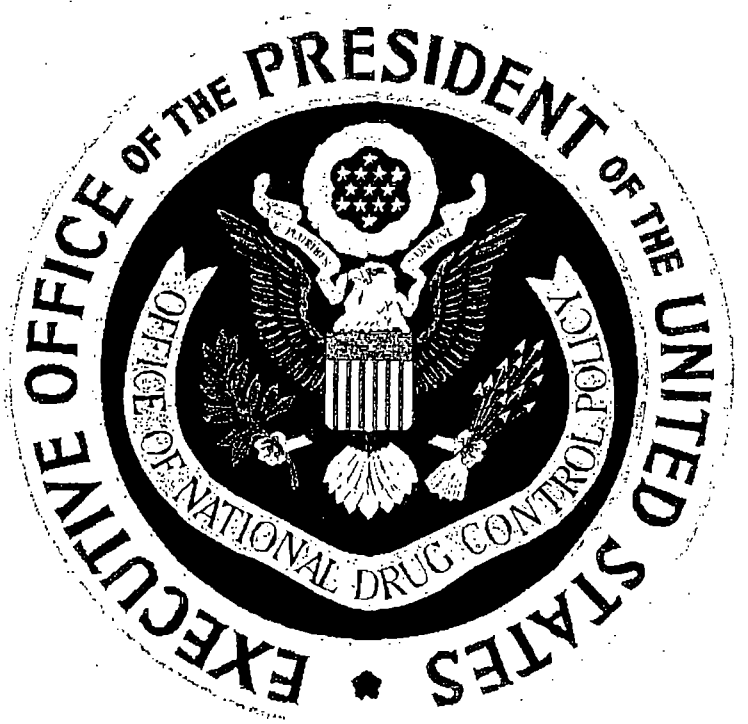
INFORMATION CONCERNING THE CLINTON ADMINISTRATION'S ANTI-DRUG STRATEGY FOR THE SPEAKER OF THE HOUSE



September 23, 1997

OFFICE OF NATIONAL DRUG CONTROL POLICY
Barry R. McCaffrey

Personal

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

Erskine -

September 22, 1997

Dear Mr. Bowles:

Attached you will find a copy of a letter to Speaker of the House Gingrich laying out the Administration's strategy for dealing with America's drug problem in the coming years. The letter is in response to a request from the Speaker for information regarding our anti-drug strategy.

The letter was sent today to OMB for their review. Our goal is to provide it to the Speaker no later than close of business Wednesday, September 24, 1997.

Wanted to keep you informed about our communications with the Speaker. The Administration's drug strategy is a sound approach to the challenges we face.

Sincerely,

Barry R. McCaffrey
Director

Mr. Erskine Bowles
Chief of Staff
The White House
Washington, D.C.

Barry -
Have you reviewed?

- For info
- Will clear with Frank Raines.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 22, 1997

Dear Mr. Speaker:

Thank you for your letter of September 11. All of us at the Office of National Drug Control Policy look forward to working with the 105th Congress to dramatically reduce drug use and its consequences in America. Indeed, your vision of a drug-free America, as expressed in our meeting in May and in subsequent discussions with members, has been enormously useful to us as we further develop our own thinking on long-term goals and objectives. The *Office of National Drug Control Policy Reauthorization Act of 1997* that is now before the Congress reflects this continuing and constructive dialogue between committed senators and representatives, their expert staff, and ONDCP. Your own thinking on what should be the concrete objectives of drug policy has certainly shaped our ideas.

Over the past seventeen years, bipartisan partnership has contributed to a 50 percent overall reduction in drug use and a 75 percent reduction in casual cocaine use. Nevertheless, America's drug abuse problem will kill another 140,000 Americans and cost our society $700 billion over the coming decade if unchecked. We are confident that with full congressional support of our strategic plan, we can avoid most of these social costs. The goals and objectives that are guiding our efforts are enclosed at Tab A.

ONDCP has nearly completed an extensive effort to define the end state that can be attained by effective drug policy programs over the coming decade. We have developed performance targets against which to gauge the success of the National Drug Control Strategy and its underlying programs. These performance targets set an ambitious course for this nation, including:

- ***Reduction of overall drug use by half.*** This means a rate of overall drug use of 3 percent. When achieved, it will mark the lowest rate on record since the United States began systematically tracking rates of drug use.

- ***Reduction of youth drug use by 40 percent.*** This implies a rate of drug use in the population aged 12-17 of 5.4 percent. When achieved, it will match the lowest rate on record which occurred in 1992 at 5.3 percent.

- ***Reduction of the amount of illegal drugs available for consumption by half.*** This applies to cocaine, heroin, marijuana, methamphetamine, and other drugs.

The performance measurement system we are developing (copy provided at Tab B) establishes a strategic blueprint for this nation. Its success will be ensured only through consistent, long-term bipartisan commitment. ONDCP is also preparing a five-year budget that will identify the resources required to achieve this end state. A copy of a joint OMB/ONDCP letter directing agencies to develop a five-year budget and other supporting material is at Tab C.

Other major ONDCP initiatives that are essential to achieve our ambitious objectives include:

- **A Youth-Oriented Anti-Drug Media Campaign.** The Administration has proposed spending $175 million a year for an historic public-private sector partnership that will guarantee our children and their parents see four anti-drug messages per week. This is the minimum exposure the Partnership for a Drug-Free America (PDFA) and other experts believe is necessary to move anti-drug attitudes. This proposal was strongly endorsed recently by Bill Bennett and Mario Cuomo, who will be critical advisors to ONDCP in their new capacity as co-chairs of PDFA. The media and corporate America will play a major role as we seek matches for government funding. Further details are provided at Tab D.

- **Reinvigorating the role of parents and communities.** Decisive action by parents – talking with their children about the dangers of drug use – and by communities, mobilizing to combat the threat of drugs, are the keys to turning back the rising tide of adolescent drug use. ONDCP is reinforcing the role of parents and communities through implementation of the recently enacted Drug-Free Communities Act, which will make grants to hundreds of community anti-drug coalitions throughout America, and by providing funding to broaden and strengthen national groups of parents committed to drug prevention.

- **Addressing the drug legalization movement.** ONDCP is committed to ensuring that science, not ideology, continues to be the basis of our drug control policies. We continue to assist states and national organizations to educate the public about drug-legalization movements. ONDCP has coordinated Administration policy statements on medical marijuana and industrial hemp, which have been provided to governors, state legislators, and non-governmental organizations (copies of statements are enclosed at Tab E). A major reason for the Administration's position is that societal attitudes towards drugs influence juvenile drug use rates. The recently-released *1996 National Household Survey on Drug Abuse* (NHSDA) found that past-month cocaine and marijuana use by 12-17 year olds remains unacceptably high. Indeed, NHSDA data from the last eighteen years can be used to show a correlation between juvenile attitudes towards marijuana, risk perception, and marijuana initiation rates. ONDCP supports the ongoing review by the National Institutes of Health of marijuana's safety and efficacy as a controlled drug. Similarly, we are supporting a comprehensive, rigorous review by the National Academy of Sciences' Institute of Medicine of existing research on the therapeutic benefits and medical harms of marijuana. The Administration will continue to make the case that all drugs must be subject to rigorous scientific scrutiny before being approved by the Food and Drug Administration and the Drug Enforcement Administration.

- **A National Action Plan Against Heroin.** ONDCP is currently working with other drug control program agencies to ensure that current dangerous heroin use trends do not presage a U.S. heroin epidemic in the short term (2-3 years). Our purpose is to reduce heroin use by 50 percent over the next five-to-ten years. Lack of accessibility to major opium cultivation areas together with the decentralized operations of heroin trafficking organizations pose significant constraints on the U.S. ability to develop and implement effective international heroin supply

reduction programs. Consequently, we must focus on domestic demand reduction efforts. Specifically, we must reduce the number of initiates, casual use of heroin, and the number of chronic users (now estimated at 600,000). We must also continue our efforts to break up international and domestic heroin trafficking organizations.

- **An Anti-Methamphetamine Strategy.** The Attorney General and ONDCP are implementing the *National Methamphetamine Strategy* released by the President in April 1996. The Attorney General has asked ONDCP to co-chair this effort. This strategy confronts the meth problem with comprehensive enforcement efforts, more stringent regulatory controls, measures against international trafficking, tougher sentencing provisions, and supportive legislative, treatment, prevention, and education initiatives. It also increases cooperation between federal, state and local government, the private sector, and communities. This year, we have organized a regional methamphetamine conference in California and a national one in Nebraska. Our purpose was to assure that our anti-methamphetamine efforts are more broad-based. A copy of the current strategy is at Tab F.

- **The South-West Border Concept -- Improved coordination of efforts to secure our borders from the drug threat.** According to Customs, each year 60 million people enter our country on more than 675,000 flights. Another 6 million come by sea and 370 million by land. More than 9 million shipping containers, carrying four hundred million tons of cargo, enter our ports. Our challenge is to keep illegal drugs out while allowing two-way trade to continue to grow. Over the past four years, the Administration has invested extensively in federal anti-drug capabilities. Customs' drug-related expenditures for example have increased 14 percent, while DEA's have increased by 51 percent, the FBI's by 132 percent, and INS' by 151 percent. Our biggest challenge is to more effectively integrate and coordinate the activities and responsibilities of the federal drug control program agencies involved in keeping illegal drugs out of the United States. Drug control program agencies that share responsibility for shielding our border from the drug threat are currently participating in a review of federal efforts to prevent drug trafficking across the Southwest border. We look forward to developing a detailed Administration proposal over the coming months.

- **A reorganized National Intelligence Architecture.** The Director of ONDCP, the Attorney General, and the Director of Central Intelligence are leading a complete interagency review of our national drug intelligence architecture. Our purpose is to ensure the system provides the best possible support to all aspects of the drug control effort. The review, which involves the major federal drug control program agencies, should be completed next Spring. The results of this effort will be a better, more responsive drug intelligence system. Further details on the review are provided at Tab G.

- **Concept for greater multinational drug control efforts.** We continue to be optimistic that we can develop the basis for a hemispheric alliance against drugs. The Administration favors establishment of such an alliance through further development of existing hemispheric drug control standards and institutions, including better implementation of the follow-on mechanisms to the 1994 Summit of the Americas. The *Narcotics Action Plan* developed at

the Miami Summit recognized the need for a broad and coordinated hemispheric strategy to reduce drug use and production, including new enforcement methods to disrupt trafficking and money laundering networks. Since then, follow-on agreements such as plans of actions against money laundering and the 1996 endorsement of the Organization of American States' *Hemispheric Anti-Drug Strategy* have maintained forward momentum of hemispheric drug control cooperation. A Department of State summation is provided at Tab H.

- **Joint Strategy -- U.S. -Mexico drug control cooperation.** This is an area where enormous progress has been made over the past eighteen months. President Ernesto Zedillo has stated repeatedly that drug trafficking is Mexico's most dangerous national security threat. The U.S. Mexico High Level Contact Group on Drug Control, formed in April last year by Presidents Clinton and Zedillo, has helped improve our binational cooperation against the drug threat. During President Clinton's visit to Mexico earlier this year, our two nations released a *U.S. Mexico Bilateral Drug Threat Assessment* and signed a *Declaration Of Alliance Against Drugs*. We will complete a sixteen-point joint drug control strategy by the end of the year. An ONDCP summation of joint U.S. - Mexican progress on drug control issues is provided at Tab I.

As the Speaker of the House, you are uniquely situated to help forge bipartisan consensus on a drug strategy that focuses on our nation's most precious resource -- our children. We are grateful for your personal commitment to ensuring we provide our children a healthy, drug-free environment in which to grow up. We clearly value a strong signal of legislative intent to address America's drug problem seriously. Our best thinking on how the Office of National Drug Control Policy can attain the goals elaborated in the *National Drug Control Strategy* is contained in the *Office of National Drug Control Policy Reauthorization Act of 1997* submitted by the Administration to Congress earlier this year (a copy of which is at TAB J).

We believe our proposals are prudent and balanced, and that our goals are obtainable given continued bipartisan support. We look forward to working in partnership with both the House of Representatives and the Senate and to discussing additional ideas with you in the near future.

Respectfully,

Barry R. McCaffrey
Director

The Honorable Newt Gingrich
Speaker of the House of Representatives
Washington, DC 20515-1006

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A

Divider Title: _____

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

September 15, 1997

Goals and objectives of the *National Drug Control Strategy*

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

Objective 1: Educate parents or 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 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 have been evaluated and tested and are based on sound practices and procedures.

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 a partnership with the media, entertainment industry, and professional sports organizations to avoid the glamorization of illegal drugs and the use of alcohol and tobacco by youth.

Objective 8: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Objective 9: Develop and implement a set of principles upon which prevention programming can be based.

Objective 10: 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 the leaders of illegal drug syndicates.

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

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

Objective 4: Develop, refine, and implement effective rehabilitative programs -- including graduated sanctions, supervised release, and treatment for drug-abusing offenders and accused persons -- at all stages within the criminal justice system.

Objective 5: Break the cycle of drug abuse and crime.

Objective 6: 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 drug testing as a key component of a comprehensive program that includes 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 treatment 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.

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 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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OFFICE OF NATIONAL DRUG CONTROL POLICY

PERFORMANCE MEASUREMENT

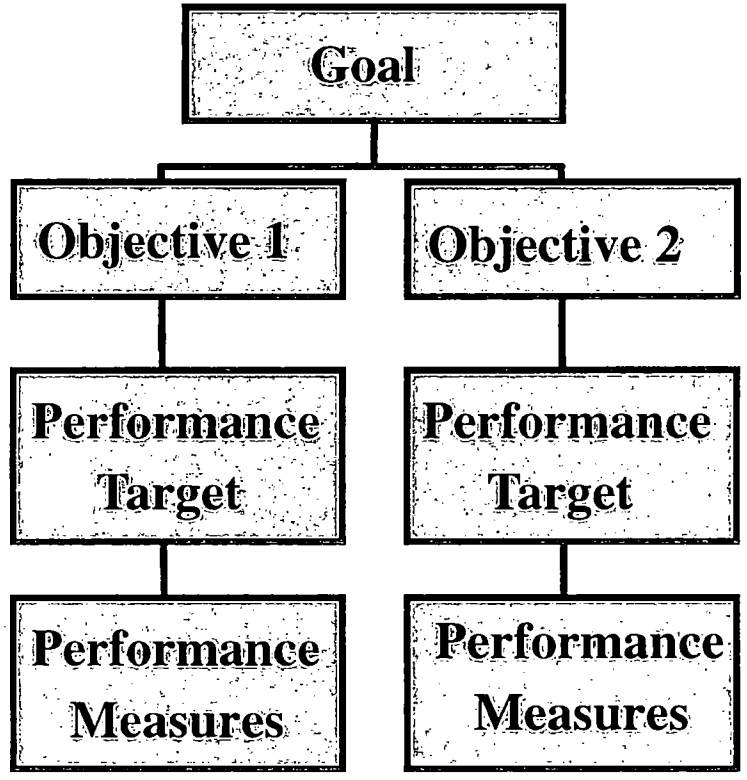
Concept:

- **ONDCP's Mission is to *Reduce Drug Use and Its Consequences***
- **Achieved through *Supply Reduction* and *Demand Reduction* program activities**
- **1997 Strategy reflected in five *Goals* and 32 *Objectives***
- **Performance Measurement is about *Accountability* -- Is the Strategy Achieving its Goals and Objectives?**
- **Strategy Goals are visionary -- to assess progress requires review of efficacy of supporting objectives.**
- ***Efficacy* is determined by the realization of meaningful *Performance Targets***

Framing the Approach Taken So Far

- Strategy seeks to "reduce drug use and its consequences" through Supply Reduction and Demand Reduction activities
- The 1997 Strategy states that Demand Reduction seeks to lessen youth drug consumption -- Goal 1
- It also states that Supply Reduction seeks to reduce availability -- Goals 4 and 5
- The Strategy also seeks to reduce drug-related Consequences (crime; health and social costs) -- Goals 2 and 3

ONDCP PERFORMANCE MEASUREMENT SYSTEM
(Architecture)



Five Strategy *Goals* define the major directives of the Strategy

Goals have *Objectives* indicating the major lines of action to achieve goals.

Performance *Targets* establish results or end states we expect to achieve.

Performance *Measures* indicate whether we have achieved the target.

About Approach

- Federal Interagency Working Groups tasked with developing Performance Targets
- Instructed to visualize where policy should take the nation "10-years out" -- builds on the 5 Strategy goals and 32 Objectives
- Instructed to plan for meaningful progress towards drug control mission without being constrained by budget considerations -- let ONDCP worry about obtaining the necessary resources to achieve a performance target
- Instructed to establish Targets for two milestones -- 2002 and 2007 -- reflecting the 5-year budget and 10-year Strategy and complying with GPRA format
- Once agreement is achieved on these two critical milestones, the annual targets can be easily established and adjusted annually

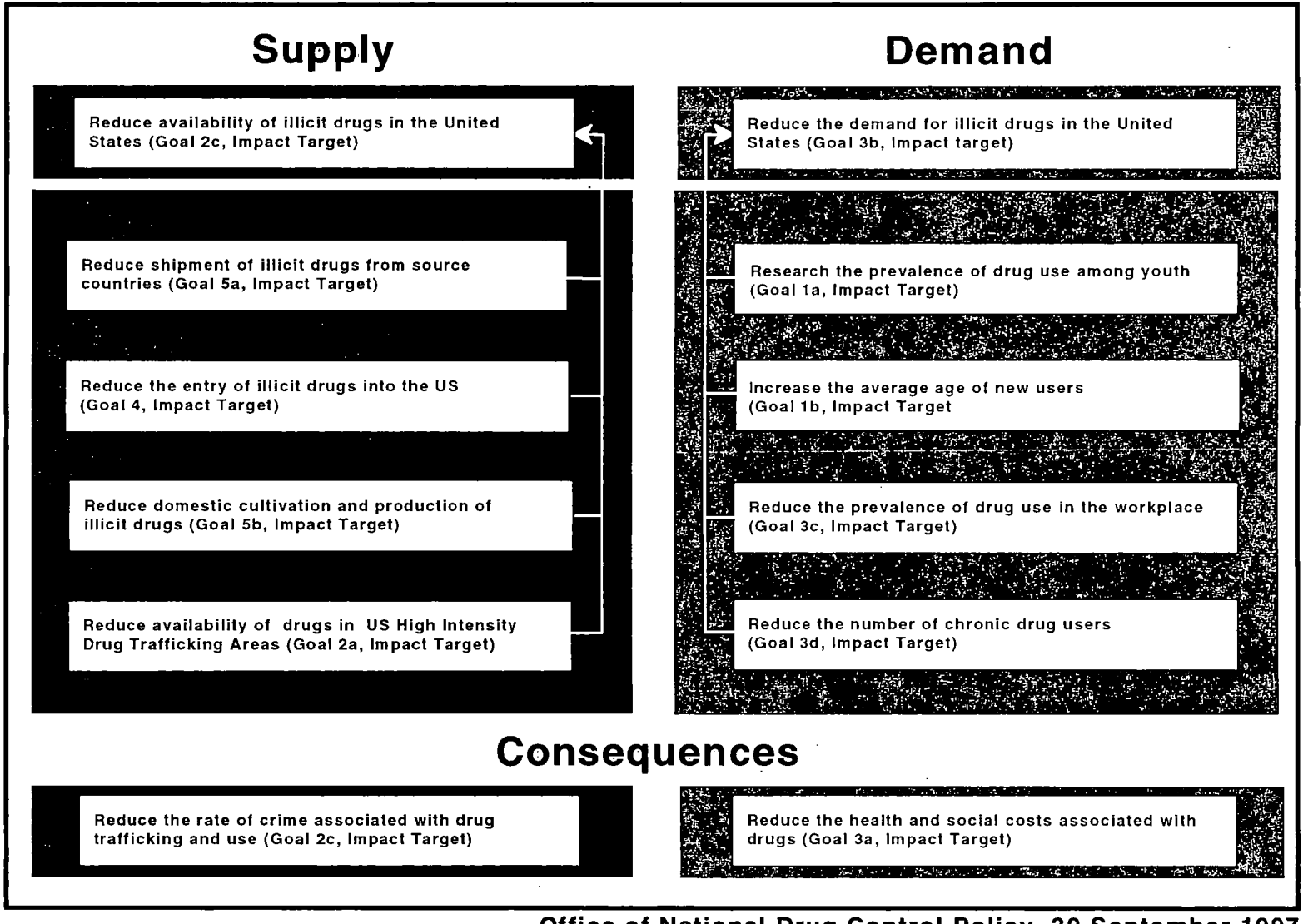
Basic Points About Architecture

- Diagram on the next page shows the intended effects (targets) of the Strategy's Goals -- quantified in proposed Performance Targets currently under review
- They show the extent to which Strategy programs achieve the 5 Goals
- These targets form the "core" of the Performance Measurement System

Figure 3

The National Drug Control Strategy

Impact Targets



Office of National Drug Control Policy 30 September 1997
Figure 3

More Points About Architecture

- The diagram on the next page shows the entire system architecture
- At its center are the "core" targets showing what the Strategy Goals seek to accomplish
- The diagram shows how the 5 Goals and 32 Objectives are integrated in the National Drug Control Strategy
- Red area shows Goals and Objectives supporting demand reduction and its related consequences
- Blue area shows Goals and Objectives supporting supply reduction and its related consequences
- Boxes under each Goal reflect supporting Objectives, a total of 32

Figu

The National Dru

Goals, Objectives

Goal 5: Break Foreign and Domestic Sources of Supply

- Reduce Cultivation
- Disrupt Organizations
- Improve SC Capabilities
- Support Multilateral Initiatives
- Deter Money Laundering
- Deploy Detection Systems

Goal 5 Objectives

Goal 4: Shield America's Air, Land, and Sea Frontiers

- Increase Transit Zone Seizures
- Improve Coordination Among US Agencies
- Improve Cooperation With Other Nations
- Develop Technology

Goal 4 Objectives

Supply

- Reduce availability of illicit drugs in the United States (Goal 2c, Impact Target)
- Reduce shipment of illicit drugs from source countries (Goal 5a, Impact Target)
- Reduce the entry of illicit drugs into the US (Goal 4, Impact Target)
- Reduce domestic cultivation and production of illicit drugs (Goal 5b, Impact Target)
- Reduce availability of drugs in US High Intensity Drug Trafficking Areas (Goal 2b, Impact Target)

Conse

- Reduce the rate of crime associated with drug trafficking and use [HIDTAs] (Goal 2a, Impact Target)

Goal 2: Increase the Safe

- Disrupt Drug Trafficking Organizations
- Disrupt Money Laundering Organizations, Seize Assets
- Strengthen HIDTAs

Goal 2 Objectives

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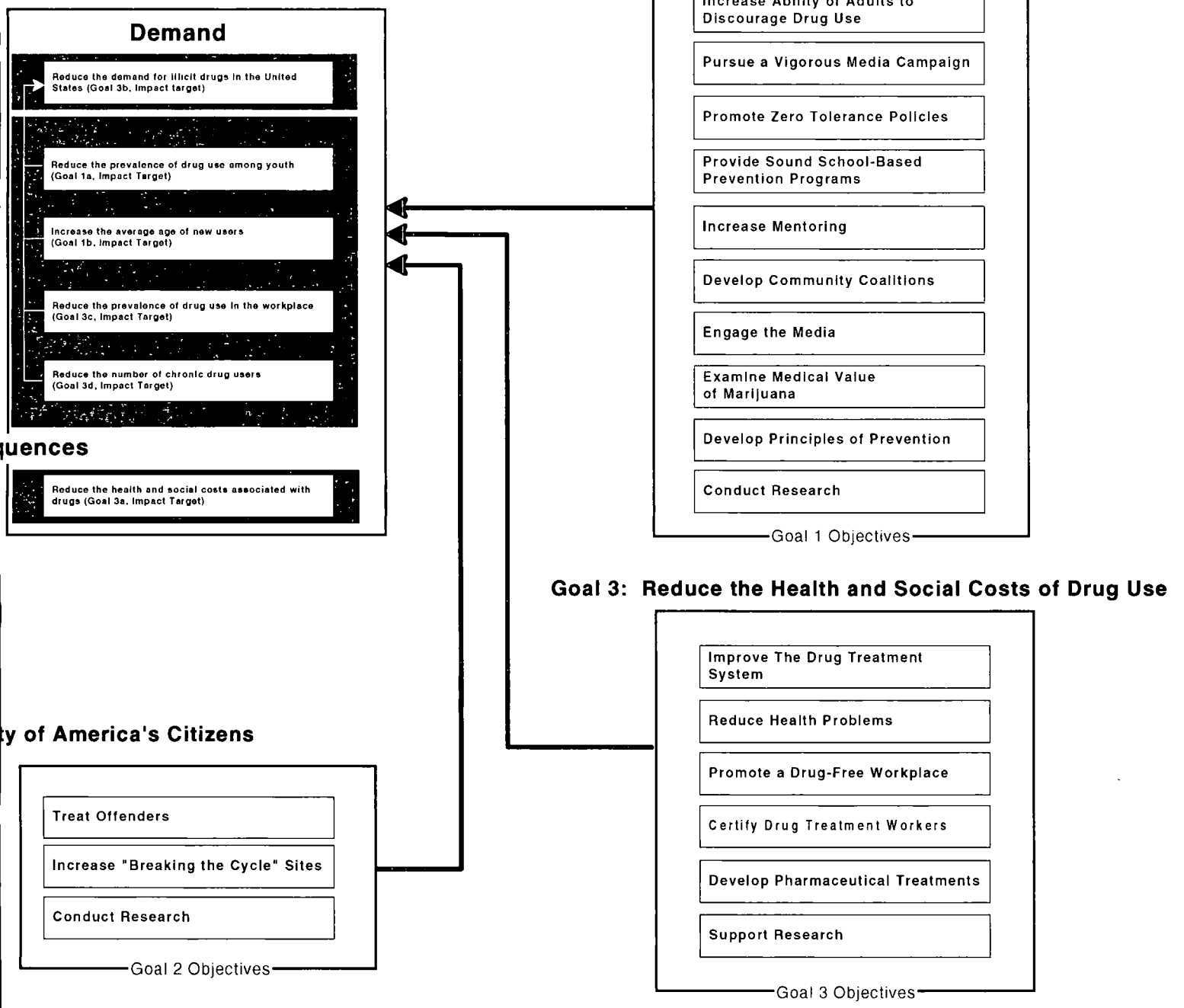
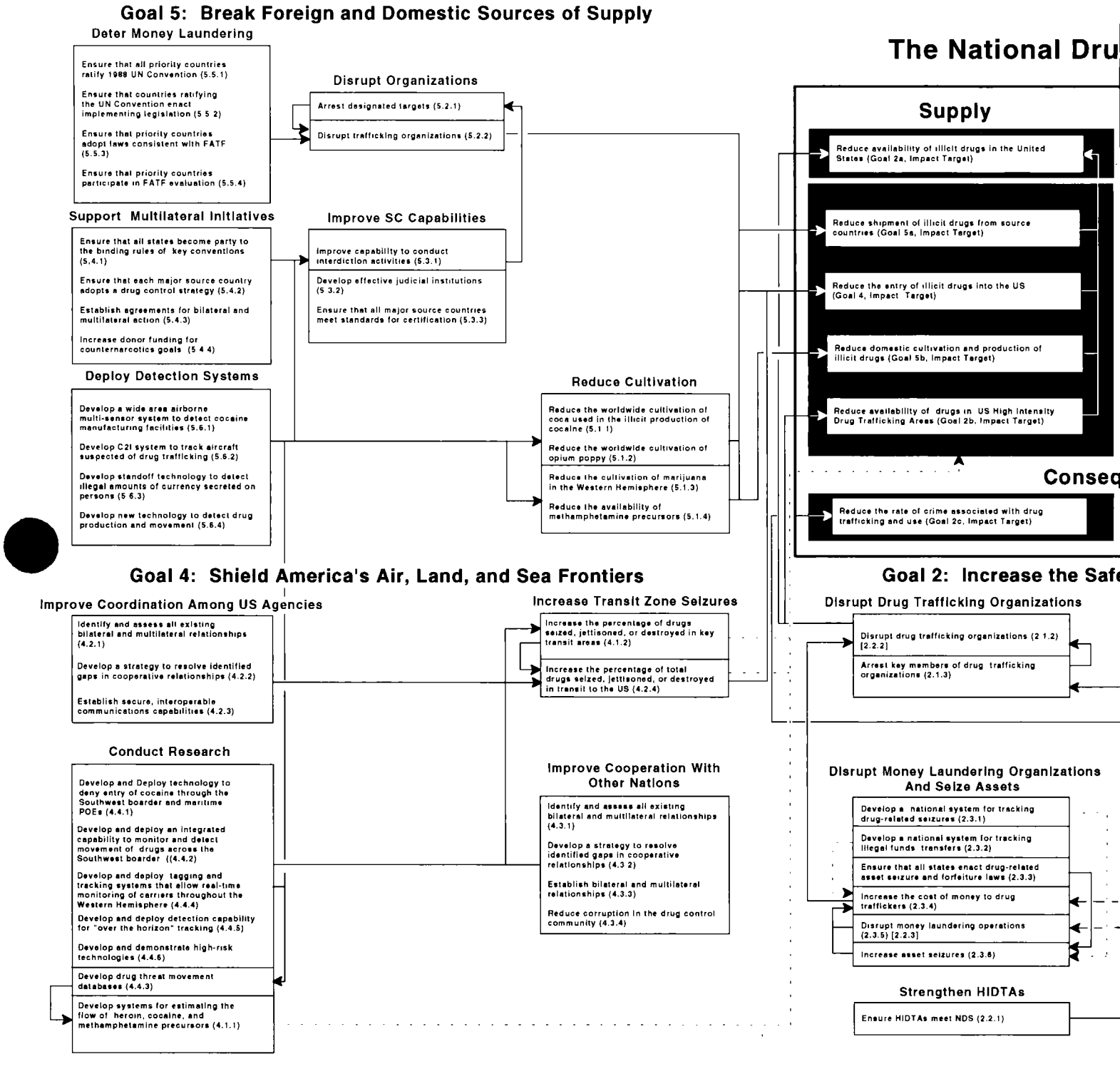
g Control Strategy
and Impact Targets

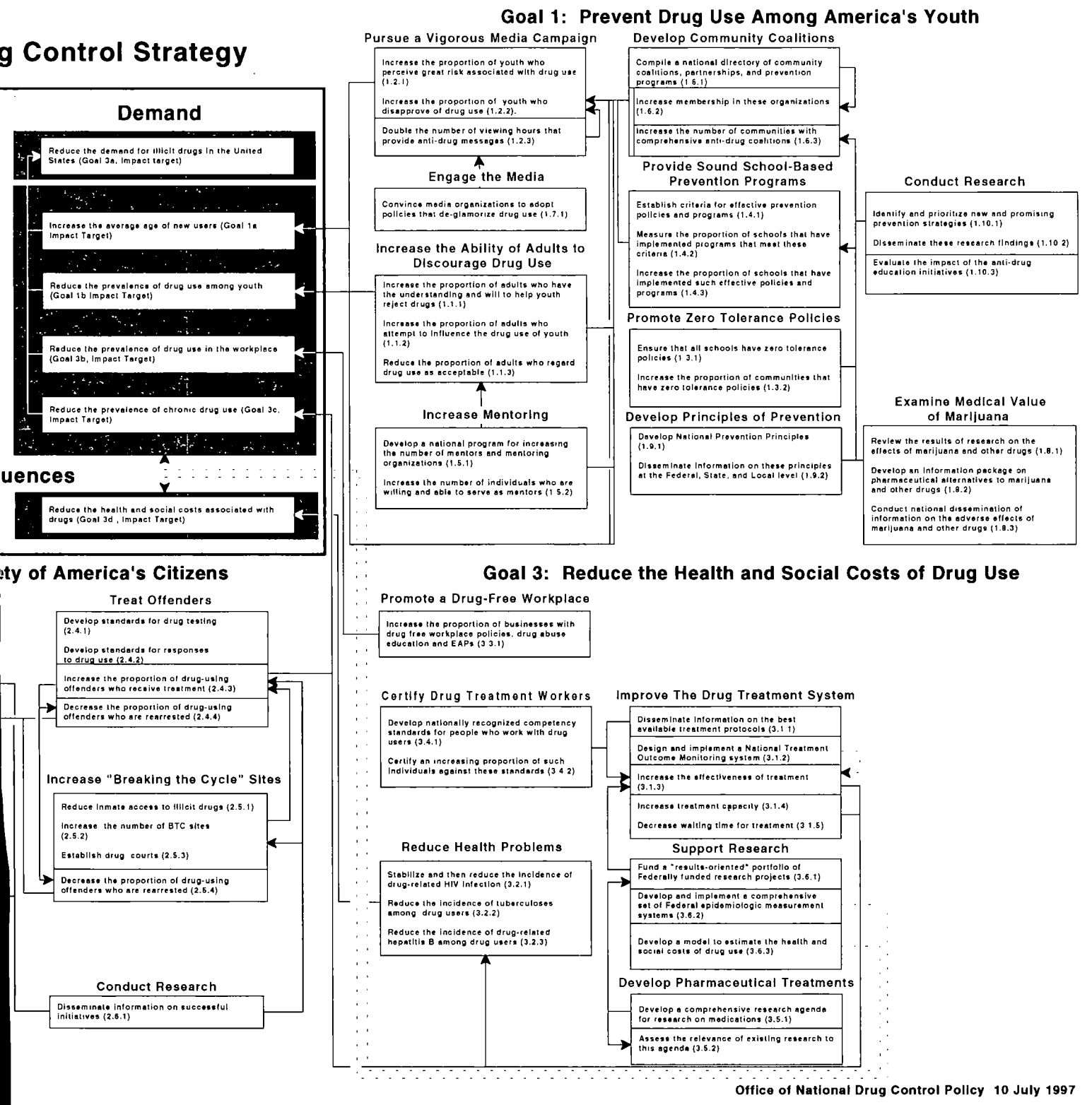


Office of National Drug Control Policy 30 September 1997
Figure 4

Final Points About Architecture

- The chart on the next page adds Performance Targets for each Goal and Objective
- The purpose of this diagram is to present a logic model by which Strategy programs contribute to Supply Reduction, Demand Reduction, and Drug Use Consequences
- Targets are displayed in boxes, under each Objective, for each Goal - actual numbers under review
- There may be more than one target per Objective
- Some Targets may contribute to more than one Objective -- hence, the lines with more than one arrow
- For example, "research" contributes to several Objectives
- A three dimensional representation would add drug control agency programs and resources aligned behind each Target


Goal 5: Break Foreign and Domestic Sources of Supply
Deter Money Laundering
Ensure that all priority countries ratify 1988 UN Convention (5.5.1)
Ensure that countries ratifying the UN Convention enact implementing legislation (5 5 2)
Ensure that priority countries adopt laws consistent with FATF (5.5.3)
Ensure that priority countries participate in FATF evaluation (5.5.4)
Disrupt Organizations
Arrest designated targets (5.2.1)
Disrupt trafficking organizations (5.2.2)
The National Dru
Supply
Reduce availability of illicit drugs in the United States (Goal 2a, Impact Target)
Reduce shipment of illicit drugs from source countries (Goal 5a, Impact Target)
Reduce the entry of illicit drugs into the US (Goal 4, Impact Target)
Reduce domestic cultivation and production of illicit drugs (Goal 5b, Impact Target)
Reduce availability of drugs in US High Intensity Drug Trafficking Areas (Goal 2b, Impact Target)
Conseq
Reduce the rate of crime associated with drug trafficking and use (Goal 2c, Impact Target)
Support Multilateral Initiatives
Ensure that all states become party to the binding rules of key conventions (5.4.1)
Ensure that each major source country adopts a drug control strategy (5.4.2)
Establish agreements for bilateral and multilateral action (5.4.3)
Increase donor funding for counternarcotics goals (5 4 4)
Improve SC Capabilities
Improve capability to conduct interdiction activities (5.3.1)
Develop effective judicial institutions (5 3.2)
Ensure that all major source countries meet standards for certification (5.3.3)
Deploy Detection Systems
Develop a wide area airborne multi-sensor system to detect cocaine manufacturing facilities (5.6.1)
Develop C2I system to track aircraft suspected of drug trafficking (5.6.2)
Develop standoff technology to detect illegal amounts of currency secreted on persons (5 6.3)
Develop new technology to detect drug production and movement (5.6.4)
Reduce Cultivation
Reduce the worldwide cultivation of coca used in the illicit production of cocaine (5.1 1)
Reduce the worldwide cultivation of opium poppy (5.1.2)
Reduce the cultivation of marijuana in the Western Hemisphere (5.1.3)
Reduce the availability of methamphetamine precursors (5.1.4)
Goal 4: Shield America's Air, Land, and Sea Frontiers
Goal 2: Increase the Safe
Improve Coordination Among US Agencies
Identify and assess all existing bilateral and multilateral relationships (4.2.1)
Develop a strategy to resolve identified gaps in cooperative relationships (4.2.2)
Establish secure, interoperable communications capabilities (4.2.3)
Increase Transit Zone Seizures
Increase the percentage of drugs seized, jettisoned, or destroyed in key transit areas (4.1.2)
Increase the percentage of total drugs seized, jettisoned, or destroyed in transit to the US (4.2.4)
Disrupt Drug Trafficking Organizations
Disrupt drug trafficking organizations (2 1.2) [2.2.2]
Arrest key members of drug trafficking organizations (2.1.3)
Conduct Research
Develop and Deploy technology to deny entry of cocaine through the Southwest boarder and maritime POEs (4.4.1)
Develop and deploy an integrated capability to monitor and detect movement of drugs across the Southwest boarder ((4.4.2)
Develop and deploy tagging and tracking systems that allow real-time monitoring of carriers throughout the Western Hemisphere (4.4.4)
Develop and deploy detection capability for "over the horizon" tracking (4.4.5)
Develop and demonstrate high-risk technologies (4.4.6)
Develop drug threat movement databases (4.4.3)
Develop systems for estimating the flow of heroin, cocaine, and methamphetamine precursors (4.1.1)
Improve Cooperation With Other Nations
Identify and assess all existing bilateral and multilateral relationships (4.3.1)
Develop a strategy to resolve identified gaps in cooperative relationships (4.3 2)
Establish bilateral and multilateral relationships (4.3.3)
Reduce corruption in the drug control community (4.3.4)
Disrupt Money Laundering Organizations And Seize Assets
Develop a national system for tracking drug-related seizures (2.3.1)
Develop a national system for tracking illegal funds transfers (2.3.2)
Ensure that all states enact drug-related asset seizure and forfeiture laws (2.3.3)
Increase the cost of money to drug traffickers (2.3.4)
Disrupt money laundering operations (2.3.5) [2.2.3]
Increase asset seizures (2.3.6)
Strengthen HIDTAs
Ensure HIDTAs meet NDS (2.2.1)



Office of National Drug Control Policy 10 July 1997

Illustrative Performance Targets

and Measures

For NDCS Goals and Objectives

Proposed Performance Targets for ONDCP Performance Measurement System

The 12 impact targets are proposed to measure the overall progress toward the Strategy Goals. These targets define desirable, meaningful end-states for this nation's anti-drug effort — **a 50 percent reduction of drug use and availability, and a 25 percent reduction in drug use consequences.**

1. ***For overall demand reduction***, we propose *a 50 percent reduction in the overall rate of illicit drug use in the U.S.* within a decade — by 2007 — below the 1996 base year. In 1996, the past month (i.e., current) rate of U.S. drug use among those aged 12 and older was 6.1 percent. The targeted 50 percent reduction would yield a nationwide drug use rate of 3 percent by 2007. The 3 percent rate would be the lowest verified rate since the Federal Government began systematically tracking such data.

2. Focus on Youth Initiation: Two impact targets are established related to youth drug use. The first aims to reduce first-time use as follows: *By 2002, increase the average age of first-time drug use by 12 months from the average age of first-time users in 1996. By 2007, increase the average age of first-time drug use by 36 months from the 1996 base year.* To illustrate how we might reduce first-time drug use, consider the mean age for first- time use of marijuana (16.7 years). Delaying the initial use of drugs such as marijuana by 36 months would, in turn, set the mean age of initial use at a high enough level to allow a larger percentage of the population to approach the "20 and older safety-zone."

3. Focus on Youth Prevalence: The Strategy must also have an impact on overall youth drug use prevalence. *We propose by 2002, to reduce the prevalence of any illicit drug use among youth by 20 percent as measured against the 1996 base year and by 2007, to reduce the prevalence by 40 percent as compared to the base year.* In 1996, the prevalence of drug use in the 12-17 population age group was 9.0 percent. The 40 percent reduction moves toward a targeted rate in 2007 of 5.4 percent. This would reach the lowest rate of youth drug use since the Federal Government began systematically tracking such data.

4. Focus on the Workplace: Approximately 74 percent of drug users are employed. Targeting the workplace with drug prevention and education programs will reduce overall drug use and protect the health, safety, and productivity of the American worker. *We propose by 2002, to reduce the prevalence of drug use in the workplace by 25 percent as compared to the 1996 base year and by 2007, to reduce this prevalence by 50 percent as compared to the base year.*

5. Focus on Chronic, Hardcore Drug Use: Hardcore drug users consume the vast majority of the available supply of drugs in the U.S. *We propose by 2002, to reduce the number of chronic users by 25 percent as compared to the 1996 base year, and by 2007, to reduce the number of drug users within this population by 50 percent as compared to the base year.* HHS estimates that there are 3.6 million hardcore drug users. A decline of this magnitude in the number of hardcore drug users would result in a significant reduction in the overall demand for drugs.

6. ***For overall supply reduction***, *we propose to reduce the available supply of drugs in the U.S. by 50 percent by 2007.* The Strategy makes clear the need to reduce the available supply of drugs, particularly since demand reduction efforts cannot be successful in an environment where drugs are plentiful. This impact target applies to all illicit drugs that are cultivated or produced domestically as well as those imported into the U.S. for consumption.

ONDCP estimates that about 240 metric tons of cocaine are available for consumption in the U.S. This impact target would reduce this figure to 120 metric tons in ten years. The availability of heroin would decrease from approximately 12 tons to 6 tons over this same period.

7. Focus on Foreign Source Countries: Gaining control over the cultivation and production of illicit drugs is the basis of supply reduction efforts. All major drugs and essential precursor chemicals must be targeted at the source of supply and prevented from leaving the source nations. *We propose by 2002, to reduce the outflow of illicit drugs and precursor chemicals from source countries by 15 percent from the 1998 base year and by 2007, to reduce outflow by a total of 30 percent as measured against the base year.*

8. Focus on Stopping Drugs from Crossing Our Nation's Borders: Drugs must be interdicted while in transit, especially as they cross our borders. *We propose by 2002, to reduce the entry of illicit drugs and precursor chemicals into the United States by 25 percent, as compared to the 1998 base year and by 2007, to reduce the entry by 50 percent, as measured against the base year.* ONDCP estimates that approximately 350 metric tons of cocaine are shipped from the source countries to the U.S. Meeting this impact target would reduce this figure to 263 by 2002, and to 175 by 2007.

Reducing overall availability by half requires that we do more than target source nations or drugs in transit to the U.S. Two other impacts are required for supply reduction programs within the U.S.:

9. Focus on Domestic Cultivation and Production: The U.S. must gain control over the cultivation and production of drugs within its borders. *We propose by 2002, to reduce the production of methamphetamine and the cultivation of marijuana in the U.S. by at least 40 percent from the 1998 base year and by 2007, to reduce it by 60 percent compared to the base year.* ONDCP will coordinate the development of official government estimates of the amount of both of these drugs available in the U.S. and will report estimates to Congress in 1998.

10. Focus on High Intensity Drug Trafficking Areas (HIDTAs): *We propose by 2002, to reduce by 10 percent the total illegal drug flow through HIDTA regions as compared to a 1998 base year, and by 2007, to reduce the illegal flow by 25 percent, as compared to the base year.*

In the area of drug use ***consequences***, we aim to reduce the substantial health and social costs stemming from drug use, including those from drug-related crime. These costs are estimated to be $67 billion annually and most are crime-related. We target two principal areas to reduce the health and social costs of illicit drug use:

11. Focus on Crime and Violence: Domestic law enforcement must aggressively target traffickers to mitigate the crime and violence that surrounds the drug trade. *We propose by 2002, to reduce by 15 percent the rate of crime and violent acts associated with drug trafficking and drug abuse, as compared with the 1996 base year and by 2007, to reduce drug-related crime and violence by 30 percent, as compared with the base year.*

12. Focus on Health: Drug users engage in high-risk behaviors making them and their associates susceptible to a range of diseases. *We propose by 2002, to reduce health and social costs attributable to illegal drug trafficking and use by 10 percent as compared to the 1996 base year and by 2007, to reduce such costs by 25 percent as compared to the base year.*

WORKING WITH CONGRESS

As the "Results Act" requires, we will consult with the Congress as we develop our performance targets and measures

Strong Congressional support required for building a successful performance measurement (PM) system

Given the budgetary lead times for new initiatives, support for a five-year budget is critical

Some legislative changes will be necessary to streamline programs and increase their effectiveness

Congress should accept that PM systems take time to design and put in place

Clinton Presidential Records
Digital Records Marker

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Divider Title: _____

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

THE DIRECTOR

June 5, 1997

MEMORANDUM FOR HEADS OF DRUG CONTROL DEPARTMENTS AND AGENCIES

FROM: Franklin D. Raines
Director, Office of Management and Budget

Barry R. McCaffrey
Director, Office of National Drug Control Policy

SUBJECT: Formulation of Five-Year National Drug Control Budget

The *National Drug Control Strategy* offers a comprehensive approach to reduce illegal drug use and the harm it causes. The *Strategy* provides long-term guidance -- ten years -- and examines how current programs should be extended or modified. As part of this approach, the Administration is committed to drug budget planning over five years. To implement this process, the Office of Management and Budget (OMB) and the Office of National Drug Control Policy (ONDCP) solicit your assistance in formulating drug budget estimates through FY 2003.

In support of the *Strategy*, OMB and ONDCP have agreed on procedures for developing five-year estimates of drug control budget resources. By examining program requirements over this period, we will be able to construct a budget to support the President's drug control program. Further, this long-term view is compatible with performance plans required under the *Government Performance and Results Act* and the specific drug performance targets and measures being developed cooperatively with agencies and ONDCP.

Next February's *National Drug Control Strategy* will include drug budget estimates for FY 1999 to FY 2003. In order to prepare these estimates, departments and agencies are asked to formulate their requests for drug control activities for the upcoming budget year, FY 1999, and for the four subsequent planning years of FY 2000 to FY 2003. Drug budget requests should be submitted to ONDCP for an initial review during the summer, and should realistically represent each bureau's resource needs. The agencies will submit the final product to both OMB and ONDCP for consideration in the fall. As part of its statutory budget certification responsibilities, ONDCP will certify if resources requested by each agency and department are adequate to implement the *Strategy*. ONDCP's recommendations will be taken into account in making final decisions on the *President's FY 1999 Budget*, which will meet aggregate funding targets for each agency and will be within the confines of the budget agreement reached with the Congress.

In order to implement this new approach, ONDCP issued guidance to all drug agencies on April 8, requiring five-year projections for program and budget priorities. Soon OMB will issue revisions to *Circular A-11*, which also will include instructions for the preparation of five-year drug budgets.

The *National Drug Control Strategy*, supported by five-year budget estimates and performance measures and targets, will be a model for long-term planning. The success of this concept is dependent on the thoughtful participation of all departments. We ask that your agencies join in these efforts, and help the Administration reach the goal of reducing illicit drug use and its consequences in America.

We thank you for your assistance in this joint effort.

Barry R. McCaffrey
Director, Office of National Drug Control Policy

Franklin D. Raines
Director, Office of Management and Budget

Attachment

Attachment

Drug Control Departments and Agencies

Department of Agriculture
Department of Defense
Department of Education
Department of Health and Human Services
Department of Housing and Urban Development
Department of the Interior
Department of Justice
Department of Labor
Department of State
Department of Transportation
Department of the Treasury
Department of Veterans Affairs
Corporation for National and Community Service
U.S. Information Agency

FY 1999 - FY 2003
Drug Control Budget Process

Office of National Drug Control Policy

OPBRE
May '97

Development of Five-Year Budget

- Proposed Five-Year Budget Improves Planning
- Concept: Budget Year (FY 1999) Supported by Planning Years (FYs 2000-2003)
- Work with Agencies, OMB, Congress
- Key Obstacles to Overcome:
  - ► Methodological
  - ► Coordination with Agencies

"Givens" in the Federal Budget Process

The Federal Budget will continue to be prepared on an annual basis.

The Administration is committed to reaching a balanced budget by FY 2002.

Any additional resources for the Federal Drug Control Program will need to be within funding targets under the *Budget Enforcement Act.*

ONDCP outyear estimates:

- ► are for planning purposes
- ► and final published estimates will be based on the President's Budget

ONDCP 5-Year Drug Budget Process

ONDCP's first 5-year budget will cover FY 1999 to FY 2003

Initial budget guidance to agencies issued April 8. Additional ONDCP guidance issued in July to include bureau input. This guidance:

- ► Will highlight specific programs to implement National Drug Control Strategy
- ► For FY 1999 budget, will take account of resources for priority areas already requested in FY 1998

Review and certification of FY 99-03 bureau budgets during June - August; certification of FY 99-03 Department budgets during September - December

5-Year Drug Budget Process (Continued)

Release 1998 Strategy in February 1998

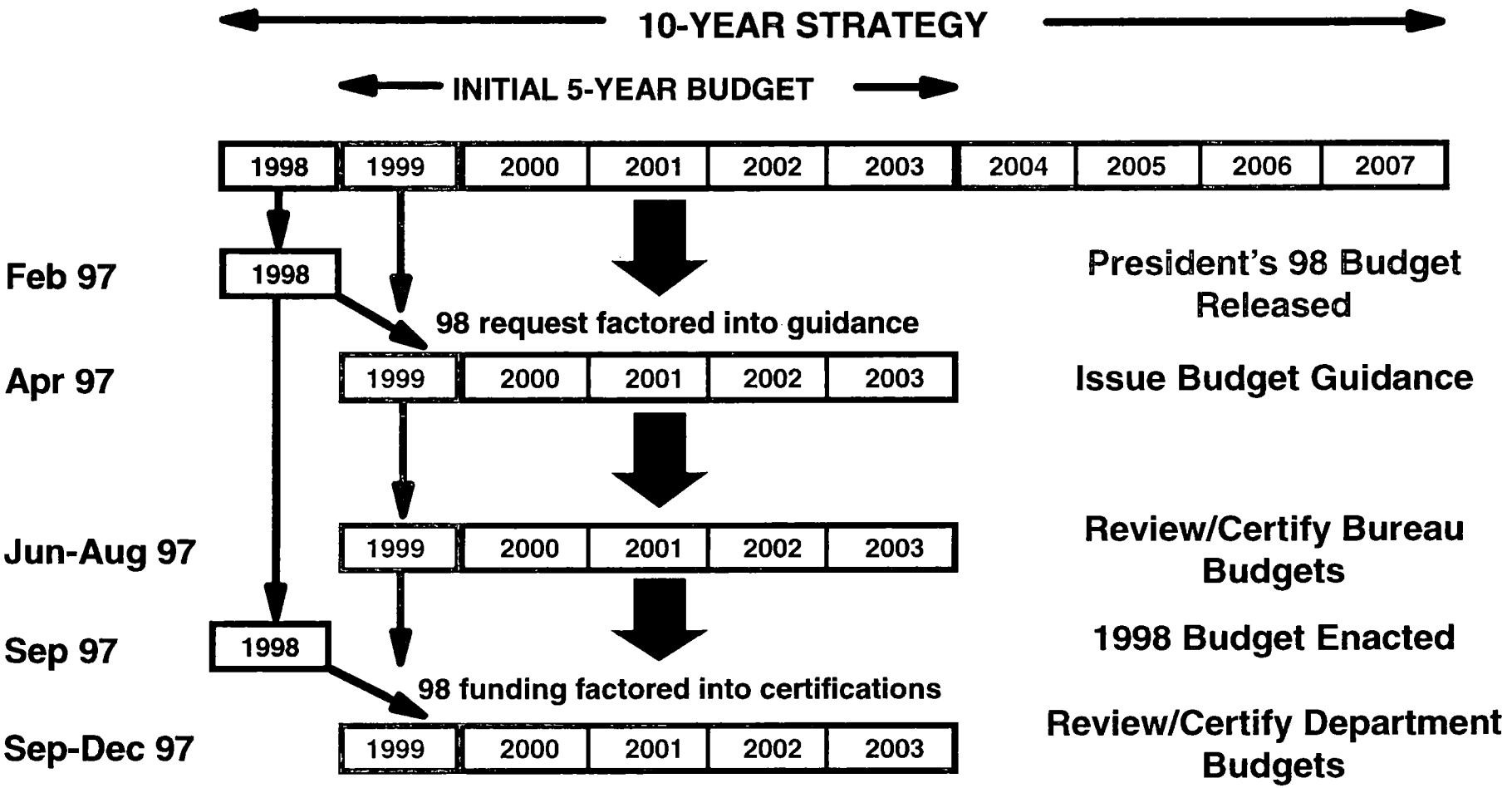
- ► Will update 10-year Strategy prepared in February 1997
- ► Will include 5-year budget for FY 99 - 03

Five-year budget to include:

- ► Specific spending recommendations for FY 1999.
- ► Will include planning estimates for FY 2000 - FY 2003, which will tie to President's FY 1999 Budget.

FY 1999 budget will affect funding guidance for next 5-year cycle: FY 2000 - FY 2004

5-Year Drug Budget Process



Office of National Drug Control Policy

Summary:
Development of FY 99-03
Drug Control Budget

- FY 1998 Budget Provides Solid Start
- Outyear Budget Formulation -- Longer View
- FY 1998 -- Reflects 1997 Strategy Priorities. FY 1999 - FY 2003 budget to build on 1997 Strategy.
- Program priorities will eventually link to Performance Measurement System

FY98 Drug Control Budget

Office of National Drug Control Policy

OPBRE
Jun.'97

National Drug Control Budget

- Drug Control Budget Represents Federal Funds
- Over 50 Federal Drug Control Agencies
- Nine of Thirteen Annual Appropriations Bills
- ONDCP Coordinates Drug Budget Formulation
- Drug Budget Proposed to the Congress
- Congress Enacts Final Budget

National Drug Control Budget

- Drug Budget is an Estimate of Total Resources
- Most Agencies' Missions Extend Well Beyond Drug Control Activities
- Only DEA, NIDA, & ONDCP are 100% Drugs
- ONDCP Does Not Possess Operational Control of Federal Agency Drug Spending
- ONDCP Certifies Budgets

National Drug Control Budget

- Some Anti-Drug Activities Federal Only
  - International
  - Interdiction
- Remaining Activities Conducted by Federal, State, and Local Governments
- Total Federal, State, and Local Drug Control Spending Estimated to be $30 Billion

National Drug Control Budget

- Proposed Five-Year Budget Improves Planning
- Concept: Budget Year (FY1998) Supported by Planning Years (FYs 1999-2002)
- Work with Agencies, OMB, Congress
- Key Obstacles to Overcome:
  - Methodological
  - Legal
  - Coordination with Agencies

National Drug Control Budget

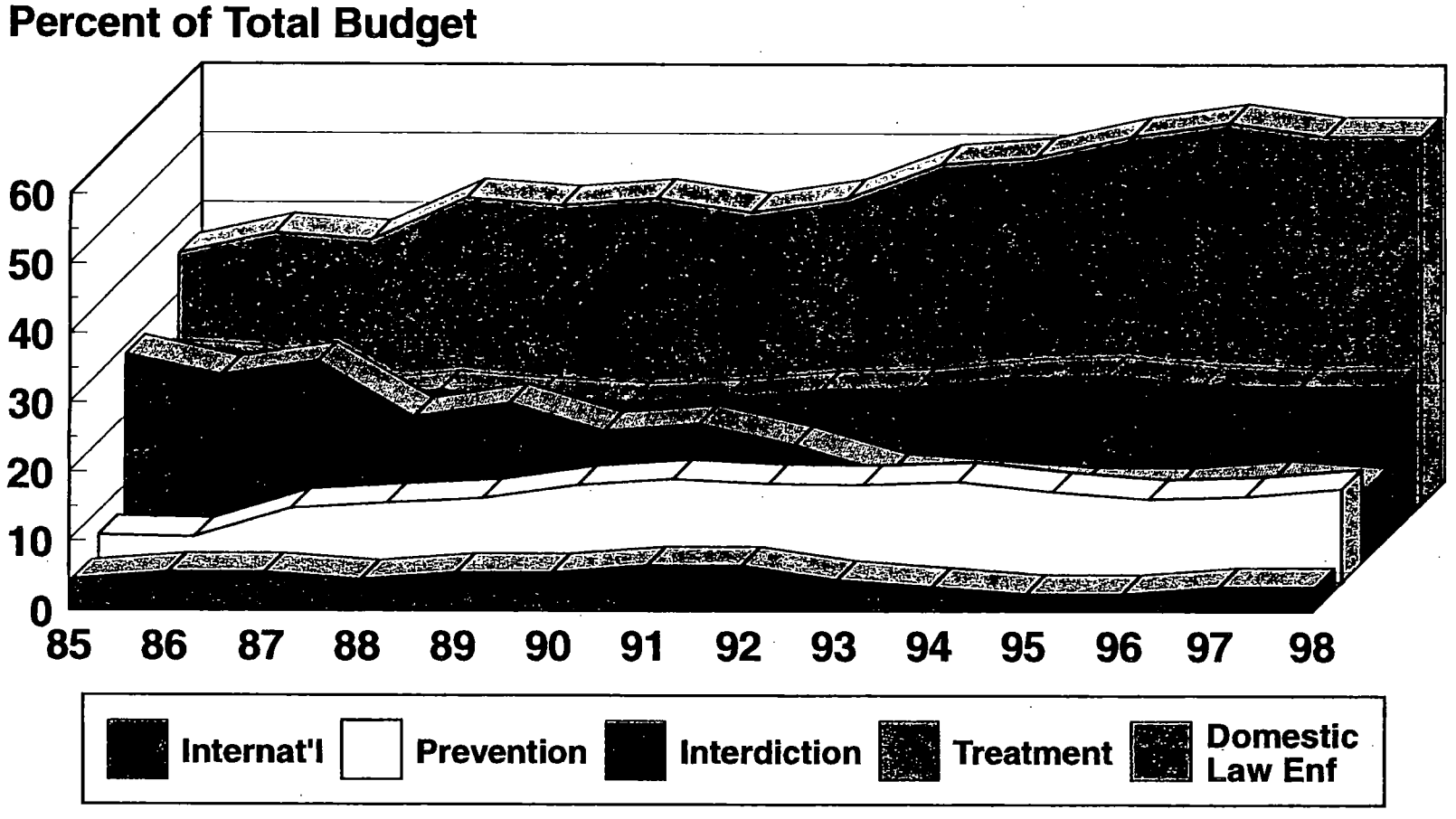
- FY98 Budget Reflects Strategy Goals
  - Reduce Youth Drug Use
  - Reduce Crime and Violence
  - Reduce Health and Social Costs
  - Shield America's Frontier
  - Reduce Foreign/Domestic Sources of Supply
- Strategy is Long-Term in Scope
- Proposal for Five-Year Budget

National Drug Control Budget

- FY98 Budget Requests $16.0 Billion
  - $818 Million More Than FY97 Enacted Level
  - 5.4% Increase Over FY97 Enacted Level
  - Six-Fold Increase Since FY 1985
- Budget Presented By Goals, Functions, Agencies
- Will Link to Performance Management System
- Five-Year Budget *Under Construction*

National Drug Control Budget

- Law Enforcement, Always Largest Portion of Budget



Office of National Drug Control Policy

National Drug Control Budget

- **Justice, the Largest Drug Control Agency**

($ Millions)

	Department	FY 98 Budget	Percent of Total	Cumulative Percent
1.	Justice	$7,249	45%	45%
2.	Health & Human Services	$2,534	16%	61%
3.	Treasury	$1,338	8%	70%
4.	Veterans Affairs	$1,178	7%	77%
5.	Defense	$809	5%	82%
6.	Education	$747	5%	87%
7.	All Other	$2,122	13%	100%

National Drug Control Budget

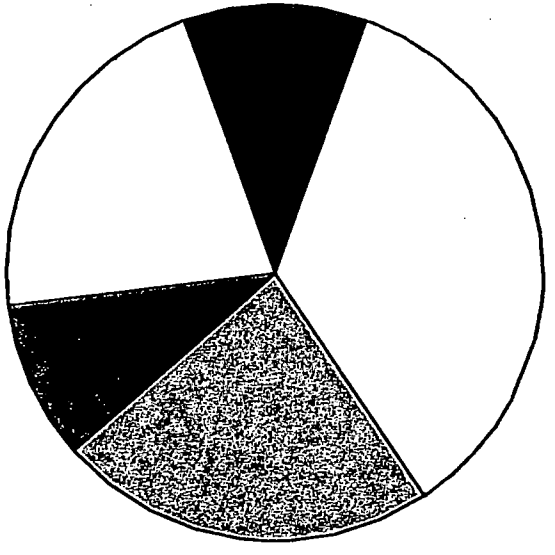
- **Functional Split for Major Activities Shows Recent Relative Stability**

(Budget Authority in Millions)

Function Areas	FY 1996 Actual	FY 1997 Enacted	FY 1998 President's Request	FY 97 - FY 98 Change $	FY 97 - FY 98 Change %
Demand Reduction	$4,440.8	$4,977.3	$5,474.4	$497.1	10.0%
Percentage	33%	33%	34%	--	--
Domestic Law Enforcement	7,402.4	8,093.3	8,405.1	311.8	3.9%
Percentage	55%	53%	53%	--	--
International	289.8	449.7	487.6	37.9	8.4%
Percentage	2%	3%	3%	--	--
Interdiction	1,321.0	1,638.6	1,609.7	(28.9)	(1.8%)
Percentage	10%	11%	10%	--	--
Total	$13,454.0	$15,158.9	$15,976.8	$817.9	5.4%

National Drug Control Budget

- FY98, First Year to Display Resources By Goals



Goal 1 $1,763 (11%)
Reduce Youth Drug Use

Goal 2 $5,519 (35%)
Reduce Drug-Related Crime and Violence

Goal 3 $3,651 (23%)
Reduce Consequences of Drug Use

Goal 4 $1,588 (10%)
Stop Flow of Drugs at Borders

Goal 5 $3,456 (22%)
Reduce Sources of Supply

National Drug Control Budget

- Goal 1, Has Largest Increase in FY 1998

Federal Drug Control Spending by Goal, FY 1996 - FY 1998

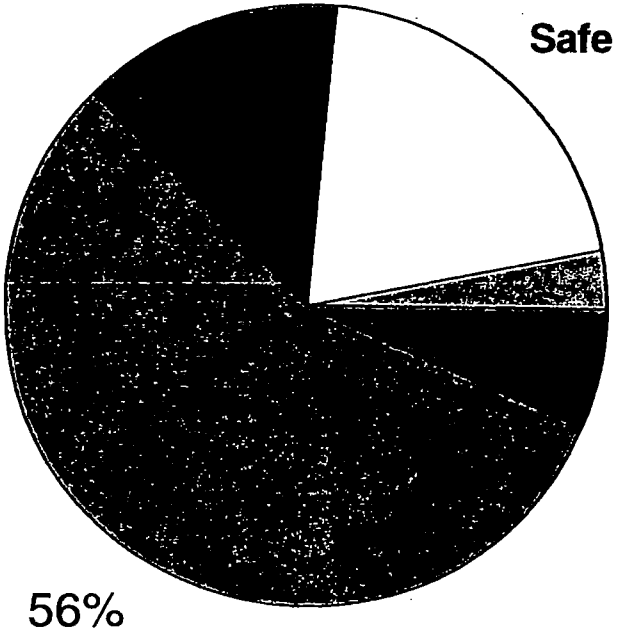
(Budget Authority in Millions)

Goal	FY 1996 Actual	FY 1997 Enacted	FY 1998 President's Request	FY 97 - FY 98 Change $	FY 97 - FY 98 Change %
Goal 1	$1,219.3	$1,449.3	$1,762.7	$313.5	21.6%
Goal 2	$4,843.4	$5,325.6	$5,518.5	$192.9	3.6%
Goal 3	$3,122.2	$3,407.2	$3,651.4	$244.2	7.2%
Goal 4	$1,350.8	$1,646.2	$1,588.5	($57.7)	(3.5%)
Goal 5	$2,918.5	$3,330.6	$3,455.6	$125.0	3.8%
Total	$13,454.0	$15,158.9	$15,976.8	$817.9	5.4%

(Detail may not add to totals due to rounding)

National Drug Control Budget

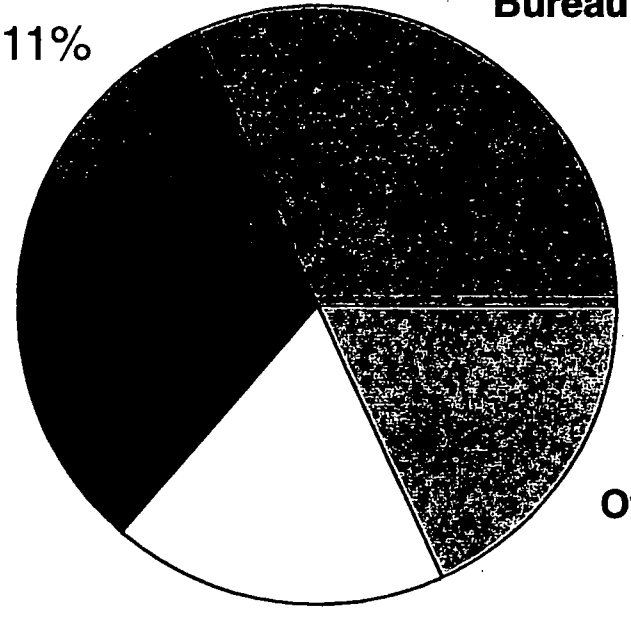
- Goal 1 -- Major Increases Over FY 1997 (in millions)



* Additional Resources for NIDA Under Goal 3.

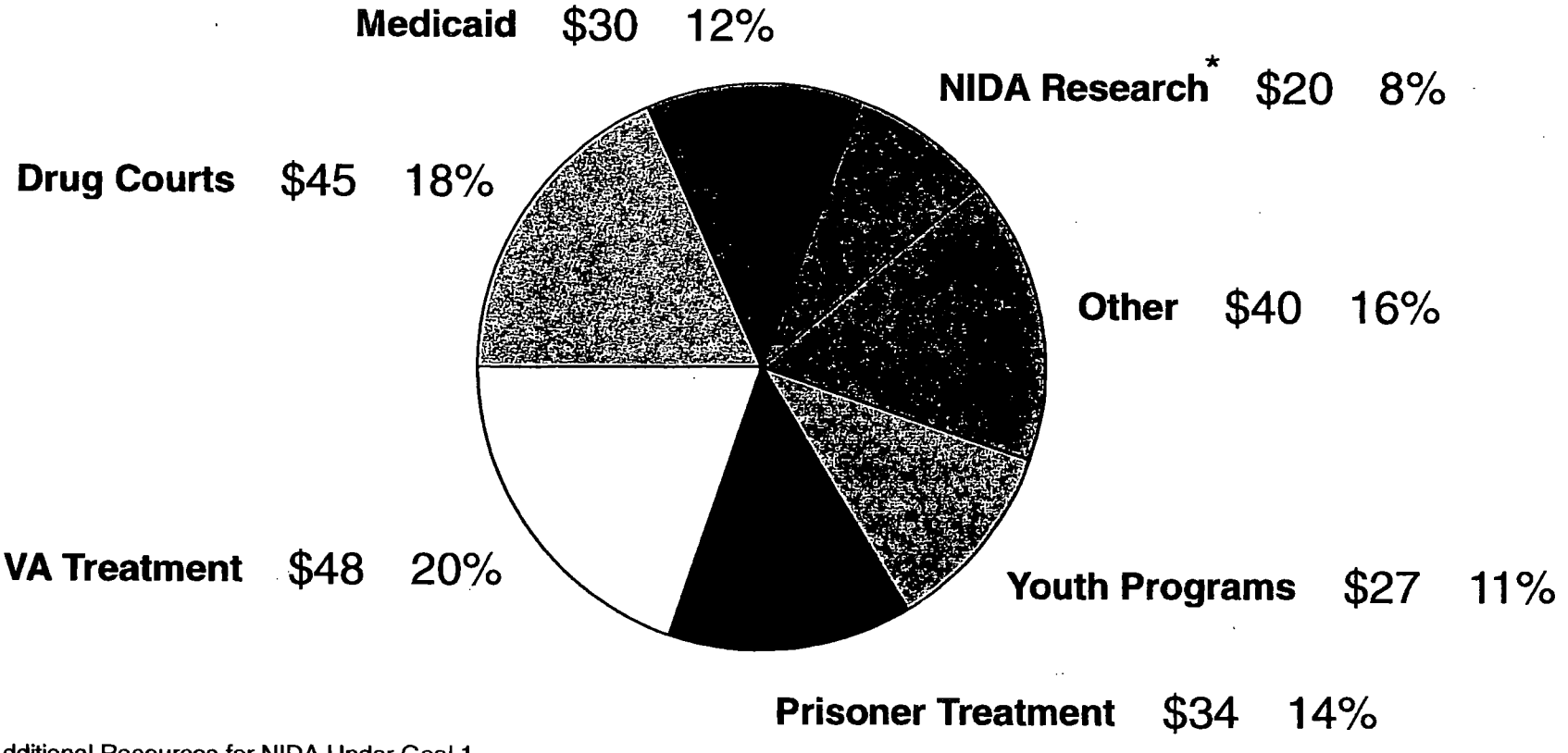
National Drug Control Budget

- Goal 2 -- Major Increases Over FY 1997 (in millions)



National Drug Control Budget

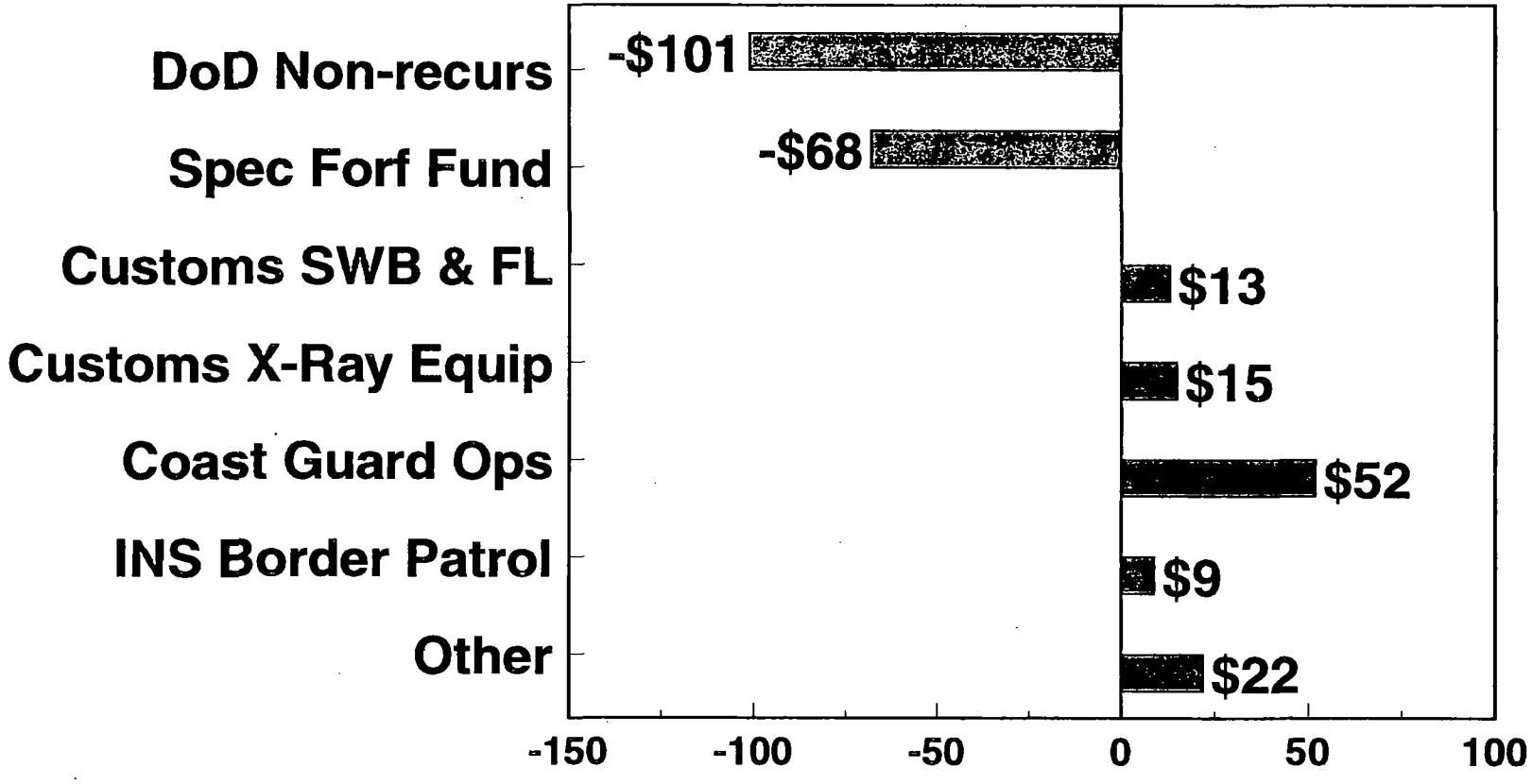
- Goal 3 -- Major Increases Over FY 1997 (in millions)



* Additional Resources for NIDA Under Goal 1

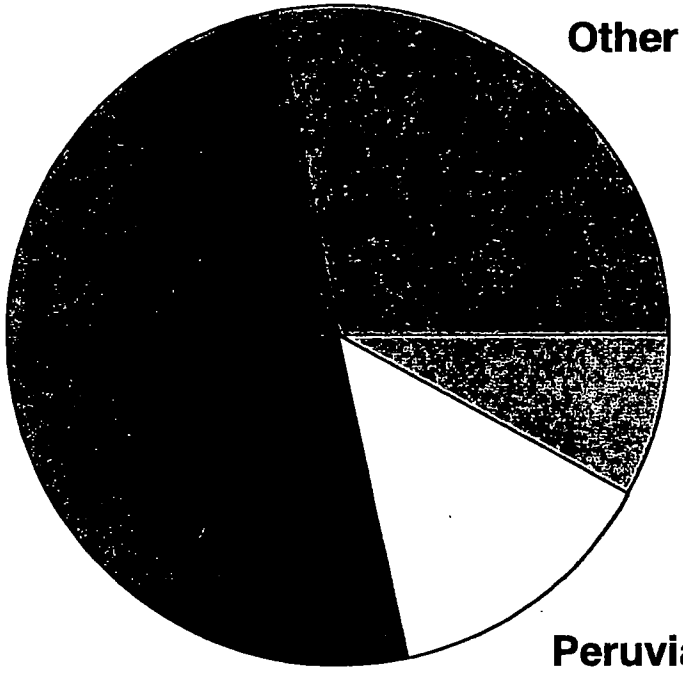
National Drug Control Budget

- Goal 4 -- Major Increases Over FY 1997 (in millions)



National Drug Control Budget

- Goal 5 -- Major Increases Over FY 1997 (in millions)



National Drug Control Budget

- **Majority of FY98 $818 Million Budget Increase is for Demand Reduction Activities**

(Budget Authority in Millions)

	FY 1996 Actual	FY 1997 Enacted	FY 1998 President's Request	FY 97 - FY 98 Change $	FY 97 - FY 98 Change %
Supply/Demand Split					
Supply	$9,013.2	$10,181.6	$10,502.4	$320.8	3.2%
Percentage	67%	67%	66%	–	–
Demand	4,440.8	4,977.3	5,474.4	497.1	10.0%
Percentage	33%	33%	34%	–	–
Total	$13,454.0	$15,158.9	$15,976.8	$817.9	5.4%

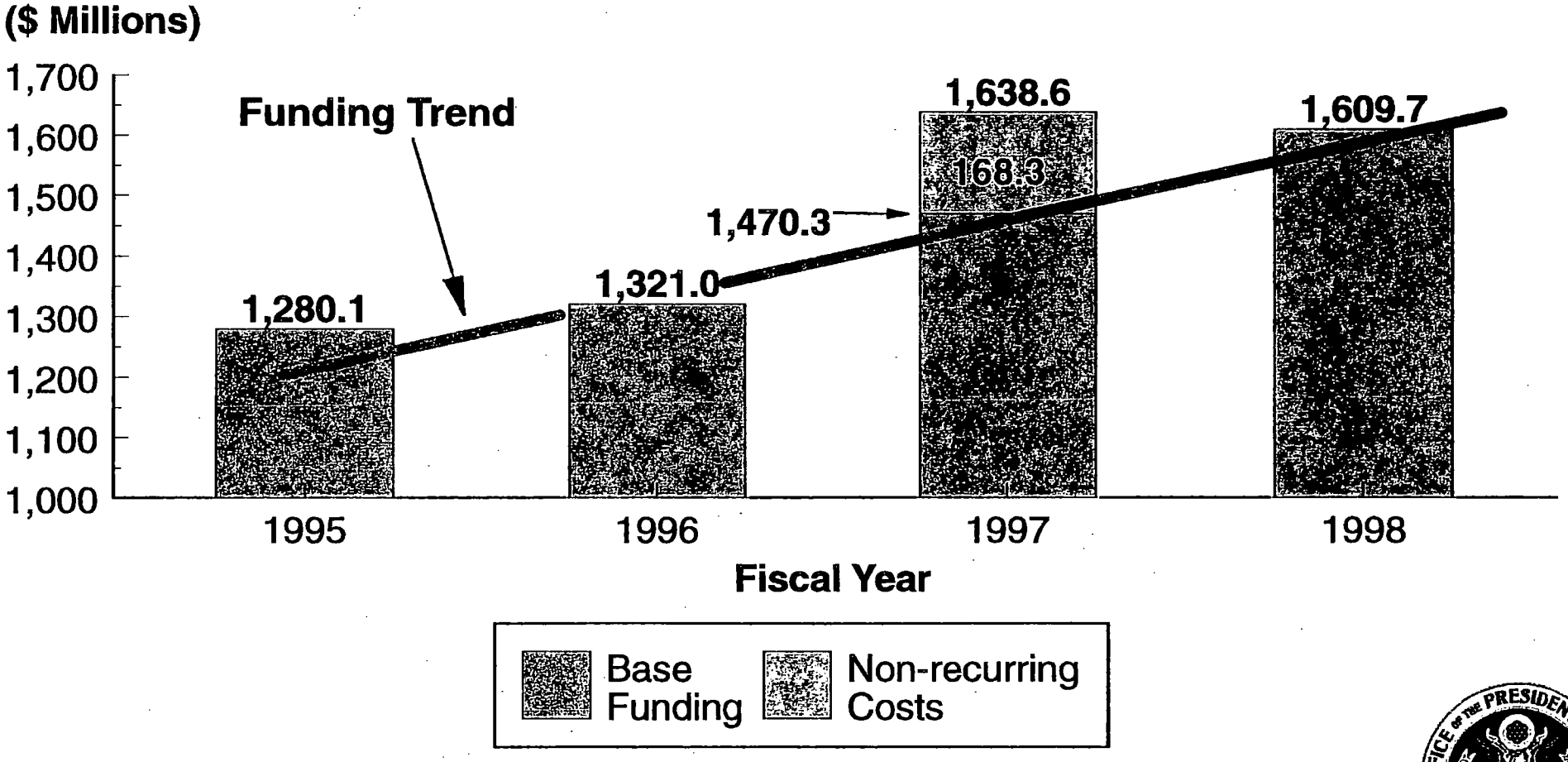
National Drug Control Budget

- Top Five Dollar Initiatives Show Focus on Youth

($ Millions)

	Initiative	New Spending	Cumulative	Percent of Total $818M Increase
→	1. Media Campaign	$175	$175	21%
→	2. Safe Schools	$64	$239	29%
	3. Coast Guard	$53	$292	36%
	4. Border Patrol Agents	$48	$340	42%
	5. Drug Courts	$45	$385	47%

Interdiction Program Level Increases by $139 Million in FY 1998

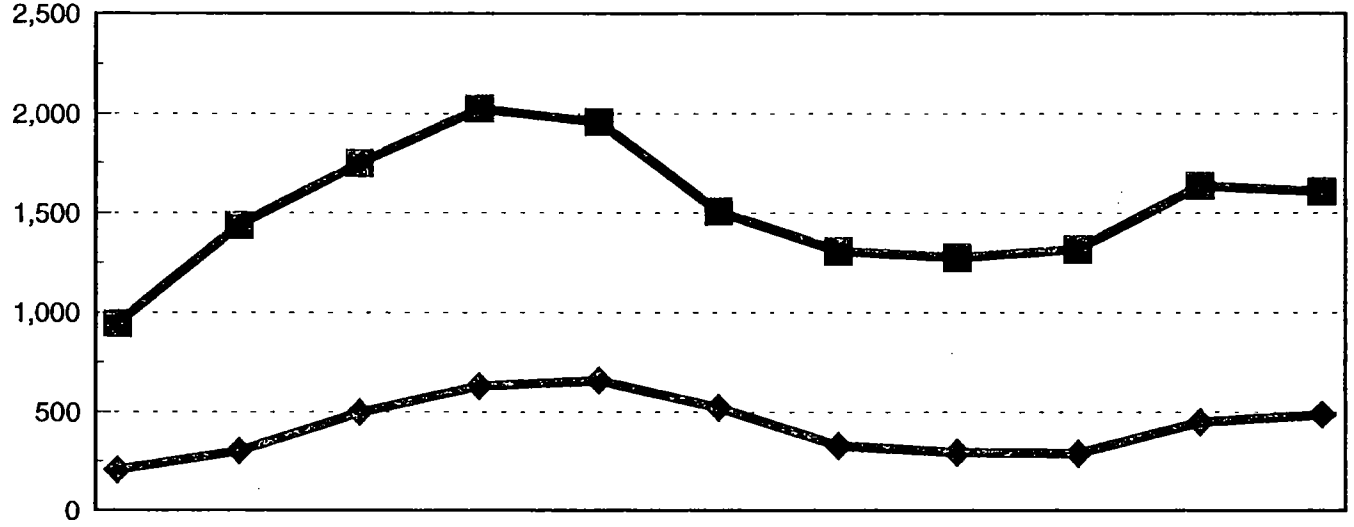


Office of National Drug Control Policy

National Drug Control Budget

- Interdiction and International Programs Resources Increasing Since FY 1995

Dollars in Millions



	88	89	90	91	92	93	94	95	96	97	98 Req
Interdiction	948	1,441	1,752	2,028	1,960	1,511	1,312	1,280	1,321	1,639	1,610
International	209	304	500	633	660	523	329	296	290	450	488

National Drug Control Budget

- Summary --
  - FY 1998 Budget Provides Solid Start
  - Outyear Budget Formulation -- Longer View
  - FY 1998 -- Reflects Strategy Priorities
  - Will Link To Performance Measurement System

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Divider Title: _____

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

FOR IMMEDIATE RELEASE
Sept. 17, 1997

Contact: Bob Weiner/Sam Grizzle
(202) 395-6618

White House Drug Policy Office Awards Planning Contract for $175 Million Paid Media Campaign

White House Drug Policy Director Barry R. McCaffrey announced today that a team of communications experts has been selected to lead the Administration's planning effort for a new $175 million anti-drug youth media campaign proposal now before Congress.

Porter Novelli, a Washington, D.C.- based public relations and communications firm, won the $915, 000 contract through an open competition. The company has assembled a team of experts to lead the planning process for a comprehensive anti-drug media strategy to reach youth and adult influencers through a multi-dimentional media campaign. This strategy will be designed to ensure young people receive drug prevention messages at least four times a week, the minimum exposure identified by communications experts to change attitudes.

"This campaign will focus on young people aged 9-17 to increase their perception of risk in using drugs, and decrease their perception that drug use is normal or acceptable," said McCaffrey. "Perceptions drive attitudes and behavior regarding illegal drugs. Research clearly shows that drug use among young people will increase when they feel that using drugs is a normal part of adolescence and do not sense any danger. We also will target parents, coaches, teachers and others who are in a position to teach children about the reality of drug use."

Although the media campaign is expected to have a large advertising component, it will also consider non-advertising marketing efforts to garner public and private support. The media strategy will include a plan to obtain extensive corporate sponsorship, generate community and stakeholder involvement and participation, and explore initiatives involving the entertainment industry, Internet, professional sports and other areas which can influence young people

The media strategy will be driven by an extensive research effort involving analysis of relevant, successful media campaigns in the fields of public health and safety as well as consumer product marketing. The intent is to identify "what worked" by evaluating the communications strategies and advertising methods used to effect the desired change in attitude and behavior among the target audience. Concurrently, the contracting team will obtain other professional input through extensive consultation with a wide range of experts in media, advertising, marketing, communications research, drug prevention, academia and other fields.

The Partnership for a Drug Free America (PDFA) and the Ad Council will be two key advisors to the White House Drug Policy Office. They will use the pro bono talent of America's advertising industry to create most of the paid and public service advertising messages that will implement the media strategy being developed for the ONDCP initiative.

The planning phase will include a review of existing public service announcements (PSA's) from the Partnership for a Drug Free America, Ad Council and other organizations to determine which best support the media strategy and can be included in the paid media campaign. It will also identify gaps where new messages need to be developed for specific issues or audiences.

Porter Novelli will also be responsible for developing a draft Request for Proposals that will be the basis of a major competition to implement the campaign, projected to be announced in February 1998.

The Proposed National Anti-Drug Media Campaign

Barry R. McCaffrey
Director
Office of National Drug Control Policy

THE CHRISTIAN SCIENCE MONITOR

BOSTON – FRIDAY, MAY 30, 1997 Internet address: www.csmonitor.com 75¢

The Next Front in the Drug War: the Media

The nation's youth too often get a pro-drug message from TV, films, and ads, but that's about to be countered

By Barry R. McCaffrey

CORPORATIONS spend billions of dollars on advertising because it works. The electronic media – television, radio, film, videos, Internet, CD ROM, and multimedia (including print augmented by color photography) – are the strongest educational tools of the modern world. They change attitudes and behavior among youth in the fastest, most effective way. So if Americans are serious about reducing substance abuse, an aggressive media campaign is a crucial addition to drug prevention at home, in schools, and in communities.

Congress is now considering just such a campaign – our proposal to spend $175 million to motivate young people to reject illegal drugs. Through support from the media and others in the private sector, this figure could double – allowing us to increase both paid advertisements and public service efforts.

The need is clear

Such an initiative is unquestionably necessary. Even though overall drug use in our country has dropped by half in the last 15 years, teenage drug use rose precipitously. Eighth-grade use, for example, nearly tripled in the last five years. During this period, the number of antidrug public service announcements fell by 30 percent, and many aired in time slots that attract few children.

The media initiative is only the beginning of a greater educational campaign that will use every tool available to reach US youngsters. Documentaries about the history of drug use, the impact of narco-terrorism, and the link between drugs, crime, and the justice system can be supplemented by factual, dramatic shows about the consequences of substance abuse. Young viewers would be more likely to shun addictive substances if they were better informed about the violence associated with this criminal industry, as well as the health risks posed by illegal drugs.

Today's kids spend more time watching television than attending classes in school. By high school graduation, the average youth has seen approximately 15,000 hours of TV, as compared to 12,000 hours in school. Whether we like it or not, electronic media have revolutionized the way people learn – much as Gutenberg's printing press and movable type changed Renaissance Europe from an oral to a written culture. In the 20th century, mass communication has brought us back to word-of-mouth, conveying information through speech and pictures that are electronically enhanced to magnify impact.

The media are more than the message; they have become our environment. The signs on buses we see when riding, the eye-catching packaging we view while eating, the music that fills our cars while we're driving, characters like Roseanne, Seinfeld, or the Bunkers who join our families at home, commentators who bring us news from around the world – all create a media envelope that shapes the way we think.

The idea is not to control young minds, but to offer accurate data that enable individuals to make rational choices.

Because mass media act like a "proxy peer" to our youth, defining culture by identifying what's "cool" and what's not, a broad-based antidrug campaign can counteract pro-drug messages that youngsters receive from many sources. Ad experts suggest a minimum of four exposures a week, reaching 90 percent of the target audience (mostly children but also parents, coaches, youth leaders, and other adults who work with young people) is necessary to change attitudes. The University of Michigan's "Monitoring the Future" study indicates that changes in behavior are preceded by changes in attitude. We believe that, over a five-year period, the right kind of media campaign – along with other prevention programs – can educate students to reject illegal drugs.

A recent study by the National Institute on Drug Abuse (NIDA) notes that media efforts work best at the community level in conjunction with other programs. To maximize impact, the new campaign will tailor ads to match the age, social, and psychological profile of target audiences. Alan Leshner, director of NIDA, points out that scientific research has established which types of ads achieve good results. For instance, messages that encourage audiences to think about issues – as opposed to celebrities delivering slogans – tend to produce enduring changes in viewers. Likewise, research-based material is more effective than scare tactics.

Creative minds in the arts and industry can help. We hope the Advertising Council, and the leadership of Jim Burke with the Partnership for a Drug-Free America, will provide experience and talent to help guide this effort.

A powerful counterforce

Education cannot be confined to classrooms any more than morality is limited to religious institutions. The electronic age has seen magazine covers, cereal boxes, food cartons, clothing, video games, and other consumer items turned into billboards. Young people are bombarded by thousands of images, many of which normalize or glamorize drug use. To counter these influences, we must use equally powerful channels of communication.

The idea is not to control young minds. Our purpose is to offer accurate data that enables maturing individuals to make rational choices. Drugs are wrong because they hurt people. We cannot stand idly by while toxic, addictive substances endanger children, family, friends, and neighborhoods.

■ *Barry R. McCaffrey is director of the White House Office of National Drug Control Policy.*

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

Potential Benefits of ONDCP's Youth-Oriented Anti-Drug Media Campaign

PURPOSE. To suggest the potential benefits of the $175 million youth-oriented anti-drug campaign on a typical congressional district.

ASSUMPTIONS.

1. **Without intervention, usage of illegal drugs will continue to rise among America's 68 million children.**

2. **There are approximately 7,250 eighth-graders in a typical congressional district. This number will not change drastically in the next five years.**

   - If the increase in current usage rates of the past five years among 8th-graders is unchecked, by 2001, 22.8% of eight-graders will be using illegal drugs. That means 1,653 8th-graders in a typical congressional district would be using illegal drugs.

3. **This $175 million media campaign, in conjunction with other ongoing drug prevention efforts, will result in a twenty-five percent reduction in drug usage rates among our 8th graders.**

   - The annual investment, per child, of this campaign is just $2.57.

POTENTIAL BENEFITS.

1. **If the media campaign is fully funded and achieves its goals, 675 fewer 8th-graders would be using illegal drugs in each congressional district in 2001.**

2. **Such a reduction in use translates into dramatic savings.**

   - Columbia University's Center on Addiction and Substance Abuse estimates that children who smoke marijuana are eighty-five times more likely to use cocaine.

   - A recent study suggests that the saving a high-risk youth (i.e. a current illegal drug user) might prevent costs to society of between $1.5 - $2 million -- the estimated damage caused by a typical addict over a life-time of drug use.

   - If this Campaign deters just one 8th-grader in each congressional district from beginning the descent toward addiction, the campaign will have achieved a three-fold return on a modest investment.

Prepared by PB&E and OSP June 2, 1997

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

ONDCP's National Anti-Drug Media Campaign

- **The challenge: To reverse the current sharp rise in illegal drug use by young Americans.**

- **The Problem:**

  - Drug use has been increasing among our youth over the past five years, tripling among eighth graders.

  - This upsurge in drug usage rates was preceded by changing attitudes towards drugs. Young Americans became more tolerant of illegal drug use and less worried about the consequences.

  - Anti-drug messages have declined markedly since 1989, even while messages normalizing illegal drug use have proliferated in popular music, TV, film, Internet, fashion, humor, and other forms of mass communications.

- **The rationale for a funded anti-drug media campaign.**

  - Targeted, mass media advertising works. It sells products and ideas from cereals to seat belt use.

  - Public Service Announcements (PSAs) by themselves are insufficient. They do not reach the right audiences with the required frequency because they air sporadically and in the wrong time spots.

  - Children spend more time watching TV than in school. Other media outlets (i.e. radio, cinema, computer software, the Internet, newspapers, and magazines) are also vehicles to reach young Americans and their parents.

- **Why $175 million?**

  - The cost of effectiveness -- reaching 90% of all 9 - 17 year olds at least four times a week.

  - In line with per capita costs (< $1) of publicly-funded California and Massachusetts anti-smoking campaigns.

  - Represents "seed money." Crucial component of the campaign is matching contributions from corporate partners.

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Excerpts from May 14, 1997 statement by General Barry McCaffrey, before the Senate Appropriations Committee, Subcommittee on Treasury, General Government and Civil Service

Comments about the $175 Million Youth-Oriented Anti-Drug Campaign.

- Drug use has gone up among America's youth during the past five years. The principal reasons that more of our children are using drugs is that fewer of them disapprove of illegal drug use and fewer perceive regular drug use as dangerous. The University of Michigan's *Monitoring the Future Study* makes clear this association between attitudes and usage rates.

- Unfortunately, in recent years the number of drug-related public service announcements (PSAs) carried by television, radio, and print media have decreased markedly. The economics of the media industry have made advertising space so competitive that pro-bono advertising has dropped more than 30 percent in recent years. Even worse, virtually no PSAs appear in prime-time.

- We seek to reverse this trend by developing a public education campaign that supplements anti-drug announcements already offered by dedicated organizations like the Partnership for a Drug-Free America under Jim Burke's leadership and the Ad Council.

- The President's FY 1998 budget seeks to fund this targeted educational campaign through the $175 million provided in ONDCP's Special Forfeiture Fund. ONDCP will also seek matching private sector donations. The campaign will use both paid and public service television announcements to inform youth and their parents of the consequences of drug use.

- Targeted TV ads are among the quickest, most efficient and effective means of reducing drug use. They can modify adolescent perception of drug harmfulness and increase societal disapproval of drugs. They can also reach "baby boomer" parents who may be ambivalent about sending strong antidrug messages to their children.

- Attitudes can be changed with accurate and convincing messages. ONDCP believes this campaign can help to reduce youth drug use dramatically.

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Fact Sheet: Proposed $175 million paid media campaign (FY 98)

Teen drug use is rising at an alarming rate, especially with regard to marijuana use. We must halt and reverse this trend. Media have a significant and persuasive influence in shaping children's perceptions about what is normal or risky behavior. Anti-drug public service messages and news coverage of drug issues have dropped markedly since 1989. There has been an increase in music, TV, film, internet web sites, fashion, humor and other forms of communication that normalize or glamorize illegal drugs to kids. The number one goal of the *National Drug Control Strategy* is to educate and enable youth to reject illegal drugs. Advertising experts believe targeted, high impact paid media ads are the most cost effective, quickest means of changing drug use behavior through changes in adolescent perception of danger and social disapproval of drugs. It is also the most effective means of reaching baby-boomer parents who may be ambivalent about sending strong anti-drug messages to their children.

Q: Why can't you rely on public service ads which have been the mainstay of many public health awareness efforts for decades? Public service ad time has been decreasing for several years, in part due to economic changes in the media industry and competition among networks and between cable and broadcast television. Within currently available public service time, networks are increasingly linking PSAs to formats and in time slots that are associated with network programing. This makes it increasingly difficult to target specific drug related messages in PSA formats to time slots watched by the particular demographics of our target audiences. Finally, targeting 9-17 year old youth through PSAs has always been difficult.

Q: What will a paid campaign enable the government to do? A paid multi-media campaign will enable the purchase of crucial time in selected media, with heavy emphasis on television and radio. It will make it possible to target specific programs or time blocks which attract youthful viewers in specific demographic cohorts. We will continue to rely on the outstanding materials developed by the Partnership for a Drug Free America, the Ad Council and other non-profit organizations that produce these messages, in addition to new messages produced for this initiative. As media time and space is negotiated, we hope to see a commensurate level of public service contributions from the media, thereby greatly increasing the impact of this campaign.

Q: What kinds of messages will be part of the paid campaign? The paid campaign will be limited to messages about illegal drugs. The public service component may include a variety of drug-related messages including mentoring, underage use of alcohol and tobacco, drug-related violence, etc.

Q: How was the $175 million figure determined? It is based on an estimate based on research and experience from the Partnership for a Drug Free America and ad agencies which show that a minimum average of four ad exposures per week that reach 90 percent of the target audience 52

weeks a year is necessary to move attitudes and increase risk perception. The figure is also similar to the value of effective public service time reaching the target audience that was given to the Partnership in 1990 and 1991, when drug use figures were dramatically lower, and anti-drug attitudes were at their peak. The figure is consistent with the exposure purchased by ad agencies in support of major consumer marketing campaigns for products, foods and other items. Media campaigns have been shown to be a critical and integral component of many highly successful public health campaigns, including colon cancer detection, seat belt use, childhood immunization and designated drivers.

Q: Won't the paid ads dry up the public service time? We will be working with the media industry to find a formula by which they will add to the paid advertising effort with commensurate pro-bono public service efforts. We are exploring these issues with the broadcast and cable television industries, Partnership for a Drug Free America, the Ad Council and other organizations. Already we are encouraged by responses from several major networks. Our goal is to urge networks and local broadcast and cable companies to maintain or increase their current public service time. We will bring in the best and brightest in the communications industry to help us shape an initiative that can be measured and enhance other public service efforts. It could result in additional support for other drug-related issues.

Q: When will this begin? ONDCP is using current-year funds to do initial planning for the initiative, including a comprehensive assessment of the most successful media-related strategies that have been used to impact attitudes in other public health campaigns and marketing of consumer products to children. We anticipate this process will be completed in the fall. ONDCP will then issue a Request for Proposals (RFP) and award a contract to an advertising agency or other contractor so that the campaign can be fully developed and messages seen as soon as possible. We will follow established federal procurement procedures. Because the process for awarding the final contract may not be completed until early Summer, 1998, we anticipate using existing messages produced by other organizations and agencies as paid ads beginning in January, 1998. These messages will likely come from the Partnership for a Drug Free America and other entities that have produced public service messages that fit within the ONDCP strategy for this campaign.

Q: Will the campaign be used for partisan purposes? No. This is a bipartisan issue and no funds will be used to promote any political agenda. The Ad Council and the Partnership for a Drug Free America are non-partisan organizations with unblemished reputations and a distinguished history of producing powerful public health messages.

Q: How is ONDCP planning the media campaign? A team of expert consultants with broad knowledge and experience in a variety of communications and media planning fields will be used to help develop this initiative. ONDCP is committed to an extensive research and strategy development process before beginning the media campaign.

This planning process involves wide consultation with the country's leading authorities in communicating and marketing to youth in the area of attitude change. The nation's most successful media campaigns on public health and children's issues will also be examined, in

addition to those in consumer marketing and advertising. The purpose is to identify the strategies that will be most effective in changing attitudes, behaviors and norms in diverse youth populations for a variety of drug issues and environments.

Strategies from public health campaigns that have been especially successful in changing attitudes will be reviewed, including those on seat belt use, designated drivers, AIDS, colon cancer detection, and childhood immunizations. Anti-drug public service efforts and State sponsored anti-tobacco initiatives will also be reviewed. Experts in youth-oriented consumer marketing and advertising will be consulted, as will key executives in national and local media.

This consultation and analysis process will also identify communication issues relating to at-risk youth and other special populations, along with relevant strategies to address urban and rural populations, other demographic considerations, and specific drug issues (e.g. increasing use of methamphetamines). ONDCP is seeking the professional advice and collaboration of the Ad Council and Partnership for a Drug Free America. The exhaustive analysis is being undertaken to ensure that the campaign will be sensitive to the interests of stakeholders and that it benefits from the experience, insight, and successes of organizations that have been effective in changing public attitudes about health and safety issues.

Our findings will be used by the consultant team to develop a comprehensive communication strategy for the media campaign and, where possible, link the campaign to existing Federal, state, or local drug prevention resources. During the review, existing anti-drug public service announcements developed by other organizations will be identified for potential use in the campaign.

This process is likely to be completed in late fall, 1997. At that time, ONDCP will hold an open competition for a contractor to complete a detailed strategy with themes and specific messages that target specific populations of youth aged 9-17 years and their parents. The campaign would begin using existing anti-drug public service messages and new ones that will be developed in calendar 1998.

Q. Is there a role for the private sector in this campaign? A critical component of this initiative is outreach to the private sector, challenging corporations to underwrite certain local portions of the campaign. This will provide companies with an opportunity to raise their visibility while addressing local concerns and contributing to the actual goal of reducing drug use among the youth in their communities. A number of major corporations have already contacted ONDCP to express their interest in participating.

Q: Is this the only media-related effort to communicate with youth about the dangers of drugs? In addition to traditional parent, school and community-based programs aimed at helping youth learn the dangers of drugs, we have embarked on a number of other media-related initiatives:

- An Entertainment Industry initiative is aimed at harnessing the power and creativity of this field to accurately portray drug use and its consequences in film, music and

television. The field can play a greater role in defining what is depicted as normal behavior.

- NIDA's spotlight awards recognize entertainment industry leaders and organizations for accurate depiction of drug issues in their creative productions.

- We are working to enlist high profile "role models" to carry our message and particularly want professional sports and the music industry to play a stronger role. Civic and fraternal organizations will also be involved.

- We are joining the American Academy of Pediatrics in planning a major initiative to empower physicians and parents to help children become more resilient to the sometimes powerful media images and messages that normalize drugs, alcohol and tobacco.

- Media literacy/critical thinking approaches are included in the *1997 National Drug Control Strategy* and several federal agencies now include these concepts in their activities and programs.

- We are undertaking a content analysis of television programs, dramatic, comedy and talk shows to determine how, where and when drug use is tolerated, normalized or glamorized and where consequences are clearly identified.

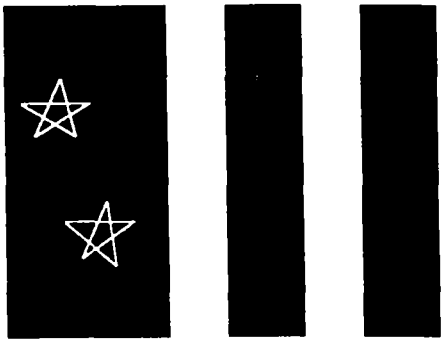
Q: How will we measure success? Success will be measured in two ways. First, as part of ONDCP's Performance Measurement System, and second, through a long-term impact study to be conducted concurrently with the campaign. The study will also provide feedback during the campaign about how well it is working so that appropriate adjustments can be made.

Q: Who will get the money? Funds will be controlled by ONDCP, and through a contract agency will primarily purchase time on local and national cable and broadcast TV, radio, and print and other media.

Q: Who will produce the spots? Many of the messages have already been produced by the Partnership for a Drug Free America, the Ad Council and other groups. Others will be created.

6-2-97

The Case For An Historic Public - Private Partnership



PARTNERSHIP FOR OUR CHILDREN'S FUTURE

A National Anti-Drug Media Campaign to Reduce Drug Use Among America's Youth

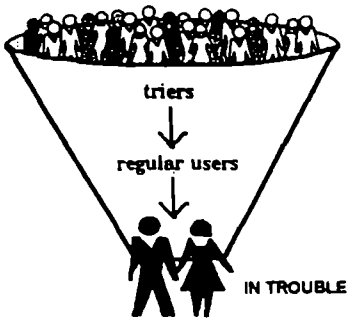
#1 Goal

"Educate and Enable America's Youth to Reject Illegal Drugs..."

Source: 1997 National Drug Control Strategy

Children are at the core of the drug issue. It's all about our children and grandchildren, making up their minds – one kid at a time – whether to try drugs. It is also about us; all adults who have real influence on these decisions. There is strong agreement among nearly all experts in drug abuse that this is the correct primary focus for the National Drug Control Strategy.

TRIAL TO TROUBLE



Drug abuse is a process. We must manage this process in a way that emphasizes reducing the number of people who choose to get involved with drugs. Successfully reducing demand for drugs depends on keeping people from starting, stopping people from using and treating people who are addicted. Successful demand reduction depends first and foremost on successful prevention; it is also the most cost effective approach to reducing demand for illegal drugs.

Of current adult cocaine users —

9 out of 10 started using drugs as teenagers

1 out of 2 started before 16th birthday

Source: National Household Survey on Drug Abuse

The focus of drug prevention must be on our preteens and young teens. The average age of first use of marijuana among 12 - 17 year olds is between 13 and 14 – 8th graders. Half of current teen users started before that. The younger drug use starts, the more likely other serious problems – including addiction – are likely to occur.

#1 Key Learning About Kids & Drugs

"When young people see a drug as more dangerous and more disapproved of by their peers, they are less likely to use it."

Source: 1996 Monitoring the Future Study
Dr. Lloyd Johnston

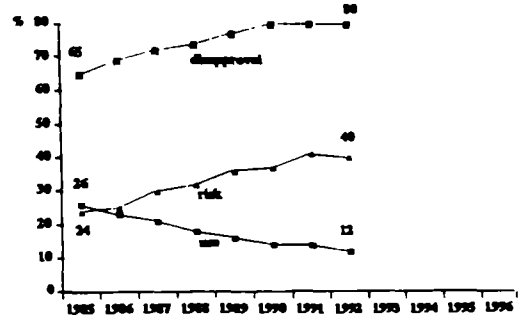
Helping our children to make positive decisions about using drugs depends on affecting their understanding about the harmfullness and social unacceptability of drug use. This is the Key – ATTITUDES DRIVE DRUG USE.

Marijuana Use Vs. Risk and Disapproval

Source: Monitoring the Future Study
12th graders use in past month

The following sequence describes graphically the relationship between drug attitudes and behavior. As more kids see drug use as risky and harmful, and as socially unacceptable and less the social norm...

Marijuana Use Vs. Risk and Disapproval



Source: Monitoring the Future Study
12th graders use in past month

Then fewer kids use drugs. This relationship holds true for every drug, for every age group, for every ethnic group, urban or rural. From 1985 to the early 1990's, literally millions of our kids decided not to try drugs because they viewed drug use more negatively.

Media is a primary, and the most efficient, source of drug information

Source: 1991 Roper Study
1989/1990 Texas A&M Study

Credible, persuasive information is the key to changing the attitudes that drive drug use. The media, in all of its forms, has been one of the key, and most cost effective sources of information about the dangers and unacceptability of drugs. This fact should not be surprising, since kids spend as much time each week watching television as they do in school.

Support for Positive Impact of Partnership Anti-Drug Messages

- 1991 Johns Hopkins Medicine School Study
- 1994 New York University Study
- 1987-1996 University of Michigan Study
- 1987-1996 Partnership Attitude Tracking Study

There is considerable evidence that anti-drug media messages can be effective. Information communicated through anti-drug media messages developed by the Partnership (PDFA) have been shown to have a positive impact on the anti-drug attitudes and drug using behavior of youth.

Johns Hopkins School of Medicine Study

Of middle and high school students who were exposed to Partnership messages:

- 92% reported increased knowledge of drugs
- 60% reported increased perceived risk about drugs
- 52% reported increased social disapproval toward drug use
- 75% reported deterrent impact on actual or intended drug use

A study by Johns Hopkins School of Medicine showed that teens who were exposed to PDFA messages reported significant improvements in their key anti-drug attitudes, and on their actual or intended drug use.

New York University Study

The more adolescents have been exposed to Partnership anti-drug messages, the more they report decreased intentions to use illegal drugs – including marijuana, cocaine, and crack.

A study by the Stern School of Business at NYU showed that the impact of PDFA messages effected the drug using behavior of adolescents.

University of Michigan Monitoring the Future Study

Nationally projectable sample of 12th graders reported:

- High awareness of Partnership messages
- High credibility of Partnership message content
- High judged impact of Partnership messages on their own actual/future behavior

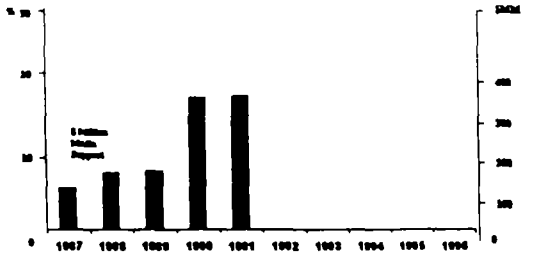
The Monitoring the Future Study at the Institute for Social Research at the University of Michigan has shown that teens consistently report high awareness, credibility, and significant impact of PDFA messages on their drug-using behavior.

Partnership Attitude Tracking Study

- Teens who see Partnership ads frequently are twice as likely to be aware of the risks of drugs as teens who see the ads infrequently
- Areas of the country that had twice the exposure rate of Partnership messages had 2 -5 times greater increases in anti-drug attitudes than the rest of the country

PDFA's Attitude Tracking Study has also consistently shown a strong correlation between message exposure levels and positive changes in anti-drug attitudes... The more kids see the messages, the more likely they are to report positive changes in their anti-drug attitudes.

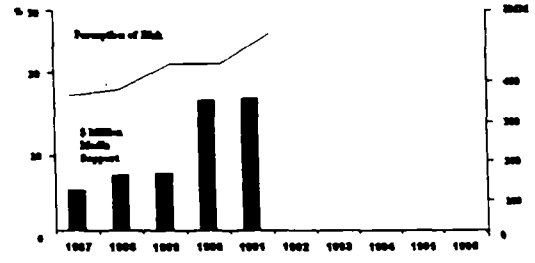
PDFA Media Support & Perception of Risk of Trying Marijuana



Source: Monitoring the Future Study - 12th graders
PDFA Media Support Estimates

From the mid-1980's through the early 1990's, PDFA pro bono message exposure built steadily to a level of about one anti-drug message per household per day.

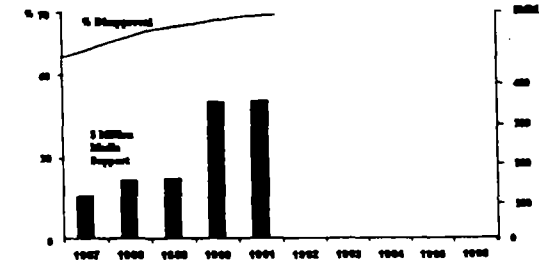
PDFA Media Support & Perception of Risk of Trying Marijuana



Source: Monitoring the Future Study - 12th graders
PDFA Media Support Estimates

This exposure of PDFA public service messages, along with strong news and editorial coverage of the drug issue and anti-drug story lines from movies and programming, helped catalyze public anti-drug attitudes in a process of "denormalization" and "deglamorization."

PDFA Media Support & Attitude of Disapproval



Source: Monitoring the Future Study
PDFA Media Support Estimates

In the early 1990's, the highest levels of PDFA message exposure was consistent and correlated with the highest levels of anti-drug attitudes and lowest levels of drug use. This level of $350 million in pro bono media support delivers about the same target message exposure level as a $175million paid media plan.

Current Drug Use Trends

- 10 million fewer regular users of illegal drugs from 1985 - 1995
- Current rates of use of illegal drugs among young adult and adult segments of the population are at or near 10 year lows
- After years of progress, the number of adolescents using drugs is increasing dramatically
- More children 9 - 12 years old are using drugs and this age group is growing increasingly tolerant toward drug use

Sources: National Household Survey on Drug Abuse
Monitoring the Future Study
Partnership Attitude Tracking Study

The process of "denormalizing" drugs led to dramatic declines in the use of all drugs by all segments of the population. However, progress among our youth is now reversing.

Trends in Users of Illegal Drugs
(millions)

	1985	1992	1995
Ages 12-17	2.9	1.0	2.4
Ages 18 +	20.4	11.0	10.4
Total	23.3	12.0	12.8

Source: National Household Survey on Drug Abuse;
Population 12+; use in past month

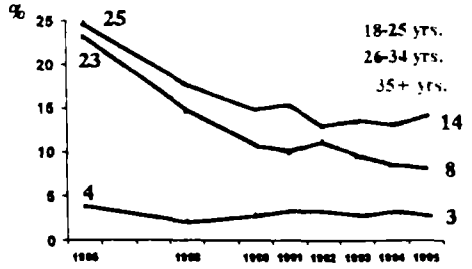
Increasing drug use among youth has not yet translated into increased adult use. Contrary to conventional wisdom, the total NUMBER OF REGULAR USERS OF ILLEGAL DRUGS HAS DECLINED BY 10 MILLION FROM 1985 TO 1995.

Trends in Monthly Use of Illegal Drugs

Source: National Household Survey on Drug Abuse;
Population 12+

The percent of Americans who regularly use illegal drugs has declined by half – from 12% to 6%. This progress is across all age, demographic and ethnic groups. Fewer triers and users of illegal drugs also translates to fewer people becoming addicted.

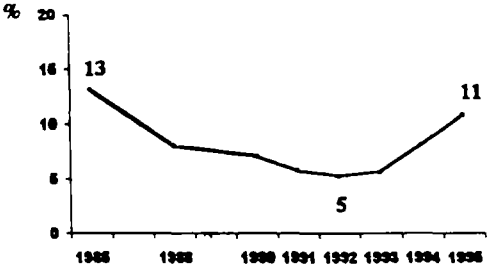
Trends in Monthly Use of Illegal Drugs By Age Group



Source: National Household Survey on Drug Abuse

We are encouraged that current use of illegal drugs among the young adult and adult segments of the population is holding at or near 10 - year lows.

Trends in Monthly Use of Illegal Drugs for Ages 12-17



Source: National Household Survey on Drug Abuse

Among teens, however, progress is now reversing – dramatically. Most disturbing is the fact that the younger the teen, the more significant the increase in drug use.

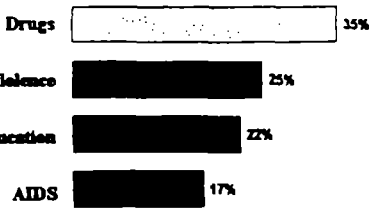
#1 Challenge for America's Drug Policy

"To reverse the dangerous increase in illicit drug use among youth."

Source: 1997 National Drug Control Strategy

There are now 45 million children under the age of 12. If corrective action is not taken now to reverse the current drug trial rate of 20% - 30% among kids, we will be in the middle of another epidemic by the year 2000. We will also be pouring millions of additional people into the process of "trial to trouble."

"Our Most Serious Concern Today" (Teens 13-17)



Source: 1996 PDFA National Teen Poll

Helping kids make more positive decision about whether or not to use drugs is also being responsive to their needs. When we ask youth about their concerns about their own lives, nearly every survey says that drugs are at the top of their list. They are asking for our help.

1 Key Learning About Rising Drug Use Among Kids

"When perceived risk and peer disapproval toward drugs among young people began to decline, particularly for marijuana, use began to rise again."

Source: 1996 Monitoring the Future Study
Dr. Lloyd Johnston

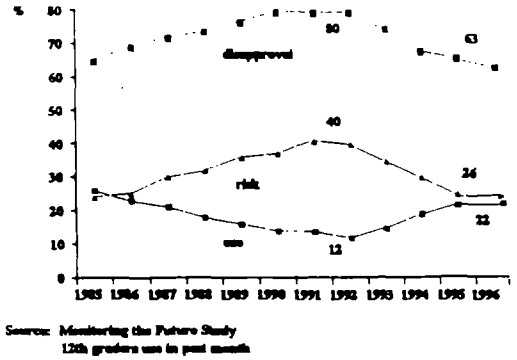
There is broad consensus that the recent increase in drug use among our kids are due to a change in the way they view drug use. This is where we must focus our prevention efforts in order to change their drug-using behavior.

Marijuana Use Vs. Risk and Disapproval

Source: Monitoring the Future Study
12th graders use in past month

Just as improving anti-drug attitudes drives down drug use, the reverse is also true. As night follows day, as risk and social disapproval decline, as they have in the early 1990's...

Marijuana Use Vs. Risk and Disapproval



Source: Monitoring the Future Study
12th graders use in past month

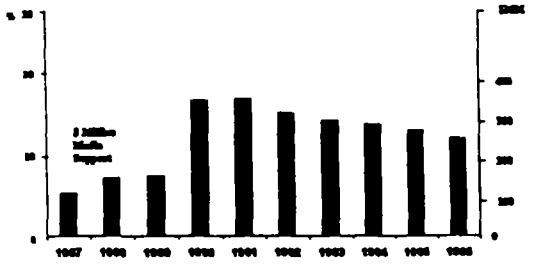
Drug use is now increasing among our youth – almost all of this is among 12 - 17 year old kids. More of our kids are now using more illegal drugs, more frequently. Marijuana use among 8th graders has tripled – nearly one in five smoked marijuana in 1996.

Why are anti-drug attitudes weakening?

1. Less anti-drug information
   - declining media attention
   - insufficient parental impact
   - less in-school education
2. More pro-drug information
   - re-glamorization
   - legalization discussion

Over the period that anti-drug attitudes declined and drug use increased, we adults have sent – and our kids have received – less information about the dangers and social unacceptability of drugs, and more information that drug use is benign socially acceptable.

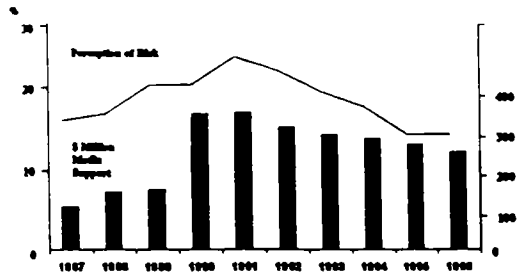
PDFA Media Support & Perception of Risk of Trying Marijuana



Source: Monitoring the Future Study - 12th graders
PDFA Media Support Estimates

Information through anti-drug public service ads from the media has declined significantly. Current message exposure levels, in quantity and length and targeted opportunities for youth 9 - 17, are well below optimum levels. Projections for 1997 and 1998 show little reason to expect any change in this declining trend.

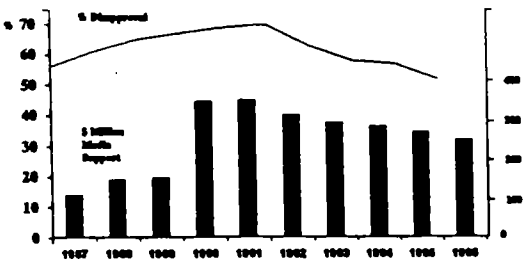
PDFA Media Support & Perception of Risk of Trying Marijuana



Source: Monitoring the Future Study - 12th graders
PDFA Media Support Estimates

We can not establish an absolute, causal connection between changes in key anti-drug attitudes and changes in PDFA anti-drug message support levels. However, there is an obvious and direct correlation between message exposure and the perception of risk...

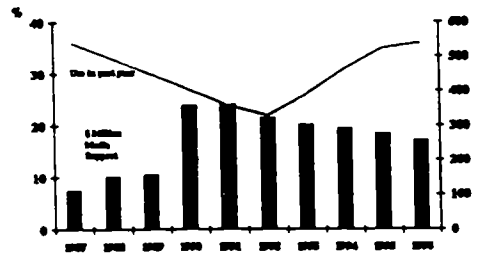
PDFA Media Support & Attitude of Disapproval



Source: Monitoring the Future Study - 12th graders
PDFA Media Support Estimates

As well as a direct correlation between message exposure levels and the other critical anti-drug attitude – perception of social disapproval. The time of highest levels of anti-drug attitudes correspond to an exposure level of about an anti-drug message per day – about $350 million in pro bono support or an equivalent of $175 million in paid, targeted media.

PDFA Media Support & Perception of Risk of Trying Marijuana



Source: Monitoring the Future Study - 12th graders
PDFA Media Support Estimates

Based on the correlation between PDFA anti-drug messages, there is also a direct inverse correlation with actual drug use – higher message level correlates with higher anti-drug attitudes and with lower drug use.

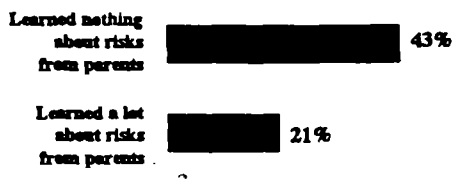
Use a National Education Media Campaign "to teach America's youth to reject illegal drugs..." by

- Increasing their perceptions of risk and disapproval
- Increasing communication about drugs among adult influencers, particularly parents, and youth

It is PDFA's judgment that a national, paid media campaign is necessary to generate sufficient media levels and target opportunities to reverse the current trends in anti-drug attitudes and behavior. This campaign would specifically target youth 9 - 17, and parents.

Parental Involvement is Key to Drug Prevention

Past Year Marijuana Use Among Teens Who:



Source: 1995 Partnership Attitude Tracking Survey

Including parents as a primary target is crucial to improving anti-drug attitudes and decreasing drug use among preteens and teens. Kids who have learned of the risks of drugs from their parents are HALF AS LIKELY to use. With parents prevention can succeed. Without the direct involvement of parents it is unlikely we can reverse current trends.

Need to Increase Parental Involvement

Only 1 in 4 teens

"learn a lot about the risk of drugs"

from their parents.

Source: 1995 Partnership Attitude Tracking Survey

Today's parents are not sufficiently involved. They must start early, in elementary school years, and repeat the message often – particularly through middle school where drug exposure and experimentation rates sky rocket.

$175 Million Paid National Anti-Drug Media Campaign

- America's youth spend as much time watching TV as they do in school
- Campaign would reach nearly every child and parent at least 4 times a week, 52 weeks a year
- Costs about 1% of ONDCP's budget; represents the most cost effective anti-drug effort
- Uses proven effective Partnership messages
- Supports local community coalition efforts

A national paid anti-drug media campaign has unique advantages that simply can't be matched by any other effort. It would cost only about 1% of the total federal anti-drug budget, yet deliver proven anti-drug messages to nearly every household nearly every day of the year. It also provides a built in communications plan for every local community coalition, and directly supports their own efforts.

Need for $175 Million Level of Media

- Minimum message exposure and frequency judged necessary for youth, teen and parent target audiences to reverse current trends in attitudes and use
- Consistent with media levels in 1991 that correspond with highest levels of anti-drug attitudes and lowest levels of use
- Consistent with successful commercial media budgets with similar "product" range and strategic objectives

$175 million in paid media is the minimum necessary to effect improvements in anti-drug attitudes and reductions in illegal drug use among youth. It is also the minimum necessary to successfully compete for our kids' attentions with the increasing pro-drug, glamorizing and "legalization" communication levels. Recent research done by the Partnership shows a 40 % increase in teen's awareness of "talk about legalizing drugs."

An Historic Public - Private Partnership

PARTNERSHIP FOR OUR CHILDREN'S FUTURE

A National Anti-Drug Media Campaign
to Reduce Drug Use Among America's Youth

There is clear evidence to suggest that COMBINING pro bono PDFA anti-drug messages and pro bono media support, along with a paid media schedule, can have a significantly positive impact on current drug trends among youth. Current levels of donated support from the private sector alone are no longer sufficient. Including federal support with private sector volunteerism can successfully respond – in a highly cost effective way – to this challenge we face as families, communities, and as a nation.

Clinton Presidential Records
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This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

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Divider Title: _____

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

August 15, 1997

STATEMENT ON MARIJUANA AS MEDICINE

Ballot initiatives in several states to define marijuana as a "medicine" fail to address the negative impact such legislation would have on the health of our youth or the nation's scientific process of approving medications. The Office of National Drug Control Policy (ONDCP) is joining other government agencies as well as professional and community organizations in responding to this serious concern.

Protecting America's Health

Designating medicine through ballot initiatives would undermine the long-established process which ensures that substances provided to the American public as medicines have undergone rigorous scientific scrutiny. This procedure protects Americans from unproven, ineffective, or dangerous treatments. Allowing a purported medication to circumvent federal approval does a grave disservice to the public, because the process guarantees that drugs are safe and effective, that the benefits outweigh risks, and that physicians have had sufficient information to permit accurate prescription. Making an exception for marijuana would create a dangerous precedent. Medicine must be based on science rather than ideology. Misusing ballot initiatives to exempt medications from proper testing would also give a sales advantage to anyone seeking to market medical products without investing in the requisite scientific research.

The Office of National Drug Control Policy has created a National Drug Control Strategy based on science. To this end, we work closely with Dr. Harold Varmus, Director of the National Institutes of Health (NIH); Dr. Alan Leshner, Director of the National Institute on Drug Abuse (NIDA); and other distinguished scientists and researchers. The federal government endorses the therapeutic use of any substance meeting strict standards for safety and effectiveness. The existing review process ensures that decisions about new drugs are based on scientific merit. Any departure from the established process would constitute a breach of public trust. Americans rely upon the current system to safeguard world-class medicine.

Marijuana Is Not Benign

Proponents of these ballot initiatives present marijuana as a benign substance. However, the latest scientific evidence demonstrates that marijuana is not. Smoked marijuana damages the brain, heart, lungs, and immune system. It impairs learning and interferes with memory, perception, and judgment. Smoked marijuana contains cancer-causing compounds and has been implicated in a high percentage of automobile crashes and workplace accidents. Marijuana-related visits to hospital emergency rooms have tripled since 1990. Marijuana is also associated with gateway behavior leading to more extensive drug use. This phenomenon poses serious concerns given the significant increase in marijuana use by teenagers.

The confusing message about marijuana that these referenda send our children could not come at a worse time. In recent years, drug use by young people has increased at an alarming rate. Among eighth graders, the use of illicit drugs -- primarily marijuana -- has tripled. This increase has been fueled by a measurable decrease in the proportion of young people who perceive marijuana as dangerous.

Rigorous Scientific Research

Marijuana advocates have mounted a well-financed, sophisticated public relations campaign to persuade Americans to their point of view. They use personal anecdotes rather than science to support their position. However, two recent research studies published in *Science* (June 27), have demonstrated disturbing similarities between marijuana's effects on the brain and those produced by highly addictive drugs like cocaine, heroin, alcohol, and nicotine. Hearing conflicting information, many Americans are unclear about what the scientific research actually shows.

To clarify this issue, ONDCP commissioned a comprehensive study by the National Academy of Science's venerable Institute of Medicine (IOM). The IOM will produce a comprehensive summary of the scientific record on marijuana which will serve as a foundation for public policy discussion and future research.

Additionally, NIH recently convened a workshop of experts in cancer treatment, infectious diseases, neurology, and ophthalmology to review scientific data concerning marijuana's therapeutic potential. The panel's report to NIH stated that "There were varying degrees of enthusiasm to pursue smoked marijuana . . . tempered by the fact that, for many of these disorders, effective treatments are already available." The report further stated: "...in order to evaluate various hypotheses concerning the potential utility of marijuana in various therapeutic areas, more and better studies would be needed."

Dr. Varmus stated that NIH is open to applications for studies of the medical efficacy of marijuana and that, subject to the normal scientific review process, NIH is prepared to fund applications that meet accepted standards of scientific design and are competitive for funding. Research, including clinical trials, should determine whether marijuana should be considered a medicine in the United States. (Holland recently determined that marijuana would not qualify as a medicine in that country.)

The federal government must protect public health by preserving the medical-scientific process for determining medicines. We must also protect children from increased marijuana availability and use, preserve drug-free workplaces, and uphold federal law. With drug use by young people increasing, America must not send incorrect information to our youth about the risks of marijuana. The reduction -- not the promotion -- of illicit drugs is a national priority.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503
July 29, 1997

ONDCP STATEMENT ON INDUSTRIAL HEMP

The primary concern about the legalization of the cultivation of industrial hemp *(Cannabis Sativa)* is the message it would send to the public at large, especially to our youth at a time when adolescent drug use is rising rapidly. Marijuana *(Cannabis Sativa)* use among 8th graders has tripled over the last five years. This increase in marijuana use has been fueled by a measurable decrease in the proportion of young people who perceive marijuana to be a dangerous substance. To address that issue, ONDCP is proposing a $175 million media campaign specifically to educate our youth about the dangers of drugs.

The second major concern is that legalizing hemp production may mean the *de facto* legalization of marijuana cultivation. Industrial hemp and marijuana are the product of the same plant, *Cannabis Sativa.* The seedlings are the same and in many instances the mature plants look the same. A 1992 Dutch study of 97 strains of marijuana and hemp plants concluded that, short of chemical analysis, there was no way to discriminate between marijuana-producing plants and hemp-producing plants. A research study conducted at the U.S. Department of Agriculture reached the same conclusion.

Supporters of the hemp legalization effort claim hemp cultivation could be profitable for U.S. farmers. However, according to the USDA and the U.S. Department of Commerce, the profitability of industrial hemp is highly uncertain and probably unlikely. Hemp is a novelty product with limited sustainable development value even in a novelty market. U.S. total imports of hemp last year were only about $1.2 million of a total domestic agricultural market of $202 billion. For every proposed use of industrial hemp, there already exists an available product, or raw material, which is cheaper to manufacture and provides better market results. For example, the cheapest hemp linen costs about $15 per square yard. A similar cost profile for the finest flax linen is $7.50 per square yard. *Pulp and Paper International,* a national trade magazine, puts the break-even price for raw hemp production at $630 per ton. However currently, finished newsprint sells for only $500 per ton. The ready availability of other low-production cost raw material has been the major reason for a 25% drop in worldwide hemp production in the past three decades. Hemp production is a labor-intensive operation. Countries with low labor costs such as the Philippines and China have a competitive advantage over any U.S. hemp producer.

In conclusion, legalizing hemp production would send a confusing message to our youth concerning marijuana. Also, it may lead to the *de facto* legalization of marijuana cultivation. To date, production of hemp appears to offer no relief to farmers or manufacturers of textiles or paper as an alternative crop or product. Certainly any new credible evidence should be given careful consideration. Some federal agencies are collecting and reviewing such information for future policy reviews. However, the current available facts do not support hemp cultivation as a legally or economically viable option for U.S. interests. ONDCP therefore does not consider it prudent to change the current status of *Cannabis Sativa* as a controlled Schedule I drug.

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