

-Draft Strategy Policy

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Tuesday, January 27, 1998

LEGISLATIVE REFERRAL MEMORANDUM

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FINAL DRAFT

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✓

PERFORMANCE MEASURES OF EFFECTIVENESS

*A System For Assessing the Performance
of the National Drug Control Strategy*



January 26, 1998

Executive Office of the President

OFFICE OF NATIONAL DRUG CONTROL POLICY

Barry R. McCaffrey, Director

Executive Summary

This document, Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy, responds to a public call for results-oriented government. In the area of drug control policy, this means increased accountability and improved performance from our total drug control efforts. This document proposes a system of performance measures of effectiveness developed by the Office of National Drug Control Policy (ONDCP) in conjunction with a wide range of stakeholders from both public and private sectors. This system of performance measures of effectiveness (PME) is designed to: (1) assess the effectiveness of the National Drug Control Strategy (the Strategy); (2) provide critical information to the entire drug control community, including State and local governments, the private sector, and foreign governments on what needs to be done to refine policy and programmatic directions; and (3) assist with drug program budget management at all levels.

The Strategy is a ten-year plan to confront drug abuse in the United States. Its mission can be most easily understood in terms of reducing drug use (demand), drug availability (supply), and the consequences associated with drug use and trafficking. The Strategy's five Goals and thirty-two Objectives make up a comprehensive, balanced effort encompassing drug prevention, treatment, domestic law enforcement, interdiction, and international programs. While the Strategy is a long-range plan, it also responds to the ever-changing parameters of the drug threat. Elements of the PME system may also be modified as data reveal new drug use behaviors and effective drug control techniques.

The Government Performance and Results Act recognizes that factors external to Federal agencies and beyond their control may significantly affect the achievement of Federal agencies' goals and objectives. The achievement of the Strategy's Goals and Objectives is critically dependent on the actions of not only the Federal government, but also of State, local, and foreign governments, private entities, and individuals. Therefore, the performance measures contained in this report should be viewed as goals for the nation, not as measures to be achieved by the Federal government alone.

The Strategy's PME system assumes that the pursuit of Strategy Goals and Objectives by Federal and non-Federal actors will yield measurable effects known as "performance targets." These performance targets will demonstrate the Strategy's overall impact on drug use, availability, and consequences. In the longer term, they will also show the effectiveness of specific Federal, State and local programs and activities that underlie the total drug control effort. The nucleus of the

system consists of twelve “Impact Performance Targets” (Impact Targets) that define desired outcomes or end states for the Strategy (see Exhibit 1) in terms of its effect on drug use, availability, and drug use consequences. The remaining 99 performance targets are proposed to calibrate progress toward the Strategy’s thirty-two Objectives, which are supported by a system of drug control program efforts.

This document discusses the twelve Impact Targets in terms of the three main themes of ONDCP’s mission: reducing drug use, availability, and damaging consequences. The attached exhibit shows the impact targets that support the Strategy’s five Goals. These targets define desirable, meaningful outcomes or end-states for the nation’s drug control effort — a 50 percent reduction of drug use and availability, and at least a 25 percent reduction in damaging drug use consequences. The three main themes of ONDCP’s mission and their associated outcomes are:

- In the area of **overall drug use**, the target is **by 2007 a 50 percent reduction** below the 1996 base year in the rate of use of illicit drugs in the United States.
- In the area of **drug availability**, the aim is **by 2007 to reduce the available supply** of illegal drugs in the U.S. **by 50 percent** as compared to 1996.
- In the area of **drug use consequences**, the target is **a 30 percent reduction by 2007 in the rate of crime** and violent acts associated with drug trafficking and drug abuse as compared to the 1996 base year. In addition, a **25 percent reduction by 2007 in damaging health and social costs** attributable to illegal drug trafficking and use as measured by annual estimates of the social costs of drug use is proposed.

The remaining 99 performance targets establish benchmarks by which progress in achieving National Drug Control Strategy Objectives can be observed. There are thirty-two Objectives in the Strategy that establish the major programmatic lines of action supporting the Strategy Goals. Performance targets establish outputs or outcomes for program activities. As an example, ONDCP’s National Youth Anti-Drug Media Campaign has outputs (e.g., increased hours of anti-drug ads) and outcomes (e.g., improved youth attitudes about the dangers of drug use) that contribute to an impact target (reducing the prevalence of youth drug use). The ninety-nine performance targets form the foundation of Strategy programming to achieve the proposed twelve end states for drug policy.

The 111 targets form a system of National Drug Control Strategy performance measures of effectiveness that represents an historic, highly ambitious undertaking. This PME system will enable policy makers, program managers, and the public to determine which programs are contributing to the achievement of the desired end-states envisioned by the Goals and Objectives of the Strategy. If impact targets are not met, the PME system will help identify the problems so that corrective action can be taken. Corrective action may include the reallocation of Federal drug control resources from programs of lesser effectiveness to those of greater effectiveness. When impact targets are met, responsible program areas may be adjusted accordingly. This information on “what’s working” is of tremendous value to the more than 50 drug control agencies supported by a budget of over \$17 billion of Federal resources as well as to our State and local partners in drug control.

The PME system offers the first-time ever development of a causal model linking all the performance targets into a single body of logic. The Strategy’s five Goals, 32 Objectives, and the 111 performance targets form a framework in which to understand and evaluate how the more than 50 Federal drug control agencies programs interrelate to produce drug policy’s expected outcomes. It also can help us to integrate how State, local and foreign governments and private sector entities contribute to the achievement of the Strategy’s Goals and Objectives.

The intent of this report is to present, for the public’s consideration, the system of performance measures of effectiveness that will be used to link goals, objectives, results, and resources. The National Drug Control Strategy PME system proposes a management tool that requires analysis of options for achieving outcomes. Elements of these options include the budget (resources); shared responsibility among Federal, State, and local governments; our system of laws and regulations; the private sector; and community organizations that form our national response to the drug problem.

Performance targets are proposed for the years 2002 and 2007. But this is not meant to imply that five years must lapse before deciding whether the Strategy Goals and Objectives are being achieved. Annual targets will be developed in calendar year 1998 and reported in the 1999 National Drug Control Strategy for each of the twelve impact targets for drug use, availability, and drug use consequences and for the 99 targets that underlie the 32 Strategy Objectives.

This PME system synthesizes the ideas and deliberations of the entire drug control community. ONDCP looks to each one of its wide range of stakeholders to play a role in ensuring the success of this national drug control program.

Exhibit 1

The National Drug Control Strategy

Proposed 12 Key Drug Strategy Impact Targets

99 Other Drug Program Performance Targets Not Shown

Supply

25% by 2002
50% by 2007

Reduce availability of illicit drugs in the United States (Goal 2)

15% by 2002
30% by 2007

Reduce the rate of shipment of illicit drugs from source zones (Goal 5)

10% by 2002
20% by 2007

Reduce the drug trafficker success rate in the transit and arrival zones (Goal 4)

20% by 2002
50% by 2007

Reduce domestic cultivation and production of illicit drugs (Goal 6)

10% by 2002
20% by 2007

Reduce the trafficker success rate in the U.S. (Goal 2)

Demand

25% by 2002
50% by 2007

Reduce the demand for illicit drugs in the United States (Goal 3)

20% by 2002
50% by 2007

Reduce the prevalence of drug use among youth (Goal 1)

12 Months by '02
36 Months by '07

Increase the average age of new users (Goal 1)

25% by 2002
50% by 2007

Reduce the prevalence of drug use in the workplace (Goal 3)

20% by 2002
50% by 2007

Reduce the number of chronic drug users (Goal 3)

Consequences

15% by 2002
30% by 2007

Reduce the rate of crime associated with drug trafficking and use (Goal 2)

10% by 2002
25% by 2007

Reduce the health and social costs associated with drugs (Goal 3)

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I. Launching the National Drug Control Strategy Performance Measurement System

Introduction

Shrinking resources and declining confidence in government have recently spawned legislative and administrative mandates for increased accountability and improved performance by Federal agencies. This reform movement has resulted in government initiatives that refocus public managers on results in lieu of the traditional emphasis on process and output. The Government Performance and Results Act of 1993 (GPRA), the Chief Financial Officers' Act, the Government Management Reform Act, and the National Performance Review are all manifestations of the momentum toward greater accountability and performance-based management. This report builds upon the trend in government toward increased accountability and implements the concept within the national drug control effort.

The Anti-Drug Abuse Act of 1988 (P.L. 100-690 as amended) established the Office of National Drug Control Policy (ONDCP) to set national drug control priorities and objectives, coordinate the activities of over 50 federal drug control agencies, and prepare a consolidated federal drug control budget. In 1994, the Violent Crime Control and Law Enforcement Act (P.L. 103-322) expanded ONDCP's responsibilities to include the provision of budget guidance to federal drug control agencies and the evaluation of the effectiveness of federal drug control activities.¹

This document sets the framework for ONDCP's assessment of the effectiveness of the national drug control effort. It delineates the proposed performance measurement system developed by ONDCP in conjunction with a wide range of public and private stakeholders. In keeping with the dynamic nature of the National Drug Control Strategy (the Strategy), the proposed performance measurement system is equally flexible; it is designed to be responsive to the anticipated or reactive changes in the drug threat. Measures proposed in this document, however, are based on the current drug threat. The chief purpose of this document is to set forth a mechanism by which to measure progress toward the achievement of the Strategy's Goals and

Objectives and to inform the public debate surrounding national drug control efforts.

The GPRA recognizes that factors external to Federal agencies and beyond their control may significantly affect the achievement of Federal agencies' goals and objectives. The achievement of the Strategy's Goals and Objectives is critically dependent on the actions of not only the Federal Government, but also of State, local, and foreign governments, private entities, and individuals. Therefore, the performance measures contained in this report should be viewed as goals for the nation, not as measures to be achieved by the Federal Government alone.

An Overview of the National Drug Control Strategy

The 1998 Strategy proposes a ten-year plan to confront drug abuse in the United States.² This plan includes five Goals and 32 Objectives as part of a comprehensive, balanced effort that encompasses drug prevention, treatment, domestic law enforcement, interdiction, and international programs. The Goals of the Strategy are designed to reduce drug use, decrease drug availability, and reduce the adverse health, social, and safety consequences of drug use.

The Strategy is the drug control community's main guide in the struggle to decrease illegal drug use and its consequences. Developed in consultation with public and private organizations, state and local officials, and nationally-recognized experts in drug control and performance measurement, it sets a course for the nation's collective effort against drugs. The Strategy underscores the point that no single approach can rescue the nation from the problems of drug abuse. Drug prevention and treatment must be complemented by supply reduction efforts abroad, along our borders, and within the United States. While maintaining its commitment to enforcing anti-drug laws and reducing drug use and its consequences, the Strategy ties policy and a supporting budget to a research-based body of knowledge on the nation's drug problems.

The Strategy focuses on the reduction of drug use on two fronts: the increasing demand for drugs among youth and the continuing demand for a wide range of drugs by the addicted or chronic drug user population. Clearly, combating the increasing demand for drugs among

America's youth is the centerpiece of the national anti-drug effort. As the Strategy states:

“[W]e are deeply concerned about the rising trend of drug use by young Americans. While overall use of drugs in the United States has fallen dramatically — by half in fifteen years — adolescent drug abuse continues to rise. That is why the number one goal of our strategy is to motivate America's youth to reject illegal drugs and substance abuse.”³

This priority was reinforced in testimony before Congress by the Director of ONDCP who said:

“[T]he centerpiece of our national anti-drug effort must be to prevent the use of illegal drugs, alcohol, and tobacco by our children....[The 1997 Strategy's] number one priority is to reinvigorate what must be a national anti-drug effort on behalf of our children.”⁴

The current demand for illicit drugs among America's youth is threatening to reverse a decade-long trend of overall decline in drug abuse. While there are now indications that youth drug use has stabilized and may even be declining, the rate of drug use remains unacceptably high.⁵ To respond to this serious problem, the Federal government has implemented a national prevention campaign to affect youth's attitudes about drug use through a far-reaching media campaign. This campaign will be complemented by other Federal, State and local government and private sector drug prevention efforts targeting our nation's parents, communities, and schools. By focusing on youth through drug prevention programming, the Strategy intends to shut down the pipeline into drug use. This means preventing our youth from initiating drug use and getting those who have started to stop.

The most recent estimates show that about 13 million Americans in households use drugs on a current (past month) basis.⁶ However, this estimate fails to represent chronic drug users, who are known to consume most of the illicit drugs in the United States and commit a disproportionate amount of crime.⁷ In fact, it is estimated that chronic drug users consume over two-thirds of the drugs, even though they are a minority of the total of all drug users.⁸ Getting these users to stop or reduce their drug use would have many benefits. This would reduce the social costs of drug addiction due to crime, health care, the spread of infectious disease, lost productivity, and the

destruction of neighborhoods, families, and communities. The Strategy emphasizes the need to provide drug treatment for chronic drug users who are inside and outside of the criminal justice system.⁹ Over 3.6 million drug users are identified as needing help to overcome their addiction.¹⁰ Drug treatment is the key if we are to reduce drug use and its consequences. The Strategy proposes expanding treatment to attack the problems of chronic drug use. In addition, because many of these chronic users come in contact with the criminal justice system, drug treatment provides an opportunity to both test and treat them which helps break the cycle of drug use and crime.

The Strategy highlights the need to reduce the availability of drugs through domestic and international efforts. On the domestic front, criminal organizations that traffick in and distribute drugs are targeted. The Strategy aims to reduce drug-related crime and violence through community policing as well as integrated international, Federal, State, and local law enforcement efforts. On the international front, the Strategy proposes substantial efforts to prevent drugs from crossing the Southwest Border between the U.S. and Mexico where the majority of cocaine enters the United States. It also proposes to strengthen counterdrug efforts in the Caribbean, especially in the areas around Puerto Rico and the U.S. Virgin Islands, where there has recently been a re-emergence of drug trafficking. Source and transit zones are targeted also via bilateral and multilateral efforts to reduce illicit drug cultivation and production.

It is important to note that drug availability will be influenced by the success of U.S. demand reduction policies. As demand reduction yields fewer users through prevention and treatment programs, drug prices and profitability will decline. A reduced U.S. demand for drugs will mean that traffickers will fear oversupplying the U.S. market as it would presage a death spiral for drug prices and profitability. Thus, demand reduction efforts complemented by supply reduction efforts can markedly affect drug availability. This is why the Strategy emphasizes both demand and supply reduction programs.

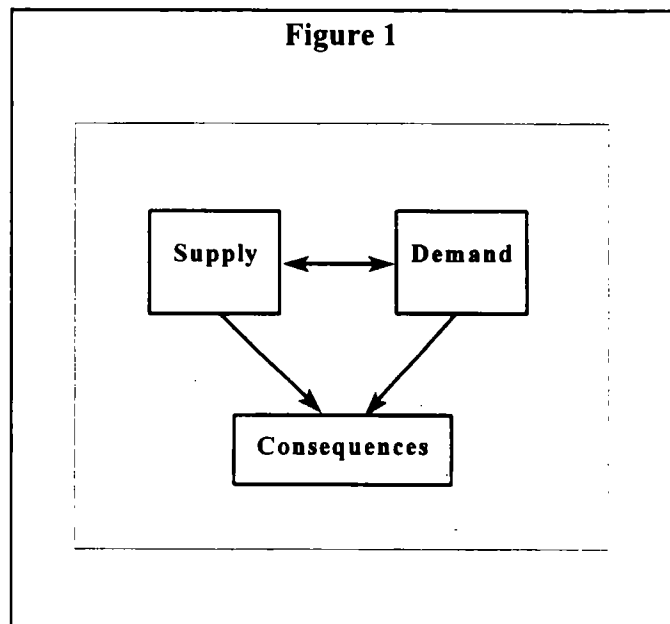
Health and social costs of drug use will also be reduced through demand reduction and supply reduction programs. The social costs of drug use are estimated to be over \$67 billion a year, with

a majority of these costs being crime-related.¹¹ By maintaining resources for domestic law enforcement as well as pursuing proven initiatives such as Drug Courts, expanded treatment for hardcore drug users, and crime prevention programs, the Strategy offers a comprehensive approach that will result in tangible reductions in the social costs of drug use.

Demand and Supply: A Lens for Assessing Drug Control Performance

The Strategy is a plan of action to reduce drug use, availability, and its consequences. This three part focus is generally divided into two broad functional areas: supply reduction and demand reduction.¹² These two broad functional areas are defined by statute in terms of Federal drug control agencies' efforts supporting the Strategy.¹³ For example, all law enforcement activities are treated as supply reduction activities even though they may directly deter drug use and contribute to demand reduction. Similarly, treatment is always counted as demand reduction, even though clients may be drug sellers who are also drug users. Thus, the Strategy can be viewed in terms of reducing *demand* and *supply*, and reducing the consequences associated with each (see Figure 1).¹⁴

Consider first the broad role of demand reduction. The U.S. provides a ready market for the sale of illicit drugs. Individuals are frequently introduced to drug use in early adolescence, often through the most readily available substances — alcohol and tobacco. There is a tendency for individuals to progress toward drugs that have a greater potential for harm; the progression from alcohol, tobacco, and marijuana use to drugs like cocaine and heroin is, in fact, common.



The progression to more harmful drugs is not inevitable. It is strongly influenced by a host of environmental factors that stem from the choices people make on a day-to-day basis. One thing is certain: understanding drug use as a "progressive behavior" lends insight into demand reduction in the United States. First, prevention efforts are critical; the opportunity to disrupt or reverse the progressive use of drugs must be exercised at every opportunity. Second, we must reach out and treat those individuals who are already addicted.

Drug use exacts enormous social costs. It facilitates the spread of infectious diseases; it results in lost productivity in the workplace; it fosters criminality; and it often contributes to human suffering. By reducing demand, these associated costs will, in turn, be reduced.

Consider now the role of supply reduction. A vast international criminal enterprise funnels illicit drugs into the U.S. and is involved in all aspects of supply, including cultivation, processing, smuggling, trans-shipment and distribution within U.S. borders. Other criminal organizations distribute domestically cultivated and produced illegal drugs. As in any business, individuals involved in these activities seek to expand markets and increase profits. The Strategy seeks to reduce the availability of illicit drugs in the U.S. by disrupting cultivation, processing, trans-shipment and distribution activities wherever possible. Continued interference in the operations of criminal entrepreneurs has two effects: it directly reduces the supply of drugs by removing some of the commodity from the market and it indirectly reduces the supply of drugs by increasing the cost of doing business. At some point this cost will become high enough to discourage continued investment — and supply will be diminished as a result. A sustained reduction in supply, regardless of how it is achieved, will in turn lead to a reduction in consumption.

The consequences of supply dynamics are also of great concern. While violence is characteristic of organized criminal activity, it is pervasive within the drug trade. Drug trafficking-related violence in the U.S. will decline once the consumption of illicit drugs is decreased as a result of substantial supply reduction.

The triad of decreasing the use, availability, and consequences of drugs forms the heart of the Strategy's system of Performance Measures of Effectiveness (PME). Later in this report, we propose twelve performance targets known as "impact targets" to describe the progress of the Strategy's five Goals and 32 Objectives in reducing drug use, availability, and consequences. This is not meant to suggest that the PME system is a simple one. It is not. The task of linking five Goals and 32 Objectives to the resources and programs of over 50 Federal drug control agencies, the efforts of State and local governments and the private sector is daunting. The PME system proposed in this report contains a total of 111 performance targets. For this reason, organizing principles must be sought to manage our understanding of the PME system. The triad of use, availability, and consequences offers a workable solution.

Strategy Goals and Objectives

Before describing the mechanics of the PME system, we must take a closer look at the Strategy's five Goals and 32 Objectives. These Goals and Objectives provide guidance to all public and private sector bodies committed to reducing drug use and its consequences. Strategy Goals define — at the highest level — the five major initiatives that must be pursued if we are to reduce drug use, availability, and consequences. The 32 Objectives allow for measurable progress and may be modified as counterdrug efforts succeed or as new challenges emerge. The Strategy Goals will remain constant over the long-term and are described below:

- **Goal 1: Prevent drug use among America's youth.** Demand can be most effectively reduced by ensuring that young people never become involved with drugs.
- **Goal 2: Increase the safety of America's citizens.** Crime and a reduction of public safety are among the consequences of drug trafficking and drug use. Criminal activities associated with drugs must be reduced.
- **Goal 3: Reduce the health and social costs of drug use.** Those individuals who escalate from experimental use to chronic use place enormous burdens on society in the

form of health and social costs. The capability of drug treatment providers to produce favorable outcomes must be increased, thereby decreasing these consequences. Goal 3 also targets drug use in the workplace through emphasis on prevention and education programs, employee assistance programs, and drug testing programs.

- **Goal 4: Shield America's air, land, and sea frontiers.** Goal 4 targets the disruption of trans-shipment activities and is a principal means by which the supply of illicit drugs into the U.S. will be reduced.
- **Goal 5: Break foreign and domestic sources of supply.** Goal 5 focuses on decreasing the quantity of foreign and domestic cultivation and production of drugs that are destined for potential use in the U.S.

The Strategy Goals are intentionally defined in general terms. However, the means by which they are achieved are broken down into specific Objectives. A listing of the Objectives for each Goal is provided in Table 1. Furthermore, the Goals and their respective Objectives are categorized by their supply (S) reduction or demand (D) reduction focus.

The relationships between supply, demand, and consequences are formalized by the Strategy in terms of Goals and Objectives. The next requirement for building an effective PME system is to designate "performance targets" that define desired outcomes or end-states for these Goals and Objectives. Ultimately, our progress toward achieving the performance targets will attest to the efficacy of the Strategy's Goals and Objectives.

Partners in the National Drug Control Effort

Federal resources for drug control are proposed to be over \$17 billion in fiscal year 1999. Included in this estimate are resources for State and local governments and private organizations that provide demand reduction and supply reduction programs in our nation's communities. In fact, approximately one-quarter of the Federal government's drug control budgetary resources are

for grants-in-aid or other forms of assistance to State and local governments and private entities, where they are commingled with other “local” resources for drug control programming. To assess the Strategy’s overall effectiveness, the PME system recognizes that the Federal government alone is not responsible for progress in achieving the Strategy’s goals and objectives. State, local, and foreign governments and private sector entities are partners in this effort.

The fact that the Federal government alone is not responsible for providing demand reduction and supply reduction programs presents a challenge to establishing a results-oriented PME system. Separating out the effects of Federal programs is extremely difficult because it requires an understanding of the linkages of programs and resources provided by the many entities in drug control to the outcomes or end states sought by drug control. The PME system discussed in this report recognizes non-Federal partners as key contributors to the success of the Strategy. The Strategy is developed in consultation with our non-Federal partners for this very reason.

The PME system provides a way to improve communication between the Federal government and its partners in drug control. It remains the Federal government’s objective to ensure that resources provided to our partners in drug control are provided with as few “strings” and mandates as possible to ensure maximum flexibility in determining how best to use Federal funds to achieve Strategy Goals and Objectives. At the same time, the requirement for increased accountability and improved performance means that they must join with Federal agencies to work cooperatively to achieve the Strategy’s Goals and Objectives, as indicated by the system of performance measures contained in this report.

The Federal Drug Control Five-Year Budget

This year, in 1998, the Administration is releasing the first five-year budget for Federal drug control. This budget represents a radical and significant departure for Federal drug control budgeting -- never before has long-term fiscal planning been considered in the formulation of the Nation’s drug control policy. The five-year budget covers the Federal fiscal years from 1999 to 2003 and contributes to the Administration’s goals and objectives as articulated in the 1998

National Drug Control Strategy. Details about the drug control budget may be found in *The 1998 National Drug Control Strategy: The Five-Year Budget for FYs 1999-2003*.

It is important to note that this PME report is not a budget document. Nor is it claimed that the PME system was used to construct the FY 1999-2003 drug control budget. The five-year budget reflects funding priorities first delineated in the 1997 Strategy and continued in the 1998 Strategy. The proposed PME system herein reflects the goals and objectives that were described in the 1997 and 1998 Strategies.

This PME system also recognizes that the Federal government is not the sole financier of the national anti-drug effort. A national level strategy requires a national level effort. In order to achieve the Strategy's goals, there must be a shared responsibility among all levels of government -- Federal, State, and local governments and foreign governments as well. Those entities involved in our national drug control effort -- Federal, State and local governments, and the private sector -- must be willing to allocate the resources needed to sustain this unprecedented effort for the next decade. The resources expended in this effort will result in a tremendous savings in the future.

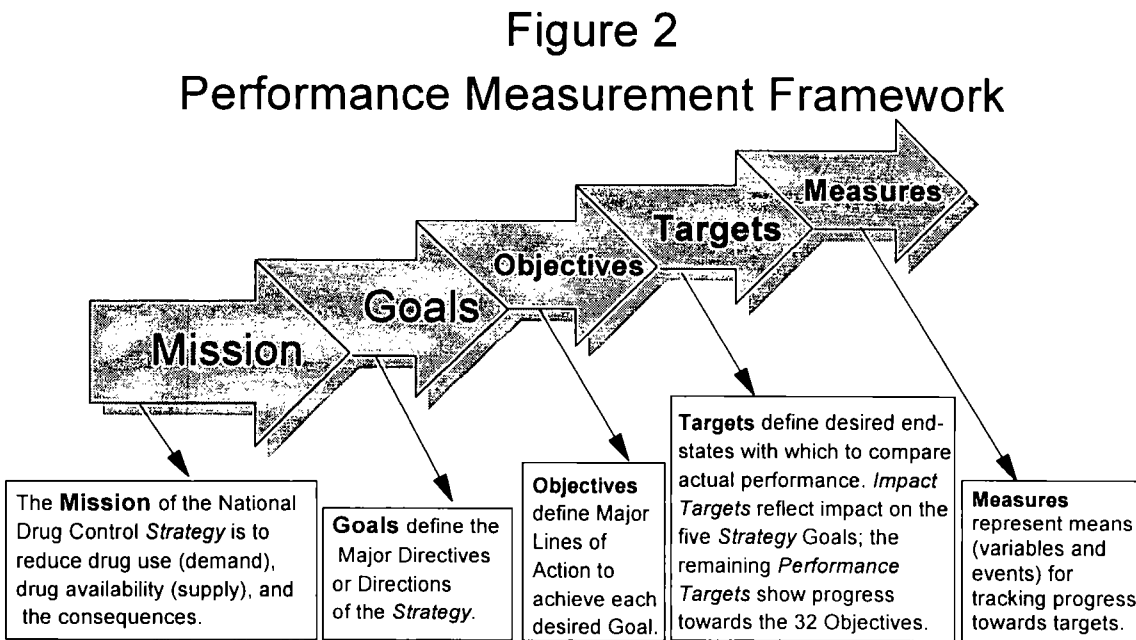
The intent of this report is to present for the public's consideration the proposed PME system that will be used to link goals, objectives, results and resources. The PME system proposes a management tool that enables the drug control community to assess and select among various options for achieving performance targets. These options include the budget (resources); the shared responsibility among Federal, State, and local governments; our system of laws and regulations; the private sector; and community organizations that form our national response to the drug problem.

The next step in the development of the PME system is for Federal drug control agencies to identify programs and resources that contribute to the achievement of the Strategy Goals and Objectives. ONDCP currently tracks drug control programs and resources by (1) agency (reflecting ONDCP's legal mandate to certify agency drug control budgets); (2) appropriations

(reflecting the nine appropriations bills for which drug control resources are provided each year); (3) decision unit (agency drug account level appropriations); (4) function (activities such as interdiction, treatment, prevention, corrections, and so forth); and most recently, (5) for the five Strategy Goals. ONDCP is now working with the agencies to identify program activities and resources for each Strategy Objective. Consistent with the previous section's discussion, this effort will include exploring how Federal grants-in-aid, State and local government resources, and private resources contribute to the realization of the Strategy's Goals and Objectives for supply reduction and demand reduction.

II. Establishing Performance Targets for Strategy Goals and Objectives

The pursuit of Strategy Goals and their associated Objectives is expected to yield measurable outputs and outcomes designated as "performance targets."¹ The Administration's National Drug Control Strategy PME system recognizes that performance measures² must (1) assess the Strategy's overall impact on drug use, availability, and consequences, and (2) assess the effectiveness of specific Federal, State, and local programs and activities that underlie the national drug control effort. Measures represent the means for tracking progress toward the targets. Ultimately, data for the measures will be provided by the Federal drug control agencies. The framework of the performance measurement system is illustrated in Figure 2.



The nucleus of the PME system consists of twelve "impact targets,"³ key performance targets that define a desired end-state for the Strategy's five Goals. The remaining 99 performance targets reflect national progress toward the 32 supporting Objectives. While "impact targets" reflect whether the Strategy is successful overall, the 99 remaining performance targets offer critical information on what needs to be done to refine policy and programmatic directions. This

Endnotes

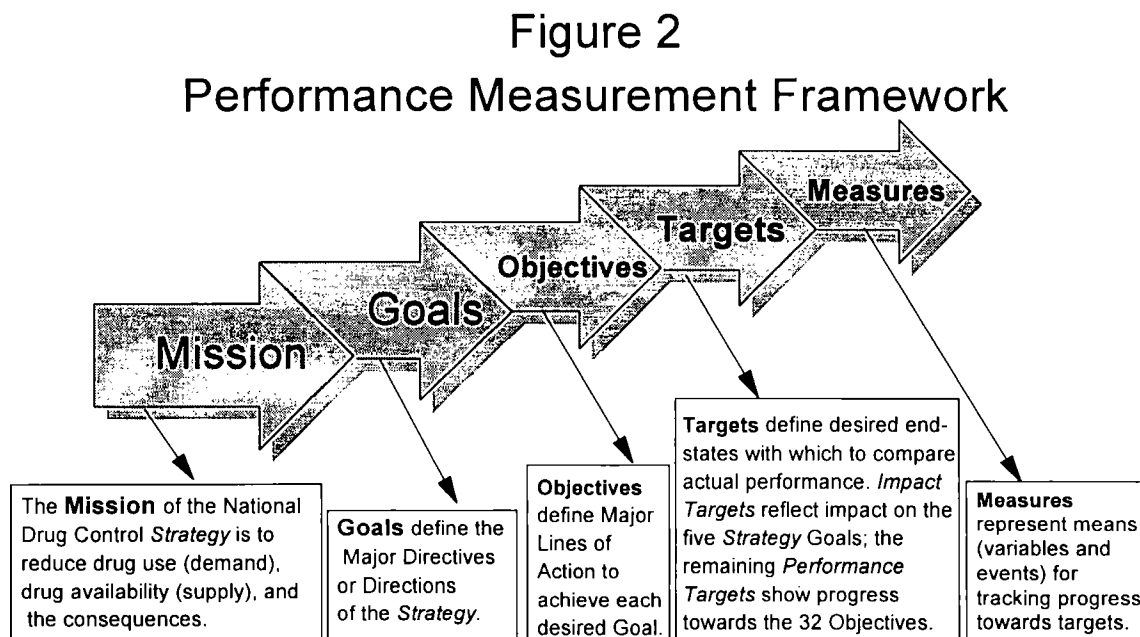
1. ONDCP's authorities to conduct performance measurement is in authorization language covering the Director, ONDCP, responsibilities and powers enumerated in 21 U.S.C. 1502 (b and d). Among other things, these responsibilities and powers relate to coordinating and overseeing the implementation of the National Drug Control Strategy and conducting performance audits and evaluations of National Drug Control programs. Additionally, statutory language appearing at 21 U.S.C. 1504 (a and b) and 21 U.S.C. 1507 provides additional authority related to Strategy Goals and Objectives, assessments of Federal drug control efforts, and projections of priorities for supply reduction and demand reduction.
2. The performance measurement system proposed in this report supports the Goals and Objectives contained in the *1998 National Drug Control Strategy*. These Goals and Objectives were first presented to the American public in the *1997 National Drug Control Strategy* released in February 1997.
3. Office of National Drug Control Policy, The White House, *1997 National Drug Control Strategy*, iii.
4. Statement by General Barry R. McCaffrey, Director, Office of National Drug Control Policy, before the Senate Appropriations Committee, Subcommittee on Treasury, General Government and Civil Service, May 14, 1997.
5. These indications come from two surveys of drug use in America. The first is the *National Household Survey on Drug Abuse* published by the Department of Health and Human Services. Among other things, this survey reports drug use, incidence, and attitudes for youth who are aged 12-17. The most recent Household Survey reports that, after increasing throughout the 1990s, past month use (current use) of any illicit drugs stabilized at 9.0 percent in 1996. Marijuana use in particular stabilized in 1996 at 7.1 percent. This finding was confirmed by the University of Michigan's Monitoring the Future Study, which surveys youth in grades 8, 10, and 12. It reported that drug use leveled off in 1996 and also found that there were some slight declines in drug use reported for 8th graders.
6. This estimate is for calendar year 1996 and reflects drug use within the national household population. It tends to miss chronic or addicted drug users. The estimates of drug use for the household population are used to represent drug use trends in the U.S., even though they do not cover the entire U.S. population. For more about this survey, see the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results From the National Household Survey on Drug Abuse: 1996* (July 1997).
7. There is some overlap between these two estimates, but the precise overlap is unknown.
8. This estimate was developed by the Rand Corporation. See Rydell, Peter C. and Everingham, Susan S., *Controlling Cocaine: Supply versus Demand Programs*, Rand, Drug Policy Research Center, 1994.
9. According to Rand, about three-quarters of the cocaine is consumed by chronic users, who comprise about one-fifth of all cocaine users. *Modeling the Demand for Cocaine*, RAND Corporation, 1994.
10. This estimate was developed by the Department of Health and Human Services at the request of the Office of National Drug Control Policy. The estimate is based on the number of illegal drug users who are considered chronic users and who are in need of treatment.
11. Institute for Health Policy, Brandeis University, *Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy*, 1993.
12. The supply and demand distinction is required by law. ONDCP's enabling legislation defined supply and demand reduction activities; created an Office of Supply Reduction and an Office of Demand Reduction; and required ONDCP to describe the share of total drug control resources devoted to supply reduction and demand reduction activities.

13. 21 U.S.C 1507 defines supply reduction and demand reduction for purposes of determining how Federal drug control resources are apportioned to these two broad functional areas.

14. To an economist, drug use does not equate to demand nor does availability equate to supply. Demand defines the desires or preferences of all the consumers in a market over a range of prices. It shows the quantities that such consumers would remove from the market at alternative prices. Supply defines the quantities of the commodity that producers will bring to market at alternative prices, which is determined by the industry's underlying cost structure. For purposes of this report, however, "demand" is used to refer to drug use; "supply" refers to drugs available for consumption.

II. Establishing Performance Targets for Strategy Goals and Objectives

The pursuit of Strategy Goals and their associated Objectives is expected to yield measurable outputs and outcomes designated as "performance targets."¹ The Administration's National Drug Control Strategy PME system recognizes that performance measures² must (1) assess the Strategy's overall impact on drug use, availability, and consequences, and (2) assess the effectiveness of specific Federal, State, and local programs and activities that underlie the national drug control effort. Measures represent the means for tracking progress toward the targets. Ultimately, data for the measures will be provided by the Federal drug control agencies. The framework of the performance measurement system is illustrated in Figure 2.



The nucleus of the PME system consists of twelve "impact targets,"³ key performance targets that define a desired end-state for the Strategy's five Goals. The remaining 99 performance targets reflect national progress toward the 32 supporting Objectives. While "impact targets" reflect whether the Strategy is successful overall, the 99 remaining performance targets offer critical information on what needs to be done to refine policy and programmatic directions. This guidance is valuable to the entire drug control community. Targets are developed for the years 2002 and 2007, corresponding to the proposed ten-year Strategy, with interim five-year targets.

The intent here is to initiate discussion and debate about the long-term objectives of this nation's drug policy with a view to defining outcomes or end states for drug use, availability, and drug use consequences for which to target programming. Annual targets will be developed in 1998 in coordination with the Federal drug control agencies and representatives of the anti-drug community.

Proposed Performance Targets for Strategy Goals (Twelve Impact Targets)

The following proposed twelve impact targets set an ambitious course for this nation's drug control efforts over the next ten years. The impact targets are organized in terms of how they contribute to reducing drug use, availability, and drug use consequences. That is, they establish desirable outcomes or end-states by defining where the nation should expect to be a decade from now in terms of the level of drug use, the availability of drugs, and the resultant level of drug use consequences. These impact targets are necessarily ambitious. They are intended to motivate Federal, State, and local partners in drug control to reduce supply and demand to levels that are reasonably achievable in the future.⁴

Demand Reduction: Five impact targets are proposed for demand reduction efforts, five are proposed for supply reduction efforts, and two are proposed to reduce the adverse health and crime consequences of drug use. In the area of ***total demand reduction***, we propose *by 2002, a 25 percent reduction in the overall rate of illicit drug use in the U.S. below the 1996 base year. By 2007, the target rate is a 50 percent reduction in overall drug use below the 1996 base year*⁵. In 1996, the past month (i.e., current) rate of drug use across the U.S. was 6.1 percent.⁶ The targeted 50 percent reduction would yield a nationwide drug use rate of 3.1 percent by 2007. The 3.1 percent rate would be the lowest verified rate since the Federal Government began systematically tracking such data.⁷ This ambitious undertaking is contingent on a long-term commitment by Federal, State, and local partners in drug control to achieving the Goals and Objectives of the Strategy.

The impact target for overall drug use requires success in the following three key areas: drug use

by our nation's youth; drug use in the workplace; and drug use by chronic drug users.

- Focus on Youth: Two impact targets are related to current (past month) youth drug use. The first objective is to delay the onset of drug use, as measured by the mean age of drug use, as follows: *By 2002, increase the average age of first-time drug use by 12 months from the average age of first-time use in 1996. By 2007, increase the average age of first-time drug use by 36 months from the 1996 base year.* To illustrate the value of reducing first-time drug use, consider the mean age for first-time use of marijuana (16.7 years).⁸ If a youth approaches the age of 20 without having tried drugs, then the chances of becoming a drug user are much lower.⁹ 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.” This PME system will use average age of first-time use of marijuana as a proxy measure to track progress against this target of delaying the onset of drug use. Achieving this ambitious target would clearly demonstrate progress nationally toward shutting down the pipeline into youth drug use.¹⁰

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 50 percent as compared to the base year.* To measure progress against this target, we propose to use information collected annually in the National Household Survey on Drug Abuse on current use of any illicit drugs by youth aged 12-17. In 1996, the prevalence of drug use in the 12-17 household population age group was 9.0 percent.¹¹ The 50 percent reduction from the 1996 base year incidence rate moves toward a targeted use rate in 2007 of 4.5 percent. Achieving this critical impact target by 2007 would mean the lowest rate of drug use among those aged 12-17 in recorded history.¹²

- Focus on the Workplace: Approximately 74 percent of drug users are employed.¹³ 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.* The emphasis here is on those users who are not considered chronic drug users. The workplace offers an opportunity to reach these users. In 1996, the total full-time workforce population was 99 million with a current drug use rate among employees of 6.2 percent, or approximately 6.1 million drug users; the rates were 8.6 percent for those employed part-time and 12.5 percent for those unemployed.¹⁴ To measure progress against this target, we propose to use the National Household Survey on Drug Abuse, which reports current use of any illicit drugs for those employed full- or part-time, or who are actively seeking work. When the 1996 rates are reduced by half, drug use among those who are employed full-time will drop to 3.1 percent, a forecast reduction of three million drug users by 2007 is expected. The rates for those employed part-time or unemployed will drop to 4.3 percent and 6.3 percent, respectively. Achieving these targets will substantially enhance productivity and safety in the workplace.¹⁵

- **Focus on Chronic Drug Use:** Chronic drug users consume the vast majority of the available of drugs in the United States. Unless their demand is substantially reduced, drug traffickers will continue to enjoy a long-term, stable market in which to provide their products. And, in supplying to these users, suppliers will entice others to begin using drugs. If this nation's demand for drugs is to be broken, chronic drug users must be aggressively targeted. *We propose by 2002, to reduce the number of chronic users by 20 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.* The Department of Health and Human Services (HHS) estimates that there are over 3.6 million chronic drug users.¹⁶ Though this estimate is subject to revision as newer and better modeling techniques are developed, meeting this impact target within ten years would reduce the number of chronic drug users to 1.8 million by 2007. A decline of this magnitude in the number of chronic drug users would result in a significant reduction in

the overall demand for drugs.¹⁷ In addition, these users place the greatest burden on society in the form of health and social costs. The reduction of these drug use consequences are considered in more detail below.

To track progress in achieving reductions in the overall rate of drug use, specific measures are required. HHS' National Household Survey on Drug Abuse is available to track progress in both reducing drug use and raising the average age of first-time use. While estimates of the chronic drug using population are available from HHS, traditional survey techniques undercount the number of chronic drug users. In order to fill this data gap, ONDCP developed a new methodology to provide valid estimates of this population. A Federally funded pilot study to test the new methodology has been completed and focuses on a single local jurisdiction -- Cook County in Chicago, Illinois.¹⁸ ONDCP is initiating the next steps to develop estimates for a larger region which could then be used to develop national estimates of this difficult-to-measure population.¹⁹ In the interim, ONDCP proposes to use HHS estimates of the size of the chronic user population to measure progress against the target for reducing the number of chronic drug users.

Supply Reduction: In the area of ***supply reduction***, we propose to reduce the available supply of drugs in the U.S. by 25 percent by 2002, and by 50 percent by 2007. The Strategy makes clear the need to reduce the available supply of drugs, particularly since demand reduction efforts are handicapped by an environment where drugs are plentiful. Supply reduction seeks to reduce availability, raise prices, reduce purities, and disrupt and dismantle trafficking organizations. 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. The targets account for source country efforts to reduce production through eradication, interdiction, and law enforcement activities targeting criminal organizations. They also assume a deterrence effect due to many related factors which, when aggregated, decrease the distribution of the drug trafficker's product.

There are no official government estimates of the available supply of illicit drugs in the United States. However, estimates of the amounts of drugs cultivated, produced, and in transit are

available from numerous agencies. These agencies include ONDCP, the State Department, the Drug Enforcement Administration, and the intelligence community. ONDCP is leading an interagency effort to develop an official drug flow (availability) estimate to provide a “baseline” for the available supply of cocaine, heroin, marijuana, and methamphetamine. This undertaking is long overdue. It may be determined that some baseline estimates are not feasible in the short-run. Therefore, barriers to such estimation will have to be identified so that they may be overcome quickly.²⁰ Official drug estimates are needed to assist the drug community to better measure progress in reducing the availability of these drugs.

Developing an official estimate of the available supply of drugs is critical, especially since measures of price and purity may not provide relevant signs of progress. While success in reducing availability would force drug prices to rise, a reduction in demand would have the opposite effect. It is even conceivable that both demand and supply could be reduced such that drug prices remain unchanged. The point here is simple: changes in drug price are clearly not the best or most accurate indicators of program performance.

Estimating drug availability is not a new notion or an impossible undertaking. For example, one source estimates that about 287-386 metric tons of cocaine are available for consumption in the U.S. in 1995.²¹ These estimates may be used to illustrate the meaning of the proposed impact target for reducing drug availability. The proposed 50 percent reduction in availability by 2007 means that the available supply of cocaine would be 143-193 metric tons. For heroin, again using ONDCP estimates, availability of heroin would decrease from approximately 12 tons to 6 tons over this same period. More about the feasibility of the impact targets is discussed at the end of this Chapter. These examples are meant to show the significance of this impact target; more precise measures will be developed as ONDCP and the international drug control agencies develop official drug flow estimates. All supply reduction activities including domestic law enforcement, interdiction, intelligence, and source country programs will be directed toward achieving this key impact target.

Impact targets for supply reduction involve four key areas: foreign source zones; U.S. borders;

domestic cultivation and production; and the High Intensity Drug Trafficking Areas (HIDTA) program.

- 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 rate of shipment of illicit drugs from source zones by 15 percent from the 1996 base year and by 2007, to reduce the rate of outflow by 30 percent as measured against the base year.* The rate of outflow from source zones may be defined by the traffickers success rate in source zones, which is defined as the quantity of drugs estimated available for export from source zones divided by total estimated potential production. The following example for cocaine illustrates this target. One source estimates about 616 metric tons of cocaine hydrochloride (HCl) were available for export from source zones in 1995.²² When divided by the estimated potential production of cocaine of about 780 metric tons in 1995, this implies that traffickers successfully exported 79 percent of the estimated potential production (see Appendix A for more about this calculation). The impact target proposes to reduce the traffickers success rate by 30 percent, which means that it would be reduced to 55 percent.
- Focus on Stopping Drugs In Transit and Arrival Zones: The transit and arrival zones present our next best opportunity to interrupt the flow of drugs. *We propose by 2002, to reduce the traffickers success rate in the transit and arrival zones by 10 percent, as compared to the 1996 base year and by 2007, to reduce the percentage by 20 percent, as measured against the base year.* To illustrate the value of this impact target, and continuing with our previous example, approximately 616 metric tons of cocaine were shipped from the source zones, which means this is the quantity of drugs that entered the transit and arrival zones.²³ According to the latest seizure information, 142 metric tons of cocaine was seized in the transit and arrival zones. This implies a traffickers success rate in the transit and arrival zones of 77 percent. The impact target would reduce this rate by

20 percent in ten years, to 62 percent (see Appendix A for more discussion about this calculation).

Interrupting the flow of drugs in the transit and arrival zones alone will not solve the problem of availability in the United States. However, when combined with source nation efforts and U.S. domestic law enforcement efforts, its contribution becomes a significant contributor to the long-term effort to cut the available supply of drugs in half. But this too is not enough. Two other performance impact targets are required for supply reduction programs within the United States: domestic cultivation and production; and reducing the traffickers success rate as it pertains to their efforts to sell illicit drugs to the consumer.

- 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 20 percent from the 1996 base year and by 2007, to reduce it by 50 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 its estimates to the Congress in the fall of 1998. Every effort has been made to fully eradicate cultivated, commercial-grade marijuana where it has been detected in the United States. The official government estimate will include the percentage of marijuana that escapes detection and will raise the benchmark for domestic marijuana control efforts. The exploding domestic supply of methamphetamine must also be brought under control by a law enforcement focus to control the illicit uses of precursor chemicals and curtail illegal manufacturing processes.
- Reduce the Traffickers Success Rate in the U.S.: Inside the United States, domestic law enforcement targets all levels of the drug trafficking organizations so that they may be disrupted, dismantled, and destroyed. From the local street corner arrest of a dealer to a full-scale dismantlement of a trafficking organization, law enforcement contributes to reducing the available supply of drugs. As indicated earlier, approximately 287-386

metric tons of cocaine enters the United States. However, not all of this reaches the drug user. Law enforcement removes some of it. This means that we can define a concept of a success rate for traffickers that accounts for removals of drugs inside the U.S. resulting from law enforcement efforts. Continuing with the cocaine illustration, domestic law enforcement seizures are not known.²⁴ For purposes of this example, assume that 50 metric tons are seized. Against the 287-386 metric tons of cocaine estimated to enter the U.S., this implies that traffickers successfully get 83-87 percent of their product reaches drug users. The impact target would reduce this success rate to 66-70 percent (see Appendix A).

It is obvious that an ONDCP-led development of an official government drug flow estimate is paramount to the successful implementation of meaningful targets for supply reduction. ONDCP will continue to track process measures like arrests, seizures, and drug purities. However, such measures track outputs, not outcomes, and cannot substitute for the real measure of success this nation's drug policy seeks: a reduction in drug availability.

In the area of drug use *consequences*, we aim to reduce the substantial damaging health and social costs stemming from drug use, including those from drug-related crime. These costs are estimated to be \$67 billion annually with a large share being crime-related.²⁵ We target two principal areas to reduce the health and social costs of illicit drug use: crime and violence; and health costs.

- **Focus on Crime and Violence:** Reducing drug use, especially chronic drug use, can do much to reduce drug-related crime.²⁶ Drug-related crime is not limited to highly publicized violent crimes. Drugs also spawn many other types of crime including corruption, prostitution, domestic violence, money laundering, forgery and counterfeiting, embezzlement, and weapons violations. Domestic law enforcement must aggressively target traffickers to mitigate the violence that surrounds the drug trade and decrease the entire range of drug-related crime. *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. In 1996, the rate of arrests for drug law violations was 594 per 100,000.²⁷ Reducing this rate by 30 percent over ten years to 416 per 100,000 arrests will significantly increase the safety of our nation's streets.

- **Focus on Health:** Drug users engage in high-risk behaviors making them and their associates susceptible to a range of infectious diseases, such as tuberculosis (TB), HIV/AIDs, and hepatitis. Drug use also contributes to birth defects and infant mortality, undermines workplace safety, and leads to premature death. *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.* To illustrate how this impact target will be achieved, consider the following example: According to the Centers for Disease Control and Prevention, 1,919 cases of TB that were reported in 1996 were related to drug use (11.5% of all cases reported). Achieving the impact target would reduce this figure to 1,727 in 2002, and to 1,439 in 2007.

There are sound reasons why the proposed impact on social costs are not as large as the impacts sought for reducing availability or drug use. It is unknown whether a halving of the demand for drugs will result in a corresponding halving of the associated social costs. Reducing the prevalence of use, especially chronic use, will lower social costs. But, as the remaining users age, their average health costs are likely to rise. To develop a more precise approach to reducing social costs associated with drug use, ONDCP will study the relationships among use, availability, and social costs while tracking the overall progress of the Strategy. In short, as we operate the system of performance measures of effectiveness, more will be learned about the relationship between social costs and changes in use and availability.

Measures of the Strategy's impact on reducing drug use consequences will come from crime statistics collected by the Department of Justice. In addition, HHS will report annual dollar estimates of the social costs of drug use. In particular, HHS' National Institute on Drug Abuse

has this effort well underway and should be able to report its first estimate in 1998. This estimate will serve as the overall measure of progress in reducing the adverse consequences of drug use.

Interrelationships Among the Targets: The proposed twelve impact targets are summarized in Figure 3 and define desirable, meaningful outcomes or end-states for this nation's drug control effort — in a nutshell, a 50 percent reduction of drug use and availability, and at least a 25 percent reduction in drug use consequences.

Figure 4 shows the relationship among the Strategy Goals, Objectives, and the impact targets. The impact targets form the nucleus of the system, with the five Goals and the 32 Objectives contributing to the impacts. Demand reduction programs form the right-hand side of the figure, supported by the Objectives for Goals 1 and 3, and a portion of Goal 2's Objectives.²⁸ On the demand side, 19 Objectives contribute to the five impact targets proposed to reduce use, and one consequence target proposed to reduce health and social costs. The left-hand side of Figure 4 depicts those Goals and Objectives that contribute to supply reduction. These include Goals 4 and 5, and part of Goal 2. Thirteen Objectives constitute efforts to reduce drug use availability as defined by five impact targets and drug use consequences as defined by crime-related impact targets. Among other things, this figure enables one to understand how the drug control policy is organized for reducing drug use, availability, and consequences. The five Goals define key areas of the Strategy: prevention (Goal 1); treatment (Goal 3 and part of Goal 2); attacking domestic and foreign sources of supply (Goal 5); interdiction (Goal 4); and domestic law enforcement (part of Goal 2). The Objectives are a guide as to how each area will be emphasized in future years to ensure desired impacts on drug use, availability, and consequences.

Can the Impact Targets Be Achieved in Ten Years?

Meaningful performance targets should indicate where the drug control community should be at a point in time. The twelve impact targets are meaningful, results-oriented targets for 2002 and 2007 supporting the Strategy's requirements for reducing drug use, availability, and drug use

Figure 3

The National Drug Control Strategy

Impact Targets

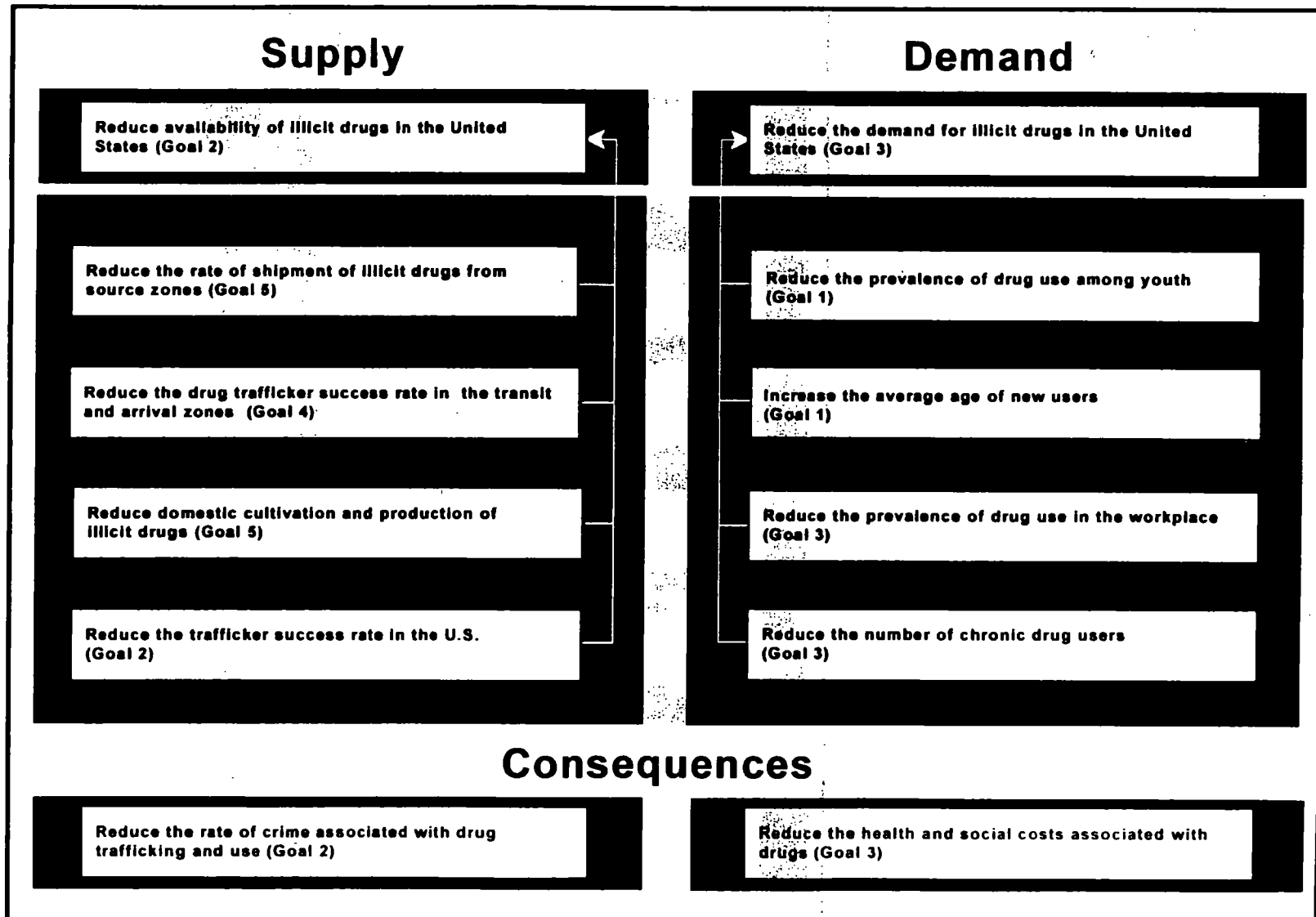
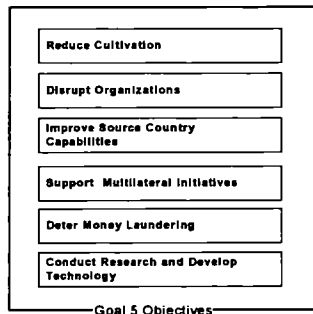
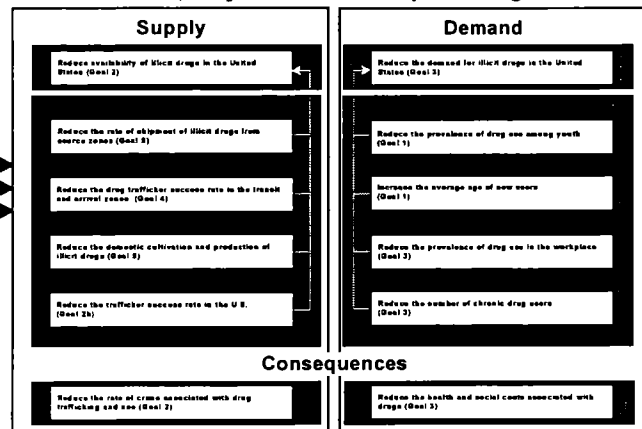
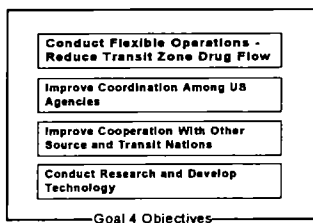


Figure 4
The National Drug Control Strategy
Goals, Objectives and Impact Targets

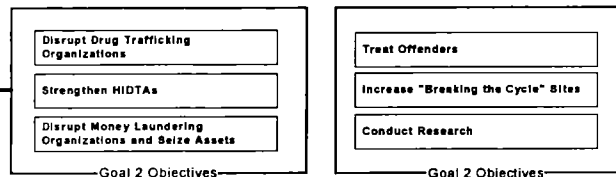
Goal 5: Break Foreign and Domestic Sources of Supply



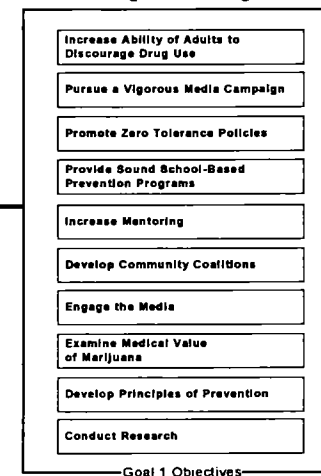
Goal 4: Shield America's Air, Land, and Sea Frontiers



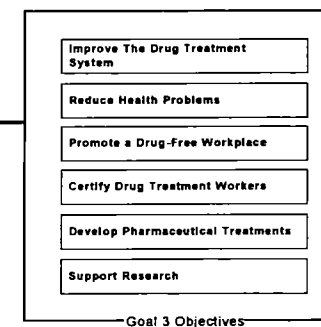
Goal 2: Increase the Safety of America's Citizens



Goal 1: Prevent Drug Use Among America's Youth



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



consequences. Mission attainment is determined using performance measures; these are quantitative or qualitative indicators used to track progress toward a performance target. This section explores the feasibility of the impact targets proposed by this PME system. The issue is a simple one: are the 2002 and 2007 end states for drug use, availability, and drug use consequences plausible?

In the area of demand reduction, the impact target proposes to reduce overall drug use by 50 percent by 2007 as compared to the 1996 base year. According to the 1997 Household Survey, 6.1 percent of the household population, or 13.0 million people in households, used drugs on a past month basis. The proposed impact target for overall drug use proposes to cut the rate of drug use in half, to 3.1 percent. Using Bureau of Census population forecasts for 2007, a 3.1 percent impact target means that 8.0 million projected users will have to avoid using drugs. This is calculated by multiplying the current rate of drug use (6.1%) times the projected population in 2007 to determine the number of drug users that would prevail if the current rate of drug use prevailed and subtracting from this estimate the number of drug users that would prevail at the 3.1 percent rate (Appendix A provides more discussion about this calculation for the impact targets). While the reduction of 8.0 million users may seem ambitious, this level of change is not unprecedented. Between 1985 and 1988, the number of drug users dropped by 8.1 million; between 1988 and 1992, the number dropped by 3.1 million.²⁹

With respect to our nation's youth, a similar analysis shows that 1.1 million youth aged 12-17 (our proposed measure for youth drug use), now projected to use drugs in 2007, must not use drugs. This means, that within the 8.0 million required reduction in the total number of drug users by 2007, 1.1 million of them will be America's youth. Further, another impact target proposes to add 36 months to the average age of initiation to delay the onset of drug use. This outcome would bring the overall average age of initiation to age 20 (restoring its 1985 value). As for the other 6.9 million who must stop using drugs to achieve the overall national target, the workplace is expected to yield another 5.5 million reduction in the number of users, including those actively seeking employment. This leaves a balance of 1.4 million users (who are not employed, not seeking work, and over the age of 18) who are expected to stop their drug use.

Again, this level of decline has occurred before; it can occur again. The issue for the drug control community is to resolve together the identification of public policy options to best achieve these reductions.

Next we turn to the issue of reducing the huge amounts of drugs available for purchase in the United States. Clearly, this readily available supply of drugs affects the demand for drugs in the United States. It is reasonable to assume that if there are fewer users in the future, then drug traffickers will reduce their supplies. This is not to say that demand reduction alone is the solution to today's drug problem. Supply reduction must contribute its fair share to this ambitious target.

As was previously discussed, no official government estimates of the flow of drugs exists. However, there are many Federal agencies that do have estimates or partial estimates of the drug flow.³⁰ This means there is no historical evidence to evaluate the plausibility of the proposed goal for reducing availability. However, as we learned in the previous section's illustration for cocaine, information about cultivation, production, and seizures can be used to approximate the effectiveness of supply reduction programming in affecting availability. By estimating the traffickers success rates in source, transit and arrival zones, and in the U.S., we may establish targets to reduce these rates. The impact targets for supply reduction allow for modest but meaningful program improvements that will contribute to reducing the available supply of drugs in the U.S. by 50 percent in ten years.

Proposed Performance Targets for Strategy Objectives (Remaining 99 Performance Targets)

The discussion so far has focused on impact targets that reflect the extent to which the Strategy is successful in an overall sense. In addition, each of the 32 Objectives require targets and measures to identify what is "working" so that program adjustments can be made. The 99 performance targets, supported by an equal number of measures, are proposed for the 32 Objectives. Each target establishes a benchmark by which progress in achieving a Strategy

Objective can be determined. This section explores these supporting targets.

Consider the following example. Goal 1, Objective 2 states,

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

This Objective is expected to be met primarily through ONDCP's "National Media Campaign." This Campaign will make use of research-based public anti-drug announcements to warn youth about the hazards of illegal drugs and show the advantages of a drug-free lifestyle. The intent is to positively influence attitudes about the dangers of drug use so that youth will not use drugs. Data have shown that attitudes and use are highly correlated. Figure 5 shows recent experience in the 1990s among attitudes and use. Attitudes about disapproval rates and the perceived dangers of drug use deteriorated in 1990 and 1991, respectively. This was followed by an increase in drug use beginning in 1992. While the pattern is not definitive, it does suggest that attitudes must be targeted in order to influence levels of use.

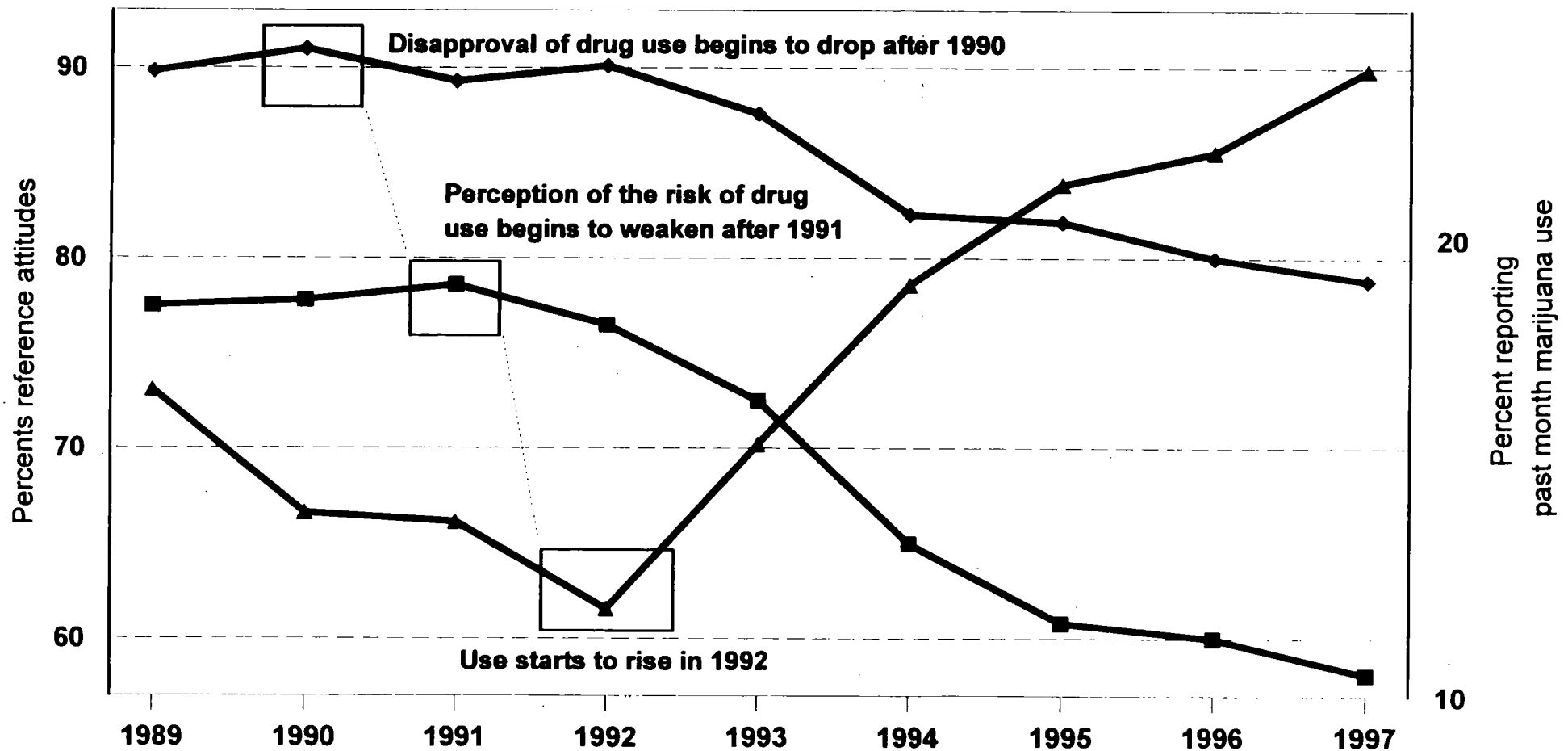
Three performance targets are proposed in the Media Campaign, each supported by readily available data:

- Youth Risk Perceptions: *By 2002, increase to 80 the percent of youth who perceive that occasional use of illicit drugs is harmful and maintain this rate through 2007.* The target will be measured using data from the University of Michigan Monitoring the Future Study. For purposes of the media campaign, youth perceptions about the harmfulness of various categories of drugs could be used to track its progress. However, for purposes of monitoring the performance of the campaign, youth perceived harmfulness rates for regular marijuana smoking will be tracked. Marijuana is the most prevalent illicit drug and attitudes associated with its use are strongly correlated with those for other drugs.
- Youth Disapproval: *By 2002, increase to 95 the percent of youth who disapprove of*

Figure 5

Youth Attitudes and Their Effect on Marijuana Use

**Rising youth drug use can be linked to changes
in attitudes about risk and social acceptability.**



illicit drug use, and maintain this rate through 2007. The Monitoring the Future Study published by the University of Michigan reports data on youth who disapprove of using various categories of drugs. Using the same logic discussed above, youth disapproval rates for regular marijuana use will be used to track progress.

- **TV Anti-Drug Messages:** *By 2002 double the number of TV viewing hours that focus on anti-drug messages, as compared to the 1998 base year, and maintain that level through 2007.* HHS will devise this information and report progress toward this target to ONDCP. The achievement of this particular target requires anti-drug TV viewing hours to be doubled, then maintained. ONDCP has implemented a national Media Campaign to target youth attitudes about the dangers of drug use. ONDCP expects the media campaign to influence negative attitudes about illicit drugs and contribute to the dual impact targets of reducing youth drug use and raising the average age of new users.

These three targets and supporting measures represent an example of how the performance measurement system functions in relation to the 32 Objectives.³¹ There are 31 additional Objectives for which targets and measures are defined. The latter are presented in Appendix B. Appendix C describes the interagency process that led to the creation of these targets and measures. Figure 6 shows other performance targets for selected objectives (and programs) that underlie the Strategy.

The Strategy seeks ambitious public policy targets to significantly reduce drug use, availability, and drug use consequences. These policy targets require a national commitment. Effective programs must be supported while ineffective programs are abandoned. Resources must be used efficiently if these performance targets — our vision for the nation a decade from now — are to be realized.

The five Goals and 32 Objectives comprise a means to achieve the end-states proposed by the impact targets. These Goals and Objectives form a system of programs, related in their common cause to reduce drug use, availability, and its consequences. Performance measurement enables

Figure 6

Selected Performance Targets

Target

Rationale for Target

Funded coalitions: Increase the number of community coalitions against drugs.

Goal 1/Objective 6: Strong, grassroots, anti-drug coalitions are required to promote locally-based drug prevention messages. This target focuses on increasing the number of funded coalitions to strengthen the grassroots anti-drug message.

Drugs and recidivism: Reduce the proportion of treated, drug-using offenders who are rearrested.

Goal 2/Objective 4: Some drug users who commit crimes are arrested and treated. Yet, they return to a life of drugs and crime following their release. This target focuses on reducing the proportion of treated offenders who later commit a felony or serious misdemeanor.

Treatment gap: Reduce the public drug treatment gap.

Goal 3/Objective 1: Hardcore drug users account for most of the drug use. Treatment capacity must be expanded to treat more users so that drug use and its consequences are reduced.

Transit zone seizures: Increase the proportion of drugs seized, jettisoned, or destroyed in transit to the U.S.

Goal 4/Objective 1: The proportion of drugs seized to drugs produced must increase to reduce overall drug availability. The ability to conduct flexible transit zone operations and seize drugs is a major contributor to drug reduction.

Disrupting trafficking organizations: Increase the percentage of community designated targets rendered ineffective.

Goal 5/Objective 2: Organizations provide the means and the infrastructure for distributing drugs. Disrupting the trafficking organization provides an effective means to disrupt the flow of drugs.

policy makers, program managers, and the public to determine which programs are contributing to the achievement of the end-state desired for this nation's Strategy. If impacts are not realized, the PME system identifies the problem so corrective actions may be taken. Where impacts are being realized, responsible program areas may be enhanced. ONDCP's mission is to understand and identify which programs work best in achieving each desired end state envisioned by the Strategy and to coordinate the Federal, State, and local actors toward a more efficient and effective focus on Strategy Goals and Objectives.

Annual Performance Targets

Targets that focus on the years 2002 and 2007 do not imply that five years must lapse before deciding whether the Strategy Goals and Objectives are contributing to the overall impacts for reducing drug use, availability, and consequences. Annual targets will be developed in calendar year 1998 and reported in the 1999 Strategy for each of the twelve impact targets for drug use, availability, and drug use consequences and for the 99 targets that underlie the 32 Strategy Objectives.

For purposes of this report, the intent is to present for public consideration concepts about how to measure the Strategy's performance. For example, before deciding on the level of drug use to be achieved in 1999, one must first decide if the overall impact target proposed for 2007 — a halving of drug use — is a plausible end-state for drug policy. It is important to note that progress toward achieving performance targets is not linear or incremental. It may be the case that progress will be noticeable only after some "critical" threshold of activity is achieved, e.g., after a sufficient number of prevention messages reach a sufficient number of individuals a sufficient number of times to affect their attitudes about the dangers of drug use. If this is true, once this critical mass is achieved, progress (reducing drug use) will probably occur both suddenly and dramatically. Setting annual targets to reflect the five- and ten-year impact performance targets must be done with care. ONDCP will begin modeling, where possible, to identify appropriate "glide paths" from now to 2007. In the absence of trend data on causal variables, a linear path may initially be projected with refinements to follow later. It should be

noted here that the “glide path” for each target may change drastically to reflect changes in the success at reducing the drug threat and in national commitment.

Endnotes

1. Performance targets show the desired end-states to be achieved; they are measurable levels of performance against which actual achievements can be compared.
2. Measures show how progress toward targets will be tracked.
3. Impact targets reflect the impact of drug control activities in terms of outcomes or end states that drug control policy seeks to achieve.
4. The General Accounting Office suggests that performance targets should set “stretch” goals that are ambitious and are aimed at achieving “dramatic” improvements in outcomes. See GAO/AIMD/GGD-95-130R, “Government Reform: Goal-Setting and Performance.” In addition, the National Academy of Public Administration argues that, “[p]erformance targets should be realistic, but should, wherever feasible, encourage progress beyond historical performance levels.” See the National Academy of Public Administration, “Toward Useful Performance Measurement: Lessons Learned from Initial Pilot Performance Plans,” Prepared Under the Government Performance and Results Act (November 1994), p.8.
5. Base year is determined by considering many factors. Every effort is made to use existing data sets for the 1996 base year when possible. If these data are not available, back-casting from an emerging or newly developed system to fill in the data for prior years is used when possible. Only when these alternatives are exhausted will other than 1996 base year data be used. The causes for this may be that a pre-1996 data set is superior to subsequent data sets or that more time is required to establish a newly developed data source and back-casting is not possible.
6. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse*, August 1997. Appendix C (Impact Target 3b.) lists additional and supplemental data sources.
7. The lowest rate of past month illicit drug use was recorded at 5.3 percent in 1992. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *National Household Survey on Drug Abuse*.
8. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse*, August 1997.
9. *National Survey of American Attitudes on Substance Abuse*, The National Center on Addiction and Substance Abuse at Columbia University, July 1995. The mean age of first time marijuana use was over 20 years in only two years since the Federal government began tracking such data: 1967 and 1986.
10. There is substantial empirical evidence to support the claim that delaying the onset of first-time drug use is a useful means to prevent drug use altogether. Cite on gateway/ progression. Kandell.
11. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse*, August 1997.

on Drug Abuse, August 1997.

12. According to the National Household Survey on Drug Abuse, the lowest rate of drug use recorded by that survey was in 1992, when past month use of any illicit drug use reached 5.3 percent. The highest recorded rate was in 1979, at 16.3 percent.

13. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Public Health Services, *Workplace Policies and Worker Drug Use*, April 1997.

14. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse*, August 1997; Department of Commerce, Economics and Statistics Administration, Bureau of the Census, 1995 Statistical Abstract of the United States; Department of Labor, Bureau of Labor Statistics.

15. The Strategy emphasizes that drug-free workplace programs, which include prevention, education, employee assistance programs, drug testing, and treatment have a definite impact on drug use, both within the youthful population and the adult population. As people enter the workforce, there should be a realistic deterrent to drug use. It is expected that with full implementation of drug-free workplace programs and drug testing, significant reductions in drug use can be realized.

16. This number represents the number of chronic users in need of substance abuse treatment. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *The Need for Delivery of Treatment Services*, 1995.

17. Consider for the moment the Rand finding that these drug users account for over two-thirds of all drugs consumed in the United States. Reducing the number of chronic drug users by half in ten years could result in a halving of their consumption (assuming no change in price and the elasticity of demand). As is discussed later in this chapter, Abt Associates, a research firm working under contract to ONDCP, estimates that 287-376 metric tons are consumed in the United States. Using the above findings, we may conclude that consumption would drop roughly by 95-125 metric tons from the decline in the number of chronic drug users. A halving of the number of current and occasional users (less than past month, but use within the past year) would mean the remaining one-third of all consumption would drop by half (by 48-63 metric tons). When totaled, consumption overall would be reduced by half in ten years, to 143-188 metric tons, corresponding to the halving of the total drug population.

18. *A Plan for Estimating the Number of Hardcore Drug Users*, Abt Associates for ONDCP, 1997.

19. ONDCP plans to develop national estimates using the new methodology successfully developed and implemented in Cook County, Illinois (see the above cite). ONDCP's intent is to develop estimates for 1996.

20. 21 U.S.C 1504(a) requires the Director, ONDCP, to assess reductions in drug availability. It also requires the Director to assess the quality of current drug use measurement instruments to measure supply reduction activities.

21. *What America's Users Spend on Illicit Drugs, 1988-1995*, Abt Associates under contract for ONDCP, 1997. ONDCP is leading an interagency effort to develop Federal agency, consensus based estimates of the flow of drugs into the United States. This flow estimate will, among other things, include

estimates of the amount of drugs leaving source nations (exports), moving in transit to the U.S., and entering the U.S. for consumption.

22. *What America's Users Spend on Illicit Drugs, 1988-1995*, Abt Associates under contract for ONDCP, 1997.

23. See Abt Associates, *What America's Users Spend on Illicit Drugs, 1988-1995*.

24. In fact, the Drug Enforcement Administration has a study under way to determine total seizures in the United States resulting from all law enforcement efforts.

25. Rice, Dorothy, Op.cit.

26. The complex relationship between drugs and crime precludes an exact determination of the extent of drug-related crimes. Clearly, drug use and trafficking are illegal, but it is difficult to obtain reliable estimates of the number of transactions between buyers and sellers, or the number of times a user or trafficker possesses drugs for use and sale. Each of these events constitutes a drug-related crime. However, there are also several types of indirect drug-related crimes, including those stemming from the pharmacological effects of drugs (e.g., violent behavior); crimes related to a user's need to support his or her drug use (e.g., stealing, prostitution, robbery); and crimes related to establishing and maintaining the retail market (e.g., cultivating marijuana, gang warfare over distribution areas). Finally, there are drug-related crimes to support the operation of the illicit drug industry (e.g., money laundering, bribes). Thus, because the consequences of drug use fan out into society and can lead to so many types of individual and systemic crimes, precise estimation of the extent of drug related crime is impossible.

27. Department of Justice, Federal Bureau of Investigation, *Uniform Crime Reports 1996*.

28. The depiction of the supporting Objectives for each Goal is abbreviated from the full text versions published in the 1997 National Drug Control Strategy for display purposes. See pages 30 and 31 of the 1997 National Drug Control Strategy for the complete text for each Objective.

29. Presumably, national attention to the problems of drug abuse, a vigorous media anti-drug campaign, the Parent's movement, and the deaths of certain prominent figures contributed to this success.

30. The Crime and Narcotics Center (CNC) conducts an annual estimate of cocaine and heroin production; DIA coordinates an interagency effort which estimates the primary movement of cocaine from South America; and ONDCP calculates illegal drug availability in the U.S. to estimate what America spends on illegal drugs.

31. In addition to the performance targets related to television anti-drug messages, ONDCP will be conducting an independent evaluation of its youth media anti-drug campaign. This evaluation will be ongoing throughout the life of the campaign and will examine such outcome issues as awareness in the anti-drug message of the campaign and changes in drug use attitudes and drug use behavior among the nation's youth. The evaluation will be linked to the performance measurement system by providing feedback on program effectiveness at achieving the impact and performance targets.

III. Using Performance Measurement to Manage for Results

The Strategy represents a plan to reduce drug use, availability, and the damaging consequences of drug use. Attaining these end-states requires that a particular set of Federal, State, and local programs must be pursued for each of the underlying Objectives. These activities must have their own performance targets that are linked to Strategy Goals and Objectives. These linkages constitute the components of “causal chains” in which inputs, defined as drug control programs and resources, are tied to outputs and outcomes (or end states).

Consider the impact target that seeks to reduce youth drug use prevalence by 50 percent over the next decade. This target sets a historic course for drug prevention; we are trying to get the rate of drug use among tomorrow’s youth (in 2007) to be half of today’s rate. To accomplish this, we must first ensure that tomorrow’s youth are provided the protective factors that help them resist the lure of drugs. This will require parents and other care givers, mentors, schools, the media, the workplace, and communities to educate youth about the dangers of drug use. It will also require better programming, supported by research, to ensure that effective programs are delivered locally. These efforts target youth’s perceptions about the dangers of drug use, raise disapproval rates, strengthen protective factors, and reduce risk factors. These combined efforts will translate into a smaller number of youths using drugs. The causal chain begins, therefore, with effective programming, parent and community involvement, and national media attention.

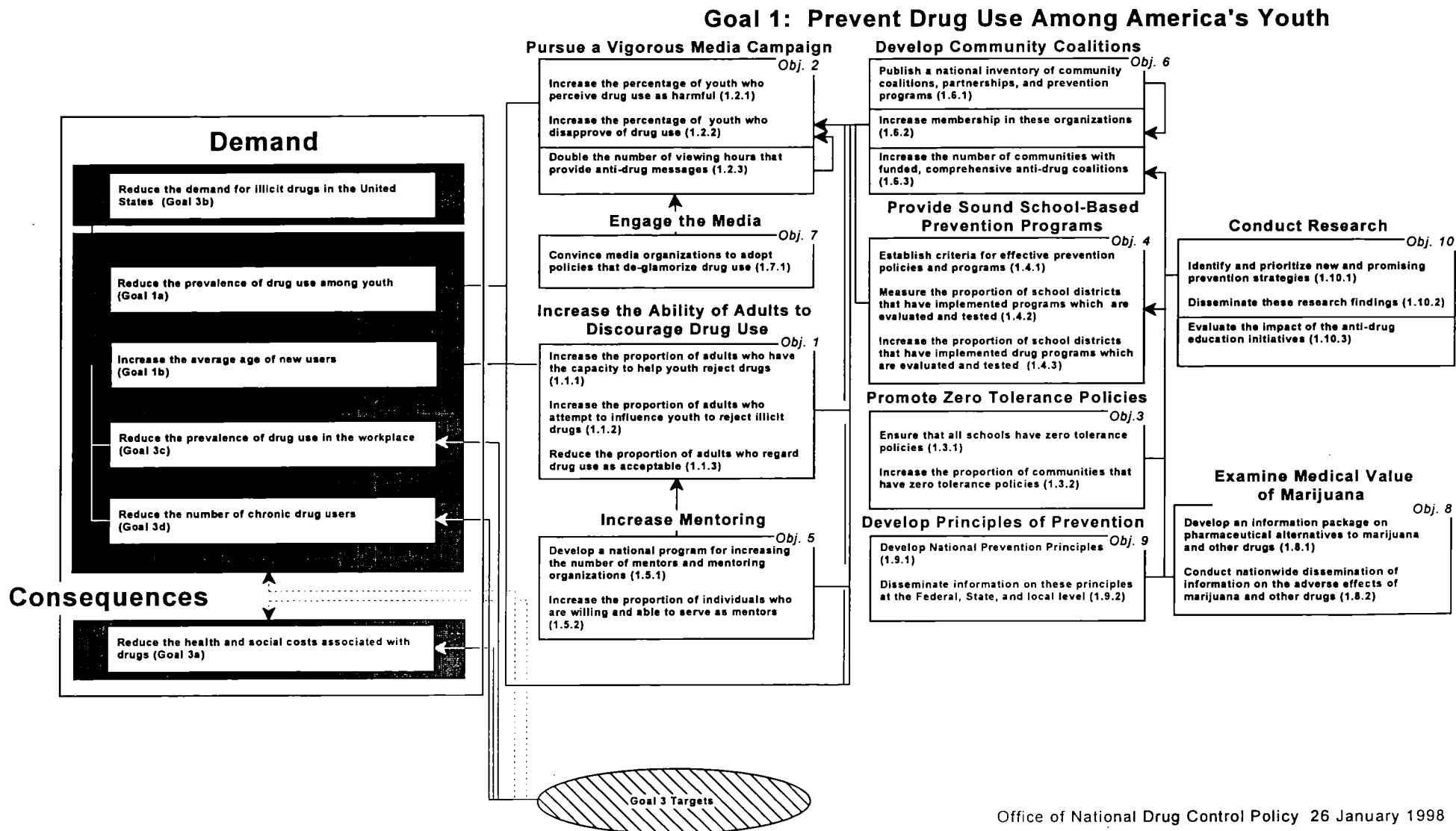
A more formal depiction of this “causal chain” is presented in Figure 7 for Goal 1 which describes efforts to prevent drug use among youth.¹ Note that each Objective has one or more associated targets. Note also that the lines depict what are--for the moment--presumptive sets of causal relationships with some degree of prima facie validity. A line originating from one target and terminating at another (with an arrow at the end) indicates that the former effects a change in the latter.

Continuing with the earlier example discussed in Chapter 2 about the Media Campaign, Figure 7 illustrates how and why a media campaign will be valuable to national drug control efforts.

Figure 7

The National Drug Control Strategy

Relationships Among Prevention Targets



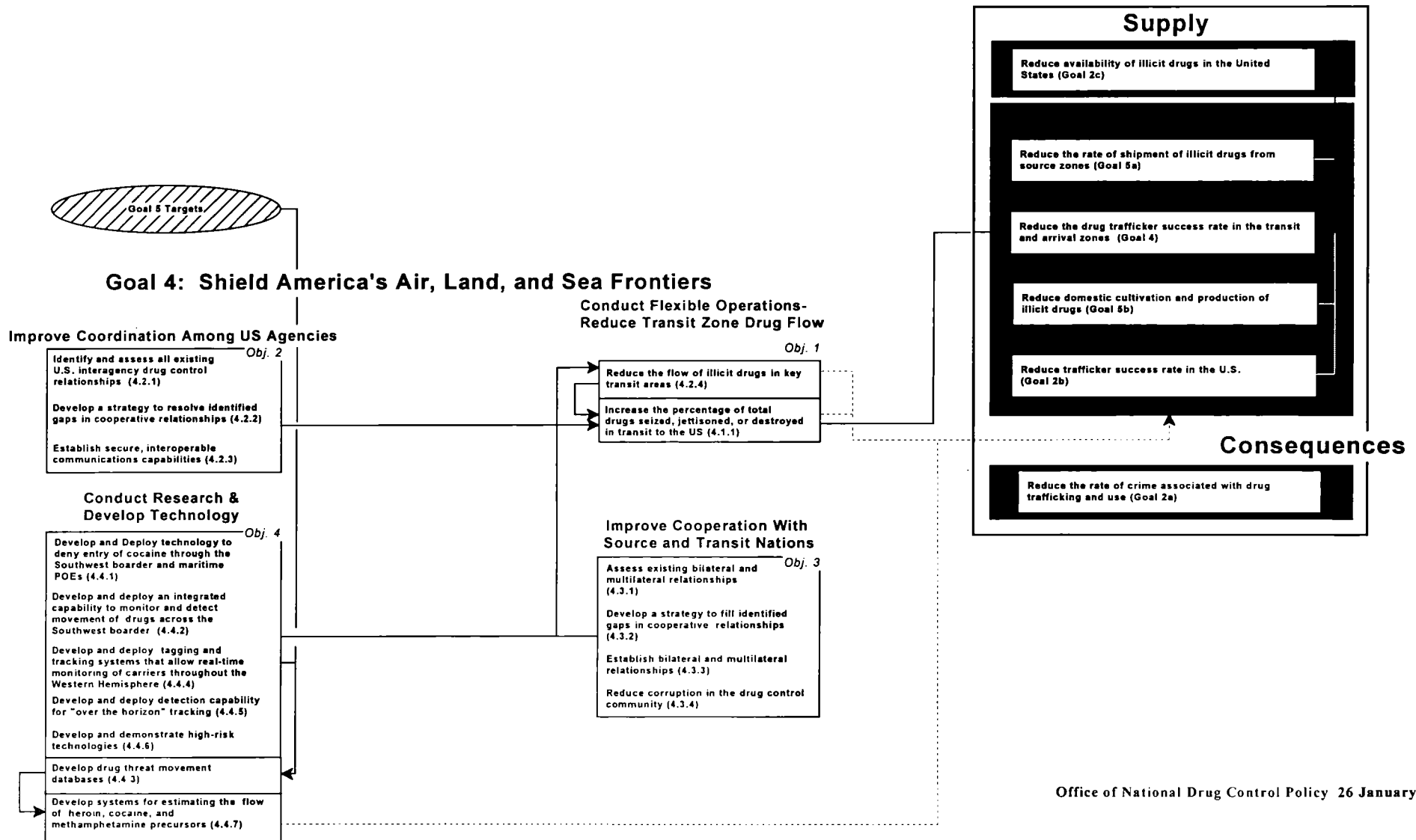
- First, find Objective 7: *Engage the Media*. This objective reveals a plan to *Convince media organizations to adopt policies that de-glamorize drug use* (Goal 1, Objective 7, Target 1, denoted 1.7.1), thereby paving the way for an initiative that will *Double the number of viewing hours that provide anti-drug messages* (1.2.3).
- This, in turn, is expected to *Increase the proportion of youth who perceive great risk associated with drug use* (1.2.1) and *Increase the proportion of youth who disapprove of drug use* (1.2.2).

These attitudinal changes are expected to result in corresponding changes in behavior. Specifically, they should serve to *Increase the age of new users* (Goal 1b, Impact Target), and *Reduce the prevalence of drug use among youth* (Goal 1a, Impact Target). This, in turn, contributes to the effort to *Reduce the overall use of drugs* (Goal 3b, Impact Target).

Now consider another example of the "causal chain" using the supply side example in Figure 8. Consider the research and technology Objective of the Strategy (Goal 4, Objective 4). Here, most of the targets further the Objective through technological advances that support a comprehensive network of sensors that is causally linked to, and facilitates, drug interdiction operations.

- Under Goal 4, Objective 4, the targets constitute the components of an integrated system for detecting the movement of illicit drugs. Once deployed, it will operate at all United States points of entry (4.4.1) specifically at the Southwest Border (4.4.2) and throughout the Western Hemisphere (4.4.4). The effort will involve the use of "over the horizon" tracking (4.4.5) as well as new "high-risk" technologies (4.4.6).
- Next, find Objective 1 under the heading *Conduct Flexible Operations--Reduce Transit Zone Drug Flow*. The various components of the sensor lay-down serve to *Increase the percentage of drugs seized, jettisoned, or destroyed in key transit areas* (4.2.4) and *Increase the total percentage of drugs seized, jettisoned, or destroyed in transit* (4.1.1).

Figure 8
The National Drug Control Strategy
 Relationships Among Interdiction Targets



This reflects the fact that the sensor lay-down is operative not only at the Southwest Border, but at other points of entry as well. The line leading from 4.2.4 to 4.1.1 indicates that the drugs removed from transit at the Southwest Border are a component of the total.

Increasing the proportion of drugs seized in turn serves to *Reduce drug traffickers success in the transit and arrival zones (Goal 4, Impact Target)*.

In practice, each of these targets carries with it some prescribed level of change that is to be attained by a certain date. These changes are measured using a fixed set of calculations that are applied to information in one or more specified databases. Appendix D provides a crosswalk between the targets and measures and the various databases that will be employed. Appendix E, Figure E-1, shows the complete logic model for the five Goals and 32 Objectives.²

Performance Monitoring and Program Evaluation

Performance measurement requires, as a first step, the monitoring of targets for all Strategy Goals and Objectives. Monitoring involves regular, systematic scrutiny of the disparity between target values and actual values for each performance target. The Information Management System (IMS), currently under development, will provide an electronic tool for tracking each target and potential disparity. It will display each target with its attendant data source and agency responsible for reporting the information as well as relevant details for supporting programs.

In the final analysis, the enterprise of performance measurement is not only about whether targets are attained, but also why--or why not. If impact targets are not being met, the PME system identifies the problem so that corrective action may be taken. Corrective actions may include the reallocation of Federal drug control resources from programs of lesser effectiveness to those of greater effectiveness. Monitoring by itself will not indicate causal factors. This suggests that, in practice, monitoring the Strategy's progress will also involve examining the relationships that exist among various components of the plan.

When impact targets are not being met, ONDCP will move into the analysis phase with relevant agencies to undertake an in-depth examination of causal factors. This involves identifying supporting Objectives that may be contributing to the problem. For instance, one might find that Objective 7 on media efforts to de-glamorize drug use and Objective 5 on life-style mentoring might be key causal factors in the non-achievement of expected reduction in youth drug use. Such a finding might be based on tracking the outcomes and intermediate outcomes for each supporting Objective or on model-based analyses to determine the causal structure that exists.³ In order to account for multiple relationships between various known and unknown factors, a formal approach requiring mathematical modeling of the relationships between the targets of supporting Objectives (such as youth attitudes towards drug use and the extent of mentoring) and the impact target (prevalence of youth drug use) is required. Tracking by itself will not provide sufficient guidance for corrective action. Such analyses will also assist in the identification of factors not incorporated into any of the Objectives. For instance, there may be some intervening issues (e.g., poverty, domestic violence) that affect youth drug use that are not addressed in any of the supporting Objectives. If the model indicates sufficient causal strength for such a factor, reflecting inadequate intervention tactics, some modification of the Strategy may be necessary.⁴

Another line of inquiry involves identifying the programmatic reasons why a particular Objective is not being met. This question might logically flow from seeking causes for non-achievement of Goals or it might be important in and of itself. For example, assessing the Breaking the Cycle Program (Goal 2, Objective 5) might be of interest to various stakeholders whether or not the associated targets are being met.

Performance targets for the Objectives are more likely to show change than the impact targets that reflect progress towards the Goals. This notion reflects the basic premise that Objectives are tactical efforts to enable the achievement of the five Goals. In order to pinpoint reasons for non-achievement, ONDCP will examine the underlying logic behind the performance target--the interrelated set of programs undertaken by one or more Federal drug control agency, our State and local government partners, foreign governments, and the private sector.

Program evaluation seeks to determine why specific performance targets were not met. These in-depth evaluations examine whether the problem is caused by:

- Problems in the underlying logic model that posits causal links between program activities and results.
- Unrealistic targets or poor measures for the targets.
- Incorrect assumptions, e.g., assuming community and school acceptance of zero tolerance policies will significantly affect youth use of illicit drugs.
- Poor program management.
- External factors outside the control of the agencies that have not been addressed.
- Inadequate or inefficient use of resources by all parties responsible for drug control programming.

Such program evaluations require in-depth studies to be conducted by ONDCP and relevant interagency working groups in situations where trend data indicate that an Objective is not being met. Using monitoring to select which program evaluations have to be conducted will conserve valuable resources for the most critical cases. These studies will require program-specific data on the full spectrum of performance issues and measures — inputs, processes, outputs, and most importantly, the underlying causal model including key assumptions. Often this logic model, connecting inputs to outcomes, has not been explicitly reasoned out or tested.

In some cases, special assessments of specific initiatives such as the Andean Initiative, or specific functions such as Border Patrols, or specific programs such as Break the Cycle, may be undertaken as a result of perceived inadequacies or at stakeholder/management request.

Finally, ONDCP may undertake special studies of agency programs or policies in support of performance measurement. These special studies would be joint undertakings by ONDCP and interagency working groups, with the former ensuring proper focus and appropriate methodology and the latter assuring the participation of key agencies and decision makers. Working groups would also provide program/initiative/policy specific details required for such in-depth studies. Special ONDCP studies would build on studies conducted by individual agencies and would cut across departmental and intergovernmental lines to ensure a national drug control focus. These cross-cutting studies could be expensive, hence they will be designed to capture data that are not available through currently existing surveys and studies, and will be conducted only when such data gaps are identified.

The Role of Working Groups

Interagency working groups identified the performance targets and measures for the Strategy Goals and Objectives. After Congressional approval of the performance targets, interagency working groups will reconvene to identify an annual target for each performance target listed in the PME report. This will involve charting a “glide path” for each performance target that identifies the annual progress required to accomplish the 2002 and 2007 targets. Initially, the glide path will be linear (that is, equal increments from year to year) and refinements will be made with available data. The annual targets will provide guidance to federal agencies in the annual budget submission process as each agency sets its own goals to meet each national drug control target.

Working groups will undertake the task of reporting performance data to ONDCP’s IMS. This task will progress as the Interagency Data Committees assess the validity of the data. The Working groups will also start the process of developing new data bases needed to support the PME system.

Finally, the working groups will examine each performance target and identify viable options for accomplishing it. Their aim will be to develop recommendations for the most cost-

effective ways to accomplish the targets, utilizing the best mix of Federal, State, local, and private resources.

Relationship to Agency Government Performance and Results Act (GPRA) Products

The PME system will consider agency GPRA products within the context of the Strategy to ensure that agency programs focus appropriately on the implementation of Strategy Goals and Objectives. ONDCP, working with the Office of Management and Budget (OMB), will seek consistency between agency GPRA products and the Strategy's products.⁵

This process is already underway, with ONDCP and OMB providing feedback to drug control agencies on changes needed in their Strategic Plans to reflect adequately their contribution to Strategy Goals and Objectives. Pending Congressional modification of proposed impact targets and measures, ONDCP will consult with its Federal and non-Federal partners to identify annual performance targets which will, thereafter, be reflected in Annual Performance Plans, beginning with the fiscal year 2000 President's Budget. Agency targets will flow from the national targets, reflecting each agency's unique contribution to target accomplishment. This exercise will benefit from the causal model described earlier.

Agency Annual Progress Reports will also reflect progress toward achieving the proposed national targets agreed upon by Congress and the President. Agencies will be able to draw upon this performance measurement system in formulating their Annual Performance Plans and Progress Reports required under GPRA.

Finally, ONDCP efforts in mobilizing the drug control community, assessing progress, taking the initiative to breakdown identified barriers, and providing incentives toward integrated target achievement fulfills the spirit of GPRA's intent to "Manage for Results."

Use of Findings

Effective management requires a PME system that links strategy, objectives, results, and resources. The proposed system for the national drug strategy relies on a variety of analytical efforts to establish some degree of accountability. More importantly, the PME system enables government managers to improve decisions and performance by focusing on results in lieu of the traditional emphasis on activities, products and services. As indicated above, ONDCP analyses will include both macro-level or aggregate analysis (e.g., whether the zero tolerance objective is meeting its targets nationally) and micro-level studies focusing on performance management (e.g., whether the use of non-intrusive technologies by U.S. Customs Service is effective at interdicting drugs at border points of entry).

The findings of these analyses will be used in a variety of ways:

- Annual Reports to Congress and the President on the **status of the drug problem** and the **effectiveness of drug control** activities. These would reflect performance monitoring results supplemented by any in-depth studies that may have been conducted. Recommendations about policy and program issues will be included. These reports will also include output measures — arrests, seizures, number of drug users, and others that are required by law.
- Annual recommendations to the President about resources for drug control. By law, ONDCP is required to recommend a National Drug Control Budget to implement the Strategy. Performance data will be a factor in making recommendations regarding resource allocations. Performance findings will also assist reprogramming decisions and budget certification procedures. Additionally, ONDCP's annual reports will assist OMB's assessment of other agencies' reports that are related to drug control.
- Annual Recommendations to the President and the Congress about options to **improve national drug control program efficacy**. Programs that are determined to contribute to the achievement of the performance targets for the Strategy's Goals and

Objectives will be encouraged. Those that do not contribute will be reviewed and evaluated to identify possible actions to raise performance to acceptable levels.

Programs that are found to be ineffective should be abandoned from the national anti-drug effort. Efficacy determination will be a joint undertaking between ONDCP and its partners in drug control.

Other uses include program direction and planning, staff training, technology investment, resource allocation, and focusing stakeholder attention on key factors that need to be addressed. ONDCP will take the lead in mobilizing the drug control community for the achievement of the Strategy Goals and Objectives. It will also refine the Strategy as needed, exert leverage to breakdown obstacles to performance, and provide incentives for improved effectiveness.

Endnotes

1. A full depiction of the “causal chain” for the five Goals, 32 Objectives, and the supporting performance targets is depicted in Appendix Figure E-1.
2. The conceptual logic model (Appendix E), connecting Strategy Goals, Objectives, and Performance Targets, was derived through extensive consultation with drug program experts. The model is based on current research, drug programs and their efficacy to reduce drug use, availability, and drug use consequences. It reflects current knowledge about how programs are supposed to contribute to outcomes or outputs. Incorporating the key axioms of drug control programs, the model has a reasonable degree of plausibility and validity. But lacking sufficient empirical evidence, it does not provide information on the strength of the causal factors affecting drug use, availability, and drug use consequences. The model is not determinative. For instance, although the model indicates the effect of youth drug use attitudes on drug use, it does not identify how much youth attitudes (disapproval, for example) would have to change in order to effect a significant change in actual drug use. The causal model will be refined as its causal linkages are challenged by the performance target data.
3. Intermediate Outcomes are defined as key steps leading to the achievement of outcomes. These are also characterized by some change in behavior or procedures of a non-federal agency or the public.
4. This analysis will include the contribution of programs and resources of non-Federal partners.
5. ONDCP’s own Strategic Plan and other GPRA products will reflect Strategy Goals and Objectives as well as ONDCP activities to facilitate this mission.

IV. Conclusion

Accountability in government is no longer an option -- the public expects results-oriented government. Federal government-wide legislation such as GPRA and Executive initiatives such as the National Performance Review are complemented by long-standing State and local efforts in performance budgeting spurred by shrinking resources. Drug control program managers are increasingly seeking ways to manage for results. To focus on exemplary performance and the ultimate end states to be achieved, the drug control community must have visionary goals, supporting objectives, and meaningful performance targets to stretch for.

The Strategy is a comprehensive, balanced approach to reduce drug use, availability, and drug use consequences. This report describes how the performance of the Strategy and the agencies that support it will be assessed. The Strategy has established five Goals and 32 Objectives around which drug control programs, activities, and resources must coalesce. This document identifies performance targets and measures for each of these Goals and Objectives. Monitoring progress toward these targets and evaluating critical programs form the heart of the National Drug Control PME system.

This system of performance measures represents an ambitious undertaking to introduce accountability and to assess the performance of this nation's drug control efforts. It provides a systems approach to assess the efficacy of all Federal and non-Federal drug control agency programs to achieve the Strategy's Goals and Objectives. Twelve "impact targets" are proposed as a bull's eye for every Department, Agency, and organization contributing to national drug control efforts.

The proposed PME system is balanced in its representation of supply reduction and demand reduction impacts, and focused in the intent to reduce the consequences of drug use. The impact targets for the years 2002 and 2007 represent the best judgement of subject-area experts inside and outside of government. These targets reflect normative end-states corresponding to a five-year budget and a ten-year strategy--that is, they define what is to be achieved from an ambitious effort to solve this nation's drug problem:

- *Reduction of the overall rate of drug use by half.* This implies a rate of overall illicit drug use in 2007 of 3 percent. When achieved, this will mark the lowest rate of drug use on record--since the U.S. first began tracking rates of drug use. For youth, a similar target would reduce the rate of drug use by half, from 9.0 percent today to 4.5 percent in 2007. Likewise, this target rate for youth would be the lowest in recorded history.
- *Reduction of the amount of illegal drugs available for consumption by half by 2007.* This target is independently applied to cocaine, heroin, marijuana, methamphetamine, and other illegal drugs.
- *Reduction of the consequences of drug trafficking and use, as measured by health and social costs, by one-quarter by 2007.* This end-state is influenced by more factors than drug use and availability, including the needs of an aging cohort of current chronic users and the expected progression of existing pathologies.

ONDCP proposes these targets and performance measurement system for Congressional review and consultation. The support of the authorizing and appropriations committees, especially those with jurisdiction over the Federal drug control agencies, is critical in ensuring an appropriate level of national commitment to the success of the Strategy. Once performance targets are finalized, especially the twelve impact targets, ONDCP and coordinating agencies will develop annual targets.

ONDCP will monitor progress toward the accomplishment of each Goal and its supporting performance targets. Progress in achieving these twelve critical impact targets will reflect the overall efficacy of the Strategy. The underlying logic model will improve our ability to identify problematic areas and ineffective programs. Based on this PME system, ONDCP will report annually to Congress on the national drug community's progress in achieving Strategy Goals and Objectives.

Next steps include developing selected components of the measurement system. In nine months

a report, based on the IMS being developed by ONDCP, will be issued. This report will include cost estimates for developing data for measures that require modification of existing data bases or development of new ones. Data collection protocols will need to be standardized across State and local agencies to enable aggregation of data to reflect national trends. Our State and local government partners and the private sector entities involved in drug control will be consulted closely on the need to standardize data collection protocols. Methods to synthesize available data from various sources will be devised. Most importantly, drug control agencies will need to coordinate their activities and mobilize their resources to achieve the proposed targets. A firm commitment and allocation of sufficient resources will be critical in launching and maintaining an effective national drug policy performance measurement system. This will enable us to reach and sustain a drug-free America.

APPENDIX A

PLAUSIBILITY OF THE IMPACT TARGETS

This section examines whether the twelve impact targets are credible, sound, and plausible. Their credibility, originally established by the interagency process, was strengthened by subsequent review and modification by drug control experts and practitioners. Their soundness or plausibility is generally ascertained by the extent to which they are based on previous history: it requires one to answer the question, “does historical data give us confidence that these targets are likely to be achieved?” This section examines this issue.

Performance targets need to incorporate the notion of “stretch goals” as recommended by the General Accounting Office, the National Academy of Public Administration, and performance measurement experts. Stretch goals, critical for organizational motivation, challenge us to eschew mere incremental change in favor of “reinventing” the way we do business. Stretch goals require us to do more than “maintain” our current rate of progress: they require us to “improve” upon it. It is then that the targets become “visionary targets.” Nonetheless, because they were based initially on trend data and research findings, the impact targets are also “plausible,” that is, there is arguably a reasonable probability that, with integrated effort and commitment, they can be achieved.

This section examines the plausibility of the Impact Targets proposed for the Performance Measures of Effectiveness (PME) System by using the most current data when available, and by illustration when information is incomplete. Specific impact targets are reviewed in light of existing data, calculations, or underlying assumptions that provide some indication of the attainability of the proposed targets. This section also includes historical material and population projections whenever possible to anchor the targets to plausible scenarios.

Drug Use Projections to 2007. When 5- and 10-year targets are translated to population estimates, it is necessary to take into account the changes that are expected to occur in the affected populations. Typically, these changes involve growth, such as projected increases in the general population and in specific population segments, which in combination with rates of use, will determine these estimates. Table A-1 illustrates these calculations. The main components of Table A-1 are age-specific rates of past month drug use as reported in the 1996 National Household Survey on Drug Abuse (NHSDA or the Household Survey) from the Substance Abuse and Mental Health Services Administration (SAMHSA)¹ and age-specific projected resident populations for 2002 and 2007.²

**Table A-1. To reduce drug use in half by 2007 requires that 8 million Americans stop using drugs
(Past Month Use of Any Illicit Drug)**

AGE GROUP	1996 ¹			2002					2007				
	Estimated HH pop (000s)	Rate of Past Month Use	Estimated Number of Users (000s)	Projected Population (000s) ²	Projected Users at 1996 Rate (000s)	Target Rate ³	Target Number of Users (000s)	Required Reduction in Users (000s)	Projected Population (000s) ²	Projected Users at 1996 Rate (000s)	Target Rate ⁴	Target Number of Users (000s)	Required Reduction in Users (000s) ⁵
12-17	22,512	9.0	2,031	24,366	2,193	6.8	1,645	548	25,508	2,296	4.5	1,148	1,148
12-13		2.2		8,275	182	1.7	137	46	8,179	180	1.1	90	90
14-15		8.8		8,017	705	6.6	529	176	8,516	749	4.4	375	375
16-17		15.6		8,074	1,260	11.7	945	315	8,813	1,375	7.8	687	687
18-25	27,796	15.6	4,332	30,760	4,799	11.7	3,599	1,200	32,769	5,112	7.8	2,556	2,556
26-34	35,474	8.4	2,979	32,990	2,771	6.3	2,078	693	32,659	2,743	4.2	1,372	1,372
>=35	128,265	2.9	3,693	144,112	4,179	2.2	3,134	1,045	152,863	4,433	1.5	2,217	2,217
Total	214,047	6.1	13,035	248,319	15,147	4.6	11,361	3,787	261,128	15,929	3.1	7,964	7,964

¹All 1996 figures are from: Substance Abuse and Mental Health Services Administration. *Preliminary Results from the 1996 National Household Survey on Drug Abuse*. Rockville, MD. July 1997.

²Middle Series projections from: US Bureau of the Census. *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050*. Current Population Reports P25-1130. US Government Printing Office, Washington, DC. February 1996. Note that Census projects the *resident* population which includes both household and non-household populations.

³Target rate for 2002 is 25% of 1996 rate.

⁴Target rate for 2007 is 50% of 1996 rate.

⁵Cumulative reduction to attain target for 2007.

In 2007, the population aged 12 and older is expected to reach 261 million. If the rate of past month (current) drug use does not change from the 6.1 percent rate observed in 1996, the projected number of current users in 2007 is 15.9 million. The proposed impact target of reducing current drug use in half relative to 1996 -- to 3.1 percent, requires that a total of 8 million projected users should not be using drugs (see Figure A-1). This reduction will consist of individuals discontinuing use as well as those prevented from initiating current use (who would otherwise have continued to use or initiated use under 1996 conditions). The same calculation process³ is used to establish mid-term estimates for the year 2002, when the proposed target rate for current drug use is 75 percent of the 1996 rate, or 4.6 percent.

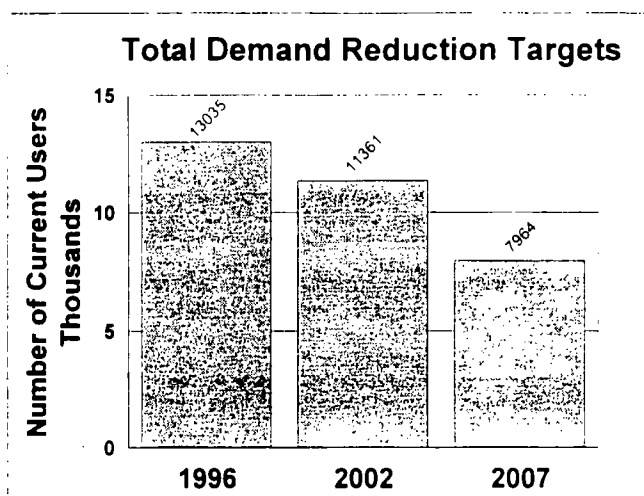


FIGURE A-1

Of the required reduction of 8 million projected users in 2007, 1.1 million is expected to come from the youngest (12-17 years) age group. An additional 5.5 million will be persons that can be reached through the workforce (see Figure A-2): full- and part-time workers and those seeking work (from Table A-2 below). These data suggest that program efforts will need to focus on specific groups, such as the youth and the workforce, in order to achieve the overall reduction targets.

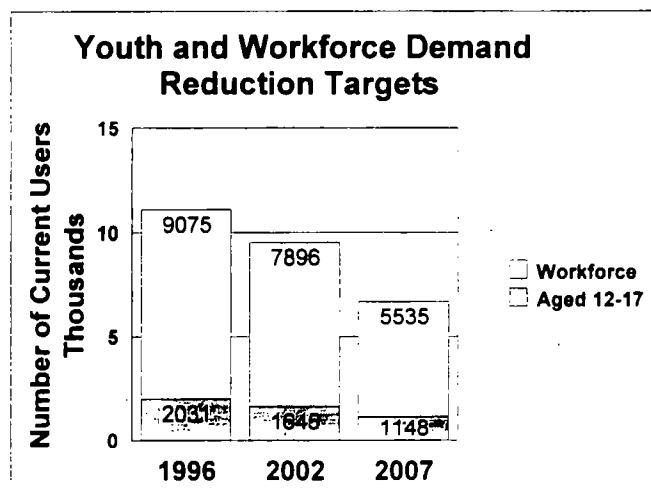


FIGURE A-2

Caveats: The Bureau of the Census forecasts the resident population of the United States. While the Household Survey encompasses the majority of residents, the estimated *household* population reported in the 1996 Household Survey is 9.2 percent lower than the 1996 Census projection for the *resident* population, or approximately 20 million fewer. According to the Census definition, the household population is a subset of the resident population that excludes people living in group quarters, more specifically defined as 9 or more people living together who are unrelated to the householder.⁴ The Household Survey does, however, include a segment of residents of noninstitutional group quarters, such as shelters, rooming houses, and dormitories. Excluded from the NHSDA are residents of institutional group quarters such as jails and hospitals, the homeless who never use

Table A-2. By 2007, reducing drug use in the workplace means that 5.5 million workers employed full- or part-time, or actively seeking work, will have to stop drug use (Past Month Use of Any Illicit Drug)

AGE GROUP/ ECONOMIC ACTIVITY	1996				2002					2007				
	Estimated HH pop (000s) ¹	Percent of Age Group	Rate of Past Month Use ¹	Estimated Number of Users (000s) ¹	Projected Population (000s) ²	Projected Users at 1996 Rate (000s)	Target Rate ³	Target Number of Users (000s)	Required Reduction in Users (000s)	Projected Population (000s) ²	Projected Users at 1996 Rate (000s)	Target Rate ⁴	Target Number of Users (000s)	Required Reduction in Users (000s) ⁵
18-25														
Full-time	13,179	47.4	15.5	2,043	14,584	2,261	11.6	1,695	565	15,537	2,408	7.8	1,204	1,204
Part-time	6,417	23.1	14.3	918	7,101	1,015	10.7	762	254	7,565	1,082	7.2	541	541
Unemployed	2,227	8.0	25.9	577	2,464	638	19.4	479	160	2,625	680	13.0	340	340
26-34														
Full-time	24,308	68.5	7.9	1,920	22,606	1,786	5.9	1,339	446	22,379	1,768	4.0	884	884
Part-time	3,705	10.4	8.6	319	3,446	296	6.5	222	74	3,411	293	4.3	147	147
Unemployed	1,863	5.3	18.1	337	1,733	314	13.6	235	78	1,715	310	9.1	155	155
>=35														
Full-time	61,596	48.0	3.6	2,217	69,206	2,491	2.7	1,869	623	73,409	2,643	1.8	1,321	1,321
Part-time	11,953	9.3	5.6	669	13,430	752	4.2	564	188	14,245	798	2.8	399	399
Unemployed	4,179	3.3	2.9	121	4,695	136	2.2	102	34	4,980	144	1.5	72	72
Total														
Full-time	99,083	46.3	6.2	6,143	114,948	7,127	4.7	5,345	1,782	120,877	7,494	3.1	3,747	3,747
Part-time	22,075	10.3	8.6	1,898	25,610	2,202	6.5	1,652	551	26,931	2,316	4.3	1,158	1,158
Unemployed	8,269	3.9	12.5	1,034	9,593	1,199	9.4	899	300	10,088	1,261	6.3	630	630
				Total=9.075 m					Total=2.633 m					Total=5.535 m

¹Source: Substance Abuse and Mental Health Services Administration. *Preliminary Results from the 1996 National Household Survey on Drug Abuse*. Rockville, MD. July 1997.

²Age group totals are Middle Series projections from the Census Bureau (US Bureau of the Census. *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050*. Current Population Reports P25-1130. US Government Printing Office, Washington, DC. February 1996). Numbers for each employment category within age group are interpolated assuming the 1996 proportionate distributions from NHSDA.

³Target rate for 2002 is 25% of 1996 rate.

⁴Target rate for 2007 is 50% of 1996 rate.

⁵Cumulative reduction to attain target for 2007.

shelters, and active military personnel.⁵ The difference between the “household population” reported in the Household Survey and the resident population are accounted for by residents of institutions and “hidden” or hard-to-reach subpopulations.

For purposes of drug use estimation, using the household-based rates on the entire resident population will yield a conservative (lower) estimate. This is due, in part, to the exclusion of the “hidden” population segment of homeless and institutionalized persons described above. Although small in number, they account for a higher rate of drug use than the general household population. An additional factor contributing to a conservative estimate of drug use based on the Household Survey is a tendency to underreport chronic drug use. [Refinements to the methodology of estimating chronic use are currently being tested. We also are continuing to work with the Bureau of the Census on obtaining more specific projections of the household population so that the estimates can be further refined.]

Workforce Projections. Similar to the process outlined for Table A-1 above, the main components of Table A-2 are rates of past month drug use for categories of employment status within each age group as reported in the 1996 Household Survey and age-specific projected resident populations for 2002 and 2007.

First, the proportionate distribution of employment status within each age group as observed in 1996 was applied to 2002 and 2007 projections. Age group totals are found in Table A-1. For example, in 1996, 47 percent of the age group 18-25 was employed full-time, 23 percent part-time, and 8 percent looking for work⁶ (“Other” and “unknown” economic status are not shown in this table). Applying these proportions to the 2002 projected number of persons aged 18-25 (24.4 million) yields about 14.6 million employed full-time, 7 million part-time, and 2.5 million looking for work.

Second, projected numbers of past month users were calculated for 2002 and 2007 applying 1996 rates, under the assumption that 1996 use rates continue to prevail. Third, rates of past month use for each employment category derived from 1996 Household Survey results were adjusted according to the proposed targets. For each subgroup, the 2002 target rate is 75 percent of 1996, and the 2007 target is 50 percent of 1996. Estimated numbers of users under this assumption were calculated. Finally, the target numbers were compared with the expected numbers if 1996 rates did not change to arrive at the required reductions to meet targets. These calculations yield a required reduction of 5.5 million projected users who would not be using drugs in order to attain the targets for the year 2007. This segment -- two-thirds of the total reduction in projected users -- can be reached through workforce-focused program interventions.

Historical Data. The 50 percent reduction in the rate of current drug use means that 8 million projected users should be off drugs by 2007 (from Table A-1). This represents a lot of Americans, equivalent to the population of the entire State of New Jersey and larger than the populations of many States.⁷ The issue is whether historical evidence supports this ambitious undertaking. The answer is yes. Table A-3 presents data from a 3-year period, between 1985

Table A-2. By 2007, reducing drug use in the workplace means that 5.5 million workers employed full- or part-time, or actively seeking work, will have to stop drug use (Past Month Use of Any Illicit Drug)

AGE GROUP/ ECONOMIC ACTIVITY	1996				2002					2007				
	Estimated HH pop (000s) ¹	Percent of Age Group	Rate of Past Month Use ¹	Estimated Number of Users (000s) ¹	Projected Population (000s) ²	Projected Users at 1996 Rate (000s)	Target Rate ³	Target Number of Users (000s)	Required Reduction in Users (000s)	Projected Population (000s) ²	Projected Users at 1996 Rate (000s)	Target Rate ⁴	Target Number of Users (000s)	Required Reduction in Users (000s) ⁵
18-25														
Full-time	13,179	47.4	15.5	2,043	14,584	2,261	11.6	1,695	565	15,537	2,408	7.8	1,204	1,204
Part-time	6,417	23.1	14.3	918	7,101	1,015	10.7	762	254	7,565	1,082	7.2	541	541
Unemployed	2,227	8.0	25.9	577	2,464	638	19.4	479	160	2,625	680	13.0	340	340
26-34														
Full-time	24,308	68.5	7.9	1,920	22,606	1,786	5.9	1,339	446	22,379	1,768	4.0	884	884
Part-time	3,705	10.4	8.6	319	3,446	296	6.5	222	74	3,411	293	4.3	147	147
Unemployed	1,863	5.3	18.1	337	1,733	314	13.6	235	78	1,715	310	9.1	155	155
>=35														
Full-time	61,596	48.0	3.6	2,217	69,206	2,491	2.7	1,869	623	73,409	2,643	1.8	1,321	1,321
Part-time	11,953	9.3	5.6	669	13,430	752	4.2	564	188	14,245	798	2.8	399	399
Unemployed	4,179	3.3	2.9	121	4,695	136	2.2	102	34	4,980	144	1.5	72	72
Total														
Full-time	99,083	46.3	6.2	6,143	114,948	7,127	4.7	5,345	1,782	120,877	7,494	3.1	3,747	3,747
Part-time	22,075	10.3	8.6	1,898	25,610	2,202	6.5	1,652	551	26,931	2,316	4.3	1,158	1,158
Unemployed	8,269	3.9	12.5	1,034	9,593	1,199	9.4	899	300	10,088	1,261	6.3	630	630
				Total=9 075 m				Total=2 633 m					Total=5 535 m	

¹Source: Substance Abuse and Mental Health Services Administration. *Preliminary Results from the 1996 National Household Survey on Drug Abuse*. Rockville, MD. July 1997.

²Age group totals are Middle Series projections from the Census Bureau (US Bureau of the Census. *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin, 1995 to 2050*. Current Population Reports P25-1130. US Government Printing Office, Washington, DC. February 1996). Numbers for each employment category within age group are interpolated assuming the 1996 proportionate distributions from NHSDA.

³Target rate for 2002 is 25% of 1996 rate.

⁴Target rate for 2007 is 50% of 1996 rate.

⁵Cumulative reduction to attain target for 2007.

Table A-3. Between 1985 and 1988, the largest historical three-year decline, by 8.1 million users, was observed (Past Month Use of Any Illicit Drug)

AGE GROUP	1985			1988			3-Year Change	
	Estimated HH pop (000s) ¹	Rate of Past month use ¹	Estimated Number of Users (000s) ¹	Estimated HH pop (000s) ¹	Rate of Past month use ¹	Estimated Number of Users (000s) ¹	Number (000s)	Percent
12-17	21,558	13.2	2,847	20,250	8.1	1,649	-1,198	-42.1
18-25	31,601	25.3	7,980	29,688	17.9	5,315	-2,665	-33.4
26-34	36,477	23.1	8,411	38,570	14.7	5,666	-2,745	-32.6
>=35	102,969	3.9	4,034	109,839	2.3	2,562	-1,472	-36.5
Total	192,605	12.1	23,272	198,347	7.7	15,192	-8,080	-34.7

¹Source: Substance Abuse and Mental Health Services Administration. *Preliminary Results from the 1996 National Household Survey on Drug Abuse*. Rockville, MD. July 1997.

and 1988, when a decline of 8.1 million in actual users was observed. The estimated number of current drug users dropped by about one-third, from 23.3 million in 1985 to 15.2 million in 1988. This decline that occurred in 3 years also occurred at a time when drug use rates were much higher than they are now.

In the next five years following this period, between 1988 and 1993 (Table A-4), a more modest drop was observed of 2.9 million users. These data suggest that when the rates of use and numbers of users are lower, major declines such as those observed in 1985-88 take longer and require more effort to achieve and sustain. A portion of today's users are "survivors" from the mid-80s and are likely to be more resistant to change.

While recent historical data show that an 8 million drop in the *number* of current drug users has occurred before, *rates* of current drug use in America have never been measured to be as low as the 2007 target rate of 3.1 percent. The impact target reduction in drug use rates of 50 percent is proposed with a 10-year time horizon precisely because it will require more effort as well as more time to attain such historic low rates in the face of a drug using population that includes the less tractable segments persisting in their drug use despite the dramatic declines of the 80s. The Media Campaign and other prevention programs are designed to prevent young people from joining the ranks of current users. A massive and sustained two-pronged strategy of preventing initiation of use among potential new users and of enabling cessation of use among current users will be required to reach this target by 2007.

Average Age of Initiation. Figure A-3 shows targets for mean age at first use of selected illicit drugs. The target for 2002 is to delay (increase) average age at first use by 12 months from the 1996 mean and by 36 months in the year 2007. Targets for marijuana, heroin, and inhalants are plotted for purposes of illustration. Marijuana, the drug that accounts for the largest proportion of illicit drug use, provides a more detailed example, shown on Table A-5. Data for 1996 will not be available until next year, so for this exercise, it is assumed to be age 16.7 years or 200 months, unchanged

from 1995. The intermediate goal of 17.7 years was last observed in 1992, while the 2007 target of 19.7 years was last achieved in 1986. While these target average ages of initiation have been attained in the past, this measure has been seen to change by as much as 30 months and as little as zero months from year to year, with the last improvement observed between 1991 and 1992. Age of initiation for specific drugs other than marijuana, inhalants, and heroin can also be

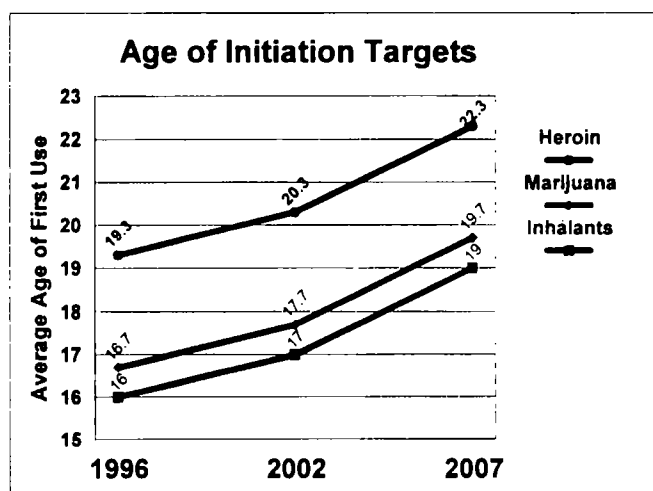


FIGURE A-3

**Table A-4. Between 1988 and 1993, drug use declined by about 3 million users
(Past Month Use of Any Illicit Drug)**

AGE GROUP	1988			1993			5-Year Change	
	Estimated HH pop (000s) ¹	Rate of Past month use ¹	Estimated Number of Users (000s) ¹	Estimated HH pop (000s) ¹	Rate of Past month use ¹	Estimated Number of Users (000s) ¹	Number (000s)	Percent
12-17	20,250	8.1	1,649	21,224	5.7	1,199	-450	-27.3
18-25	29,688	17.9	5,315	28,327	13.6	3,861	-1,454	-27.4
26-34	38,570	14.7	5,666	37,194	9.5	3,551	-2,115	-37.3
>=35	109,839	2.3	2,562	120,453	3.0	3,644	1,082	42.2
Total	198,347	7.7	15,192	207,199	5.9	12,256	-2,936	-19.3

¹Source: Substance Abuse and Mental Health Services Administration. *Preliminary Results from the 1996 National Household Survey on Drug Abuse*. Rockville, MD. July 1997.

Table A-5. Increasing average age of initiation to the year 2007 target means that the peak ages observed in 1984 and 1986 must be attained (Mean Age at First Use of Marijuana)

YEAR	Mean Age ¹	Age in Months	Change from Previous Year	Target Age ²
1980	18.7	224		
1981	17.5	210	-14	
1982	17.7	212	2	
1983	17.6	211	-1	
1984	19.7	236	25	
1985	17.5	210	-26	
1986	20.1	241	31	
1987	17.6	211	-30	
1988	17.3	208	-4	
1989	17.5	210	2	
1990	17.3	208	-2	
1991	17.1	205	-2	
1992	17.8	214	8	
1993	16.9	203	-11	
1994	16.7	200	-2	
1995	16.7	200	0	
1996		200 ³		
2002				212
2007				236
Average annual change, 1980-95			-2	
Average annual change, 1986-95			-5	
Average annual change, 1990-95			-1	

2002 goal is at about the 1992 level.

2007 goal is at the second highest level (attained in 1984).

¹Source: Substance Abuse and Mental Health Services Administration. *Preliminary Results* from the 1996 *National Household Survey on Drug Abuse*. Rockville, MD. July 1997.

²Targets are 1996 average age + 12 months by 2002 and 1996 average age + 36 months by 2007.

³Assumes average age unchanged from 1995.

calculated, as could a composite age of initiation for any drug use, with similar target delays in age at initiation.

Chronic Drug Use. Measurement of chronic drug use is still inadequate at this time. However, one comprehensive attempt, developed by SAMHSA using a combination of the Household Survey with treatment and crime data, estimates that there were over 3.6 million persons in 1994 who experienced drug problems of a severity that made them prime candidates for treatment.⁸ While this measure of chronic drug use is not equivalent to “hard core” drug use, this can be considered a conservative estimate that is subject to revision as better methods of measuring chronic drug use are developed and implemented. Using this measure for the time being, the target 25 percent reduction by 2002 translates to 2.7 million chronic users. By 2007, the target of 50 percent reduction relative to 1996 translates to 1.8 million weekly users. As noted earlier, the Household Survey does not adequately measure chronic drug use, nor does it include a significant portion of the homeless and other “hidden” populations, who are known to account for a disproportionate share of chronic drug users. ONDCP currently is developing better estimates of the population of “hard core” drug users. As these measures are refined, the proposed targets will translate to more valid and accurate estimates of chronic drug users.

Supply reduction targets. The impact targets for drug supply reduction are inherently interdependent, and can be visualized as components of a system of flow. Taking foreign production as our example: Plant products are processed; a portion of the commodity is shipped through transit zones; some of this eventually arrives in the United States; and once here, a portion remains available for consumption.

We define *traffickers success rate* as the quantity of the commodity they successfully move through a particular zone relative to the total quantity they attempted to move. This “success rate” is defined differently for the source zone, the transit and arrival zone, and within the United States. In addition, there is a success rate defined for drugs within the United States. The purpose of our supply reduction program efforts is to reduce each traffickers success rate.⁹

Program activities at any stage in the process are responsive to conditions that exist in preceding stages. Nonetheless, by reducing the trafficker success rate at each stage, the impact targets identified in the main text can be attained.

- Source zone seizures and other losses contribute to a reduction in the quantity of the commodity that is available for shipment. Therefore, the *traffickers success rate in source zones will be reduced by 15 percent by 2002 and 30 percent by 2007.* (Impact Target for Goal 5.)
- Supply is further reduced by transit and arrival zone seizures and other losses. Therefore *the traffickers success rate in transit and arrival zones will be reduced by 10 percent by 2002 and 20 percent reduction by 2007.* (Impact Target for Goal 4)

- Domestic supply is finally reduced by domestic seizures and other losses. Therefore, *the traffickers success rate in the U.S. will be reduced by 10 percent by 2002 and 20 percent by 2007.* (Impact Target for Goal 2)
- The foreign-originating drug supply in the United States is augmented by domestically grown and produced illicit drugs. Therefore, *domestic cultivation and production of illicit drugs will be reduced by 20 percent by 2002 and 50 percent by 2007.* (Impact Target for Goal 5)

The target reductions in trafficker success rates identified above are intended to be cumulative in effect, and allow *availability of illicit drugs in the United States to be reduced by 25 percent by 2002 and 50 percent by 2007.* For purposes of illustration, we can demonstrate the meaning behind each of these impact targets using estimates of the amount of cocaine cultivated, produced, and making its way into the United States.

We want to emphasize at the onset that the U.S. government does not possess “official” estimates of the available supply of drugs for cocaine, heroin, marijuana, and methamphetamine. The illustration discussed below is based on separate work done for ONDCP by Abt Associates, the Federal Government’s Crime and Narcotics Center, the Federal Wide Drug Seizure System, and the 1987 International Narcotics Control Strategy Report prepared by the Department of State. Using these sources, we can illustrate exactly why the Impact Targets for supply reduction are plausible.

Using these multiple sources, we can show that the *traffickers success rate in source zones in 1995* was 79 percent. This is determined by dividing the amount of cocaine estimated as available for export (616 metric tons, according to Abt Associates) from source zones by the estimated potential production of cocaine (780 metric tons, according to the Crime and Narcotics Center). The Impact Target for source zones would change this rate by 30 percent in ten years, in this illustration, from 79 percent to 55 percent.

The *traffickers success rate in transit and arrival zones* was 77 percent in 1995. This is determined by subtracting from unity the ratio of drug removals in these zones (142 metric tons, according to the International Narcotics Control Strategy Report) to the estimated amount of drugs entering these zones (616 metric tons, according to Abt Associates). The Impact Target for transit and arrival zones seeks to lower the traffickers success rate from 77 percent to 62 percent.

Once inside the U.S., traffickers are confronted with domestic law enforcement efforts (Federal, State, and local) that, among other things, threaten their ability to make drugs available to the consumer. Information on domestic law enforcement seizures are currently not available, so we cannot illustrate the traffickers success rate inside the United States. Abt Associates estimates that 287-386 metric tons were available for consumption in the U.S. before accounting for domestic law enforcement seizures. Suppose 50 metric tons are removed, then the *traffickers success rate in the U.S.* would range from 83-87 percent. This is determined by subtracting from

unity the ratio of domestic law enforcement seizures (50 metric tons is assumed for purposes of this illustration) to the amount of drugs inside the U.S. targeting the consumer (287-386 metric tons of cocaine, according to Abt Associates). The Impact Target would reduce this rate to 66-70 percent.

There are no estimates of U.S. cultivation and production of drugs. It's time to at least attempt to construct such estimates, especially for purposes of supporting this PME system. ONDCP will work with the law enforcement community, the Department of Agriculture, EPIC, NDIC, and experts to develop reasonable estimates of U.S. cultivation and production of illicit drugs.

Consequences of Drug Use. Major adverse consequences of drug use take the form of social costs, particularly health consequences, drug-related crime, and lost productivity. While these can be measured through various specific indicators, translating these into a monetary valuation provides a readily interpretable measure. A methodology for cost estimation, last published in 1990¹⁰ is being updated by the National Institute on Drug Abuse (NIDA) and will be released in 1998. This update will offer reasonable current estimates of the total cost of drug abuse and its components. NIDA will provide annual updates which will express costs in constant dollar terms to enable comparison across years.

For purposes of illustration, the latest available data (for 1990) are informative. The economic costs of drug abuse were estimated to be \$67 billion in 1990 (see Figure A-4).¹¹

The estimation methodology incorporates both direct and indirect costs. Medical costs, estimated at \$3.2 billion in 1990, are expenses on medical resources used for care, treatment, and rehabilitation. Illness, estimated at \$8 billion, represents the value of lost productivity due to illness or injury. Deaths, estimated at \$3.4 billion represent the value of future lost productivity due to premature death. Other related costs, estimated at \$46 billion and comprising two-thirds of total costs, include direct crime expenditures such as public police protection, private legal defense, and property destruction. Also included are productivity losses from people incarcerated as a result of drug-related crime. Special conditions, estimated at \$6.3 billion, are costs attributable to the direct and indirect costs of AIDS associated with injection drug use.

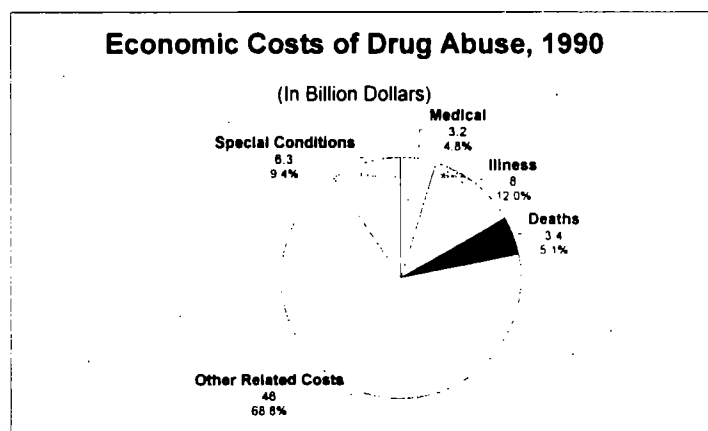


FIGURE A-4

Specific impact targets for consequences of drug use also are measured focusing on two major areas: health costs, and crime and violence. A reduction of 10 percent by 2002 and 25 percent by 2007 compared to 1996 in health and social costs has been proposed. For crime and violence, the rate of crime and violent acts associated with drug trafficking and drug abuse are targeted for

a 15 percent reduction by 2002 and a 30 percent reduction by 2007 relative to 1996 as the base year.

The assessments shown above clearly are dependent upon valid and reliable data. Some of these currently are in place, others are available only in part, and the rest need a systematic measurement system to be designed and implemented. The data components of the PME System will require continued development so that progress towards the defined targets can be gauged in a timely and accurate manner.

Endnotes

1. Substance Abuse and Mental Health Services Administration. 1997. *Preliminary Results from the 1996 National Household Survey on Drug Abuse*. Rockville, MD.
2. Bureau of the Census. 1996. *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050*. Current Population Reports P25-1130. Washington, DC: Government Printing Office.
3. To replicate calculations, use 3 significant decimal places. Table rates are rounded to one decimal place.
4. Bureau of the Census. 1996. *Projections of the Number of Households and Families in the United States: 1995 to 2010*. Current Population Reports P25-1129. Washington, DC: Government Printing Office.
5. Substance Abuse and Mental Health Services Administration. 1997. *Preliminary Results from the 1996 National Household Survey on Drug Abuse*. Rockville, MD.
6. The category "Unemployed" includes only those who are looking for work. Persons described as retired, disabled, homemaker, or student are classified under "Other" employment status.
7. The Bureau of the Census estimates the 1997 population of New Jersey, the 9th largest State, at 8.05 million. Georgia, the 10th largest, and the remaining 40 States each have populations below 8 million (Population Estimates Program, Population Division. ST-97-1 electronic data).
8. The full report describing the methodology for these estimates was developed by SAMHSA on ONDCP's request. A version of this report was subsequently published (Woodward, A., et al., 1997, "The Drug Abuse Treatment Gap: Recent Estimates" *Health Care Financing Review* 28(3):5-17).
9. There is also a research basis for this concept. Under contract to ONDCP, Evidence-Based Research (EBR) conducted a study of the impact on the flow of drugs in the transit zone of alternative resource levels. In conducting this study, EBR developed the notion of the traffickers success rate. For more about this topic, see the *Office of National Drug Control Strategy: 1996 Program, Resources, and Evaluation*, The ONDCP Transit Zone Study, pps 48-51.
10. Rice, D.P., et al. 1990. *The Economic Costs of Alcohol and Drug Abuse and Mental Illness: 1985*. Report submitted to the Alcohol, Drug Abuse, and Mental Health Administration, US Department of Health and Human Services.
11. Brandeis University/The Robert Wood Johnson Foundation. *Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy*. Princeton, NJ, October 1993.

APPENDIX B: Proposed Targets and Measures

This Appendix presents performance targets and measures for each of the Strategy's five Goals and 32 Objectives. In total, there are 111 performance targets in the proposed system. Twelve of these are "Impact Targets" designed to define outcomes or endstates for the overall Goals of the Strategy. The remaining 99 performance targets are linked to the Strategy Objectives which are supported by Federal and non-Federal drug control programs.

All of the performance targets, regardless of whether they are linked to Strategy Goals or Objectives, have at least one associated performance measure that shows how progress towards that target will be monitored. In total, there are 143 performance measures supporting the performance targets--these provide the infrastructure for the Strategy's Goals and Objectives.

The proposed targets and measures represent the collective views and best thinking of the drug control community. The numeric targets are currently viewed as feasible and realistic. However, in developing the performance targets and measures, certain assumptions were made about programs, data systems, resources, and exogenous factors. In some cases, data for the proposed targets and measures do not exist and need to be developed. For example, estimates of drug availability and the true size of the chronic drug user population will need to be developed. If data cannot reasonably be collected, alternative targets and measures will be sought.

It is important to acknowledge the flexible nature of the performance measurement system. Targets and measures are not static. As the system is implemented, we will improve our knowledge and understanding of drug policy and the outcomes that can reasonably be expected as we learn more about the relationships among organizations, resources, outputs, and outcomes. With such knowledge, the targets and performance measures will be refined and modified as needed.

Federal Agencies responsible for reporting performance measures to ONDCP are listed in this section under the appropriate measure. A minimum of one Federal Agency, two when there is a shared responsibility, is responsible for reporting on each measure. Additionally, "Supporting Federal Agencies" are listed after the "Reporting Agency" because they assist with data collection and assessment, or have programs which contribute to achieving the given target.

To assist readers with the terminology used in this section, a Terminology Key is included.

Terminology Key

GOAL 0: MAJOR DIRECTIVE OF THE STRATEGY

OBJECTIVE 0: *Major line of ACTION to achieve the desired goal.*

TARGET

Goal Impact Target: Key outcome target for tracking impact of the Strategy Goal. Quantified Endstate.

PERFORMANCE TARGET: Target developed to track progress toward the Strategy Objective. States a desired output, milestone, or outcome associated with agency drug program efforts. Ideally outcome-oriented vs. work-output oriented.

Assumptions: A set of beliefs generally held by the drug control community, upon which performance targets are based.
General Assumptions: Assumptions applicable to more than one Strategy Goal.
Goal 0 Assumptions: Assumptions that apply to Goal 0 only.

Critical Factors: Events OUTSIDE or exogenous to the control of the relevant department that can affect target achievement.

GOAL 0, ENDSTATE 2007: WHAT THE GOAL IS ULTIMATELY TRYING TO ACHIEVE TEN YEARS AFTER PUBLICATION OF THE STRATEGY.

OBJECTIVE, OUTCOME 2002: Statement defining what the objective is trying to achieve in five years.

MEASURE

Goal Impact Measure: Data and variables to track progress towards each Goal Impact Target.

PERFORMANCE MEASURE: Data, variables, and events to track progress towards each performance target.

Reporting Agency: Department responsible for reporting the measure to ONDCP. This is not necessarily the only agency responsible for achieving the target

Supporting Agency: Department responsible for providing data to reporting agency.

General Assumptions for Two or More *Strategy* Goals

- ▶ The drug problem is dynamic and our response must change accordingly.
 - ▶ The American people will oppose the unconstrained flow of illicit drugs into the U.S. and the use of illegal drugs within the U.S.
 - ▶ Reduction in foreign and domestic production and supply will affect illegal drug use through price effects caused by reduced availability.
-

General Critical Factors - Apply to Two or More *Strategy* Goals

- ▶ Improved drug-indicators are required for measuring trends in domestic, illicit drug availability and diverted pharmaceuticals.
- ▶ Federal incentives and support for states and local communities to report data necessary to measure performance.
- ▶ Congress will support the President's projected five-year budget for implementing the National Drug Control Strategy.
- ▶ Congress will assist in resolving any legislative obstacles that may exist to achieving and measuring the strategy's implementation.
- ▶ U.S. law enforcement and intelligence "presence" must be maintained in all major source and transit countries where diplomatic relations exist and this presence must be developed in those countries where diplomatic relations do not exist.
- ▶ Successful prevention and treatment programs that meet accepted standards are adopted nationwide.

GOAL 1: EDUCATE AND ENABLE AMERICA'S YOUTH TO REJECT ILLEGAL DRUGS AS WELL AS THE USE OF ALCOHOL AND TOBACCO

Goal Impact Targets

a. **Use of illegal drugs, alcohol, and tobacco by youth** -- By 2002, reduce the prevalence of past month use of illicit drugs and alcohol among youth by 20% as measured against the 1996 base year. By 2007, reduce this prevalence by 50 % as compared to the base year. Meet HHS target to reduce tobacco use by youth by 25% by 2000 and by 50% by 2003.

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

GOAL 1, END STATE 2007: OUR CHILDREN HAVE THE TOOLS FOR MAKING THE RIGHT CHOICE TO REACH ADULTHOOD FREE OF DRUGS.

Goal Impact Measures

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

Reporting Agency: HHS

Supporting Federal Agencies: DoD, DoEd, DOJ

b. Average age of initial drug use.

Reporting Agency: HHS

Supporting Federal Agencies: DoD, DoEd, DOJ

Assumptions for Goal 1

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

GOAL 1: EDUCATE AND ENABLE AMERICA'S YOUTH TO REJECT ILLEGAL DRUGS AS WELL AS THE USE OF ALCOHOL AND TOBACCO

GOAL 1, ENDSTATE 2007: Our children have the tools for making the right choice to reach an adulthood free of drugs.

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

Objective Outcome, 2002: An America where every adolescent has a parent or caregiver who provides sound reasons for rejecting illicit drugs, alcohol, and tobacco.

TARGETS

MEASURES

1. Adult understanding and capacity -- By 2002, increase by 25% the proportion of adults who have the capacity to help youths reject illegal drug use compared to the 1998 base year. By 2007, increase the proportion by 40% over the base year.

1. The proportion of adults who disagree somewhat, or disagree strongly with the following statements:

- a. "I wish I knew better what to say to my child about drugs."
- b. "What I say will have little influence on whether my child tries marijuana."
- c. "Drug education is best handled by schools, not parents."

Reporting agency: HHS

Supporting Federal Agencies: DOJ, DoEd

2. Adults influencing youth -- By 2002, increase by 20% the proportion of parents and other adult mentors who attempt to influence youths to reject drugs, alcohol, and tobacco over the 1998 base year. By 2007, increase the proportion by 45% over the base year.

2. The proportion of parents and other adult mentors who (a) report having discussed drugs with children thoroughly, and (b) report that they have attempted to influence youth to reject drugs.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, DoEd

3. Acceptance rate -- By 2002, reduce by 5% the proportion of adult acceptance of illicit drug use as compared to the 1998 base year. By 2007, decrease the rate to at least 20% below the base year rate.

3. The proportion of adult acceptance of illicit drug use.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, DoEd

Goal 1 (continued)

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

Objective Outcome, 2002: *An America where advertising and public communication routinely inform youth on the dangers of illicit drugs, alcohol, and tobacco.*

TARGETS

MEASURES

1. **Youth risk perception** -- By 2002, increase to 80 the percent of youth who perceive that regular use of illicit drugs, alcohol, and tobacco is harmful and maintain this rate through 2007.

1. The percent of youth who perceive the risks of illicit drug, alcohol, and tobacco use as harmful.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, DoEd, DOT

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

2. The percentage of youths who disapprove of illicit drugs, alcohol, and tobacco use.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, DoEd, DOT

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

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

Reporting Agency: ONDCP

Supporting Federal Agencies: DOT, HHS

Goal 1 (continued)

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

TARGETS

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

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

Objective Outcome, 2002: *An America where all school districts and a growing number of communities adopt zero tolerance policies regarding the use of illicit drugs, alcohol, and tobacco.*

MEASURES

1. Proportion of public and private schools that:
 - a. have published drug abuse zero tolerance policies for students;
 - b. have published drug abuse zero tolerance policies for employees.

Reporting Agency: DoEd/HHS

Supporting Federal Agencies: DoD, OJJDP

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

Reporting Agency: HHS

Supporting Federal Agencies: BIA, DOC, DoD, OJJDP, DOT, DoEd

Goal 1 (continued)

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.*

TARGETS

1. **Establish criteria for tested standards** -- By 1998, establish criteria to determine whether school districts have implemented drug, alcohol, and tobacco prevention programs and policies that are evaluated and tested.
2. **Baseline data** -- By 2000, determine baseline data on the proportion of school districts that have implemented drug, alcohol, and tobacco prevention programs and policies that are evaluated and tested.
3. **Implement standards in schools** -- By 2002, increase the proportion of school districts that have implemented drug, alcohol, and tobacco prevention programs that have been evaluated and tested by 10% compared to the 2000 base year percentage. By 2007, increase the proportion to at least 30% over the base year.

Objective Outcome, 2002: *An America where all school districts accept the need for illicit drug, alcohol, and tobacco prevention programs that have been evaluated and tested and a growing number implement them.*

MEASURES

1. Criteria established to determine whether school districts have effectively implemented, evaluated, and tested drug alcohol, and tobacco prevention programs.

Reporting Agency: DoEd/HHS
Supporting Federal Agencies: DOJ, DOL

2. Baseline school district survey completed on school districts that implemented, evaluated and tested drug, alcohol, and tobacco prevention programs.

Reporting Agency: DoEd/HHS
Supporting Federal Agencies: DOJ, DOL

3. The proportion of school districts that have implemented drug, alcohol, and tobacco prevention programs and policies that are evaluated and tested.

Reporting Agency: DoEd/HHS
Supporting Federal Agencies: DOJ, DOL

Goal 1 (continued)

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 Outcome, 2002: *An America where there are mentors in each community and social group to foster positive, healthy lifestyles among all young Americans.*

TARGETS

1. Develop mentoring program -- By September 1999, develop a national program, building on existing efforts, for promoting growth in the number of mentors as well as mentoring and parenting organizations.

2. Implement mentoring program -- By 2002, implement this program at a level sufficient to increase by 25%, over a 1998 base year, the proportion of trained adult mentors and parents (of children aged 17 and under) involved in mentoring. By 2007, increase the proportion of adult mentors participating in the program to 50% over the number in the base year.

MEASURES

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

Reporting Agency: HHS

Supporting Federal Agencies: DoEd, OJJDP

2. The proportion of trained adult mentors and parents (of children aged 17 and under) involved in mentoring.

Reporting Agency: HHS

Supporting Federal Agencies: DoEd, OJJDP

Goal 1 (continued)

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

TARGETS

1. **Coalition directory** -- By 1999, publish a national inventory of anti-drug community-based coalitions, and partnerships.
2. **Coalition activity** -- By 2002, increase by 20% the number of individuals from community sectors and stakeholder groups who are actively involved as members of these programs and coalitions, using 1999 as the base year.
3. **Funded coalitions** -- By 2007, increase by 50% the number of communities with comprehensive anti-drug coalitions funded publicly or privately as compared to the 1999 base year.

Objective Outcome, 2002: *An America where every community is actively involved in coalitions or partnerships dedicated to preventing youth from using illicit drugs, alcohol, and tobacco.*

MEASURES

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

Reporting Agency: HHS

Supporting Federal Agencies: BJA, DOL, DOT, DoEd, HUD, OJJDP

2. Percentage of individuals from community sectors and stakeholder groups actively involved as members of specified programs and coalitions.

Reporting Agency: HHS

Supporting Federal Agencies: BJA, DOC, DOL, DOT, DoEd, HUD, OJJDP

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

Reporting Agency: HHS

Supporting Federal Agencies: BJA, DOC, DOL, DOT, DoEd, HUD, OJJDP

Goal 1 (continued)

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.*

TARGET

1. **Partnerships to deglamorize drugs** -- By 2002, establish partnerships with 50% of major media, entertainment, and professional sports organizations to deglamorize the use of illegal drugs, alcohol, and tobacco. By 2007, partnerships with 90% of each organizational type will be established.

Objective Outcome, 2002: *An America where major media, entertainment, and sports organizations form partnerships with government to deglamorize illicit drugs, alcohol, and tobacco.*

MEASURE

1. Percentage of major media, entertainment, or professional sports organizations deglamorizing the use of illegal drugs, alcohol, and tobacco.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, DOL, DOT, DoEd

Goal 1 (continued)

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

TARGETS

1. **Develop information package** – In 1998, develop and disseminate an information package, based on existing research, for state legislators, governors, and physicians, on the use of marijuana for medicinal purposes and pharmaceutical alternatives to marijuana and other illicit drugs.
2. **Disseminate evidence** – By 1999, complete nationwide dissemination of scientific evidence of the potential adverse effects of legalizing marijuana and other illicit drugs.

Objective Outcome, 2002: An America where health and civic leaders base their professional decisions on factual, scientific evidence regarding the dangers of illegal drugs.

MEASURES

1. Development and initial distribution of an information package about the potential adverse effects of marijuana and other illicit drugs.

Reporting Agency: HHS
Supporting Federal Agencies: DEA, DoEd

2. Information package developed and disseminated.

Reporting Agency: HHS
Supporting Federal Agencies: DEA, DoEd

Goal 1 (continued)

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

TARGETS

1. **Develop prevention models** – By 1999, in concert with Federal and state agencies and national and local community organizations, develop essential principles for drug abuse prevention programs and for appropriate prevention models.
2. **Disseminate principles and models** – By 2000, disseminate information about prevention principles and prevention models to 50% of schools and/or school districts, state and local governments, national and local community organizations, and other relevant organizations identified in a dissemination plan. By 2002, achieve dissemination to 95% of these agencies.

Objective Outcome, 2002: *An America where National Prevention Principles form the foundation for educating and enabling youth to reject illicit drugs, alcohol, and tobacco.*

MEASURES

1. Development of national prevention principles and models.

Reporting Agency: DoEd/HHS

Supporting Federal Agencies: DoD, OJJDP

2. The proportion of school districts, state and local governments, and national and local community, and other relevant organizations receiving information about prevention principles and models.

Reporting Agency: DoEd/HHS

Supporting Federal Agencies: DoD, OJJDP

OBJECTIVE 10: Support and highlight research, including the development of scientific information to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

TARGETS

1. **New prevention research** -- By 1998, identify, prioritize, and implement critical new prevention research and knowledge development studies to educate and enable youth to reject illegal drugs.
2. **Disseminate information** -- By 2002, based on new and existing prevention research, disseminate science-based, effective prevention programs to 50% of Federal, state and local practitioners, and put into place a system that will generate and distribute this information to the entire field of prevention on an ongoing basis. By 2004, achieve 95% dissemination.
3. **Anti-drug education impact study** -- By 2002, complete research to isolate and monitor the impact of youth anti-drug education initiatives on changes in the prevalence of drug use as a result of these initiatives.

Objective Outcome, 2002: An America where prevention programs are research-based and results-driven.

MEASURES

1. Assessment of the number and quality of new prevention research and knowledge studies implemented for the purpose of educating and enabling youth to reject illegal drugs.

Reporting Agency: HHS

Supporting Federal Agencies: DOL, DOT, DoEd, OJJDP

2. Proportion of Federal, state, and local prevention practitioners receiving science-based information on prevention.

Reporting Agency: HHS

Supporting Federal Agencies: DOL, DOT, DoEd, HUD, OJJDP, Treas.

3. Impact of education initiatives on drug use prevalence known and accepted by an interagency working group allowing reasoned assessment for continuation of each initiative.

Reporting Agency: ONDCP

Supporting Federal Agencies: DEA, DOL, DOT, DoEd, HHS, HUD, OJJDP, Treas., Vet Aff.

GOAL 2: INCREASE THE SAFETY OF AMERICA'S
CITIZENS BY SUBSTANTIALLY REDUCING DRUG-
RELATED CRIME AND VIOLENCE

Goal Impact Targets

- a. **Drug related crime and violence** -- By 2002, reduce by 15% the rate of crime and violent acts associated with drug trafficking and drug abuse, as compared with the 1996 base year. By 2007, reduce drug-related crime and violence by 30% as compared with the base year.
- b. **Domestic Law Enforcement** -- By 2002, increase by 10% over the 1996 base year rate, the rate at which illegal drugs and illicitly diverted precursor chemicals of U.S. venue are prevented from reaching the consumer. By 2007, increase this rate by 20% over the base year.
- c. **Drug availability in the U.S.** -- By 2002, decrease the drug availability in the U.S. by 25% as compared with the estimated 1996 base year. By 2007, reduce illegal drug availability in the U.S. by 50% from the base year.

GOAL 2, END STATE 2007: AN AMERICA WHERE THERE ARE
FEWER DRUGS ON THE STREETS AND COMMUNITIES ARE
SAFER

Goal Impact Measures

- a. The nationwide rate of crimes and violent acts associated with drug trafficking or drug abuse as measured by available indicators.

Reporting Agency: DOJ

Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.

- b. Rate at which illicit drugs and illicitly diverted precursor chemicals venued in the U.S., are prevented from reaching potential consumers.

Reporting Agency: DOJ

Supporting Federal Agencies: BJS, DEA, FBI, HIDTAs, Treas.

- c. Quantity of illicit drugs available in the U.S.

Reporting Agency: ONDCP

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

Assumptions for Goal 2

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

GOAL 2: INCREASE THE SAFETY OF AMERICA'S CITIZENS
BY SUBSTANTIALLY REDUCING DRUG-RELATED CRIME AND
VIOLENCE

GOAL 2, END STATE 2007: An America where there are fewer drugs on
the streets and communities are safer.

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

Objective Outcome, 2002: *An America where drug-related violence and
drug availability are minimal.*

TARGETS

1. **Drug-related violent crime** -- By 2002, achieve a 20% reduction in
the rate of homicides, robberies, rapes, assaults, and crimes against
property associated with illicit drugs as compared to the 1996 base year.
By 2007, achieve at least a 40% reduction from the base year in
specified drug-related crimes.

2. **Drug trafficking organizations** -- By 2002, using a prioritized
list of domestic drug law enforcement community designated targets,
increase by five points the percentage of drug trafficking organizations
disrupted, dismantled, or otherwise rendered ineffective as measured
against the percentage recorded in the 1997 base year. By 2007,
increase the target percentage by at least 10 points above the base year
value.

MEASURES

1. Reported rate of homicides, robberies, rapes, assaults, and property
crimes associated with distribution, sale, or consumption of illicit
drugs as measured by available crime indicators.

Reporting Agencies: DOJ

Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.

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

Reporting Agency: DEA

Supporting Federal Agencies: DoD, DOS, FBI, Treas.

Goal 2, Objective 1 (continued)

3. **Domestic drug traffickers** -- By 2002, using a prioritized list of domestic drug law enforcement community designated targets, increase by ten points the percentage of drug traffickers who are arrested, prosecuted, or otherwise rendered ineffective as measured against the percentage recorded in the 1997 base year. By 2007, increase the target percentage by at least 20 points above the base year value.

3. The percentage of targeted individuals on the counterdrug community's designated target list who are arrested, prosecuted, or otherwise rendered ineffective, measured annually.

Reporting Agency: DEA

Supporting Federal Agencies: FBI, Treas., USCS

Goal 2 (continued)

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

TARGETS

1. **HIDTA Development** -- Each HIDTA will improve the scope and efficiency of the HIDTA Program by the progressive adoption of the National HIDTA Developmental Standards at the rate of at least 10% per annum, reaching the 90% level by 2007.
2. **Drug trafficking organizations in HDTAs** -- By 2002, increase the proportion of drug trafficking organizations disrupted or dismantled as identified in HIDTA threat assessments by 20% above the proportion in the 1997 base year. By 2007, increase the proportion disrupted or dismantled compared to those identified in the HIDTA threat assessment to 45% above the base year ratio.
3. **Money laundering organizations in HDTAs** -- By 2002, increase the proportion of money laundering organizations and financial systems with drug trafficking ties disrupted or dismantled identified in HIDTA threat assessments by 15% above the proportion in the 1997 base year. By 2007, increase the proportion disrupted or dismantled to those identified in the HIDTA threat assessment to 35% above the base year proportion.
4. **Illegal drug flow through HIDTA** -- By 2002, reduce by 25%, the total illegal drug flow through HIDTA regions as compared to the 1996 base year. By 2007, reduce the illegal flow by 50% as compared to the base year.

Objective Outcome, 2002: An America where drug trafficking is minimized in HIDTA areas.

MEASURES

1. The percentage of HDTAs that meet or exceed the established milestones of the National HIDTA Developmental Standards as developed and distributed in the 1998 HIDTA Program guidance

Reporting Agency: Each HIDTA
Supporting Federal Agencies: DEA, FBI
2. Proportion of identified drug trafficking organizations disrupted or dismantled by or within HDTAs.

Reporting Agency: DEA
Supporting Federal Agencies: DoD, DOS, FBI, Treas., USCS
3. Proportion of money laundering organizations and financial systems with drug trafficking ties disrupted or dismantled by or within HDTAs as a proportion of the organizations identified.

Reporting Agency: Treas.
Supporting Federal Agencies: DOC, DoD, FBI
4. Illegal drug flow through HIDTA regions.

Reporting Agency: HIDTA Coordinator
Supporting Federal Agencies: DEA, DoD, FBI, USIC, USCG

Goal 2 (continued)

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

Objective Outcome, 2002: *An America where every state has enacted and enforces asset seizure and forfeiture laws to reduce the profitability of all drug enterprises.*

TARGETS

1. **Asset seizure and forfeiture system** -- By 1998, develop a methodology for estimating and tracking asset seizures and forfeitures related to illicit drug trafficking in the U.S.
2. **Illegal fund transfer system** -- By 2002, develop a system for estimating and tracking illegal fund transfers and other money laundering activities with ties to illegal drug activities within the U.S.
3. **State seizure and forfeiture statutes** -- By 2002, all states enact drug-related asset seizure and forfeiture statutes.
4. **Money laundering costs** -- By 2002, increase the cost of money laundering to drug traffickers within the U.S. by 15% over costs in 1997 base year. By 2007, increase money laundering costs at least 40% over base year costs.

MEASURES

1. Developmental status of the nationwide system for tracking assets seized and forfeited within the U.S.

Reporting Agency: Treas./DOJ

Supporting Federal Agencies: DEA, DOC, FBI, Treas.

2. Developmental status of the nationwide system for tracking illegal fund transfers and other money laundering activities.

Reporting Agency: Treas.

Supporting Federal Agencies: DEA, DOC, FBI

3. Number of states that have adopted anti-money laundering and asset seizure and forfeiture legislation.

Reporting Agency: DOJ - AFLMS

Supporting Federal Agencies: DOC, FBI, Treas.

4. The cost of money laundering transactions to drug trafficking organizations within the U.S.

Reporting Agency: FinCEN

Supporting Federal Agencies: DOC, FBI, Treas.

Goal 2, Objective 3 (continued)

5. Money laundering organizations -- By 2002, using a prioritized, annually updated list of domestic money laundering organizations with U.S. drug trafficking ties, increase by 10% the ratio of listed money laundering organizations which are disrupted, dismantled, or otherwise rendered ineffective within one year of the publication of the prioritized list for the 1997 base year. By 2007, increase the target ratio to at least 25% over the base year.

6. Drug organization assets seized and forfeited -- By 2002, increase the proportion of assets seized and assets forfeited, by value, from organizations with known ties to illegal drug trafficking by 15% over the 1998 base year. By 2007, increase the percentage of assets seized and assets forfeited by 25% over the base year.

5. The number of known money laundering organizations with U.S. drug trafficking ties disrupted or dismantled over the number of organizations identified.

Reporting Agency : Treas.

Supporting Federal Agencies: DEA, DOC, FBI, FinCen

6. Value of drug trafficker-related assets seized and assets forfeited.

Reporting Agency: DOJ

Supporting Federal Agencies: DOC, FBI, Treas.

Goal 2 (continued)

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

TARGETS

1. **Drug testing policies** -- By 1998, in concert with the States, adopt drug testing policies within the criminal justice system which:
 - a. clearly articulate the purposes and goals of drug testing and prescribe responses;
 - b. target appropriate populations based on an assessment of need for each type drug;
 - c. specify testing types and frequency;
 - d. specify how offenders will be targeted for testing; and,
 - e. detail staff training.
2. **Positive drug test responses** -- By 1999, in concert with state and local correction offices, adopt processes to ensure that there is a response to every positive test or assessment of need. Responses may include event documentation, enhanced case management, increased judicial supervision, or imposition of other graduated sanction and treatment interventions.
3. **Abuse treatment availability** -- By 2002, increase by 10%, the proportion of identified drug-using offenders who are provided substance abuse treatment interventions as compared to the 1997 base year. By 2007, increase this proportion by at least 25% over base year.

Objective Outcome, 2002: *An America where effective rehabilitation prevents drug offenders from returning to drug abuse and crime.*

MEASURES

1. The number of states that have policies that include each of the following:
 - a. clearly articulated purposes and goals of the drug testing and prescribed responses;
 - b. appropriate populations determined based on an assessment of need for each specified type of drug;
 - c. specified testing types and frequency;
 - d. methods for how offenders will be targeted for testing; and,
 - e. staff training.

Reporting Agency: DOJ
Supporting Federal Agencies: HHS

2. The proportion of corrections offices with policies in place to respond to every positive drug test or assessment of need.

Reporting Agency: DOJ
Supporting Federal Agencies: HHS

3. The proportion of drug-using offenders provided with substance abuse treatment interventions to identified drug-using offenders.

Reporting Agency: DOJ/HHS
Supporting Federal Agencies: None

Goal 2, Objective 4 (continued)

4. **Drugs and recidivism** -- By 2002, reduce by 10%, the proportion of identified and treated drug-using offenders who are rearrested for new felonies or serious misdemeanors within a three-year period following their release from supervision, using 1997 as the base year. By 2007, reduce this proportion by at least 25% below the base year proportion.

4. The proportion of identified and treated drug-using offenders who commit a felony or serious misdemeanor within three years following release from supervision, out of the total number of identified and treated drug-using offenders.

Reporting Agency: DOJ

Supporting Federal Agencies: HHS

Goal 2 (continued)

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

TARGETS

1. **Inmate access to illicit drugs** -- By 2002, reduce by 25% the proportion of inmates who test positive for illegal drug use during their incarceration in Federal, state, county, or local detention facilities as compared to the positive drug test rate in the 1996 base year. By 2007, reduce positive tests by 50% as compared to the base year.

2. **Break-the-cycle ("BTC") demonstration projects** -- By 1999, increase to 10 the number of juvenile and adult sites demonstrating the principles embodied in the first "BTC" research demonstration project. By 2001, refine the BTC research demonstration project and develop an additional 10, second generation models sponsored by state and local governments.

3. **Drug-crime focused court reform** -- By 2002, 60% of states and metropolitan areas (as defined by the U.S. Census Bureau) will implement drug-crime based judicial reform or specialization of the courts system to elicit a decrease in drug-crime recidivism in the state or targeted area, measured against the recidivism rate for the year prior to implementation. By 2007, 80% of states and metropolitan areas will show a decrease in the recidivism rate compared to the base year.

Objective Outcome, 2002: An America where the combination of Federal, state, and local anti-drug efforts break the cycle of drugs and crime.

MEASURES

1. The proportion of inmates that test positive for drugs.

Reporting Agency: DOJ
Supporting Federal Agencies: HHS

2. The number of implemented "BTC" research demonstration projects.

Reporting Agency: DOJ
Supporting Federal Agencies: HHS

3. The relative success of states and metropolitan areas that have developed and implemented drug-crime based reform or specialization of the courts.

Reporting Agency: DOJ
Supporting Federal Agencies: HHS

Goal 2, Objective 5 (continued)

4. Repeat post drug treatment crime offenders -- By 2002, reduce by 10% from the 1997 base year the proportion of identified and treated drug-using offenders who are rearrested for new felonies or serious misdemeanors within a three-year period following their release from supervision. By 2007, reduce the proportion by a total of 25% from the base year.

4. Track released offenders who have participated in treatment interventions to obtain the proportion rearrested for new felonies or serious misdemeanors.

Reporting Agency: DOJ

Supporting Federal Agencies: HHS

Goal 2 (continued)

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 in illegal drugs.*

Objective Outcome, 2002: *An America where drug law enforcement programs are thoroughly researched and information about successful programs is disseminated.*

TARGET

1. **Effectiveness study** -- By 2002, research the relative success of law enforcement and offender treatment programs and disseminate this information to at least 80% of law enforcement or drug prevention and treatment agencies. By 2007, assure all related agencies have received the research findings and 90% have implemented selected initiatives.

MEASURE

1. Progress of dissemination and implementation of law enforcement research.

Reporting Agency: DOJ

Supporting Federal Agencies: BJS, HHS, NIJ

GOAL 3: REDUCE HEALTH AND SOCIAL COSTS TO THE PUBLIC OF ILLEGAL DRUG USE

Goal Impact Targets

- a. Reduce health and social costs -- By 2002, reduce health and social costs attributable to illegal drug trafficking and use by 10%, as expressed in constant dollars, as compared to the 1996 base year. By 2007, reduce such costs by 25% as compared to the base year.
- b. Reduce drug use nationwide -- By 2002, reduce the nationwide prevalence of illicit drug use by 25% as compared to the 1996 base year. By 2007, reduce prevalence by 50% as compared to the base year.
- c. Reduce drug use in the workplace -- By 2002, reduce the prevalence of drug use in the workplace by 25% as compared to the 1996 base year. By 2007, reduce this prevalence by 50% as compared to the base year.
- d. Reduce the number of chronic users -- By 2002, reduce the number of chronic drug users by 20% as compared to 1996 base year. By 2007, reduce drug use among this population of users by 50% as compared to the base year.

GOAL 3, END STATE 2007: AN AMERICA WHERE WE HAVE MINIMIZED THE ECONOMIC AND HUMAN CONSEQUENCES OF DRUG ABUSE.

Goal Impact Measures

- a. Health and social costs in constant dollars attributable to illegal drug trafficking and use.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, DOL, DoEd, Treas. Vet. Aff.

- b. The prevalence of drug use as measured by the National Household Survey and other appropriate surveys.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, DOL, DoEd, Treas. Vet. Aff.

- c. The prevalence of drug use in the workplace as measured by the National Household Survey and other appropriate surveys.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, DOL, DoEd, Treas. Vet. Aff.

- d. The estimated number of chronic drug users.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, DOL, DoEd, Treas. Vet. Aff.

Assumptions for Goal 3

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

**GOAL 3: REDUCE HEALTH AND SOCIAL COSTS TO THE
PUBLIC OF ILLEGAL DRUG USE**

GOAL 3, END STATE 2007: An America where we have minimized
the economic and human consequences of drug abuse.

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

***Objective Outcome, 2002: An America where effective drug treatment
is readily available, resulting in better recovery rates and lower
taxpayer costs from crime losses and prison expenses.***

TARGETS

1. Treatment gap -- By 2002, reduce the public treatment gap by at
least 20% as compared to the 1996 base year. By 2007, reduce the
gap by at least 50% compared to the base year.

2. Demonstrate impact -- By 2007, as compared to the 2001 base
year, achieve for those completing substance abuse treatment
programs a:

- a. 10% increase in full-time employment (adults in the
labor market);
- b. 10% increase in educational status (adolescents);
- c. 10% decrease in illegal activity; and,
- d. 10% increase in general medical health.

3. Waiting time -- By 2007, reduce the average waiting time to
enter treatment by 20% as compared to the 2000 base year.

MEASURES

1. Treatment gap. (Defined as the difference between those needing
treatment and the capacity of the treatment system to provide treatment.)

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, Vet Aff.

**2. Impact measured in each targeted area against data from the 2001
base year.**

Reporting Agency: HHS

Supporting Federal Agencies: BIA, DoD, DoEd, DOJ, DOL, DOT

3. Average waiting time.

Reporting Agency: HHS

Supporting Federal Agencies: DoEd, DOJ, DOL, DOT

Goal 3, Objective 1 (continued)

4. Implement NTOMS -- By 2002, develop and implement a National Treatment Outcome Monitoring System (NTOMS) to collect data on an ongoing basis and provide drug treatment providers nationwide with a source of information needed to identify change in drug abuse treatment outcomes and to identify program-level determinants of change.

5. Disseminate treatment information -- By October 1998, disseminate current information to key civic leaders about the best available drug treatment in order to substantially enhance efficiency, effectiveness, and accessibility of drug treatment nationwide.

4. NTOMS data base implemented, updated, and actively disseminating information yielding demonstrable improvement over all previous drug treatment systems. Assessment to be made by an interagency group augmented with independent expert advisors.

Reporting Agency: HHS

Supporting Federal Agencies: DoEd, DOJ, DOL, DOT

5. Assessment of information dissemination's progress to be made by an interagency group augmented with independent expert advisors.

Reporting Agency: HHS

Supporting Federal Agencies: DoEd, DOJ, DOL, DOT

Goal 3 (continued)

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

TARGETS

1. **Tuberculosis** -- By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related tuberculosis by 10% among identified drug abuser populations. By 2007, reduce the incidence by 20% from the base year.
2. **Hepatitis B** -- By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related Hepatitis B by 25% among identified drug abuser populations. By 2007, reduce the incidence by 35% from the base year.
3. **HIV** -- By 2002, as compared to the 1997 base year, stabilize the incidence of drug abuse-related HIV infection. By 2007, reduce the incidence by 10% from the base year.

Objective Outcome, 2002: *An America where drug-related infectious disease incidents decline dramatically.*

MEASURES

1. The incidence of drug abuse-related Tuberculosis as systematically reported in the CDC's Tuberculosis Verified Case Reporting System and VA Substance Abuse Database.

Reporting Agency: HHS
Supporting Federal Agencies: Vet. Aff.

2. The incidence of drug abuse-related Hepatitis B as systematically assessed from CDC's HIV National Viral Hepatitis Reporting System, CDC's Five County Surveillance System, and VA Substance Abuse Database.

Reporting Agency: HHS
Supporting Federal Agencies: Vet. Aff.

3. The incidence of drug abuse-related HIV as systematically assessed from Center for Disease Control and Prevention's (CDC) HIV Counseling and Testing Database, CDC's Seroprevalence Surveillance Systems for IDUs, and Department of Veterans' Affairs (VA) Substance Abuse Database.

Reporting Agency: HHS
Supporting Federal Agencies: Vet. Aff.

Goal 3 (continued)

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

Objective Outcome, 2002: An America where all institutions and business organizations of all sizes and types implement drug-free workplaces.

TARGET

1. **Drug free workplace** -- By 2002, increase over the 1997 base year the number of workplaces with (a) employee assistance programs by 6%; (b) drug-free workplace policies by 15%; (c) drug testing by 12%; and (d) at least one hour per year of substance abuse education by 12%. By 2007, increase each of to at least 12, 30, 24, and 24% respectively over the base year.

MEASURE

1. The percentage of workplaces with (a) Employee Assistance Programs, (b) drug-free workplace policies, (c) drug testing programs, and (d) substance abuse education.

Reporting Agency: HHS

Supporting Federal Agencies: DOC, DoEd, DOL, SBA

Goal 3 (continued)

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

Objective Outcome, 2002: An America where national drug training and education standards form the basis for credentialing substance abuse professionals.

TARGETS

1. **Standards set** -- By 2002, building upon current efforts, develop nationally recognized standards for education and training for:

- a. substance abuse prevention service professionals;
- b. substance abuse treatment service professionals;
- c. substance abuse professionals (required by Department of Transportation alcohol and drug abuse program); and,
- d. employee assistance professionals who provide substance abuse services.

2. **Conformity** -- Adoption of nationally recognized credentialing standards by states as follows:

- a. By 2002, 15 states will have adopted the national standards for substance abuse prevention service professionals -- by 2007, 25 states adopt the national standards;
- b. By 2002, all states have adopted the national standards for substance abuse treatment service professionals;
- c. By 2002, 25 states will have adopted the national standards for substance abuse professionals -- by 2007, all states have adopted the national standards; and,
- d. By 2002, 25 states will have adopted the national standards for employee assistance professionals who provide substance abuse services -- by 2007, 40 states will have adopted the national standards.

MEASURES

1. Development of nationally recognized requirements for education and training of substance abuse service professionals by appropriate (identified, agreed-upon) professional organizations.

Reporting Agency: HHS

Supporting Federal Agencies: DOL, DOT

2. The number of states that adopt nationally recognized competency standards for certification/licensure of substance abuse service professionals.

Reporting Agency: HHS

Supporting Federal Agencies: DOL, DOT

Goal 3 (continued)

OBJECTIVE 5: *Support research into the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.*

TARGETS

1. **Research focus** - By October 1998, develop a prioritized list of research questions which support the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.
2. **Funding focus and impact** -- By 2002, using an interagency panel, evaluate the quality and utility of existing research supporting the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.

Objective Outcome, 2002: *An America where scientific research for developing new medicines improves drug treatment capabilities.*

MEASURES

1. Status of medication and treatment research questions list.

Reporting Agency: HHS

Supporting Federal Agencies: Vet. Aff.

2. Interagency assessment of quality and utility of research.

Reporting Agency: HHS

Supporting Federal Agencies: Vet. Aff.

Goal 3 (continued)

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.*

TARGETS

1. **Develop funded portfolio** -- By 2002, secure funding to establish an interagency portfolio of Federally funded research projects to reduce the health and social costs of illegal drug use.
2. **Epidemiological model** -- By 2002, develop and implement a comprehensive set of Federal epidemiological measurement systems.
3. **Health/social cost model** -- By 2002, research and recommend for implementation an interagency capability or model to monitor changes in the health and social costs of illegal drugs from agreed upon baseline costs.

Objective Outcome, 2002: *An America where a nationally accepted model to monitor the health and social costs of illegal drug use is developed and implemented.*

MEASURES

1. Interagency research review panel establishes portfolio.

Reporting Agency: Interagency group

Supporting Federal Agencies: DEA, DoAgri, DOC, DoD, DOL, DOT, HHS, HUD, Treas., Vet. Aff.

2. Implementation status of federal epidemiological measurement systems.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ

3. Health and social cost model development and implementation status.

Reporting Agency: HHS

Supporting Federal Agencies: DEA, DoAgri, DOC, DoD, DOL, DOT, HHS, HUD, Treas., Vet. Aff.

**GOAL 4: SHIELD AMERICA'S AIR, LAND, AND SEA
FRONTIERS FROM THE DRUG THREAT**

Goal Impact Target

Transit and border zone drug flow -- By 2002, reduce by 10%, the rate at which illicit drugs entering the transit and arrival zones as compared to the 1996 base year. By 2007, reduce this rate by 20% as measured against the base year.

**GOAL 4, END STATE 2007: AN INTERNATIONAL COMMUNITY
WHERE FEWER ILLEGAL DRUGS ARE ENTERING THE U.S.**

Goal Impact Measure

The rate that illicit drugs in the transit and arrival zones are precluded entry into the U.S. as officially estimated by the Director ONDCP in consultation with relevant Federal Agencies.

Reporting Agency: ONDCP

Supporting Federal Agencies: CIA, DEA, DOS, FBI, NSA, USBP,
USCG, USCS, USIC

Assumptions for Goal 4

- ▶ Improved intelligence, law enforcement, and applied technology will result in more successful and cost-effective anti-drug operations.
- ▶ Traffickers will react to counter U.S. interdiction efforts if trafficking remains profitable.
- ▶ Major source and transit countries with which U.S. has diplomatic relations will oppose trafficker violations and exploitation of their territories and these countries will cooperate with U.S. counter-drug efforts.
- ▶ Increased bilateral and multilateral law enforcement cooperation will improve the effectiveness of anti-drug investigations and operations.
- ▶ A method for generating drug flow estimates of acceptable accuracy can be developed for all major drugs destined for the U.S. and the essential chemicals required to produce illegal drugs.
- ▶ No new popular drugs, such as crack cocaine and methamphetamine, are introduced into the drug market.
- ▶ The Goal 4 Impact Target is dependent on the success of Goal 5a Impact Target's reduction in source country outflow.

**GOAL 4: SHIELD AMERICA'S AIR, LAND, AND SEA
FRONTIERS FROM THE DRUG THREAT**

GOAL 4, END STATE 2007: An international community where fewer illegal drugs are entering the U.S.

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 Outcome, 2007: An America where the flow of illicit drugs through the transit zones and across our borders declines markedly due to effective interdiction.

TARGET

1. Transit zone seizures -- By 2002, increase the proportion of each major illicit drug seized, jettisoned, or destroyed in transit to the U.S. and at the U.S. borders as measured against interagency flow (to the U.S.) estimates by 10 percentage points over 1996 levels. By 2007, increase this portion by 20 percentage points above 1996 levels.

MEASURE

1. The amount of each major illicit drug seized, destroyed, or jettisoned in transit to the U.S. (prior to the U.S. border) and at the U.S. border (arrival zone), divided by the annual estimated flow for each major illicit drug.

Reporting Agency: USIC

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

Goal 4 (continued)

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.*

TARGETS

1. **Cooperative relationships** -- By 30 September 1998, identify, inventory, and assess all existing U.S. interagency intelligence, and investigative cooperative relationships, and capabilities associated with air, maritime, and land cargo smuggling.
2. **Intelligence gaps** -- By 31 March 1999, develop a strategy to resolve identified gaps in intelligence and investigative cooperative relationships among U.S. law enforcement agencies. Develop standards for measuring investigative and intelligence information sharing, case sharing, intelligence dissemination, and assessment of resource requirements.
3. **Communications** -- By 2002, establish secure, interoperable communication capabilities among at least 50% of U.S. federal drug law enforcement agencies to facilitate the exchange of timely, sensitive, tactical (field-level) information. By 2007, assure that secure, interoperable communications are available for all U.S. Federal drug law enforcement agencies.
4. **Drug flow through key transportation areas** -- By 2002, reduce the flow of drugs through key transportation areas (Puerto Rico, U.S. Virgin Islands, and the U.S. southwest border) by 10% as measured against the 1996 base year estimated flow of illicit drugs into the U.S. By 2007, reduce the flow through key transportation areas by 25%.

Objective Outcome, 2002: *An America where a more comprehensive and fully coordinated counterdrug intelligence system boosts interdiction and investigative efficiency.*

MEASURES

1. A baseline report is prepared, published, and disseminated on existing interagency bilateral and multilateral intelligence and investigative relationships.

Reporting Agency: DEA

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

2. Status of baseline report and accepted standards regarding investigative cooperation, effectiveness, and gaps in intelligence.

Reporting Agency: DEA

Supporting Federal Agencies: DoD, FBI, USCG, USCS

3. Percentage of field-level, federal drug law enforcement agencies with dedicated access to a timely, secure means of communicating tactical information with other federal agents and agencies.

Reporting Agency: DoD

Supporting Federal Agencies: CIA, DEA, FBI, USCG, USCS

4. The quantities of illicit drugs that transit the identified key transportation areas.

Reporting Agency: USIC

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

Goal 4 (continued)

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.*

TARGETS

1. **Assess foreign cooperative relationships** -- By 30 September 1998, identify, inventory, and assess all existing bilateral and multilateral intelligence and investigative cooperative relationships between the U.S. and foreign countries including those which have multiparty air, maritime, and land cargo anti-smuggling agreements with the U.S.

2. **Gaps in intelligence and cooperation** -- By 31 March 1999, develop a strategy to resolve identified gaps in intelligence and investigative cooperative relationships between the U.S. and foreign counterdrug agencies. Develop standards for measuring investigative and intelligence information sharing, case sharing, intelligence dissemination, and assessment of resource requirements.

3. **Support agreements** -- By 2002, bilateral agreements or other appropriate arrangements will be in place for all major illicit drug transit zone nations with which the U.S. has diplomatic relations to facilitate or provide cooperative support for the activities of U.S. counterdrug departments and agencies in controlling illicit drug smuggling.

Objective Outcome, 2002: *New bilateral and regional agreements with major drug transit countries further reduce drug flow to the U.S.*

MEASURES

1. Status of baseline report is prepared, published, and disseminated on existing interagency bilateral and multilateral intelligence and investigative relationships.

Reporting Agency: CIA/DEA

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

2. Status of baseline report is prepared, containing recommendations regarding gaps in intelligence and investigative cooperation and effectiveness.

Reporting Agency: CIA/DEA

Supporting Federal Agencies: DoD, FBI, USCG, USCS

3. Successfully negotiated bilateral or multilateral agreements with significant transit zone nations where needed for operational or other counterdrug concerns, as determined by an interagency assessment.

Reporting Agency: DOS

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

Goal 4, Objective 3 (continued)

4. **Corruption** -- By 2002, through a mix of recruitment, training, vetting (including polygraph examinations), and investigation, reduce the number of instances in which corruption contributed to end-game ineffectiveness, trafficker avoidance of border controls, or trafficker exploitation of weaknesses at U.S. entry points.

4. Corruption level as indicated by the number of instances in which corruption of drug control personnel contributed to end-game ineffectiveness, trafficker avoidance of border controls, or trafficker exploitation of weaknesses at U.S. entry points.

Reporting Agency: DOJ

Supporting Federal Agencies: DEA, FBI, USCG, USCS, USIC

Goal 4 (continued)

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 the U.S. borders.*

TARGETS

1. **Anti-smuggling technology** -- By 2007, develop and deploy technology to deny entry through the southwest border, maritime POEs, and other designated entry points to at least 80% of all identified, potential cocaine smuggling events involving operationally significant amounts of secreted drugs.
2. **Southwest border sensor laydown** --By 2007, develop and deploy integrated capability (sensors, C3I, fences, etc.) to detect and monitor at least 80% of drug movements across the entire southwest border between POEs.
3. **Threat movement database** -- By 1998, develop accurate databases for estimating the threat of illegal drug movements that detail the worldwide and U.S.-bound movement of cocaine, heroin, methamphetamine, and precursor chemicals (including quantitative information on amounts being moved and modes of transportation). Update the databases quarterly.

Objective Outcome, 2002: *Newly developed technologies to disrupt the flow of illicit drugs into the U.S. are be tested and deployed, dramatically increasing the effectiveness of interdiction and greatly reducing required manpower.*

MEASURES

1. Comprehensive technical and operational validation testing that demonstrate the required system performance effectiveness (measured at an 80% confidence level).

Reporting Agency: USCS
Supporting Federal Agencies: DoD
2. Comprehensive technical and operational validation testing that demonstrates the required system performance effectiveness (measured at an 80% confidence level).

Reporting Agency: INS
Supporting Federal Agencies: DoD, USCS
3. Accuracy and completeness of quarterly-published (agreed upon by all agencies involved) data on the movement of cocaine and heroin, both worldwide and U.S.-bound, and on U.S. bound methamphetamine.

Reporting Agency: CNC
Supporting Federal Agencies: DEA, DoD, EPIC, JIATFs, USCG, USCS

Goal 4, Objective 4 (continued)

4. **Vehicle tagging** -- By 2000, develop and deploy tagging and tracking systems that allow the real time monitoring of ships, containers, land vehicles, and aircraft throughout the Western Hemisphere, and in selective operations worldwide.

5. **Over-the-horizon ("OTH") tracking** -- By 2007, develop and deploy detection and monitoring technology that will allow "OTH" tracking of both aircraft and ships during more than 90% of each day, with sufficient accuracy to detect, monitor, and vector assets to support end-game interdiction of drug smuggling targets throughout the transit/source zone nations.

6. **High-risk technologies** -- By 2007, demonstrate high-risk technologies, including: (a) long standoff fingerprint identification of specific aircraft and ships; (b) long standoff identification of large quantities of cocaine inside aircraft; (c) cooperative and non-cooperative facial and voice recognition of perpetrators at POEs and remote locations; (d) identification of tunnels under the southwest border using rapid area survey; (e) non-invasive identification of body-carried and swallowed drugs; (f) preventing aircraft on the ground, small maritime craft, and land vehicles, from moving (without using lethal force and from a standoff).

7. **Drug flow estimates** -- By 1998, establish and maintain an interagency accepted system for estimating the flow of each major illicit drug into and throughout the U.S. The target system will estimate the flow originating in the source zone and track major illicit drugs globally by route, conveyance, and quantity from

4. Comprehensive technical and operational validation testing results that demonstrate the required effectiveness (80% confidence level).

Reporting Agency: DoD

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

5. Operational performance of the OTH radar: percentage of hours providing high resolution coverage per day (averaged for the year) and percentage of all detected air and maritime targets tracked to an endgame location.

Reporting Agency: DoD

Supporting Federal Agencies: USCG, USCS

6. Successful demonstration of technologies for: (a) long standoff fingerprint identification of specific aircraft and ships; (b) long standoff identification of large quantities of cocaine inside an aircraft; (c) cooperative and non-cooperative facial and voice recognition of perpetrators at POEs and remote locations; (d) identification of tunnels under the southwest border using rapid area survey; (e) non-invasive identification of body carried and swallowed drugs; (f) preventing aircraft on the ground, small maritime craft, and land vehicles, from moving (without using lethal force and from a standoff).

Reporting Agency: DoD

Supporting Federal Agencies: DEA, USBP, USCG, USCS

7. The existence of one interagency accepted system for estimating the flow of each major illicit drug, including route and means of transport.

Reporting Agency: NDIC

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

GOAL 5: BREAK FOREIGN AND DOMESTIC DRUG SOURCES OF SUPPLY

Goal Impact Targets

- a. **Source zone outflow** -- By 2002, reduce the rate of outflow of illicit drugs and illicitly diverted precursor chemicals from the source zone by 15% from the 1996 base year. By 2007, reduce outflow rate by a total of 30% as measured against the base year.
- b. **Domestic production** -- By 2002, reduce the production of methamphetamine and the cultivation of marijuana in the U.S. by at least 20% from the 1996 base year. By 2007, reduce it by 50% compared to the base year.

GOAL 5, END STATE 2007: AN INTERNATIONAL COMMUNITY IN WHICH MINIMAL AMOUNTS OF ILLEGAL DRUGS ARE PRODUCED AS EACH COUNTRY GAINS CONTROL OVER THE CULTIVATION AND PRODUCTION OF ILLEGAL DRUGS.

Goal Impact Measures

- a. The outflow rate of illicit drugs and precursor chemicals that leave the source zone.

Reporting Agency: DEA

Supporting Federal Agencies: CIA, DoD, DOS, NSA, USAID

- b. The quantity of methamphetamine produced and marijuana cultivated in the U.S.

Reporting Agency: DEA

Supporting Federal Agencies: CIA, DoD, DOS, NSA, USAID

Assumptions for Goal 5

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

GOAL 5: BREAK FOREIGN AND DOMESTIC DRUG SOURCES OF SUPPLY

GOAL 5, END STATE 2007: An international community in which minimal amounts of illegal drugs are produced as each country gains control over the cultivation and production of illegal drugs.

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 Outcome, 2002: *The worldwide cultivation and production of illicit drugs is drastically reduced.*

TARGETS

MEASURES

1. **Illicit coca** -- By 2002, increase the ratio of land reclaimed (through eradication or substitution) to the total amount of land under cultivation by at least 25% compared to the 1996 base year. By 2007, reduce this ratio by at least 50% compared to the base year.

1. Amount of land that used to be cultivated for illicit crops that has been reclaimed through eradication of illicit crops or substitution of licit crops.

Reporting Agency: CIA

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

2. **Opium poppy** -- By 2002, increase the ratio of land reclaimed (through eradication or substitution) to the total amount of land under cultivation by at least 10% compared to the 1996 base year. By 2007, reduce this ratio by at least 25% compared to the base year. By 2002 reduce this ratio in the Western Hemisphere by at least 25% and by 2007 by at least 50%, as compared to the 1996 base year.

2. Amount of land that used to be cultivated for illicit crops that has been reclaimed through eradication of illicit crops or substitution of licit crops.

Reporting Agency: CIA

Supporting Federal Agencies: DEA, DoD, DOS, FBI

3. **Marijuana** -- By 2002, increase the ratio of land reclaimed (through eradication or substitution) in Western Hemisphere countries (excluding the U.S.) to the total amount of land under cultivation by at least 10% compared to the 1996 base year. By 2007, reduce this ratio by at least 25% compared to the base year. Continue to eradicate 100% of detected U.S cultivation.

3a. Outside the U.S., amount of land that used to be cultivated for illicit crops that has been reclaimed through eradication of illicit crops or substitution of licit crops.

3b. Within the U.S., marijuana cultivation and eradication, as measured in numbers of detected marijuana plants and weight equivalents of production capacity employed by U.S. domestic law enforcement/eradication agencies.

Reporting Agency: DEA

Goal 5, Objective 1 (continued)

4. Methamphetamine and precursors -- By 2002, reduce the availability of methamphetamine and of chemical precursors used in the production of methamphetamine in the U.S. by at least 40% as compared to the 1996 base year. By 2007, reduce availability by at least 60% from the base year.

4. Methamphetamine availability within the U.S. as measured by:

a. quantities of methamphetamine precursors imported into the U.S. in excess of known licit domestic requirements.

b. the cost per average dose of methamphetamine in the U.S. as measured by price trends in the leading U.S. indicator market, California and the Southwestern U.S.

Reporting Agency: DEA

Supporting Federal Agencies: CIA, DoD, DOS, FBI

Goal 5 (continued)

OBJECTIVE 2: Disrupt and dismantle major drug trafficking organizations and arrest their leaders.

TARGETS

1. **Arrest and prosecute drug traffickers** -- By 2002, using a prioritized list of community designated targets, increase by five points the percentage of drug traffickers arrested, prosecuted, or otherwise rendered ineffective as measured against the percentage recorded in the 1997 base year. By 2007, increase the target percentage by at least 15 points above the base year value.
2. **Disrupt trafficking organizations** -- By 2002, using a prioritized list of community designated targets, increase by five points the percentage of drug trafficking organizations disrupted, dismantled, or otherwise rendered ineffective as measured against the percentage recorded in the 1997 base year. By 2007, increase the target percentage by at least 10 points above the base year value.

Objective Outcome, 2002: Power and effectiveness of major international drug trafficking organizations and their leaders are broken.

MEASURES

1. The percentage of targeted individuals on the international counterdrug community's designated target list who are arrested, prosecuted, or otherwise rendered ineffective, measured annually.

Reporting Agency: DEA

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

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

Reporting Agency: DEA

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

Goal 5 (continued)

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

TARGETS

1. **Host-country capability** -- By 2002, demonstrate improved capabilities of source countries to develop and implement professional drug law enforcement interdiction activities (including military support to law enforcement agencies) compared to the 1996 base year.

Objective Outcome, 2002: *New bilateral and regional agreements with major drug transit countries further reduce drug flow to the U.S.*

MEASURES

1. Host nation:

a. ability to disrupt illicit drug production and movement as indicated by an assessment of:

- (1) coastal and riverine training and development capability;
- (2) air space movement and air interdiction training capability;
- (3) other military training capability;
- (4) operational support (flight hours/ship days);
- (5) law enforcement agency training and support capability; and,
- (6) intelligence support (number of times given).

b. effectiveness of drug control activities as indicated by an assessment of:

- (1) number of drug labs destroyed and kilograms of drugs seized/destroyed;
- (2) dollar value of priority drug trafficker assets seized and forfeited;
- (3) number of drug traffickers arrested, prosecuted, and appropriately incarcerated; and,
- (4) corruption induced lost opportunities or non-cooperation.

Reporting Agency: DOS

Supporting Federal Agencies: CIA, DEA, FBI, USCS

Goal 5, Objective 3 (continued)

2. **Host-country justice** -- By 2007, demonstrate improved source country development and utilization of effective judicial institutions compared to the 1996 base year.

2. The effectiveness of host nation investigation and prosecution of drug cases as indicated by an assessment of:
- a. an effective cooperative/supportive relationship with national drug enforcement entities;
 - b. the ability to investigate and prosecute upper echelons of major drug trafficking organizations;
 - c. the ability to conduct asset forfeiture investigations and prosecution in support of drug law enforcement;
 - d. the ability to consistently achieve meaningful convictions and sentences (actually served) commensurate with the crime(s) committed;
 - e. the establishment and application of effective, internal anti-corruption safeguards; and,
 - f. the capability to use sophisticated investigative tools in undercover operations, surveillance, controlled deliveries, and wire taps.

Reporting Agency: DOS

Supporting Federal Agencies: CIA, FBI, USCS

3. **U.S. drug control certification** -- By 2007, ensure that all major source countries have met minimum statutory conditions for U.S. drug control certification.

3. The number of countries not only subject to the U.S. drug control certification process, but which also satisfy statutory conditions for certification or improve their response to country-specific conditions identified annually by the U.S.

Reporting Agency: DOS

Supporting Federal Agencies: CIA, FBI, Treas., USCS

Goal 5 (continued)

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.*

TARGETS

1. **International counterdrug accord** -- By 2007, all states will have become party to the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (UN Drug Convention), and implemented obligations under them to control illicit drug production, traffic, and abuse.

2. **Source and transit country drug control strategy** -- By 2002, each major source and transit country will have adopted and will be implementing a national drug control strategy or master plan to control illicit drug trafficking. These strategies and plans will fulfill the key elements of the 1988 UN Drug Convention and other UN conventions.

3. **Regional cooperative agreements** -- By 2002, establish in designated geographic regions implementation agreements between nations that provide for multilateral cooperative activities, such as cross-border, counter-narcotics information exchanges, joint operations, aerial and maritime surveillance rights, "hot pursuit," and standardization of laws relevant to narcotics trafficking and related offenses.

Objective Outcome, 2002: *An international community where all governments are fully participating in international efforts to control the production, movement, and use of illegal drugs.*

MEASURES

1. Number of states which are party to the three primary UN drug conventions and have begun to implement them.

Reporting Agency: DOS

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

2. Number of major drug source and transit countries that have adopted a national drug control strategy or master plan assessed as adequate by UN Drug Control Program.

Reporting Agency: DOS

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

3. Number and effectiveness of bilateral or multilateral agreements or efforts (in key regions) which establish or facilitate multilateral cooperative activities against illicit drug trafficking as demonstrated by:

- a. The capability to prevent illicit drug production and trafficking based on an assessment of:

Goal 5, Objective 4 (continued)

(1) Passing and implementing regulations and laws to prevent the movement of illegal drugs or drug-related contraband via: inland waterways, ports, and territorial waters, airspace, airports, and land transportation routes.

(2) Operational capability and efficiency of government institutions responsible for enforcement of laws against illegal drug production and trafficking.

- b. The number of drug traffickers arrested, prosecuted, and incarcerated.
- c. Amounts of illegal drugs or drug-related contraband seized or destroyed.
- d. The effectiveness of countries' investigations and prosecutions of drug cases, as indicated by:
 - (1) a correlation of the number of drug-related arrests with prosecution and sentencing rates;
 - (2) an assessment of average time for a country's judicial system to process a drug case from arrest to sentencing;
 - (3) a correlation of the number of major traffickers arrested with sentencing rates and length of sentence;
 - (4) the number of traffickers prosecuted over time as compared with number released on appeal or that escape custody.

Goal 5, Objective 4 (continued)

e. The establishment and application of effective internal anti-corruption safeguards, as indicated by:

- (1) incarceration resulting from conviction for drug-related offenses; and,
- (2) measures to assure the integrity of all government personnel associated with the handling of drug traffickers, including their assets and legal affairs, are in place.

f. Capability to use sophisticated investigative tools in undercover operations, surveillance, controlled deliveries, and wiretaps, as indicated by:

- (1) the extent to which laws permit law enforcement agencies to use sophisticated investigative tools in narcotics cases;
- (2) the success rate of law enforcement or military counter-narcotics operations that are based on the use of sophisticated investigative tools.

Reporting Agency: DOS

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

4. **Donor funded assistance** -- By 2002, using 1996 as a base year, increase by 500% donor funding for assistance activities consistent with narcotics control goals provided by the European Union, the Government of Japan, major multinational development banks, and other bilateral or multilateral donors.

4. Aggregate amount, as compared with 1996, of annual funding by donors other than the U.S. for assistance activities consistent with narcotics control goals.

Reporting Agency: DOS

Supporting Federal Agencies: Treas., USAID

Goal 5, (continued)

OBJECTIVE 5: *Promote international policies and laws that deter money laundering and facilitate anti-money laundering investigations and the seizure of associated illicit assets.*

TARGETS

1. **Ratify 1988 Vienna Convention** -- By 2002, assure that 100% of the designated priority countries have ratified the 1988 United Nations Convention Against Illicit Substances and Psychotropic Drugs (UN Convention [Vienna]).
2. **Implement Convention goals** -- By 2002, assure that at least 60%, and by 2007 that 75%, of those priority countries which have ratified the UN Convention are meeting the goals of the UN Convention, by effective application of implementing legislation.
3. **Conform to FATF recommendations** -- By 2002, assure that at least 30% of the priority countries have adopted laws and regulations consistent with the 40 Recommendations of the Financial Action Task Force (FATF).

Objective Outcome, 2002: *An international community where designated priority countries embrace, adopt, or implement international policies and laws that greatly increase the risk and reduce the profitability of drug trafficking.*

MEASURES

1. The percentage of priority countries that have ratified the UN Convention.

Reporting Agency: DOS

Supporting Federal Agencies: FBI, FinCen, Treas., USCS

2. The percentage of priority countries that have ratified the UN Convention and have effective implementing legislation as determined in the annual International Narcotics Control Strategy Report.

Reporting Agency: DOS

Supporting Federal Agencies: FBI, FinCen, Treas., USCS

3. The percentage of priority countries that have adopted laws and regulations consistent with FATF 40 Recommendations. Such laws and regulations should include: the criminalization of money laundering from serious crime, the creation of domestic and international asset forfeiture regimes which include reciprocal asset sharing, mandatory suspicious transaction reporting, and the ability to provide and receive mutual legal assistance.

Reporting Agency: DOS

Supporting Federal Agencies: FBI, FinCen, Treas., USCS

Goal 5, Objective 5 (continued)

4. Implement FATF recommendations -- By 2002, assure that at least 80%, and by 2007 100%, of the priority countries are participating in a FATF-approved mutual evaluation to assess a country's compliance with and implementation of the FATF 40 Recommendations.

4. The percentage of priority countries that have undergone FATF-approved mutual evaluations of their anti-money laundering regimes.

Reporting Agency: DOS

Supporting Federal Agencies: FBI, FinCen, Treas., USCS

Goal 5 (continued)

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

TARGETS

1. **Airborne sensors** -- By 2000, develop a wide-area airborne multi-sensor system to detect cocaine manufacturing facilities hidden beneath jungle foliage with a coverage rate up to 1000 square kilometers per hour and an 80% confidence level.
2. **C3I based tracking** -- By 2000, develop a capability to detect and track aircraft suspected of drug trafficking using an integrated Command, Control, Communications, and Intelligence system.
3. **Currency detection** -- By 2002, develop and operationally deploy a standoff technology to non-intrusively detect illegal amounts of U.S. currency secreted on persons, in checked baggage, and/or in cargo with a minimum 80% accuracy.
4. **Advanced technology** -- By 2003, demonstrate advanced technology to (a) identify methamphetamine labs by using portable sensors that can be deployed from ground or airborne platforms, (b) identify riverine and ground movement of drugs in remote environments, and (c) remotely identify, measure, and assess growth-zone fields of coca, poppy, and marijuana.

Objective Outcome, 2002: *An international community where newly developed technologies to detect and eliminate the production of illegal drugs will be tested and deployed.*

MEASURES

1. Coverage capability of new airframe radar to detect cocaine manufacturing facilities beneath jungle foliage at an 80% confidence level.

Reporting Agency: DoD

Supporting Federal Agencies: DEA, USCS

2. Capability to detect and track aircraft suspected of drug trafficking.

Reporting Agency: USCS

Supporting Federal Agencies: DoD

3. Capability for stand-off, non-intrusive detection of hidden U.S. currency.

Reporting Agency: USCS

Supporting Federal Agencies: CIA, DEA, FBI, INS, USBP

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

Reporting Agency: DoD

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

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APPENDIX C: Development of the Performance Measurement System

The development of the National Drug Control Strategy (*Strategy*) performance targets and measures presented in Appendix A required the input of many people representing numerous governmental and non-governmental agencies. This Appendix describes the process ONDCP used, through the collaboration of interagency steering and working groups, to develop the performance measurement system. A table at the end of this section identifies the participants who contributed to the development of the performance targets and measures proposed in this report.

Development of the performance measurement system began when ONDCP initiated a collaborative effort to draft performance targets and measures for the 1996 Strategy's five Goals and 22 Objectives. Representatives from numerous agencies formed working groups to develop an acceptable measurement plan and performance targets. Many of the targets recommended by these early interagency working groups were conveyed in whole or in part to the 1997 performance measurement system.

Based on recommendations from stakeholders, the number and the scope of the Strategy's Objectives were increased in Fall 1996 to 32, due to the addition of numerous youth-oriented, drug prevention, and research or technology-oriented Objectives. These new Objectives established new requirements. Therefore, new interagency working groups convened in February 1997 to finish the work.

These new working groups consisted of staff, line managers, and others knowledgeable about drug control issues and programs. Group members were asked to identify targets that would signal success in the effort to reduce the nation's drug problem in the context of a five-year budget and ten-year Strategy. They were also asked to develop recommendations, without resource constraints, for end states and outcomes to reduce drug use, availability, and the consequences of drug use. The current end states and outcomes are based on the working groups' recommendations and the 1997 National Drug Control Strategy.

The key steps taken to identify performance targets and measures for the 1997 Strategy were as follows:

- February 97: Interagency Steering Groups, consisting of senior managers from key drug control agencies, met for the first time. The steering groups established and provided oversight of 23 working groups to identify targets for the Strategy's Goals and Objectives.
- March-May 97: Interagency Working Groups proposed performance targets for each Strategy Goal and Objective. Each working group was guided by an ONDCP staff member to maintain a proper focus and avoid duplicative efforts. A total of 111 Strategy

Targets were nominated by the working groups--the outcome of two to ten meetings per group. Assumptions and critical factors for each target were developed to highlight known or suspected areas of concern.

- May-June 97: ONDCP reviewed candidate targets for compliance with GPRA principles, standardized format, and clarity and made minor corrections. Targets were redrafted when a results-oriented outcome was absent. Work output measures were replaced wherever possible with outcome or intermediate outcome measures. Afterward, the Interagency Steering Groups reconvened and reviewed the working groups' products. The steering groups ensured the targets were properly defined and aligned to the Objectives and Goals. Some target numbers were adjusted to reflect an aggressive, but realistic drug control program.
- June-July 97: ONDCP developed a logic model showing prima facie interrelationships among Strategy Goals, Objectives, and Performance Targets. Using this logic model as a guide, ONDCP shifted some Targets to Goals and Objectives where they were more appropriate. These new Goals and Objectives created the need for new targets which were also constructed to fill the gaps.
- July-August 97: ONDCP designed five-year "Outcome" statements for each Objective and 10-year "End State" statements for each Goal. Key "Impact Targets" surfaced from the logic model, each pertaining directly to reduced supply, reduced demand, or reduced consequences of drug use.
- August-September 97: ONDCP mailed copies of the "Blueprint for a Drug Free America" to key individuals in the drug control community for their review and comments. Copies of the "Blueprint" were sent to the steering and working group members, State Governors, mayors of major U.S. cities, universities, academics, interest groups, and performance measurement specialists for their comments. Copies were sent directly to the Chiefs of Staff of supporting federal drug control agencies for agency clearance. ONDCP also accomplished a final in-house review of nominated targets and measures.
- September-December 97: ONDCP incorporated recommendations to the "Blueprint" and mailed two revised drafts, under the new title of "Drug Control Performance Measures of Effectiveness," to the principal agencies for comments. ONDCP opened a dialogue with agencies to resolve concerns over ambitious targets and measures.

Participating Organizations

Federal Agencies:

Central Intelligence Agency

Department of Agriculture

Department of Commerce

Department of Defense

 Department of the Air Force

 Department of the Army

 Department of the Navy

 National Guard Bureau

 National Security Agency

Department of Education

Department of Health and Human Services

 Center for Disease Control

 Center for Substance Abuse Prevention

 Center for Substance Abuse Treatment

 Food and Drug Administration

 Indian Health Service

 National Institute of Alcohol Abuse and Alcoholism

 National Institute on Drug Abuse

 National Institute on Health

 Substance Abuse and Mental Health Services Administration

Department of Housing and Urban Development

Department of the Interior

Department of Justice

 Bureau of Justice Assistance

 Bureau of Justice Statistics

 Bureau of Prisons

 Drug Enforcement Administration

 Federal Bureau of Investigation

 Immigration and Naturalization Service

 National Drug Intelligence Center

 National Institute of Justice

 Office of Justice Programs

 Office of Juvenile Justice Programs

 U.S. Border Patrol

Department of Labor

Department of State

 International Narcotics and Law Enforcement Affairs

 U.S. Agency for International Development

Department of Transportation

 Aviation and International Affairs

 Office of the Secretary, Drug and Alcohol Policy and Compliance

 U.S. Coast Guard

Department of the Treasury
Bureau of Alcohol, Tobacco and Firearms
Internal Revenue Service
Financial Crimes Enforcement
U.S. Customs Service
Department of Veterans Affairs
Executive Office of the President
National Performance Review
Office of National Drug Control Policy
Office of Management and Budget
U.S. Congress
General Accounting Office

State and Local Agencies:

California Narcotics Officers' Association
Center on Addiction and Substance Abuse--Columbia University
Community Anti-Drug Coalitions of America
National Association of Attorneys General
National Association of Prevention Professionals and Advocates
National Association of State Alcohol and Drug Abuse Directors (NASADAD)
National Center for State Courts, Office of Government Relations
National Criminal Justice Association (NCJA)
National Governors' Association

Other Agencies, Advisors, and Contractors:

Abt Associates
Agency for Health Care Policy Research
Booz-Allen-Hamilton Associates
Center on Addiction and Substance Abuse
CSR Incorporated
DNNWP
Drug Abuse Resistance Education (DARE)
Employee Assistance Programs
Health Care Finance Advisors
Health Research Science Advisors
International Association of the Chiefs of Police
Institute for a Drug Free Workplace
Indian Health Service
JJSPACF
Join-Together
Legal Action Center
National Families in Action
National Drugs Don't Work Program
National Drug Prevention League

National Drug Research Institute
National Prevention League
National Institute of Corrections
NORCMTF
Northrop
Partnership for a Drug Free America
Science Applications International Corporation (SAIC)
Therapeutic Community of America
University of Delaware/Miami

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APPENDIX D: Crosswalk Between Targets and Measures and Data Bases

The attached table provides data sources for each *Strategy* target. The numbers in each column refer to the list of data sources, also attached. While some targets rely on existing data sources, others require the modification of existing data systems, such as the addition of questions to a regularly-administered survey, or the synthesis of multiple data sets. The most challenging are targets that necessitate the development of new data collection systems, especially if the systems involve data collection at the state and local levels. Some targets do not require a data set in the standard sense. Here, milestones such as a one-time only report or other yes-no type measure represent target achievement.

A total of 57% of the requisite data are essentially available from primary or secondary sources (37%) or they do not require data sources at all (20% represent milestones). However, a proportion of these require manipulation or synthesis to make them usable for tracking targets: this should take less than a year to accomplish.

The following summarizes the attached data table:

- o At present, 37% [41] of the 111 targets are available from primary or secondary sources. This includes the 14% [16] supported by “off the shelf” data sources. These are shown in the attached table under the column labeled Primary Federal Data Source (PRI FED). This also includes the 23% [25] of the targets that require minor changes to existing data sources or the synthesis of a number of existing sources. These are identified by the letters “SYN” and may require a year to adapt for tracking the targets.

The Secondary (SEC FED) column includes additional data sources.

- o Approximately 20% [22] of the targets require milestone measures. These targets will be measured by the attainment of a milestone and do not require the support of a data source. Examples of this would be the publication of a report or establishment of a list of research questions. Once this milestone is passed, further monitoring is generally not required and a data source is not required. “MLE” is the table indicator for a milestone target measurement
- o Approximately 43% [48] of the targets require data from sources which will be developed. These are indicated by the letters “TBD” listed in the “PRI FED” column. Some of these are based on state and local data bases that are not consistent enough to permit aggregation at a national level. These may take from 1- 3 years to develop.
- o A column labeled “OTHER DATA” will include non-federal data sources of potential value to the measurement of the given target. This column also includes supplementary federal data.

The selection of *Strategy* performance targets was not limited by the availability of data: this was intended to avoid skewing of the targets towards existing data sources. This accounts for the relatively low number of targets that can be measured by "off the shelf" data sources. However, most of the most critical performance targets are covered by existing data sets. Of the twelve Impact Targets that show progress of the *Strategy* Goals, nine are either supported by currently available data sets (five) or require some data synthesis (four). Even the latter may be measured at present by using interim data sources. Only three require the development of new data sources, and only one of those will likely take more than two years to develop.

Following is an expanded key to the data/target table. This key includes the code number, the data source abbreviation, and the official name of the data set. The table itself includes only the code and the data source abbreviations.

DATA SOURCES

01	ADSS	Alcohol and Drug Services Survey
02	AODA	Report on Testing for Alcohol and Other Drugs of Abuse
03	BRBS	Businesses Respond to Benchmark Survey
04	CAPS	Computerized Asset Program System
05	CCDB	Consolidated Counterdrug Database
06	CHEMS	Chemical Handlers Enforcement Management System
07	COJ	Census of Jails
08	CSFACF	Census of State and Federal Adult Correctional Facilities
09	DASIS	Drug and Alcohol Services Information System
10	DAWN	Drug Abuse Warning Network
11	DFWS	Drug Free Workplace Statistics
12	DUF/ADAM	National Institute of Justice Drug Use Forecasting/Arrestee Drug Abuse Monitoring Program
13	ECADA	Economic Cost of Alcohol and Drug Abuse in U.S. 1992-95
14	FDSS	Federal-wide Drug Seizure System
15	HUE	Hardcore Users Estimate
16	IACM	Interagency Assessment of Cocaine Movement
17	ICE	Illicit Crop Estimate
18	II	Intake I
19	JT	Join Together
20	MTF	Monitoring the Future Study
21	NCVS	National Crime Victimization Survey
22	NHANES	Third National Health and Nutrition Examination Survey
23	NHES	National Household Education Survey
24	NHIS-DAU	National Health Interview Survey of Drug and Alcohol Use
25	NHSDA	National Household Survey on Drug Abuse
26	NSAA/SA II	CASA's National Survey on American Attitudes on SA II
27	NTIES	National Treatment Improvement Evaluation Set
28	PFDFA	Partnership for a Drug Free America
29	PRIDE	Parents Resource Institute for Drug Education

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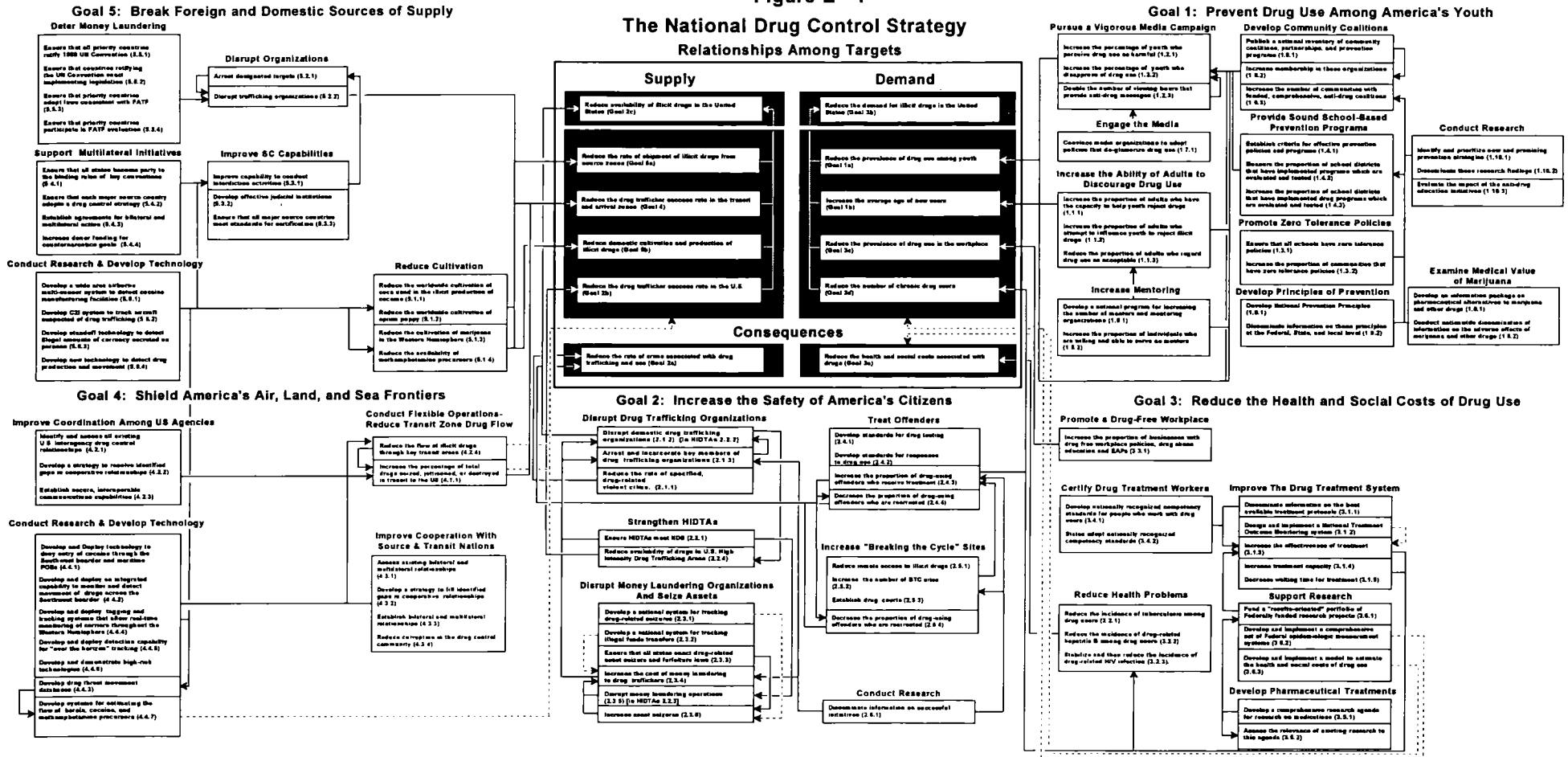
30	SEAP	Survey of Employers Anti-Drug Programs
31	SFA	SAMHSA's Feasibility Study
32	SISCF	Survey of Inmates in State Correctional Facilities
33	SOTSTR	Survey of TB Screening, Testing, and Referral
34	STATE INCSR	State Department International Narcotics Control Survey Report
35	STRIDE	System to Retrieve Information from Drug Evidence
36	TEDS	Treatment Episode Data Set
37	UCR	Uniform Crime Reports/Age, Sex, Race of Persons Arrested
38	UFDS	Uniform Facility Data Set
39	YRBS	Youth Risk Behavior Survey

TARGET - DATA SOURCE

GOAL 1	OTHER DATA	GOAL 2	OTHER DATA	GOAL 3	OTHER DATA	GOAL 4	OTHER DATA	GOAL 5	OTHER DATA
Impt #1a	29,39	Impt #2a	32,21	Impt #3a	12,13	Impact	14,35	Impt #5a	
Impt #1b		Impt #2b	10,35	Impt #3b	10,12	O1T1	14,35	Impt #5b	
O1T1	26	Impt #2c		Impt #3c		O2T1		O1T1	
O1T2	28,29	O1T1	32,21	Impt #3d		O2T2		O1T2	
O1T3		O1T2		O1T1		O2T3		O1T3	
O2T1		O1T3		O1T2		O2T4		O1T4	
O2T2	23	O2T1		O1T3		O3T1		O2T1	
O2T3		O2T2		O1T4		O3T2		O2T2	
O3T1		O2T3		O1T5		O3T3		O3T1	
O3T2		O2T4	10,35	O2T1		O3T4		O3T2	
O4T1		O3T1		O2T2		O4T1		O3T3	
O4T2		O3T2		O2T3		O4T2		O4T1	
O4T3		O3T3		O3T1	2,30	O4T3	36	O4T2	
O5T1		O3T4		O4T1		O4T4		O4T3	
O5T2		O3T5		O4T2		O4T5		O4T4	
O6T1	9,19	O3T6		O5T1		O4T6		O5T1	
O6T2	19	O4T1	7	O5T2		O4T7		O5T2	
O6T3		O4T2		O6T1				O5T3	
O7T1		O4T3	1	O6T2				O5T4	
O8T1		O4T4		O6T3	10,12			O6T1	
O8T2		O5T1						O6T2	
O9T1		O5T2						O6T3	
O9T2		O5T3						O6T4	
O10T1		O5T4							
O10T2		O6T1							
O10T3									
		KEY	KEY	KEY	KEY	KEY	KEY		
		01 ADSS	05 CSFACF	15 HUE	22 NHANES	29 PRIDE	36 TEDS		
		02 AODA	09 DASS	16 IAGM	23 NHES	30 SEAP	37 UCR		
		03 BRES	10 DAWN	17 ICE	24 NHIS-DAU	31 SFA	38 UFDS		
		04 CAPS	11 DFWS	18 II	25 NHSDA	32 SISCF	39 YRBS		
		05 CCDB	12 DUFADM	19 JT	26 NSAA/ASA II	33 SOTSCR			
		06 CHENS	13 ECADA	20 LTF	27 NTES	34 STATE INCSR			
		07 COU	14 FDSS	21 NCVS	28 PFDA	35 STRIDE			
		08 SYNTHESIZED DATA		TBD-TO BE DETERMINED		MLE-MILESTONE			

Figure E - 1

The National Drug Control Strategy Relationships Among Targets



ACKNOWLEDGMENTS

DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY PERFORMANCE MEASUREMENT SYSTEM PROJECT DEVELOPMENT

John T. Carnevale
Director of Programs, Budget, Research, and Evaluations, ONDCP

PRINCIPAL ADVISOR FOR PERFORMANCE MEASUREMENT

Annie Millar
(Acting) Chief of Evaluation, ONDCP

OFFICE OF EVALUATION - ONDCP

David Cheatham
Richard Porter

Stuart Maberry
Leonard A. Sistek

PRINCIPAL CONSULTANT FOR STRATEGY EVALUATION

Ronald Simeone
Abt Associates

OFFICE OF NATIONAL DRUG CONTROL POLICY

Gary Bruce	Amy Becks	Joseph Bendig	Carol Bergman	Gary Boyer
Robert Brown	Lisa Bruce	Fe Caces	Michael Cala	Patrick Carpenter
Scott Chronister	Tim Cooney	Janie Dargan	Don Daugherty	Tillman Dean
Ross Deck	Carlos Dublin	Mike Epstein	Adrian Erckenbrack	Mike Green
John Gregrich	Sumona Guha	Tracy Hamblet	Francis Kinney	Phuong Lu
Wayne Lynch	Hank Marsden	Ricia McMahon	Jon Rice	David Rivait
Debbie Roberts	Brij Sandill	Dan Schecter	Patricia Seitz	David Shull
June Sivilli	Jim Thirkill	Sarah Vogelsburg	Richard Yamamoto	Terry Zobeck

CONSULTANTS TO OFFICE OF NATIONAL DRUG CONTROL POLICY

University of Maryland-School of Public Affairs

Peter Reuter

CSR, Inc.

Sherrie Aitken	Sue Capper	Nancy Dudley	Deborah Gordis	Elizabeth Quinn
	William Scarborough		Linda Shafer	

Booz Alan Hamilton

Terrill Arnold	Eric Jeglum
----------------	-------------

OTHER EXECUTIVE BRANCH CONTRIBUTORS

OFFICE OF MANAGEMENT AND BUDGET

Jonathon Breul

Kevin Cichetti

Walter Groszyk, Jr. John Koskinen

NATIONAL PERFORMANCE REVIEW

Beverly Godwin

Robert Stone

DEPARTMENT OF AGRICULTURE

Ted David

CENTRAL INTELLIGENCE AGENCY

Joe Antos
Thomas Keener

James Colliver
David Lodge

Bob Cooperman
Vern Myers

John Ent
John Oravec

Thomas Forest

DEPARTMENT OF DEFENSE

Steve Deitz

Frosty Hanley

John Pennella

Egan Stelzer

Lennard Wolfson

NSA

Louis Cruz

DEPARTMENT OF EDUCATION

Gail Beaumont

Charlotte Gillespie
Ann Weinheimer

Kim Light

Bill Modzeleski
Joanne Wiggins

Deb Rudy

DEPARTMENT OF INTERIOR

Bob Brown

Jody Kusak

DEPARTMENT OF JUSTICE

Richard Greenough
Susan Smith

Peggy Grove

Joseph Lester
Theresa Van Vliet

Patricia Petty

Jeff Ross
Gina Wood

BJA

Robert Brown

Luke Galant

Bob Kirchner

Andrew Michell

Tim Murray

BJS

Allen Beck

Brian Reeves

Benjamin Renshaw

Steve Smith

Doris Wilson

COPS

David Hayeslip

Ben Tucker

Stephen Amos	<u>CPO</u> Carla Friestad	Marilyn Roberts
--------------	------------------------------	-----------------

Richard Barrett	Jim Devaney	<u>DEA</u> John Driscoll	Doug Everett	Albert Glass
Sandy Gonzales	Carol Harrison	Don Laderer	Jack Maier	Robert Penland
Ed Wisnesfski	Bill Woessner		Wolf, Bill	Wooley, James

Weyson Dun	- Elizabeth Graves	<u>FBI</u> Joe Kielman	Kathy Leodler	Tim Murphy
Richard Powers		Chip Riley		Raul Roldan

David Boyd	<u>INS</u> Sharla Rausch	Steve Schroffel
------------	-----------------------------	-----------------

Thomas Feucht	Kevin Jackson	<u>NLI</u> Angela Moore-Parmely	Carolyn Peake
---------------	---------------	------------------------------------	---------------

	<u>OJJDP</u> Kim Budnic	Joan Harley
--	----------------------------	-------------

Marlene Beckman	<u>OJP</u> Shay Bilchik	Fred Garcia
-----------------	----------------------------	-------------

OPD
Pat Tarr

DEPARTMENT OF LABOR

Elaina Carr	Judy Peterson
-------------	---------------

DEPARTMENT OF STATE

Joe Furloni	Todd Greentree	Sherman Hinson	Al Matano	Wayne Tate
		Carla Williams		

Tom Kellerman	<u>USAID</u> Steve Peterson	Lohoma Romachi	Jane Stanley
---------------	--------------------------------	----------------	--------------

DEPARTMENT OF TRANSPORTATION

<u>Office of the Secretary, Drug and Alcohol Policy and Compliance</u>			
Mary Bernstein	Ken Edgell	Donald Shatinsky	James Swart

John Frost	Pete Ganzer	<u>USCG</u> Jim Hull	Hank Leeper	George Russell
		Gary Steinfert		

HEALTH AND HUMAN SERVICES

Tom Vischi

CDC

Jeff McKenna

John Miles

CSAP

Judi Funkhouser

Tommie Johnson-Waters
- Ruth Sanchez-Way

Nancy Kennedy
Steve Seitz

Joan Quinlan

CSAT

Nick Demos

Al Getz

James Herrell

Candice Macken

EDA

Nick Reuter

Lee Cummings

NIDA

Rebecca Ashery

Jack Blaine

Erwin Bloom
Frank Vocci

William Bukoski

Harry Haverkos

NIH

Bennett Fletcher

Andrea Kopstein

SAMHSA

Joseph Aütry
Carrie Holden
Sue Rohrer

Herman Disenhaus
Mary Jansen
Charlie Williams

Judy Galloway
Candace Macken

Steve Gardner
Luisa del C. Pollard
Steve Wing

Peggy Gilliam
Barbara Ray
Frank Winn

TREASURY

Court Golumbic

Fred Meyers

IRS

Rodney Clark

Jerry MacReady

USBP

Alan Conroy

Dick Hunt

USCS

Robert Armstrong
Jim Engleman

Anne-Marie Bruen
Steve Hayward

Gregory Cline
John Hill

Jeff Copp
William Jiminez

Dan Danckwerth
Christopher Sheridan

DEPARTMENT OF VETERANS AFFAIRS

Thomas Horvath

Richard Suchinsky

NATIONAL ASSOCIATIONS AND PROGRAMS

Cabell C. Cropper
National Criminal Justice Association

Nolan E. Jones
National Governors' Association

Thomas A. Henderson
National Center for State Courts

Traci J. Sanders
National Association of Attorneys General

Kathleen Sheehan
*National Association of State
Alcohol and Drug Abuse Directors*

Sue Thau
CADCA

Raymond Whitfield
*National Association of Prevention
Professionals and Advocates*

STATE ASSOCIATIONS AND PROGRAMS

Gary W. Schram
California Narcotics Officer's Association

UNIVERSITY PROGRAMS

James Inciardi
*Center for Drugs and Alcohol
Studies — University of Delaware*

Lloyd Johnston
*Monitoring the Future Study —
University of Michigan*

Herb Kleber
*Center on Addiction
and Substance Abuse—
Columbia University*

Tina McVeigh
*Center on Addiction and Substance
Abuse — Columbia University*

Patrick O'Malley
*Monitoring the Future Study —
University of Michigan*

PRIVATE AGENCIES AND PROGRAMS

Kent Augustson
National Drug Prevention League

William R. Caltrider, Jr.
*Center for Alcohol and Drug
Research and Education*

Mark De Bernardo
*Institute for a
Drug Free Workplace*

Janice Ford-Griffin
Join Together

Albert Giambalvo
*Science Applications
International Corporation*

Daryl G. Grecich
*Institute for a
Drug Free Workplace*

James R. O'Hare
*Employee Assistance Programs
Northrop Grumman*

Sue Rusche
National Families in Action

Harry Wexler
*National
Development and
Research Institutes,*

Linda Wolf-Jones
Therapeutic Community of America, Inc

OTHER AGENCIES

John Fenton
National Drugs Don't Work Program

Thomas A. Hendrick
Partnership for a Drug Free America

Ellen Weber
Legal Action Center