FILES
Jose Cerda
OEOB, Room 222
Domestic Policy Council
January 1993 - May 1995

BOX 10

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Office of National drug Control Policy (continued)

Breaking the Cycle of Drug Abuse 1993

Conference on Recommendations for Goals, Objectives, and Measures for the ONDCP 1994 Drug Control Strategy

Directory of Federal Anti-Drug Grants 1991

Marijuana Situation Assessment September 1994

National Drug Control Strategy Publications

September 1989
January 1990
Budget Summary (February 1991)
A National Responds to Drug Use (January 1992)
Budget Summary (January 1992)
Progress in the War on Drugs (January 1993 (2 copies)
Budget Summary (April 1993)
Interim Strategy (September 1993) (9 copies)
Budget Summary (1994) (4 copies)
Strengthening Communities' Response (February 1995) (11 copies)
ONDCP Research Contract

CONFERENCE ON RECOMMENDATIONS FOR GOALS, OBJECTIVES, AND MEASURES FOR THE ONDCP 1994 NATIONAL DRUG CONTROL STRATEGY

December 10, 1993

Washington Marriott Hotel

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INTRODUCTION

The Office of National Drug Control Policy (ONDCP) conference that was convened on December 10, 1993, brought together over two dozen expert analysts within the Federal Government to provide consultation to ONDCP on formulating goals, objectives, and measures for the 1994 National Drug Control Strategy. Participants were drawn from a wide spectrum of agencies, including the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment (CSAT), the National Center for Health Statistics, the Department of Education, the Department of State, the Drug Enforcement Administration, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the Bureau of Justice Statistics, the National Center on Child Abuse and Neglect, and the Substance Abuse and Mental Health Services Administration (SAMHSA).

The agenda for the conference was presented to the participants within the framework of the 1993 Interim National Drug Control Strategy. It was emphasized that the 1993 Strategy differed from previous Strategies in several key respects, including the following:

- A shift in focus away from casual or intermittent drug use to more difficult and problematic hard-core use;

- The targeting of prevention programs on high-risk populations to deter new, high levels of first-time drug use;

- The recognition that drug dependence is a chronic disease requiring specialized treatment that must be made more available to addicts;

- The recognition that the drug problem must be approached at a grassroots level, from the bottom up, as well as from the Federal level down; and

- The realization that the drug problem is a component of overall domestic policy and, therefore, linked to such policy issues as economic growth, crime and violence, health care, and family and community stability.

The participants of the conference were organized into three workgroups under the broad themes of prevention, treatment, and supply reduction issues. The specific goals, objectives, and measures of each of these workgroups are discussed below. However, several overall themes or goals emerged from the three workgroups and were discussed in the afternoon plenary session. These overall goals include the following:

- The National Drug Control Strategy should be a blueprint for action for all levels of the effort against the Nation's drug problem, with the Federal Government interacting with State and local governments and private and public sector treatment and prevention programs. This goal would emphasize the need for horizontal, as well as vertical, organization, cooperation, and collaboration.

- The National Drug Control Strategy should endorse and implement other Federal strategies that include a drug abuse component, such as the Public Health

Service's Healthy People 2000 and the Department of Education's National Education Goals.

- Many of the objectives of the Strategy should be process oriented rather than outcome oriented because national frameworks and adequate outcome measures do not currently exist, particularly for prevention.

- There is a strong need to build organizational and physical infrastructures to support many of the short-term objectives.

- When available, multiple measures should be used to monitor short-term objectives to provide a more robust and accurate assessment of program success.

- Existing data sets need to be modified to enable accurate tracking of new objectives.

- More attention needs to be focused on previously ignored high-risk groups, such as mothers and their dependent children and adolescents in contact with the juvenile court system.

- The transmission of drug abuse and other problems through the family from one generation to the next must be halted.

The conference participants recognized that the above goals are process oriented rather than outcome oriented. Consequently, these goals cannot be monitored with

traditional outcome measures. However, they can be monitored by tracking the establishment of programs, offices, enterprize zones, empowerment of communities, and other such measures. Periodic reviews of grantee documentation and telephone surveys of State offices could provide much of the needed tracking data.

The success and momentum from this conference could be maintained by the establishment of a consultative interagency committee to assist ONDCP to review goals and objectives, chart progress, track emerging problems, reprioritize goals and objectives, report on new or modified data sets, formulate or revise long-term goals, and provide information for the next National Drug Control Strategy. The committee members would be selected by Department heads with their selection being based upon expertise in substance abuse areas. The input generated by this committee could assist policymakers in the identification of emerging patterns of drug use, thereby enabling the Government to react quickly and decisively to the problem.

The remainder of this report presents the individual goals, objectives, and measures formulated by each of the three workgroups. Each section contains a background discussion of the major issues, a summary of key points, and a discussion of the long-range goals and specific two-year measurable objectives and sources of measures for each goal.

PREVENTION WORKGROUP

The prevention workgroup formulated four long-term goals and eight short-term measurable objectives. These goals and objectives are discussed below.

Background

During the past 25 years, the Federal Government has acknowledged the increasing problem of alcohol, tobacco, and other drug (ATOD) use and has increased its commitment to reducing this problem. Attempts to prevent, delay, and otherwise treat ATOD problems have resulted in the increased awareness that this is a complex phenomenon with diverse etiologies for the many population groups affected.

According to prevention experts, effective prevention strategies are community based, comprehensive, coordinated, early, and credible. To be community based, prevention strategies must develop from local wisdom, experience, and common sense. To be comprehensive, prevention strategies must include all relevant community domains, including, but not limited to, the schools. They also must address individuals of all ages, races/ethnicities, and backgrounds. Coordinated strategies involve many different organizations and agencies, including existing community-based prevention coalitions, partnerships, and programs, and each with a specified role to play. Effective prevention strategies also identify and reach clients early in their lives and/or before the client initiates the phenomenon to be prevented. Finally, to be credible, effective prevention strategies must include continuing support for demonstration research, as well as research on prevention messages and media strategies.

In attempting to fashion a national system for prevention, it is necessary to pull together the best community experiences, research efforts, public policy experiences, and common sense in order to develop relevant, important, and measurable goals and objectives.

However, prior to the adoption of any national goals for ATOD prevention, it is first necessary to have a strategy or framework that will guide the effective identification and attainment of national ATOD prevention goals and objectives.

Summary of Key Points: Development of a National ATOD Prevention Strategy

As a first step, the prevention workgroup strongly urged the development of a national prevention strategy. The workgroup suggested that a national ATOD prevention strategy have, as its foundation, at least four important principles. The *first important principle* is **local communities must be charged with the major responsibility of identifying, implementing, assessing, and understanding ATOD problems in their communities.** Federal and State governments cannot dictate across the board what all communities should do. The best known mechanism to enable communities to effectively operate is through broad-based prevention services coalitions representing all segments of the community—families, schools, law enforcement, workplace, etc.—who can agree on the problems and forge ahead.

The *second important principle* is **approaches for dealing with ATOD problems must be intensive, comprehensive, long term, and coordinated, and they must be implemented as early as possible to maximize their effectiveness.**

The *third important principle* is **ATOD problems are often associated with other problems in local communities—such as domestic and gang violence, teen pregnancy, and mental health problems—and strategies for dealing with these**

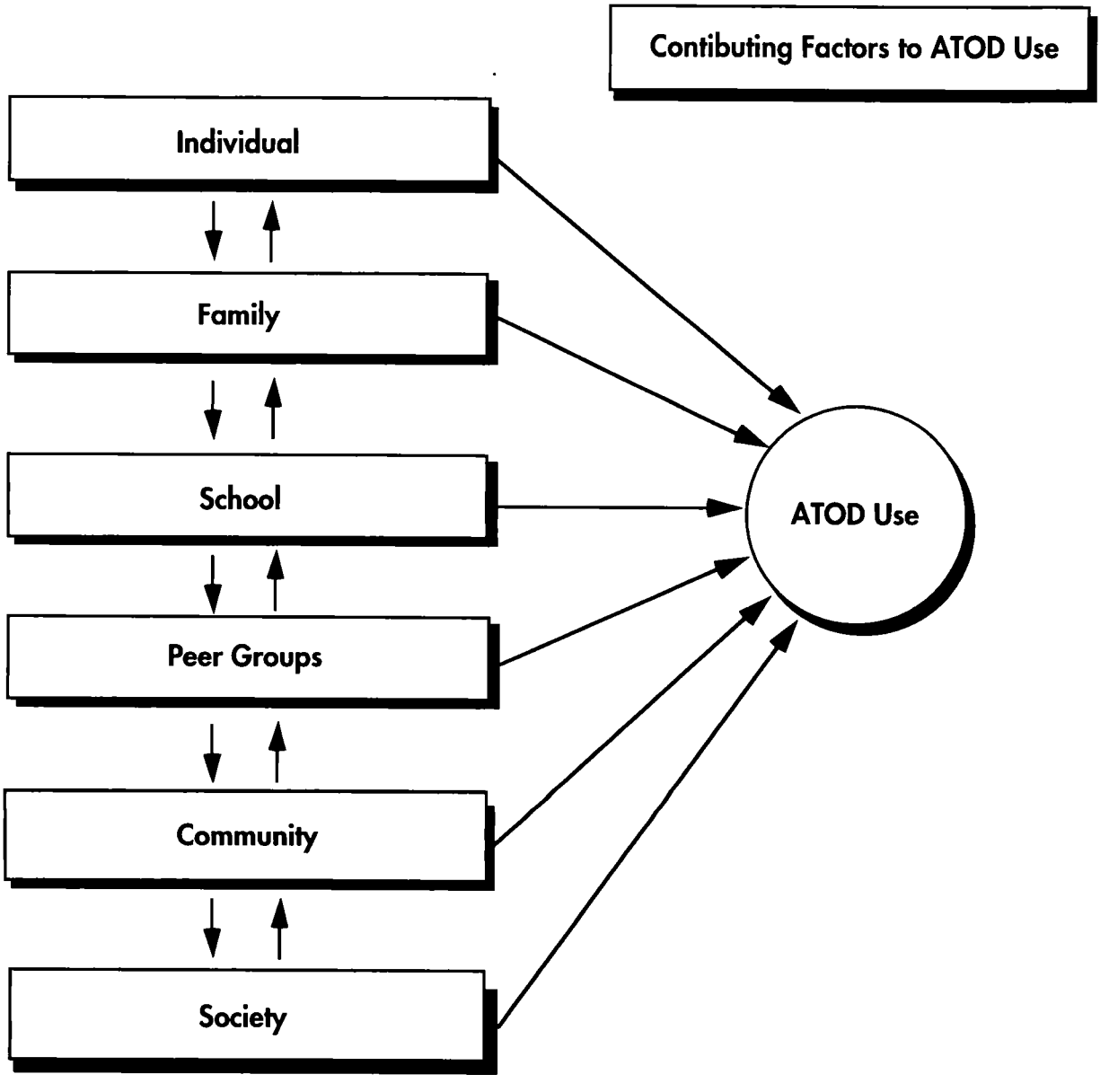
multiple problems must, to the extent possible, utilize common denominators (i.e., theoretical and operational foundations), address the multiple levels of these problems, and (in the absence of appropriate multidimensional, multilevel approaches), design new approaches to emerging problems.

Finally, the *fourth important principle* upon which a national prevention strategy should be built is the idea that **effective approaches for dealing with ATOD problems are based on known risk and protective factors or domains** (see Exhibit 1). It is well documented that ATOD abusers often live in dangerous and multilayered environments where it is difficult to disentangle the factors affecting behavior and attitudes. The six domains of risk and protective factors most frequently cited in the prevention field are individual based, family based, school based, peer group based, community based, and society based (see CSAP's 1993 report, *Signs of Effectiveness*).

It is important to understand that these domains are highly interactive and represent the major components of an ecological and developmental framework that must be addressed by a comprehensive prevention strategy. For example, an individual normally first socializes within the family and only then moves out to experience the progressively larger and interactive worlds of school, peer group, community, and society. Some or all of these domains may influence a given individual's development and exposure to risks.

Exhibit 1

Domains of Known Risk and Protective Factors



Goals, Objectives, and Measures

The following four goals and their associated objectives are derived from the workshop's important principles for a national prevention strategy.

Goal 1

Charge local communities with the responsibility of developing prevention approaches.

1996 Objective

- Establish prevention services coalitions in each U.S. community.

Source of Measures

The presence or absence, and configuration of each prevention services coalition could be examined by surveying U.S. communities. Such a survey currently is being conducted by the Community Anti-Drug Abuse Coalition (CADAC) and could be used as a baseline. A similar survey could be developed to track changes in the number and type of community services coalitions in the United States. It is recognized that development of such a survey is not a trivial matter and that, given the appropriate governmental clearance procedures, it would not be available to track 1996 objectives.

Goal 2

Increase information regarding effective prevention approaches.

1996 Objective

- Compile and disseminate guidelines and examples of effective prevention strategies from which community-based programs can select the most appropriate components, given the local circumstances and conditions.

Source of Measures

This objective could be measured in terms of Government agencies' efforts in disseminating the appropriate information to community-based programs. The objective could be tracked using programmatic data on the quantity of information disseminated.

Goal 3

Promote interagency collaboration and interdisciplinary thinking regarding ATOD prevention.

1996 Objective

- Improve coordination of national-level ATOD efforts by consolidating State plan requirements for various Federal programs (e.g., Elementary and Secondary Education's Drug-Free Schools; Administration for Children, Youth and Family's Family Preservation and Family Support Programs; Center for Substance Abuse Prevention's High Risk Youth Demonstration Grant Programs; etc.).

Sources of Measures

This objective may well affect linkages at the national level and promote State-level coordination. Federal agency progress to coordinate State plan requirements could be tracked via a periodic survey of relevant offices and agencies.

1996 Objectives

- Increase the number of personnel trained in ATOD prevention. Training should be interdisciplinary and should be incorporated into (1) formal educational programs designed for training, for example, physicians, social workers, and educators, and (2) in-service training for child protective services caseworkers, police, and other professionals who are likely to encounter ATOD abuse among those they serve.

- Promote the improvement of data systems to track trends and patterns of ATOD abuse, and use these data to modify ongoing prevention efforts.

Goal 4

Base prevention approaches on known risk and protective factors.

1996 Objectives

- Decrease individual-, family-, school-, peer group-, community-, and society-based risk factors.

- Increase individual-, family-, school-, peer group-, community-, and society-based protective factors.

- Increase prevention research in order to improve understanding of etiology, risk, and protective factors for ATOD use.

Sources of Measures

While data regarding some of the objectives listed above can be derived from ongoing national data collection efforts (such as the National Household Survey on Drug Abuse, which contains attitudinal and use indicators, the High School Senior Survey, Current Population Survey, Common Core of Data, and commercially available opinion polls), data regarding many objectives are available only from the prevention programs themselves. For example, information on individual-based risk factors such as emotional and psychological problems often is collected via individual prevention program data; however, data regarding risk factors

such as school failure and rejection of commonly held values and religion can be derived from national surveys.

TREATMENT WORKGROUP

The treatment workgroup formulated two long-term goals and nine short-term measurable objectives. Each goal and objective is discussed below.

Background

The national goal of reduction of drug consumption among adults and adolescents has shown greatest progress in reducing consumption among occasional users and less progress with so called "hard-core" drug users. Hard-core drug use among such groups as adults and adolescents in contact with the criminal justice system, pregnant women, and women with dependent children is of primary concern in the 1994 National Drug Control Strategy. Most hard-core users are addicted to more than one drug and present a complex set of social, health, and mental health problems in conjunction with their drug addiction.

A reduction in the numbers of hard-core drug users requires a strategy of providing comprehensive treatment, continuity of care for the variety of patient needs, and collaboration among the various health, social service, and mental health providers that may have contact with patients who abuse drugs.

The National Drug Control Strategy should focus on the long-term goals that reflect the problems of drug abuse and should present strategic, measurable objectives that direct an approach to achieving the goals. Comprehensive, effective treatment of drug abuse is essential if lasting outcomes are to be achieved.

The National Drug Control Strategy should provide direction for Federal, State, local, and private organizations engaged in treatment of drug abuse. The national goals present targets to be met by treatment providers and indicate the direction of change that is desired. Finally, the progress against these goals must be measurable.

Summary of Key Points

The following key points were addressed by the participants in the treatment workgroup:

- Collaboration among the many service providers who come in contact with drug abusers is of paramount importance in providing continuity, consistency, and effective treatment for health, mental health, and social needs.

- Continuity of care in the substance abuse setting is essential. For example, it is important to service the variety of needs a patient may have (including drug addiction, mental health, employment, and shelter) that affect long-term change and avoidance of illicit drugs.

- Long-term reduction in the demand for drugs includes a recognition that the intergenerational spread of drug addiction must be stopped (e.g., treatment for drug-abusing mothers and their dependent children is essential and may include treatment for substance abuse as well as sexual abuse and violence).

- Creation of an infrastructure for treatment that consistently and universally meets high standards for screening, diagnosis, treatment, and referral is essential.

- Recognition and implementation of ongoing national strategies aimed at the co-occurring health and social problems that accompany hard-core drug abuse must be made a part of the Strategy.

- Particular attention should be given to establishing priorities for high-risk and hard-core drug users (e.g., adolescents and adults in custody or under supervision by the criminal justice system, pregnant women and mothers with dependent children, and individuals in rural and medically underserved areas).

- The Strategy should be flexible. Circumstances may dictate short-term shifts in priorities in order to focus on life-threatening needs that prevent effective substance abuse treatment, such as the potential spread of tuberculosis (TB), HIV (human immunodeficiency virus)/AIDS (acquired immune deficiency syndrome), and sexually transmitted diseases (STD's) among substance abusers in a treatment setting.

Goals, Objectives, and Measures

The Treatment Work Group recommended long-range goals that are "outcome" oriented and short-term objectives that are heavily process oriented. It is the process-oriented objectives that this group believes can be accomplished within a 2-year timeframe. Additional action points provide the "how-to" activities necessary to meet the overall goals and objectives. Several data sets or Federal data reporting mechanisms have been identified that could be used to establish baseline data against which to monitor progress toward these objectives. The following goals and objectives are not listed in order of priority.

Goal 1

Reduce the demand for illicit drugs through treatment services among hard-core drug-using populations, specifically adults and juveniles in custody or under supervision by the criminal justice system, pregnant women and women with dependent children, and high-risk populations in rural and medically underserved areas.

1996 Objectives

- Provide treatment on demand for juvenile hard-core substance abusers under the supervision of the court system.

- Increase the number of States that have programs in place to screen, diagnose, and place juveniles in custody or under court supervision at appropriate levels of care for alcohol and drug abuse. Specific components of this objective include the following:

  — Development of baseline data for all States and territories by 1996, including the specific services provided by programs in place;

  — Development of comprehensive programs in six States by 1996, to include drug and alcohol screening, diagnosis, and placement and related services for mental health and physical health problems (such as STD's); and

  — Implementation of CSAT's Treatment Improvement Protocol (TIP) for substance-abusing adolescents.

Sources of Measures

The sources of measures for these objectives include the Children in Custody Census, CSAT's Annual State Performance Audits of Grantees, Survey of Prison Inmates (juvenile component), and National Drug and Alcohol Treatment Utilization Survey (NDATUS). SAMHSA's Office of Applied Studies (OAS) is currently revising its services statistics program, including NDATUS. It may be possible during this revision to include a better measure of these objectives.

Three groups of juveniles should be monitored on a long-term basis to determine if real progress is being made, adolescents in the general population, juveniles in custody, and juveniles under supervision in the community. The National Institute of Justice (NIJ) may need to help with identification of better monitoring data sets.

1996 Objectives

- Provide substance abuse treatment on demand for mothers (pregnant and nonpregnant) and their dependent children.

- Increase the number of residential programs that offer comprehensive alcohol, drug abuse, and mental health treatment to mothers (pregnant and nonpregnant) and their dependent children. Specific components of this objective include the following:

  — Improvement of services statistics compiled by OAS to provide baseline data and tracking data on services provided to dependent children (for example, the Client Data System currently includes some data on collaterals that could be improved to track this objective), and the States could be urged to cooperate with the Federal Government to provide information to a national data bank;

  — Implementation of the TIP for substance-abusing women and their dependent children; and

— Implementation by 1995 in all States of a model residential program for substance-abusing women and their dependent children.

Sources of Measures

The source of measures for these objectives include the Alcohol and Drug Services Survey (ADSS), the National Maternal Infant Health Survey (NMIHS), Pregnancy and Health, National Household Survey on Drug Abuse, NDATUS, Drug Abuse Treatment Outcome Study (DATOS), and Alcohol, Drug Abuse, and Mental Health Services Block Grant applications. The ADSS, a national probability sample survey of treatment units, which will include a longitudinal component tracking selected clients, will be of particular usefulness in tracking these objectives when it becomes available in 1995.

1996 Objectives

- Provide treatment on demand for adults in custody or under the supervision of the criminal justice system who have been identified with substance abuse problems.

- Increase the number of States that have programs in place to screen, diagnose, and place adults in custody or under criminal justice supervision for substance abuse treatment. Specific components of this objective include the following:

  — Develop baseline data for all States and territories by 1996, including an inventory of specific services provided by programs already in place;

— Develop comprehensive programs in six States by 1996 to include drug and alcohol screening; diagnosis; and treatment for substance abuse, mental health, and a range of health problems (e.g., tuberculosis, HIV/AIDS, STD's); and

— Implement CSAT's TIP for substance-abusing adults.

Source of Measures

The sources of measures for the above objectives include the revised OAS services statistics program, including NDATUS, and NIJ's pretrial, prison, probation, and parole data sets.

1996 Objective

- Develop a Federal initiative for substance abuse treatment, which is responsive to the needs of rural and medical frontier areas (particularly special high-risk populations, such as Native Americans).

Source of Measures

The sources for the above objective include the National Health and Nutrition Examination Survey, the National Health Interview Survey, and the Department of Education's Family Services Center data.

Goal 2

Reduce the spread of infectious disease, specifically tuberculosis, HIV/AIDS, and STD's, among high-risk persons in treatment for substance abuse.

1996 Objectives

- Provide primary and secondary prevention of tuberculosis in the treatment facilities serving the substance-abusing community, emphasizing that tuberculosis is an airborne, highly contagious, disease that has reached epidemic proportions in many locations.

- Upgrade the equipment and facilities at existing substance abuse treatment facilities for tuberculosis prevention and control by the beginning of Fiscal Year (FY) 1995. The Public Health Service Act provides directives to stop the spread of this disease. Specific components of this objective include the following:

  — Identify the geographic areas and subpopulations at highest risk for immediate risk reduction actions (the Centers for Disease Control and Prevention (CDC) has been compiling data to identify these areas and subpopulations). Additionally, several projects are currently underway which could result in information useful to the identification of areas and subpopulations through geographic modeling; however, the results from these projects will not be

available in time for the 1996 objectives. It may, however, be possible to conduct direct linear modeling on data from the NHSDA, Census, and other sources to assist in tracking these objectives);

— Implement CDC recommendations for tuberculosis control procedures for substance abuse treatment;

— Implement the TIP for treating infectious diseases for the substance abuse programs;

— Implement a capital improvement grant program for equipment purchase needed for tuberculosis infection control; and

— Create a separate budget line item for SAMHSA for buildings and facilities, and request appropriations for this line item.

Source of Measures

The sources of measures for the above objectives include State Health Departments reporting systems (need a change in reporting to request data on facilities that need upgrading and ask clinicians about tuberculosis cases among substance abusers), data reports in the CDC's *Morbidity and Mortality Weekly Report,* annual State plans and required applications for substance abuse prevention and treatment block grants, and CSAT performance audits. OAS is currently developing a new survey, the Service Research Outcome Survey (a followup to the earlier Drug Services Research Survey), that collects data

on clients treated in 1990 and includes a module on tuberculosis. This module contains information on services and prevention practices undertaken at treatment units. the National Treatment Survey could incorporate information on tuberculosis services and prevention practices. Other national surveys, either currently under development or revision, can also incorporate such information.

SUPPLY REDUCTION WORKGROUP

The supply reduction workgroup formulated five long-term goals and six short-term measurable objectives. Each goal and objective is discussed below.

Background

Supply reduction efforts must be developed and implemented as part of an overall strategy that achieves an appropriate balance between supply and demand reduction strategies.

Despite its worldwide dimension, the most obvious effect of drugs is the destruction of so many individual users. While not all users of drugs become addicts and not all addicts end up as "burnt-out cases," many do.

Drugs have undermined the family structure. Drugs are creating the "no-parent family." Babies are abandoned in hospitals and born addicted.

As society looks to the education system to instill values, many educators have become more than teachers; however, many feel ill-prepared to face the pressures caused by student drug use.

Drugs also are burdening the health care system. In addition to drug overdoses and the need for drug treatment, the drug epidemic is increasing crime-related injuries and causing a rise in AIDS and other diseases.

Drug abuse is not a victimless crime; its victims are everywhere. The victims of the insatiable demand for drugs are not just those who live in the cities, but all citizens of our country as well as the struggling democracies around the world.

Summary of Key Points

The following key points were formulated by the participants of the supply reduction workgroup:

- Where appropriate, focus measurement of progress on trends rather than absolute numbers.

- When available, use multiple data sources to measure progress.

- International supply reduction efforts must include a focus on improving international coordination efforts, building international institutions, and dismantling major trafficking organizations.

- Previous National Drug Control Strategies have included goals related to "Drug Availability" and "Domestic Marijuana Production." Although neither baseline data nor data and methodology to estimate production have been developed from which to effectively measure progress, the National Drug Control Strategy must continue to address these areas.

- There is little specific data to measure drug-related violence, except for the data on drug-related homicides reported in the Uniform Crime Report (UCR) and medical examiner data related to the Drug Abuse Warning Network (DAWN).

- Previous National Drug Control Strategies have relied on measurable outcome objectives. Workshop participants recommended using measurable process objectives or a combination of outcome and process objectives.

Participants in the supply reduction workshop divided their efforts and views into two categories: international and domestic.

The workshop participants focused their views on measurable objectives related to international drug control efforts in the following three areas:

- *The mobilization of international opinion against narcotics production and governmental complacency toward illicit drug-related activities.*—Measures for this area should include the level of démarches by the United States to other donor countries and international organizations. Additionally, measures also should include the level of effort of the United States, other donor countries, and international organizations concerning démarches, as well as unilateral and multilateral initiatives directed toward producing and transhipment countries. Lastly, measures should include the level of drug control-related economic initiatives by the World Bank, the International Bank for Reconstruction and Development, the Organization of American States, and other economic cooperation agencies and organizations.

- *The development of effective drug control programs as part of overall progress in creating viable criminal justice systems in drug-producing countries.*—Progress should be measured in terms of the number of countries enacting and enforcing initiatives on drug production, distribution, and money laundering. Progress also should be measured in terms of the number of countries strengthening and enforcing criminal penalties for illegal drug activities.

- *The economic health of producing and transit countries.*—Narcotics production does not occur in isolation but is related to the overall economic situation in producing countries. Economic health can be measured by an analysis of drug supply impacts of the long-term economic performance of producing nations, including such indicators as GDP, inflation, taxation, and qualitative assessments of institutional change.

Participants also focused their measurable objectives related to domestic drug control efforts in the following three areas:

- *The need to continue a focus on reducing drug availability.*—This can be measured in terms of drug price and purity monitoring surveys.

- *The need to continue efforts to reduce domestic production and distribution of marijuana.*—Although no reliable baseline data exist from which to measure progress in terms of eradication efforts, it remains valid to report actual domestic eradication quantities. In the eyes of the international community, the United States is a drug-producing country. Efforts by the United States to obtain increased international cooperation may be severely degraded if the United States sends a less-than-strong signal to the international community by not continuing emphasis on eradication of its own domestic production.

- *The need to give priority in program development and resource allocation to the reduction of drug-related violence and improved methods of measuring drug-related violence.*—This can be measured in terms of a reduction in the number of drug-related homicides as reflected in the UCR, in DAWN medical examiner data, and in other medical examiner data.

Goals, Objectives, and Measures

The following long-range goals and 2-year objectives, as well as their sources of measures, were formulated by the supply-reduction workgroup.

Goal 1

Increase international cooperation.

1996 Objective

- Mobilize international opinion against narcotics production and governmental complacency towards illicit drug-related activities. Specific components of this objective include the following:

  — Increases in démarches (diplomatic presentations of views) by the United States, other donor nations, and international organizations to producing countries;

  — Increases in démarches by the United States to other donor nations and international organizations; and

  — Increases in the discussion of narcotics control in agendas of donor coordination meetings conducted by the World Bank, the International Bank for

Reconstruction and Development, the Organization of American States, and other economic cooperation organizations and agencies.

Source of Measure

The sources for measures for this objective include International Narcotics Control Strategy Report (INCSR) comparisons, United States Information Agency surveys, and analysis of cable traffic from United States Agency for International Development and the Department of State.

Goal 2

Reduce international supply of heroin and cocaine.

1996 Objective

- Develop effective drug control programs as part of overall progress in creating viable criminal justice systems in drug-producing and transit countries. Specific components of this objective include the following:

  — Identification of countries enacting initiatives on drug production, distribution, and money laundering; and

  — Identification of countries strengthening and enforcing criminal penalties.

Source of Measure:

The source of the measure for this objective is INCSR comparisons.

1996 Objective

- The strategy should specifically recognize that narcotics production does not occur in isolation but is a function of or is related to the overall economic situation and the resulting incentive structure facing the general population in producing countries. This objection would include an analysis of supply impacts of long-term economic performance of producing nations, including GDP, inflation, taxation, and qualitative assessments of institutional change.

Source of Measure

The sources of measures for this objective include the Penn World Tables, produced by the University of Pennsylvania and International Monetary Fund International Financial Statistics.

Goal 3

Reduce domestic availability of heroin and cocaine.

1996 Objective

- Continue concentration on reducing drug availability. Specific components of this objective include the following:

  — Monitoring the street price and purity of drugs; and

  — Monitoring the perception of drug availability.

Sources of Measures

The sources of measures for this objective include DEA's System To Retrieve Information from Drug Evidence data on price and purity (cocaine and heroin), DEA's Domestic Monitor data on heroin price and purity at the street level, the Community Epidemiology Work Group, "Pulse Check" monitoring survey, the National Household Survey on Drug Abuse, and the High School Senior Survey.

Goal 4

Reduce domestic marijuana supply.

1996 Objective

- Continue efforts to reduce the domestic production and distribution of marijuana.

Source of Measure

The source of the measures for this objective is DEA eradication data.

Goal 5

Reduce domestic drug-related violence.

1996 Objective

- Reduce drug-related violence, concentrate resources on violence reduction, increase understanding of the principal causes of violence, and improve measures of drug-related violence.

Sources of Measures

The sources of measures for this objective include UCR data on drug-related homicides, DAWN medical examiner data, and other medical examiner data.

CONCLUSION

The participants of this conference were very appreciative of this opportunity to provide input to the 1994 National Drug Control Strategy. They hope that the goals and

objectives that they have suggested will, if implemented, help alleviate the Nation's drug problem. Many of the participants also expressed their willingness to consult and provide follow-up information on the goals, objectives, and measures developed at this conference.

APPENDIX

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