



2002 Final Report
on the
1998 National Drug Control Strategy

Performance Measures of Effectiveness

192262



Office of National Drug Control Policy

February 2002

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Prepared by

Office of National Drug Control Policy
Office of Planning and Budget

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NCJ 192262
PO 3236

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Executive Summary

The Performance Measures of Effectiveness (PME) System was designed in 1997 to inform the drug control community about the extent to which it achieves the National Drug Control Strategy's (*Strategy*) goals and objectives and to assist in the clarification of problem areas and the development of corrective actions. This 2002 report documents progress relevant to the previous Administration's 1998 *Strategy*, the *Strategy* that was operative at the time of data collection for this report. A new National Drug Control Strategy framework has been formulated and published to reflect the current Administration's blueprint for federal, state, local, and private sectors on drug control policy. The PME System requires modifications to reflect the goals, objectives, and initiatives of the current Administration's *Strategy*.

The PME System was developed through a collaborative process involving over 50 drug control agencies, drug control experts, and representatives of major state and local organizations. It was endorsed by Congress in The Office of National Drug Control Policy (ONDCP) Reauthorization Act of 1998 (Public Law 105-277)¹ as the vehicle by which to assess strategic progress.

This is the third and final report that assesses the progress of the 1998 *Strategy*. This report concentrates on progress made in 2000, the third year of the ten-year 1998 *Strategy*. The system identifies where progress was on track and where it was not. The system should be viewed as a rough gauge of the national drug control community's progress toward the desired end states, one that is useful in alerting the community when progress is insufficient to ensure timely achievement of long-term targets. Actual results are compared against the "glide path" developed to gauge movement toward the five- and ten-year targets of the 1998 *Strategy*. Annual changes are reported but no assessment of "statistical significance" has been made since many of the data sources do not permit such calculations and some targets are not quantitative.

The PME System assesses the success of the national drug control community, not of any particular agency, although agency programs are critically examined as part of the evaluation process. The PME system is based on the understanding that the federal government is only one of many contributors to the desired results. State, local, and private sector agencies share the responsibility for resources and programs in order to achieve the *Strategy's* targets.

The 1998 *Strategy* concentrated on three critical mission areas—drug use, availability, and its consequences. The nucleus of this report is the 12 impact targets that constitute long-term achievement of the 1998 *Strategy* goals in these three areas.

1998 National Drug Control Strategy

Goal One

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

Goal Two

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

Goal Three

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

Goal Four

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

Goal Five

Break foreign and domestic drug sources of supply.

Progress Highlights

Before discussing the highlights of national progress, it is necessary to note an important change in the National Household Survey on Drug Abuse (NHSDA), the primary data source for the targets that show the impact of prevention efforts. The NHSDA was modified in 1999 to provide more detailed and more accurate information on issues associated with substance abuse. Significant methodological changes were made in the size of the survey, the sample design, and the method of administration. These changes improved the accuracy of the estimates and the utility of the data. However, comparisons of drug use cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999 because of the differences in methodology and impact of the new design on data collection. Accordingly, we have not carried forward to this report the long-term trend analyses of NHSDA data from previous PME annual reports.

Overall progress toward the demand reduction and prevention goal was off track, meaning the expected annual change associated with each numerical target was not realized. Progress toward reducing youth drug and alcohol use was off track relative to the new baseline year of 1999 in three of the five measured areas. Past month use (ages 12 to 17) of marijuana, cocaine, and alcohol remained relatively constant between 1999 and 2000; however both heroin and tobacco usage showed a decline. Moreover, the NHSDA data showed long-term declines in the

average age at which youth first use marijuana, cocaine, and heroin, but no significant declines from 1998 to 1999. The desired targets were on a glide path for increasing the age of first use in all categories of substance abuse.

This pattern continued in other areas. Past month use (age 12 and over) of any illicit drug remained constant from 1999 to 2000. Drug use by those employed also remained about the same. The highest rate of drug use among employed adults in 2000 was in the 18 to 25 year old age group. On a positive note, the number of chronic users (heroin and cocaine) decreased sufficiently to be on track.

In terms of drug supply, progress toward reducing the quantity of illicit drugs available in United States drug markets was off track. Calculations of the availability of cocaine, heroin, and marijuana, based on estimated consumption, indicated that progress was off track for each drug. Data for methamphetamine is still under review. Interestingly, progress toward interdicting the amount of cocaine coming through the transit and arrival zones was on track for cocaine, the only drug for which we have a viable drug flow model that estimates the amounts of drugs flowing through each zone. Progress at interdicting other drugs in the transit and arrival zones cannot, at present, be estimated. However, progress toward reducing the amount of cocaine exported from source countries remained off track.

Significant progress continued in reducing the crime and violent consequences of drug trafficking and use. Crime data from the Uniform Crime Reports reflected reductions in all major categories of violent crime.

This 2002 report closes out the assessment of the 1998 *Strategy*. The 2003 report will present modifications to the performance measurement system necessitated by The President's 2002 National Drug Control Strategy.

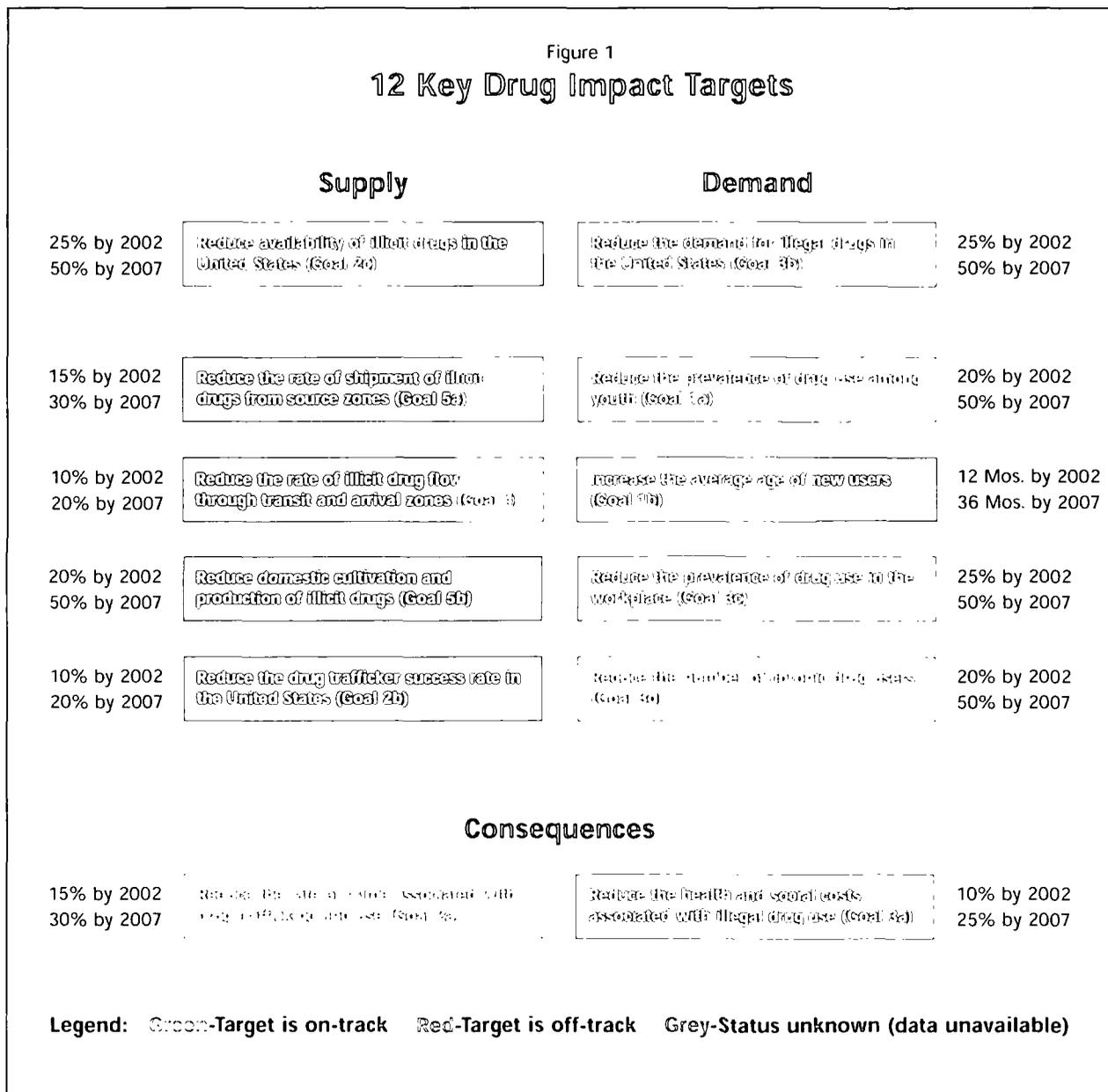
Endnotes

¹ Public Law 105-277, Section 706(b)(1)(A), Title VII, Office of National Drug Control Policy Reauthorization Act of 1998, October 21, 1998.

Progress Toward Achieving the 1998 Strategy's Goals

This report summarizes progress made, as of calendar year 2000, toward achieving the ten-year 1998 National Drug Control Strategy's (*Strategy*) 12 impact targets (Figure 1). Calendar year 2000 was the third year of the ten-year *Strategy*. The "impact targets" defined the desired long-term outcomes in three principal mission areas: (1) drug use (five targets that showed impact of drug control efforts), (2) drug use consequences (two impact targets), and (3) drug availability in the United States (five impact targets). For most targets, 1996 was the base year¹ against which we measured progress toward achieving 2002 and 2007 end-states.²

Figure 1
12 Key Drug Impact Targets



Throughout this chapter, the discussions on progress toward achieving the *Strategy's* goals and impact targets will use the terms "on track" and "off track." In the narrative and graphs that follow, progress is reported as on track when actual results in 2000 reach the glide path (where progress ought to be) or better; when the data fall short of this glide path it is reported as off track. Target status may also be indicated as "data unavailable" or "data unknown." Note that for some measures, the data may show clear progress relative to prior years and still be reported here as "off track." This is because status is assessed relative to the glide path from the base year achievement to the 2002 and 2007 targets. If progress toward achieving a target is off track, it implies that the rate of progress was insufficient to achieve the long-term targets.³

In Figure One,⁴ some impact targets are presented with mixed results or a combination of on track, off track or data unavailable. The progress toward accomplishment of an impact target may be measured by tracking drug control progress on various substances, for example, marijuana, cocaine, heroin, methamphetamine, alcohol or tobacco. Data may indicate positive progress for one or more substances used to measure for an impact target and may indicate failure to progress for other substances. Thus, an impact target may show mixed results of on track, off track, or data unavailable.⁵

Chart Explanation

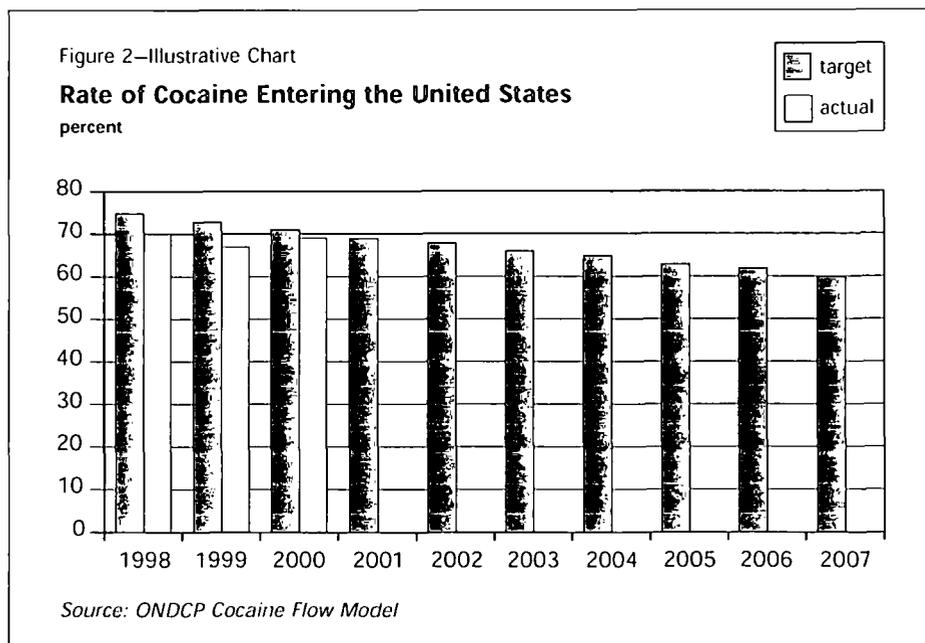
The charts that follow in this chapter are graphical representations depicting the expected progress associated with each key target and a summary of progress to date.

The PME System was designed in 1997 and implemented in 1998, thus most target assessments began in 1998 (the first year with actual progress data). The glide paths (black) were drawn between 1996 (the first year of the Administration's *Strategy*) and the mid-term (2002) and end state (2007) values. 2007 corresponded to the culmination of the 10-year period (1998-2007) for which the 1998 *Strategy* was established. Exceptions to the standard 1996 base year or to the 1998 start time of actual data are noted when required.

Observed data points shown (white) represent actual data collected and reported by federal agencies.

In the illustrative chart provided below (Figure 2), if observed data for 2000 are below the glide path, the data indicate a trend toward achieving the end results and are on track. If observed data are above the glide path, the data indicators show a trend that is off track relative to the end state values.

Specifically, in 2000, 69 percent of the cocaine (279 of 402 metric tons) illegally exported from source countries to the United States actually entered the United States. This marks a six percent reduction over the 1996 base year, when 75 percent of the cocaine exported (339 of 455 metric tons) entered the United States. As the chart indicates, progress to date is on track relative to where it should be in 2000.



Progress Toward Achieving *Strategy* Goal One

Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco

The first goal of the 1998 *Strategy* focused on efforts to reduce long-term drug use by both reducing the proportion of youths engaging in illicit drug use and, for those who do try illicit drugs, by delaying their first attempt. If children reach adulthood (18 to 20 years) without using illegal drugs, alcohol, or tobacco, they are unlikely to develop a chemical dependency problem later in life.⁶

Two impact targets were used to measure the overall impact of drug control efforts on Goal One. One target focused on the overall level of drug use, or *prevalence*, among youths, and the other impact target measured progress in preventing or delaying first-time use, that is, *incidence*. To this end, the *Strategy* fostered initiatives to educate children about the dangers associated with drugs.

Goal One Impact Target: Progress was measured by two targets, *prevalence* and *incidence* that reflected the overall impact of drug control activities on this goal:

Prevalence. *This target measured the prevalence of past month use of illegal drugs, alcohol, and tobacco (cigarettes) among youths aged 12 to 17 years.*

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youths by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent. By 2002, reduce the prevalence of tobacco use among youths by 25 percent and by 55 percent by 2007, as measured against the 1996 base year.

Incidence. *Increasing the initial age of drug use would suggest that youth prevention programs are working and society's future drug burden will decline. For this target, the average age for first-time use is measured against the base year average age.*

By 2002, increase the average age for first-time drug use by 12 months as measured against the 1996 base year. By 2007, increase this average age by 36 months as measured against the 1996 base year

Before first discussing the prevalence results, it is important to clarify data issues for the National Household Survey on Drug Abuse (NHSDA)⁷, the primary data source for this prevalence impact target. The NHSDA was modified to provide better and more complete information on issues associated with substance abuse. In 1999, significant changes were made in the size of the survey, the sample design, and the method of administration.⁸ The changes improved the accuracy of the estimates and the utility of the data. However, comparisons of prevalence cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999 because of the differences in methodology and impact of the new design on data collection. This has necessitated a change in the baseline year to 1999 for all NHSDA prevalence data related to the Goal One impact targets and, later in the chapter, in the discussion of the Goal Three prevalence impact targets. All charts and graphs

related to prevalence data from the NHSDA have been changed to reflect a 1999 baseline year. Long-term trend analyses of NHSDA prevalence data in previous PME Annual Reports are not carried forward to this report.

Progress toward achieving the *prevalence* target, reducing youth use of any illicit drug, alcohol, and tobacco, is off track for marijuana, cocaine, and alcohol but is on track for tobacco and heroin use. NHSDA illicit drug use includes marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives; however, the PME impact targets only measure marijuana, cocaine, and heroin for youth illicit drug use. Alcohol and tobacco use are also included as measures for the prevalence impact target. This section focuses first on youth use of illicit drugs and then addresses alcohol and tobacco use.

In findings released from the 2000 NHSDA, overall rates of current use of illicit drugs were relatively unchanged from the previous year, although drug use did decline among early teenagers and cigarette use dropped among teens. Among youths aged 12 to 17 in 2000, 9.7 percent had used an illicit drug in 2000, meaning they used an illicit drug at least once during the 30 days prior to the NHSDA interview. This rate compares to a 9.8 percent rate in 1999, and, thus, is relatively unchanged.

The rate of current illicit drug use was similar for boys (9.8 percent) and girls (9.5 percent) among youths aged 12 to 17 in 2000. While boys aged 12 to 17 had a slightly higher rate of marijuana use than girls in the same age category (7.7 percent compared to 6.6 percent), girls were somewhat more likely to use psychotherapeutics non-medically than boys (3.3 percent compared to 2.7 percent). Between 1999 and 2000, there was no significant change in the rate of current illicit drug use for either males or females aged 12 to 17.

Leading indicators for drug use—including rates of use among the youngest age group and the number of new users—suggest possible future declines. Among youths aged 12 and 13, a key target audience of ONDCP's National Youth Anti-Drug Media Campaign, the rate of past month drug use has declined from 3.9 percent in 1999 to 3.0 percent in 2000.⁹

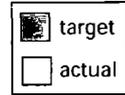
The following figure (Figure 3) presents the NHSDA data for the substance abuse measures used to determine progress in the drug control efforts for youth illicit drug use:

- Past month marijuana use among youths aged 12 to 17, at 7.2 percent in 2000, is unchanged from its 1999 level of 7.2 percent.
- Past month cocaine use among youths remains essentially unchanged at 0.6 percent in 2000 compared to 0.5 percent in 1999.
- Heroin use among youths in the past month declined from 0.2 percent in 1999 to 0.1 percent in 2000.

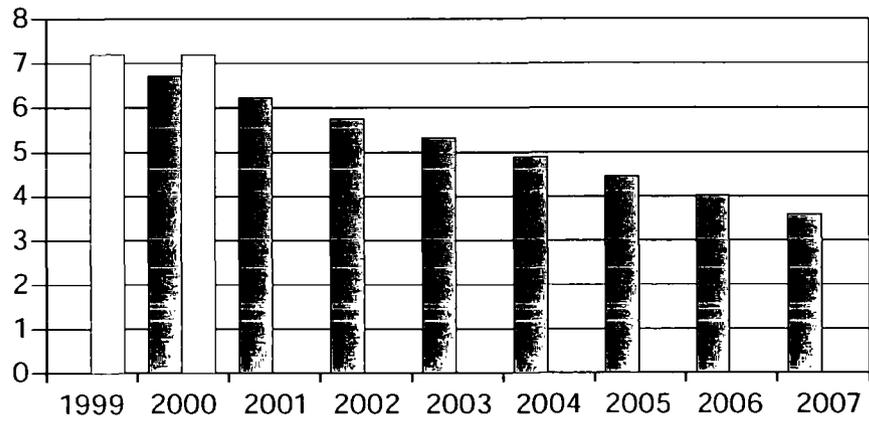
Figure 3

Youths (Ages 12-17) Past Month Drug Use—Marijuana, Cocaine, Heroin

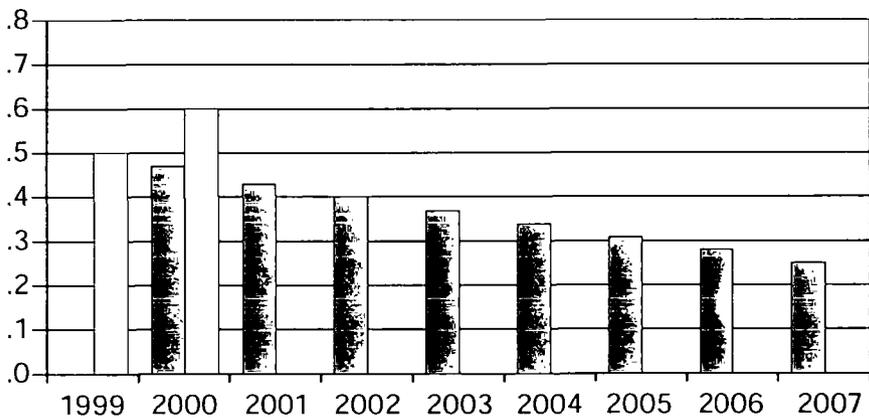
percent



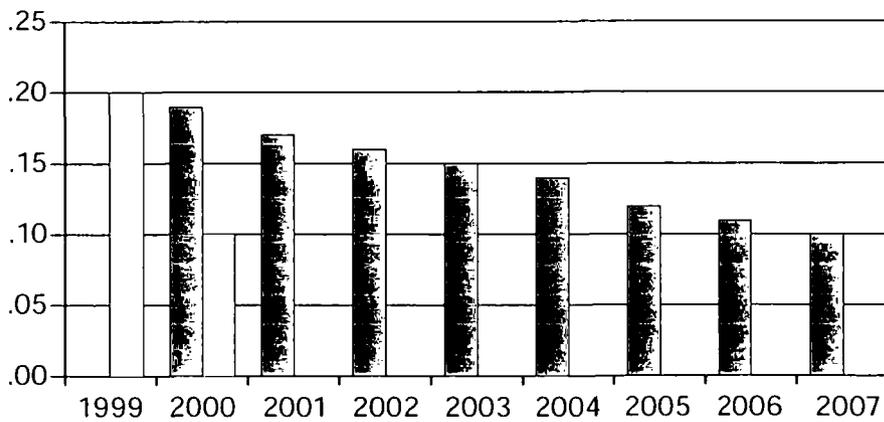
Marijuana



Cocaine



Heroin



*New baseline in 1999

Source: 2000 National Household Survey on Drug Abuse

Alcohol use among youths remains essentially unchanged from 1999 to 2000 (Figure 4). The NHSDA reported an estimated 16.4 percent of youths aged 12 to 17 used alcohol in the month prior to the survey interview compared to the new baseline of 16.5 percent in 1999. Of all youths, 10.4 percent were binge drinkers and 2.6 percent were heavy drinkers.¹⁰ All three of these rates are nearly identical to the corresponding rates in 1999.¹¹

On a positive note, the 2000 NHSDA survey also showed that current cigarette use among youths aged 12 to 17 declined between 1999 and 2000 from 14.9 percent to 13.4 percent (Figure 4). This decrease was primarily a result of a decline among boys. Among youths the rate of smoking was higher for females, 14.1 percent, than males, 12.8 percent, in 2000. According to the 2001 Monitoring the Future (MTF) survey,¹² current smoking (one or more cigarettes during the past 30 days) had been steadily declining since the recent peak levels reached in 1996 among 8th-and 10th-graders, and in 1997 among 12th-graders. Between 1996 and 2001, current smoking among 8th-graders fell from 21 percent to 12 percent, and among 10th-graders from 30 percent to 21 percent. Among 12th-graders, current smoking fell from 37 percent in 1997 to 30 percent in 2001. Thus, the younger age groups have shown the greatest improvement so far.¹³

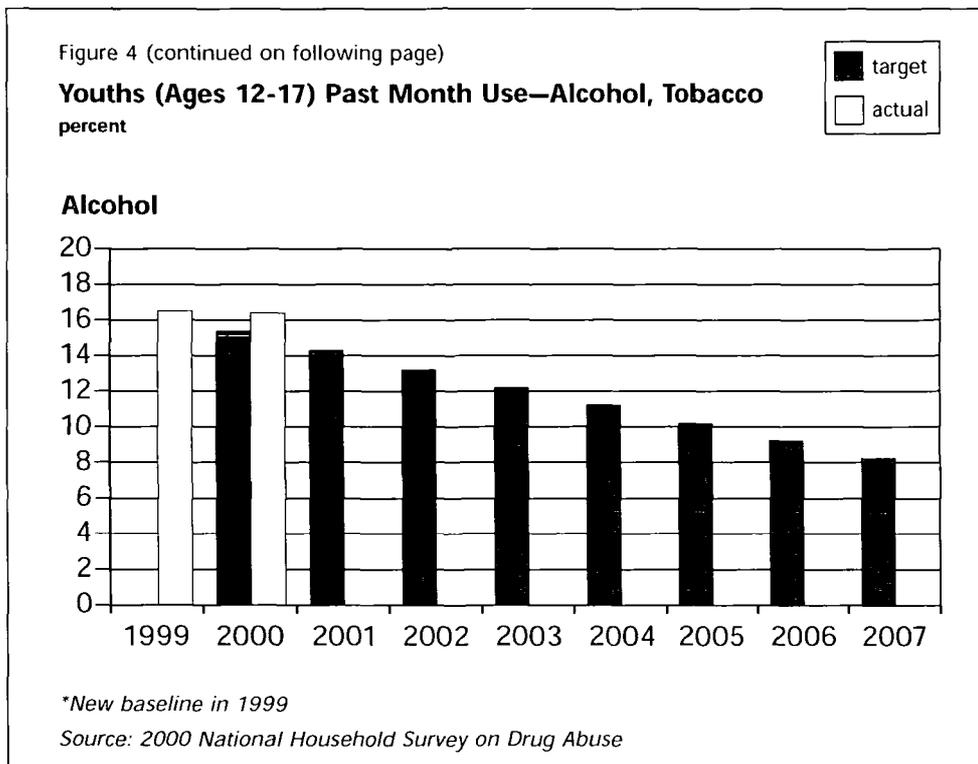
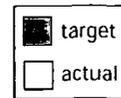
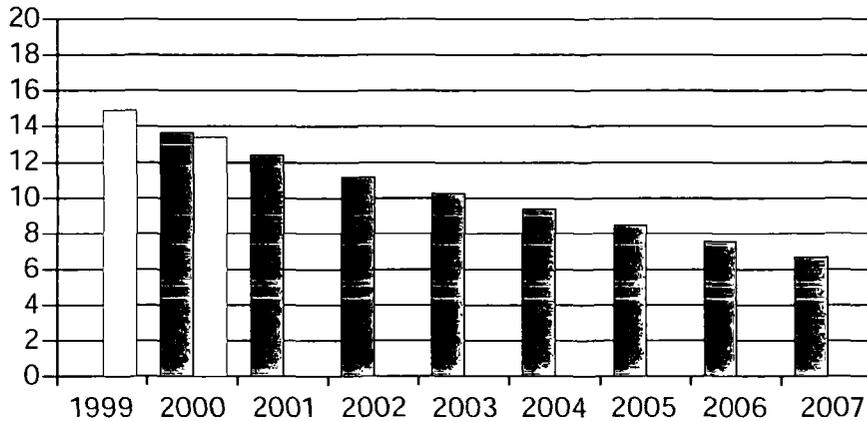


Figure 4 continued

Youths (Ages 12-17) Past Month Use—Alcohol, Tobacco
percent



Tobacco (Cigarettes)



*New baseline in 1999

Source: 2000 National Household Survey on Drug Abuse

An important key to reducing the prevalence of youth drug use is to also increase the age of first use. Delaying the onset of first-time drug use is an effective way of preventing drug use altogether. Progress toward achieving the *incidence* impact target is off track in 2000 where data are available (data are available for marijuana, cocaine, heroin; a portion of the target is indicated as data unavailable due to a two-year time lag for alcohol and tobacco data). While the average age of first-time use has remained essentially unchanged in all categories, the slight changes in initiation age for marijuana, cocaine, and heroin all indicate an earlier first-time use than previous years and are cause for concern. The target glide path for all categories was to steadily increase the average age of first-time use; therefore, the lack of improvement in the average age of first-time use should be of concern to the national drug control community.

Clarification about NHSDA data, the primary data source for this impact target, is relevant to this target. Trends in new use of substances are estimated using the data reported on age-at-first-use from the 1999 and the 2000 NHSDA.¹⁴ Because information on when people first use a substance is collected on a retrospective basis, estimates of first-time use or incidence are always one year behind estimates of current use. Additionally, estimates for the year 1999 are based only on data from the 2000 survey, while estimates for earlier years are based on combined 1999 and 2000 data.

The following figure (Figure 5) presents the NHSDA data for the incidence measures used to determine progress in increasing the age of first use of illicit drugs:

- In 1999, the average age of initiation of marijuana use was 17 years. The average age of marijuana initiates has generally declined since 1965. During 1965 to 1969 it ranged from 19 to 20.4 years of age. During 1970 to 1991, it ranged from 17.4 to 19.2 years of age. There were 2 million new marijuana users in 1999—18 percent fewer than the 2.5 million new users in 1998. Youths aged 12 to 17 have constituted about two-thirds of the new users of marijuana in recent years. While the decline in new marijuana users is a positive trend, there is reason for concern over the declining average age of initiation of marijuana use.
- New cocaine users in 1999 numbered about 768,000, down from 882,000 in 1998, however, average age at first use dropped from 19.9 years in 1998 to 19.5 years in 1999. The estimates of the number of cocaine initiates and age-specific rates for 1999 appear to be generally lower than the corresponding estimates for 1998.
- Initiates to heroin use were estimated at 104,000 in 1999, less than in 1998 with 140,000 new users. The average age at first use was 19.8 years in 1999, younger than the 21.9 years estimated for 1998. The number of new initiates among those aged 18 to 25 was larger than the number among those ages 12 to 17, as has been the historic pattern.

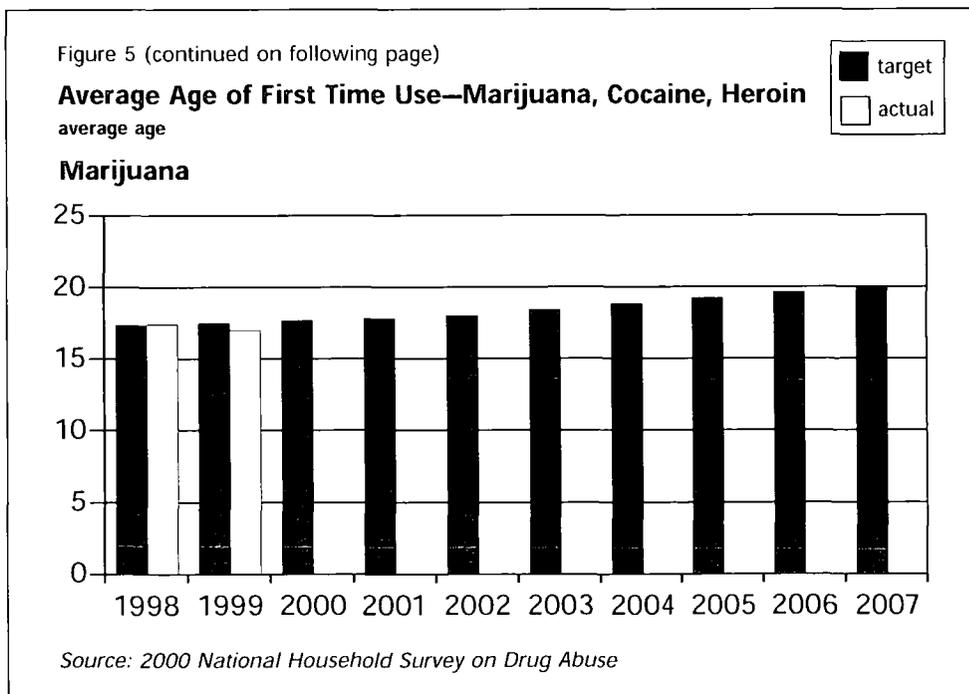
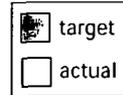
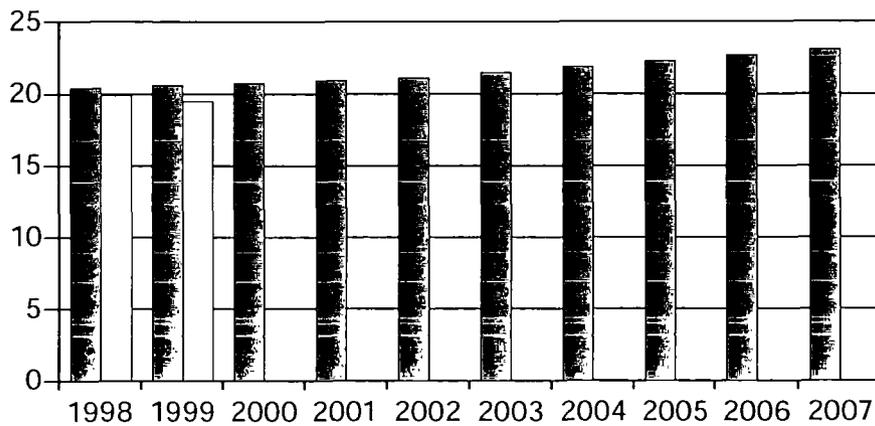


Figure 5 continued

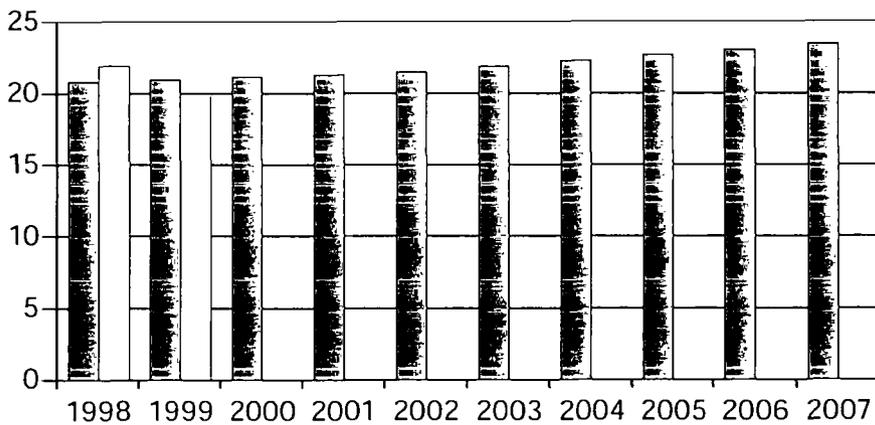
Average Age of First Time Use—Marijuana, Cocaine, Heroin
average age



Cocaine



Heroin

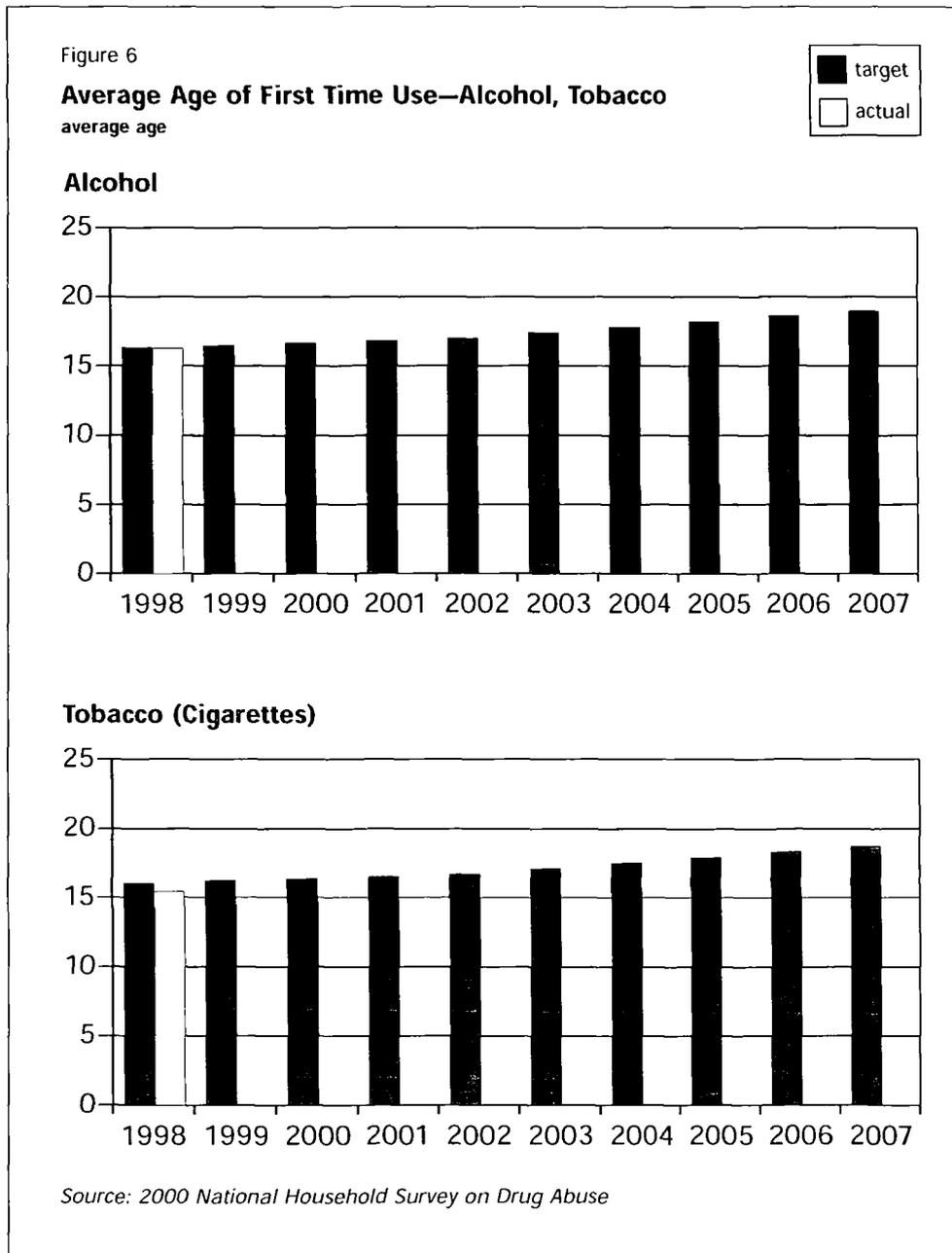


Source: 2000 National Household Survey on Drug Abuse

As referenced earlier, the NHSDA is a calendar year based measure, so there is a one-year lag from the year of data collection.¹⁵ For first alcohol and cigarette use, initiation before age 12 is common. A two-year lag in reporting estimates is applied to these measures because the NHSDA sample does not cover youths under the age of 12. The two-year lag insures that initiation at age 10 and 11 is captured in the estimates.

The largest contributors to the rise in the numbers of new users of alcohol are youths aged 12 to 17, who now constitute about 67 percent of total new initiates. The average age at first use of alcohol in 1998 was 16.3 years (Figure 6). The 3.4 million new users aged 12 to 17 represent about 15 percent of all youths in the nation.

The average age at first use of cigarettes was 15.4 years in 1998 (Figure 6). While there have been some fluctuations, the average age has generally changed very little since 1965, ranging only from 14.9 to 16.2. The incidence rate for cigarette use among youths aged 12 to 17 decreased between 1998 and 1999, from 141.4 to 120.0 per 1,000 potential new users. New use of cigarettes on a daily basis has decreased since its recent peak in 1997 at 1.9 million new users to 1.4 million in 1999. Translated to a per-day basis among youths under age 18, the number decreased from 3,186 youths per day who became daily smokers in 1997 to 2,145 per day in 1999—a 33 percent decline.¹⁶



The indications are that, in direct contrast to the glide path target of increasing the age of initiation, in most measured categories the age of initiation is declining. Estimates of substance abuse incidence, or initiation, provide a valuable measure of the nation's drug use problem. The estimates can suggest emerging patterns of use, particularly among young people. In the past, increases and decreases in incidence have usually been followed by corresponding changes in the prevalence of use, particularly among youths.

Progress Toward Achieving Strategy Goal Two

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

The negative social consequences of drug-related crime and violence mirror the tragedy that substance abuse inflicts upon individuals. Crime and reduced public safety are among the consequences of drug trafficking and drug use. Achieving progress in Goal Two was predicated on the pursuit of policies and programs that successfully reduce domestic consumption and the trafficking of illicit drugs and associated criminal activity. Also central to achieving progress toward this goal was significant reduction in the availability of illicit drugs.

Goal Two Impact Targets. Progress was measured by the following three targets that reflected the overall impact of drug control activities on this goal:

Drug-Related Crime and Violence. *This target measured the rate of crime and violent acts associated with drug trafficking and use.*

By 2002, reduce by 15 percent the rate of crime and violent acts associated with drug trafficking and use. By 2007, reduce drug-related crime and violence by 30 percent.

Domestic Trafficker Success. *The success of domestic traffickers was gauged by the rate at which illicit drugs of United States origin reach United States consumers. The domestic law enforcement community tries to reduce the quantity of illegal drugs in the United States through seizure and arrests.*

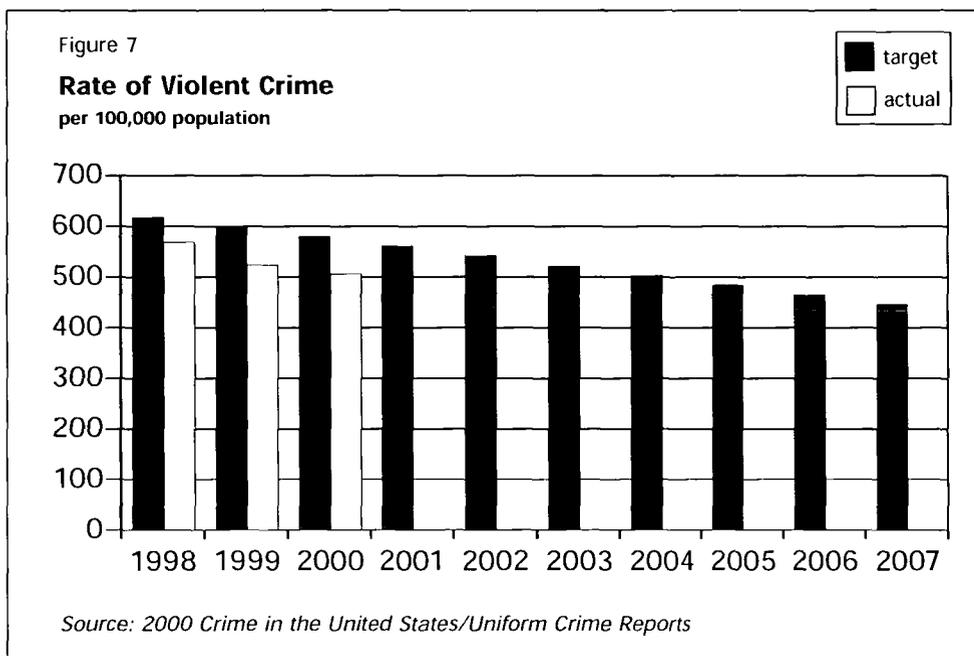
By 2002, reduce by 10 percent the rate at which illicit drugs of United States origin reach the United States consumer. By 2007, reduce this rate by 20 percent.

Drug Availability in the United States. *This target measured the quantity of illicit drugs available in the United States.*

By 2002, reduce drug availability in the United States by 25 percent. By 2007, reduce illicit drug availability in the United States by 50 percent.

Overall progress toward this goal is on track for reduction in the *drug-related crime* target and off track for reduction in the *quantity of illicit drugs* available in the United States target. Currently there are no data to measure progress toward reducing *domestic trafficker success*. Detailed information on each of the three impact targets is presented below.

Drug-Related Crime and Violence. Progress on this impact target is on track for the rate of violent crime per 100,000 population (Figure 7). The specific crimes that comprise the violent crime rate are murder, aggravated assault, robbery, and forcible rape. Progress on each of these specific crimes is on track. For the last several years, ONDCP reported continuing progress on reducing drug-related crime and violence as indicated by the Federal Bureau of Investigation's (FBI's) Uniform Crime Reports (UCR). Violent crime has been declining for several years since 1996, the baseline year, and 2000 also showed improvement. The violent crime rate in 2000 was the lowest recorded since 1978. The 2000 actual rate of 506.1 violent crimes per 100,000 exceeds the 2002 target and is on track to achieve the target. This represents a decline in the violent crime rate of 20.5 percent between the 1996 base year and 2000.



The UCR tracks drug involvement only for murder; however, crime rates from the UCR for aggravated assault, robbery, and forcible rape are used by the PME System as proxies for drug involvement. Progress on each specific crime in this target is also on track.

Progress on specific crimes that comprise the violent crime rate is as follows:¹⁷

- The rate of *murders* per 100,000 inhabitants is on track. In 1996, there were 7.4 murders per 100,000 inhabitants in the United States. The reduction of the 2000 rate to 5.5 murders per 100,000 inhabitants exceeds both the 1999 and 2002 targets. Murders are the only type of crime for which the Uniform Crime Report (UCR) presents "drug-related" as the circumstance. Drug-related circumstances (narcotic drug law violation and brawl due to the influence of narcotics) accounted for 5.1 percent of murders in 2000 compared to 5.3 percent in 1999.

- *Forcible rapes* also declined in 2000 and are on track. There were 36.3 rapes per 100,000 inhabitants in 1996, which declined to 32.0 in 2000.
- *Robberies* continued down substantially in 2000 and are also on track. The number of robberies per 100,000 inhabitants was 201.9 in 1996; the rate was 144.9 for 2000.
- *Aggravated assaults* were also down and on track. The number of aggravated assaults reported for base year of 1996 was 391.0 per 100,000 inhabitants. The rate for 2000 was 323.6.

Domestic Trafficker Success. No data are available to measure the progress in the reduction of domestic trafficker success in marijuana and methamphetamine. This target does not apply to cocaine and heroin as neither is produced in the United States. The Department of Justice's Drug Enforcement Administration reports that there currently is no reliable method of assessing the rate at which marijuana and methamphetamine produced in the United States reaches the United States drug consumer. In the case of methamphetamine, the counterdrug community has been unable to produce a drug flow model to estimate the quantity manufactured domestically because the current drug flow methodology depends on tracking the chemicals used to make this synthetic drug. Since the precursor chemicals have legitimate uses, they are difficult to track.

Drug Availability in the United States. Progress on this impact target is off track for three each of the four primary illegal drugs (cocaine, heroin, and marijuana, and methamphetamine), for the third consecutive year for heroin and marijuana, and the second consecutive year for cocaine.

Estimates for consumption of methamphetamine for 2000 have been recently received. However, there were significant changes made to the estimation methodology—data from the Treatment Episode Data Set were used to estimate the number of chronic users of methamphetamine—that resulted in a 10-fold increase in the number of chronic users over prior estimations. The data are currently undergoing review for reliability and validity. The previous estimation methodology was based upon a calculation from arrestee surveys of the number of users and their weekly drug expenditures. The estimate was believed to be tentative because methamphetamine users were rare among arrestees and results changed noticeably from year to year.

The availability of illegal drugs in domestic drug markets is based on consumption estimates as measured in metric tons. Consumption estimates are one element of an overall flow model that includes cultivation or production within the source country, movement of the drugs to the United States, and ultimate consumption by users in the United States (Figure 8). While consumption estimates are available for all four drugs, an overall flow model is available only for cocaine. The source of the consumption estimates presented below, is data from "What America's Users Spend on Illegal Drugs, 1988-2000," December 2001.

Figure 8

Drug Flow Model Explanation

The PME System requires estimates of the amounts of drugs (cocaine, heroin, marijuana, and methamphetamine) flowing from source countries, through the transit zone, across the United States border, and to domestic drug markets in order to assess the success of our efforts to curb the availability of drugs. Such approximations are used to transform disparate measures such as seizures, cultivation, potential production, and movement estimates into integrated indicators of the extent to which we have limited the success of traffickers in moving drugs from one place to another. Over the past two years, ONDCP has led research to integrate various agency estimation processes into coherent and consistent drug availability estimates for the stage-by-stage movement of drugs headed for the domestic market. Each drug is modeled differently, due to the unique aspects of each drug such as source areas and availability of data.

For estimating cocaine availability, several agencies have developed approaches to obtain these measures. For years, the Interagency Assessment of Cocaine Movement (IACM), a working group of intelligence analysts estimated cocaine availability departing South America by tabulating movement events. Inconsistent cocaine availability estimates, over the past two years, now has the IACM community considering the adoption of a different methodology for estimating cocaine availability. ONDCP's policy research supported the development of a Sequential, Transition, and Reduction (STAR) Model. A segment of the intelligence community has reported cocaine availability estimates through its Global Accounting methodology. DEA recently developed its Full Market Models in response to Department of Justice Government Performance and Results Act requirements. All of these approaches attempt to integrate several data systems into a consistent set of available estimates. An interagency Steering Group is being established to assess various methodologies, improve contributory data sets, and possibly recommend a model for interagency use.

Currently, this document applies the results of the STAR Model, the most comprehensive one, to estimate cocaine availability. The STAR Model combines two approaches—a cultivation-based approach and a consumption-based approach. The cultivation-based approach begins with estimates of annual coca cultivation and of conversion into leaf, then cocaine base, then cocaine hydrochloride. At each conversion stage, amounts are reduced by losses due to consumption, seizures, or spoilage. The cultivation-based approach produces an estimate of the amount of cocaine available for export from source countries. The consumption-based approach begins with the annual estimate of domestic cocaine consumption. Amounts of cocaine are then added to that, based on seizures in the United States and transit zone, to result in an estimate of cocaine departing from the source countries. These two approaches are then reconciled in the model to arrive at an interpreted estimate.

For heroin, modeling of availability is more limited than for cocaine due to data limitations. Heroin availability is measured only between source areas in the Western Hemisphere and the domestic street level. Methamphetamine and marijuana availability estimates are limited even further by the lack of information about the domestic sources of those drugs.

These estimation processes began with 1996 data, the original base year for most PME targets. Flow model methodologies are continually being refined. As a result, some estimates for prior years may be adjusted in later years. These refinements attempt to reduce the uncertainty in the estimates by integrating multiple data sets. A statistical measure of uncertainty is currently not available, because the data inputs, such as crop data, foreign consumption estimates, and domestic street-level user data do not yet have confidence intervals. The lack of these confidence intervals does not negate the applicability of drug availability measures for performance measurement, but should be a consideration in the interpretation of the results as these figures improve.

Figure 9 shows that drug availability in the United States (based on consumption estimates) for marijuana, methamphetamine, heroin, and cocaine is off track for each year except for cocaine in 1998, and methamphetamine in 2000 where corroborated data is not yet available.

Domestic *marijuana* availability (1047 metric tons) is off track in 2000 because it does not reach the glide path toward the 2002 and 2007 targets. The accuracy of the magnitude of domestic marijuana consumption is improving as modeling methodologies continue to be refined.

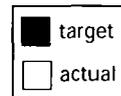
Cocaine availability in 2000 (259 metric tons) is off track because it does not reach the glide path toward the 2002 and 2007 targets. *Heroin* availability (13.3 metric tons) also is off track because it also does not reach the glide path toward the 2002 and 2007 targets.

As previously noted, 2000 data estimates for domestic *methamphetamine* availability have not yet been corroborated and are therefore not reflected in this report. This is the second attempt to estimate methamphetamine based on consumption data. The reliability of the methamphetamine estimates has not been established.

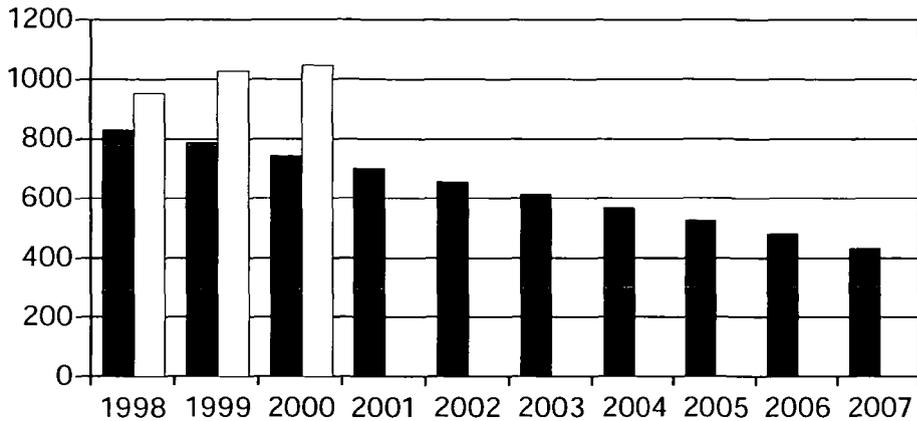
Figure 9 (continued on following page)

Drug Availability in the United States

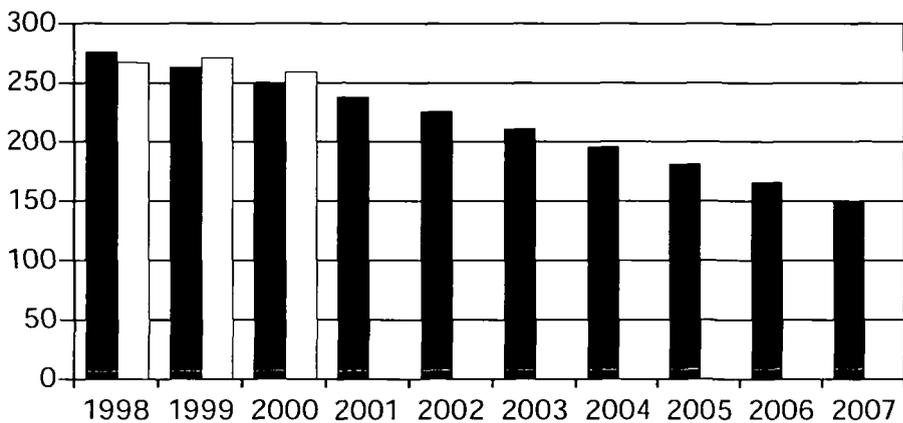
consumption estimates in metric tons



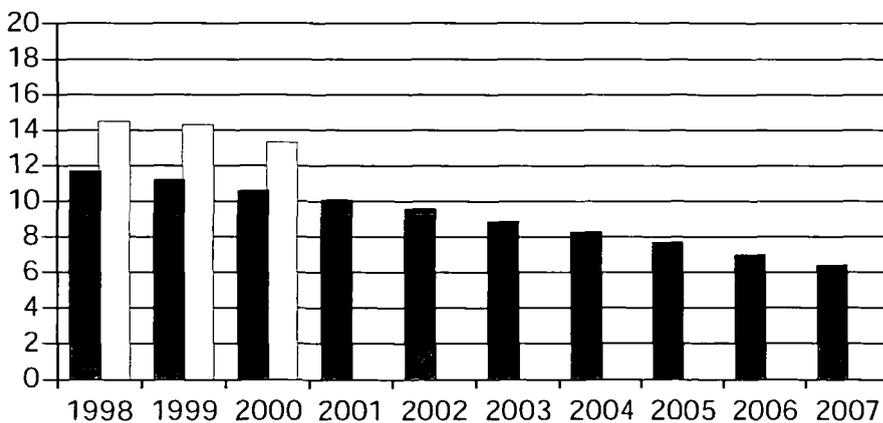
Marijuana



Cocaine



Heroin

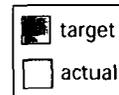


Source: *What America's Users Spend on Illegal Drugs, 1988-2000, December 2001*

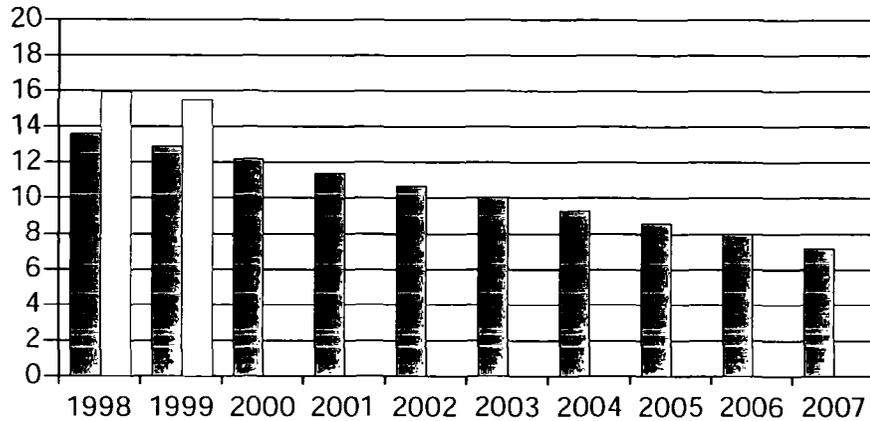
Note: A single estimate of overall drug availability in the United States is not possible because of different modeling methodologies used for each drug.

Figure 9 continued

Drug Availability in the United States
consumption estimates in metric tons



Methamphetamine



Source: *What America's Users Spend on Illegal Drugs, 1988-2000, December 2001*

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

Progress Toward Achieving Strategy Goal Three

Reducing the health and social costs to the public of illegal drug use

Goal Three focused on reducing the health and social costs of drug use by emphasizing treatment programs. The 1998 *Strategy* encouraged scientific research to increase understanding of addiction so that treatment programs improve.

Goal Three Impact Targets. Four key measures indicated progress for the 1998 *Strategy's* initiatives on reducing the health and social costs of illegal drug use. This key impact target in the 1998 *Strategy* for demand reduction pinpointed overall drug use in the United States.

Reduce the Demand for Illegal Drugs in the United States (Prevalence). This target measured the percent of the population (ages 12 and above) that are current illicit drug users as measured by use in the past 30 days.

By 2002, reduce illicit drug use by 25 percent by 2002 and by 50 percent by 2007, as measured against the 1996 base year.

Reduce the Prevalence of Drug Use in the Workplace. The proportion of workers using drugs provides insight into the drug-related impact on productivity and related issues.

Reduce drug use in the workplace by 25 percent by 2002, and 50 percent by 2007 as compared to the 1996 base year.

Reduce the Number of Chronic Users in the Population. A major proportion of drug consumption, drug-related crime, and prison inmates can be attributed to the chronic user category, which is applied to those using heroin or cocaine at least weekly. Reducing the size of this group can have significant beneficial repercussions throughout society and the economy.

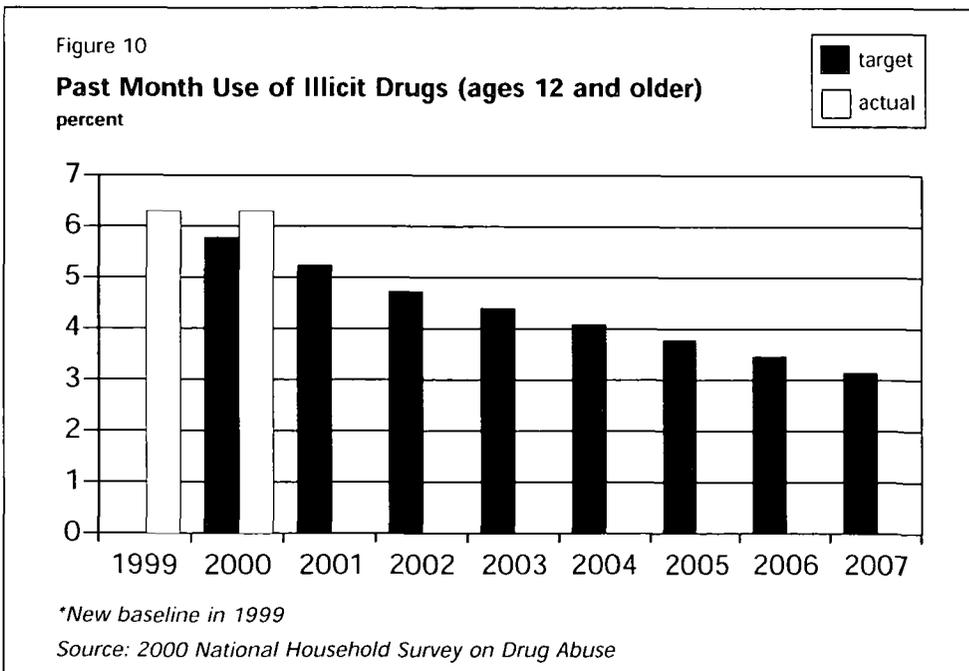
Reduce the number of chronic users by 20 percent by 2002 and 50 percent by 2007 as compared to the base year of 1996.

Reduce the Health and Social Costs Associated with Illegal Drug Use. This measure presented, in dollar terms, a comprehensive estimate of drug-related illness and health care costs, productivity losses, and other attributable costs such as criminal justice activities.

Reduce health and social costs of drug use as expressed in constant dollars by 10 percent by 2002 and 25 percent by 2007 as compared to the 1996 base year.

Progress toward reducing the demand for illegal drugs in the United States, the nationwide prevalence target, is off track.¹⁸ In calendar year 2000, an estimated 14.0 million Americans were current illicit drug users, meaning they had used an illicit drug during the month prior to the NHSDA interview. This estimate represents 6.3 percent of the population 12 and older (Figure 10).

As was previously referenced with the Goal One prevalence targets, a change in NHSDA methodology necessitated a change in the baseline year to 1999 for all NHSDA prevalence data related to Goal One and Goal Three impact targets.¹⁹ Comparisons of prevalence cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999. Goal Three charts related to prevalence data from the NHSDA have been changed to reflect a 1999 baseline year. Long-term trend analyses of NHSDA prevalence data in previous PME Annual Reports are not carried forward to this report.



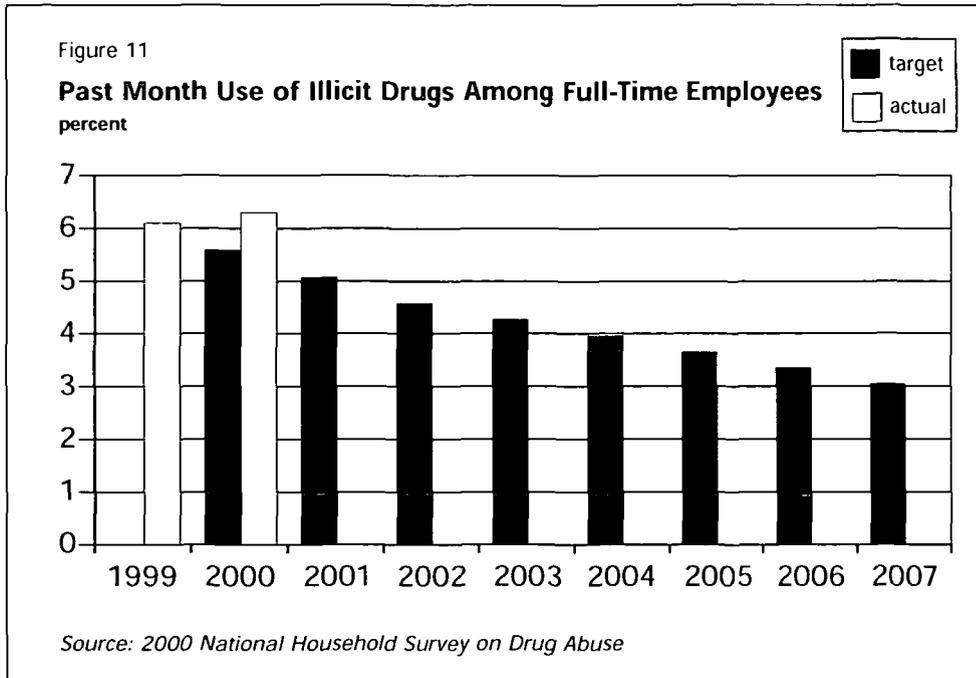
According to the NHSDA survey, there were no statistically significant changes between 1999 and 2000 in the overall rates of current use of any of the major illicit drug categories (marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives)²⁰ tracked by the survey. As in prior years, men continued to have a higher rate of current illicit drug use than women (7.7 percent vs. 5.0 percent) in 2000. However, the rates of non-medical use of psychotherapeutic drugs were similar for males (1.8 percent) and females (1.7 percent). Between 1999 and 2000, the rate of past month marijuana use among women aged 12 and older increased from 3.1 percent to 3.5 percent. This increase was primarily due to an increase in use among women aged 26 and older, from 1.4 percent in 1999 to 2.0 percent in 2000.

Marijuana was the most commonly used illicit drug—76 percent (10.7 million) of current (past month) illicit drug users used marijuana, and 59 percent used only marijuana. The remaining 41 percent of current illicit drug users in 2000, estimated at 5.7 million Americans, used illicit drugs other than marijuana and hashish, with or without using marijuana as well. Of these 5.7 million Americans, 3.8 million were using psychotherapeutics non-medically.

The nation is continuing to move away from cocaine. In 2000, an estimated 1.2 million Americans were current (past month) cocaine users compared to 1.6 million in 1999. This represents 0.5 percent of the population aged 12 and older. The estimated number of current crack users in 2000 was 265,000 compared to 418,000 in 1999.

Almost three million persons reported having tried heroin in their lifetime, but only 130,000 (0.1 percent of the household population) reported heroin use in the past month in 2000. In 1999, the NHSDA heroin past month use estimate was 154,000.

Progress toward reducing the prevalence of *drug use in the workplace* is off track. Currently, estimates do not exist for drug use in the workplace. As a proxy measure, we are using the prevalence of drug use among full-time (Figure 11) and part-time employees from the NHSDA. This measure reflects drug use by those who are employed; it does not distinguish between drug use on versus off the job. As with nation-wide prevalence, this is the first year of measurement since establishing a new baseline in 1999 due to changes in NHSDA methodology.²¹



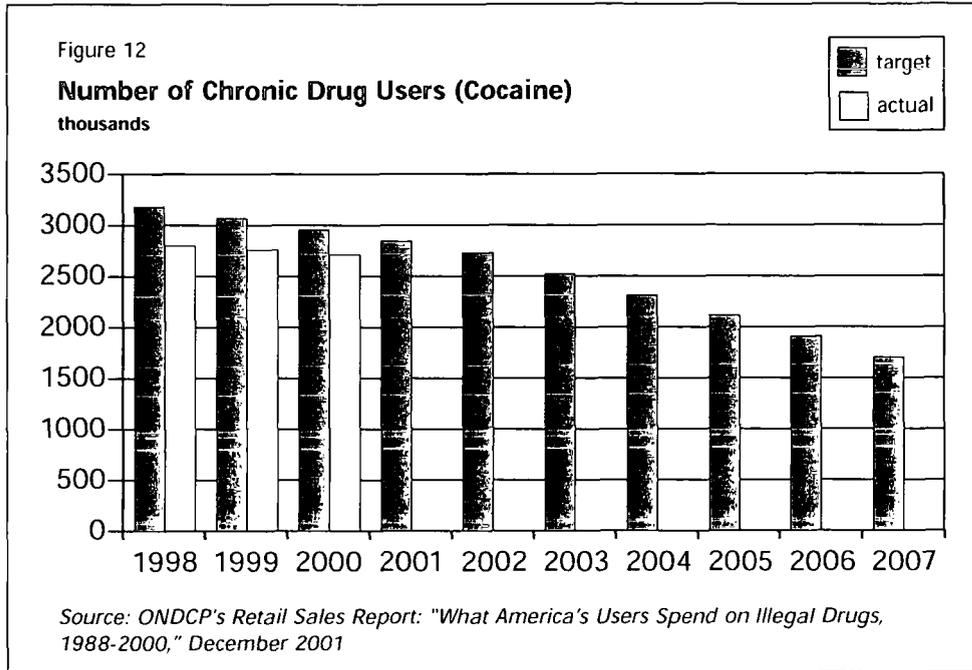
Progress toward reducing drug use by full-time workers is off track to reach the long-term targets (Figure 11). In 2000, 6.3 percent of full-time employed adults (18 and older) and 7.8 percent of part-time employed adults used illicit drugs within the past month compared to 6.1 and 8.2 respectively in 1999. Of the 11.8 million adult illicit drug users in 2000, 9.1 million (77 percent) were employed either full time or part time.

The 18 to 25 year old age group accounted for the highest ratio of illicit drug use by those employed in 2000. Within this group, between 1999 and 2000, drug use among full-time workers decreased from 15.4 percent to 14.9 percent while use among those employed part-time decreased from 18.4 percent to 16.5 percent. In comparison, of those age 26 or older employed full-time, only 4.9 percent used an illicit drug in the past month while 4.3 percent of those employed part-time used drugs in the prior month.

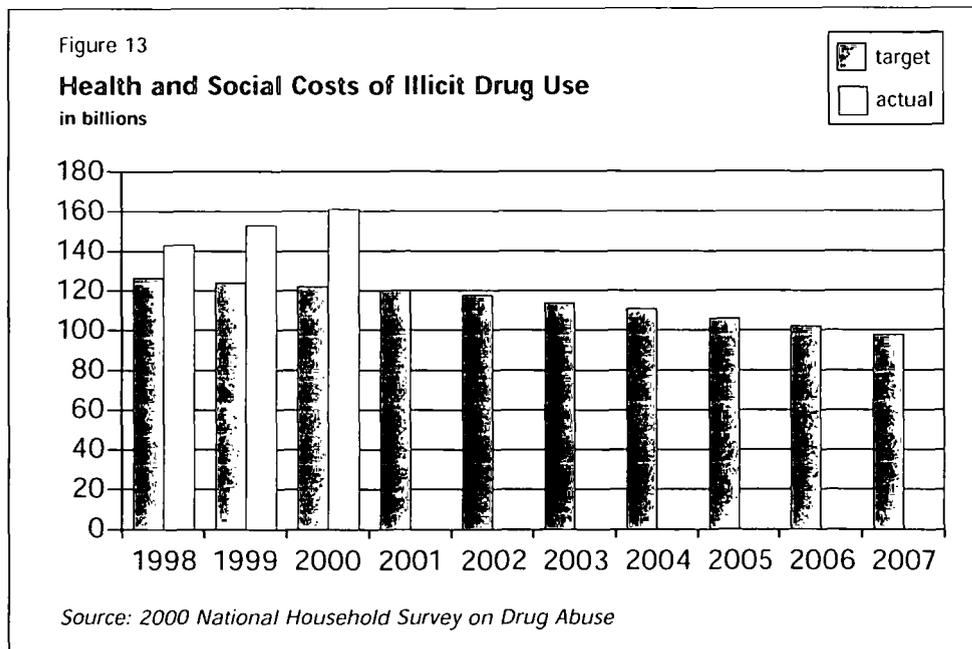
Published findings from the NHSDA survey reveal current employment status is highly correlated with rates of illicit drug use. In 2000 an estimated 15.4 percent (16.2 percent in 1999) of unemployed adults were current illicit drug users compared with 6.3 percent of full-time employed adults. Although the rate of drug use is higher among unemployed persons than other employment groups, most drug users are employed.

Progress toward reducing the *number of chronic users* in the population is on track. Progress toward reducing the number of chronic hardcore drug users is on target according to estimates from ONDCP's "What America's Users Spend on Illegal Drugs, 1988-2000," December 2001.²² The "chronic user" term is applied only to those using heroin or cocaine at least weekly; the term "chronic user" is not currently applied to regular users of other drugs. Between 1996 and 2000, the estimated number of chronic cocaine users decreased from 2,828,000 to 2,707,000 (Figure 12). The estimated number of chronic heroin users decreased from 910,000 to 898,000. Previous estimates are reviewed each year in light of

the best available data, thus there may be some variance from data published in previous years. Also, a large number of chronic users consume both drugs.



Progress toward reducing the *health and social costs* associated with illegal drugs is off track. According to The Economic Costs of Drug Abuse in the United States, 1992-1998, ONDCP Publication, September 2001, economic costs totaled \$143 billion in 1998 (Figure 13). Data listed on the chart for 1999 and 2000 are projections. Those projections are \$153 billion for 1999 and \$161 billion for 2000. ONDCP plans to update estimates of costs to society of drug abuse every two years.



Progress Toward Achieving *Strategy* Goal Four

Shield America's air, land, and sea frontiers from the drug threat

In addition to demand reduction, the 1998 *Strategy* was designed to address the reduction of illegal drug supply entering into or produced in the United States. Accordingly, the emphasis of Goal Four was to reduce that supply in transit to the United States and at the United States border. Goal Five's emphasis was on breaking foreign and domestic sources of illegal drug supply.

Note that once illegal drugs cross the border, they are either removed from domestic consumption through law enforcement efforts or enter into domestic consumption. This aspect of drug flow has been described earlier under Goal Two.

Goal Four Impact Target. The key measure of effectiveness of the 1998 *Strategy's* initiatives associated with shielding America's air, land, and sea frontiers was the rate at which illegal drugs successfully enter the United States.

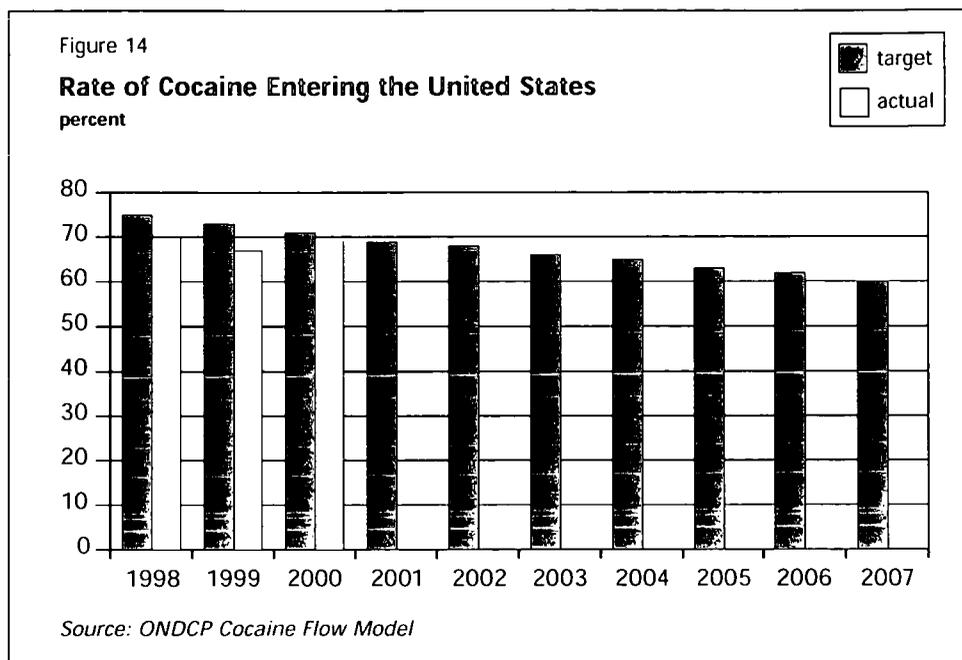
Reduce the Rate of Illicit Drug Flow through the Transit/Arrival Zones. This impact target indicated the success of the drug control community at stopping drugs before they reach the United States border, i.e., the amount of drugs that eluded interdiction and passed through the transit and border zones.²³

By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent. By 2007, reduce this rate by 20 percent.

Overall progress this goal is on track for *cocaine*. Progress at reducing the rate of other drugs—marijuana, methamphetamine, and heroin—entering the United States is unknown.

Cocaine—Transit and Border Zones. Overall progress on this performance target is on track. Out of the estimated 402 metric tons of cocaine that were exported from source countries toward the United States, 279 metric tons entered the United States despite interdiction efforts in the transit and border zones (including the border zone). This means that 69 percent of all cocaine departing the source countries arrived at the border of the United States (Figure 14).

This marks a reduction of six percent over the 1996 base year, when 339 metric tons of cocaine out of 455 destined for the United States, actually made it into the United States.²⁴ When the rate of cocaine entering the United States hit a low of 67 percent in 1999, one may assume that interdiction efforts made to reduce this rate were highly successful, especially when compared to the 1996 base year.



Heroin. Estimates for the availability of heroin can only be made based on existing consumption estimates as a flow model for heroin is not reportable at this time.²⁵ In 2000, 94 percent (13.20/13.98 metric tons) of heroin intended for United States consumption actually entered the United States.

Other Drugs. Estimates for the availability of other illegal drugs can only be made based on existing consumption estimates as flow models do not currently exist for marijuana and methamphetamine. The consumption estimates indicate that there has been a reduction in amounts of marijuana and methamphetamine entering into the United States.

Progress Toward Achieving *Strategy Goal Five*

Break foreign and domestic drug sources of supply

America's supply reduction effort is primarily focused on reducing the quantity of illicit drugs produced both domestically and for export to the United States.

Goal Five Impact Targets. The key measures of the 1998 *Strategy's* effectiveness at breaking foreign and domestic sources of supply are:

Reducing Illicit Drug Exports. *This target measured the rate at which illicit drugs make it to the point of export from the growing or production areas in the source country.*

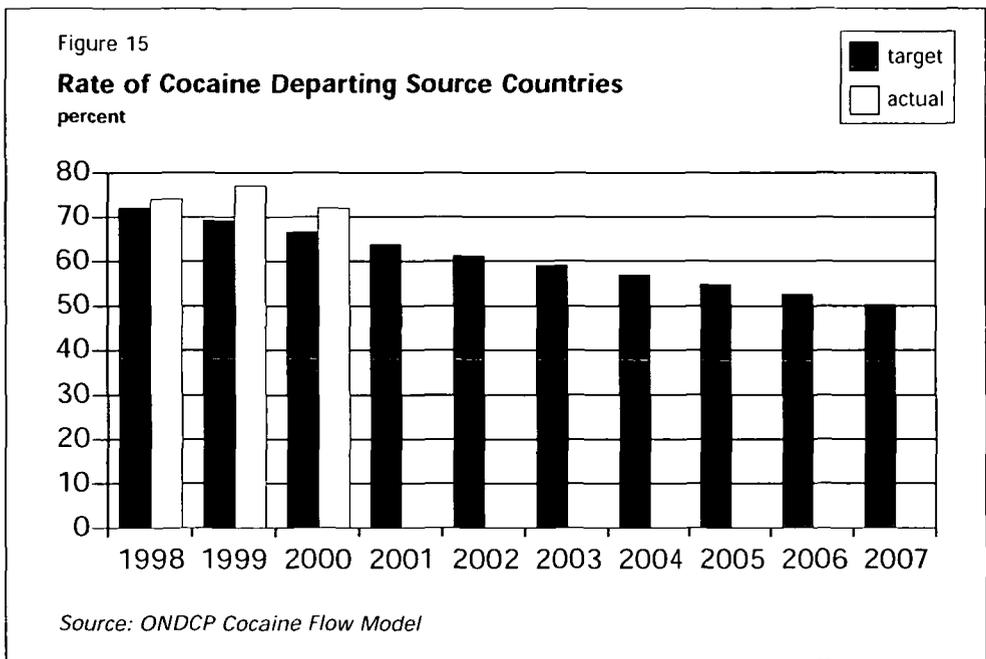
By 2002, reduce the rate of outflow of illicit drugs from the source zone by 15 percent. By 2007, reduce the outflow rate by a total of 30 percent.

Reducing Domestic Production and Cultivation. The quantity of methamphetamine manufactured, and marijuana cultivated, in the United States was measured by this impact target. Note that other major drugs (cocaine and heroin) are not currently produced within the United States.

By 2002, reduce the production of methamphetamine and the cultivation of marijuana in the United States by at least 20 percent. By 2007, reduce the production by 50 percent.

Overall progress on this goal is off track for cocaine.²⁶ Data are unknown for the other illicit drugs—heroin, methamphetamine, and marijuana.

Cocaine. The source zone outflow rate in 2000 was 72 percent, which is identical to the 1996 base year rate (Figure 15). Between 1999 and 2000, however, the source zone outflow rate for cocaine did decrease by five percent. It should be noted that Plan Colombia was initiated in late 1999/early 2000. The impact of the efforts made in support and in furtherance of Plan Colombia will become more apparent as certain critical assets, such as additional aircraft, are deployed. By next year, it may be necessary to conduct an in-depth evaluation if the source zone outflow of cocaine does not subside relative to previous years.



Other Drugs. Export rates of other drugs (i.e., heroin, methamphetamine, and marijuana) are highly uncertain since reliable methods for developing these estimates have yet to be developed. As a result, progress toward achieving the Strategy’s targets for these illicit drugs is unknown.

Because the heroin flow model is not reportable at this time, the supply reduction community has been unable to develop a highly reliable source country outflow estimate. The Drug Enforcement Administration’s Heroin Signature Program has determined that heroin present in the United States originates from all four heroin source areas. (i.e., Colombia, Mexico, Southeast Asia, Southwest

Asia). The Signature Program will serve as the foundation for future heroin source country outflow estimates.

Domestic Production and Cultivation. The amount of methamphetamine produced and marijuana cultivated in the United States cannot be estimated at this time, thereby making the status of this target unknown. One reason why domestic production estimates of methamphetamine are not available is because methamphetamine production includes dual-use chemicals with otherwise legitimate uses, and the current model is unable to differentiate between precursor chemicals intended for legitimate uses and those intended for illicit uses. With respect to marijuana, no federal agency, including the Drug Enforcement Administration (DEA) and the United States Department of Agriculture, has been able to estimate domestic marijuana cultivation since a methodology has yet to be established for such an estimation.

Conclusion

As of 2000, the third year of the 1998 *Strategy*, overall progress was insufficient to achieve the long-term targets for reducing drug use, availability, and its consequences. The only exceptions were reductions of the numbers of chronic drug users and the violent crime rate. The Administration has considered these issues carefully in developing its *Strategy*, the framework of which is documented in The President's 2002 National Drug Control Strategy. Accountability will continue to be a critical focus and evaluative feedback will play a key role in developing policies and selecting initiatives. While the performance measurement mechanism will be modified to reflect the new *Strategy*, it will remain outcome-based and results-oriented.

Endnotes

¹ The year 1996 was the first year of the previous Administration's *Strategy*. 2007 corresponded to the culmination of the 10-year period (1998-2007) for which the 1998 *Strategy* was established, with 2002 the mid-point year. A later base year was selected when data were not yet available or when the initiative under consideration was begun at a later date. The PME System was designed in 1997 and implemented in 1998, thus most target assessments began in 1998. In some cases, the data did not become available until later in which case a target may have a baseline after 1998.

² The targets for 2002 and 2007 were established as formal policy targets. A glide path was then drawn between 1996 and the two target years.

³ No assessment of "statistical significance" has been made since many of the data sources do not permit such calculations and some targets are not quantitative.

⁴ In previous publications of the PME Annual Report, a "Progress at a Glance" red/green chart was included. Since we have dropped the discussion of contributory targets from this year's publication, the chart is not included in the 2002 Annual Report. For information on progress toward contributory targets, contact ONDCP/OPB.

⁵ Impact target 1a is off track for marijuana, cocaine, and alcohol and on track for heroin and tobacco. Impact target 1b is off track for marijuana, heroin, and cocaine; alcohol and tobacco only have baseline data available so are data unavailable. Impact target 2c is off track for marijuana, cocaine, and heroin; methamphetamine is data unavailable. Target 4 is data unavailable for marijuana, heroin, and methamphetamine; cocaine is on track. Target 5a off track for cocaine and data unavailable for all other substances.

⁶ There is substantial empirical evidence indicating that delayed onset of first time drug use is an effective

way of preventing drug use altogether. See Kandel, D.B., E. Single, and R. Kessler, "The Epidemiology of Drug Use among New York State High School Students: Distribution, Trends, and Changes in Rates of Use," *American Journal of Public Health* 66:43-53 (1976); Fleming, J. P., S.G. Kellam, and C.H. Brown, "Early Predictors of Age at First Use of Alcohol, Marijuana, and Cigarettes," *Drug and Alcohol Dependence* 9:28 5-303 (1982); Robins, L.N., and T.R. Przybeck, "Age of Onset of Drug Use as a Factor in Drug and Other Disorders," in *Etiology of Drug Abuse: Implications for Prevention*, C.L. Jones and R.J. Battjes (eds.), National Institute on Drug Abuse Research Monograph No. 56 (Washington DC: U.S. Government Printing Office, 1985).

⁷ Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Summary of findings from SAMHSA's 2000 National Household Survey on Drug Abuse, September 2001, OAS, NHSDA Series H-13, DHHS Publication No. (SMA) 01-3549. Rockville, MD, 2001. Findings are available on the World Wide Web at <http://www.samhsa.gov>.

⁸ The sample size was expanded almost fourfold and a new sample design was introduced which supports both nation and state level estimates. A new, interactive, bilingual computer-based interview (CAI) replaced the paper and pencil interview (PAPI) used previously.

⁹ HHS News Release Thursday, October 4, 2001. "HHS Report Shows Drug Use Rates Stable, Youth Tobacco Use Declines," <http://www.hhs.gov>.

¹⁰ Binge alcohol use is defined as drinking five or more drinks on the same occasion on a least one-day in the past 30 days. By 'occasion' is meant at the same time or within a couple of hours of each other. Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

¹¹ During the processing of the 2000 NHSDA data, an error was detected in the computer programs that assigned inputted values for substance use variables that had missing information in the 1999 NHSDA data file. In preparing the 2000 report, the 1999 data were adjusted to correct for this error. Therefore, the 18.6 percent reported for 1999 with the CAI method of measuring past month prevalence of alcohol use by youth has been revised to 16.5 percent.

¹² Johnson, L.D., O'Malley, P.M., & Bachman, J.G. (2001). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2000*. NIH Publication No. 01-4923. Bethesda, MD: National Institute on Drug Abuse. Web site at <http://monitoring the future.org>. Note that the MTF survey provides more current data (through Fall 2001) than is available from SAMHSA's NHSDA (through 2000) which is predominantly used in this chapter for Goal One. The NHSDA survey measures drug use with broad ranges of age and demographic groups whereas the MTF Survey focuses solely on drug use as reported by 8th, 10th, and 12th grade students.

¹³ MTF Press Release Wednesday December 19, 2001. "Cigarette smoking among American teens declines sharply in 2001," <http://www.monitoring the future.org>.

¹⁴ The incidence estimates in the NHSDA report are based on combined 1999 and 2000 CAI data and should not be compared to previously published data based on PAPI data. Not only is the mode of data collection different for the incidence estimates prior to the 1999 NHSDA, but the estimation methodology has been revised as well.

¹⁵ The last full calendar year of age-of-first-use information collected throughout the 2000 NHSDA is for 1999. Because the trends in initiation of substance use incidence estimates are based on retrospective reports of age at first use, the most recent complete year available for these estimates is 1999, based on the 2000 NHSDA. Estimates for the year 1999 are based only on data from the 2000 survey, while estimates for earlier years are based on combined 1999 and 2000 data.

¹⁶ HHS News Release Thursday, October 4, 2001. "HHS Report Shows Drug Use Rates Stable, Youth Tobacco Use Declines," <http://www.hhs.gov>.

¹⁷ Source: U.S. Department of Justice, Crime in the United States: Uniform Crime Reports, 2000 October, 2001. There is presently no information on "drug-related" crime since the Uniform Crime Reports does not disaggregate crime rates according to cause (except for murder rates). ONDCP's Interagency Data Subcommittee has recommended that the overall crime rate be used as a proxy measure.

¹⁸ Figures are drawn from the Substance Abuse and Mental Health Services Administration's 2000 National Household Survey on Drug Abuse (NHSDA).

¹⁹ In 1999, the NHSDA underwent a major redesign. Because of the differences in methodology and impact of the new design on data collection, comparisons of prevalence cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999. For 1999 only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years.

²⁰ In these categories, hashish is included with marijuana and crack is considered a form of cocaine. Several drugs are grouped under the hallucinogens category, including LSD, PCP, peyote, mescaline, mushrooms, and ecstasy (MDMA). Inhalants include a variety of substances such as amyl nitrite, cleaning fluids, gasoline, paint, and glue. The four categories of prescription-type drugs cover numerous drugs available through prescriptions and sometimes illegally on the streets. Methamphetamine is included under stimulants. Over-the-counter drugs and legitimate uses under a doctor's prescription are not included.

²¹ In 1999, the NHSDA underwent a major redesign. Because of the differences in methodology and impact of the new design on data collection, comparisons of prevalence cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999. For 1999 only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. As was previously referenced with the Goal One prevalence targets and the nation-wide prevalence target, the change in methodology necessitated a change in the baseline year to 1999 for all NHSDA prevalence data related to Goal One and Goal Three impact targets. Long-term analyses of NHSDA prevalence data in previous PME Annual Reports are not carried forward to this report.

²² Data in PME 2001 were preliminary composite estimates derived from the National Household Survey on Drug Abuse (NHSDA) and the Drug Use Forecasting (DUF) program (see W. Rhodes "Synthetic Estimation Applied to the Prevalence of Drug Use," *Journal of Drug Issues*, 23(2): 297-321, 1993 for a detailed description of the methodology). The estimates for 1999 and 2000 were projections.

²³ The transit zone is defined as the geographic area between the United States and those countries that produce illegal drugs. The border zone is defined as the border of the United States, including ports of entry and areas between the ports of entry at the border.

²⁴ Cocaine flow estimates for CY 2000 have been revised (against last year's estimates), based on the maturation of the STAR Model methodology and in refinements made in the data collection efforts of other agencies.

²⁵ Uncertainties (i.e., margin of error unknown) exist for the current consumption estimate for heroin. As a result, a statement of absolute increases or decreases in real percentages must be viewed in this context.

²⁶ In coordination with other federal entities, ONDCP is developing estimates of the outflow (rate and quantity) of drugs from the source zones. To date, a source country cocaine outflow estimating methodology has been established, and source zone cocaine outflow reductions are on-track. Other source zone outflow models have yet to be established, thereby making it impossible to determine if the outflow of other illegal drugs is on track.



Appendix A

Impact Targets and Measures

This appendix discusses the 12 impact targets for the 1998 *Strategy's* five goals. The impact targets were designed to define outcomes or end states for the overall goals of the *Strategy*. The details of the remaining 87 contributory performance targets, which are linked to the 1998 *Strategy* objectives, are not presented in this publication but are available from ONDCP's Office of Planning and Budget upon request.

Performance measurement targets may be milestones or 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 targets have at least one associated performance measure that shows how progress toward that target will be monitored. For example, a target referring to drug use may have a measure for each drug. Of the 35 measures associated with the impact targets, there are currently no data available for 12 of the measures.

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" assist with data collection and assessment or have programs that contribute to achieving the given target.

The following impact targets have no data at present:

- Reduce Drug Trafficking Success Rate in the United States—Marijuana and Methamphetamine (Goal 2).
- Reduce the Rate of Illicit Drug Flow Through Transit and Arrival Zones—Heroin, Marijuana and Methamphetamine (Transit Zone) (Goal 4).
- Reduce the Rate of Illicit Drug Flow Through Transit and Arrival Zones—Marijuana and Methamphetamine (Arrival Zone) (Goal 4).
- Reduce the Rate of Shipment of Illicit Drugs from the Source Zones—Heroin, Marijuana and Methamphetamine (Goal 5).
- Reduce Domestic Cultivation and Production of Illicit Drugs—Marijuana and Methamphetamine (Goal 5).

To assist readers with the terminology used in this appendix, a terminology key follows.

TERMINOLOGY KEY

GOAL X

IMPACT TARGET: Major line of action to achieve the desired goal.

Target Subtitle

GLIDE PATH (Numerical Targets Only)

A graphical representation (histogram) 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 target values for 2002 and 2007, respectively.

Primary Data Source

The specific data sources that will be used to measure progress toward the annual targets.

Secondary Data Source(s)

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 source related to the target.

Target

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

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 Agencies

The agencies responsible for providing data to the reporting agency.

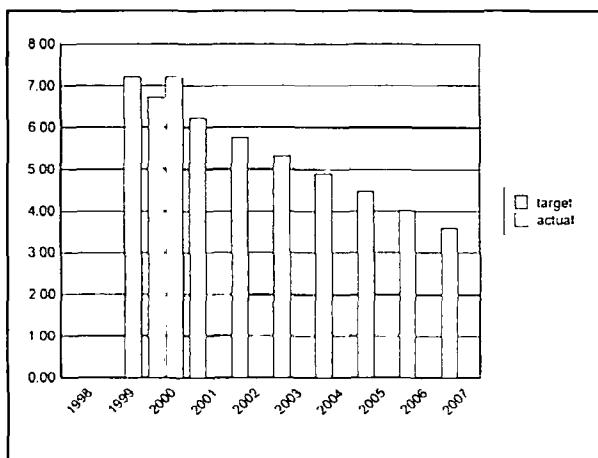
Status

This section provides additional information about the target such as progress made with regard to an action plan for achieving the target. It may include discussion of issues that have not been resolved.

GOAL 1

IMPACT TARGET - Reduce the prevalence of drug use among youth

Use of illegal drugs, alcohol, and tobacco by youth; percent using marijuana in the past month, CY 99-07



Primary Data Source

2000 National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1999 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.

Measure 1

Past month prevalence of marijuana use by youth

Reporting Agency

HHS

Supporting Agencies

DOD, DOJ, ED

Status

At 7.2 percent, the 2000 estimate of past month prevalence of marijuana use is unchanged from the new baseline in 1999. This target is off track for failing to meet the 2000 target.

In 1999, the National Household Survey on Drug Abuse underwent a major redesign. The method of data collection was changed from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). In addition, the sample design was changed from a strictly national design to a state-based sampling plan. Because of the differences in methodology and impact of the new design on data collection, comparisons cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999. For 1999 only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. The final PAPI data for past month prevalence of marijuana use by youth are 8.3 percent for 1998 and 7.0 for 1999.

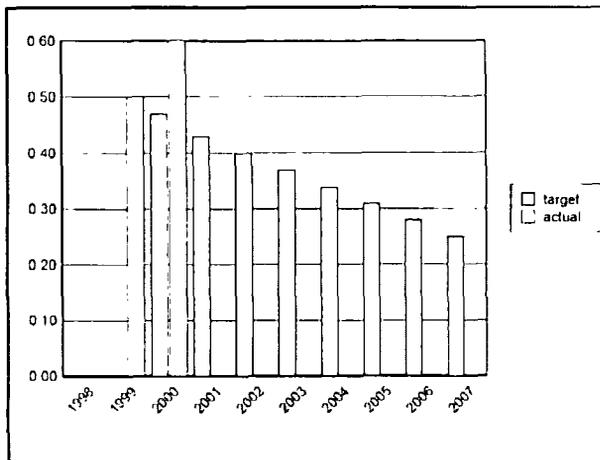
During the processing of the 2000 NHSDA data, an error was detected in the computer programs that assigned imputed values for substance use variables that had missing information in the 1999 NHSDA data file. These variables are used in making estimates of substance use incidence and prevalence. In preparing the 2000 report, the 1999 data were adjusted to correct for this error. The effects of the error are noticeable for only four substances (alcohol, marijuana, inhalants, and heroin), in addition to the composite measures "any illicit drug use" and "any illicit drug other than marijuana." Therefore, the 7.7 percent reported for this target in 1999 with the CAI method of measuring past month prevalence of marijuana use by youth has been revised to 7.2 percent.

As recommended by ONDCP's interagency working group, this report used 1999 NHSDA to establish a new baseline (using the CAI method) for applicable measures.

GOAL 1

IMPACT TARGET - Reduce the prevalence of drug use among youth

Use of illegal drugs, alcohol, and tobacco by youth; percent using cocaine in the past month, CY 99-07



Primary Data Source

2000 National Household Survey on Drug Abuse

Secondary Data Source(s)

None

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1999 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.

Measure 2

Past month prevalence of cocaine use by youth

Reporting Agency

HHS

Supporting Agencies

DOD, DOJ, ED

Status

Since the new 1999 baseline of 0.5 percent, past month prevalence of cocaine (0.6 percent) use is essentially unchanged. This fails to meet the 2000 glide path target.

In 1999, the National Household Survey on Drug Abuse underwent a major redesign. The method of data collection was changed from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). In addition, the sample design was changed from a strictly national design to a state-based sampling plan. Because of the differences in methodology and impact of the new design on data collection, comparisons cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999. For 1999 only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. The final PAPI data for past month prevalence of cocaine use by youth are 0.8 percent for 1998 and 0.7 for 1999.

As recommended by ONDCP's interagency working group, this report used 1999 NHSDA to establish a new baseline (using the CAI method) for applicable measures.

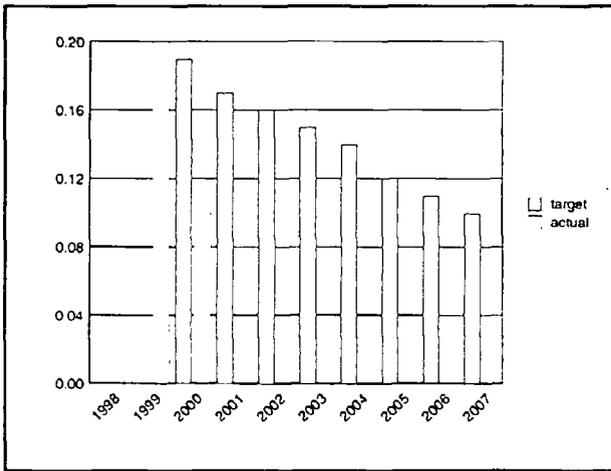
GOAL 1

IMPACT TARGET - Reduce the prevalence of drug use among youth

Use of illegal drugs, alcohol, and tobacco by youth; percent using heroin in the past month, CY 99-07

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1999 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.



Primary Data Source

2000 National Household Survey on Drug Abuse.

Measure 3

Past month prevalence of heroin use by youth

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOD, DOJ, ED

Status

At 0.1 percent, the 2000 past month prevalence of heroin use estimate has shown a slight decline from the new 1999 baseline of 0.2 percent. This target is on track for showing a decline greater than the glide path target.

In 1999, the National Household Survey on Drug Abuse underwent a major redesign. The method of data collection was changed from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). In addition, the sample design was changed from a strictly national design to a state-based sampling plan. Because of the differences in methodology and impact of the new design on data collection, comparisons cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999. For 1999 only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. The final PAPI data for past month prevalence of heroin use by youth are 0.2 for 1998 and 0.1 for 1999.

As recommended by ONDCP's interagency working group, this report used 1999 NHSDA to establish a new baseline (using the CAI method) for applicable measures.

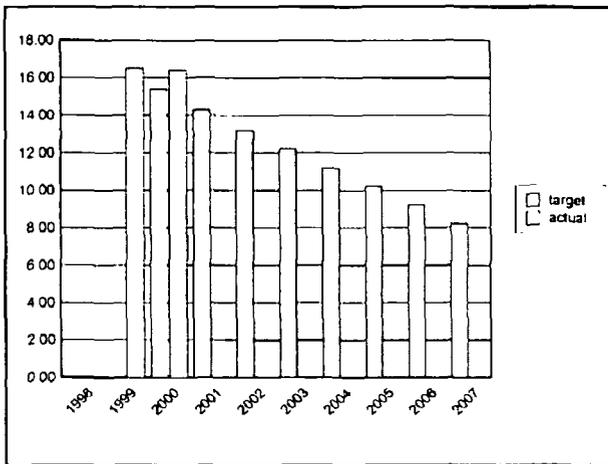
GOAL 1

IMPACT TARGET - Reduce the prevalence of drug use among youth

Use of illegal drugs, alcohol, and tobacco by youth; percent using alcohol in the past month, CY 99-07

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1999 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.



Primary Data Source

2000 National Household Survey on Drug Abuse.

Measure 4

Past month prevalence of alcohol use by youth

Reporting Agency

IHS

Secondary Data Source(s)

None

Supporting Agencies

DOD, DOJ, ED

Status

Since the new 1999 baseline of 16.5 percent, the 2000 past month prevalence of alcohol use is essentially unchanged at 16.4 percent. This target is off track for failure to meet the glide path target.

In 1999, The National Household survey on Drug Abuse underwent a major redesign. The method of data collection was changed from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). In addition, the sample design was changed from a strictly national design to a state-based sampling plan. Because of the differences in methodology and impact of the new design on data collection, comparisons cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999. For 1999 only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. The final PAPI data for past month prevalence of alcohol use by youth are 19.1 percent for 1998 and 19 percent for 1999.

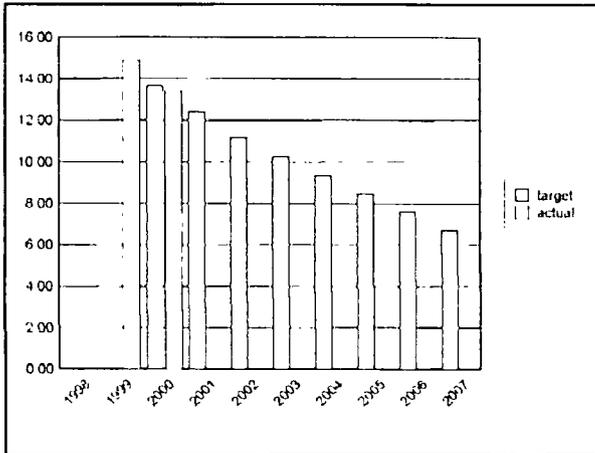
During the processing of the 2000 NHSDA data, an error was detected in the computer programs that assigned imputed values for substance use variables that had missing information in the 1999 NHSDA data file. In preparing the 2000 report, the 1999 data were adjusted to correct for this error. Therefore, the 18.6 percent reported for 1999 with the CAI method of measuring past month prevalence of alcohol use by youth has been revised to 16.5 percent.

As recommended by ONDCP's interagency working group, this report used 1999 NHSDA to establish a new baseline (using the CAI method) for applicable measures.

GOAL 1

IMPACT TARGET - Reduce the prevalence of drug use among youth

Use of illegal drugs, alcohol, and tobacco by youth; percent using tobacco in the past month, CY 99-07



Primary Data Source

2000 National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Target 1

By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1999 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.

Measure 5

Past month prevalence of tobacco (cigarette) use by youth

Reporting Agency

HHS

Supporting Agencies

DOD, DOJ, ED

Status

This target is on track for declining below the glide path target of 13.66 percent. Current cigarette use declined significantly between 1999 and 2000 among youths aged 12 to 17 from 14.9 percent to 13.4 percent.

Between 1999 and 2000, the rate of cigarette use among males aged 12 to 17 decreased significantly from 14.8 percent to 12.8 percent. The rate for females aged 12 to 17 was 15.0 percent in 1999, and the decrease to 14.1 percent in 2000 is not statistically significant.

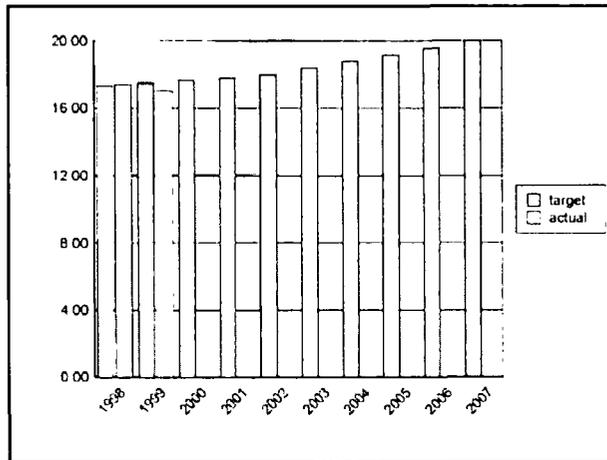
In 1999, the National Household Survey on Drug Abuse underwent a major redesign. The method of data collection was changed from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). In addition, the sample design was changed from a strictly national design to a state-based sampling plan. Because of the differences in methodology and impact of the new design on data collection, comparisons cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999. For 1999 only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. The final PAPI data for past month prevalence of tobacco (cigarette) use by youth are 18.2 percent in 1998 and 15.9 percent in 1999.

As recommended by ONDCP's interagency working group, this report used 1999 NHSDA to establish a new baseline (using the CAI method) for applicable measures.

GOAL 1

IMPACT TARGET - Increase the average age of new users

Initial age of drug use in youth; average age of first-time marijuana use, CY 98-07



Primary Data Source

2000 National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Target 2

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.

Measure 1

Average age of first-time marijuana use by youth

Reporting Agency

HHS

Supporting Agencies

DOD, DOJ, ED

Status

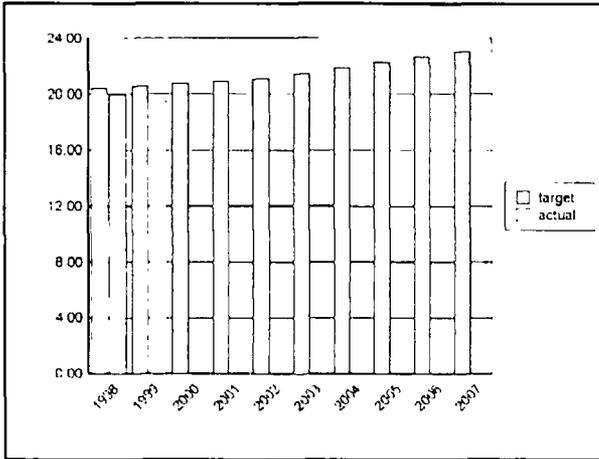
This measure is off track for failing to meet the target for age of first time use. Since 1996, the average age of first-time use of marijuana has remained essentially unchanged. Note: the rates of new use for youths decreased between 1998 and 1999 from 85.2 initiates per 1,000 potential new users to 73.0.

Because the incidence estimates are based on retrospective reports of age at first use, the most recent year available for these estimates in 1999, based on the 2000 NHSDA. Estimates for the year 1999 are based only on data from the 2000 survey, while estimates for earlier years are based on the combined 1999 and 2000 data. For two of the measures, first alcohol use and first cigarette use, initiation before age 12 is common. A two year lag in reporting of estimates is applied for these measures, because the NHSDA sample does not cover youths under age 12. The two year lag insures that initiation at age 10 and 11 is captured in the estimation. Also, as additional data are collected, each year's estimate is updated. As a result, values for any given year generally change slightly from one report to the next.

GOAL 1

IMPACT TARGET - Increase the average age of new users

Initial age of drug use in youth; average age of first-time cocaine use, CY 98-07



Primary Data Source

2000 National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Target 2

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.

Measure 2

Average age of first-time cocaine use by youth

Reporting Agency

HHS

Supporting Agencies

DOD, DOJ, ED

Status

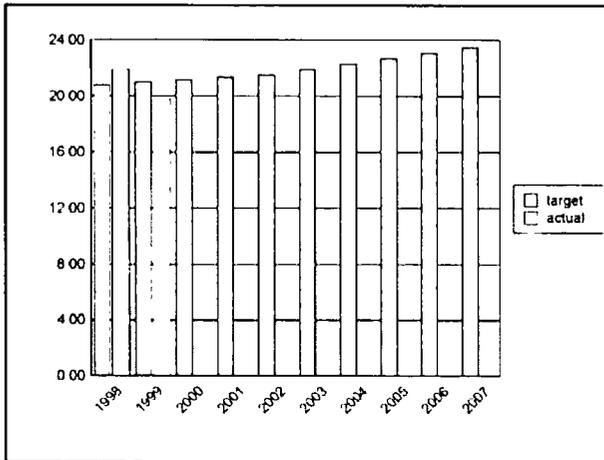
Since 1996, the average age of first-time cocaine use has remained essentially unchanged. The NHSDA estimates age of first use at 19.5 years, which is off track.

Because this is a calendar-year-based measure, there is a one-year lag from the year of data collection. Therefore, the last full calendar year of information collected throughout the 2000 Household Survey is for 1999. Also, as additional data are collected each year's estimate is updated. As a result, values for any given year generally change slightly from one report to the next.

GOAL 1

IMPACT TARGET - Increase the average age of new users

Initial age of drug use in youth; average age of first-time heroin use, CY 98-07



Primary Data Source

2000 National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Target 2

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.

Measure 3

Average age of first-time heroin use by youth

Reporting Agency

HHS

Supporting Agencies

DOD, DOJ, ED

Status

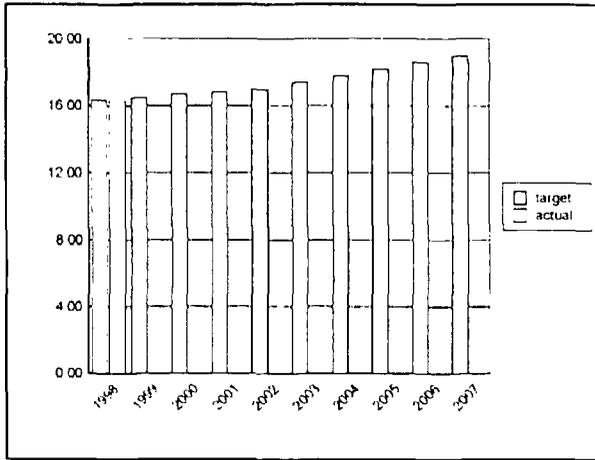
Since 1996, the average age of first-time heroin has remained essentially unchanged. This target is off track with first time use estimated at 19.8 years.

Because this is a calendar-year-based measure, there is a one-year lag from the year of data collection. Therefore, the last full calendar year of information collected throughout the 2000 Household Survey is for 1999. Also, as additional data are collected each year's estimate is updated. As a result, values for any given year generally change slightly from one report to the next.

GOAL 1

IMPACT TARGET - Increase the average age of new users

Initial age of drug use in youth; average age of first time alcohol use, CY 98-07



Primary Data Source

2000 National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Target 2

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.

Measure 4

Average age of first-time alcohol use by youth

Reporting Agency

IHHS

Supporting Agencies

DOD, DOJ, ED

Status

Since 1996, the average age of first-time use of alcohol has remained essentially unchanged.

Because the trends in initiation of substance use incidence estimates are based on retrospective reports of age at first use, the most recent year available for these estimates is 1999, based on the 2000 NHSDA. Estimates for the year 1999 are based only on data from the 2000 survey, while estimates for earlier years are based on the combined 1999 and 2000 data. For first alcohol use, initiation before age 12 is common. A two year lag in reporting of estimates is applied for these measures because the NHSDA sample does not cover youths under age 12. The two year lag insures that initiation at age 10 and 11 is captured in the estimates.

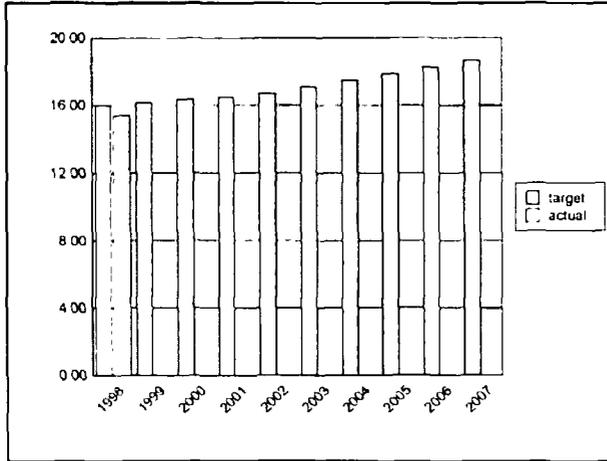
GOAL 1

IMPACT TARGET - Increase the average age of new users

Initial age of drug use in youth; average age of first time tobacco (cigarette) use, CY 98-07

Target 2

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.



Primary Data Source

2000 National Household Survey on Drug Abuse.

Measure 5

Average age of first-time tobacco (cigarette) use by youth

Reporting Agency

HHS

Secondary Data Source(s)

None

Supporting Agencies

DOD, DOJ, ED

Status

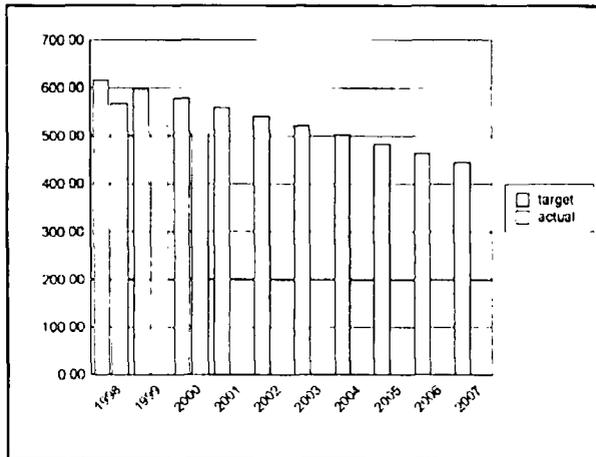
Since 1996 the average age of first-time cigarette use has remained essentially unchanged.

Because the trends in initiation of substance use incidence estimates are based on retrospective reports of age at first use, the most recent year available for these estimates is 1999, based on the 2000 NHSDA. Estimates for the year 1999 are based only on data from the 2000 survey, while estimates for earlier years are based on the combined 1999 and 2000 data. For first cigarette, initiation before age 12 is common. A two year lag in reporting of estimates is applied for these measures because the NHSDA sample does not cover youths under age 12. The two year lag insures that initiation at age 10 and 11 is captured in the estimates.

GOAL 2

IMPACT TARGET - Reduce the rate of crime associated with drug trafficking and use

Drug related crime and violence, overall crime rate per 100,000 population, CY 98-07



Primary Data Source

Uniform Crime Reports (UCR), Crime in the United States.

Secondary Data Source(s)

None

Target 1

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.

Measure 1

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

Reporting Agency

FBI

Supporting Agencies

DOJ, Treasury

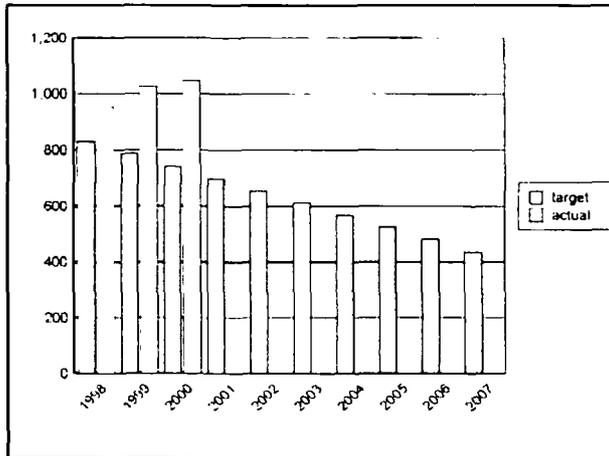
Status

This target is on track for 2000. The 2000 overall violent crime rate of 506.1 per 100,000 population exceeded the target of 579.2. Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. Data from the Uniform Crime Reports (UCR) indicates the overall violent crime rate in 2000 was the lowest since 1978. Compared to the 1996 baseline rate of 636.6 violent crimes per 100,000 population, the 2000 rate of 506.1 violent crimes per 100,000 population represents a decline of 20.5 percent. The Subcommittee on Data, Research, and Interagency Coordination working group determined, with the exception of murder, for which drug involvement is tracked, that current Federal data systems cannot provide the foundation for tracking drug involvement in robberies, rapes, and assaults. The Data Subcommittee adopted the working group's recommendation that overall rates for these crimes from the FBI's Uniform Crime Reports (UCR) be used by the PME System as proxies for drug involvement.

GOAL 2

IMPACT TARGET - Reduce the availability of illicit drugs in the United States

Reduce drug availability in the United States, marijuana in metric tons, CY 98-07



Primary Data Source

Consumption Estimate (Drug Flow Model)
What America's Users Spend on Illegal Drugs 1988-2000,
December 2001

Secondary Data Source(s)

None

Target 3

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.

Measure 1

Quantity of marijuana in metric tons per calendar year available in the United States

Reporting Agency
ONDCP

Supporting Agencies

DoD, FBI, DEA, NDIC, NSA, BOP, USCG, USCS, USIC

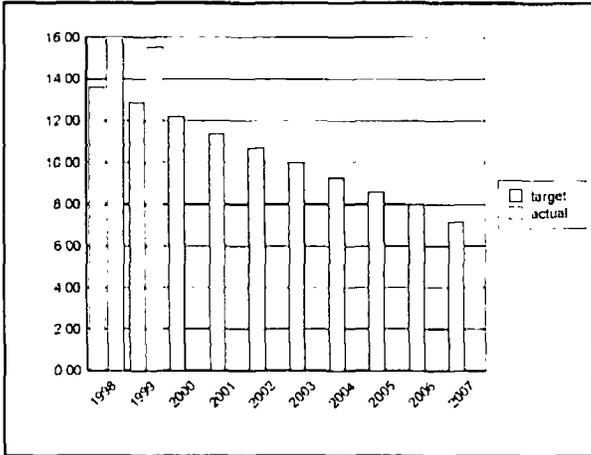
Status

Domestic marijuana availability has only been estimated using a consumption approach. Marijuana availability in 2000 of 1047 metric tons did not achieve the target reduction to 744 metric tons from the 1996 base year of 874 metric tons. Marijuana availability is off-track for the third consecutive year. Accuracy of the magnitude of domestic marijuana consumption is uncertain, as modeling continues to be refined.

GOAL 2

IMPACT TARGET - Reduce the availability of illicit drugs in the United States

Reduce drug availability in the United States, methamphetamine in metric tons, CY 98-07



Primary Data Source

Consumption Estimate (Drug Flow Model)
What America's Users Spend on Illegal Drugs 1988-2000,
December 2001

Secondary Data Source(s)

None

Target 3

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.

Measure 2

Quantity of methamphetamine in metric tons per calendar year available in the United States

Reporting Agency

ONDCP

Supporting Agencies

DoD, FBI, DEA, NDIC, NSA, BOP, USCG, USCS, USIC

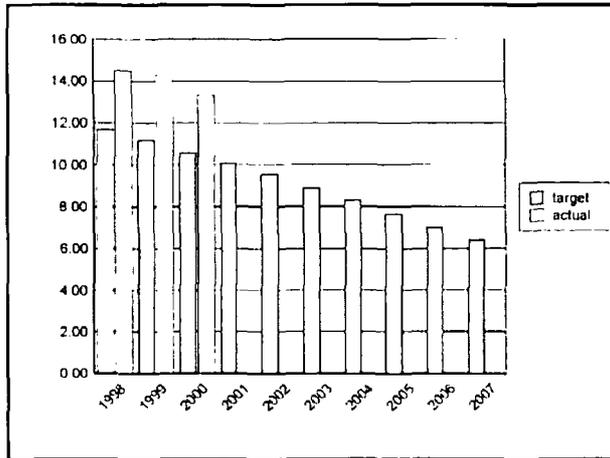
Status

Domestic methamphetamine availability has only been estimated using a consumption approach. Year 2000 estimated consumption data has been received. However, there were significant changes made to the estimation methodology--data from the Treatment Episode Data Set were used to estimate the number of chronic users of methamphetamine--that resulted in a 10-fold increase in the number of chronic users over prior estimations. The data are undergoing review for reliability and validity. Methamphetamine availability in 1999 of 15.5 metric tons did not achieve the target reduction to 12.9 metric tons from the 1996 base year of 14.3 metric tons. Methamphetamine availability was off-track for the second consecutive year.

GOAL 2

IMPACT TARGET - Reduce the availability of illicit drugs in the United States

Reduce drug availability in the United States, heroin in metric tons, C.Y 98-07



Primary Data Source

Consumption Estimate (Drug Flow Model)
 What America's Users Spend on Illegal Drugs 1988-2000,
 December 2001

Secondary Data Source(s)

None

Target 3

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.

Measure 3

Quantity of heroin in metric tons per calendar year available in the United States

Reporting Agency

ONDCP

Supporting Agencies

DoD, FBI, DEA, NDIC, NSA, USCG, USCS, USIC

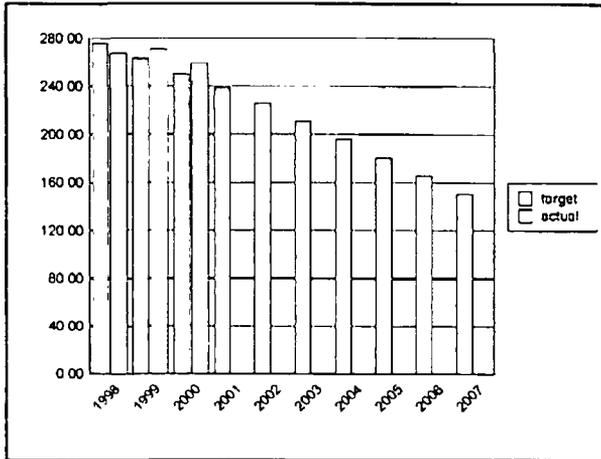
Status

Domestic heroin availability is obtained from a consumption approach. Heroin availability in 2000 of 13.3 metric tons did not achieve the target reduction to 10.6 metric tons from the 1996 base year of 12.8 metric tons. Heroin availability is off-track for the third consecutive year.

GOAL 2

IMPACT TARGET - Reduce the availability of illicit drugs in the United States

Reduce drug availability in the United States, cocaine in metric tons, CY 98-07



Primary Data Source

Consumption Estimate (Drug Flow Model)
What America's Users Spend on Illegal Drugs 1988-2000,
December 2001

Secondary Data Source(s)

None

Target 3

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.

Measure 4

Quantity of cocaine in metric tons per calendar year available in the United States

Reporting Agency

ONDCP

Supporting Agencies

DoD, FBI, DEA, NDIC, NSA, USCG, USCS, USIC

Status

Cocaine availability at the retail level is based on a consumption model. Cocaine availability in 2000 of 259 metric tons did not achieve the target reduction to 250 metric tons from the 1996 base year of 301 metric tons. Cocaine availability is off-track for the second consecutive year.

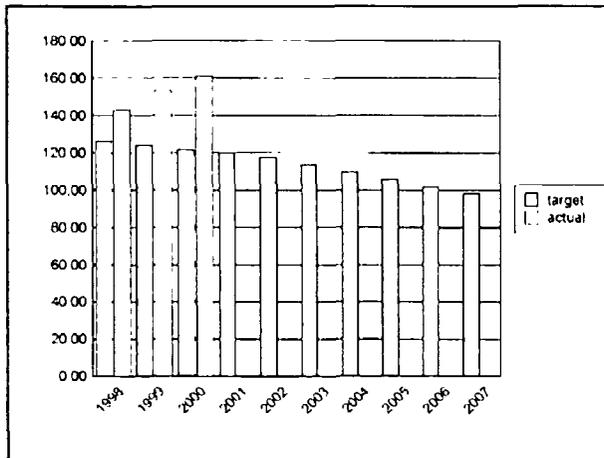
GOAL 3

IMPACT TARGET - Reduce the health and social costs associated with illegal drug use

Reduce the health and social costs of illicit drug use (\$ billion) C.Y 98-07

Target 1

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 costs by 25 percent as compared to the base year.



Primary Data Source

"The Economic Costs of Drug Abuse in the United States, 1992-1998," ONDCP Publication, Sept 2001

Secondary Data Source(s)

None

Measure 1

Health & social costs (in constant dollars) attributable to illegal drugs.

Reporting Agency

ONDCP

Supporting Agencies

HHS, DOJ, DOL, ED, VA, and Treasury

Status

ONDCP currently updates estimates of costs to society of drug abuse, but periodic studies are not conducted on an annual schedule. Provisions will need to be made for bi-annual updates or a comparable measure will need to be developed by 2002 to calculate the reduction in health and social costs.

Note: Annual estimates were calculated for 1992-1998. The 1996 base year estimate was \$131 billion. 1999 and 2000 are projections.

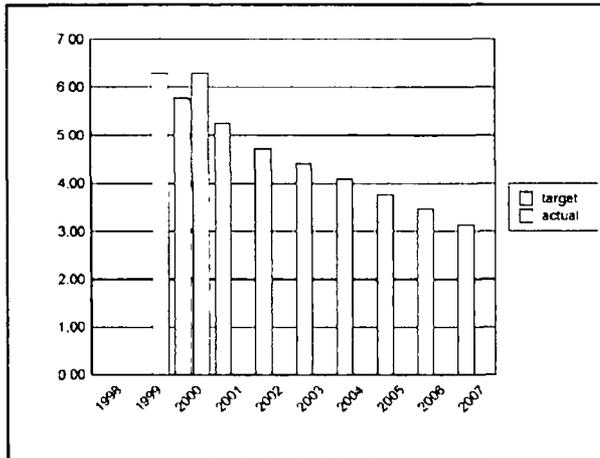
GOAL 3

IMPACT TARGET - Reduce the demand for illegal drugs in the United States

Percent using drugs during the past month CY 99-07

Target 2

By 2002, reduce the nationwide prevalence of illegal drug use by 25 percent as compared to the 1999 base year. By 2007, reduce prevalence by 50 percent as compared to the base year.



Primary Data Source

2000 National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Measure 1

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

Reporting Agency

IIHS

Supporting Agencies

DOJ, DOL, ED, VA, and Treasury

Status

In calendar year 2000, an estimated 14.0 million Americans were current illicit drug users, meaning they had used an illicit drug during the month prior to interview. This estimate represents 6.3 percent of the population 12 years and older. This percentage is unchanged from the new 1999 baseline and is off track in meeting the glide path target.

In 1999, the National Household Survey on Drug Abuse underwent a major design. The method of data collection was changed from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). In addition, the sample design was changed from a strictly national design to a state-based sampling plan. Because of the differences in methodology and impact of the new design on data collection, comparisons cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999. For 1999 only, a supplemental sample using PAPI was conducted in order to yield comparable data relative to prior years. The final PAPI data for percentages using drugs during the past month are 6.2 percent for 1998 and 7.0 percent for 1999.

During the processing of the 2000 NHSDA data, an error was detected in the computer programs that assigned imputed values for substance use variables that had missing information in the 1999 NHSDA data file. In preparing the 2000 report, the 1999 data were adjusted to correct for this error. The 1999 CAI percentage of 6.7 reported for past month use of any illicit drug (12 years and above) has been corrected to 6.3 percent.

As recommended by ONDCP's interagency working group, this report used 1999 NHSDA to establish a new baseline (using the CAI method) for applicable measures.

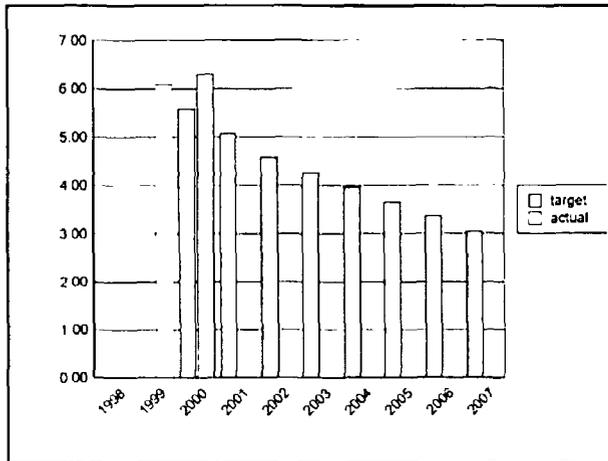
GOAL 3

IMPACT TARGET - Reduce the prevalence of drug use in the workplace

Percent of adults (18 and older) employed full-time reporting current illicit drug use CY 99-07

Target 3

By 2002, reduce the prevalence of drug use in the workplace by 25 percent as compared to the 1999 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year.



Measure 1

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

Reporting Agency
HHS

Primary Data Source

National Household Survey on Drug Abuse.

Secondary Data Source(s)

None

Supporting Agencies

DOJ, DOL, DOT, ED, VA, and Treasury

Status

Difficulties in assessing progress toward rates of drug use in the workplace are chiefly related to a lack of contemporary research on venue of drug use among workers. However, the National Household Survey on Drug Abuse, which queries respondents about both drug use and employment status, can be used as a proxy source of data for rates of drug use among the working population. Published findings from the Household Survey reveal current employment status is highly correlated with rates of illicit drug use. For 2000, of those adults 18 and older employed full- or part-time, 6.3 percent and 7.8 percent, respectively, reported current illicit drug use.

To effectively gauge progress in workplace efforts to reduce drug use, primary data sources regarding the establishment, promotion, and outcomes of drug-free workplace programs are essential.

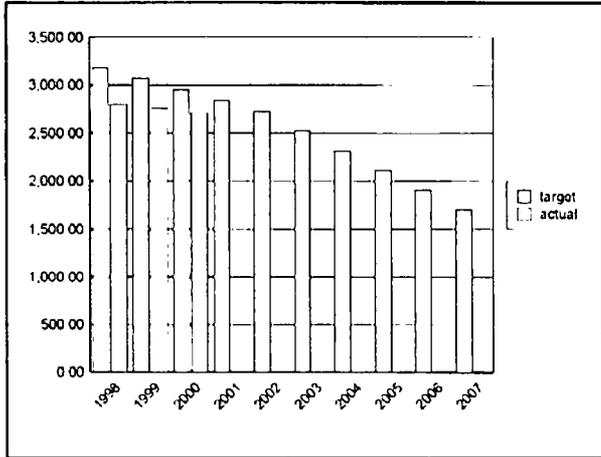
In 1999, the National Household Survey on Drug Abuse underwent a major redesign. The method of data collection was changed from a paper-and-pencil interview (PAPI) to a computer-assisted-interview (CAI). In addition, the sample design was changed from a strictly national design to a state-based sampling plan. Because of the differences in methodology and impact of the new design on data collection, comparisons cannot be made between data from the redesigned surveys (1999 onward) and the data obtained from surveys prior to 1999.

As recommended by ONDCP's interagency working group, this report used 1999 NHSDA to establish a new baseline (using the CAI method) for applicable measures.

GOAL 3

IMPACT TARGET - Reduce the number of chronic drug users

Changes, in thousands, in the number of chronic drug users (cocaine figures illustrated below) CY 98-07



Primary Data Source

ONDCP's Retail Sales Report: "What America's Users Spend on Illegal Drugs, 1988-2000," December, 2001.

Secondary Data Source(s)

None

Target 4

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.

Measure 1

The estimated number of chronic drug users.

Reporting Agency

ONDCP

Supporting Agencies

HHS, DOJ, FD, VA, Treasury

Status

This target is on track with declining numbers of chronic heroin and cocaine users.

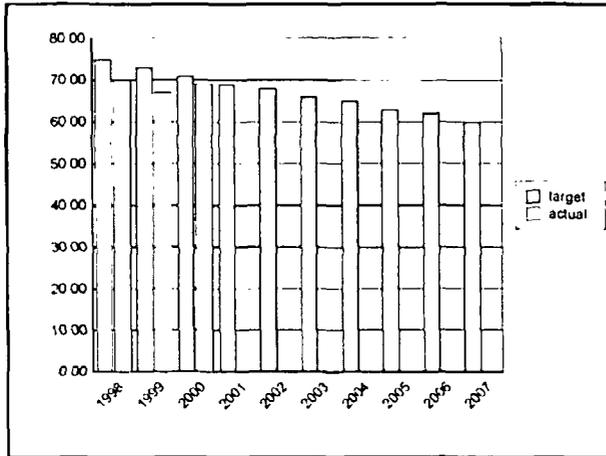
	HEROIN	COCAINE
1996	910 thou	2,828 thou
1997	904	2,847
1998	901	2,800
1999	898	2,755
2000	898	2,707

Previous estimates are reviewed each year in light of the best available data; thus, there may be some variance from data published in previous years. Also, a large number of drug users use both heroin and cocaine. For example, of the hardcore users in the 1995 DUF sample, 70 percent were hardcore users of cocaine only, 16 percent were hardcore users of heroin only, and 14 percent were hardcore users of both drugs.

GOAL 4

IMPACT TARGET - Reduce the rate of illicit drug flow through transit and arrival zones

**Reduce transit and border zone drug flow (Cocaine),
reduction in percentage of drug flow (Cocaine), C.Y 98-07**



Primary Data Source

ONDCP Cocaine Flow Model which integrates data from: FDSS; CCDB; INCSR; CNC coca cultivation estimates; IACM; NHSDA; and ADAM.

Secondary Data Source(s)

None

Target 1

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.

Measure 1

The rate that illegal drugs are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies.

Reporting Agency

ONDCP

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

Status

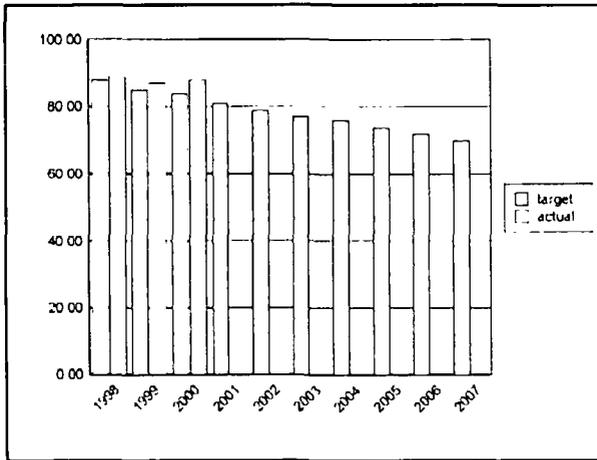
This target remains on track. It is assumed that collective interdiction efforts in the transit and arrival zones resulted in keeping progress on track toward the target.

ONDCP Cocaine Flow Model: Modeling cocaine availability is a mature process and is now reportable.

GOAL 4

IMPACT TARGET - Reduce the rate of illicit drug flow through transit and arrival zones

**Reduce transit and border zone drug flow (Cocaine),
reduction in percentage of drug flow (Cocaine), CY 98-07**



Primary Data Source

ONDCP Cocaine Flow Model which integrates data from: FDSS; CCDB; INCSR; CNC coca cultivation estimates; IACM; NHSDA; and ADAM.

Secondary Data Source(s)

None

Target 1

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.

Measure 5

The rate that illegal drugs in the arrival zones are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies. (Cocaine)

Reporting Agency

ONDCP

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

Status

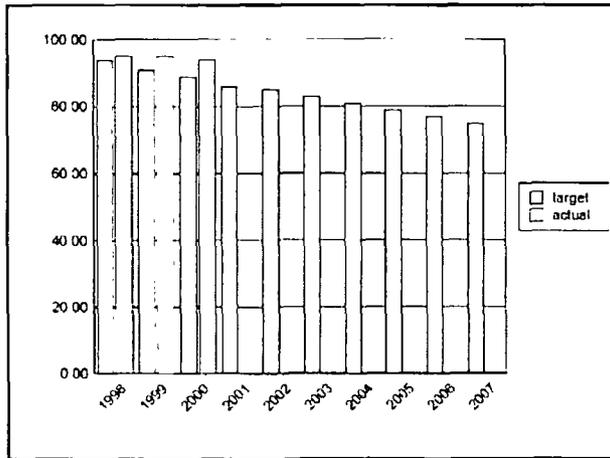
This target is off track. It is assumed that interdiction efforts in the arrival zone have not resulted in keeping progress on track toward the target.

ONDCP Cocaine Flow Model: Modeling cocaine availability is a mature process and is now reportable.

GOAL 4

IMPACT TARGET - Reduce the rate of illicit drug flow through transit and arrival zones

**Reduce transit and border zone drug flow (Heroin),
reduction in percentage of drug flow (Heroin), CY 98-07**



Primary Data Source

The ONDCP Heroin Flow Model, which integrates data from: Federal-wide Drug Seizure System (FDSS); INCSR; and the CNC potential heroin estimates.

Secondary Data Source(s)

None

Target 1

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.

Measure 6

The rate that illegal drugs in the arrival zone are precluded entry into the U.S. as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies. (Heroin)

Reporting Agency

ONDCP

Supporting Agencies

DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

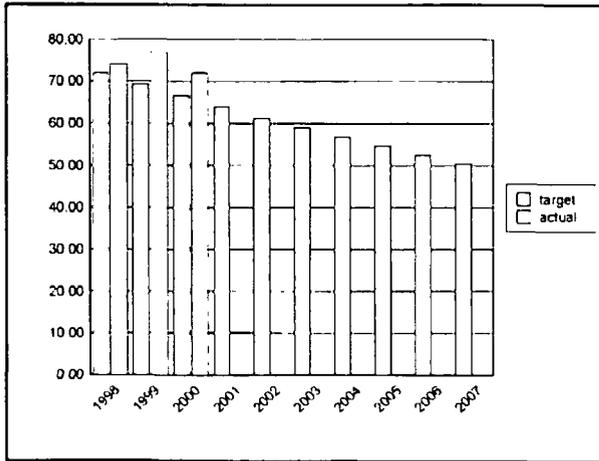
Status

ONDCP Heroin Flow Model: Although heroin modeling is more mature now, it is limited by the lack of accurate foreign production and consumption figures.

GOAL 5

IMPACT TARGET - Reduce the rate of shipment of illicit drugs from the source zones

Reduction in source zone outflow (cocaine), reduction in percentage of drug flow (cocaine), in country, from production to the point of export, CY 98-07



Primary Data Source

ONDCP Cocaine Flow Model which integrates data from: FDSS; CCDB; INCSR; CNC coca cultivation estimates; IACM; NIISDA; and ADAM.

Secondary Data Source(s)

None

Target 1

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.

Measure 1

The outflow rate of cocaine leaving the source zone.

Reporting Agency

ONDCP

Supporting Agencies

DEA, DoD, DOS, NSA, USAID, USCS

Status

This target remains off track. This may be due, in part, to the effect of "Plan Colombia" not being realized yet.

ONDCP Cocaine Flow Model: Modeling cocaine availability is a mature process, and is now reportable.

Measurement of coca cultivation closely correlates with production, based on the following assumptions: (A) no stockpiling is occurring; and (B) the seized product is permanently removed from the system.

Appendix B

Drug-Related Data Sources

The Office of National Drug Control Policy's (ONDCP) Advisory Committee on Research, Data, and Evaluation; Subcommittee on Data, Research, and Interagency Coordination (the Data Subcommittee) coordinates the development and analysis of quantitative drug control data from national surveys and other data collection and estimation processes in support of the Strategy. Data are available for many of the performance measures specified in the PME; however, there are specific areas for which measurement systems are not yet fully operational.

Data Source Descriptions

The following sections provide brief descriptions of the major data sources that provide information for quantitative PME measures related to the impact targets.

National Household Survey on Drug Abuse *(Source for Strategy Goals One and Three)*

The National Household Survey on Drug Abuse (NHSDA) is a comprehensive survey of drug use and related issues. It has been the primary source of information on the prevalence and incidence of illicit drug, alcohol, and tobacco use in a nationally representative sample of the civilian, non-institutionalized population of the United States age 12 and older. It is an annual survey, covering topics that include drug use, health, and demographics. Data collection is ongoing throughout the calendar year, allowing the measurement of drug use through seasonal and other periodic variations. The size of the survey sample has grown from fewer than 10,000 before 1991 to a sample of almost 70,000 in 2000. In 1991, the NHSDA was expanded to include college students in dormitories, persons living in homeless shelters, and civilians living on military bases. The NHSDA was administered by the National Institute on Drug Abuse (NIDA) from 1974 through 1991; the Substance Abuse and Mental Health Services Administration (SAMHSA) has administered the survey since 1992.

The data collection methodology was changed from paper and pencil interviews (PAPI) to computer-assisted interviews (CAI) in 1999 and the sample was expanded almost four-fold to permit state-level estimates and more detailed subgroup analyses, including race/ethnic subgroups and single-year age categories. Also in 1999, the sample size and scope of the NHSDA was substantially increased to nearly 70,000 respondents to provide state-by-state data, and greater information about drug use among 12 to 17 year-olds.

Because of the major methodology change implemented in 1999, trend data from NHSDA have been interrupted and effectively start anew in 1999. Any inferences that the reader may draw from explicit or implicit comparisons between 1999 and prior years must be made with caution. All targets affected by this change have been reviewed to establish the new baseline data year.

While the NHSDA is designed to estimate drug use in the civilian non-institutionalized population, which includes more than 98 percent of the United States population, it excludes some important and unique sub-populations who may have very different drug-using patterns, such as: (1) active duty military personnel, (2) persons living in institutional group quarters, such as prisons and residential drug treatment centers, and (3) homeless persons not living in a shelter. Active military personnel have been shown to have lower rates of illicit drug use compared to the general population, while the other excluded categories have been shown in other surveys to have higher rates of illicit drug use. The NHSDA also provides information for other measures in *Strategy Goals One and Three*.

For the measurement of drug use in the workplace, the NHSDA measures drug use prevalence among sub-populations who are employed; however, it does not specifically distinguish if drug use occurred while on or off the job.

Uniform Crime Reports

(Source for Strategy Goal Two)

The Uniform Crime Reports (UCR) is a nationwide, cooperative statistical effort of nearly 17,000 city, county, and state law enforcement agencies voluntarily reporting data on crimes brought to their attention. The goal of the UCR is to count in a standardized manner the number of offenses, arrests, and clearances known to police. Data are reported for the following nine index offenses: murder and manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, theft, motor vehicle theft, and arson. Data on drug arrests, including arrests for possession, sale, and manufacturing of drugs, are included in the database. Distributions of arrests for drug abuse violations by demographics and geographic areas also are available. UCR data have been collected since 1930; the FBI has collected data under a revised system since 1991. For PME measures, UCR data are used as proxy variables in the absence of direct measures of drug-related crime.

What America's Users Spend on Illegal Drugs: 1988–2000

(Source for Strategy Goals Two and Four)

This report estimates total United States expenditures on illicit drugs based on available drug supply and demand data. Data are provided on estimated numbers of users, yearly, and weekly expenditures for drugs, trends in drug supply, and retail prices of drugs. Abt Associates, Inc., first wrote the report for ONDCP in 1993. It was updated in 1995, 1997, 1999 and 2000.

The Economic Costs of Alcohol and Drug Abuse in the United States

(Source for Strategy Goal Three)

The NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) commissioned this study to estimate the economic costs of alcohol and drug abuse in the United States. The study, which was released in 1998, is based on 1992 data and includes estimates for 1995. Before this report, the last complete cost estimate using detailed data was for 1985. Such irregular intervals for calculation costs to society were a major limitation. In 2000, more frequent estimates of the social costs of drug abuse were implemented by ONDCP, with cost estimates through 1998 and cost projections for 1999 and 2000.

Estimating Cocaine Flow: The Sequential Transition and Reduction (STAR) Model, 1996–2000

(Source for Strategy Goals Four and Five)

ONDCP continues to develop a flow model for cocaine called the Sequential Transition and Reduction (STAR) Model. The STAR Model delineates a series of stages between the coca growing areas and the domestic market in the United States. Availability estimates of cocaine (and its derivatives) are calculated for each stage by combining existing estimates of supply prevalence—a coca cultivation-based approach and a domestic consumption-based approach. The cultivation-based approach begins with estimates of annual coca cultivation and of conversion into leaf, then cocaine base, then cocaine hydrochloride. At each transition stage, amounts are reduced by losses due to consumption, seizures, or spoilage. The cultivation-based approach produces an estimate of the amount of cocaine available for export from source countries by beginning with the annual estimate of domestic cocaine consumption, then adding losses such as seizures. These two approaches are then reconciled in the model to arrive at an interpreted estimate. Abt Associates, Inc., prepared a report describing this model for ONDCP. ONDCP is continuing to refine this "cocaine flows" estimate model.

Appendix C

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. Figure C-1 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 figure, but major differences, referenced by Congressional target (designated as A through E), are as follows:

Target A

Reduction of unlawful drug use.

A reduction in current drug use of 53 percent by 2003 will be required to attain a three percent prevalence rate as specified by Congress, whereas the PME target is a 25 percent reduction by 2002.

Target B

Reduction of adolescent unlawful drug use.

If 12th grade data are used, the Congressional target will require an 88 percent reduction by 2003 to attain a three 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

Reduction of the availability of cocaine, heroin, marijuana, and methamphetamine.

The Congressional target is an 80 percent reduction by 2003, compared to the PME target of a 25 percent reduction by 2002.

Target D

Reduction of the respective nationwide average street purity levels for cocaine, heroin, marijuana, and methamphetamine.

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 Five). Purity is closely intertwined with price, which, in turn, is influenced by the interruption of trafficking mechanisms. PME targets focused on the latter.

Target E

Reduction of drug-related crime.

Reduction in state and federal unlawful drug trafficking.

Reduction in state and federal crimes committed by persons under the influence of unlawful drugs.

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.

Reduction of drug-related emergency room incidents.

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 ambitious yet plausible targets.

Figure C-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																																					
	<i>The targets in the National Drug Control Strategy shall include the following:</i>	Measure Specified	Goal	Target	Measure																																			
A	<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 NHSDA data:³</td></tr> <tr><td>1999</td><td>6.3%</td></tr> <tr><td>2000</td><td>6.3%</td></tr> </table>	Latest NHSDA data: ³		1999	6.3%	2000	6.3%	Overall illicit drug use during the past 30 days (National Household Survey)	3 (Impact 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 NHSDA data:³</td></tr> <tr><td>1999</td><td>6.3%</td></tr> <tr><td>2000</td><td>6.3%</td></tr> </table>	Latest NHSDA data: ³		1999	6.3%	2000	6.3%	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, Treas.																							
Latest NHSDA data: ³																																								
1999	6.3%																																							
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Latest NHSDA data: ³																																								
1999	6.3%																																							
2000	6.3%																																							
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 MTF (12th grade) data:⁴</td></tr> <tr><td>1996</td><td>24.6%</td></tr> <tr><td>1997</td><td>26.2%</td></tr> <tr><td>1998</td><td>25.6%</td></tr> <tr><td>1999</td><td>25.9%</td></tr> <tr><td>2000</td><td>24.9%</td></tr> <tr><td>2001</td><td>25.7%</td></tr> </table>	Latest MTF (12 th grade) data: ⁴		1996	24.6%	1997	26.2%	1998	25.6%	1999	25.9%	2000	24.9%	2001	25.7%	Illicit drug use during the past 30 days (Monitoring the Future Survey or the National PRIDE Survey)	1 (Impact 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 NHSDA data:⁵</td></tr> <tr><td>1999</td><td>9.8%</td></tr> <tr><td>2000</td><td>9.7%</td></tr> </table>	Latest NHSDA data: ⁵		1999	9.8%	2000	9.7%	Past month prevalence of drug, alcohol, and tobacco use by youth. Reporting Agency: HHS. Supporting Federal Agencies: DoD, DOJ, ED.															
Latest MTF (12 th grade) data: ⁴																																								
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Latest NHSDA data: ⁵																																								
1999	9.8%																																							
2000	9.7%																																							
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="5">ONDCP estimates (in metric tons):⁶</td></tr> <tr><td></td><td>cocaine</td><td>heroin</td><td>marijuana</td><td>meth</td></tr> <tr><td>1996</td><td>301</td><td>13</td><td>874</td><td>54</td></tr> <tr><td>1997</td><td>275</td><td>12</td><td>960</td><td>35</td></tr> <tr><td>1998</td><td>267</td><td>14</td><td>952</td><td>27</td></tr> <tr><td>1999</td><td>271</td><td>14</td><td>1,028</td><td>18</td></tr> <tr><td>2000</td><td>259</td><td>13</td><td>1,047</td><td>20</td></tr> </table>	ONDCP estimates (in metric tons): ⁶						cocaine	heroin	marijuana	meth	1996	301	13	874	54	1997	275	12	960	35	1998	267	14	952	27	1999	271	14	1,028	18	2000	259	13	1,047	20	(no measure specified)	2 (Impact 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>	Quantity of illicit drugs available in the United States Reporting Agency: ONDCP Supporting Federal Agencies: DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS, USIC.
ONDCP estimates (in metric tons): ⁶																																								
	cocaine	heroin	marijuana	meth																																				
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(See notes at end of table.)

Figure C-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																							
	<i>The targets in the National Drug Control Strategy shall include the following:</i>	Measure Specified	Goal	Target	Measure																					
D	<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"> <tr> <td colspan="3">Latest STRIDE data:⁷</td> </tr> <tr> <td></td> <td>cocaine</td> <td>heroin</td> </tr> <tr> <td>1996</td> <td>72%</td> <td>23%</td> </tr> <tr> <td>1997</td> <td>65%</td> <td>28%</td> </tr> <tr> <td>1998</td> <td>68%</td> <td>25%</td> </tr> <tr> <td>1999</td> <td>64%</td> <td>27%</td> </tr> <tr> <td>2000</td> <td>61%</td> <td>25%</td> </tr> </table>	Latest STRIDE data: ⁷				cocaine	heroin	1996	72%	23%	1997	65%	28%	1998	68%	25%	1999	64%	27%	2000	61%	25%	<p>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.</p>		(No corresponding specific target)	
Latest STRIDE data: ⁷																										
	cocaine	heroin																								
1996	72%	23%																								
1997	65%	28%																								
1998	68%	25%																								
1999	64%	27%																								
2000	61%	25%																								
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.</i></p> <table border="1"> <tr> <td colspan="2">Data on drug-related crime are limited to drug law violations.⁸</td> </tr> </table>	Data on drug-related crime are limited to drug law violations. ⁸		(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. Reporting Agency: DOJ. Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.</p>																			
Data on drug-related crime are limited to drug law violations. ⁸																										
E	<p><i>(i) reduction of State and Federal unlawful drug trafficking and distribution.</i></p> <table border="1"> <tr> <td>Data on drug trafficking are unavailable.⁹</td> </tr> </table>	Data on drug trafficking are unavailable. ⁹	(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 venued in the United States reach U.S. consumers. Reporting Agency: DO. Supporting Federal Agencies: BJS, DEA, FBI, HIDTAs, Treas.</p>																				
Data on drug trafficking are unavailable. ⁹																										

(See notes at end of table.)

Figure C-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																							
	<i>The targets in the National Drug Control Strategy shall include the following:</i>	Measure Specified	Goal	Target	Measure																					
E	<p>(ii) reduction of State and Federal crimes committed by persons under the influence of unlawful drugs;</p> <table border="1" data-bbox="344 471 742 777"> <thead> <tr> <th colspan="3">Inmate-reported substance use at the time of offense:¹⁰</th> </tr> <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>22%</td> </tr> <tr> <td colspan="3">Alcohol/drug use</td> </tr> <tr> <td>1991</td> <td>49%</td> <td>24%</td> </tr> <tr> <td>1997</td> <td>52%</td> <td>34%</td> </tr> </tbody> </table>	Inmate-reported substance use at the time of offense: ¹⁰			Drug Use	State	Federal	1991	31%	17%	1997	33%	22%	Alcohol/drug use			1991	49%	24%	1997	52%	34%	(no measure specified)	2 (Objective 1)	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.	Reported rate of homicides, robberies, rapes, assaults, and property crimes associated with distribution, sale, or consumption of illegal drugs as measured by available crime indicators. Reporting Agency: DOJ. Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.
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E	<p>(iii) reduction of State and Federal crimes committed for the purpose of obtaining unlawful drugs or obtaining property that is intended to be used for the purchase of unlawful drugs; and</p> <table border="1" data-bbox="391 969 691 1058"> <tr> <td>Data are not available on crimes committed for the purpose of obtaining drugs.¹¹</td> </tr> </table>	Data are not available on crimes committed for the purpose of obtaining drugs. ¹¹	(no measure specified)		(overlaps with Drug-related violent crime , above)																					
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E	<p>(iv) reduction of drug-related emergency room incidents in the United States, including incidents involving gunshot wounds and automobile accidents in which illicit drugs are identified in the bloodstream of the victim, by 50 percent by December 31, 2003.</p> <table border="1" data-bbox="344 1279 715 1342"> <tr> <td>Data are not available for drugs in the bloodstream of injury victims.¹²</td> </tr> </table>	Data are not available for drugs in the bloodstream of injury victims. ¹²	Data of the Drug Abuse Warning Network on illicit drug abuse.		(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.)	Health and social costs in constant dollars attributable to illegal drugs. Reporting Agency: HHS. Supporting Federal Agencies: DOJ, DOL, ED, VA, Treas.																				
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(See notes at end of table.)

Endnotes

¹ Five targets (A through E) are specified by Congress. Language in italics is reproduced from HR 4328 (Section 706, Paragraph 4) and includes all Congressionally defined performance targets. Additional language from Paragraph 5 also pertains to targets, as follows: *FURTHER REDUCTIONS IN DRUG USE, AVAILABILITY, AND CRIME. Following the submission of a National Drug Control Strategy under this section to achieve the specific targets described in paragraph (4), the Director may formulate a strategy for additional reductions in drug use and availability and drug-related crime beyond the 5 year period covered by the National Drug Control Strategy that has been submitted.*

² The *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 87 specific targets organized under 31 Objectives corresponding to the 5 goals of the 1998 National Drug Control Strategy. The seven PME targets included in this table are the subset most closely related to those mandated in HR 4328.

³ In 1999, the *National Household Survey on Drug Abuse* (NHSDA) methodology changed from a paper-and-pencil interview (PAPI) to a computer-assisted interview (CAI). Thus, these data are not comparable to 1998 and earlier. For this reason, only data from the new series are presented.

⁴ Data from the *Monitoring the Future* (MTF) study are for 12th graders, 10th graders, and 8th graders from school-based surveys and do not encompass the entire range of adolescents. Data from the National Parents' Resource Institute for Drug Education (PRIDE) yield estimates similar to MTF and are collected from students in schools that participate on a voluntary basis and are not necessarily representative of adolescents nationwide. It is 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, which would be a parallel measure to Target A for the entire population. See Note 5 below.

⁵ 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.

⁶ Data on availability of specific drugs in the United States are estimated by ONDCP in the report *What America's Users Spend on Illegal Drugs, 1988-2000* (December 2001). Refinement of the estimation methodology for drug availability is ongoing.

⁷ Data on street purity levels of cocaine and heroin are from the *System to Retrieve Information from Drug Evidence* (STRIDE). Purity is reported as averages for different purchase amounts—data in the table are for the smallest amounts, purchases of 1 pure gram or less for cocaine and 0.1 pure 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.

⁸ The *Uniform Crime Reports* (UCR) provide data on arrests for crime in general, various types of violent and property crimes, and drug law violations. Data from UCR on drug abuse violations are narrowly defined to include sale, manufacture, or possession of heroin or cocaine and their derivatives, marijuana, synthetic or manufactured drugs, and other dangerous nonnarcotic drugs. The overall rate of crime and of violent acts have been and continue to be used as proxy variables for drug-related crime, on the assumption that crime in general and drug-related crime in particular are highly correlated and that drug-related crime is proportional to crime in general. ONDCP's Data Subcommittee has been tasked with reviewing available crime data to identify areas where more adequate measurement is necessary.

⁹ Data on domestic drug trafficking and distribution are incomplete. While there are measures of the portion of trafficking that is disrupted by domestic seizures, no direct measures of the total amount available for domestic transport and distribution are available.

¹⁰ Data specific to crimes committed under the influence of drugs are not regularly available. The Bureau of Justice Statistics conducts a survey of inmates in state and federal correctional facilities approximately every five years. While this survey collects data on inmate self-reports of being under the influence of drugs or alcohol at the time of offense, these data are too infrequently collected to provide adequate measurement of progress on this target. A limited effort to measure this variable also is included in the *National Crime Victimization Survey* (NVCS), which reports "perceived drug or alcohol use by offender" as reported by victims of violent crimes. By definition, such a measure excludes all homicides. NVCS data indicates that large proportions of violent crime victims (42% in 1994) did not know or were unable to answer the question of whether the perpetrator was under the influence of drugs or alcohol. By this indicator, only 5% of violent crime victims reported that they perceived the offender to be under the influence of drugs, an additional 4% were perceived to be under the influence of both drugs and alcohol, and 1.3% were perceived to be under the influence of either alcohol or drugs, but were not sure which one. See also Note 8 above.

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

¹² Data on drug-related emergency room incidents are collected by the *Drug Abuse Warning Network*, which includes 21 metropolitan areas and a national panel. While national data on total gunshot victims and total motor vehicle crash victims treated in hospitals can be tabulated from the *National Hospital Discharge Survey*, these victims are not routinely tested for the presence of illicit drugs in the bloodstream. There is no data surveillance system for blood drug content for motor vehicle crashes (unlike the routinely collected blood alcohol content data that are reported in the *Fatal Accident Reporting System*).