring.
- B. The seized product is permanently removed from the system.

GOAL 5

IMPACT TARGET - Break foreign and domestic drug source of supply

Reduction in source zone outflow (heroin), reduction in percentage of drug flow (heroin), in country, from production to the point of export, CY 98-07



Primary Data Source

None

Secondary Data Source(s)

None

Target 1

By 2002, reduce the rate of outflow of illicit drugs from the source zone by 15 percent as compared to the 1996 base year. By 2007, reduce outflow rate by a total of 30 percent measured against the base year.

Measure 2

Outflow rate of heroin leaving the source zone

Reporting Agency

ONDCP

Supporting Agencies

DEA, DoD, DOS, NSA, USAID, USCS

Status

No foreign heroin consumption estimates are available to adequately model the flow of heroin from source areas at this time. A heroin flow model, which commences at the U.S. border, however, is in development.

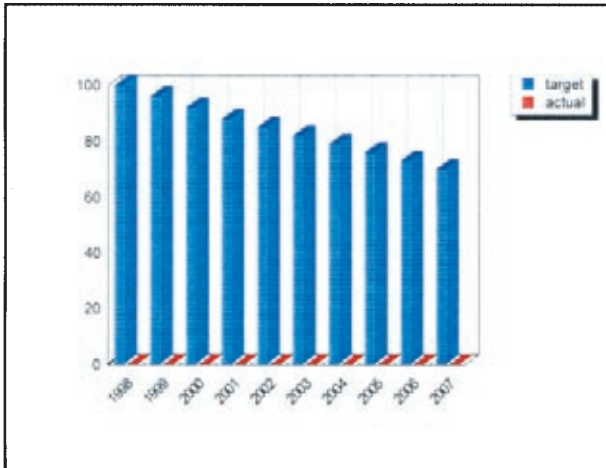
Assumptions:

- A. No stockpiling is occurring.
- B. The seized product is removed permanently from the system.

GOAL 5

IMPACT TARGET - Break foreign and domestic drug source of supply

Reduction in source zone outflow (marijuana), reduction in percentage of drug flow (marijuana), in country, from cultivation to the point of export, CY 98-07



Primary Data Source

None

Secondary Data Source(s)

None

Target 1

By 2002, reduce the rate of outflow of illicit drugs from the source zone by 15 percent as compared to the 1996 base year. By 2007, reduce outflow rate by a total of 30 percent measured against the base year.

Measure 3

Outflow rate of marijuana leaving the source zone

Reporting Agency

DEA

Supporting Agencies

DoD, DOS, USAID, FBI, NDIC

Status

No accurate worldwide production, non-consumption estimates (including the U.S.) are yet available to model this target appropriately.

Assumptions:

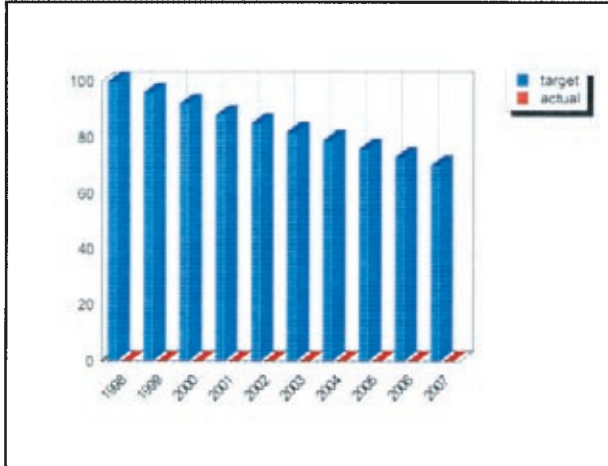
A. No stockpiling is occurring.

B. The seized product is permanently removed from the system.

GOAL 5

IMPACT TARGET - Break foreign and domestic drug source of supply

Reduction in source zone outflow (methamphetamine), reduction in percentage of drug flow (methamphetamine), in country, from production to the point of export, CY 98-07



Primary Data Source

None

Secondary Data Source(s)

None

Target 1

By 2002, reduce the rate of outflow of illicit drugs from the source zone by 15 percent as compared to the 1996 base year. By 2007, reduce outflow rate by a total of 30 percent measured against the base year.

Measure 4

Outflow rate of methamphetamine leaving the source zone

Reporting Agency

ONDCP

Supporting Agencies

DEA, DoD, DQS, NSA, USAID, USCS

Status

No accurate worldwide production, non-consumption estimates (including the US) are yet available to model this target appropriately.

Assumptions:

- A. No stockpiling is occurring.
- B. The seized product is permanently removed from the system.

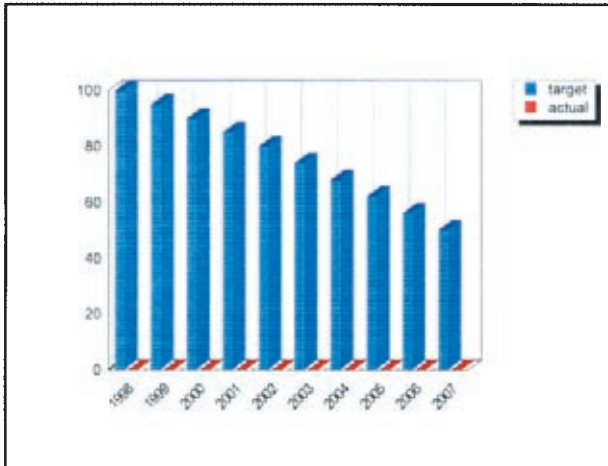
GOAL 5

IMPACT TARGET - Break foreign and domestic drug source of supply

Reduction in domestic production (methamphetamine), reduction in percentage of domestic production (methamphetamine), CY 98-07

Target 2

By 2002, reduce the production of methamphetamine and the cultivation of marijuana in the United States by at least 20 percent as compared to the 1996 base year and by 2007, reduce by 50 percent the production of methamphetamine and the cultivation of marijuana as compared to the base year.



Primary Data Source

None available at this time.

Measure 1

Quantity of methamphetamine produced in the United States

Reporting Agency

DEA

Secondary Data Source(s)

None

Supporting Agencies

DoD, DOS, USAID, FBI, NDIC

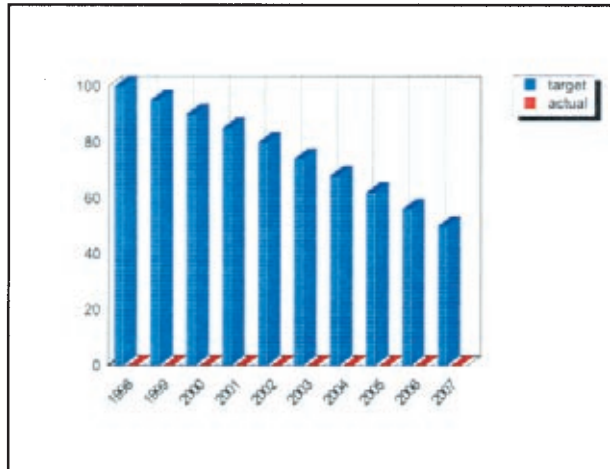
Status

No methodology currently exists for determining domestic methamphetamine production.

GOAL 5

IMPACT TARGET - Break foreign and domestic drug source of supply

Reduction in domestic cultivation (marijuana), reduction in percentage of domestic cultivation (marijuana), CY 98-07



Primary Data Source

None available at this time.

Secondary Data Source(s)

None

Target 2

By 2002, reduce the production of methamphetamine and the cultivation of marijuana in the United States by at least 20 percent as compared to the 1996 base year and by 2007, reduce by 50 percent the production of methamphetamine and the cultivation of marijuana as compared to the base year.

Measure 2

Quantity of marijuana cultivated in the United States

Reporting Agency

DEA

Supporting Agencies

DoD, DOS, USAID, FBI, NDIC, DoAgri

Status

Currently, no methodology exists that would allow for an estimate to be made of domestic marijuana cultivation.

Although the U.S. Congress has enacted legislation to authorize such a methodology to be developed by the U.S. Department of Agriculture, this has yet to occur.

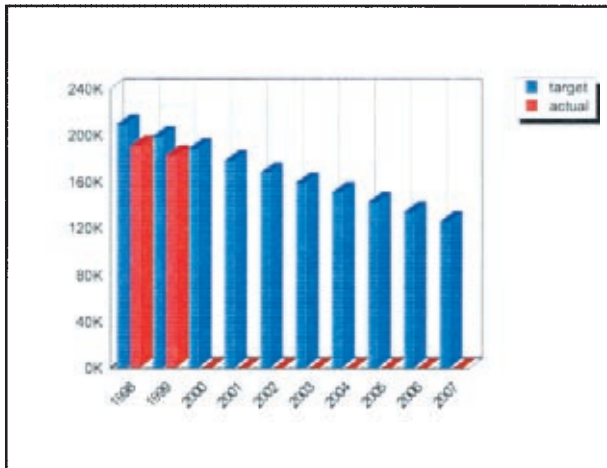
GOAL 5

OBJECTIVE 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Reduction in illicit coca cultivation, reduction in hectares of illicit coca cultivation, CY 98-07

Target 1

By 2002, reduce the worldwide net cultivation of coca destined for illicit cocained production by at least 20 percent compared to the 1996 base year. By 2007, reduce net cultivation by at least 40 percent compared to the base year.



Primary Data Source

International Narcotics Control Strategy Report (INCSR)

Measure 1

Coca cultivation (as expressed in hectares under cultivation) assessed annually on a net worldwide basis

Reporting Agency

CIA

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoD, DOS, FBI, USAID

Status

Overall cocaine production has decreased by 23 percent between 1996 and 1999.

Although fewer metric tons have been produced, a greater proportion of it successfully moved to the source zone departure areas in 1999.

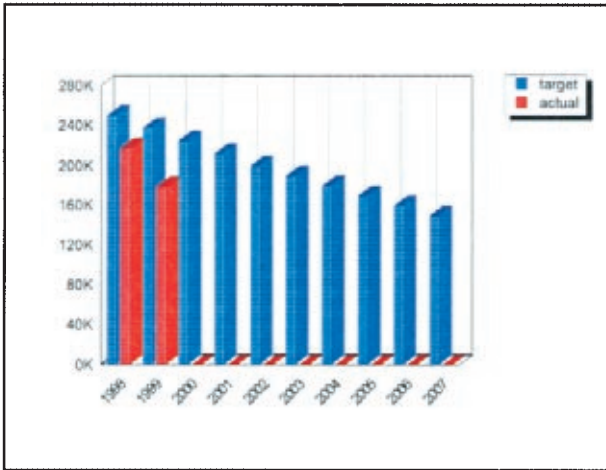
Net cultivation only includes mature plants.

The imagery sampling process adequately measures net cultivation.

GOAL 5

OBJECTIVE 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Reduction in opium poppy cultivation, hectare reduction in opium poppy, CY 98-07



Primary Data Source

International Narcotics Control Strategy Report (INCSR).

Secondary Data Source(s)

None

Target 2

By 2002, reduce the net worldwide cultivation of opium poppy by at least 10 percent and by 2007, by at least 20 percent as compared to the 1996 base year. By 2002, reduce the cultivation of opium poppy in the Western Hemisphere by at least 20 percent and by 2007 by at least 40 percent, as compared to the 1996 base year.

Measure 1

Opium poppy cultivation (as expressed in hectares under cultivation) assessed annually, worldwide

Reporting Agency

CIA

Supporting Agencies

DEA, DoD, DOS, DOJ

Status

In 1999, overall worldwide cultivation of opium is below the target level. This is due primarily to climatic conditions in South Asia, which led to opium crop failures, and intensified eradication efforts made by the Thailand government.

The imagery sampling process adequately measures net cultivation.

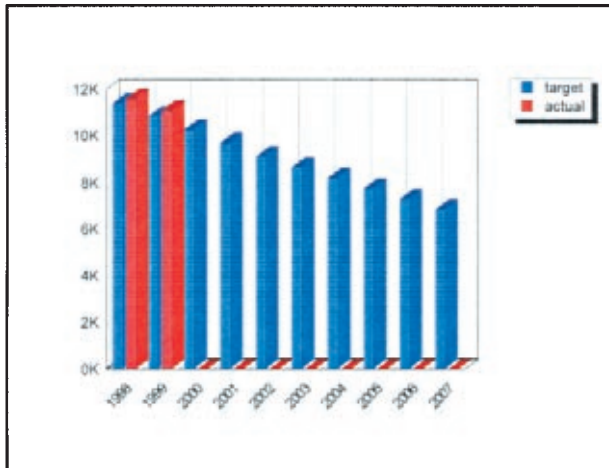
GOAL 5

OBJECTIVE 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Reduction in opium poppy, hectare reduction in opium poppy cultivation, CY 98-07

Target 2

By 2002, reduce the net worldwide cultivation of opium poppy by at least 10 percent as compared to the 1996 base year. By 2002, reduce the cultivation of opium poppy in the Western Hemisphere by at least 20 percent and by 2007 by at least 40 percent, as compared to the 1996 base year.



Primary Data Source

International Narcotics Control Strategy Report (INCSR)

Measure 2

Opium poppy cultivation (as expressed in hectares under cultivation) assessed annually, for the Western Hemisphere

Reporting Agency

CIA

Secondary Data Source(s)

None

Supporting Agencies

DEA, DoD, DOS, DOJ

Status

Opium poppy cultivation for the Western Hemisphere declined from 1998, but still exceeds the target level for the region. This is partly due to increased cultivation and production efficiencies in the Western Hemisphere.

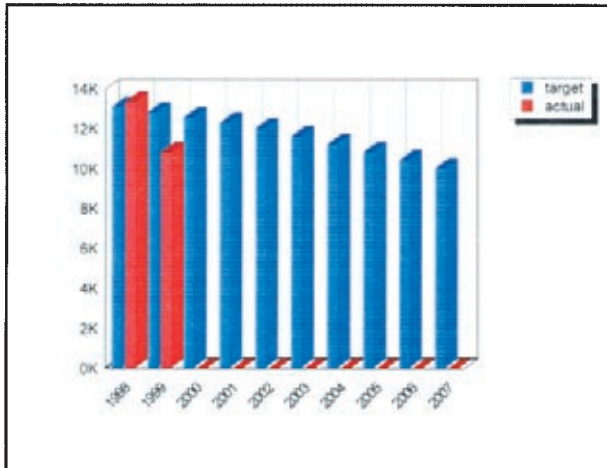
GOAL 5

OBJECTIVE 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Reduction in marijuana cultivation, reduction in metric tons marijuana cultivation, CY 98-07

Target 3

By 2002, reduce the net cultivation of marijuana in Western Hemisphere countries by at least 10 percent as compared to the 1996 base year. By 2007, reduce net cultivation by at least 25 percent as compared to the 1996 base year. Continue to eradicate 100 percent of detected U.S. cultivation.



Primary Data Source

International Narcotics Control Strategy Report (INCSR)

Measure 1

Marijuana cultivated outside the United States as measured in metric tons from net cultivation.

Reporting Agency

DEA

Secondary Data Source(s)

None

Supporting Agencies

CIA, DoD, DOJ

Status

The INCSR values for 1998 represent estimated net marijuana cultivation in Mexico, Colombia, and Guatemala in metric tons. This is consistent with the measure for this target.

The total number of metric tons of marijuana estimated for 1999 equals the total number of metric tons of net marijuana cultivated in only three non-U.S., Western Hemisphere nations: The Bahamas, Colombia, and Mexico.

The data reported this year differs from previous years, as it estimates net cultivation in metric tons, not hectares.

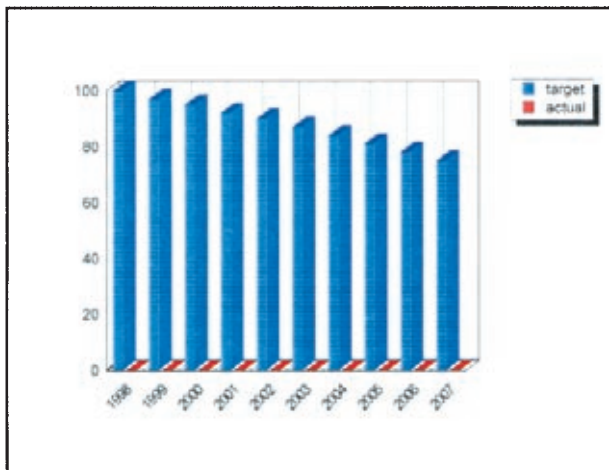
GOAL 5

OBJECTIVE 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Reduction in marijuana cultivation, reduction in metric tons marijuana cultivation, CY 98-07

Target 3

By 2002, reduce the net cultivation of marijuana in Western Hemisphere countries by at least 10 percent as compared to the 1996 base year. By 2007, reduce net cultivation by at least 25 percent as compared to the 1996 base year. Continue to eradicate 100 percent of detected U.S. cultivation.



Measure 2

Marijuana cultivated within the United States as measured in metric tons from net cultivation

Primary Data Source

TBD

Reporting Agency

DEA, DoAgri

Secondary Data Source(s)

None

Supporting Agencies

CIA, DoD, FBI

Status

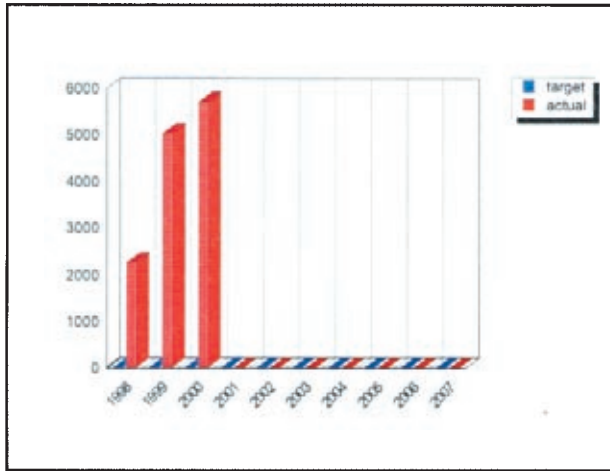
At this time, no methodology exists to measure or estimate the total number of metric tons of domestic marijuana cultivated in the United States.

The Department of Agriculture has been legislatively mandated to develop such a methodology. Once this is done, the investigative, interdiction, and intelligence communities will be better able to assess their resource requirements for combatting marijuana cultivation in the United States.

GOAL 5

OBJECTIVE 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Other illegal drugs (methamphetamine), number of methamphetamine laboratories seized, CY 98-07



Primary Data Source

Secondary Data Source(s)

Target 4

By 2002, train and properly equip a number of law enforcement personnel adequate to safely dismantle and destroy 100 percent of identified methamphetamine and other illicit synthetic drug production laboratories. Continue the full range of Federal, state, and local regulatory and enforcement measures to restrict the illegal manufacture, importation, and/or diversion to illicit use of significant identified drugs of abuse, present and prospectively to 2007.

Measure 1

Effectiveness of law enforcement efforts against other drugs as assessed by: methamphetamine laboratory seizures.

Reporting Agency
DEA

Supporting Agencies

Status

The Drug Enforcement Administration tends not to project or estimate future enforcement statistics, especially in matters that are as volatile as drug lab seizures and drug purity.

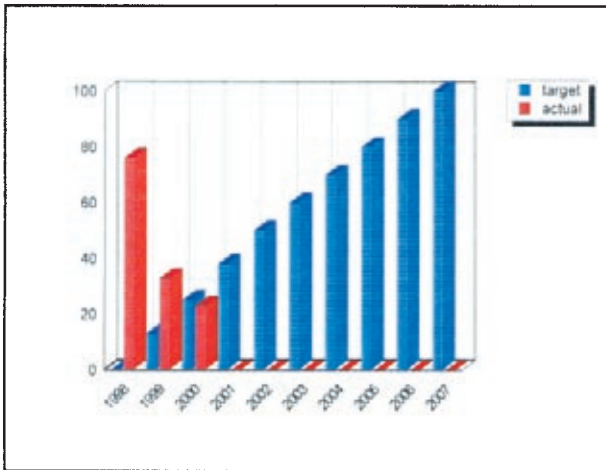
In addition, the Department of Justice issued a policy statement that prohibited its agencies from projecting arrests, seizures, convictions, and other enforcement related items because it would wrongly suggest to the public that the Department places thresholds or quotas on Federal enforcement activities.

The operative word in this target is "identified," and DEA recognizes this. The identification of all illicit drug laboratories is, at the present time, difficult. With improved investigations and technology, increased identification of illicit drug laboratories will improve.

GOAL 5

OBJECTIVE 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.

Arrest and prosecute drug traffickers and disrupt drug trafficking organizations, percentage of identified drug trafficking organizations dismantled or disrupted, CY 98-07



Primary Data Source

Figures presented reflect the most notorious drug trafficking organizations as identified on the Linear, Linkage, and FBI National Priority Targeting Lists.

Secondary Data Source(s)

None

Target 1

By 2002, measuring against the prioritized list of community designated targets established in the 1998 base year, achieve a 50 percent success rate of targeted organizations dismantled or significantly disrupted by either (1) having their principal leaders arrested and incarcerated or otherwise rendered ineffective or (2) making substantial seizures of those organizations' narcotics, money, or other assets, or arrests of their key network associates, that significantly impair their ability to operate at normal levels for an extended period of time. By 2007, increase the success rate to 100 percent as measured against the 1998 base year list. For additional targets added to the list after the 1998 base year, achieve a similar success rate of at least 10 percent per year as measured against the year in which they were added to the list.

Measure 1

Percentage of designated drug trafficking organizations dismantled or disrupted either through the incarceration or their principal leaders or through the substantial seizure of their assets or the incarceration of their network key associates, measured

Reporting Agency

DEA

Supporting Agencies

DoD, FBI, USCS, DOJ

Status

As of 2000, 26 percent of all targeted trafficking organizations were either dismantled or significantly disrupted. This target, however, has been identified as one that may require modification, so as to identify all drug trafficking organizations, regardless of whether or not they are based on an annual list of targets. The dismantling and disruption of these organizations may not occur within a given calendar year, because of pending investigations or a lengthy judicial process. Therefore, this target will be examined by ONDCP and by various Federal investigative law enforcement agencies for its validity.

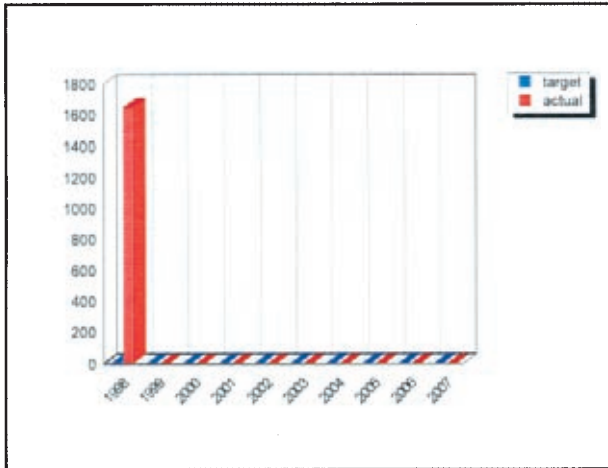
GOAL 5

OBJECTIVE 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.

Host-country capability, number of drug laboratories destroyed, CY 98-02

Target 1

By 2002, demonstrated improved capabilities of source countries to develop and implement professional drug law enforcement interdiction activities (including military support to law enforcement agencies) compared to the 1996 base year.



Measure 1

Host nation effectiveness of drug control activities as indicated by an assessment of number of drug labs destroyed.

Primary Data Source

DEA

Reporting Agency

DEA

Secondary Data Source(s)

None

Supporting Agencies

DOS, DoD, FBI, USCG, USCS

Status

The Drug Enforcement Administration tends not to project or estimate future enforcement statistics, especially in matters that are as volatile as drug lab seizures and drug purity. In addition, the Department of Justice issued a policy statement that prohibited its agencies from projecting arrests, seizures, convictions, and other enforcement related items because it would wrongly suggest to the public that the Department places thresholds or quotas on Federal enforcement activities.

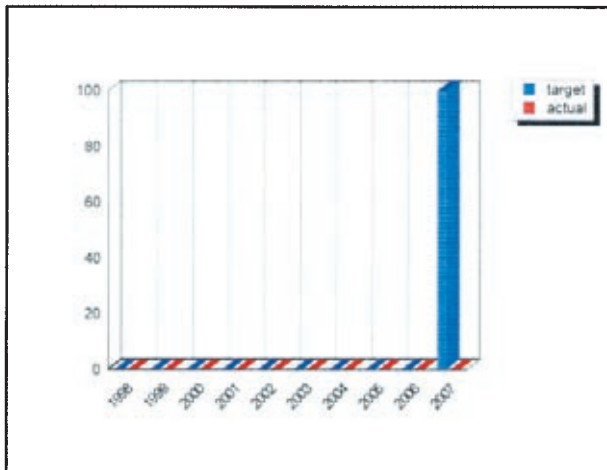
GOAL 5

OBJECTIVE 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.

Host-country justice

Target 2

By 2007, demonstrate improved source country development and utilization of effective judicial institutions compared to the 1997 base year.



Measure 1

Ability of host-nations to (a) improve professionalism, resources, efficiency, and fairness of courts; (b) prosecute, convict, and sentence major drug traffickers; and (c) develop safeguards to protect judiciary against corruption and undue influence.

Primary Data Source

DOJ

Reporting Agency

DOJ

Secondary Data Source(s)

None

Supporting Agencies

DEA, FBI, NSA, USAID

Status

It is difficult for the Department of Justice to determine if this target is on track. Information from foreign nations who have a resolve to improve their domestic justice systems, so as to demonstrate improvement in political will and drug control capabilities, would have to be evaluated by the Department of Justice and deemed adequate enough to meet this target.

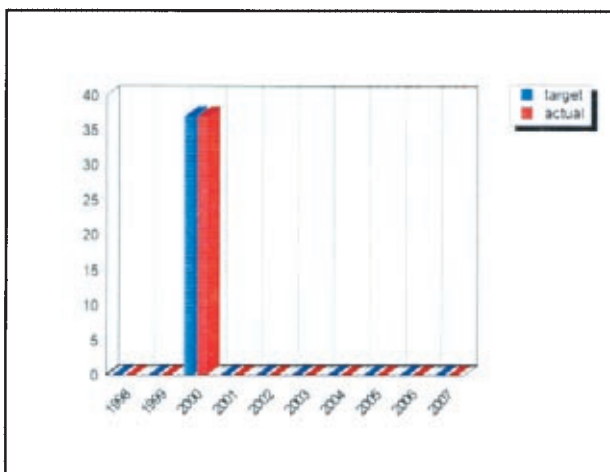
GOAL 5

OBJECTIVE 4: Develop and support bilateral, regional, and multilateral initiatives, and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Regional cooperative agreements, number of bilateral or multilateral agreements or efforts in place, CY 98-02

Target 1

By 2002, regional and cooperative agreements should be implemented between nations to improve bilateral and multilateral cooperation in combating drug trafficking.



Primary Data Source

DOS

Measure 1

Number of bilateral or multilateral agreements of efforts (in key regions) which establish or facilitate multilateral cooperative activities against illicit drug trafficking.

Reporting Agency

DOS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, DoD, USCG, USCS

Status

The hemisphere's 34 democratically elected heads of states agreed during the 1998 Summit of the Americas in Santiago, Chile to a Hemispheric Alliance Against Drugs. All nations agreed to broaden drug prevention efforts; cooperate in data collection and analysis, prosecutions, and extradition; establish or strengthen anti-money laundering units; and prevent the illicit diversion of chemical precursors. The centerpiece of the agreement is a commitment to create a Multilateral Evaluation Mechanism - essentially, a hemispheric system of performance measurement.

The Multilateral Evaluation Mechanism (MEM) was inaugurated in October 1999. The MEM should facilitate more effective unilateral, bilateral, and multilateral counterdrug efforts by Western Hemisphere nations. Many nations have yet to develop an adequate system to collect and report basic statistics on drug use, production, seizures, arrests, money laundering, chemical diversion and drug trafficking. In addition, the data that many nations collect is based on different methodologies. This prevents accurate regional comparisons, discourages information sharing and makes it difficult to develop a hemispheric consensus regarding the characterization of the drug problem and how it is changing over time. The MEM is designed to fix such problems.

The MEM is on track for full implementation. The Organization of American States (OAS) Government Experts Group (GEG) is drafting individual country reports based on the MEM questionnaires, which are due to be published and distributed in December 2000.

Other initiatives in 2000 include the creation of the Six Plus Two Regional Action Plan for counternarcotics cooperation in the countries surrounding Afghanistan and the expansion of the U.S./Russia and U.S./India Working Groups on counterterrorism to include counternarcotics.

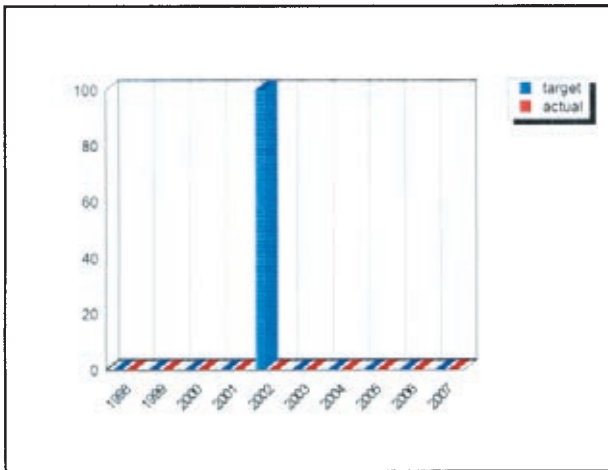
GOAL 5

OBJECTIVE 4: Develop and support bilateral, regional, and multilateral initiatives, and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Source- and transit-country drug control strategy, percent adopted

Target 2

By 2002, each major source and transit country should adopt and implement a national drug control strategy to control illicit drug trafficking.



Measure 1

Number of major drug source and transit countries that have adopted a national drug control strategy assessed as adequate by the UN International Drug Control Program.

Primary Data Source

DOS

Reporting Agency

DOS

Secondary Data Source(s)

None

Supporting Agencies

DEA, FBI, NSA, USAID, USCS, USIC

Status

At this time, there are no data issues or changes required to fulfill this target. Two major drug supply countries (Afghanistan and Burma) lack strategies, as had been reported in the 1999 and 2000 PME Annual Reports.

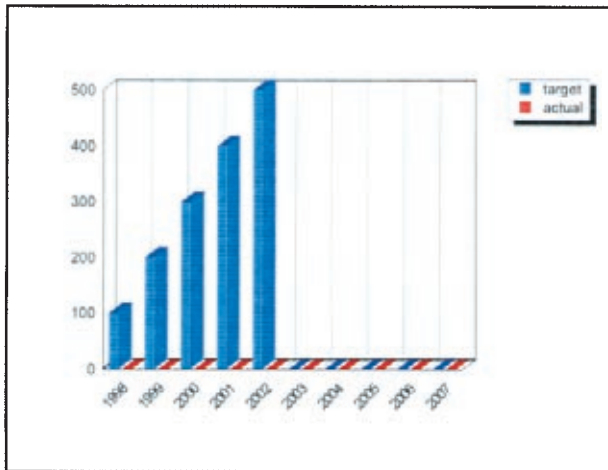
GOAL 5

OBJECTIVE 4: Develop and support bilateral, regional, and multilateral initiatives, and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Donor funded assistance, percentage increase in donor-funded assistance, CY 98-02

Target 3

By 2002, using 1996 as a base year, donor funding for counternarcotics efforts in major source countries should increase by 500 percent.



Primary Data Source

UNDCP/Dublin Group data.

Secondary Data Source(s)

In 1998 the level of donor funding was estimated at \$713 million. However, Department of State noted that estimates for the base year, or any year, cannot be determined with confidence because much of the funding is committed to be distributed over multi-year (typically five-year) periods. Actual distributions routinely vary from planned distributions and estimated figures can vary significantly depending on the type of accounting method applied. Also, actual distributions in any given year are not reliably reported.

Measure 1

Aggregate amount, as compared with 1996, of annual funding by donors other than the United States for assistance activities consistent with narcotics control goals

Reporting Agency

DOS

Supporting Agencies

Treasury, USAID

Status

As indicated in prior years, estimates of donor funding can not be determined with confidence because much of the funding is committed to be distributed over multi-year (typically five-year) periods. Actual distributions routinely vary from planned distributions, and estimated figures can vary significantly depending on the type of accounting method applied. Also, actual distributions in any given year are not reliably reported.

The Department of State's representative to the U.S. Mission to the European Union (EU) indicates that estimates of donor funding by The Dublin Group for counternarcotics efforts in major source countries are not available. As a result, consideration will be given to the discontinuing of this measure of performance within the next year.

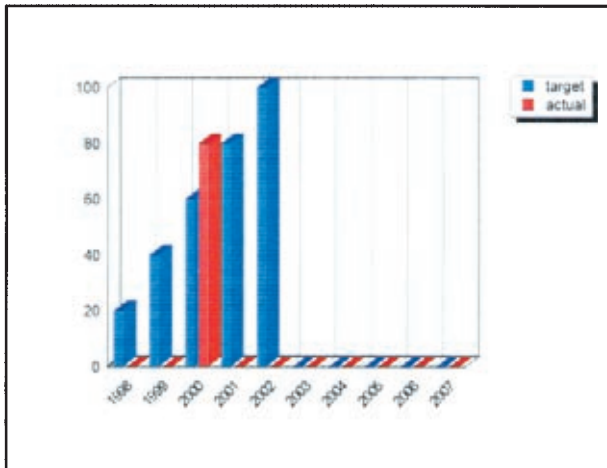
GOAL 5

OBJECTIVE 5: Promote international policies and laws that deter money laundering and facilitate anti-money-laundering investigations as well as seizure and forfeiture of associated assets.

Ratify 1988 Vienna Convention, percentage increase in priority countries that ratified the 1988 UN convention, CY 98-02

Target 1

By 2002, increase the percentage of designated priority countries that have ratified the 1988 United Nations Convention Against Illicit Substances and Psychotropic Drugs (1988 UN Drug Convention [Vienna]).



Primary Data Source

Department of State/INL

Measure 1

The percentage of priority countries that have ratified the 1988 UN Drug Convention.

Reporting Agency

DOS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, FinCEN, Treasury, USCS

Status

In 1998, the following countries became parties to the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances: Georgia, Iraq, Korea, Lithuania, Mozambique, and South Africa.

In 1999, Andorra and Indonesia became parties.

In 2000, Comoros, Estonia, Kuwait, Maldives, and San Marino became parties to the Convention, bringing the number to 159 nations, out of 189 nations that are member states of the United Nations.

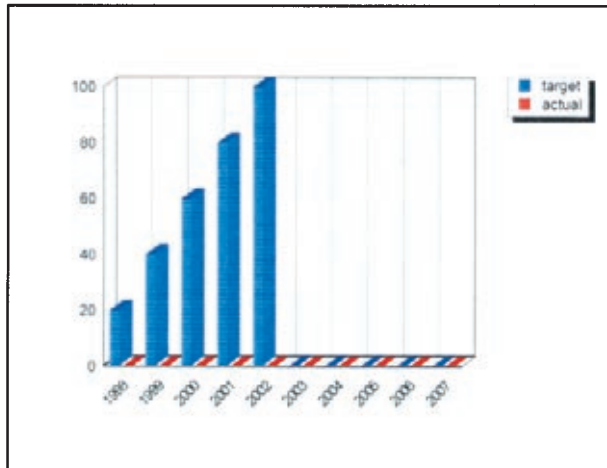
GOAL 5

OBJECTIVE 5: Promote international policies and laws that deter money laundering and facilitate anti-money-laundering investigations as well as seizure and forfeiture of associated assets.

Conform to FATF recommendations, percentage increase in the number of countries adopting laws and regulations consistent with FATF 40, CY 98-02

Target 2

By 2002, increase the percentage of priority countries that have adopted laws and regulations consistent with the 40 Recommendations of the Financial Action Task Force (FATF).



Measure 1

The percentage of priority countries that have adopted laws and regulations consistent with FATF 40 recommendations focusing on criminalization and sanctions against money laundering.

Reporting Agency
DOS

Primary Data Source
DOS

Secondary Data Source(s)
None

Supporting Agencies
DOJ, FinCEN, Treasury, USCS

Status

Since very few countries have adopted laws and regulations consistent with all 40 of the FATF Recommendations, the best indicator of the normalizing of the principles underlying the recommendations lies in the growth of regional FATF-type bodies. Membership of such bodies is usually limited to countries that are in substantial compliance with FATF recommendations (as defined by each regional body), or who have made political commitments to implement the FATF recommendations or regional equivalents, or who are otherwise active on these issues.

In the past several years, regional groups or bodies have been established in the Asia Pacific area (1997) - the 17-member Asia Pacific Group on Money Laundering (APG); in the Caribbean area - the 25-member Caribbean Financial Action Task Force (CFATF); and in Africa, where 22 countries have formed two sub-regional ad hoc groups - the Eastern and Southern African Anti-Money Laundering Group (ESAAMG) and Intergovernmental Task Force Against Money Laundering in Africa (INFAMIL, which covers western and central Africa). In addition, in 1999 both the COE's Select Committee of Experts on the Evaluation of Anti-Money Laundering Measures (PC-R-EV) and the Organization of American States' (OAS) Inter-American Commission on Drug Abuse Addiction (CICAD) launched major money laundering initiatives. Finally, in December 2000, a new South American Regional FATF body was formed with nine member countries. It is the growth of this international network of regional anti-money laundering bodies, groups, and initiatives that is perhaps the best indicator of the spread of FATF principles and recommendations.

For the purpose of this measure, "priority country" needs to be defined by the supply reduction community.

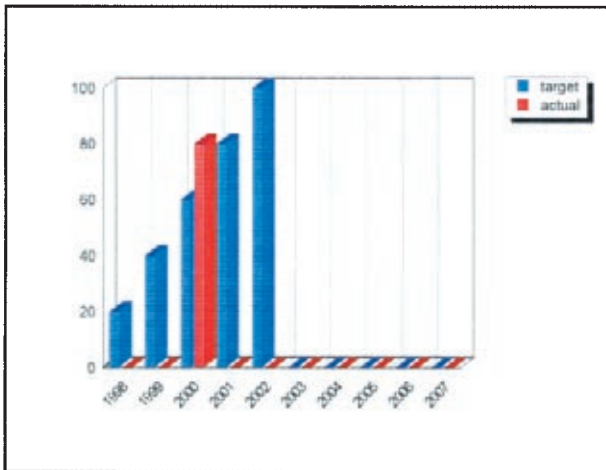
GOAL 5

OBJECTIVE 5: Promote international policies and laws that deter money laundering and facilitate anti-money-laundering investigations as well as seizure and forfeiture of associated assets.

Conform to FATF recommendations, percentage increase in the number of countries adopting laws and regulations consistent with FATF 40, CY 98-02

Target 2

By 2002, increase the percentage of priority countries that have adopted laws and regulations consistent with the 40 Recommendations of the Financial Action Task Force (FATF).



Primary Data Source

DOS

Measure 1

The percentage of priority countries that have adopted laws and regulations consistent with FATF 40 recommendations focusing on criminalization and sanctions against money laundering.

Reporting Agency

DOS

Secondary Data Source(s)

None

Supporting Agencies

DOJ, FinCEN, Treasury, USCS

Status

Since very few countries have adopted laws and regulations consistent with all 40 of the FATF Recommendations, the best indicator of the normalizing of the principles underlying the recommendations lies in the growth of regional FATF-type bodies. Membership of such bodies is usually limited to countries that are in substantial compliance with FATF recommendations (as defined by each regional body), or who have made political commitments to implement the FATF recommendations or regional equivalents, or who are otherwise active on these issues.

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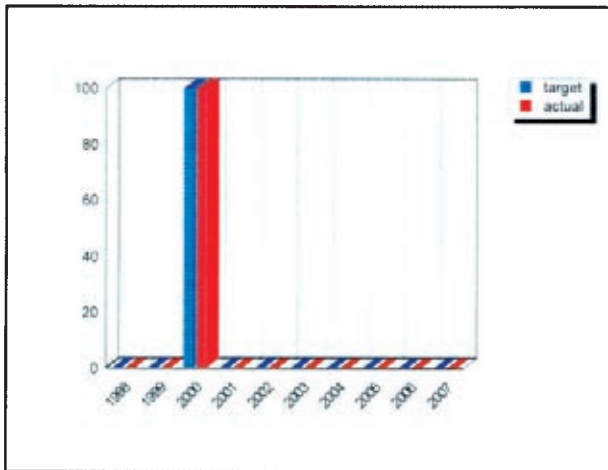
GOAL 5

OBJECTIVE 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Currency detection, percentage of methodology for detection of hidden US currency completed, CY 98-00

Target 2

By 2002, develop and operationally deploy a methodology to nonintrusively detect illegal amounts of U.S. currency secreted on persons, in checked baggage, and/or cargo with a minimum 80 percent accuracy.



Primary Data Source

USCS

Measure 1

Nonintrusive methodology for detection of hidden U.S. currency.

Reporting Agency

USCS

Secondary Data Source(s)

None

Supporting Agencies

DEA, FBI, INS, USBP

Status

In Fiscal Year (FY) 1999, the U.S. Customs Service had in place a three-pronged enforcement response to meet the recognized threat of currency smuggling.

Using recently developed non-intrusive technology, Customs had in service nine fixed-site truck x-ray machines, six mobile truck x-ray machines, and 22 relocatable Vehicle and Cargo Inspection Systems (VACIS) to check both vehicles and cargo.

In addition, Customs has 16 currency detection K-9's checking luggage and outbound cargo. Customs also directed its personnel towards enforcement currency operations, such as "Operation Buckstop" and "Operation Powerplay," to address monies secreted on persons.

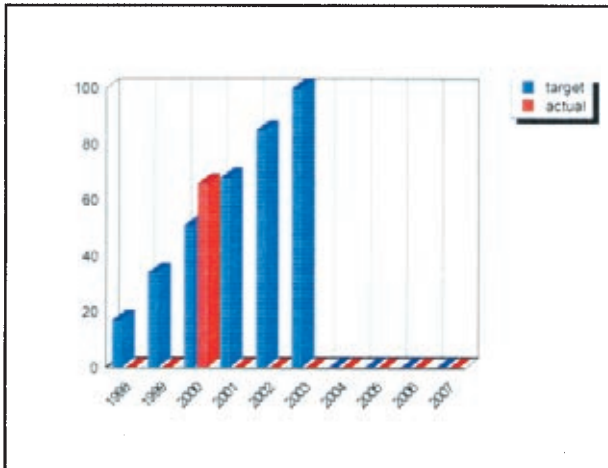
GOAL 5

OBJECTIVE 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Advanced technology, percentage of capabilities achieved, CY 98-03

Target 3

By 2003, demonstrate advanced technology to (a) identify methamphetamine labs by using portable sensors that can be deployed from ground or airborne platforms; (b) identify riverine and ground movement of drugs in remote environments; and (c) remotely identify, measure, and assess growth-zone fields of coca, poppy, and marijuana.



Primary Data Source

DoD

Measure 1

Capability to: Identify methamphetamine labs using portable sensors

Reporting Agency

DOD

Secondary Data Source(s)

None

Supporting Agencies

DoAgri, DEA, FBI, INS, USBP, USCS

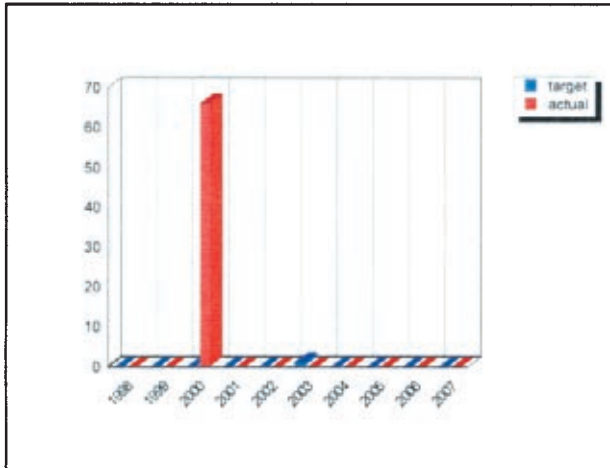
Status

In FY 2000, the following advanced technologies have been successfully developed and operationalized: 1) airborne SOUTHCOM Recce System (SRS) for identifying riverine and ground movement of drugs in remote areas using EO and IR sensors; and 2) an imagery program, using processed commercial satellite imagery to identify and assess coca growth. Technology development efforts continue relative to enhancing and expanding the capabilities and reliability of satellite imagery assessment of drug agriculture.

GOAL 5

OBJECTIVE 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Advanced technology, percentage of capabilities achieved, CY 98-03



Primary Data Source

DoD

Secondary Data Source(s)

None

Target 3

By 2003, demonstrate advanced technology to (a) identify methamphetamine labs by using portable sensors that can be deployed from ground or airborne platforms; (b) identify riverine and ground movement of drugs in remote environments; and (c) remotely identify, measure, and assess growth-zone fields of coca, poppy, and marijuana.

Measure 2

Capability to identify riverine and ground movement of drugs in remote areas.

Reporting Agency

DOD

Supporting Agencies

Status

In FY 2000, the following advanced technologies have been successfully developed and operationalized: 1) airborne SOUTHCOM Recce System (SRS) for identifying riverine and ground movement of drugs in remote areas using EO and IR sensors; and 2) an imagery program, using processed commercial satellite imagery to identify and assess coca growth. Technology development efforts continue relative to enhancing and expanding the capabilities and reliability of satellite imagery assessment of drug agriculture.

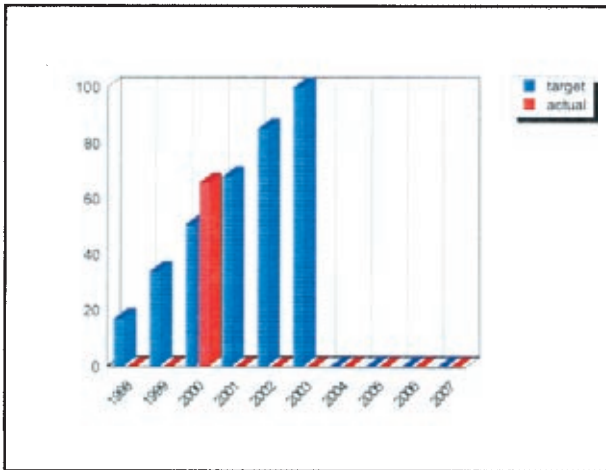
GOAL 5

OBJECTIVE 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Advanced technology, percentage of capabilities achieved, CY 98-03

Target 3

By 2003, demonstrate advanced technology to (a) identify methamphetamine labs by using portable sensors that can be deployed from ground or airborne platforms; (b) identify riverine and ground movement of drugs in remote environments; and (c) remotely identify, measure, and assess growth-zone fields of coca, poppy, and marijuana.



Primary Data Source

DoD

Measure 3

Capability to measure and assess growth-zone fields of coca, poppy, and marijuana.

Reporting Agency

DOD

Secondary Data Source(s)

None

Supporting Agencies

DoAgri, DEA, FBI, INS, USBP, USCS

Status

In FY 2000, the following advanced technologies were successfully developed and operationalized: 1) airborne SOUTHCOM Recce System (SRS) for identifying riverine and ground movement of drugs in remote areas using EO and IR sensors; and 2) an imagery program, using processed commercial satellite imagery to identify and assess coca growth. Technology development efforts continue relative to enhancing and expanding the capabilities and reliability of satellite imagery assessment of drug agriculture.

Appendix D: Drug-Related Data Sources

Up-to-date information on the availability and prevalence of illegal drugs and the criminal, health, and social consequences of their use is vital to the implementation of the *National Drug Control Strategy* and the Performance Measures of Effectiveness (PME) System. Such information is also important for evaluating federal, state, and local drug-control programs. The Office of National Drug Control Policy’s (ONDCP) Advisory Committee on Research, Data, and Evaluation; Subcommittee on Data, Research, and Interagency Coordination (the Data Subcommittee) coordinates the development and analysis of drug-control information in support of the *Strategy*.

Data are available for many of the performance measures specified in the PME; however, there are specific areas for which measurement systems are not yet fully operational. This Appendix identifies these data gaps and the steps that ONDCP and its Federal partners are taking to close them. A major step in addressing these data gaps is the recently released report from the National Research Council “Informing America’s Policy on Illegal Drugs.” This report was commissioned by ONDCP nearly three years ago to provide guidance on establishing a drug control policy research agenda for the next ten years. ONDCP and its Federal partners will begin to assess and prioritize the report’s recommendations. The process for designing and implementing or modifying a complex statistical data system is necessarily lengthy and costly. The process includes obtaining the departmental/agency approval, the design and testing of the methodology, the OMB clearance process, the contract

award process, and implementation. This process typically requires several years to complete. However, ONDCP is committed to working toward an accurate, precise, and timely data monitoring system to assess progress in achieving the goals and objectives of the *National Drug Control Strategy*. The data presented in this report contain the most current available drug-related data and this Appendix also describes the sources of quantitative data, including any limitations, for the purpose of measuring specific targets.

Data Source Descriptions

The following sections provide brief descriptions of the major data sources that provide information for quantitative PME measures. Figure D-1 summarizes these sources according to the goals of the national *Strategy*.

National Household Survey on Drug Abuse (Source for *Strategy* Goals One and Three)

The National Household Survey on Drug Abuse (NHSDA) is a comprehensive survey of drug use and related issues. It has been the primary source of information on the prevalence and incidence of illicit drug, alcohol, and tobacco use in a nationally representative sample of the civilian, noninstitutionalized population of the United States age 12 and older. It is an annual survey, covering topics that include drug use, health, and demographics. Data collection is ongoing throughout the

calendar year, allowing the measurement of drug use through seasonal and other periodic variations. The size of the survey sample has grown from fewer than 10,000 before 1991 to a sample of almost 67,000 in 1999. In 1991, the NHSDA was expanded to include college students in dormitories, persons living in homeless shelters, and civilians living on military bases. The NHSDA was administered by the National Institute on Drug Abuse (NIDA) from 1974 through 1991; the Substance Abuse and Mental Health Services Administration (SAMHSA) has administered the survey since 1992.

The data collection methodology was changed from paper and pencil interviews (PAPI) to computer-assisted interviews (CAI) in 1999 and the sample was expanded almost four-fold to permit state-level estimates and more detailed subgroup analyses, including race/ethnic subgroups groups and single-year age categories. Also in 1999, the sample size and scope of the NHSDA was substantially increased to nearly 70,000 respondents to provide state-by-state data, and greater information about drug use among 12 to 17 year-olds. For the first time, the NHSDA reports on the expanded, state-by-state results as of 1999.

Because of the major methodology change implemented in 1999, trend data from NHSDA have been interrupted, and effectively start anew in 1999. Any inferences that the reader may draw from explicit or implicit comparisons between 1999 and prior years must be made with caution. All targets affected by this change will be reviewed over the next year to determine if the baseline data year should begin with 1999 versus 1996. The reporting lag from completion of calendar year-based data collection is approximately eight months, with new data typically released in August of the following year.

For the measurement of general drug use prevalence, it must be noted that while the NHSDA is designed to estimate drug use in the civilian noninstitutionalized population, which includes more than 98 percent of the U.S. population, it excludes some important and unique subpopulations who may have very different drug-using patterns, such as: (1) active military personnel, (2) persons living in institutional group quarters, such as prisons and residential drug treatment centers, and (3) homeless persons not living in a shelter. Active military personnel have been shown to have lower rates of illicit drug use compared to the general population, while the other excluded categories have been shown in other surveys to

have higher rates of illicit drug use. The NHSDA also provides information for other measures in *Strategy* Goals One and Three.

For the measurement of the treatment gap, the NHSDA provides a key component in estimating treatment need.

For the measurement of drug use in the workplace, it must be noted that the NHSDA measures drug use prevalence among subpopulations who are employed; however, it does not specifically distinguish if drug use occurred while on or off the job.

Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth (Source for *Strategy* Goal One)

Often referred to as the “High School Senior Survey,” the *Monitoring the Future* (MTF) is a nationally representative school-based study that provides information on drug use trends as well as changes in values, behaviors, and lifestyle orientations of American youth. The study examines drug-related issues, including recency of drug use, perceived harmfulness of drugs, disapproval of drug use, and perceived availability of drugs. Although the focus of the MTF study has been high school seniors and graduates who complete follow-up surveys, eighth and tenth graders were added to the study sample in 1991. The University of Michigan has conducted the study under a grant from NIDA since 1975.

MTF data as a proxy for youth drug use are based on separate samples for three grade levels from middle school and high school, with approximately 13,000 to 19,000 students representing each grade in any given year. Data are collected during the spring of each year, with questionnaires typically administered in sample classrooms during a normal class period.

MTF estimates drug use among the population in school, thereby excluding absentees and school dropouts. There is evidence to suggest that these subpopulations, particularly dropouts, have higher rates of drug use than the in-school youth population. The reporting lag from completion of the school calendar-based data collection is approximately six months, with new data collected in the spring typically released in December.

Figure D-1
Sources of Quantitative Data by Goal

Data Source	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
National Household Survey on Drug Abuse (NHSDA)	X		X		
Monitoring the Future (MTF)	X				
Partnership Attitude Tracking Survey (PATS)	X				
School Health Policies and Programs Study (SHPPS)	X				
Uniform Crime Reports (UCR)		X	X		
Drug and Alcohol Services Information System (DASIS)		X			
What America's Users Spend on Illegal Drugs: 1988-1998		X		X	
The Economic Costs of Alcohol and Drug Abuse in the United States		X			
Uniform Facility Data Set (UFDS)/ National Drug and Alcoholism Treatment Unit Survey (NDATUS)			X		
Drug Services Research Survey (DASRS)/ Alcohol and Drug Services Study (NDATUS)			X		
HIV/AIDS Surveillance Report			X		
Reported Tuberculosis in the United States			X		
Summary of Notifiable Diseases			X		
Estimating Cocaine Flow: The Sequential Transition and Reduction (STAR) Model, 1996-1998				X	
Federal-Wide Drug Seizure System (FDSS)				X	
International Narcotics Control Strategy Report (INCSR)				X	X
Drug Crop Cultivation Estimates				X	X
System to Retrieve Information from Drug Evidence (STRIDE)				X	X

Partnership Attitude Tracking Survey (Source for Strategy Goal One)

The Partnership Attitude Tracking Study (PATS) has been conducted by the Partnership for a Drug-Free America since 1986 to monitor drug-related behavior and attitudes of youth and adults. Beginning in 1993, the PATS methodology changed from a survey conducted through mall intercepts to a paper-and-pencil survey conducted in schools with pre-teens (grades 4-6) and teens (grades 7-12). In 1995, PATS added a separate telephone survey with parents of youth under age 19 (In 2000, pre-teens were dropped from the school-based survey.) Approximately 150 schools participate in the annual surveys. Documentation of the methodology used in this survey is limited.

School Health Policies and Programs Study (Source for Strategy Goal One)

The School Health Policies and Programs Study (SHPPS), conducted by the Centers for Disease Control and Prevention approximately every six years. The last report was released in 1994 and data collection is under way for the next report, which is expected to be available in Summer 2001, and will provide information on zero tolerance policies in schools.

Uniform Crime Reports (Source for Strategy Goals Two and Three)

The Uniform Crime Reports (UCR) is a nationwide census of 16,000 to 18,000 city, county, and state law enforcement agencies. The goal of the UCR is to count in a standardized manner the number of offenses, arrests, and clearances known to police. Each law enforcement agency voluntarily reports data on crimes. Data are reported for the following nine index offenses: murder and manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, theft, motor vehicle theft, and arson. Data on drug arrests, including arrests for possession, sale, and manufacturing of drugs, are included in the database. Distributions of arrests for drug abuse violations by demographics and geographic areas also are available. UCR data have been collected since 1930; the FBI has collected data under a revised system since 1991. For PME measures, UCR data are used as proxy variables in the absence of direct measures of drug-related crime.

Drugs and Alcohol Services Information System (Source for Strategy Goal Two)

The Drugs and Alcohol Services Information System (DASIS) results from the staged integration of three Substance Abuse and Mental Health Services Administration (SAMHSA) data systems: The National Facility Register (NFR), the Treatment Episode Data Set (TEDS) (previously the Client Data System [CDS]), and the Uniform Facility Data Set (UFDS). The DASIS will establish a statistical data set on treatment facilities and services in the United States, including both national- and state-level data on the numbers and types of patients treated for substance abuse and the characteristics of facilities providing services. Specifically, only the UFDS of the DASIS is used in Goal Two as a measure of substance abuse treatment in correctional facilities. Data for the UFDS provided a one-time 1997 baseline of the number of treatment interventions in adult prisons and juvenile facilities but not in jail facilities. Further, there is no information on the number of inmates that require substance abuse treatment. Additional data collection and improved survey design to measure total need is required. The UFDS survey is not an annual survey. The Department of Health and Human Services has requested funding in the FY 2002 budget request for the next nationwide survey of correctional facilities. Further, the Jail Inmate Survey of the Department of Justice, Bureau of Justice Statistics also provided one-time 1997 data but will not provide additional data until 2002.

What America's Users Spend on Illegal Drugs: 1988–1998 (Source for Strategy Goals Two and Four)

This report estimates total U.S. expenditures on illicit drugs based on available drug supply and demand data. Data are provided on estimated numbers of users, yearly, and weekly expenditures for drugs, trends in drug supply, and retail prices of drugs. Abt Associates, Inc. first wrote the report for ONDCP in 1993. It was updated in 1995, 1997, and 1999.

The Economic Costs of Alcohol and Drug Abuse in the United States **(Source for Strategy Goal Three)**

The NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) commissioned this study to estimate the economic costs of alcohol and drug abuse in the United States. The study, which was released in 1998, is based on 1992 data and includes estimates for 1995. Before this report, the last complete cost estimate using detailed data was for 1985. Such irregular intervals for calculation costs to society were a major limitation. In 2000, more frequent estimates of the social costs of drug abuse are currently being implemented by ONDCP, with cost estimates through 1998 and cost projections for 1999 and 2000 expected in the spring of 2001.

Uniform Facility Data Set/ National Drug and Alcoholism Treatment Unit Survey **(Source for Strategy Goal Three)**

The Uniform Facility Data Set (UFDS) measures the location, scope, and characteristics of drug abuse and alcoholism treatment facilities throughout the United States. The annual survey collects data on unit ownership, type, and scope of services provided; sources of funding; number of clients; treatment capacities; and utilization rates. Data are reported for a point prevalence date in the fall of the year in which the survey is administered. Many questions focus on the twelve months prior to that date. The UFDS, then called the National Drug and Alcoholism Treatment Unit Survey (NDATUS), was administered jointly by NIDA and the National Institute of Alcohol Abuse and Alcoholism from 1974 to 1991. Since 1992 SAMHSA has administered UFDS. UFDS provides a key component in the estimation of the treatment gap. As of October 1, 2000, the reference date for the most recent survey, UFDS underwent a name change. The survey is now the National Survey of Substance Abuse Treatment Services (N-SSATS).

Drug Services Research Survey/ Alcohol and Drug Services Study **(Source for Strategy Goal Three)**

The Drug Services Research Survey (DASRS) measured treatment capacity and utilization. DSRS was a one-time national survey conducted in 1990 by SAMHSA to obtain facility-based information on drug abuse treatment providers and patients to supplement data from the National Drug and Alcoholism Treatment Unit survey (NDATUS). It provided information on substance abuse treatment capacity and utilization, treatment of pregnant women and IV drug users, and the educational level of treatment personnel. DSRS patient data also provided baseline information for the SROS follow-up study, which collected outcome data on the DSRS subjects five years after treatment. DSRS data have implication for drug policy because they provide a basis for making estimates of average length of stay in treatment and admissions to treatment, by treatment type.

HIV/AIDS Surveillance Report **(Source for Strategy Goal Three)**

The HIV/AIDS Surveillance Reports contain tabular and graphic information about U.S. AIDS and HIV case reports, including data by state, metropolitan statistical area, mode of exposure to HIV, sex, race/ethnicity, age group, vital status, and case definition category. The Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, a component of CDC, publishes it semi-annually. Data on mode of exposure to HIV are of interest to the PME in light of the role of injection drug use in HIV transmission.

Reported Tuberculosis (TB) in the United States **(Source for Strategy Goal Three)**

The TB Surveillance Reports contain tabular and graphic information about reported tuberculosis cases collected from 59 reporting areas (the 50 states, the District of Columbia, New York City, U.S. dependencies and possessions, and independent nations in free association with the United States). The reports include statistics on tuberculosis case counts and case rates by states and

metropolitan statistical areas with tables of selected demographic and clinical characteristics (e.g., race/ethnicity, age group, country of origin, form of disease, drug resistance, etc). The Division of TB Elimination, National Center for HIV, STD and TB Prevention, a component of CDC, publishes the reports annually. The reports also include information on injection drug use and non-injection drug use among TB cases.

Summary of Notifiable Diseases (Source for Strategy Goal Three)

This publication contains summary tables of the official statistics for the reported occurrence of nationally notifiable diseases in the United States, including hepatitis. These statistics are collected and compiled from reports to the National Notifiable Diseases Surveillance System, which is operated by CDC in collaboration with the Council of State and Territorial Epidemiologists. Annual data are finalized and published in CDC's *Morbidity and Mortality Weekly Review Summary of Notifiable Diseases, United States* for use by state and local health departments; schools of medicine and public health; communications media; local, state, and federal agencies; and other agencies or persons interested in following the trends of reportable diseases in the United States. The publication of the Summary also documents which diseases are considered national priorities for notification and the annual number of cases of such diseases. This source, however, does not include information on drug-using vs. non-drug-using cases.

Estimating Cocaine Flow: The Sequential Transition and Reduction (STAR) Model, 1996–1998

ONDCP is developing a flow model for cocaine, called the Sequential Reduction and Transition (STAR) Model. The STAR model takes each of four point-estimates and uses transition matrices to estimate availability at all the other stages. These four independent measures are: (1) potential production estimate, an imagery-based estimate of the coca crop combined with and coca cultivation studies, (2) Interagency Cocaine Movement Assessment estimate, an event-based estimate of cocaine departing

source areas, (3) an estimate of cocaine crossing the U.S. border based on the allocation of domestic resources and interdiction efficiency, and (4) a domestic consumption estimate. As a result, availability estimates at each stage of cocaine's movement, from source to consumer, are a composite of point-estimates. Abt Associates, Inc. prepared a report describing this model for ONDCP in 1999. ONDCP is continuing the development of a "cocaine flows" estimate model.

Federal-Wide Drug Seizure System (Source for Strategy Goal Four)

The Federal-Wide Drug Seizure System (FDSS) is a computerized system that stores information about drug seizures made within the jurisdiction of the United States by the DEA, FBI, Customs Service, Border Patrol, and Coast Guard. The FDSS database includes drug seizures by other Federal agencies (e.g., the Immigration and Naturalization Service) to the extent that custody of the drug evidence was transferred to one of the five agencies identified above. The FDSS has been maintained by the DEA since 1988. Weight thresholds are established for each of the drug types to limit tabulation to only significant seizure amounts. The FDSS also accounts for seizures retained by foreign authorities if the U.S. Coast Guard was a participant in the seizure.

International Narcotics Control Strategy Report (Source for Strategy Goals Four and Five)

The International Narcotics Control Strategy Report (INCSR) provides information on the steps taken by the main illicit drug-producing and transiting countries to prevent drug production, trafficking, and related money laundering during the previous year. The information reported in the INCSR is based on host-nation inputs synthesized by each U.S. embassy. The INCSR helps determine how cooperative a country has been in meeting legislative requirements in various geographic areas. Production estimates by source country also are provided based on CNC's crop assessment process (see below). The annual INCSR report typically is released by the State Department in March.

Drug Crop Cultivation Estimates (Source for *Strategy Goals Four and Five*)

The Crime and Narcotics Center (CNC) conducts annual studies to estimate the magnitude of illegal drug crop cultivation and potential drug production. The basis for this assessment is imagery of the area under cultivation, then application of crop and processing data to extend the cultivation estimates to production estimates.

System to Retrieve Information from Drug Evidence (Source for *Strategy Goals Four and Five*)

The System to Retrieve Information from Drug Evidence (STRIDE) compiles lab analysis data on illegal substances purchased, seized, or acquired in DEA investigations. Data are gathered on the type of drug seized or bought, drug purity, location of confiscation, street price of the drug, and other characteristics, such as source area signature (when available). Data on drug exhibits from the FBI; the Metropolitan Police Department of the District of Columbia; and some exhibits submitted by other federal, State, and local agencies also are included in STRIDE. STRIDE data have been compiled by DEA since 1971. This source is a critical component of ONDCP's Heroin Availability Model.

PME Data Gap Analysis

To date, not all of the targets in the 2001 PME system have data with which to measure progress. Of the 12 impact targets, data currently exists to track nine of them, albeit in some cases with proxy data. Of the 87 contributory targets, 38 monitor the achievement of various milestones (e.g., the development of a national mentoring program by 1999) that do not require quantitative data systems to be tracked. Another 20 targets require the relevant agency to use administrative records to report on the progress of achieving the target (e.g., the proportion of public and private schools that have published a zero-tolerance drug abuse and alcohol policy for students). Of the remaining 29 targets, we reported last year that eight could be tracked by existing data systems and the remaining 21 required data systems to be developed or modifications made to existing data systems.

In this section we provide a discussion of the status of developing or modifying existing data sources for the impact and contributory targets currently lacking data with which to assess progress. ONDCP, through its Data Subcommittee, has been working with data managers from all Federal drug control agencies to develop or modify the required data systems. Substantial progress has been made in developing new data systems, modifying existing data systems, or identifying proxy measures for many of these targets. This progress and remaining gaps are described below by Goal, Objective, and Target.

Goal One: Educate and Enable America's Youth to Reject Illegal Drugs as well as Alcohol and Tobacco

Objective 6, Target 2—Funded Coalitions: The target is to increase the number of communities with comprehensive anti-drug coalitions. A draft coalition directory was developed by a contractor in 2000, but this first effort was unable to provide a reliable estimate of the number of anti-drug coalitions. ONDCP currently is working with another contractor to develop an annual estimate of the number of anti-drug community coalitions in the country.

Goal Two: Increase the Safety of America's Citizens by Substantially Reducing Drug-Related Crime and Violence

Impact Target 2b—Domestic Trafficker Success: The target is to reduce the rate at which illicit drugs of U.S. origin reach U.S. consumers. The two main drugs cultivated/produced within the United States are marijuana and methamphetamine. Currently, there are no reliable estimates for the cultivation/production of these drugs. The development of reliable estimates is complicated by the fact that marijuana is grown either outdoors or indoors in every state and aerial observation of cultivation is difficult due to the vast areas to be covered. Also, an increasing proportion of marijuana is being grown indoors. ONDCP continues to investigate the feasibility of various approaches for estimating the availability of marijuana and methamphetamine.

Objective 1, Target 1—Drug-related Violent Crime: The target is to reduce the rate of homicides, robberies, rapes, assaults, and crimes against property associated with illegal drugs. Currently, the FBI's Uniform Crime Reports (UCR) reports on the overall number and rate of these crimes, but doesn't include the proportion that are drug-related except for murders. A working group of the Data Subcommittee was tasked with determining the feasibility of estimating what proportion of these crimes are drug-related. The working group determined that it was not currently feasible to identify drug involvement in these categories of violent crime. The working group recommendation for a proxy was adopted; as a result, progress in achieving this target is being measured using the overall rates of these violent crimes.

Objective 2, Target 3—Drug-related Violent Crime in HIDTAs: The target is to reduce the rate of homicides, robberies, rapes, and assaults associated with illegal drugs in HIDTAs. The issue of drug involvement in violent crime discussed for the target above (Goal 2, Objective 1, Target 1) applies to this target as well. However, this target is further complicated by the need to disaggregate the data by HIDTA. Typically, HIDTAs are composed of one or more counties. The UCR data are not provided at the county-level. ONDCP has awarded a contract in order to obtain compilations of the UCR violent crime rates by county, including HIDTA counties. Data are expected in late 2001.

Objective 3, Target 3—Money Laundering Costs: The target focuses on increasing the cost of money laundering to drug traffickers within the United States. As no data source currently exists to track this target, a working group of the Data Subcommittee, led by Treasury, has been tasked with exploring the feasibility of developing the required estimate. A number of Federal agencies, including ONDCP, continue to participate in a working group, led by Treasury to assess the magnitude of money laundering, including the laundering of drug trafficking proceeds. Results from this working group may help provide information for tracking progress.

Objective 4, Target 2—Substance Abuse Treatment Availability: The target focuses on increasing the proportion of drug-using offenders who are provided substance abuse treatment interventions. Until recently, there was no data source with which to track progress in achieving this target. However, in 1996 ONDCP requested that SAMHSA's Office of Applied Studies (OAS) conduct a feasibility study to determine whether the Alcohol and

Drug Services Survey (ADSS) could be extended to include the criminal justice system. In 1997, SAMHSA's Uniform Facility Data Set (UFDS), an annual survey designed to identify the substance abuse treatment universe, was modified to capture treatment availability at correctional sites. In April 2000, findings were released from the UFDS 1997 Survey of Substance Abuse Treatment in Adult and Juvenile Correctional Facilities. SAMHSA plans to conduct periodic surveys of this treatment population and has requested funding in FY 2002 for this purpose.

Objective 4, Target 3—Inmate Access to Illegal Drugs: The target focuses on reducing the proportion of inmates who test positive for illegal drug use during their incarceration in Federal, State, and local detention facilities. A data source, DOJ's Drug Testing Baseline Report, was identified for this target. The Attorney General requires states to provide information on drug testing in order to receive funding under the Violent Offender Incarceration/Truth-in-Sentencing Incentive Grants Program. Available data on drug testing for all states is now available.

Objective 4, Target 4—Drugs and Recidivism: The target focuses on reducing the proportion of identified drug-using offenders who are rearrested for new felonies or serious misdemeanors within a one-year period following their release from supervision. Data from the DOJ's Office of Justice Programs' Residential Substance Abuse Treatment (RSAT) annual reports will be used as a proxy for this measure. The most current information from RSAT annual reports provides drug testing information for all states and territories.

Goal Three: Reduce Health and Social Costs to the Public of Illegal Drug Use

Impact Target 3a—Reduce Health and Social Costs: The target focuses on reducing the health and social costs in constant dollars attributable to illegal drugs. Over the past 20 years a series of periodic reports have been issued on the costs to society of alcohol, tobacco, and illegal drugs. The most recent was issued by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism in 1998 reporting on estimates for 1992 (and inflation-adjusted estimates for 1995). ONDCP contracted out in 2000 to obtain estimates through 1998 and projections for 1999 and 2000.

The draft report currently is under review by ONDCP and includes recommendations for more regular updates (every other year) based on a subset of the variables contained in the larger, more detailed, study.

Objective 1, Target 1—Treatment Gap: The target focuses on reducing the treatment gap. In 1999, SAMHSA's Office of Applied Studies added a module to the 2000 NHSDA to estimate the prevalence of drug dependence and in 2000, another for drug abuse as defined by the Diagnostic Statistical Manual, version IV. SAMHSA also added questions to the National Household Survey on Drug Abuse to estimate the number of people who received drug treatment in the past year. From these estimates, SAMHSA will be able to provide an estimate of the treatment gap. The first estimate from this revised methodology will be available in 2001.

Objective 1, Target 2—Measures 1-5: Demonstrate Impact. These targets are to demonstrate the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. ONDCP has proposed collecting these data through the National Treatment Outcome Monitoring System (NTOMS). NTOMS is being developed from the ONDCP-sponsored Drug Evaluation Network System (DENS) and the hardcore user estimation project (RAMONA).

As such, it will provide nationally representative estimates of (1) treatment admissions in real time (DENS), (2) the size and characteristics of the hardcore user population (RAMONA), and (3) with the launching of the NTOMS, treatment outcomes. SAMHSA received funding for FY 2001 to implement the NTOMS.

Objective 1, Target 3—Waiting Time: The target focuses on reducing the average waiting time to enter treatment. The NTOMS, proposed for Objective 1, Targets 2a - 2e above, would also include a measure of average waiting time and would be reported annually.

Objective 2, Targets 1, 2, and 4—Tuberculosis, Hepatitis B, and Hepatitis C: The targets focus on reducing or stabilizing the incidence of the drug-related proportion of these diseases. We have confirmed that the Centers for Disease Control and Prevention (CDC) report on the number/proportion of these infectious diseases that are drug-related. The most recent data available for tuberculosis are for 1997; the most recent data available for Hepatitis B and C are for 1995.

Goal Four: Shield America's Air, Land, and Sea Frontiers from the Drug Threat

Impact Target 1—Transit and Border Zone Drug Flow: The target is to decrease the rate at which illegal drugs enter the United States from the transit and border zones. For this target, we are assessing progress for the four major drugs: cocaine, heroin, marijuana, and methamphetamine. Currently, we have data for cocaine and heroin from the drug flow models (see below). ONDCP is currently investigating the feasibility of various approaches to produce similar flow models for marijuana and methamphetamine.

Objective 1, Target 1—Develop Interagency Drug Flow Models: The target is to develop interagency drug flow models for cocaine, heroin, marijuana, and heroin. In 1999, the ONDCP-led interagency effort developed preliminary flow models for cocaine and heroin. The models employ a supply- and consumption-based approach. Modeling of marijuana and methamphetamine availability currently only has domestic consumption estimates. A more detailed description of data from these models is presented elsewhere in this report.

We have also identified a gap in performance data associated with Goal Four interdiction resources and seizure rates. A study of deterrence is being pursued by ONDCP to help establish a relationship between law enforcement presence and deterrence. This correlation will facilitate more efficient and effective resource allocation, performance measurement, and alignment of policy goals and funding.

Objective 1, Target 2—Cocaine Removal: The target is to increase the proportion of cocaine removed in transit to the United States and at the U.S. borders as measured against interagency flow estimates of cocaine en route to the United States. The cocaine flow model described above includes an estimate of the amount of cocaine removed; this information is contained elsewhere in this report.

Objective 1, Target 3—Heroin Removal: The target is to increase the proportion of heroin removed in the Western Hemisphere in transit to the United States and at the U.S. borders as measured against interagency flow estimates. The heroin flow model described above includes an estimate of the amount of heroin removed; this information is contained elsewhere in this report.

Objective 1, Target 4—Marijuana Removal: The target is to increase the proportion of marijuana removed in the Western Hemisphere in transit to the United States and at the U.S. borders as measured against interagency flow estimates of marijuana en route to the United States. ONDCP is investigating a new cannabis signature program based on linking isotope ratios in drug seizures to source areas. ONDCP also has been working with the various drug supply control agencies to better define, collect, and report their marijuana seizure data.

Objective 1, Target 5—Methamphetamine Removal: The target is to increase the proportion of methamphetamine removed in the Western Hemisphere in transit to the United States and at the U.S. borders as measured against interagency flow estimates of methamphetamine enroute to the United States. Detection and flow of this drug is perhaps the most problematic because of the relative ease of manufacture. ONDCP has been working with the various drug supply control agencies to better define, collect, and report their methamphetamine seizure data.

Goal Five: Break Foreign and Domestic Drug Sources of Supply

Impact Target 5b—Domestic Production: This target is to reduce the amount of marijuana cultivated and methamphetamine produced in the United States. As noted above in the discussion for Goal 2, Impact Target 2b, we do not currently have a supply-based drug flow model to estimate the cultivation/production of marijuana and methamphetamine. ONDCP is currently investigating various approaches to determine the feasibility of producing such estimates.

Objective 1, Target 3—Marijuana: The target is to reduce net cultivation of marijuana in Western Hemisphere countries. Currently, there are no good estimates of the net cultivation of marijuana within or outside of the United States. In 2001, ONDCP will be leading an interagency effort to determine the feasibility of developing estimates of domestic marijuana cultivation, both indoor and outdoor. The Department of Agriculture has agreed to participate in this effort.

Objective 1, Target 4—Other Illegal Drugs: The target is to train and properly equip a number of law enforcement personnel adequate to safely dismantle and destroy 100 percent of identified methamphetamine and other illicit synthetic drug production laboratories. It also is to continue the full range of Federal, State, and local regulatory and enforcement measures to restrict the illegal manufacture importation, and/or diversion to illicit use of significant drugs of abuse. This target is associated with several measures, for many of which data are in existence. However, those needing to be developed include the following:

- Arrest of methamphetamine traffickers - A working group of the Data Subcommittee will determine whether such arrest data are or can be collected on an annual basis.
- Purity of available methamphetamine - A working group of the Data Subcommittee will determine whether it is possible to establish a data system to assess the purity of available methamphetamine.
- Price of methamphetamine - A working group of the Data Subcommittee will determine whether it is possible to establish a data system to assess the price of methamphetamine.

A report from ONDCP's Subcommittee on Data, Research, and Interagency Coordination released in February 1999 provides broad recommendations regarding national drug control policy data priorities. The Data Subcommittee's recommendations are based on the conduct of a Federal drug control needs assessment of the strengths and weaknesses of the leading indicators used to describe the nation's drug problem and to identify data needs of public health policy. An important achievement of this effort was the creation of an Inventory of Federal Drug-Related Data Sources, which is a compilation of all known Federal drug-related information systems and their report generation capabilities. The inventory, which is currently being updating, is the foundation from which further development and enhancement of data sources will be used in support of the PME System.

Appendix E: Congressional Performance Targets and the PME

The five performance targets defined by Congress are examined in greater detail in this appendix, specifically in light of existing PME targets and in terms of availability of data measures. As noted in Chapter 1, the PME System can account for both sets of targets. Figure E-1 that follows presents all the Congressional performance targets and the subset of corresponding PME targets. When available, the latest data are presented. In all cases, data notes are included to clarify some underlying measurement issues.

The Congressional performance targets generally dovetail with previously defined PME targets in terms of topical coverage. The main differences between the two sets of targets are the shorter timetable established by Congress and the magnitude of the targets. Details of both sets of targets are noted in the following figure, but major differences, referenced by Congressional target (designated as A through E), are as follows:

Target A: A reduction in current drug use of 53 percent by 2003 will be required to attain a three percent prevalence rate as specified by Congress, whereas the PME target is a 25 percent reduction by 2002.

Target B: If 12th grade data are used, the Congressional target will require an 88 percent reduction by 2003 to attain a three percent prevalence rate for current drug use. Using a broader measure, the PME target is a 20 percent reduction by 2002 to attain a 7.2 percent prevalence rate.

Target C: Although data currently are unavailable to establish levels of domestic availability for specific drugs, the Congressional target is an 80 percent reduction by 2003, compared to the PME target of a 25 percent reduction by 2002.

Target D: The PME does not have a specific target to reduce purity of specific drugs. Purity is regarded in PME to be one of many aspects involved in breaking foreign and domestic drug sources of supply (Goal Five). Purity is closely intertwined with price, which in turn is influenced by the interruption of trafficking mechanisms. PME targets focus on the latter.

Target E: Many elements of this target are unmeasured at this time. Nevertheless, the Congressional target of a 50 percent reduction in drug-related crime by 2003 is larger than each of the specific components in the PME targets, which range from 10 percent to 20 percent reductions by 2002.

It is also important to note that the PME targets were established with participation from drug control agencies to define ambitious yet plausible targets. Data sources also need to be developed and enhanced if targets are to be measured accurately.

Figure E-1 Congressional Targets and PME Targets

Congressional Performance Targets (P.L. 105-277, SEC. 706, paragraph 4 ¹)		National Drug Control Strategy Targets Performance Measures of Effectiveness (PME) ²																								
The targets in the National Drug Control Strategy shall include the following:	Measure Specified	Goal	Target	Measure																						
<p>A <i>Reduction of unlawful drug use to 3 percent of the population of the United States or less by December 31, 2003, and achievement of at least 20 percent of such reduction during each of 1999, 2000, 2001, 2002, and 2003.</i></p> <table border="1"> <tr><td colspan="2">Latest NHSDA data:³</td></tr> <tr><td>1996</td><td>6.1%</td></tr> <tr><td>1997</td><td>6.4%</td></tr> <tr><td>1998</td><td>6.2%</td></tr> <tr><td>1999</td><td>7.0%</td></tr> </table>	Latest NHSDA data: ³		1996	6.1%	1997	6.4%	1998	6.2%	1999	7.0%	Overall illicit drug use during the past 30 days (National Household Survey)	3 (Impact b.)	<p>Reduce drug use nationwide. By 2002, reduce the nationwide prevalence of illegal drug use by 25 percent as compared to the 1996 base year. By 2007, reduce prevalence by 50 percent compared to the base year.</p> <table border="1"> <tr><td colspan="2">Latest NHSDA data:³</td></tr> <tr><td>1996</td><td>6.1%</td></tr> <tr><td>1997</td><td>6.4%</td></tr> <tr><td>1998</td><td>6.2%</td></tr> <tr><td>1999</td><td>7.0%</td></tr> </table>	Latest NHSDA data: ³		1996	6.1%	1997	6.4%	1998	6.2%	1999	7.0%	The prevalence of drug use as measured by the National Household Survey and other relevant surveys. Reporting Agency: HHS. Supporting Federal Agencies: DOJ, DOL, ED, VA, Treas.		
Latest NHSDA data: ³																										
1996	6.1%																									
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1998	6.2%																									
1999	7.0%																									
<p>B <i>Reduction of adolescent unlawful drug use to 3 percent of the adolescent population of the United States or less by December 31, 2003, and achievement of at least 20 percent of such reduction during each of 1999, 2000, 2001, 2002, and 2003.</i></p> <table border="1"> <tr><td colspan="2">Latest MTF (12th grade) data:⁴</td></tr> <tr><td>1996</td><td>24.6%</td></tr> <tr><td>1997</td><td>26.2%</td></tr> <tr><td>1998</td><td>25.6%</td></tr> <tr><td>1999</td><td>25.9%</td></tr> <tr><td>2000</td><td>24.9%</td></tr> </table>	Latest MTF (12 th grade) data: ⁴		1996	24.6%	1997	26.2%	1998	25.6%	1999	25.9%	2000	24.9%	Illicit drug use during the past 30 days (Monitoring the Future Survey or the National PRIDE Survey)	1 (Impact a.)	<p>Use of illegal drugs, alcohol, and tobacco by youth. By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year. Reduce tobacco use by youth by 25 percent by 2002 and by 55 percent by 2007.</p> <table border="1"> <tr><td colspan="2">Latest NHSDA data:⁵</td></tr> <tr><td>1996</td><td>9.0%</td></tr> <tr><td>1997</td><td>11.4%</td></tr> <tr><td>1998</td><td>9.9%</td></tr> <tr><td>1999</td><td>9.0%</td></tr> </table>	Latest NHSDA data: ⁵		1996	9.0%	1997	11.4%	1998	9.9%	1999	9.0%	Past month prevalence of drug, alcohol, and tobacco use by youth. Reporting Agency: HHS. Supporting Federal Agencies: DoD, DOJ, ED.
Latest MTF (12 th grade) data: ⁴																										
1996	24.6%																									
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1996	9.0%																									
1997	11.4%																									
1998	9.9%																									
1999	9.0%																									
<p>C <i>Reduction of the availability of cocaine, heroin, marijuana, and methamphetamine in the United States by 80 percent by December 31, 2003.</i></p> <table border="1"> <tr><td colspan="2">Data on availability estimates currently are unavailable.⁶</td></tr> </table>	Data on availability estimates currently are unavailable. ⁶		(no measure specified)	2 (Impact c.)	<p>Drug availability in the United States. By 2002, reduce drug availability in the United States by 25 percent compared with the estimated 1996 base year. By 2007, reduce illicit drug availability in the U.S. by 50 percent from the base year.</p>	Quantity of illicit drugs available in the United States Reporting Agency: ONDCP Supporting Federal Agencies: DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS, USIC.																				
Data on availability estimates currently are unavailable. ⁶																										

(See notes at end of table.)

Figure E-1 Congressional Targets and PME Targets

Congressional Performance Targets (P.L. 105-277, SEC. 706, paragraph 4 ¹)		National Drug Control Strategy Targets Performance Measures of Effectiveness (PME) ²																				
The targets in the National Drug Control Strategy shall include the following:	Measure Specified	Goal	Target	Measure																		
<p>D <i>Reduction of the respective nationwide average street purity levels for cocaine, heroin, marijuana, and methamphetamine by 60 percent by December 31, 2003, and achievement of at least 20 percent of each such reduction during each of 1999, 2000, 2001, 2002, and 2003.</i></p> <table border="1"> <tr> <td colspan="3">Latest STRIDE data:⁷</td> </tr> <tr> <td></td> <td>Cocaine</td> <td>Heroin</td> </tr> <tr> <td>1995</td> <td>68.4</td> <td>26.2</td> </tr> <tr> <td>1996</td> <td>72.5</td> <td>24.0</td> </tr> <tr> <td>1997</td> <td>64.7</td> <td>25.4</td> </tr> <tr> <td>1998</td> <td>71.3</td> <td>24.5</td> </tr> </table>	Latest STRIDE data: ⁷				Cocaine	Heroin	1995	68.4	26.2	1996	72.5	24.0	1997	64.7	25.4	1998	71.3	24.5	Interagency drug flows assessment led by the ONDCP and based on statistics collected by the DEA and other National Drug Control Program agencies identified by the Director.		(No corresponding specific target)	
Latest STRIDE data: ⁷																						
	Cocaine	Heroin																				
1995	68.4	26.2																				
1996	72.5	24.0																				
1997	64.7	25.4																				
1998	71.3	24.5																				
<p>E <i>Reduction of drug-related crime in the United States by 50 percent by December 31, 2003, and achievement of at least 20 percent of such reduction during each of 1999, 2000, 20001, 2002, and 2003.</i></p> <p>Data on drug-related crime are limited to drug law violations.⁸</p>	(no measure specified)	2 (Impact a.)	Drug related crime and violence. By 2002, reduce by 15 percent the rate of crime and violent acts associated with drug trafficking and use, as compared with the 1996 base year. By 2007, reduce drug-related crime and violence by 30 percent as compared to the base year.	The nationwide rate of crimes and violent acts associated with drug trafficking and use as measured by available indicators. Reporting Agency: DOJ. Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.																		
<p>E <i>(i) reduction of State and Federal unlawful drug trafficking and distribution.</i></p> <p>Data on drug trafficking are unavailable.⁹</p>	(no measure specified)	2 (Impact b.)	Domestic trafficker success. By 2002, reduce by 10 percent the rate at which illicit drugs of U.S. venue reach the U.S. consumer, as compared with the 1996 base year. By 2007, reduce this rate by 20 percent over the base year.	Rate at which illicit drugs venued in the United States reach U.S. consumers. Reporting Agency: DO. Supporting Federal Agencies: BJS, DEA, FBI, HIDTAs, Treas.																		

(See notes at end of table.)

Figure E-1 Congressional Targets and PME Targets

Congressional Performance Targets (P.L. 105-277, SEC. 706, paragraph 4 ¹)		National Drug Control Strategy Targets Performance Measures of Effectiveness (PME) ²																																			
The targets in the National Drug Control Strategy shall include the following:		Measure Specified	Goal	Target	Measure																																
E	<p>(ii) reduction of State and Federal crimes committed by persons under the influence of unlawful drugs;</p> <table border="1"> <thead> <tr> <th colspan="4">Inmate-reported substance use at the time of offense:¹⁰</th> </tr> <tr> <th></th> <th>State</th> <th>Federal</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="4">Drug Use</td> </tr> <tr> <td>1991</td> <td>31%</td> <td>17%</td> <td></td> </tr> <tr> <td>1997</td> <td>33%</td> <td>22%</td> <td></td> </tr> <tr> <td colspan="4">Alcohol/drug use</td> </tr> <tr> <td>1991</td> <td>49%</td> <td>24%</td> <td></td> </tr> <tr> <td>1997</td> <td>52%</td> <td>34%</td> <td></td> </tr> </tbody> </table>	Inmate-reported substance use at the time of offense: ¹⁰					State	Federal		Drug Use				1991	31%	17%		1997	33%	22%		Alcohol/drug use				1991	49%	24%		1997	52%	34%		(no measure specified)	2 (Objective 1)	Drug-related violent crime. By 2002, achieve a 20 percent reduction in the rate of homicides, robberies, rapes, assaults, and crimes against property associated with illegal drugs as compared to the 1996 base year. By 2007, achieve at least a 40 percent reduction from the base year in specified drug-related crimes.	Reported rate of homicides, robberies, rapes, assaults, and property crimes associated with distribution, sale, or consumption of illegal drugs as measured by available crime indicators. Reporting Agency: DOJ. Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.
Inmate-reported substance use at the time of offense: ¹⁰																																					
	State	Federal																																			
Drug Use																																					
1991	31%	17%																																			
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1991	49%	24%																																			
1997	52%	34%																																			
E	<p>(iii) reduction of State and Federal crimes committed for the purpose of obtaining unlawful drugs or obtaining property that is intended to be used for the purchase of unlawful drugs; and</p> <p>Data are not available on crimes committed for the purpose of obtaining drugs.¹¹</p>	(no measure specified)		(overlaps with Drug-related violent crime , above)																																	
E	<p>(iv) reduction of drug-related emergency room incidents in the United States, including incidents involving gunshot wounds and automobile accidents in which illicit drugs are identified in the bloodstream of the victim, by 50 percent by December 31, 2003.</p> <p>Data are not available for drugs in the bloodstream of injury victims.¹²</p>	Data of the Drug Abuse Warning Network on illicit drug abuse.		(component of Goal 3, Impact Target a: Reduce health and social costs. By 2002, reduce health and social costs associated with illegal drugs by 10 percent, as expressed in constant dollars, as compared to the 1996 base year. By 2007, reduce such costs by 25 percent as compared to the base year.)	Health and social costs in constant dollars attributable to illegal drugs. Reporting Agency: HHS. Supporting Federal Agencies: DOJ, DOL, ED, VA, Treas.																																

(See notes at end of table.)

Endnotes

- 1 Five targets (A through E) are specified by Congress. Language in italics is reproduced from HR 4328 (Section 706, Paragraph 4) and includes all Congressionally defined performance targets. Additional language from Paragraph 5 also pertains to targets, as follows: *FURTHER REDUCTIONS IN DRUG USE, AVAILABILITY, AND CRIME. Following the submission of a National Drug Control Strategy under this section to achieve the specific targets described in paragraph (4), the Director may formulate a strategy for additional reductions in drug use and availability and drug-related crime beyond the 5 year period covered by the National Drug Control Strategy that has been submitted.*
- 2 The *Performance Measures of Effectiveness* (PME) system targets were established through an interagency working group process to define credible, sound, and plausible targets. The PME system includes 12 impact targets and 87 specific targets organized under 31 Objectives corresponding to the five Goals of the National Drug Control Strategy. The seven PME targets included in this table are the subset most closely related to those mandated in HR 4328.
- 3 Based on the latest available data from the *National Household Survey on Drug Abuse* (NHSDA), the Congressional target represents a 53% reduction from the latest figures in nationwide prevalence of drug use by 2003. In 1999, the NHSDA methodology changed from a paper-and-pencil interview (PAPI) to a computer-assisted interview (CAI). A supplemental sample using PAPI, conducted to provide comparable 1999 estimates to previous years, generated the estimates reported here.
- 4 Data from the Monitoring the Future (MTF) study are for 12th graders, 10th graders, and 8th graders from school-based surveys and do not encompass the entire range of adolescents. Data from the National Parents' Resource Institute for Drug Education (PRIDE) yield estimates similar to MTF and are collected from students in schools that participate on a voluntary basis and are not necessarily representative of adolescents nationwide. Based on the latest available MTF data on 12th graders, the Congressional target represents an 88% reduction from the 1998 prevalence of illicit drug use in the past 30 days of 25.6% to 3% by 2003. Rates for 10th graders will require an 86% reduction from 21.5% in 1998 to 3% in 2003, while rates for 8th graders will require a 75% decrease from 12.1% in 1998 to 3% in 2003. It is also necessary to note that in general, measurement of drug use in a school setting tends to yield higher estimates compared to measurement in a household survey setting. An alternative measure that could be used for this target is the youth component of the NHSDA (ages 12 to 17), which would be a parallel measure to Target A for the entire population, also set at 3% and measured by the NHSDA. See Note 5 below.
- 5 Based on the latest available data from NHSDA, the Congressional target represents a 74% reduction from the latest figures in nationwide prevalence of youth drug use by 2003. NHSDA data on adolescents are based on household survey respondents aged 12 to 17. Data from the school-based survey Monitoring the Future are for 12th graders, 10th graders, and 8th graders do not encompass the entire range of adolescents.
- 6 Data on availability of specific drugs in the United States are unavailable. Information on source country production estimates and seizures in transit, at the border, and within the U.S. are available from various agencies for heroin and cocaine. In combination with estimates of the number of users, particularly hard-core users, to approximate the amount consumed in any given year, seizure data are used to arrive at estimates of the total amounts of cocaine and heroin available in the United States. Hence, the base number to be reduced by 80% is an estimate based on a series of other estimates. Refinement of the estimation methodology for drug availability is ongoing. Data on marijuana and methamphetamine availability are further complicated by the fact that domestic production is substantial, and source materials do not originate from a specific region (unlike South America and Asia for cocaine and heroin). A methodology for determining the availability of marijuana is at its early stages. Modeling of methamphetamine availability is still in the conceptual stages of development and will need to take into account the relative ease of manufacturing methamphetamine from ordinarily obtainable precursor chemicals.
- 7 Data on street purity levels of cocaine and heroin are from the *System to Retrieve Information from Drug Evidence* (STRIDE). Purity is reported as averages for different purchase amounts—data in the table are for the smallest amounts, purchases of 1 pure gram or less for cocaine and 0.1 pure gram or less for heroin. Although purity at various purchase amounts have trended upwards for both cocaine and heroin since the early 1980s, purity estimates are characterized by large fluctuations over time and from city to city. It is not clear whether and what program interventions might reduce the average street purity of these drugs, since purity is in part a function of improved processing in combination with marketing techniques. The “purity” of marijuana, translated into its THC content, is unknown in the STRIDE data. Data for 1998 are preliminary, based on the first two quarters.
- 8 The *Uniform Crime Reports* (UCR) provide data on arrests for crime in general, various types of violent and property crimes, and drug law violations. Data from UCR on drug abuse violations are narrowly defined to include sale, manufacture, or possession of heroin or cocaine and their derivatives, marijuana, synthetic or manufactured drugs, and other dangerous nonnarcotic drugs. The overall rate of crime and of violent acts have been and continue to be used as proxy variables for drug-related crime, on the assumption that crime in general and drug-related crime in particular are highly correlated and that drug-related crime is proportional to crime in general. ONDCP's Data Subcommittee has been tasked with reviewing available crime data to identify areas where more adequate measurement is necessary.
- 9 Data on domestic drug trafficking and distribution are incomplete. While there are measures of the portion of trafficking that is disrupted by domestic seizures, no direct measures of the total amount available for domestic transport and distribution are available. See also Note 6 above.

- 10 Data specific to crimes committed under the influence of drugs are not regularly available. The Bureau of Justice Statistics conducts a survey of inmates in State and Federal correctional facilities approximately every five years. While this survey collects data on inmate self-reports of being under the influence of drugs or alcohol at the time of offense, these data are too infrequently collected to provide adequate measurement of progress on this target. A limited effort to measure this variable also is included in the *National Crime Victimization Survey* (NVCS), which reports “perceived drug or alcohol use by offender” as reported by victims of violent crimes. By definition, such a measure excludes all homicides. NVCS data indicates that large proportions of violent crime victims (42% in 1994) did not know or were unable to answer the question of whether the perpetrator was under the influence of drugs or alcohol. By this indicator, only 5% of violent crime victims reported that they perceived the offender to be under the influence of drugs, an additional 4% were perceived to be under the influence of both drugs and alcohol, and 1.3% were perceived to be under the influence of either alcohol or drugs, but were not sure which one. See also Note 8 above.
- 11 Data specific to crimes committed for the purpose of obtaining drugs are not available. See Note 8 above.
- 12 Data on drug-related emergency room incidents are collected by the Drug Abuse Warning Network, which includes 21 metropolitan areas and a national panel. While national data on total gunshot victims and total motor vehicle crash victims treated in hospitals can be tabulated from the *National Hospital Discharge Survey*, these victims are not routinely tested for the presence of illicit drugs in the bloodstream. There is no data surveillance system for blood drug content for motor vehicle crashes (unlike the routinely collected blood alcohol content data that are reported in the *Fatal Accident Reporting System*).

Appendix F: Linking Resources and Results

ONDCP is required to prepare a consolidated Federal drug control budget to implement the *Strategy*. This budget reflects the combined resources of more than 50 Federal drug control agencies that undertake program activities to achieve the Goals and Objectives of the *Strategy*. In the past, Federal resources have been reported in a number of ways. Budget estimates are reported for the entire Federal drug control effort, for each participating Federal agency, for each agency's decision unit (reflecting its underlying appropriations account structure), and for the *Strategy's* functional areas (i.e., interdiction, treatment, and prevention). This breakdown is available as far back as 1981.

To support the PME System, this accounting structure must be further elaborated to reflect the PME System framework. This means that the Federal drug control budget must be estimated for the *Strategy's* Goals and Objectives. Budget resources for the 50-plus agencies and associated programming must be incorporated into the PME System to implement a meaningful measurement system. With this information, it will be possible to identify drug control programs that ultimately contribute to the achievement of the established performance targets. ONDCP is gradually progressing toward this level of detail, while recognizing that agency budgeting and accounting systems reflect traditional line activities, not *Strategy*-oriented programmatic data.

ONDCP has begun taking steps to link budgets and results. It has begun the iterative, lengthy process of disaggregating agency expenditures by the *Strategy's* Goals and Objectives. Currently, Budget Requests have been broken out by *Strategy* Goals, as have Actual Expenditures. ONDCP has also commenced the task of linking Target-focused interagency action plans with agency budget requests.

Expenditures by Strategy Goal

Beginning with the 1998 *Strategy*, drug control resources were presented for each of the *Strategy's* five Goals. This document assesses the effectiveness of the national *Strategy* as of the end of FY 99. Funding for each *Strategy* Goal is summarized in Figure F-1 allowing examination of the findings presented earlier in the light of the Federal resources expended. Funding priorities include resources to reduce drug use by young people (Goal 1), make treatment available for chronic drug users (Goal 3), interdict the flow of drugs at our borders (Goal 4), and target sources of illegal drugs and crime associated with criminal enterprises (Goals 2 and 5). These estimates are presented with some confidence about their accuracy and reliability since this is the fifth time Federal agencies have prepared such estimates. It should be noted here that resources for achieving the PME targets include state, local, and private sector funds.

Figure F-1
Spending by Goal (\$ Millions)

	FY 1999 Actual	FY 2000 Final BA	FY 2001 Enacted	FY 2002 Request	FY01-FY02 \$ Change	FY01-FY02 % Change
Goal 1	2,027.7	2,131.9	2,296.3	2,222.2	(74.1)	-3.2%
Goal 2	7,574.5	7,247.4	8,052.9	8,257.8	204.8	2.5%
Goal 3	2,714.7	2,854.0	3,101.2	3,303.6	202.4	6.5%
Goal 4	2,724.9	2,488.8	2,555.7	2,772.9	217.3	8.5%
Goal 5	2,082.5	3,218.4	2,047.0	2,622.3	575.2	28.1%
Subtotal	17,124.2	17,940.3	18,053.1	19,178.8	1,125.7	6.2%

Note that official drug control budget estimates may be found in the publication, *The National Drug Control Strategy, 2001 Annual Report, FY 2002 Budget Summary* published by ONDCP.

Although some Federal agencies have attempted to estimate their drug control resources by Objective, ONDCP considers it premature to seek this level of disaggregation. As agencies become more comfortable with costing out those portions of their programs that contribute to drug control targets, this effort will proceed more smoothly. It should be noted, however, that iterative though this task is, it can never be viewed as an exact science.

Linking Action Plans to the Budget

In 1999, we began the iterative process of explicitly linking federal action plans to the budget formulation process. Chairs of interagency working groups were asked to recommend critical initiatives that should be reflected in the annual budget submission. This step, undertaken for each Strategy Goal, needs to be refined further. This process begins to link three of the four components of governance—*Strategy*, *Community*, and *Budget*.¹ As performance monitoring triggers in-depth program evaluations, findings should feed into the resource allocation process, linking the fourth component, *Evaluation*, to the other three. These processes are slow and are expected to take many years before the linkages are meaningful and complete.

Endnotes

1. Simeone, Ronald S., Carnevale, John T., and Millar, Annie. "A Systems Approach to Performance—Based Management: The National Drug Control Strategy," in review. An earlier version of this paper was presented at the 1998 annual meeting of the Association for Public Policy Analysis and Management.

Appendix G: Action Plans

The performance targets and measures in the 1998 PME Report clarified for the national drug control community what the *Strategy* intended to achieve in the next ten years. Identifying desired end states in measurable terms was an accomplishment: it reflected a joint understanding of mission success. In 1998, ONDCP took advantage of the same interagency process to develop some common understandings of what it would take to achieve these targets.

To translate a collective vision into a common set of understandings and agreements leading eventually to specific responsibilities for joint outcomes, ONDCP used logic models and action plans. For each target, a working group worked out a logic model indicating the basis upon which the community expected its programs to result in target achievement. Factors known to influence the target were identified, followed by activities for manipulating the target in the desired direction. For instance, the target on youth drug disapproval rates is known to be influenced by factors such as TV messages, the Internet, and peer pressure. The next step was to identify activities such as ONDCP's National Youth Anti-Drug Media Campaign currently in effect to modify TV and other messages. The Internet might be a factor that does not currently portray drug abuse realistically and does not have many activities focused on it—possibly a gap in societal efforts to reduce youth drug behavior.

Developing the logic model provided an analytical perspective to the working groups, enabling them to focus on the results to be obtained and to identify different options for getting there. Clearly, not all avenues could be pursued. Working groups focused next on the best way of achieving the targets—developing recommended Action Plans for achieving the 2007 targets.

Before Action Plans are described in some detail, it should be noted that this is the first time over 200 members of the drug control community have jointly developed systematic road maps for achieving long-term targets. Understandably, the logic models and action plans are preliminary in nature, not ready for interagency clearance and publication. Not all logic models succeeded in identifying factors external to the drug control community, although this step is necessary to address the issue of partial control over outcomes. Also, some action plans did not explore options beyond that of the status quo. Nevertheless they represent a major accomplishment toward translating the collective will into collective action.

Based on logic models, working groups generated interagency action plans outlining what would have to be undertaken between now and 2007 in order to meet the PME targets. Agencies will eventually want to use these interagency Action Plans in their strategic planning processes. Agency budgets and GPRA Plans should reflect elements from these action plans.

An illustrative action plan from the prevention area is examined here. Figure G-1 shows the logic model for Goal 1, Objective 1, Target 2 on increasing the percent of adults influencing youth to reject drugs, alcohol, and tobacco use. Figure G-2 shows the first page of the Action Plan—the first step toward assigning responsibilities and determining time lines.

It should be noted that these drafts have not been reviewed by agency heads nor cleared through the interagency process—hence the absence of organizational responsibility. These products are used here for illustrative purposes only.

Five factors are identified as contributing to the accomplishment of this target. These are: (1) the adoption of

substance abuse prevention standards by health care organizations; (2) the development of networks that allow confirmatory anti-drug messages to be distributed within the faith community; (3) the development of workplace activities to motivate employees to mentor youth; (4) the development of legal sanctions designed to encourage parents and other responsible adults to accept responsibility for the drug using behavior of youth; and (5) the development of programs that will allow officers engaged in community policing efforts to cast parents and other adults in mentoring roles. Figure G-1 shows that activities A1 to A3 should be pursued in support of Factor A, activities B1 to B2 in support of Factor B, and so on from Factor C through Factor E.

In developing the logic model, the Working Group identified the above five factors known (based on theory, research, data, or tradition) to influence the target on increasing the percent of adults influencing youth to reject drugs, alcohol, and tobacco use. Among these are included, not only the usual drug control areas such as community policing, but also external factors—for instance, the faith community. Recognizing such exogenous factors enables agencies to recognize the need for partnerships with the faith community. Such partnerships increase the extent of control agencies will have over intended outcomes. The factors for this target also include areas that need strengthening, such as including relevant material into already existing drug-free workplace programs in order to motivate and empower working adults to influence youth.

Each factor is then broken down into broadly defined activities as indicated on Figure G-1. These activities include programs, legislative actions, regulations, incentives and other governmental and private-sector tools for governance. These broad activities were then assessed quickly to identify areas where programs existed and gaps identified. Based on their expertise, the Working Group drafted a preliminary recommended action plan (Figure G-2) to assign responsibilities and time lines for current and new tasks. This first draft continues to be refined.

Note that this Action Plan does not indicate the programs that currently undertake the activities shown. Some Action Plans have already identified programs and proposed responsibilities and time lines.

A logic model and Action Plan has been drafted, albeit a preliminary version, for each target in the PME System. As first drafts, they are very general and do not usually

include programmatic detail. Brief information on the types of action plans for illustrative purposes is provided here.

The law enforcement Action Plans focused on enhancing intelligence activities, increasing law enforcement, recidivism, and improving technology. Statutory authority and training were included in some action plans. Rehabilitation-related activities included the establishment of drug testing policies in various parts of the criminal justice system ranging from arrest/pretrial through post incarceration supervision. HIDTA activities included improving coordination between law enforcement agencies, such as strengthening regional intelligence sharing systems.

In the treatment area, Action Plans included policies governing payment, regulations regarding practice, funding patterns, and research findings—these were factors identified as affecting the treatment gap. Activities included extending available treatment to special populations in greatest need. Specific activities such as providing employer incentives were included for some targets, including the one on improving the educational status of those completing treatment. Extending current outreach, educating caregivers to include treatment-related practices, and disseminating available information are also identified as activities.

Interdiction Action Plans include detection and monitoring, interception and handoff to end-game forces, inventories and assessment of intelligence gaps, communication capabilities, as well as specific technology prototypes. Source country Action Plans include foreign country efforts, anti-corruption efforts, the effectiveness of law enforcement activities and judicial capabilities.

Often, the activities judged critical to the enterprise have budgetary implications. These Action Plans are “works in progress” that will be modified regularly by the working groups in response to PME findings, resource allocation decisions, and changes in the drug threat.

ONDCP intends to bring in state, local, and private-sector partners to refine and finalize these action plans. We hope to link these intergovernmental plans to the Strategy and the Federal budget as well as to programs (including block grants, technical assistance programs, and data collaborations) and monitor them via the Information Management System.

**Figure G-1:
Logic Model for PME Goal 1; Objective 1; Target 2: Adults Influencing Youth**

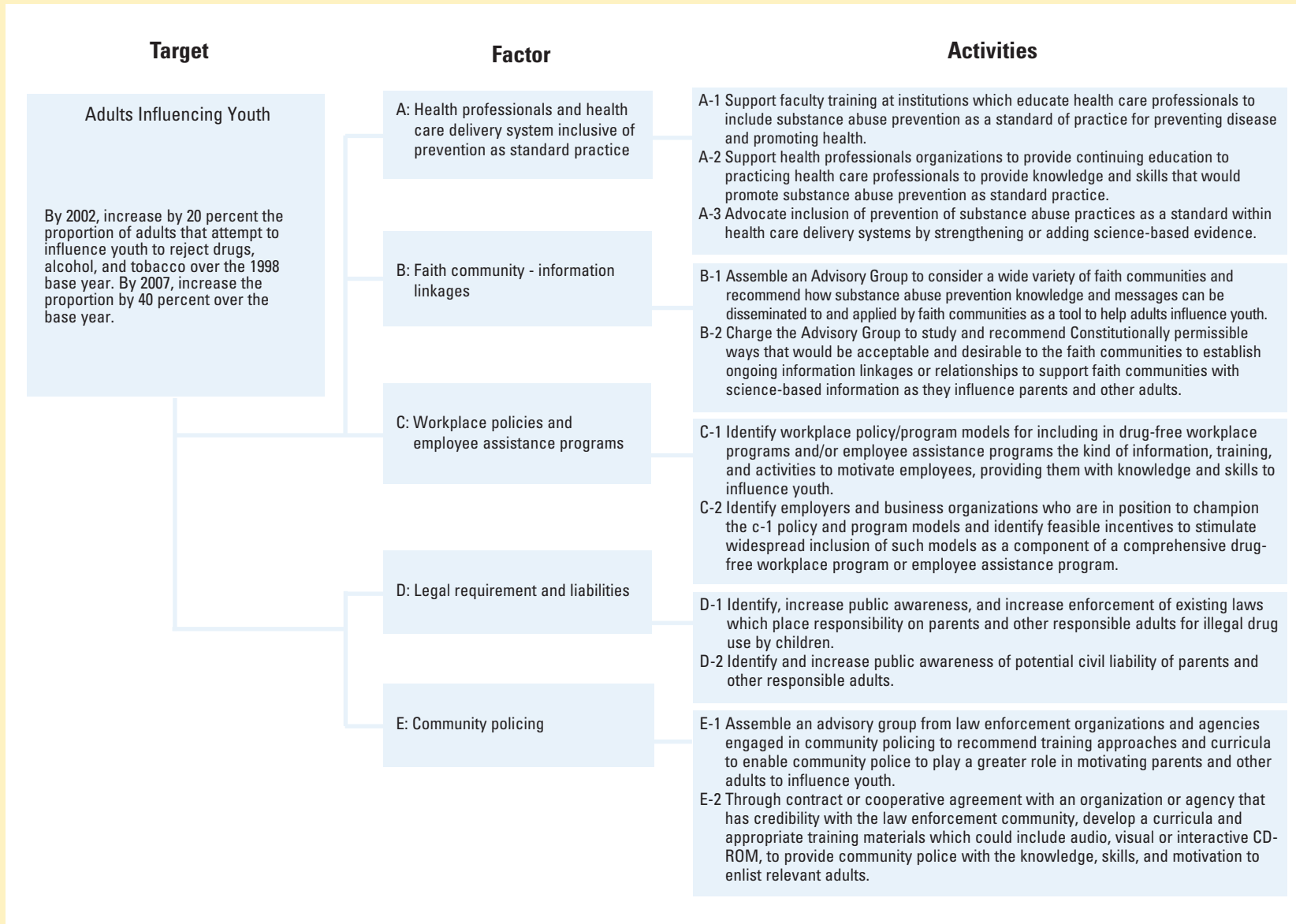


Figure G-2
Goal 1; Objective 1; Target 2: Action Plan

By 2002, increase by 20% the proportion of adults that attempt to influence youth to reject drugs, alcohol, and tobacco and by 2007, increase the proportion by 40% over the 1998 base year.

Action	Responsible Agency/Organization (Existing Programs)	Time Frame for Completion (Existing Programs)	Responsible Agency/Organization (New Programs)	Time Frame for Completion (New Programs)
FACTOR A Health Professionals and Health Care Delivery Systems— Practice standards.				
ACTIVITY A1 Support the training and development of faculty at institutions which educate health care professionals to include substance abuse prevention as a standard of practice for preventing disease and promoting health.		2001		
ACTIVITY A2 Support health professions organizations to provide continuing education to practicing health care professionals to provide knowledge and skills that would promote substance abuse prevention as a standard of practice for preventing disease and promoting health.		2000		2001
ACTIVITY A3 Advocate inclusion of prevention of substance abuse practices as a standard within health care delivery systems by adding new or strengthening existing standards for credentialing (e.g., NCQA or HEDIS) based on an inventory of existing science-based evidence.		ongoing		

Appendix H: Acknowledgements

ONDCP acknowledges the contributions of the following:

OFFICE OF MANAGEMENT AND BUDGET

Patrick Aylward Ronald Jones Jonathan Breul Walter Groszyk, Jr.

NATIONAL PERFORMANCE REVIEW

Pamela Johnson Lynn Kahn John Kamensky

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CharleyRukus Soledad Sambrano Bettina Scott Mel Segal
David Sena Bob Stephenson Alvera Stern Lavencia Sugars
Lee Wilson

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Will Hardy Sheila Harmison David Herman James Herrell
George Kanuck Carol Rest-Minberg Claudia Richards Sue Rohrer
Rick Sampson Roger Straw Alan Trachtenberg Robert Turman

National Institute on Alcohol Abuse and Alcoholism

Diane Miller Jan Howard

National Institute on Drug Abuse

Susan Azeka Andrea Baruchin William Bukowski Jim Colliver
Tim Condon Lee Cummings Katerine Davenny Susan David
Bennett Fletcher Kathy Etz Beverly Jackson Elizabeth Lambert
Jan Lipkin Jack Stein

Office of Applied Studies

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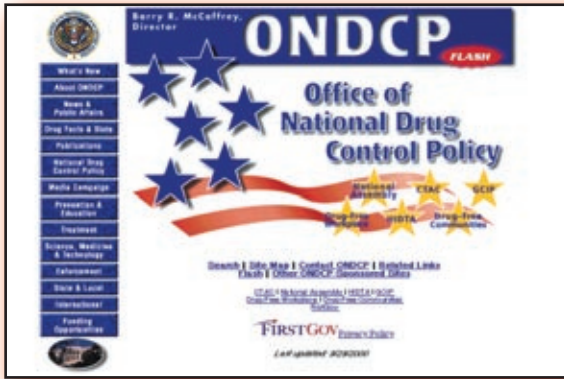
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- The President's drug policy
- Current data on drug use
- Prevention, treatment, and enforcement programs
- ONDCP initiatives, news, testimony
- Links to other valuable resources



- Provides parents and other adults strategies to help raise healthy, drug-free children
- The site also encourages adoption of positive parenting practices through the main themes of love, trust, honesty and communication
- The site offers information in Spanish, Korean, Vietnamese, Chinese and Cambodian



- Helps kids 10 - 15 understand the dangers of substance abuse and emphasizes the importance of making responsible decisions
- Site features moderated bulletin boards, role-playing games, media literacy tools and drug facts



- The primary National Youth Anti-Drug Media Campaign site
- Provides resources and links for Media Campaign partners, community groups, and the media
- Site features fact sheets, press releases, and Media Campaign advertisements

National Drug Clearinghouse: 1-800-666-3332

Media Campaign Clearing House: 1-800-788-2800