

National Drug Control Strategy

Performance Measures
of Effectiveness:
Implementation and Findings



Office of National Drug Control Policy



1999

PERFORMANCE MEASURES OF EFFECTIVENESS: IMPLEMENTATION AND FINDINGS

Message From the Director

By law, the Office of National Drug Control Policy (ONDCP) is required to submit to Congress each year a report on the Performance Measures of Effectiveness (PME) System, which assesses the efficacy of the National Drug Control Strategy (Strategy). Among other things, this report is required to include performance targets and measures for each of the Strategy's Goals and Objectives and to identify drug control programs for each Goal, Objective, and Performance Target. It is also required to ensure that drug control agency goals and budgets support and are fully consistent with the Strategy. This report, *Performance Measures of Effectiveness: Implementation and Findings*, discusses the substantial progress made during 1998 to implement the PME System. The design for this system, published in February 1998, represented a blueprint for the first accountability system in the area of drug policy. In the course of the past year, the PME System has begun to provide us with analytically based evidence of the Strategy's efficacy. While this is an interim progress report on a system that is not yet fully operational, it presents encouraging proof of progress towards the achievement of the 1999 Strategy's 5 Goals and 31 supporting Objectives.

Linking the PME System to the Strategy represents an enormous analytical undertaking. It requires a sophisticated systems approach and the use of complex logic models. The PME System is now made up of 97 measurable effects known as "performance targets" to track the effectiveness of drug control. Twelve of these targets focus specifically on the three main themes of our national drug control effort: reducing drug use, drug availability, and the consequences of drug use. These targets define desirable end-states for drug control by 2007: a 50 percent reduction in overall drug use, a 50 percent reduction in drug availability, and at least a 25 percent reduction in the consequences of drug use. The other 85 performance targets define outcomes and milestones for the 1999 Strategy's 31 Objectives that, in turn, reflect progress toward the Strategy's 5 goals.

The drug control community's performance measurement experts have made significant progress in developing "glide paths," or annual targets, for the 2002 and 2007 performance targets established last year. These performance targets were developed through an extensive interagency collaborative process that included outside experts. The key focus throughout 1998 was to determine what drug control programming is required to achieve these targets. To meet this challenge, members of more than 50 Federal drug control agencies were called upon to develop "action plans" reflecting drug control activities known to contribute to the PME System's specified outcomes. Our intent is to include other contributors as we refine these action plans in the future.

During 1998, the PME System evolved into more than a measurement system. By pulling together the drug control efforts of more than 50 Federal drug control agencies, it has emerged as a management tool to shape and refine our national drug control efforts. ONDCP and the other Federal drug control agencies are jointly tracking progress toward the PME System's measurable targets and determining which programs are most effective in addressing the drug problem. In addition, we are building an information management system that will support performance-based management of the Strategy.

From the outset, the PME System was developed with the understanding that the Federal government is only one among several activities responsible for solving the drug control problem. State and local governments, the private sector, other institutions, and foreign governments also conduct programming that contributes significantly to outcomes. Clearly, no one sector can achieve the Goals and Objectives of the Strategy. No single sector alone should be held responsible for meeting the PME goals. We must all work together as partners to achieve the goals that form the heart of our National Drug Control Strategy.

This report demonstrates that the Strategy is working. Recent data reports underscore the progress toward reducing drug use, drug availability, and drug use consequences. Not only are we seeing declines in youth drug use and improvements in attitudes about the dangers of drug use, but also reductions in the cultivation of illicit crops in South America and decreases in drug-related crime and health indicators. By maintaining our focused long-term Strategy and working aggressively to achieve long-term PME System targets, we can indeed move steadily towards an historic reduction in the nature and extent of the drug problem in the United States.

As noted last year, the targets in this report are “stretch” targets—they are aggressive and may not be easy to reach. The targets may need to be adjusted to reflect new or changing circumstances, including conforming with drug control program agency budgets enacted by the Congress.

A handwritten signature in black ink, appearing to read 'B. R. McCaffrey', with a stylized flourish at the end.

Barry R. McCaffrey
Director
Office of National Drug Control Policy

Executive Summary

In February 1998 the Office of National Drug Control Policy (ONDCP) inaugurated its Performance Measures of Effectiveness (PME) System. The purpose of this System is to assess the efficacy of the Goals and Objectives of the National Drug Control Strategy (Strategy). The PME System is unique in that it applies a systems approach to the measurement of the impact of the Strategy's Goals and Objectives in three critical areas: reducing drug use, drug availability, and the consequences of drug use. The PME System includes clear, measurable, and meaningful outcomes or end-states for the years 2002 and 2007—these two years correspond to the release last year of the 1998 National Drug Control Strategy: A Ten-Year Plan and the release of the five-year Federal drug control budget to implement that Strategy. The development of the PME System reflects the combined efforts of the more than 50 Federal drug control agencies, drug control experts, and representatives of major state and local government organizations. It is worth noting that no changes were made to the 12 Impact Targets introduced in 1998 that define the PME System's outcomes or end-states. Activities in 1998 focused almost exclusively on implementing the PME System.

ONDCP undertook its effort to build a performance measurement system in order to establish a means to assess the progress of the Strategy in achieving improvement in the three critical areas listed above. ONDCP's effort, originally undertaken as a policy decision to bring more accountability to drug policy, is now backed by a statutory requirement: The Office of National Drug Control Policy Reauthorization Act of 1998 (P.L. 105-277). This Act requires ONDCP to submit to Congress each year a report on the PME System that:

- Develops performance targets and measures for each Strategy Goal and Objective;
- Identifies major programs and activities of drug control program agencies that support the Goals and Objectives of the Strategy;
- Monitors consistency between the drug-related Goals and Objectives of the drug control agencies and ensures that their goals and budgets support and are fully consistent with the Strategy;
- Coordinates the development and implementation of national drug control data collection and reporting systems to support policy formulation and performance measurement; and
- Revises performance targets and measures to conform with drug control program agency budgets.

The PME System

The legislative requirement codifies the structure of the ONDCP PME System as it was introduced and is now being implemented. As the drug control community works toward full implementation of the PME System, it does so with the authority of this legislative requirement and with an Administration commitment to accountability in drug control demonstrated by the release of the PME System report last year.

The development of the PME System is progressing on schedule. The *1998 Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy* report, released in February 1998, defined the basis of the accountability system that ONDCP will use to evaluate the

effectiveness of the Strategy. The PME System was introduced with a full awareness that it would take at least three years to implement the entire system. For example, about one-third of the performance targets in the PME System are not currently supported by the data or information needed to support measurement. ONDCP's Subcommittee on Data, Research, and Interagency Coordination worked throughout 1998 to develop a plan to close this PME System "data gap" to ensure that the PME System is fully supported by the best measurement possible. To help close this data gap, a budget initiative has been included in ONDCP's FY 2000 request to fund outyear data development specifically in support of the PME System.

Further, the PME System reflects the combined efforts of the more than 50 Federal drug control agencies that deliver prevention, treatment, interdiction, domestic law enforcement, and international programming in support of the Strategy's five Goals.

The PME System is also distinctive in that it recognizes that the Federal government alone is not responsible for progress in the three critical areas. The efforts of state and local governments, private entities, individuals, and foreign governments also contribute to the achievement of the Strategy's Goals and Objectives. Therefore, the performance targets included should be viewed as goals for the Nation, not as goals to be achieved by the Federal government alone. In recognition of this fact, ONDCP will promote performance partnerships at all levels to test an outcome-oriented approach to drug control efforts.

Congress is also interested in using performance measurement to evaluate the impact of the Strategy. It endorsed ONDCP's PME System in the ONDCP Reauthorization Act of 1998 and identified important targets for the Strategy in broad areas including drug use among youth, overall availability of specific illicit drugs, purity levels of illicit drugs, and drug-related crime. The Administration will work with the Congress—and with other members of the larger community of stakeholders—to identify options to achieve measurable improvements in the drug problem.

The Strategy is mandated by law to include long-term measurable goals and objectives. This year's PME System report discusses progress toward the achievement of the 12 Impact Targets introduced last year. Figure 1 shows the 12 Impact Targets that support the Strategy's five Goals. These Impact Targets define aggressive end-states or "stretch" targets for the Nation's drug control effort. These "stretch" targets may not be easy to meet, and are intended to motivate the drug control community in three critical areas.

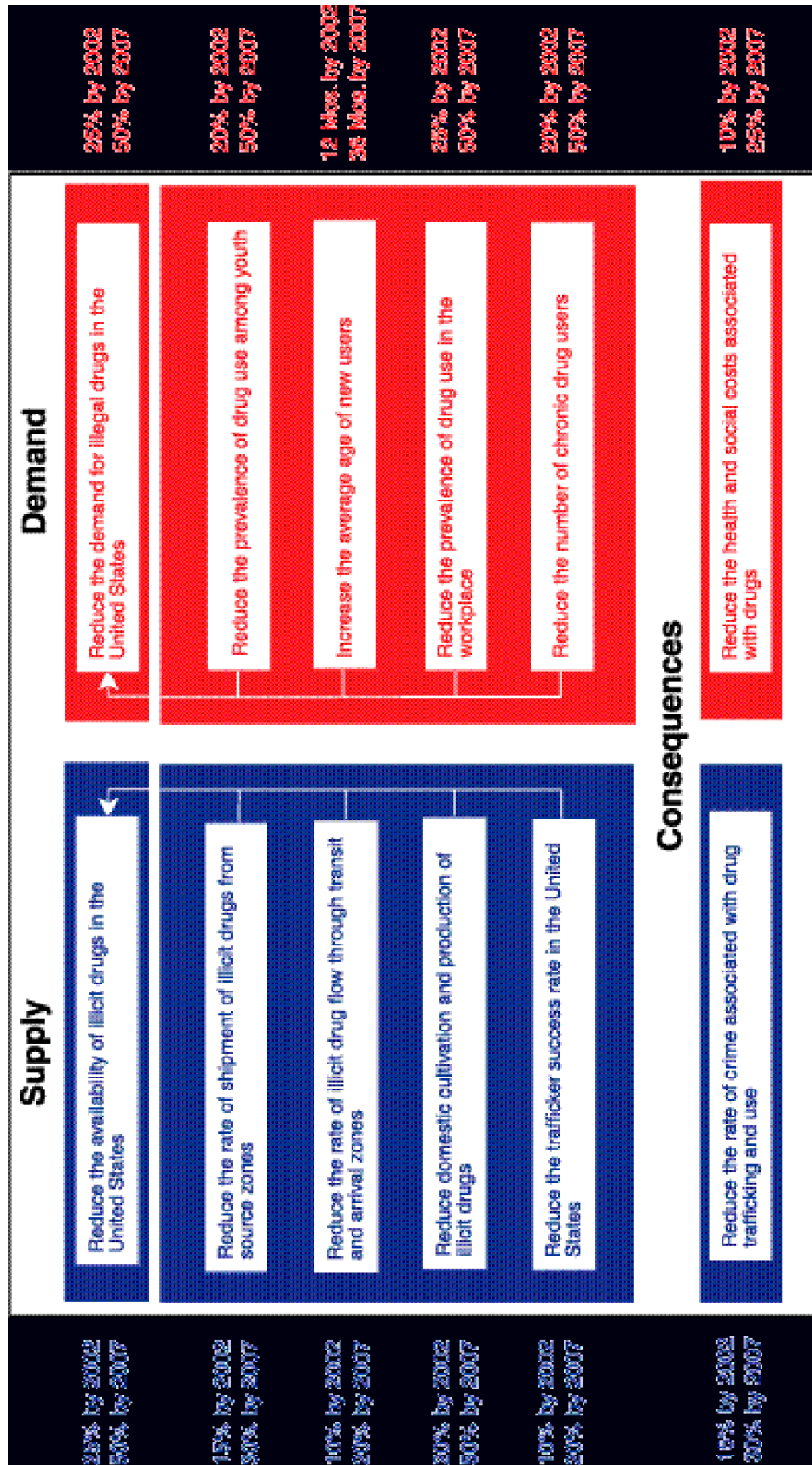
- In the area of overall drug use, the end-state is a 50 percent reduction by 2007 in the rate of illegal drug use in the United States compared with that in 1996. The target is a 25 percent reduction by 2002.
- In the area of drug availability, the end-state is a 50 percent reduction by 2007 of the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

System Development

During 1998, PME Working Groups continued the development of the PME System. Twenty-one such groups have been formed, involving more than 200 individuals. The PME Working Groups focused on four key areas:

- Developing logic models that define causal relationships between government interventions and desired end-states for each target or group of targets.

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



-
- Generating action plans to identify or advocate program activities and interventions that could be taken (based on the logic models) to achieve the targets.
 - Identifying glide paths, or annual targets, to correspond to the five- and ten-year targets established last year for 2002 and 2007, with 1998 being the initial year for the glide path in most cases.
 - Conducting a data gap analysis and developing a plan to close the data gap for purposes of establishing measures for those performance targets lacking supporting data and information.

The PME Working Groups have successfully completed their assignments. Logic models, action plans, and glide paths have been prepared as first drafts. A plan for closing the data gap identified by the PME Working Groups is now being developed by ONDCP's Subcommittee on Data, Research, and Interagency Coordination.

The next step in the PME System development process is to involve representatives of state and local governments, private entities and individuals with expertise in drug control, and others in the completion of these various elements. The Strategy is a national one, which means that other stakeholders—not just Federal stakeholders—must be involved in the development of the work started by the PME Working Groups in 1998 if success is to be achieved. It is our intent to broaden such participation in 1999.

When it was first introduced in 1998, the PME System encompassed 5 Goals, 32 Objectives, and 94 performance targets (of which 12 are Impact Targets). The process of implementing the PME System in calendar year 1998 resulted in some significant changes to the PME System, mostly due to the efforts of the Working Groups. The PME System presented in this report encompasses the same 5 Goals, but there are now 31 Objectives and 97 performance targets.

The PME Working Groups recommended these changes to improve or clarify the Strategy Objectives. The most significant change was the consolidation of Objectives 4 and 5 under Goal 2 as listed in the 1998 Strategy. Both Objectives focused on rehabilitation within the criminal justice system. The interagency community felt that by combining these Objectives, the emphasis would be shifted away from specific programs toward a broader focus on breaking the cycle of drug abuse and crime.

One Objective previously listed under Goal 1 was moved to Goal 3, as it dealt with issues relating to reducing health and social costs associated with medical marijuana use. Minor word changes were also made to some of the other Objectives.

The PME Working Groups also recommended changes, additions, and deletions of targets and measures contained in the 1998 PME System. These changes are reflected in the 97 targets and 127 measures that comprise the 1999 PME System.

Fulfilling the Mission

In reporting on progress toward the performance targets, this year's report discusses movement against the 1996 baseline year. The discussion emphasizes progress on the 12 Impact Targets plus those performance targets that established milestones for 1998. This approach is driven by necessity: the most recent data from many of the data sources used in the PME System is from calendar year 1997. Data for 1998—the first year of the 1998–2007 glide path—will not be available until next year.

This year's PME Report shows clear progress in some of the performance targets and stability in others. The biggest challenge for the Strategy is in reversing the upward trend in drug use that characterized the 1990s, particularly with respect to youth drug use. In this area, the situation seems to be improving. Overall

drug use as measured by the National Household Survey on Drug Abuse remained stable between 1996 and 1997; however, during this period, youth drug use continued its trend upward—particularly marijuana use. But the latest drug use data from the University of Michigan’s Monitoring the Future Study suggests that use may have peaked and may be dropping.

In the area of drug availability, there is improvement. The Federal government made progress in developing flow estimates in 1998 and this work continues. Based on preliminary information, there are clear indications of reductions in cultivation in most of the key coca-producing nations. There is also evidence that the rate at which illegal drugs enter the United States was reduced in 1997, at least for the one drug for which initial drug flow estimates have been compiled (cocaine).

And in the area of drug use consequences, drug-related crime has declined. Violent crime and drug-related murder rates are down.

To be truly meaningful, progress against any performance target must be understood and assessed against programming and resources to causally determine changes in outcomes. This year, ONDCP worked with the Federal drug control agencies to identify budget resources at the Strategy Objective level. Estimates at the Goal level already exist and were first published last year. Next year, our intent is to disaggregate the Federal drug control budget by target. This level of detail is needed to ensure that policy makers can assess the efficacy of the Goals and Objectives of the Strategy. When a target is not met, the PME Working Groups will use the PME System to identify the problem and determine what remediation is necessary or whether the target needs to be altered. This will enable a meaningful and constructive interagency evaluation of how best to improve the effectiveness of the Strategy.

Next Steps

This year promises to be an exciting one as we strive to fully implement the PME System. The primary focus will be to broaden the base of participants in the PME System. This involves working with our non-Federal stakeholders to link their drug control strategies and performance targets with the national set of action plans that were developed by the PME Working Groups. ONDCP will explore various options to encourage such linkages through incentives, performance partnerships, and performance contracting.

ONDCP will continue to work in close coordination with the more than 50 Federal drug control agencies to further refine drug budget estimates to support the PME System framework. It will also work to obtain data and other information needed for measurement. An Information Management System (IMS) has been developed to monitor progress towards the PME performance targets and Strategy Goals and Objectives. Our intent is to place the IMS on the Internet so the public can see firsthand where we stand in achieving the Goals and Objectives of the National Drug Control Strategy and better understand the complexity of the drug control issue.

The 1999 PME Report illustrates the significant progress made in implementing the PME System. This progress would not have been possible were it not for the efforts of those individuals who contributed to this year’s process. Their participation and goodwill produced an historical advance for this Nation’s drug control policy.

It should be understood that this report is not required under the Government Performance and Results Act (GPRA). GPRA requires Federal agencies to prepare annual performance plans. These agency plans include measures related to efforts to reduce drug use, drug availability, and drug consequences. Because this PME Report includes performance measures that encompass the efforts of state, local, and foreign governments, and the private sector, the targets contained in it are more aggressive than those included in individual agency GPRA plans.

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I. Introduction

The release of the Performance Measures of Effectiveness (PME) System Report in February of 1998 marked a milestone for U.S. drug policy.¹ For the first time, the Office of National Drug Control Policy (ONDCP) presented to Congress and the American people a unique approach to assessing the effectiveness of the National Drug Control Strategy (NDCS—commonly referred to as the Strategy).² This approach was widely accepted and acclaimed for its systemic orientation, use of causal models, clear identification of policy targets, recognition of external factors, and definition of measurement-related data requirements.³

Moreover, the release of the 1998 PME report set the stage for understanding how the efforts of individuals engaged in developing and executing the Strategy could be meaningfully integrated. Processes for building consensus among members of the stakeholder community were identified, and tools for implementing the Strategy were described. Plans were discussed to align budget resources with the attainment of Strategy ends, and methods were proposed to measure and evaluate the effectiveness of that plan.

The 1999 PME Report, *Performance Measures of Effectiveness: Implementation and Findings*, is an historical advance for national drug control policy. The 1999 PME Report demonstrates that the

assessment of the Strategy is on schedule relative to the three-year time frame for development of a mature measurement system as described in the 1998 report.

Clearly, progress has been made. However, much remains to be done in 1999, with the continued support and hard work of the entire drug control community.

The PME System takes the initiative in addressing a fundamental problem inherent in all accountability efforts—holding an agency responsible for outcomes over which it has limited control.⁴ This is an especially difficult problem in the area of national drug control policy because many Federal agencies play a role in achieving the performance targets established by the Strategy, as do our State and local government partners, private citizens, and the international community. The policy problem is crosscutting in nature. But by leading interagency dialogue to identify common outcomes and contributory actions, ONDCP has made significant progress toward understanding and addressing joint accountability.

Preliminary action plans have been developed to indicate what needs to be done to achieve end-states for reducing drug use, drug availability, and its consequences. Annual targets—what we refer to as glide paths for the 2002 and 2007 performance targets that were set last year—have now been developed. An Information Management System

(IMS) has been established to maintain data on the action plans, performance measures, agency programs, and other information critical to this effort.

On the budget front, agencies have developed initial estimates of programs and resources supporting each Strategy Objective and, in some cases, each performance target.⁵

Finally, an evaluative component has been institutionalized within the Strategy-making process. ONDCP is working closely with other Federal agencies to close the data gap. The community of drug policy stakeholders now has a sophisticated analytical system by which to actually measure the progress of the Strategy.

Bringing Accountability to Drug Policy

Since the 1970s, six different Administrations have presented the Nation with 19 different drug control strategies.⁶ In that time, thousands of public and private sector stakeholders have been consulted on how to improve and refine drug control efforts. While many efforts to improve the Strategy have proved worthwhile—most notably the adoption of a long-term (ten-year) Strategy supported by a five-year budget—it was not until the advent of the PME System in 1998 that drug control policy and drug control strategy development efforts were grounded in an analytically based, results-oriented structure.

Long Sought-After Success. Public demand for greater government accountability plus the trend toward the application of performance measurement and performance management techniques gave the PME System the jump start it needed. We now have a mechanism for informing Congress and the American people to what extent the Strategy is working. When one considers the 26-year history of formal Federal government efforts to frame a national drug control policy, it is clear that the PME System represents a bold step toward an analytically based, results-oriented coordination of drug control efforts.

In fact, according to the National Academy of Public Administration's (NAPA's) recent review, *Effective Implementation of the Government Performance and Results Act*, "Congress, GAO, and OMB have all noted that inadequate coordination occurs among agencies that seek to achieve goals in the same area. An exception is the national performance measurement system being established by the Office of National Drug Control Policy."⁷

The first drug control strategy released in 1973 included a discussion of the need to measure progress, but the lack of national data systems precluded such measurement.⁸ Today, many national data collection systems exist that can be used for measuring the performance of various parts of the NDCS. These systems are identified in Appendix G, along with a discussion of the data gaps that must be closed.

But measurement is more than just collecting and reporting data. It involves understanding, or trying to understand, how programs and policies influence the nature and extent of the drug problem. It also involves understanding, or attempting to understand, the contributions of multiple participants in the national and international drug control effort. At any given moment, various government agencies may, in reality, be working at cross-purposes toward the achievement of some desirable outcome—like reducing youth drug use.

The General Approach. The 1998 PME System established plausible performance targets extending 10 years into the future to provide accountability in three key impact areas: reducing drug use, availability, and the damaging consequences of drug use.⁹

The PME System represents the continuation of a trend toward increased accountability among organizations that provide public goods and services. Performance measurement, performance budgeting, and total quality management are a few manifestations of this trend. Officially, these have taken the form of executive initiatives such as Planning, Programming, and Budgeting Systems; Management by Objective; Zero-Based Budgeting;

and most recently, the legislatively mandated Government Performance and Results Act (GPRA).

Most of these seek in one way or another to focus the efforts of an organization on some desired set of results, and to allocate its resources accordingly. GPRA, for instance, requires Federal agencies to chart out a multi-year strategic plan in consultation with stakeholders.¹⁰ It then requires that this strategic plan be “operationalized” as a performance plan outlining what will be accomplished during a given year.¹¹ Finally, it requires that agencies prepare a performance report annually that assesses what was actually accomplished during the year. This ultimately results in its strategic plan being refined accordingly.¹²

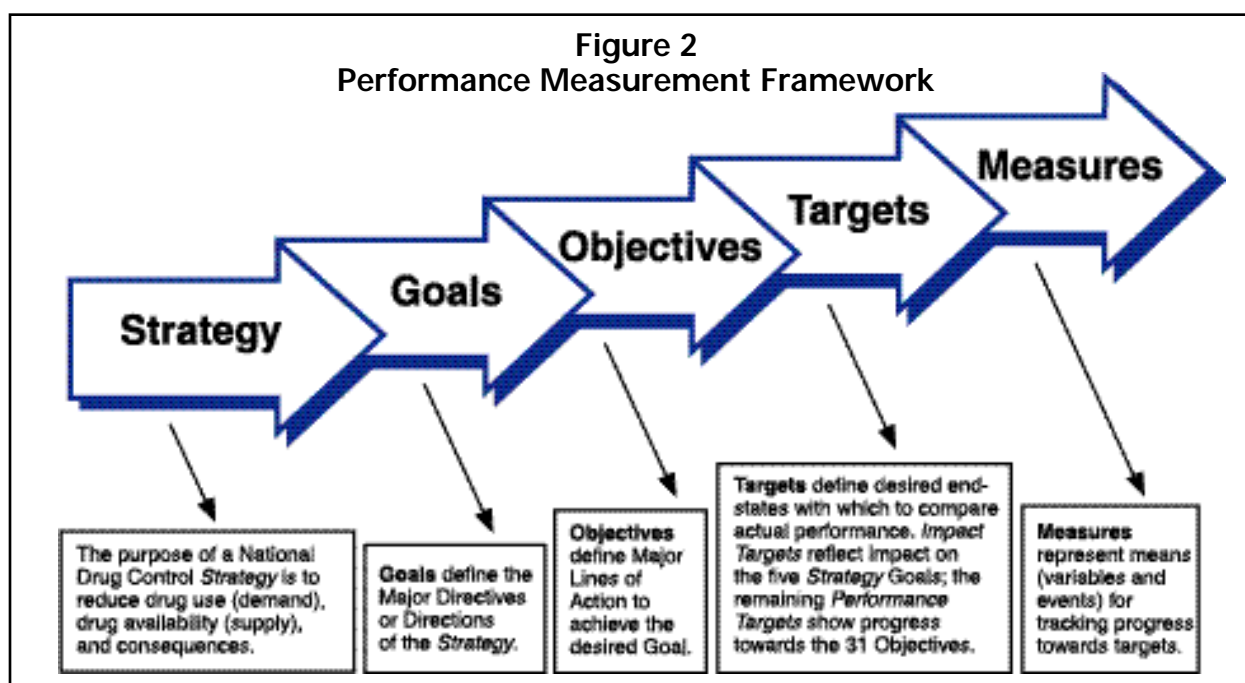
These elements of accountability reflect the basic steps that an agency must take to reach its goals. The process of charting a course or plan between things as they are now to things as they ought to exist in the future, of providing resources in a manner consistent with that plan, and of assessing the actual progress made form a feedback loop by which the effectiveness of agency efforts may be steadily improved. In PME System terms, the community of stakeholders (Community)¹³ develops a long-term Strategy that allows goals and

objectives to be achieved as defined by performance targets. Budget helps finance the Strategy, subject to budget realities, and evaluation tests the logic and efficacy of the Strategy. These four components—Strategy, Community, Budget, and Evaluation—must be integrated if agency efforts are to succeed.¹⁴

This integration is a daunting task even in the smallest of agencies. It reflects a formidable level of difficulty when more than 50 Federal drug control agencies and their state and local partners are involved. Add to this the private sector organizations and interest groups that are in some way involved in national drug control policy, and the challenge assumes enormous proportions. Integration is what ONDCP has set out to accomplish.

The First Crosscutting Model for Drug Policy

From the outset in 1997, the task of developing the PME System—the government’s first cross-cutting measurement system for national drug control policy—has been an exciting one. The PME System is conceptually forthright as well as simple in structure (see Figure 2).



The 1998 Strategy consisted of 5 Goals and 32 Objectives while the 1998 PME Report contained 94 specific targets and associated measures to support the Goals and Objectives.

These performance targets are viewed as meaningful targets that the community of drug policy stakeholders should strive to achieve (see Figure 3). These aggressive targets are intended to motivate and “stretch” Federal, state, local, international, and private drug control partners to reduce drug use, drug availability, and consequences to levels that are realistically achievable within the stated time frame.¹⁵

The challenge before us is to persuade the entire community of stakeholders to internalize these outcomes and work together to establish programs to ensure they are realized. It is important to remember that the Federal government is not solely responsible for achievement of the end-states identified in the Strategy. State and local governments, private entities, other institutions, and the international community also contribute in various ways. Ultimately, the purpose of the Strategy is to focus their efforts through a common lens to achieve a common result.¹⁶

The Role of Congress. Congress is keenly interested in using performance measurement to evaluate how well the Strategy is working. This interest is manifest in the reauthorization of the Office of National Drug Control Policy (P.L. 105-277). In that Reauthorization, ONDCP is required to submit to Congress each year a report on the PME System that:

- Develops performance targets and measures for each Strategy Goal and Objective;
- Identifies major programs and activities of drug control program agencies that support the Goals and Objectives of the Strategy;
- Monitors consistency between the drug-related Goals and Objectives of the drug control agencies and ensures that their goals and budgets support and are fully consistent with the Strategy;

- Coordinates the development and implementation of national drug control data collection and reporting systems to support policy formulation and performance measurement; and
- Revises performance targets and measures to conform with drug control program agency budgets.

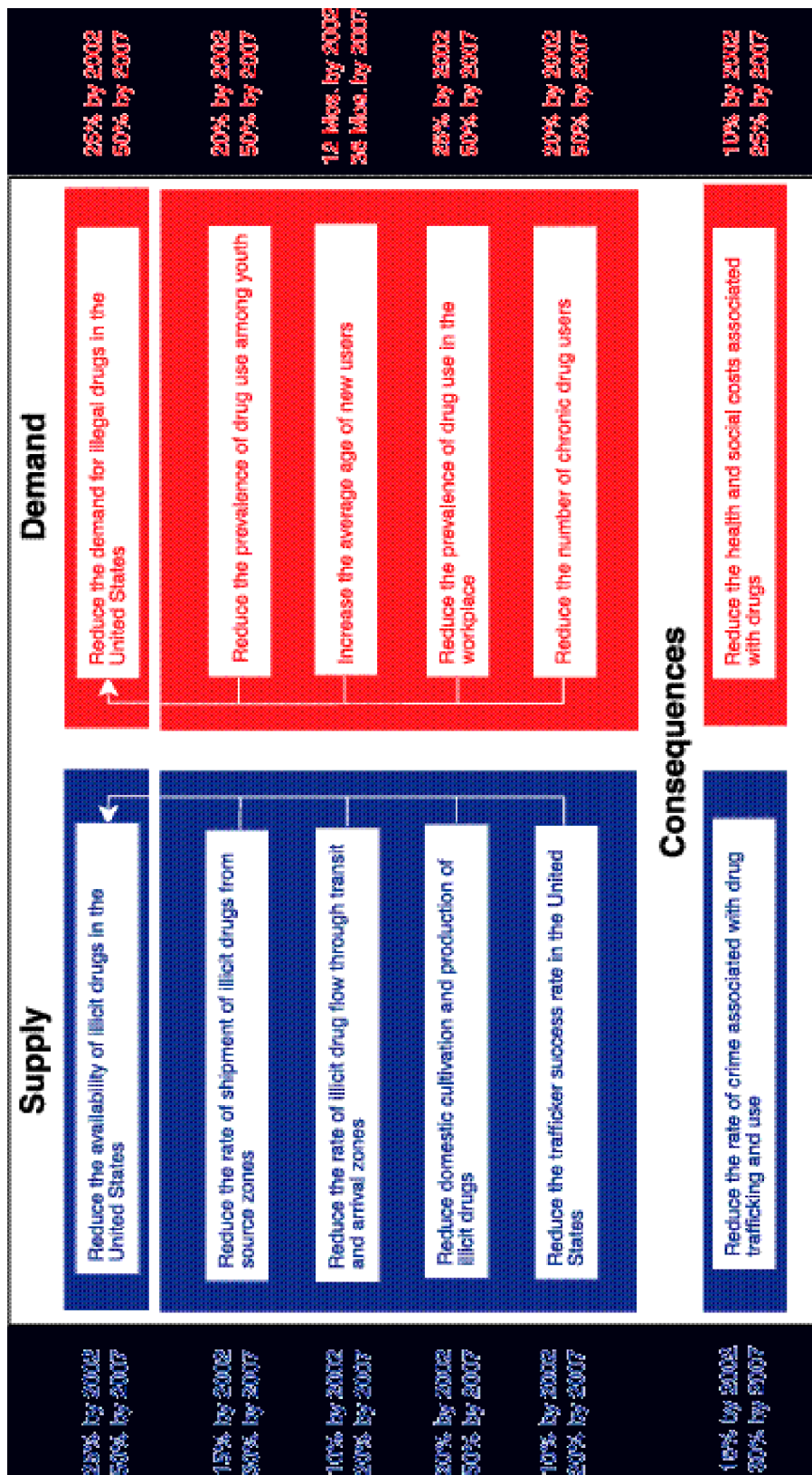
As part of the Reauthorization of ONDCP, Congress strongly endorsed ONDCP’s current approach to performance measurement:

“It is the sense of Congress that—The performance measurement system developed by the Director [of ONDCP] is central to the national Drug Control Program targets, programs, and budgets; the Congress strongly endorses the performance measurement system for establishing clear outcomes for reducing drug use nationwide during the next five years, and the linkage of this system to all agency drug control programs and budgets receiving funds scored as [Federal] drug control agency funding.”¹⁷

It was also the sense of Congress that targets should be achieved over a shorter period of time. It identified as important targets for the Strategy the following five items:

- The reduction of illicit drug use to 3 percent of the U.S. population by December 31, 2003.¹⁸
- The reduction of adolescent drug use to 3 percent by 2003, with the achievement of this target between 1999 and 2003 by at least 20 percent.¹⁹
- The reduction of cocaine, heroin, marijuana, and methamphetamine use in the U.S. by 80 percent by December 31, 2003.²⁰
- The reduction in the purity of cocaine, heroin, marijuana, and methamphetamine by 60 percent by December 31, 2003.²¹
- The reduction in drug-related crime in the U.S. by 60 percent by December 31, 2003, with this

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



reduction occurring in equal 20 percent increments between 1999 and 2003.²²

Congress recognized that achieving these targets represents an enormous challenge and indicated that the purpose of these targets was to allow for the annual restructuring of appropriations by the Appropriations Committees and Authorizing Committees.²³ The Administration will work closely with Congress, as it has done to achieve the balanced budget, to continue to make progress in achieving the PME targets. ONDCP will monitor both PME and Congressional sets of targets.²⁴

Challenges Remain. A system encompassing so many agencies and programs cannot be implemented without addressing major stumbling blocks. The most critical challenge pertains to the lack of data: for instance, many agencies collect information on drugs entering the U.S., such as the amount of drugs seized at various points. Nonetheless, methodology and estimates among these agencies vary widely and none alone provides a complete and accurate picture.

Since no available data sources exist for approximately one-third of the targets, baseline data cannot be determined unless changes are made. ONDCP has tasked its Subcommittee on Data, Research, and Interagency Coordination (referred to as the Data Subcommittee) with analyzing and prioritizing these data requirements. In addition, ONDCP has a FY 2000 budget initiative to use discretionary funds to develop these data systems.²⁵ Even as agencies are concerned about the possibility of annual report cards, Congress seeks quick progress reports. Without methodological integrity, such reports would be meaningless for decision-making and policy-making. Working with agencies to develop reliable data and procedures for data collection will take time but the end-result will be more dependable and useful.

Meanwhile, agencies have begun aligning their programs to the Goal, Objective, and target levels through their budget submissions to ONDCP. This process commenced in 1998 (as part of the formulation of the President's FY 2000 budget) and produced initial budget estimates for the Strategy's

Goals and Objectives. Agencies also are working to identify resources at the performance target level. This process of alignment will be refined in calendar year 1999. Our intent is to include these estimates in next year's Budget Summary report to be released with the Strategy and to include these estimates in the PME System Information Management System.

Organization of the Report

The 1999 PME System Report consists of five chapters followed by several appendices. The next chapter summarizes the progress made during 1998 in achieving the performance targets set forth by the Strategy. Chapter III details the process used to transform the theoretical design of the PME System described in last year's report into an operational measurement system. The fourth chapter discusses the challenges remaining and the tools available for realizing the true potential of the Strategy through the coordinated efforts of Federal and state governments, and private organizations. The final chapter briefly summarizes where we have been and what lies ahead as we complete the three-year process of fully implementing the PME System.

Acknowledgments

The people and process responsible for development of this report provide an exceptional example of the synergistic effect that results when teams of experts are focused on a common goal. While the Strategy and the 1998 PME Report established the framework that steered our efforts, it was the dedication and energy of the PME Steering Group and Working Group members that made this report possible. These groups were made up of more than 200 representatives from numerous governmental and non-governmental agencies. Appendix J identifies individuals and agencies that participated in this effort.

The PME Steering Groups and Working Groups carefully examined the Strategy's Goals and Objectives as well as the targets and measures

contained in the 1998 PME Report. Because of their efforts, refinements were made to both the wording and number of objectives, targets, and measures. Appendix A reflects the Goals and Objectives contained in the 1999 Strategy. Appendix B provides a summary of the changes that have been made to the targets and measures; this will provide a quick-reference for comparing the 1998 PME Report to the revised targets and measures contained in the 1999 PME Report.

We would also like to thank the Data Subcommittee²⁶ for their guidance over the past year as well as for their continuing efforts. Over the next several months, this interagency working group will serve as the focal point for identifying, validating, and/or creating the necessary data bases that will be used to measure our progress in meeting targets.

Endnotes

1. Office of National Drug Control Policy, Executive Office of the President. *Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy*, February 1998.
2. The PME System was released to coincide with the release of the 1998 Strategy published by ONDCP in February 1998. That Strategy was the first to propose a 10-year plan to confront the problems of drug use and its consequences. It was also the first to include a long-term fiscal plan in the form of a five-year budget to support the underlying strategic plan. The most current Strategy was released in February 1999. See Office of National Drug Control Policy, Executive Office of the President, *The National Drug Control Strategy, 1999: A Long-Term Plan*. February 1999.
3. See, for example, National Academy of Public Administration, Center for Improving Government Performance. *Improving Performance Across Programs: Thinking About the Issue—Taking the First Steps*. 1998.
4. ONDCP's PME System measures the efficacy of the Strategy's Goals and Objectives. The System tracks the performance of the numerous programs that support each Goal and Objective. Any Goal or Objective will probably have many agency programs that contribute to the achievement of the performance target. The PME System does not track an individual agency's performance, only its program performance. Agencies are required to track their own performance through their GPRA plans, which should include aspects of their own specific drug control missions. The GPRA plans should tie in to the ONDCP PME System.
5. Federal agencies had already provided estimates of drug control spending for the five Goals of the Strategy. These estimates are reported in ONDCP's Budget Summary report, which is published annually to accompany the release of the Strategy. This year, the Federal agencies attempted to estimate resources down to the Objective, and in some cases, to the Performance Target level. These estimates are not reported in this document, as they are considered preliminary. Estimates of spending by the five Strategy Goals are reported herein and in the *1999 Budget Summary*.
6. Carnevale, John T. and Murphy, Patrick. "Matching Rhetoric to Dollars: Twenty-Five Years of Federal Drug Strategies and Drug Budgets," *Journal of Drug Issues*. In press.
7. National Academy of Public Administration. *Effective Implementation of the Government Performance and Results Act. A Study by the Panel on Improving Performance*. National Academy of Public Administration, 1998.
8. Strategy Council on Drug Abuse. *Federal Strategy for Drug Abuse and Drug Traffic Prevention*. March 1973. Washington, D.C.
9. ONDCP established 12 Impact Targets in the three key policy outcome areas related to drug use, drug use consequences, and drug availability. These targets were set for 2002 and 2007.
10. As defined by GPRA (P.L. 103-62), a strategic plan should include the following elements: (1) a comprehensive mission statement, (2) a description of general goals and objectives, (3) a description of the means and strategies to be used to achieve the goals and objectives, (4) description of the relationship between the performance goals in the annual plan and general goals and objectives in the strategic plan, (5) identification of key factors that could affect achievement of the goals and objectives, and (6) description of program evaluations used and a schedule for future evaluations (OMB Circular A-11, 1998, p. 291).
11. OMB is required by GPRA to have agencies prepare Annual Performance Plans beginning with the FY 1999 performance plan. This plan should include the following: (1) the performance goals and indicators for the fiscal year, (2) a description of the operational processes, skills, and technology, and the human capital, information, and other resources that will be needed to meet the goals, and (3) a description of the means that will be used to verify and validate measured values (OMB Circular No. A-11, 1998, p. 303 and p. 306).

12. GPRA requires that the Performance Report include the following: (1) a comparison of actual performance to the goals in the annual plan, (2) when a goal is not met, an explanation of why it was not met, (3) a description of the plans and schedules to meet unmet goals, or recommended actions for any goal that is found to be impractical or infeasible to achieve, (4) summary findings of program evaluations completed during the fiscal year covered by the plan, and (5) an evaluation of the performance plan for the current fiscal year relative to the actual performance achieved during the fiscal year (OMB Circular No. A-11, 1997, p. 321).
13. The term “Community” refers both to external stakeholders and internal stakeholders. External stakeholders are concerned groups and persons outside an agency that have a stake in the direction and success of agency efforts. Key examples are OMB, Congress, public and private interest groups, and the general public. Internal stakeholders are similar groups and persons within each agency (managers and employees).
14. Simeone, Ronald S., Carnevale, John T., and Millar, Annie. “A Systems Approach to Performance-Based Management: The National Drug Control Strategy,” in review, 1999. An earlier version of this paper was presented at the 1998 annual meeting of the Association for Public Policy Analysis and Management, New York, October 1998.
15. The General Accounting Office suggests that performance targets should set “stretch” goals that are ambitious and are aimed at achieving dramatic improvements in outcomes. See General Accounting Office. *Government Reform: Goal-Setting and Performance*. GAO/AIMD/GGD-95-130R, 1995. In addition, the National Academy of Public Administration argues that, “[p]erformance targets should be realistic, but should, wherever feasible, encourage progress beyond historical performance levels.” See National Academy of Public Administration, “Toward Useful Performance Measurement: Lessons Learned from Initial Pilot Performance Plans,” prepared under the Government Performance and Results Act (1994), 8.
16. ONDCP is working with Federal agencies that have drug-related grants-in-aid to state and local governments to identify measurements of performance. ONDCP will also enter into formal partnerships with some state and local governments to test the efficacy of organizing around commonly agreed upon performance targets.
17. See the ONDCP Reauthorization Act (P.L. 105-277).
18. No measure of drug use exists for the general U.S. population, but one is available for the household population. According to the most recent estimates, overall drug use in the household population was 6.4 percent in CY 1997. It has hovered between 5.8 percent and 7.7 percent in the 1990s. The ONDCP PME System has a similar target, but it is set for 2007 rather than 2003.
19. The latest MTF data released by the University of Michigan report overall adolescent drug use, as reported for the twelfth grade class for which a long-term time series is available, at 25.6 percent (past month use) for 1998. ONDCP’s PME system proposes to use the Household Survey’s 12-to-17-year-old cohort. This survey’s sample size is now being expanded to accommodate state estimates. The Household Survey reports illicit drug use among 12-to-17-year-olds at 11.4 percent in 1997 (most recent data). The PME system proposed to reduce this rate to 4.5 percent by 2007, slightly lower than the historic low of 5.3 percent.
20. There are no official government estimates of the amount of these drugs available in the U.S. for consumption. ONDCP’s Office of Programs, Budget, Research, and Evaluation is now coordinating a government-wide effort to develop such estimates. This effort is discussed in Chapter 2 of this Report.
21. No measure exists for either marijuana or methamphetamine. Currently, the Drug Enforcement Administration tracks purity for cocaine and heroin.
22. ONDCP’s PME System tracks drug-related crime as one of its key impact performance targets. Congress includes drug trafficking and distribution, crimes committed by persons under the influence of drugs, drug-related emergency room visits to include incidents involving gunshot wounds, and automobile accidents in which drugs are in the bloodstream of the victim. For more about Congressional targets, see Appendix E.
23. See the ONDCP Reauthorization Act (P.L. 105-277).
24. Many of the Congressional targets are already part of ONDCP’s PME System. The basic difference between these targets is the timing proposed for their realization. Generally, Congress proposes target achievement by 2003 whereas ONDCP’s PME System proposes 2007. In some cases, measures do not exist for the Congressional targets. This is discussed in more detail in Appendix E.
25. The President’s proposed budget for FY 2000 includes an initiative to use discretionary funding in its Special Forfeiture Fund of at least \$3.3 million for this purpose.
26. The Subcommittee on Data, Evaluation, and Interagency Coordination (known as the Data Subcommittee), is one of three Subcommittees of the larger ONDCP advisory committee—the Drug Control Research, Data, and

Evaluation Committee (DCRDE). This committee and its three subcommittees were established under authority of the 1994 Violent Crime Control and Law Enforcement Act. The Data Subcommittee is composed of an external

committee of outside advisors as well as representatives from Federal departments and agencies that have legislative mandates to pursue drug-control initiatives.

II. Progress Toward Achieving Performance Targets

The PME System now encompasses 97 performance targets to assess the efficacy of the Strategy's Goals and Objectives. The nucleus of the PME System consists of 12 Impact Targets—key performance targets that define clear and concise end-states in ONDCP's three principal mission areas: reducing drug use, drug availability, and the consequences of drug use. The 12 Impact Targets are the same ones that were first introduced in the 1998 PME System report. The remaining 85 performance targets define outcomes and milestones for the Strategy's 31 objectives that support the Strategy's 5 goals (see Figure 4).

The PME System requires annual targets against which to measure progress in achieving the Strategy's Goals and Objectives.¹ There are 127 measures associated with the 97 performance targets. For almost all of the performance targets, 1996 was chosen as the baseline year against which to assess progress toward achieving the 2002 and 2007 end-states. The selection of 2007 corresponds to the publication of the 10-year Strategy released in February 1998, which covers the 1998–2007 period.²

The PME System will track progress in achieving the targets for the 1998–2007 time period. Current efforts involve defining annual targets, or glide paths, for the 1998–2007 period. These glide paths are still under construction, but as Appendix D shows, the interagency process has defined preliminary targets.

However, these glide paths cannot be finalized until a full consultation process that involves our non-Federal partners in drug control is completed. In 1999, our partners in the state and local government sector and the private sector will be more involved in further refining appropriate glide paths to achieve the end states established by the Administration for 2007. More precise glide paths will be modified based on intergovernmental consultation and the action plans developed in 1999. The glide paths are not necessarily static, and may need to be adjusted to reflect new or changing circumstances.

Figure 4
Goals, Objectives, Targets, and Measures



Meanwhile, we will report on the most recent results for our performance targets. We will do so by discussing the Impact Targets and key performance targets for certain objectives. A complete discussion of progress for each of the performance targets is presented in Appendix D.

The Problem of Lagging Indicators

The PME System relies on publicly available data and information. These data and information come from Federal agencies, which collect and report information to the public. For example, the principal measure of drug use, the Department of Health and Human Services' (HHS') National Household Survey on Drug Abuse (NHSDA—commonly referred to as the Household Survey), is released each year, usually in August. This survey describes incidence and prevalence for the U.S. household population for a particular calendar year. Other surveys—like the Federal Bureau of Investigation's (FBI's) Uniform Crime Reports (UCR), the Monitoring the Future Study funded by the National Institute on Drug Abuse (NIDA), or the Drug Enforcement Administration's (DEA's) drug price and purity data—are also released publicly at various times during the calendar year. The PME System incorporates these information systems, as well as many other data sources, as measures for its 97 performance targets.

The fact that each data system is available to the public is important to the PME System. This means that anyone can determine the efficacy of the Strategy's Goals and Objectives at any given time. However, the PME System's use of data is unique because of the underlying logic model that connects the Goals and Objectives with Federal drug control programming. This means that the Strategy's progress can be judged in system terms—each Goal and Objective can be assessed in terms of its contribution to the three elements of ONDCP's mission to reduce drug use, availability, and consequences. No longer will an entire Strategy be evaluated on the basis of any one indicator.

There is also the reality of time lags in the reporting of data and information and the corresponding

target year for a performance target. Most data systems have a lag of about one year between the time when information is collected to when it is subsequently reported. In some cases, this delay is longer. This means that the reporting of progress against targets in the PME System, except for those that are milestones, will have to occur a year or more after the target year.

This problem of lags in reporting data is best understood through an example. Consider the case of the Household Survey. As shown in Figure 5, this survey is based on a 12-month calendar year data collection cycle. Its findings are available to the public in the summer following the data collection period. To report on a performance target for a calendar year, we must wait until the year following the target year. For example, data to inform progress toward a 1998 target would require data reported in the 1999 Household Survey and would be included in the 2000 PME Report. In practical terms, *given that the PME System is establishing annual targets for the 1998–2007 period, the problem of data reporting lags means that the measures against specific targets must wait until 1998 data are released in 1999.* This means that the February 2000 PME report will be the first to provide actual data from the Household Survey for the specific performance targets for 1998.

This year's PME Report includes the most recently available information for the performance targets—generally, 1997—and describes progress against the 1996 baseline year.

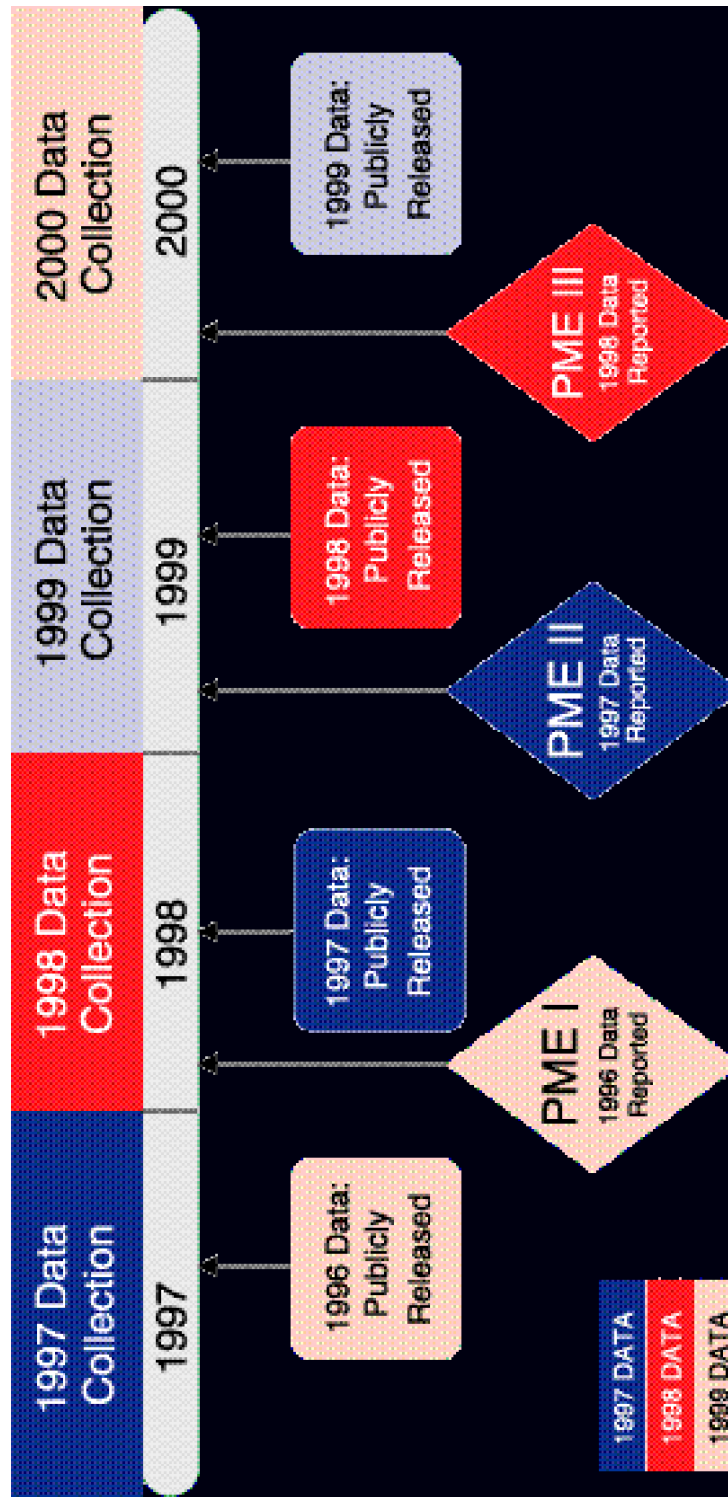
Drug Use

Twelve Impact Targets are used to assess the Strategy's progress in reducing the drug problem in the following areas: drug use, drug availability, and consequences. We will now review progress against the key indicators for these three areas using the relevant performance measures.

Reduce Drug Use Nationwide

The PME System established a 2007 target of a 50 percent reduction in the rate of overall drug use,

Figure 5
Data Availability
National Household Survey on Drug Abuse



as measured by the Household Survey. The 1996 baseline for this measure is 6.1 percent, which means the 2007 target rate is 3 percent. According to the 1997 Household Survey, overall drug use in the United States was statistically unchanged between 1996 and 1997. The overall drug problem neither worsened nor improved between 1996 and 1997. There were 14 million current users of any illicit drug in the overall household population in 1997, or 6.4 percent of the population.³

While the performance target is focused on overall drug use, it is useful to understand the trends in the principal drugs that comprise this particular measure. **Marijuana** continues to be the most frequently used illicit drug, and its use dominates the trend in overall drug use. In 1997, an estimated 11.1 million individuals reported using marijuana on a past-month basis—or 5.1 percent of the household population. This rate was statistically unchanged from 1996, when there were an estimated 10.1 million current marijuana users, or 4.7 percent of the population.⁴

Heroin use remained unchanged in 1997 as compared to 1996. For both years, 0.2 percent of the household population reported past-month heroin use. This equates to 325,000 past-month users of heroin in the household population in 1997. This is an increase of 378 percent since 1993, when the number was 68,000—the lowest number of heroin users recorded by the Household Survey.⁵

The data for **cocaine** generally suggest that cocaine use is dropping. The number of past-month users of cocaine decreased slightly from 1.7 million in 1996 to 1.5 million in 1997. However, this decrease was not statistically significant.⁶

Use of Illegal Drugs, Alcohol, and Tobacco by Youth

While overall drug use in the United States generally remained level during 1997 as compared to 1996, this was not the case for youth drug use. Here we are facing a serious challenge. The PME System established two targets related to reducing youth drug use. One target focuses on delaying the onset of drug use. Here the performance target is

to increase the average age of first-time drug use by 36 months by 2007 from the 1996 baseline level (by 12 months by 2002). The other target focuses on prevalence. It requires that the rate of youth drug use be reduced by 50 percent by 2007 (by 20 percent by 2002). Both targets use data from the Household Survey to measure progress against these targets.⁷

There continues to be a serious problem with drug use among youth. The 1997 Household Survey reports that the problem worsened between 1996 and 1997: the use of illicit drugs among youth (ages 12–17) increased from 9.0 percent in 1996 to 11.4 percent in 1997.⁸

Most of this increase was driven by **marijuana** use among youth. The rate of current marijuana use among 12–17 year olds increased from 7.1 percent in 1996 to 9.4 percent in 1997, an increase of nearly one-third. This increase in marijuana use was driven particularly by use among 12–13 year olds—the rate for this age group doubled between 1996 and 1997, from 1.2 percent to 2.5 percent, and 14–15 year olds—the rate for this age group increased 37 percent, from 6.7 to 9.2 percent. Both increases were statistically significant.⁹

Cocaine use among youth appears to be unchanged overall. While not statistically significant, the Household Survey shows that 1.0 percent of America's 12–17 year olds had used cocaine during the past month in 1997 as compared to 0.6 percent in 1996. However, white youth as a subgroup of this population showed a statistically significant increase in past-month cocaine use from 0.5 percent in 1996 to 1.1 percent in 1997.¹⁰

Heroin use among youth remained constant during 1997 as compared to 1996. The rate of past-month heroin use among 12–17 year olds was 0.2 percent for both years.¹¹

Tobacco use among youth was statistically unchanged from 1996 to 1997 for both cigarettes and smokeless tobacco. The rate of cigarette use among youth (12–17 years old) was 19.9 percent in 1997 compared to 18.3 percent for 1996. The rate of smokeless tobacco use was 2.0 percent in 1997 compared to 1.9 percent for 1996.¹²

Alcohol use among youth also was statistically unchanged from 1996 to 1997. The Household Survey reported that 20.5 percent of America's 12–17 year olds had at least one drink during the past month as compared to 18.8 percent in 1996.¹³

Initial Age of Drug Use Among Youth

The 1997 Household Survey reports information on the average age of first-time use of marijuana, cocaine, and heroin for 1996. Data on drug use initiation rates are from the year preceding the survey (1996) and earlier. Thus, only data for the baseline year are available. The 1998 Household Survey will provide initiation rates for 1997 and prevalence rates for 1998: the first year of this annual performance target.

The mean age of first time use of marijuana in 1996 was 16.4 years. The average ages of first use of heroin and cocaine in 1996 were 18.1 and 18.7 years of age, respectively.¹⁴

The above results form the baseline against which to judge the efficacy of the Strategy's demand reduction efforts, particularly those efforts that focus on affecting youth attitudes about the dangers of drug use. It is expected that the National Youth Anti-Drug Media Campaign, the expansion of community-based prevention efforts, and other prevention efforts that focus on our schools and homes will stem the spread of drug initiation among youth.

Reduce Drug Use in the Workplace

Drug use adversely affects productivity in the workplace, which ultimately translates to increased costs and lower profits for business and industry. Most drug users are employed, which makes the workplace important to our national effort to reduce drug use and its consequences. The PME System includes a performance target to reduce drug use prevalence in the workplace. This target focuses on reducing prevalence by 50 percent by 2007 compared to the 1996 baseline year (by 25 percent by 2002).

Among current illicit drug users age 18 and older, 73 percent were employed in 1997. This translates to 6.7 million full-time workers and 1.6 million part-time workers who are using drugs.¹⁵ The rate of current drug use among those employed full-time was 6.2 percent in 1996 and 6.5 percent in 1997. Among those employed part-time, the rate of drug use was 8.6 percent in 1996 and 7.7 percent in 1997. These differences in rates between 1996 and 1997 are not statistically significant.¹⁶

Reduce the Number of Chronic Users

Chronic drug users consume the vast majority of illicit drugs. Unless the number of chronic drug users is reduced, progress in reducing the overall demand for drugs will be hindered. The PME System includes a performance target to reduce the number of chronic drug users by 50 percent by 2007 (by 25 percent by 2002). At this point, no official, survey-based government estimate of the size of this drug-using population exists. One study conducted for ONDCP estimates the number of chronic users at 3.6 million for cocaine and 810,000 for heroin in 1995.¹⁷ This same study also suggests that the size of this population has slowly declined since the early 1990s, presumably reflecting the growth in treatment capacity and its effectiveness.¹⁸ ONDCP is now conducting Phase II of its pilot study designed to provide an accurate estimate of the size of this population.¹⁹

As the estimate of chronic users is refined and national estimates are developed, we will have more valid and accurate estimates of chronic drug users against which to compare the targets. As long as comparable estimates for the base year (1996) are developed along with the new measures, the targets can be tracked accurately.

Drug Availability

Interagency Drug Flow Models

In the area of supply reduction, the Strategy emphasizes the need to reduce the available supply of drugs in the United States. No one can deny the

relevance of such a target. The problem is that there are no official government estimates of the available supply of drugs in the United States. A critical foundation of the PME System is a set of drug availability estimates coherently connected to one another across each stage of movement toward U.S. markets, and consistently tied to threat and performance assessments within each stage.

After the introduction of the PME System last year, ONDCP began an interagency effort to generate such estimates, first by developing a research plan which organized the PME drug flow requirements, prioritized them, then brought together agency representatives and contractor support to model the drug flow and meet the PME requirements. The process is evolutionary: initial pre-existing estimation components are integrated into the flow model, missing pieces identified and approximated with the most accurate information available, and new processes initiated to refine the methodology and estimates.

The flow model for cocaine, the most developed of the four major drug models, combines the State Department's annual International Narcotics Control Strategy Report (INCSR) source crop cultivation data, the advanced efforts of the production estimates developed by the Central Intelligence Agency's Crime and Narcotics Center (CIA/CNC), the foreign movement analysis derived from the Interagency Assessment Cocaine Movement (IACM), and the comprehensive Federal-wide Drug Seizure System (FDSS) and Consolidated Counterdrug Data Base (CCDB) sources. The most significant information gap is an accurate estimation of the amount of cocaine consumed in foreign countries. Agency efforts are underway to baseline these consumption figures. This will not only assist in estimating the world-wide availability of cocaine, but also the proportion flowing toward the United States market.

Additionally, multi-agency efforts are on-going to connect the estimates generated by foreign movement estimates with a domestic model of cocaine movement.

For heroin, the most promising approach to modeling the flow of heroin into the United States

is through the use of the Drug Enforcement Administration's Heroin Signature Program (HSP). The HSP determines the relative source-distribution of heroin entering the United States through chemical analysis of seized samples.²⁰ Law enforcement agencies and the intelligence community, assisted by a leading research contractor, are both working toward improving these estimates.

In order to model marijuana availability, an approach similar to heroin modeling may be possible. A Cannabis Signature Program is under development to assist in determining the relative source of seizures in the United States, including the proportion of domestically cultivated marijuana. Also under development is a system to provide more accurate estimates of the total scope of marijuana cultivation within the United States, including the relative tetrahydrocannabinol (THC) content. One critical difference in marijuana data is that there are no standard units comparable to a gram of cocaine. While the relative THC content of different samples is measured, the relationship of this data to the overall marijuana supply, both domestic and non-domestic, is not known. This issue is currently being examined.

Modeling of methamphetamine availability in the United States is still in the conceptual stages of development. A flow model for methamphetamine is a significant challenge largely due to the relative ease of manufacturing methamphetamine.

The progress made to date is in accordance with our anticipated schedule for this difficult but important undertaking. In the interim, preliminary estimates (but not official government estimates) are available for cocaine and heroin for purposes of understanding where the Strategy stands regarding these particular performance targets. As will be shown, there is much to be encouraged about.

Source Zone Outflow

The Strategy recognizes that gaining control over the cultivation and production of illicit drugs is at the heart of our supply reduction efforts. The PME System developed a performance target to

assess progress in achieving reductions in cultivation and production in terms of reduction in the *rate of outflow* from source countries. The performance target seeks to reduce the rate of outflow by 30 percent by 2007 (15 percent by 2002) as measured against the 1996 baseline year.

There is no official U.S. government estimate for the outflow of drugs from source zones. One is being developed through the same interagency process just highlighted.²¹ In the interim, we measure our progress toward this performance target using the 1996 estimate of cocaine shipped from source zones toward the U.S. (568 metric tons), divided by the CNC estimate of potential cocaine production (760 metric tons) to arrive at the rate of outflow from source countries, which was about 75 percent in 1996.²² In 1997, it is estimated that this rate declined to 66 percent.²³ Hence, this suggests that our source country efforts—crop eradication, alternative crops, destruction of drug laboratories, targeting organizations, and interdiction—are making progress toward the performance target.

Available data indicate drug cultivation in source countries is declining. Cultivation trends are tracked separately under Objective 1 of Goal 5 (reduce net cultivation). Progress against this objective is one reason why the overall impact of drug outflow shows improvement.

Worldwide illicit drug cultivation estimates are published annually in the Department of State's INCSR. In general, the 1998 INCSR indicates a dramatic decline of 39 percent in Peruvian coca cultivation between the base year of 1996 and 1998.²⁴ Bolivian coca cultivation declined by 11 percent over the same period. The estimated worldwide coca cultivation dropped 7.5 percent in 1997.²⁵ The 1998 INCSR reported a global estimate of 209,700 hectares of coca in 1996 as compared to the 1997 estimate of 194,100 hectares.²⁶

The estimated worldwide cultivation of opium for 1997 was 247,000 hectares as compared to a total of 249,610 hectares in 1996.²⁷ This represents about a 1-percent drop, but it was the first decline in the estimated cultivation of opium since 1993.

Foreign marijuana cultivation also showed a decline in 1997. The total estimated cultivation for Mexico, Colombia, and Jamaica dropped from 12,027 hectares in 1996 to an estimated total of 10,117 hectares in 1997—a decline of 16 percent. Nearly all of this decline can be attributed to a 26 percent reduction in estimated cannabis cultivation in Mexico. The INCSR estimated 6,500 hectares of cannabis in 1996 as compared to 4,800 hectares in 1997.²⁸

Transit and Border Zone Drug Flow

The transit and border zones are important places to stop the flow of drugs into the United States. The performance target for these zones seeks to reduce by 10 percent the rate at which illegal drugs enter the United States by 2002 and 20 percent by 2007 as compared to the 1996 base year.²⁹

To illustrate progress toward this performance target, we use a figure developed by the PME Cocaine Flow Working Group,³⁰ which shows that approximately 568 metric tons of cocaine were shipped from source zones toward the United States in 1996 (baseline year).³¹ According to 1996 seizure information, 118 metric tons of cocaine were seized in the transit and border zones that same year.³² This implies that the rate at which cocaine successfully entered the United States in the transit and border zones in 1996 was 79 percent. The Impact Target proposes to reduce the base year flow rate by 20 percent by 2007. This translates into a flow rate of 63 percent.

In 1997, using the same sources of information, we find that 430 metric tons of cocaine³³ were estimated to have been shipped from source zones toward the United States, with 136 metric tons being seized in the transit and border zones.³⁴ Therefore, the 1997 rate at which cocaine entered the United States in the transit and border zones was 68 percent. Clearly, the drug control community's efforts have resulted in some improvement. ONDCP will meet the challenge of estimating U.S. cultivation and production in 1999 and report on its findings in next year's PME System report.

Domestic Production

The United States must gain control over its own cultivation and production of illicit drugs. The PME System includes a performance target to reduce the production of methamphetamine and the cultivation of marijuana by 50 percent by 2007 (by at least 20 percent by 2002). However, the first step is to estimate baseline figures for the availability of these drugs.

Rate at Which Illicit Drugs Within the U.S. Reach U.S. Consumers

Efforts to reduce the availability of drugs, both from foreign and domestic sources of supply, have not been entirely successful—too much remains available for consumption by U.S. consumers. The objective of law enforcement is to further reduce the domestic supply of drugs, whether from foreign or domestic sources, to prevent them from becoming available to the U.S. consumer. The PME System proposes to reduce the rate at which illicit drugs of U.S. venue reach the U.S. consumer by 20 percent by 2007 (by 10 percent by 2002).

Currently there are no estimates of drugs of U.S. venue available in the U.S. for distribution. The Federal government is working on developing such estimates through the interagency process described earlier.

Drug Consequences

The Strategy also intends to reduce the damaging consequences of drug use. In terms of performance measurement, two principal areas are targeted: (1) reducing crime and violence and (2) reducing health and social costs.

Drug-Related Crime and Violence

The Strategy intends to increase the safety of America's citizens by reducing drug-related crime and violent acts. The PME System established a performance target to reduce drug-related crime and activity by 30 percent by 2007 (and by 15 percent by 2002) as compared to the 1996 baseline year.

In terms of arrests for drug law violations, there was some improvement in 1997. In 1996, the rate of arrests for drug law violations was 594 per 100,000 arrests. In 1997, this rate increased to 602 per 100,000, a 7 percent increase over 1996.³⁵ While changes in the arrest rates for drug crimes is not an absolute measure of success or failure of our efforts, this information, taken in combination with other measures of criminal activity and behavior, can inform the overall evaluation process.

According to the Uniform Crime Reports, violent crime is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. In all cases, these crimes involve force or the threat of force.³⁶

Violent crime within the United States has been declining for several years, and 1997 was no exception. The lowest national violent crime rate since 1987 was recorded in 1997: 611 violent crimes per 100,000 inhabitants in the United States. This represents a decline of 4.0 percent over the 1996 rate of 637 per 100,000.³⁷ Although the rate is trending downward, an estimated 1.6 million violent crimes were still reported to law enforcement officials.

During 1997, there were 18,209 murders reported in the United States.³⁸ It is estimated that 786 of these involved or were the result of violations of narcotics laws versus 843 in 1996.³⁹ All other categories of violent crime also declined in 1997 as compared to 1996. Rape declined slightly in 1997 from a rate of 36.3 rapes per 100,000 in 1996 to 35.9 rapes per 100,000 in 1997.⁴⁰ Robbery dropped 7.8 percent from 202 robberies per 100,000 in 1996 to a rate of 186 robberies per 100,000 in 1997.⁴¹ The aggravated assault rate declined from 391 per 100,000 in 1996 to 382 aggravated assaults per 100,000 in 1997.⁴² What proportion of these are drug-related is not known. The Data Subcommittee is developing a plan to gather needed data to better measure progress toward this target.

Reduce Health and Social Costs

Illegal drug use produces a wide array of health and social costs. First, there are the obvious costs to

the individual in terms of his/her personal health. There are also adverse impacts on the drug user's family, friends, and community. Ultimately, there is also a significant penalty to the American taxpayer in terms of increased financial and social costs.

This Impact Target seeks to quantify the health and social costs in constant dollars attributable to illegal drugs. In 1998, a study conducted for NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimated the total economic cost of drug abuse in the United States was \$110 billion for 1992.⁴³ The estimate includes the costs associated with substance abuse treatment and prevention, economic losses resulting from reduced job productivity or lost earnings, and other costs to society such as crime and social welfare. NIDA and NIAAA are working on projects to provide annual estimates of the social costs of drug use based on the methodology reported in these studies. ONDCP is currently negotiating with NIAAA and NIDA to produce annual updates of the social and health cost data.

Milestones Met in 1998

Of the 97 targets that comprise the PME system, approximately one-third are milestones. Three of these milestones were scheduled for completion in 1998; all three were completed on time. In addition, three of the 1999 milestones were completed early. The following paragraphs will summarize progress in these areas.

Goal 3, Objective 1, Target 5: Disseminate treatment information. As part of the Goal 3 Objective to reduce health and social costs, this target required that information about the most effective drug treatments be disseminated to key civic leaders.

The purpose of this performance target is to disseminate current information to key civic leaders about the best available drug treatment to substantially enhance efficiency, effectiveness, and accessibility of drug treatment nationwide. The level of knowledge about drug abuse, drug abusers, and drug abuse treatment and its effectiveness among key civic leaders has been raised. There is

evidence from various event managers and sponsoring organization representatives that the materials produced are being used in ongoing discussions about treatment effectiveness, access, and funding.

During 1998 National Alcohol and Drug Addiction Recovery Month (NADARM) activities, 24,000 kits were distributed by participating and sponsoring agencies during community forums, treatment center open house events, news conferences, meetings, and celebrations; also via direct mail, cable and public TV programs, and public service announcements (PSAs).

The Recovery Month kickoff was celebrated with a press conference featuring the *Services Research Outcomes Study* conducted by the Office of Applied Studies (OAS) of the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to the distribution of these kits, Recovery Month radio PSAs were aired on 79 AM and 77 FM stations in 104 cities in 36 states.

Completion of this target was important to the drug control community, as its achievement is intended to support effective and accessible treatment, which in turn contributes to the reduction of chronic drug users. There had been little systematic dissemination of scientifically sound information about effective treatment to key civic leaders (and the general public).

Goal 3 Objective 5, Target 1: Research focus. Objective 5 under Goal 3 calls for research on the development of medications and treatment protocols to prevent or reduce drug dependence. The established target required development of a prioritized list of research questions by 1999 that address the development of medications and related protocols. This milestone was achieved through a review of obstacles to closing the gap between treatment need and capacity as well as a process of scientific review. As part of the review, NIDA scientists reviewed existing worldwide literature concerning the neurochemical, molecular, and behavioral bases for drug addiction.

As new discoveries are made they are published in scientific journals, discussed and debated at

scientific meetings, and are often the subject of confirmatory experiments conducted by other scientists. Thus, knowledge concerning the current state of science is continuously available for evaluation.

The judgment of NIDA scientists and NIDA-funded extramural scientists is scrutinized by panels of outside experts, in a process known as peer review. In this process, non-Federal experts are brought in to review all applications for funding. This ensures that applications are funded that address not only the current best thinking within a given field, but also provide an adequate methodology by which any given hypothesis can be tested by means accepted by the general scientific community. As various hypotheses are either proved, disproved, or modified, they become part of the scientific data base from which all scientists make decisions concerning where to proceed. In this process, research maintains a self-correcting forward focus.

In the area of medication development, questions requiring research include the development and application of pharmacotherapies and behavioral therapies for the treatment of dependence on the abuse of cocaine, crack, opiates, marijuana, and stimulants, including methamphetamine.

Goal 3, Objective 7. Targets 1 and 2: Develop an information package and Disseminate evidence. The first target required an information package be developed by 1999 for state legislators, governors, and physicians on the damaging consequences of the use of marijuana for medicinal purposes and on pharmaceutical alternatives to marijuana. To reach the target, ONDCP convened an Interagency Demand Reduction Working Group subcommittee consisting of representatives from HHS, SAMHSA, NIDA, DEA, and the Department of Justice (DOJ).

In 1998, this Subcommittee on Marijuana for Medical Use developed an Interagency Marijuana Resource Guide that described various printed materials available on marijuana and how to obtain them as well as a list of websites containing more information. This represents the completion

of Target 1. A larger group drafted talking points based on scientific research regarding marijuana and the established process for having a substance declared a medicine. These talking points were used by various spokespersons to educate the public on issues related to the 1998 ballot initiatives to legalize marijuana in seven states.

The second target pertains to the dissemination of scientific evidence about the dangers of legalizing drugs. The target requires information to be disseminated by 1999 on the potential adverse effects of drug legalization.

The Interagency Marijuana Resource Guide was included in packets distributed at various conferences and meetings. It was also sent to policy-makers, state and local government leaders, nongovernmental organizations, and included in press packets sent to media outlets in states considering legalizing marijuana through the ballot. Additionally, the Deputy Director of ONDCP conducted press conferences in four cities, speaking against the ballot initiatives to legalize harmful drugs in Oregon, Nevada, Arizona and Washington. The Resource Guide will be available on ONDCP's website in February 1999.

Completion of this target provides the public with both the scientific facts regarding marijuana and the Administration's position that neither legislation nor ballot should circumvent the well-established scientific process that determines whether a substance has medicinal value. This target was particularly significant in that it provided a voice of reason against the well-financed legalization movement, while highlighting the Federal government as a resource to state and local communities.

Goal 4, Objective 2, Target 1: Cooperative intelligence and investigative relationships. The purpose of this target was to identify and inventory all existing interagency intelligence and investigative relationships associated with air, maritime, and land smuggling. This inventory is intended as a starting point for identifying gaps in relationships with the ultimate goal of improving interagency cooperation, which in turn is expected to improve our ability to reduce the drug flow.

During 1998, a White House Task Force on Counterdrug Intelligence Centers and Activities was commissioned. As the first phase of its work, this task force completed an exhaustive inventory of the intelligence and investigative relationships that currently exist among the United States intelligence and law enforcement communities. This detailed study satisfied the intent of this milestone.⁴⁴ The next step, to be completed in 1999, is to develop a strategy to resolve identified gaps.

Goal 4, Objective 3. Target 1: Identify and inventory foreign cooperative relationships. The foundation of our partnership with foreign nations in combating drug trafficking and drug traffickers centers on a wide variety of cooperative relationships between the United States and other sovereign nations. The intent of this target is to develop a comprehensive list of the bilateral and multilateral intelligence and investigative agreements that currently exist, including multiparty air, maritime, and land anti-smuggling agreements.

An interagency PME working group completed an in-depth review of all such relationships between the United States and 23 foreign countries. These countries included all major transit-zone countries and other nations where the working group felt strong bilateral and/or multilateral relationships were essential. The working group produced a report that included the following:

- Summary of conventions/summits
- Extradition agreements
- Multilateral agreements
- Chemical control agreements
- Maritime agreements
- Customs mutual assistance agreements
- Inter-American Drug Abuse Control Commission (CICAD) agreements
- U.S. law enforcement presence

This inventory will serve as the basis for a follow-on working group's efforts to identify gaps in intelligence and cooperation during 1999.⁴⁵

Reporting on Progress in the 2000 PME System Report

This year the discussion of progress was cast in terms of the individual performance targets, particularly the Impact Targets for 1996 and 1997. Next year many of the performance targets will have 1998 data to indicate progress toward the target levels for 1998. The 2000 Strategy and related reports will discuss progress in systems terms rather than in terms of the individual performance targets. The supporting Strategy Objectives for the identified Goal and their performance targets will be collectively scrutinized to determine the drug control programming that did and did not meet expectations. This will in turn enable many constructive actions, from specific program evaluation to program reform or other corrective actions.

Endnotes

1. See the ONDCP Reauthorization Act of 1998 (P.L. 105-277).
2. Office of National Drug Control Policy, Executive Office of the President, *The 1998 National Drug Control Strategy: 1998 A Ten Year Plan*. February 1998.
3. The difference between the 6.4 percent rate of current drug use reported for 1997 and the 6.1 percent rate for 1996 is not statistically significant. (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1997 National Household Survey on Drug Abuse*, Rockville, MD: U.S. Department of Health and Human Services.)
4. The difference between the 5.1 percent rate of current marijuana use reported for 1997 and the 4.7 percent rate for 1996 is not statistically significant. (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1997 National Household Survey on Drug Abuse*, Rockville, MD: U.S. Department of Health and Human Services.)

5. Ibid.
6. Ibid.
7. The Household Survey reports data for youth drug use for respondents aged 12–17. Alternatively, the Monitoring the Future Study released each year by the University of Michigan could be used, but it measures prevalence for only three grades: 8th, 10th, and 12th grades. The Household Survey was chosen because of the planned expansion of its sample size, thereby making its estimates more valid and reliable, and because of its broader coverage of the youth cohort.
8. The increase from the 9.0 percent rate of current drug use reported for 1996 and the 11.4 percent rate for 1997 is statistically significant at the .01 level. (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Preliminary Results from the 1997 National Household Survey on Drug Abuse*, Rockville, MD: U.S. Department of Health and Human Services.)
9. The increase for 12–13 year olds from the 1.2 percent rate of current marijuana use reported in 1996 and the 2.5 percent rate for 1997 is statistically significant at the .01 level. The increase for 14–15 year olds from the 6.7 percent rate reported for 1996 and the 9.2 percent rate for 1997 is statistically significant at the .05 level. Rates for those aged 16–17 were statistically unchanged. (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Preliminary Results from the 1997 National Household Survey on Drug Abuse*, Rockville, MD: U.S. Department of Health and Human Services.)
10. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Preliminary Results from the 1997 National Household Survey on Drug Abuse*, Rockville, MD: U.S. Department of Health and Human Services.
11. Ibid.
12. The changes in cigarette and smokeless tobacco use from 1996 to 1997 are not statistically significant. (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Preliminary Results from the 1997 National Household Survey on Drug Abuse*, Rockville, MD: U.S. Department of Health and Human Services.)
13. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1997 National Household Survey on Drug Abuse*, Rockville, MD: U.S. Department of Health and Human Services.
14. Ibid.
15. Ibid.
16. Ibid.
17. Office of National Drug Control Policy. *What America's Drug Users Spend on Illicit Drugs*, 1988–1995. Fall 1997, Washington, DC: Government Printing Office.
18. Another attempt to measure chronic drug use, developed by SAMHSA using a combination of the Household Survey drug use data with treatment and arrest data, estimates that there were more than 3.6 million persons in 1994 who experienced drug problems of a severity that made them prime candidates for treatment. While this measure of chronic drug use is not equivalent to “hard core” drug use, it can be considered a conservative estimate that is subject to revision as better methods of measuring chronic drug use are developed and implemented.
19. The Senate and House Treasury, Postal Service, and General Government Subcommittees provided \$5 million to conduct Phase II of its pilot study on estimating the number of chronic addicts in the United States. The findings from Phase I of the study, which were released in Spring 1998, proved the efficacy of a new methodology to estimate the size of this population that traditional survey techniques tend to miss. Office of National Drug Control Policy. *A Plan for Estimating the Number of “Hardcore” Drug Users in the United States: Preliminary Findings*, Fall 1997, Washington, DC: Executive Office of the President, Office of National Drug Control Policy, Office of Programs, Budget, Research, and Evaluation.
20. An assessment of seizure sampling methodology is being conducted to determine its correlation to heroin source-regions. The amount of heroin entering the country from the various source-regions can be determined by comparing the relative source distributions with an estimate of U.S. consumption.
21. An interagency PME Cocaine Flow Working Group, separate from the PME Working Groups, was established to coordinate, develop, and review drug flow estimates for the PME measures.
22. Based on potential cocaine production figures (CIA/CNC, March 1997), minus losses due to source zone seizures and consumption (INCSR, March 1998) and diversion to non-U.S. markets (IACM, February 1997).
23. Based on 1997 potential cocaine production of 650 metric tons (CIA/CNC, March 1998), minus losses due to source zone seizures of 89 metric tons (INCSR, March 1998), consumption of 69 metric tons (INCSR, March 1998)

- and diversion to non-U.S. markets of 62 metric tons (IACM, February 1998).
24. INCSR, March 1998.
25. Ibid.
26. Ibid.
27. Ibid.
28. Ibid.
29. For years, drug trafficking tended to be measured in terms of output measures such as quantities of drugs seized. Such data, however, have only limited utility in determining the overall success in reducing drug flow to the United States. Such measures can rise or fall due to changes in the flow of drugs (or level of crime in the case of arrests) and changes in the level of enforcement. To use such measures for evaluating performance, we would first need to disaggregate observed changes into their component parts.
30. This group should not be confused with the 21 PME Working Groups. The PME Cocaine Flow Working Group is an ONDCP-led interagency working group established to coordinate, develop, and review drug flow estimates for the PME measures.
31. This is based on the potential cocaine production figures (CIA/CNC, March 1997), minus losses due to source zone seizures and consumption (INCSR, March 1998) and diversion to non-U. S. markets (IACM, February 1997).
32. IACM, August 1998.
33. This is based on 1997 potential cocaine production of 650 metric tons (CIA/CNC, March 1998), minus losses due to source zone seizures of 89 metric tons (INCSR, March 1998), consumption of 69 metric tons (INCSR, March 1998), and diversion to non-U. S. markets of 62 metric tons (IACM, February 1998).
34. IACM, August 1998.
35. Federal Bureau of Investigation, *Crime in the United States: Uniform Crime Reports* (Washington, DC: U.S. Department of Justice, 1997).
36. Ibid.
37. Ibid.
38. Ibid.
39. Ibid.
40. Ibid.
41. Ibid.
42. Ibid.
43. The Lewin Group (Harwood, Henrick; Fountain, Douglas; and Livermore, Gina). *The Economic Costs of Alcohol and Drug Abuse in the United States 1992* (Rockville, MD: U. S. Department of Health and Human Services, September 1998).
44. *Review of the U.S. Counter Drug Intelligence Architecture*. Report of the White House Task Force on the Coordination of Counter Drug Intelligence Centers and Activities with Departmental Comments, July 23, 1998.
45. This inventory is contained in the final report of the Regional Country and Cooperation Working Group, one of the 21 PME Working Groups. A copy is maintained in the Evaluations Branch, Office of Programs, Budget, Research, and Evaluation, Office of National Drug Control Policy.

III. PME System Accomplishments in 1998

When it was first introduced in 1998, the ONDCP PME System was recognized as providing a groundbreaking approach to the measurement of government performance.¹ What is particularly striking is that the breakthrough was realized in a policy area in which many agencies must have a hand in achieving any objectives that are established. Drug control policy is crosscutting in nature, and this makes the task all the more difficult.

With the active participation of representatives from the more than 50 Federal drug control agencies, ONDCP succeeded in developing the first comprehensive system for measuring—and improving—national performance in the area of drug control.

The nucleus of the PME System consisted of 12 Impact Targets that define desired end-states for reducing drug use, drug availability, and drug consequences. The remaining performance targets reflected national progress toward the five Strategy Goals and supporting Objectives.

While Impact Targets reflect whether the Strategy is successful overall, the other performance targets offer critical information on what needs to be done to refine policy and programmatic direction. A full depiction of the logic model underlying the PME System is displayed in Appendix C (which has

been updated to reflect the 1998 interagency recommendations).

Building Consensus

Interagency working groups, working through a consensual process, developed the PME performance targets that were published in 1998. These targets provided the framework for implementing and assessing the performance of the Strategy.

The challenge in 1998 was to organize the activities of agencies in a way that would allow the performance targets to be achieved within the 10-year time frame established by the Strategy. To guide our efforts, five PME Steering Groups were established—one corresponding to each of the five goals in the Strategy. Steering group members were appointed by the Chiefs of Staff of the Federal agencies.

Under the guidance of these Steering Groups, 21 interagency PME Working Groups (see Figure 6) were formed.² Each group was assigned one or two of the Objectives included in the Strategy.

Working Group Charter. The PME Steering Groups and Working Groups focused their efforts on four key areas: logic models, action plans, glide paths (annual targets), and data issues. The first three areas define how and when each target will be achieved. The data issues must be resolved in

Figure 6
21 Interagency PME Working Groups

GOAL 1	
<u>Working Groups</u>	<u>Chairs/Co-Chairs</u>
<ul style="list-style-type: none"> • Education and Training • Public Information • Prevention Principles and Policies • Community and Business • Research and Technology 	<ul style="list-style-type: none"> SAMHSA/DoEd SAMHSA SAMHSA/DoEd SAMHSA NIDA/SAMHSA
GOAL 2	
<ul style="list-style-type: none"> • Law Enforcement and Prosecutions • Break-the-Cycle Activities • HIDTA Support • Law Enforcement Research and Technology 	<ul style="list-style-type: none"> COPS OJP ONDCP NIJ
GOAL 3	
<ul style="list-style-type: none"> • Treatment Access and Effectiveness Research • Workplace and Credentialing Programs • Medication Development and Health Issues 	<ul style="list-style-type: none"> NIDA/SAMHSA SAMHSA NIDA/SAMHSA
GOAL 4	
<ul style="list-style-type: none"> • Counterdrug Operations • Law Enforcement Intelligence and Investigations • Regional and Country Cooperation • Research and Technology 	<ul style="list-style-type: none"> USIC DEA/CIA DoS/DEA DoD
GOAL 5	
<ul style="list-style-type: none"> • Drug Crop and Export Controls • Drug Trafficking Organizations • Institution Building • Money Laundering and Asset Seizure • Research and Technology 	<ul style="list-style-type: none"> DEA/DoS DEA/CIA DEA/DoS Treasury/DoS DoD

order to measure progress in meeting these targets. Each of these areas will be addressed below.

Logic Models. The first step in deciding how to achieve each target was to develop a logic model for each target or group of closely related targets. The logic model establishes causal relationships between government interventions and the desired results. The logic model also serves as a foundation for understanding what it will take to achieve each target and where efforts should be focused.

Logic models have been around for at least two decades, used primarily in program evaluations to examine the linkages between program inputs and outcomes.³ Whereas these models started with program inputs, ONDCP reversed the process. Our approach was to begin the analysis starting with the performance target. This allowed us to venture beyond the status quo in our effort to identify factors that could affect the target.

In developing a logic model, the analysis began with the performance target. The working groups analyzed each target to identify factors (independent variables) known to influence the achievement of the targets (dependent variables). Next, the working groups determined who had control over each factor.

The groups then identified discrete activities constituting ways to manipulate these factors. Defining these activities (and the agencies controlling them) helped to suggest means of gaining influence over factors that may initially appear beyond one's control.

For each target, specific interventions could be employed as means of accomplishing the desired activity. These interventions generally took the form of Federal, state, or local programs already in existence. Non-financial interventions, such as changes to Federal statutes, were also identified through this process. Finally, the analysis revealed gaps where new interventions were needed.

Not all logic models developed in 1998 were thorough in identifying factors outside the drug control community that could affect target achievement. The models will become more comprehensive as

we engage states, localities, and private organizations in a process of dialogue during 1999. This will lead to the identification of creative options for achieving the targets.

The logic model discussed here focuses on the causal linkages between the targets to be achieved and governmental interventions or efforts. This cascades from the more strategic-level logic model developed in 1997 (Appendix C, Figure C-1) that displays causal linkages between the drug control mission, Strategy Goals and Objectives, and the 97 performance targets.

Action Plans. The logic model enabled a structured analysis of all of the factors, activities, interventions, and gaps associated with the achievement of each target. This analysis served as the foundation for building an action plan detailing specific items that must be accomplished in order to achieve the target.

In a fiscally unconstrained environment, it might be possible to pursue every intervention listed in the logic model and to develop new interventions to address the gaps identified through the analysis. Realistically, an action plan must be developed based on interventions critical to the achievement of each target.

The working groups identified the critical paths necessary to achieve the targets and developed action plans describing which actions must be accomplished and when they must be completed in order to achieve the targets. An example of the logic model and its associated action plan for one of the performance targets is shown in Appendix F.

This is the first time over 200 members of a community have jointly developed systematic road maps for achieving long-term drug control targets. These logic models and action plans are exploratory first-drafts not ready for interagency clearance and publication. Not all logic models identified factors external to the drug control community, although this step is necessary when agencies have limited control over outcomes. Also, some action plans do not go beyond the status quo in recognizing options. Nevertheless, they represent a major accomplishment toward translating the collective will into collective action.

Eventually, the national dialogue will have to address resource constraints at which point issues related to the most efficient and effective use of resources may necessitate substantive changes to existing programs and to the measures themselves. Inter-governmental groups will then need to identify and assess alternative action plans. Logic models will help facilitate this process as they identify key factors that are known to influence target variables.

Glide Paths. The 1998 PME report identified mid-term targets for 2002 and long-term targets for 2007. Based on the action plans discussed above, the working groups established a series of annual targets for each calendar year. By connecting these annual targets, a glide path can be drawn depicting the desired progress for targets over time. An example of a glide path is shown in Figure 7. This example depicts the annual targets for the percentage of 12th grade students who perceive regular marijuana use as a risk.

As a general rule, linear glide paths were adopted for most of the numerical targets. In other words, the expected rate of progress toward achieving the target would occur in equal increments.

In some cases, the action plan provided a rational reason for assuming other than a linear rate of progress. In those cases, nonlinear glide paths were developed based upon items in the action plan. For example, ONDCP's National Youth Anti-Drug

Media Campaign is expected to change youth drug use rates by first changing youth drug use attitudes about the dangers of drug use. Given what is known about the lag between changes in attitudes and drug use itself, it is expected that youth drug use changes would first occur very slowly and then speed up as the campaign progresses.⁴

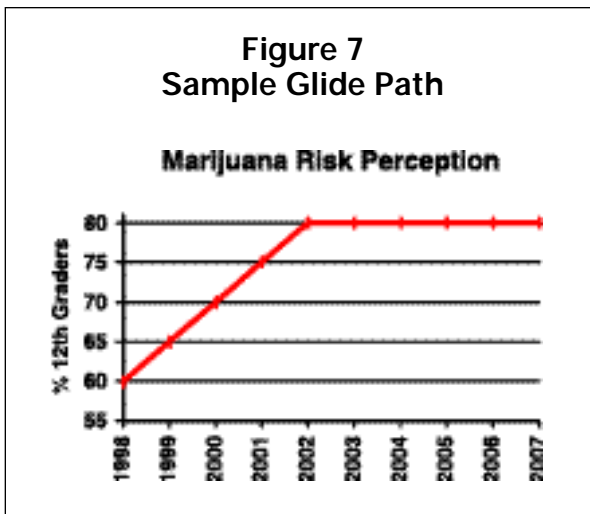
In future reports, a second line can be plotted for each numerical target, depicting the actual progress that has been made in achieving targets. By comparing the progress line against the glide path, one can graphically depict whether progress toward meeting the target is on schedule.

In developing these glide paths, two points had already been determined—the 2002 and 2007 targets defined in the 1998 PME report. The first year with annual targets for achievement is 1998. Since 1996 is the base year for many of the targets, Chapter 2 provides a comparison between 1996 and 1997 to begin tracking trends.⁵

Data Issues. Of the 97 targets listed in this report, 60 are based on numeric measures and 37 are milestones. The 60 numeric targets require data to accurately assess base year status and to measure progress in subsequent years.

A potential database has already been identified for many of the numeric targets. However, 20 targets require development of new data systems or modification of existing systems. The 21 interagency working groups identified several potential sources of data for measuring numeric targets. Due to the complexity of this task, many of the data-related issues were referred to the Data Subcommittee. Over the course of the next year, this Subcommittee will validate proposed data bases, identify alternative data bases, or establish requirements for new data bases.

The Data Subcommittee is currently identifying data gaps in the PME System that require funding. This work will assist ONDCP in determining how best to allocate funding for its proposed data development FY 2000 budget initiative. An FY 2000 budget initiative, included in ONDCP's budget as "discretionary funds" in its Special Forfeiture Fund, will give the ONDCP Director



options as to which data systems to develop or expand.⁶ ONDCP will use these funds as seed monies to encourage agencies to undertake new efforts to be funded in the outyears through agency budgets.

Managing Implementation of the Strategy

Translating the action plans into integrated, focused efforts involves managing the process of implementing the Strategy. The action plans discussed earlier have to be scheduled, budgeted for, implemented by agencies and non-Federal participants, and monitored for completion. Obstacles will have to be identified and addressed through the interagency process. ONDCP will be the catalyst in this process, focusing interagency efforts and taking the lead in resolving problem areas.

This process began in 1998 with the first drafts of Federal interagency action plans. As we refine the action plans further in 1999 by involving states, localities, and private agencies, this process will increase in complexity. Intergovernmental issues such as accountability for performance, state and local autonomy, managerial flexibility, data burdens, and the allocation of funding and responsibility will need to be addressed.

The Information Management System (IMS). To monitor progress toward the PME targets, ONDCP established an Information Management System. To manage the implementation of the national Strategy through the action plans, we plan to use the same system with appropriate design enhancements.

The IMS provides a Graphical User Interface (GUI) in which the Goals, Objectives and targets of the Strategy are depicted as elements of a model of the relationship between supply and demand. Clicking on these elements allows information to be presented on the actual and target values for performance measures, and on the programs that are aligned with each target. Action plans—basically summaries of the tactics associated with the attainment of each target—are also accessible via the GUI. Standard reports are produced by the

IMS that conform to selected user specifications.

ONDCP staff are now loading data into the IMS regarding performance measures and the target values for these performance measures. Information on the alignment of programs with targets, and on disaggregation criteria for performance measures (e.g., gender, age, etc.) will be added to the system over the course of the next several months.

The IMS is designed as a multi-user application that may be either PC or network-based. The system is capable of generating a wide range of standard reports in support of performance-based management activities. These reports are used by the working groups and by ONDCP staff charged with various project management responsibilities.

Linking Resources and Outcomes

Implementing the Strategy requires, in part, action plans that are reflected in agency budget submissions and GPRA Performance Plans. We have begun the process of integrating the PME System with the Federal drug control budget. The FY 2000 budget guidance asked Federal agencies to display programs and funds according to their contribution to each PME target. Most agencies were able to comply although to varying extents. ONDCP's Reauthorization requires each agency to authenticate their drug control spending, starting in FY 1999.⁷

As the Action Plans for each target are finalized, they will be linked to the budget. Agencies will be asked to link responsibilities within these action plans to their budget submissions. Major Federal tasks will need to be reflected in the relevant agency budgets. Programs will be linked to the targets to which they contribute. Ideally, a table will be constructed for each program involving the targets to which it contributes with its non-Federal partners.

Performance-based budgeting includes not only the allocation of funds but also the appropriate use of these funds to reflect the community's decisions; that is, program reform may be necessary. Such

endeavors are limited by the lack of program-based accounting procedures in place. It is expected that agencies will develop program-based accounting procedures to enhance the reporting/tracking process.

Fostering Accountability and Change

To refine the Strategy, the drug control community must use the findings from performance measurement. But first, measurement has to take place on a regular basis, overcoming the technical problems inherent in assessing the success of drug control efforts. To address these issues, ONDCP is using and will continue to use Performance Monitoring, Program Evaluation, and new techniques for eliminating the gaps in available data.

Performance Monitoring. To assess the efficacy of the Strategy, we must monitor the extent to which each target is met. Such monitoring will not generate a “report card” for drug control agencies, although the information will be valuable to them as part of their own accountability mechanisms. It will provide useful information for each agency’s GPRA products.

ONDCP has begun monitoring the progress of the Strategy this year. The IMS provides the vehicle for monitoring progress toward the PME targets. It is designed to incorporate material from agencies on those targets for which data bases are available. It will also record the achievement or non-achievement of targets that are milestones. Data on annual targets can also be compared with actual achievements.

In 1999, we plan to enter data on annual targets, actual accomplishments, and action plans. These have to be finalized before data entry. Protocols for data collection will also be finalized as monitoring becomes routine. Trend data will be charted and the Strategy’s progress reported annually in the PME report.

Program Evaluation. Performance monitoring will not tell us why a target is not being met. To do that we have to undertake a program evaluation that examines in-depth the logic, assumptions,

programs, funding issues, and other contributory factors that affect target achievement. The logic model for the target will provide a valuable start in addressing joint accountability issues.

Long considered a staple of performance measurement, program evaluations have been conducted every year on various aspects of the drug control policy and programming. The PME System enables these to be systematized and made more efficient.

Agencies have expressed some concern over the use of evaluation findings. The PME System is not designed to evaluate the success of any particular agency or program. It is a macro-level monitoring system that examines annual progress toward the 97 targets of the PME System. It indicates whether corrective action is necessary when targets are not met over a period of time.

Agencies are required to track their own performance through their GPRA plans, which should include aspects of their own specific drug control missions. The GPRA plans should be consistent with the Strategy and the PME System.

If any target is not met, an interagency program evaluation may be required. An interagency team led by ONDCP will conduct this in-depth examination of “what went wrong.” Using accepted evaluation methodology, the team will examine whether any of the following problems occurred: faulty logic in the overall policy or program concept, poor performance on the part of one or more contributors (to the Action Plan), lack of funding, unrealistic targets, etc. These findings should indicate if a program or agency is not performing as expected. Since program evaluations involve considerable time and resources, they will be conducted only when there is a 2-to-3-year trend in target non-completion.

Findings from these program evaluations will be reported in the lessons learned section of the IMS once it is up on the Internet.

Data Gap Elimination. A primary problem in undertaking performance measurement is the lack of valid, reliable data to measure progress toward

20 of the PME targets. In some cases, data are not collected by states in a consistent enough manner to permit national aggregation—for example, data collected by states on the treatment gap varies in methodology used and quality. In other cases, the data collected is not comprehensive—for instance, data on workplace drug control programs may focus only on a particular business size (e.g., 500 or more employees). In yet other cases, there is no data (e.g., a reliable drug flow model that estimates drug flow into the country). As described earlier, the interagency Data Subcommittee will prioritize data needs for inclusion in the budget process. Not all data needed are expected to be Federal responsibilities.

ONDCP also has begun a variety of efforts to address these data gaps. One of these is the development of a new data collection system (discussed in Chapter II) for monitoring the flow of illicit drugs into the U.S. This is a key indicator of the effectiveness of supply reduction efforts. Preliminary estimates of flow should be available in Fall 1999.

Another effort underway involves the development of some fairly novel techniques for estimating the number of people in the United States who are heavily involved in drug use. This is a key indicator of demand reduction effectiveness. Much of the work in this area has already been completed, and a national expansion of the proposed data collection system associated with this task is scheduled to begin in Spring 1999.

In an effort to quantify the impact of law enforcement presence in the transit zone for supply reduction, ONDCP is pursuing a study of deterrence. Development of a correlation between interdiction forces and changes in trafficking activity will improve planning and budgeting for effective and efficient security of maritime borders.

Yet another initiative involves the development of a mathematical model of the system of supply and demand. In order to establish a plausible Strategy, it is necessary that the performance targets represent a consistent set of indicators. This means that they must be determined in a way that acknowledges the joint interdependencies that

exist among them. We know that the relationship between supply and demand is reciprocal.

This suggests that the performance targets that appear in the Strategy for supply reduction and demand reduction must be established simultaneously, and as the product of a mathematical model of the relationship between supply and demand. Work in this area is now in progress, and we expect to have preliminary findings in Spring 1999. It is likely that some of the performance targets will be revised based upon this information.

A Complete Picture

The PME System can be used to monitor the PME targets as well as any other selected targets. The PME System is a vehicle for monitoring the progress of any drug control strategy. It can also be modified for use by any state, region, or local jurisdiction that seeks to monitor its own strategy. The process is easily adaptable and so is the IMS that supports the PME system.

For management to be performance-based, the Strategy, Budget, and PME System must operate as an on-going system whereby the Strategy is refined, policy guides ONDCP's budget certification process for formulating the drug control budget, and operations become more efficient as the community moves closer to meeting the PME targets. The interagency exercise of drafting preliminary logic models and action plans resulted in some changes in the Objectives of the Strategy. Recommendations from the Data Subcommittee have been translated into budget allocation with agency action planned. As the action plans and Data Subcommittee recommendations become finalized, they will serve as a feedback loop to agency budgets and into proposals for action by non-Federal partners.

Using logic models and action plans illuminates the complexities involved in changing social behavior, enabling debates about target achievement and time lines to focus on what is feasible. As a result of this process, the dialogue on a national drug control policy will increasingly be framed in terms of action plans and underlying logic,

enabling the national drug control community to assess the different possibilities analytically within a normative framework defined by cultural and political values. Political dissension can be framed within an analytic foundation that will help clarify issues so that we can move as a community of stakeholders toward target achievement.

Endnotes

1. National Academy of Public Administration, Center for Improving Government Performance, *Improving Performance Across Programs: Thinking About the Issue—Taking the First Steps* (Washington, D.C., 1998).
2. The Steering Group members were selected by their respective agency/department chiefs of staff based on their technical expertise and knowledge of counterdrug roles, missions, and programs. The Steering Group members appointed Working Group members to the various groups from their agencies. These groups focused on four key areas: development of logic models, action plans, glide paths, and data-related issues.
3. See *Evaluation: Promise and Performance*, Joseph S. Wooley (The Urban Institute, 1979). Also *Impact Analysis for Program Evaluation*, Lawrence B. Mohr, University of Michigan (Chicago: The Dorsey Press).
4. Bachman, Jerald G.; Johnston, Lloyd D.; and O-Malley, Patrick M., "Explaining Recent Increases in Students' Marijuana Use: Impacts of Perceived Risks and Disapproval, 1976 through 1996," *American Journal of Public Health*, 1998; 88(6): 887–92.
5. Glide paths depicted in this report generally show the expected annual rates of change from 1998 to the 2002 target, and from 2003 to the 2007 target. Most of these glide paths are expressed in terms of target changes—the percent increase/decrease relative to the base year. This target change for each year will be applied to the base year value to determine annual targets when data becomes available for accurately measuring the targets.
6. The initiative, if enacted by Congress, will provide ONDCP at least \$3.3 million in FY 2000 to begin to close the data gap.
7. The ONDCP Reauthorization Act of 1998 requires drug

IV. Broadening the Base

ONDCP established a process for gaining consensus among stakeholders in the more than 50 Federal drug control agencies on the performance targets that defined the success of the Strategy.

This process allowed a shared vision to form and organizational responsibilities to be identified. Reporting systems were designed and implemented for monitoring progress that occurs, and for guiding any corrections in course that may be required as the nation moves forward. The efforts of the Federal government were integrated and made coherent within the framework provided by the reformulated Strategy.

The progress that has been made thus far is in many ways, quite remarkable. But the Strategy is intended to set a national agenda, guiding the efforts of state and local governments. Our work to date has focused only upon the organization of Federal activities.

The ultimate impact of the Strategy will depend upon our ability to align the actions of non-Federal participants with the attainment of national goals.¹ The same sense of community that was found at the Federal level must be rediscovered at other levels of government. A collective vision of greater depth and breadth must form. How might this be accomplished? We elaborate below upon some of the approaches that we will use in 1999 and thereafter.

Performance Partnerships

By using logic models to identify key factors that influence complex end-states or outcomes, agencies can identify factors outside their control that affect the desired outcomes. By entering into partnerships with entities that control those exogenous factors, we can, as a group, increase the probability of achieving the target.²

Performance Partnerships have become increasingly popular as agencies recognize the limitations of their ability to engineer desired changes in complex social phenomena. Partnerships between various agencies and governments on common problem areas are not new. What is new is the results-oriented focus.³ This transforms partnerships into Performance Partnerships where partners discuss, not how best to get the function/service/task done, but how best to combine resources to jointly undertake the most effective and efficient way to achieve the pre-specified end-state. This end-state has to be measurable in order for a Performance Partnership to be successful.

The Office of Management and Budget (OMB) was one of the earliest proponents in the Federal government of Performance Partnerships, although OMB tended to define them in terms of Federal funds and state/local performance. In other words, Federal funding formed the basis of such partnerships. In reality, there are many such Performance Partnerships that do not involve funding by the

Federal government at all, or else do not imply a funds-for-performance quid pro quo.⁴

A Performance Partnership in its basic sense implies an understanding among key agencies (or levels of government) to resolve a problem by agreeing in advance what the desired end-state would look like and detailing the nature of expected contributions and measurable performance from each partner. Resource issues and time lines would also be established jointly. Monitoring progress and calibrating the game plan are other necessary components.

The most important point about Performance Partnerships is that they address the item most troubling to most managers—lack of control over the outcomes. Most managers recognize that whereas they have control over program outputs, they have much less control over end outcomes.⁵ Hence the accountability angst and the tendency to select outputs such as arrests and seizures in lieu of outcomes such as crime rate and drug availability.

Performance Partnerships can be ad hoc or permanent. They can involve agencies or entire departments, private organizations and on an international scale, entire countries and regions. ONDCP plans to advocate target-focused Performance Partnerships between various governmental and non-governmental agencies as appropriate.

Our experience indicates that such efforts will require cultural change, but that such change occurs over time. Many of the interagency teams did not consider the possibility of non-drug-control partners in their action plans. Agencies may recognize what needs to be done (based on these intergovernmental Action Plans), but may not proceed to action. As target achievement becomes more pressing, it is likely to trigger the consideration of new options.

In 1999, ONDCP plans to use the Logic Models and Action Plans developed by Federal interagency teams as a starting point in mobilizing states, localities, and private organizations around the achievement of the PME targets. ONDCP will involve the public and private sectors at all levels in a national dialogue to address each target. The end-product should be a set of intergovernmental Action Plans

for each target that assigns responsibilities to each sector and relevant Federal agency.

The next challenge is to link state drug control strategies and performance measures with this national set of Action Plans to enable joint responsibility and action while retaining state autonomy and individuality. Each state should reflect these intergovernmental Action Plans in its own drug control strategy.

Ideally, each state would relate its strategy to the end-states defined by the national Strategy. For instance, the “percent of youth disapproving of marijuana use” might reach the national target because of the high achievements of some states. It might not represent a median (or mode) achievement if several states fell short of the target. In such cases, it would be up to the low performing states to decide whether this target was a priority. States would add or modify targets, customizing the national PME system to their needs.

By addressing their contributions to the intergovernmental Action Plans, states would be engaging in a partnership with other levels of government. By linking their strategy and performance measurement system to the national PME system, they would be taking advantage of our approach to meet their objectives in the most effective way.⁶

This cascading of targets and measures could proceed further to the local areas with key cities playing significant roles. Private-sector agencies would follow a similar pattern, but would obviously have different constraints and issues. The point to note here is that ONDCP plans to forge this majority position, issue by issue, working simultaneously with all sectors. Publicity and peer pressure would function as some of the incentives to participate.

ONDCP plans to initiate exploratory partnerships with states and localities, starting in 1999. These would be models guiding the way for Federal agencies and their state-local-private counterparts. In that vein, ONDCP has begun exploring the idea of Federal-state partnerships that focus on the entire Strategy. Preliminary work has already

begun with the state of Maryland, Oregon is being explored as another possibility, and so is the city of Houston. In the case of Maryland, it is intended that this Performance Partnership will integrate the Strategy and its PME System with Maryland's drug control strategy and its performance measurement system within the context of Logic Models and Action Plans for each target. A Memorandum of Understanding will be developed whereby Maryland and the Federal government, as represented by various state and Federal agencies, would agree to a set of mutually-agreed upon responsibilities and incentives. This model represents the formalization of the process, described earlier, of integrating state action and strategy to the national strategy with mutual benefits. The state takes advantage of Federal action and funds while Federal agencies obtain the state's commitment to the performance required to achieve the national PMEs.

Such intergovernmental collaboration may result in the identification of a series of changes needed in existing laws, programs, and resources. We are likely to have national and state legislative and executive agendas to address changes the national community perceives necessary.

Ideally, Performance Partnerships enable participants to pool resources, working together to eliminate duplication and inefficiency. This is difficult to do for a variety of reasons. The most important reason is the reluctance of any agency (or government) to yield turf and the fear that admission of overlap or inefficiency will result in budget cutbacks. This implies that no agency will willingly acknowledge overlaps or inefficiencies, leaving such identification efforts to OMB or the General Accounting Office. While recognizing this shortcoming, ONDCP is sanguine that intergovernmental Performance Partnerships will go far to identify optimum ways to reach targets.

Performance Contracting

Performance Contracting is a formal version of Performance Partnerships applied to the contracting process. Contracts have always involved some degree of performance specification. Local governments

have carried this further by specifying measurable performance in their contracts with private-sector vendors. This approach has been used both in government and in the private sector, especially to negotiate management-labor contracts. Some local jurisdictions have asked their departments providing services (such as solid waste collection) to bid in competition with private vendors and have awarded contracts based on specific performance targets and standards. Performance Contracting should be used by Federal, state, and local agencies in selecting contractors and in ensuring that contracts awarded are consistent with logic models and action plans.

Building Incentives

The obvious incentive over-shadowing all others is the opportunity to substantially reduce drug abuse through a collaborative effort. On a practical level, the incentive often preferred is, of course, additional funds. This incentive may not always be feasible. There are several other incentives that could be used to persuade agencies to participate in this nationwide effort. These include other tools of governance such as legislative changes, relaxation of regulations, use of tax authority to grant tax benefits, the provision of technical assistance, mobilization and coordination, etc.

ONDCP plans to explore various options including highlighting high performers, orchestrating national awards, etc.⁷ A special advisory group might be convened to select programs and agencies for Annual National Drug Control Awards to Federal, state, local, and private efforts in the areas of prevention, treatment, law enforcement, corrections, interdiction, etc. These might have the prestige of awards like the Baldrige Awards and the Kennedy School's Innovations in Government Awards.

Leveraging

Building consensus at the national level is such a gargantuan task that a small policy organization such as ONDCP cannot hope to accomplish the effort without leveraging resources and contributions from various organizations. This involves convincing

other organizations that it is mutually beneficial for them to work with us in order to harness and focus the national drug control effort through performance management.

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

Changing the culture requires the active participation of all key professional organizations and associations in every aspect of drug treatment (e.g., treatment, corrections, interdiction, law enforcement, prevention, etc.). Eventually, every association should include in its annual and regional conferences a panel on Performance Measurement that examines relevant national progress toward national and state and local targets. At such forums, “best practices” should be identified and participants encouraged to join in the national focus on results. Association publications and periodicals should be a forum for case studies and “how-to” articles educating their constituency on options for performance management. These efforts would be mutually beneficial by making the organizations even more central to their constituencies while providing grist for the publication mill.

ONDCP will explore these options further, probably in 2000. Other organizations we will leverage include groups focusing on good government practices such as the Chief Financial Officers Council, Budget Office Advisory Committee, GPRA Implementation Group, etc. Other catalytic organizations that can support this effort include, but are not limited to, the National Governors’ Association, the President’s Council on Integrity and Efficiency,

the Council of Mayors, the National League of Cities, National Association of Counties, International City/County Management Association, and the American Society of Public Administration. The power of public and special interest groups should also be harnessed toward this collective effort.

Engaging the Public

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

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

Finally, the Internet would enable us to draw on the evaluative efforts of others, thereby complementing our own efforts to calibrate the Strategy by testing its causal linkages.

An Internet-based version of the IMS is already in development. The system will support a different level of functionality than that which we have prepared for in-house use. It will not allow modification of the IMS data base, nor will it provide access to all of the information that resides there. But it will offer a similar GUI and provide access to

narrative descriptions of the Goals, Objectives, and targets that exist in the Strategy. Information on performance measures and on the target values established for these performance measures also will be available, as will information on the government programs that are aligned with each of the targets.

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

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

Endnotes

1. The phrases “non-Federal” and “intergovernmental” reflect state, local, and private partners. “Federal” refers to the Federal drug control community composed of more than 50 Federal agencies with drug control missions.
2. “Performance Partnerships will have to be worked out with state and local agencies and among Federal agencies to ensure achievement of the performance results required while also working to eliminate unneeded overlap.” *Effective Implementation of the Government Performance and Results Act* (NAPA, January 1998, p. x).
3. For examples, see National Partnership for Reinventing Government website: www.npr.gov/initiati/partner/.
4. For instance, local government agencies have, for many years, formed partnerships to address complex local issues—e.g., police departments and social welfare agencies to handle local crime issues. See Harney, Donald F. *Service Contracting: A Local Government Guide*. International City/County Management Association. Washington, DC, 1992. Also Hatry, Harry, and Durman, Eugene. *Issues in Competitive Contracting for Social Services*. National Institute of Governmental Purchasing. Reston, VA, 1985.
5. One of the thorniest issues in performance measurement is the limited control of agencies to effect changes in complex social phenomena such as drug use, the economy, etc. In *Managing for Results: Measuring Program Results that are Under Limited Federal Control* (GAO/GGD-99-16, December 1998), GAO refers to six agencies’ efforts to address this problem: these efforts generally seek to contain the problem and reduce its impact upon accountability. ONDCP’s approach involves two techniques: (1) logic models that examine presumed causal linkages between the desired end-state and social interventions and (2) Performance Partnerships to bring to the discussion all key players who have influence over the target. The first step gives an understanding of what must be done to achieve the target. The second results in ad hoc or institutional agreements to make the result happen. The limited control one agency might have is transformed into the considerably larger control exercised by the group.
6. A core set of target measures monitored by all states would enable the overall task of performance monitoring to proceed smoothly while providing useful benchmarks for each state.
7. The NAPA Panel on Improving Government Performance strongly recommends “the development of positive incentives to encourage results-based management” including incentives other than monetary ones. NAPA, op. cit., p. 25.

V. Accomplishments and the Road Ahead

The PME system represents a giant step in the development of national drug control policy. It rests upon four basic assumptions:

- It is possible to build consensus on the Strategy by allowing stakeholders to form a shared understanding of the policy problem that must be addressed;
- It is possible to manage the implementation of the Strategy if stakeholders understand what must be done, when, and by whom if the Goals that we establish are to be achieved;
- It is possible to support efforts in a manner consistent with the Strategy; and
- It is possible to refine the Strategy through a process of evaluation and change.

Nothing less than a cultural change is required to make performance management work across agencies and levels of government. ONDCP's approach is to apply policy rationality to illuminate political issues and to forge a majority position, if not consensus, by taking leadership on analytically defensible positions.

ONDCP has made significant strides towards a performance management-based system. We briefly

summarize our accomplishments before turning to the road ahead.

Progress Toward the Desired End-States

In 1998, we initiated the first systematic look at how well the National Drug Control Strategy is fulfilling the mission of reducing drug use, availability and consequences. This assessment, based on interagency-selected performance targets and measures, reflects a generally positive trend.

Overall drug use, as well as drug use in the workplace, has leveled off between 1996 and 1997, the latest year on which we have nationwide data. However, 6.4 percent of the population continued to use drugs. Marijuana continued to be the drug of choice, while heroin use remained constant. Cocaine use appears to be dropping. The situation is not as hopeful for youth drug use, which continues to be a serious problem. The use of illicit drugs increased from 1996 to 1997, much of this reflecting an increase in marijuana use. Youth heroin use remained the same, while cocaine use and underage tobacco use increased slightly. The National Youth Anti-Drug Media Campaign and the expansion of community-based prevention efforts are deliberate efforts to counter this 1996–1997 trend.

Trend data on drug availability are not as reliable, based as they are on a variety of data sources with varying methodologies and acceptance in the drug

control community. The ONDCP-led interagency team effort to model the flow of drugs from various sources to the U.S. has produced some promising evidence of progress toward reducing availability. The cultivation of illicit drugs in source countries has dropped from 1996 to 1997. In addition, the rate at which cocaine entered the U.S. from the transit and arrival zones declined.

Crime, a major consequence of drugs, declined in 1997. The other major consequence, health and social costs, has been estimated only for 1995. Efforts have begun to obtain baseline data and institutionalize a procedure for periodic monitoring of this issue.

PME System Accomplishments

The implementation of the PME System is well underway with some major initiatives completed. Federal interagency teams have developed draft logic models and preliminary action plans for each performance target. The first step toward identifying interagency responsibilities for joint results has been undertaken.

The PME Steering Groups and Working Groups did not address the 12 Impact Targets. ONDCP is currently in the process of developing annual targets for these through a modeling process that simulates the cumulative effect of key governmental interventions upon drug use and availability. Historical data are being entered into the model to enable a more realistic identification of glide paths for these key targets. This is expected to be completed early in 1999.

Data gaps have been identified and initial efforts made to address them. ONDCP has tasked the interagency team of data experts, the Data Subcommittee, with prioritizing data requirements and exploring funding alternatives.

A key step in managing the implementation and assessment of the Strategy is the establishment of the IMS. Data are currently being entered into the system, which has been enhanced in 1998 to include finalized action plans.

The interagency process has already begun to give feedback on the Strategy. The number of Objectives

has been changed from 32 in 1998 to 31 in 1999, reflecting the decision to combine two Objectives under Goal 2. Performance targets have been modified to reflect interagency suggestions as have the measures selected to track progress. Budgets already reflect Strategy requirements, but now will also begin to reflect requirements related to the achievement of specific outcomes.

Developing logic models and action plans enabled candid discussions at staff levels between various agencies participating in the effort. Turf issues were discussed and at least temporarily set aside while subject-area experts debated what could and should be achieved between now and 2007. But these interagency teams focused only on the Federal landscape. To lead a national dialogue on how best to achieve the PME targets, ONDCP must incorporate the state, local, and private sectors into this process.

The Road Ahead

Much of the work during 1998 involved the development of a shared understanding of the policy problem at hand. ONDCP worked with agency representatives to develop logic models that were assembled ultimately into a grand model of supply and demand for illicit drugs. Initial performance targets were established as part of that process. In 1998, ONDCP worked with agency representatives to develop action plans that described the role that each organization would play in achieving the performance targets that had been established.

The Strategy is national in scope and this report has described some of the tools that can be used for engaging state and local governments, as well as the private sector, in achieving the performance targets that have been established.

Many challenges have been met, and the progress that has been made is substantial. But much remains to be done. The strength of our approach lies in its ability to find analytically based solutions through collective action. Members of the drug control policy community have focused their efforts to work together toward a common goal. It is hoped that the willingness to cooperate, which has served so well for the past two years, will be continued on the road ahead.

Appendix A: Strategic Goals and Objectives of the 1999 Strategy

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

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

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

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

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

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

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

Objective 7: Create partnerships with the media, entertainment industry, and professional sports organizations to avoid the glamorization, condoning, or

normalization of illegal drugs and the use of alcohol and tobacco by youth.

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

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

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

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

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

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

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

Objective 5: Support and highlight research, including the development of scientific information and data,

to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Goal 3: Reduce health and social costs to the public of illegal drug use.

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

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

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

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

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

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

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

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

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

Objective 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with

particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.

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

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

Goal 5: Break foreign and domestic drug sources of supply.

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

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

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

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

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

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

Appendix B: Comparison of 1998 PME Targets with 1999 PME Targets

The 5 PME Steering Groups and 21 Working Groups were instrumental in reviewing the Goals and Objectives contained in the 1998 Strategy and the targets and measures detailed in the 1998 PME Report. As a by-product of their efforts to develop logic models, action plans, and glide paths, and to resolve data issues relating to the targets and measures, they also provided valuable feedback that led to revisions in the Strategy and the PME System.

The PME System now consists of 97 targets with 127 measures for tracking progress toward achieve-

ment of the targets. Of these 97 targets, 37 are milestones tied to completion of a specific requirement not later than a specified time. The remaining 60 targets have numerical measures designed to assess progress over a period of time.

The following pages provide a side-by-side comparison of the targets originally defined in the 1998 PME Report and those targets contained in Appendix D of this report. This comparison is included to assist the reader as a quick reference for targets that have been added, modified, or deleted.

Goal 1

1998 PME TARGETS	CHANGES	1999 PME TARGETS
IMPACT TARGETS		IMPACT TARGETS
a. Use of illegal drugs, alcohol, and tobacco by youth	No change	a. Use of illegal drugs, alcohol, and tobacco by youth
b. Initial age of drug use in youth	No change	b. Initial age of drug use in youth
Objective 1		Objective 1
1. Adult understanding and capacity	No change	1. Adult understanding and capacity
2. Adults influencing youth	No change	2. Adults influencing youth
3. Acceptance rate	No change	3. Acceptance rate
Objective 2		Objective 2
1. Youth risk perception	No change	1. Youth risk perception
2. Youth disapproval	No change	2. Youth disapproval
3. TV anti-drug messages	No change	3. TV anti-drug messages
Objective 3		Objective 3
1. Zero tolerance in schools	No change	1. Zero tolerance in schools
2. Zero tolerance in communities	No change	2. Zero tolerance in communities
Objective 4		Objective 4
1. Establish criteria for tested standards	Title changed	1. Establish criteria for effective programs and policies
2. Implement standards in schools	Title changed	2. Implement effective programs and policies in schools

Goal 1 (continued)

1998 PME TARGETS	CHANGES	1999 PME TARGETS
Objective 5		Objective 5
1. Develop mentoring program	Title changed	1. Develop mentoring and parenting program
2. Implement mentoring program	Title changed	2. Implement mentoring and parenting program
Objective 6		Objective 6
1. Develop coalition directory	No change	1. Develop coalition directory
2. Funded coalitions	No change	2. Funded coalitions
Objective 7		Objective 7
1. Partnerships	No change	1. Partnerships
Objective 8		
1. Develop an information package	Moved to Goal III as Objective 7	
2. Disseminate evidence	Moved to Goal III as Objective 7, Target 1	
Objective 9		Objective 8
1. Develop prevention models	Renumbered as Objective 8	1. Develop prevention models
2. Disseminate principles and models	No change	2. Disseminate principles and models
Objective 10		Objective 9
1. New prevention research	Renumbered as Objective 9	1. Assess prevention research
2. Disseminate information	Title changed	2. Develop, disseminate, and implement research-based prevention programs and products
3. Anti-drug education impact study	Deleted	

Goal 2

1998 PME TARGETS	CHANGES	1999 PME TARGETS
IMPACT TARGETS		IMPACT TARGETS
a. Drug-related crime and violence	No change	a. Drug-related crime and violence
b. Domestic violence arrests	No change	b. Domestic violence arrests
c. Drug availability in the United States	No change	c. Drug availability in the United States
Objective 1		Objective 1
1. Drug-related violent crime	Property crimes deleted from target	1. Drug-related violent crime
2. Drug trafficking organizations	No change	2. Drug trafficking organizations
3. Domestic drug traffickers	Deleted	
Objective 2		Objective 3
1. BOPHA development	Working changed to account for differences between states and new BOPHA	1. BOPHA development
2. Drug trafficking organizations in BOPHA	No change	2. Drug trafficking organizations in BOPHA
3. Drug-related violent crime in BOPHA	No change	3. Drug-related violent crime in BOPHA
Objective 3		Objective 5
1. Drug registration laws revised and tracked	Some states that were off target removed from target (deleted)	1. BOPHA development
2. State substance abuse statistics	Target changed to include methamphetamine, barbiturates	2. Drug trafficking organizations in BOPHA
3. Money laundering units	Reference changed to focus on anti-year/other of domestic money laundering transactions	3. Drug-related violent crime in BOPHA

Goal 2 (continued)

1998 PME TARGETS	CHANGES	1999 PME TARGETS
Objective 4	Objective eliminated	
1. Drug testing policies	Moved to new Objective 4	
2. Positive drug test responses	Moved to new Objective 4 and combined with Target 1	
3. Abuse treatment availability	Title changed, renumbered as Target 2, and moved to new Objective 4	
4. Drugs and recidivism	Moved to new Objective 4 and renumbered as Target 3	
Objective 5	Renumbered as new Objective 4	Objective 4
1. Inmate access to illegal drugs	No change	1. Drug testing policies
2. Break-the-cycle ("BTC") demonstration projects	Deleted	2. Substance abuse treatment capacity
3. Drug-crime focused court reform	Deleted	3. Inmate access to illegal drugs
Objective 6	Renumbered as Objective 5	Objective 5
1. Effectiveness study	Split into two targets	1. Effectiveness study
		2. Implementation of selected initiatives

Goal 3

1998 PME TARGETS	CHANGES	1999 PME TARGETS
IMPACT TARGETS		IMPACT TARGETS
a. Reduce health and social costs	No change	a. Reduce health and social costs
b. Reduce drug use nationwide	No change	b. Reduce drug use nationwide
c. Reduce drug use in the workplace	No change	c. Reduce drug use in the workplace
d. Reduce the number of chronic users	No change	d. Reduce the number of chronic users
Objective 1		Objective 1
1. Treatment gap	No change	1. Treatment gap
2. Demonstrate impact	No change	2. Demonstrate impact
3. Waiting time	No change	3. Waiting time
4. Implement NTOMS	No change	4. Implement NTOMS
5. Disseminate treatment information	No change	5. Disseminate treatment information
Objective 2		Objective 2
1. Tuberculosis	No change	1. Tuberculosis
2. Hepatitis B	No change	2. Hepatitis B
3. HIV	No change	3. HIV
	Target added	4. Hepatitis C
Objective 3		Objective 3
1. Drug free workplace	No change	1. Drug free workplace

Goal 3 (continued)

1998 PME TARGETS	CHANGES	1999 PME TARGETS
Objective 4		Objective 4
1. Set standards	No change	1. Set standards
2. Conformity	Split into four targets	2. Conformity
		3. Conformity
		4. Conformity
		5. Conformity
Objective 5		Objective 5
1. Research focus	No change	1. Research focus
Objective 6		Objective 6
1. Develop funded portfolio	No change	1. Develop funded portfolio
2. Epidemiological model	No change	2. Epidemiological model
3. Health/social cost model	No change	3. Health/social cost model
	Moved from Goal I, Objective 8	Objective 7
	Moved from Goal I, Objective 8, Target 1	1. Develop an information package
	Moved from Goal I, Objective 8, Target 2	2. Disseminate evidence
	Target added	3. Develop a plan that opposes the legalization of Schedule I drugs

Goal 4

1998 PME TARGETS	CHANGES	1999 PME TARGETS
<p>IMPACT TARGET</p> <p>Transit and border zone drug flow</p> <p>Objective 1</p> <ol style="list-style-type: none"> 1. Transit and arrival zone seizures 	<p>No change</p> <p>Divided into four targets and renumbered as Targets 2-5. Titles changed to focus on removals (seized, jettisoned, and destroyed). Target wording changed to focus on removals for each drug in specified geographic areas. New Target 1 was moved from Objective 4</p>	<p>IMPACT TARGET</p> <p>Transit and border zone drug flow</p> <p>Objective 1</p> <ol style="list-style-type: none"> 1. Develop interagency drug flow models 2. Cocaine removals 3. Heroin removals 4. Marijuana removals 5. Methamphetamine removals
<p>Objective 2</p> <ol style="list-style-type: none"> 1. Cooperative relationships 2. Intelligence gaps 3. Communications 	<p>Title changed; assessment moved to Target 2</p> <p>Title changed; assessment incorporated into target</p> <p>Reporting agency changed from DoD to TIC. DoD moved to Supporting Federal Agencies</p>	<p>Objective 2</p> <ol style="list-style-type: none"> 1. Cooperative intelligence and investigative relationships 2. Intelligence relationship gaps 3. Communications
<p>Objective 3</p> <ol style="list-style-type: none"> 1. Assess foreign cooperative relationships 2. Gaps in intelligence and cooperation 3. Support agreements 	<p>Title changed; assessment moved to Target 2</p> <p>Assessment incorporated into target</p> <p>No change</p>	<p>Objective 3</p> <ol style="list-style-type: none"> 1. Identify and inventory foreign cooperative relationships 2. Gaps in intelligence and cooperation 3. Support agreements

Goal 4 (continued)

1998 PME TARGETS	CHANGES	1999 PME TARGETS
Objective 4		Objective 4
1. Antismuggling technology	No change	1. Antismuggling technology
2. Threat movement database	Moved to Objective 1 and renamed "Develop interagency drug flow models." Reporting agency changed from DoD to ONDCP	
3. Vehicle tagging	Renumbered as Target 2	2. Vehicle tagging
4. Over-the-horizon (OTH) tracking	Renumbered as Target 3	3. Over-the-horizon (OTH) tracking
5. High-risk technologies	Renumbered as Target 4	4. High-risk technologies

Goal 5

1998 PME TARGETS	CHANGES	1999 PME TARGETS
IMPACT TARGETS		IMPACT TARGETS
a. Source zone outflow	No change	a. Source zone outflow
b. Domestic production	No change	b. Domestic production
Objective 1		Objective 1
1. Illicit coca	No change	1. Illicit coca
2. Opium poppy	No change	2. Opium poppy
3. Marijuana	No change	3. Marijuana
4. Methamphetamine	No change	4. Methamphetamine
Objective 2		Objective 2
1. Arrest and prosecute drug traffickers	Targets 1 and 2 combined	1. Arrest and prosecute drug traffickers and disrupt drug trafficking organizations
2. Disrupt trafficking organizations		
Objective 3		Objective 3
1. Host-country capability	No change	1. Host-country capability
2. Host-country justice	No change	3. Host-country justice
Objective 4		Objective 4
1. Regional cooperative agreements	No change	1. Regional cooperative agreements
2. Source- and transit-country drug control strategy	No change	2. Source- and transit-country drug control strategy
3. Donor-funded assistance	No change	3. Donor-funded assistance

Goal 5 (continued)

1998 PME TARGETS	CHANGES	1999 PME TARGETS
Objective 5		Objective 5
1. Ratify 1988 Vienna Convention	No change	1. Ratify 1988 Vienna Convention
2. Conform to FATF recommendations	No change	2. Conform to FATF recommendations
Objective 6		Objective 6
1. Airborne sensors	No change	1. Airborne sensors
2. Currency detection	No change	2. Currency detection
3. Advanced technology	No change	3. Advanced technology

Appendix C: The Structure of the Strategy

In the 1999 Strategy, five Goals define the major initiatives that must be pursued to reduce drug use, availability, and consequences. Thirty-one Objectives help measure progress and may be modified as counterdrug efforts succeed or as new challenges emerge. The following five Goals will remain constant over the long term:

- **Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.** Ensuring that young people never become involved with drugs can most effectively reduce demand.
- **Goal 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.** 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 health and social costs to the public of illegal drug use.** 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 from the drug threat.** Goal 4 targets

the disruption of transshipment activities and is a principal means for reducing the supply of illicit drugs in the United States.

- **Goal 5: Break foreign and domestic sources of supply.** Goal 5 focuses on decreasing the quantity of foreign and domestic cultivation, production, and distribution of drugs that are destined for potential use in the United States.

Demand and Supply. The Strategy is a plan of action to reduce the use, availability, and consequences of illicit drugs. This three-part focus is generally divided into two functional areas: supply reduction and demand reduction, defined by statute to cover Federal drug control agencies' responsibilities to support the Strategy. 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 considered 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.

The Organization of Strategy Goals and Objectives. The Strategy Goals are intentionally defined in general terms. However, the means by which they are to be achieved are broken down into specific Objectives. The Objectives for each Goal are listed in Table C-1 and are categorized by their supply (S) reduction or demand (D) reduction focus.

**Table C-1
Goals and Objectives of the PME System**

Goal	Objective	Supply Reduction (S) or Demand Reduction (D)	Abbreviated Description of Goals and Objectives
1			Prevent Drug Use Among America's Youth
	1	D	Increase the ability of adults to discourage drug use
	2	D	Pursue a vigorous media campaign
	3	D	Promote zero-tolerance policies
	4	D	Provide sound school-based prevention programs
	5	D	Increase mentoring
	6	D	Develop community coalitions
	7	D	Engage the media
	8	D	Develop principles of prevention
	9	D	Conduct research
2			Increase the Safety of America's Citizens
	1	S	Disrupt drug trafficking organizations
	2	S	Strengthen HIDTAs
	3	S	Disrupt money laundering organizations, seize, and forfeit assets
	4	D	Break the cycle of drug abuse and crime
	5	D	Conduct research
3			Reduce the Health and Social Costs of Drug Use
	1	D	Support effective and accessible treatment
	2	D	Reduce health problems
	3	D	Promote a drug-free workplace
	4	D	Certify drug treatment workers
	5	D	Develop pharmaceutical treatments
	6	D	Support research
	7	D	Oppose legalization of Schedule I drugs
4			Shield America's Air, Land, and Sea Frontiers
	1	S	Reduce drug flow in the transit and arrival zones
	2	S	Improve coordination among U.S. agencies
	3	S	Improve coordination with other source and transit nations
	4	S	Conduct research and develop technology
5			Break Foreign and Domestic Sources of Supply
	1	S	Reduce production
	2	S	Disrupt drug trafficking organizations
	3	S	Improve source country capabilities
	4	S	Support multilateral initiatives
	5	S	Deter money laundering
	6	S	Conduct research and develop technology

The Role of Logic Models

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

An Example from Goal 1. Consider the Impact Target that seeks to reduce youth drug use prevalence by 50 percent over the next decade. This target sets an 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 caregivers, mentors, schools, the media, workplaces, 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 youth using drugs.

The causal chain begins with effective programming, parent and community involvement, and national media attention. A formal depiction of this causal chain is presented in Figure C-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. An interpretation of some of the relationships is depicted in Figure C-1.

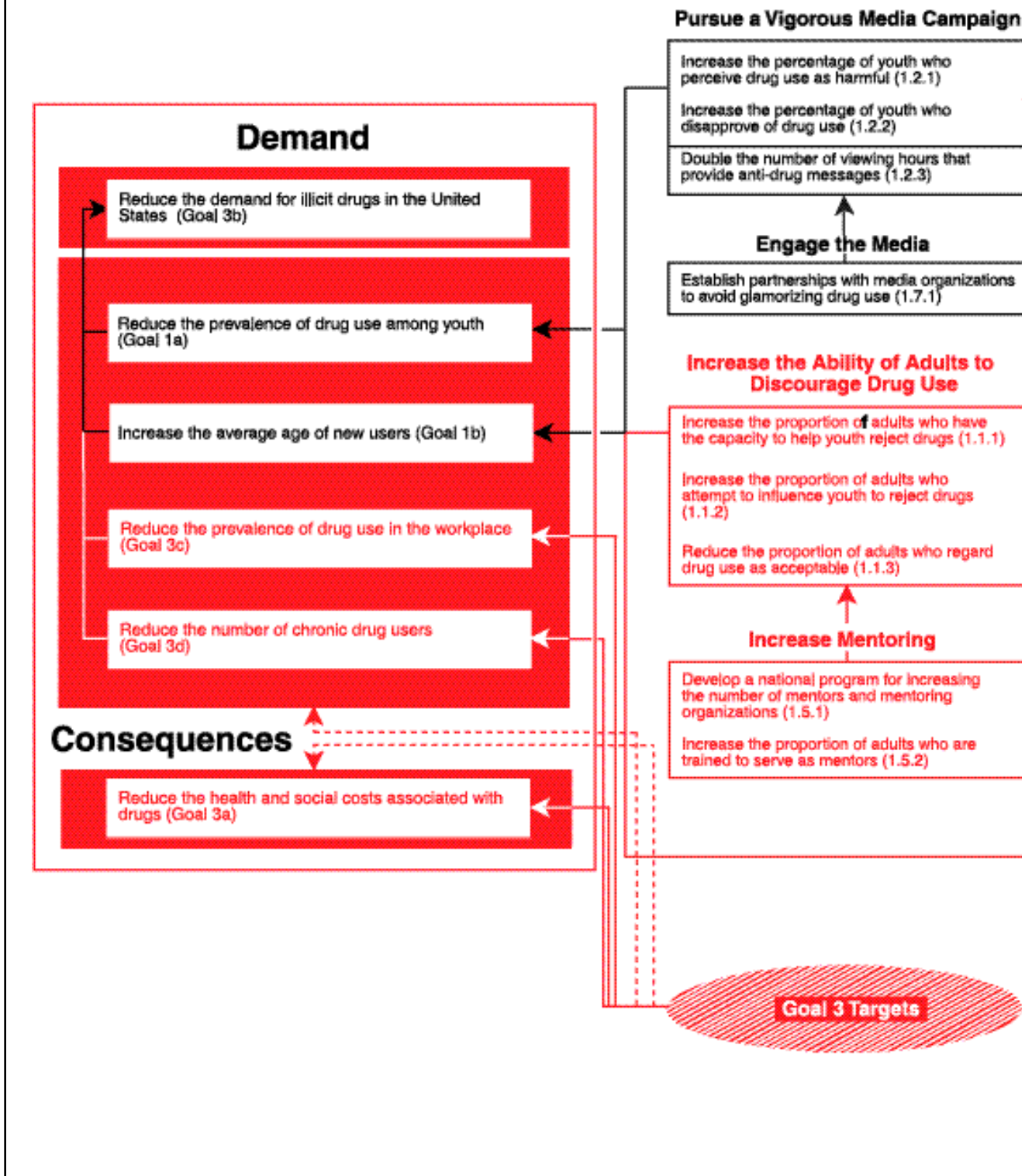
- Under Objective 7: *Engage the Media*. This Objective reveals a plan to create partnerships with the media, the entertainment industry, and professional sports organizations to avoid the glamorization or normalization of drug use (Goal 1, Objective 7, Target 1, denoted 1.7.1). These partnerships will pave the way for an initiative that will double the number of television viewing hours that provide anti-drug messages (1.2.3).
- This, in turn, is expected to increase the percentage of youth that perceive great risk associated with drug use (1.2.1) and the percentage of youth that 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 average age of new users (Goal 1b, Impact Target), and reduce the prevalence of drug use among youth (Goal 1a, Impact Target). These behavioral changes serve ultimately to reduce the use of illegal drugs in the United States (Goal 3b, Impact Target).

The NDCS. A high-level logic model for the entire NDCCS is provided as Figure C-2. Note that the Goals and Objectives have been arranged in a way that corresponds with the general relationship that ONDCP believes exists between supply and demand. Implicit in the linkages that are depicted there is the basic rationale that undergirds our Strategy.

Consider first the broad role of demand reduction. The United States 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. Individuals who use alcohol, tobacco, and marijuana, especially when they use them early in their lives, have a greater likelihood of moving on to use drugs with a greater potential for harm, such as cocaine and heroin.

The progression to more harmful drugs is not inevitable, but is strongly influenced by a host of environmental factors and 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

Figure C-1
The National Drug Control Strategy
Relationships Among Prevention Targets



Goal 1: Prevent Drug Use Among America's Youth

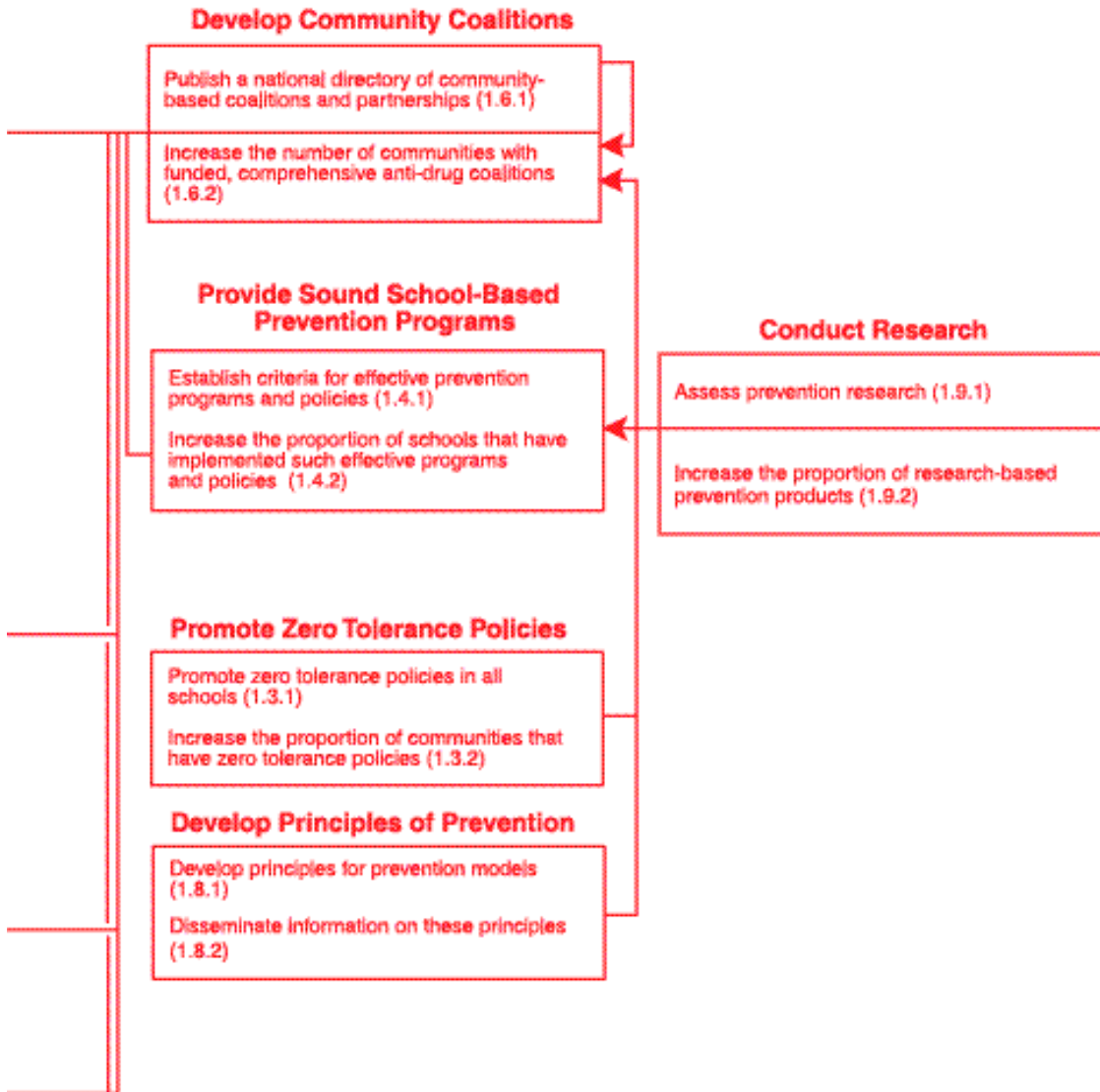
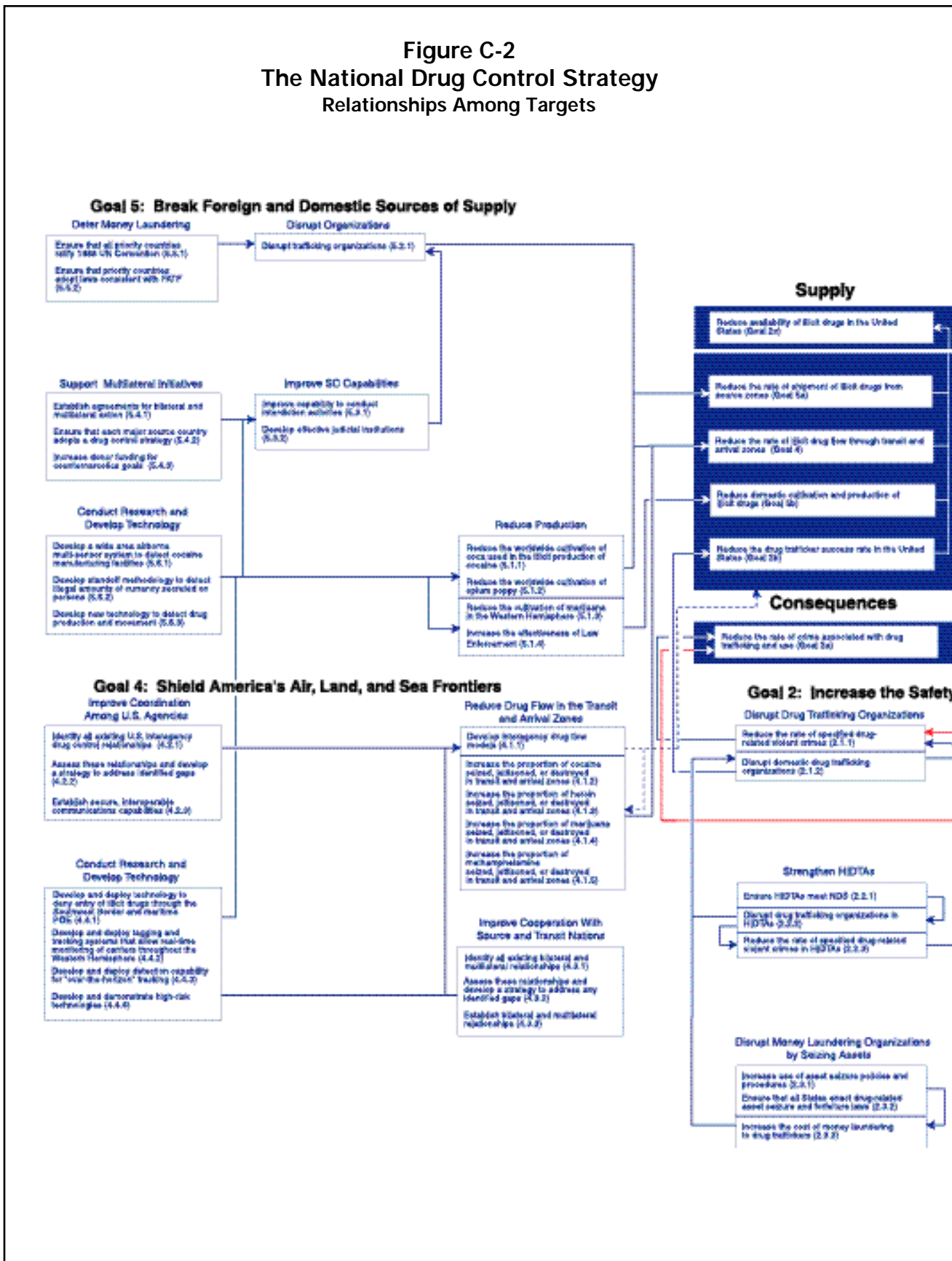
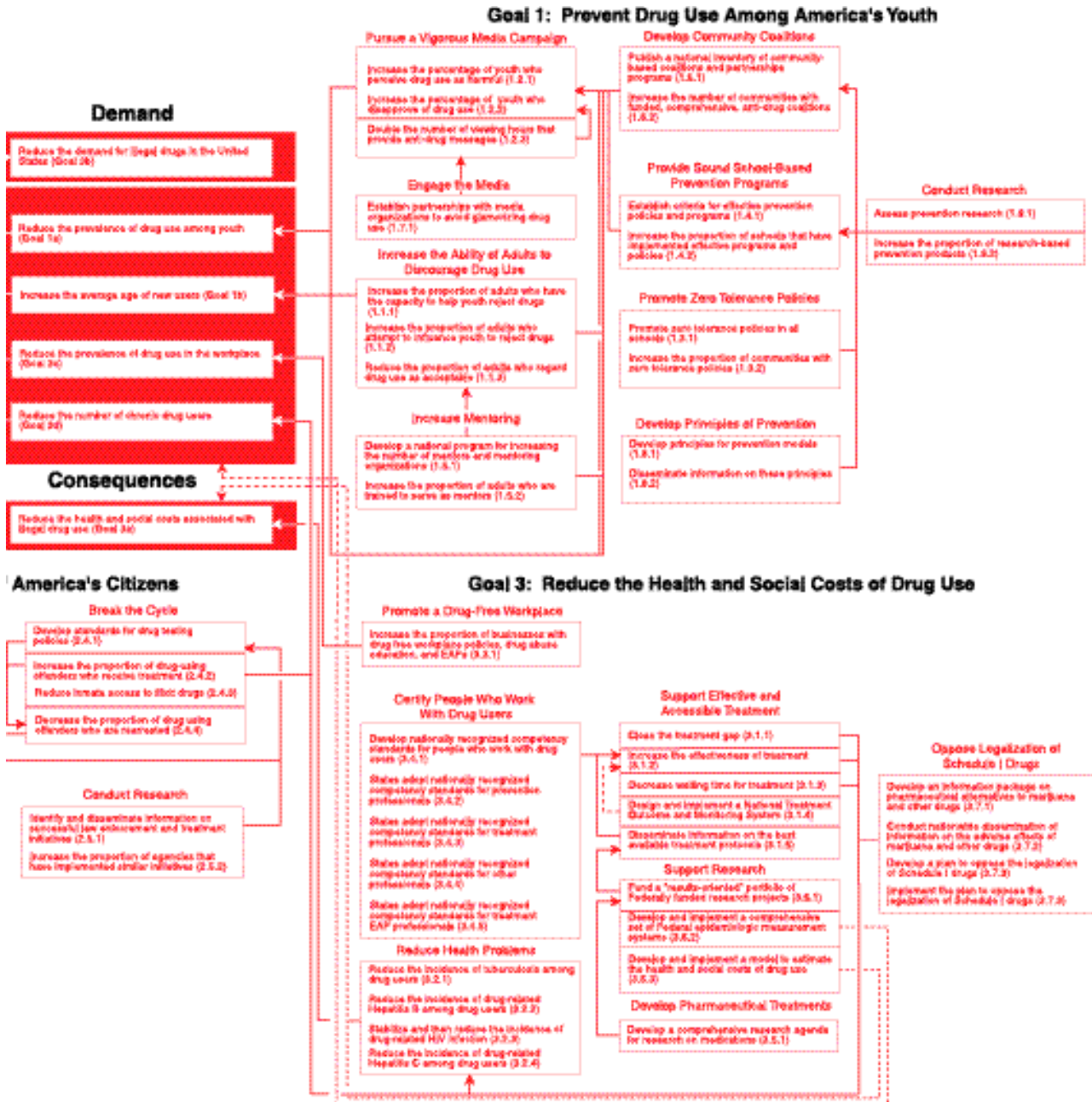


Figure C-2
The National Drug Control Strategy
Relationships Among Targets





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 the role of supply reduction. Vast international criminal enterprises funnel illicit drugs into the United States and are involved in all aspects of supply, including cultivation, processing, smuggling, transshipment, and distribution within U.S. borders. As in any business, individuals involved in these activities seek to expand markets and increase profits. The Strategy seeks to reduce

the availability of drugs in the United States by disrupting cultivation, processing, transshipment, 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 narcotics 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, is likely to 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 more pervasive within the drug trade. Drug trafficking-related violence in the United States will decline once the consumption of drugs decreases as a result of substantial supply reduction.

Appendix D: Targets and Measures

This appendix details the 97 performance targets and 127 associated measures that comprise the PME System. Twelve of these performance targets have been designated as Impact Targets and 85 as performance targets. The Impact Targets are designed to define outcomes or end states for the overall Goals of the Strategy. The remaining 85 performance targets are linked to the Strategy Objectives, which are supported by Federal and non-Federal drug control programs and/or interventions.

Of the 97 targets detailed in this appendix, 37 are milestones and 60 are numerical targets. The milestones are satisfied by completion of a specific requirement not later than a specified time. A numerical target is evaluated by comparing an actual value against a predetermined target value for each year.

All 97 of the performance targets, regardless of whether they are linked to Strategy Goals or Objectives, have at least one associated performance measure that shows how progress towards that target will be monitored. As stated above, there are a total of 127 measures identified to assess progress toward the 97 performance targets.

Progress toward these performance targets is critically dependent on the efforts of individuals; families; communities; private entities; and state, local and foreign governments. Data reflecting these

efforts must be factored in with the Federal progress toward these Goals. Although Federal agencies are designated as “Reporting Agency” and “Supporting Federal Agencies” for each target and measure, this does not represent a complete list of actors that will help the Nation achieve the specified Goals. There are numerous targets that will require the efforts of our state, local, foreign, and private partners.

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

The PME System is designed to be a dynamic system with room for growth, modification, and improvement over time. When the PME System was originally unveiled last year, there were 94 performance targets. Thanks to the efforts of the 5 PME Steering Groups and the 21 PME Working Groups, the PME System has been improved. Some of the original 94 targets have been modified or deleted, new targets have been added to address areas not previously included, and the measures associated with these targets have been refined.

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

Terminology Key

Goal X: MAJOR DIRECTIVE OF THE STRATEGY
Objective X: Major line of action to achieve the desired goal.

TARGET

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

Glide Path (Numerical Targets Only)

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

MEASURE

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

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

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

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

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

STATUS: This section provides additional information about the target such as progress made by the PME Working Group or issues that have not been resolved.

General Assumptions for Two or More Strategy Goals

- The drug problem is dynamic and our response must change accordingly.
- The American people will oppose the unconstrained flow of illicit drugs into the United States and the use of illegal drugs within the United States.
- Reduction in foreign and domestic production and supply will affect illegal drug use through price effects caused by reduced availability.
- ONDCP will lead interagency efforts to develop official government estimates of drug availability. It is expected that this effort will enable baseline estimates for 1996. If this proves to be infeasible, then a subsequent year will be used as the baseline.

General Critical Factors— Apply to Two or More Strategy Goals

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

Goal 1
Educate and enable America’s youth to reject illegal drugs as well as alcohol and tobacco.

GOAL IMPACT TARGETS

GOAL IMPACT MEASURES

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

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

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

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

b. Average age of initial drug use.

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

Assumptions for Goal 1

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

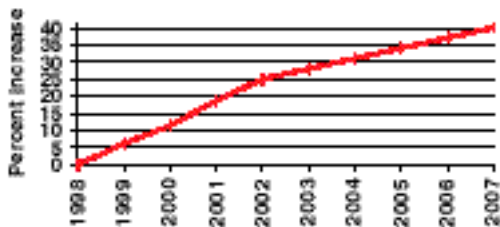
Goal 1

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

TARGET

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

Adult Understanding and Capacity



MEASURE

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

Reporting Agency: HHS
Supporting Federal Agencies: ONDCP, DOJ, DOL, ED

Data Sources: National Household Survey on Drug Abuse.

Relevant Data: Partnership Attitude Tracking Study (PATS) data from the Partnership for a Drug-Free America (PDFA) show the following proportions of parents who disagree with “I wish I knew better what to say to my child about drugs.” For 1996, 1997, and 1998, the results were 37.8 percent, 34.5 percent, and 39.4 percent, respectively.

STATUS: The Federal drug control community developed an action plan to coordinate Federal activities and support community coalitions and law enforcement organizations. The NHSDA was identified to measure progress toward this target and collected relevant data in 1998 to be reported in August 1999. SAMHSA is considering refining relevant questions to more effectively measure this target for the year 2000 NHSDA. The year 1998 NHSDA will not yield analyzed results until the 2000 PME Report.

Goal 1

Objective 1: (Continued)

TARGET

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

MEASURE

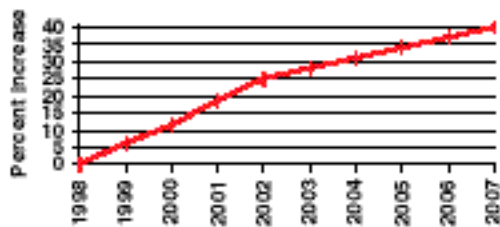
2. The proportion of adults who disagree somewhat or disagree strongly with such statements as: “What I say will have little influence on whether my child tries marijuana.”

Reporting Agency: HHS
Supporting Federal Agencies: ONDCP, DOJ, DOL, ED

Data Sources: National Household Survey on Drug Abuse.

Relevant Data: Partnership Attitude Tracking Study (PATS) data from the Partnership for a Drug-Free America (PDFA) show the following proportions of parents who disagree with “What I say will have little influence on whether my child tries marijuana.” For 1996, 1997, and 1998, the results were 69.2 percent, 69.7 percent, and 70.2 percent, respectively.

Adult Understanding and Capacity



STATUS: The Federal drug control community developed an action plan to coordinate Federal activities and support community coalitions and law enforcement organizations. ONDCP has contracted with the Gallup Organization to collect data on this measure for Winter 1998. The NHSDA was identified to measure progress toward this target and collected relevant data in 1998 to be reported in August 1999. SAMHSA is considering refining relevant questions to more effectively measure this target for the year 2000 NHSDA. The year 1998 NHSDA will not yield analyzed results until the 2000 PME Report.

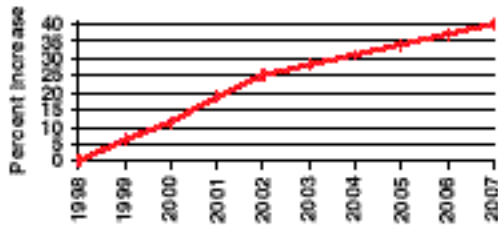
Goal 1

Objective 1: (Continued)

TARGET

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

Adult Understanding and Capacity



MEASURE

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

Reporting Agency: HHS
Supporting Federal Agencies: ONDCP, DOJ, DOL, ED

Data Source: National Household Survey on Drug Abuse.

Relevant Data: Partnership Attitude Tracking Study (PATS) data from the Partnership for a Drug-Free America (PDFA) show the following proportions of parents who disagree with “Drug education is best handled by schools, not parents.” For 1996, 1997, and 1998, the results were 81.5 percent, 81.3 percent, and 83.7 percent, respectively.

STATUS: The Federal drug control community developed an action plan to coordinate Federal activities and support community coalitions and law enforcement organizations. ONDCP has contracted with the Gallup Organization to collect data. The NHSDA was identified to measure progress toward this target and collected relevant data in 1998 to be reported in August 1999. SAMHSA is considering refining relevant questions to more effectively measure this target for the year 2000 NHSDA. The year 1998 NHSDA will not yield analyzed results until the 2000 PME Report.

Goal 1

Objective 1: (Continued)

TARGET

2. **Adults influencing youth**—By 2002, increase by 20 percent the proportion of parents and other adult mentors who attempt to influence youth to reject drugs, alcohol, and tobacco over the 1998 base year. By 2007, increase the proportion by 40 percent over the base year.

MEASURE

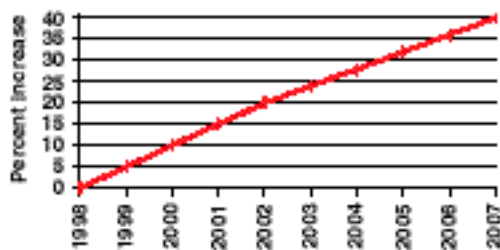
1. The proportion of parents and other adult mentors that reported (a) having discussed drugs with children thoroughly, and (b) having attempted to persuade them to reject drugs.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED, DOL

Data Source: National Household Survey on Drug Abuse.

Relevant Data: None.

Adults Influencing Youth



STATUS: The Federal drug control community developed an action plan to coordinate Federal activities and support states and local communities. The NHSDA was identified as the data source to measure progress toward this target. These, or similar questions, were included in the NHSDA starting in 1998. The 1998 data will be reported in approximately August 1999. SAMHSA is considering refining the questions that will measure this target for the 2000 NHSDA. The year 2000 NHSDA will not yield analyzed results until the 2002 PME Report.

Goal 1

Objective 1: (Continued)

TARGET

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

MEASURE

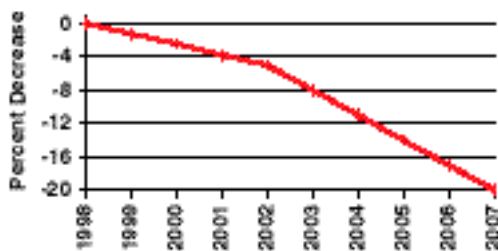
1. The proportion of adult acceptance of illegal drug use.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED, DOL

Data Source: National Household Survey on Drug Abuse.

Relevant Data: None.

Adult Acceptance Rates



STATUS: The Federal drug control community developed an action plan to help adults better understand the risks associated with illegal drug use and underage/excessive use of alcohol and tobacco with research-based initiatives. These, or similar questions, were included in the NHSDA starting in 1998. The 1998 data will be reported in approximately August 1999. SAMHSA is considering refining the questions that will measure this target for the 2000 NHSDA. The year 2000 NHSDA will not yield analyzed results until the 2002 PME Report.

Goal 1

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

TARGET

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

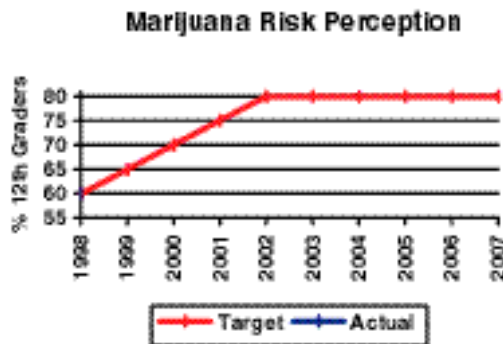
MEASURE

1. The percent of youth (12th graders as a proxy) who report great risk in regular marijuana use.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting great risk in smoking marijuana regularly is as follows:



1996	59.9 percent
1997	58.1 percent
1998	58.5 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

Goal 1

Objective 2: (Continued)

TARGET

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

MEASURE

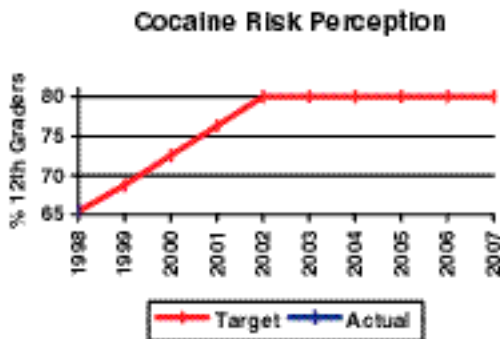
2. The percent of youth (12th graders as a proxy) who report great risk in occasional cocaine use.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting great risk in occasional use of powder cocaine is as follows:



1996	68.8 percent
1997	67.7 percent
1998	65.4 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

Goal 1

Objective 2: (Continued)

TARGET

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

MEASURE

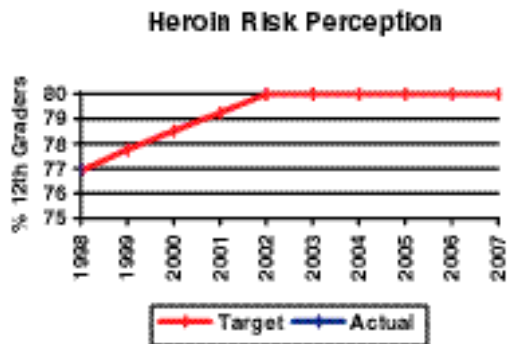
- The percent of youth (12th graders as a proxy) who report great risk in occasional heroin use.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting great risk in occasional use of heroin is as follows:



1996	74.8 percent
1997	76.3 percent
1998	76.9 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

Goal 1

Objective 2: (Continued)

TARGET

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

MEASURE

4. The percent of youth (12th graders as a proxy) who report great risk in consuming five or more drinks each weekend.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting great risk in drinking five or more drinks each weekend is as follows:



1996	49.5 percent
1997	43.0 percent
1998	42.8 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

Goal 1

Objective 2: (Continued)

TARGET

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

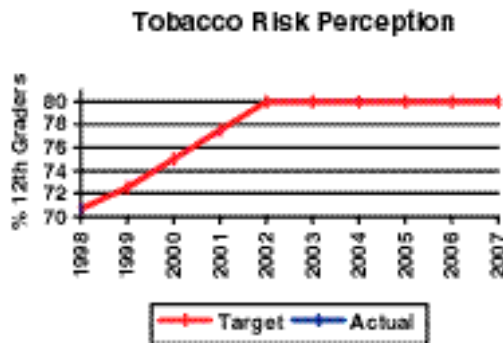
MEASURE

5. The percent of youth (12th graders as a proxy) who report great risk in smoking one pack of cigarettes per day.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting great risk in smoking one pack of cigarettes per day is as follows:



1996	68.2 percent
1997	68.7 percent
1998	70.7 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

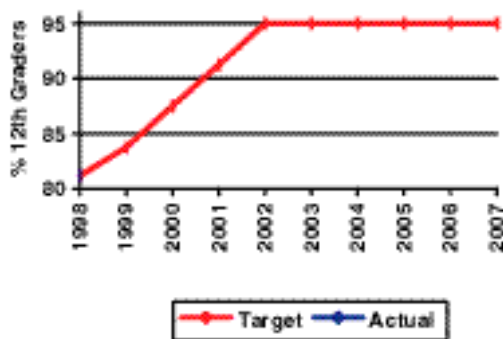
Goal 1

Objective 2: (Continued)

TARGET

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

Youth Disapproval of Marijuana Use



MEASURE

1. The percent of youth (12th graders as a proxy) who report disapproval of regular marijuana use.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting disapproval of smoking marijuana regularly is as follows:

1996	80.0 percent
1997	78.8 percent
1998	81.2 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

Goal 1

Objective 2: (Continued)

TARGET

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

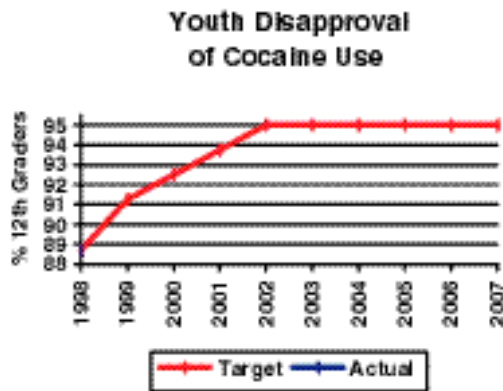
MEASURE

2. The percent of youth (12th graders as a proxy) who report disapproval of occasional cocaine use.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting disapproval of occasional use of powder cocaine is as follows:



1996	89.7 percent
1997	89.3 percent
1998	88.7 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

Goal 1

Objective 2: (Continued)

TARGET

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

MEASURE

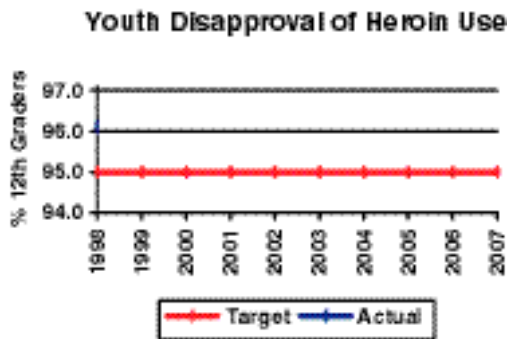
3. The percent of youth (12th graders as a proxy) who report disapproval of occasional heroin use.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting disapproval of occasional heroin use is as follows:



1996	95.0 percent
1997	95.4 percent
1998	96.1 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

Goal 1

Objective 2: (Continued)

TARGET

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

MEASURE

4. The percent of youth (12th graders as a proxy) who report disapproval consuming of five or more drinks each weekend.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting disapproval of having five or more drinks once or twice each weekend is as follows:



1996	64.7 percent
1997	65.0 percent
1998	63.8 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

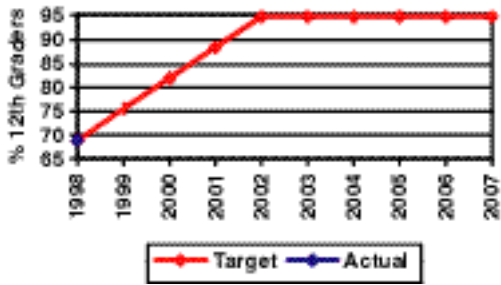
Goal 1

Objective 2: (Continued)

TARGET

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

Youth Disapproval of Tobacco Use



MEASURE

5. The percent of youth (12th graders as a proxy) who report disapproval of smoking one pack of cigarettes per day.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, ED

Data Source: Monitoring the Future Study.

Relevant Data: Starting with the 1996 base year, the percent of 12th graders reporting disapproval of smoking one or more packs of cigarettes per day is as follows:

1996	67.2 percent
1997	67.1 percent
1998	68.8 percent

STATUS: The Federal drug control community developed an action plan to inform youth and families of the harmful consequences associated with illegal drug use and underage/excessive use of alcohol and tobacco.

Goal 1

Objective 2: (Continued)

TARGET

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

MEASURE

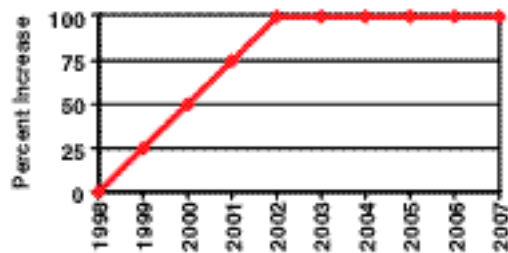
1. The number of TV viewing hours by youth that focus on anti-drug messages.

Reporting Agency: ONDCP
Supporting Federal Agencies: HHS

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

Relevant Data: None.

TV Viewing Hours



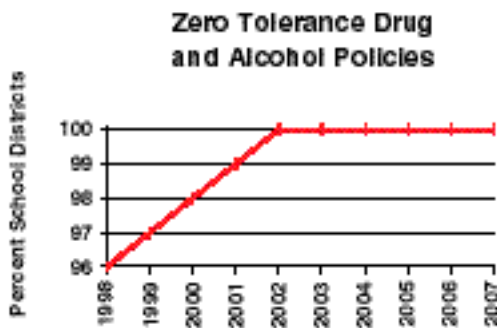
STATUS: The Federal drug control community developed an action plan to increase the number of public service announcements and minutes of prevention messages aired on television. ONDCP will assess exposure to anti-drug messages in both the advertising and non-advertising components of programming as part of the media campaign. Administrative records from the implementation of the media campaign will provide measures for this target. There are no data for 1998 and the earliest measurement is expected in calendar year 2000 when the media campaign is expected to be fully implemented.

Goal 1

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

TARGET

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



MEASURE

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

Reporting Agency: HHS
Supporting Federal Agencies: BIA, DoD, DOL, DOT, ED, OJJDP

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

Relevant Data: Based on 1995 data, SHPPS found that 96 percent of school districts prohibited alcohol and drugs on school property at all times.

STATUS: In 1995, SHPPS found that 97 percent of all school districts had some form of written policy regarding tobacco, alcohol, and drug use by students. The intent of this target is for school districts to adopt zero tolerance policies for illegal drugs, alcohol, and tobacco use by youth on school property at all times. ONDCP is working with the Department of Health and Human Services to conduct the SHPPS again. Administrative records from the Department of Education also may provide data for this target.

Goal 1

Objective 3: (Continued)

TARGET

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

MEASURE

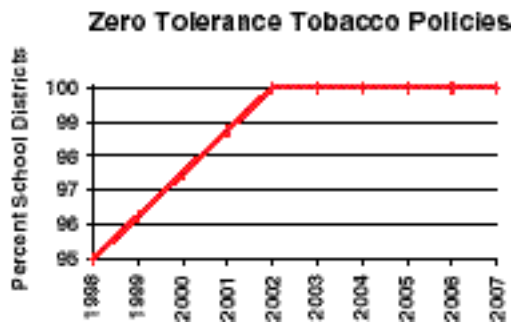
2. Proportion of public and private schools that have published a zero tolerance tobacco policy for students.

Reporting Agency: HHS

Supporting Federal Agencies: BIA, DoD, DOL, DOT, ED, OJJDP

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

Relevant Data: Based on 1995 data, SHPPS found that 95 percent of school districts prohibited tobacco use in school buildings during school hours, while only 83 percent prohibited tobacco use by youth on school property at times.



STATUS: In 1995, SHPPS found that 97 percent of all school districts had some form of written policy regarding tobacco, alcohol, and drug use by students. The intent of this target is for school districts to adopt zero tolerance policies for illegal drugs, alcohol, and tobacco use by youth on school property at all times. ONDCP is working with the Department of Health and Human Services to conduct the SHPPS again. Administrative records from the Department of Education also may provide data for this target.

Goal 1

Objective 3: (Continued)

TARGET

MEASURE

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

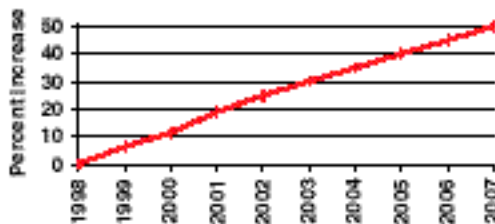
1. Proportion of designated communities that have published zero tolerance drug abuse policies for youth.

Reporting Agency: HHS
Supporting Federal Agencies: BIA, DoD, DOL, DOT, ED, OJJDP

Data Source: To be determined.

Relevant Data: None.

Communities With Zero Tolerance Policies



STATUS: The Federal drug control community developed an action plan to help persuade States, counties, communities, and national organizations to develop drug abuse policies. The Subcommittee on Data, Research, and Interagency Coordination will determine a baseline to measure progress. This subcommittee will also determine the proportion of communities that have publicly stated and written zero tolerance drug abuse policies for youth. Administrative records also may provide data for this target.

Goal 1

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

TARGET

MEASURE

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

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

Reporting Agencies: ED, HHS
Supporting Federal Agencies: DOJ

STATUS: The Federal drug control community plans to establish an interagency working group to identify effective drug prevention programs and policies that are supported by research and identify criteria for effective programs and policies. The data source and baseline for this target will be determined by an ONDCP-led interagency working group

Goal 1

Objective 4: (Continued)

TARGET

MEASURE

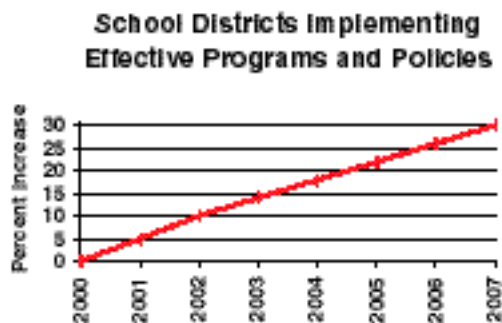
2. **Implement effective programs and policies in schools**—By 2002, increase the proportion of school districts that have implemented research-based drug, alcohol, and tobacco prevention programs and policies by 10 percent compared to the 2000 base year percentage. By 2007, increase the proportion to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

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

Reporting Agencies: ED, HHS
Supporting Federal Agencies: DOJ

Data Source: To be determined.

Relevant Data: None.



STATUS: The Federal drug control community plans to disseminate criteria for effective drug, alcohol, and tobacco prevention programs and policies and identify Federal support mechanisms to increase the proportion of schools that implement research-based programs and policies. The baseline and data source to measure progress will be the administrative records of the agency responsible for implementation of the program.

Goal 1

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

TARGET

MEASURE

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

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

Reporting Agency: HHS
Supporting Federal Agencies: ED, OJJDP, DoAgri

STATUS: The 1998 ONDCP Reauthorization Act (PL 105-277) contained language that established a Parents Advisory Council on Drug Abuse. During 1999, this organization will assist in the refinement of targets, measures, and action plans supporting this objective. The Federal drug control community developed an initial action plan to review existing mentoring training programs and their infrastructures, identify successful programs and models, and identify funding and legislative supports.

Goal 1

Objective 5: (Continued)

TARGET

2. **Implement mentoring and parenting program**—By 2002, implement this program at a level sufficient to increase by 25 percent, over a 1998 base year, the proportion of trained adult mentors involved in mentoring and parenting children aged 17 and under. By 2007, increase this proportion by 50 percent over the number in the base year.

MEASURE

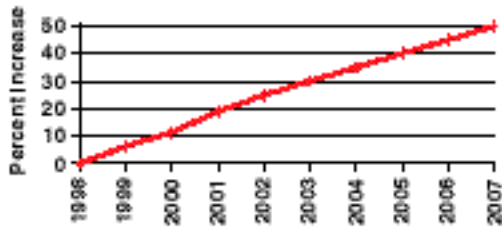
1. The proportion of trained adults involved in mentoring and parenting children aged 17 and under.

Reporting Agency: HHS
Supporting Federal Agencies: DOL, ED, OJJDP, DoAgri

Data Source: To be determined.

Relevant Data: None.

Trained Adult Mentors and Parents



STATUS: The Federal drug control community developed an action plan to coordinate Federal, state, and private training efforts. Through implementation of a National Mentoring Program, Federal agencies plan to increase the number of adults trained in mentoring children in substance abuse prevention. The baseline and data source to measure progress will be the administrative records of the agency responsible for implementation of the program.

Goal 1

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

TARGET

MEASURE

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

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

Reporting Agency: ONDCP

Supporting Federal Agencies: HHS, BJA, ED, HUD, OJJDP

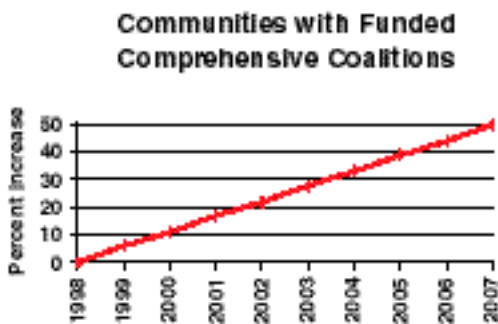
STATUS: ONDCP is producing a catalog of the community coalitions nationwide and will publish a national Coalition Directory of Anti-Drug Community Based Coalitions.

Goal 1

Objective 6: (Continued)

TARGET

2. **Funded coalitions**—By 2007, increase by 50 percent the number of communities with comprehensive anti-drug coalitions funded publicly or privately as compared to the 1998 base year.



MEASURE

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

Reporting Agency: ONDCP
Supporting Federal Agencies: HHS, BJA, DOC, DOL, DOT, ED, HUD, OJJDP

Data Source: To be determined.

Relevant Data: According to the Community Anti-Drug Coalitions of America (CADCA), there were approximately 4,000 community coalitions with a primary drug focus in 1998. ONDCP is currently working with CADCA to develop a directory of these coalitions as a starting point for this target.

STATUS: The Federal drug control community developed an action plan to identify and disseminate critical characteristics of effective, comprehensive, coalition models and coordinate Federal, state, and private efforts to support comprehensive community coalitions. ONDCP will contract a survey to identify a baseline of funded community coalitions with comprehensive substance abuse prevention programs and tobacco coalitions that may become comprehensive. This survey should be repeated annually through 2007.

Goal 1

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

TARGET

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

MEASURE

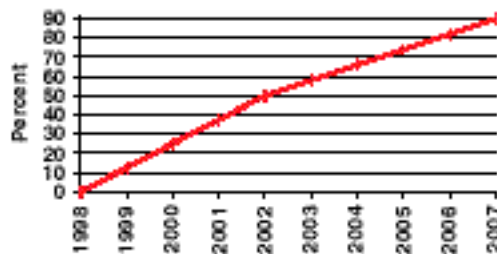
1. Percentage of major media organizations that avoid glamorizing, condoning, or normalizing the use of illegal drugs, alcohol, and tobacco.

Reporting Agency: ONDCP
Supporting Federal Agencies: HHS, DOJ, ED

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

Relevant Data: None.

Media Organizations



STATUS: The Federal drug control community developed an action plan to identify major media, entertainment, and professional sports organizations and develop and execute model partnering agreements. The Subcommittee on Data, Research, and Interagency Coordination will develop a methodology to establish a data source for annual reporting and a list of media, entertainment, and professional sports organizations. As part of the media campaign, ONDCP has hired a contractor to facilitate these partnerships and compile administrative records from the implementation of the media campaign to provide measures for this target. There are no data for 1998, and the earliest measurement is expected in calendar year 2000, when the media campaign is expected to be fully implemented.

Goal 1

Objective 7: (Continued)

TARGET

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

MEASURE

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

Reporting Agency: ONDCP
Supporting Federal Agencies: HHS, DOJ, ED

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

Relevant Data: None.



STATUS: The Federal drug control community developed an action plan to identify major media, entertainment, and professional sports organizations and develop and execute model partnering agreements. An interagency data working group will develop a methodology to establish a data source for annual reporting and a list of media, entertainment, and professional sports organizations. As part of the media campaign, ONDCP has hired a contractor to facilitate these partnerships and compile administrative records from the implementation of the media campaign to provide measures for this target. There are no data for 1998, and the earliest measurement is expected in calendar year 2000, when the media campaign is expected to be fully implemented.

Goal 1

Objective 7: (Continued)

TARGET

MEASURE

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

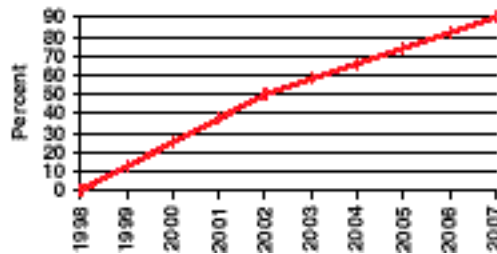
3. Percentage of major professional sports organizations that avoid glamorizing, condoning, or normalizing the use of illegal drugs, alcohol, and tobacco.

Reporting Agency: ONDCP
Supporting Federal Agencies: HHS, DOJ, ED

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

Relevant Data: None.

Sports Organizations



STATUS: The Federal drug control community developed an action plan to identify major media, entertainment, and professional sports organizations and develop and execute model partnering agreements. The Subcommittee on Data, Research, and Interagency Coordination will develop a methodology to establish a data source for annual reporting and a list of media, entertainment, and professional sports organizations. As part of the media campaign, ONDCP has hired a contractor to facilitate these partnerships and compile administrative records from the implementation of the media campaign to provide measures for this target. There are no data for 1998, and the earliest measurement is expected in calendar year 2000, when the media campaign is expected to be fully implemented.

Goal 1

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

TARGET

MEASURE

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

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

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED

STATUS: The Federal drug control community developed an action plan to compile existing prevention models/principles and effective programs.

Goal 1

Objective 8: (Continued)

TARGET

MEASURE

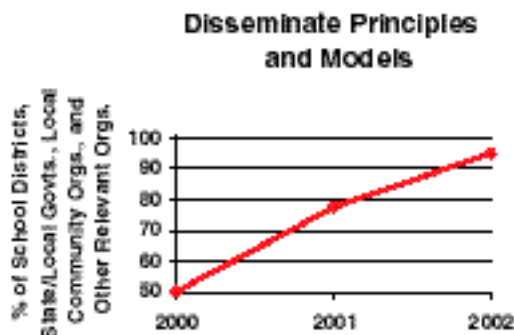
2. **Disseminate principles and models**—By 2000, annually disseminate research-based information about prevention principles and models to 50 percent of schools and/or school districts, state and local governments, national and local community organizations, and other relevant organizations identified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

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

Reporting Agencies: ED, HHS
Supporting Federal Agencies: DoD, OJJDP

Data Source: To be determined.

Relevant Data: None.



STATUS: The Federal drug control community developed an action plan to disseminate drug prevention principles and models to school districts, state and local government officials, and local and national organizations. Administrative files and records of the organization responsible for carrying out the action plan will provide the data to measure the progress toward the target.

Goal 1

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

TARGET

MEASURE

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

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

Reporting Agency: HHS
Supporting Federal Agencies: NIH, CSAP, DOT, ED, OJJDP

STATUS: The Federal drug control community plans to provide at least some support for the construction of a registry of effective preventive studies, programs, and models. This effort is designed to elicit participation from multiple private sector and governmental entities. Additionally, the Federal drug control community has developed a variety of analyses of the current drug abuse prevention literature, and will continue to work toward more definitive and accessible compilations and critiques of such research.

Goal 1

Objective 9: (Continued)

TARGET

MEASURE

2. **Develop, disseminate, and implement research-based prevention programs and products**—By 2002, increase by 15 percent the (a) development of research-based prevention products and programs; (b) dissemination of research-based products and programs to Federal, state and local practitioners; and (c) implementation of research-based prevention products and programs. By 2004, achieve a 30-percent increase in the development, dissemination, and implementation of research-based prevention products and programs.

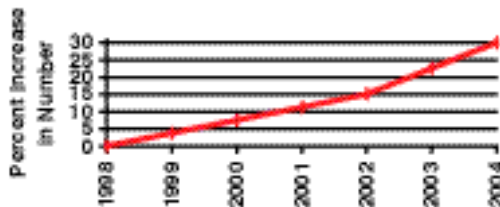
1. The number of research-based prevention products (e.g., curricula, information brochures, etc.) and programs developed for use by Federal, state, and local prevention practitioners.

Reporting Agency: HHS
Supporting Federal Agencies: CSAP, NIH, ED, OJJDP, HUD, Treasury

Data Source: To be determined.

Relevant Data: None.

Number of Research-Based Products and Programs Developed



STATUS: The Federal drug control community developed an action plan to support and expand existing mechanisms that help develop, disseminate, and promote research-based prevention products and programs to the entire field of prevention on an ongoing basis. During 1999, a PME Working Group will clarify the target wording relating to implementation to more accurately define how the implementation will be measured.

Goal 1

Objective 9: (Continued)

TARGET

MEASURE

2. **Develop, disseminate, and implement research-based prevention programs and products**—By 2002, increase by 15 percent the (a) development of research-based prevention products and programs; (b) dissemination of research-based products and programs to Federal, state and local practitioners; and (c) implementation of research-based prevention products and programs. By 2004, achieve a 30-percent increase in the development, dissemination, and implementation of research-based prevention products and programs.

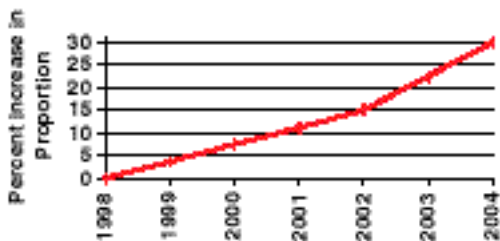
2. Proportion of Federal, state, and local prevention practitioners receiving research-based prevention products and programs.

Reporting Agency: HHS
Supporting Federal Agencies: CSAP, NIH, ED, OJJDP, HUD, Treasury

Data Source: To be determined.

Relevant Data: None.

Proportion Receiving Research-Based Products and Programs



STATUS: The Federal drug control community developed an action plan that proposes a national survey utilizing state-of-the-art techniques for sampling design, measurement instruments, data collection protocols, data analysis procedures, and scientifically sound reporting practices to assess the proportion of prevention practitioners receiving information on research-based prevention programs and products. During 1999, a PME Working Group will clarify the target wording relating to implementation to more accurately define how the implementation will be measured.

Goal 1

Objective 9: (Continued)

TARGET

MEASURE

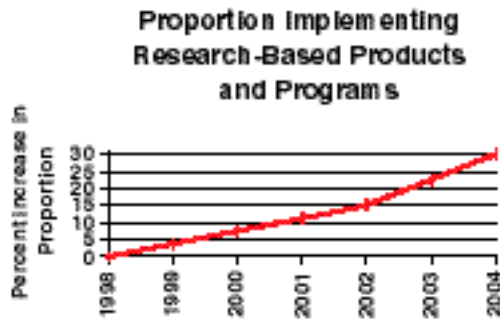
2. **Develop, disseminate, and implement research-based prevention programs and products**—By 2002, increase by 15 percent the (a) development of research-based prevention products and programs; (b) dissemination of research-based products and programs to Federal, state and local practitioners; and (c) implementation of research-based prevention products and programs. By 2004, achieve a 30-percent increase in the development, dissemination, and implementation of research-based prevention products and programs.

3. Proportion of Federal, state, and local prevention practitioners implementing research-based prevention products and programs.

Reporting Agency: HHS
Supporting Federal Agencies: CSAP, NIH, ED, OJJDP, HUD, Treasury

Data Source: To be determined.

Relevant Data: None.



STATUS: The Federal drug control community developed an action plan to develop a “Prevention Research Implementation System” to promote and facilitate the implementation of research-based drug abuse prevention programs and products at the Federal, state, and local levels. During 1999, a PME Working Group will clarify the target wording relating to implementation to more accurately define how the implementation will be measured.

Goal 2
Increase the safety of America’s citizens by substantially reducing drug-related crime and violence.

GOAL IMPACT TARGETS

GOAL IMPACT MEASURES

- a. **Drug related crime and violence**—By 2002, reduce by 15 percent the rate of crime and violent acts associated with drug trafficking and use, as compared with the 1996 base year. By 2007, reduce drug-related crime and violence by 30 percent as compared with the base year.
- b. **Domestic trafficker success**—By 2002, reduce by 10 percent the rate at which illicit drugs of U.S. venue reach the U.S. consumer, as compared with the 1996 base year. By 2007, reduce this rate by 20 percent over the base year.
- c. **Drug availability in the United States**—By 2002, reduce drug availability in the United States by 25 percent as compared with the estimated 1996 base year. By 2007, reduce illicit drug availability in the U.S. by 50 percent from the base year.

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

Reporting Agency: DOJ
Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treasury
- b. The rate at which illicit drugs of U.S. origin reach U.S. consumers.

Reporting Agency: DOJ
Supporting Federal Agencies: BJS, DEA, FBI, HIDTAs, Treasury
- c. The quantity of illicit drugs available in the United States.

Reporting Agency: ONDCP
Supporting Federal Agencies: DoD, FBI, NDIC, NSA, BOP, USCG, USCS, USIC

Assumptions for Goal 2

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

Goal 2

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

TARGET

MEASURE

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

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

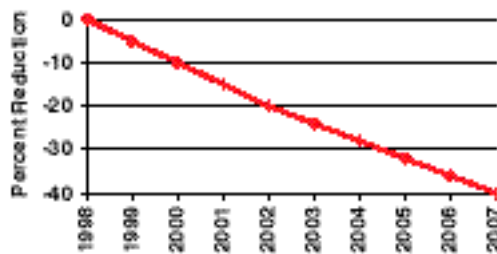
Reporting Agency: DOJ

Supporting Federal Agencies: BJS, DEA, FBI, Treasury

Data Source: To be determined. Potential candidates include the Uniform Crime Reports and the Bureau of Justice Statistics Survey of Inmates in State and Federal Correctional Facilities.

Relevant Data: There was a 7 percent decrease from 1996 to 1997 in the number of murders involving narcotic drug laws tracked in the 1997 Uniform Crime Reports. This closely followed the overall murder rate, which declined 7.3 percent from 1996 to 1997. In 1991, a survey of violent offenders in state facilities reported 50 percent were under the influence of alcohol or drugs at the time of offense.

Drug Related Homicides



STATUS: By June 1999, the Subcommittee on Data, Research, and Interagency Coordination will develop a definition and methodology for measuring a category of drug-related violent crime. Although the Uniform Crime Reports (UCR) contain data on drug-related murder, no similar category exists for the other categories of violent crime. The Subcommittee will identify and review existing databases or establish the requirement for new databases to measure the four categories of drug-related crime.

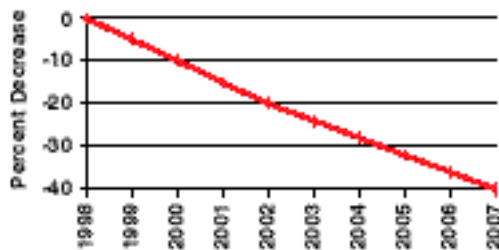
Goal 2

Objective 1: (Continued)

TARGET

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

Drug-Related Robberies



MEASURE

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

Reporting Agency: DOJ
Supporting Federal Agencies: BJS, DEA, FBI, Treasury

Data Source: To be determined. Potential candidates include the Uniform Crime Reports and the Bureau of Justice Statistics Survey of Inmates in State and Federal Correctional Facilities.

Relevant Data: The overall robbery rate cited in the 1997 Uniform Crime Reports declined by 7 percent from 1996 to 1997. Currently, no data source tracks the number of drug-related robberies. In 1991, a survey of violent offenders in state facilities reported 50 percent were under the influence of alcohol or drugs at the time of offense.

STATUS: By June 1999, the Subcommittee on Data, Research, and Interagency Coordination will develop a definition and methodology for measuring a category of drug-related violent crime. Although the Uniform Crime Reports (UCR) contain data on drug-related murder, no similar category exists for the other categories of violent crime. The Subcommittee will identify and review existing databases or establish the requirement for new databases to measure the four categories of drug-related crime.

Goal 2

Objective 1: (Continued)

TARGET

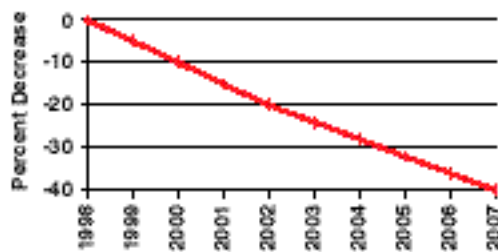
1. **Drug-related violent crime**—By 2002, achieve a 20-percent reduction in the rate of homicides, robberies, rapes, and assaults associated with illegal drugs as compared to the 1996 base year. By 2007, achieve at least a 40-percent reduction from the base year in specified drug-related crimes.

MEASURE

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

Reporting Agency: DOJ
Supporting Federal Agencies: BJS, DEA, FBI, Treasury

Drug-Related Rapes



Data Source: To be determined. Potential candidates include the Uniform Crime Reports and the Bureau of Justice Statistics Survey of Inmates in State and Federal Correctional Facilities.

Relevant Data: The overall rape rate reported in the 1997 Uniform Crime Reports remained constant from 1996 to 1997. Currently, no data source tracks the number of drug-related rapes. In 1991, a survey of violent offenders in state facilities reported 50 percent were under the influence of alcohol or drugs at the time of offense.

STATUS: By June 1999, the Subcommittee on Data, Research, and Interagency Coordination will develop a definition and methodology for measuring a category of drug-related violent crime. Although the Uniform Crime Reports (UCR) contain data on drug-related murder, no similar category exists for the other categories of violent crime. The Subcommittee will identify and review existing databases or establish the requirement for new databases to measure the four categories of drug-related crime.

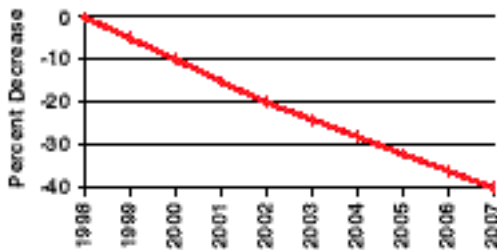
Goal 2

Objective 1: (Continued)

TARGET

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

Drug-Related Assaults



MEASURE

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

Reporting Agency: DOJ
Supporting Federal Agencies: BJS, DEA, FBI, Treasury

Data Source: To be determined. Potential candidates include the Uniform Crime Reports and the Bureau of Justice Statistics Survey of Inmates in State and Federal Correctional Facilities.

Relevant Data: The overall assault rate cited in the 1997 Uniform Crime Reports declined by 1.4 percent from 1996 to 1997. Currently, no data source tracks the number of drug-related assaults. In 1991, a survey of violent offenders in state facilities reported 50 percent were under the influence of alcohol or drugs at the time of offense.

STATUS: By June 1999, the Subcommittee on Data, Research, and Interagency Coordination will develop a definition and methodology for measuring a category of drug-related violent crime. Although the Uniform Crime Reports (UCR) contain data on drug-related murder, no similar category exists for the other categories of violent crime. The Subcommittee will identify and review existing databases or establish the requirement for new databases to measure the four categories of drug-related crime.

Objective 1: (Continued)

Goal 2

TARGET

MEASURE

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.

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

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

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

Relevant Data: None.

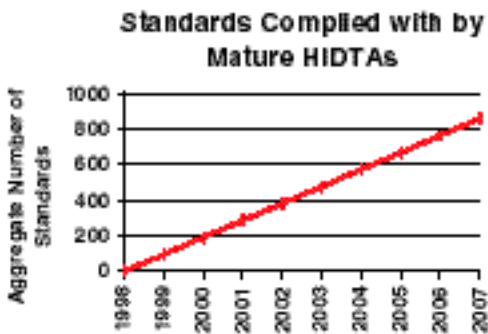
STATUS: ONDCP will charter an interagency working group to develop a consolidated Major Drug Trafficking Organization Target List. In developing the methodology for this list, the working group will more clearly define what constitutes a major drug trafficking organization and what criteria will be used to determine when an organization has been disrupted, dismantled, or otherwise rendered ineffective. Since no such list currently exists, the base year will need to be adjusted once the list has been developed. The glide path will be constructed after the Target List has been developed for the base year.

Goal 2

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

TARGET

1. **HIDTA development**—Each HIDTA will improve the scope and efficiency of the HIDTA Program by the progressive compliance with the National HIDTA Developmental Standards at the rate of at least 10 percent per annum, with HIDTAs in compliance with 90 percent of the standards by 2007.



MEASURE

1. The aggregate proportion of National HIDTA Developmental Standards complied with by the end of each calendar year in mature HIDTAs (existing as of January 1, 1998). The numerator is obtained by summing the number of individual standards adopted by each mature HIDTA. The denominator is obtained by multiplying the number of National HIDTA Developmental Standards (currently 56) by the total number of mature HIDTAs (17).

Reporting Agency: Each HIDTA
Supporting Federal Agencies: DEA, FBI, ONDCP

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

Relevant Data: None.

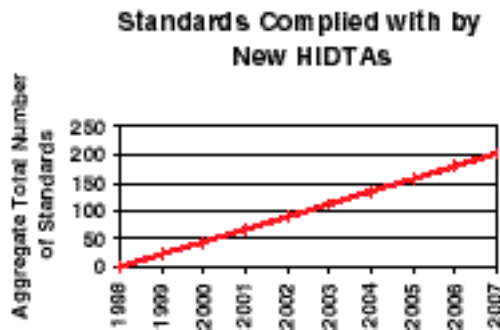
STATUS: This target was revised to shift the focus from merely adopting the National HIDTA Developmental Standards to compliance with them. As a result, the maturity of the HIDTA plays a major role in determining how fast a HIDTA can comply with the standards. The standards have been distributed to all HIDTA directors. Each HIDTA will report the total number of standards that the respective HIDTA is in compliance with as of the end of each calendar year.

Goal 2

Objective 2: (Continued)

TARGET

1. **HIDTA development**—Each HIDTA will improve the scope and efficiency of the HIDTA Program by the progressive compliance with the National HIDTA Developmental Standards at the rate of at least 10 percent per annum, with HDTAs in compliance with 90 percent of the standards by 2007.



MEASURE

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

Reporting Agency: Each HIDTA
Supporting Federal Agencies: DEA, FBI, ONDCP

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

Relevant Data: None.

STATUS: This target was revised to shift the focus from merely adopting the National HIDTA Developmental Standards to compliance with them. As a result, the maturity of the HIDTA plays a major role in determining how fast a HIDTA can comply with the standards. The standards have been distributed to all HIDTA directors. Each HIDTA will report the total number of standards that the respective HIDTA is in compliance with as of the end of each calendar year.

Goal 2

Objective 2: (Continued)

TARGET

MEASURE

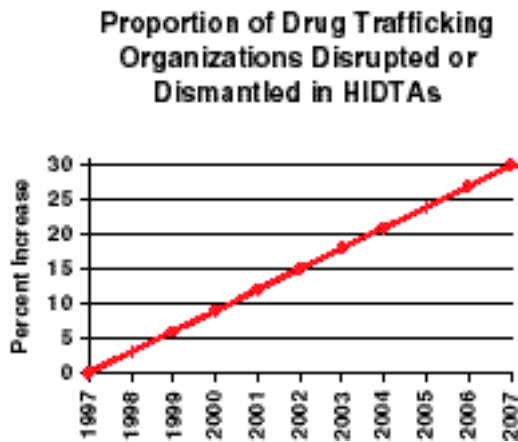
2. **Drug trafficking organizations in HIDTAs**—By 2002, increase the proportion of drug trafficking organizations disrupted or dismantled as identified in HIDTA threat assessments by 15 percent above the proportion in the 1997 base year. By 2007, increase the proportion disrupted or dismantled to 30 percent above the base year ratio.

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

Reporting Agencies: Each HIDTA
Supporting Federal Agencies: DoD, DEA, DOS, FBI, USCS, Treasury

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

Relevant Data: The Bureau of Justice Statistics collects data on the number of traffickers convicted and sentenced. In 1991, drug trafficking offenses accounted for 19 percent of all defendants convicted.



STATUS: The ONDCP HIDTA Director will develop a consolidated list of the number of drug trafficking organizations targeted by each HIDTA. This HIDTA target list will be prepared prior to the beginning of each year. At the end of each year, ONDCP will measure the proportion of those targeted organizations that have been disrupted or dismantled. After the base year proportion has been determined for 1997, the glide path will be revised to reflect the target proportion for each year

Goal 2

Objective 2: (Continued)

TARGET

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

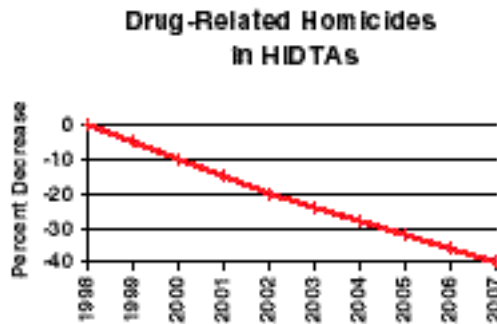
MEASURE

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

Reporting Agency: Each HIDTA
Supporting Federal Agencies: BJS, DEA, DOJ, FBI, Treasury

Data Source: To be determined. Potential candidates include the Uniform Crime Reports and the Bureau of Justice Statistics Survey of Inmates in State and Federal Correctional Facilities. Once the issues related to definitions and methodology for measuring drug-related violent crime are resolved, the data can be disaggregated to determine drug-related violent crime rates in HIDTAs.

Relevant Data: There was a 7 percent decrease from 1996 to 1997 in the number of drug-related murders tracked in the 1997 Uniform Crime Reports. This closely followed the overall murder rate, which declined 7.3 percent from 1996 to 1997. In 1991, a survey of violent offenders in state facilities reported 50 percent were under the influence of alcohol or drugs at the time of offense.



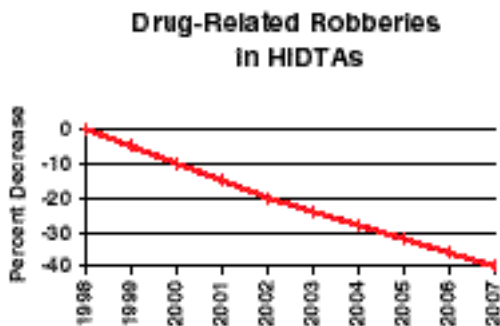
STATUS: By June 1999, the Subcommittee on Data, Research, and Interagency Coordination will develop a definition and methodology for measuring drug-related violent crime. Although the Uniform Crime Reports (UCR) contain data on drug-related murder, no similar category exists for the other categories of violent crime. The Subcommittee will identify and review existing databases or establish the requirement for new databases to measure the four categories of drug-related crime.

Goal 2

Objective 2: (Continued)

TARGET

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



MEASURE

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

Reporting Agency: Each HIDTA
Supporting Federal Agencies: BJS, DEA, DOJ, FBI, Treasury

Data Source: To be determined. Potential candidates include the Uniform Crime Reports and the Bureau of Justice Statistics Survey of Inmates in State and Federal Correctional Facilities. Once the issues related to definitions and methodology for measuring drug-related violent crime are resolved, the data can be disaggregated to determine drug-related violent crime rates in HIDTAs.

Relevant Data: The overall robbery rate cited in the 1997 Uniform Crime Reports declined by 7 percent from 1996 to 1997. Currently, no data source tracks the number of drug-related robberies. In 1991, a survey of violent offenders in state facilities reported 50 percent were under the influence of alcohol or drugs at the time of offense.

STATUS: By June 1999, the Subcommittee on Data, Research, and Interagency Coordination will develop a definition and methodology for measuring drug-related violent crime. Although the Uniform Crime Reports (UCR) contain data on drug-related murder, no similar category exists for the other categories of violent crime. The Subcommittee will identify and review existing databases or establish the requirement for new databases to measure the four categories of drug-related crime.

Goal 2

Objective 2: (Continued)

TARGET

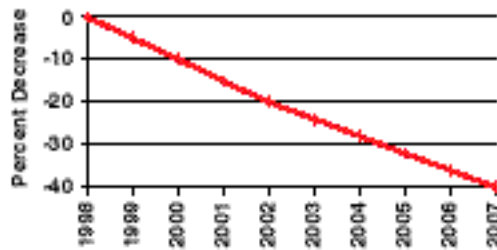
3. Drug-related violent crime in HIDTAs—
 By 2002, reduce by 20 percent the rate of drug related homicides, robberies, rapes, and assaults in HIDTAs as compared to the 1996 base year. By 2007, reduce specified drug-related crimes in HIDTAs by 40 percent.

MEASURE

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

Reporting Agency: Each HIDTA
Supporting Federal Agencies: BJS, DEA, DOJ, FBI, Treasury

Drug-Related Rapes in HIDTAs



Data Source: To be determined. Potential candidates include the Uniform Crime Reports and the Bureau of Justice Statistics Survey of Inmates in State and Federal Correctional Facilities. Once the issues related to definitions and methodology for measuring drug-related violent crime are resolved, the data can be disaggregated to determine drug-related violent crime rates in HIDTAs.

Relevant Data: The overall rape rate reported in the 1997 Uniform Crime Reports remained constant from 1996 to 1997. Currently, no data source tracks the number of drug-related rapes. In 1991, a survey of violent offenders in state facilities reported 50 percent were under the influence of alcohol or drugs at the time of offense.

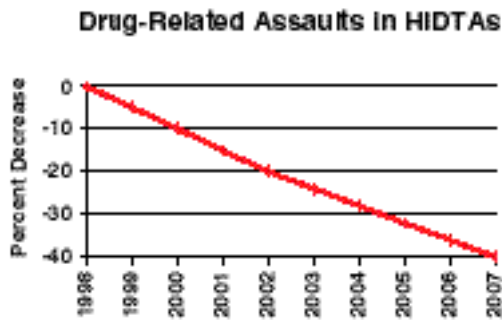
STATUS: By June 1999, the Subcommittee on Data, Research, and Interagency Coordination will develop a definition and methodology for measuring drug-related violent crime. Although the Uniform Crime Reports (UCR) contain data on drug-related murder, no similar category exists for the other categories of violent crime. The Subcommittee will identify and review existing databases or establish the requirement for new databases to measure the four categories of drug-related crime.

Goal 2

Objective 2: (Continued)

TARGET

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



MEASURE

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

Reporting Agency: Each HIDTA
Supporting Federal Agencies: BJS, DEA, DOJ, FBI, Treasury

Data Source: To be determined. Potential candidates include the Uniform Crime Reports and the Bureau of Justice Statistics Survey of Inmates in State and Federal Correctional Facilities. Once the issues related to definitions and methodology for measuring drug-related violent crime are resolved, the data can be disaggregated to determine drug-related violent crime rates in HIDTAs.

Relevant Data: The overall assault rate cited in the 1997 Uniform Crime Reports declined by 1.4 percent from 1996 to 1997. Currently, no data source tracks the number of drug-related assaults. In 1991, a survey of violent offenders in state facilities reported 50 percent were under the influence of alcohol or drugs at the time of offense.

STATUS: By June 1999, the Subcommittee on Data, Research, and Interagency Coordination will develop a definition and methodology for measuring drug-related violent crime. Although the Uniform Crime Reports (UCR) contain data on drug-related murder, no similar category exists for the other categories of violent crime. The Subcommittee will identify and review existing databases or establish the requirement for new databases to measure the four categories of drug-related crime.

Goal 2

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

TARGET

1. **Use of asset seizure procedures**—By 2002, increase the proportion of state and local law enforcement agencies effectively using asset seizure procedures in the investigative process by 10 percentage points over the 1998 base year. By 2007, increase this proportion by 20 percentage points over the base year.

MEASURE

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

Reporting Agency: DOJ

Supporting Federal Agencies: DOC, FBI, USCS, Treasury

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

Relevant Data: None.



STATUS: This target emphasizes the need to provide state and local law enforcement agencies with the tools for properly investigating asset seizure/forfeiture cases. The Department of Justice’s Asset Forfeiture and Money Laundering Section (AFMLS) will continue to work closely with state and local law enforcement agencies to increase the use of proper procedures through training. The Subcommittee on Data, Research, and Interagency Coordination will examine data available from AFMLS and the LEMAS survey of state and local law enforcement agencies (conducted every 3–4 years) as tools for measuring this target. The glide path depicted shows a linear increase above the base year proportion. When the base year proportion is determined, the glide path will be converted into target values for each year.

Goal 2

Objective 3: (Continued)

TARGET

2. **State anti-money laundering and asset seizure/forfeiture statutes**—By 2007, all states enact drug-related anti-money laundering and asset seizure/forfeiture statutes.

MEASURE

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

Reporting Agency: DOJ
Supporting Federal Agencies: DOC, FBI, USCS, Treasury

Data Source: The Department of Justice’s Asset Forfeiture and Money Laundering Section (AFMLS) tracks the number of states that have anti-money laundering and asset seizure/forfeiture statutes.

Relevant Data: The 1998 baseline data is forthcoming from AFMLS.

STATUS: The number of states that currently have adopted drug-related anti-money laundering and asset seizure/forfeiture statutes will be provided by AFMLS. Once the base year number has been determined, a glide path will be developed. AFMLS will continue to work with states and with interest groups such as the National Association of Attorneys’ General to encourage the remaining states to adopt similar statutes.

Goal 2

Objective 3: (Continued)

TARGET

3. **Money laundering costs**—By 2002, increase the cost of money laundering to drug traffickers within the United States by 15 percent over costs in the 1998 base year. By 2007, increase money laundering costs at least 40 percent over base year costs.

MEASURE

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

Reporting Agency: FinCEN
Supporting Federal Agencies: DOC, FBI, DOJ, Treasury

Data Source: To be determined.

Relevant Data: None.



STATUS: An interagency commission will be formed to determine the cost per dollar of laundering money in the United States. They will report their findings by the end of 1999. The glide path for this target is based on a linear increase in the cost of money laundering over time. Once the average cost per dollar is known for the base year, the y-axis of the glide path will be converted to cents per dollar.

Goal 2

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

TARGET

MEASURE

1. **Drug testing policies**—By 1999, in concert with the states, adopt drug testing policies within the criminal justice system which:
 - a. clearly articulate the purposes and goals of drug testing and prescribe responses;
 - b. require a positive response to each positive test, which may include assessment, event documentation, enhanced case management, increased judicial supervision, or imposition of graduated sanctions and treatment interventions;
 - c. target appropriate populations based on an assessment of need for each type drug;
 - d. specify testing types and frequency;
 - e. specify how offenders will be targeted for testing; and
 - f. detail staff training.

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

Reporting Agency: DOJ
Supporting Federal Agency: HHS

STATUS: A detailed plan has been developed by an interagency working group to ensure adult state correctional agencies have policies in place that meet this target by 1999. The working group has also developed a plan to expand drug-testing policies to adults under post-incarceration supervision and to encourage states to expand these policies to include juveniles.

Goal 2

Objective 4: (Continued)

TARGET

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

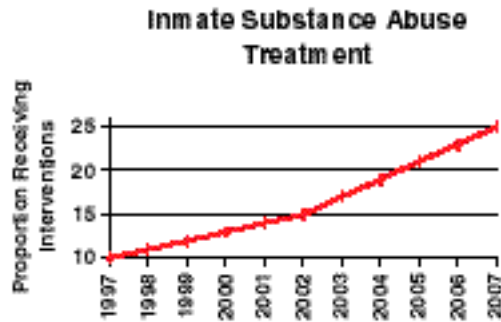
MEASURE

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

Reporting Agencies: DOJ
Supporting Federal Agency: HHS

Data Source: Alcohol and Drug Services Survey.

Relevant Data: An annual survey conducted by SAMHSA/DOJ has been expanded to include data on availability of treatment in correctional facilities. 1998 baseline data are forthcoming.



STATUS: The PME Working Group restructured the emphasis of this target to increase the proportion of the prison population that receives substance abuse treatment interventions. This change was based on the assumption that there is a substantial gap between the number of prisoners who receive any type of treatment and the number who could benefit from treatment. The glide path depicts a growth in inmate substance abuse treatment from approximately 10 percent of the prisoner population in 1997 to 25 percent by 2007. Additional data collection and an improved survey designed to measure need is required.

Goal 2

Objective 4: (Continued)

TARGET

MEASURE

3. **Inmate access to illegal drugs**—By 2002, reduce by 25 percent the proportion of inmates who test positive for illegal drug use during their incarceration in Federal and state detention facilities as compared to the positive drug test rate in the 1998 base year. By 2007, reduce positive tests by 50 percent as compared to the base year.

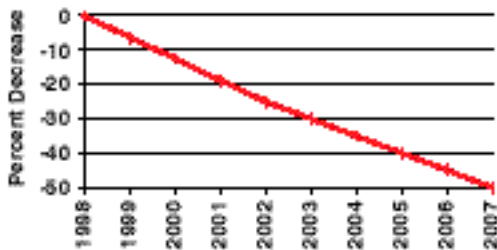
1. The proportion of inmates that test positive for drugs.

Reporting Agency: DOJ
Supporting Federal Agency: HHS

Data Source: To be determined. Potential sources are the Office of Justice Programs' Violent Offender Incarceration and Truth-in-Sentencing (VOI/TIS) program reports, Bureau of Prison programs, and HHS data.

Relevant Data: None.

Inmate Access to Illegal Drugs



STATUS: Nearly all Federal and state adult correctional facilities have adequate drug testing policies; an emphasis will be placed on encouraging county/local detention facilities to adopt similar testing policies. In the interim, the measure associated with this target will only evaluate access to drugs by adults incarcerated in Federal and state correctional facilities. The Subcommittee on Data, Research, and Interagency Coordination will review potential data sources for measuring inmate access to illegal drugs. The glide path for this target reflects a linear decrease in the proportion of inmates who have access to illegal drugs. Once the actual proportion is determined for the base year, the y-axis will be changed to reflect target proportions.

Goal 2

Objective 4: (Continued)

TARGET

4. **Drugs and recidivism**—By 2002, reduce by 10 percent the proportion of identified drug-using offenders who are rearrested for new felonies or serious misdemeanors within a 1-year period following their release from supervision, using 1998 as the base year. By 2007, reduce this proportion by at least 25 percent below the base year proportion.

MEASURE

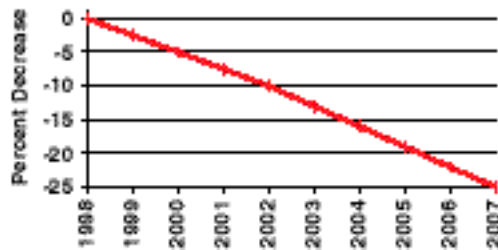
1. The proportion of identified drug-using offenders receiving RSAT treatment interventions who commit a felony or serious misdemeanor within the 1-year period following release from supervision.

Reporting Agency: DOJ
Supporting Federal Agency: HHS

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

Relevant Data: None.

Recidivism Rate



STATUS: The primary issue related to this target centers on identifying a data source(s) for measuring recidivism. Several possible proxy measures were identified. A follow-on group chartered by the Subcommittee on Data, Research, and Interagency Coordination will review potential data sources for measuring drugs and recidivism. A linear glide path has been adopted depicting the annual decrease in recidivism rates relative to the base year. Actual target recidivism rates will be shown after the base year rate has been determined. Additional resources are required to conduct recidivism studies in targeted facilities.

Goal 2

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

TARGET

MEASURE

1. **Effectiveness study**—By 2002, research the relative success of criminal justice, law enforcement, and offender treatment programs; identify selected initiatives that are deemed the most effective; and disseminate this information to all known criminal justice, law enforcement, and drug prevention/treatment agencies.

1. Publication and dissemination of an effectiveness study of criminal justice, law enforcement, and offender treatment programs to identify those programs that are effective, those that have potential, and those that are ineffective.

Reporting Agency: DOJ
Supporting Federal Agencies: BJS, HHS, NIJ

STATUS: In 1999, an ad hoc working group will be established to develop requirements for a grant solicitation for a research project that will assess the effectiveness of criminal justice, law enforcement, and offender treatment programs. This project will categorize programs as effective, having promise, or ineffective. The target date for awarding the grant is March 2000. The final report will be completed and disseminated by the end of 2002.

Goal 2

Objective 5: (Continued)

TARGET

2. Implementation of selected initiatives—
 By 2007, 90 percent of criminal justice, law enforcement, and drug prevention/treatment agencies have selected and implemented initiatives identified in the effectiveness study as being effective or as having potential.

MEASURE

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

Reporting Agency: DOJ

Supporting Federal Agencies: BJS, HHS, NIJ

Data Source: To be determined.

Relevant Data: None.



STATUS: Following dissemination of the effectiveness study in 2002, a second ad hoc working group will be established to develop requirements for a grant solicitation designed to assess the proportion of criminal justice, law enforcement, and drug prevention/treatment agencies that have benefited from the effectiveness study. The glide path depicted is based on a linear increase in the proportion of these agencies that have adopted initiatives rated as effective or having potential by the effectiveness study.

Goal 3
Reduce health and social costs to the public of illegal drug use.

GOAL IMPACT TARGETS

GOAL IMPACT MEASURES

- a. **Reduce health and social costs**—By 2002, reduce health and social costs associated with illegal drugs by 10 percent, as expressed in constant dollars, as compared to the 1996 base year. By 2007, reduce such costs by 25 percent as compared to the base year.
- b. **Reduce drug use nationwide**—By 2002, reduce the nationwide prevalence of illegal drug use by 25 percent as compared to the 1996 base year. By 2007, reduce prevalence by 50 percent as compared to the base year.
- c. **Reduce drug use in the workplace**—By 2002, reduce the prevalence of drug use in the workplace by 25 percent as compared to the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year.
- d. **Reduce the number of chronic users**—By 2002, reduce the number of chronic drug users by 20 percent as compared to 1996 base year. By 2007, reduce the number of chronic drug users by 50 percent as compared to the base year.

- a. Health and social costs in constant dollars attributable to illegal drugs.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, DOL, ED, VA, and Treasury
- b. The prevalence of drug use as measured by the National Household Survey and other relevant surveys.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, DOL, ED, VA, and Treasury
- c. The prevalence of drug use in the workplace as measured by the National Household Survey and other relevant surveys.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, DOL, DOT, ED, VA, and Treasury
- d. The estimated number of chronic drug users.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED, VA, and Treasury

Assumptions for Goal 3

- Early entry into effective substance abuse treatment and sufficient incentive to remain in treatment will reduce high-risk behaviors (injecting drugs, sex for drugs, etc.) and decrease the spread of infectious diseases with no new emergent infectious diseases affecting the population group.

Goal 3

- Increasing education and training of prevention and treatment providers will improve results and decrease health care costs.
- Advances in medicines and treatment protocols, and support for mental health needs can prevent increases in the chronic user population.

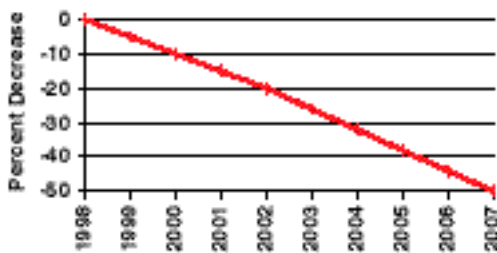
Goal 3

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

TARGET

1. **Treatment gap**—By 2002, reduce the treatment gap by at least 20 percent as compared to the 1996 base year. By 2007, reduce the gap by at least 50 percent compared to the base year.

Treatment Gap



MEASURE

1. Treatment gap, defined as the difference between those needing treatment and those receiving treatment.

Reporting Agency: HHS

Supporting Federal Agencies: DOJ, VA

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

Relevant Data: In 1996, an estimated 5.3 million persons were in need of treatment services for substance abuse problems. Of this group, approximately 1.9 million persons or 37 percent received treatment, leaving a drug treatment capacity shortfall of 63 percent or an estimated 3.3 million persons unable to access drug treatment services.

STATUS: The target is to reduce the size of the treatment gap (i.e., the difference between those who received treatment in any given year and those in need of treatment as defined by diagnoses of drug abuse or drug dependence). The Federal drug control community is reviewing the methodology by which the treatment gap is calculated in order to obtain a more precise estimation, including an estimate of the number of people seeking treatment, and to ensure consistency with approaches used by states to allocate funds. The Federal drug control community has developed a plan to assess funding requirements (e.g., role of parity in insurance coverage) and to improve treatment efficiency and effectiveness with better dissemination of research and evaluation findings.

Goal 3

Objective 1: (Continued)

TARGET

MEASURE

2. **Demonstrate impact**—By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:
- a. 10-percent increase in full-time employment (adults in the labor market);
 - b. 10-percent increase in educational status (adolescents);
 - c. 10-percent decrease in illegal activity;
 - d. 10-percent increase in general medical health; and a
 - e. 10-percent decrease in drug use.

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

Reporting Agency: HHS

Supporting Federal Agencies: BIA, DoD, DOJ, ED

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

Relevant Data: The Drug Evaluation Network System (DENS) will be used as a proxy measure until the NTOMS is on-line. Three recent national treatment effectiveness studies—the Services Research Outcome Study (SROS), the Drug Abuse Treatment Outcome Study (DATOS), and the National Treatment Improvement Evaluation Study (NTIES)—have assessed positive behavior changes following successful treatment. The rates of gainful employment increased by 19 percent for NTIES patients only; however, rates for DATOS and SROS remained stable or unchanged following treatment.



STATUS: The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans to achieve each of the five categories of this target. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is working with the principal investigators of the Drug Evaluation Network System (DENS)—a project that collects data on outcomes among treatment providers in selected cities—to determine whether it can evolve into the NTOMS.

Goal 3

Objective 1: (Continued)

TARGET

MEASURE

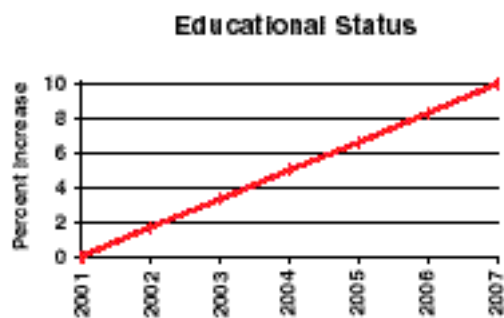
2. **Demonstrate impact**—By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:
- a. 10-percent increase in full-time employment (adults in the labor market);
 - b. 10-percent increase in educational status (adolescents);
 - c. 10-percent decrease in illegal activity;
 - d. 10-percent increase in general medical health; and a
 - e. 10-percent decrease in drug use.

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

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

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

Relevant Data: The Drug Evaluation Network System (DENS) will be used as a proxy measure until the NTOMS is on-line. Three recent national treatment effectiveness studies—the Services Research Outcome Study (SROS), the Drug Abuse Treatment Outcome Study (DATOS), and the National Treatment Improvement Evaluation Study (NTIES)—have assessed positive behavior changes following successful treatment. However, data on the impact of treatment on the educational status of adolescents are unavailable at this time.



STATUS: The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans to achieve each of the five categories of this target. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is working with the principal investigators of the Drug Evaluation Network System (DENS)—a project that collects data on outcomes among treatment providers in selected cities—to determine whether it can evolve into the NTOMS.

Goal 3

Objective 1: (Continued)

TARGET

MEASURE

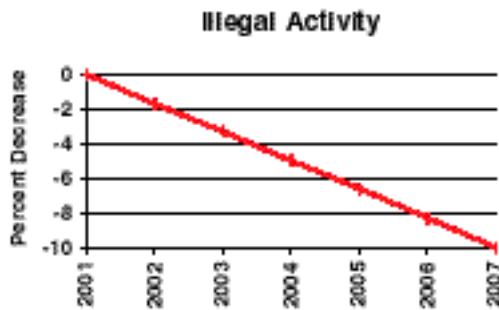
2. **Demonstrate impact**—By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:
- a. 10-percent increase in full-time employment (adults in the labor market);
 - b. 10-percent increase in educational status (adolescents);
 - c. 10-percent decrease in illegal activity;
 - d. 10-percent increase in general medical health; and a
 - e. 10-percent decrease in drug use.

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

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

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

Relevant Data: The Drug Evaluation Network System (DENS) will be used as a proxy measure until the NTOMS is on-line. Three recent national treatment effectiveness studies—the Services Research Outcome Study (SROS), the Drug Abuse Treatment Outcome Study (DATOS), and the National Treatment Improvement Evaluation Study (NTIES)—have assessed positive behavior changes following successful treatment. There was an overall decline in rates of criminal behavior and/or activity reported by all three studies. Selling drugs was down by 78 percent, reports of shoplifting dropped by almost 82 percent, and more than a 48 percent decrease occurred in the number of persons who reported they had supported themselves through illegal activity.



STATUS: The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans to achieve each of the five categories of this target. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is working with the principal investigators of the Drug Evaluation Network System (DENS)—a project that collects data on outcomes among treatment providers in selected cities—to determine whether it can evolve into the NTOMS.

Goal 3

Objective 1: (Continued)

TARGET

MEASURE

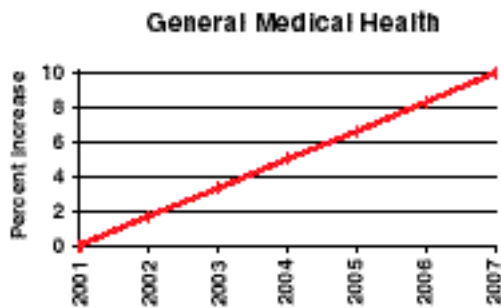
2. **Demonstrate impact**—By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:
- a. 10-percent increase in full-time employment (adults in the labor market);
 - b. 10-percent increase in educational status (adolescents);
 - c. 10-percent decrease in illegal activity;
 - d. 10-percent increase in general medical health; and a
 - e. 10-percent decrease in drug use.

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

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

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

Relevant Data: The Drug Evaluation Network System (DENS) will be used as a proxy measure until the NTOMS is on-line. Three recent national treatment effectiveness studies—the Services Research Outcome Study (SROS), the Drug Abuse Treatment Outcome Study (DATOS), and the National Treatment Improvement Evaluation Study (NTIES)—have assessed positive behavior changes following successful treatment. Medical visits for alcohol/drug-related conditions declined by 53 percent and reports of mental health problems decreased by 35 percent.



STATUS: The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans to achieve each of the five categories of this target. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is working with the principal investigators of the Drug Evaluation Network System (DENS)—a project that collects data on outcomes among treatment providers in selected cities—to determine whether it can evolve into the NTOMS.

Goal 3

Objective 1: (Continued)

TARGET

MEASURE

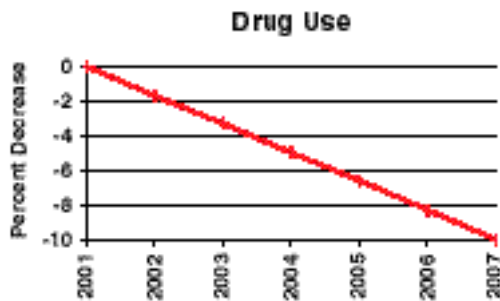
2. **Demonstrate impact**—By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a:
- a. 10-percent increase in full-time employment (adults in the labor market);
 - b. 10-percent increase in educational status (adolescents);
 - c. 10-percent decrease in illegal activity;
 - d. 10-percent increase in general medical health; and a
 - e. 10-percent decrease in drug use.

5. Percent decrease in drug use compared against data from the 2001 base year.

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

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

Relevant Data: The Drug Evaluation Network System (DENS) will be used as a proxy measure until the NTOMS is on-line. Three recent national treatment effectiveness studies—the Services Research Outcome Study (SROS), the Drug Abuse Treatment Outcome Study (DATOS), and the National Treatment Improvement Evaluation Study (NTIES)—have assessed positive behavior changes in following successful treatment. Drug use decreased across the board in all three studies: NTIES patients cut their drug use by almost 48 percent; SROS reported a 21 percent drop in use of any illicit drug; and DATOS patients reduced their drug use by as much as 50 percent after completing treatment.



STATUS: The target demonstrates the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. The Federal drug control community developed action plans for each of the five categories of this target. ONDCP, through the Subcommittee on Data, Research, and Interagency Coordination, is working with the principal investigators of the Drug Evaluation Network System (DENS)—a project that collects data on outcomes among treatment providers in selected cities—to determine whether it can evolve into the NTOMS.

Goal 3

Objective 1: (Continued)

TARGET

MEASURE

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

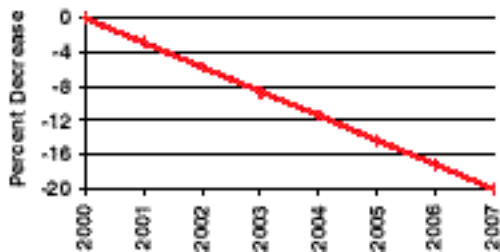
1. Average waiting time.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED

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

Relevant Data: None.

Average Waiting Time



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

Objective 1: (Continued)

Goal 3

TARGET

MEASURE

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 changes in drug abuse treatment outcomes and to identify program-level determinants of change.

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

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, DOT, ED, ONDCP

STATUS: The Federal drug control community developed an action plan to review funding requirements for developing and implementing NTOMS, identify a methodology to collect data, and review NTOMS installation requirements.

Goal 3

Objective 1: (Continued)

TARGET

MEASURE

5. **Disseminate treatment information**—By December 1998 (and annually thereafter), disseminate current information to key civic leaders about the best available drug treatment in order to substantially enhance efficiency, effectiveness, and accessibility of drug treatment nationwide.

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

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, DOT, ED

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

Goal 3

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

TARGET

1. **Tuberculosis**—By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related tuberculosis by 10 percent among the total U.S. population. By 2007, reduce the incidence by 20 percent as compared to the base year.

MEASURE

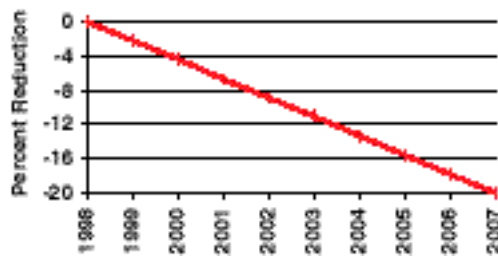
1. The incidence of drug abuse-related tuberculosis as systematically reported in the Centers for Disease Control and Prevention's (CDC's) Tuberculosis Verified Case Reporting System, and the VA Substance Abuse Database.

Reporting Agency: HHS
Supporting Federal Agencies: VA

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

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

Tuberculosis Incidence



STATUS: The Federal drug control community developed an action plan to improve the effectiveness of prevention and treatment services through continued research and evaluation and to help tailor these services to special settings and populations. The CDC maintains a national database for the public health surveillance of tuberculosis and HIV. An expanded surveillance system for TB and HIV cases has been implemented to capture additional information to better monitor and target groups at risk for TB/HIV diseases, such as injecting drug users.

Goal 3

Objective 2: (Continued)

TARGET

2. **Hepatitis B**—By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related Hepatitis B by 25 percent among the total U.S. population. By 2007, reduce the incidence by 35 percent as compared to the base year.

MEASURE

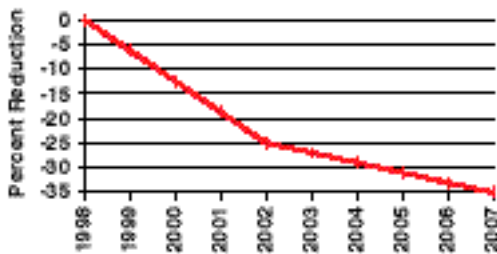
1. The incidence of drug abuse-related Hepatitis B as systematically assessed from CDC’s HIV National Viral Hepatitis Reporting System, CDC’s Five County Surveillance System, and the VA Substance Abuse Database.

Reporting Agency: HHS
Supporting Federal Agencies: VA

Data Source: CDC Reporting System.

Relevant Data: 1995 is the most recent year on which baseline data are available for Hepatitis B cases. Injecting drug users represent approximately 25 percent or 10,216 of the total Hepatitis B cases for 1995.

Hepatitis B Incidence



STATUS: The Federal drug control community developed an action plan to improve the effectiveness of prevention and treatment services through continued research and evaluation and to help tailor these services to special settings and populations. For Hepatitis B and C, data are captured through CDC’s National Notifiable Disease Surveillance System.

Goal 3

Objective 2: (Continued)

TARGET

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 percent as compared to the base year.

MEASURE

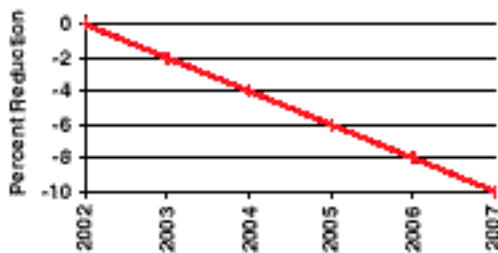
1. The incidence of drug abuse-related HIV as systematically assessed from CDC’s HIV Counseling and Testing Database, CDC’s Seroprevalence Surveillance Systems for IDUs, and the VA Substance Abuse Database.

Reporting Agency: HHS
Supporting Federal Agency: VA

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

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

HIV Incidence



STATUS: The Federal drug control community developed an action plan to improve the effectiveness of prevention and treatment services through continued research and evaluation and to help tailor these services to special settings and populations. The CDC maintains a national database for the public health surveillance of tuberculosis and HIV. An expanded surveillance system for TB and HIV cases has been implemented to capture additional information to better monitor and target groups at risk for TB/HIV diseases, such as injecting drug users.

Goal 3

Objective 2: (Continued)

TARGET

4. **Hepatitis C**—By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related Hepatitis C by 25 percent among the total U.S. population. By 2007, reduce the incidence by 35 percent as compared to the base year.

MEASURE

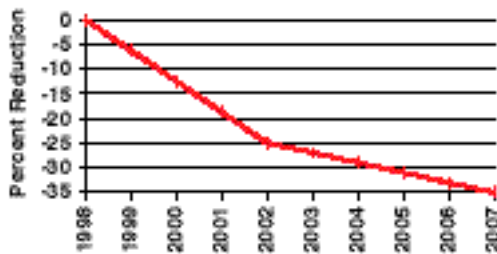
1. The incidence of drug abuse-related Hepatitis C as systematically assessed from CDC’s HIV Counseling and Testing Database, CDC’s Seroprevalence Surveillance Systems for IDUs, and the VA Substance Abuse Database.

Reporting Agency: HHS
Supporting Federal Agency: VA

Data Source: CDC Reporting System.

Relevant Data: The CDC estimates there were approximately 36,000 incidences of Hepatitis C infections in 1996, the most recent year for which data are available. However, they do not separate out cases that are drug-related.

Hepatitis C Incidence



STATUS: The Federal drug control community developed an action plan to improve the effectiveness of prevention and treatment services through continued research and evaluation and to help tailor these services to special settings and populations. For Hepatitis B and C, data are captured through CDC’s National Notifiable Disease Surveillance System.

Goal 3

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

TARGET

MEASURE

1. **Drug-free workplace**—By 2002, increase over the 1999 base year the number of workplaces with (a) employee assistance programs by 6 percent; (b) drug-free workplace policies by 15 percent; (c) drug testing by 12 percent; and (d) at least 1 hour per year of substance abuse education by 12 percent. By 2007, increase each to at least 12, 30, 24, and 24 percent, respectively, over the base year.

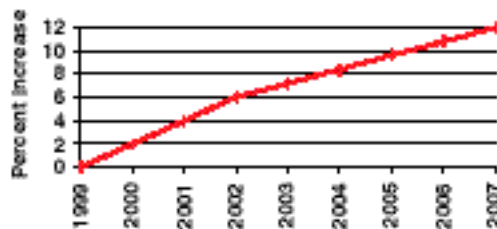
1. The percentage of workplaces with employee assistance programs.

Reporting Agency: HHS
Supporting Federal Agencies: ED, DOL, DOT, SBA

Data Source: To be determined.

Relevant Data: None.

Workplaces with Employee Assistance Programs



STATUS: The Subcommittee on Data, Research, and Interagency Coordination will identify the data sources to measure progress. The Federal drug control community developed an action plan to increase the number of workplaces with employee assistance programs and to assess drug-free workplace mentoring support for small businesses and employer costs that are related to drug-free initiatives.

Goal 3

Objective 3: (Continued)

TARGET

MEASURE

1. **Drug-free workplace**—By 2002, increase over the 1999 base year the number of workplaces with (a) employee assistance programs by 6 percent; (b) drug-free workplace policies by 15 percent; (c) drug testing by 12 percent; and (d) at least 1 hour per year of substance abuse education by 12 percent. By 2007, increase each to at least 12, 30, 24, and 24 percent, respectively, over the base year.

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

Reporting Agency: HHS
Supporting Federal Agencies: ED, DOL, DOT, SBA

Data Source: To be determined.

Relevant Data: None.



STATUS: The Subcommittee on Data, Research, and Interagency Coordination will identify the data sources to measure progress. The Federal drug control community developed an action plan to increase the number of workplaces with drug-free policies and to assess drug-free workplace mentoring support for small businesses and employer costs that are related to drug-free initiatives.

Goal 3

Objective 3: (Continued)

TARGET

MEASURE

1. **Drug-free workplace**—By 2002, increase over the 1999 base year the number of workplaces with (a) employee assistance programs by 6 percent; (b) drug-free workplace policies by 15 percent; (c) drug testing by 12 percent; and (d) at least 1 hour per year of substance abuse education by 12 percent. By 2007, increase each to at least 12, 30, 24, and 24 percent, respectively, over the base year.

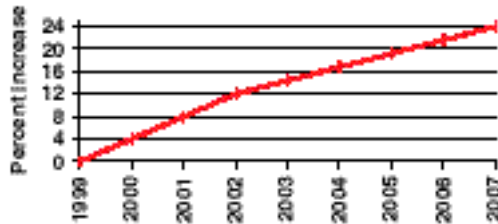
3. The percentage of workplaces with drug testing programs.

Reporting Agency: HHS
Supporting Federal Agencies: ED, DOL, DOT, SBA

Data Source: To be determined.

Relevant Data: None.

Workplaces with Drug Testing Programs



STATUS: The Subcommittee on Data, Research, and Interagency Coordination will identify the data sources to measure progress. The Federal drug control community developed an action plan to increase the number of workplaces with drug testing programs and to assess drug-free workplace mentoring support for small businesses and employer costs that are related to drug-free initiatives.

Goal 3

Objective 3: (Continued)

TARGET

MEASURE

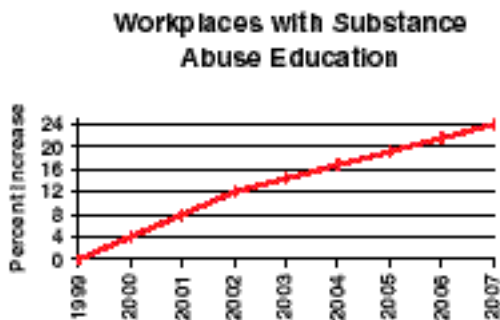
1. **Drug-free workplace**—By 2002, increase over the 1999 base year the number of workplaces with (a) employee assistance programs by 6 percent; (b) drug-free workplace policies by 15 percent; (c) drug testing by 12 percent; and (d) at least 1 hour per year of substance abuse education by 12 percent. By 2007, increase each to at least 12, 30, 24, and 24 percent, respectively, over the base year.

4. The percentage of workplaces with substance abuse education.

Reporting Agency: HHS
Supporting Federal Agencies: ED, DOL, SBA

Data Source: To be determined.

Relevant Data: None.



STATUS: The Subcommittee on Data, Research, and Interagency Coordination will identify the data sources to measure progress. The Federal drug control community developed an action plan to increase the number of workplaces with substance abuse education and to assess drug-free workplace mentoring support for small businesses and employer costs that are related to drug-free initiatives.

Goal 3

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

TARGET	MEASURE
<p>1. Standards set—By 2002, building on current efforts, develop nationally recognized standards for education and training for:</p> <ul style="list-style-type: none"> 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. 	<p>1. Development of nationally recognized standards for education and training of substance abuse service professionals by appropriate (identified, agreed upon) professional organizations.</p> <p>Reporting Agency: HHS Supporting Federal Agency: None.</p>

STATUS: The Federal drug control community developed an action plan to encourage states and credentialing/licensing bodies to adopt the nationally recognized “Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.”

Goal 3

Objective 4: (Continued)

TARGET

2. **Conformity**—By 2002, at least 15 states will have adopted national standards for credentialing of substance abuse prevention service professionals and by 2007, at least 25 states will have adopted national standards.



MEASURE

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

Reporting Agency: HHS
Supporting Federal Agency: DOT

Data Source: To be determined.

Relevant Data: None.

STATUS: A one-time survey is being conducted under an existing contract by the Center for Substance Abuse Treatment that will provide a census of state certification and licensing requirements. The Subcommittee on Data, Research, and Interagency Coordination will identify an additional data source to monitor the progress of these targets. The Federal drug control community plans to encourage states and credentialing/licensing bodies to adopt the nationally recognized “Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.”

Goal 3

Objective 4: (Continued)

TARGET

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

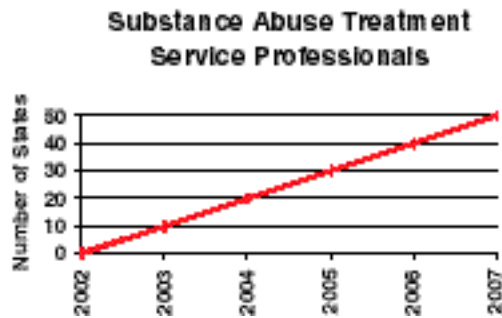
MEASURE

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

Reporting Agency: HHS
Supporting Federal Agency: DOT

Data Source: To be determined.

Relevant Data: None.



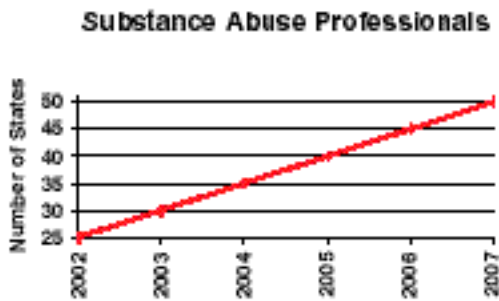
STATUS: A one-time survey is being conducted under an existing contract by the Center for Substance Abuse Treatment that will provide a census of state certification and licensing requirements. The Subcommittee on Data, Research, and Interagency Coordination will identify an additional data source to monitor the progress of these targets. The Federal drug control community plans to encourage states and credentialing/licensing bodies to adopt the nationally recognized “Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.”

Goal 3

Objective 4: (Continued)

TARGET

4. **Conformity**—By 2002, at least 25 states will have adopted nationally recognized standards for credentialing of substance abuse professionals and by 2007, all states will have adopted national standards.



MEASURE

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

Reporting Agency: HHS
Supporting Federal Agency: DOT

Data Source: To be determined.

Relevant Data: None.

STATUS: A one-time survey is being conducted under an existing contract by the Center for Substance Abuse Treatment that will provide a census of state certification and licensing requirements. The Subcommittee on Data, Research, and Interagency Coordination will identify an additional data source to monitor the progress of these targets. The Federal drug control community plans to encourage states and credentialing/licensing bodies to adopt the nationally recognized “Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.”

Goal 3

Objective 4: (Continued)

TARGET

5. **Conformity**—By 2002, at least 25 states will have adopted nationally recognized standards for credentialing of employee assistance professionals who provide substance abuse services and by 2007, at least 40 states will have adopted national standards.

MEASURE

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

Reporting Agency: HHS
Supporting Federal Agency: DOT

Data Source: To be determined.

Relevant Data: None.



STATUS: A one-time survey is being conducted under an existing contract by the Center for Substance Abuse Treatment that will provide a census of state certification and licensing requirements. The Subcommittee on Data, Research, and Interagency Coordination will identify an additional data source to monitor the progress of these targets. The Federal drug control community plans to encourage states and credentialing/licensing bodies to adopt the nationally recognized “Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.”

Goal 3

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

TARGET

MEASURE

1. **Research focus**—By 1999, develop a prioritized list of research questions that support the development of medications and related protocols to prevent or reduce drug dependence and abuse.

1. Status of medication research questions list.

Reporting Agency: HHS
Supporting Federal Agency: VA

STATUS: This target was completed in 1998. The Federal drug control community drafted the following prioritized list of research topics supporting the development of medications and related protocols to prevent or reduce drug dependence and abuse: (1) modulation of the effects of cocaine on the dopamine system including peripheral cocaine blocking agents, direct modulation at the dopamine transporter, pre-synaptic modulation, and homeostatic restoration agents; (2) alteration of the effects of conditioned cues; (3) modulation of the stress response; and (4) alteration of mood states.

Goal 3

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

TARGET

- 1. Develop funded portfolio**—By 2002, establish an interagency portfolio of Federally funded research projects to reduce the health and social costs of illegal drug use.

MEASURE

1. Development status of the interagency portfolio of Federally funded research projects.

Reporting Agency: Interagency group
Supporting Federal Agencies: DEA, DoAgri, DOC, DoD, DOT, HHS, VA, Treasury

STATUS: The Federal drug control community plans to identify an organization to serve as an external review panel to determine agency mission and research overlap and identify research gaps and opportunities to collaborate and share research progress.

Goal 3

Objective 6: (Continued)

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

STATUS: The Federal drug control community developed an initial action plan. The Subcommittee on Data, Research, and Interagency Coordination will propose a comprehensive Federal epidemiological measurement system that includes goals/objectives for national epidemiological models to estimate incidence, prevalence, treatment needs/utilization and a review of existing models and data collection. The Federal drug control community also plans to implement epidemiological models by collecting data needed for a model; developing and testing models to estimate incidence, prevalence, and treatment needs/utilization; and then reviewing and disseminating findings.

Objective 6: (Continued)

Goal 3

TARGET

MEASURE

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

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

Reporting Agency: HHS
Supporting Federal Agencies: DEA, DoAgri, DOC, DoD, DOT, HHS, VA, Treasury

STATUS: The Federal drug control community developed an action plan to review existing studies and data sets, identify needed methodological improvements and data gaps, determine data sources for cost estimates, generate timeframe estimates, identify and resolve data problems, and coordinate data collection efforts.

Goal 3

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

TARGET

MEASURE

1. **Develop an information package—**
By 1999, develop and disseminate an information package, based on existing research, for state legislators, governors, and physicians, on the use of marijuana for medicinal purposes and pharmaceutical alternatives to marijuana and other illegal drugs.

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

Reporting Agency: HHS
Supporting Federal Agencies: DEA, ED

STATUS: This target was completed in 1998. An information package containing the following information was developed: (1) an ONDCP statement on marijuana as medicine, (2) interagency talking points, (3) an ONDCP press statement, and (4) a letter from three former Presidents opposing ballot initiatives to legalize Schedule I drugs.

Objective 7: (Continued)

Goal 3

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

STATUS: This target was completed in 1998. An information package was disseminated nationally with special attention focused on the states with pending drug legalization ballot initiatives. The Director of ONDCP held a press conference. The Deputy Director, ONDCP, made a two-day, four-city tour to meet with local grass roots organizations opposing the legalization of Schedule I drugs and made appearances on radio shows opposing the ballot initiatives.

Goal 3

Objective 7: (Continued)

TARGET

MEASURE

3. **Develop a plan that opposes the legalization of Schedule I drugs**—By 1999, develop a plan to disseminate information for state legislators, governors, citizens, law enforcement personnel, and medical personnel to help them in their efforts to oppose the legalization of Schedule I drugs as well as pharmacological alternatives.

1. Status of the development of a plan that opposes legalization of Schedule I drugs.

Reporting Agency: ONDCP
Supporting Federal Agencies: HHS, DOJ, SAMHSA, FDA, VA, DoD, DOT, DoAgri, NIJ, DEA, ED

STATUS: This is a new target.

Goal 4
Shield America’s air, land, and sea frontiers from the drug threat.

GOAL IMPACT TARGET

Transit and border zone drug flow—By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.

GOAL IMPACT MEASURE

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

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

Assumptions for Goal 4

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

Goal 4

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

TARGET

MEASURE

1. **Develop interagency drug flow models—** By 1999, develop accurate databases for estimating the flow of U.S.-bound movement of cocaine, heroin, marijuana, and methamphetamine (including quantitative information on amounts being moved and modes of transportation). Update the databases quarterly.

1. Development of an interagency drug flow model for each major illicit drug—cocaine, heroin, marijuana, and methamphetamine.

Reporting Agency: ONDCP
Supporting Federal Agencies: CIA, DEA, DoD, DOS, USCG, USCS, EPIC, JIATFs

STATUS: A detailed report on the status of efforts to develop drug flow models for the four major drugs can also be found in Chapter II of this Report. The following paragraphs provide updates on development of each of the four interagency drug flow models.

- Cocaine Interagency Drug Flow Model: Based primarily on the Interagency Assessment of Cocaine Movement (IACM) Model, it is operational and continues to be refined.
- Heroin Interagency Drug Flow Model: The most promising approach to modeling heroin flow into the U.S. is DEA's Heroin Signature Program (HSP). The HSP determines the relative source-distribution of heroin entering the U.S. by chemical analysis of seized samples. With consumption-based estimates of U.S. heroin availability, the amount of heroin entering the U.S. from various sources can be estimated. Law enforcement agencies and the intelligence community are working toward improving estimates.
- Marijuana Interagency Drug Flow Model: All Federal seizure data is being gathered. Proposed methodology estimates the quantity of marijuana consumed in the U.S. from various origins. Marijuana signature will be used to estimate the quantity of marijuana seized from each source region. DEA's Marijuana Signature Program (under development) should be online by 2000. Marijuana cultivation assessments from the Department of Agriculture are needed to accurately determine domestic production.
- Methamphetamine Interagency Flow Model: Still in the conceptual stages of development.

Goal 4

Objective 1: (Continued)

TARGET

2. **Cocaine removal**—By 2002, increase the proportion of cocaine removed in transit to the United States and at the U.S. borders as measured against interagency flow estimates of cocaine enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.

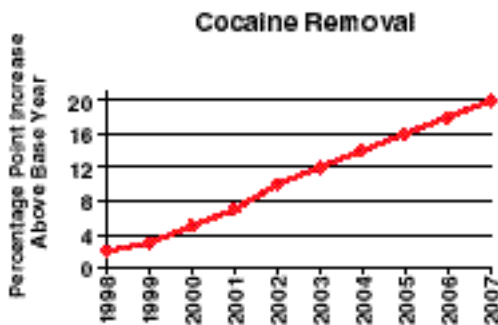
MEASURE

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

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

Data Source: Cocaine Interagency Flow Model.

Relevant Data: In 1996, the estimated flow of cocaine to the U.S. was 568 metric tons, of which 118 metric tons were removed for a removal rate of 20.7 percent. For 1997, the removal rate was 31.6 percent—136 metric tons were removed from an estimated flow of 430 metric tons.



STATUS: The PME Working Group, in consultation with the United States Interdiction Coordinator, developed detailed recommendations based on an analysis of the requirements to meet the 2002/2007 targets for removal of illicit drugs in transit to the United States. The PME Working Group also proposed a similar analysis be accomplished in 1999 to determine the requirements needed to increase illicit drug removals at the U.S. border. The glide path for cocaine removal depicts a more gradual increase in cocaine removals based upon the action plan built by the PME Working Group.

Goal 4

Objective 1: (Continued)

TARGET

3. **Heroin removal**—By 2002, increase the proportion of heroin removed in the Western Hemisphere in transit to the United States and at the U.S. borders as measured against interagency flow estimates of heroin enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.



MEASURE

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

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

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

Relevant Data: Data obtained from the FDSS database reveals that 1,363 kilograms of heroin were seized in 1996. In 1997, the quantity of heroin seized increase by 19 percent to 1,624 kilograms. Heroin seizure data has limited utility unless it is divided by the estimated flow of heroin to the United States.

STATUS: The PME Working Group, in consultation with the United States Interdiction Coordinator, developed detailed recommendations based on an analysis of the requirements to meet the 2002/2007 targets for removal of illicit drugs in transit to the United States. The PME Working Group also proposed a similar analysis be accomplished in 1999 to determine the requirements needed to increase illicit drug removals at the U.S. border. The glide path for heroin removal depicts a more gradual increase in heroin removals based upon the action plan built by the PME Working Group.

Goal 4

Objective 1: (Continued)

TARGET

4. **Marijuana removal**—By 2002, increase the proportion of marijuana removed in the Western Hemisphere in transit to the United States and at the U.S. borders as measured against interagency flow estimates of marijuana enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.

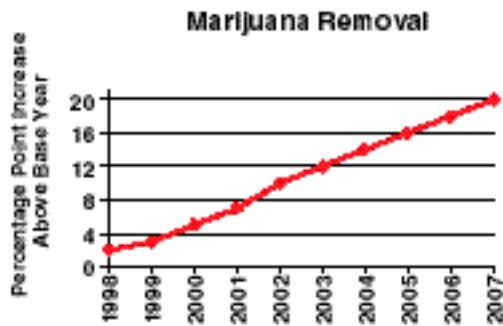
MEASURE

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

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

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

Relevant Data: Data obtained from the FDSS database reveals that 638,564 kilograms of marijuana were seized in the Western Hemisphere in 1996. In 1997, the quantity of marijuana seized increased by 8.5 percent to 693,214 kilograms. Marijuana seizure data has limited utility unless it is divided by the estimated flow of marijuana to the United States.



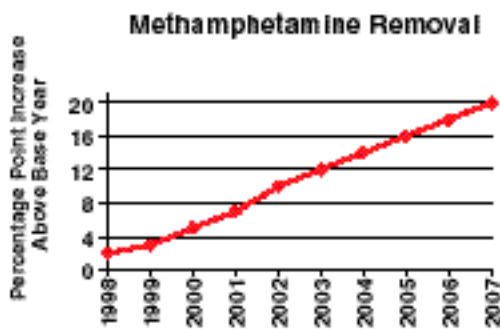
STATUS: The PME Working Group, in consultation with the United States Interdiction Coordinator, developed detailed recommendations based on an analysis of the requirements to meet the 2002/2007 targets for removal of illicit drugs in transit to the United States. The PME Working Group also proposed a similar analysis be accomplished in 1999 to determine the requirements needed to increase illicit drug removals at the U.S. border. The glide path for marijuana removal depicts a more gradual increase in marijuana removals based upon the action plan built by the PME Working Group.

Goal 4

Objective 1: (Continued)

TARGET

5. **Methamphetamine removal**—By 2002, increase the proportion of methamphetamine removed in the Western Hemisphere in transit to the United States and at the U.S. borders as measured against interagency flow estimates of methamphetamine enroute to the U.S. by 10 percentage points above 1996 levels. By 2007, increase this proportion by 20 percentage points.



MEASURE

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

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

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

Relevant Data: No FDSS methamphetamine seizure accounting existed prior to 1999. The DEA reports 756 kilograms of methamphetamine were seized in 1996. DEA seizures of methamphetamine rose by 52 percent in 1997 with a total of 1,146 kilograms seized.

STATUS: The PME Working Group, in consultation with the United States Interdiction Coordinator, developed detailed recommendations based on an analysis of the requirements to meet the 2002/2007 targets for removal of illicit drugs in transit to the United States. The PME Working Group also proposed a similar analysis be accomplished in 1999 to determine the requirements needed to increase illicit drug removals at the U.S. border. The glide path for methamphetamine removal depicts a more gradual increase in methamphetamine removals based upon the action plan built by the PME Working Group.

Goal 4

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

TARGET

MEASURE

1. Cooperative intelligence and investigative relationships—By December 1998, identify and inventory all existing U.S. interagency intelligence and investigative cooperative relationships associated with air, maritime, and land smuggling.

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

Reporting Agency: DEA
Supporting Federal Agencies: DoD, FBI, NSA, USCG, USCS, USIC

STATUS: This target was completed in 1998. The White House Task Force on Counterdrug Intelligence Centers and Activities completed an exhaustive report in July 1998 that identified and inventories all known intelligence and investigative relationships, including those associated with air, maritime, and land smuggling. This report satisfied the requirements of this milestone.

Goal 4

Objective 2: (Continued)

TARGET

2. **Intelligence relationship gaps**—By December 1999, assess all U.S. intelligence and investigative cooperative relationships and develop a strategy to resolve identified gaps among U.S. law enforcement agencies.

MEASURE

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

Reporting Agency: DEA
Supporting Federal Agencies: DoD, FBI, USCG, USCS

STATUS: The report prepared by the White House Task Force on Counterdrug Intelligence Centers and Activities also contained a series of recommendations to resolve identified intelligence relationship gaps. The implementation plan is under development and will be presented for Presidential approval later this year. Based upon the decisions made regarding the Task Force's implementation plan, a follow-on interagency working group will convene in 1999 to assess the capabilities of existing cooperative intelligence and investigative relationships and develop further recommendations for closing gaps in these relationships.

Objective 2: (Continued)

Goal 4

TARGET

MEASURE

3. **Communications**—By 2002, establish secure, interoperable communication capabilities among at least 50 percent of U.S. Federal drug law enforcement agencies to facilitate the exchange of timely, sensitive, tactical (field-level) information. By 2007, ensure that secure, interoperable communications are available for all U.S. Federal drug law enforcement agencies.

1. Percentage of field-level, Federal drug law enforcement agencies with dedicated access to a timely, secure means of communicating tactical information with other Federal agencies.

Reporting Agency: TIC
Supporting Federal Agencies: CIA, DEA, DoD, FBI, USCG, USCS

STATUS: A study was conducted in 1998 by the Federal Law Enforcement Wireless Users Group under the direction of The Interdiction Committee (TIC). This study analyzed the requirements and issues related to communications along the Southwest Border. The user survey has been completed and the technical survey is still ongoing. This study can be expanded to include Puerto Rico and the U.S. Virgin Islands. The interagency PME working group recommended a follow-on study be conducted under the TIC’s leadership to refine this target and measure. The new target should clearly define interoperability (agent-agent or agent-agency), clarify secure communications requirements, and develop an action plan that meets the Federally mandated requirement to convert radios from analog to digital by January 1, 2005.

Goal 4

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

TARGET

MEASURE

1. Identify and inventory foreign cooperative relationships—By December 1998, identify and inventory existing bilateral and multilateral intelligence and investigative agreements between the United States and foreign countries, including those that have multiparty air, maritime, and land anti-smuggling agreements with the United States.

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

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

STATUS: This target was completed in 1998. The interagency PME working group completed an exhaustive review of all bilateral and multilateral intelligence and investigative agreements between the U.S. and 23 foreign countries identified by the working group. These countries included major transit-zone countries and other nations where the working group felt strong bilateral and/or multilateral relationships were essential. The working group's report included a summary of conventions/summits, extradition agreements, multilateral agreements, letters of agreement, chemical control agreements, maritime agreements, customs mutual assistance agreements, Inter-American Drug Abuse Control Commission (CICAD) agreements, and U.S. law enforcement presence in these 23 nations.

Objective 3: (Continued)

Goal 4

TARGET

MEASURE

2. **Gaps in intelligence and cooperation**—By December 1999, assess all bilateral and multilateral drug intelligence and investigative relationships between the United States and transit-zone countries. The assessment should identify gaps in relationships and offer recommendations to fill them.

1. Completion of a baseline report containing recommendations regarding gaps in intelligence and investigative cooperation and effectiveness.

Reporting Agencies: ONDCP, CIA, DEA
Supporting Federal Agencies: DoD, FBI, USCG, USCS

STATUS: By November 1999, a follow-on interagency working group will assess the adequacy of the bilateral and multilateral relationships identified in the baseline inventory, and develop recommendations of how to resolve these gaps.

Objective 3: (Continued)

Goal 4

TARGET

MEASURE

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

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

Reporting Agency: DOS
Supporting Federal Agencies: CIA, DEA, DoD, NSA, USBP, USIC

STATUS: Based upon the recommendations of the working group report scheduled for completion in November 1999, a detailed action plan will be developed to facilitate negotiation of new agreements and/or modifications will be made to existing agreements.

Goal 4

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

TARGET

MEASURE

1. **Anti-smuggling technology**—By 2007, develop a deployment-ready technology to detect entry through the Southwest Border, maritime points of entry, and other designated entry points of at least 80 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.

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

Reporting Agency: USCS
Supporting Federal Agency: DoD

STATUS: Milestones have been developed for technical and operational validation testing of the following anti-smuggling technology projects:

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

Goal 4

Objective 4: (Continued)

TARGET

MEASURE

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

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

Reporting Agency: DoD
Supporting Federal Agencies: CIA, DEA, DOS, USBP, USCG, USCS

STATUS: Existing miniaturized DoD satellite tags currently provide Western Hemisphere and selective use worldwide in support of DoD, DEA, and other agency operations. DoD-developed second generation GPS cellular tags are also operational with law enforcement. Further, law enforcement has a variety of operational tags satisfying, in varying degrees, other special counterdrug mission requirements. Drug law enforcement agencies have identified an operational requirement for real-time tracking of targets, including a worldwide tracking of a variety of targets such as ships, aircraft, packages, and personnel.

Goal 4

Objective 4: (Continued)

TARGET	MEASURE
<p>3. 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 percent of each day, with sufficient accuracy to detect, monitor, and vector assets to support end-game interdiction of drug smuggling targets throughout the transit/source zone nations.</p>	<p>1. Completion of the development and deployment of detection and monitoring technology for OTH tracking that meets specifications described in the target.</p> <p>Reporting Agency: DoD Supporting Federal Agencies: USCG, USCS.</p>

STATUS: Ongoing development and engineering upgrades are being made to Relocatable OTH Radars (ROTHR). For air targets, DoD will continue to pursue 2- and 3-dimensional ray tracing, beacons to improve positional accuracy, clutter rejection, altitude determination, and other related performance improving technologies. For maritime targets, DoD will continue to explore technologies that may allow the identification of radar returns from small maritime targets whose signature is imbedded beneath the ocean Bragg scatter. As each of the above technology advances is completed, they will be tested on the operational ROTHR using the real-time test facility at the ROTHR operational site. Successfully performing software will then be incorporated into the operational system using an expedited engineering software change plan.

Goal 4

Objective 4: (Continued)

TARGET	MEASURE
<p>4. High-risk technologies—By 2007, demonstrate high-risk technologies, including:</p> <ul style="list-style-type: none"> a. long standoff fingerprint identification of specific aircraft and ships; b. long standoff identification of large quantities of cocaine inside an aircraft; c. cooperative and noncooperative facial and voice recognition of perpetrators at POEs and remote locations; d. identification of tunnels under the South-west Border, using rapid area survey; e. noninvasive identification of body-carried and swallowed drugs; and f. preventing aircraft on the ground, small maritime craft, and land vehicles from moving (without using lethal force and from a standoff). 	<p>1. Successful demonstration of technologies for:</p> <ul style="list-style-type: none"> a. long standoff fingerprint identification of specific aircraft and ships; b. long standoff identification of large quantities of cocaine inside an aircraft; c. cooperative and noncooperative facial and voice recognition of perpetrators at POEs and remote locations; d. identification of tunnels under the South-west Border, using rapid area survey; e. noninvasive identification of body-carried and swallowed drugs; and f. preventing aircraft on the ground, small maritime craft, and land vehicles from moving (without using lethal force and from a standoff).

Reporting Agency: DoD
Supporting Federal Agencies: DEA, USBP, USCG, USCS

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

Goal 5
Break foreign and domestic drug sources of supply.

GOAL IMPACT TARGETS

GOAL IMPACT MEASURES

- a. **Source zone outflow**—By 2002, reduce the rate of outflow of illicit drugs from the source zone by 15 percent as compared to the 1996 base year. By 2007, reduce outflow rate by a total of 30 percent measured against the base year.
- b. **Domestic production**—By 2002, reduce the production of methamphetamine and the cultivation of marijuana in the United States by at least 20 percent as compared to the 1996 base year and by 2007, reduce by 50 percent the production of methamphetamine and the cultivation of marijuana as compared to the base year.

- a. The outflow rate of drugs that leave the source zone.

Reporting Agency: ONDCP
Supporting Federal Agencies: CIA, DEA, DoD, DOS, NSA, USAID, USCS
- b. The quantity of methamphetamine and cultivated marijuana in the United States.

Reporting Agency: DEA
Supporting Federal Agencies: DoD, DOS, USAID, FBI, NDIC

Assumptions for Goal 5

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

Goal 5

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

TARGET

- Illicit coca**—By 2002, reduce the worldwide net cultivation of coca destined for illicit cocaine production by at least 20 percent compared to the 1996 base year. By 2007, reduce net cultivation by at least 40 percent compared to the base year.

MEASURE

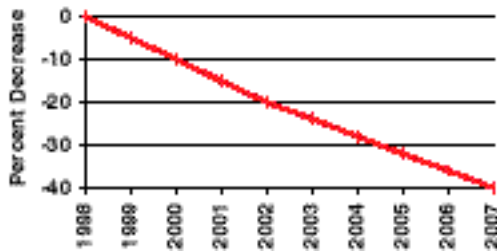
- Coca cultivation as expressed in hectares under cultivation assessed annually, on a net worldwide basis.

Reporting Agency: CIA
Supporting Federal Agencies: DEA, DoD, DOS, FBI, USAID

Data Source: International Narcotics Control Strategy Report (INCSR)

Relevant Data: Total estimated worldwide cultivation of coca was 209,700 hectares for 1996. This declined by 7.4 percent in 1997 to 194,100 hectares.

Illicit Coca Cultivation



STATUS: The PME Working Group eliminated the production measure, as it had no real utility for this target. Production is based on cultivation and the production measure would have been a simple math function. Conversion of coca cultivation into cocaine production depends on leaf yield, leaf alkaloid content, and processing efficiency for each growing/producing area.

Goal 5

Objective 1 (Continued)

TARGET

2. **Opium poppy**—By 2002, reduce the net worldwide cultivation of opium poppy by at least 10 percent and by 2007, by at least 20 percent as compared to the 1996 base year. By 2002, reduce the cultivation of opium poppy in the Western Hemisphere by at least 20 percent and by 2007 by at least 40 percent, as compared to the 1996 base year.

MEASURE

1. Opium poppy cultivation as expressed in hectares under cultivation, assessed annually, worldwide.

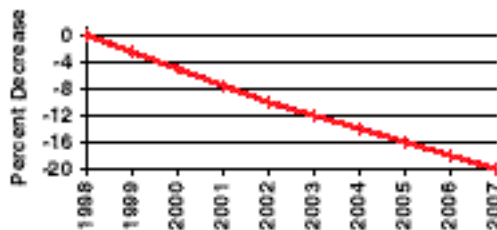
Reporting Agency: CIA

Supporting Federal Agencies: DEA, DoD, DOS, FBI

Data Source: International Narcotics Control Strategy Report (INCSR)

Relevant Data: Total estimated worldwide cultivation of opium poppy was 249,610 hectares for 1996. This declined by 1 percent in 1997 to 247,000 hectares. This was the first decline in the estimated cultivation of opium since 1993.

Illicit Opium Poppy Cultivation (Worldwide)



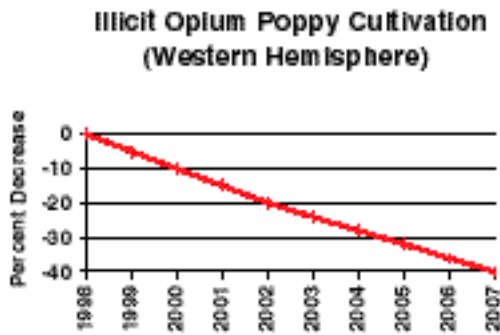
STATUS: The PME Working Group eliminated the production measure, as it had no real utility for this target. Production is based on cultivation and the production measure would have been a simple math function.

Goal 5

Objective 1: (Continued)

TARGET

2. **Opium poppy**—By 2002, reduce the net worldwide cultivation of opium poppy by at least 10 percent and by 2007, by at least 20 percent as compared to the 1996 base year. By 2002, reduce the cultivation of opium poppy in the Western Hemisphere by at least 20 percent and by 2007 by at least 40 percent, as compared to the 1996 base year.



MEASURE

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

Reporting Agency: CIA
Supporting Federal Agencies: DEA, DoD, DOS, FBI

Data Source: International Narcotics Control Strategy Report (INCSR)

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

STATUS: The PME Working Group eliminated the production measure, as it had no real utility for this target. Production is based on cultivation and the production measure would have been a simple math function.

Goal 5

Objective 1: (Continued)

TARGET

3. **Marijuana**—By 2002, reduce the net cultivation of marijuana in Western Hemisphere countries by at least 10 percent as compared to the 1996 base year. By 2007, reduce net cultivation by at least 25 percent as compared to the 1996 base year. Continue to eradicate 100 percent of detected U.S. cultivation.

MEASURE

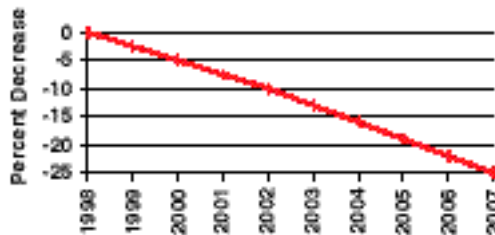
1. Marijuana cultivated outside the United States as measured in metric tons from net cultivation.

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

Data Source: International Narcotics Control Strategy Report (INCSR)

Relevant Data: Total estimated Western Hemisphere cultivation of marijuana (excluding the United States) was 12,027 hectares and 10,117 hectares for 1997—a decline of 16 percent. These values represent estimated marijuana cultivation in Mexico, Colombia, and Jamaica. Nearly all of this decline can be attributed to a 26 percent reduction in estimated cannabis cultivation in Mexico.

Foreign Marijuana Cultivation (Western Hemisphere)



STATUS: There are data collection issues related to Colombian cultivation. This is being addressed by the appropriate agencies.

Goal 5

Objective 1: (Continued)

TARGET

3. **Marijuana**—By 2002, reduce the net cultivation of marijuana in Western Hemisphere countries by at least 10 percent as compared to the 1996 base year. By 2007, reduce net cultivation by at least 25 percent as compared to the 1996 base year. Continue to eradicate 100 percent of detected U.S. cultivation.

MEASURE

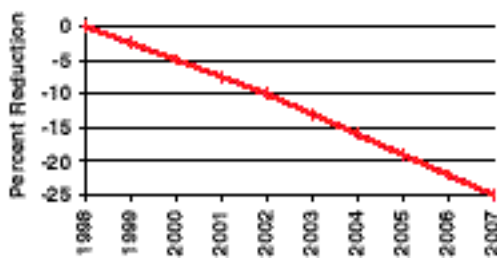
2. Marijuana cultivated within the United States as measured in metric tons from net cultivation.

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

Data Source: To be determined.

Relevant Data: None.

Domestic Marijuana Cultivation



STATUS: Domestic cultivation offers significant collection problems relating to oversight and inability to adequately address the problem with current resources. Cultivation estimates will be developed based on funding and the development of an adequate estimation capability.

Goal 5

Objective 1: (Continued)

TARGET	MEASURE
<p>4. Other illegal drugs—By 2002, train and properly equip a number of law enforcement personnel adequate to safely dismantle and destroy 100 percent of identified methamphetamine and other illicit synthetic drug production laboratories. Continue the full range of Federal, state, and local regulatory and enforcement measures to restrict the illegal manufacture, importation, and/or diversion to illicit use of significant identified drugs of abuse, present and prospectively to 2007.</p>	<p>1. Effectiveness of law enforcement efforts against other drugs as assessed by:</p> <ul style="list-style-type: none"> a. methamphetamine laboratory seizures; b. amount/quantity of methamphetamine seized; c. arrest of methamphetamine traffickers; d. purity of available methamphetamine; e. Drug Abuse Warning Network (DAWN) statistics; f. Arrestee Drug Abuse Monitoring (ADAM) statistics; g. price of methamphetamine; h. location of seizures; and i. availability of specialized clandestine laboratory safety/investigations training. <p>Reporting Agency: DEA Supporting Federal Agencies: CIA, DoD, DOS, FBI, USCS</p>

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

Goal 5

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

TARGET

MEASURE

1. **Arrest and prosecute drug traffickers and disrupt trafficking organizations**—By 2002, measuring against the prioritized list of community designated targets established in the 1998 base year, achieve a 50 percent success rate of targeted organizations dismantled or significantly disrupted by either (1) having their principal leaders arrested and incarcerated or otherwise rendered ineffective or (2) making substantial seizures of those organizations’ narcotics, money, or other assets, or arrests of their key network associates, that significantly impair their ability to operate at normal levels for an extended period of time. By 2007, increase the success rate to 100 percent as measured against the 1998 base year list. For additional targets added to the list after the 1998 base year, achieve a similar success rate of at least 10 percent per year as measured against the year in which they were added to the list.

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

Reporting Agency: DEA
Supporting Federal Agencies: CIA, DoD, FBI, USCS

Data Source: To be determined.

Relevant Data: None.

STATUS: This target was revised to shift the focus from two separate but inextricably linked targets into one, manageable target. As trafficking organizations and their leadership are so closely linked, and to affect one was inevitably going to affect the other, it was decided to combine last year’s targets into one. Additionally, the two separate target types were to be produced from the same list. The glide paths for this target are still under development.

Goal 5

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

TARGET

MEASURE

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.

1. Host nation effectiveness of drug control activities as indicated by an assessment of:
- a. number of drug labs destroyed and kilograms of drugs seized/destroyed;
 - b. dollar value of priority drug trafficker assets seized and forfeited;
 - c. number of drug traffickers arrested, prosecuted, and appropriately incarcerated; and
 - d. corruption-induced lost opportunities or non-cooperation.

Reporting Agency: DOS
Supporting Federal Agencies: CIA, DEA, DoD, FBI, USCG, USCS

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

Goal 5

Objective 3: (Continued)

TARGET

MEASURE

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

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

Reporting Agency: DOS
Supporting Federal Agencies: CIA, DEA, DOJ, FBI, NSA, USAID

STATUS: The PME Working Group felt it is not feasible to quantify this broad qualitative target into smaller, data sets as was done last year. Rather, they opted to develop a baseline and produce a qualitative annual summary portraying source country judicial institution performance. The base year was changed to 1997. Data for this target and measure will be primarily derived from the *INCSR* and *The Country Reports on Human Rights Practices*. It should be noted that not all 31 drug producing countries will be identified in this report as manpower and resource limitations as well as data limitations render this option invalid. Only major (as defined by the agencies involved) drug-producing countries will be addressed.

Goal 5

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

TARGET

MEASURE

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

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

Reporting Agency: DOS
Supporting Federal Agencies: CIA, DEA, DoD, USCG, USCS

STATUS: The PME Working Group believed that, as written, this target was cluttered and confusing and needed to be simplified. Though the target is now a milestone versus a numeric target, they felt the measure was still valid. At this time, there are no data issues or changes required to fulfill the target. As most major drug supply countries are party to the 1988 UN convention, and have bilateral agreements with the U.S., there is a readily available database.

Goal 5

Objective 4: (Continued)

TARGET

MEASURE

2. **Source and transit country drug control strategy**—By 2002, each major source and transit country should adopt and implement a national drug control strategy to control illicit drug trafficking.

1. Number of major drug source and transit countries that have adopted a national drug control strategy assessed as adequate by the UN International Drug Control Program.

Reporting Agency: DOS
Supporting Federal Agencies: DEA, FBI, NSA, USAID, USCS, USIC

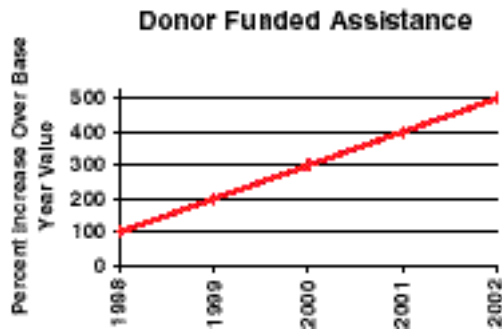
STATUS: The PME Working Group believed that, as previously written, this target was cluttered, confusing and needed to be simplified. Though the target is now a milestone instead of a numeric target, they felt the measure was still valid. At this time, there are no data issues or changes required to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

Goal 5

Objective 4: (Continued)

TARGET

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



MEASURE

1. Aggregate amount, as compared with 1996, of annual funding by donors other than the United States for assistance activities consistent with narcotics control goals.

Reporting Agency: DOS
Supporting Federal Agencies: Treasury, USAID

Data Source: To be determined.

Relevant Data: None.

STATUS: The PME Working Group restructured the emphasis of this target to refrain from identifying individual countries, as every country should be involved. Successful law enforcement efforts must be complemented by longer-term, sustainable economic development to displace drug cultivation and corruption, and to address related issues such as demand reduction and rehabilitation. At this point there are no changes or modifications required to existing programs. However, a database needs to be developed, as available information is extremely limited and what is available is based on 1996 Dublin Group data.

Goal 5

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

TARGET

MEASURE

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

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

Reporting Agency: DOS
Supporting Federal Agencies: FBI, FinCEN, Treasury, USCS

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

Objective 5: (Continued)

Goal 5

TARGET	MEASURE
<p>2. Conform to FATF recommendations—By 2002, increase the percentage of priority countries that have adopted laws and regulations consistent with the 40 Recommendations of the Financial Action Task Force (FATF).</p>	<p>1. The percentage of priority countries that have adopted laws and regulations consistent with FATF 40 Recommendations. Such laws and regulations should include the criminalization of money laundering as a serious crime, the creation of domestic and international asset forfeiture regimes that include reciprocal asset sharing, mandatory suspicious transaction reporting, and the ability to provide and receive mutual legal assistance.</p> <p>Reporting Agency: DOS Supporting Federal Agencies: FBI, FinCEN, Treasury, USCS</p>

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

Goal 5

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

TARGET

MEASURE

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

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

Reporting Agency: DoD

Supporting Federal Agencies: DEA, USCS

STATUS: DoD, USCG, and USCS continue research into this area and report significant progress being made in several areas such as camera system capabilities, sensor fusing, microwave, etc. Availability of off-the-shelf technology and previous research lends itself to this target being accomplished as required and the capability to be on-line by the target date.

Objective 6: (Continued)

Goal 5

TARGET

MEASURE

2. **Currency detection**—By 2002, develop and operationally deploy a methodology to nonintrusively detect illegal amounts of U.S. currency secreted on persons, in checked baggage, and/or in cargo with a minimum 80-percent accuracy.

1. Nonintrusive methodology for detection of hidden U.S. currency.

Reporting Agency: USCS
Supporting Federal Agencies: CIA, DEA, FBI, INS, USBP

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

Goal 5

Objective 6: (Continued)

TARGET

MEASURE

3. **Advanced technology**—By 2003, demonstrate advanced technology to (a) identify methamphetamine labs by using portable sensors that can be deployed from ground or airborne platforms; (b) identify riverine and ground movement of drugs in remote environments; and (c) remotely identify, measure, and assess growth-zone fields of coca, poppy, and marijuana.

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

Reporting Agency: DoD
Supporting Federal Agencies: DoAgri, DEA, FBI, INS, USBP, USCS

STATUS: An action plan was developed by the PME Working Group. In 1999, a review of operational technology, commercial satellite, capability to remotely monitor clandestine airfields, and evaluation of the aircraft classifier imagery will begin. Based on this assessment, system requirements will be developed.

Appendix E: Congressional Performance Targets and the PME

The five performance targets defined by Congress are examined in greater detail in this appendix specifically in light of existing PME targets and in terms of availability of data measures. As noted in Chapter I, the PME system can account for both sets of targets. The table that follows presents all the Congressional performance targets and the subset of corresponding PME targets. When available, the latest data are presented. In all cases, data notes are included to clarify some underlying measurement issues.

The Congressional performance targets generally dovetail with previously defined PME targets in terms of topical coverage. The main differences between the two sets of targets are the shorter timetable established by Congress and the magnitude of the targets. Details of both sets of targets are noted in the following table, but major differences, referenced by Congressional target (designated as A through E), are as follows:

- **Target A:** A reduction in current drug use of 53 percent by 2003 will be required to attain a 3 percent prevalence rate as specified by Congress, whereas the PME target is a 25 percent reduction by 2002.
- **Target B:** If 12th grade data are used, the Congressional target will require an 88 percent reduction by 2003 to attain a 3 percent prevalence rate for current drug use. Using a broader

measure, the PME target is a 20 percent reduction by 2002 to attain a 7.2 percent prevalence rate.

- **Target C:** Although data currently are unavailable to establish levels of domestic availability for specific drugs, the Congressional target is an 80 percent reduction by 2003, compared to the PME target of a 25 percent reduction by 2002.
- **Target D:** The PME does not have a specific target to reduce purity of specific drugs. Purity is regarded in PME to be one of many aspects involved in breaking foreign and domestic drug sources of supply (Goal 5). Purity is closely intertwined with price, which in turn is influenced by the interruption of trafficking mechanisms. PME targets focus on the latter.
- **Target E:** Many elements of this target are unmeasured at this time. Nevertheless, the Congressional target of a 50 percent reduction in drug-related crime by 2003 is larger than each of the specific components in the PME targets, which range from 10 percent to 20 percent reductions by 2002.

It is also important to note that the PME targets were established with participation from drug control agencies to define credible, sound, and plausible targets. At this time, ONDCP is in the process of proposing the FY 2000 budget, aiming at attaining PME targets. Data sources also need to be developed and enhanced if targets are to be measured accurately.

Table E-1
Congressional Targets and PME Targets

Congressional Performance Targets (P.L. 105-277, SEC. 706, paragraph 4 ¹)		National Drug Control Strategy Targets Performance Measures of Effectiveness (PME) ²															
	Measure specified	Goal	Target														
A	<p><i>The targets in the National Drug Control Strategy shall include the following:</i></p> <p><i>Reduction of unlawful drug use to 3 percent of the population of the United States or less by December 31, 2003, and achievement of at least 20 percent of such reduction during each of 1999, 2000, 2001, 2002, and 2003.</i></p> <table border="1"> <tr> <td colspan="2">Latest NSDDA data:³</td> </tr> <tr> <td>1996</td> <td>6.1%</td> </tr> <tr> <td>1997</td> <td>6.4%</td> </tr> </table>	Latest NSDDA data: ³		1996	6.1%	1997	6.4%	3 (Impart b.)	<p>Reduce drug use nationwide—By 2002, reduce the nationwide prevalence of illegal drug use by 25 percent as compared to the 1996 base year. By 2007, reduce prevalence by 50 percent compared to the base year.</p> <table border="1"> <tr> <td colspan="2">Latest NSDDA data:³</td> </tr> <tr> <td>1996</td> <td>6.1%</td> </tr> <tr> <td>1997</td> <td>6.4%</td> </tr> </table>	Latest NSDDA data: ³		1996	6.1%	1997	6.4%		
Latest NSDDA data: ³																	
1996	6.1%																
1997	6.4%																
Latest NSDDA data: ³																	
1996	6.1%																
1997	6.4%																
B	<p><i>Reduction of adolescent unlawful drug use to 3 percent of the adolescent population of the United States or less by December 31, 2003, and achievement of at least 20 percent of such reduction during each of 1999, 2000, 2001, 2002, and 2003.</i></p> <table border="1"> <tr> <td colspan="2">Latest NYF (12th grade) data:⁴</td> </tr> <tr> <td>1996</td> <td>24.6%</td> </tr> <tr> <td>1997</td> <td>25.2%</td> </tr> <tr> <td>1998</td> <td>25.6%</td> </tr> </table>	Latest NYF (12 th grade) data: ⁴		1996	24.6%	1997	25.2%	1998	25.6%	1 (Impart a.)	<p>Use of illegal drugs, alcohol, and tobacco by youth—By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year. Reduce tobacco use by youth by 25 percent by 2002 and by 55 percent by 2007.</p> <table border="1"> <tr> <td colspan="2">Latest NSDDA data:⁵</td> </tr> <tr> <td>1996</td> <td>9.0%</td> </tr> <tr> <td>1997</td> <td>11.4%</td> </tr> </table>	Latest NSDDA data: ⁵		1996	9.0%	1997	11.4%
Latest NYF (12 th grade) data: ⁴																	
1996	24.6%																
1997	25.2%																
1998	25.6%																
Latest NSDDA data: ⁵																	
1996	9.0%																
1997	11.4%																
C	<p><i>Reduction of the availability of cocaine, heroin, marijuana, and methamphetamine in the United States by 80 percent by December 31, 2003.</i></p> <table border="1"> <tr> <td colspan="2">Data on availability estimates currently are unavailable.⁶</td> </tr> </table>	Data on availability estimates currently are unavailable. ⁶		2 (Impart c.)	<p>Drug availability in the United States—By 2002, reduce drug availability in the United States by 25 percent compared with the estimated 1996 base year. By 2007, reduce illicit drug availability in the U.S. by 50 percent from the base year.</p>												
Data on availability estimates currently are unavailable. ⁶																	

(See notes at end of table.)

Table E-1
Congressional Targets and PME Targets (continued)

Congressional Performance Targets (P.L. 105-277, SEC. 706, paragraph 4 ¹)		National Drug Control Strategy Targets Performance Measures of Effectiveness (PME) ²														
	Measure specified	Goal	Target													
D	<p><i>The targets in the National Drug Control Strategy shall include the following:</i></p> <p><i>Reduction of the respective nationwide average street purity levels for cocaine, heroin, marijuana, and methamphetamine by 60 percent by December 31, 2003, and achievement of at least 20 percent of each such reduction during each of 1999, 2000, 2001, 2002, and 2003.</i></p> <table border="1" data-bbox="654 1381 797 1812"> <thead> <tr> <th>Latest STRAIDS data:⁷</th> <th>Cocaine</th> <th>Heroin</th> </tr> </thead> <tbody> <tr> <td>1995</td> <td>70.1</td> <td>42.4</td> </tr> <tr> <td>1996</td> <td>72.1</td> <td>38.5</td> </tr> <tr> <td>1997</td> <td>66.4</td> <td>42.3</td> </tr> </tbody> </table>	Latest STRAIDS data: ⁷	Cocaine	Heroin	1995	70.1	42.4	1996	72.1	38.5	1997	66.4	42.3	Interagency drug flows assessment led by the ONDCP and based on statistics collected by the DEA and other National Drug Control Program agencies identified by the Director	[No corresponding specific target]	Measure
Latest STRAIDS data: ⁷	Cocaine	Heroin														
1995	70.1	42.4														
1996	72.1	38.5														
1997	66.4	42.3														
E	<p><i>Reduction of drug-related crime in the United States by 50 percent by December 31, 2003, and achievement of at least 20 percent of such reduction during each of 1999, 2000, 20001, 2002, and 2003, including—</i></p> <table border="1" data-bbox="1008 1381 1073 1812"> <tr> <td><i>Data on drug-related crime are limited to drug law violations.⁸</i></td> </tr> </table>	<i>Data on drug-related crime are limited to drug law violations.⁸</i>	[no measure specified]	2 (Impact a.)	<p>Drug related crime and violence—By 2002, reduce by 15 percent the rate of crime and violent acts associated with drug trafficking and use, as compared with the 1996 base year. By 2007, reduce drug-related crime and violence by 30 percent as compared to the base year.</p> <p>The nationwide rate of crimes and violent acts associated with drug trafficking and use as measured by available indicators</p> <p>Reporting Agency: DOJ Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.</p>											
<i>Data on drug-related crime are limited to drug law violations.⁸</i>																
E	<p><i>(i) reduction of State and Federal unlawful drug trafficking and distribution;</i></p> <table border="1" data-bbox="1219 1381 1284 1812"> <tr> <td><i>Data on drug trafficking are unavailable.⁹</i></td> </tr> </table>	<i>Data on drug trafficking are unavailable.⁹</i>	[no measure specified]	2 (Impact b.)	<p>Domestic trafficker success—By 2002, reduce by 10 percent the rate at which illicit drugs of U.S. venue reach the U.S. consumer, as compared with the 1996 base year. By 2007, reduce this rate by 20 percent over the base year.</p> <p>Rate at which illicit drugs entered in the United States reach U.S. consumers</p> <p>Reporting Agency: DOJ Supporting Federal Agencies: BJS, DEA, FBI, HIDTAs, Treas.</p>											
<i>Data on drug trafficking are unavailable.⁹</i>																

(See notes at end of table.)

Table E-1
Congressional Targets and PME Targets (continued)

Congressional Performance Targets (P.L. 105-277, SEC. 706, paragraph 4 ¹)		National Drug Control Strategy Targets Performance Measures of Effectiveness (PME) ²																
	Measure specified	Goal	Target															
E	<p><i>The targets in the National Drug Control Strategy shall include the following:</i></p> <p>(ii) <i>reduction of State and Federal crimes committed by persons under the influence of unlawful drugs:</i></p> <table border="1" data-bbox="649 1375 893 1806"> <thead> <tr> <th>Drug Use</th> <th>State</th> <th>Federal</th> </tr> </thead> <tbody> <tr> <td>1991</td> <td>31%</td> <td>17%</td> </tr> <tr> <td>1997</td> <td>33%</td> <td>23%</td> </tr> <tr> <td>Alcohol/drug use</td> <td>49%</td> <td>24%</td> </tr> <tr> <td>1997</td> <td>52%</td> <td>34%</td> </tr> </tbody> </table> <p><i>Inmate-reported substance use at the time of offense:¹⁰</i></p>	Drug Use	State	Federal	1991	31%	17%	1997	33%	23%	Alcohol/drug use	49%	24%	1997	52%	34%	2 (Objective 1.)	<p>Drug-related violent crime—By 2002, achieve a 20-percent reduction in the rate of homicides, robberies, rapes, assaults, and crimes against property associated with illegal drugs as compared to the 1996 base year. By 2007, achieve at least a 40-percent reduction from the base year in specified drug-related crimes.</p>
Drug Use	State	Federal																
1991	31%	17%																
1997	33%	23%																
Alcohol/drug use	49%	24%																
1997	52%	34%																
E	<p>(iii) <i>reduction of State and Federal crimes committed for the purpose of obtaining unlawful drugs or obtaining property that is intended to be used for the purchase of unlawful drugs; and</i></p> <p><i>Data are not available on crimes committed for the purpose of obtaining drugs.¹¹</i></p>	[no measure specified]	<p>[overlaps with Drug-related violent crime, above]</p>															
E	<p>(iv) <i>reduction of drug-related emergency room incidents in the United States, including incidents involving gunshot wounds and automobile accidents in which illicit drugs are identified in the bloodstream of the victim, by 50 percent by December 31, 2003.</i></p> <p><i>Data are not available for drugs in the bloodstream of injury victims.¹²</i></p>	Data of the Drug Abuse Warning Network on illicit drug abuse	<p>[component of Goal 3, Impact Target a: Reduce health and social costs—By 2002, reduce health and social costs associated with illegal drugs by 10 percent, as expressed in constant dollars, as compared to the 1996 base year. By 2007, reduce such costs by 25 percent as compared to the base year.]</p> <p>Health and social costs in constant dollars attributable to illegal drugs Reporting Agency: HHS Supporting Federal Agencies: DOJ, DOL, ED, VA, Treas.</p>															

Congressional Targets and PME Targets (continued)

¹Five targets (A through E) are specified by Congress. Language in italics is reproduced from HR 4328 (Section 706, Paragraph 4) and includes all Congressionally defined performance targets. Additional language from Paragraph 5 also pertains to targets, as follows: *FURTHER REDUCTIONS IN DRUG USE, AVAILABILITY, AND CRIME.—Following the submission of a national drug control Strategy under this section to achieve the specific targets described in paragraph (4), the Director may formulate a strategy for additional reductions in drug use and availability and drug-related crime beyond the 5-year period covered by the National Drug Control Strategy that has been submitted.*

²The *Performance Measures of Effectiveness (PME)* system targets were established through an interagency working group process to define credible, sound, and plausible targets. The PME system includes 12 impact targets and 82 specific targets organized under 32 objectives corresponding to the 5 goals of the National Drug Control Strategy. The 7 PME targets included in this table are the subset most closely related to those mandated in HR 4328.

³Based on the latest available data from the *National Household Survey on Drug Abuse (NHSDA)*, the Congressional target represents a 53% reduction from the latest figures in nationwide prevalence of drug use by 2003.

⁴Data from the *Monitoring the Future (MTF)* study are for 12th graders, 10th graders, and 8th graders from school-based surveys and do not encompass the entire range of adolescents. Data from the National Parents' Resource Institute for Drug Education (PRIDE) yield estimates similar to MTF and are collected from students in schools that participate on a voluntary basis and are not necessarily representative of adolescents nationwide. Based on the latest available MTF data on 12th graders, the Congressional target represents an 88% reduction from the 1998 prevalence of illicit drug use in the past 30 days of 25.6% to 3% by 2003. Rates for 10th graders will require an 86% reduction from 21.5% in 1998 to 3% in 2003, while rates for 8th graders will require a 75% decrease from 12.1% in 1998 to 3% in 2003. It is also necessary to note that in general, measurement of drug use in a school setting tends to yield higher estimates compared to measurement in a household survey setting. An alternative measure that could be used for this target is the youth component of the NHSDA (ages 12 to 17), which would be a parallel measure to Target A for the entire population, also set at 3% and measured by the NHSDA. See Note 5 below.

⁵Based on the latest available data from NHSDA, the Congressional target represents a 74% reduction from the latest figures in nationwide prevalence of youth drug use by 2003. NHSDA data on adolescents are based on household survey respondents aged 12 to 17. Data from the school-based survey *Monitoring the Future* are for 12th graders, 10th graders, and 8th graders do not encompass the entire range of adolescents.

⁶Data on availability of specific drugs in the United States are unavailable. Information on source country production estimates and seizures in transit, at the border, and within the U.S. are available from various agencies for heroin and cocaine. In combination with estimates of the number of users, particularly hard-core users, to approximate the amount consumed in any given year, seizure data are used to arrive at estimates of the total amounts of cocaine and heroin available in the United States. Hence, the base number to be reduced by 80% is an estimate based on a series of other estimates. Refinement of the estimation methodology for drug availability is ongoing. Data on marijuana and methamphetamine availability are further complicated by the fact that domestic production is substantial, and source materials do not originate from a specific region (unlike South America and Asia for cocaine and heroin). A methodology for determining the availability of marijuana is at its early stages. Modeling of methamphetamine availability is still in the conceptual stages of development and will need to take into account the relative ease of manufacturing methamphetamine from ordinarily obtainable precursor chemicals.

Congressional Targets and PME Targets (continued)

⁷Data on street purity levels of cocaine and heroin are from the *System to Retrieve Information from Drug Evidence (STRIDE)*. Purity is reported as averages for different purchase amounts—data in the table are for the smallest amounts, 1/8 ounce or less for cocaine and 1/2 gram or less for heroin. Although purity at various purchase amounts have trended upwards for both cocaine and heroin since the early 1980s, purity estimates are characterized by large fluctuations over time and from city to city. It is not clear whether and what program interventions might reduce the average street purity of these drugs, since purity is in part a function of improved processing in combination with marketing techniques. The “purity” of marijuana, translated into its THC content, is unknown in the STRIDE data.

⁸The *Uniform Crime Reports (UCR)* provide data on arrests for crime in general, various types of violent and property crimes, and drug law violations. Data from UCR on drug abuse violations are narrowly defined to include sale, manufacture, or possession of heroin or cocaine and their derivatives, marijuana, synthetic or manufactured drugs, and other dangerous nonnarcotic drugs. The overall rate of crime and of violent acts have been and continue to be used as proxy variables for drug-related crime, on the assumption that crime in general and drug-related crime in particular are highly correlated and that drug-related crime is proportional to crime in general. ONDCP’s Data Subcommittee has been tasked with reviewing available crime data to identify areas where more adequate measurement is necessary.

⁹Data on domestic drug trafficking and distribution are incomplete. While there are measures of the portion of trafficking that is disrupted by domestic seizures, no direct measures of the total amount available for domestic transport and distribution are available. See also Note 6 above.

¹⁰Data specific to crimes committed under the influence of drugs are not regularly available. The Bureau of Justice Statistics conducts a survey of inmates in State and Federal correctional facilities approximately every five years. While this survey collects data on inmate self-reports of being under the influence of drugs or alcohol at the time of offense, these data are too infrequently collected to provide adequate measurement of progress on this target. A limited effort to measure this variable also is included in the *National Crime Victimization Survey (NCVS)*, which reports “perceived drug or alcohol use by offender” as reported by victims of violent crimes. By definition, such a measure excludes all homicides. NCVS data indicates that large proportions of violent crime victims (42% in 1994) did not know or were unable to answer the question of whether the perpetrator was under the influence of drugs or alcohol. By this indicator, only 5% of violent crime victims reported that they perceived the offender to be under the influence of drugs, an additional 4% were perceived to be under the influence of both drugs and alcohol, and 1.3% were perceived to be under the influence of either alcohol or drugs, but were not sure which one. See also Note 8 above.

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

¹²Data on drug-related emergency room incidents are collected by the *Drug Abuse Warning Network*, which includes 21 metropolitan areas and a national panel. While national data on total gunshot victims and total motor vehicle crash victims treated in hospitals can be tabulated from the *National Hospital Discharge Survey*, these victims are not routinely tested for the presence of illicit drugs in the bloodstream. There is no data surveillance system for blood drug content for motor vehicle crashes (unlike the routinely collected blood alcohol content data that are reported in the *Fatal Accident Reporting System*).

Appendix F: Action Plans

The performance targets and measures in the 1998 PME Report clarified for the national drug control community what the Strategy intended to achieve in the next 10 years. Identifying desired end-states in measurable terms was an accomplishment: it reflected a joint understanding of mission success. In 1998, we took advantage of the same interagency process to develop some common understandings of what it would take to achieve these targets.

To translate a collective vision into a common set of understandings and agreements leading eventually to specific responsibilities for joint outcomes, we used logic models and action plans. For each target, a PME Working Group developed a logic model indicating the basis upon which the community expected its programs to result in target achievement. Factors (independent variables) known to influence the target (dependent variables) were identified followed by activities for manipulating the target in the desired direction. For instance, the target on youth drug disapproval rates is known to be influenced by factors such as TV messages, the Internet, peer pressure, etc. The next step was to identify activities such as ONDCP's National Youth Anti-Drug Media Campaign currently in effect to modify TV and other messages. The Internet might be a factor that does not currently portray drug abuse realistically and does not have many activities focused on it—possibly a gap in societal efforts to reduce youth drug behavior.

Developing the logic model provided an analytical perspective to the working groups, enabling them

to focus on the results to be obtained and to identify different options for getting there. Clearly, not all avenues could be pursued. Working groups focused next on the best way of achieving the targets—developing recommended action plans for achieving the 2007 targets.

Before we describe action plans in some detail, it should be noted that this is the first time over 200 members of the drug control community have jointly developed systematic road maps for achieving long-term targets. Understandably, the logic models and action plans are preliminary in nature, and not ready for publication. Not all logic models succeeded in identifying factors external to the drug control community, although this step is necessary to address the issue of partial control over outcomes. Also, some action plans did not explore options beyond that of the status quo. Nevertheless they represent a major accomplishment toward translating the collective will into collective action.

Based on logic models, working groups generated interagency action plans outlining what would have to be undertaken between now and 2007 in order to meet the PME targets. Agencies will eventually want to use these interagency action plans in their strategic planning processes. Agency budgets and GPRA plans should reflect elements from these action plans.

We examine here an illustrative action plan from the prevention area. Figure F-1 shows the logic model for Goal 1, Objective 1, Target 2 on increasing the percent of adults influencing youth to reject

drugs, alcohol, and tobacco use. Figure F-2 shows the first page of the action plan—the first step toward assigning responsibilities and determining time lines.

It should be noted that these first drafts have not been reviewed by agency heads—hence the absence of organizational responsibility. These products are used here for illustrative purposes only.

Five factors are identified as contributing to the accomplishment of this target. These are: (1) the adoption of substance abuse prevention standards by health care organizations; (2) the development of networks that allow confirmatory anti-drug messages to be distributed within the faith community; (3) the development of workplace activities to motivate employees to mentor youth; (4) the development of legal sanctions designed to encourage parents and other responsible adults to accept responsibility for the drug using behavior of youth; and (5) the development of programs that will allow officers engaged in community policing efforts to cast parents and other adults in mentoring roles. Figure F-1 shows that activities A1 to A3 should be pursued in support of Factor A, activities B1 to B2 in support of Factor B, and so on from Factor C through Factor E.

In developing the logic model, the working group identified the above five factors known (based on theory, research, data, or tradition) to influence the target on increasing the percent of adults influencing youth to reject drugs, alcohol, and tobacco use. Among these are included, not only the usual drug control areas, such as community policing, but also external factors—for instance, the faith community. Recognizing such “exogenous” factors enables agencies to recognize the need for partnerships with the faith community. Such partnerships increase the extent of control agencies will have over intended outcomes. The factors for this target also include areas that need strengthening, such as including relevant material into already existing drug-free workplace programs in order to motivate and empower working adults to influence youth.

Each factor is then broken down into broadly defined activities as indicated on Figure F-1. These activities include programs, legislative actions, regulations, incentives and other governmental

and private-sector tools for governance. These broad activities were then assessed quickly to identify areas where programs existed, and gaps were then identified. Based on their expertise, the working group drafted a preliminary recommended action plan (Figure F-2) to assign responsibilities and time lines for current and new tasks. This was an exploratory step that will need considerable refinement.

Note that this action plan does not indicate the programs that currently undertake the activities shown. Some action plans have already identified programs and proposed responsibilities and time lines. This is expected to be done in 1999 for all action plans.

A logic model and action plan has been drafted, albeit a preliminary version, for each target in the PME System. As first drafts, they are very general and do not usually include programmatic detail. We provide here brief information on the types of action plans, with the intention of making finalized action plans available in 1999.

The law enforcement action plans focused on enhancing intelligence activities, increasing law enforcement, recidivism, improving technology, etc. Statutory authority and training were included in some action plans. Rehabilitation-related activities included the establishment of drug testing policies in various parts of the criminal justice system ranging from arrest/pretrial through post incarceration supervision. HIDTA activities included improving coordination between law enforcement agencies, such as strengthening regional intelligence sharing systems.

In the treatment area, action plans included policies governing payment, regulations regarding practice, funding patterns, and research findings—these were factors identified as affecting the treatment gap. Activities included extending available treatment to special populations in greatest need. Specific activities such as providing employer incentives were included for some targets, including the one on improving the educational status of those completing treatment. Extending current outreach, educating caregivers to include treatment-related practices, and disseminating available information are also identified as activities.

Interdiction action plans include detection and monitoring, interception and handoff to end-game forces, inventories and assessment of intelligence gaps, communication capabilities, as well as specific technology prototypes. Source country action plans include foreign country efforts, anti-corruption efforts, the effectiveness of law enforcement activities and judicial capabilities.

Often, the activities that are judged critical to the enterprise have budgetary implications. In 1999, ONDCP will deal with this problem directly through the development of a new budgetary process, and agencies will begin providing budget information to ONDCP at the target level. Efforts are now underway to construct a program inventory that will allow standard reporting on their part. Building a bridge between the action plans and the budget process will involve validating this program inventory, and then using it to characterize certain elements of the action plans that have a bearing on program funding.

Each program will have a code, and this code will be consistent between those actions which have program import and the programs themselves. Agencies will identify the PME targets with which each program is associated. During budget review, ONDCP will consider requests in light of the action plans that have been developed. Information on the levels of program funding that are associated with each target will be used to weigh alternative options for distributing fiscal resources. There will be a method of prioritizing requests for new funding, and for funding at higher levels.

ONDCP intends to bring in state, local, and private-sector partners in 1999 to refine and finalize these action plans. Such intergovernmental plans will then be linked to the Strategy and the Federal budget as well as to programs (including block grants, technical assistance programs, data collaborations, etc.) and monitored via the IMS.

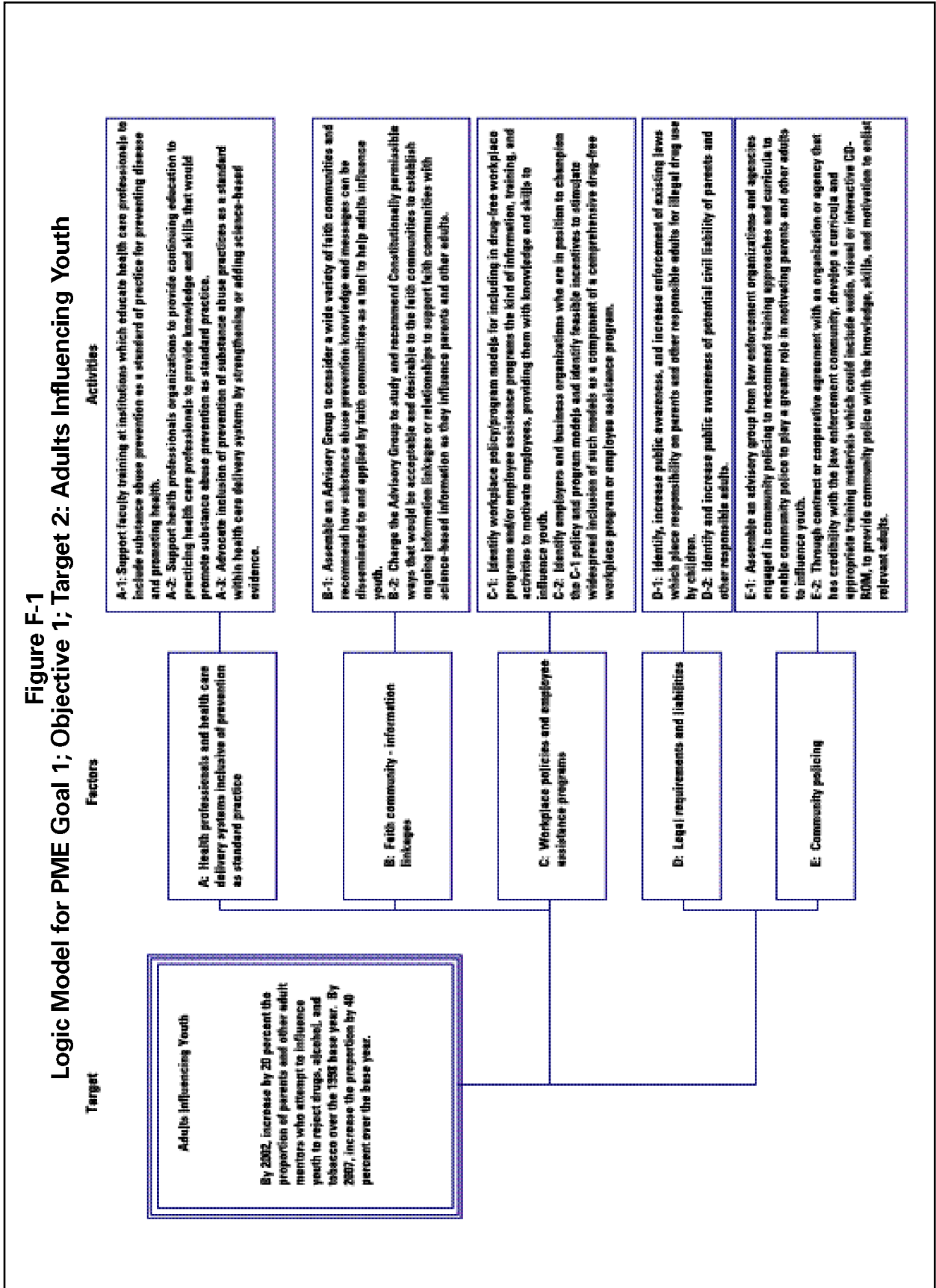


Figure F-2
 PME Goal 1; Objective 1; Target 2: Action Plan

By 2002, increase by 20% the proportion of parents and other adult mentors who attempt to influence youth to reject drugs, alcohol, and tobacco; and by 2003, increase this proportion by 40% over the 1998 base year.

Action	Responsible Agency/ Organization/Initiative/Program	Time Point for Completion (Funding Program)	Responsible Agency/Program (Funding Program)	Time Point for Completion (Funding Program)
<p>2001/02/03</p> <p>Health Professionals and Health Care Delivery Systems-- Professional Standards</p> <p>2001/02/03</p> <p>Support the training and development of health care professionals who are sensitive to the needs of underserved populations and who are able to provide services in underserved areas. Support health professionals in their efforts to provide continuing education opportunities for underserved populations and to provide information about prevention as a source of information for underserved populations and promoting health.</p> <p>2001/02/03</p> <p>Advocate for a curricular revision of substance abuse prevention materials for the health professions by including a more compelling, evidence-based curriculum, such as the 5 C's, in the curriculum of health professions schools.</p>		2001		2001
<p>Class materials and training activities.</p>		ongoing		ongoing

Appendix G: PME Data Gap Analysis

The 1999 PME System contains 12 Impact Targets and 85 performance targets in support of the National Drug Control Strategy's 5 Goals and 31 Objectives. Since the 1998 PME Working Groups did not analyze the 12 Impact Targets, the following data gap analysis only deals with the 85 performance targets that support the 31 Objectives.

Of these 85, 37 monitor the achievement of various milestones (e.g., the development of a national mentoring program by 1999) that do not require quantitative data systems to be tracked. Another 20 targets require the relevant agency to use administrative records to report on the progress of achieving the target (e.g., the proportion of public and private schools that have published a zero-tolerance drug abuse and alcohol policy for students). Of the remaining 28 targets, 8 can be tracked by existing data systems and the remaining 20 require data systems to be developed or modifications to existing data systems.

In this section we discuss progress to date in developing new data systems or modifying existing ones to track the remaining 20 targets. ONDCP, through its Data Subcommittee, is working with data managers from all Federal agencies with a drug control function to develop or modify the required data systems. As stated in the 1998 PME report, we anticipate that it will take two years before these systems and modifications will be completed. The following sections detail some of the major data gaps by Goal, Objective, and target.

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

Objective 6, Target 2. Funded coalitions. The target is to increase the number of communities with comprehensive anti-drug coalitions. ONDCP, in partnership with the Community Anti-Drug Coalitions of America (CADCA), is developing an annual Directory of community coalitions. The Directory will contain information on each coalition that has a primary or secondary focus on drugs. It also will include a typology of coalitions that will be used to array coalitions along a continuum of emergence. Additionally, the Directory will provide an annual estimate of the number of anti-drug community coalitions in the country.

GOAL 2: Increase the Safety of America's Citizens by Substantially Reducing Drug-Related Crime and Violence

Objective 1, Target 1. Drug-related violent crime. The target is to reduce the rate of homicides, robberies, rapes, and assaults associated with illegal drugs. Currently, the FBI's Uniform Crime Reports (UCR) reports on the overall number and rate of these crimes, but doesn't disaggregate the proportion that are drug-related for each major category of violent crime. A working group of the Data Subcommittee has been tasked with determining the feasibility of estimating what proportion of these crimes are drug-related. The working group will present its results to the Data Subcommittee by June 1999.

Objective 2, Target 3. Drug-related violent crime in HIDTAs. The target is to reduce the rate of homicides, robberies, rapes, and assaults associated with illegal drugs in HIDTAs. The results from the working group assigned to the target above will be applied to this target as well.

Objective 3, Target 3. Money laundering costs. The target is to increase the cost of money laundering to drug traffickers within the United States. As no data source currently exists to track this target, a working group of the Data Subcommittee, led by Treasury, has been tasked with exploring the feasibility of developing the required estimate.

Objective 4, Target 2. Substance abuse treatment availability. The target is to increase the proportion of drug-using offenders who are provided substance abuse treatment interventions. Until recently, there was no data source with which to track progress in achieving this target. However, in 1996 ONDCP requested that SAMHSA's Office of Applied Studies (OAS) conduct a feasibility study to determine whether the Alcohol and Drug Services Survey (ADSS) could be extended to include the criminal justice system. The ADSS will document the type and extent of drug treatment services provided to the Nation. Results from the feasibility study—covering 1996—are expected in February 1999. The survey is scheduled to be conducted annually as a component of OAS' Uniform Facility Data Set (UFDS).

Objective 4, Target 3. Inmate access to illegal drugs. The target is to reduce the proportion of inmates who test positive for illegal drug use during their incarceration in Federal, state, and local detention facilities. Currently, there is no data source with which to track progress in achieving this target. A working group of the Data Subcommittee tasked with exploring how to develop this measure is scheduled to present their results to the Data Subcommittee by June 1999.

Objective 4, Target 4. Drugs and recidivism. The target is to reduce the proportion of identified drug-using offenders who are rearrested for new felonies or serious misdemeanors within a 1-year period following their release from supervision. Currently, there is no data source with which to track progress in achieving this target. A working group of the Data Subcommittee has been tasked

with exploring how to develop this measure and is scheduled to present their results to the Data Subcommittee by June 1999.

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

Objective 1, Target 1. Treatment gap. The target is to reduce the treatment gap. Currently, OAS estimates the treatment gap using data from the NHSDA, the UCR, and UFDS to produce a proxy estimate of those in need of treatment. However, this does not adequately measure the proportion of the population with diagnoses of drug abuse or drug dependence. The Data Subcommittee is working to add a module to the NHSDA in 2000 that will provide data for this measure.

Objective 1, Target 2, Measures 1–5. Demonstrate impact. These targets are to demonstrate the impact of treatment through increased employment, increased educational status, decreased illegal activity, increased health status, and decreased drug use for those completing a treatment program. Currently, there is no data source with which to track progress in achieving this target. The Data Subcommittee, is working with the principal investigators of the Drug Evaluation Network System (DENS) to determine whether it can evolve into the National Treatment Outcome Monitoring System (NTOMS). As envisioned, the NTOMS would be a nationally representative data system reporting annually on treatment outcomes.

Objective 1, Target 3. Waiting time. The target is to reduce the average waiting time to enter treatment. The NTOMS, proposed for Objective 1, Target 2 above, would also include a measure of average waiting time and would be reported annually.

Objective 2, Targets 1, 2, and 4. Tuberculosis, Hepatitis B, and Hepatitis C. The targets are to reduce or stabilize the incidence of the drug-related proportion of these diseases. The Centers for Disease Control and Prevention currently report on the overall incidence of these diseases. A working group of the Data Subcommittee is exploring the possibility of determining what proportion of these diseases are drug-related. A fourth and related target is to stabilize the drug-related incidence of HIV. CDC currently reports data on this target each year.

Objective 3, Target 1, Measures 1–4. Drug-free workplace. The target is to increase the number of workplaces with (a) employee assistance programs, (b) drug-free workplace policies, (c) drug testing, and (d) at least 1 hour per year of substance abuse education. Currently, there is no data source with which to track progress in achieving this target. A working group of the Data Subcommittee has been tasked with exploring how to develop this measure and is scheduled to present their results to the Data Subcommittee by July 1999.

GOAL 4: Shield America's Air, Land, and Sea Frontiers from the Drug Threat

Objective 1, Target 1. Develop interagency drug flow models. The target is to develop interagency drug flow models for cocaine, heroin, marijuana, and methamphetamine. ONDCP is currently leading such an interagency effort and has begun with cocaine, the drug for which substantial data already exist. Estimates for flow of cocaine to the United States obtained from this effort are presented in the 1999 NDCS and elsewhere in this PME report. We are currently working with the relevant agencies to refine or develop flow models for heroin, marijuana, and methamphetamine. These models are expected to be completed by the end of 1999.

We have also identified a gap in performance data associated with Goal 4 interdiction resources and seizure rates. A study of deterrence is being pursued by ONDCP to help establish a relationship between law enforcement presence and deterrence. This correlation will facilitate more efficient and effective resource allocation, performance measurement, and alignment of policy goals and funding.

Objective 1, Target 2. Cocaine removal. The target is to increase the proportion of cocaine removed in transit to the United States and at the U.S. borders as measured against interagency flow estimates of cocaine en route to the United States. ONDCP is leading an interagency process to develop flow estimates for cocaine, heroin, marijuana, and methamphetamine. Substantial progress has been made in integrating the various supply control agency components of cocaine flow. The results to date are included in the 1999 National Drug Control Strategy and elsewhere in this PME report. ONDCP also has been working with the

various drug supply control agencies to better define, collect, and report their cocaine seizure data.

Objective 1, Target 3. Heroin removal. The target is to increase the proportion of heroin removed in the Western Hemisphere in transit to the United States and at the U.S. borders as measured against interagency flow estimates. ONDCP is leading an interagency effort to coordinate and synthesize existing agency estimates of the flow and seizure of heroin destined for the United States.

Objective 1, Target 4. Marijuana removal. The target is to increase the proportion of marijuana removed in the Western Hemisphere in transit to the United States and at the U.S. borders as measured against interagency flow estimates of marijuana en route to the United States. ONDCP is supporting the Drug Enforcement Administration's (DEA) project to improve its Marijuana Signature Program (MSP). Advancements in the MSP will enable the identification of the source region for the marijuana seized while en route to the United States or at its borders. DEA expects to have these improvements in place by 2000. ONDCP also has been working with the various drug supply control agencies to better define, collect, and report their marijuana seizure data.

Objective 1, Target 5. Methamphetamine removal. The target is to increase the proportion of methamphetamine removed in the Western Hemisphere in transit to the United States and at the U.S. borders as measured against interagency flow estimates of methamphetamine en route to the United States. Detection and flow of this drug is perhaps the most problematic because of the relative ease of manufacture. ONDCP is leading an interagency project to develop an estimate of the flow of methamphetamine to the United States. ONDCP also has been working with the various drug supply control agencies to better define, collect, and report their methamphetamine seizure data.

GOAL 5: Break Foreign and Domestic Drug Sources of Supply

Objective 1, Target 3. Marijuana. The target is to reduce net cultivation of marijuana in Western Hemisphere countries. Currently, there are no good estimates of the net cultivation of marijuana within or outside of the United States. In ONDCP's 1998

reauthorizing legislation, Congress has required the Department of Agriculture to develop an estimate of the cultivation of marijuana, for both indoor and outdoor cultivation. ONDCP has initiated discussions with the Department of Agriculture to develop the needed estimates. A timeline for their development has not yet been established.

Objective 1, Target 4. Other illegal drugs. The target is to train and properly equip a number of law enforcement personnel adequate to safely dismantle and destroy 100 percent of identified methamphetamine and other illicit synthetic drug production laboratories. It also is to continue the full range of Federal, state, and local regulatory and enforcement measures to restrict the illegal manufacture importation, and/or diversion to illicit use of significant drugs of abuse. This target is associated with several measures, many of which are in existence. However, those needing to be developed include the following:

- 4c. Arrest of methamphetamine traffickers—A working group of the Data Subcommittee will determine whether such arrest data are or can be collected on an annual basis.
- 4d. Purity of available methamphetamine—A working group of the Data Subcommittee will determine whether it is possible to establish a data system to assess the purity of available methamphetamine.
- 4g. Price of methamphetamine—A working group of the Data Subcommittee will determine whether it is possible to establish a data system to assess the price of methamphetamine.

Data Sources

Table G-1 indicates data sources for each Strategy target. The numbers in each column refer to the list of data sources, also included. 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 require the development of new data collection systems, especially if

these involve data collection at the state and local levels. Some targets representing milestones, such as a one-time-only report or event occurrence/nonoccurrence, do not require a data set in the standard sense.

Almost three-quarters of the targets will be measurable within two years. Sixty-seven percent of the targets are currently measurable using data available from primary sources or by monitoring whether the target event has occurred or not. Another four percent of the targets require the manipulation or synthesis of data sources to make them usable for monitoring targets: this should take two years to accomplish. Thirty percent of the targets necessitate in-depth efforts to develop new data sets. Even in such situations, we can sometimes use secondary data sets until such time as the new databases are developed.

The following summarizes the attached data table:

- At present, 66 of the 97 targets are measurable from primary sources or represent milestones that do not require a data set. Table G-1 displays them in the column labeled Primary Federal Data Source (PRI FED) with the appropriate number designation for the data source or Milestone (MLE) or Study (SDY).
- An additional 3 targets require minor changes to primary or secondary data sources or the synthesis of existing ones. These are identified by the letters (SYN) and may require 2 years to modify for use in tracking the targets.
- Only 28 targets require development of new databases. Various state and local agencies are probably collecting some of these but not in a form consistent enough to enable national-level aggregation. These are indicated in Table G-1 as to be determined (TBD). Some of these can be augmented by secondary data sources. These may take from 1 to 3 years to develop.

A report from ONDCP's Subcommittee on Data, Research, and Interagency Coordination released in February 1999 provides broad recommendations regarding national drug control policy data priorities. The Data Subcommittee's recommendations are based on the conduct of a Federal drug control needs assessment of the strengths and

weaknesses of the leading indicators used to describe the Nation's drug problem and to identify data needs of public health policy. An important achievement of this effort was the creation of an Inventory of Federal Drug-Related Data Sources, which is a compilation of all known Federal drug-related information systems and their report generation capabilities. The Inventory is the foundation from which further development and enhancement of data sources will be used in support of the Performance Measures of Effectiveness.

The selection of Strategy performance targets was not limited to currently available data: this was intended to avoid skewing the targets to reflect existing data sources. Fortunately, most of the critical

performance targets are covered by existing data sets. Of the 12 Impact Targets, 8 are either supported by currently available data sets (5) or require some data synthesis (3). Even the latter may be measured at present by using interim data sources. Only one requires the completion of a periodic study to identify measurement requirements, and three are TBD and should be completed within one to three years.

An expanded key to Table G-1 is provided below. Listings on the figure will be updated as issues regarding synthesis or further development are resolved. 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.

Appendix H: Linking the Federal Drug Control Budget to the PME System

The PME Report is not a budget document. The Goals and targets were developed separately from the budget process. Additionally, since the Goals are to be attained over a 10-year period, intervening events may occur which prevent them from being met. In drafting the PME targets and measures, certain assumptions have been made, including expectations about realizing future resource levels. In the future, the Goals and performance measures may need to be adjusted to reflect new or changing circumstances.

Although the PME Report is not a budget document, the PME System will assist in developing budget guidance that ONDCP issues to Federal drug control agencies. This framework provides a mechanism for analyzing the Federal drug control budget by Goal, Objective, and target.

The National Drug Control Strategy is a long-term plan to confront drug use and its consequences in the United States. The Strategy is focused on three critical areas: reducing drug use, drug availability, and consequences. The Strategy's 5 Goals and 31 Objectives constitute a comprehensive, balanced plan encompassing drug prevention, treatment, domestic law enforcement, interdiction, and international programs.

ONDCP is required to prepare a consolidated Federal drug control budget to implement the Strategy. This budget reflects the combined efforts of the more than 50 Federal drug control agencies that contribute program activities to achieve the

Goals and Objectives of the Strategy. In the past, Federal resources have been reported in a number of ways. Budget estimates are reported for the entire Federal drug control effort, for each participating Federal agency, for each agency's decision unit (reflecting its underlying appropriations account structure), and for the Strategy program functional areas (i.e., interdiction, treatment, prevention, etc.). This breakdown is available as far back as 1981.

To support the PME System, this accounting structure must be further elaborated to reflect the PME System framework. This means that the Federal drug control budget must be estimated for the Strategy Goals, Objectives, and performance targets. In fact, the ONDCP Reauthorization Act of 1998 requires ONDCP to link programs and budgets to the Goal, Objective, and target level.

Beginning with the 1998 Strategy, drug control resources were presented for each of the Strategy's five Goals. Budget resources and the programming that underlies the budget resources must be incorporated into the PME System for each Objective area, and each target in particular, to implement a meaningful measurement system. The intent is to be able to translate Federal drug control resources for the 50-plus agencies into the 5 Goal areas and ultimately down to the performance target level. With this information, it will be possible to identify those drug control programs that ultimately contribute to the achievement of the established performance targets.

This is the first year that the Federal drug control agencies have attempted to estimate their drug

control resources beyond the Strategy Goal level. In some cases, Federal agencies attempted to estimate their drug control resources for the performance targets. In the discussion of budget resources that follows, the estimates for each Strategy Goal are presented with confidence about their accuracy and reliability. This is the third time Federal agencies have worked to prepare such estimates. For the Strategy Objectives, however, this is the first time that the Federal agencies have attempted estimates of the drug budget at this level. Therefore, the reader should consider these estimates preliminary. The estimates are quite likely to be changed as ONDCP, OMB, and the Federal drug control agencies work to refine the methodologies used to identify resources for the goal and target levels.

It is also important to remind the reader that official drug control budget estimates may be found in the publication, *The National Drug Control Strategy, 1999: Budget Summary* published by ONDCP.

Spending By Strategy Goal

Funding for each Strategy Goal is summarized in Table H-1. Funding priorities include resources

to reduce drug use by young people (Goal 1), make treatment available for chronic drug users (Goal 3), interdict the flow of drugs at our borders (Goal 4), and target sources of illegal drugs and crime associated with criminal enterprises (Goals 2 and 5).

- In FY 2000, funding will be \$2.1 billion for Goal 1, a net increase of almost \$21 million over FY 1999, and \$3.5 billion for Goal 3, an increase of 4.2 percent over FY 1999.
- Multiagency efforts, which target ports-of-entry and the Southwest Border, will expand funding for Goal 4 to \$2.3 billion in FY 2000, an increase of 6.3 percent.
- Funding for Goal 2 will be \$7.7 billion in FY 2000, an increase of \$270.2 million, and resources devoted to Goal 5 will reach \$2.1 billion in FY 2000, an increase of 8.3 percent.

Spending By Strategy Objective

During calendar year 1998, the Federal drug control agencies were challenged to develop estimates of drug control spending beyond the five Strategy

Table H-1
Spending By Strategy Goal (\$ Millions)

Goal	FY 98 Actual	FY 99 Enacted	FY 99 Emerg Supp.*	FY 99 Total	FY 00 Request	Change: FY 99 Enacted to FY 00 Request	% Change
1	1,861.3	2,080.6	1.7	2,082.3	2,101.5	20.9	1.0
2	7,275.5	7,441.0	12.0	7,453.0	7,711.2	270.2	3.6
3	3,130.0	3,383.7	0.0	3,383.7	3,527.2	143.5	4.2
4	2,032.5	2,159.3	525.9	2,685.2	2,295.8	136.5	6.3
5	1,798.0	1,977.7	304.3	2,282.0	2,141.5	163.8	8.3
Total	16,097.3	17,042.3	843.9	17,886.2	17,777.2	734.8	4.3

* Emergency supplemental funding provided by P.L. 105-277. These funds are in addition to each department's annual appropriation.

Goals to the Strategy Objective level. Table H-2 presents such estimates for the 31 Objectives. These estimates are based on methodologies developed by the individual agencies that have yet to be fully reviewed by ONDCP and OMB. As such, these estimates are to be considered preliminary.

These first-round estimates of resources at the Strategy Objective level reveal an interesting pattern. Within any Strategy Goal area, resources are clearly not uniformly spread among the various Objectives. In Goal 1, the drug prevention goal, resources range from \$2.7 million for Objective 7 to \$478.5 million for Objective 1. In Goal 2, Objective 1 shows an estimate of \$5.0 billion—31 percent of the total drug control budget of \$16.1 billion in FY 1998. The Table also reveals that some of the resources could not be allocated against any of the existing 31 Objectives. This is an interesting result—and not unexpected. It suggests that some drug control spending does not neatly fit into the current Objectives, which raises questions about the specificity and coverage of the Objectives themselves and the adequacy of the agency methodologies for

estimating the drug budget at this level of detail. In 1999, ONDCP will work to refine these estimates.

Linking Spending to the PME Target Level

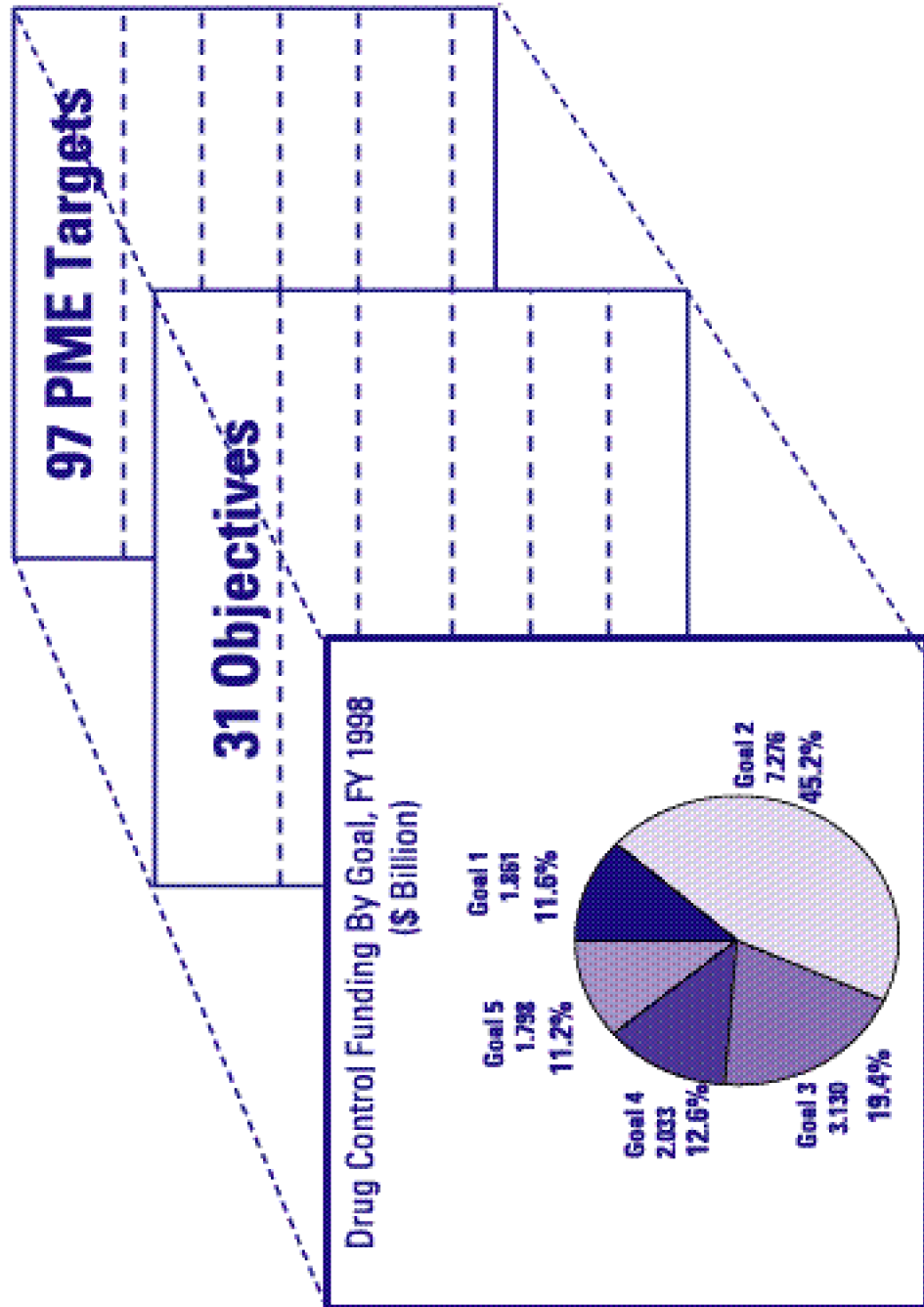
The remaining major challenge for calendar year 1999 is to identify programs and develop associated resource estimates the Strategy performance target level as shown in Figure H-1. Without this level of detail, it will be difficult to evaluate progress toward a particular target.

Congress does require an assessment of the effectiveness of Federal efforts in achieving the Strategy Goals and Objectives using the performance measurement system. This system links Goals and Objectives to targets and measures, but more importantly it structures the programs and resources that are causally determined to contribute to the Strategy's success to each of these levels as well. ONDCP will work with the Federal drug control agencies in 1999 to develop methodologies to identify programs and estimate resources down to the target level.

Table H-2
FY 1998 Spending By Strategy Objective (\$ Millions)

	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Objective 1	478.5	5,000.0	1,322.7	1,326.6	267.1
Objective 2	13.7	275.2	1,216.6	434.5	1,112.6
Objective 3	224.3	889.1	87.5	117.6	304.8
Objective 4	447.3	429.5	9.2	126.9	75.3
Objective 5	27.7	40.3	391.4		29.7
Objective 6	277.5		34.9		0.4
Objective 7	2.7				
Objective 8	65.8				
Objective 9	265.9				
Unaligned	57.9	641.4	67.6	27.0	8.2
Total by Goal	1,861.3	7,275.5	3,130.0	2,032.5	1,798.0

Figure H-1
Budget Linked to Strategy Goals



Appendix I: The ONDCP IMS

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

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

Functionality Available to All Users

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

The NDCS Navigator. This form is a graphical depiction of the NDCS. It represents the Strategy at the highest level of abstraction as a system of Goals and Objectives that are elements of supply

and demand. Clicking on these elements allows the causal structure that is associated with each Goal to be revealed.

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

Target-Related Measures. The PME system makes use of two kinds of measures: numerical measures, which are things like rates or counts of events, and milestone measures, which indicate the accomplishment of some task. The IMS differentiates similarly between numerical measures and milestone measures, and offers certain kinds of functionality related to each. For numerical measures, the system displays information on: the manner in which the target has been operationalized, contact person and agency, and the projected and actual values for the measure over the period 1998–2007. For milestone measures, the system displays information on: Contact person and agency, anticipated progress each year, and current status. If more than one measure is associated with a particular target, and this is often the case, then the system presents each related measure to the user. From the Target-Related Measures form, the user may proceed either to a

“Target-Related Measure Components” form or to a “Target-Related Action Plan” form.

Target-Related Measure Components. The PME system allows the user to examine data on any numerical measures at various levels of disaggregation. This form is accessible from the Target-Related Measures form, and it shows values for the numerator and denominator using any number of specified “criterion variable” categories. The rate of drug use might be broken down by state, for example, and estimates of drug flow by port of entry. The form also provides the user with access to the equations that are used in calculation of the values of the measures that reside in the system. Obviously, this level of detail will be of value only to those with a serious interest in studying the performance of the NDCS.

Target-Related Action Plans. The PME System also allows the user to examine the agency action plans that are associated with each performance target. Information is presented for each discrete action step that exists in an action plan. For each action step, the responsible agency and a contact person are identified, and a description of the action is provided. Each action step may in turn have a bearing on any number of agency programs. Its relevance may be budgetary in nature, or may have to do with the operational parameters of the program.

Target-Related Programs. The IMS will eventually allow the user to examine linkages that exist between each agency program and the performance targets that are represented in the Strategy. This information will include: a description of the program, contact person and agency, and a table-level rendering of the alignment of the program with as many as twenty performance targets. Other functionality will allow budget information to be disaggregated by performance target, but as a practical matter it may not be possible to gather information at this level of detail for some time.

Report Generation Facilities. Each of the forms described above allows the user to print a report summarizing the data that are being viewed. Standard controls for moving about the database are provided as well. These are of course operative only for the subset of records defined by the selection procedure that was most recently executed. The IMS also has

a number of facilities that allow reports to be generated that conform to Goal and Objective level specifications. There is thus a “Milestone Measures Summary Report,” a “Numerical Measures Summary Report,” an “Action Plans Summary Report,” and a “Program Alignment Summary Report.” A user may, for example choose to print a report on all of the numerical measures that are associated with Goal 1, Objective 2, or a report on all of the action plans that are associated with Goal 3 objectives. The IMS has the ability to print user-defined custom reports as well.

Functionality for Users who Maintain the Database

Only certain individuals have access rights that allow them to update the database. The IMS supports functionality for these users that provides direct access to the database without recourse to any of the graphical depictions of the NDCS that were described above. The IMS makes use of four forms for this purpose: “NDCS Measures,” “NDCS Measure Components,” “NDCS Action Plans,” and “NDCS Programs.” These forms are similar to their counterparts described above, but they offer various facilities for verification, and provide automated support to guide the user through the process of building a new record. The NDCS Measure Components and NDCS Action Plans forms are accessible only through the NDCS Measures form. The user has the ability to print a report on the current record from any of the four forms.

Current Status

ONDCP has completed preliminary work on developing operational definitions of measures, and on defining “glide paths” for numerical measures. The system has been loaded with these data. Other information must be gathered that will allow base year values and 1998 actual values to be added. Disaggregation criteria must be identified for the numerical measures, categories must be defined for these criteria, and data must be collected accordingly. Agency representatives have developed action plans, and these are now being processed and reviewed prior to entry. We hope to gather information on program alignment this year. On the following pages we provide two sample reports that have been generated by the IMS, one for a numerical measure and another for a milestone measure.

**Figure I-1
Sample Milestone Measure Data Summary**

**ONDCP NDCS Information Management System
Milestone Measure Data Summary**

Goal	4	<u>Measure Number</u>
Objective	4	
Target	1	1

Target Name Anti -drug smuggling technology

Measure Name Comprehensive technical and operational validation testing that demonstrate the required system performance effectiveness

Contact Person Lennard Wolfson

Phone

1998: December—Determine the technology mix to optimize technology to detect secreted drugs.

1999: December—Develop a deployment ready technology to detect entry through the Southwest border, maritime POE’s, and other designated entry points of at least 45 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.

2000: December—Develop a deployment ready technology to detect entry through the Southwest border, maritime POE’s and other designated entry points of at least 50 percent of all identified, potential drug smuggling events involving operationally significant amount of secreted drugs.

2001: December—Develop a deployment ready technology to detect entry through the Southwest border, maritime POE’s and other designated entry points of at least 55 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.

2002: December—Develop a deployment ready technology to detect entry through the Southwest border, maritime POE’s and other designated entry points of at least 60 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.

2003: December—Develop a deployment ready technology to detect entry through Southwest border, maritime POE’s, and other designated entry points of at least 65 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.

2004: December—Develop a deployment ready technology to detect entry through the Southwest border, maritime POE’s and other designated entry points of at least 70 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.

2005: December—Develop a deployment ready technology to detect entry through the Southwest border, maritime POE’s, and other designated entry points of at least 75 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.

2006:

2007: January—Develop a deployment ready technology to detect entry through the Southwest border, maritime POE’s and other designated entry points of at least 80 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.

Figure I-2
Sample Numerical Measure Data Summary
ONDCP NDCS Information Management System
Numerical Measure Data Summary

Goal	1	<u>Measure Number</u>
Objective	1	
Target	2	1

Target Name Adults influencing youth

Measure Name The proportion of adults who have discussed drugs with children and attempted to persuade them to reject drugs

Contact Person

Phone

<u>Year</u>	<u>Target Change</u>	<u>Actual Value</u>	<u>Year</u>	<u>Target Change</u>	<u>Actual Value</u>
1998	0.0000	0.0000	2003	1.2400	0.0000
1999	1.0500	0.0000	2004	1.2800	0.0000
2000	1.1000	0.0000	2005	1.3200	0.0000
2001	1.1500	0.0000	2006	1.3600	0.0000
2002	1.2000	0.0000	2007	1.4000	0.0000

Numerator: The number of adults who attempt to persuade youth to reject drugs, alcohol and tobacco in year X.

Denominator: Total US adult population in year X.

Rationale: An increasing number of adults who attempt to persuade youth to reject drugs, alcohol and tobacco will increase the number of youth who reject them.

Measure Limitations: Measure has a direct correlation to target.

Data Limitations:

Disaggregation Criteria: By state, city, and for adults race/ethnicity, sex, and age.

Data Sources: TBD

Relationship to Target: The base year value is the proportion of parents and other adult mentors who report having discussed drugs with children thoroughly and report that they have attempted to influence youth to reject drugs in 1998. The target is to increase this by 20% (base year value x 1.20) by 2002 and 40% (base year value x 1.40) by 2007. Straight line increase from 1999 to 2002. Straight line increase from 2003 to 2007.

Comments:

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www.whitehousedrugpolicy.gov

- The President's drug policy
- Current data on drug use
- Prevention, treatment, and enforcement programs
- ONDCP initiatives, news, testimony
- Links to other valuable resources

www.mediacampaign.org

- Information for campaign stakeholders – anti-drug leaders, media executives, policy makers
- Communications strategy and integrated communications plan
- News, testimony, initiatives
- Online ad samples



www.projectknow.com

- The truth about drugs for campaign audiences – youth and parents
- Real stories about real families
- No-nonsense facts about drugs of abuse
- Tips for youth and parents



National Drug Clearinghouse: 1-800-666-3332

Media Campaign Clearing House: 1-800-788-2800