



# National Drug Control Strategy

**Performance Measures  
of Effectiveness**

**2000 ANNUAL REPORT**



Office of National Drug Control Policy

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# Performance Measures of Effectiveness: 2000 Report

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# Message from the Director

This Performance Measures of Effectiveness: 2000 Report, presents for the first time a systematic assessment of the effectiveness of the National Drug Control Strategy (Strategy). In February 1998 the Office of National Drug Control Policy (ONDCP) launched the Performance Measures of Effectiveness (PME) System. In October 1998, The Office of National Drug Control Policy Reauthorization Act (Public Law 105-277) codified the PME System into law, requiring ONDCP to submit annually, a PME Report to Congress.

The PME System established ninety-seven performance targets, of which twelve indicate the impact of national drug-control activities on the Strategy's five overarching goals. The other eighty-five measure progress toward the Strategy's thirty-one supporting objectives. These targets represent desired end-states for the years 2002 and 2007. They are "stretch targets" in that they require progress above that attained in previous years. The relationship between goals, objectives, targets, and federal and non-federal resources will be reassessed and refined continuously to reflect the dynamic drug-abuse problem and progress in reducing its scope. Non-achievement of a target over time will trigger an in-depth interagency program evaluation to identify problems and recommend corrective action. This ongoing review process will also allow reinforcement of successful programs.

In this report, progress for almost all of the performance targets is assessed against 1996, the year selected as the baseline when the PME System was established two years ago. To preview briefly, there has been progress in achieving the performance targets established by the PME System, but progress has been uneven. For example, we have seen a turnaround in youth drug use between 1997 and 1998, with a return to 1996 levels. We are strongly encouraged as we note reductions in drug use incidence. We also observe significant progress regarding youth attitudes about the dangers of drug use, which should result in future reductions in drug incidence and prevalence. Progress has been made in other impact target areas. In terms of drug availability, estimates of cocaine flow suggest we are on track in reducing the rate at which the drugs successfully leave source, transit, and arrival zones. Likewise, cultivation of Bolivian and Peruvian coca continues to decline, which should translate into future reductions in cocaine availability in the United States. These rates are on track or exceed expected targets. In terms of drug use consequences, we exceed targets in reducing the rate of crime and violence.

It is very encouraging that through the PME System, we are seeing good results from our Strategy. In addition, the PME System provides an effective way to monitor areas that need continued emphasis and greater focus. That is why we will continue to track progress towards achieving the Strategy's Goals and Objectives in terms of the PME System's measurable performance targets. In accordance with our Reauthorization, we will be asking Federal agencies, starting this year, to report annually on their progress towards achieving the PME targets. Over the coming years, continued use of measurable performance targets will allow us to identify those areas where appropriate adjustments are necessary.

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The PME System has evolved into a tool for Performance Management. Interagency Action Plans are being refined and non-Federal contributions are being solicited. This is critical since the PME System was designed as a national system based on the resources and activities of Federal, state, local, and private sectors. We look forward to working closely with our partners in developing arrangements for achieving these targets and in calibrating activities accordingly.



Barry R. McCaffrey  
Director  
Office of National Drug Control Policy

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# Executive Summary

The National Drug Control Strategy represents a comprehensive and balanced approach to move the Nation toward a drug-free state. It is comprehensive in that it identifies Goals and Objectives constituting the keystone of our mission to reduce drug use, availability, and its disastrous consequences. It is balanced as it draws upon the full range of interventions in demand and supply reduction and in law enforcement. The Strategy's five Goals and 31 Objectives (Appendix A) set the stage for long-term, meaningful, and lasting results.

The Performance Measures of Effectiveness (PME) System was designed in 1998 to inform the drug control community about the extent to which it has achieved the Strategy's Goals and Objectives and to assist in the clarification of problem areas and the development of corrective actions. It was developed through a collaborative process involving over fifty 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 report is the first that assesses our progress as a national community towards meeting the ambitious "stretch targets" that we set for ourselves. Actual results are compared against the "glide path" developed to gauge movement towards the five and ten-year targets. By tracking progress, we get early warning when our 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.

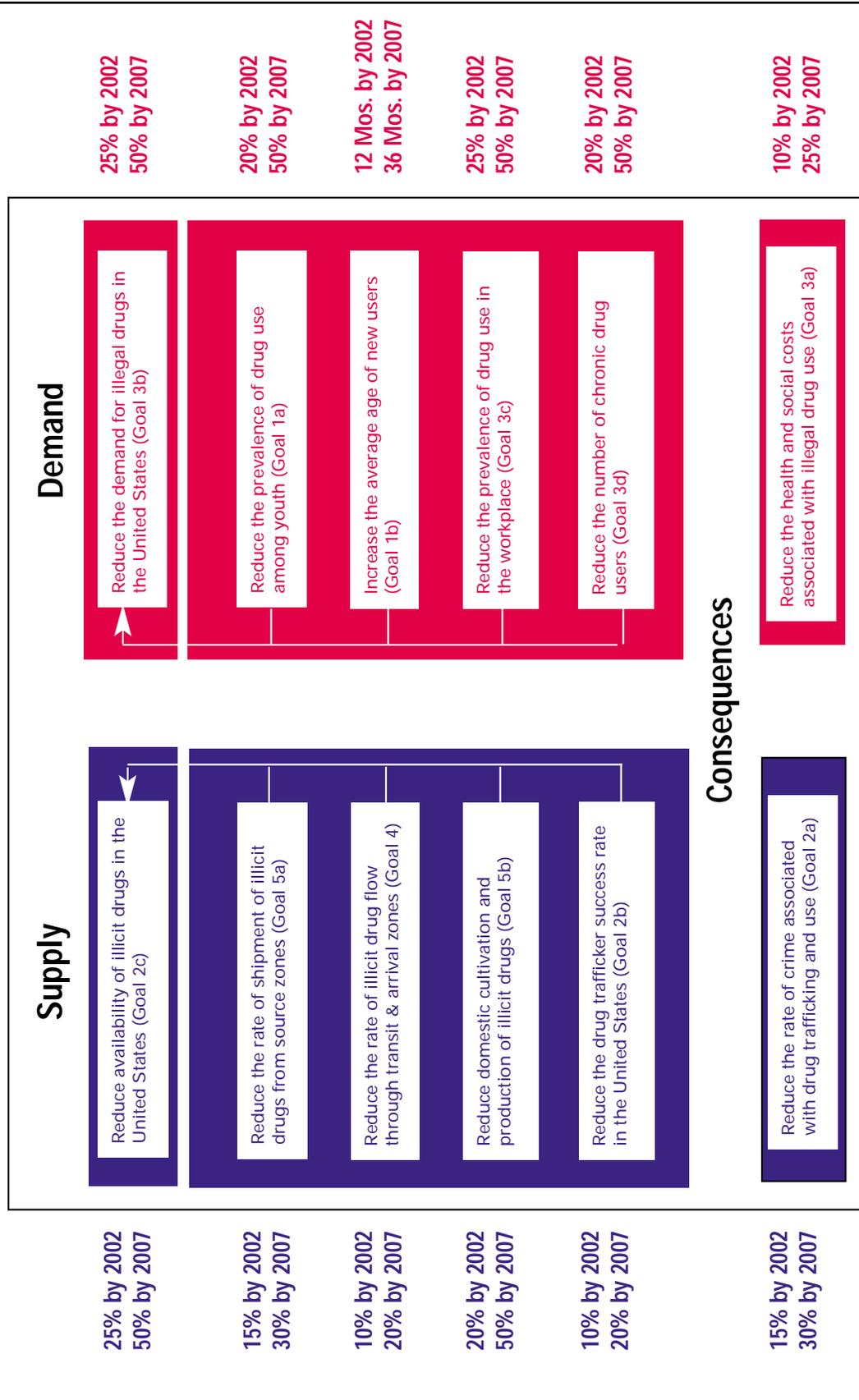
This PME Report reports progress over a period of time. It supplements the *National Drug Control Strategy: 2000 Annual Report*, which this year reports on change from 1998 to 1999. The PME report concentrates on progress made from 1996 to 1998, identifies where progress is on track and acknowledges where progress is not sufficient to meet the long-term targets. While inadequate progress signals the need to reassess the current level of our efforts, it does not foretell failure since the glide path is a linear one and real life situations do not always follow this linear path. For instance, we have begun to see increases in the age at which youth first use drugs which, according to research, should result in dramatic drops in future drug use levels. In addition, youth drug use is down 13 percent in the past year, which may be the start of a new era of reduced drug use.

## 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 unquestionably ambitious "stretch targets."

The nucleus of the PME System is embodied in the twelve Impact Targets that constitute long-term achievement of the five Strategy Goals (Figure 1). 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

**Figure 1**  
**12 Key Drug Strategy Impact Targets**  
 (85 other performance targets are not shown)



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targets. 1996 was selected through the interagency process as the “baseline” against which comparisons should be made. 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 endstate 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 endstate 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-related consequences, the end-state is 25 percent reduction in social costs 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 towards these and work with the national community to achieve these targets.

## Fulfilling the Mission

A significant decrease has occurred in the percent of youth aged twelve to seventeen reporting current use of an illegal drug — a 13 percent decrease from 11.4 percent in 1997 to 9.9 percent in 1998. This decline constitutes the first statistically significant drop in four years. Contributing to this change are a 12 percent drop in marijuana use, a 20 percent drop in cocaine use, and a 45 percent fall in inhalant use. Heroin use remained unchanged from the 1997 level. Progress in raising the age at which youth first use drugs promises future decreases in youth drug use levels. In addition, the National Youth Anti-Drug Media Campaign, in place nationally for only a year, has already had an impact: the number of youth who agreed that the advertisements made them “stay away from drugs” increased a substantial 8 percent.

In terms of drug availability, estimates of cocaine flow suggest we are on track in reducing the rate at which drugs successfully leave source, transit, and arrival zones. Likewise, cultivation of Bolivian and Peruvian coca continues to decline, which should translate into future reductions in cocaine availability in the United States. Current availability estimates show a decline in the amount of cocaine available (301 metric tons for 1998 compared to 347 metric tons for 1996) while heroin stays unchanged from 1996 to 1998 at 12.4-12.5 metric tons. Estimates of marijuana and methamphetamine available need to be refined before they can be entirely credible.

Tremendous progress has been made in reducing the crime and violent act consequences of drug trafficking and use. Crime data from the Uniform Crime Reports reflects reductions in all major categories of violent crime. In fact, overall crime fell from a 1996 baseline of 636 per 100,000 inhabitants to 566 per 100,000 in 1998.

Clearly progress is on track in many areas. More needs to be accomplished. 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 fifty Federal agencies. The Action Plans are based on Logic Models that identify causal relationships between governmental interventions and the desired end states embodied in the targets.

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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.

## 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. The Performance Partnerships will be implemented further as Federal agencies work closely with non-federal agencies to exchange managerial flexibility for improved performance.

Meanwhile, ONDCP’s Subcommittee on Data, Research, and Interagency Coordination will continue to prioritize and seek the dedication of needed resources for filling existing data gaps in the PME System. 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 towards linking resources and results. The process started this year, 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.

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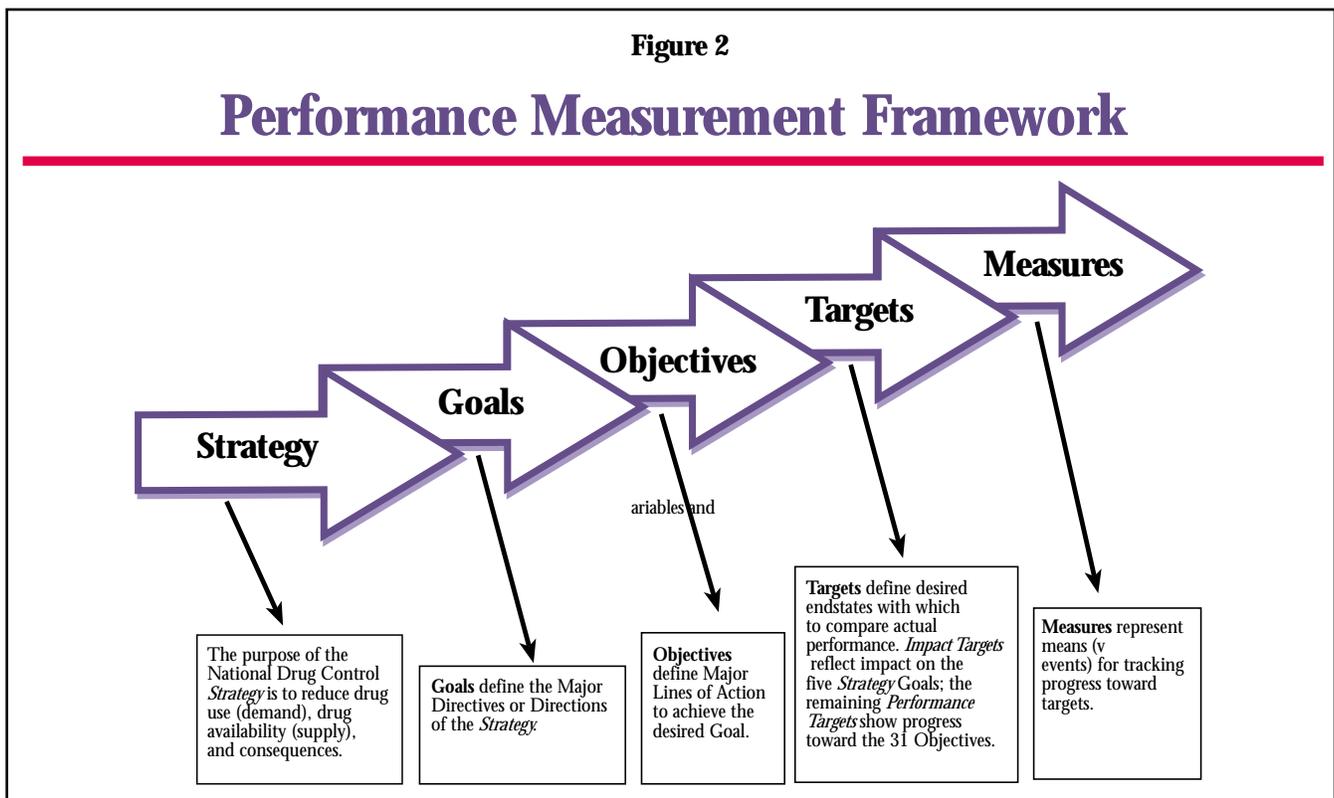
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# I. A Systems Approach to Assessing Performance

The National Drug Control Strategy provides a comprehensive approach to move the Nation toward a drug-free state. The Strategy is comprehensive in that it contains Goals and Objectives setting the course to achieve meaningful results for reducing drug use, availability, and the damaging consequences of use and trafficking.<sup>1</sup> It is balanced in that it relies on the full range of supply reduction and demand reduction programming, including prevention, treatment, law enforcement, and international efforts. The Strategy's 5 Goals and 31 Objectives (Appendix A) set the stage for long-term, meaningful, and lasting results.<sup>2</sup>

To track strategic progress, ONDCP established the Performance Measures of Effectiveness (PME) System.<sup>3</sup>

At its core, the PME System is about measurement. It is designed to inform the community of stakeholders in drug control of our progress toward the achievement of the Strategy's Goals and Objectives. But the PME System is much more than a measurement tool with which to track progress: it is a management tool. Through performance monitoring, agency programs can be held accountable for achieving results. If performance targets are not met, the PME System will identify problem areas so that corrective action may be taken. This will include an analysis of the underlying logic model that links inputs to outputs and outcomes. Through performance measurement, the PME System provides a framework to calibrate the Strategy and assure its success (Figure 2).



The PME System brings accountability to our nation's drug control policy. It provides a yardstick by which to determine where we have been and where we expect to go. Through an interagency process, the PME System developed by agency experts in prevention, treatment, law enforcement, interdiction and international programs gave the drug control community a common set of performance targets to achieve. It identified measures by which to track progress towards the desired end states and the agencies responsible for reporting the information to ONDCP. It also developed draft interagency action plans to identify what needs to be done to meet the targets.

The PME System also addresses a fundamental problem inherent in all program accountability efforts - holding agencies responsible for outcomes over which they have limited control.<sup>4</sup> This is an especially difficult problem in the area of national drug control policy because many Federal agencies contribute programming to achieve the performance targets established by the Strategy. And they are not alone. They are supported by our State and local government partners, private citizens, non-government organizations, and the international community. The drug problem is cross-cutting in nature and no one agency is responsible for achieving results for any one Goal or Objective. This means that accountability is program-specific, rather than agency-specific.

If targets are not met, then all programming identified as logically contributing to the achievement of the particular target will be examined. In some cases, this may involve just a handful of agency programs; in other cases, many agencies' programs will be involved. Program evaluations will be undertaken when targets are missed over a period of time. A single data point, possibly a random occurrence, generally does not warrant an in-depth study. Programs found to be ineffective will be evaluated and changes will be made to correct problems. In extreme cases, this may require program redesign or lead to the termination of an unsuccessful program approach.

From the outset, the PME System was developed with the understanding that the Federal Government is only one of many contributors to outcomes in our national drug control effort. The resources identified in the PME System are Federal, but the accountability that it offers is for the entire Nation. It is important to note that the Strategy's Goals and Objectives are national. They were developed by ONDCP through an extensive consultation process that involved much more than just the Federal drug control community. This process included State and local governments, drug

control experts, non-government organizations, foreign leaders, and concerned citizens, all of whom are critical partners in achieving results for drug control.

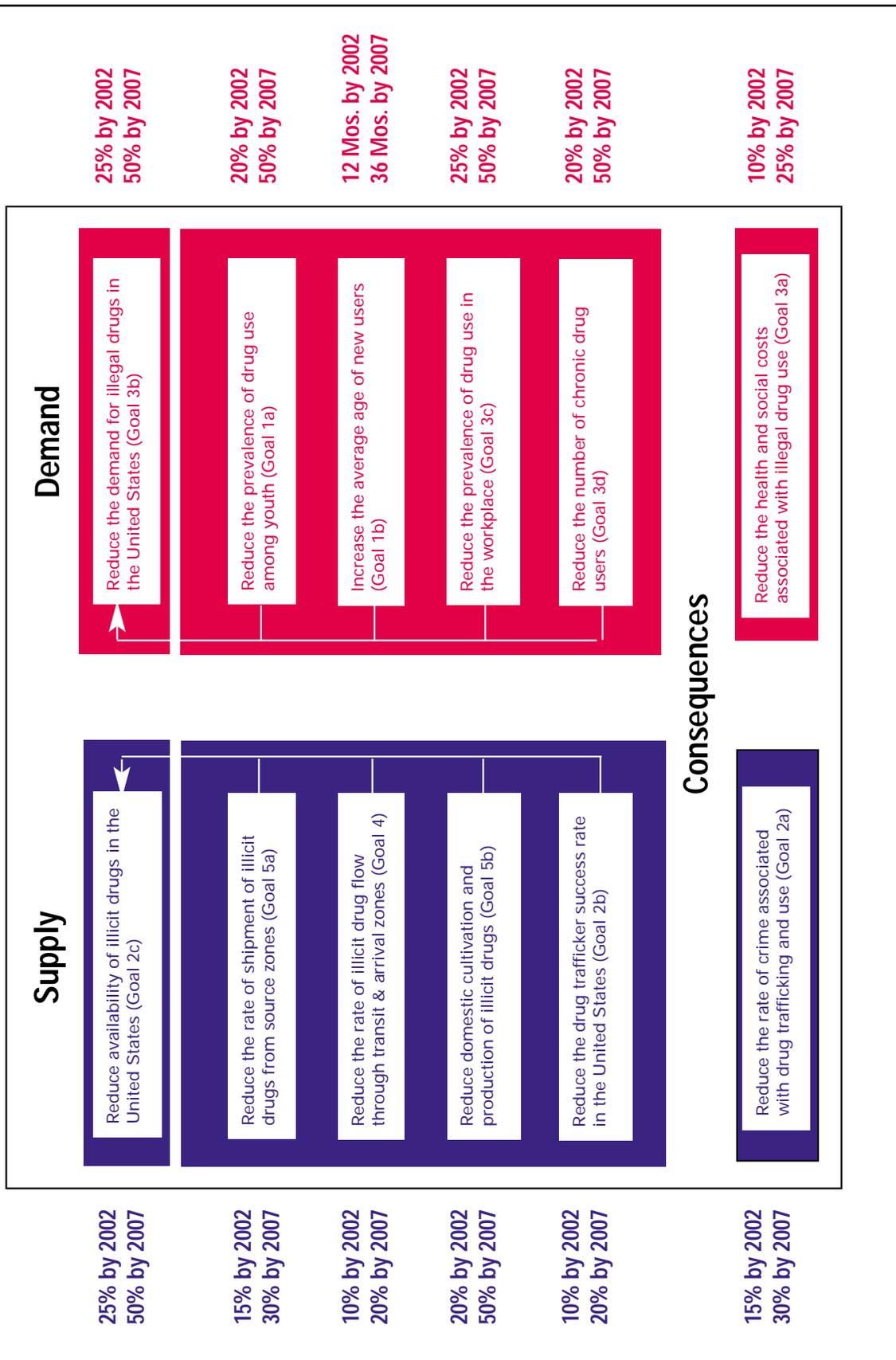
## **Impact Targets — Nucleus of the PME System**

The process of constructing the PME System led to the creation of 10-year targets for achieving outcomes in three principal policy areas: drug use, drug use consequences, and the availability of drugs within the United States. The nucleus of the PME System consists of 12 Impact Targets that define the desired outcomes for the Strategy in these three principal policy areas. There are five impact targets for demand reduction, five for supply reduction, and two for reducing the adverse health and crime consequences associated with drug use and trafficking (Figure 3).

The impact targets normatively establish desired end-states for the Nation's drug control activities focused on the Strategy's Goals. They establish the intent of policy areas and major policy thrusts of the Strategy. For example, the key impact target for demand reduction calls for a 50 percent reduction in overall drug use by 2007 and a 25 percent reduction by 2002. Another four impact targets address policy efforts targeting youth (two targets, one on prevalence and a second on incidence), the workplace, and chronic drug use. For supply reduction programming, there is a corresponding key target for overall U.S. drug availability and specific targets for major policy areas that include the source zone, transit zone, arrival zone, and the U.S. interior. Drug consequences include measures for drug-related crime and social costs. Together, these 12 impact targets describe the overall progress of the national drug control community.

The drug control community, led by ONDCP, opted for setting impact targets that are "stretch targets" defined as targets that can only be achieved by significantly-above-average effort rather than the level of effort typically afforded to routine activities. These were designed to motivate the community to achieve greater effectiveness and to reinvent old approaches if necessary. Stretch targets are normative, but though they require a higher level of effort, they are plausible. In establishing these targets, researchers and other drug control experts contributed substantially to a review of past drug use trends and research findings. Consequently, there is reasonable probability that, with an integrated effort and commitment, these impact targets can be achieved.

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



Stretch targets are designed to motivate, to encourage new ways of thinking about policies and initiatives, and to foster reinvention. As in the case of basic science, failure must be viewed as an opportunity to learn from experience and to work as a community to address what we have selected to be desired results.

## Other Performance Targets

While the Impact Targets (desired end results for each Goal) reflect the Strategy's overall success, another 85 performance targets show progress towards the 31 Objectives that support the Strategy's five Goals. These targets may be milestones or quantifiable outputs. In Goal Three, for example, one performance target requires that there be a nationwide dissemination of scientific evidence on the potential adverse effects of legalizing marijuana and other illegal drugs in 1999. This is clearly a milestone target. Another performance target, this one in Goal One, focuses on affecting the rate at which youth disapprove of illegal drug use. This rate is an intermediate outcome measure that tracks progress in influencing youth drug use attitudes that are known to correlate with prevalence. And, of course, changing youth drug use prevalence is one of the 12 impact performance targets or outcomes for the Strategy.

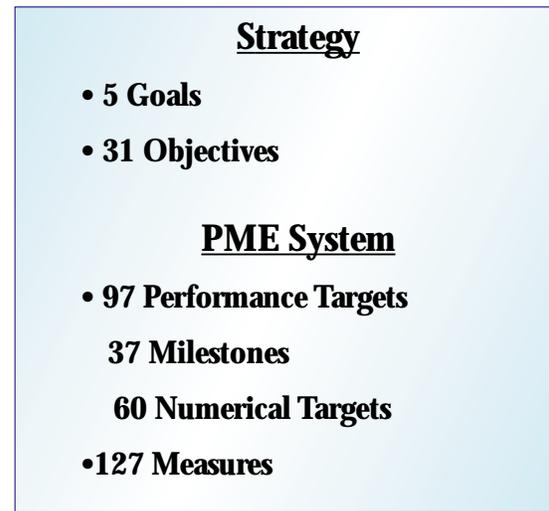
## Performance Targets and Measures

The nucleus of the PME System consists of 12 Impact targets for the 5 Goals with 85 other performance targets for the 31 Objectives. Of these 97 performance targets, 37 are milestones and 60 are numerical targets.

The PME System has established performance measures to track progress in achieving the Strategy's goals and objectives. There are 127 measures associated with the 97 performance targets (Figure 4).<sup>5</sup> For almost all of the performance targets, 1996 was chosen as the baseline year against which to assess progress toward achieving the 2002 and 2007 end-states. The selection of 2007 corresponds to the publication of the 10-year Strategy released in February 1998, which covered the 1998–2007 period. Data used for each performance measure at the time of the release of the 1998 Strategy tended to describe the calendar 1996 time period. 1996 is also the year when the Strategy's five Goals were first introduced. All data come from public sources and are maintained in an Information Management System being developed at ONDCP.

Progress toward the performance targets is critically dependent on the efforts of individuals; families; communities; special interest groups; private entities; and Federal, state, local, and foreign governments. The measurement of progress against the performance targets will enable the community of stakeholders involved in drug control to better understand and enhance their contribution to the national drug control effort.

**Figure 4**  
**Goals, Objectives, Targets, and Measures**



## Closing the PME System Data Gap

A normative approach was taken to construct the PME System. The interagency teams that designed the PME System were asked to answer the question: “What ought we to use to track the progress of the Strategy?” This approach was taken to avoid designing a performance system that reflected “off the shelf” sources of information. This meant that measures such as the number of arrests and seizures, information that is important to law enforcement’s workload management, were set aside to enable those involved in the development of the system to consider intermediate and end outcome measures. Once this exercise was completed, attention then turned to identifying existing data sources to supply information for the measures. Where no data existed, an agenda emerged to close the data gap. A total of 20 measures were identified as requiring data systems to be developed or existing systems to be modified.

### Closing the Data Gap – Selected Highlights

The following summarizes ONDCP's progress toward closing data gaps in a number of areas during 1999:

- **Goal 1, Objective 6, Target 2, Funded Coalitions:** ONDCP is working on a project to develop an annual Directory of Community Coalitions. This Directory is important because the Strategy has a performance target to increase the number of community coalitions in America. This Directory will provide an annual count of the number of coalitions. Work is well underway and the project will be completed by March 2000.
- **Goal 3, Objective 1, Target 2, National Treatment Outcome Monitoring System (NTOMS):** NTOMS is a system being developed to track the effects of treatment on drug use, employment, educational status, health status, and illegal activity. This year, the Data Subcommittee developed specifications for NTOMS and proposed it be funded in the FY 2001 budget. The Administration viewed the proposal favorably and has included a new budget initiative for Health and Human Services to implement the design in FY 2001.
- **Goal 4, Objective 1, Target 1, Develop Interagency Flow Model:** To achieve this target, an interagency drug flow model will be developed for cocaine, heroin, marijuana, and methamphetamine. ONDCP committed last year to leading a Federal interagency effort to develop a consensus methodology to estimate the availability of these drugs as they move from source, transit, and arrival zones on their way to the U.S. market. We succeeded in developing such a model for cocaine and heroin, and the results of that effort are presented in this report. We will continue to refine our models for these two drugs and will work to expand the effort in 2000 to the remaining two major drugs.

ONDCP's Subcommittee on Data Evaluation and Interagency Coordination (also called the Data Subcommittee), comprised of data managers from all Federal drug control agencies, is tracking progress toward closing the data gap. During 1999, substantial progress was realized. The text box highlights some of the more interesting efforts. A full description of activities related to closing the data gap is presented in Appendix H.

agency programs contribute to the achievement of each performance target. The PME System does not track an individual agency's performance, only the efficacy of the national drug control community. Agencies are required to track their own performance through their Government Performance and Results Act (GPRA) plans, which should include aspects of their own specific drug control missions.

## A Systems Approach to Performance Measurement

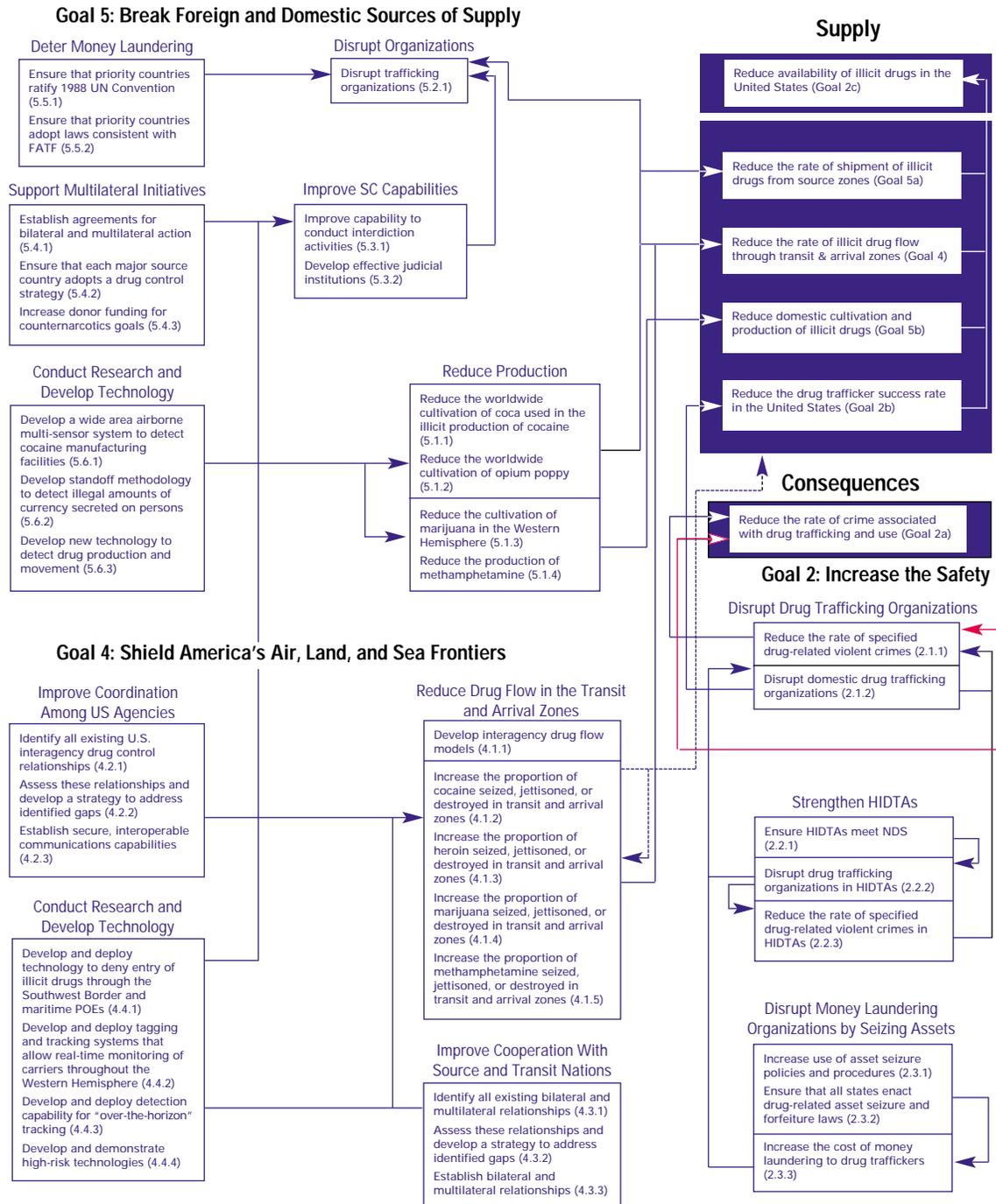
The PME System uses a logic model framework to link Goals, Objectives, and Performance Targets to programs and resources. This logic model is illustrated in Figure 5. Activities focused on achieving each target and measure (each represented by one box in the chart) must be integrated to achieve meaningful overall success in combating the drug abuse problems confronting the U.S. today. Note that the linkage from each Target to the Impact Targets is also shown.

The Goals and Objectives cover numerous programs and activities undertaken by over 50 federal drug control agencies and their state and local partners. In fact, many

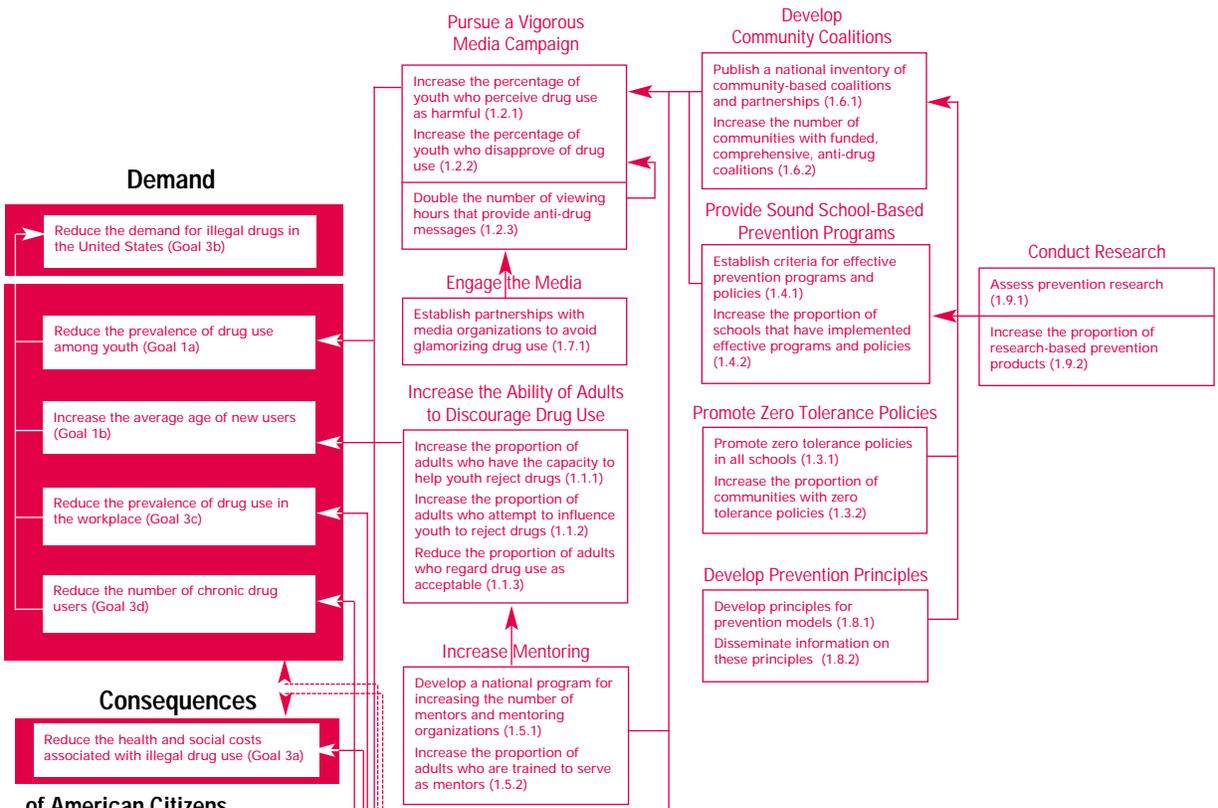
## Understanding Strategy — Progress at a Glance

The logic model displays the interrelationships between the various Goals, Objectives, and Targets. A system of targets and measures this complex presents a basic problem: How can we quickly and simply report on 97 targets in a way that conveys what is and is not working? We decided to use a color-coding scheme to flag those areas of the system that are on track and those that are not (Figure 6). Each of the boxes in the system contains a target. Shaded boxes highlight actual progress toward achieving the targets. This means the reader need not be intimately familiar with all 97 targets to understand how and where progress is occurring.

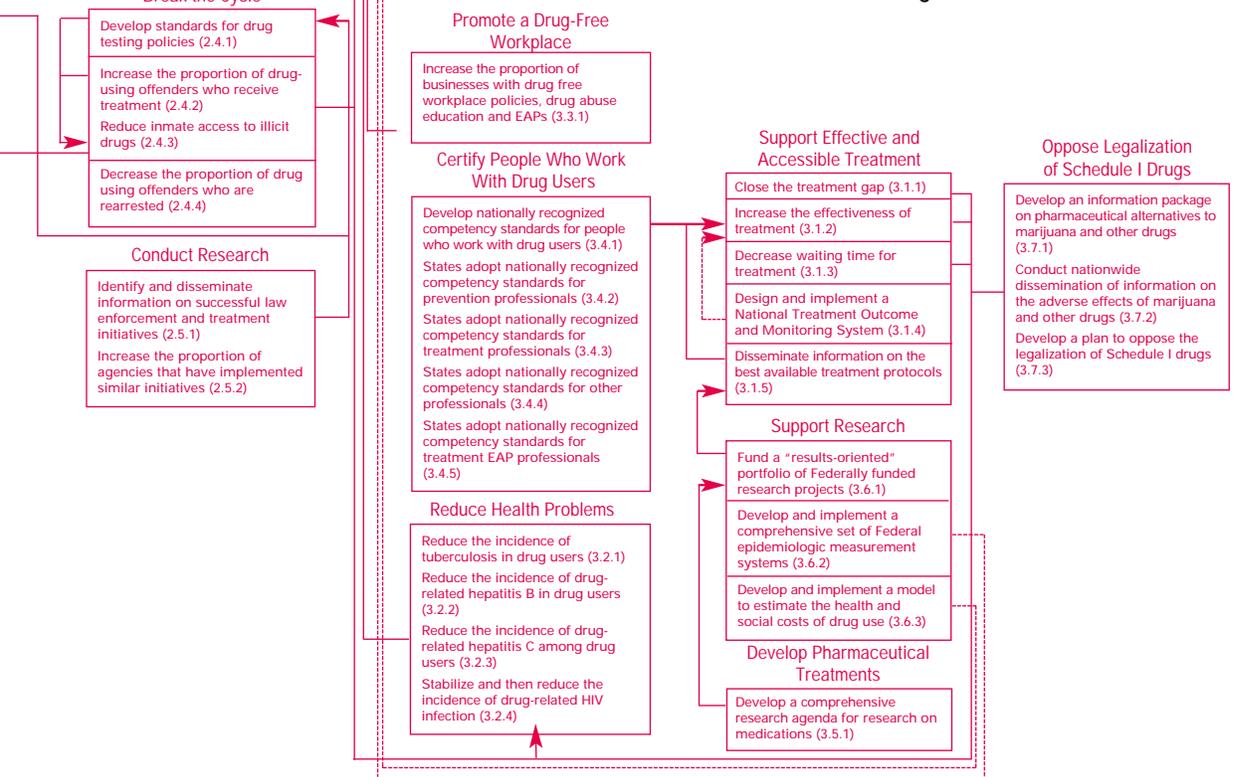
**Figure 5**  
**The National Drug Control Strategy**  
**Relationship Among Targets**



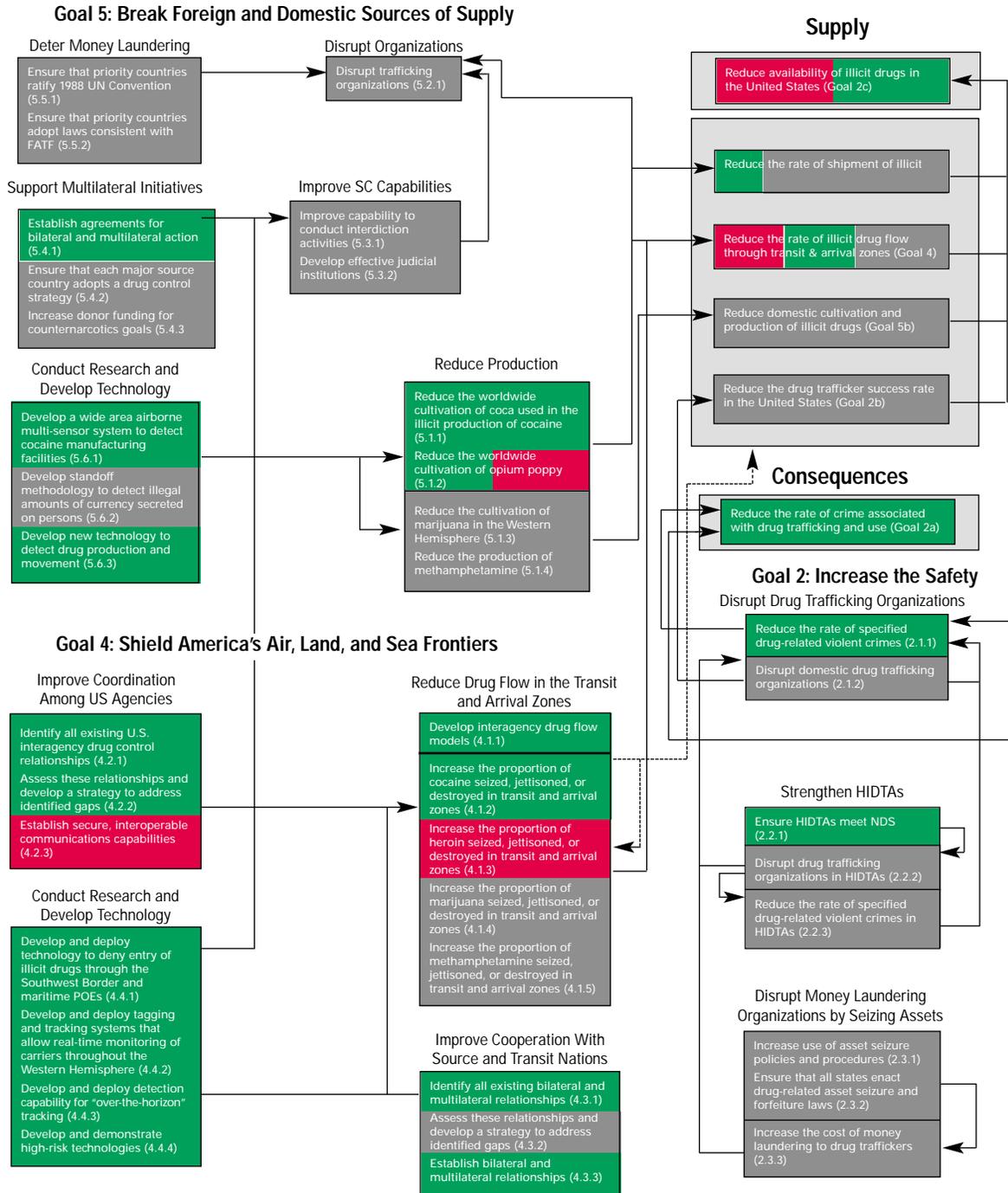
**Goal 1: Prevent Drug Use Among America's Youth**



**Goal 3: Reduce the Health and Social Costs of Drug Use**

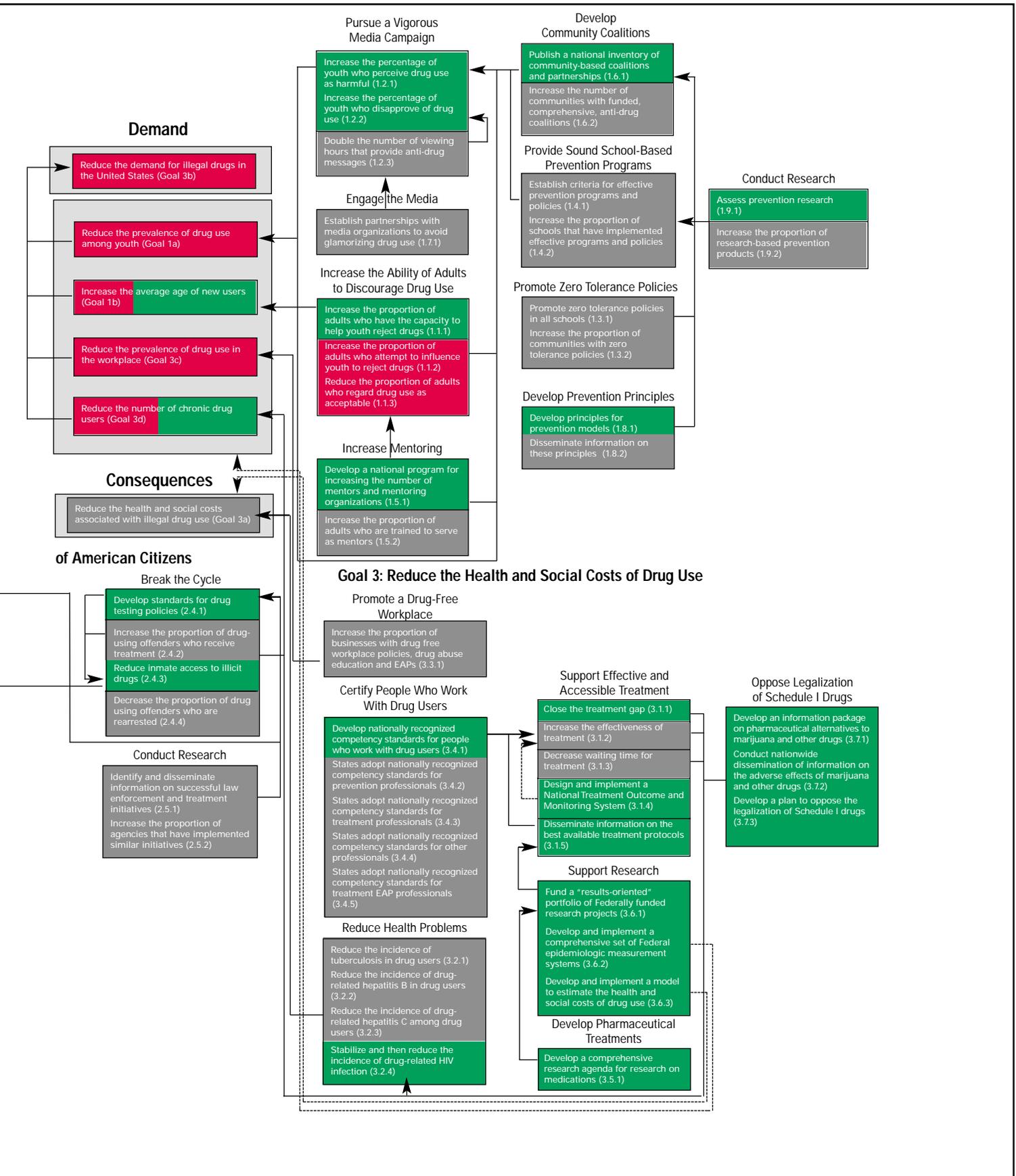


**Figure 6**  
**The National Drug Control Strategy**  
**Progress at a Glance**  
 As of 1998 relative to 1996



**Legend:**  
 Green - Target is on-track  
 Red - Target is off-track  
 Grey - Status unknown (data unavailable)

I. A Systems Approach to Assessing Performance



The scheme we adopted for showing the Strategy’s “progress at a glance” is as follows. When actual progress has met or exceeded the desired glide path from 1996 to 2007, the affected Targets are highlighted in green. When actual progress has fallen short of planned progress for 1998, the affected Targets are highlighted in red. This does not reflect “statistically significant” differences since many of the data sources used do not permit such calculations. Also, some of the targets are milestones. When no data system currently exists for evaluating actual progress, affected targets are presented in gray. As the effort to close the data gap progresses, the gray areas will be replaced with either green or red as data become available. In some cases the boxes are multicolored. This reflects the findings for each of the multiple drugs that comprise the overall target.

released in August 1999, reflects results for calendar year 1998 (Figure 7). In some cases, the delay may be longer. This means that progress against targets in the PME System, except for those that are milestones, will be reported a year or more after the target year. This year’s PME Report includes the most recently available information for the performance targets — generally, 1997 and 1998 — and describes progress against the 1996 baseline.

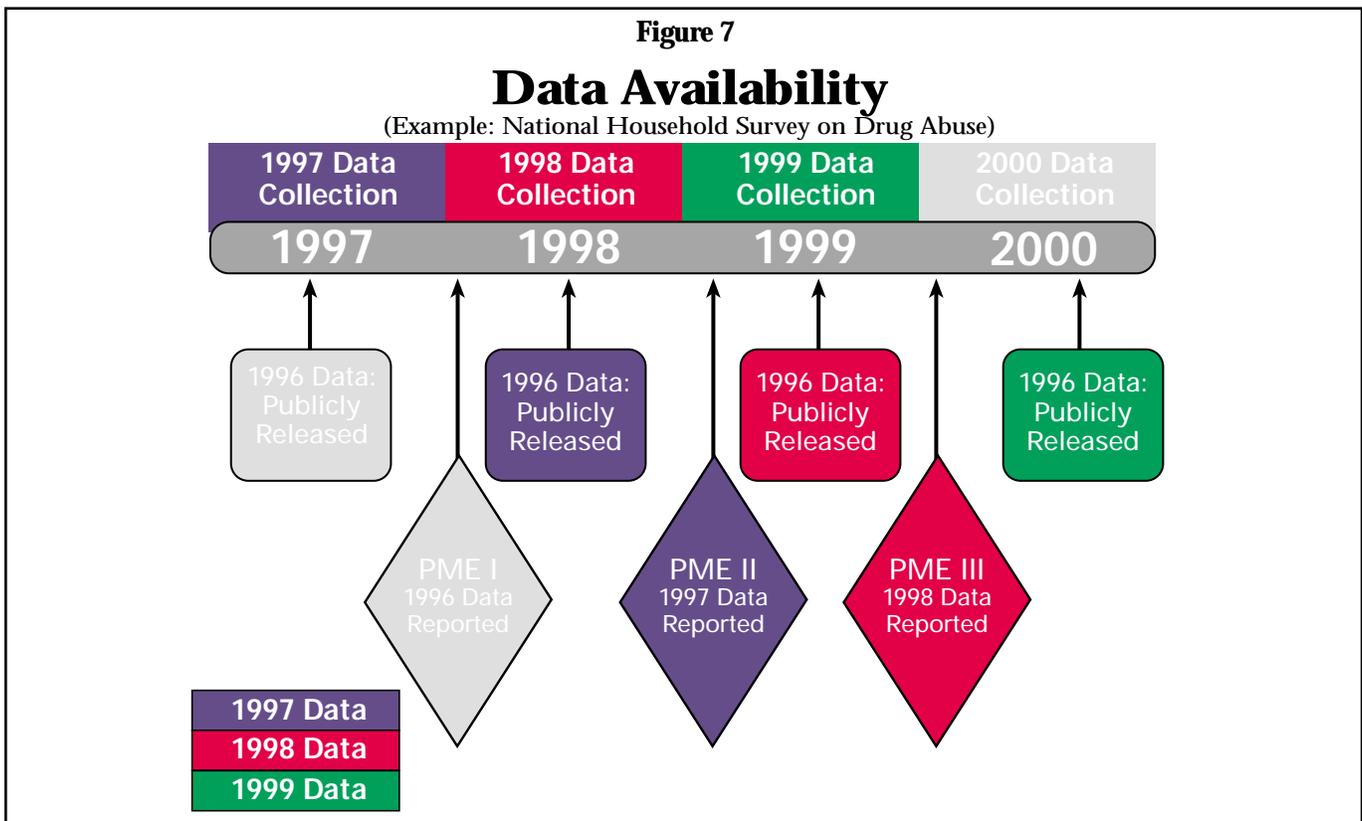
Based on these data, this report summarizes the progress made relative to the stretch target levels planned for 1998. As such, it reflects the first objective, broad-based assessment of the state of drug abuse and related activity in the United States and forms a critical foundation from which the Executive Branch and Congress, in consultation with numerous Federal and non-Federal agencies, can further refine U.S. national drug control policy efforts.

## Reporting Issues — The Problem of Lagging Indicators

It generally takes 1 to 1½ years between the collection of raw data and the publication of aggregated results. For instance, the latest information from the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Household Survey on Drug Abuse,

## The Role of Congress

Congress endorsed the use of the PME System to evaluate how well the Strategy is working. This support is manifest in the reauthorization of the Office of National Drug Control Policy (P.L. 105-277), according to which ONDCP is required to submit to Congress annual progress reports using the PME System.



It was also the sense of Congress that targets should be achieved over a shorter period of time. In this regard it 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 (see box). Congress recognized that achieving these targets represents an enormous challenge and indicated that the purpose of these targets was to allow for the annual restructuring of appropriations by the Appropriations Committees and Authorizing Committees.<sup>6</sup> The Administration will work closely with Congress to continue to make progress in achieving the PME targets. ONDCP will monitor both the PME and Congressional sets of targets.<sup>7</sup> More information about progress towards the Congressional targets is presented in Appendix D.

## The Road Ahead

The PME System is in place as a tool for measuring the efficacy of the National Strategy. To use it as a management instrument to ensure the achievement of PME targets, we have some tasks ahead. The drug control community has made a reasonable start by developing, through the interagency process, action plans for each target or set of targets. These action plans, drawn up by interagency teams staffed by Federal agencies, are based on explicit logic models that link inputs and activities to outputs and outcomes. These action plans are dynamic and will require some adjustment as we assimilate the data on progress to date.

### Congressional Mandates

ONDCP's key responsibilities and the National Drug Control Strategy targets to be achieved are summarized here.

#### ONDCP's Responsibilities

- 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<sup>8</sup>

#### Mandatory Drug Control Targets

- Reduce illicit drug use to 3 percent of the U.S. population by December 31, 2003<sup>9</sup>
- Reduce adolescent drug use to 3 percent by 2003, and achieve at least 20 percent of this target between 1999 and 2003<sup>10</sup>
- Reduce cocaine, heroin, marijuana, and methamphetamine use in the U.S. by 80 percent by December 31, 2003<sup>11</sup>
- Reduce the purity of cocaine, heroin, marijuana, and methamphetamine by 60 percent by December 31, 2003<sup>12</sup>
- Reduce drug-related crime in the U.S. by 50 percent by December 31, 2003, with this reduction occurring in equal 20 percent increments between 1999 and 2003<sup>13</sup>

A key point here is that the PME System comprises national targets to address the joint accountability of Federal, State, local, and private agencies. In the case of Goals Four and Five, it also includes the activities of foreign nations and international bodies. Action plans for achieving the PME targets must, therefore, be developed by the national and in some cases the international, community. To this end, we have begun the process of incorporating non-Federal input. Since this is a labor-intensive effort, we have started with Goals One and Three.

Under the direction of the Demand Reduction Interagency Working Group (DR-IWG), the Federal community refined the action plans and has started the process of soliciting non-Federal input. We anticipate in 2000, a series of intergovernmental meetings<sup>14</sup> (including the private sector) to modify the Federal action plans so that they assign responsibilities to various sectors. This process seeks to develop small groups of stakeholders — a community of stakeholders — committed to seek the best way to accomplish the targets, assign responsibilities, and monitor progress. Action plans will be adjusted to take into account budget decisions, actual progress, and changes in the problem itself.

This task requires us to identify key representatives from each sector (for each set of targets) to develop new ways to meet the stretch targets and persuade their constituencies to participate actively. The full intent is to focus the key groups to plan for, monitor, and focus the drug control community's activities on what has been identified as necessary to meet the targets. These groups will be in charge of coordinating each sector's activities and monitoring progress towards the desired results.

Goals Two, Four, and Five will proceed at a slower pace reflecting various actions currently taking place. For instance, the Supply Reduction Interagency Working Group is currently engaged in an effort to re-assess the Drug Threat and the effectiveness of current implementation of Goals Four and Five of the Strategy. Results of this process will shape the proposed action plans. The High Intensity Drug Trafficking Area (HIDTA) community is re-examining the appropriateness of their objectives, targets and action plans. It should also be noted here that Goals Four and Five have an international rather than domestic focus.

A vital component of the process of "nationalizing" the PME System involves the establishment of Performance

Partnerships between various levels of government to address ways of collaborating to achieve the PME targets. Performance Partnerships have been established with the States of Maryland and Oregon and with the city of Houston, Texas. Through these Partnerships, we have identified issues where the Federal community needs to work more closely with the state or local area to address obstacles to target achievement and to modify existing national efforts to better reflect local problems and needs. These areas will be examined in greater detail as Federal agencies work closely with state and local agencies to exchange managerial flexibility for improved performance.

Meanwhile, ONDCP's interagency Data Subcommittee will continue to prioritize the PME System's data gaps and seek commitment from agencies to close them. The Information Management System continues to be refined and modified in order to play a key role in communicating the procedures and results of the intergovernmental and partnership efforts. The PME 2000 Report consists of five chapters followed by several Appendices. The next chapter summarizes progress in achieving the Strategy's targets. Chapter III discusses the steps taken in 1999 to proceed from performance measurement to performance management. The final chapter outlines the road ahead. The Appendices provide details, including progress toward each PME target.

#### Endnotes

1. By drugs we mean 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*. See also, ONDCP, *National Drug Control Strategy, 1999* The White House, February 1999.
3. Two previous reports on ONDCP's PME System have been published. See *Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy, February 1998* and *National Drug Control Strategy, Performance Measures of Effectiveness: Implementation and Findings February 1999*.
4. ONDCP's PME System measures the efficacy of the Strategy's Goals and Objectives. The System tracks the 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. The GPRA plans should tie in to the ONDCP PME System.

5. Some targets have several measures. For instance, availability of drugs is broken into availability of cocaine, marijuana, heroin, and methamphetamine.
6. See the ONDCP Reauthorization Act (P.L. 105-277).
7. Many of the Congressional targets are already part of ONDCP's PME System. The basic difference between these targets is the timing proposed for their realization. Generally, Congress proposes to achieve its targets by 2003 whereas ONDCP's PME System proposes 2007. In other cases, measures do not exist for the Congressional targets. This is discussed in more detail in Appendix D.
8. As part of the Reauthorization of ONDCP, Congress strongly endorsed ONDCP's current approach to performance measurement. The ONDCP Reauthorization stated that:

"It is the sense of Congress that—

The performance measurement system developed by the Director [of ONDCP] is central to the national Drug Control Program targets, programs, and budgets; the Congress strongly endorses the performance measurement system for establishing clear outcomes for reducing drug use nationwide during the next five years, and the linkage of this system to all agency drug control programs and budgets receiving funds scored as [Federal] drug control agency funding."
9. No measure of drug use exists for the general U.S. population, but one is available for the household population. According to the most recent estimates, overall drug use in the household population was 6.4 percent in CY 1997. It has hovered between 5.8 percent and 7.7 percent in the 1990s. The ONDCP PME System has a similar target, but sets it for 2007 rather than 2003.
10. The latest MTF data released by the University of Michigan reports overall adolescent drug use, as reported for the twelfth grade class for which a long-term time series is available, at 25.6 percent (past month use) for 1998. ONDCP's PME system proposes to use the 12-to-17-year-old cohort from SAMHSA's National Household Survey on Drug Abuse. This survey's sample size is now being expanded to accommodate State estimates. In 1998 (most recent data) it reports current or past month illicit drug use among 12-to-17-year-olds at 9.9 percent. The PME System proposes to reduce this rate to 4.5 percent by 2007, slightly lower than the historic low of 5.3 percent.
11. There are no official government estimates of the amount of these drugs available in the U.S. for consumption. ONDCP's Office of Programs, Budget, Research, and Evaluation is now coordinating a government-wide effort to develop such estimates. This effort is discussed in Chapter Two of this Report.
12. No measure exists describing the availability of marijuana or methamphetamine. Currently, the Drug Enforcement Administration tracks purity for cocaine and heroin.
13. ONDCP's PME System tracks drug-related crime as one of its key impact performance targets. Congress includes drug trafficking and distribution, crimes committed by persons under the influence of drugs, drug-related emergency room visits to include incidents involving gunshot wounds and automobile accidents in which drugs are in the bloodstream of the victim. For more about Congressional targets, see Appendix D.
14. In this report, the term "intergovernmental" includes the private sector.



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

As discussed in Chapter I, twelve Impact Targets are used to determine progress made by the national drug control community in achieving the National Drug Control Strategy's (Strategy's) five Goals in three broad areas: reducing drug use, availability, and consequences. An additional 85 performance targets reflect progress toward the 31 Objectives. The Performance Measures of Effectiveness (PME) System established endstates for 2002 and 2007 that serve as the benchmarks against which progress is tracked. Glide paths showing annual progress are used to track progress in the intervening years for the quantitative measures. Measures reflecting milestones are described in the text.

In this chapter the primary focus is on progress between 1996 and 1998 in achieving the Goals and Objectives of the Strategy. The year 1998 was selected as the first reporting point because it is the latest year for which we have the greatest number of data points. Progress is assessed against 1996, the year established as the baseline when the PME System was established. This reporting is done for the five Goals and the supporting 31 objectives. We have also included selected comparisons between 1997 and 1998, where such comparisons provide a more meaningful context for interpretation of trends. We have also included 1999 data when available. Finally, the discussion below is necessarily incomplete as some data are not yet available. ONDCP's Subcommittee on Data, Research, and Interagency Coordination is attempting to close the data gap identified in earlier PME Reports. Future PME Reports will include such data as they become available.

This PME report is the first for which we are able to report actual results against the optimal glide path from the baseline year to the five and 10-year Strategy targets.

Although the PME system is relatively new, we report here on substantial progress in many areas.

Overall past month use of any illicit drug among youth (ages 12–17) declined 13 percent between 1997 and 1998. Contributing to this change are a 12 percent decline in marijuana use, a 20 percent decline in cocaine use, and a 45 percent decline in inhalant use. Heroin use remained unchanged from the 1997 level. The 1998 level returns us to the baseline youth drug use level. When looking at specific drugs that comprise overall drug use, progress has been uneven. However, we have reasons to be strongly encouraged about future progress as we are seeing reductions in drug use incidence.

Progress has been made in other impact target areas. In terms of availability, estimates of cocaine flow suggest we are on track in reducing the rate at which drugs successfully leave source, transit, and arrival zones. For example, estimates of the source country cocaine outflow rate show a reduction from 94 percent in 1996 to 90 percent in 1998. Similarly, cocaine and border zone estimates of the rate at which drugs successfully enter the U.S. has declined from 71 percent in 1996 to 65 percent in 1998. These rates are on track as planned.

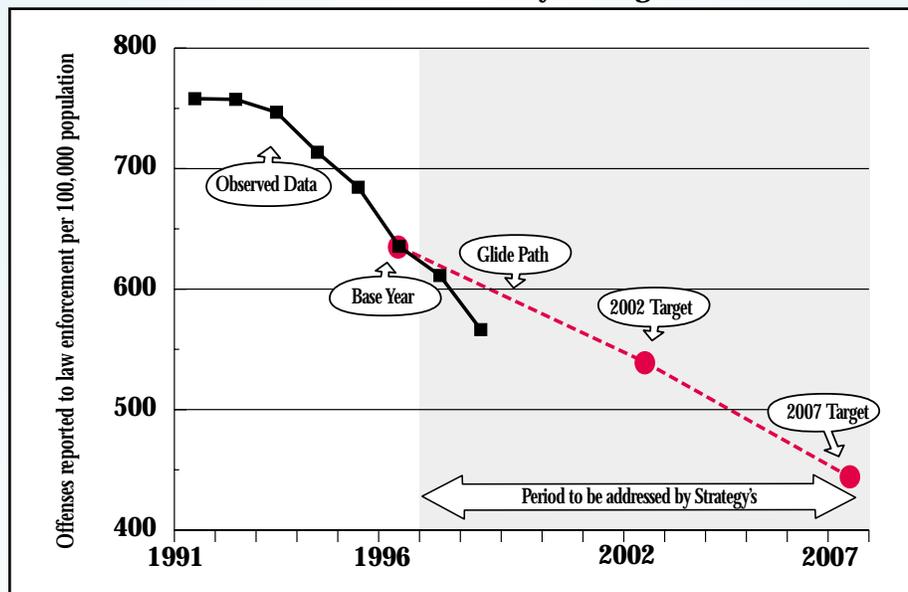
In terms of drug use consequences, we exceed targets in reducing rates of crime and violence. The overall violent crime rate in 1998 was the lowest national rate reported since 1987. The rate in 1998 was 566 violent crimes per 100,000 inhabitants in the United States compared to the 1996 baseline level of 636 violent crimes per 100,000 inhabitants in the 1996 baseline year. Performance in this important area exceeds the target. With respect to health and social consequences, ONDCP is pursuing an initiative with the U.S. Department of Health and Human Services' National Institute on Drug Abuse to obtain

### Chart Explanation

The charts in this chapter are used to summarize progress made by the drug control community toward achieving each Impact Target. Figure 8, 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 1998 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 1998. In 1997 and 1998 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 2007.

**Figure 8**  
**Violent Crime Has Declined Steadily Throughout the 1990s**



Source: 1998 National Household Survey on Drug Abuse

annual estimates of the costs to society of drug use. The development of these estimates uses a methodology that includes identifying the costs associated with substance abuse treatment and prevention, reduced job productivity and lost earnings, and crime and social welfare costs.

The reader is encouraged to explore the logic model framework that underlies the PME System. It is constructed around each Goal and its supporting strategic objectives. For example, for Goal One, significant progress has been made regarding youth attitudes about the dangers of drug use. The improvement in attitudes about the dangers of drug use may foretell future reductions in drug use

incidence and prevalence. Likewise, on the supply side, Bolivian and Peruvian coca cultivation continues to decline. These declines would normally translate into reduced cocaine availability in the United States. However, increasing coca cultivation and cocaine production in Colombia is offsetting the effects of reduced Bolivian and Peruvian coca crop cultivation.

The following sub-sections summarize overall progress by Strategy Goal, with emphasis on the 12 Impact Targets and selected contributory targets. Details about each of the 97 targets in the PME System are presented in Appendix E.

### 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: one focuses on the overall level of drug use (prevalence) among youth and the other focuses on preventing or delaying first time use (incidence):<sup>1</sup>

- **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.

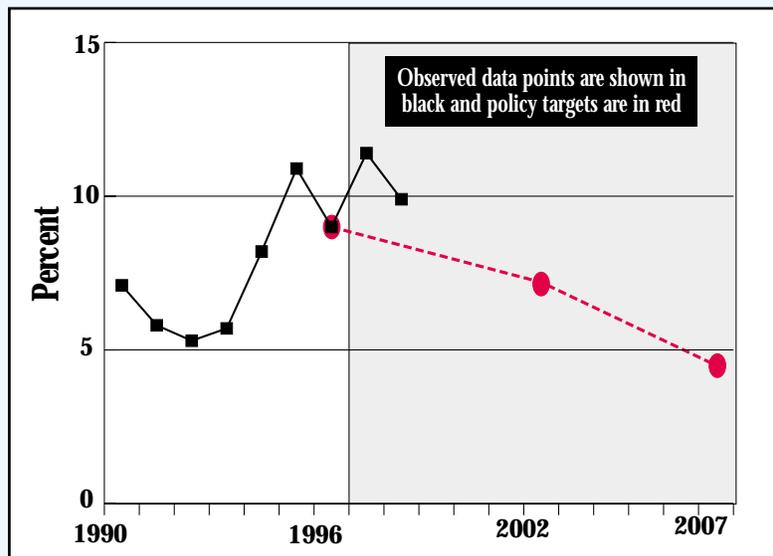
The measure for the first Goal One impact target concerns past month use by youth of any illicit drug. This year we can report that the overall past month use (prevalence)

of any illicit drug among youth (ages 12–17) declined 13 percent between 1997 and 1998 (Figure 9). Within the decline, data from the SAMHSA National Household Survey on Drug Abuse (NHSDA) indicate that marijuana use declined 12 percent, cocaine use declined 20 percent; inhalant use declined 45 percent; and heroin use remained at the 1997 level. This decline helps to reverse the increase noted between 1996 and 1997, an increase that can be attributed primarily to an increase in marijuana use.<sup>2</sup>

While there was undeniable improvement in the drug situation in 1998, the fact remains that youth drug use has not improved significantly relative to 1996, to place us on track for achieving the 2002 and 2007 targets. Details on specific drug use are as follows:

- **Marijuana** use among youth is statistically unchanged from its 1996 level of 7.1 percent. The NHSDA reports past month use in 1998 to be 8.3 percent.
- **Cocaine** use among youth is statistically unchanged. The NHSDA shows that 0.6 percent of America's 12 to 17 year-olds had used cocaine during the past month in 1996 as compared to 0.8 percent in 1998.

**Figure 9**  
Past month drug use among youth (ages 12 to 17) declined 13 percent in 1998



Source: 1998 National Household Survey on Drug Abuse

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

- **Heroin** use among youth remained statistically unchanged from 1996 to 1998 (0.2 % in both years).
- **Tobacco** use among youth is statistically unchanged between 1996 and 1998. The rate of current cigarette use among youth (12 to 17 year-olds) was 18.3 percent in 1996 compared to 18.2 percent in 1998.
- **Alcohol** use among youth is also statistically unchanged from 1996 to 1998. The NHSDA reported that 19.1 percent of America's 12 to 17 year olds had at least one drink during the past month in 1998 compared to 18.8 percent in 1996.

In terms of the impact target on **incidence** — Initial Age of Drug Use Among Youth — there has been definite improvement in two — marijuana and cocaine — of the three categories tracked by the PME System (Figure 10). This suggests that there may be future reductions in drug use prevalence:

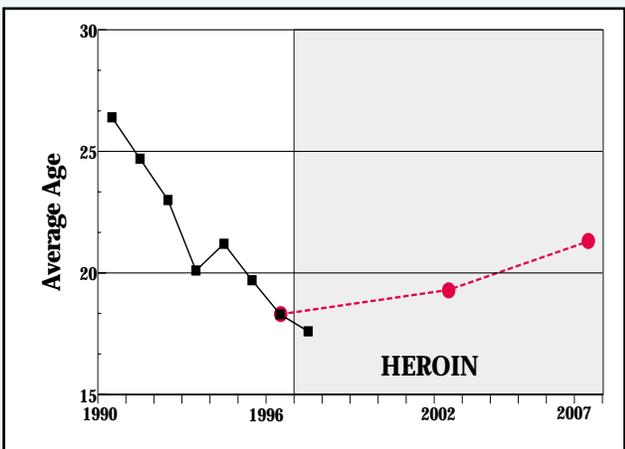
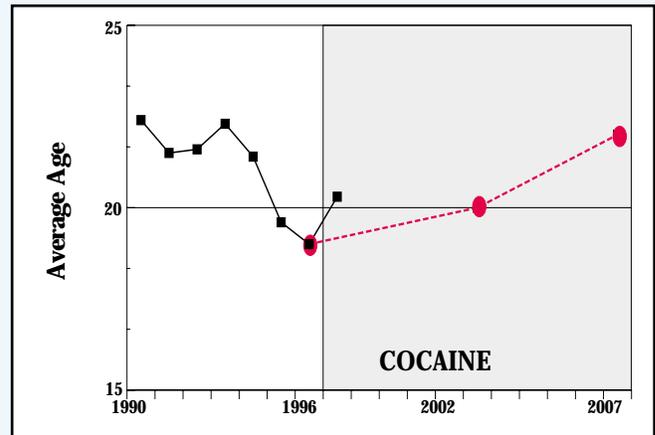
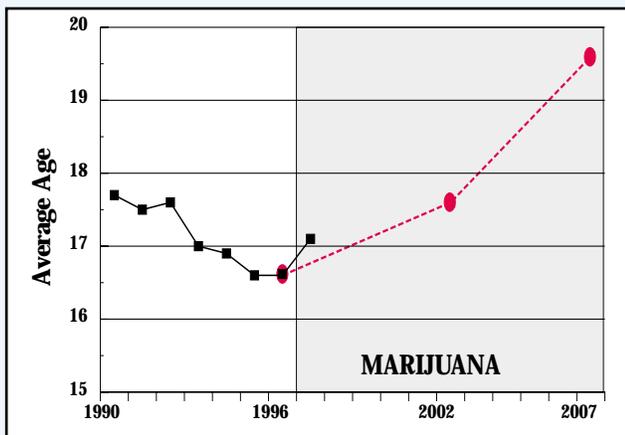
- The average age for first time **marijuana** use increased

between 1996 and 1997 (1998 data are not available until August 2000). 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 16.6 years in 1996; it increased to 17.1 years in 1997.

- The average for first time **cocaine** use increased between 1996 and 1997, signaling more good news for this impact target. The average age was 19.0 years in 1996; it increased to 20.3 years in 1997.
- The average age for first time **heroin** use declined between 1996 and 1997. This trend indicates that youth are experimenting with this drug earlier in life. The average age was reported at 18.3 years in 1996; it declined to 17.6 years in 1997.

To summarize, we can report some important progress in reducing drug incidence; however, prevalence remains unchanged relative to the 1996 baseline levels.<sup>3</sup> To this point we have considered only the outcomes or **end states**

**Figure 10**  
Age at first use on the rise for marijuana and cocaine, but down for heroin



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

*Source: 1998 National Household Survey on Drug Abuse*

for Goal One. We will now highlight progress made in achieving **other performance targets** established for the nine Objectives under Goal One. The *logic model* in Figure 11 depicts, at a glance, which targets under Goal One are on-track (green) and which are off track (red) in accordance with the concept of the red-green chart explained in Chapter I. Note that the colors do not reflect “statistical significance” since many of the data sources do not permit such calculations and some targets are not quantitative. This chart is an excerpt from the logic model in Appendix C. For a detailed review of progress for each target, see Appendix E.

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. In reviewing the logic model for Goal One (Figure 11), it becomes readily apparent that many of the objectives are ultimately intended to affect youth drug use attitudes, which research has shown is critical to affecting drug use prevalence. Many activity measures and milestones are used to track progress toward the achievement of key community, school-based, and research-based objectives. The outputs of these objectives (e.g., the number of television viewing hours) are linked to drug use attitudes, which in turn, are known to influence drug prevalence and incidence (outcomes).

Objective Two, *Pursuit of a Vigorous Advertising and Public Communications Program*, focuses on improving 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 tells us we must be patient as changing attitudes take 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 from the 1998 baseline 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 *Monitoring the Future* (MTF) study 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.

The results from the MTF study for the 1999 indicate slight increases from the 1998 baseline in the percentages of 8th graders “who perceive harm” in the regular use of marijuana (73.0% to 73.9%) and one or more packs of cigarettes per day (54.3% to 54.8%) and decreased slightly for once or twice each weekend use of alcohol (56.0% to 55.3%). The perceived harm was relatively unchanged in the occasional use of powder cocaine (65.2% to 65.4%) and the use of heroin (79.0% to 78.9%).

Data on the “disapproval” of drug use indicate slight increases in the percentages of 8th graders who disapprove of the occasional use of heroin (89.7% to 90.2%), occasional use of powder cocaine (89.3% to 89.9%), and one or more packs of cigarettes per day (80.0% to 81.4%). The “disapproval” of drug use did not change for regular use of marijuana (84.5% to 84.5%) and decreased slightly for once or twice each weekend use of alcohol (81.0% to 80.3%).

Major drug prevention programming designed to affect youth drug use attitudes is now being implemented that is intended to contribute to achieving the Strategy. The National Youth Anti-Drug Media Campaign, begun in 1998, is designed to affect attitudes. Recent evaluations of the pilot phase show that it has influenced attitudes favorably.

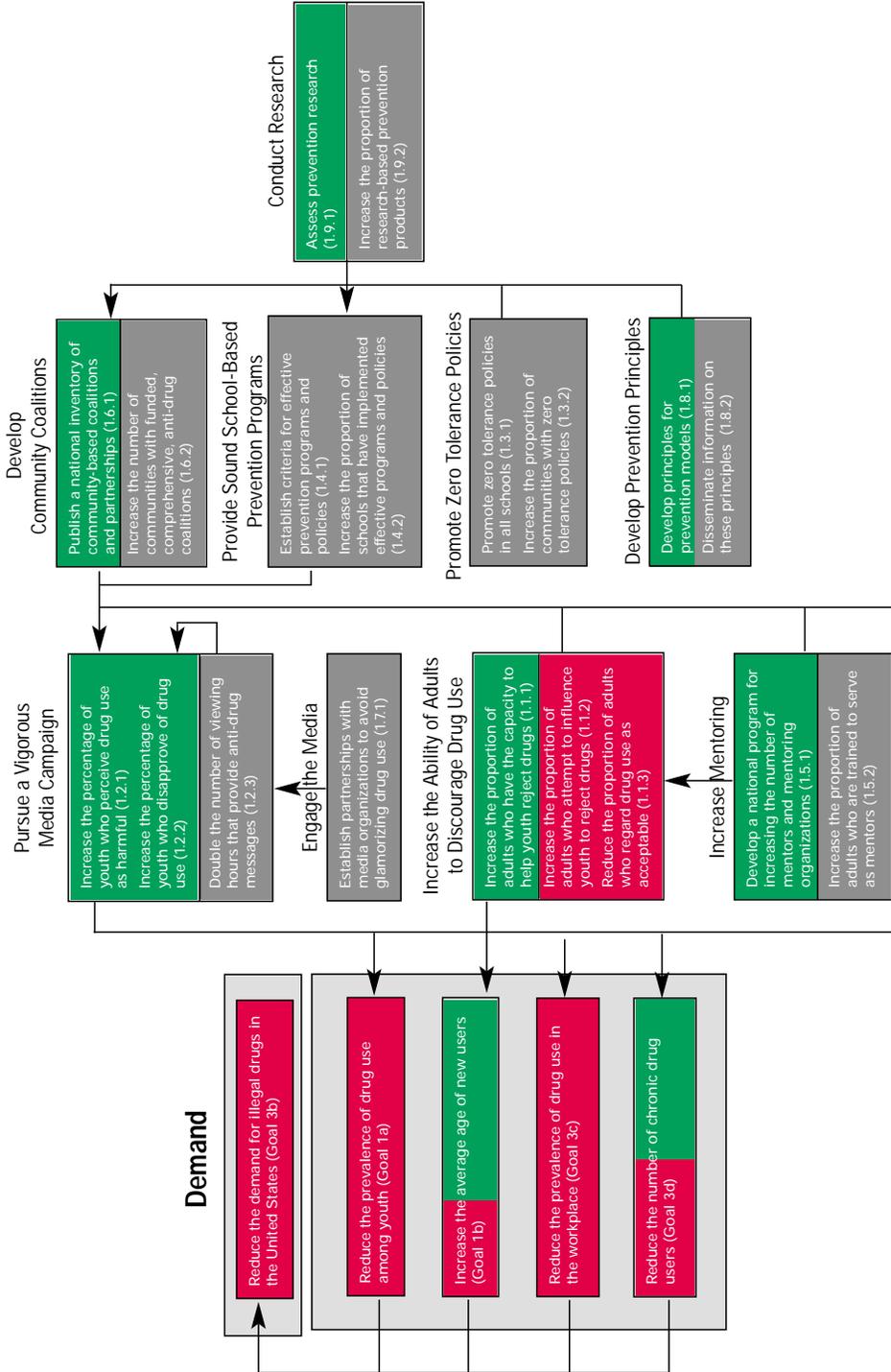
Recent findings on awareness and effectiveness of the ads are consistent in almost every instance across demographic variables, i.e., race/ethnicity, gender, and age group. Key findings of the most recent evaluation include: (1) the percentage of youth that agreed that the ads tell them something they did not know about drugs increased 5 percentage points between baseline and follow-up; and (2) the percentage of youth who agreed that the ads make them “stay away from drugs” increased a substantial 8 percentage points between baseline and follow-up.

Goal One has 9 Objectives and 19 contributory Targets. These Targets corroborate the success highlighted by the above Impact Targets (see Appendix E for a detailed breakdown). Highlights include:

- *Objective 1, Target 1 — Increase adult understanding and capacity to help youth reject illegal drug use:* The Partnership Attitude Tracking Study (PATS) by the Partnership for a Drug-Free America (PDFA) focuses on this issue. PATS data for 1999 indicates an increase in adult understanding in one of three areas. First, the data indicate an increase to 41.5 percent from the 1998 base year (39.4 %) of parents who disagree with “I wish I knew better what to say to my child about drugs.” The data however indicate a decrease to 65.5 percent from the

**Figure 11**  
**Logic Model for Goal One**

**Goal 1: Prevent Drug Use Among America's Youth**



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

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1998 base year (70.2 %) of parents who disagree with “What I say will have little influence on whether my child tries marijuana.” Lastly, PATS data also indicate a decrease to 80.4 percent from the 1998 base year (83.7%) of parents who disagree with “Drug education is best handled by schools, not parents.”

- *Objective 5, Target 2 — Implement a mentoring and parenting program:* Through the Center for Substance Abuse Prevention’s (CSAP) Parenting IS Prevention (PIP) 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, 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.

Just prior to publication of this report, the ONDCP Demand Reduction Interagency Working Group Subcommittee on Strengthening Communities and Families presented a recommendation to add two additional targets. The targets would expand Objective 5, *Parenting and Mentoring*, to increase emphasis on “family strengthening (parenting)” by separating the previously combined “mentoring and parenting” focus of the original targets. The recommendation, and the

associated action plans for the two new targets, are currently under review and will be added to the PME System in 2000.

- *Objective 8, Targets 1-2 — Develop and Disseminate Prevention Models:* In 1999, ONDCP coordinated the development of prevention models efforts among the U.S. Departments of Health and Human Services, Education and Justice, and key non-Federal sector experts. A draft *Evidence-Based Principles for Substance Abuse Prevention and Management* with 15 prevention interventions is undergoing agency review as this publication goes to press. The prevention principles are expected to be completed in the second quarter of calendar year 2000. Dissemination will begin immediately thereafter.
- *Objective 7, Target 1 — Establish partnerships with major media, entertainment, and professional sports organizations:* 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 did not become national until 1998, the establishment of key partnerships has already begun. The Campaign has forged 23 online partnerships, and 40 news and other sites have carried anti-drug messages. Examples of current partnerships include: ONDCP’s partnership with Marvel Comics which has put Spider Man comics online that contain anti-drug messages; an online partnership with the YMCA that has anti-drug areas on its web site and special material on an intranet for adults; and a partnership with 21st Century Teachers Network, a group that promotes the use of technology in classrooms, which is intended to increase awareness among teachers.

## 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 Safety and 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 domestic production; 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 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.*
- **Drug Trafficker 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.*

Last year, we reported progress on the **drug-related crime and violence Impact Target** from the Uniform Crime Reports.<sup>4</sup> This year, we continue to observe improved performance. Violent Crime (Figure 12) has been declining for several years, and 1998 was no exception. The violent crime rate in 1998 was the lowest recorded since 1987. Compared to the 1996 baseline level of 636 violent crimes per 100,000 inhabitants 1998's rate of 556 per 100,000 clearly exceeds the target. Note that in the absence of data on drug related crimes, we use the crime rate regardless of circumstances as a proxy.

Progress on specific crimes is as follows:<sup>5</sup>

- The rate of murders per 100,000 inhabitants is on track. In 1996, there were 7.4 murders per 100,000 inhabitants in the United States; this rate dropped to 6.3 percent in 1998. Homicides are the only type of crime for which the Uniform Crime Report (UCR) presents "drug-related" as the circumstance.

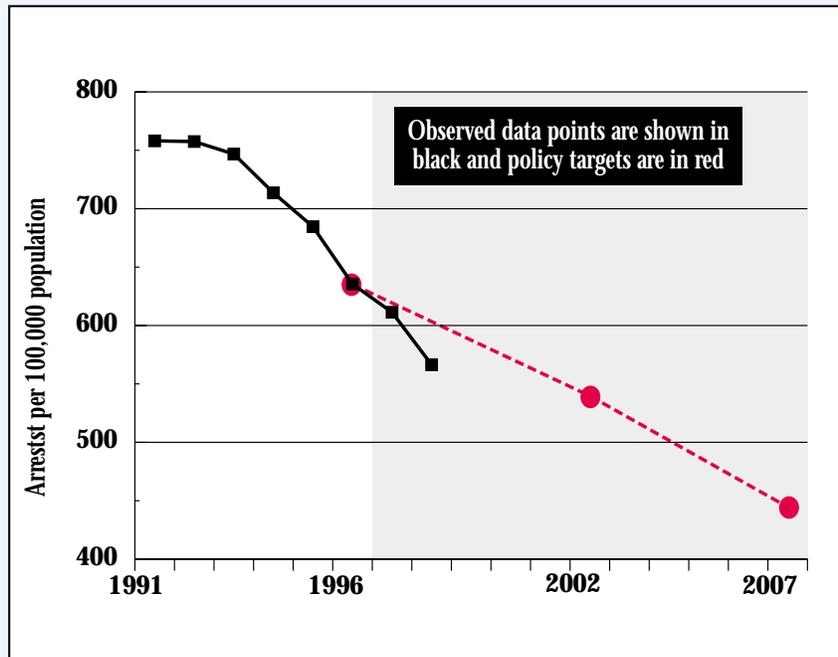
- Rapes also declined in 1998 below the 1996 baseline. There were 36.3 rapes per 100,000 in 1996, which declined to 34.4 in 1998.
- Robberies are down substantially in 1998 compared to the 1996 baseline. The number of robberies per 100,000 was 201.9 in 1996; the rate per 100,000 was 165.2 in 1998.
- Assaults are also down. The number of assaults reported for the baseline year of 1996 was 390.0 per 100,000 inhabitants. This rate declined to 360.5 in 1998.

Relative to the crime impact target, in all cases progress has been achieved beyond the glide path projected between the baseline year of 1996 and the end state expected for 2002.

The second Impact Target of Goal 2, **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. To interpret this impact target we need to examine a contributory target, *Dismantling Drug Trafficking Organizations* (Target 2, Objective 1). Increasing the percentage of drug trafficking organizations disrupted, dismantled, or otherwise rendered ineffective is central to reducing the rate at which illicit drugs of United States origin reach U.S. consumers. ONDCP is currently working with the Department of Justice to develop a methodology for defining a "major drug trafficking organization" and criteria that constitute success in disrupting, dismantling, or otherwise rendering ineffective a major drug trafficking organization. A consolidated Major Drug Trafficking Organization target list will be developed, resulting in the establishment of baseline data.

The third impact target, **Drug Availability in the United States**, focuses on cocaine, heroin, marijuana, and methamphetamine. 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 13). Cocaine availability has been

**Figure 12**  
Overall violent crime has declined steadily throughout the 1990s



Source: *Crime in the United States/Uniform Crime Reports*

### 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 an interagency group to estimate the flow of drugs into the U.S. market. 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.

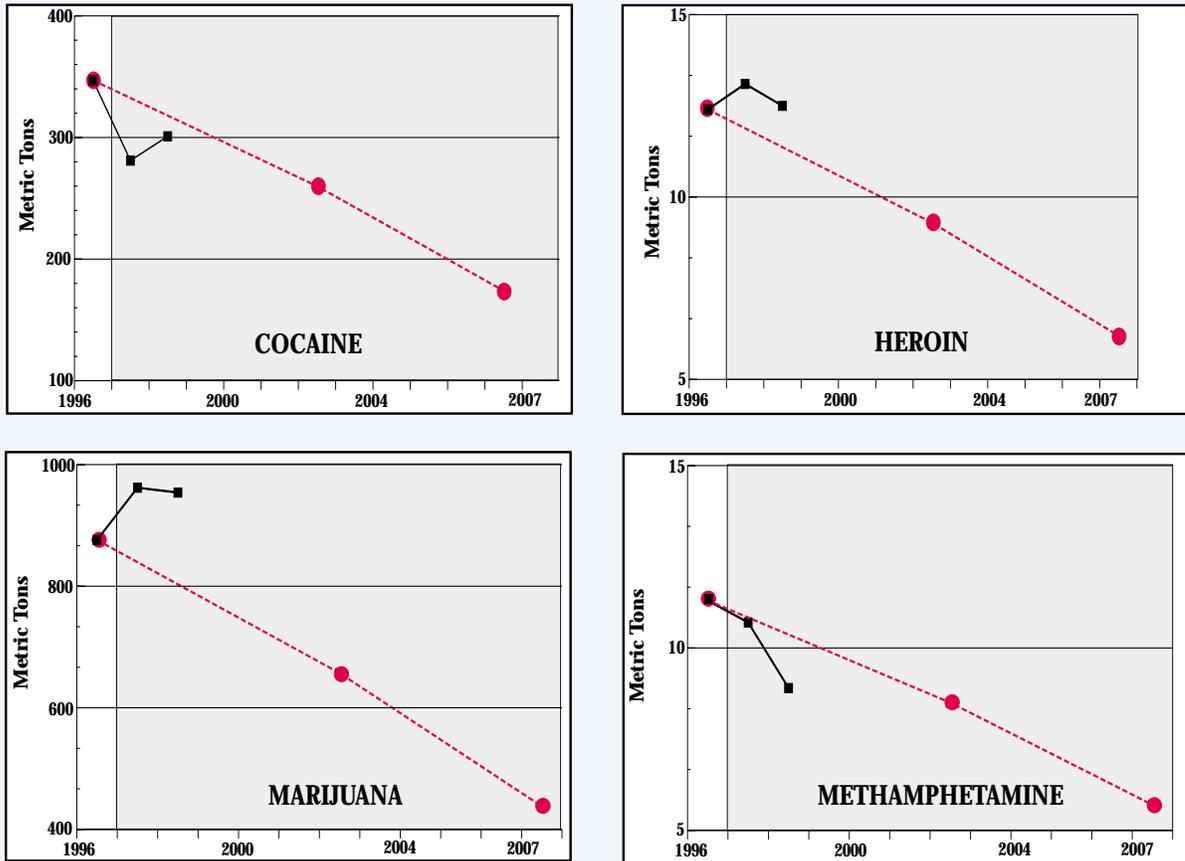
Drug flow models are needed for the four major drugs: cocaine, heroin, marijuana, and methamphetamine. Two approaches were used — a supply-based approach and a consumption-based approach. The supply-based approach begins with cultivation and potential production estimates, and continues by sequentially reducing this amount according to the extent of losses due to seizures, spoilage, and non-U.S. consumption. All existing data (e.g., cultivation, production, seizures, movements) are used to validate and improve the estimates. The consumption-based approach starts by estimating the number of users, multiplies it by their average drug expenditure, then divides it by drug price data to determine the level of consumption. Consumption-based models have been developed for all four drugs; supply-based models have, to date, been developed only for cocaine and heroin drug flows. These flow models begin their estimation process with 1996 data because some of the key data sources only became available in that year.

estimated at 347 metric tons (mt) for 1996, 281 mt for 1997, and 301 mt for 1998. These numbers are based on a composite model (see box: Drug Flow Model Explanation) which integrates four independent measures of cocaine availability: (1) the potential cocaine production estimates developed by the Central Intelligence Agency's Crime and Narcotics Center (CIA/CNC), (2) the estimates based on foreign movement analysis derived from the Interagency Assessment of Cocaine Movement (IACM), (3) an estimate of cocaine crossing the U.S. border, and (4) an estimate of cocaine consumption.<sup>6</sup> Between 1996 and 1998, the estimated level of domestic cocaine availability has decreased by 13 percent.

One measure of domestic heroin availability is obtained from a consumption approach, which yields 12.4 mt in 1996, 13.1 mt in 1997, and 12.5 mt in 1998.<sup>7</sup> 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 slightly higher estimate of 16 mt of heroin consumed over the past two years.

Domestic marijuana availability has only been estimated using a consumption approach. In 1996, 876 mt of marijuana were consumed, 962 mt in 1997, and 954 mt in 1998. This is an increase of 9 percent over the past

**Figure 13**  
**Street availability of cocaine and methamphetamine declines**  
**while marijuana and heroin remain steady**



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

Source: ONDCP Sequential Transition and Supply Model (cocaine) and Consumption Models (heroin, marijuana, and methamphetamine), 1999

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

two years. Accuracy of the magnitude of domestic marijuana consumption is uncertain, as modeling continues to be refined to provide information on the statistical significance of observed changes in the annual estimates.<sup>8</sup>

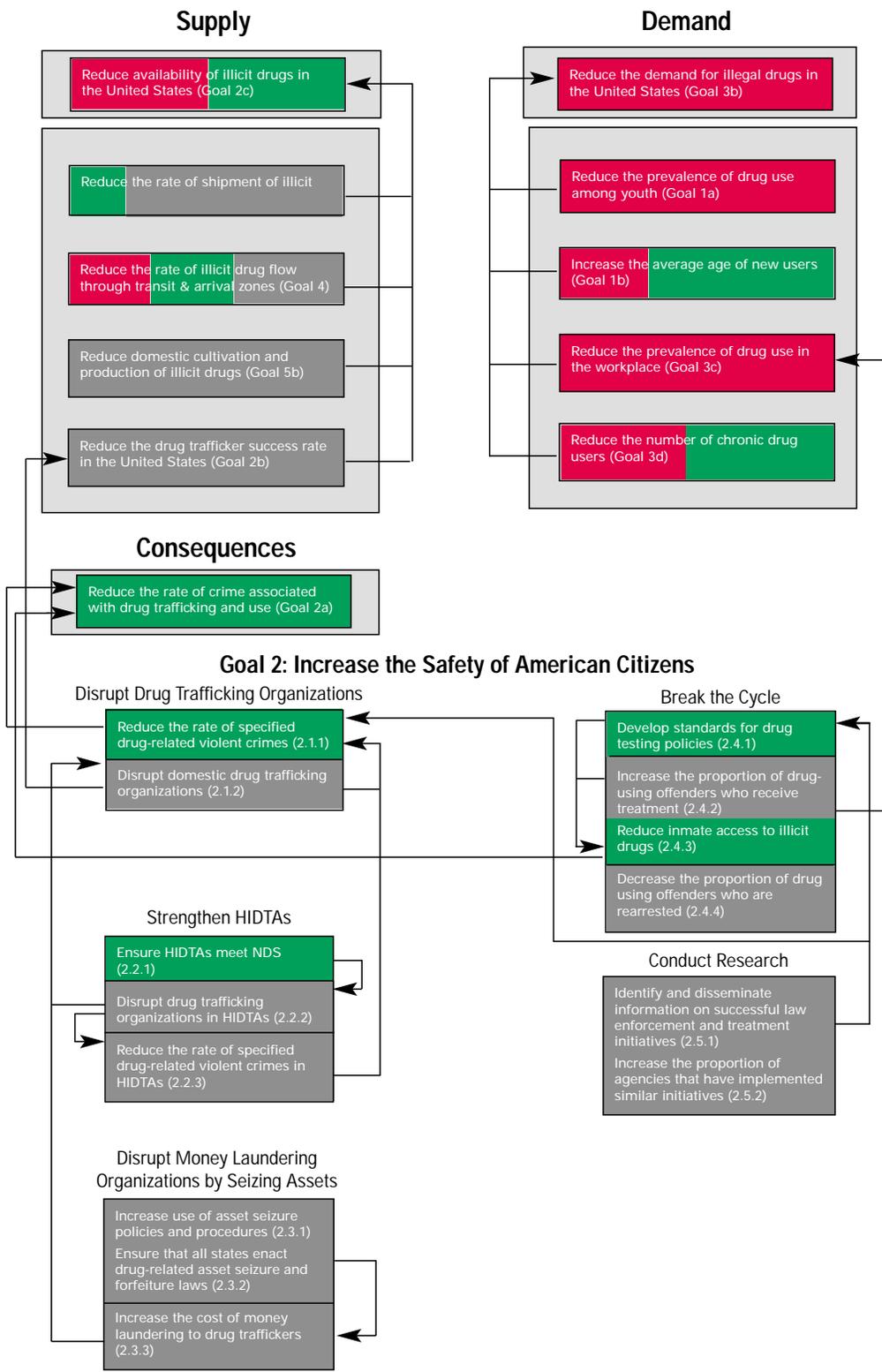
Domestic methamphetamine availability has only been estimated using a consumption approach. In 1996, 11.3 mt of methamphetamine was consumed, 10.7 mt in 1997, and 8.9 mt in 1998. This is a decrease of 20 percent over the past two years. Reliability of these methamphetamine estimates has not been established as this is the first attempt at a methamphetamine consumption estimate, and data collection is still limited.<sup>9</sup>

We will discuss this drug availability research further under Goal Five later in this chapter.

Goal Two has five Objectives and 14 contributory Targets (Figure 14). These Targets corroborate the success highlighted by the above Impact Targets (see Appendix E for a detailed breakdown).<sup>10</sup> Highlights include:

- *Objective 2, Target 1 — HIDTA Development:* High Intensity Drug Trafficking Areas helped improve the efficiency and effectiveness of Federal, State, and local law enforcement by increasing intelligence and information sharing, improving teamwork through joint task forces, as well as planning and operations. HIDTAs also helped improve performance by focusing on outcomes and accountability through compliance with the National HIDTA Developmental Standards. While 1999 was the first year data was reported, HIDTAs created both before and after January 1, 1998, reported positive progress toward achieving a 10 percent annual increase in compliance with these standards.
- *Objective 2, Target 2 — Drug trafficking organizations in HIDTAs:* HIDTA intelligence efforts have improved the capability of law enforcement to identify and target drug trafficking organizations (DTOs). HIDTAs thus achieved progress toward increasing the number of drug trafficking organizations disrupted or dismantled as identified in HIDTA threat assessments. Comparing the 1997 base year to 1998, law enforcement organizations identified 2,906 more DTOs in 1998, targeted an additional 2,601, and disrupted or dismantled 712 more DTOs.<sup>11</sup>

**Figure 14**  
**Logic Model For Goal Two**



## 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. Goal Two is a hybrid in that it contains some objectives targeting demand reduction and others targeting supply reduction. Goals One, Two, and Three together constitute the entire demand reduction effort. The key impact target in the Strategy for demand reduction pinpoints overall drug use in the United States:

- **Overall Drug Use Impact Target:** Reduce illegal drug use (as compared to the base year of 1996) by 25 percent by 2002, and 50 percent by 2007.

Using NHSDA as the source, we cannot report any progress between 1996 and 1998 in reducing overall drug use (reference Figure 15).

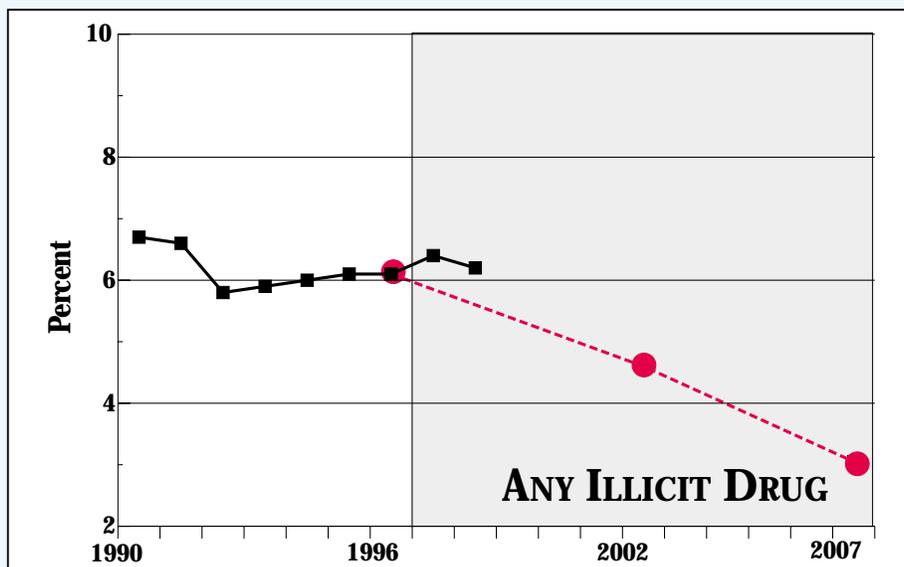
- **Marijuana** use (past month) was 5.0 percent in 1998. This is statistically unchanged from its 1996 level of 4.7 percent.
- **Cocaine** use (past month) remained stable between 1996 and 1998 at 0.8 percent.
- **Heroin** use (past month), at 0.1 percent in 1998, is statistically unchanged since 1994.<sup>12</sup>

To reduce overall drug use in the U.S., drug treatment must be provided to the more than four million addicts who consume the majority of the illicit drugs available for consumption and commit a disproportionate amount of crimes. Goal Three emphasizes the need to reduce health and social costs of drug use and establishes three desired endstates.

- **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.
- **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.
- **Health and Social Cost 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.

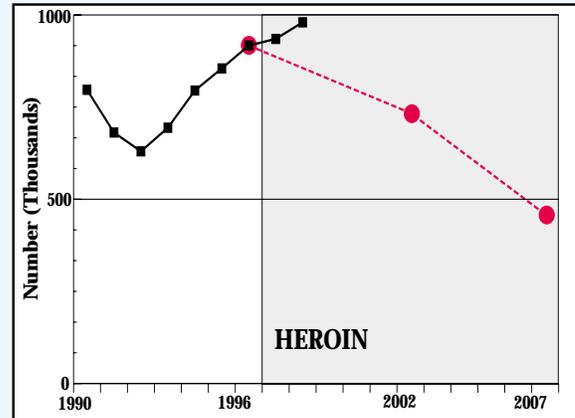
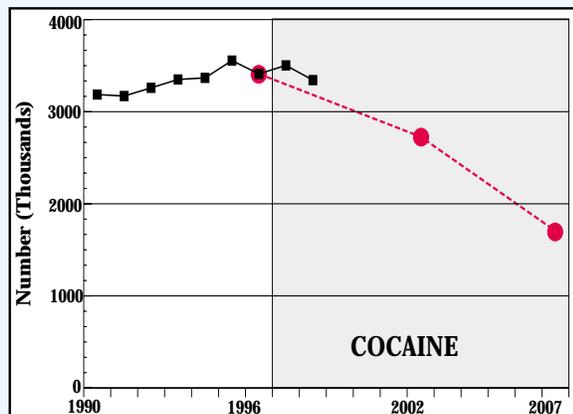
Progress toward the 2002 desired end state for the size of the **chronic user population** is mixed (Figure 16). ONDCP estimates that the number of cocaine addicts declined but that the number of heroin addicts increased between 1996 and 1998.<sup>13</sup>

**Figure 15**  
The percent of household population currently using an illicit drug remains unchanged since 1996



Source: 1998 National Household Survey on Drug Abuse

**Figure 16**  
**The number of chronic hardcore cocaine users has declined**  
**while the number of chronic hardcore heroin users has increased**



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

Source: Office of National Drug Control Policy/Abt Associates (1999), *What America's Users Spend on Illegal Drugs, 1988–1998*.

- The number of chronic hardcore cocaine addicts declined very slightly from 3.41 million in 1996 to 3.34 million in 1998.
- The number of chronic hardcore heroin addicts increased from 917,000 in 1996 to 980,000 in 1998.

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. Until this work is completed, we will continue to report estimates based on a method that relies on a variety of data sources including the NHSDA, the Arrestee Drug Abuse Monitoring Program, and FBI arrest data.<sup>14</sup>

For the impact target established for reducing **drug use in the workplace**, there was no progress in reducing drug use relative to the 1996 baseline year (Figure 17):<sup>15</sup>

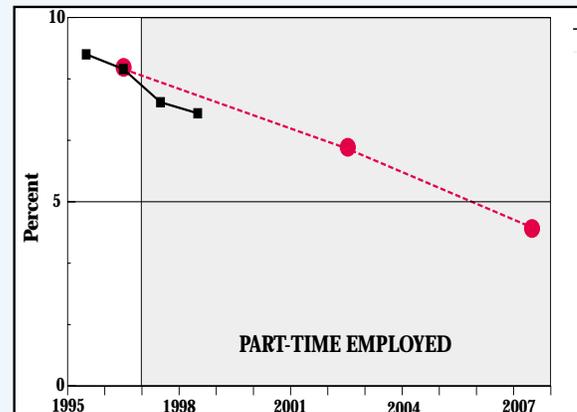
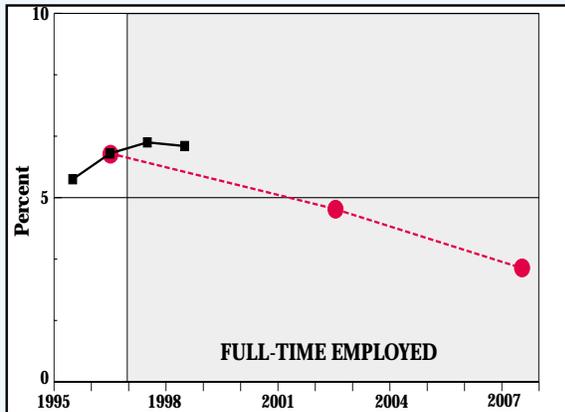
- The rate of current drug use among those *employed full-time* was 6.2 percent in 1996 and 6.4 percent in 1998.<sup>16</sup>
- The current rate of drug use among those *employed part-time* was 8.6 percent in 1996 and 7.4 percent in 1998.

Finally, our impact target seeks to quantify **health and social costs**, in constant dollars, that are attributable to illegal drugs. 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. ONDCP is negotiating with NIDA to provide annual estimates of the social costs to society of drug use based on the methodology of this study. The first of these annual estimates may be available next year.

Goal Three has 29 contributory performance targets established for its seven Objectives as shown in Figure 18 (see Appendix E for a detailed breakdown). Progress has been uneven, and highlights include:

- *Objective 1, Target 1 — Treatment Gap:* The treatment gap has been reduced in terms of number reported. Those needing treatment numbered 3,320,000 people in 1996, rose slightly to 3,589,000 in 1997, and declined to 2,894,000 in 1998.<sup>17</sup>

**Figure 17**  
**Drug use among full-time workers is unchanged, but is dropping among part-time workers**

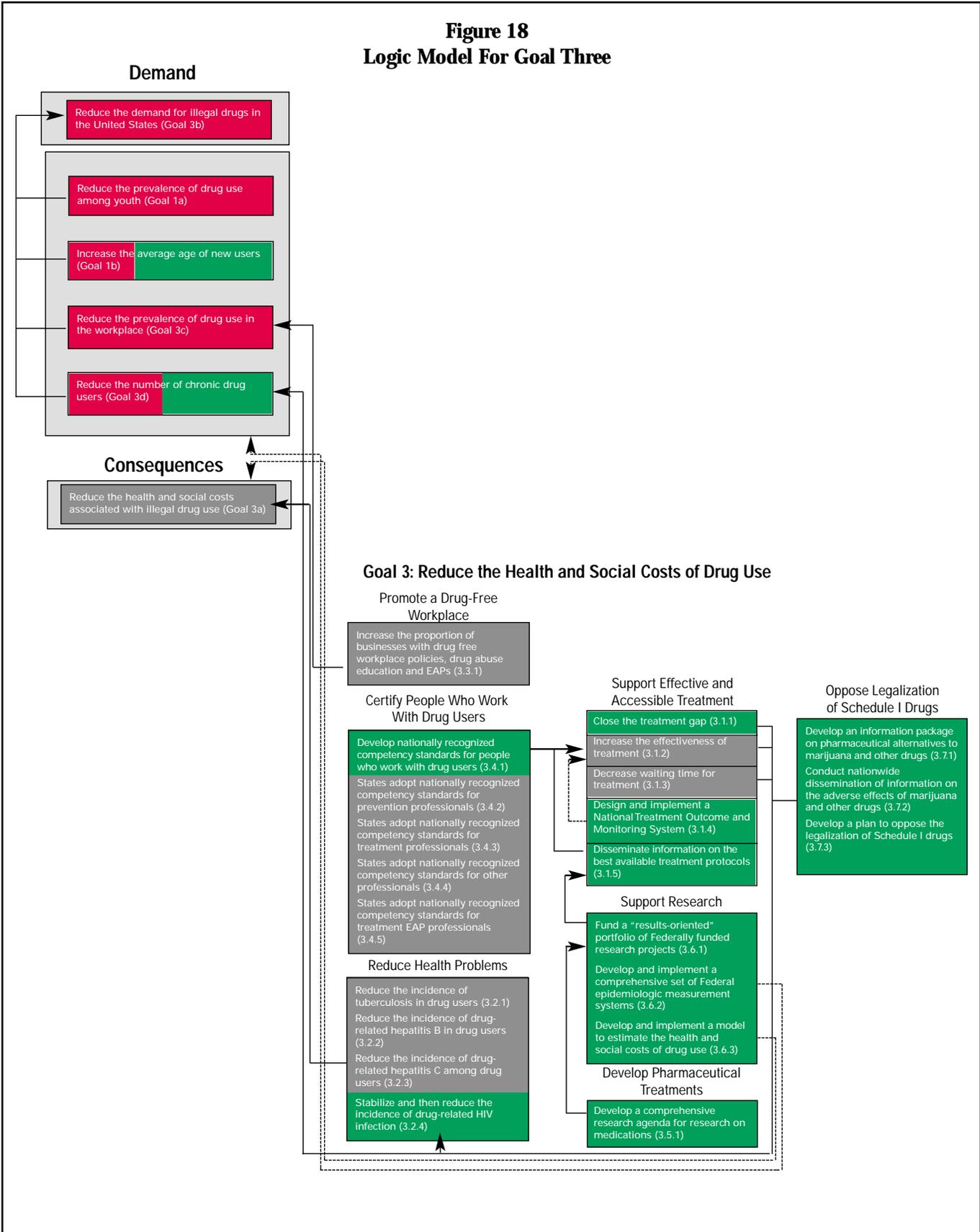


*Observed data points are shown in black and policy targets are in red.*

*Source: National Household Survey on Drug Abuse*

- Objective 2, Targets 1-4 — Reducing drug-related health problems:** Of the 18,361 cases of Tuberculosis (TB) reported to the CDC in 1998 only 2.9 percent were drug-related.<sup>18</sup> This compares favorably to the 1996 baseline level of 3.8 percent (it was 3.3 percent in 1997). There was a decline in drug-related AIDS from 1997 to 1998 among men from 33.3 percent in 1997 to 32.9 percent in 1998 and among women from 43.8 percent in 1997 to 42.3 percent in women.<sup>19,20</sup> Although there is no reliable estimate of the proportion of Hepatitis B cases that are drug related, there was a decline in the number of Hepatitis B cases from 1996 to 1997 (the most recent year for which data are available) from 10,637 to 10,416.<sup>21</sup>
- Objective 3, Targets 1-4 — Drug-free Workplace Program:** The Departments of Health and Human Services, Labor, and Transportation, as well as the Small Business Administration and the Drug Enforcement Administration, continue to promote drug-free workplace policies in federal agencies and across federally regulated industries. A solid 10-year decrease in positive drug testing rates across 120 Federal agencies has been reported. The Department of Transportation requires the transportation industry to comply with rules that mandate drug testing and education for over 8.3 million employees in safety-sensitive positions. In the past year, both the Legislative and Judiciary Branches of the Federal government have adopted the Federal comprehensive drug-free workplace program. The Federal agencies listed earlier also encourage employers in non-Federal and private-sector workplaces to institute workplace programs that include drug testing.

**Figure 18**  
**Logic Model For Goal Three**



## National Drug Control Strategy

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

The Strategy includes programs to reduce the supply of drugs that enter the United States. The movement of drugs is categorized into two basic areas — transit and border zones (Goal Four), and source zones (Goal Five).

Under Goal Four, emphasis is placed upon reducing the quantity of drugs that cross the border into the United States (i.e., within the *transit* and *border zones*). Changes in the total amount of drugs flowing into the United States indicate overall success for various efforts structured to reduce this rate. These efforts fall under three broad categories: (1) improving coordination among domestic law enforcement agencies, (2) improving cooperation with source and transit nations, and (3) exploiting research to develop improved tools for countering the drug threat along U.S. borders. The impact target for this goal seeks to measure the rate at which illegal drugs enter the United States:

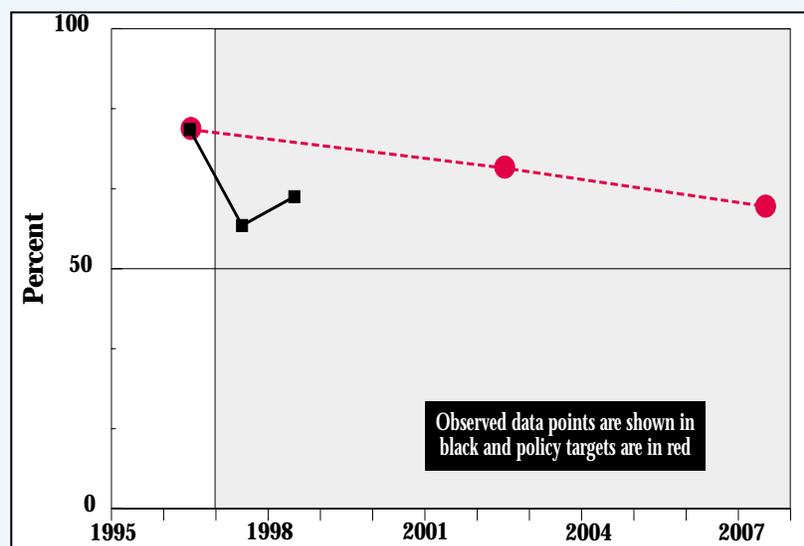
- **Transit and border zone drug flow Impact Target:** *By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10*

*percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.*

To assess progress toward this performance target, estimates are developed by ONDCP and vetted through the interagency community. ONDCP has made substantial progress this year in developing a consensus methodology for estimating the flow of drugs into the U.S and has developed flow estimates for cocaine and heroin. Estimates for methamphetamine and marijuana should be available next year, provided needed information becomes available. For cocaine, the results are encouraging:

Cocaine Transit and Border Zone estimates show that the rate at which cocaine successfully enters the U.S. has declined since 1996. The rate or amount of cocaine that enters the U.S. is measured (in metric tons) by dividing the cocaine availability at the source departure area into the availability after the cocaine crosses the U.S. border.<sup>22</sup> The figures over the past three years are as follows: 71 percent (402/567) in 1996, 59 percent (311/524) in 1997, and 65 percent (357/553) in 1998. These results are displayed in Figure 19.

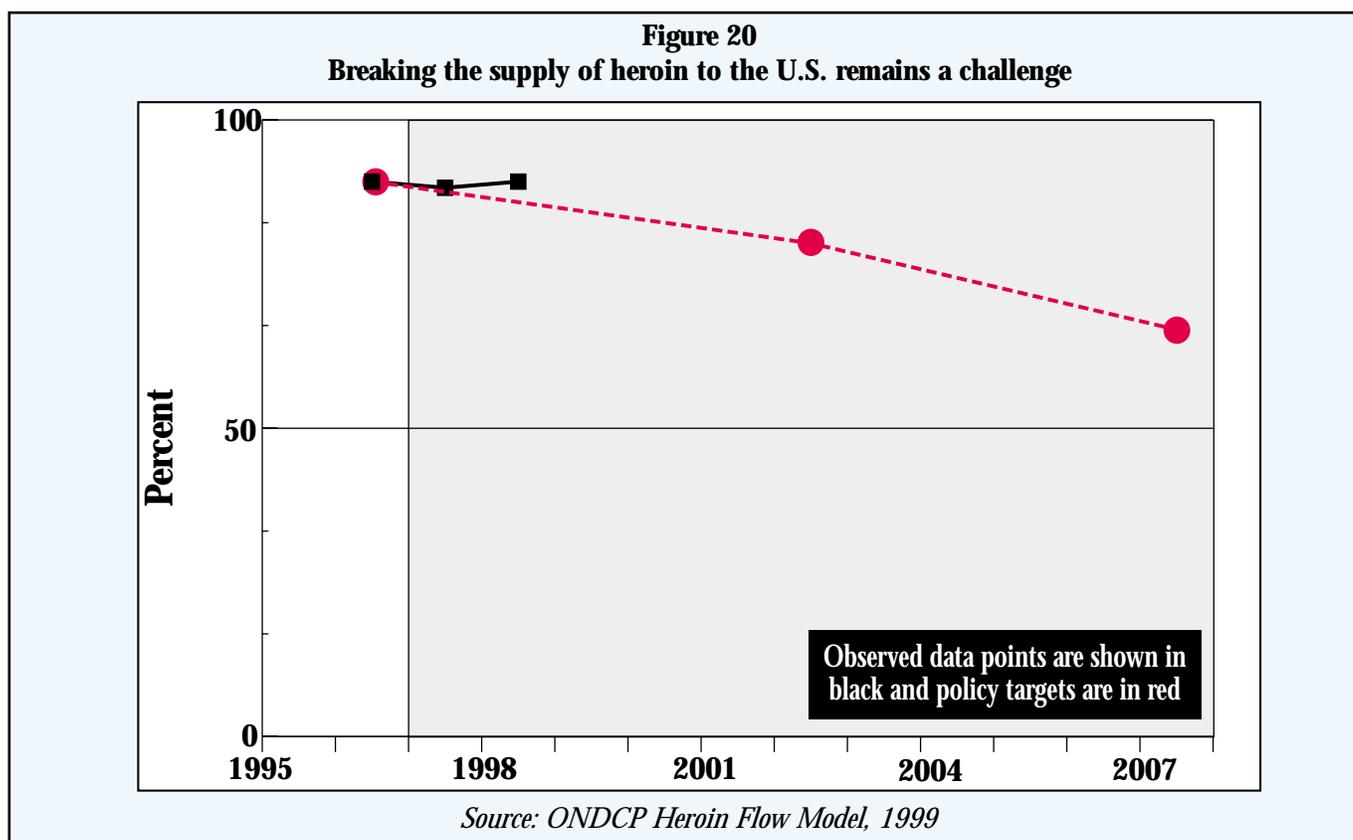
**Figure 19**  
Interdiction of cocaine enroute to the United States is exceeding the National Target



Source: ONDCP Sequential Transition and Supply Model, 1999

Heroin Transit and Border Zone estimates show that the rate at which heroin successfully enters the United States has been flat over the past three years. This rate is measured by dividing the heroin availability prior to border seizures by the heroin consumption. Consumption is used as the measure of heroin availability within the U.S. due to the lack of accurate accounting of domestic heroin seizures. The figures over the past three years are as follows: 90 percent (12.4/13.8) in 1996, 89 percent (13.1/14.7) in 1997, and 90 percent (12.5/14.0) in 1998.<sup>23</sup> These results are displayed in Figure 20.

specific due to the unique aspects of that drug's supply and demand characteristics. For example, cocaine has one source region in the world (Andean countries of South America) producing for an increasingly global market. Thus, measuring cocaine production and trafficking patterns is a more straightforward and simple challenge than measuring the same for heroin. Heroin has four source areas spread across the globe feeding a worldwide appetite where the U.S. user is a minor component. Therefore, development of drug availability estimates will be discussed separately for each drug.



Efforts to interdict the flow of cocaine through the transit and border zones appear to have yielded some successes. Presumably the risks to those who traffic in illicit drugs have risen. There has been no apparent change in heroin flow since 1996.<sup>24</sup> The success in achieving targets established for Goal Four is corroborated by data on its 15 contributory targets as shown in Figure 21 (see Appendix E for a detailed breakdown). Highlights include:

- *Objective One, Target One — Flow Model Development:* Over the past year, ONDCP has worked to develop drug availability models further. Each model is drug-

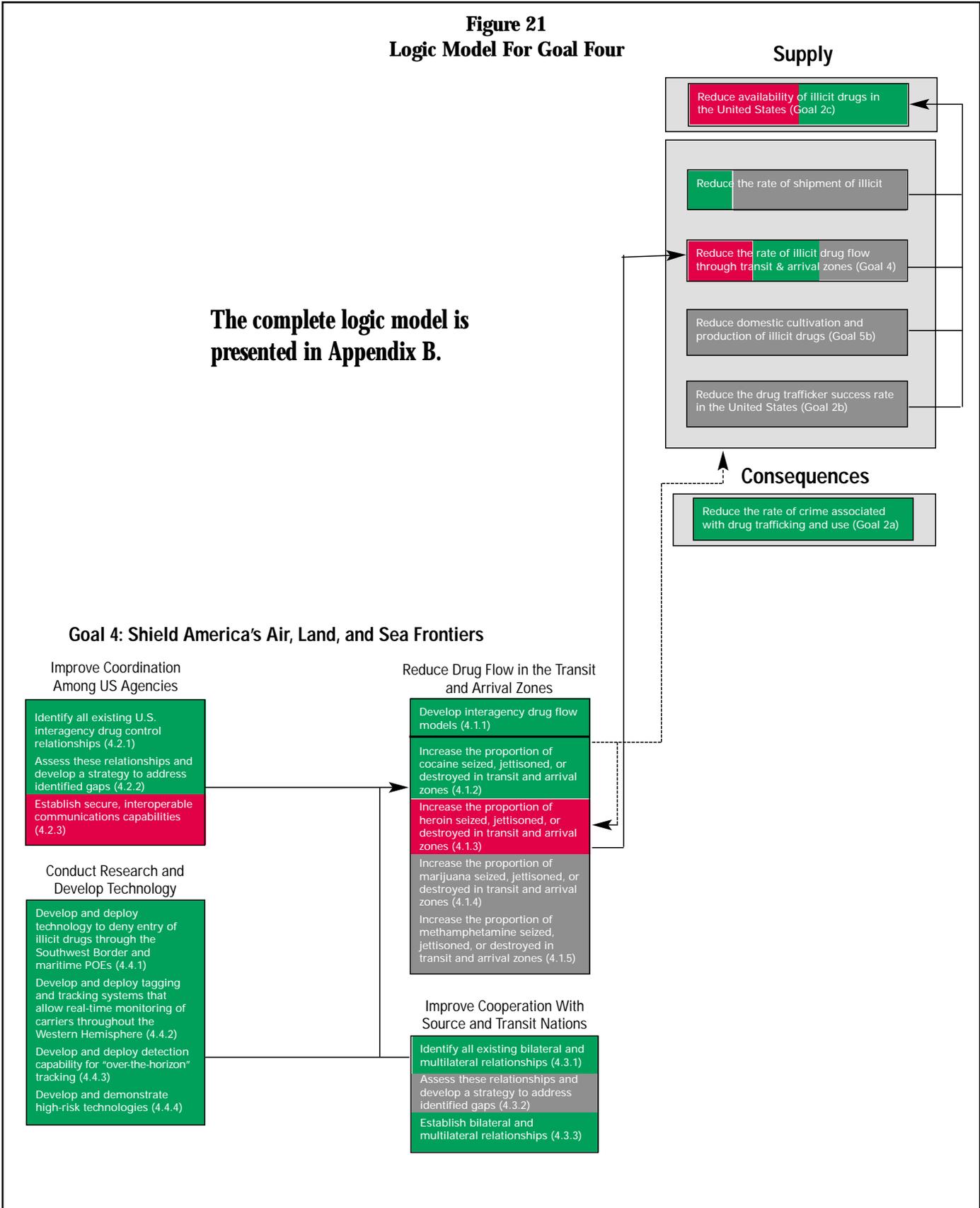
To date, modeling cocaine availability is the most mature process. Heroin follows in maturity level, but the level of confidence in these estimates is much smaller due in part to a lack of foreign consumption figures. For the modeling of marijuana availability, only a consumption estimate has been developed. The U.S. Department of Agriculture has agreed to participate in an interagency panel to determine if a methodology can be developed to estimate domestic cannabis production which meets accepted scientific principles and will withstand peer-review scrutiny. These estimates will be difficult to model since the drug can be produced nearly anywhere using off-the-shelf chemicals.<sup>25</sup>

Annual drug availability estimates provide a general measure of the magnitude of the domestic drug problem, and more importantly, a comparative measure of changes from year to year. The significance of these trends must be tempered by the presence of uncertainties in the measurement. Uncertainties that limit complete observation of drug smuggling activities are inherent in each measure due to the surreptitious nature of the illegal drug business. Dynamic uncertainties can also occur within an estimation process due to changes in drug production and smuggling patterns which affect data collection and observations. To mitigate the effects of these uncertainties, several approaches and processes are used to estimate drug availability. More important for PME purposes is the trend. Since each year's figures are based on the same methodology, annual changes in the data should inform the policy-maker of the progress of the drug control community in reducing drug availability.

- *Objective Two, Targets One and Two — Improving Coordination Among Domestic Agencies:* In February, 2000 the President approved and released the Counterdrug Intelligence Plan (GCIP). The GCIP represents two years of interagency effort to establish a national counterdrug intelligence architecture and advance an action agenda. The intent of this effort is to better support our law enforcement officers, policymakers, and international partners in the effort to reduce the negative effects of illicit drugs. The GCIP underscores the necessity for interagency efforts, demonstrates our commitment, and greatly enhances the cooperation and coordination among the law enforcement and intelligence communities. When fully implemented, the GCIP will provide a more integrated, strategically oriented counterdrug intelligence architecture that will impact counterdrug efforts well into the new century.<sup>26</sup>
- *Objective Two, Target Three — Interoperable Communications:* As currently stated, the intent of this target is to develop, by 2002, secure interoperable communication capabilities among at least 50 percent of U.S. Federal drug law enforcement agencies; and to ensure by 2007 that such communication capability is available to all Federal drug law enforcement agencies. 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. The requirement for interoperable law enforcement communications should be derived from this study, due to be completed in the Summer of 2000.
- *Objective Three, Target Three — Improved Bilateral and Regional Cooperation:* In October 1999 the Organization of American States' Inter-American Drug Control Commission inaugurated the Multilateral Evaluation Mechanism. This mechanism is designed to enhance policy cooperation by facilitating more effective unilateral, bilateral, and multilateral counterdrug efforts by and among all nations in the hemisphere.<sup>27</sup>
- *Objective Four, Targets One through Four — Development Programs:* A number of research and development programs are underway. Of note, vehicle tagging systems to allow real-time monitoring of ships and aircraft (Objective Four of Target Two) is scheduled for operational validation testing with field users in 2000. This is consistent with the formal Strategy Target. In addition, the development of improved Relocatable Over-The-Horizon Radar tracking systems (for tracking both ships and aircraft) is well underway and is progressing toward full deployment by 2007; errors in estimating target positions have been reduced by roughly one-third. All development programs are on track.

**Figure 21  
Logic Model For Goal Four**

**The complete logic model is presented in Appendix B.**



## National Drug Control Strategy

### Goal Five: Break Foreign and Domestic Drug Sources of Supply

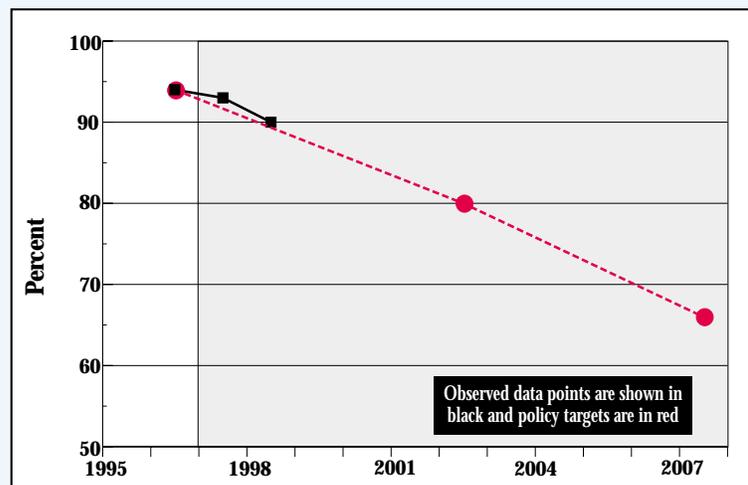
Gaining control over the cultivation and production of illicit drugs is at the heart of our supply reduction efforts and the National Drug Control Strategy. Emphasis is placed upon reducing the quantity of drugs produced for export to the United States. The quantity of drugs harvested (e.g., coca, opium) gives an indication of total drug production potential. However, leaf yield and processing efficiency for each growing and producing area significantly affects the amount of drug actually manufactured. ONDCP previously recognized shortcomings to using cultivation estimates as an indicator of drug production because of these variances. As a result, in 1996 the PME System developed a performance target to assess progress in achieving reductions in cultivation and production in terms of reduction in the rate of outflow of drugs from source countries.

- **Source zone outflow Impact Target:** *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.*

ONDCP is coordinating a Federal government-wide effort to develop estimates of the outflow of drugs from source zones. This effort has produced a preliminary estimate of cocaine outflow rate for source countries, which shows a slight decrease between 1996 and 1998.

- **Source Country Cocaine Outflow Rate** is estimated to be down in 1998 compared to 1996 (Figure 22). The rate of outflow is measured by dividing cocaine availability (metric tons) at the source departure areas by the cocaine availability (metric tons) at the growing areas. In 1996, this figure was 94 percent (567/601), in 1997 the rate was 92 percent (524/569), and in 1998 the rate was 90 percent (553/616).
- **Source Country Heroin Outflow Rate** originates in four geographically separate areas: Colombia, Mexico, Southeast Asia, and Southwest Asia. The Drug Enforcement Administration's Heroin Signature Program has determined that heroin from all four source areas is present in the U.S. It is difficult to measure outflows from source countries because the U.S. only consumes a fraction of the worldwide potential production. Therefore, modeling efforts have focused on heroin flow beginning at the domestic border.

**Figure 22**  
Substantial progress made in preventing cocaine's entry into the U.S.



Source: ONDCP Sequential Transition and Supply Model, 1999

Foreign nations are not the only source of illicit drugs coming to the United States. In addition, the U.S. grows marijuana and produces methamphetamine. The Strategy targets this production as part of its efforts to reduce domestic cultivation and production. The PME System includes a performance target to reduce the production of methamphetamine and the cultivation of marijuana:

- **Domestic production Impact Target:** *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.*

At this time, there are no estimates describing the levels of domestic production of methamphetamine and marijuana. Work is underway to develop such estimates. To model the availability of marijuana, the Department of Agriculture has agreed to participate in investigating possible tools to develop this estimate. For the first time a methamphetamine consumption estimate has been developed. More data and research are required to estimate domestic methamphetamine production.

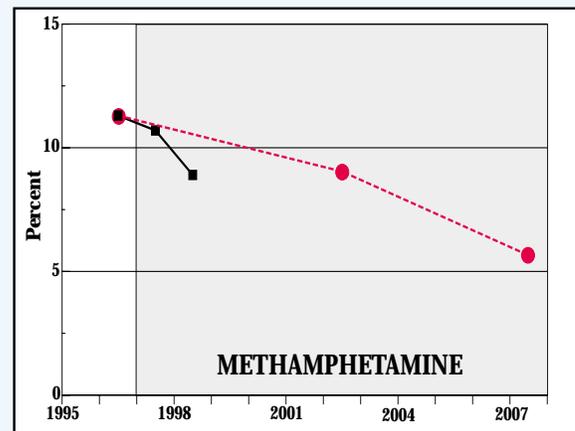
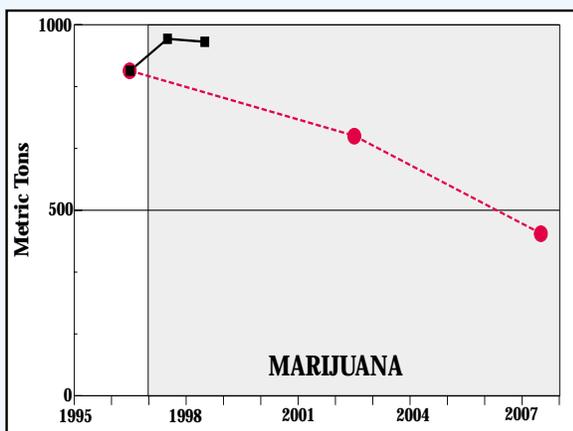
Figure 23 presents recent estimates of domestic consumption of these drugs. These constitute preliminary estimates and will be subject to revision when the model is refined further in calendar year 2000.

The success in achieving targets established for Goal Five is corroborated by data on its 15 contributory targets as shown in Figure 24 (see Appendix E for a detailed breakdown). Highlights include:

- **Objective One, Target One — Coca Cultivation:** Decreases in coca cultivation in Bolivia and Peru during 1996-1998 may be offset somewhat by recent increases in coca cultivation in Southern Colombia. Total estimated worldwide cultivation of coca was 209,700 hectares for the 1996 base year. This declined steadily to 190,800 hectares in 1998. Both 1997 and 1998 total cultivation levels were favorably below the 1999 PME target.<sup>28</sup>
- **Objective One, Target Two — Opium Poppy Cultivation (Worldwide):** Historically Afghanistan and Myanmar have been the source of 90 percent of the world's illicit opium. Adverse weather conditions in Southeast Asia diminished opium cultivation in Myanmar, Laos, Thailand, and Vietnam; regional cultivation declined by 29 percent in 1999. Opium cultivation in Pakistan dropped by 48 percent in 1999. Overall Southwest Asian opium cultivation increased by 19 percent due to expansion in Afghanistan. Total estimated worldwide cultivation of opium poppy declined from 249,610 hectares in 1996 (base year) to 217,000 hectares in 1998.<sup>29</sup>

Figure 23

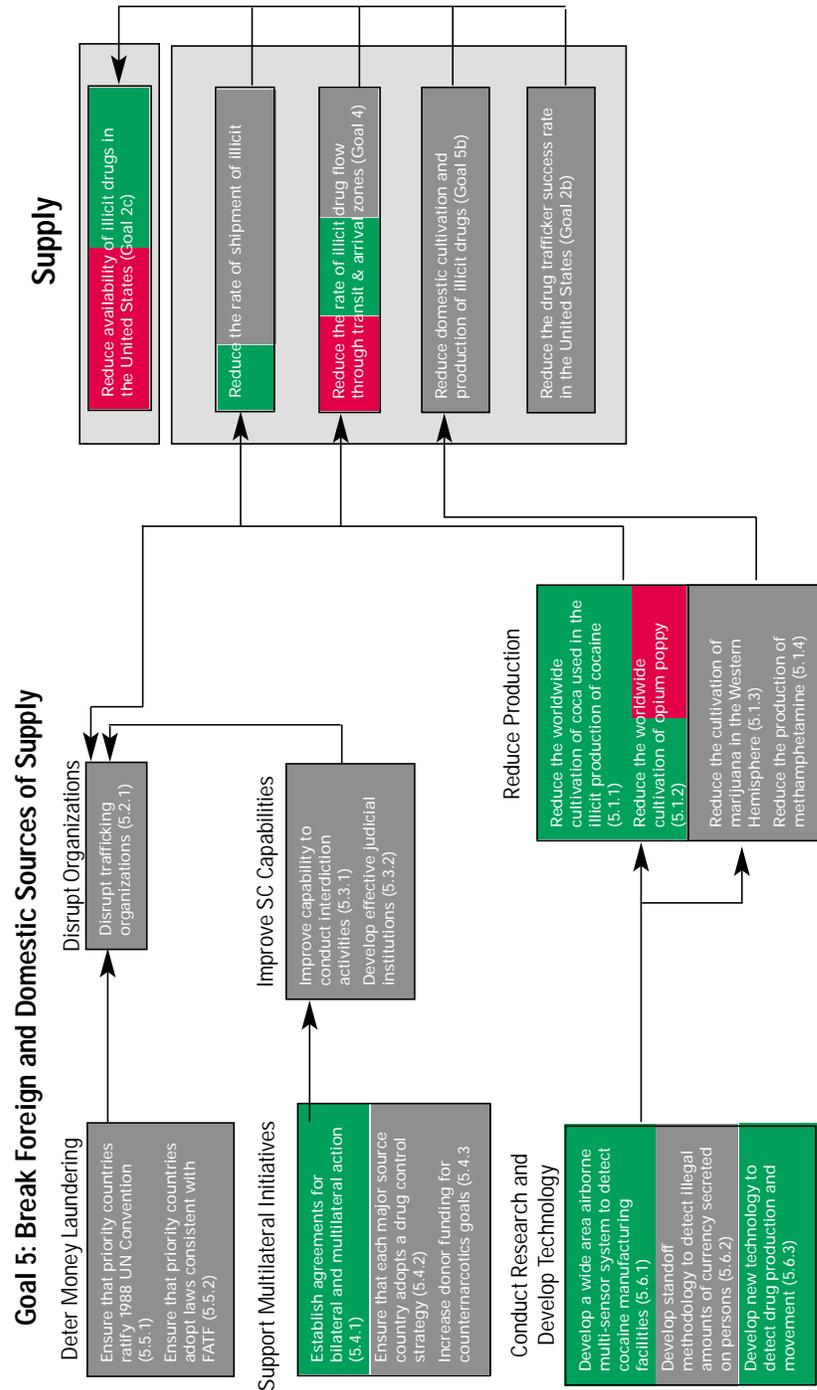
Declines in methamphetamine use exceed five-year target while marijuana use still well above target



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

Source: Office of National Drug Control Policy/Abt Associates (1999), *What America's Users Spend on Illegal Drugs, 1988-1998*.

**Figure 24**  
**Logic Model for Goal Five**



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

- **Objective One, Target Two — Opium Poppy Cultivation (Western Hemisphere):** An estimated 80 percent of the heroin supplied to the United States comes from opium cultivated in Latin America. Overall opium cultivation has remained relatively stable between 1996-1998 as the result of ambitious eradication programs. In 1998, the Government of Mexico eradicated 9500 hectares of poppies and interdicted 1.35 metric tons of the remaining opium. In Colombia, the Pastrana government has been very aggressive in its eradication efforts over the past two years. Due to the areas under cultivation, aerial spraying has been used to combat the heroin threat. The spray operations have stabilized Colombia's illicit poppy crop at about 6000 hectares. The 1996 baseline cultivation level is 11,400 hectares which declined 7 percent to 10,600 hectares in 1997 and rose to about 11,600 hectares in 1998 (the 1999 target is 10,830 hectares).
- **Objective One, Target Three — Marijuana Cultivation:** Estimates of marijuana cultivation, especially Colombian cultivation, are not yet considered reliable; this is being addressed by the appropriate agencies. Also, domestic cultivation offers significant collection problems relating to oversight. Domestic cultivation estimates will be developed based on funding and the development of an adequate estimation capability.
- **Objective Two, Target One — Disrupting Drug Trafficking Organizations:** In 1999, 21 percent (5 of 24) of designated key drug trafficking organizations were dismantled or significantly disrupted. Because a significant proportion of drug trafficking is carried out by a loose collection of specialists who work on a job-to-job basis, in contrast to tightly vertically integrated organizations, the utility of this measure as a broad indicator will be reevaluated.<sup>11</sup>
- **Objective Six — Development Programs:** As with Goal Four, a number of research and development programs are underway with a more international focus under Goal Five (Objective Six). These programs are considered to be on target.

### Endnotes.

1. 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 Dawson, *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.
2. Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Summary of findings from SAMHSA's 1998 National Household Survey on Drug Abuse. August, 1999. OAS, SAMHSA, DHHS.
3. 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.
4. Source: U.S. Department of Justice, *Crime in the United States: Uniform Crime Reports, 1998*. October, 1999.
5. 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.
6. The model used for the estimation of cocaine supply is based on four independent measures of cocaine availability. The first measure is the Crime and Narcotics Center's (CNC's) potential production estimate, which combines imagery of coca fields with data on crop yields and processing efficiencies. The second measure is of cocaine departing South America, which is based on summing tabulated cocaine smuggling events. The third measure is an estimate of cocaine crossing the domestic border based on seizure sampling weighted by inspection rates and inspection resource levels. The fourth measure is domestic consumption, which is based on sampling of the user population through household and arrestee survey instruments. See *What America's Users Spend on Illegal Drugs, 1988-1998*, ONDCP, soon to be published, for a more detailed description of this methodology.
7. 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 chronic hardcore and occasional heroin users. Chronic 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 chronic 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, soon to be published, for a more detailed description of this methodology.
8. 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

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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, soon to be published, for a more detailed description of this methodology.

9. 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 chronic hardcore and occasional methamphetamine users. Chronic 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 chronic 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 DUF 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, February 2000 for a more detailed description of this methodology.
10. These summaries are based on the aggregated inputs from each of the individual High Intensity Drug Trafficking Areas (HIDTAs).
11. As a single indicator, the number of drug trafficking organizations disrupted may not be a reliable indicator of a reduction in drug trafficking because the measure does not to reflect the change in quality or quantity of drug trafficking (a dismantled large drug trafficking organization may splinter into two or more small fully functioning organizations). Also, a reduction in the number of smaller organizations may not have a significant impact on the quantity of drug trafficking when a much larger organization that is capable of supplying the market previously served by the disrupted organization is present.
12. 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.
13. Preliminary report, Hardcore User Survey, Abt Associates, 1999.
14. These estimates are derived from mathematical models. The models are based upon data from SAMHSA's 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 chronic hardcore users based upon these estimates because they are not associated with standard errors (e.g. when data from a variety of independent sources, each with its own error estimates, are combined there is no mathematically objective method of assessing statistical chance).
15. 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 SAMHSA's National Household Survey on Drug Abuse.
16. Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Summary of findings from the SAMHSA's National Household Survey on Drug Abuse. August, 1999. OAS, SAMHSA, DHHS.
17. Source: Unpublished data from SAMHSA's 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 (note that when data is drawn from a variety of independent sources or methodologies, each with its own error estimates, are combined there is no mathematically objective method of assessing statistical chance)..
18. Source: Unpublished data from SAMHSA from SAMHSA's 1998 National Household Survey on Drug Abuse (note that for health problems the measure is not sample-based since it [presumably] represents the entire caseload — hence there is no need for statistical significance testing).
19. Unfortunately, this drop cannot be verified because the denominator has been changed by the Centers for Disease Control and Prevention (CDC) and 1997 data is not comparable to previous years (in 1997, the CDC counted all approximate cases, in 1996 and before the CDC took only clinical cases for the denominator). Still, there appears to be a downward trend, even though the absolute numbers given are not accurate (note that for health problems the measure is not sample-based since it [presumably] represents the entire caseload — hence there is no need for statistical significance testing).
20. Source: Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report*, 1999 (11)1: Table 28 (note that for health problems the measure is not sample-based since it [presumably] represents the entire caseload — hence there is no need for statistical significance testing).
21. Source: Centers for Disease Control and Prevention. Summary of Notifiable Diseases, U.S., 1997. *Morbidity and Mortality Weekly Report* 1998; 46(54) (note that for health problems the measure is not sample-based since it [presumably] represents the entire caseload — hence there is no need for statistical significance testing).

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22. Because of the uncertainty attached to both raw measurements and the difficulty in factoring in the improvements in calculating flow over the initial three comparison years, ONDCP is in the process of refining the way this target is measured.
23. ONDCP is continuing to refine the way this target is measured (the uncertainty in these figures is also being examined).
24. This reflects the different supply reduction strategies for countering cocaine and heroin trafficking. Our cocaine strategy emphasizes the source zone while recognizing the importance of interdiction in the transit zone. Our heroin strategy emphasizes law enforcement action against trafficking organizations and eradicating poppy in the fields. Successes in eradication would not be reflected in the flow model.
25. Modeling estimates for marijuana availability are difficult because:
  - 1) marijuana/hashish is grown widely throughout the world, making it difficult to assess cultivation via satellite imagery,
  - 2) currently, there is no "signature" available for marijuana, and
  - 3) much of the marijuana consumed domestically is also grown domestically, both outdoors and increasingly indoors — both methods of cultivation provide unique challenges for modeling availability. Methamphetamine supply estimates are difficult to determine for several reasons, some of which are the same as for marijuana, including:
    - 1) methamphetamine is a synthetic drug that can be produced in geographically dispersed areas, in small clandestine laboratories, by people with little technical skills;
    - 2) currently, there is no signature available for methamphetamine; and
    - 3) many of the precursor chemicals required for the manufacture of methamphetamine are not controlled and are used in many legal products, including over the counter cold remedies.
26. Prior to implementation of this plan, the lack of a national counterdrug intelligence architecture resulted in gaps in analytical coverage, agency-specific perspectives, mistrust, and confusion in the customer community. There are significant differences between the law enforcement (LE) and intelligence community (IC) systems; many disparate LE systems exist, while the IC has a centralized structure. The GCIP represents two years of interagency effort to establish a national counterdrug intelligence architecture and advance an action agenda that better supports our law enforcement officers, policymakers, and international partners in the effort to reduce the effect of illicit drugs on our nation. As formal approval and implementation of the GCIP had not occurred prior to the FY 2000 budget authorization cycle, FY 2000 funding will be provided by agency contributions and possibly by supplemental funding proposed in the FY 2001 President's Budget.
27. In addition, each transit country U.S. embassy post is developing Mission Program Plans outlining specific narcotics control projects to be pursued during the planning period. These are used to guide narcotics control elements within the mission as a policy and management tool and to guide such control programs in the given country. Support agreements with the host country for these projects are specified in formal Letters of Agreement.
28. Note that conversion of coca cultivation into cocaine production depends on leaf yield, leaf alkaloid content, and processing efficiency for each area. Recent information strongly suggests that past estimates significantly underestimated the actual quantities of cocaine produced.
29. Note that while estimated worldwide cultivation was favorably below the 1999 PME target, this downward trend was the result of weather conditions and not due to U.S. programs.

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# III. Mobilizing the Nation to Meet the Targets

In 1998, ONDCP and its Federal drug control agency partners designed the Performance Measures of Effectiveness (PME) System for addressing joint accountability. The implementation of the system is well underway. The Information Management System that underlies the PME is in place and is currently being refined to improve its coverage and utility. The drug control community can now assess progress towards the five Goals and 31 Objectives of the National Drug Control Strategy.

Focusing the national community on joint responsibility and action to achieve these targets within the specified time frame will take considerably longer. The Federal community took the first step toward building this cohesiveness by developing in 1998, the first interagency Action Plans to address the PME targets. These Action Plans were based on logic models that identified the underlying assumptions and links between the inputs and the desired 2007 targets. They define causal relations between desired endstates and governmental interventions, and advocate programs and changes necessary to meet the targets.

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

## Fostering Teamwork to Ensure Success

It quickly became obvious that these ambitious targets could not be achieved without the active involvement of our State, local, and private sector partners. The PME System recognizes that the Federal government alone is not responsible for 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. Further, the PME targets are not just Federal targets — they are national targets that entail the allocation of responsibilities among Federal and non-Federal sectors. This necessitated broadening the base of participation or “nationalizing” the PME System so it becomes a tool for managing and measuring the activities of all sectors.

The year 1999 marked the first year in the process of mobilizing the national 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.

## Broadening the Base of the PME System

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.”<sup>1</sup> 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.

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 10-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.

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.

For example, the IWG working group on Prevention Research and Principles added an additional activity to the Action Plan for Goal One, Objective Eight. This new activity proposes the establishment of an interdepartmental process to regularly review and update the initial set of research-based prevention principles. This will ensure periodic reviews and updates of the principles through the year 2007, incorporating new research and program findings. In addition, the ONDCP Demand Reduction IWG Subcommittee on Strengthening Communities and Families recommended adding two targets that expand the emphasis on “family strengthening (parenting)” under Objective Five (Parenting and Mentoring). Their recommendations, including the Action Plans for the two new targets, are currently under review and will be included in the PME System in 2000.

Similarly, the IWG working group reviewing the Action Plan for a drug-free workplace (Goal Three, Objective Three) modified the plan to focus on partnerships, incentives, standardized guidelines, and research and data collection. Activities within the Action Plan were enhanced to include outreach to professional and community groups to encourage the development or expansion of drug-free workplaces. These refinements

directly contribute to target achievement by increasing the number of workplaces with employee assistance programs, drug-free workplace policies, drug testing programs, and substance abuse education programs.

## **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 1999 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, we 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, each IWG working group 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.

## **A Pilot National Group**

The first “pilot” national PME group convened in December 1999. Action plans were presented by Federal participants to a group of non-Federal stakeholders, addressing two areas: (1) the development and dissemination of research-based prevention principles and models; and (2) assessing prevention research and developing, disseminating, and implementing research-based prevention programs and products.

This work, coordinated by the IWG working group on Prevention Research and Principles, is specifically targeted toward the achievement of Objectives Eight and Nine of Goal One. This target requires developing and implementing a set of research-based principles upon which prevention programming can be based as well as

supporting and highlighting prevention research, including the development of scientific information to inform prevention programs targeting young Americans. The PME targets and measures addressed by the Action Plans for these objectives focus on the development and dissemination of research-based principles, programs and products for drug abuse prevention models, and on assessing prevention research.

This first Federal/non-Federal PME working group endorsed the direction of the Action Plan and conducted a critical review of draft prevention principles prepared in response to the requirement in Target One, Objective Eight, Goal One.

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 next year as they proceed to refine their objectives and

targets. It is expected that both ONDCP's Bureau 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 towards the targets.

## PERFORMANCE PARTNERSHIPS

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 within States, communities, and even neighborhoods.

Federal, State, local partnerships have existed for some time, but their focus has often been on financial controls (how the funds are to be spent), programmatic process (what the funds are to be spent for), or outputs (number of clients, meetings, arrests, etc.) with highly detailed sets of reporting requirements. State agencies receiving funding from various Federal agencies have had to balance the varied requirements and timetables of each agency, blurring the essential focus on desired end results.

### **Mobilizing Non-Federal Participation**

**Example of a National Group Convened to Assess Prevention Research and Disseminate Effective Drug Abuse Prevention Programs & Products (specifically Goal 1, Objectives 8 & 9)**

#### ***Federal Participants***

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

#### ***Non-Federal Participants***

National Prevention Network  
Bowman-Gray School of Medicine, Wake Forest University  
Social Development Research Group, University of Washington  
Cornell University Medical Center  
Visiting Fellow, Robert Wood Johnson Foundation (Penn. State Univ.)

ONDCP has pioneered formal Performance Partnerships between the Federal Government and State or municipal governments to coordinate policy actions, share lessons learned, etc., to enhance national efforts toward reducing illicit drug use and drug-related crime and violence.

Performance Partnerships, in contrast, 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. We are concerned with how best to combine resources and activities to jointly achieve specified objectives and targets.

In its most basic sense, a Performance Partnership implies an understanding or a common framework between agencies or levels of government to resolve a problem by agreeing in advance what the desired end-state will be. The use of logic models to identify key factors that influence the endstate, allows agencies to identify factors outside of their control that affect the desired outcomes. By working together with entities that may control these outside factors, the probability of achieving the target is increased.

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. They also provide the Federal government with a more sound understanding of the mission, structure, and process of State and local governments in addressing the drug control issue.

## 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.

The Office of National Drug Control Policy (ONDCP) model incorporates features from earlier Performance Partnership efforts.<sup>2</sup> It operates 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. Furthermore, it introduces the concept of logic models to forge consensus among competing communities. Drug control issues generate a great deal of fervor that makes it difficult to consider carefully and select among various policies and activities. Hence the deliberate use of logic models to develop Action Plans for accomplishing desired end-states.

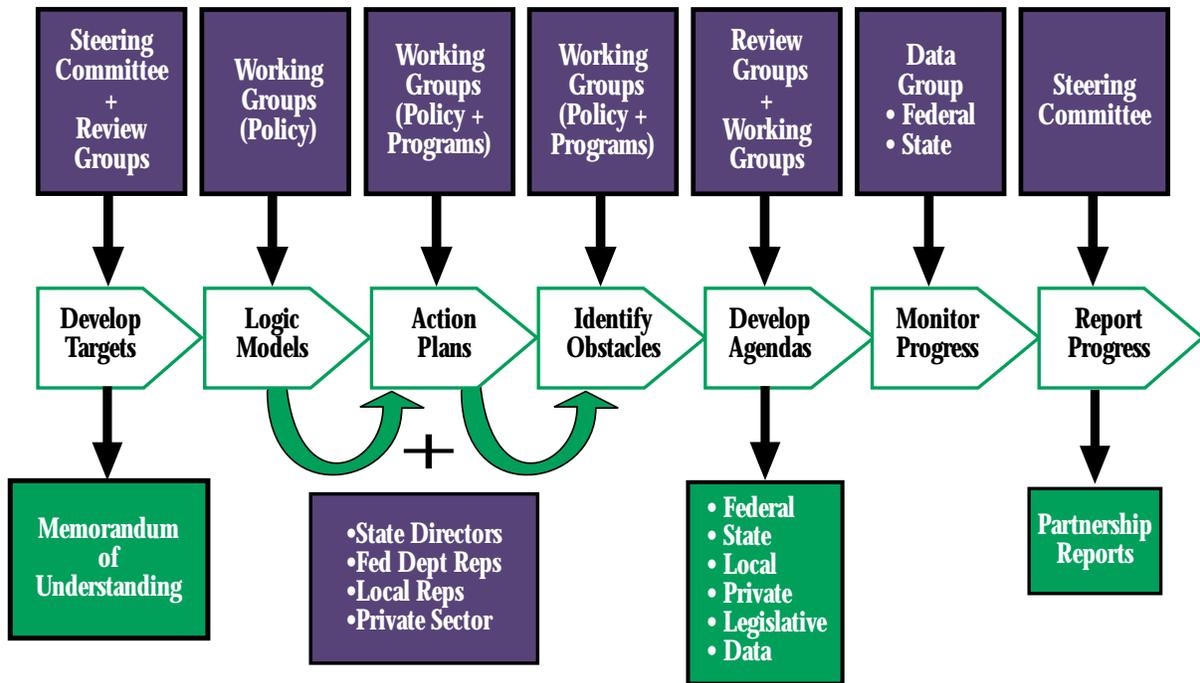
Forging Performance Partnerships involves organizational as well as conceptual issues. The right mix of players at each step is as critical as the choice of steps. Figure 25 depicts the model we have followed.

After the initial round of talks between the Governor's Office and ONDCP culminating in a formal Memorandum of Understanding, the first step is to agree on the areas of focus and the desired endstates. These have to be clearly defined through measurable performance targets endorsed by both parties as meaningful and plausible. ONDCP continues, in these partnerships, its commitment to "stretch targets" related to those in the PME System. These ambitious 10-year targets are meant to motivate the drug control community, stimulate the reinvention of traditional methods of doing business, and respond to stakeholder demand for progress. These targets are selected by a Steering Committee consisting of two to four key representatives who speak for the Governor and the Director of ONDCP. This provides a frame of reference for subsequent work and helps define roles and responsibilities. They are assisted by an Advisory Group of Federal and State agency representatives.

Following this stage, working groups are formed to identify what needs to be done in the intervening years to achieve the targets. This phase requires experts to address various aspects of the problem — prevention, community organization, treatment, etc. These working groups should include members from various state, local, and Federal agencies as well as private sector experts.

Figure 25

## Performance Partnerships - The Big Picture



Starting with the desired targets viewed as “dependent variables” that need to be affected, they first identify factors (or independent variables) that are known to influence the desired target(s). Influencing these factors necessitates governmental and non-governmental actions. These linkages are generally based on scientific theory, research, trend data, or historical practice. The next step is to identify existing activities or programs already in place — Federal, State, local, and private — as well as gaps in programs and other obstacles to the desired outcomes. The Action Plan flows from this process.

The next step is to break the actions required into categories — Federal issues, State issues, local issues, private sector items, legislative items, data issues, etc. — to be assigned to various groups to address. This task is undertaken by the Steering Committee and Advisory Group with input from the chairs of the Working Groups that developed the recommendations. The Advisory Group will monitor progress in addressing gaps and obstacles.

Meanwhile a separate Data Group examines issues involved in collecting and aggregating data to assess progress towards the pre-selected targets.<sup>3</sup> They are also charged with monitoring progress towards the targets as

the partnership progresses. This proceeds on a separate but linked track from the other steps in the performance partnership. Partnership results, including progress towards targets, are reported regularly to stakeholders and the public.

### The Three Current Partnerships: Oregon, Maryland, and Houston

In both Oregon and Maryland, the Performance Partnership began with a round of meetings with a select Advisory Committee consisting of policy-level Federal agency staff and program and policy level State agency staff to determine the focus of the Partnership, including its goals and objectives. Both States elected to focus on youth drug use with a prevention emphasis of reducing the prevalence of illegal drug use among youth. Long-term targets were selected in order to allow time for partnership efforts to have an impact.

For each partnership, a steering committee comprised of ONDCP’s Director of Planning, Budget, Research, and Evaluation, and a key policy advisor from the governor or mayor’s office, was established to guide the overall

efforts of working groups. These working groups, consisting of Federal, State, local, and private drug control experts, conducted structured analyses of how each partnership targets could be achieved. These analyses, based on logic models, ultimately led to the development of Action Plans.

The working groups will identify existing Federal, State, and local programs that currently contribute to the desired outcomes. Programs with demonstrated effectiveness will be fine-tuned and expanded as necessary. Those found to be ineffective will be modified or eliminated. These groups also will recommend new options for achieving the targets. As a by-product of their analysis, the working groups will identify barriers such as Federal or State regulations or statutory prohibitions that might need to be modified or rescinded in order to allow agencies to more efficiently reach the targets.

Both State and local governments play valuable roles in combating drug use. The roles differ in terms of the scope and focus of the population served: it is vital for State and local governments to work together in reducing drug use throughout the state. In an attempt to better understand the role cities play, ONDCP initiated a partnership with the City of Houston.

Although the process of developing logic models and identifying key issues to tackle is, in theory, similar for each Partnership, each state has individual characteristics and methods of addressing drug control issues that differ from one jurisdiction to another. These are discussed in the following sections.

## The Oregon Partnership

In November 1998, ONDCP proposed a partnership with the State of Oregon to examine mutually beneficial approaches for simultaneously achieving the goals of the National Drug Control Strategy and the State of Oregon. Oregon and ONDCP have now entered into a formal partnership that is guided by the goals of these two strategies. This partnership will build upon Oregon's State and Local High-Risk Juvenile Crime Prevention Partnership and other efforts that contribute to reducing illegal drug use among youth and break the cycle between drugs and crime.

The Goal of this partnership is to reduce youth drug use and related crime in the State of Oregon. Together, ONDCP and the State of Oregon will evaluate and quan-

tify 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. Three working groups convened to work issues related to the community, schools, and public awareness. The working groups developed a draft logic model and Action Plan to serve as a guide for future Federal and state efforts toward reducing youth drug use and related crime. A second meeting was held in Washington, D.C. on September 8–9, 1999, to continue developing and formalizing 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 original logic model and Action Plan were revised to incorporate the results of the working groups efforts and were then distributed by the Oregon Governor's

office to local communities for feedback. The logic model and Action Plan were further revised to incorporate the feedback from local communities in preparation for the next meeting in Spring 2000. At this next meeting, ONDCP staff and selected Federal representatives from the U.S. Departments of Justice, Health and Human Services, and Education will meet with Oregon working group members to identify and address data gaps and obstacles, barriers, and incentives relative to target achievement. The working group members also will identify responsibility for follow-up on specific Federal and Oregon activities in the Action Plan.

## **The Maryland Partnership**

The State of Maryland has developed powerful new partnerships to combat drug use and crime through community-based strategies with action-oriented, research-based, and results-driven targets and objectives. The government has reached out and involved citizens from all parts of Maryland and beyond in a collaborative effort to make communities safe. Six major task forces gathered input from hundreds of experts and citizens across the State to analyze and address critical issues surrounding the health and public safety of Maryland citizens and their communities. The work of these task forces led to the development of the 1998 Maryland Crime Control and Prevention Strategy which coordinates programs and activities, focusing them on people and places most at risk. The four key target areas — targeting high-risk offenders, reclaiming at-risk neighborhoods, protecting and supporting victims, and preventing youth violence, drug use, and gangs — are supported by 14 actions or objectives. In alignment with the National Drug Control Strategy, reducing drug-related crime and youth drug use are at the forefront of Maryland's agenda.

The Maryland Partnership is focused around two mutually supporting goals targeting both youth and adult populations. These goals reflect Goals One, Two, and Three (prevention, law enforcement, and treatment) of the National Strategy. 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 Lt. Governor and the Director of ONDCP, three work groups were convened: reducing youth drug use, reducing adult offender drug use, and reducing youth offender drug use. These work groups consist of state, local, and Federal agency representatives with programmatic and policy expertise.

The work groups developed logic models in order to identify actions needed to achieve the long-term targets and identified federal, state and local programs that currently contribute to the desired outcomes. Gaps were listed and modifications to existing programs and procedures recommended. These suggestions are currently being prioritized for attention in the coming year.

A major point of attention will be the development of a comprehensive Management Information System (MIS) for integrating adult and juvenile justice, treatment, education, and child welfare services throughout the state. Another focus will be on the refinement and implementation of a standardized screening and assessment tool for all adult and juvenile offenders entering the juvenile and criminal justice system. The MIS and the screening and assessment tool will enhance the effectiveness and ability to appropriately place and track Maryland's drug abusing offenders throughout each tier of the system.

## **The Houston Partnership**

Houston is the newest of our three partnerships, and is unique for several reasons. While our partnerships 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. In addition, the Houston Partnership will follow a unique bottom-up approach where a data collection system is first created to define the extent and nature of the problem. A strategy will be developed based on an analysis of data collected in order to address the problem in a comprehensive manner. Specifically, in Houston we will be focusing on reducing illicit drug use among youth and adults as well as drug-related crime among youth.

Following several exploratory discussions between ONDCP staff and Houston officials, the ONDCP Director approved proceeding with implementation of the partnership in April 1999. Later in August, the Director and Houston Mayor Lee P. Brown formally agreed to a Performance Partnership and signed a Memorandum of Understanding in Houston, Texas.

As mentioned previously, the Houston Partnership first focuses on determining the scope of the drug problem in the city. Discussions with Houston officials indicated that, while many drug and alcohol abuse data sets include city data, there is little coordination among the various agencies to make the data useable. It was agreed that the initial focus of the partnership would be on easily extracting Houston data and identifying gaps in the data in order to get a complete snapshot of the drug problem in Houston. ONDCP staff have had several meetings with Houston officials and have come up with a data inventory and a list of gaps.

Based on discussions during this early stage of the partnership, ONDCP and Houston are pursuing an assessment of available Federal and state data initiatives that can be exploited further at the local level. Examples include Houston's Drug Abuse and Warning Network (DAWN) and the Arrestee Drug Abuse Monitoring System (ADAM; formerly known as the Drug Use Forecasting program) data, and data available from the Texas Commission on Alcohol and Drug Abuse (TCADA).

A Federal, State, and city advisory committee has been formed to close the data gaps and begin focusing on ways to achieve the Partnership's goals of reducing all illicit drug use and drug related crime among youth. The advisory committee will issue annual reports to the Mayor, the Director of ONDCP, and other stakeholders.

Once the advisory committee has developed a standardized method for identifying and tracking illicit drug use, workgroups will be formed. These intergovernmental public/private workgroups will then develop a strategy based on a clearer understanding of their jurisdiction's drug problem.

ONDCP and the City of Houston hope that this partnership will provide a model plan for other major metropolitan areas of the country as they try to successfully deal with their drug problems.

## 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 a 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' Office of Child Support Enforcement and Maternal and Child Health Block Grant Program have also undertaken noteworthy Performance Partnerships with the states.
3. The need for partnerships that address data needs is discussed in "The Federal Statistical System in an Era of Block Grants," Edward J. Spar, [Business Economics](#), April 1996.

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# IV. Next Steps

**T**he Performance Measures of Effectiveness (PME) System was designed in 1997 and its implementation initiated in 1998. The following year firmly established the PME System as the vehicle for assessing the progress of the national drug control community towards the Strategy's desired end states embodied in the twelve Impact Targets. Congressional action in 1998, which reauthorized the Office of National Drug Control Policy, endorsed the system and mandated annual reports.<sup>1</sup>

## Recent Highlights — Where We Are

The year 1999 saw the beginning of efforts to use the PME System to “manage for results.” As a start, this involved transferring the ownership of the Action Plans drafted for each target from policy analysts to a wider community of program experts and agency representatives. This step has first been undertaken in the area of Demand Reduction with ONDCP's Office of Demand Reduction incorporating the Action Plans into the regular business of coordinating federal agencies towards achieving the desired results.<sup>2</sup>

With the growing recognition that complex outcomes such as reductions in drug use necessitate the active involvement of states, localities, and the private sector came the need for partnering with these sectors. ONDCP initiated three Performance Partnerships with the States of Oregon, Maryland, and the City of Houston. These partnerships seek to integrate Federal and State/local activities and programs to provide a broader focus on the achievement of selected, long-term results.

In addition, during 1999, the first steps were undertaken to link the budget to the PME System. Agencies have begun the process of linking their budget submissions to specific elements of the PME. This is an iterative process that will take several years to complete.

## Where We Are Going

Much has been done. Much remains to be done. Performance Management, an inherently complicated undertaking, is made more difficult when multiple levels of government are involved, not to mention the international governments participating in supply reduction efforts. Each of the steps discussed here needs considerable work for the process of “managing for results” to become a part of the institutional culture.

## Developing a Cohesive National Community of Stakeholders

The process of forging intergovernmental groups of stakeholders focusing on each target (or set of related targets) has begun.<sup>3</sup> We anticipate this process to proceed on course in 2000. 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. Furthermore, these focused groups should monitor annually the completion of activities planned for that year and calibrate plans accordingly.

As the PME System reports on progress towards achieving the targets, the Action Plans will need re-examination, which could result in the adjustment of timetables. As Executive or Congressional decisions impact budgets, possibly denying funds for key activities, Action Plans would require modification. In fact, the ONDCP Reauthorization Act requires us to modify the 2002 and 2007 PME targets to reflect Federal budget appropriations.

In short, these groups must act as communities of Federal, State, local, and private sector stakeholders focusing on major sets of targets and 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.

Law enforcement targets will also need attention in 2000 to marshal and activate similar communities around each set of targets. This process has already had a head start in 1999 through the Senior HIDTA Directors' Group. The PME System and the Government Performance and Results Act (GPRA) requirements have forced a re-examination of the basic mission, objectives, and targets of the HIDTA program. This group of Federal, State, and local law enforcement officials are modifying the targets for the HIDTA program and subsequently, will modify the 1998 drafts of the logic models and Action Plans.

It is expected that the Office of Supply Reduction and the Bureau of State and Local Affairs will work with their interagency groups to modify existing Action Plan drafts and mobilize the relevant constituencies as part of the nationalizing process.

## Forging Performance Partnerships

Performance Partnerships are the latest feature in the long history of federalism. They alter the current patterns of Federal-State-local relationships. Their purpose is to facilitate direct collaboration and enhance the possibility of meeting mutually agreed-upon targets. Where Federal funding and grant authority is involved, the operational concept is to provide managerial flexibility for the State in return for greater accountability for pre-specified results.

ONDCP has laid the foundation for three partnerships. Both State partnerships have identified the long-term results desired and the city partnership has begun exploring data needs for framing the boundaries of their drug problem. Working Groups are well established and have begun the process of drafting Action Plans, identifying problem areas that require attention, and designating the level at which ameliorative actions should be taken.

This process will require ongoing activity. Progress will have to be monitored and the achievement of annual targets tracked and reported. These tasks involve a widening number of participants, especially at the State and local levels.

Performance Partnerships being time-consuming, we do not anticipate additional partnerships in the near-future. The upcoming year should result in the maturation of these partnerships and a greater understanding by the Federal community of State and local needs and the interplay between the full range of stakeholders.

## 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 drafted by the national groups 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. We have started documenting actual expenditures by Strategy Objective so that we can eventually get some sense of the relative cost-effectiveness of various policies and programs.

In addition, starting in 2000 we will be requesting agencies to submit annually an evaluation of progress towards the Strategy's Goals and Objectives using the PME structure, as per ONDCP's 1998 Reauthorization.<sup>4</sup>

## Leveraging

For the national Strategy to be fully successful States will need to align their drug strategies and activities towards achievement of Strategy Goals and Objectives as measured by PME Impact Targets. States would customize national Action Plans to meet their own needs as defined by their drug problems. Customizing the targets and Action Plans would increase the likelihood of meeting the stretch targets embodied in the PME System while retaining state autonomy.

Persuading each state to participate in this effort is a major, if not seemingly impossible, undertaking. In addition, local governments and private agencies will have to be persuaded to participate in this national dialogue in order to effect a coordinated national effort towards the long-term targets. 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.

ONDCP has begun the task of working with national organizations. In 1998, we initiated efforts with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the State Treatment Directors that form their constituency to ensure that the core set of performance measures selected by State treatment agencies are anchored in the Strategy. This involves ensuring consistent definitions (treatment gap, treatment outcome measures, etc.) and including key measures from the national PME System in the systems established by states. Such collaboration will allow each state to compare their performance with each other and with the national estimate while encouraging states to learn from each other and share information on successful approaches.

Ideally, this effort will require the active participation of all key professional organizations and associations in every aspect of demand reduction and law enforcement (e.g., treatment, corrections, interdiction, law enforcement, prevention, etc.). Every association should include in its annual and regional conferences a panel on Performance Measurement that examines relevant national progress towards 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. Association publications and periodicals should be a forum for case studies and “how-to” articles educating their constituency on options for performance management. These efforts would be mutually beneficial by making the organizations even more central to their constituencies while providing grist for the publication mill.<sup>5</sup> The power of public and special interest groups should furthermore, be harnessed towards this collective effort. ONDCP will explore these options further as the system matures.

## Creating Incentives

Incentives are recommended by many organizations as rewards for successful performance.<sup>6</sup> 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.<sup>7</sup> 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.

## 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. Portions of the Information Management System (IMS), described in Appendix I, will be available on the Internet enabling real-time communication, discussion, and refinement of plans and ideas. For instance, the ONDCP Web Page might include a section from the IMS on “Lessons Learned.” This would focus on evaluation findings, displayed according to areas such as prevention, etc. This would assist program managers, planners, and evaluators to learn from the experience of others. This might also be a forum for disseminating “best practices” information and resource sharing. Another section of the web page might focus on technical measurement issues where the drug control community could share information about performance measurement techniques.

Finally, the Internet would enable us to draw on the evaluative efforts of others, thereby complementing our own efforts to calibrate the Strategy by testing its causal linkages. An Internet-based version of the IMS is already in development. The system will support a different level of functionality than that which we have prepared for in-house use. It will not allow modification of the IMS database, nor will it provide access to all of the information that resides there. But it will offer a similar graphical user interface and provide access to narrative descriptions of the goals, objectives, and targets that exist in the Strategy. Information on performance measures and on the target values established for these performance measures also will be available, as will information on the government programs that are aligned with each of the targets.

#### IV. Next Steps

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The IMS section on the Internet will also offer certain capabilities that the in-house version of the system will not possess. At a minimum, these capabilities will include a mechanism for feedback on the Strategy to be provided to ONDCP by members of selected “virtual communities,” as well as the ability to conduct Delphi-like exercises in support of certain policy-making activities. These capabilities will be particularly relevant to the refinement of the Strategy.

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. ONDCP views itself as a leader and facilitator towards 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.

##### Endnotes

1. Office of National Drug Control Policy Reauthorization Act of 1998, Section 706 (c), 105th Congress, Public Law 105-277.
2. This long-established interagency working group (IWG), one of the subcommittees of the Interagency Research and Evaluation Committee, was established by Executive Order in 1995.
3. The term “intergovernmental” as used in this document, includes the private sector.
4. Office of National Drug Control Policy Reauthorization Act of 1998, Section 704 (b), 105th Congress, Public Law 105-277.
5. 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.
6. 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}
7. 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.

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# Appendix A: Goals and Objectives of the 2000 Strategy

## **GOAL 1: 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 2: 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 3: 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 4: 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 5: 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.

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# Appendix B: 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 B-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 B-1 implicitly underlie the Strategy.

The Strategy’s progress is illustrated in Figure B-2. When actual progress meets or exceeds the established glide path from 1996 to the 2007 milestone, 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 does not reflect “statistically significant” differences since many of the data sources used do not permit such calculations. Also, some of the targets represent milestones.

Note that it often takes over a year between the collection of raw data and the publication of results. Most of the colors are self-explanatory. Where it may be unclear, explanatory comments follow.

## EXPLANATORY NOTES FOR THE IMPACT TARGETS

**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 are not currently available on age of first use of any illicit drug. The data show that the average age of first time use of marijuana and cocaine increased (green), and the average age of first time use of heroin decreased (red). This is discussed in Chapter Two.

**Supply Goal 2c: Reduce availability of illicit drugs in the United States.** Methamphetamine and cocaine status is green; marijuana and heroin status is red.

**Supply Goal 5a: Reduce the rate of shipment of illicit drugs from source zones.** Cocaine status is green; while heroin, methamphetamine, and marijuana status are gray.

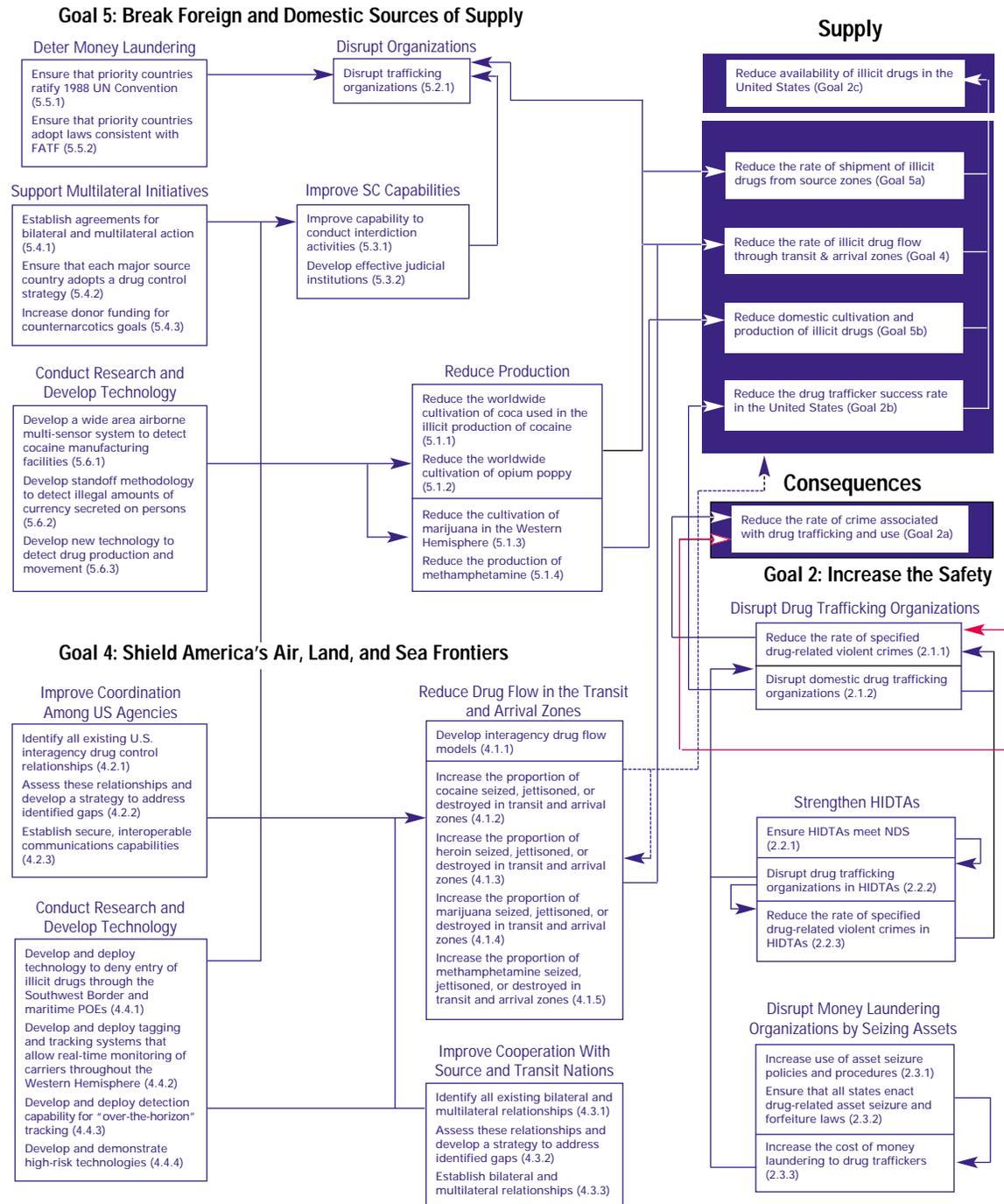
**Supply Goal 4: Reduce the rate of illicit drug flow through transit & arrival zones.** Cocaine status is green; heroin status is red; marijuana and methamphetamine status are gray.

## EXPLANATORY NOTES FOR THE OTHER PERFORMANCE TARGETS

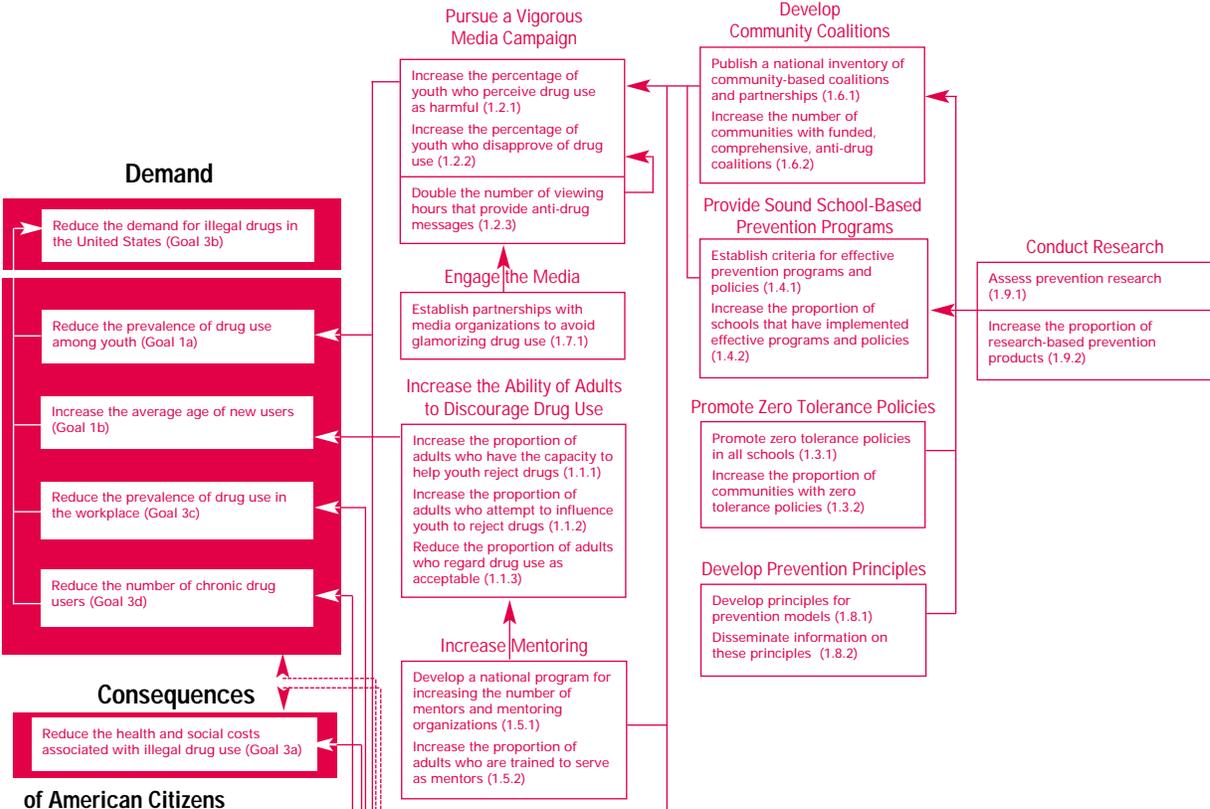
Note that for milestone targets with a completion date after 1998, assessment of current status reflects a subjective judgement.

**Goal 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). Overall worldwide cultivation of opium is below the 1999 target level (presented as green in the status chart). However, opium poppy cultivation for the Western Hemisphere in 1998 rose from the previous year and exceeds the target level for the region (presented as red in the status chart). Figures for 1999 are expected to become available in March 2000.

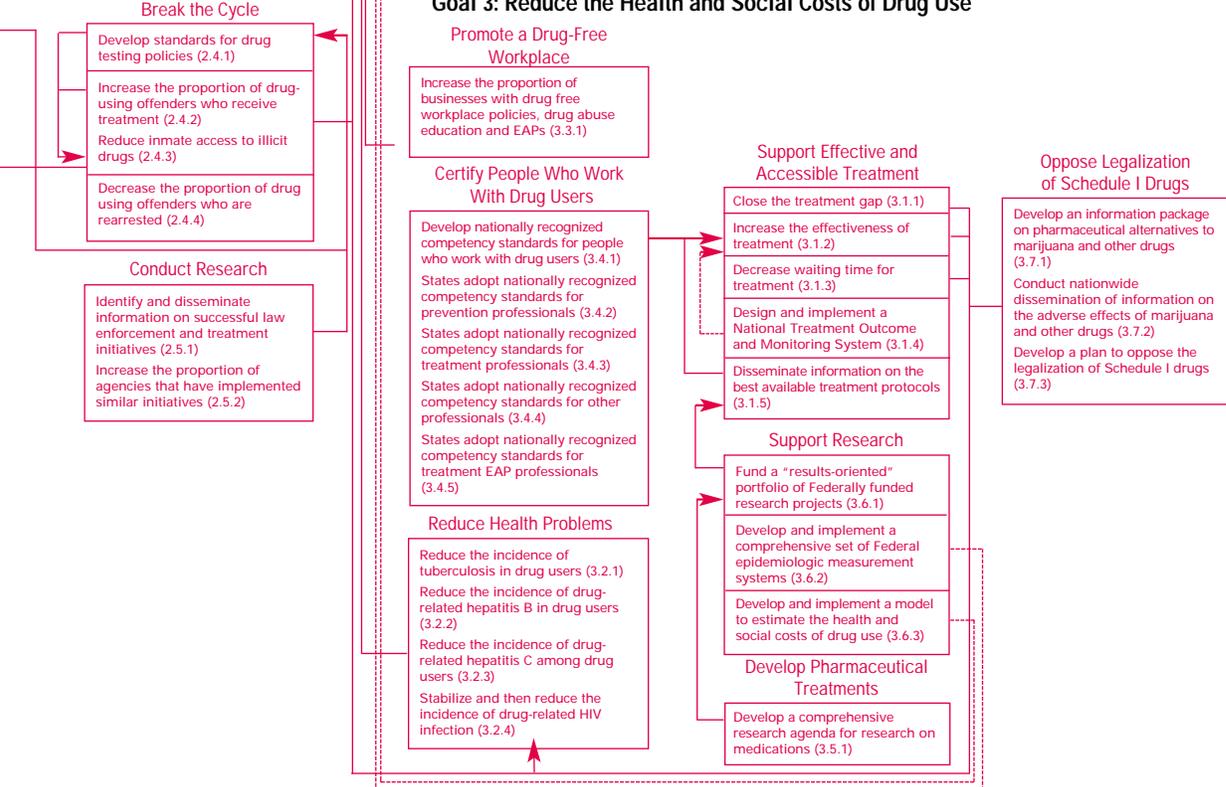
**Figure B-1**  
**The National Drug Control Strategy**  
**Relationships Among Targets**



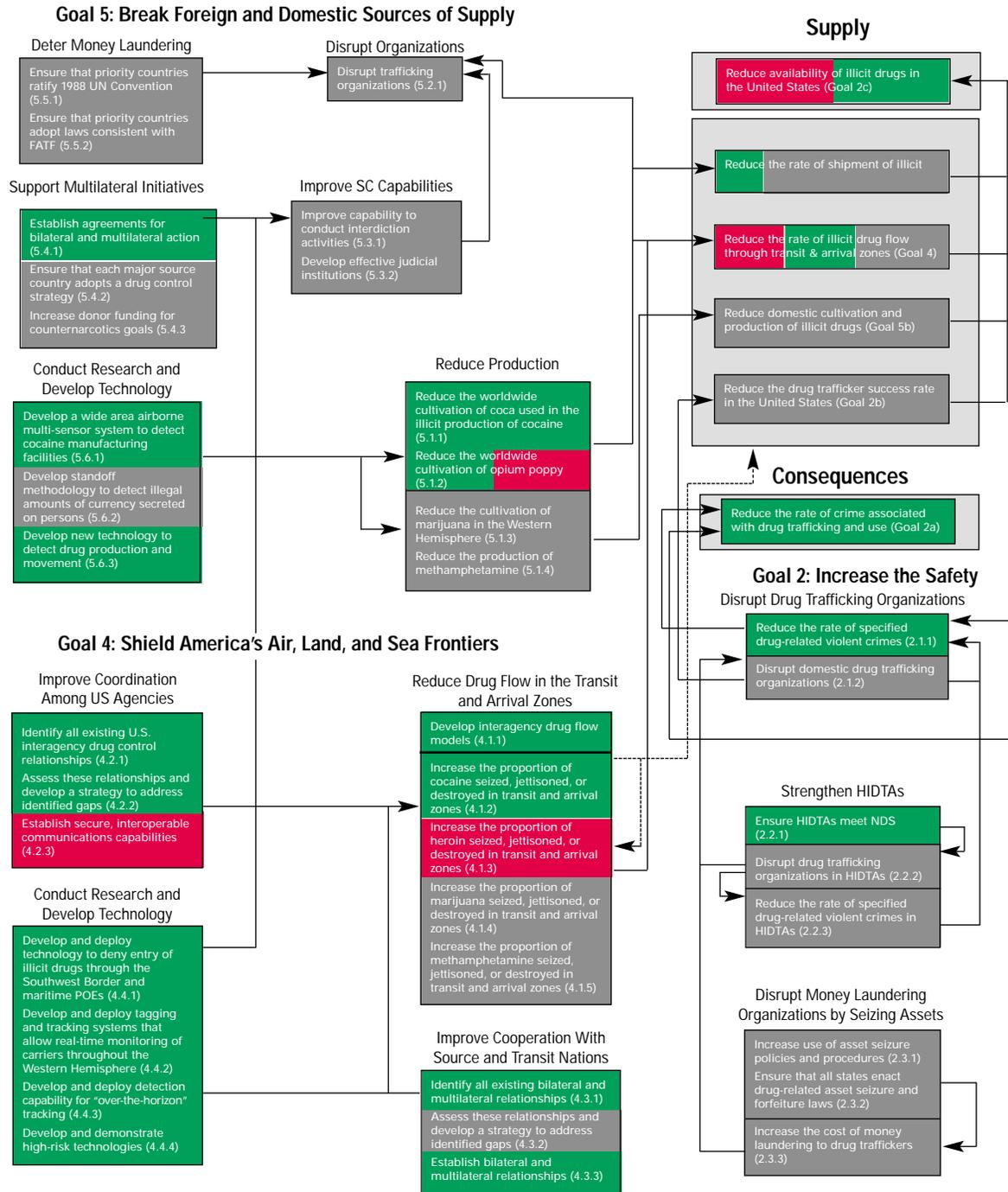
**Goal 1: Prevent Drug Use Among America's Youth**



**Goal 3: Reduce the Health and Social Costs of Drug Use**



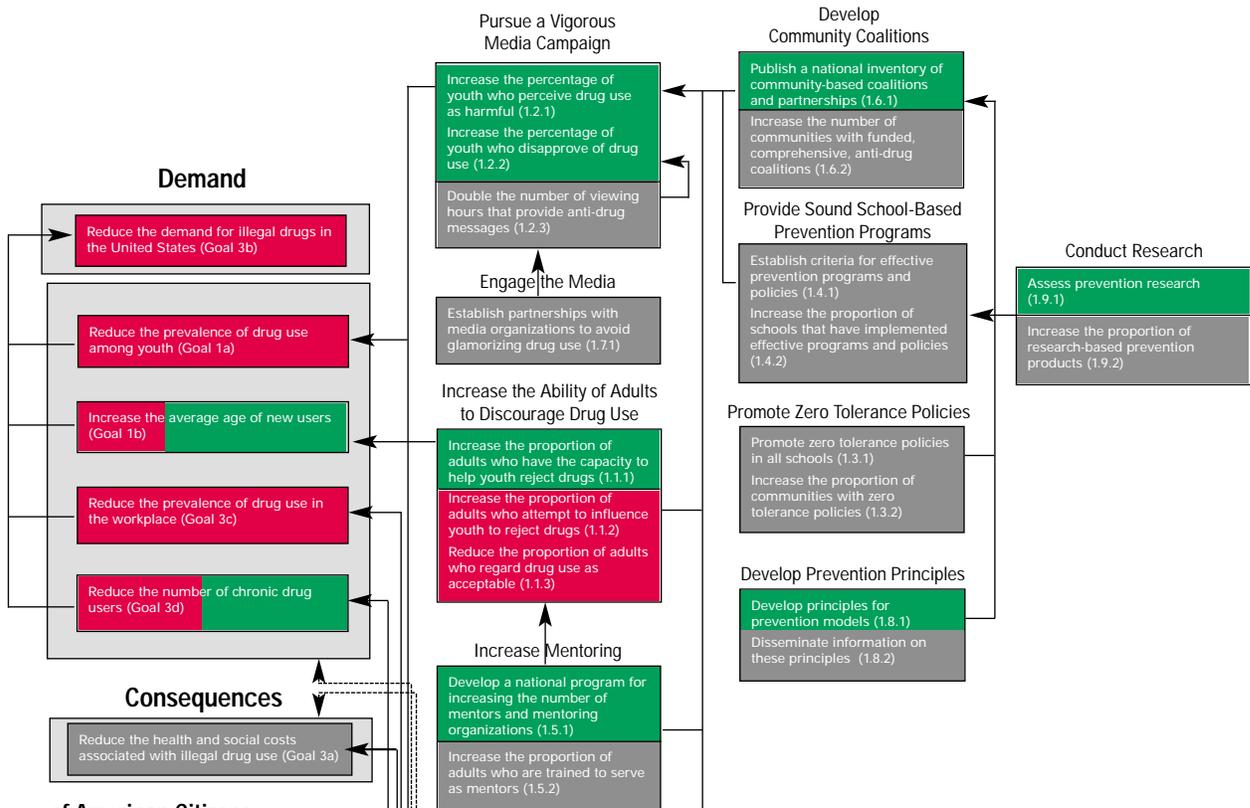
**Figure B-2**  
**The National Drug Control Strategy**  
**Progress At A Glance**  
 As of 1998 relative to 1996



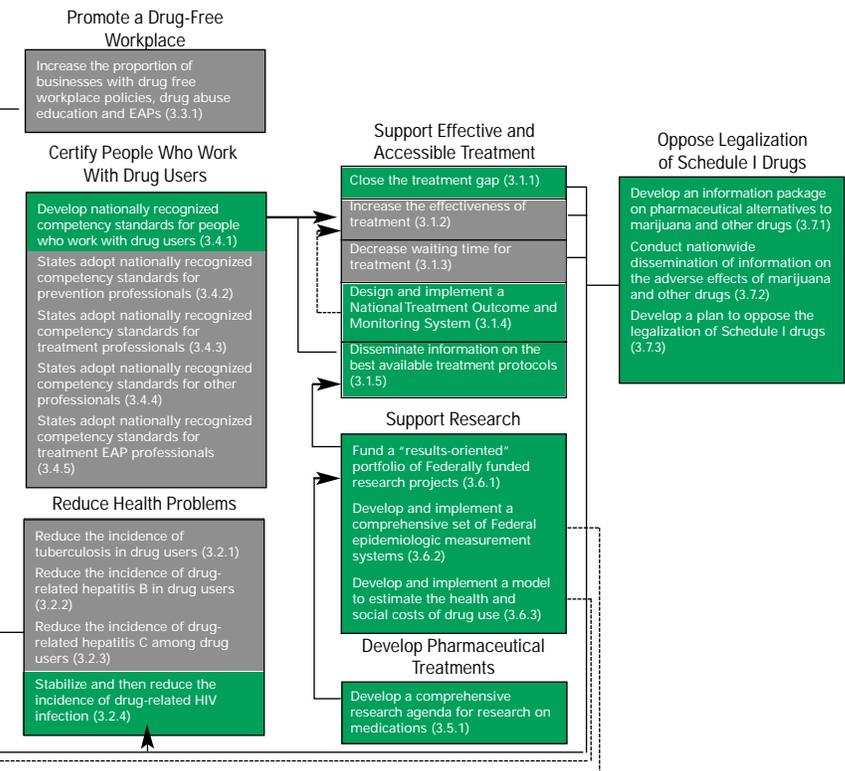
**Legend:**  
 Green - Target is on-track  
 Red - Target is off-track  
 Grey - Status unknown  
 - (data unavailable)

Appendix B: Progress at a Glance

Goal 1: Prevent Drug Use Among America's Youth



Goal 3: Reduce the Health and Social Costs of Drug Use



# Appendix C: Glide Paths and Annual Targets

Performance targets established using 1996 as the baseline year define desired end states for the years 2002 and 2007. This Appendix examines recent data, including the latest annual findings, to outline trajectories that can assist in developing annual targets that are both compatible with empirical observation and consistent with desired end-states. This discussion focuses on factors that need to be considered in developing glidepaths that imply annual targets. The process outlined here is intended to be illustrative and uses as an example, a single impact target — lowering the prevalence of drug use among youth.

The Strategy's impact target on overall prevalence of drug use among youth is as follows:

*By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against that in the 1996 base year and by 2007, reduce the prevalence by 50 percent as compared to that in 1996.*

To measure progress toward this target, we use information collected annually in the National Household Survey on Drug Abuse (NHSDA) on current use of any illegal drug by youth aged 12–17. In 1996, the prevalence of drug use in the past month among the 12–17 age group was 9.0 percent.<sup>1</sup> A 50 percent reduction from the 1996 base year prevalence rate translates to a targeted use rate in 2007 of 4.5 percent. Achieving this impact target by 2007 would mean that the Nation would have the lowest rate of drug use among those aged 12–17 since record keeping on youth drug use began.<sup>2</sup>

The NHSDA has collected data since 1979, with annual data collected since 1990,<sup>3</sup> as shown on Figure C-1. Relative to the 1998 current rate of any illicit drug

use (9.9 percent), rates observed in 1991 through 1994 were significantly lower, the rate for 1997 (11.4 percent) was significantly higher, and rates for 1995 and 1996 are statistically even with 1998. It is important to note these rate fluctuations, particularly in the last three years, since these will have a strong influence on any projected trajectory towards the 2002 and 2007 targets.

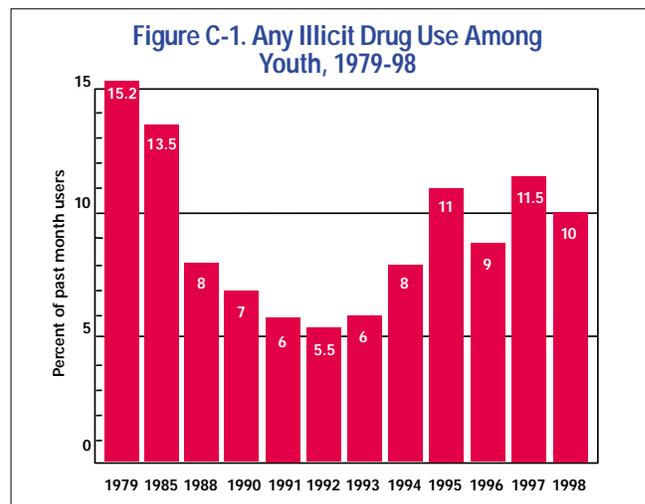
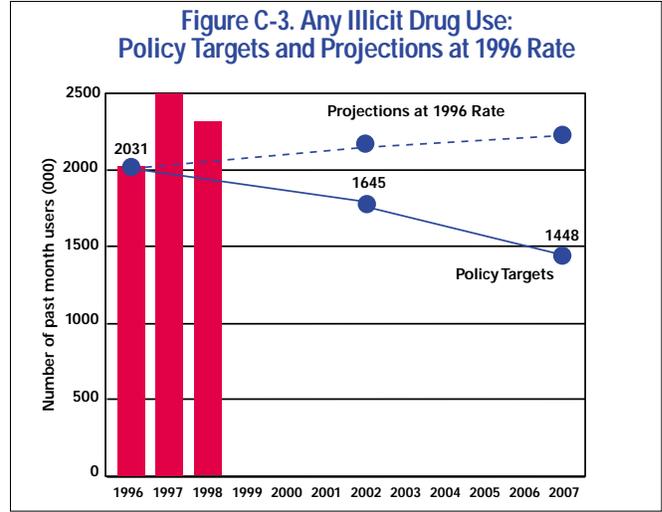
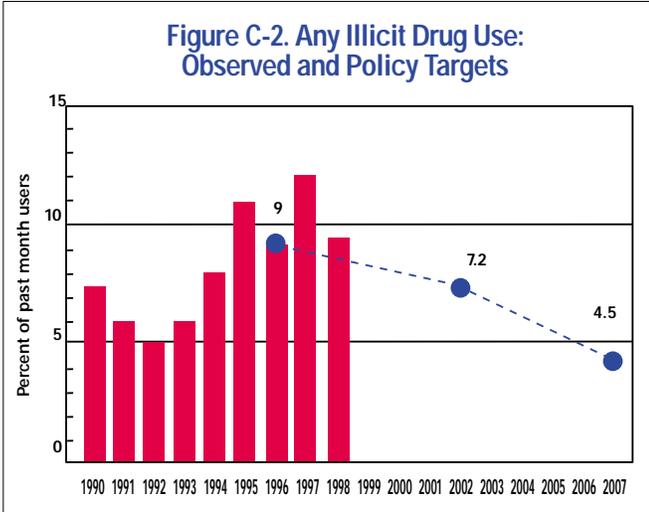


Figure C-2 shows the annual observed rates of current use of any illicit drug among youth and the performance targets established for 2002 and 2007. Since these targets use the baseline year of 1996, and additional data have been collected since, it is clear that the observed levels of drug use in 1997 and 1998 have diverged from a linear trajectory between 1996 to 2002. The remainder of this appendix will focus on assessing factors that need to be incorporated in developing and refining a trajectory towards the designated policy targets.

From this point on, we focus on the period from 1996 forward<sup>4</sup> to provide simple illustrations of factors that need to be incorporated in developing a specific



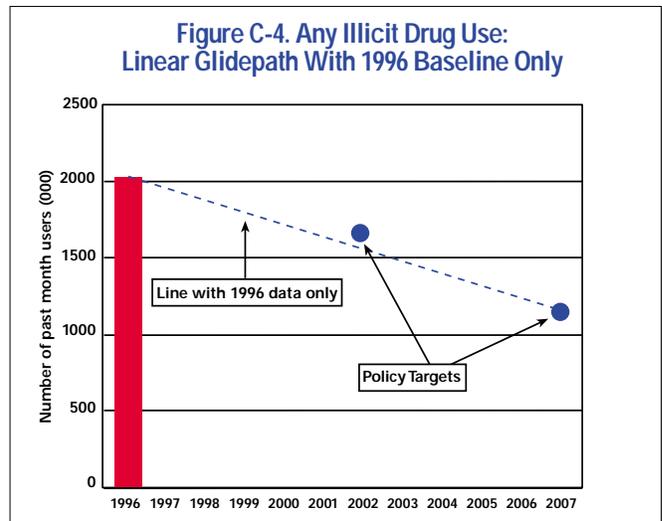
glidepath. Three specific factors will be discussed for illustrative purposes, as follows: (1) population growth, (2) linear projection from 1996 without other factors, and (3) linear projection using actual data for 1996-98.<sup>5</sup>

**Population growth.** Population change — in this case, projected growth — is a key component that needs to be considered in addressing how we get to the policy targets. Given a baseline status in 1996 of 9 percent of youth reporting current use of any illicit drug, there were an estimated 2.0 million users. If one were to apply the 1996 rate into the future, there would be 2.2 million users among youth in 2002 and 2.3 million users in 2007 (Figure C-3). This growth in the number of users is purely a function of the growing number of youth based on census projections. In fact, because the rate of use was higher in 1997 and 1998 than at baseline, the actual number of users was also higher for these two years. Nevertheless, using the lower baseline rate of 9 on the projected youthful population in 2002 and 2007 still yields an increasing number of users. In essence, even if the rate of drug use were held constant over time, there will continue to be growth in the number of users. Such projected growth will need to be recognized in translating policy targets into programmatic interventions.

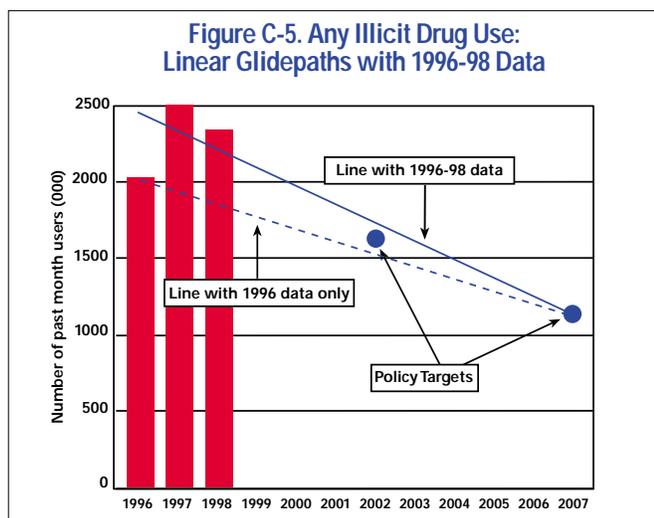
**Linear projection from 1996 without other factors.** Beyond the influence of population growth, it is also informative to examine a trajectory suggested by only three points over time: the starting prevalence at baseline (1996, with 9 percent of youth currently using drugs), the policy target for 2002, and the policy target for 2007. A straight line trajectory from baseline to the final policy target (Figure C-4), calculated by the equation

$y = -79.761x + 161263$ , where  $x$  is the year and  $y$  is the estimated number of youth who are current users of any illicit drug. In this scenario, the intermediate target (for 2002) is higher than the projected straight-line path since the intermediate target is based on a slightly smaller target reduction (20 percent) relative to a larger reduction for 2007 (an additional 30 percent) to attain a total of 50 percent relative to 1996.

**Linear projection using actual data for 1996-98.** A more realistic trajectory would take into account what we already know about youth drug use based on two additional years of data after the 1996 baseline year. Figure C-5 shows a new line calculated with additional information from 1997 and 1998. This straight-line trajectory from 1996 to 2007, calculated by the equation  $y = -109.92x + 221762$ , where  $x$  is the year and  $y$  is the estimated number of youth who are current users of any illicit drug. This time, with additional observations for 1997 and 1998, the intermediate policy target for 2002 is



lower than the revised straight-line path. This suggests that given what we know now, drug use prevalence in 2002 may be higher than the currently defined target.



As noted in last year’s PME report, progress toward achieving performance targets is not always expected to be linear or incremental. At times, progress will be noticeable only after some critical threshold of activity is achieved, e.g., after a sufficient number of prevention messages reach a sufficient number of individuals a sufficient number of times to affect their attitudes about the dangers of drug use. When this is true, progress may occur both suddenly and dramatically.

ONDCP’s efforts to identify appropriate “glide paths” from now to 2007 are just beginning. In the absence of trend data on causal variables, a linear path is what has been initially explored. Specific refinements will be necessary. In the case of youth drug use, a closer examination of complementary data sources will be required. In particular, the longer time series available from the *Monitoring the Future* study, along with potential correlate variables believed to influence drug use (such as attitudes, measured as perceptions of risk and disapproval of various drug use behaviors) can be examined in a multivariate ARIMA-based model. Even with improving data sources and increasingly sophisticated models, the glide path for each target will require periodic reality checks and may be modified to reflect changes in the drug threat and in national commitment.

Endnotes

1. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse* (Rockville, MD: U.S. Department of Health and Human Services, 1997).
2. According to the *National Household Survey on Drug Abuse*, the lowest rate of drug use recorded was in 1992, when past month use of any illicit drug use among youth reached 5.3 percent. The highest recorded rate was in 1979, at 16.3 percent.
3. Prior to 1990, the NHSDA was conducted in 1979, 1982, 1985, and 1988.
4. Ideally, time series modeling can provide a more formal assessment of existing trends to guide any forecasts of prevalence trends. However, annual data from the National Household Survey on Drug Abuse provide only 9 observation points to date — too few to derive useful ARIMA models from. An alternative data source, the *Monitoring the Future* study, has a much longer time series on high school seniors and could provide additional insights if subjected to formal time series analysis.
5. Progress in this or any other impact target need not be linear or incremental. Actual rates of current use, along with the policy targets, were fitted with nonlinear models as well, with the best-fitting lines deriving from 4th-order polynomial equations. However, these fitted lines do not lend themselves well to forecasting. In the absence of formal ARIMA-type analysis, linear models are used in this discussion.

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# Appendix D: 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. The table 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 table, 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 3 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 3 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 5). 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 credible, sound, and plausible targets. At this time, ONDCP is in the process of proposing the FY 2001 budget, aiming at attaining PME targets. Data sources also need to be developed and enhanced if targets are to be measured accurately.

Table D-1:  
Congressional Targets and PME Targets

Congressional Performance Targets (P.L. 105-277, SEC. 706, (a)(4))		National Drug Control Strategy Targets Performance Measures of Effectiveness (PME) <sup>2</sup>																	
	Measure Specified	Goal	Target																
A	<p>The targets in the National Drug Control Strategy shall include the following</p> <p>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.</p> <table border="1"> <tr> <td colspan="2">Latest NHSDA data:<sup>3</sup></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> </table>	Latest NHSDA data: <sup>3</sup>		1996	6.1%	1997	6.4%	1998	6.2%	3 (Im pact b.)	<p><b>Reduce drug use nationwide</b> — 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:<sup>3</sup></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> </table>	Latest NHSDA data: <sup>3</sup>		1996	6.1%	1997	6.4%	1998	6.2%
Latest NHSDA data: <sup>3</sup>																			
1996	6.1%																		
1997	6.4%																		
1998	6.2%																		
Latest NHSDA data: <sup>3</sup>																			
1996	6.1%																		
1997	6.4%																		
1998	6.2%																		
B	<p>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.</p> <table border="1"> <tr> <td colspan="2">Latest MTF (12<sup>th</sup> grade) data:<sup>4</sup></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> </table>	Latest MTF (12 <sup>th</sup> grade) data: <sup>4</sup>		1996	24.6%	1997	26.2%	1998	25.6%	1999	25.9%	1 (Im pact a.)	<p><b>Use of illegal drugs, alcohol, and tobacco by youth</b> — 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:<sup>5</sup></td> </tr> <tr> <td>1996</td> <td>9.0%</td> </tr> <tr> <td>1997</td> <td>11.4%</td> </tr> </table>	Latest NHSDA data: <sup>5</sup>		1996	9.0%	1997	11.4%
Latest MTF (12 <sup>th</sup> grade) data: <sup>4</sup>																			
1996	24.6%																		
1997	26.2%																		
1998	25.6%																		
1999	25.9%																		
Latest NHSDA data: <sup>5</sup>																			
1996	9.0%																		
1997	11.4%																		
C	<p>Reduction of the availability of cocaine, heroin, marijuana, and methamphetamine in the United States by 80 percent by December 31, 2003.</p> <table border="1"> <tr> <td colspan="2">Data on availability estimates currently are unavailable.<sup>6</sup></td> </tr> </table>	Data on availability estimates currently are unavailable. <sup>6</sup>		2 (Im pact c.)	<p><b>Drug availability in the United States</b> — 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>														
Data on availability estimates currently are unavailable. <sup>6</sup>																			

(See notes at end of table)

Table D-1:  
Congressional Targets and PME Targets

Congressional Performance Targets (P.L. 105-277, SEC. 706, (a) (4))		National Drug Control Strategy Targets Performance Measures of Effectiveness (PME) <sup>2</sup>																			
	Measure Specified	Target	Measure																		
D	<p>The targets in the National Drug Control Strategy shall include the following:</p> <p>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.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="3">Latest STRIDE data:<sup>7</sup></td> </tr> <tr> <td></td> <td>Cocaine</td> <td>Heroin</td> </tr> <tr> <td>1995</td> <td>70.1%</td> <td>42.4</td> </tr> <tr> <td>1996</td> <td>72.1%</td> <td>38.5</td> </tr> <tr> <td>1997</td> <td>66.4%</td> <td>42.3</td> </tr> <tr> <td>1998</td> <td></td> <td></td> </tr> </table>	Latest STRIDE data: <sup>7</sup>				Cocaine	Heroin	1995	70.1%	42.4	1996	72.1%	38.5	1997	66.4%	42.3	1998			[No corresponding specific target]	
Latest STRIDE data: <sup>7</sup>																					
	Cocaine	Heroin																			
1995	70.1%	42.4																			
1996	72.1%	38.5																			
1997	66.4%	42.3																			
1998																					
E	<p>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, 2001, 2002, and 2003, including —</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Data on drug-related crime are limited to drug law violations.<sup>8</sup></td> </tr> </table>	Data on drug-related crime are limited to drug law violations. <sup>8</sup>	2 (Im pact a.)	<p><b>Drug related crime and violence</b> — 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.</p> <p>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>																	
Data on drug-related crime are limited to drug law violations. <sup>8</sup>																					
E	<p>(i) reduction of State and Federal unlawful drug trafficking and distribution;</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Data on drug trafficking are unavailable.<sup>9</sup></td> </tr> </table>	Data on drug trafficking are unavailable. <sup>9</sup>	2 (Im pact b.)	<p><b>Domestic trafficker success</b> — 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.</p> <p>Rate at which illicit drugs venued in the United States reach U.S. consumers Reporting Agency: DOJ Supporting Federal Agencies: BJS, DEA, FBI, HIDTAs, Treas.</p>																	
Data on drug trafficking are unavailable. <sup>9</sup>																					

(See notes at end of table)

Table D-1:  
Congressional Targets and PME Targets

Congressional Performance Targets (P.L. 105-277, SEC. 706, (a) (4))		National Drug Control Strategy Targets Performance Measures of Effectiveness (PME) <sup>2</sup>																						
	Measure Specified	Goal	Target																					
E	<p>The targets in the National Drug Control Strategy shall include the following:</p> <p>(ii) reduction of State and Federal crimes committed by persons under the influence of unlawful drugs;</p> <table border="1" data-bbox="604 1434 812 1808"> <tr> <td></td> <td>State</td> <td>Federal</td> </tr> <tr> <td>Drug Use</td> <td></td> <td></td> </tr> <tr> <td>1991</td> <td>31%</td> <td>17%</td> </tr> <tr> <td>1997</td> <td>33%</td> <td>22%</td> </tr> <tr> <td>Alcohol/drug use</td> <td></td> <td></td> </tr> <tr> <td>1991</td> <td>49%</td> <td>24%</td> </tr> <tr> <td>1997</td> <td>52%</td> <td>34%</td> </tr> </table>		State	Federal	Drug Use			1991	31%	17%	1997	33%	22%	Alcohol/drug use			1991	49%	24%	1997	52%	34%	2 (Objective 1.)	<p><b>Drug-related crime and violence</b> — 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.</p> <p>Reporting Agency: DOJ Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.</p>
	State	Federal																						
Drug Use																								
1991	31%	17%																						
1997	33%	22%																						
Alcohol/drug use																								
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> <table border="1" data-bbox="1036 1486 1117 1801"> <tr> <td>Data are not available on crimes committed for the purpose of obtaining drugs.<sup>11</sup></td> </tr> </table>	Data are not available on crimes committed for the purpose of obtaining drugs. <sup>11</sup>		<p>[overlaps with Drug-related violent crime, above]</p>																				
Data are not available on crimes committed for the purpose of obtaining drugs. <sup>11</sup>																								
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> <table border="1" data-bbox="1333 1430 1386 1801"> <tr> <td>Data are not available for drugs in the bloodstream of injury victims.<sup>12</sup></td> </tr> </table>	Data are not available for drugs in the bloodstream of injury victims. <sup>12</sup>		<p>[component of Goal 3, Impact Target a: <b>Reduce health and social costs</b> — 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.]</p> <p>Health and social costs in constant dollars attributable to illegal drugs Reporting Agency: HHS Supporting Federal Agencies: DOJ, DOL, ED, VA, Treas.</p>																				
Data are not available for drugs in the bloodstream of injury victims. <sup>12</sup>																								

(See notes at end of table)

## Congressional Targets and PME Targets

<sup>1</sup>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.

<sup>2</sup>The Performance Measures of Effectiveness (PME) system targets were established through an inter-agency working group process to define credible, sound, and plausible targets. The PME system includes 12 impact targets and 85 specific targets organized under 32 Objectives corresponding to the 5 goals of the National Drug Control Strategy. The 7 PME targets included in this table are the subset most closely related to those mandated in HR 4328.

<sup>3</sup>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.

<sup>4</sup>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 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.

<sup>5</sup>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.

<sup>6</sup>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 hardcore 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.

## Congressional Targets and PME Targets

<sup>7</sup>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, 1/8 ounce or less for cocaine and 1/2 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.

<sup>8</sup>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.

<sup>9</sup>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.

<sup>10</sup>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.

<sup>11</sup>Data specific to crimes committed for the purpose of obtaining drugs are not available. See Note 8 above.

<sup>12</sup>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).

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# Appendix E: Targets and Measures

This appendix details the 97 performance targets, 12 of which are Impact Targets, and 127 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 85 performance targets are linked to the Strategy Objectives, which are supported by Federal and non-Federal drug control programs and/or interventions.

Of the 97 targets detailed in this appendix, 37 are milestones and 60 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 97 of the performance targets, regardless of whether they are linked to Strategy Goals or Objectives, have at least one associated performance measure that shows how progress towards that target will be monitored. As stated above, there are a total of 127 measures identified to assess progress toward the 97 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 5 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.

Based on a recommendation of the Demand Reduction IWG Subcommittee on Strengthening Communities and Families, and approval by the Goal 1 Steering Committee, two additional targets with one measure each (Targets 3 and 4, Goal 1, Objective 5) were added to the PME System for 2000 and are contained in this appendix. The targets were added to increase emphasis on “family strengthening (parenting)” by separating the previously combined mentoring and parenting focus of the original targets. Because these targets were added just prior to publication of this report, the report text and figures do not reflect these additions. In 2000, the working group will refine the respective action plans and identify data sources from which to measure progress toward achievement of the targets.

To assist readers with the terminology used in this appendix, a terminology key is included on the next page.

## TERMINOLOGY KEY

### GOAL X: MAJOR DIRECTIVE OF THE STRATEGY

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

#### TARGET

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

##### **GLIDE PATH (Numerical Targets Only)**

A graphical representation depicting the expected annual progress associated with each numerical target. In most cases, the glide paths reflect linear progress from 1996 (the baseline year except where stated otherwise) 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.

#### 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 Federal Agencies:** The agencies responsible for providing data to the Reporting Agency.

**Data Source (Numerical targets only):**  
The specific data sources that will be used to measure progress toward the annual targets.

**Relevant Data (Numerical targets only):**  
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.

**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.

### **General Assumptions for Two or More Strategy Goals**

- 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 effort will enable baseline estimates for 1996. If this proves to be infeasible, then a subsequent year will be used as the baseline.

### **General Critical Factors Applying to Two or More Strategy Goals**

- 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.

## GOAL 1

### GOAL 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

#### GOAL IMPACT TARGETS

- a. **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.
- b. **Initial age of drug use by youth** — 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.

#### GOAL IMPACT MEASURES

- a. Past month prevalence of drug, alcohol, and tobacco use by youth.

**Reporting Agency:** HHS

**Supporting Federal Agencies:** DoD, DOJ, ED

- b. Average age of initial drug use.

**Reporting Agency:** HHS

**Supporting Federal Agencies:** DoD, DOJ, ED

#### Assumptions for Goal 1

- 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.

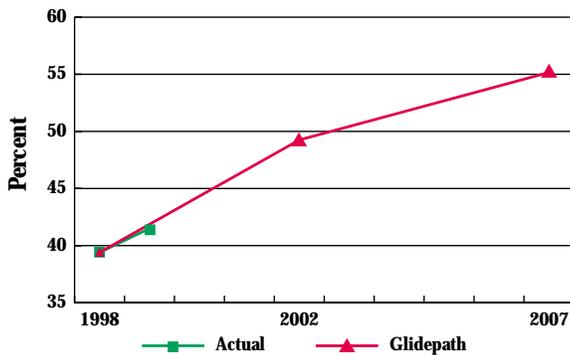
## GOAL 1

**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.**

### TARGET

- Adult understanding and capacity** —  
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.

**Adult Understanding and Capacity**



### MEASURE

- 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 Federal Agencies:** ONDCP, DOJ, DOL, ED

**Data Sources:** National Household Survey on Drug Abuse (NHSDA).

**Relevant Data:** Partnership Attitude Tracking Study (PATS) data from the Partnership for a Drug-Free America (PDFA).

**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. These weights will not be calculated in time for inclusion in this report. The analyzed results from this special module will be available for the 2001 PME Report. Additionally, relevant data for this target also includes the Partnership Attitude Tracking Study (PATS) from the Partnership for a Drug-Free America (PDFA). PATS data for 1998 indicate an adult understanding of 39.4 percent of parents who disagree with “I wish I knew better what to say to my child about drugs.” Data for 1999 (41.5 percent) indicate positive progress on this measure.

# GOAL 1

## OBJECTIVE 1: (Continued)

### TARGET

1. **Adult understanding and capacity** — 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.”

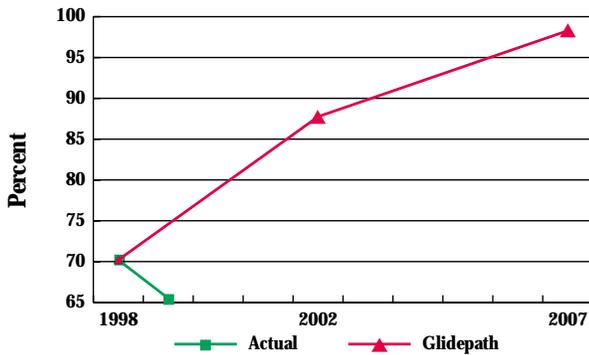
**Reporting Agency:** HHS

**Supporting Federal Agencies:** ONDCP, DOJ, DOL, ED

**Data Sources:** National Household Survey on Drug Abuse (NHSDA).

**Relevant Data:** Partnership Attitude Tracking Study (PATS) data from the Partnership for a Drug-Free America (PDFA).

**Adult Understanding and Capacity**



**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. These weights will not be calculated in time for inclusion in this report. The analyzed results from of this special module will be available for the 2001 PME Report. Additionally, relevant data for this target also includes the Partnership Attitude Tracking Study (PATS) from the Partnership for a Drug-Free America (PDFA). PATS data for 1998 indicate an adult understanding of 70.2 percent of parents who disagree with “What I say will have little influence on whether my child tries marijuana.” Data for 1999 (65.5 percent) indicate a decline from 1998 on this measure.

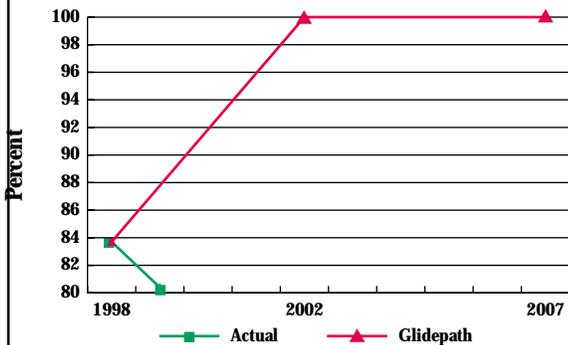
# GOAL 1

## OBJECTIVE 1: (Continued)

### TARGET

- Adult understanding and capacity** — 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.

**Adult Understanding and Capacity**



### MEASURE

- 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 Federal Agencies:** ONDCP, DOJ, DOL, ED

**Data Source:** National Household Survey on Drug Abuse (NHSDA).

**Relevant Data:** Partnership Attitude Tracking Study (PATS) data from the Partnership for a Drug-Free America (PDFA).

**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. These weights will not be calculated in time for inclusion in this report. The analyzed results from this special module will be available for the 2001 PME Report. Additionally, relevant data for this target also includes the Partnership Attitude Tracking Study (PATS) from the Partnership for a Drug-Free America (PDFA). PATS data for 1998 indicate an adult understanding of 83.7 percent of parents who disagree with “Drug education is best handled by schools, not parents.” Data for 1999 (80.4 percent) indicates a decline from 1998 on this measure.

# GOAL 1

## OBJECTIVE 1: (Continued)

### TARGET

- Adults influencing youth** — 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

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

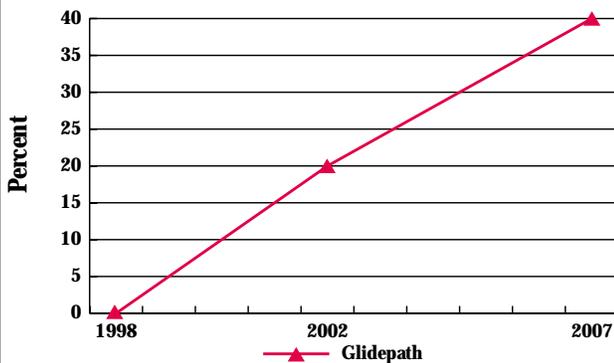
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** National Household Survey on Drug Abuse.

**Relevant Data:** None.

**Change in Adults Influencing Youth**



**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: (Continued)

### TARGET

3. **Acceptance rate** — 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

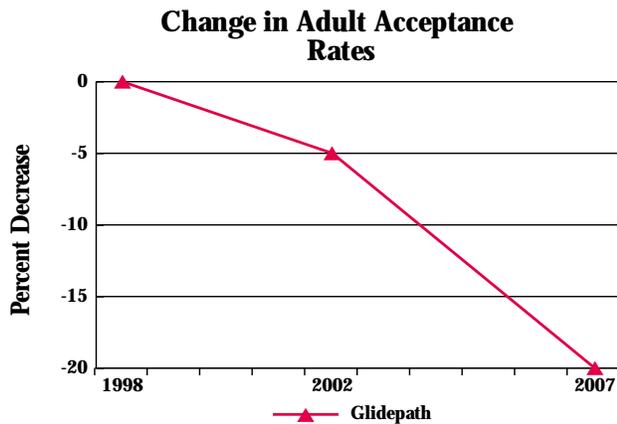
1. The proportion of adult acceptance of illegal drug use.

**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** National Household Survey on Drug Abuse.

**Relevant Data:** None.



**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.

#### TARGET

1. **Youth risk perception** — 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.

#### MEASURE

1. The percent of youth (8th graders as a proxy) who report great risk in regular marijuana use.

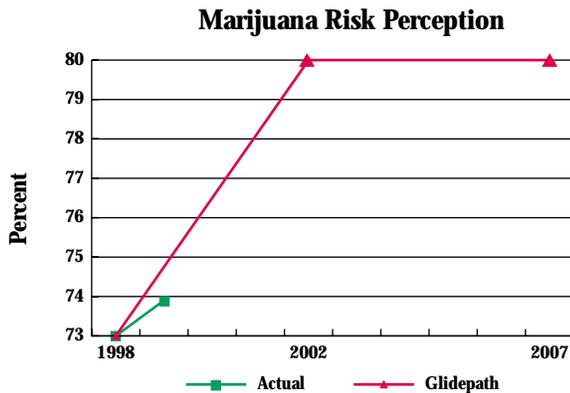
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting great risk in smoking marijuana regularly is as follows:

1998	73.0 percent
1999	73.9 percent



**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 regular marijuana use in the Monitoring the Future Study data increased slightly relative to the 1998 baseline. The data from ONDCP Media Campaign, which focuses on marijuana use, may provide additional information for this target. This is expected in calendar year 2000 when the media campaign is expected to be fully implemented.

# GOAL 1

## OBJECTIVE 2: (Continued)

### TARGET

1. **Youth risk perception** — 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.

### MEASURE

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

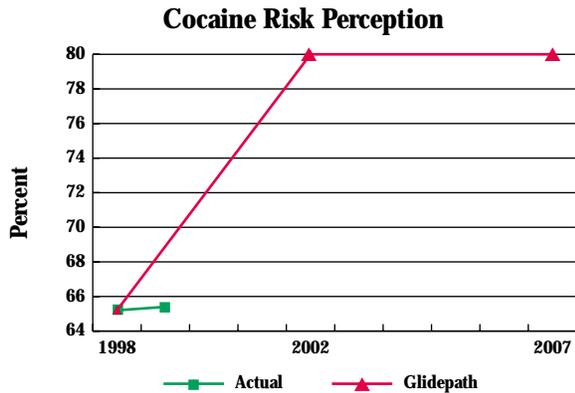
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting great risk in occasional use of powder cocaine is as follows:

1998	65.2 percent
1999	65.4 percent



**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.

## GOAL 1

### OBJECTIVE 2: (Continued)

#### TARGET

1. **Youth risk perception** — 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.

#### MEASURE

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

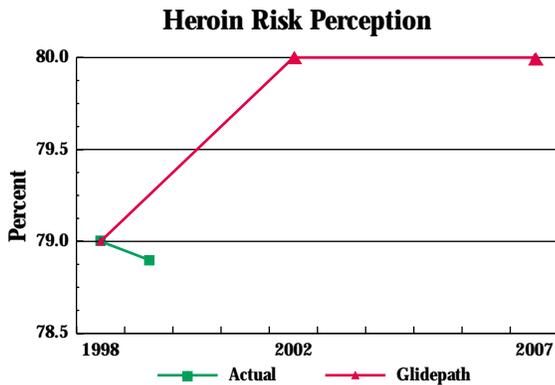
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting great risk in occasional use of heroin is as follows:

1998	79.0 percent
1999	78.9 percent



**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 indicates was relatively unchanged compared to the 1998 baseline.

## GOAL 1

### OBJECTIVE 2: (Continued)

#### TARGET

1. **Youth risk perception** — 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.

#### 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.

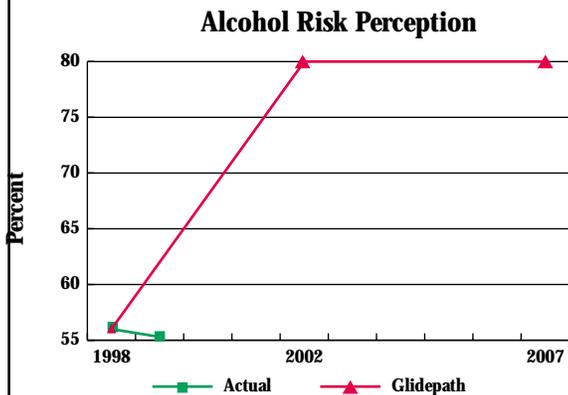
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting great risk in drinking five or more drinks each weekend is as follows:

1998	56.0 percent
1999	55.3 percent



**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 decreased slightly relative to the 1998 baseline.

# GOAL 1

## OBJECTIVE 2: (Continued)

### TARGET

- Youth risk perception** — 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.

### MEASURE

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

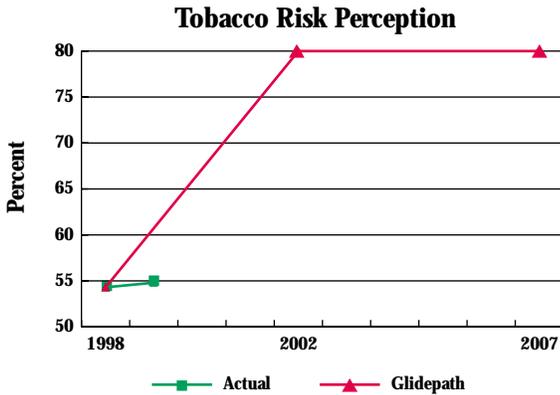
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting great risk in smoking one pack of cigarettes per day is as follows:

1998	54.3 percent
1999	54.8 percent



**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 pack of cigarettes per day in the Monitoring the Future Study data increased slightly relative to the 1998 baseline.

# GOAL 1

## OBJECTIVE 2: (Continued)

### TARGET

- Youth disapproval** — By 2002, increase to 95 the percent of youth who disapprove of illegal drug, alcohol, and tobacco use and maintain this rate through 2007.

### MEASURE

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

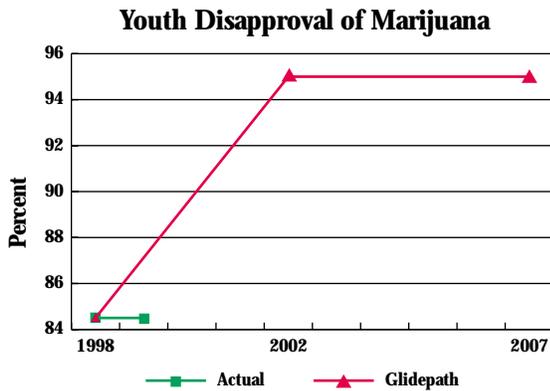
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting disapproval of smoking marijuana regularly is as follows:

1998	84.5 percent
1999	84.5 percent



**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 in regular marijuana use in the Monitoring the Future Study data was unchanged from the 1998 baseline. The data from ONDCP Media Campaign, which focuses on marijuana use, may provide additional information for this target. This is expected in calendar year 2000 when the media campaign is expected to be fully implemented.

# GOAL 1

## OBJECTIVE 2: (Continued)

### TARGET

2. **Youth disapproval** — By 2002, increase to 95 the percent of youth who disapprove of illegal drug, alcohol, and tobacco use and maintain this rate through 2007.

### MEASURE

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

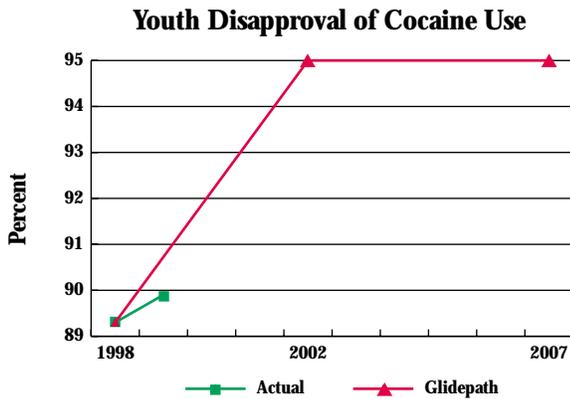
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting disapproval of occasional use of powder cocaine is as follows:

1998	89.3 percent
1999	89.9 percent



**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 in occasional cocaine use in the Monitoring the Future Study data indicates a slight increase relative to the 1998 baseline.

# GOAL 1

## OBJECTIVE 2: (Continued)

### TARGET

- Youth disapproval** — By 2002, increase to 95 the percent of youth who disapprove of illegal drug, alcohol, and tobacco use and maintain this rate through 2007.

### MEASURE

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

**Reporting Agency:** HHS

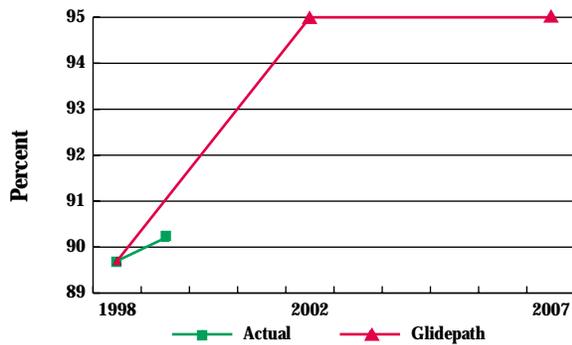
**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting disapproval of occasional heroin use is as follows:

1998	89.7 percent
1999	90.2 percent

**Youth Disapproval of Heroin Use**



**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 in occasional heroin use in the Monitoring the Future Study data indicates a slight increase relative to the 1998 baseline.

# GOAL 1

## OBJECTIVE 2: (Continued)

### TARGET

- Youth disapproval** — By 2002, increase to 95 the percent of youth who disapprove of illegal drug, alcohol, and tobacco use and maintain this rate through 2007.

### MEASURE

- 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

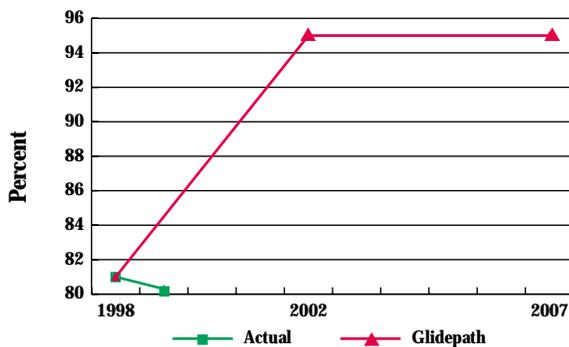
**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting disapproval of having five or more drinks once or twice each weekend is as follows:

1998	81.0 percent
1999	80.3 percent

**Youth Disapproval of Alcohol Use**



**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 in five or more drinks once or twice each weekend in the Monitoring the Future Study data indicates a slight decrease relative to the 1998 baseline.

# GOAL 1

## OBJECTIVE 2: (Continued)

### TARGET

2. **Youth disapproval** — By 2002, increase to 95 the percent of youth who disapprove of illegal drug, alcohol, and tobacco use and maintain this rate through 2007.

### MEASURE

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

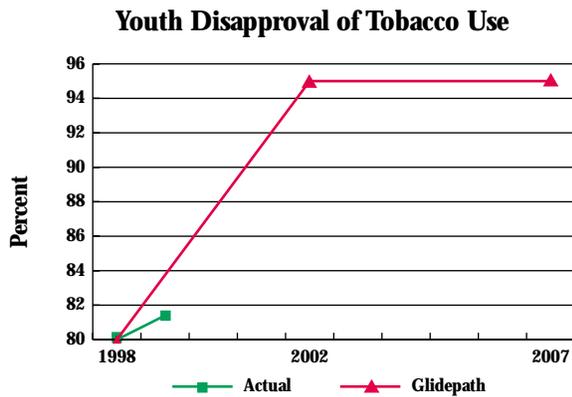
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** Monitoring the Future Study.

**Relevant Data:** Starting with the 1998 base year, the percent of 8th graders reporting disapproval of smoking one or more packs of cigarettes per day is as follows:

1998	80.0 percent
1999	81.4 percent



**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 in smoking one pack of cigarettes per day in the Monitoring the Future Study data indicates an increase relative to the 1998 baseline.

# GOAL 1

## OBJECTIVE 2: (Continued)

### TARGET

3. **TV anti-drug messages** — 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

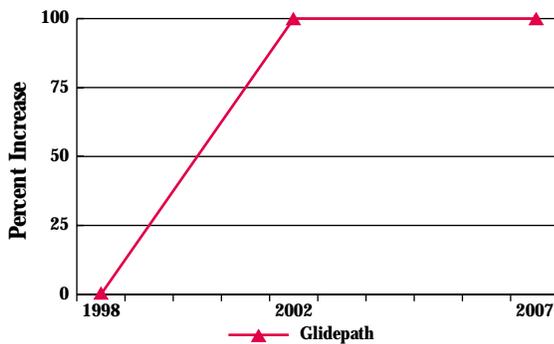
1. The number of TV viewing hours by youth that focus on anti-drug messages

**Reporting Agency:** ONDCP  
**Supporting Federal Agencies:** HHS

**Data Source:** ONDCP National Youth Anti-Drug Media Campaign.

**Relevant Data:** None.

**Change in TV Viewing Hours**



**STATUS:** The Federal drug control community developed an action plan to increase the number of public service announcements and minutes of prevention messages aired on television. ONDCP and HHS are assessing exposure to anti-drug messages as measured by youth attitudes and behavior. The efficacy of the target and measure as presented above will be re-evaluated by ONDCP to more accurately reflect the impact of the media campaign anti-drug measures on youth attitudes and behavior.

## 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.**

### TARGET

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

### MEASURE

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

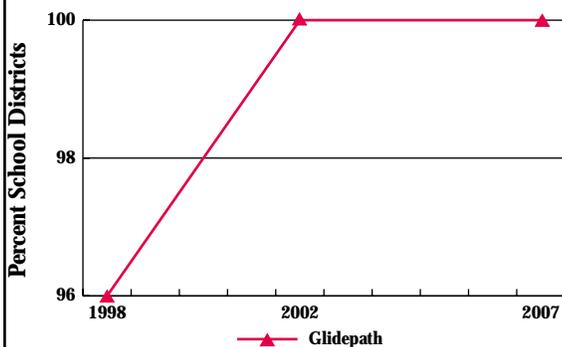
**Reporting Agency:** HHS

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

**Data Source:** School Health Policies and Programs Study (SHPPS).

**Relevant Data:** None

**Zero Tolerance Drug and Alcohol Policies**



**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. ONDCP continues to work with the Department of Health and Human Services to conduct the SHPPS again, and to identify possible alternative data sources available from HHS and the Department of Education.

# GOAL 1

## OBJECTIVE 3: (Continued)

### TARGET

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

### MEASURE

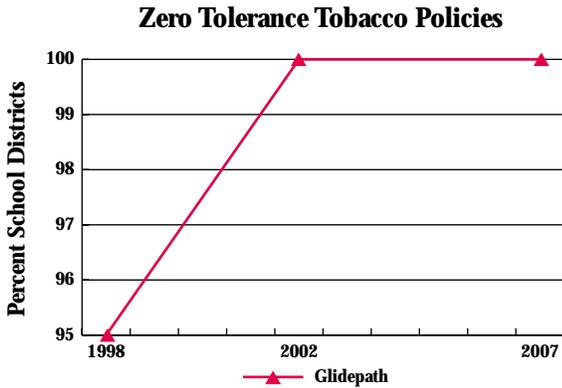
2. Proportion of public and private schools that have published a zero tolerance tobacco policy for students.

**Reporting Agency:** HHS

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

**Data Source:** School Health Policies and Programs Study (SHPPS).

**Relevant Data:** None



**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. ONDCP continues to work with the Department of Health and Human Services to conduct the SHPPS again, and to identify possible alternative data sources available from HHS and the Department of Education.

# GOAL 1

## OBJECTIVE 3: (Continued)

### TARGET

2. **Zero tolerance in communities** — 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.

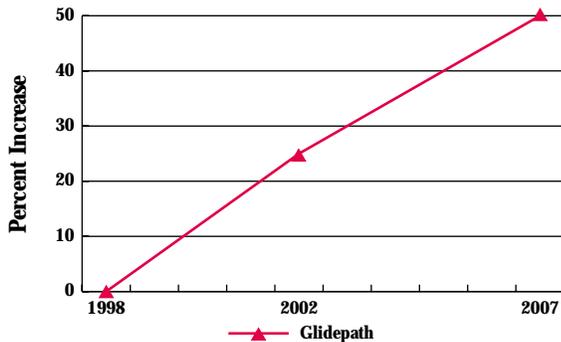
**Reporting Agency:** HHS

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

**Data Source:** To be determined.

**Relevant Data:** None.

**Change in Communities with Zero Tolerance Policies**



**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. ONDCP will continue 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.**

### TARGET

1. **Establish criteria for effective programs and policies** — By 1999, establish criteria to determine whether school districts have implemented research-based drug, alcohol, and tobacco prevention programs and policies.

### MEASURE

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

**Reporting Agencies:** ED, HHS  
**Supporting Federal Agencies:** DOJ

**STATUS:** ONDCP continues to work with the relevant agencies to identify an effective long-term data source for this target.

# GOAL 1

## OBJECTIVE 4: (Continued)

### TARGET

2. **Implement effective programs and policies in schools** — 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.

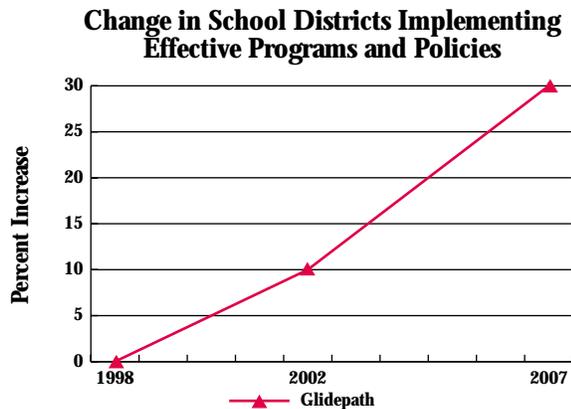
### MEASURE

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

**Reporting Agencies:** ED, HHS  
**Supporting Federal Agencies:** DOJ

**Data Source:** To be determined.

**Relevant Data:** None.



**STATUS:** The Federal drug control community plans to disseminate criteria for effective drug, alcohol, and tobacco prevention programs and policies and identify Federal support mechanisms to increase the proportion of schools that implement research-based programs and policies. ONDCP is working with the relevant agencies to establish the baseline and data source to measure progress. The Department of Education funded a study of Local Education Agencies that collected information on effective programs and policies being implemented by school districts. Data are expected to be available for analysis in March 2000. The data will be analyzed and reported in the next PME report.

## GOAL 1

**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.**

### TARGET

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

### 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

**Supporting Federal 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 (targets 3 and 4) in this Objective. Through the Center for Substance Abuse Prevention’s (CSAP) multi-faceted Parenting IS Prevention (PIP) Initiative (which includes the new Family Strengthening Program), much progress has been made in the development of a national parenting and mentoring program. Specific to a national mentoring program, CSAP is conducting a state-of-the-art meeting in January 2000, producing a *Guide on Mentorship Programs*, and is exploring future collaborations with the Department of Justice’s Office of Juvenile Justice and Delinquency Prevention on mentoring efforts.

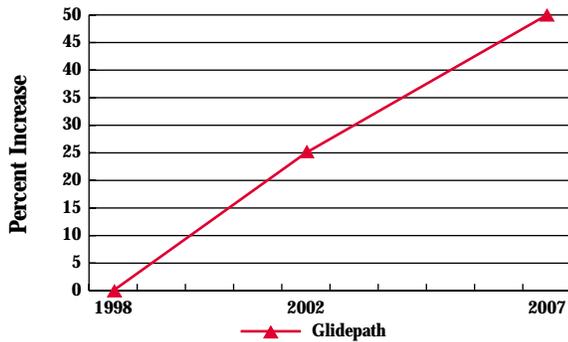
# GOAL 1

## OBJECTIVE 5: (Continued)

### TARGET

2. **Implement mentoring program** — 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.

**Change in Number of Organizations**



### MEASURE

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

**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ (OJJDP), HHS (ACF), ED, HUD, DOL, Corporation for National and Community Service plus Civic Alliance and private foundations

**Data Source:** To be determined.

**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 (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) 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: (Continued)

TARGET	MEASURE
<p>3. <b>Develop a family strengthening (parenting) program</b> — 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.</p>	<p>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.</p> <p><b>Reporting Agency:</b> HHS <b>Supporting Federal Agencies:</b> DOJ (OJJDP), HHS (ACF), ED, HUD, DOL, Corporation for National Service plus Civic Alliance and private foundations</p>

**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 added to increase emphasis on “family strengthening (parenting)” by separating the previously combined “mentoring and parenting” focus of this objective. The revised action plan for this new target includes activities to establish the baseline from which to measure progress toward achieving this target. The focus will be on identifying models for family strengthening that recommend how substance abuse knowledge can be applied and disseminated to increase parent participation and support family strengthening.

# GOAL 1

## OBJECTIVE 5: (Continued)

### TARGET

4. **Implement a family strengthening (parenting) program** — 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

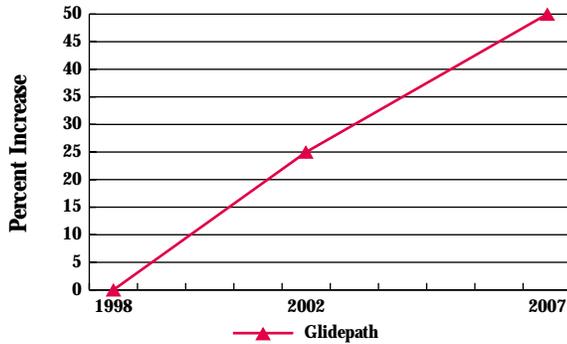
1. The number of organizations that provide substance abuse prevention training to parents of children aged 17 and under.

**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ (OJJDP), HHS (ACF), ED, HUD, DOL, Corporation for National Service plus Civic Alliance and private foundations

**Data Source:** To be determined.

**Change in Number of Organizations**



**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 added to increase emphasis on “family strengthening (parenting)” by separating the previously combined “mentoring and parenting” focus of this objective. The revised action plan for this new target includes activities to establish the baseline from which to measure progress toward achieving this target. The focus will be on identifying and increasing the number of organizations that train parents in effective substance abuse prevention models and interventions, and on increasing the number of trained 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.**

### TARGET

1. **Develop coalition directory** — By 1999, publish a national inventory of anti-drug community-based coalitions.

### MEASURE

1. Publication of the national inventory of community-based anti-drug coalitions.

**Reporting Agency:** ONDCP

**Supporting Federal Agencies:** HHS, DOJ (BJA, OJJDP), ED, HUD

**STATUS:** ONDCP is currently reviewing a draft of the first annual *Coalition Directory of Anti-Drug Community Based Coalitions*. Publication of the Directory is scheduled for April 2000.

# GOAL 1

## OBJECTIVE 6: (Continued)

### TARGET

- Funded coalitions** — 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

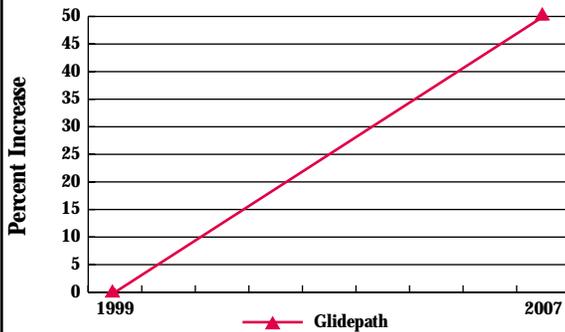
- Percentage of communities with comprehensive anti-drug coalitions funded publicly or privately.

**Reporting Agency:** ONDCP

**Supporting Federal Agencies:** HHS, DOJ (BJA,OJJDP), DOC, DOL, DOT, ED, HUD

**Data Source:** ONDCP in coordination with the Community Anti-Drug Coalitions of America (CADCA).

**Change in Communities with Funded Comprehensive Coalitions**



**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 conducted a survey to identify a baseline number of funded community coalitions with comprehensive substance abuse prevention programs and tobacco coalitions. The results of the survey, contained in the *Coalition Directory of Anti-Drug Community Based Coalitions*, suggests that there are approximately 1,700 substance abuse and prevention coalitions in the United States in 1999. This survey should be repeated annually through 2007.

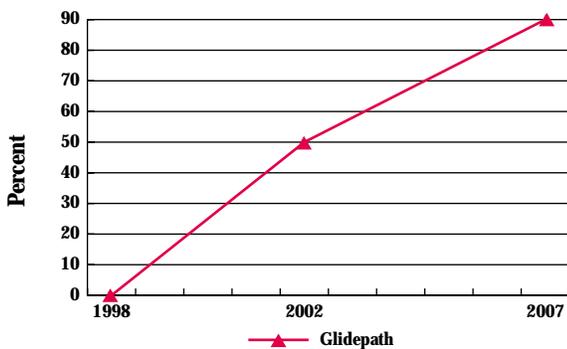
## GOAL 1

**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.**

### TARGET

1. **Partnerships** — 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.

**Media Organizations**



### MEASURE

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

**Reporting Agency:** ONDCP

**Supporting Federal Agencies:** HHS, DOJ, ED

**Data Source:** ONDCP National Youth Anti-Drug Media Campaign.

**Relevant Data:** None.

**STATUS:** ONDCP's National Youth Anti-Drug Media Campaign includes initiatives to forge partnerships with key organizations. The media campaign is expected to be fully implemented in the year 2000. Although the campaign is not yet fully implemented and baseline data has not yet been established, the establishment of key partnerships has begun. Significant national partners include the Partnership for a Drug-Free America (television, radio and print ads), The Ad Council, and the American Advertising Federation. Other partners include the entertainment industry's *Hollywood Reporter*; youth development partners such as YMCA of America, *National FFA Organization*, and the *Girl Scouts USA*. Education partners include the National Middle School Association and the National Association of Student Assistance Professionals. Partnerships with major news organizations include the Annie E. Casey School of Journalism for Children and Families, *Chicago Tribune*, *USA Today*, and *New York Times*. The campaign has produced seven web sites, including two "flagships." *Freevibe* provides anti-drug information to pre-teens and teens. *Theantidrug.com* site is for parents and adult mentors. The campaign has forged 23 online partnerships, and 40 news and other sites have carried anti-drug messages. Other examples of current partnerships include: ONDCP's partnership with Marvel Comics which has put Spider Man comics online that contain anti-drug messages; an online partnership with the *YMCA* that has anti-drug areas on its web site and special material on an intranet for adults; and a partnership with 21st Century Teachers Network, a group that promotes the use of technology in classrooms, which helps increase

awareness of teachers.

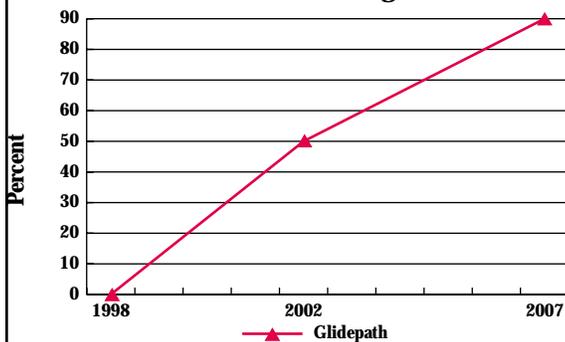
## GOAL 1

### OBJECTIVE 7: (Continued)

#### TARGET

1. **Partnerships** — 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.

Entertainment Organizations



#### MEASURE

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

**Reporting Agency:** ONDCP

**Supporting Federal Agencies:** HHS, DOJ, DOT, ED

**Data Source:** ONDCP National Youth Anti-Drug Media Campaign.

**Relevant Data:** None.

**STATUS:** ONDCP's National Youth Anti-Drug Media Campaign to reduce and prevent drug use among young Americans is designed to show the harmful effects of drugs and benefits of a drug-free lifestyle. The media campaign is expected to be fully implemented in the year 2000. The campaign includes initiatives to forge partnerships with key organizations. Although the campaign is not yet fully implemented and baseline data has not yet been established, the establishment of key partnerships has begun. Significant national partners include the Partnership for a Drug-Free America (television, radio and print ads), The Ad Council, and the American Advertising Federation. Other partners include the entertainment industry's Hollywood Reporter, youth development partners such as *YMCA of America*, *National FFA Organization*, and the *Girl Scouts USA*. Education partners include the National Middle School Association and the National Association of Student Assistance Professionals. Partnerships with major news organizations include the Annie E. Casey School of Journalism for Children and Families, *Chicago Tribune*, *USA Today*, and *New York Times*. The campaign has produced seven web sites, including two "flagships." *Freevibe* provides anti-drug information to pre-teens and teens. [Theantidrug.com](http://Theantidrug.com) site is for parents and adult mentors. The campaign has forged 23 online partnerships, and 40 news and other sites have carried anti-drug messages. Other examples of current partnerships include: ONDCP's partnership with Marvel Comics which has put Spider Man comics online that contain anti-drug messages; an online partnership with the *YMCA* that has anti-drug areas on its web site and special material on an intranet for adults; and a partnership with 21st Century Teachers Network, a group that promotes the use of technology in classrooms, which helps increase awareness of teachers.

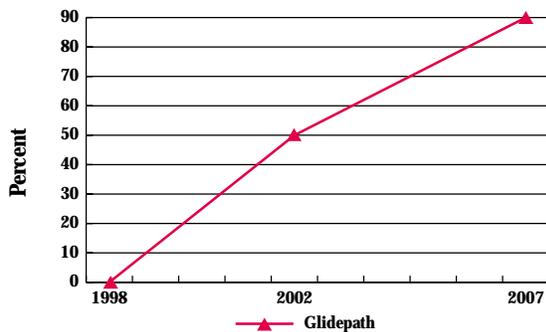
# GOAL 1

## OBJECTIVE 7: (Continued)

### TARGET

1. **Partnerships** — 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.

**Sports Organizations**



### 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 Federal Agencies:** HHS, DOJ, ED

**Data Source:** ONDCP National Youth Anti-Drug Media Campaign.

**Relevant Data:** None.

**STATUS:** ONDCP's National Youth Anti-Drug Media Campaign to reduce and prevent drug use among young Americans is designed to show the harmful effects of drugs and benefits of a drug-free lifestyle. The media campaign is expected to be fully implemented in the year 2000. The campaign includes initiatives to forge partnerships with key organizations. Although the campaign is not yet fully implemented and baseline data has not yet been established, the establishment of key partnerships has begun. Significant national partners include the Partnership for a Drug-Free America (television, radio and print ads), The Ad Council, and the American Advertising Federation. Other partners include the entertainment industry's *Hollywood Reporter*; youth development partners such as *YMCA of America*, *National FFA Organization*, and the *Girl Scouts USA*. Education partners include the National Middle School Association and the National Association of Student Assistance Professionals. Partnerships with major news organizations include the Annie E. Casey School of Journalism for Children and Families, *Chicago Tribune*, *USA Today*, and *New York Times*. The campaign has produced seven web sites, including two "flagships." *Freevibe* provides anti-drug information to pre-teens and teens. [Theantidrug.com](http://Theantidrug.com) site is for parents and adult mentors. The campaign has forged 23 online partnerships, and 40 news and other sites have carried anti-drug messages. Other examples of current partnerships include: ONDCP's partnership with Marvel Comics which has put Spider Man comics online that contain anti-drug messages; an online partnership with the *YMCA* that has anti-drug areas on its web site and special material on an intranet for adults; and a partnership with 21st Century Teachers Network, a group that promotes the use of technology in classrooms, which helps increase awareness of teachers.

## GOAL 1

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

### TARGET

1. **Develop prevention models** — 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.

**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**STATUS:** The Federal drug control community developed an action plan to compile existing prevention models/principles and effective programs. In 1999, ONDCP coordinated the development effort among the U.S. Departments of Health and Human Services, Education, and Justice, and key non-Federal sector experts. The compilation titled *Evidence-Based Principles for Substance Abuse Prevention* is in final draft for review as this publication goes to press.

# GOAL 1

## OBJECTIVE 8: (Continued)

### TARGET

2. **Disseminate principles and models** —  
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

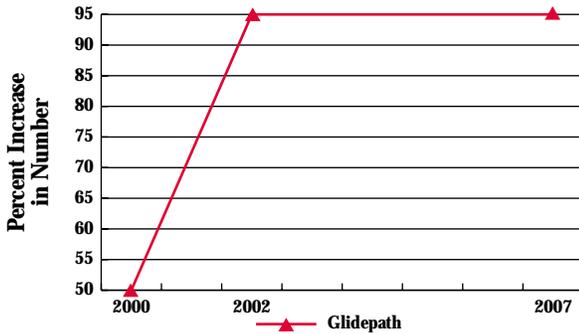
1. The proportion of school districts, State and local governments, national, state and local community organizations, and other relevant organizations receiving annual information on research-based prevention principles and models.

**Reporting Agencies:** ED, HHS  
**Supporting Federal Agencies:** DoD, DOJ (OJJDP)

**Data Source:** To be determined.

**Relevant Data:** None.

**Change in Dissemination of Principles and Models**



**STATUS:** The Federal drug control community developed an action plan to disseminate drug prevention principles and models to school districts, state and local government officials, and local and national organizations. Included in this Federal action plan, for instance, is the dissemination component of SAMHSA/CSAP's High-Risk Youth Program which promotes utilization of the National Registry of Effective Prevention Programs (NREPP). Administrative files and records of the organization responsible for carrying out the action plan will provide the data to measure the progress toward the target. The prevention principles are expected to be completed in the second quarter of calendar year 2000. Dissemination will begin immediately thereafter.

## 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.**

### TARGET

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

### MEASURE

1. An assessment of the quality, scientific merit and priority of current and new prevention research and knowledge development and application studies with the purpose of educating and enabling youth to reject illegal drugs.

**Reporting Agency:** HHS

**Supporting Federal 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. SAMHSA/CSAP's National Center for the Advancement of Prevention (NCAP) synthesizes research findings and provides a rigorous review of evaluation results for wide distribution. The regional Centers for the Advancement of Prevention Technologies (CAPTs), also maintained by CSAP, provide training and technical assistance on research-based prevention to States. Additionally, the Federal drug control community has developed a variety of analyses of the current drug abuse prevention literature, and will continue to work toward more definitive and accessible compilations and critiques of such research.

# GOAL 1

## OBJECTIVE 9: (Continued)

### TARGET

2. **Develop, disseminate, and implement research-based prevention programs and products** — By 2002, increase by 15 percent the (a) development of research-based prevention products and programs; (b) dissemination of research-based products and programs to Federal, State and 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

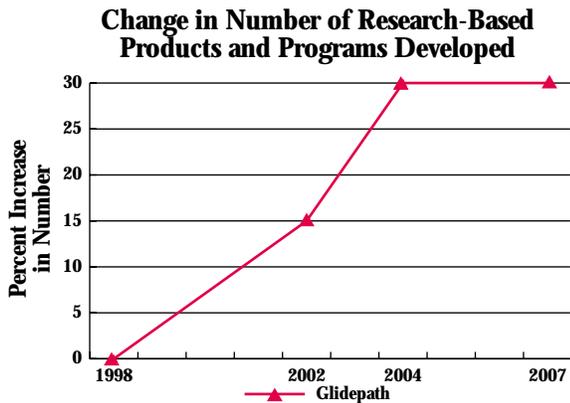
1. The number of research-based prevention products (e.g., curricula, information brochures, etc.) and programs developed for use by Federal, State, and local prevention practitioners.

**Reporting Agency:** HHS

**Supporting Federal Agencies:** ED, DOJ (OJJDP), HUD, Treasury

**Data Source:** To be determined.

**Relevant Data:** None.



**STATUS:** The Federal drug control community developed an action plan to support and expand existing mechanisms that help develop, disseminate, and promote research-based prevention products and programs to the entire field of prevention on an ongoing basis. Promotion of the Federal action plan's National Registry of Effective Prevention Programs (NREPP) requires materials to be developed for the proposed dissemination, and that technical assistance and training opportunities be in place and available upon request. During 1999, a PME Working Group met and clarified the target wording concerning implementation to more accurately define how implementation will be measured. The action plan was revised to incorporate a focus on new and existing research-based prevention programs, and work was begun on the development of implementation timelines.

# GOAL 1

## OBJECTIVE 9: (Continued)

### TARGET

2. **Develop, disseminate, and implement research-based prevention programs and products** — By 2002, increase by 15 percent the (a) development of research-based prevention products and programs; (b) dissemination of research-based products and programs to Federal, State and 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.

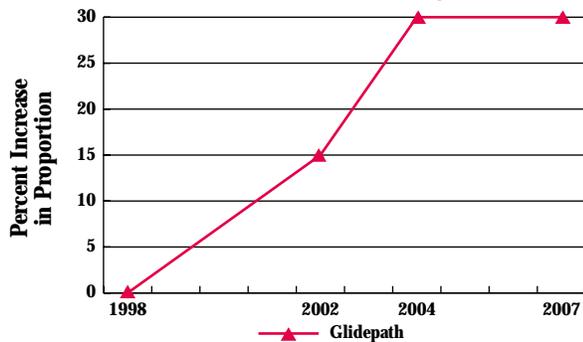
**Reporting Agency:** HHS

**Supporting Federal Agencies:** ED, DOJ (OJJDP), HUD, Treasury

**Data Source:** To be determined.

**Relevant Data:** None.

**Change in Proportion Receiving Research-Based Products and Programs**



**STATUS:** The Federal drug control community developed an action plan that proposes a national survey utilizing state-of-the-art techniques for sampling design, measurement instruments, data collection protocols, data analysis procedures, and scientifically sound reporting practices to assess the proportion of prevention practitioners receiving information on research-based prevention programs and products. The dissemination component of CSAP's High-Risk Youth grant program involves distribution of such information resident in the National Registry of Effective Prevention Programs (NREPP). During 1999, a PME Working Group met and clarified the target wording concerning implementation to more accurately define how implementation will be measured. The action plan was revised to incorporate a focus on new and existing research-based prevention programs, and work was begun on the development of implementation timelines.

# GOAL 1

## OBJECTIVE 9: (Continued)

### TARGET

2. **Develop, disseminate, and implement research-based prevention programs and products** — By 2002, increase by 15 percent the (a) development of research-based prevention products and programs; (b) dissemination of research-based products and programs to Federal, State and 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 practitioners implementing research-based prevention products and programs.

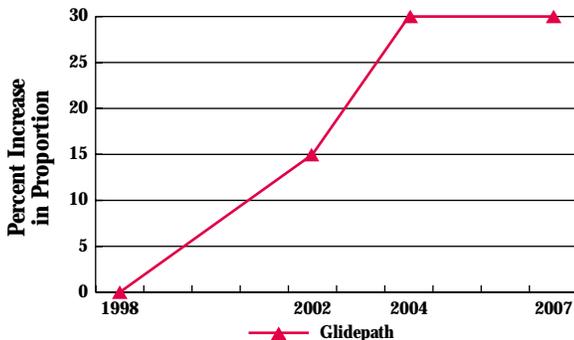
**Reporting Agency:** HHS

**Supporting Federal Agencies:** ED, DOJ (OJJDP), HUD, Treasury

**Data Source:** To be determined.

**Relevant Data:** None.

**Change in Proportion Implementing Research-Based Products and Programs**



**STATUS:** The Federal drug control community developed an action plan to develop a “Prevention Science Implementation System” to promote and facilitate the implementation of research-based drug abuse prevention programs and products at the Federal, state, and local levels. The tracking system in the National Registry of Effective Prevention Programs (NREPP) of SAMHSA/CSAP’s High-Risk Youth program seeks to identify implementation by Federal, State, and local groups of research-based substance abuse prevention programs and products as contained in the NREPP. During 1999, a PME Working Group met and clarified the target wording concerning implementation to more accurately define how implementation will be measured. The action plan was revised to incorporate a focus on new and existing research-based prevention programs, and work was begun on the development of implementation timelines.

## GOAL 2

### GOAL 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence

#### GOAL IMPACT TARGETS

- 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 with the base year.
- b. **Domestic trafficker success** — 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.
- c. **Drug availability in the United States** —  
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.

#### GOAL IMPACT MEASURES

- a. The nationwide rate of crimes and violent acts associated with drug trafficking and use as measured by available indicators.  
**Reporting Agency:** DOJ (FBI)  
**Supporting Federal Agencies:** DEA, DOS, Treasury
- b. The rate at which illicit drugs of U.S. origin reach U.S. consumers.  
**Reporting Agency:** DOJ  
**Supporting Federal Agencies:** DEA, FBI, HIDTAs, Treasury.
- c. The quantity of illicit drugs available in the United States.  
**Reporting Agency:** ONDCP  
**Supporting Federal Agencies:** DoD, FBI, NDIC, NSA, BOP, USCG, USCS, USIC

#### Assumptions for Goal 2

- 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 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.**

### TARGET

- Drug-related violent crime** — By 2002, achieve a 20-percent reduction in the rate of homicides, robberies, rapes, and 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

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

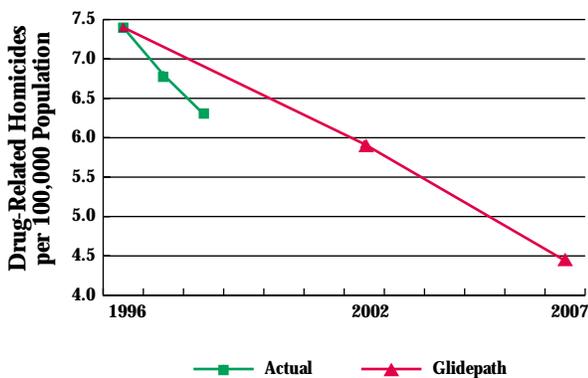
**Reporting Agency:** DOJ

**Supporting Federal Agencies:** DEA, Treasury

**Data Source:** Uniform Crime Reports (UCR), Crime in the United States.

**Relevant Data:** There was a 7 percent decrease from 1996 to 1997 in the number of murders involving narcotic drug laws tracked in the 1997 Uniform Crime Reports. This closely followed the overall murder rate, which declined 7.3 percent from 1996 to 1997.

**Drug-Related Homicides**



**STATUS:** Overall violent crime declined in 1998 to the lowest level since 1987, with 566 violent crimes per 100,000 inhabitants. The rate of murders per 100,000 inhabitants in 1998 is on target. During 1996, there were 7.4 murders per 100,000 inhabitants in the United States; this rate dropped to 6.3 in 1998 (a decline of 15 percent). The Subcommittee on Data, Research, and Interagency Coordination established a working group to review existing data sources to determine the feasibility of developing measures of drug-related violent crime. The 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: (Continued)

#### TARGET

1. **Drug-related violent crime** — By 2002, achieve a 20-percent reduction in the rate of homicides, robberies, rapes, and 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

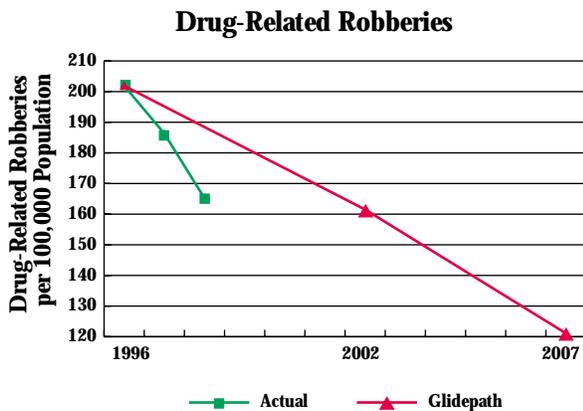
2. The reported rate of robberies associated with the distribution, sale, or consumption of illegal drugs as measured by available crime indicators.

**Reporting Agency:** DOJ

**Supporting Federal Agencies:** DEA, Treasury

**Data Source:** Uniform Crime Reports (UCR), Crime in the United States.

**Relevant Data:** The overall robbery rate cited in the 1997 Uniform Crime Reports declined by 7 percent from 1996 to 1997. Currently, no data source tracks the number of drug-related robberies.



**STATUS:** Overall violent crime declined in 1998 to the lowest level since 1987, with 566 violent crimes per 100,000 inhabitants. The rate of robberies per 100,000 inhabitants in 1998 is on target. During 1996, there were 201.9 robberies per 100,000 inhabitants in the United States; this rate dropped to 165.2 in 1998 (a decline of 18 percent). The Subcommittee on Data, Research, and Interagency Coordination established a working group to review existing data sources to determine the feasibility of developing measures of drug-related violent crime. The 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: (Continued)

#### TARGET

1. **Drug-related violent crime** — By 2002, achieve a 20-percent reduction in the rate of homicides, robberies, rapes, and 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

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

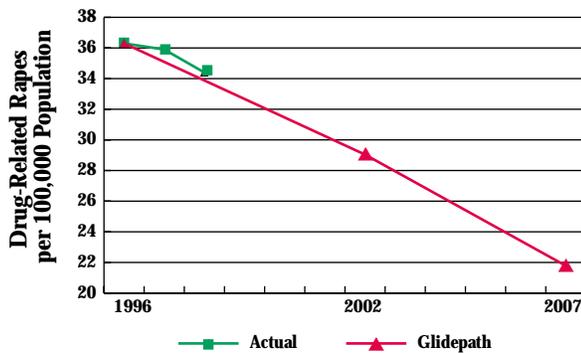
**Reporting Agency:** DOJ

**Supporting Federal Agencies:** DEA, Treasury

**Data Source:** Uniform Crime Reports (UCR), Crime in the United States.

**Relevant Data:** The overall rape rate reported in the 1997 Uniform Crime Reports remained constant from 1996 to 1997. Currently, no data source tracks the number of drug-related rapes.

**Drug-Related Rapes**



**STATUS:** Overall violent crime declined in 1998 to the lowest level since 1987, with 566 violent crimes per 100,000 inhabitants. The rate of rapes per 100,000 inhabitants in 1998 is on target. During 1996, there were 36.3 rapes per 100,000 inhabitants in the United States; this rate dropped to 34.4 in 1998 (a decline of 5 percent). The Subcommittee on Data, Research, and Interagency Coordination established a working group to review existing data sources to determine the feasibility of developing measures of drug-related violent crime. The 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: (Continued)

#### TARGET

1. **Drug-related violent crime** — By 2002, achieve a 20-percent reduction in the rate of homicides, robberies, rapes, and 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 assaults associated with the distribution, sale, or consumption of illegal drugs as measured by available crime indicators.

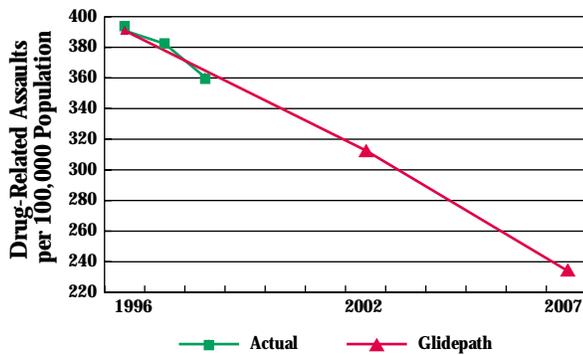
**Reporting Agency:** DOJ

**Supporting Federal Agencies:** DEA, Treasury

**Data Source:** Uniform Crime Reports (UCR), Crime in the United States.

**Relevant Data:** The overall assault rate cited in the 1997 Uniform Crime Reports declined by 1.4 percent from 1996 to 1997. Currently, no data source tracks the number of drug-related assaults.

**Drug-Related Assaults**



**STATUS:** Overall violent crime declined in 1998 to the lowest level since 1987, with 566 violent crimes per 100,000 inhabitants. The rate of assaults per 100,000 inhabitants in 1998 is on target. During 1996, there were 390.0 rapes per 100,000 inhabitants in the United States; this rate dropped to 360.5 in 1998 (a decline of 7.6 percent). The Subcommittee on Data, Research, and Interagency Coordination established a working group to review existing data sources to determine the feasibility of developing measures of drug-related violent crime. The 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: (Continued)

#### TARGET

2. **Drug trafficking organizations** —  
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.

#### 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 Federal Agencies:** DoD, DOS, FBI, USCS, Treasury

**Data Source:** To be determined. Possible sources are the HIDTA threat assessments and/or the Organized Crime and Drug Enforcement Task Force data.

**Relevant Data:** None.

**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. ONDCP will continue to work with the Department of Justice to develop the methodology from which this list can be established. Since no such list currently exists, the base year will need to be adjusted once the list has been developed. The glide path will be constructed after the Target List has been developed for the base year.

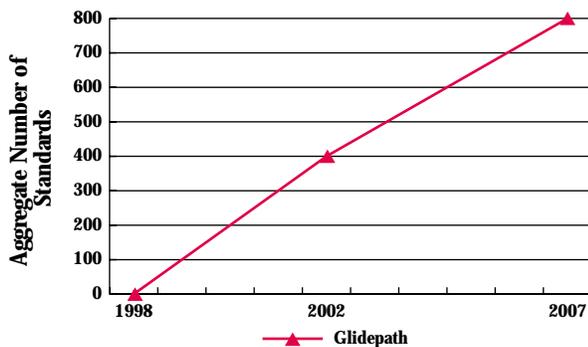
## GOAL 2

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

#### TARGET

1. **HIDTA development** — Each mature 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.

**Standards Complied with by Mature HIDTAs**



#### 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). The numerator is obtained by summing the number of individual standards adopted by each mature HIDTA. The denominator is obtained by multiplying the number of National HIDTA Developmental Standards (currently 56) by the total number of mature HIDTAs (21).

**Reporting Agency:** ONDCP

**Supporting Federal Agencies:** DEA, FBI

**Data Source:** Administrative data to be reported annually by each HIDTA director to ONDCP.

**Relevant Data:** None.

**STATUS:** The wording of the target was refined in 1999 to focus on the HIDTA Program's support to Federal, State, and local law enforcement efforts. The number of mature HIDTAs includes the Southwest Border partnerships. 1999 was the first year HIDTAs reported data for this target. HIDTAs reported compliance with 729 of 1176 standards (62 percent) as of December 31, 1998, and 838 of 1176 standards (71 percent) as of July 1, 1999. In 1999, ONDCP chartered a performance management working group to review HIDTA performance. Additionally, a working group at the December 1999 National HIDTA Conference reviewed the Developmental Standards. Recommendations from the working groups will be used in the next year to further refine this target. Additionally, ONDCP will verify the data reported by HIDTAs during on-site evaluations and review the efficacy of the measure during calendar year 2000. Reported data is not yet reflected on the glidepath, above, pending completion of onsite evaluations.

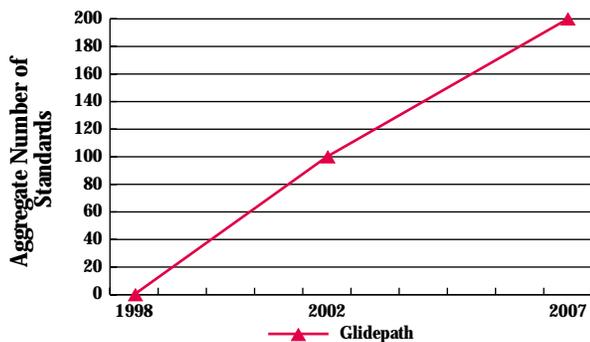
## GOAL 2

### OBJECTIVE 2: (Continued)

#### TARGET

1. **HIDTA development** — Each new 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 beginning with the 1998 base year, with HIDTAs in compliance with 90 percent of the standards by 2007.

**Standards Complied with by New HIDTAs**



#### MEASURE

2. The aggregate proportion of National HIDTA Developmental Standards complied with by the end of each calendar year in new HIDTAs (created after January 1, 1998). The numerator is obtained by summing the number of individual standards adopted by each new HIDTA. The denominator is obtained by multiplying the number of National HIDTA Developmental Standards (56) by the number of new HIDTAs (4).

**Reporting Agency:** ONDCP

**Supporting Federal Agencies:** DEA, FBI

**Data Source:** Administrative data to be reported annually by each HIDTA director to ONDCP.

**Relevant Data:** None.

**STATUS:** The wording of the target was refined in 1999 to focus on the HIDTA Program's support to Federal, State, and local law enforcement efforts. The number of new HIDTAs is four, excluding Ohio, Oregon, Hawaii, Central Valley California, and New England which were designated in June 1999. 1999 was the first year HIDTAs reported data for this target. HIDTAs reported compliance with 60 of 224 standards (27 percent) as of December 31, 1998, and 70 of 224 standards (32 percent) as of July 1, 1999. In 1999, ONDCP chartered a performance management working group to review HIDTA performance. Additionally, a working group at the December 1999 National HIDTA Conference reviewed the Developmental Standards. Recommendations from the working groups will be used in the next year to further refine this target. Additionally, ONDCP will verify the data reported by HIDTAs during on-site evaluations and review the efficacy of the measure during calendar year 2000. Reported data is not yet reflected on the glidepath, above, pending completion of onsite evaluations.

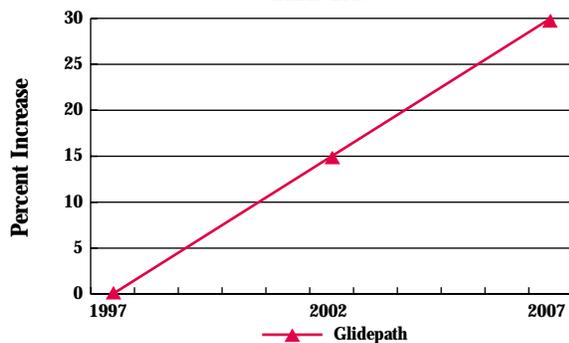
## GOAL 2

### OBJECTIVE 2: (Continued)

#### TARGET

- Drug trafficking organizations (DTO) in HIDTAs** — 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.

**Change in the Proportion of Drug Trafficking Organizations Disrupted or Dismantled in HIDTAs**



#### MEASURE

- The proportion of identified drug trafficking organizations disrupted or dismantled by or within HIDTAs.

**Reporting Agencies:** ONDCP  
 Supporting Federal Agencies: DoD, DEA, DOS, FBI, USCS, Treasury

**Data Source:** Annual HIDTA threat assessments serve as the foundation of this list.

**Relevant Data:** The Bureau of Justice Statistics collects data on the number of traffickers convicted and sentenced.

**STATUS:** The HIDTAs reported initial 1997 (baseline) and 1998 data in July 1999. Comparing the 1997 base year to 1998, law enforcement organizations identified 2,906 more DTOs in 1998, targeted an additional 2,601, and disrupted or dismantled 712 more DTOs. The number of drug organizations identified, targeted, and disrupted or dismantled indicates that the HIDTAs are working to reduce drug trafficking. The HIDTA Performance Management Working Group identified in 1999 issues regarding the usefulness of the reduction in the number of DTOs as a performance indicator. The issues include differences among HIDTAs regarding how DTOs are defined, prioritized and targeted. The working group will present recommendations to ONDCP in 2000 concerning modifying the current measure. Reported data is not yet reflected on the glidepath above pending receipt and review by ONDCP of recommendations to modify the current measure.

## GOAL 2

### OBJECTIVE 2: (Continued)

#### TARGET

- Drug-related violent crime in HIDTAs** — By 2002, reduce by 20 percent the rate of drug related homicides, robberies, rapes, and assaults in HIDTAs as compared to the 1996 base year. By 2007, reduce specified drug-related crimes in HIDTAs by 40 percent.

#### MEASURE

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

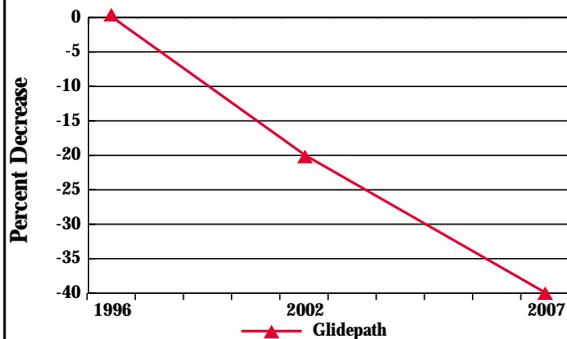
**Reporting Agency:** DOJ

**Supporting Federal Agencies:** DEA, Treasury

**Data Source:** Uniform Crime Reports (UCR), Crime in the United States.

**Relevant Data:** None

**Change in Drug-Related Homicides in HIDTAs**



**STATUS:** The Subcommittee on Data, Research, and Interagency Coordination established a working group to review existing data sources to determine the feasibility of developing measures of drug-related violent crime. The 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. In order for UCR data to be used to assess progress on this target for HIDTAs, special data runs must be conducted. The FBI does not report UCR data by county (the geographic unit upon which HIDTAs are based), therefore, actual data for the glidepath above is not yet available. ONDCP is currently negotiating a contract to produce such analyses. Data is expected to be available in 2000.

## GOAL 2

### OBJECTIVE 2: (Continued)

#### TARGET

3. **Drug-related violent crime in HIDTAs** — By 2002, reduce by 20 percent the rate of drug related homicides, robberies, rapes, and assaults in HIDTAs as compared to the 1996 base year. By 2007, reduce specified drug-related crimes in HIDTAs by 40 percent.

#### MEASURE

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

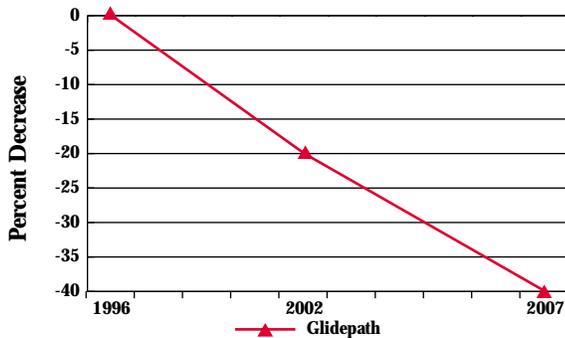
**Reporting Agency:** DOJ

**Supporting Federal Agencies:** DEA, Treasury

**Data Source:** Uniform Crime Reports (UCR), Crime in the United States.

**Relevant Data:** None

**Change in Drug-Related Robberies in HIDTAs**



**STATUS:** The Subcommittee on Data, Research, and Interagency Coordination established a working group to review existing data sources to determine the feasibility of developing measures of drug-related violent crime. The 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. In order for UCR data to be used to assess progress on this target for HIDTAs, special data runs must be conducted. The FBI does not report UCR data by county (the geographic unit upon which HIDTAs are based), therefore, actual data for the glidepath above is not yet available. ONDCP is currently negotiating a contract to produce such analyses. Data is expected to be available in 2000.

## GOAL 2

### OBJECTIVE 2: (Continued)

#### TARGET

- Drug-related violent crime in HIDTAs** — By 2002, reduce by 20 percent the rate of drug related homicides, robberies, rapes, and assaults in HIDTAs as compared to the 1996 base year. By 2007, reduce specified drug-related crimes in HIDTAs by 40 percent.

#### MEASURE

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

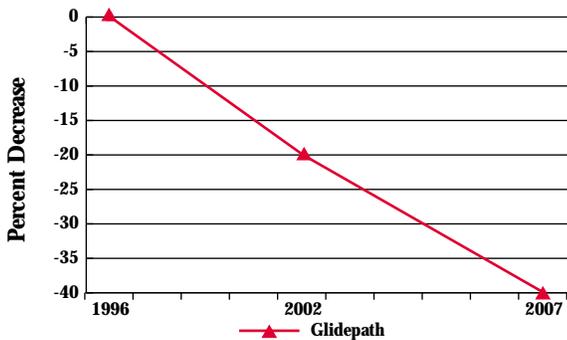
**Reporting Agency:** DOJ

**Supporting Federal Agencies:** DEA, Treasury

**Data Source:** Uniform Crime Reports (UCR), Crime in the United States.

**Relevant Data:** None.

**Change in Drug-Related Rapes in HIDTAs**



**STATUS:** The Subcommittee on Data, Research, and Interagency Coordination established a working group to review existing data sources to determine the feasibility of developing measures of drug-related violent crime. The 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. In order for UCR data to be used to assess progress on this target for HIDTAs, special data runs must be conducted. The FBI does not report UCR data by county (the geographic unit upon which HIDTAs are based), therefore, actual data for the glidepath above is not yet available. ONDCP is currently negotiating a contract to produce such analyses. Data is expected to be available in 2000.

## GOAL 2

### OBJECTIVE 2: (Continued)

#### TARGET

- Drug-related violent crime in HIDTAs** — By 2002, reduce by 20 percent the rate of drug related homicides, robberies, rapes, and assaults in HIDTAs as compared to the 1996 base year. By 2007, reduce specified drug-related crimes in HIDTAs by 40 percent.

#### MEASURE

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

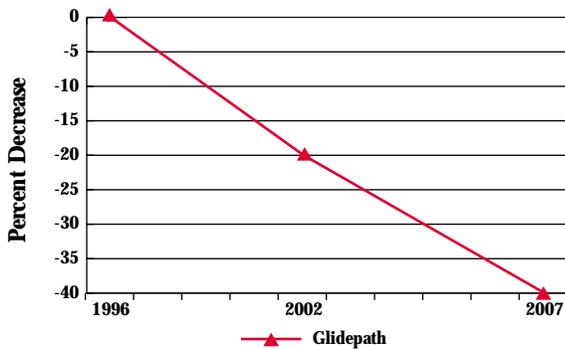
**Reporting Agency:** DOJ

**Supporting Federal Agencies:** DEA, Treasury

**Data Source:** TBD

**Relevant Data:** None.

**Change in Drug-Related Assaults in HIDTAs**



**STATUS:** The Subcommittee on Data, Research, and Interagency Coordination established a working group to review existing data sources to determine the feasibility of developing measures of drug-related violent crime. The 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. In order for UCR data to be used to assess progress on this target for HIDTAs, special data runs must be conducted. The FBI does not report UCR data by county (the geographic unit upon which HIDTAs are based), therefore, actual data for the glidepath above is not yet available. ONDCP is currently negotiating a contract to produce such analyses. Data is expected to be available in 2000.

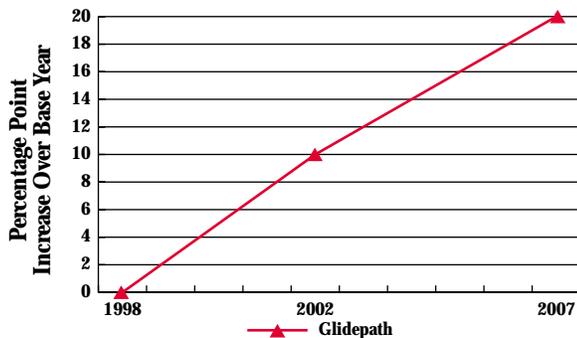
## GOAL 2

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

### TARGET

1. **Use of asset seizure procedures** — 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.

**Change in Agencies Using Asset Seizures Procedures**



### MEASURE

1. The proportion of State and local law enforcement agencies utilizing asset seizure/forfeiture policies within the investigative process.

**Reporting Agency:** DOJ

**Supporting Federal Agencies:** DOC, FBI, USCS, Treasury

**Data Source:** To be determined. Potential sources include data collected by the Department of Justice's Asset Forfeiture and Money Laundering Section or information contained in the Bureau of Justice Statistic's Law Enforcement Management and Administration Statistics (LEMAS).

**Relevant Data:** None.

**STATUS:** ONDCP continues to work with the Department of Justice to determine the most appropriate data source to measure the progress of this target, and to assess the overall efficacy of the target and measure. Within the federal forfeiture program, the Department of Justice reports 3,646 state and local agencies have agreed to follow federal forfeiture program policies. However, 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.

## GOAL 2

### OBJECTIVE 3: (Continued)

TARGET	MEASURE
2. <b>State anti-money laundering and asset seizure/forfeiture statutes</b> — By 2007, all States enact drug-related anti-money laundering and asset seizure/forfeiture statutes.	1. Number of States that have adopted anti-money laundering and asset seizure/forfeiture legislation. <b>Reporting Agency:</b> DOJ <b>Supporting Federal Agencies:</b> FBI, USCS, Treasury <b>Data Source:</b> The Department of Justice's Asset Forfeiture and Money Laundering Section (AFMLS) tracks the number of states that have anti-money laundering and asset seizure/forfeiture statutes. <b>Relevant Data:</b> N/A

**STATUS:** The Department of Justice reports that as of the end of 1999, all fifty states have adopted asset seizure/forfeiture legislation. Thirty-two states have adopted anti-money laundering legislation. Information on base year data has not yet been provided by the Department of Justice. ONDCP continues to work with the Department of Justice to develop data for a base year number of states with anti-money laundering legislation. This target is completed for asset seizure/forfeiture statutes.

## GOAL 2

### OBJECTIVE 3: (Continued)

#### TARGET

3. **Money laundering costs** — 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.

#### MEASURE

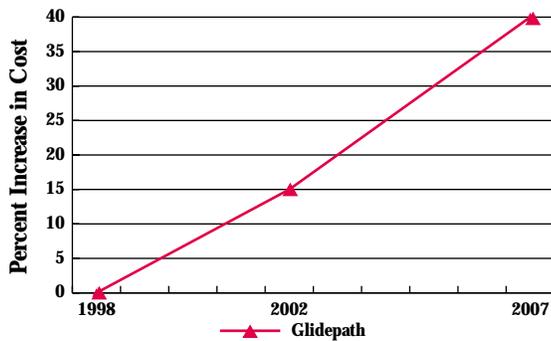
1. The average cost per dollar of money laundering transactions to drug trafficking organizations within the United States.

**Reporting Agency:** Treasury  
**Supporting Federal Agencies:** DOJ, FinCEN

**Data Source:** To be determined.

**Relevant Data:** None.

**Change in Average Cost of Money Laundering in U.S.**



**STATUS:** The data source for this target has not yet been determined. The interagency commission recommended by the PME working group was not established because a similar interagency effort, the Magnitude of Money Laundering Project, was established in 1999 by the Department of the Treasury. The Project is an initiative to determine the extent of money laundering in support of criminal activities, including drug trafficking. ONDCP will review the results of the work of the Project's various committees and then assess the efficacy of the current target and measure. The report on the work of the Project is expected in 2000.

## GOAL 2

### OBJECTIVE 4: Break the cycle of drug abuse and crime.

#### TARGET

1. **Drug testing policies** — 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 drug;
  - 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 each of the following:
  - a. clearly articulated purposes and goals for drug testing;
  - b. prescribed responses to each positive test;
  - c. a determination of appropriate populations, which are based on an assessment of need for each specified type of drug;
  - d. specified testing types and frequency;
  - e. methods for how offenders will be targeted for testing; and
  - f. staff training.

**Reporting Agency:** DOJ

**Supporting Federal Agency:** HHS

**STATUS:** 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 Appropriations 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: (Continued)

#### TARGET

- Substance abuse treatment availability** — By 2002, increase the proportion of prison and jail inmates provided substance abuse treatment interventions prior to release by 15 percent. By 2007, increase this proportion to 25 percent of the prison population.

#### MEASURE

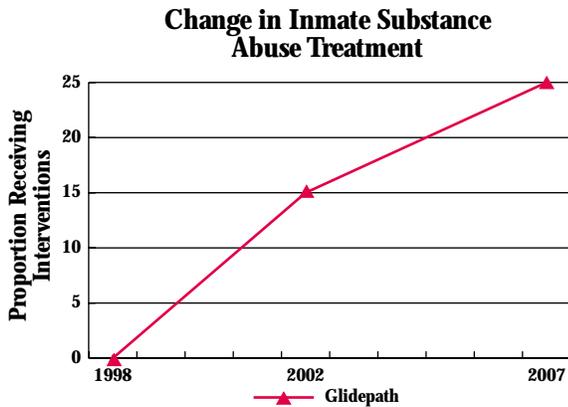
- The proportion of Federal, State, and local inmates provided with substance abuse treatment interventions prior to release.

**Reporting Agencies:** HHS

**Supporting Federal Agency:** DOJ

**Data Source:** Drugs and Alcohol Services Information System (DASIS)

**Relevant Data:** (1) DASIS—a special periodic survey on the availability of substance abuse treatment in correctional facilities conducted by HHS/SAMHSA. (2) The Jail Inmate Survey by DOJ/BJS (future).



**STATUS:** According to 1997 baseline data from DASIS, 3,027 adult and juvenile facilities provided substance abuse treatment interventions to 173,000 inmates that were in need of treatment. Information on the number of inmates that require substance abuse treatment is not yet available. Additional data collection and an improved survey designed to measure total need is required. The Jail Inmate Survey of 1997 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 (BJS), results of a current study will be collected by 2001 and available in 2002.

## GOAL 2

### OBJECTIVE 4: (Continued)

#### TARGET

3. **Inmate access to illegal drugs** — 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.

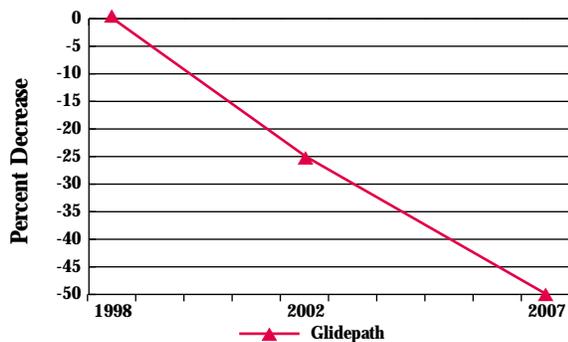
**Reporting Agency:** DOJ

**Supporting Federal Agency:** HHS

**Data Source:** To be determined.

**Relevant Data:** None.

**Change in Inmate Access to Illegal Drugs**



**STATUS:** Information to provide a 1998 baseline by which to measure the progress of this target was obtained 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. As of the publication of this report, information on drug testing is available for all states and territories except Arizona. Available data for 1998 indicates that of 1.2 million inmates tested, 5.1 percent tested positive (94.9 percent were drug-free). Data for 1999 provided by the Federal Bureau of Prisons indicated a 98 percent negative test result rate (147,565 of 150,674 tests were negative; positive tests equaled 2.1 percent or 3,109 tests). Efforts are underway to identify any remaining data gaps and determine the actual 1998 baseline, which will be reported in the next PME report with updated testing data.

## GOAL 2

### OBJECTIVE 4: (Continued)

#### TARGET

4. **Drugs and recidivism** — By 2002, reduce by 10 percent the proportion of identified drug-using offenders who are rearrested for new felonies or serious misdemeanors within a 1-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 1-year period following release from supervision.

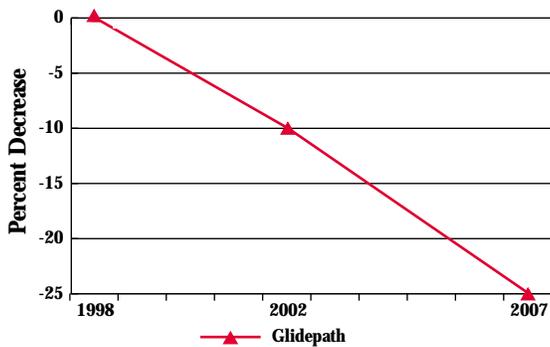
**Reporting Agency:** DOJ

**Supporting Federal Agency:** HHS

**Data Source:** The Office of Justice Program's Residential Substance Abuse Treatment (RSAT) annual reports.

**Relevant Data:** None.

**Change in the Recidivism Rate**



**STATUS:** The most current information from RSAT annual reports which will be used to set a baseline for measuring progress of this target will not be available until March 2000. The information available from RSAT annual reports submitted in March 1999 is based on information collected in December 1998. When that data was collected, 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. Data to become available in March 2000 will be reported in the PME 2001 report.

## 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.**

### TARGET

1. **Effectiveness study** — 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 to identify those programs that are effective, those that have potential, and those that are ineffective.

**Reporting Agency:** DOJ

**Supporting Federal Agencies:** HHS

**STATUS:** The Department of Justice indicated that funding was not currently 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 has enlisted the aid of a contractor to develop a best practices guide due to be published in the summer of 2000.

## GOAL 2

### OBJECTIVE 5: (Continued)

#### TARGET

2. **Implementation of selected initiatives** — 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

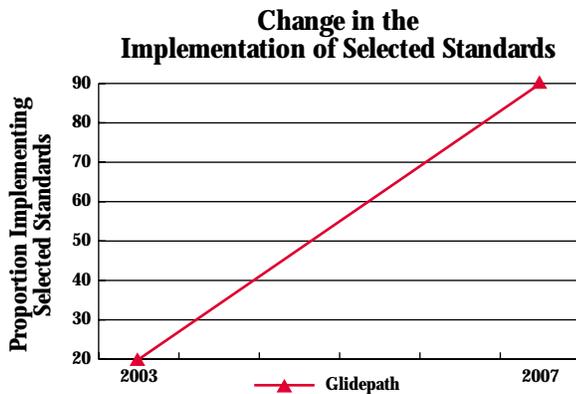
1. The proportion of criminal justice, law enforcement, and drug prevention/treatment agencies that have selected and implemented initiatives identified in the effectiveness study as being effective or as having potential.

**Reporting Agency:** DOJ

**Supporting Federal Agencies:** HHS

**Data Source:** To be determined.

**Relevant Data:** None.



**STATUS:** The Department of Justice indicated that funding was not currently available to initiate a research project grant to conduct the effectiveness study to document promising prevention, treatment, and law enforcement programs. As an alternative to a new research project at this time, the Department of Justice has enlisted the aid of a contractor to develop a best practices guide due to be published in the summer of 2000

## GOAL 3

### GOAL 3: Reduce health and social and social costs to the Public of illegal drug use.

#### GOAL IMPACT TARGETS

- 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.
- b. **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 as compared to the base year.
- c. **Reduce drug use in the workplace** — 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.
- d. **Reduce the number of chronic users** — 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.

#### GOAL IMPACT MEASURES

- a. Health and social costs in constant dollars attributable to illegal drugs.  
**Reporting Agency:** HHS  
**Supporting Federal Agencies:** DOJ, DOL, ED, VA, and Treasury
- b. 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, and Treasury
- c. The prevalence of drug use in the workplace as measured by the National Household Survey and other relevant surveys.  
**Reporting Agency:** HHS  
**Supporting Federal Agencies:** DOJ, DOL, DOT, ED, VA, and Treasury
- d. The estimated number of chronic drug users.  
**Reporting Agency:** HHS  
**Supporting Federal Agencies:** DOJ, ED, VA, and Treasury

#### Assumptions for Goal 3

- 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 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.**

#### TARGET

1. **Treatment gap** — 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.

#### MEASURE

1. Treatment gap, defined as the difference between those needing treatment and those who actually received it.

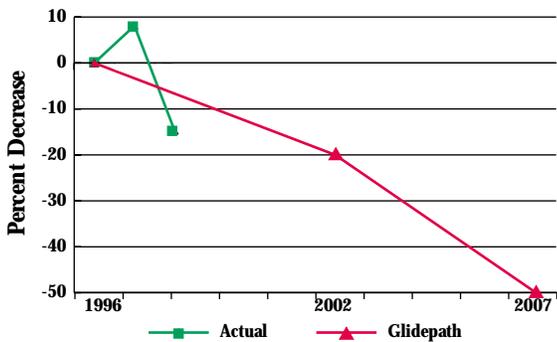
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, VA

**Data Source:** The National Household Survey on Drug Abuse, Uniform Facility Data Set, Uniform Crime Reports, and the 1990 Drug Services Research Survey were identified as data sources to measure progress toward this target.

**Relevant Data:** 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.

**Treatment Gap**



**STATUS:** The target is to reduce the size of the treatment gap (i.e., the difference between those needing treatment and those who actually received it). The Federal drug control community is reviewing the methodology by which the treatment gap is calculated in order to obtain a more precise estimation, including that of the number of people seeking treatment, and to ensure consistency with approaches used by states to allocate funds. Steps are underway to improve estimates. Starting in 2000, a larger survey and a new methodology — based on clinical criteria — will be employed in the NHSDA. This will provide improved national estimates by August 2001. And, within two years of improved national estimates, credible treatment gap numbers by state will be available. Given consensus on the existence of a treatment gap, the more precise numbers will be helpful in determining its magnitude and targeting resources to the areas where the gap is the greatest.

## GOAL 3

### OBJECTIVE 1: (Continued)

#### TARGET

2. **Demonstrate impact** — 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

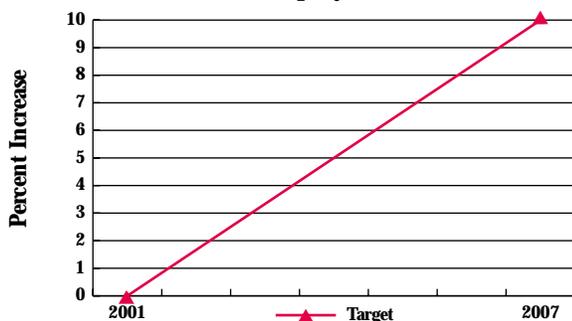
1. Percent increase in full-time employment (adults in the labor market) compared against data from the 2001 base year.

**Reporting Agency:** HHS  
 Supporting Federal Agencies: BIA, DoD, DOJ, ED

**Data Source:** National Treatment Outcome Monitoring System (NTOMS).

**Relevant Data:** ONDCP's Subcommittee on Data Research and Interagency Coordination has recommended that NTOMS should be used to monitor this measure. See Goal 3, Objective 1, Target 4.

**Change in Full-Time Employment**



**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. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is reviewing the Drug Evaluation Network System (DENS) — a project that collects data on outcomes among treatment providers in selected cities — and other data sources to determine whether they can be prototypes for NTOMS.

## GOAL 3

### OBJECTIVE 1: (Continued)

#### TARGET

2. **Demonstrate impact** — 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

2. Percent increase in educational status (adolescents) compared against data from the 2001 base year.

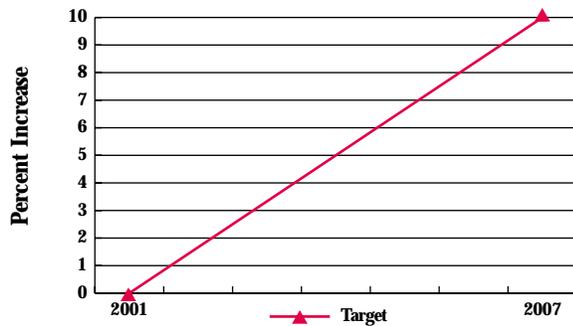
**Reporting Agency:** HHS

**Supporting Federal Agencies:** BIA, DoD, DOJ, ED

**Data Source:** National Treatment Outcome Monitoring System (NTOMS).

**Relevant Data:** ONDCP's Subcommittee on Data Research and Interagency Coordination has recommended that NTOMS should be used to monitor this measure. See Goal 3, Objective 1, Target 4.

**Change in Educational Status**



**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. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is reviewing the Drug Evaluation Network System (DENS) — a project that collects data on outcomes among treatment providers in selected cities — and other data sources to determine whether they can be prototypes for NTOMS.

## GOAL 3

### OBJECTIVE 1: (Continued)

#### TARGET

2. **Demonstrate impact** — 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

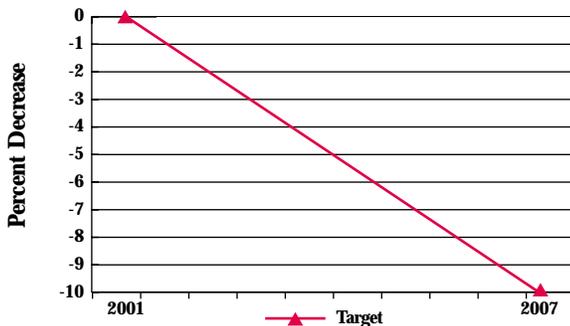
3. Percent decrease in illegal activity compared against data from the 2001 base year.

**Reporting Agency:** HHS

**Supporting Federal Agencies:** BIA, DoD, DOJ, ED

**Data Source:** National Treatment Outcome Monitoring System (NTOMS). Relevant Data: ONDCP's Subcommittee on Data Research and Interagency Coordination has recommended that NTOMS should be used to monitor this measure. See Goal 3, Objective 1, Target 4.

**Change in Illegal Activity**



**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. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is reviewing the Drug Evaluation Network System (DENS) —a project that collects data on outcomes among treatment providers in selected cities—and other data sources to determine whether they can be prototypes for NTOMS.

## GOAL 3

### OBJECTIVE 1: (Continued)

#### TARGET

2. **Demonstrate impact** — 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

4. Percent increase in general medical health compared against data from the 2001 base year.

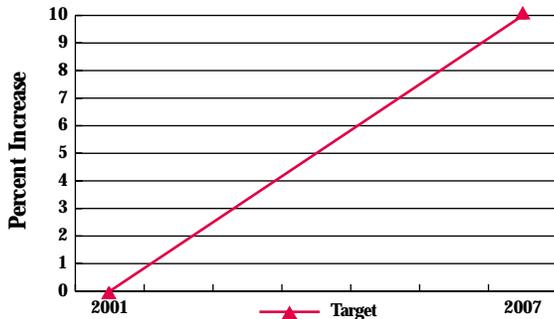
**Reporting Agency:** HHS

**Supporting Federal Agencies:** BIA, DoD, DOJ, ED

**Data Source:** National Treatment Outcome Monitoring System (NTOMS).

**Relevant Data:** ONDCP's Subcommittee on Data Research and Interagency Coordination has recommended that NTOMS should be used to monitor this measure. See Goal 3, Objective 1, Target 4.

**Change in General Medical Health**



**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. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is reviewing the Drug Evaluation Network System (DENS) — a project that collects data on outcomes among treatment providers in selected cities — and other data sources to determine whether they can be prototypes for NTOMS.

## GOAL 3

### OBJECTIVE 1: (Continued)

#### TARGET

2. **Demonstrate impact** — 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.

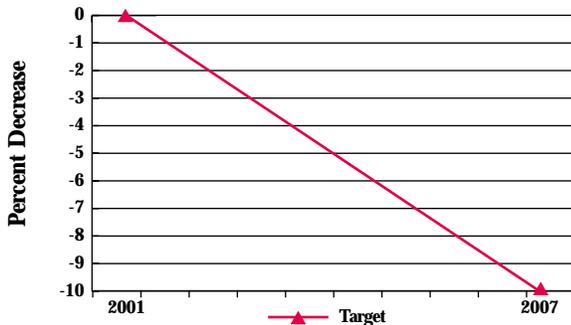
**Reporting Agency:** HHS

**Supporting Federal Agencies:** BIA, DoD, DOJ, ED

**Data Source:** National Treatment Outcome Monitoring System (NTOMS).

**Relevant Data:** ONDCP's Subcommittee on Data Research and Interagency Coordination has recommended that NTOMS should be used to monitor this measure. See Goal 3, Objective 1, Target 4.

**Change in Drug Use**



**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. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is reviewing the Drug Evaluation Network System (DENS) — a project that collects data on outcomes among treatment providers in selected cities — and other data sources to determine whether they can be prototypes for NTOMS.

## GOAL 3

### OBJECTIVE 1: (Continued)

#### TARGET

3. **Waiting time** — 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.

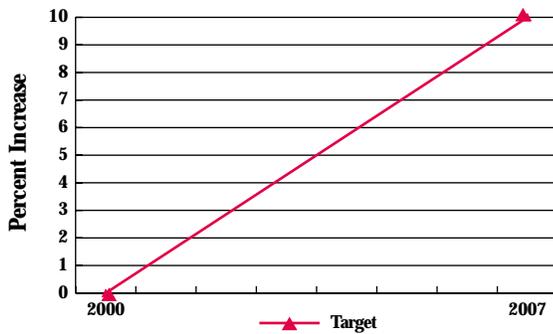
**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, ED

**Data Source:** National Treatment Outcome Monitoring System (NTOMS)

**Relevant Data:** None.

**Change in Average Waiting Time**



**STATUS:** The target is to reduce the average waiting time to enter treatment. The Federal drug control community developed an action plan to evaluate and decrease drug treatment waiting time. The NTOMS Addiction Severity Index Waiting Time module was identified as the data source to measure progress.

## GOAL 3

### OBJECTIVE 1: (Continued)

TARGET	MEASURE
4. <b>Implement NTOMS</b> — 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.	1. NTOMS database implemented, updated, and actively disseminating information yielding demonstrable improvement over all previous drug treatment systems. Assessment to be made by an interagency group augmented with independent expert advisors.  <b>Reporting Agency:</b> HHS <b>Supporting Federal Agencies:</b> DOJ, DOT, ED, ONDCP

**STATUS:** The Office of National Drug Control Policy (ONDCP) is piloting an information system effort with treatment programs around the country that will be expanded by the Department of Health and Human Services (HHS) into the National Treatment Outcome Monitoring System (NTOMS). Under NTOMS, treatment program performance will be measured with common instruments allowing for comparison of relative effectiveness. In addition, an agreement has been negotiated with the states to establish a common core set of outcome measures to be applied to programs receiving Federal block grant funding. Furthermore, ONDCP is working with HHS to reform methadone treatment oversight, replacing process-oriented regulations with clinically-based accreditation. These efforts will improve treatment program accountability.

## GOAL 3

### OBJECTIVE 1: (Continued)

#### TARGET

5. **Disseminate treatment information** — 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.

#### MEASURE

1. Progress toward more extensive information dissemination. Assessment of progress to be made by an interagency group augmented with independent expert advisors.

**Reporting Agency:** HHS

**Supporting Federal Agencies:** DOJ, DOT, ED

**STATUS:** This target was completed in 1998. The Federal drug control community: 1) disseminated treatment information to key civic leaders, allied organization members, and the media during the 1998 National Alcohol and Drug Addiction Recovery Month, and 2) developed an action plan to identify data sources to track civic leaders' knowledge and attitudes on drug treatment. An interagency group will continue to meet, develop materials, and, on an annual basis, disseminate information to key civic leaders about the best drug treatment practices. Progress toward information dissemination will be assessed annually.

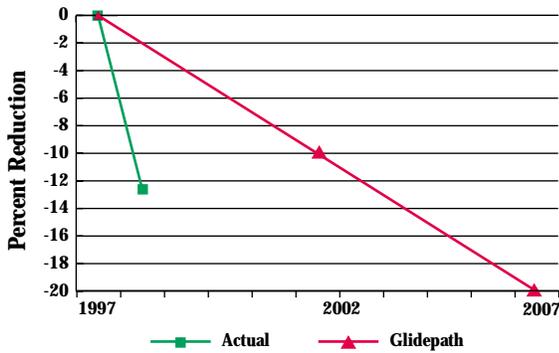
## GOAL 3

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

### TARGET

1. **Tuberculosis** — 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.

**Tuberculosis Incidence**



### 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

**Supporting Federal Agencies:** VA

**Data Sources:** The CDC maintains a national database for the public health surveillance of tuberculosis and HIV by collecting information and verified case reports for all 50 states, the District of Columbia, and territorial health departments.

**Relevant Data:** In 1997, approximately 5,800 TB cases with information on injecting drug use were reported to the CDC. This represents about 3.3 percent of the total TB cases reported for 1997.

**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 and HIV. An expanded surveillance system for TB and HIV cases has been implemented to capture additional information to better monitor and target groups at risk for TB/HIV diseases, such as injecting drug users.

## GOAL 3

### OBJECTIVE 2: (Continued)

#### TARGET

- Hepatitis B** — 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

- 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.

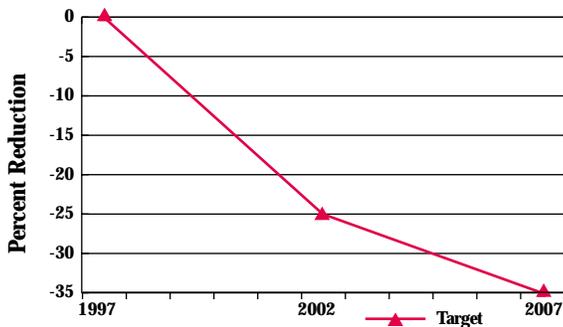
**Reporting Agency:** HHS

**Supporting Federal Agencies:** VA

**Data Source:** CDC Reporting System.

**Relevant Data:** 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.

**Change in Hepatitis B Incidence**



**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.

## GOAL 3

### OBJECTIVE 2: (Continued)

#### TARGET

- HIV** — 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

- 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.

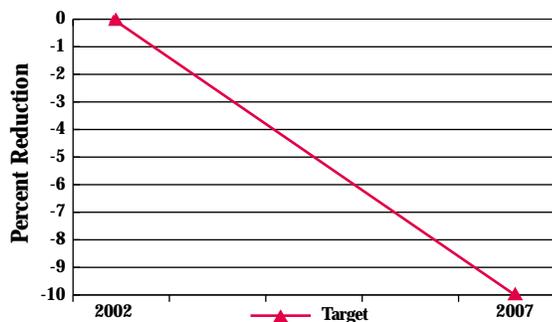
**Reporting Agency:** HHS

**Supporting Federal Agency:** VA

**Data Source:** The CDC maintains a national database for the public health surveillance of tuberculosis and HIV by collecting information and verified case reports for all 50 states, the District of Columbia, and territorial health departments.

**Relevant Data:** From July 1997 to June 1998, the CDC reported approximately 3,000 new cases of HIV that have drug-related exposure modes.

**Change in HIV Incidence**



**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 and HIV. An expanded surveillance system for TB and HIV cases has been implemented to capture additional information to better monitor and target groups at risk for TB/HIV diseases, such as injecting drug users.

## GOAL 3

### OBJECTIVE 2: (Continued)

#### TARGET

- Hepatitis C** —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

- 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.

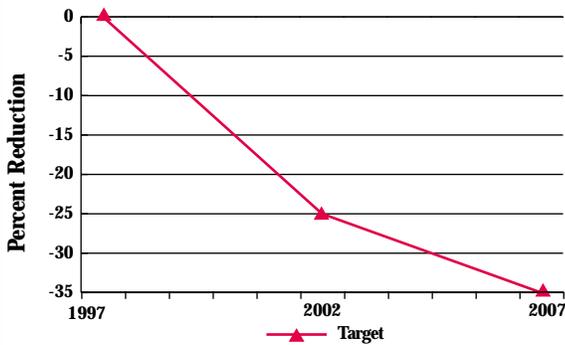
**Reporting Agency:** HHS

**Supporting Federal Agency:** VA

**Data Source:** CDC Reporting System.

**Relevant Data:** 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, they do not separate out cases that are drug-related.

**Change in Hepatitis C Incidence**



**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.

## 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.**

### TARGET

- Drug-free workplace** — 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

- The percentage of workplaces with employee assistance programs.

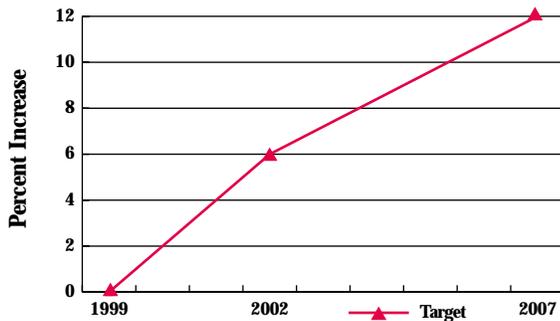
**Reporting Agency:** HHS

**Supporting Federal Agencies:** ED, DOL, DOT, SBA

**Data Source:** To be determined.

**Relevant Data:** None.

**Change in Workplaces with Employee Assistance Programs**



**STATUS:** HHS/CSAP, DOL, and DEA continue to conduct outreach to encourage businesses to implement drug-free workplace programs and to provide, information, materials and technical assistance to help them to do so. The DOT requires those in the transportation industry to comply with rules that necessitate policy, drug testing and education for safety sensitive employees. In 1999 the Small Business Administration (SBA) awarded 16 grants to intermediary organizations and 14 contracts to small business development centers totaling \$4 million to provide assistance to small businesses in establishing drug-free workplace programs which include employee assistance programs, drug-free workplace policies, drug testing and substance abuse education. Although no reliable baseline data exists to enable measurement of progress, the awardees will be reporting on their progress in increasing the number of workplaces with drug-free workplace components in place and ONDCP, HHS and DOL will be participating in evaluation of the program success.

## GOAL 3

### OBJECTIVE 3: (Continued)

#### TARGET

1. **Drug-free workplace** — 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

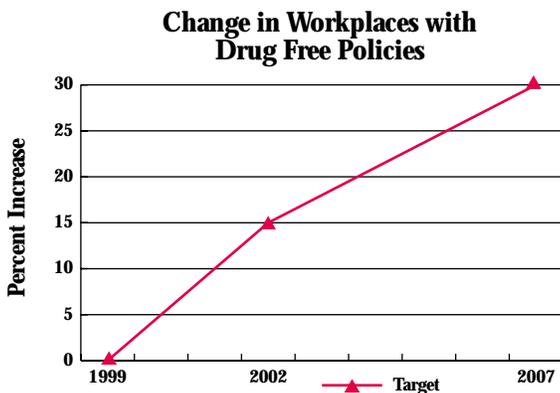
2. The percentage of workplaces with drug-free workplace policies.

**Reporting Agency:** HHS

**Supporting Federal Agencies:** ED, DOL, DOT, SBA

**Data Source:** To be determined.

**Relevant Data:** None.



**STATUS:** HHS/CSAP, DOL, and DEA continue to conduct outreach to encourage businesses to implement drug-free workplace programs and to provide, information, materials and technical assistance to help them to do so. The DOT requires those in the transportation industry to comply with rules that necessitate policy, drug testing and education for safety sensitive employees. In 1999 the Small Business Administration (SBA) awarded 16 grants to intermediary organizations and 14 contracts to small business development centers totaling \$4 million to provide assistance to small businesses in establishing drug-free workplace programs which include employee assistance programs, drug-free workplace policies, drug testing and substance abuse education. Although no reliable baseline data exists to enable measurement of progress, the awardees will be reporting on their progress in increasing the number of workplaces with drug-free workplace components in place and ONDCP, HHS and DOL will be participating in evaluation of the program success.

## GOAL 3

### OBJECTIVE 3: (Continued)

#### TARGET

1. **Drug-free workplace** — 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.

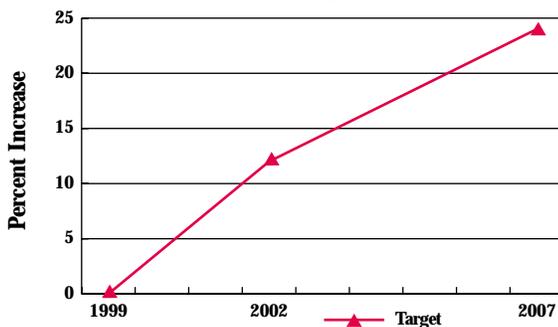
**Reporting Agency:** HHS

**Supporting Federal Agencies:** ED, DOL, DOT, SBA

**Data Source:** To be determined.

**Relevant Data:** None.

**Change in Workplaces with Drug-Testing Programs**



**STATUS:** HHS/CSAP, DOL, and DEA continue to conduct outreach to encourage businesses to implement drug-free workplace programs and to provide, information, materials and technical assistance to help them to do so. The DOT requires those in the transportation industry to comply with rules that necessitate policy, drug testing and education for safety sensitive employees. In 1999 the Small Business Administration (SBA) awarded 16 grants to intermediary organizations and 14 contracts to small business development centers totaling \$4 million to provide assistance to small businesses in establishing drug-free workplace programs which include employee assistance programs, drug-free workplace policies, drug testing and substance abuse education. Although no reliable baseline data exists to enable measurement of progress, the awardees will be reporting on their progress in increasing the number of workplaces with drug-free workplace components in place and ONDCP, HHS and DOL will be participating in evaluation of the program success.

## GOAL 3

### OBJECTIVE 3: (Continued)

#### TARGET

1. **Drug-free workplace** — 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.

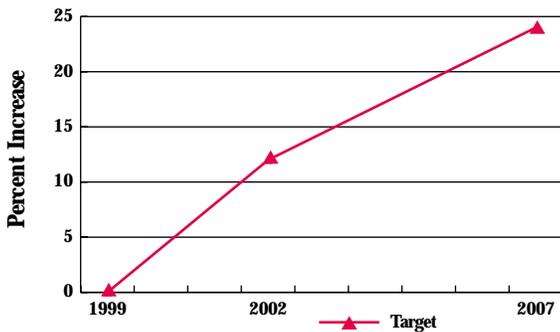
**Reporting Agency:** HHS

**Supporting Federal Agencies:** ED, DOL, SBA

**Data Source:** To be determined.

**Relevant Data:** None.

**Change in Workplaces with Substance Abuse Education**



**STATUS:** HHS/CSAP, DOL, and DEA continue to conduct outreach to encourage businesses to implement drug-free workplace programs and to provide, information, materials and technical assistance to help them to do so. The DOT requires those in the transportation industry to comply with rules that necessitate policy, drug testing and education for safety sensitive employees. In 1999 the Small Business Administration (SBA) awarded 16 grants to intermediary organizations and 14 contracts to small business development centers totaling \$4 million to provide assistance to small businesses in establishing drug-free workplace programs which include employee assistance programs, drug-free workplace policies, drug testing and substance abuse education. Although no reliable baseline data exists to enable measurement of progress, the awardees will be reporting on their progress in increasing the number of workplaces with drug-free workplace components in place and ONDCP, HHS and DOL will be participating in evaluation of the program success.

## GOAL 3

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

#### TARGET

1. **Standards set** — 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, agreed upon) professional organizations.

**Reporting Agency:** HHS

**Supporting Federal Agency:** None.

**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. Ultimately, these efforts will lead to a body of certified professionals equipped with manuals reflecting the state of the science.

## GOAL 3

### OBJECTIVE 4: (Continued)

#### TARGET

2. **Conformity** — 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

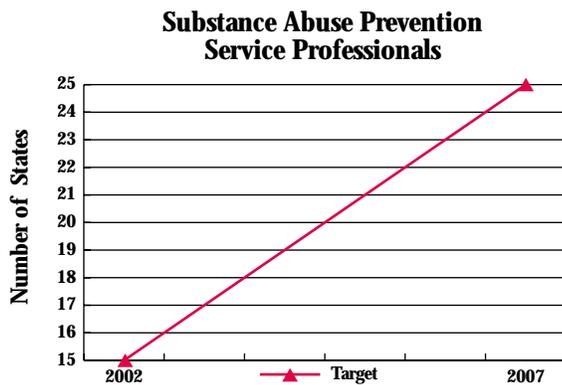
1. The number of States that adopt nationally recognized competency standards for certification/licensure of substance abuse prevention service professionals.

**Reporting Agency:** HHS

**Supporting Federal Agency:** DOT

**Data Source:** To be determined.

**Relevant Data:** None.



**STATUS:** A one-time survey was conducted under an existing contract by the Center for Substance Abuse Treatment that provides a census of State certification and licensing requirements. This census will be updated periodically and is available electronically at <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: (Continued)

#### TARGET

3. **Conformity** — By 2002, all States will have adopted nationally recognized standards for credentialing of substance abuse treatment service professionals.

#### MEASURE

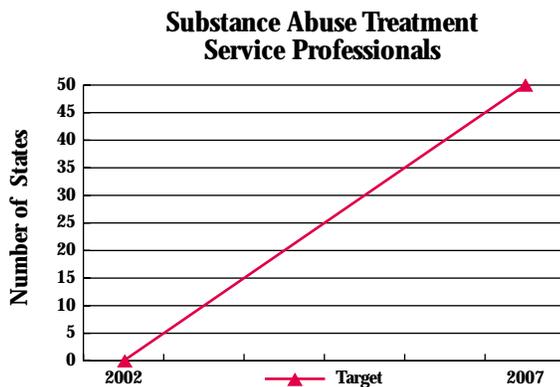
1. The number of States that adopt nationally recognized competency standards for certification/licensure of substance abuse treatment service professionals.

**Reporting Agency:** HHS

**Supporting Federal Agency:** DOT

**Data Source:** To be determined.

**Relevant Data:** None.



**STATUS:** A one-time survey was conducted under an existing contract by the Center for Substance Abuse Treatment that provides a census of State certification and licensing requirements. This census will be updated periodically and is available electronically at <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: (Continued)

#### TARGET

4. **Conformity** — 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.

#### MEASURE

1. The number of States that adopt nationally recognized competency standards for certification/licensure of substance abuse professionals.

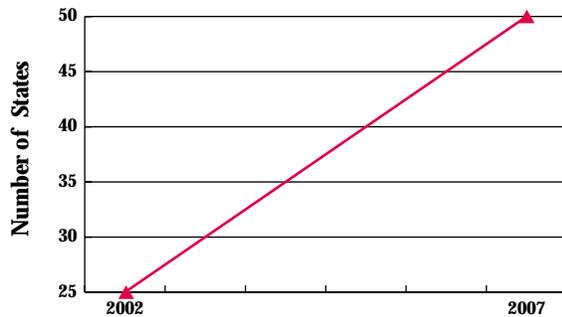
**Reporting Agency:** HHS

**Supporting Federal Agency:** DOT

**Data Source:** To be determined.

**Relevant Data:** None.

**Substance Abuse Professionals**



**STATUS:** A one-time survey was conducted under an existing contract by the Center for Substance Abuse Treatment that provides a census of State certification and licensing requirements. This census will be updated periodically and is available electronically at <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: (Continued)

#### TARGET

- Conformity** — 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.

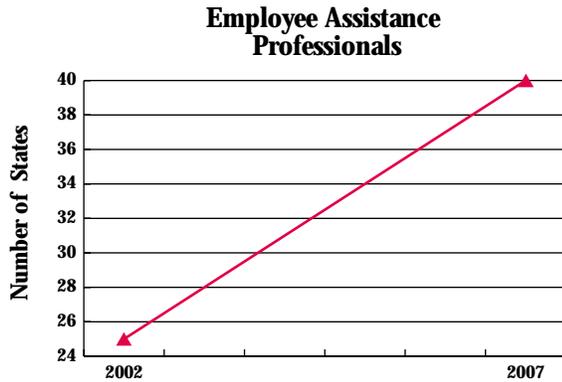
#### MEASURE

- The number of States that adopt nationally recognized competency standards for certification/licensure of employee assistance professionals who provide substance abuse services.

**Reporting Agency:** HHS  
**Supporting Federal Agency:** DOT

**Data Source:** To be determined.

**Relevant Data:** None.



**STATUS:** A one-time survey was conducted under an existing contract by the Center for Substance Abuse Treatment that provides a census of State certification and licensing requirements. This census will be updated periodically and is available electronically at <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.**

### TARGET

1. **Research focus** — 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.

### MEASURE

1. Status of medication research questions list.

**Reporting Agency:** HHS

**Supporting Federal Agency:** 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.**

### TARGET

1. **Develop funded portfolio** — 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.

**Reporting Agency:** Interagency group  
**Supporting Federal 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: (Continued)

TARGET	MEASURE
2. <b>Epidemiological model</b> — By 2002, develop and implement comprehensive Federal epidemiological measurement systems.	1. Implementation status of Federal epidemiological measurement systems. <b>Reporting Agency:</b> ONDCP <b>Supporting Federal Agencies:</b> HHS, DOJ

**STATUS:** The Federal drug control community developed an initial action plan. The Subcommittee on Data, Research, and Interagency Coordination will propose a comprehensive Federal epidemiological measurement system that includes goals/objectives for national epidemiological models to estimate incidence, prevalence, treatment needs/utilization and a review of existing models and data collection. The Federal drug control community also plans to implement 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: (Continued)

#### TARGET

3. **Health/social cost model** — By 1999, research and recommend for implementation an interagency capability or model to monitor changes in the health and social costs of illegal drugs from agreed upon baseline costs.

#### MEASURE

1. Status of health and social cost model development and implementation.

**Reporting Agency:** HHS

**Supporting Federal 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.**

#### TARGET

1. **Develop an information package** —  
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

**Supporting Federal 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.

## GOAL 3

### OBJECTIVE 7: (Continued)

TARGET	MEASURE
2. <b>Disseminate evidence</b> — In 1999, complete nationwide dissemination of scientific evidence of the potential adverse effects of legalizing marijuana and other illegal drugs.	1. Information package developed and disseminated. <b>Reporting Agency:</b> HHS <b>Supporting Federal Agencies:</b> DEA, ED

**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.

## GOAL 3

### OBJECTIVE 7: (Continued)

TARGET	MEASURE
<p>3. <b>Develop a plan that opposes the legalization of Schedule I drugs</b> — 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.</p>	<p>1. Status of the development of a plan that opposes legalization of Schedule I drugs.</p> <p><b>Reporting Agency:</b> ONDCP <b>Supporting Federal Agencies:</b> HHS, DOJ, SAMHSA, FDA, VA, DoD, DOT, USDA, NIJ, DEA, ED</p>

**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. In addition, DEA has developed Speaking out Against Drug Legalization, a guide which assists law enforcement officials and community leaders in framing arguments against legalization.

## GOAL 4

### GOAL 4: Shield America's air, land, and sea frontiers from the drug threat.

#### GOAL IMPACT TARGET

**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.

#### GOAL IMPACT MEASURES

The rate that illegal drugs in the transit and arrival zones are precluded entry into the United States as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies.

**Reporting Agency:** ONDCP  
**Supporting Federal Agencies:** CIA, DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

#### Assumptions for Goal 4

- 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 United States 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 United States.

## 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.**

### TARGET

1. **Develop interagency drug flow models** — 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, and methamphetamine.

**Reporting Agency:** ONDCP

**Supporting Federal Agencies:** CIA, 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 II of this Report. The following paragraphs provide updates on development of each of the four interagency drug flow models.

- Cocaine Interagency Drug Flow Model: To date, modeling cocaine availability is the most mature process.
- Heroin Interagency Drug Flow Model: Heroin modeling follows in maturity level, but is limited by the lack of foreign production accuracy and foreign 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. The Department of Agriculture has agreed to participate in a process to investigate possible tools for developing this estimate.
- 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 as for marijuana.

## GOAL 4

### OBJECTIVE 1 (Continued)

#### TARGET

2. **Cocaine removal** — 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.

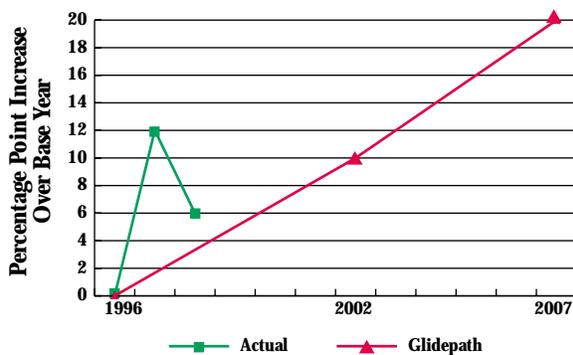
#### MEASURE

1. The amount of cocaine seized, jettisoned, or destroyed in transit to the United States added to the amount of cocaine seized at United States borders, divided by the interagency estimate of cocaine flow to the United States.

**Reporting Agency:** ONDCP, USIC  
**Supporting Federal Agencies:** CIA, DEA, DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS

**Data Source:** Cocaine Interagency Flow Model; IACM, March 1999.

**Amount of Cocaine Removed**



**STATUS:** ONDCP estimates that in 1996 29% of cocaine en-route to the U.S. was removed (165 mt removed/567 mt inbound); note this reflects a revision from last year's report in which the ONDCP model used a removal 118 mt based on 1996 seizure information. For 1997 the ONDCP model indicates 41% of cocaine en-route to the U.S. was removed (213/524) and for 1998 that 35% was removed (196/553).

## GOAL 4

### OBJECTIVE 1 (Continued)

#### TARGET

3. **Heroin removal** — By 2002, 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 of heroin enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.

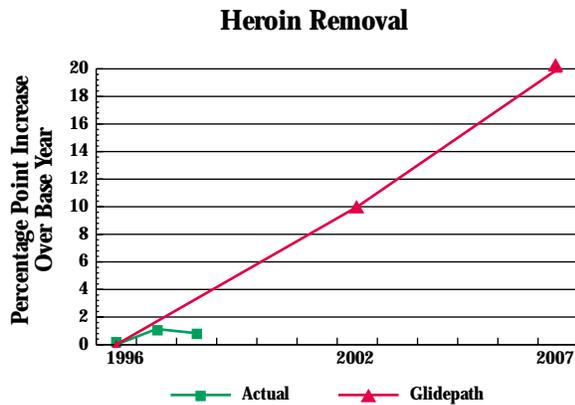
#### MEASURE

1. The amount of heroin seized, jettisoned, or destroyed in the Western Hemisphere in transit to the United States added to the amount of heroin seized at United States borders, divided by the interagency estimate of heroin flow to the United States.

**Reporting Agency:** ONDCP, USIC  
**Supporting Federal Agencies:** CIA, DEA, DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS

**Data Source:** Heroin Interagency Flow Model (under development).

**Relevant Data:** Data obtained from the FDSS database reveals that 1,362 kilograms of heroin were seized in 1996. In 1997, the quantity of heroin seized increase by 19 percent to 1,624 kilograms. FDSS indicated that 1,475 kilograms of heroin were seized in 1998 and preliminary figures for 1999 are 1027 kilograms. Heroin seizure data has limited utility unless it is divided by the estimated flow of heroin to the United States.



**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 that the majority of the 12 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 in the range of 12-14 metric tons. If true, the heroin removal rate has not changed significantly since the base year. More precise data should be available next year with the fielding and vetting of the interagency report on Global Heroin production and 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 10 and 11 percent: 1996 — 10% (1.363 mt/13.761 mt); 1997 — 11% (1.624/14.723); and 1998 — 10% (1.5/13.975).

## GOAL 4

### OBJECTIVE 1 (Continued)

#### TARGET

4. **Marijuana removal** — By 2002, 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 enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.

#### MEASURE

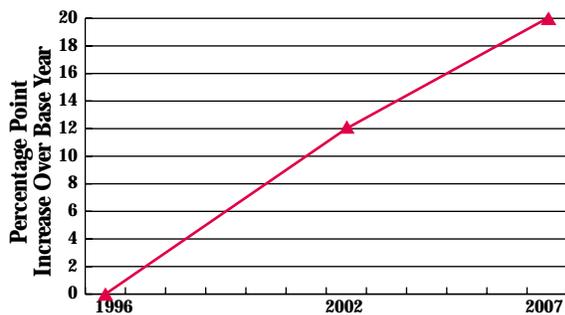
1. The amount of marijuana seized, jettisoned, or destroyed in the Western Hemisphere in transit to the United States added to the amount of marijuana seized at United States borders, divided by the interagency estimate of marijuana flow to the United States.

**Reporting Agency:** ONDCP, USIC  
**Supporting Federal Agencies:** CIA, DEA, DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS

**Data Source:** Marijuana Interagency Flow Model (under development).

**Relevant Data:** According to the Federal wide Drug Seizure System (FDSS) 638,863 kilograms of marijuana were seized in 1996. Seizures were 698,799 kilograms in 1997, 825,303 kilograms in 1998, and preliminary figures for 1999 are 1,003,768 kilograms. Note that marijuana seizure data has limited utility unless it is divided by the estimated flow of marijuana to the United States.

**Change in Marijuana Removed Glidepath**



**STATUS:** 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 (Continued)

#### TARGET

5. **Methamphetamine removal** — By 2002, 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 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 United States added to the amount of methamphetamine seized at United States borders, divided by the interagency estimate of methamphetamine flow to the United States.

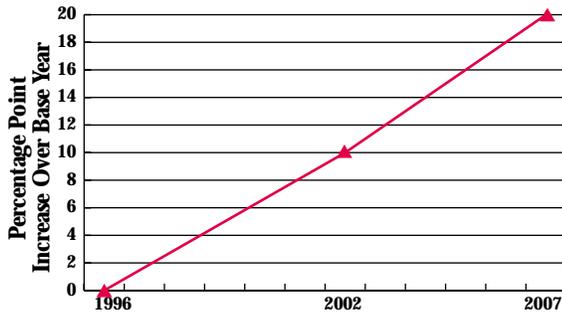
**Reporting Agency:** ONDCP, USIC

**Supporting Federal Agencies:** CIA, DEA, DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS

**Data Source:** Methamphetamine Interagency Flow Model (in conceptual stage of development).

**Relevant Data:** According to the Federal wide Drug Seizure System (FDSS) methamphetamine seizures in kilograms (kg) were: 7 kg in 1993, 146 kg in 1994, 44 kg in 1995, 133 kg in 1996, 961 kg in 1997, 2,550 kg in 1998, and a preliminary figure of 2,230 kg for 1999.

**Change in Methamphetamine Removed Glidepath**



**STATUS:** 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.**

### TARGET

1. **Cooperative intelligence and investigative relationships** — 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

**Supporting Federal Agencies:** DoD, FBI, NSA, USCG, USCS, USIC

**STATUS - COMPLETED:** 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 (Continued)

#### TARGET

2. **Intelligence relationship gaps** — 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

**Supporting Federal Agencies:** DoD, FBI, USCG, USCS

**STATUS:** The General Counterdrug Intelligence Plan (GCIP) due for publication early in 2000 addresses issues identified by the White House Task Force Review of U.S. Counterdrug Intelligence Centers and Activities. The GCIP will establish 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 resulting information sharing advantages of this structure will fundamentally improve the ability of Federal, State, and local agencies to coordinate counterdrug activities while simultaneously reducing the risks to law enforcement officers.

Formal approval & implementation of the GCIP plan will meet the target.

## GOAL 4

### OBJECTIVE 2 (Continued)

TARGET	MEASURE
<p>3. <b>Communications</b> — 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.</p>	<p>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.</p> <p><b>Reporting Agency:</b> TIC <b>Supporting Federal Agencies:</b> CIA, DEA, DoD, FBI, USCG, USCS</p>

**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. The requirement for interoperable law enforcement communications should be derived from this study due for completion in the Summer of 2000.

In addition, ramifications of the National Telecommunications Infrastructure Act (NTIA) will be considered as appropriate. This act requires the conversion to narrow band wireless communications by 2004 and the coordinated Justice/Treasury conversion plans and interim pilot programs. Interim requirements may require certain entities along the Southwest Border to convert to the NTIA standard by an earlier date.

## 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.**

### TARGET

1. **Identify and inventory foreign cooperative relationships** —  
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, published, and disseminated on existing interagency bilateral and multilateral intelligence and investigative relationships.

**Reporting Agencies:** CIA, DEA

**Supporting Federal Agencies:** DoD, DOS, FBI, NSA, USCG, USCS, USIC

**STATUS — COMPLETED:** 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: (Continued)

#### TARGET

2. **Gaps in intelligence and cooperation** — 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 Agencies:** ONDCP, CIA, DEA  
**Supporting Federal Agencies:** DoD, FBI, USCG, USCS

**STATUS:** Partially resolved by the General Counterdrug Intelligence Plan (GCIP) due to be published in early 2000. Prior to assessing bilateral and multilateral drug intelligence and investigative relationships between the United States and the transit-zone countries, it was necessary to catalogue the architectural relationship between U.S. law enforcement and the foreign intelligence community. The GCIP is doing this and when published will provide recommendations on improving the sharing of counterdrug intelligence data within the U.S. Government. The Counter Drug Intelligence Coordinating Group will then be responsible for developing a comprehensive interagency system to facilitate the secure and timely sharing of drug intelligence with allies and counterdrug partner nations. Agencies have also been tasked to expand and enhance the current mechanisms for information sharing in the National Drug Control Strategy, 1999, Classified.

## GOAL 4

### OBJECTIVE 3: (Continued)

#### TARGET

3. **Support agreements** — 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.

#### 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

**Supporting Federal Agencies:** CIA, DEA, DoD, NSA, USBP, USIC

**STATUS:** Nations in the Americas have recognized that the lines demarcating source, transit, and consuming nations have become blurred as drug abuse and drug-related social harms become a shared problem. The growing trend toward greater cooperation in the Western Hemisphere is creating unprecedented drug-control opportunities. The hemisphere's thirty-four 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.

Responses to the MEM questionnaire are due February 28, 2000. Once received and organized by the Multilateral Evaluation Support Unit (MESU — a section within the CICAD Secretariat), the questionnaire responses will be distributed to the Governmental Experts Group (GEG) for consideration in the evaluation process. The GEG will draft individual country reports based on this information, and the reports will be published and distributed in December 2000. The first conference to discuss actual implementation of the MEM among participating nations is scheduled for April, 2000. Formally signed agreements coupled with actual implementation will determine actual progress toward this target.

## 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.**

### TARGET

1. **Anti-smuggling technology** — 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 Federal Agency:** DoD

**STATUS:** Milestones have been developed and in some cases completed for technical and operational validation testing of the of a number of anti-smuggling technology projects, including the following:

- a. Chemical trace detection system;
- b. Mobile truck x-ray (MTXR) system;
- c. Gamma ray imaging system;
- d. Pallet x-ray systems;
- e. Mobile sea container x-ray system;
- f. Railcar inspection system;
- g. Automated targeting system; and
- h. Other detection systems including a portal radiation detector for marijuana, a hand held imaging x-ray system, a high-energy container x-ray system for Puerto Rico, and an ultrasonic system designed to detect contraband in containers.

## GOAL 4

### OBJECTIVE 4: (Continued)

#### TARGET

2. **Vehicle tagging** — 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).

**Reporting Agency:** DoD

**Supporting Federal Agencies:** CIA, DEA, DOS, USBP, USCG, USCS

**STATUS:** DoD has developed a family of satellite tags that are in worldwide use supporting DoD, DEA, and other agencies. Second generation tags using GPS for self location and cellular telephone outlinks are also operational. Drug law enforcement agencies have identified requirements for real-time tracking of targets such as ships, personnel, aircraft, and cargo in both short-range and world-wide applications. These requirements have driven the DoD tag developments. In year 2000, development will be completed, and operational validation conducted with field users for additional tags meeting unique requirements. This new family will include a large quantity of tags for overt monitoring of South American air traffic, a covert tag using GPS for self location and the INMARSAT satellite as an outlink, and a multi-satellite spread spectrum tag that can use any satellite in the L-band for an outlink.

## GOAL 4

### OBJECTIVE 4: (Continued)

TARGET	MEASURE
3. <b>Over-the-horizon (OTH) tracking</b> — 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.	1. Completion of the development and deployment of detection and monitoring technology for OTH tracking that meets specifications described in the target.  <b>Reporting Agency:</b> DoD <b>Supporting Federal Agencies:</b> USCG, USCS.

**STATUS:** Ongoing Research, Development, and Engineering improvements continue for Relocatable Over-The-Horizon Radars (ROTHR). The issue of precisely locating air targets with respect to friendly interceptor aircraft has been addressed through ray tracing models and experiment, resulting in new maneuver-adaptive display formats (the ray tracing has reduced previous positional errors of 15 NM to 5 NM). The impact of rapid-revisit radar scan formats on the tracker and displays has also been accommodated in revised tracker parameters and operator displays. Altitude estimation is now available and trials have been made more rigorous, to determine confidence boundaries, and the problems expected in the imminent ROTHR (Puerto Rico) due to several types of equatorial ionospheric clutter have been subjects of experiments at ROTHR (Texas). The plan is to be in a position to implement successful clutter reduction techniques very soon after ROTHR (Puerto Rico) comes on-line, as soon as the clutter seen from the Puerto Rico aspect has been characterized. Automatic airfield recognition (by virtue of target maneuver pattern detection) and location is being tested for implementation, primarily in the Puerto Rico radar.

## GOAL 4

### OBJECTIVE 4: (Continued)

#### TARGET

4. **High-risk technologies** — 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. Successful demonstration of technologies for:
  - 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).

**Reporting Agency:** DoD

**Supporting Federal Agencies:** DEA, USBP, USCG, USCS

**STATUS:** Several developmental technologies are on-going for stopping small maritime craft without lethal force, using facial identification software for INS/Border Patrol applications, enhancing recently deployed tunnel detection systems, and the identification of internal cocaine body carriers using ultrasonics. Technology reviews will be conducted to identify opportunities for fingerprinting aircraft at a long standoff, use voice identification for counterdrug applications, stopping land and airborne vehicles without lethal force. Milestones have been developed for each of these projects.

## GOAL 5

### GOAL 5: Break foreign and domestic drug sources of supply

#### GOAL IMPACT TARGETS

- a. **Source zone outflow** — 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.
- b. **Domestic production** — 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.

#### GOAL IMPACT MEASURES

- a. The outflow rate of drugs that leave the source zone.  
**Reporting Agency:** ONDCP  
**Supporting Federal Agencies:** CIA, DEA, DoD, DOS, NSA, USAID, USCS
- b. The quantity of methamphetamine and cultivated marijuana in the United States.  
**Reporting Agency:** DEA  
**Supporting Federal Agencies:** DoD, DOS, USAID, FBI, NDIC

#### Assumptions for Goal 5

- 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 United States, and allied nations will continue to encourage and assist member countries to ratify the UN Convention.
- The UN will not repeal or adversely modify the Vienna Convention.

## 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.**

### TARGET

1. **Illicit coca** — By 2002, reduce the worldwide net cultivation of coca destined for illicit cocaine 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.

### MEASURE

1. Coca cultivation as expressed in hectares under cultivation assessed annually, on a net worldwide basis.

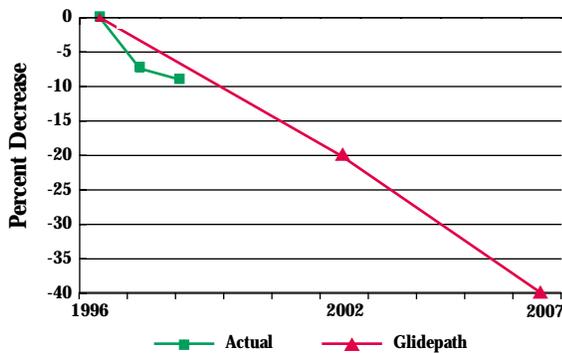
**Reporting Agency:** CIA

**Supporting Federal Agencies:** DEA, DoD, DOS, FBI, USAID

**Data Source:** International Narcotics Control Strategy Report (INCSR)

**Relevant Data:** Total estimated worldwide cultivation of coca was 209,700 hectares for the 1996 base year. This declined by 7.4 percent in 1997 to 194,100 hectares; and by almost 1.7 percent, to 190,800 hectares, in 1998. Note that both 1997 and 1998 cultivation levels fell below the 1999 cultivation target of 199,215 hectares; 1998 cultivation is over four percent below the target set for 1999.

**Illicit Coca Cultivation**



**STATUS:** Dramatic decreases in coca cultivation in Bolivia and Peru during 1995-1998 may be offset somewhat by recent increases in coca cultivation in Southern Colombia. New coca cultivation estimates will be available in March 2000.

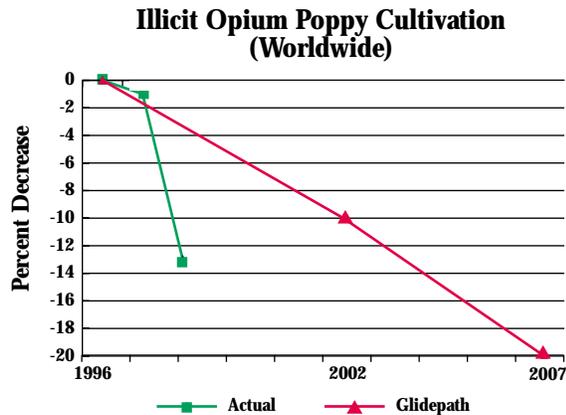
Note that conversion of coca cultivation into cocaine production depends on leaf yield, leaf alkaloid content, and processing efficiency for each growing/producing area. Recent information strongly suggests that past estimates of leaf yield, alkaloid content, and processing efficiency significantly underestimated the actual quantities of cocaine produced in Colombia.

## GOAL 5

### OBJECTIVE 1: (Continued)

#### TARGET

1. **Opium poppy** — 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 Federal Agencies:** DEA, DoD, DOS, FBI

**Data Source:** International Narcotics Control Strategy Report (INCSR)

**Relevant Data:** Total estimated worldwide cultivation of opium poppy was 249,610 hectares for 1996. This declined by one percent in 1997 to 247,000 hectares, and by an additional 12 percent, to 217,000 hectares, in 1998. Note that the cultivation level in 1998 was about 8.4 percent below the 1999 Target level of 237,130 hectares.

**STATUS:** Historically, Afghanistan and Myanmar have been the source of 90 percent of the world's illicit opium. Adverse weather conditions in Southeast Asia have diminished opium cultivation in Myanmar, Laos, Thailand, and Vietnam; regional opium cultivation declined by 29 percent in 1999. Opium cultivation in Pakistan dropped by 48 percent in 1999, but overall Southwest Asian opium cultivation increased by 19 percent due to the expansion of cultivation in Afghanistan. Updated worldwide opium cultivation figures will be available in March 2000.

## GOAL 5

### OBJECTIVE 1: (Continued)

#### TARGET

2. **Opium poppy** — 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

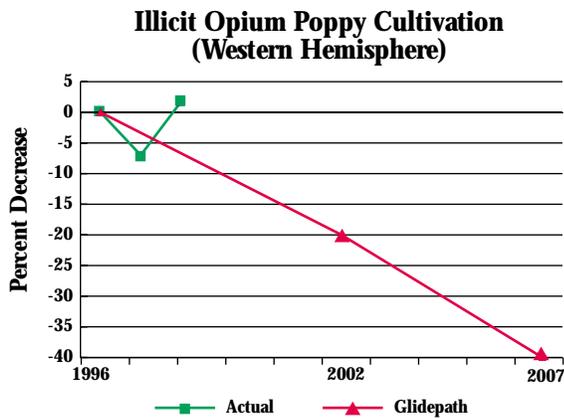
2. Opium poppy cultivation as expressed in hectares under cultivation, assessed annually, for the Western Hemisphere.

**Reporting Agency:** CIA

**Supporting Federal Agencies:** DEA, DoD, DOS, FBI

**Data Source:** International Narcotics Control Strategy Report (INCSR)

**Relevant Data:** Total estimated opium poppy cultivation for the Western Hemisphere (Columbia and Mexico) was 11,400 hectares for 1996. This declined by 7 percent in 1997 to 10,600 hectares. In 1998 Western Hemisphere cultivation increased to 11,600 hectares.



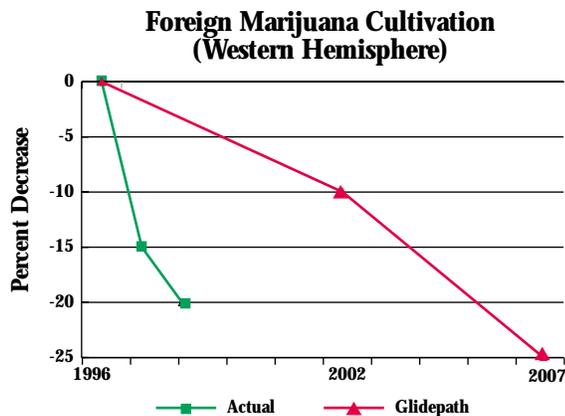
**STATUS:** Latin American poppy cultivation (which supplies over 80 percent of the heroin available in the United States) remained relatively stable between 1995 and 1998 and is estimated to be between 10,600 and 11,600 hectares during that period. Latin American poppy cultivation figures for 1999 will be available in March 2000.

## GOAL 5

### OBJECTIVE 1: (Continued)

#### TARGET

3. **Marijuana** — 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

1. Marijuana cultivated outside the United States as measured in metric tons from net cultivation.

**Reporting Agency:** DEA

**Supporting Federal Agencies:** CIA, DoD, FBI

**Data Source:** International Narcotics Control Strategy Report (INCSR)

**Relevant Data:** Total estimated Western Hemisphere cultivation of marijuana (excluding the United States) was 12,027 hectares in 1996 and 10,117 hectares for 1997 — a decline of 16 percent from 1996. Cultivation declined to 9600 hectares in 1998.

These values represent estimated marijuana cultivation in Mexico, Columbia, and Jamaica. Nearly all of the decline from 1996 to 1997 can be attributed to a 26 percent reduction in estimated cannabis cultivation in Mexico. In 1998 cultivation in Mexico declined by about 200 hectares and there was no cultivation reported for Jamaica (a drop to zero from 317 hectares in 1997).

**STATUS:** Estimates of marijuana cultivation, especially Colombian cultivation, are not yet considered reliable. This is being addressed by the appropriate agencies.

## GOAL 5

### OBJECTIVE 1: (Continued)

#### TARGET

3. **Marijuana** — 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.

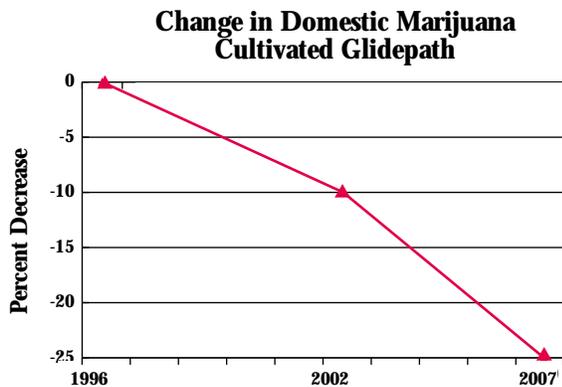
#### MEASURE

2. Marijuana cultivated within the United States as measured in metric tons from net cultivation.

**Reporting Agency:** DEA, DoAgri  
**Supporting Federal Agencies:** CIA, DoD, FBI

**Data Source:** To be determined.

**Relevant Data:** None.



**STATUS:** Domestic cultivation offers significant collection problems relating to oversight and inability to adequately address the problem with current resources. Cultivation estimates will be developed based on funding and the development of an adequate estimation capability. As of 1999, such an estimation capability has not been developed.

## GOAL 5

### OBJECTIVE 1: (Continued)

TARGET	MEASURE
<p>4. <b>Other illegal drugs</b> — 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.</p>	<p>1. Effectiveness of law enforcement efforts against other drugs as assessed by:</p> <ul style="list-style-type: none"> <li>a. methamphetamine laboratory seizures;</li> <li>b. amount/quantity of methamphetamine seized;</li> <li>c. arrest of methamphetamine traffickers;</li> <li>d. purity of available methamphetamine;</li> <li>e. Drug Abuse Warning Network (DAWN) statistics;</li> <li>f. Arrestee Drug Abuse Monitoring (ADAM) statistics;</li> <li>g. price of methamphetamine;</li> <li>h. location of seizures; and</li> <li>i. availability of specialized clandestine laboratory safety/investigations training.</li> </ul> <p><b>Reporting Agency:</b> DEA  <b>Supporting Federal Agencies:</b> CIA, DoD, DOS, FBI, USCS</p>

STATUS:	Baseline	
	1996	1998
Meth lab seizures (DEA+State+Local):	734/---	1627/5786
Quantity of meth. Seized (kg):	648	1219
Meth. Traffickers Arrested:	4063	7857

**BACKGROUND:** Law enforcement personnel believe the only way to successfully attack this problem is through training and their ability to safely take down synthetic drug labs. The previous version of this target and measure looked at reducing the production of methamphetamine or other synthetic drugs whose production cannot be quantified in the same manner as botanical drugs. This target emphasizes the need to provide state and local law enforcement agencies with the tools for properly handling the unique environmental problems when dealing with synthetic drug labs.

## GOAL 5

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

#### TARGET

1. **Arrest and prosecute drug traffickers and disrupt trafficking organizations** — 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. The percentage of designated drug trafficking organizations dismantled or significantly disrupted either through the incarceration of their principal leaders or through the substantial seizure of their assets or the incarceration of their network key associates, measured annually.

**Reporting Agency:** DEA

**Supporting Federal Agencies:** CIA, DoD, FBI, USCS

**Data Source:** Figures presented reflect the most notorious drug trafficking organizations as identified on the Linear, Linkage, and FBI National Priority Targeting Lists.

**Relevant Data:** In 1999, 21 percent (five of 24) of designated key drug trafficking organizations were dismantled, or significantly disrupted.

**STATUS:** The glide paths for this target are still under development. Also, the utility of this measure is being reviewed due to fundamental changes in the nature and operation of drug trafficking organizations. In the recent past these organizations tended to be tightly vertically integrated. However, in response to successful law enforcement actions that significantly disrupted or destroyed dominant trafficking organizations, a new form of trafficking organization has emerged in some sectors of the drug trade (cocaine trade, for instance). A stable integrated structure has given way to a collection of specialists who work on a job-to-job basis. When law enforcement removes a key component of a network, a replacement is readily available. This informally networked approach, which employs the latest technologies, has resulted in trafficking networks that are not only less visible, but whose composition varies from one operation to the next. But unlike cocaine, the heroin trade is dominated by small vertically integrated organizations capable of distributing large quantities of heroin into the U.S.

## GOAL 5

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

### TARGET

1. **Host-country capability** — By 2002, demonstrate 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:
  - a. number of drug labs destroyed and kilograms of drugs seized/destroyed;
  - b. dollar value of priority drug trafficker assets seized and forfeited;
  - c. number of drug traffickers arrested, prosecuted, and appropriately incarcerated; and
  - d. corruption-induced lost opportunities or non-cooperation.

**Reporting Agency:** DEA

**Supporting Federal Agencies:** CIA, DOS, DoD, FBI, USCG, USCS

	Baseline	
	<u>1996</u>	<u>1998</u>
Number of drug labs destroyed:	763	1651
Quantity of drugs seized (MT):	159.0	189.4
Dollar value of priority trafficker assets seized:	\$33,956,600	\$134,252,750
Number of traffickers arrested*:	27,599	37,552
Number of traffickers prosecuted*:	18,432	22,047
Number of traffickers incarcerated*:	13,255	15,549

\* DEA data only

**STATUS:** There has been no change to this target or measure since its inception in 1997, and resources are deemed adequate for continuation of this target. Data is available and is being reported through various sources.

## GOAL 5

### OBJECTIVE 3 (Continued)

#### TARGET

2. **Host-country justice** — By 2007, demonstrate improved source country development and utilization of effective judicial institutions compared to the 1997 base year.

#### MEASURE

1. As compared to the 1997 base year, the ability of host-nation judicial institutions and prosecutors to (a) improve the professionalism, resources, efficiency, and fairness of the court system; (b) successfully prosecute, convict, and sentence major drug traffickers; and (c) develop effective safeguards to protect judicial institutions against corruption and undue influence.

**Reporting Agency:** DOJ

**Supporting Federal Agencies:** CIA, DEA, DOJ, FBI, NSA, USAID

**STATUS:** In 1998 the base year was changed to 1997. Data for this target and measure will be primarily derived from the INCSR and The Country Reports on Human Rights Practices. It should be noted that not all 31 drug producing countries will be identified in this report as manpower and resource limitations as well as data limitations render this option invalid. Only major (as defined by the agencies involved) drug-producing countries will be addressed.

## 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.**

### TARGET

1. **Regional cooperative agreements** —  
By 2002, regional cooperative agreements should be implemented between nations to improve bilateral and multilateral cooperation in combating drug trafficking.

### MEASURE

1. Number of bilateral or multilateral agreements or efforts (in key regions) which establish or facilitate multilateral cooperative activities against illicit drug trafficking.

**Reporting Agency:** DOS

**Supporting Federal Agencies:** CIA, DEA, DoD, USCG, USCS

**STATUS:** Nations in the Americas have recognized that the lines demarcating source, transit, and consuming nations have become blurred as drug abuse and drug-related social harms become a shared problem. The growing trend toward greater cooperation in the Western Hemisphere is creating unprecedented drug-control opportunities. The hemisphere's thirty-four 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.

After 18 months of discussion and negotiation, the Multilateral Evaluation Mechanism (MEM) was inaugurated during the twenty-sixth regular session of the Organization of American States' Inter-American Drug Control Commission (OAS/CICAD) in Montevideo, Uruguay in October 1999.

The MEM should facilitate more effective unilateral, bilateral, and multilateral counterdrug efforts by all the nations in the hemisphere. Although individual nations in the hemisphere have made progress in developing and implementing comprehensive counterdrug strategies, many 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.

Currently the MEM has not been formally implemented and acted upon. A fully implemented MEM structure would constitute achievement of this target.

## GOAL 5

### OBJECTIVE 4: (Continued)

#### TARGET

2. **Source and transit country drug control strategy** — 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.

**Reporting Agency:** DOS

**Supporting Federal Agencies:** DEA, FBI, NSA, USAID, USCS, USIC

**STATUS:** The PME Working Group believed that, as previously written, this target was cluttered, confusing and needed to be simplified. Though the target is now a milestone instead of a numeric target, they felt the measure was still valid. At this time, there are no data issues or changes required to fulfill the target. As only two major drug supply countries (Afghanistan and Burma) lack strategies, there is a readily available database.

## GOAL 5

### OBJECTIVE 4: (Continued)

#### TARGET

3. **Donor-funded assistance** — By 2002, using 1996 as a base year, donor funding for counternarcotics efforts in major source countries should increase by 500 percent.

#### 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.

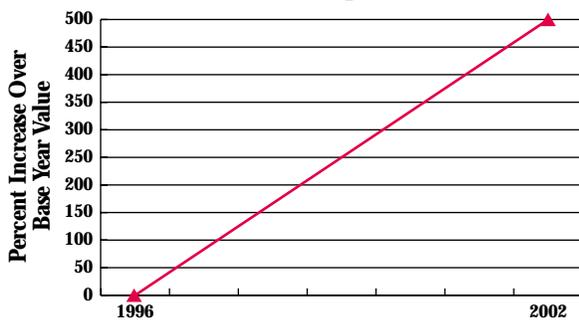
**Reporting Agency:** DOS

**Supporting Federal Agencies:** Treasury, USAID

**Data Source:** UNDCP/Dublin Group data.

**Relevant Data:** 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.

**Donor-Funded Assistance  
Glidepath**



**STATUS:** A database still needs to be developed, as available information is extremely limited as noted above and what is available is based on Dublin Group data. Because planned and actual donor funding distributions vary and reporting accuracy of actual distributions is not precise, the utility of this target will be reviewed.

## 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.**

### TARGET

1. **Ratify 1988 Vienna Convention** —  
By 2002, increase the percentage of designated priority countries that have ratified the 1988 United Nations Convention Against Illicit Substances and Psychotropic Drugs (UN Convention [Vienna]).

### MEASURE

1. The percentage of priority countries that have ratified the UN Convention.  
**Reporting Agency:** DOS  
**Supporting Federal Agencies:** FBI, FinCEN, Treasury, USCS

**STATUS:** There are no changes or data issues for this target. There are three main factors that influence if a country becomes a party to the 1988 UN Convention on Illicit drugs and Psychotropic Substances and the 40 recommendations of the Financial Action Task Force: political will of the country; external training and assistance efforts; and external pressure to bring compliance. Since 1996, 31 countries have become party to the Vienna Convention.

## GOAL 5

### OBJECTIVE 5: (Continued)

TARGET	MEASURE
<p>2. <b>Conform to FATF recommendations</b> — 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).</p>	<p>1. The percentage of priority countries that have adopted laws and regulations consistent with FATF 40 Recommendations. Such laws and regulations should include the criminalization of money laundering as a serious crime, the creation of domestic and international asset forfeiture regimes that include reciprocal asset sharing, mandatory suspicious transaction reporting, and the ability to provide and receive mutual legal assistance.</p> <p><b>Reporting Agency:</b> DOS <b>Supporting Federal Agencies:</b> FBI, FinCEN, Treasury, USCS</p>

**STATUS:** There are no changes or data issues for this target. There are three main factors that influence if a country becomes a party to the 1988 UN Convention on Illicit drugs and Psychotropic Substances and the 40 recommendations of the Financial Action Task Force: Political will of the country; external training and assistance efforts; external pressure to bring compliance. At the current level of funding, the programs in existence now are approaching their functional limit.

## GOAL 5

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

### TARGET

1. **Airborne sensors** — By 2000, develop a wide-area airborne multisensor system to detect cocaine manufacturing facilities hidden beneath jungle foliage with a coverage rate up to 1,000 square kilometers per hour and an 80-percent confidence level.

### MEASURE

1. Coverage capability of new airframe radar to detect cocaine manufacturing facilities beneath jungle foliage at an 80-percent confidence level.  
**Reporting Agency:** DoD  
**Supporting Federal Agencies:** DEA, USCS

**STATUS:** DoD is working with other agencies such as USCG and USCS to coordinate developments in this area. In year 2000, a major system will complete development and be transitioned to USSOUTHCOM. The airborne sensor platform (ASP) system, a multi-sensor suite for locating HCI labs, will be fielded in Colombia in July 2000. The system consists of an ultra-wideband foliage penetration radar augmented with electro-optical and infrared sensors specifically configured to search for drug manufacturing facilities hidden in jungles.

## GOAL 5

### OBJECTIVE 6: (Continued)

TARGET	MEASURE
2. <b>Currency detection</b> — 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 in cargo with a minimum 80-percent accuracy.	1. Nonintrusive methodology for detection of hidden U.S. currency. <b>Reporting Agency:</b> USCS <b>Supporting Federal Agencies:</b> CIA, DEA, FBI, INS, USBP

**STATUS:** USCS and DoD are currently demonstrating the use of existing nonintrusive inspection technology to locate currency in luggage and vehicles. USCS also continues analysis of production inks, canine training, non-vapor characteristics of bulk shipments, and improvements to the Canine Training Center.

## GOAL 5

### OBJECTIVE 6: (Continued)

#### TARGET

3. **Advanced technology** — 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

1. Capability to:
  - a. identify methamphetamine labs by using portable sensors;
  - c. identify riverine and ground movement of drugs in remote areas;
  - d. measure and assess growth-zone fields of coca, poppy, and marijuana.

**Reporting Agency:** DoD

**Supporting Federal Agencies:** DoAgri, DEA, FBI, INS, USBP, USCS

**STATUS:** An action plan was developed by the PME Working Group. An experiment using commercial satellites for counterdrug intelligence will be conducted January — February 2000 in the SOUTHCOM area of responsibility. An analysis of target detection algorithms for hyperspectral detection of drug labs and growing fields is expected to be completed mid-year 2000.

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# 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 contribute 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 program functional areas (i.e., interdiction, treatment, prevention, etc.). 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 Goals, Objectives, and Performance Targets. Budget resources and the programming that underlies the budget resources must be incorporated into the PME System for each objective area, and each target in particular, to implement a meaningful measurement system. The intent is to be able to translate Federal drug control resources for the 50-plus agencies into the five goal areas ultimately down to the performance target level. 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, time-consuming process of disaggregating agency obligations by Strategy Goal,

Objective, and Target. Budget Requests have been broken out by Strategy Goal are further separated according to Goals and Objectives.

## Budget Requests by Strategy Goal

Beginning with the 1998 Strategy, drug control resources were presented for each of the Strategy's five Goals. Funding for each Strategy Goal is summarized in Table F-1. 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). The following estimates for each Strategy Goal are presented with some confidence about their accuracy and reliability since this is the fourth time Federal agencies have worked to prepare such estimates.

## Funding by Strategy Objective

During calendar year 1999 Federal drug control agencies developed estimates of drug control spending through the Objective level. Table F-2 presents these estimates for the 31 Objectives. This is the second year that the Federal drug control agencies have attempted to estimate their drug control resources beyond the Strategy Goal level. Although refined from last year, these estimates are still preliminary. These estimates are quite likely to be changed as ONDCP, OMB, and the Federal drug control agencies refine the methodologies used to identify resources at the Goal and Objective levels.

Note that official drug control budget estimates may be found in the publication, *The National Drug Control Strategy, FY 2001 Budget Summary* published by ONDCP.

**Table F-1: 1999 Spending By Strategy Goal (\$ Millions)**

<b>Goal</b>	<b>FY 99 Actual</b>	<b>FY 00 Est.</b>	<b>FY 01 Request</b>	<b>00-01 \$ Change</b>	<b>00-01 % Change</b>
1	2,028.8	2,166.4	2,234.8	68.3	3.2
2	7,574.5	7,568.8	8,233.8	665.0	8.8
3	3,300.6	3,539.2	3,741.6	202.4	5.7
4	2,724.9	2,243.4	2,500.3	256.8	11.4
5	2,082.5	1,982.6	2,185.9	203.3	10.3
<b>Colombia</b>		954.4	318.1		
<b>Total</b>	17,711.2	18,455.0	19,214.5	759.6	4.1

**Table F-2: 1999 Spending By Strategy Objective (\$Millions)**

	<b>Goal 1</b>	<b>Goal 2</b>	<b>Goal 3</b>	<b>Goal 4</b>	<b>Goal 5</b>
Objective 1	250.0	5,056.2	1,719.3	2,026.5	400.0
Objective 2	186.0	226.7	917.2	165.2	1,141.0
Objective 3	385.7	947.0	134.5	500.8	501.7
Objective 4	479.9	461.2	16.7	26.5	12.7
Objective 5	43.6	109.8	423.9		21.1
Objective 6	218.9	24.6	15.9		5.1
Objective 7	1.5				
Objective 8	63.2				
Objective 9	304.8				
<b>Unaligned</b>	95.2	29.2	73.2	5.9	0.9
<b>Goal Total*</b>	<b>2,028.8</b>	<b>6,854.7</b>	<b>3,300.6</b>	<b>2,724.9</b>	<b>2,082.5</b>

\* Goal Totals include only Executive agencies, thereby excluding the Federal Judiciary. The Judiciary's drug-related funding of \$719.7 million aligns with Goal 2.

Although some Federal agencies attempted to estimate their drug control resources by PME target, 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 an exact science. At best, the drug control community will get rough estimates of funding for each target.

This process begins to link three of the four components of governance — Strategy, Community (through Strategy development) and Evaluation.<sup>1</sup> As performance monitor-

ing triggers in-depth program evaluations, findings should feed into the resource allocation process, linking the fourth component, Budget, to the other three. These processes are slow and are expected to take many years before the linkages are meaningful and complete.

Endnote

1. Simeone, Ronald S., Carnevale, John T., and Millar, Annie. "A Systems Approach to Performance-Based Management: The National Drug Control Strategy," in review, 2000. An earlier version of this paper was presented at the 1998 annual meeting of the Association for Public Policy Analysis and Management, New York, October 1998.

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# 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 10 years. Identifying desired end states in measurable terms was an accomplishment: it reflected a joint understanding of mission success. In 1998, we took advantage of the same interagency process to develop some common understanding 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, we 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, peer pressure, etc. 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 needs influencing, since it may not portray drug abuse realistically or have many activities focused on it. This may reflect 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.

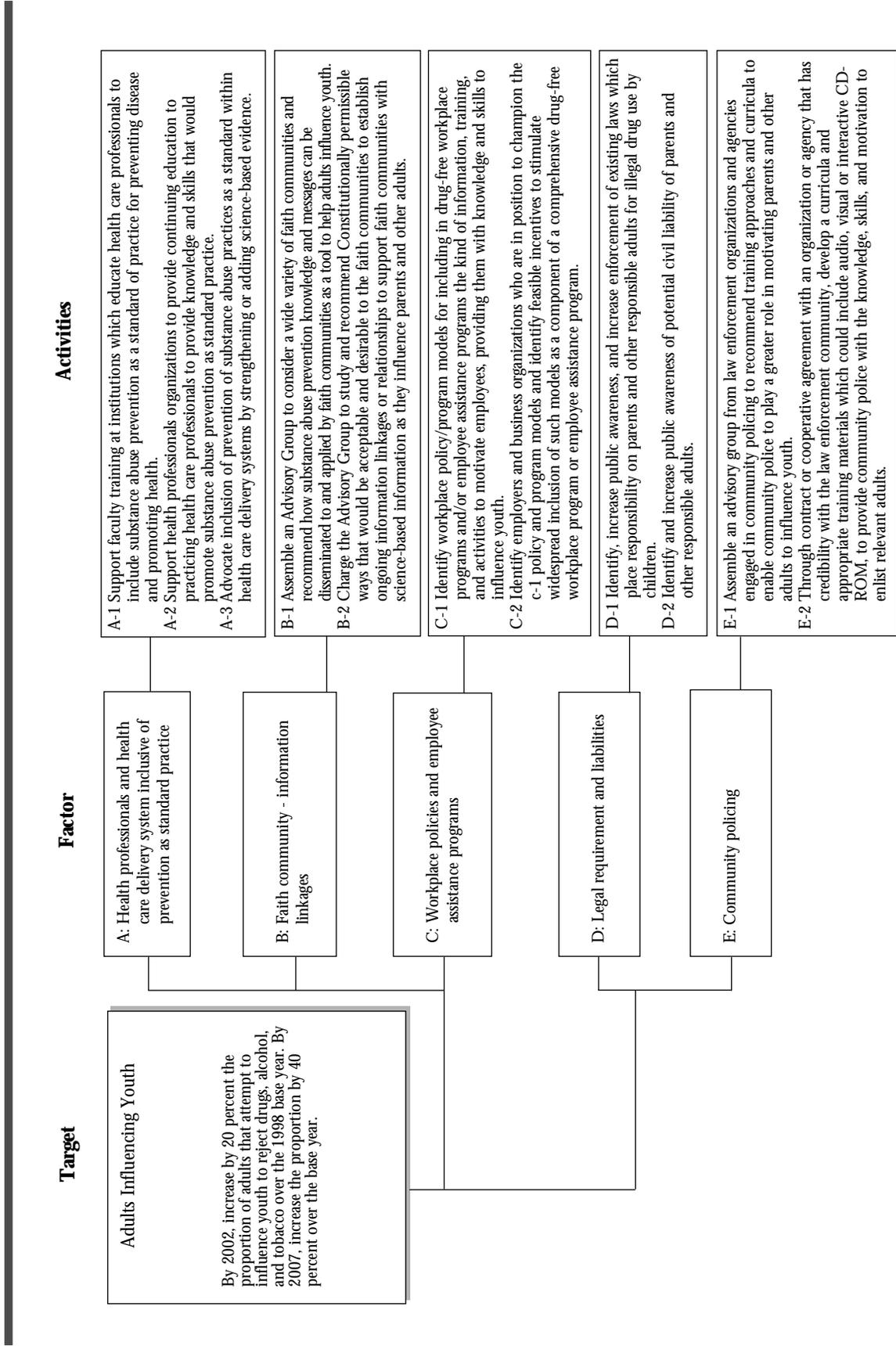
Before we describe Action Plans in some detail, it should be noted that this is the first time over 200 members of the drug control community have jointly developed systematic road maps for achieving long-term targets. Understandably, the logic models and Action Plans are preliminary in nature, not ready 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.

We examine here an illustrative Action Plan from the prevention area. 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 towards 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.

**Table G-1:  
PME Goal 1; Objective 1; Target 2: Adults Influencing Youth**



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 has undergone further refinement.

Note that this Action Plan does not indicate the programs that currently focus on 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. We provide here brief information on the types of Action Plans for illustrative purposes.

The law enforcement Action Plans focused on enhancing intelligence activities, increasing law enforcement, recidivism, improving technology, etc. 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 efforts, anticorruption 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 this year 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, data collaborations, etc.) and monitor them via the IMS.

**Table 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)
<p><b>FACTOR A</b> Health Professionals and Health Care Delivery Systems—Practice standards</p>				
<p><b>ACTIVITY A1</b> 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.</p>		2001		
<p><b>ACTIVITY A2</b> 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.</p>		2000		2001
<p><b>ACTIVITY A3</b> 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.</p>		ongoing		

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# Appendix H: PME Data Gap Analysis

The 2000 PME System contains 12 impact targets and 85 contributory targets in support of the National Drug Control Strategy's 5 Goals and 31 Objectives. To date, not all of the targets have data with which to measure progress.

Of the 12 impact targets, data currently exist to track 9 of them, albeit in some cases with proxy data. Of the 85 contributory targets, 37 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 28 targets, we reported last year that 8 could be tracked by existing data systems and the remaining 20 required data systems to be developed or modifications 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 agencies with a drug control function 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 nearly half of these targets.

## GOAL 1: 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. ONDCP, in partnership with the Community Anti-Drug Coalitions of America (CADCA), has developed a Directory of community coalitions. The Directory contains information on each coalition that has a primary or secondary focus on drugs, including name, address, telephone number, years in existence, membership, focus of activity, target population, and funding source. The Directory provides an annual estimate of the number of anti-drug community coalitions in the country. ONDCP is currently reviewing the draft of the first Directory.

## GOAL 2: 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. Marijuana is grown either outdoors or indoors in every state. Aerial observation of cultivation is complicated by the vast areas to be covered and by the growing proportion of marijuana that is being grown indoors. ONDCP is leading an interagency effort to determine the feasibility of developing methodology for estimating the cultivation, both indoor and outdoor, of marijuana in the United States. Estimation of methamphetamine production is even more problematic because: (1) the precursor chemicals are readily available, and (2) it can be produced in small clandestine laboratories by relatively unskilled individuals. However, ONDCP is also conducting a study to determine the feasibility of developing a methodology for estimating the domestic production of 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) documents the overall number and rate of these crimes, but doesn't separate out the proportion that are drug-related. 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. As a proxy measure, the working group recommended that progress in achieving this target be measured using the overall rates of these violent crimes. This recommendation has been adopted.

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 provide the data for each HIDTA. Typically, HIDTAs are composed of one or more counties. The UCR data are not provided by the FBI at the county-level. ONDCP will be awarding a contract in 2000 to compile the UCR violent crime rates by county, including HIDTA counties.

Objective 3, Target 3. Money laundering costs. The target is to increase 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, are currently participating 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 to provide information for tracking progress in achieving this target.

Objective 4, Target 2. Substance abuse treatment availability. The target is to increase 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. A draft of the results from the first wave of the ADSS is currently being reviewed by SAMHSA, ONDCP, and DOJ. Among other objectives, the ADSS documents the type and extent of drug treatment services provided to the nation. The survey is scheduled to be conducted annually as a component of OAS' Uniform Facility Data Set (UFDS).

Objective 4, Target 3. Inmate access to illegal drugs. The target is to reduce 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 report was required by the Attorney General for states to receive funding under the Violent Offender Incarceration/Truth-in-Sentencing Incentive Grants Program. As of the publication of this report, information on drug testing is available for all states and territories except Arizona.

Objective 4, Target 4. Drugs and recidivism. The target is to reduce the proportion of identified drug-using offenders who are rearrested for new felonies or serious misdemeanors within a 1-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 which will be used to set a baseline for measuring progress of this will not be available until March 2000 and will cover data from 1998.

### **GOAL 3: Reduce Health and Social Costs to the Public of Illegal Drug Use.**

Impact Target 3a. Reduce health and social costs. The target is to reduce 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 (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 1998 reporting on estimates for 1992 (and inflation adjusted estimates for 1995). While useful to policymakers, these reports are not produced on a sufficiently regular schedule to provide a measure with which to assess progress in achieving Goal 3 through 2007. However, ONDCP has been discussing with NIDA and NIAAA the feasibility of producing such estimates on a more regular schedule. Agreement has been

reached that estimates based upon a subset of the variables contained in the larger more detailed study could be produced every other year.

Objective 1, Target 1. Treatment gap. The target is to reduce the treatment gap. In 1999 SAMHSA's Office of Applied Studies (OAS) added a module to the 2000 NHSDA to estimate the prevalence of substance abuse and dependence as defined by the Diagnostic Statistical Manual, version IV. The National Institute of Justice added a similar module to the Arrestee Drug Abuse Monitoring program. Estimates from both data systems will be combined with data on the number of people receiving treatment from OAS's Drug and Alcohol Services Information System to produce the treatment gap estimate. The first estimates 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 and will be a national probability-based sample of treatment providers providing real-time data on treatment admissions. It will also include components to estimate the size and characteristics of the chronic, hardcore drug using population and to follow-up on clients to determine outcomes. SAMHSA has requested funding for FY 2001 to implement the NTOMS.

Objective 1, Target 3. Waiting time. The target is to reduce 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 are to reduce or stabilize the incidence of the drug-related proportion of these diseases. We have confirmed that the Centers for Disease Control and Prevention (CDC) reports 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 4: 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 leading an interagency effort 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 methamphetamine. In 1999, the ONDCP-led interagency effort developed preliminary flow models for cocaine, heroin, marijuana, and methamphetamine. The models for cocaine and heroin employ a supply- and consumption-based approach, while those for marijuana and methamphetamine employ only a consumption-based approach. A more detailed description of and data from these models are presented elsewhere in this report.

We have also identified a gap in performance data associated with Goal 4 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 supporting the Drug Enforcement Administration's (DEA) project to improve its Marijuana Signature Program (MSP). Advancements in the MSP will enable the identification of the source region for the marijuana seized while en route to the United States or at its borders. DEA expects to have these improvements in place by 2000. 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 en route to the United States. Detection and flow of this drug is perhaps the most problematic because of the relative ease of manufacture. ONDCP is leading an interagency project to develop an estimate of the flow of methamphetamine to the United States; to date, this effort has resulted in a consumption-based estimate of flow (see above). Development of a supply-based flow estimate, which would contain estimates of the amount of the drug removed remains problematic due to the nature of methamphetamine production. ONDCP also has been working with the various drug supply control agencies to better define, collect, and report their methamphetamine seizure data.

## GOAL 5: 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 leading an interagency effort 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 2000, 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, many of which are in existence. However, those needing to be developed include the following:

4c. 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.

4d. 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.

4g. 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.

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# Appendix I: The Information Management System

**T**he ONDCP PME system makes use of a great deal of information. Managing the implementation of the Strategy and measuring its success is no simple task. An Information Management System (IMS) has therefore been developed to provide support to both ONDCP and to the agencies that are principally responsible for the production work implied by the Strategy.

The IMS is a multi-user application that is designed to operate under Windows 95, 98 or NT4. The system is currently operational in the Evaluations Section of the Office of Programs, Budget, Research, and Evaluation (OPBRE) at ONDCP. Plans are underway to make portions of the system accessible to other ONDCP staff, to a broader community of agency users, to other federal, state, local agencies, and eventually to the entire drug control community via the Internet.

## FUNCTIONALITY AVAILABLE TO ALL USERS

A start-up screen allows the user to select one of several different options. Generally, the IMS differentiates between users that have access rights that allow them to update the database and those who do not. Anyone can access the National Drug Control Strategy (NDCS) Navigator or the Report Generation Facilities. Only individuals with appropriate access rights can update the database.

### The NDCS Navigator

This form is a graphical depiction of the NDCS. It represents the Strategy at the highest level of abstraction as a system of goals and objectives that are elements of

supply and demand. Clicking on these elements reveals the causal structure that is associated with each goal.

When this is done, the performance targets that constitute the elements of a goal are depicted. They are organized by objective, and the relationships that are assumed to exist among the performance targets are made explicit. It is then possible to examine: (1) the manner in which planned performance contrasts with actual performance for a given target, or (2) the agency programs that are associated with a given target. These capabilities are supported, respectively, by a “Target-Related Measures” form and a “Target-Related Programs” form.

### Target-Related Measures

The PME system makes use of two kinds of measures: Numerical measures, which are things like rates or counts of events, and milestone measures, which indicate the accomplishment of some task. The IMS differentiates similarly between numerical measures and milestone measures, and offers certain kinds of functionality related to each. For numerical measures, the system displays information on: The manner in which the target has been operationalized, contact person and agency, and the projected and actual values for the measure over the period 1998–2007. For milestone measures, the system displays information on: Contact person and agency, anticipated progress each year, and current status.

If more than one measure is associated with a particular target, and this is often the case, then the system presents each related measure to the user. From the Target-Related Measures form, the user may proceed either to a “Target-Related Measure Components” form or to a “Target-Related Action Plan” form.

## Target-Related Measure Components

The IMS allows the user to examine data on any numerical measures at various levels of disaggregation. This form is accessible from the Target-Related Measures form, and it shows values for the numerator and denominator using any number of specified "criterion variable" categories. The rate of drug use might be broken down by state, for example, and estimates of drug flow by port of entry. The form also provides the user with access to the equations that are used in calculation of the values of the measures that reside in the system. Obviously, this level of detail will be of value only to those concerned with details of the measurement process.

## Target-Related Action Plans

The IMS also allows the user to examine the Action Plans that are associated with each performance target. Generally, each plan identifies some set of factors that are the principal vectors for change. Information is presented for the action steps that are related to each factor. This includes a description of the action, and material on the lead agency and contact person, as well as supporting agencies. An action may have budgetary, operational or legislative import. The IMS allows the user to view only federal actions, only non-federal actions, or all actions associated with a given performance target.

## Target-Related Programs

The IMS will eventually allow the user to examine linkages that exist between each agency program and the performance targets that are represented in the Strategy. This information will include: A description of the program, contact person and agency, and a table-level rendering of the alignment of the program with as many as twenty performance targets. Other functionality will allow budget information to be disaggregated by performance target, but as a practical matter it may not be possible to gather information at this level of detail for some time.

## Report Generation Facilities

Each of the forms described above allows the user to print a report summarizing the data that are being viewed. Standard controls for moving about the database are provided as well. These are of course operative only for the

subset of records defined by the selection procedure that was most recently executed.

The IMS also has a number of facilities that allow reports to be generated that conform to goal and objective level specifications. There is thus a "Milestone Measures Summary Report," a "Numerical Measures Summary Report," an "Action Plans Summary Report," and a "Program Alignment Summary Report." A user may, for example choose to print a report on all of the numerical measures that are associated with Goal 1, Objective 2, or a report on all of the Action Plans that are associated with Goal 3 objectives. The IMS has the ability to print user-defined custom reports as well.

## FUNCTIONALITY FOR USERS WHO MAINTAIN THE DATABASE

Only certain individuals have access rights that allow them to update the database. The IMS supports functionality for these users that provides direct access to the database without recourse to any of the graphical depictions of the NDCS that were described above. The IMS makes use of four forms for this purpose: "NDCS Measures," "NDCS Measure Components," "NDCS Action Plans," and "NDCS Programs." These forms are similar to their counterparts described above, but they offer various facilities for verification, and provide automated support to guide the user through the process of building a new record. The NDCS Measure Components and NDCS Action Plans forms are accessible only through the NDCS Measures form. The user has the ability to print a report on the current record from any of the four forms.

## CURRENT STATUS

ONDCP has completed work on developing operational definitions of measures and validated these measures with other federal drug control agencies. ONDCP has also defined "glide paths" for numerical measures. The system has been loaded with these data. The base year values and 1998 actual values have been added to most where available. Disaggregation criteria have been identified for some of the numerical measures, categories must be defined for these criteria, and data must be collected accordingly.

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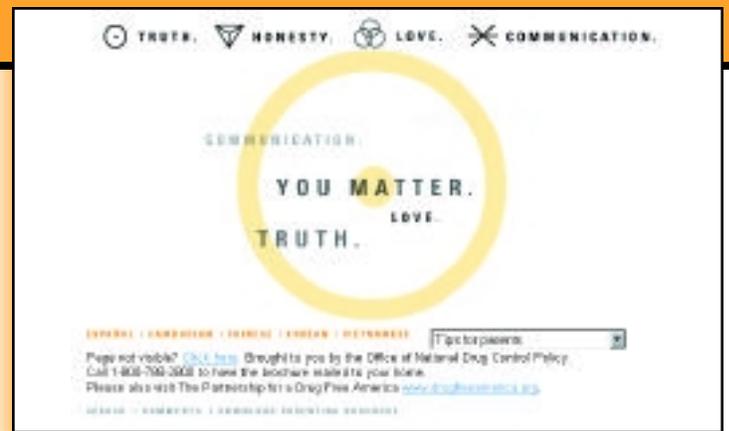


[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

- The President's drug policy
- Current data on drug use
- Prevention, treatment, and enforcement programs
- ONDCP initiatives, news, testimony
- Links to other valuable resources

[www.theantidrug.com](http://www.theantidrug.com)

- 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



[www.freevibe.com](http://www.freevibe.com)

- 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



**National Drug Clearinghouse: 1-800-666-3332**  
**Media Campaign Clearing House: 1-800-788-2800**