OFFICE OF NATIONAL DRUG CONTROL POLICY

FY 2002 Annual Performance Plan

and

FY 2000 Annual Program Performance Report

Submitted under the Auspices of the Government Performance and Results Act

Executive Office of the President
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FY 2002 Annual Performance Plan
FY 2000 Program Performance Report

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OFFICE OF NATIONAL DRUG CONTROL POLICY

FY 2002 Annual Performance Plan and FY 2000 Program Performance Report

PREFACE

In accordance with the Government Performance and Results Act (GPRA) requirements, this Annual Performance Plan accompanied the Office of National Drug Control Policy (ONDCP) budget request for FY 2002. The Plan links the long-term goals outlined in the ONDCP Strategic Plan to its day-to-day activities; it describes what ONDCP proposes to accomplish during FY 2002 with its budget. The accompanying Program Performance Report reviews the success in achieving the FY 2000 performance goals.

This Annual Plan states ONDCP's overall mission and goals as well as those of the four specific programs ONDCP manages. The national goals strive to produce outcomes both nationally and internationally. Because of this, their accomplishment requires the coordinated effort of numerous federal agencies, state and local governments, the private sector, society at large, and foreign governments.

By law, ONDCP's principal purpose is to establish policies, priorities, and objectives for the United States drug control program through the National Drug Control Strategy (*Strategy*). Clearly, no one agency or sector can achieve the goals of the *Strategy* and ONDCP's primary role is to guide the disparate efforts of numerous agencies by coordinating and focusing them on national priorities and objectives. This policy-making and oversight role, however, consumes only a small proportion--only about five percent--of ONDCP's annual budget. ONDCP applies the remainder of its budget to the four drug control programs it directly manages in support of the overall *Strategy*.

Section I.   MISSION STATEMENT

> **MISSION**
>
> Reduce the demand, availability, and consequences of illegal drug use within the United States

From a broad perspective, the ONDCP's mission is to reduce the demand, availability, and consequences of illegal drug use within the United States. Initially the Anti-Drug Abuse Act of 1988 (P.L. 100-690, as amended) established ONDCP and charged it with creating a drug-free America. The Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322) amended this mission by dropping the "drug-free" requirement, changing it to include reducing the consequences of drug use and trafficking.

The mission of ONDCP was further expanded by Executive Order No. 12880

(1993) and Executive Orders Nos. 12992 and 13023 (1996), which assign ONDCP responsibility within the Executive Branch of government for leading drug control policy and developing an outcome measurement system. The Executive Orders also charter the President's Drug Policy Council and establish the ONDCP Director as the President's chief spokesperson for drug control.

The Office of National Drug Control Policy Reauthorization Act of 1998 (P.L. 105-277) expands ONDCP's mandate and authority, setting forth additional reporting requirements and expectations, including:

- Development of a long-term national drug strategy

- Implementation of a robust performance measurement system

- Commitment to a five-year national drug control program budget

- Permanent authority granted to the High Intensity Drug Trafficking Areas (HIDTA) program, along with improvements in HIDTA management

- Greater demand reduction activities given to the Counterdrug Technology Assessment Center

- Statutory authority for the President's Council on Counter-Narcotics

- Increased reporting to Congress on drug control activities

- Reorganization of ONDCP to allow more effective national leadership

- Establishment of a Parents Advisory Council on Drug Abuse

- Improved coordination among national drug control program agencies

ONDCP is responsible for coordinating the implementation of the *Strategy* by numerous federal agencies, state and local governments, the private sector, and foreign governments. The combined efforts of these numerous entities, most of which are not accountable to ONDCP, directly determine the degree of success with which the *Strategy* is implemented over the long-term.

Section II.   GOALS AND OBJECTIVES

The *Strategy* establishes the overall mission and framework for all federal drug-control agencies. The *Strategy* is a long-term plan to reduce drug abuse in the United States by decreasing drug use (demand), drug availability (supply), and the consequences associated with drug abuse and trafficking.

The *Strategy's* five goals and thirty-one objectives (Complete list at Appendix A) constitute a comprehensive, balanced effort encompassing prevention, treatment, research, law enforcement, shielding our borders, drug-supply reduction and international cooperation. Most importantly, the *Strategy* integrates efforts in these areas to generate a whole that is greater than the sum of its parts. These goals, along with the objectives, guide ONDCP's management of the federal and private sector agencies and organizations committed to reducing drug abuse and its consequences. ONDCP manages the *Performance Measures of Effectiveness* (PME) system that details the targets that gauge progress toward each of the *Strategy's* goals and objectives.

Goals of the National Drug Control Strategy

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

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

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

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

5. Break foreign and domestic drug sources of supply.

Section III.   MEANS FOR ACHIEVING GOALS AND OBJECTIVES

To fulfill its mission, ONDCP performs the following major functions and activities:

- Develops the *Strategy*, refining it annually to reflect new threats and challenges

- Oversees drug control programs in accordance with *Strategy* goals and objectives through leadership, policy direction, and consensus-building

- Assesses progress toward achieving the goals and objectives

- Reviews drug control agency budgets and annually develops a consolidated federal drug control budget

- Directs four programs:
  1) High Intensity Drug Trafficking Areas
  2) Counterdrug Technology Assessment Center
  3) National Youth Anti-Drug Media Campaign
  4) Drug-Free Communities Support Program

The four major drug control-related programs that ONDCP directly manages comprise only a small portion of the combined nation-wide resources directed at combating illicit drug use by numerous federal, state, and local drug control efforts. ONDCP continuously evaluates the *Strategy's* effectiveness via the PME system. The PME system includes targets against which *Strategy* implementation is evaluated and adjusted as appropriate.
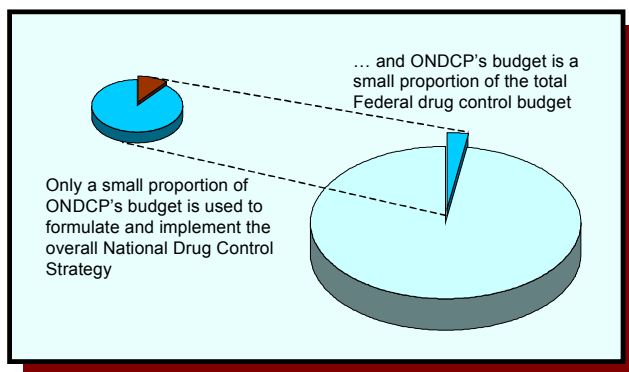
Section IV.   PERFORMANCE TARGETS, RESOURCES, ACTIVITIES, AND VERIFICATION OF RESULTS

The primary measure of the drug control community's effectiveness is the extent to which *Strategy* goals and objectives are achieved. This is described annually in the *Performance Measures of Effectiveness Report*, the most recent being PME 2001. Accomplishing this is especially difficult because some fifty federal agencies play a role in achieving the performance targets established by the *Strategy*, as do state and local government partners, private citizens, and the international community. By leading interagency dialogue to identify common outcomes and contributory actions, ONDCP has made significant progress toward addressing joint accountability among the federal agencies responsible for accomplishing the *Strategy*.

To focus its partners on results, ONDCP instituted the PME system. This system seeks to integrate federal agency programs and budgets toward established performance targets that define desirable end states for the *Strategy's* goals and objectives.

Ongoing progress evaluations and feedback will guide agency efforts.

ONDCP's own operations are a very small part of the *Strategy*; its budget is less than two percent of the total drug control budget.

… and ONDCP's budget is a small proportion of the total Federal drug control budget

Only a small proportion of ONDCP's budget is used to formulate and implement the overall National Drug Control Strategy

Most of ONDCP's budget is for programs. Only about five percent of its budget is for operations; the remainder supports the four programs that it manages. These relationships are highlighted above. See Section IV.E. for FY 02 budget request.

Section IV. A.   NATIONAL DRUG CONTROL STRATEGY – STRATEGY DEVELOPMENT

Since passage of the 1988 Anti-Drug Abuse Act, eleven formal versions of the *Strategy* have been drafted, all of which defined the reduction in demand for illegal drugs as a main focus of drug control efforts. The various strategies confirmed that no single approach could rescue the nation from the cycle of drug abuse. Drug prevention, education, and treatment must be complemented by drug supply reduction

abroad, at our borders, and within the United States. Each approach also shared the commitment to maintain and enforce anti-drug laws. These strategies tied policy to an increasingly scientific, research-based body of knowledge.

In 1996, the *Strategy* established five major goals as the basis for a coherent, rational, long-term national effort. This S*trategy* was

developed using an extensive consultation process that included state and local governments, non-government organizations (NGOs), and drug program experts. In 1998 ONDCP developed and released its ten-year drug control *Strategy* that provides a comprehensive plan for reducing drug use and its consequences. It focuses on shrinking America's demand for drugs, through treatment and prevention, and attacking the supply of drugs through law enforcement and international cooperation.

Released with the *Strategy* was a report on the PME system. In FY 2002, ONDCP's output for this function will be the development of the FY 2002 Annual Report that describes modifications to the *Strategy* for the year.

ONDCP also submits a Classified Annex to the *Strategy* to Congress on an annual basis to address the President's interagency plan for countering international drug cultivation, production, and trafficking.

Section IV. B.   IMPLEMENTING THE NATIONAL DRUG CONTROL STRATEGY

The creation of ONDCP was a timely response to the fragmentation and overlap of the federal government's drug control programs and budgets. ONDCP's "value-added" rests in its coordination of numerous drug control programs in order to make them function together in an integrated manner to achieve the *Strategy*'s goals. It provides an integrated assessment of the community's efforts.

Interagency Coordination. ONDCP's oversight responsibilities involve more than 50 federal agencies and Cabinet departments as well as their state and local partner agencies. Coordinating and overseeing such a vast array of federal anti-drug policies and programs involves providing policy guidance to focus the varied activities of these agencies. Such coordination is integral to achieving the *Strategy*'s goals and objectives (Appendix A).

ONDCP undertakes coordination through a variety of avenues including, but not limited to, the following:

- Office of Demand Reduction Interagency Working Group (IWG)

- U.S./Mexico Bilateral Demand Reduction Conference

- The President's Crime Prevention Council

- The Coordinating Council for Juvenile Justice and Delinquency Prevention

- The Interagency Narcotic Treatment Policy Review Board

- The Annual National Meeting on Coordination of Offender Substance Abuse Treatment Services

- Prevention Through Service Summit

- Interagency Working Group on media initiatives

- The U.S./Mexico High Level Contact Group on Drug Control

- Counter Narcotics Interagency Working Group for Drug Control (CN-IWG)

- Supply Reduction Working Group (SRWG)

- Caribbean Interdiction Working Group (CIWG)

- High Level-Contact Working Group for Drug Control

- Central America Ministerial Conferences

- Caribbean Joint Committee on Law and Justice

- Multilateral Hemispheric Drug Control Conference

- High Intensity Drug Trafficking Area Conferences

Interagency Coordination -- Steering Groups. In addition to coordinating with each federal agency, ONDCP also manages interagency working groups that focus on optimal ways of achieving the PME targets. These groups refined what the PME working groups developed the previous year—logic models and action plans for Goal One and Goal Three targets. ONDCP is moving in a similar direction with the other targets. This effort identifies systematic "road maps" for the federal agencies to achieve long-term drug control targets.

Action Plans and Logic Models. Logic Models identify and document causal relationships between government and non-governmental interventions and desired results. These form the basis for deciding how to achieve each target. ONDCP manages an ongoing analysis of the factors, activities, interventions, and gaps associated with the achievement of each target maintained in the logic models. It facilitates the development of interagency Action Plans detailing specific items that must be accomplished, and when, to achieve the target. Based on feedback from ongoing program evaluations, ONDCP, through the working groups, continually refines the logic models and action plans.

In a fiscally unconstrained environment it would be possible to pursue every intervention listed in the logic model and to develop new actions that remedy gaps identified through ongoing assessment. However, the action plans are developed within budget constraints around the interventions that are most critical to the achievement of each target.

Glide Paths – Getting There from Here. As a general rule and, in the absence of comprehensive data, the expected rate of progress toward achieving each target was assumed to occur in equal increments (a so-called "linear glide path") when the targets were formulated. However, if a logic model or action plan provides a rational reason for non-linear progress toward a goal, the interagency group will establish a corresponding non-linear glide path.

Broadening the Base. The ultimate impact of the Strategy depends on ONDCP's ability to align the action of non-federal participants with the attainment of national goals. The federal government cannot achieve the objectives in the *Strategy*

without the support of the fifty states, the District of Columbia, U.S. territories, and the thousands of cities, counties, and localities threatened by illegal drugs. State governments, for example, have enormous potential for addressing the drug problem. They administer the school systems, channel money and resources to specific needs, and educate citizens about the dangers of illegal drugs. State funds account for much of the drug prevention and treatment spending. Counties and cities also play an equally important role. Ultimately, all levels of government must become partners with the federal government in developing a comprehensive and coordinated drug control effort. Bringing this about is complicated by the relative independence states have from the federal government.
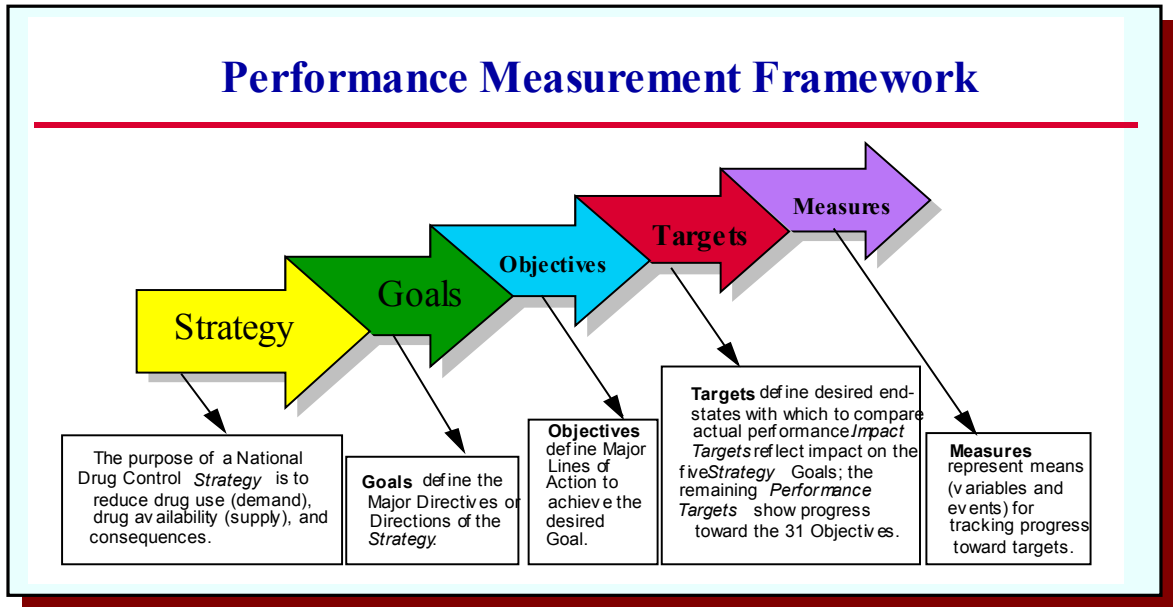
To help enhance the drug control efforts of various jurisdictions (state, local, etc.), ONDCP has begun to facilitate Performance Partnerships with states and localities. The long-term objective of these Partnerships is the reduction of drug abuse and drug trafficking through counterdrug efforts that are tailored to each locale. ONDCP is working to support each jurisdiction's efforts and to facilitate the requisite support, where needed, from the appropriate federal and non-federal agencies. Over the long-term, the aggregate effect of these focused efforts will contribute to the achievement of the performance targets articulated in ONDCP's annual report on the PME system. ONDCP plans to build on the early partnerships started with Maryland, Oregon and Houston, Texas.

**Section IV. C.   EVALUATING THE NATIONAL DRUG CONTROL STRATEGY—
THE PERFORMANCE MEASURES OF EFFECTIVENESS SYSTEM**

In 1998 ONDCP instituted the Performance Measures of Effectiveness system, for managing and assessing the effectiveness of the National Drug Control Strategy. This system incorporates a systemic orientation, use of causal models, clear identification of policy targets, recognition of external factors, and definition of measurement-related data requirements. It also takes the initiative in addressing a fundamental problem inherent in all accountability efforts—holding agencies responsible for outcomes over which they have limited control.

The General Approach.   The PME framework comprises a comprehensive and balanced effort encompassing drug prevention, treatment, domestic law enforcement, interdiction, and international programs. It establishes performance targets extending ten years into the future (1998-2007) and designates agency accountability in the *Strategy*'s three key impact areas: 1) reducing drug use, 2) reducing drug availability, and 3) reducing the damaging consequences of drug use. The nucleus of the PME system consists of ninety-nine targets assessing progress toward each of the five goals and thirty-one objectives.

Performance Measurement Framework

Strategy — The purpose of a National Drug Control *Strategy* is to reduce drug use (demand), drug availability (supply), and consequences.

Goals define the Major Directives or Directions of the *Strategy*.

Objectives define Major Lines of Action to achieve the desired Goal.

Targets define desired end-states with which to compare actual performance. *Impact Targets* reflect impact on the five *Strategy* Goals; the remaining *Performance Targets* show progress toward the 31 Objectives.

Measures represent means (variables and events) for tracking progress toward targets.

Annual targets have been developed for each long-term target, using a first approximation "glide path" to the 2002 and 2007 out-year targets. These glide paths will be regularly reviewed and refined based on modeling, data, and other feedback.

Strategy

- **5 Goals**
- **31 Objectives**

PME System

- **99 Performance Targets**
    - **38 Milestones**
    - **61 Numerical**
    - **– 157 Measures**

Twelve key targets in the system are designated as *Impact Targets* that define the *Strategy*'s desired end state and indicate the *Strategy*'s overall progress/success. The remaining eighty-seven performance targets reflect the overall progress toward the supporting objectives. ONDCP's annual publication, *Performance Measures of Effectiveness*, describes in detail each

goal and its associated objectives, targets, and measures.

Accountability through Feedback, Evaluation, and Teamwork. The PME process is more than collecting and reporting data related to targets and measures. It involves evaluating how agency programs and policies influence the drug problem. This includes determining the extent to which agencies, both collectively and individually, contribute to program success and goal achievement.

The process begins with ONDCP trying to ensure that each of the involved federal agencies includes the appropriate counterdrug-related programs in their long-term Strategic and short-term Performance Plans; that these programs are linked to the *Strategy*; and that they have the requisite *Budgets* for performing them. This ensures that various government agencies are not working at cross-purposes toward the achievement of desired outcomes. Future *Evaluations* of actual progress relative to these plans start the feedback loop that guides improvements in agency (i.e. the *Community*) efforts. These four components--Strategy, Budget, Evaluation,

and Community--must be integrated if agency efforts are to succeed. ONDCP is seeking to achieve and continuously refine this integration through its interagency working groups. ONDCP will adjust the objectives, targets, and measures as counterdrug efforts succeed and/or as new challenges emerge as identified through interagency consensus.

A Complete Picture. The PME system is being developed to monitor the PME targets and can be customized to meet the needs of any state, region, or local jurisdiction seeking to monitor its own strategy.

ONDCP has begun the process of encouraging state and local participation through the initiation of Performance Partnerships. By seeking greater flexibility for states in return for improved performance, ONDCP seeks to encourage our non-federal partners to work with federal agencies to meet the PME targets.

Performance Monitoring. Performance monitoring is designed to: 1) assess the effectiveness of the *Strategy* 2) provide the entire drug control community, including state and local governments, the private sector, and foreign governments with critical information on what needs to be done to refine policy and programmatic direction and 3) assist with drug program budget management at all levels. To assess the efficacy of the *Strategy,* ONDCP will monitor the extent to which each target is met. Such monitoring will not generate a "report card" for drug control agencies, but will be useful for them to refine their Performance Plans (agencies are required to track their own performance through their GPRA plans, which should include aspects of their own specific drug control missions and be consistent with the *Strategy* and PME system).

PME Progress Reports. Progress Reports on the effectiveness of national drug control efforts will be published annually. These reports will reflect assessments based available data. As additional data are made available the reports will become more comprehensive and cover more *Strategy* objectives. The FY 2001 PME Report is the output for this function.

Program Evaluation. The PME system is the foundation for evaluating the *National Drug Control Strategy*. However, the PME system is not designed to evaluate the success of any particular agency or program. It is a macro-level monitoring system that examines annual progress toward the *Strategy's* targets. ONDCP will supplement Performance Monitoring with Program Evaluation for in-depth assessment of program contributions. To determine why a target is not being met, ONDCP will undertake interagency program evaluations that examine the logic, assumptions, programs, funding issues, and other contributory factors that affect target achievement. Using accepted evaluation methodology, the team will examine whether any of the following problems occurred: faulty logic in the overall policy or program concept, poor performance on the part of one or more contributors, lack of funding, or unrealistic targets. Since program evaluations involve considerable time and resources, they are planned only when targets are not met for two to three consecutive years.

Major Challenge – Data Availability and Collection. Since FY 1999 ONDCP has been collecting and entering data for the *Strategy* performance target measures. However, a system encompassing so many agencies and programs cannot be implemented without addressing major stumbling blocks. The most critical

challenge pertains to the lack of data: for instance, many agencies collect drug-related information (such as the amount of drugs seized at various points), however, methodologies vary widely and no single estimate provides a complete and accurate picture.

Since no data sources exist for many of the targets, the baseline for these is unknown. ONDCP is working with the various federal agencies to analyze and prioritize data requirements and to develop reliable data and consistent procedures for data collection and reporting.

Data Reporting. ONDCP will continue to coordinate the process of developing new databases (or make consistent existing state and local databases) as needed. The PME system lists the data points and the federal agencies responsible for reporting performance to ONDCP. A minimum of one federal agency, two when there is a shared responsibility, is responsible for reporting on each measure. Additionally, "Supporting Federal Agencies" are listed along with the formal "Reporting Agency" because they assist with data collection and assessment, or have programs that contribute to achieving the given target. Although federal agencies are designated as "reporting and supporting agencies" for each goal and measure, this does not represent a complete list of actors that will help the nation achieve the specified goals. States, localities, and the private sector are contributors in the implementation of the *Strategy*.

Data Gap Elimination. A primary problem in undertaking performance measurement is the lack of valid, reliable data to measure progress toward the *Strategy,* goals, and objectives. In some cases, data are not collected consistently enough to permit national aggregation. In other cases, the data collected are not comprehensive. In yet other cases, there are no data. ONDCP is leading a Subcommittee on Data, Research, and Interagency Coordination to prioritize data needs for inclusion in the budget process. Not all data needed are expected to be federal responsibilities. ONDCP has a number of initiatives in progress to address the data gaps that arise, and it is possible that data-related factors will prompt revision of some targets.

Information Management System. The Information Management System (IMS) is a vehicle for data collection, processing, and *Strategy* monitoring and was implemented in FY 1998. Since then it has been refined a number of times to further enhance its utility. Data provided by the working groups and other sources constitute the IMS' foundation. The IMS reflects the underlying causal models linking *Strategy* goals and objectives with the corresponding targets and provides an automated set of tools enabling ONDCP to analyze progress toward achieving targets.

Section IV. D. – BUDGET FORMULATION AND OVERSIGHT

ONDCP certifies each drug control agency's budget and prepares a consolidated federal drug control budget for implementing the National Drug Control S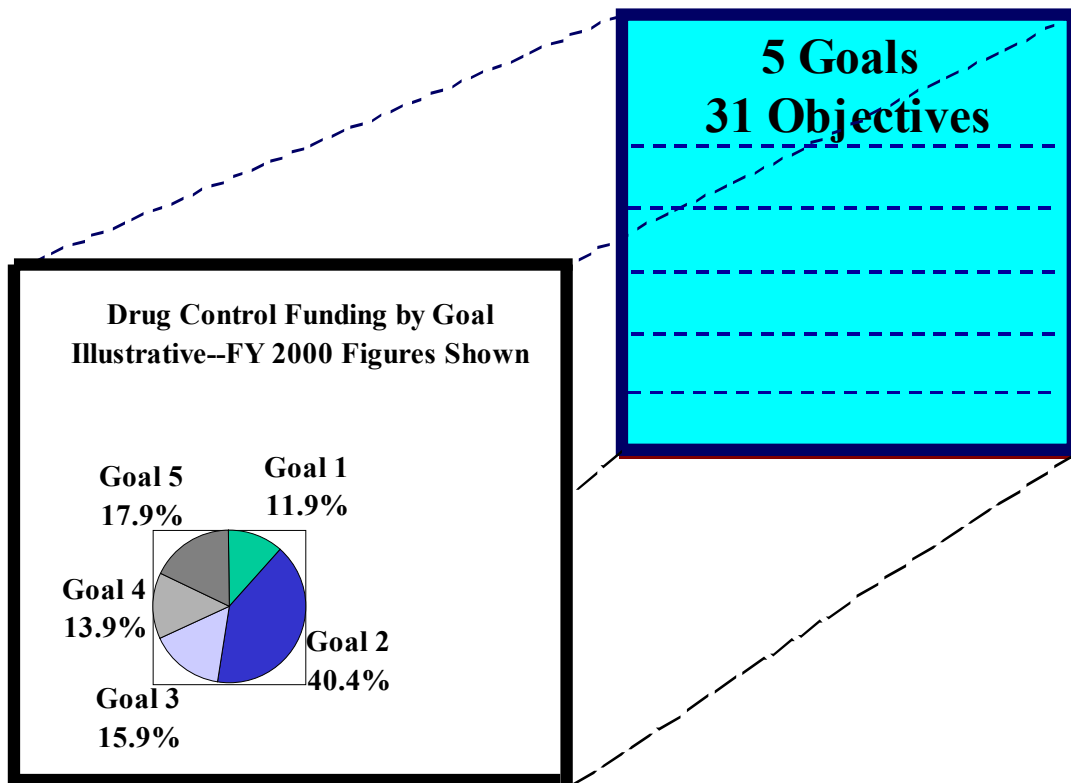trategy (*Strategy*). ONDCP's budget certification process ensures that each agency's budget submission adequately meets *Strategy* goals and objectives. It is based on the comprehensive, budget guidance ONDCP issues early in the budget development

process. The federal drug control budget must be linked to the *Strategy's* goals and objectives. Each federal drug control agency is responsible for developing estimates of their drug control resources. ONDCP publishes the final drug control budget in its annual publication, *The National Drug Control Strategy, Budget Summary*.

Budget Linkage to the PME System. ONDCP uses the PME system to help develop the budget guidance it issues to the federal drug control agencies. Pursuant to statute, this guidance is updated and issued to all drug control agencies by July 1 of each year. The publication of a consolidated National Drug Control Budget, issued concurrently with the FY 2002 *Strategy*, is the key output for this function

Spending by *Strategy* Goal. This framework also provides a mechanism for analyzing actual expenditures. Within any *Strategy* goal area, resources are clearly not uniformly spread among the various objectives. Also, some resources cannot be allocated against any of the existing objectives. This interesting, but not unexpected, result indicates that some drug control spending does not neatly fit into the current objectives. ONDCP works continuously to refine estimates of drug control spending. ONDCP's Circular, *Annual Accounting of Drug Control Fund*s, provides a mechanism for agency Chief Financial Officers and Inspectors General to review annually agency drug budget accounting and report these results to ONDCP and the Congress.

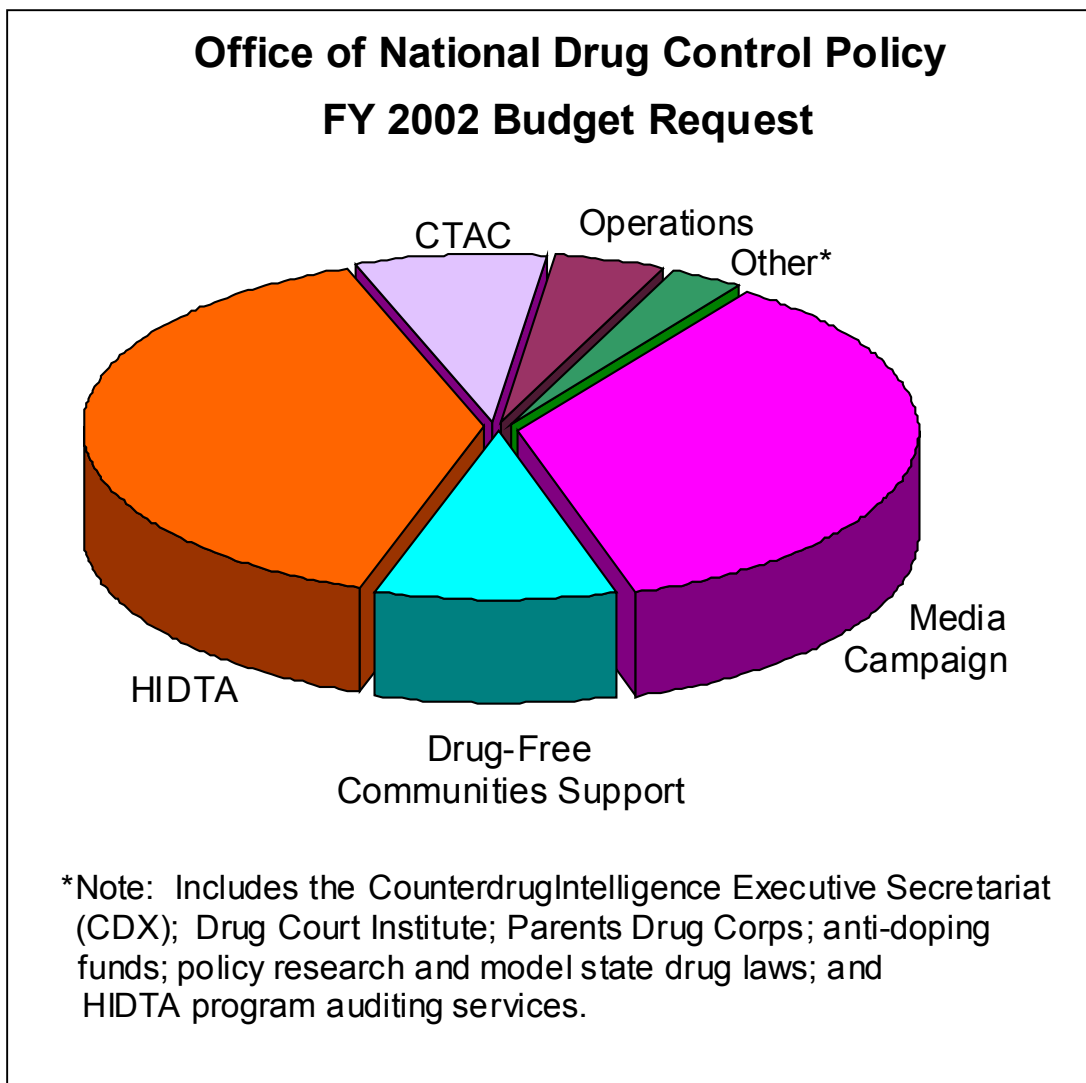## ONDCP Links the Federal Drug Control Budget to the *Strategy* & PME System

5 Goals
31 Objectives

Drug Control Funding by Goal
Illustrative--FY 2000 Figures Shown

Goal 5
17.9%

Goal 1
11.9%

Goal 4
13.9%

Goal 2
40.4%

Goal 3
15.9%

Section IV. E. **OFFICE OF NATIONAL DRUG CONTROL POLICY RESOURCES**

ONDCP's FY 2002 budget provides the primary Executive Branch support for drug policy development and program oversight. ONDCP advises the President on national and international drug control policies and strategies, and works to ensure the effective coordination of drug programs within the federal agencies and departments. In addition, ONDCP manages four programs that directly contribute to the accomplishment of *Strategy*. These four programs account for over ninety percent of ONDCP's total budget. About five percent of ONDCP's budget is used for policy guidance and oversight of the numerous federal agencies and state and local governments that together implement the *Strategy*.

For FY 2002 ONDCP has requested budget authority of $519.1 million. This budget will encompass four major program areas: 1) Counterdrug Technology Assessment Center (CTAC), 2) Drug Free Communities Support Program, 3) Media Campaign, and 4) the High Intensity Drug Trafficking Area (HIDTA) Program. The budget breakdown is summarized in the chart below, and in numerical detail on the next page.

Office of National Drug Control Policy
FY 2002 Budget Request

CTAC
Operations
Other*
Media Campaign
Drug-Free Communities Support
HIDTA

*Note: Includes the CounterdrugIntelligence Executive Secretariat (CDX); Drug Court Institute; Parents Drug Corps; anti-doping funds; policy research and model state drug laws; and HIDTA program auditing services.

Office of National Drug Control Policy

FY 2002 Budget Request

Salaries & Expenses
- Operations $ 22.8 M
- Other (policy research, model
  state drug laws)   2.4

Total: $ 25.1 M

Counter Drug Technology
  Assessment Center (CTAC)
- Research and Development $ 18.0 M
- Technology Transfer   22.0

$ 40.0 M

Special Forfeiture Fund
- National Youth Anti-Drug
  Media Campaign $ 185.0 M
- Drug-Free Communities Program   50.6
- Parents Drug Corps   5.0
- Counterdrug Intelligence Executive
  Secretariat (CDX)   3.0
- Anti-Doping   3.0
- Drug Court Institute   1.0

Total: $ 247.6 M

High Intensity Drug
  Trafficking Areas (HIDTAs) $ 204.3 M
- HIDTA Program Auditing Services   2.1

206.4

TOTAL: $ 519.1 M

NOTE: Totals might not add due to rounding

**Section IV. F. 1.   HIGH INTENSITY DRUG TRAFFICKING AREA (HIDTA)
                       PROGRAM FY 2002 PERFORMANCE PLAN**

MISSION

High Intensity Drug Trafficking Area Program

Enhance and coordinate America's drug-control efforts among federal, state and local agencies in order to eliminate or reduce drug trafficking (including the production, manufacture, transportation, distribution and chronic use of illegal drugs and money laundering) and its harmful consequences in critical regions of the United States.

The HIDTA Program helps improve the effectiveness and efficiency of drug control efforts in the most critical drug trafficking areas of the country by facilitating cooperation among federal, state and local law enforcement organizations; collocating and pooling limited resources; sharing information; developing focused, coordinated strategies; and implementing joint initiatives across jurisdictional boundaries.

HIDTA regional offices develop annual threat assessments, which form the basis for focused and coordinated strategies and initiatives that address the unique situations and drug trafficking threats within the designated regions. HIDTA-produced planning and budgeting documents are reviewed and updated annually to enhance law enforcement strengths and target the vulnerabilities of major drug trafficking organizations. To continually improve these efforts, the HIDTA regional offices assess the impact of initiatives on drug trafficking and forward new initiatives and funding requests to ONDCP for approval. The HIDTA threat assessments, strategies, initiatives, budgets, and reports that are produced annually by each regional office document a process for making improved planning, operations and budgeting

decisions at all levels of program management.

Budget. The HIDTA budget request accounts for $206.35 million of ONDCP's $519.1 million budget request for FY 2002.

The HIDTA Program is a large proportion of ONDCP's $519.1M budget request

HIDTA ($206.35M)
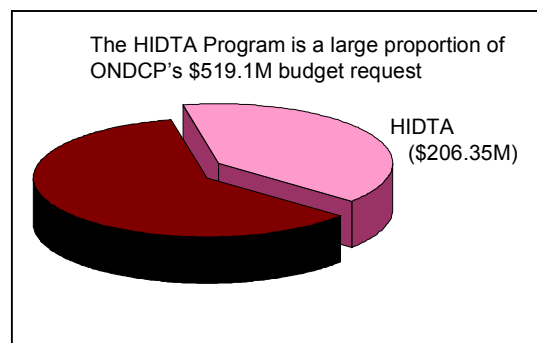
Linkage to the National Drug Control Strategy. The HIDTA Program is assigned a specific role in the National Drug Control Strategy: to facilitate and enhance federal, state and local law enforcement efforts. Its role in attacking regional drug trafficking concentrations is a crucial component of national efforts to reduce domestic drug trafficking, as well as drug-related crime and violence. HIDTA Program funds help law enforcement organizations invest in infrastructure and joint initiatives to confront drug trafficking.

The HIDTA Program is outcome-focused and promotes flexibility in planning, operations and budgeting so that law enforcement may respond to unique, regional problems and constantly changing drug trafficking threats. HIDTA initiatives deal with these issues; encompass federal, state and local efforts that traverse jurisdictional boundaries; and comply with a variety of federal, state and local laws. Such diversity greatly complicates program management, but these problems are being addressed and drug control efforts are being improved in America's most critical drug trafficking areas.

The HIDTA Program is addressed specifically in Objective Two of Goal Two of the *Strategy,* but contributes to accomplishing ONDCP's mission and all five goals (Appendix A) of the *Strategy*. HIDTA Program initiatives address the dynamic and multi-dimensional aspects of drug trafficking, including the production, manufacture, transportation, distribution and chronic use of illegal drugs and money laundering.

High Intensity Drug Trafficking Areas

Linkage to the National Drug Control Strategy

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

Objective Two: Improve the ability of High Intensity Drug Trafficking Areas to counter drug trafficking.

Program Structure and Resources. The HIDTA Program is comprised of the ONDCP HIDTA Program Office, the HIDTA Coordinating Committee, and twenty-eight regional HIDTA offices, each with its own Executive Board, Director and Intelligence Centers. (The twenty-eight regional HIDTA offices include the Southwest Border HIDTA and its five partnerships.) (See Appendix B for List of Designated HIDTAs.)

The ONDCP HIDTA Program Office. ONDCP's management responsibilities primarily include providing program policy guidance and evaluating program performance. Activities include assessing HIDTA threat assessments, strategies, initiatives, and proposed budgets; disbursing funds; and designating HIDTAs.

Program evaluation begins with the review of annual reports and funding proposals submitted by the HIDTA regional offices. ONDCP also evaluates each HIDTA's annual drug threat assessment, the strategy for addressing identified threats, the initiatives for implementing the strategy, and the impact of HIDTA initiatives on identified drug trafficking problems. In addition, ONDCP reviews each HIDTA's infrastructure requirements and funding requests. Each year, ONDCP evaluates every HIDTA to ensure it complies with statutory requirements, as well as ONDCP's

program and budgeting guidance. In its oversight role, ONDCP also conducts on-site program and financial reviews of selected HIDTAs.

Designating HIDTAs. The ONDCP Director, upon consultation with the Attorney General, Secretary of the Treasury, heads of National Drug Control Program agencies, and Governors of applicable states, designates specified regions of the United States as HIDTAs, provided they meet certain statutory criteria (highlighted below). Such designation qualifies federal, state and local law enforcement organizations within the region to receive federal assistance to combat drug trafficking activities. To date, approximately ten percent of U.S. counties are designated as HIDTAs. A map showing the locations of the HIDTAs and the dates they were designated is at Appendix B.

Statutory Criteria for HIDTA Designations

In designating a region a HIDTA, ONDCP considers the extent that:

- The area is the center of drug production, manufacturing, importation, or distribution.

- State and local law enforcement agencies have committed resources to respond to the drug trafficking problem, thereby indicating a determination to respond aggressively.

- Drug activities in the area are having a harmful impact on other areas of the country.

- A significant increase in federal resources is necessary to respond adequately to drug-related activities in the area.

The HIDTA Coordinating Committee. The HIDTA Coordinating Committee, chaired by ONDCP's Deputy Director for State and Local Affairs, is an interagency body comprised of members of federal drug control departments and agencies. This committee reviews HIDTA program management initiatives and budgets and provides recommendations to ONDCP.

The HIDTA Regional Offices. Each HIDTA regional office is comprised of an Executive Board, a Director, a few support positions, and members of federal, state and local drug control organizations. A primary function of HIDTA regional offices is to develop regional threat assessments and integrate the efforts of multiple law enforcement agencies with various responsibilities, capabilities, and jurisdictional authorities (i.e., federal, state, and local) into a coordinated, united effort against identified drug trafficking problems.

The Executive Boards. Each HIDTA is governed by an Executive Board, which is led by a Chair and a Vice Chair (one state or local person and one federal person). There are approximately sixteen members of the law enforcement and justice communities on each Board, including eight federal members and eight state or local members. Executive

Boards determine the character of HIDTA strategies and, with assistance from their HIDTA Directors, coordinate activities and employ HIDTA resources. They also have responsibilities to propose annual budgets; develop joint strategies with initiatives that specifically address the annual drug trafficking threat assessments; and monitor the development, implementation, support and evaluation of HIDTA initiatives.

HIDTA Intelligence Centers. An interagency Intelligence Center (also called Investigative Support Center and Information Center) is mandated in each HIDTA. These centers analyze information from many federal, state and local sources to provide intelligence support to law enforcement agencies regarding drug trafficking organizations and their vulnerabilities. The centers supply strategic intelligence, as well as case support to law enforcement agencies, and they develop the annual threat assessments that are used in determining the HIDTAs' enforcement strategies. Intelligence Centers also provide other functions and services, such as event deconfliction, to regional law enforcement organizations. (Deconfliction services are intelligence-sharing systems that enable law enforcement organizations to enhance officer safety and avoid duplication of efforts.) Finally, the centers provide secure facilities and information systems to federal, state, and local law enforcement agencies for storing and sharing information.

Fiscal Year 2002 Performance Goals and Targets. HIDTA funds are used to improve the effectiveness and efficiency of law enforcement's drug control efforts in critical areas of the United States. The intended result is a reduction in drug-related crimes and other harmful consequences of illegal drug use. ONDCP's HIDTA FY 2002 Performance Plan emphasizes three performance goals:

1) Improve the effectiveness and efficiency of law enforcement within HIDTAs

2) Reduce the efficiency and impact of drug trafficking organizations in America

3) Increase the safety of American neighborhoods.

The FY 2002 HIDTA performance goals, targets and approaches for achieving them are summarized below.

FY 2002 Goal One: Improve the efficiency and effectiveness of law enforcement within HIDTAs**.**

Approach: The HIDTA Program will identify and prioritize the services and resources required to increase the impact of law enforcement on drug trafficking. Funding priorities will also reflect the General Counterdrug Intelligence Plan (GCIP) to improve intelligence and inter- and intra-communications systems, as well as training needs and focused initiatives on drug threats identified by the HIDTAs' annual threat assessments. All HIDTAs will accomplish these program priorities within specified periods of time as detailed in ONDCP's funding priorities and milestones guide. The purpose of these procedures is to improve and enhance:

- Intelligence, information sharing and electronic connectivity
- Teamwork and training
- Strategic planning and execution of drug control initiatives
- Accountability of resources and operations

FY 2002 Performance Target: All HIDTAs will employ the HIDTA funding priorities in FY 2002 according to the funding priorities and milestones guide developed in FY 2001.

FY 2

2002 Goal Three: Increase the safety of American neighborhoods.

Approach: Drug traffickers and drug-using offenders are responsible for a disproportionate amount of violent crime and property offenses. During periods of heavy drug use, criminal activity rises dramatically in both frequency and severity. The Arrestee and Drug Abuse Monitoring (ADAM) reports support this statement and have indicated a dramatic rise from 1997 to 1999 in the number of arrestees that tested positive for at least one illicit drug.

Through the execution of drug control initiatives, HIDTAs reduce the efficiency and impact of drug trafficking. These reductions in trafficking, in turn, reduce drug-related crimes, violence, property crimes, and harmful consequences of drug use, such as emergency room visits and deaths, throughout the nation and within the geographical areas of some of the HIDTAs. For example, some initiatives, such as those designed to reduce drug transportation across the Southwest Border, are intended to reduce the flow of illegal drugs to other American neighborhoods, while other initiatives reduce drug distribution and use to impact trafficking within the geographical area of the HIDTA.

Research and national data sources are needed to determine the national impact of the HIDTA Program and other law enforcement efforts on drug trafficking in America. A 2001 study conducted by the National Research Council concluded there is a deficit in data evaluating the effectiveness of drug law enforcement. Subject to the availability of funds, ONDCP will sponsor an initiative to identify performance indicators and data sets to address this important goal.

2002 Performance Target: By October 1, 2001, ONDCP will complete a plan that will establish performance indicators and data sources to support Goal Three of the HIDTA Program. By the e~ FY 2002, this plan will be executed and a baseline of data will be established to support Goa¹˙ the HIDTA Program.

FY 2002 Performance Plan Initiatives. ONDCP began a number of management initiatives to improve the overall effectiveness and efficiency of the HIDTA Program and to implement the FY 2002 Performance Plan. The Program itself is built on partnerships with federal, state and local organizations that help save resources and improve effectiveness. ONDCP is in the process of implementing additional initiatives supporting all three FY 2002 goals to improve the performance and management of the HIDTA Program.

To support the HIDTA Program's first performance goal, ONDCP will complete the development of funding guidance with milestones for funding priorities by the end of FY 2001. ONDCP will consult with federal, state and local drug control agencies regarding the focus of the HIDTA Program and the development of program priorities. Additionally, ONDCP will work with Congress on funding priorities. These priorities will be finalized after consideration of ONDCP's budget plan to determine the percentage of the priorities that can be implemented during FY 2002. The funding guidance will include annual milestones on September 30th each year.

ONDCP will continue to work with the following HIDTA performance working groups to provide recommendations to

decision makers on program management and priorities: technology, intelligence, information systems, training, and performance management. The actual funding priorities will be directly associated with resources and services to improve and enhance the following: intelligence, information sharing and electronic connectivity, teamwork and training, strategic planning and execution of drug control initiatives, and accountability of resources and operations.

The impact of these funding decisions will be measured by reductions in regional drug trafficking threats in terms of drug production, transportation, distribution, use, and money laundering. HIDTA Program impact will be measured in terms of increased safety in American neighborhoods. In addition to the working groups' recommendations, funding priorities will be based on the General Counterdrug Intelligence Plan to improve intelligence and inter-and intra-communications systems, as well as training needs and focused drug threat initiatives identified by the HIDTAs' annual threat assessments.

The HIDTA program managers at ONDCP and regional offices will work toward improving the HIDTA planning and budgeting reports and processes. By improving the information products, the managers will get a better picture of regional drug trafficking problems and how the HIDTA Program can impact them. ONDCP is currently focusing on improving the following:

1) Evaluating annual HIDTA threat assessments

2) Improving HIDTA planning documents: strategies, initiatives, and budgets

3) Assessing HIDTA initiatives

4) Evaluating performance data and annual reports

5) Modifying annual HIDTA reports and ONDCP's GPRA reports to include what was successful during the preceding year.

The second performance target in the FY 2002 Performance Plan will take a new approach to assessing drug trafficking and the impact of the HIDTA Program using information provided by HIDTA Intelligence Centers. HIDTA Intelligence Centers will report the levels and types of drug trafficking in annual threat assessments. The assessments will provide the baseline against which HIDTAs will identify, target, and reduce critical levels of drug trafficking in one or more areas (production, transportation, distribution, chronic use, and money laundering) by five percent each year.

The HIDTA Intelligence Centers are in the best position to develop regional drug threat assessments on the level of drug production, transportation, distribution, use, and money laundering. The HIDTAs' annual threat assessments provide feedback to decision makers concerning the levels of drug trafficking and the impact of HIDTA initiatives. Because Intelligence Centers monitor the levels of drug threats, they can help prioritize the type and seriousness of drug threats present in the region. This information will assist decision makers as they develop strategies, customized initiatives, and annual budgets. The combined regional threat assessments from all the HIDTAs provide critical pieces of a national drug trafficking picture.

ONDCP is also working with the National Drug Intelligence Center to develop better

regional and strategic threat assessments to improve management's ability to identify program priorities and focus resources. This will also help ONDCP ensure that the most critical areas in the country have been identified and designated and that changes in drug threats are monitored.

To support the HIDTA Program's 2002 Goal Three, ONDCP will work toward identifying and developing performance indicators and additional drug data sources for more complete coverage of HIDTA counties not covered by national data sources such as DAWN, ADAM and UCR reports. ONDCP will also seek assistance from an expert contractor to develop baseline data for FY 2002 that recognizes the data gaps and the performance goals of the HIDTA Program.

HIDTA Conferences and Meetings. ONDCP sponsors annual HIDTA conferences and quarterly HIDTA Director meetings. The next national conference will take place December 5-7, 2001, in Washington, D.C. These conferences assist ONDCP's continuing coordination efforts with federal, state and local representatives from the HIDTAs and help program managers develop improvements in HIDTA initiatives. ONDCP will also continue to sponsor coordination meetings with the regional HIDTA Directors.

Program Evaluations. The recently implemented HIDTA Program Review Process provides an institutionalized mechanism for reviewing all HIDTAs on a regular basis. This review process is designed to help assess the program's support of the *National Drug Control Strategy*, the effectiveness of the individual HIDTAs; efficiency and accountability in the use of HIDTA resources; and compliance with applicable laws, regulations and policies. Reviews of physical security, compliance with Title 28 Code of Federal Regulation intelligence dissemination guidelines, implementation of the GCIP, and other conformity issues are being conducted.

Additionally, in FY 2001, a nationally recognized CPA firm will begin to conduct a financial audit of selected elements in the HIDTA Program. Engaging a national CPA firm to become a component of the HIDTA Program Review Process provides ONDCP with an independent assessment of the fiscal aspects of the HIDTA Program. These examinations will provide data, enabling ONDCP to enhance fiscal accountability and greatly strengthen accountability for resources used throughout the HIDTA Program.

ONDCP will continue to manage three components of the HIDTA Program review process. The components are:

1) The review of each HIDTA's annual report, drug threat assessment, strategy, initiatives, and associated budget

2) Internal reviews conducted by the HIDTA regional offices, with results forwarded to the HIDTA Program Office

3) On-site reviews conducted at the HIDTAs.

The combination of these components will provide a comprehensive and continuous HIDTA review process. This process will contribute to the overall success of the HIDTA Program by facilitating effective management of the individual HIDTAs and enhancing their contributions to the *National Drug Control Strategy*. The HIDTA Program review process will utilize an ONDCP-led team comprised of personnel

from the HIDTAs and Departments of Justice and Treasury. Participation by these agencies will enhance the credibility of the review process and supplement the review team.

Fiscal Year 2001 Performance Goals and Targets. There were three key performance targets in the FY 2001 Performance Plan. The first performance target measured the level of maturation of HIDTA regional offices as they achieved the 56 HIDTA Developmental Standards (Appendix B). These standards provided a guide for decision-makers at regional HIDTA offices to improve their capabilities in intelligence and information sharing, teamwork and training, planning and execution and accountability. The second performance target in FY 2001 Performance Plan measured a reduction in the number of drug trafficking organizations as an indicator of reduced drug trafficking. The third performance target measured the impact of HIDTA initiatives on drug-related crimes, as indicated in the Federal Bureau of Investigation's Uniform Crime Reports (UCR). The results obtained toward accomplishing the FY 2001 HIDTA Program goals and performance targets are explained in the FY 2000 HIDTA Performance Report.

Review and Analysis of FY 2000-FY 2001 HIDTA Performance Goals and Targets. The HIDTA Program Office established the HIDTA Performance Management Working Group (HPMWG) during calendar year 1999. This working group, primarily comprised of HIDTA Directors, was chartered to review existing performance measures and develop improved measures that demonstrate both the impact of the overall HIDTA Program and each individual HIDTA. The working group provided preliminary findings to ONDCP in 1999 and

2000. The HPMWG's analysis of the HIDTA Program's performance system revealed that a wide array of indicators is required to fully evaluate the impact of HIDTAs and the HIDTA Program. Furthermore, though the existing performance goals and targets showed measured progress toward HIDTA goals, the HPMWG identified problems in using the performance data for critical program planning and budgeting decisions. The working group provided recommendations to refine and focus the HIDTA mission statement, goals and performance measures. The HPMWG identified several desired outcomes for the HIDTA Program for which there were few or no performance indicators or targets, for example money laundering. Additional work was accomplished toward the development of a viable performance management system at the 1999 HIDTA Conference.

The following paragraphs provide an analysis of the FY 1999-FY 2001 HIDTA performance goals and targets. The first performance target found in the FY 2000 and FY 2001 HIDTA performance plans involved the use of HIDTA Developmental Standards. In the past, these standards provided a useful guide for regional offices, and in particular newly designated HIDTAs, to develop and improve services and processes. In fact, these standards were between 60 and 100 percent completed by 17 of the mature HIDTAs (i.e., those designated prior to January 1, 1998) by September 2000, as stated in the FY 2001 Performance Report. An analysis of the performance target revealed that there was no obvious correlation between the HIDTA Developmental Standards and funding requirements, nor did a direct correlation between the HIDTA Developmental Standards and vital public needs exist. These issues created a need for the HITDA

performance system to evolve and a new performance target.

The following four recommendations were developed to address the needs for the HIDTA performance system:

1) Preserve the important processes listed as developmental standards by moving them into ONDCP's HIDTA Program Policy document.

2) Prescribe HIDTA Program funding priorities that are based on performance, drug threats and the needs of the HIDTAs.

3) Ensure funding and performance are linked to HIDTA initiatives as well as vital public needs.

4) Ensure the accountability of decision-makers.

As a result of these recommendations, the FY 2001 HIDTA Goal One and performance target were modified. The HIDTA Developmental Standards will be replaced with a guide for funding HIDTA priorities, which will be completed by the end of FY 2001. The transition to new funding priorities will take place in FY 2002. This guide should significantly help decision makers develop budgets to address regional threats and HIDTA requirements. (Refer to the FY 2002 HIDTA performance Goal One and the management initiative that supports Goal One for additional information on this new performance target.)

The second performance target in the FY 2000 and FY 2001 performance plans used the "number" of drug trafficking organizations dismantled or disrupted as an indicator of reduced drug trafficking. Though this performance target provided an indication of accomplished work, it was not

a reliable indicator of the impact of drug trafficking in a HIDTA, nor of the HIDTA Program's impact on drug trafficking. The measure could be unreliable in reflecting changes when one or more drug-trafficking organizations within any HIDTA was disrupted because a disrupted large drug trafficking organization may splinter into two or more smaller organizations. Furthermore, a reduction in the number of smaller organizations may not significantly impact drug trafficking in an area when a large organization is also present.

In consideration of these problems and after using the "number" of drug trafficking organizations disrupted or dismantled as the basis of a performance indicator, the FY 2002 HIDTA Goal Two and performance target were developed to assess the impact of drug trafficking in HIDTAs. Refer to the HIDTA Program's FY 2002 Goal Two and performance target for additional information concerning these issues.

The third performance target in FY 2000 and FY 2001 performance plans measured a reduction in crimes (homicides, robberies, assaults, and crimes against property) as measured by the FBI's UCR. These types of crimes and UCR data sets are not indicative of "drug" crimes (except for drug law violations)—the type of crimes of which the HIDTA Program is primarily concerned with reducing—moreover, crimes in money laundering are not addressed. Furthermore, a number of HIDTAs and HIDTA counties are not supported by UCR data. Finally, UCR data is not readily available for counties, whereas ONDCP designates HIDTAs by counties.

Performance Verification and Validation. Each HIDTA implements an internal management system to monitor and report performance. Additionally, ONDCP

continually monitors HIDTA performance through management review processes. These management review processes are also being reviewed and improved. ONDCP is reviewing HIDTA management systems and validating the results reported by HIDTAs. These evaluations include external financial auditing services and periodic on-site reviews to verify each regional HIDTA's compliance with ONDCP's program policy, fiscal accountability and progress toward achieving performance targets. In some cases, these reviews may prompt in-depth program evaluations that distinguish useful programs from inefficient and ineffective ones. These reviews may also assist ONDCP's evaluation of HIDTA designations and help in planning and implementing new efforts to improve program management. In addition, these efforts help to verify performance achievement.

External Factors. A number of external factors constrain the ability of ONDCP and the regional HIDTA offices to manage the HIDTA program. The more significant external factors and their effects are discussed here.

Decentralized Program Management. ONDCP has no line of authority over the regional HIDTA offices. Regional Executive Boards maintain a high degree of autonomy in managing the regional offices. ONDCP influences decision makers at the regional offices through policy and program guidance.

Legislative Influence. In 1998, Congress required ONDCP to fund each existing HIDTA at a level no less than the previous year and HIDTA funds addressing the treatment or prevention of drug use to be not less than the funds expended during FY 1999 for each HIDTA without the prior approval of the Committees on Appropriations. However, in 1999, congressional conferees noted that ONDCP must have flexibility to allocate resources to those HIDTAs that would most likely have the greatest impact on U.S. drug problems. The conferees also reported that further HIDTA funding should be based on clear, concrete measures of performance. Therefore, Congress directed ONDCP to base the FY 2000 HIDTA budget on ONDCP's own performance measures of effectiveness and the priorities dictated by changing threats.

Crosscutting Programs. The success of HIDTA initiatives is based on the combined resources and efforts of multiple independent law enforcement organizations and the contributions of numerous independent support organizations—the number of organizations and the nature of their involvement are significant. However, ONDCP, as well as the regional HIDTA offices themselves, have limited direct control over these organizations. The Federal Bureau of Investigation; Drug Enforcement Administration; Bureau of Alcohol, Tobacco, and Firearms; National Guard Bureau; and other federal, state and local agencies provide support to ONDCP and the regional HIDTAs. A disruption in support from any one (or more) of these, and other organizations that contribute to the HIDTA Program, can have an adverse ripple effect throughout an individual HIDTA or the overall HIDTA Program. HIDTA program managers expend significant time and resources to maintain cohesive teams.

Section IV. F. 1. **HIGH INTENSITY DRUG TRAFFICKING AREAS (HIDTAs) FY 2000 PERFORMANCE REPORT**

ONDCP published the following performance targets for the HIDTA Program for FY 1999:

1)   Each HIDTA will comply with at least one additional step of the HIDTA Developmental Standards in at least one category (See Appendix B for Developmental Standards).

2)   Each HIDTA will disrupt, dismantle, or render ineffective five percent of the targeted drug trafficking organizations identified in its threat assessment.

3)   Each HIDTA will contribute to a five-percent reduction in specified crimes (homicides, robberies, assaults, and crimes against property as reported by the FBI Uniform Crime Reports).

ONDCP published the following performance targets for the HIDTA Program in the FY 2000 Performance Plan:

1)   Each HIDTA will meet at least one additional step of the HIDTA Developmental Standards in at least one category (See Appendix B for Developmental Standards).

2)   Each HIDTA will disrupt, dismantle, or render ineffective five percent of the targeted drug trafficking organizations identified in its threat assessment.

3)   Each HIDTA will contribute to a five-percent reduction in specified crimes (homicides, robberies, assaults, and crimes against property as reported by the FBI Uniform Crime Reports).

ONDCP published nearly identical performance targets for the HIDTA Program in the FY 2001 Performance Plan:

1)   Each HIDTA will meet at least one additional step of the HIDTA Developmental Standards in at least one category.

2)   Each HIDTA will disrupt, dismantle, or render ineffective five percent of the targeted drug trafficking organizations identified in its threat assessment.

3)   HIDTAs will contribute to a five-percent reduction in specified crimes (homicides, robberies, assaults, and crimes against property as reported by the FBI Uniform Crime Reports) in targeted areas.

Target One – Progress Toward Compliance With HIDTA Developmental Standards

This performance measure indicates progress toward the objective to increase the efficiency and effectiveness of law enforcement organizations within each HIDTA region. Progress toward meeting the HIDTA Developmental Standards refers to the extent to which mechanisms and infrastructure are in place for improving the efficiency and effectiveness of each HIDTA.

HIDTAs are in varying stages of development. This is reflected in the number of HIDTA Developmental Standards each has implemented. The data concerning the developmental standards has been useful for gauging the capabilities of law enforcement organizations within the designated areas.

The data on the next page shows the number of HIDTA Developmental Standards each HIDTA had implemented by January 1, 1998, 1999 and 2000 as well as September 1, 2000. Based on information provided by the HIDTAs, each HIDTA achieved the FY 2000 performance target and met at least one additional step of the HIDTA Developmental Standards in at least one category. ONDCP will verify this information during future on-site evaluations.

The summary of HIDTA Developmental Standards applied during calendar years 1997, 1998, 1999, and 2000 follows:

HIDTA Developmental Standards
Applied during Calendar Years 1997, 1998, 1999 and 2000

	Standards Applied by 1 Jan 1998	Standards Applied by 1 Jan 1999	Standards Applied by 1 Jan 2000	Standards Applied by 1 Sep 2000	Percent Applied by 1 Sep 2000
Mature HIDTAs (Designated prior to 1 January 1998)					
Atlanta	14	26	42	42	75
Chicago	39	44	52	52	93
Gulf Coast	14	39	41	42	75
Houston	52	52	53	53	95
Lake County	10	11	26	34	61
Los Angeles	43	45	47	47	84
Midwest	8	16	25	32	57
NY/NJ	26	37	51	51	91
N California	0	22	28	39	70
Northwest	5	24	39	43	77
PR/USVI	24	40	47	47	84
Phila/Camden	14	27	37	42	75
Rocky Mtn	0	23	40	45	80
SE Michigan	15	29	46	47	84
S Florida	46	48	56	56	100
SW Border	42	45	45	45	80
Arizona	9	27	39	45	80
California	35	44	53	53	95
New Mexico	34	37	40	40	71
S Texas	37	46	50	51	91
W Texas	16	46	53	53	95
Wash/Balt	38	46	55	55	98
New HIDTAs (Designated after 1 January 1998)					
Appalachia	NA	30	29	33	59
Cntrl Florida	NA	12	19	28	50
Milwaukee	NA	7	28	38	68
N Texas	NA	11	34	40	71
Cntrl Val Ca	NA	NA	8	37	66
Hawaii	NA	NA	3	9	16
New England	NA	NA	14	17	30
Ohio	NA	NA	8	13	23
Oregon	NA	NA	5	21	38

Source: Individual HIDTAs

There are a total of 56 HIDTA Developmental Standards.

Target Two – Progress Toward Reducing the Number of Drug Trafficking Organizations

Each HIDTA regional office was asked to provide Drug Trafficking Organization (DTO) information for calendar years 1998 and 1999. Included in the request was the number of DTOs identified and targeted; the number of DTOs dismantled; and the number of DTOs disrupted. The information following reflects the responses from each regional HIDTA office. The percentages reflect the portion of DTOs disrupted or dismantled in relation to the number that was targeted. Some HIDTAs prioritize and target identified DTOs while other HIDTAs target all DTOs identified.

The number of drug organizations disrupted/dismantled indicates that the law enforcement agencies in HIDTAs are working to reduce drug trafficking and are having some effect on reducing the number of drug trafficking organizations in HIDTAs. However, ONDCP and HIDTA Directors are not satisfied with this measure as a performance indicator for the HIDTA Program as it uses the "number" of drug trafficking organizations dismantled or disrupted as an indicator of reduced drug trafficking. Though this performance target provides an indication of accomplished work, it is not a reliable indicator of the impact of drug trafficking in a HIDTA, nor of the HIDTA Program's impact on drug trafficking. The measure fails to reflect changes in the impact of drug trafficking when one or more drug trafficking organizations within any HIDTA is disrupted because a disrupted large drug trafficking organization may splinter into two or more smaller organizations. Furthermore, a reduction in the number of smaller organizations may not significantly impact drug trafficking in an area when a large organization is also present.

ONDCP has worked with the HIDTA Performance Management Working Group to improve the ability of decisionmakers to monitor the impact of law enforcement's impact on drug trafficking. The current performance measure has not been a useful measure to gauge this impact because the size, capabilities, or effectiveness of drug trafficking organizations is not measured in a consistent manner. This performance measure was changed in the FY 2002 Performance Plan.

Each HIDTA reported that it achieved the performance target with over a five-percent reduction in the number of DTOs. The summary data for this target are presented on the next page. (Most new HIDTA offices that were designated on June 15, 1999 did not have this data available for calendar year 1999).

Drug Trafficking Organizations Disrupted/Dismantled
Calendar Years 1998 and 1999

HIDTA	DTOs Targeted		DTOs Identified		DTOs Disrupted		DTOs Dismantled		Percent DTOs Disrupted or Dismantled	
	1998	1999	1998	1999	1998	1999	1998	1999	1998	1999
Appalachia	60	72	60	72	50	55	11	17	101%	100%
Atlanta	21	34	27	74	17	18	5	6	105%	71%
Cntrl Florida	25	165	25	165	1	45	4	24	20%	42%
Cntrl Val Ca	**	**	**	**	**	**	**	**	**	**
Chicago	145	70	145	71	63	46	20	19	57%	93%
Gulf Coast	65	98	293	293	19	54	28	35	72%	91%
Hawaii	**	**	**	93	**	**	**	**	**	**
Houston	147	42	147	164	27	13	18	3	31%	38%
Lake County	150	64	200	120	69	45	47	24	77%	108%
Los Angeles	146	221	168	294	14	49	76	126	62%	79%
Midwest	250	223	250	223	63	96	***	***	25%	43%
Milwaukee	10	20	77	79	5	12	1	5	60%	85%
New England	**	29	**	29	**	4	**	11	**	52%
NY/NJ	1237	1623	1237	1623	17	17	153	551	14%	35%
N California	552	361	552	361	191	100	***	***	35%	28%
N Texas	*	85	*	86	*	10	*	46	*	66%
Northwest	49	40	49	66	11	17	***	12	22%	73%
Ohio	**	47	**	96	**	30	**	26	**	119%
Oregon	**	**	**	**	**	**	**	**	**	**
PR/USVI	25	25	80	69	2	6	14	28	64%	136%
Phil/Camden	25	96	25	250	4	34	15	62	76%	100%
Rocky Mtn	72	89	610	203	60	44	7	12	93%	63%
SE Michigan	20	10	20	20	30	30	10	10	200%	400%
S Florida	493	410	493	410	196	275	97	87	59%	88%
SW Border										
Arizona	250	79	300	155	211	207	26	46	95%	320%
California	43	131	43	139	***	***	7	45	16%	34%
New Mexico	85	443	85	443	53	354	21	65	87%	95%
S Texas	1110	46	1110	1106	48	85	12	19	5%	226%
W Texas	14	111	65	314	11	39	3	46	100%	77%
Wash/Balt	263	269	263	269	***	***	219	220	83%	82%

  * North Texas was designated late in 1998, therefore no DTO information is available.
 ** HIDTA was designated 15 June 1999, therefore no DTO information is available.
***HIDTA combined the number of organizations disrupted and dismantled.

Source: Individual HIDTAs

Target Three – Progress Toward Reducing Crime

The third performance target in the FY 2001 Performance Plan measured a reduction in crimes (homicides, robberies, assaults, and crimes against property) attributable to drug trafficking, as measured by the Federal bureau of Investigation's Uniform Crime Reports (UCR). However, the data have not been useful to measure the effectiveness of the regional HIDTA offices or the HIDTA Program. These types of crimes and UCR data sets are not indicative of "drug" crimes (except for drug law violations)--the types of crimes with which the HIDTA Program is primarily concerned with reducing— moreover, crimes in money laundering are not addressed. Furthermore, UCR data is not readily available for counties, whereas ONDCP designates HIDTAs by counties. These problems in the UCR data sets make them less valuable than other available data sets, such as ADAM and DAWN, for planning, programming, and budgeting decisions for the HIDTA Program. This performance measure will be modified and data sources to support it were changed in the FY 2002 Performance Plan.
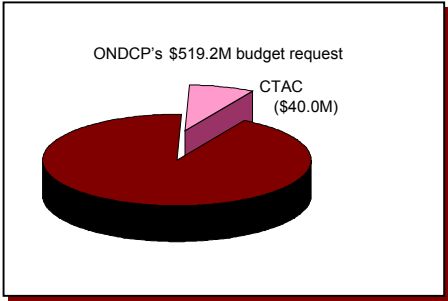
Section IV. F. 2.   **COUNTER DRUG TECHNOLOGY ASSESSMENT CENTER (CTAC) FY 2002 PERFORMANCE PLAN**

MISSION

Serve as the central counterdrug technology research and development (R&D) organization of the U.S. Government

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The Counterdrug Technology Assessment Center (CTAC) serves as the central counterdrug technology research and development (R&D) organization of the U.S. Government. It identifies and defines the short, medium and long-term scientific and technological needs of federal, state, and local drug control agencies.

CTAC oversees and coordinates counterdrug technology initiatives with related federal, civilian, and military departments.   In conjunction with the National Institute on Drug Abuse (NIDA), addiction and rehabilitation research is examined and technology is applied to expand the effectiveness and availability of drug treatment.   The Technology Transfer Program transfers federally-developed, counterdrug technologies to state and local law enforcement agencies across the nation.

Budget. CTAC's budget request accounts for **$40 million** of ONDCP's total budget request of **$519.2 million** for FY 2002.

The FY 2002 budget for sponsoring counterdrug research and development activities, supporting policies, programs, and substance abuse and rehabilitation research is $18 million; and for sponsoring the transfer of federally-developed technology to state and local law enforcement, $22 million. (see table, *Budget by Fiscal Year*)

Budget by Fiscal Year

CTAC Total Request ($in thousands)	FY 2000 Actual	FY 2001 Actual	FY 2002 Request
Technology Development (R&D).	16,000	17,764	18,000
Technology Transfer Program.	13,052	18,210	22,000
Total Budget.	29,052	35,974	40,000

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Budget Allocation by Program Activities

TARGET	FY 2000	FY 2001
Technology Development (R&D)	**55%**	**49%**
Oversight and Coordination	5%	4%
Supply Reduction:	23%	16%
Demand Reduction	27%	29%
Technology Transfer Program	**45%**	**51%**

Linkage to the National Drug Control Strategy. The CTAC program and mission support the technology aspects of Goals Two, Three, and Four of the *National Drug Control Strategy* goals (Appendix A).

Program activities fall in two categories:

1) **Technology Development**

- Oversight and Coordination - all Goals
- Supply Reduction - Goals 2 and 4
- Demand Reduction - Goal 3

2) **Technology Transfer Program** -Goal 2.

Program Activities, Resources, Processes, and Technologies. Since 1990, CTAC has been overseeing and coordinating the counterdrug R&D programs of the federal drug control agencies. CTAC sponsors a counterdrug R&D program to advance the technological capabilities of federal drug control agencies (both supply and demand reduction) and a Technology Transfer Program (TTP) to enhance the capabilities of state and local law enforcement agencies (LEAs) for counterdrug missions.

Technology Development (R&D)

Oversight and Coordination. CTAC leads the Interagency Working Group for Technology (IAWG-T) that is composed of technology representatives from each of the federal drug control agencies. The IAWG-T meets periodically to exchange information regarding agency programs and common technical challenges. Annually the IAWG-T provides an update of the listing of priority scientific and technological needs by technology area and agency, a listing of drug-related R&D projects being sponsored by each agency, and the Annual Report (required by P.L. 105-85) on the Development and Deployment of Narcotics Detection Technologies.

Outreach activities including technology workshops, technical symposia, and conferences have been created by CTAC to promote the exchange of information throughout the entire counterdrug scientific and technical community. Outreach activities provide another mechanism to create awareness of the R&D programs, to oversee and coordinate counterdrug technology initiatives throughout the scientific and academic communities and with federal, state, and local drug control agencies, and to reduce duplication of effort.

The FY 2002 targets for Oversight and Coordination are:

- Sponsor three workshops and one technology symposium

- Coordinate and support approximately 100 agency technology, research and development programs

Supply Reduction. In the Supply Reduction area, CTAC supports the development of technology for federal, state and local law enforcement agencies with drug control missions and, as appropriate, inclusion in the Technology Transfer Program to provide successfully developed technologies directly to state and local agencies.

CTAC's R&D support to federal law enforcement is based upon priority scientific and technological needs reported by the IAWG-T. The direction of CTAC's R&D program is established according to the following criteria:

- Address broad-based, multi-agency needs that transcend the requirements of any single agency

- Concentrate on those applications that are potential candidates for the Technology Transfer Program

Areas of work that support future activities include the development of technologies for nonintrusive inspection of conveyances and cargo containers and for tactical use in daily operations.

The FY 2002 targets for Supply Reduction technology, research, development, test and evaluation are:

- Develop and test four advanced technology prototypes for improving communications, case management or tracking and surveillance capabilities

- Develop and test one technology prototype for drug detection.

Demand Reduction. CTAC is improving the investigative tools available to research scientists for exploring and understanding the underlying causes of substance abuse and addiction. This area of work continues to grow in significance and scope as the "niche" for CTAC to support NIDA researchers expands from brain imaging technology to the development of new bio-informatic models and advanced technologies to measure gene expression.

The Demand Reduction R&D program supports the expansion of advanced neuroimaging research facilities and training of research teams who are dedicated to studies of drug abuse and therapeutic medications. These neuroimaging research equipment suites and facilities are equipped with high-resolution positron emission tomography, functional magnetic resonance imaging, brain scan image processing and interpretation, and other noninvasive imaging support technologies. Brain imaging research initiatives will contribute to systems development or improvements:

- To image the drug's metabolic and chemical processes

- To map brain reward circuitry

- To analyze interactions with potential therapeutic medicines

Investigations using micro-PET with stereotactic probes/injectors will be conducted to enhance ligand development and to support in vivo studies on localized areas of the brain on non-human primates.

These technologies and facility developments will be used to support scientific studies that provide the platform for key research areas, such as: catalytic antibodies; substitute medications and partial agonists for addiction; blocking drug effects; and curtailment of drug-induced adaptive behavior.

With recent progress achieved on the sequence of the human genome, bioinformatics and functional bioinformatics are important for relating gene expression to positional information, and the biochemical or functional pathway. This information can be useful in identifying correlations with the genetic predisposition to abused drugs, genomic variables associated with responses to drugs, and possible relationships to known linkages with drug abuse. This new era of drug abuse research is unfolding where the entire complex chemistry and circuitry of the brain, and how this circuitry is altered under conditions of drug abuse is considered, rather than simply the interaction of a drug with its receptor.

CTAC can play a key role in the development of data base development. It will also sponsor applications of microarray technology measurement capability in support of gene expression research related to drug abuse. Applying microarray technology supports drug abuse research on measuring levels of gene expression, but for the entire gene instead of one molecule at a time.

The FY 2002 targets for Demand Reduction R&D are:

- Open one new brain imaging facility at an institution for drug abuse research

- Develop a program plan for providing new bioinformatic database models and advanced microarray technology in support of gene expression measurements

Technology Transfer Program.

The Technology Transfer Program (TTP) transitions successful counterdrug technologies developed under the federal program to state and local LEAs. From FY 1998 to FY 2000 the TTP delivered 1,808 pieces of equipment to 1,325 state and local LEAs. The TTP recipients take part in hands-on training.

The TTP relies on regional law enforcement experts (active duty law enforcement officers) to review LEA applications, determine which requested technologies are best suited for a particular agency, interact with LEAs throughout the application process, and evaluate the effectiveness of the transfer after it has been completed.

A progress report and nation-wide deployment strategy for the Technology Transfer Program is included in Appendix E to the *Annual Report 2001: Counterdrug Research and Development Blueprint Update.* The FY 2002 target for the Technology Transfer Program is:

- Continue to develop and refine the nation-wide deployment strategy to optimize impact on disrupting drug trafficking organizations at the state and local level.

Measuring Performance. As used in this plan, the term "Research and Development" refers to basic research, applied research, advanced technology development, demonstration and validation, and developmental/operational test and evaluation activities in the sciences and technologies.

The majority of the Demand Reduction R&D program can be categorized within the basic and applied research areas. The objectives being to gain fuller knowledge and understanding of the fundamental aspects of drug abuse phenomena and processes necessary for determining means by which community needs may be met.

Resources include those for state-of-the-art brain imaging and chemical assay systems and instrumentation. The balance of the R&D program involving Supply Reduction and the Technology Transfer Program centers on the various stages of the development process. Generally speaking, development can be defined as the systematic use of the knowledge gained from research directed toward useful materials, devices, and systems including design, development, and improvement of prototypes and new processes.

The ultimate value of basic and applied research is inherently unpredictable. Often scientific research leads to outcomes that were unexpected. Frequently, especially in electronics, information technology, and the medical arena, unexpected breakthroughs worldwide have pushed forward the state-of-the-art of technology. As a result, many promising applications or seemingly established technologies can rapidly become dated.

Accepted meaningful measures of quality and relevance are applied to ongoing research projects. Often such oversight cannot ensure that the desired levels of success for counterdrug applications will result in a specific timeframe. CTAC's methods for ensuring the quality and relevance of sponsored R&D programs are consistent with guidelines endorsed by the Committee on Science, Engineering, and Public Policy (COSEPUP) of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine. Their recommendations are articulated in the publication, "*Evaluating Federal Research Programs, Research and the Government Performance and Results Act*," National Academy Press, Washington D.C., 1999.

Performance Measure Validation and Verification. The tools applied to evaluate research programs, the technology transfer program and related activities under CTAC's purview are summarized:

Routine Counterdrug R&D Updates. Annual reports, called *Counterdrug R&D Blueprint Updates*, are prepared; the latest Blueprint Update is dated January 2001. The Blueprint Updates summarize those individual contributions CTAC has made and include the latest listings of scientific and technological needs and individual R&D projects reported by the federal drug control agencies. This report helps CTAC and the larger federal community coordinate research priorities and minimize duplication of effort. An appendix to each Blueprint Update is devoted to reporting on the progress and accomplishments made on the Technology Transfer Program.

Long-Range Outlook. CTAC sponsors periodic international technology symposia to gather the world-class experts in technology with the leaders of the user community to assess the state-of-the-art and explore directions of future development activities. These symposia serve to provide feedback from the user and scientific communities regarding the balance and mix of R&D projects being pursued by CTAC and to determine the overall direction in which the state of technology is moving. That feedback is used to verify the proper composition of the current R&D program and to validate the direction of planned R&D program activities. These symposia also help ensure that the larger federal community consider and, where appropriate, include the most advanced developments available. The next symposium is scheduled for June 2001 in San Diego, CA.

Hands-On Law Enforcement Involvement. Selected state and local law enforcement experts from 12 regions advise CTAC on the technology transfer program progress, execution, and preparation of a strategic nation-wide deployment plan. The active participation of the law enforcement community ensures that concepts and systems are transformed from the controlled laboratory environment into tools that are truly effective in a variety of field operating conditions where they are needed most.

Periodic Technology Transfer Program Evaluation Status Reports. The latest TTP Status Report was submitted to Congress on February 13, 2001. These reports provide summaries of statistics on the number of applications received, the types of technology being requested, and the deliveries of technology made to state and local agencies. The applications and deliveries are reported by type of agency, by size of jurisdiction served, and by state, including locations that are in designated High Intensity Drug Trafficking Areas. These data are used in conjunction with 60, 180, and 270 day evaluations completed by the recipients and with anecdotal data on arrests, convictions, seizures, and other information received by the TTP program office to report on the impact of the program.

Section IV. F. 2.   **COUNTER DRUG TECHNOLOGY ASSESSMENT
CENTER (CTAC) FY 2000 PERFORMANCE REPORT**

The Counterdrug Technology Assessment Center (CTAC) set the following targets for FY 2000:

Oversight and Coordination

- Conduct three regional workshops and one major regional symposium
- Coordinate/support 85 counterdrug research programs with Customs, Justice, DoD, Coast Guard, Agriculture, and NIDA

Supply and Demand Reduction

- Develop and field five technology prototypes to address counterdrug law enforcement and drug treatment requirements

CTAC Targets	FY 1999 Target Actual		FY 2000 Target Actual		FY 2001 Target Actual	FY 2002 Target Actual
Workshops/Symposium	3/1	5/1	3/1	4/1	3/1	3/1
Coordinate/support research and development programs (estimated)	85	89	85	96 (total) *70(R&D) 9 (T&E) 17(deployed)*	100	100
Technology Prototypes	5	5	5	5	5	5

Workshops/Symposia. During FY 2000, two technology workshops in Charlotte, NC and New Orleans and one technology training workshop in Phoenix were held to raise awareness of CTAC's role in the development and transfer of federally supported counterdrug technology. Each workshop attracted an average of 250 participants from state and local law enforcement.

In April 2000, CTAC sponsored the Dr. Lonnie E. Mitchell National Historically Black Colleges and Universities Substance Abuse Conference in Baltimore, MD. Over 250 students and educators attended.

In July 2000, CTAC co-sponsored an international Symposium (Gordon Research Conference) in conjunction with the Home Office Police Scientific Development Branch (United Kingdom) and the Federal Aviation Administration in New London, CT. Some 120 research scientists and law enforcement officials gathered to present technical papers and presentations on leading edge research and development results.

Coordination and Support of R&D Programs. CTAC efforts in coordinating and supporting counterdrug research programs are documented in the

Counterdrug Research and Development Blueprint Update (Blueprint) produced each year. This publication discusses progress and plans for the R&D programs for CTAC and the other drug control agencies. During FY 2000, a total of 96 R&D projects, systems undergoing test and evaluation and technology deployments were monitored, coordinated or supported by CTAC. These projects are listed in appendices C, D and E of the *2000 Annual Report: Counterdrug Research and Development Blueprint Update*.

Technology Prototypes. The technology prototypes developed and being evaluated are:

Inspection Capabilities:

- A handheld, ultrasonic transmitter and receiver prototype was tested in third quarter of FY 2000 for its capability to assist in inspecting liquid filled containers on maritime vessels and storage tanks. The system, designed by scientists from Los Alamos National Laboratory working with personnel from the Coast Guard R&D Center, generates a tunable tone burst and detects the return echoes using a single piezoelectric transducer. Digital signal processing is used to determine the distances and magnitudes of the return echoes.

- A drug detection dog-breeding program was established with the U.S. Customs Service in FY 99. The program is based upon quantitative genetic principles proven by the Australian Customs Service. The first generation of the drug-detecting dogs has been trained and entered into operations of the U.S. Customs Service.

Surveillance Tools:

- The technology to track and locate both field units (friendly assets) and suspects (targets) using a variety of remote sensors was developed in the Air-Ground Surveillance Management System (AG-SMS) using the Global Positioning System for improved positional accuracy. The prototype system has completed testing and a total of 19 AG-SMS systems have been deployed to state and local law enforcement agencies under the Technology Transfer Program.

Secure Data Sharing:

- The Data Locator/Direct Access System was developed and tested in conjunction with the Burlington Iowa Police Department. The system allows investigators to seamlessly cross-reference and link related information held in incompatible databases. Two operational Data Locator systems have been deployed under the Technology Transfer Program.

Data Collections Systems:

- For the past four years, researchers at the National Center for Addiction and Substance Abuse at Columbia University and the Treatment Research Institute have developed the Drug Evaluation Network System (DENS). DENS is a national, electronic, treatment-tracking project designed to provide practical and current clinical and administrative information on patients entering into substance abuse treatment

representatively sampled from all areas and treatment modalities throughout the country. The Center for Substance Abuse Treatment within Substance Abuse and Mental Health Services Administration (SAMHSA) is using DENS as the primary data source to develop and operate a National Treatment Outcomes Monitoring System (NTOMS) and extend on the foundation of the "Random Access Monitoring of Narcotic Addicts" (RAMONA) Program.

Section IV. F. 3.   **NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN
FY 2002 PERFORMANCE PLAN**

MISSION

Educate and enable America's youth to reject illicit drugs before they
start and encourage occasional users to discontinue use

The Office of National Drug Control Policy (ONDCP) is pursuing an historic initiative: a national, paid, integrated media campaign to educate and enable America's youth to reject illegal drugs. Authorized in 1997 with bipartisan support, (P.L. 105-61, 111 Stat. 1293, 1294. 1997), this campaign was constructed from a solid scientific base and is being implemented in collaboration with the Partnership for a Drug-Free America and a wide array of non-profit, public, and private-sector organizations including major corporations and media companies. The mission of the National Youth Anti-Drug Media Campaign (Media Campaign) is to educate and enable America's youth to reject illicit drugs. This mission includes preventing drug use and encouraging occasional users to discontinue use.

Summary of the Problem. After substantial decline through the 1980s, drug use among teenagers and pre-teens has risen since 1991, but has been relatively flat over the past two to three years.. Although the most recent data are encouraging, adolescent drug use rates currently stand at or near historically high levels. During the early 90s, there has also been a dramatic decline in anti-drug attitudes and beliefs, particularly among 11-12 year olds. Moreover, younger children now have access to drugs more easily than before, and more of them say they know people who use illegal drugs.

Budget. The Media Campaign budget request accounts for $185 million of ONDCP's $519.1 million budget request for FY02.

The Media Campaign is a large proportion of ONDCP's $519.1M budget request
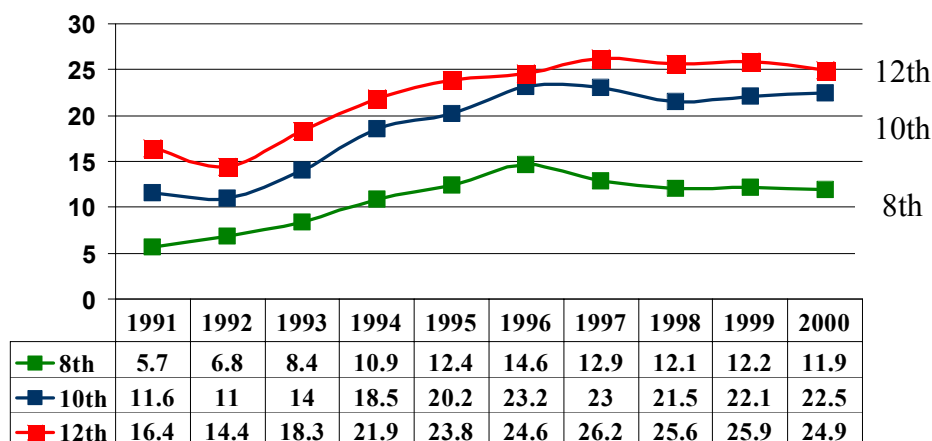
Media Campaign ($185.0M)
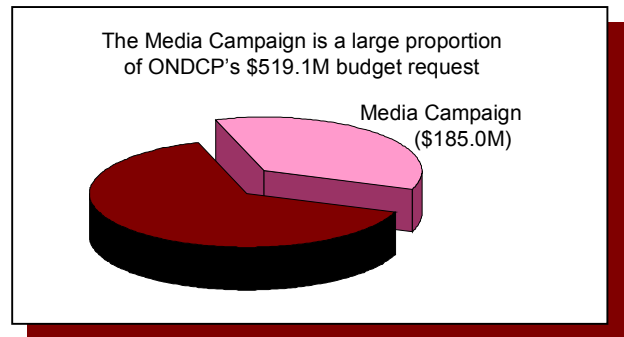
Linkage to the National Drug Control Strategy. The Media Campaign's mission contributes to several objectives under Goal One of the National Drug Control Strategy:

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

This goal and the objectives from which the Media Campaign's goals are derived are summarized in the following table:

Current (past month) Use of Any Illicit Drug

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
8th	5.7	6.8	8.4	10.9	12.4	14.6	12.9	12.1	12.2	11.9
10th	11.6	11	14	18.5	20.2	23.2	23	21.5	22.1	22.5
12th	16.4	14.4	18.3	21.9	23.8	24.6	26.2	25.6	25.9	24.9

The Media Campaign addresses the following relevant objectives of Goal One (complete list of goals and objectives is at Appendix A):

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

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

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

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

Media Campaign Goals. The Campaign goals established for the Media Campaign follow:

Media Campaign Goals	FY 1999 Target	Actual	FY 2000 Target	Actual	FY 2001 Target	Actual	FY 2002 Target	Actual
1. Obtain matching pro bono private sector contribution	100%	107%	100%	100%	100%		100%	
2. Increase contacts to the clearing-house for info.	---	+159%	+10%	+10%	+10%		+10%	
3.a. Youth lifetime marijuana use: 8th Graders (MTF)	FY99/00 22.0%				FY2001 Decrease 2.5% (of 22%)		FY 2002 Cumulative Decrease of 5%	
3.b. Youth intentions to use marijuana in the next 12 months: Youth aged 12-18	74.3% (W1&W2)				Decrease 2.5%		Cumulative Decrease of 5%	

3.c. Youth perceptions that close friends would strongly disapprove if they used marijuana in the next 12 months: Youth aged 12-18	52.1% (W1&W2)	Increase 2.5%	Cumulative Increase of 5%
4.a. Monitoring: Percentage of parents who never allow their 12-13 year old child to spend free time in the afternoons hanging out with friends without adult supervision	33.6% (W1&W2)	Increase 10%	Cumulative Increase of 20%
4.b. Communication: Percentage of parents who have had a discussion with their 12-13 year old child in the last 6 mos. about specific things their child could do to avoid drugs	71% (W1&W2)	Increase 2.5%	Cumulative increase of 5%

Media Campaign Goals One and Two Highlights. The Campaign's advertising component continues to obtain 100% pro bono match from media outlets while contacts to the NCADI Clearinghouse maintain a steady increase (telephone calls, e-mails, written requests, etc.).

Media Campaign Goals Three and Four Highlights (3.a., 3.b., 3.c., and 4.a. and 4.b.). These goals were added in FY 2001. The impact evaluation of Phase III is being conducted by the National Institute on Drug Abuse and the evaluation instruments being used in the National Survey of Parents and Youth provide useful measures for assessing progress toward achieving the Media Campaign's goals. The NIDA evaluation team recommended several youth and parent measures based on existing questions that would capture some of the primary intended outcomes of the Campaign's strategic communication platforms.

With one exception, the specific questions for which baseline data are provided for Goals Three and Four can be found in the questionnaire volume accompanying the report *Evaluation of the National Youth Anti-Drug Media Campaign: Campaign Exposure and Baseline Measurement of*

Correlates of Illicit Drug Use From November 1999-May 2000 (November 2000, produced by Westat and the Annenberg School of Communication, University of Pennsylvania under contract to the National Institute on Drug Abuse). The one exception is the data for tracking lifetime marijuana use among 8th graders. These data are from the University of Michigan's Monitoring the Future (MTF) study. These data were chosen over similar data collected in the NSPY because of the MTF's larger sample sizes and smaller relative confidence intervals.

The baseline data reported for FY 1999/2000 reflect combined data from Waves 1 and 2 (the first two data collection periods) of the Phase III evaluation and reported in *Evaluation of the National Youth Anti-Drug Media Campaign: Second Annual Report of Findings* (April 2001, produced by Westat and Annenberg School of Communications, University of Pennsylvania under contract to the National Institute on Drug Abuse). Data from the two waves were combined due to the short timeframe between Waves 1 and 2 (6 months) and to ensure that comparable time intervals will be used for future fiscal years, i.e., the FY 2001 GPRA report will include

data from the Wave 4 evaluation report (collected 1 year after the Wave 2 data) and the FY 2002 GPRA report will include data from the Wave 6 report (1 year after the Wave 4 report and 2 years' worth of data since the Wave 2 report). In addition, in the FY 2001 and FY 2002 GPRA reports, discussion will be included of the findings of association between desired outcomes and exposure to the Media Campaign's anti-drug messages based on the longitudinal (follow-up) data, which will first be reported in the Wave 4 report.

3.a.. *Lifetime marijuana use for all youth aged 12 to 18.* Ultimately, the Media Campaign is among the prevention efforts expected to contribute to an overall decline in youth drug use. Marijuana and inhalants are the key drugs of focus in the Media Campaign. An inhalant measure is not included since the inhalant-related advertising is only at the parent level and because the NSPY inhalant estimates are low relative to both MTF and NHSDA, as discussed in the first NIDA/Westat semi-annual report. The baseline is 21.9% for 2000 (based on combined National Survey of Parents and Youth Waves 1 and 2 data).

3.b. *The percent of all youth aged 12 to 18 who have strong intentions not to use marijuana at all in the next 12 months.* The baseline for this statistic is 74.3% for 2000 (based on combined NSPY Waves 1 and 2).

3.c. *The percent of youth aged 12 to 18 who think that their close friends would strongly disapprove if they (the respondents) were to use marijuana nearly every month for the next 12 months.* The baseline for this statistic is 52.1% for 2000 (based on combined NSPY Waves 1 and 2, new tabulation). The focus is on regular use instead of any use, because the question about any use was not asked of anyone who

had ever tried marijuana. An estimate could be produced for youth who have never used marijuana, but it seemed cleaner to focus on regular use for the entire population.

4.a. and 4.b. The two goals focus on actual behavior as opposed to cognitions about possible future behavior. One is about discussion, the other about monitoring. In both cases, NIDA/Westat will track by holding age constant and comparing consecutive annual cohorts. While it would be interesting to look at the maturation process of each cohort, it would be difficult to separate temporal change separate from the natural maturation process.

4.a. *The percent of parents who never allow their 12- to 13-year old child to spend free time in the afternoons hanging out with friends without adult supervision.* The baseline for this statistic is 33.6% for 2000 (based on combined NSPY Waves 1 and 2). This goal was selected for GPRA because it is easy to communicate and the first semi-annual evaluation report shows that this parent response is well associated with youth intentions to avoid marijuana use, at least among youth who have never used marijuana. It also seems consistent with the current Campaign focus on encouraging monitoring even if it does displease their children.

4.b. *The percent of parents who have had a discussion with their 12- to 13-year old child in the last six months about specific things their child could do to avoid drugs.* The baseline for this statistic is 71.0% for 2000 (based on combined NSPY Waves 1 and 2. This behavior had the highest association with youth intentions among non-using youth. It also

Campaign Plan and Communications Strategy. Guiding the Media Campaign

Plan is a formal *Communication Strategy* that was developed to chart the Campaign's overall direction, as well as for developing specific campaign messages, materials, and activities. The *Communication Strategy* will evolve over time in response to ongoing campaign monitoring by ONDCP and its partners and findings from the ongoing evaluation by the National Institute on Drug Abuse).

Campaign Focus.

- To educate and enable our country's youth to reject illegal drugs, especially marijuana and inhalants.

- To convince occasional users of these and other drugs to stop using them.

- To enhance adult perceptions of the harm associated with adolescent use of marijuana and inhalants.

- To let parents and other influential adults know that their actions can make a critical difference in helping prevent youth drug use.

Drug use prevention messages are delivered to youth ages 9 to 18 – with an emphasis on middle school-aged adolescents – their parents, and other influential adults through advertising, the Internet, movies, music and television, public education efforts, and community partnerships.

Campaign Elements.

Campaign Evaluation. Campaign efforts undergo careful and continuous evaluation to ensure message delivery is effective and on target.

Phase I (January – July 1998) and Phase II (July 1998 – early 1999) – ONDCP achieved its initial objectives in Phases I and II: to increase awareness of anti-

drug messages among youth and adults. This is the critical first step in changing the attitudes of youth about drugs, and, ultimately, their behavior. ONDCP expects to be able to detect changes in perceptions and attitudes about drug use within one to two years, and changes in behavior within two to three years. This is based on previous research that demonstrated there is about two years of lag time between exposure to a media campaign and measurable changes in behavior. The first phases achieved significant increases in awareness among the target audiences in 12 pilot markets across the country in four regions (Phase I) and nationwide (Phase II). These first two phases met the goal of reaching its primary youth target audience with four to seven drug use prevention messages an average of four times a week through paid advertising.

Phase III (3rd quarter 1999 – 2002) – Spanning four years, Phase III marks the full implementation of the Campaign, expanding beyond advertising to non-advertising components and increasing activity to sustain long-term, anti-drug attitudes among target audiences. The national advertising continues, while other key Campaign elements are fully implemented. A fully integrated communications approach was instituted during Phase III, in mid 1999, at which time ONDCP began to focus on specific anti-drug themes and messages for advertising and other outreach efforts, such as partnerships, entertainment industry, interactive media, and sports. The advertising program is divided into multi-week periods -- a process called "flighting" -- during which time a specific anti-drug message "platform" is communicated. Local coalitions and other partners may amplify these messages by adding their own messages

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and conducting related local events and activities.

"Branding" was also introduced in 1999 and will be continued in 2002. Branding unites parent message platforms, creating a synergy between advertising and non-advertising programs. It also maximizes campaign awareness and impact.

In Phase III the Campaign:
- – Expands web-based components
- – Expands outreach to multicultural audiences
- – Obtains ongoing corporate participation from media vendors
- – Continues developing partnerships with news media, entertainment and sports industries, as well as civic, professional, and community groups

Advertising: An integrated program focuses on specific Campaign themes and messages nationally and locally (through more than 1,350 media outlets) during the four-year period.

Pro-Bono Public Service Match: Media outlets receiving paid advertising are required to match the value of those ads with a public service pro-bono "match." This match can take many forms. Examples of this include, but are not limited to, free advertising space or time, Internet activities, broadcast programming, and sponsorship of community events. The pro-bono match has and is expected to continue to more than double the value of the Campaign's paid advertising.

Non-Advertising Outreach:

Partnerships. The Campaign is working through national organizations with grassroots affiliates to strengthen local anti-drug efforts and create more opportunities for youth to receive accurate information about drug-related issues, and learn skills and techniques to maintain healthy, drug-free lifestyles.

Entertainment Industry Outreach. The goal is to ensure that, when drug use is portrayed in programming, young people see an accurate reflection of its real face – with all its risks and consequences clearly conveyed.

Interactive Media. Through the use of content-based websites and Internet advertising, new forms of interactive media provide longer, more engaged contact with the viewer. The Campaign represents the most comprehensive interactive media effort ever launched by the federal government.

Sports. In addition to positioning organized sports as an example of positive after-school time use for youth, the Campaign uses amateur and professional sports venues and associated role models to help deliver appropriate drug use prevention messages. For example, the 1999 World Cup Champion U.S. Women's Soccer Team has agreed to support the Campaign.

Media Campaign background. Authorized in 1997, with bipartisan support and through the united efforts of the Congress and the President, and implemented in 1998, ONDCP and the Partnership for a Drug Free America created the National Youth Anti-Drug Media Campaign, an effort designed to educate and empower all youth to reject illicit drugs.

Three elements were identified as crucial to the success of the Campaign: 1) A solid scientific and research base to serve as the Campaign's foundation 2) a carefully planned, written strategy to guide the Campaign 3) pro-bono advertising created in conjunction with the Partnership for a Drug-Free America.

Nearly a year of research went into the design of the Campaign. Experts were consulted in the fields of behavior change, drug prevention, teen marketing, advertising and communications, and representatives from professional, civic, and community organizations. Their recommendations and findings resulted in a comprehensive communication strategy that uses a variety of media and messages to reach young people, their parents, and other youth-influential adults.

Target Audience – Youth. Target audiences are roughly segmented by youth and significant adults. The youth target audience is divided into primary and secondary groups and focuses primarily on at-risk non-users and occasional drug users. Within each of the target audiences, considerations must be made as appropriate, of gender differences, racial and ethnic differences and geographic differences (as related to region and population density).

Primary Youth Audience
Middle school-aged adolescents (approx ages 11-13 years)
Secondary Youth Audiences
Late elementary school aged children (approx ages 9-11 years)
High school-aged adolescents (approx 14-18 years)

FY 02 Core Messages to Youth

- Most teens do not use drugs (56 percent of teens reported never trying marijuana).
- Getting high has negative consequences (e.g., health risks, disappointing parents); staying drug-free has positive consequences (e.g., respect for peers, personal growth).

- Young people can learn how to make good decisions to resist negative peer pressure.

- There are positive ways youth can spend their time besides wasting it on drugs.

Rationale – Why We Target the Youth Audience. There is relative consensus among drug use prevention experts that intervention efforts targeting youth under age nine have little benefit. Children ages eight and younger are firm in their anti-drug convictions but are too young to acquire the resistance skills they may eventually need. Similarly, adolescents over the age of 18 are excluded because the majority of drug use initiation occurs among younger adolescents.

Middle school-age adolescents are the primary target audience for a number of compelling reasons. The transition from elementary to middle school marks a major increase in the rate of drug use initiation. The rate of increase, in addition to the reasons cited above, is also a consequence of a sharp decline in anti-drug attitudes and beliefs, and increased exposure to people who use drugs.

Risk status is also a critical segmentation factor—research has shown that some behavioral, situational, and psychological factors increase this risk manyfold. Directing a more intensive prevention effort toward higher risk adolescents will help ensure maximum campaign impact for two important reasons. First, the research evidence indicates that messages designed for the high-risk adolescents are also likely to be effective with low-risk adolescents, whereas the converse is not true. Second, because adolescent drug use initiation is fundamentally a social process, one of the most effective ways to prevent lower risk

adolescents from initiating use is to prevent initiation among higher risk adolescents. Moreover, the risk factors we have identified are not rare occurrences; on the contrary, they are commonplace among today's youth. Message tailoring can enhance the perceived relevance and effectiveness of messages with audience sub-groups, but it is not always necessary to ensure program effectiveness. For the sake of campaign efficiency, messages should be designed to be effective with the full range of audience segment members whenever possible.

Target Audience – Parents/Primary Caregivers. Parents or other primary caregivers are key audiences for the Media Campaign. The campaign should target both youth and parent/caregiver audiences with complementary and synergistic messages.

Primary Parent/Caregiver Audience
Parents or other primary caregivers of middle school-aged adolescents
Secondary Parent/Caregiver Audiences
Parents or other primary caregivers of late elementary school-aged children
Parents or other primary caregivers of high school-aged adolescents

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FY 02 Core Messages to Parents

- Every child is at risk for drugs, even yours.
- Talk with your child about drugs.
- There are simple, effective actions parents can take to help children avoid drugs (e.g. monitor children's activities).

Rationale – Why We Target the Parent/Caregiver Audience. Parents or other primary caregivers of middle school-

aged youth are identified as the primary parent/caregiver target audience for the same reasons that middle school-aged youth were selected as the primary youth audience – middle school is a critical age for preventing the onset of drug use.

Ethnic membership has implications for determining message content, message design, and delivery channels. To reach these audiences effectively, messages must be consistent with their customs and values, and must recognize the special challenges of parenting kids in high-risk environments. Moreover, to the extent that members of ethnic minority groups give less credence to mainstream media, other credible channels may be needed to reach them effectively.

Target Audience – Other Youth Influential Adults. Many different types of people can positively influence members of the youth target audiences in a number of different ways. As a consequence, the definition of this audience is intentionally broad, and includes any person who, by virtue of what he or she does or does not do, has potential to educate, motivate, and enable young people to reject the use of drugs. This includes family members, school personnel, mentors, religious leaders, youth activity leaders, health care providers, celebrities, and any other member of the community willing to get involved in a positive manner.

FY 02 Core Messages to Other Youth Influential Adults

- Every child is at risk for drugs, even yours.
- Talk with your child about drugs.
- There are simple, effective actions parents can take to help children avoid drugs (e.g. monitor children's activities).

Rationale – Why We Target the 'Other Youth Influential Adult' Audience. Although somewhat at odds with the precepts of effective communication planning, this broad target audience definition allows campaign planners and partners considerable latitude to pursue a variety of youth influential audiences, as appropriate and consistent with the *Communication Strategy*. For example, celebrities who so dramatically influence the lives of our young people may be willing to speak out or take other actions against drugs, but may never have been asked to do so. Such an audience, and others, are legitimate targets for the Media Campaign.

Verification and Validation of Data. ONDCP has asked the National Institute on Drug Abuse to manage the evaluation of Phase III of the National Youth Anti-Drug Media Campaign. The Phase III evaluation, being conducted by Westat and its subcontractor, the Annenberg School of Communications, University of Pennsylvania, is designed to determine the extent to which changes in drug-related knowledge attitudes, beliefs, and behaviors can be attributed to exposure to anti-drug messages. The Phase III evaluation design comprises:

The National Survey of Parents and Youth is a continuous series of cross-sectional surveys being conducted at six-month intervals over a four-year period Approximately 34,200 total interviews of parents and children from the same family will be conducted over the evaluation period. The contract was awarded in September 1998; survey instruments were fielded in November 1999 with data collection to continue through the summer of 2003 with the final report to be submitted in Spring 2004.

In 1997, the Office of National Drug Control Policy (ONDCP) was authorized to begin an historic initiative -- the National Youth Anti-Drug Media Campaign. That campaign, now a nationwide effort, seeks to reduce drug use through coordinated efforts to educate and enable America's youth to reject illegal drugs.

The Media Campaign was implemented in three phases, with an evaluation of each phase. Phase I (January to July 1998) was a pilot test of the campaign intervention in 12 target sites matched with 12 comparison sites in four geographic regions. Phase II (July 1998 to early 1999) expanded the Phase I intervention to the national level and used additional media as new creative materials became available (e.g., Internet banners). Phase II included a wide variety of different advertisements that were presented through a range of media, including television, radio, newspapers, magazines, school book covers, movie theaters, and the Internet.

ONDCP achieved its initial objectives in Phases I and II: to increase awareness of anti-drug messages among youth and adults. This is the critical first step in changing the attitudes of youth about drugs, and, ultimately, their behavior. ONDCP expects to be able to detect changes in perceptions and attitudes about drug use within one to two years (From 1998), and changes in behavior within two to three years. This is based on previous research that demonstrated that there is about two years of lag time between exposure to a media campaign and measurable changes in behavior.

A fully integrated communications approach was instituted during Phase III (July 1999-2002), at which time ONDCP focused on specific anti-drug themes and messages for advertising and other outreach efforts, such as partnerships, entertainment industry, interactive media and sports. The advertising program was divided into multi-week periods (a process called flighting) for specific anti-drug message "platform" communications. Local coalitions and other partners could amplify these messages by adding their own messages and conducting related local events and activities. This approach was used throughout 2000 and will be continued into the planning for successive years.

"Branding" was introduced in 1999 to unite parent message platforms, create synergy between advertising and non-advertising programs and maximize campaign awareness and impact. The campaign's parent brand is "The Anti-Drug." It is a promise to provide America's youth and their parents with unequivocally honest and straightforward information -- no hype, just honest, factual information. "The Anti-Drug" branding was launched in September 1999 in new advertising, targeted at parents, for television, radio, print, out of home media and parenting brochures. The youth brand, "My Anti-Drug", was introduced in September 2000 and is incorporated in all youth advertising.

Through strategic partnerships, the Campaign in 2000 continued to increase the number of organizations and businesses through which accurate drug messages reach

their target audiences. These alliances are extending Campaign messages to reach youth and parents in the communities where they live and in places where they spend most of their time -- including schools, on-line, at work and at play -- helping build long-term substance abuse prevention activities.

In each phase of the campaign, every media outlet that accepts the campaign's paid advertising has been required to match the government's purchase with an equal value of public service in the form of public service announcement (PSA) time or space, or other in-kind contributions (e.g. program content, other activities/programs related to youth substance abuse prevention, etc.). This public service time is shared with other organizations to promote anti-drug related messages, such as mentoring, underage :

alcohol and tobacco use, early childhood development, teen volunteering, crime prevention, and after-school activities. Media outlets can also provide in-kind contributions for local community events and other unique activities.

During 2000, the campaign continued to reach 90 percent of America's youth at least four times a week through advertising, and communicated advertising messages in multiple languages to youth and adults of various ethnic groups.

Media Campaign Goals. The Campaign goals established for the Media Campaign follow. These goals, and the progress toward achieving them, are described in greater detail in the following section:

Media Campaign Goals	FY 1999 Target	Actual	FY 2000 Target	Actual	FY 2001 Target	Actual	FY 2002 Target	Actual
1a. Advertisement Exposure (frequency per week)	4	7	4	4	Target Deleted		Target Deleted	
1b. Advertisement Coverage to Target Audiences	90%	91%	90%	90%	Target Deleted		Target Deleted	
2. Hire Prime Contractor	<9 mo Jan 99		N/A		Target Deleted		Target Deleted	
3. Obtain matching pro bono private sector contribution	100%	107%	100%	100%	100%		100%	
4. Increase contacts to the clearing-house for info.	---	+159%	+10%	+10%	+10%		+10%	

5.a. Youth lifetime marijuana use: 8th Graders (MTF)	FY99/00 22.0%	FY2001 Decrease 2.5%	FY 2002 Cumulative Decrease of 5%
5.b. Youth intentions to use marijuana in the next 12 months: Youth aged 12-18	74.3% (W1&W2)	Decrease 2.5%	Cumulative Decrease of 5%

5.c. Youth perceptions that close friends would strongly disapprove if they used marijuana in the next 12 months: Youth aged 12-18	52.1% (W1&W2)	Increase 2.5%	Cumulative Increase of 5%
6.a. Monitoring: Percentage of parents who never allow their 12-13 year old child to spend free time in the afternoons hanging out with friends without adult supervision	33.6% (W1&W2)	Increase 10%	Cumulative Increase of 20%
6.b. Communication: Percentage of parents who have had a discussion with their 12-13 year old child in the last 6 mos. about specific things their child could do to avoid drugs	71% (W1&W2)	Increase 2.5%	Cumulative increase of 5%

Media Campaign Goal One Highlights (1a and 1b). This goal was deleted for FY 2001 and beyond. The NIDA impact evaluation questionnaires now provide a more accurate measurement of the Campaign's impact than media reach and frequency.

Media Campaign Goal Two Highlights. This one-time goal has been achieved; ONDCP awarded advertising contract to Ogilvy and Mather in January 1999.

Media Campaign Goals Three and Four Highlights. The Campaign's advertising component continues to obtain 100% pro bono match from media outlets while contacts to the NCADI Clearinghouse maintain a steady increase (telephone calls, e-mails, written requests, etc.).

Media Campaign Goals 5 and 6 highlights (5.a., 5.b., 5.c., and 6.a. and 6.b.). These goals were added in FY 2001. The impact evaluation of Phase III is being conducted by the National Institute on Drug Abuse and the evaluation instruments being used in the National Survey of Parents and Youth provide useful measures for assessing progress toward achieving the Media Campaign's goals. The NIDA evaluation

team recommended several youth and parent measures based on existing questions that would capture some of the primary intended outcomes of the Campaign's strategic communication platforms.

With one exception, the specific questions for which baseline data are provided for Goals 5 and 6 can be found in the questionnaire volume accompanying the report *Evaluation of the National Youth Anti-Drug Media Campaign: Campaign Exposure and Baseline Measurement of Correlates of Illicit Drug Use From November 1999-May 2000* (November 2000, produced by Westat and the Annenberg School of Communication, University of Pennsylvania under contract to the National Institute on Drug Abuse). The one exception is the data for tracking lifetime marijuana use among 8th graders. These data are from the University of Michigan's Monitoring the Future (MTF) study. These data were chosen over similar data collected in the NSPY because of the MTF's larger sample sizes and smaller relative confidence intervals.

The baseline data reported for FY 1999/2000 reflect combined data from Waves 1 and 2 (the first two data collection

periods) of the Phase III evaluation and reported in *Evaluation of the National Youth Anti-Drug Media Campaign: Second Annual Report of Findings* (April 2001, produced by Westat and Annenberg School of Communications, University of Pennsylvania under contract to the National Institute on Drug Abuse). Data from the two waves were combined due to the short timeframe between Waves 1 and 2 (6 months) and to ensure that comparable time intervals will be used for future fiscal years, i.e., the FY 2001 GPRA report will include data from the Wave 4 evaluation report (collected 1 year after the Wave 2 data) and the FY 2002 GPRA report will include data from the Wave 6 report (1 year after the Wave 4 report and 2 years' worth of data since the Wave 2 report). In addition, in the FY 2001 and FY 2002 GPRA reports, discussion will be included of the findings of association between desired outcomes and exposure to the Media Campaign's anti-drug messages based on the longitudinal (follow-up) data, which will first be reported in the Wave 4 report.

5.a.. *Lifetime marijuana use for all youth aged 12 to 18.* Ultimately, the Media Campaign is among the prevention efforts expected to contribute to an overall decline in youth drug use. Marijuana and inhalants are the key drugs of focus in the Media Campaign. We have not included an inhalant measure since the inhalant-related advertising is only at the parent level and because the NSPY inhalant estimates are low relative to both MTF and NHSDA, as discussed in the first NIDA/Westat semi-annual report. The baseline is 21.9% for 2000 (based on combined National Survey of Parents and Youth Waves 1 and 2 data).

5.b. The percent of all youth aged 12 to 18 who have strong intentions not to use marijuana at all in the next 12 months. The

baseline for this statistic is 74.3% for 2000 (based on combined NSPY Waves 1 and 2).
5.c. The percent of youth aged 12 to 18 who think that their close friends would strongly disapprove if they (the respondents) were to use marijuana nearly every month for the next 12 months. The baseline for this statistic is 52.1% for 2000 (based on combined NSPY Waves 1 and 2, new tabulation). The focus is on regular use instead of any use, because the question about any use was not asked of anyone who had ever tried marijuana. We could produce an estimate for youth who have never used marijuana, but it seemed cleaner to focus on regular use for the entire population.

6.a. and 6.b. The two goals focus on actual behavior as opposed to cognitions about possible future behavior. One is about discussion, the other about monitoring. In both cases, NIDA/Westat will track by holding age constant and comparing consecutive annual cohorts. While it would be interesting to look at the maturation process of each cohort, it would be difficult to separate temporal change separate from the natural maturation process.

6.a. The percent of parents who never allow their 12- to 13-year old child to spend free time in the afternoons hanging out with friends without adult supervision. The baseline for this statistic is 33.6% for 2000 (based on combined NSPY Waves 1 and 2). This goal was selected for GPRA because it is easy to communicate and the first semi-annual evaluation report shows that this parent response is well associated with youth intentions to avoid marijuana use, at least among youth who have never used marijuana. It also seems consistent with the current Campaign focus on encouraging monitoring even if it does displease their children.

6.b. *The percent of parents who have had a discussion with their 12- to 13-year old child in the last six months about specific things their child could do to avoid drugs.* The baseline for this statistic is 71.0% for 2000 (based on combined NSPY Waves 1 and 2. This behavior had the highest association with youth intentions among non-using youth.

IMPACT EVALUATION RESULTS - FY 2000

Phase III Evaluation Design (Fully Integrated Campaign; Mid-Year 1999 to the present). Phase III represents implementation of the fully integrated Campaign. While ONDCP managed the evaluations of Phases I and II, the National Institute on Drug Abuse conducted an independent and rigorous evaluation of the fully integrated, long-term Campaign. The Phase III evaluation will analyze the associations between trends in attitudes, beliefs, and behaviors and exposure of youth and parents to the Campaign.

The Phase III evaluation is being conducted through a national household-based survey of youth and parents from the same household. More than 34,200 interviews will be conducted across seven waves of data collection ending in June 2003. The sample includes African Americans, Hispanics, Whites, Asian Americans, American Indians/Alaska Natives. The evaluation includes a longitudinal component in which youth and parents in the same household will be interviewed two to three times over the evaluation period. These repeated interviews will allow measurement of lagged associations of cognitive outcomes with subsequent behavioral outcomes and the relationships of such associations with Campaign exposure.

Results from the First Evaluation Report of the Fully Integrated Campaign. An initial evaluation report[1] with baseline findings was released in November 2000. The report includes early estimates of exposure to the Campaign, and it identifies anti-drug beliefs and drug use behaviors that will be watched over time both for movement and their association with exposure. The November 2000 report does not draw inferences about the effectiveness of the Campaign, since it represents only the first data point. The second report, April 2001, provides the first preliminary assessment of the Campaign's impact. However, ONDCP anticipates that it will require about three years (i.e., mid-2002) from the launching of the fully integrated and implemented Campaign to assess whether any reductions in youth drug use can be attributed to the Campaign.

Findings from the November 2000 report indicate that parents and youth are seeing the campaign ads and suggest areas in which the Campaign may be having an impact, these include the following:

On average, Wave 1 data were collected 6 months before Wave 2 began—as a result there was a relatively short period of time for additional change to occur; thus, the second evaluation report's analysis is **not** definitive. For this report, the finding of an association is more essential to a claim of Campaign effect. However, even evidence of an association is not sufficient grounds for making any definitive statements about

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[1] The evaluations are to be conducted every six months. The initial evaluation report is: "Evaluation of the National Youth Anti-Drug Media Campaign: Campaign Exposure and Baseline Measurement of Correlates of Illicit Drug Use From November 1999 Through May 2000," by Westat (Annenberg School for Communication, University of Pennsylvania) under contract with the National Institute on Drug Abuse, National Institutes of Health.

whether effects have occurred as a result of the Campaign. The bottom line is that the analyses show some positive associations that are potential indicators of success but cannot yet be attributed to the Campaign. Subsequent reports will provide more definitive information on the extent to which changes in attitudes and behavior can be attributed to the Campaign.

FINDINGS

Youth

- General exposure: The majority of youth report seeing general anti-drug ads across media (71 percent).
- General exposure to anti-drug ads for each age group was 57 percent for youth aged 9 to 11; 76 percent for youth aged 12 to 13; and 77 percent for youth aged 14 to 18.
- The percentage of youth aged 9 to 11 who reported seeing specific Media Campaign ads was 32 percent; for youth aged 12 to 13, 43 percent; and for youth aged 14 to 18, 37 percent.
- For non-using youth aged 12 to 13, there was neither a consistent pattern of change, nor consistent evidence of association between exposure and outcomes, although there were a few significant associations.
- There is good evidence of increased anti-drug sentiment among older non-drug-using teens (aged 14 to 18) with regard to marijuana trial between Waves 1 and 2, which may portend subsequent declines in marijuana use in future waves of the evaluation.
- For youth aged 12 to 13 years of age, all of the questions on regular use of marijuana appeared to move in an anti-drug use direction, although all the individual changes, in all but two cases, were not statistically significant.

- Youth across age groups remained virtually unanimous in their "definitely not" responses to the question regarding intention to use marijuana use.
- African American and Hispanic youth report somewhat weaker anti-drug attitudes and beliefs regarding regular marijuana use in comparison to white youth, indicating that room for change may be greater among members of these racial/ethnic groups.

Parents

- General exposure: The majority of parents (70 percent) report seeing or hearing anti-drug ads across media (same percentage as reported in Wave I).
- General exposure: 50 percent of African American and Hispanic parents reported general exposure to anti-drug ads 3 or more times per week compared to 38 percent of white parents.
- Aided exposure: The only statistically significant change in exposure to campaign advertising across waves was a decline in the percentage of parents who reported seeing specific TV ads on a weekly basis from 25 to 22 percent, which may be explained by the shift in media buys to focus more on youth at the end of the Wave 2 data collection period.
- The percentage of parents who reported hearing Media Campaign radio ads on a weekly basis remained the same between Waves 1 and 2 at 10 percent.
- There was a statistically significant increase in the percentage of parents reporting hearing a lot about anti-drug programs in the community in the past year from 32 percent in Wave 1 to 36 percent in Wave 2.
- There was a statistically significant increase in the percentage of parents reporting that they heard about drug-

related referenda in the past year from 6 percent to 9 percent.

RESULTS OF CAMPAIGN FEEDBACK MECHANISMS

The Campaign itself employs an array of evaluation measures that produce ongoing feedback to ONDCP. These systems continue to provide invaluable in-process data that enables the Campaign staff and its contractors to adjust messages, advertising strategies, timelines, and to test and provide near-term analysis of the behavioral strategies underpinning all forms of communication.

For example, in Fall 2000, a number of internal and external feedback and evaluation systems and reports began to suggest some weaknesses in parent reaction to parent-targeted messaging. When these inputs were reaffirmed in part by a few weak areas in parent responses in the November Phase III report, the Campaign immediately acted, forming subject-specific task forces in December 2000 to examine the data and recommend appropriate solutions. Task forces included behavioral scientists from the Campaign's Behavior Change Expert Panel, communications experts, target audience specialists, advertising contractors and Campaign staff. Modifications to message platforms for parent-targeted advertising and numerous other internal modifications are among the recommendations being acted on now by Campaign staff.

Among the internal and external feedback systems used by the Campaign are:

Millward Brown Tracking Study. This commercial evaluation service, operated by the Campaign's primary advertising contractor for ONDCP, monitors in-market impact of the Campaign's communications on youth and parent audiences. It allows the Campaign to make on-going tactical changes in media weights, media mix and ad change-out and rotation duration.

Pathways Plus. This commercial media modeling system, employed by the Campaign's primary advertising contractor, assesses the relative impact of each of the Campaign's media vehicles and message platforms on awareness, beliefs and intentions.

Formative Creative Evaluation Panels (FCEP). Operated by the advertising contractor for ONDCP, FCEPs are qualitative evaluations (e.g., focus groups) used to test creative work on all target audiences – youth and parent – and all multicultural sub-audiences.

Additionally, the Campaign relies on feedback from national surveys on youth drug use and others like PDFA's PATS. These sources provide ongoing feedback on changes in youth or parent behavior or attitudes related to drug use or to the Campaign directly. Encouraging findings from the 2000 PATS include the following:

- Between 1998 and 2000, the percentage of teens who reported seeing anti-drug ads (not necessarily just the Campaign's ads) every day increased from 32 percent to 49 percent.

- Positive changes were found in anti-drug attitudes over the same time period, with modest increases in teens' perceived risk of upsetting parents, losing friends, missing out on good things, acting stupidly, and becoming boring if they smoke marijuana.

- Between 1998 and 2000, the percentage of teens reporting that anti-drug ads

made them less likely to try or use illegal drugs increased from 30 to 37 percent.

- The 2000 PATS found that message exposure correlated with stronger anti-drug attitudes among teens: Forty-nine percent of teens who said the ads made them more aware of the risks of using drugs reported seeing the ads frequently, versus 28 percent of teens who saw the ads infrequently.

- The 2000 PATS found that message exposure correlated with increased parental involvement. Fifty-eight percent of parents who reported seeing the ads frequently said they talked to their child four or more times in the past year about drugs, versus 35 percent who reported seeing the ads infrequently.

Section IV. F. 4.   DRUG FREE COMMUNITIES PROGRAM
**   FY 2002 PERFORMANCE PLAN**

> **MISSION**
>
> **Drug Free Communities Program**
>
> Increase citizen participation and strengthen community anti-drug coalition efforts to reduce substance abuse among youth and adults

The Drug Free Communities (DFC) Program was created by *The Drug-Free Communities Act of 1997, PL 105-20* which amended the National Narcotics Leadership Act of 1988, "to establish a program to support and encourage local communities that first demonstrate a comprehensive, long term commitment to reduce substance among youth, and for other purposes." The DFC mission is to increase citizen participation and strengthen community coalition efforts aimed at reducing substance abuse among youth in communities throughout the United States and, over time, to reduce substance abuse among adults.

Budget. The FY 2002 Drug-Free Communities Program request constitutes $50.6 million of the Office of National Drug Control Policy's (ONDCP's) $519.1 million total budget request.

The Drug Free Communities Support Program is a small proportion of ONDCP's $519.1M budget request

DFC
($50.6M)
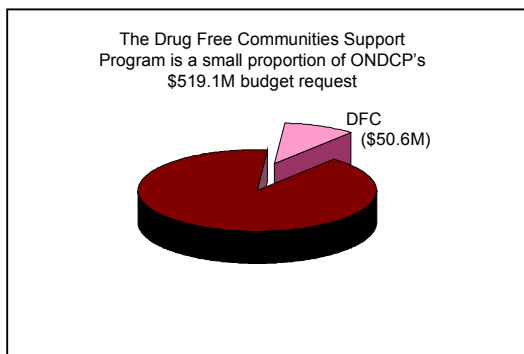
Basic Program Approach. Community coalitions are at the forefront of efforts to develop and implement successful comprehensive strategies to reduce youth substance abuse through the enhancement of prevention activities and treatment services. ONDCP collaborates with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in administering an annual national competition for grants under the Drug Free Communities Program. Ninety-four coalitions received initial grant awards in September of FY 2000, with continuation funding going to 213 of the previously funded grantees, for a total of 307 current grantees. Though coalitions typically have numerous program elements in common, they vary considerably along several dimensions. These include the nature and extent of drug use in their community, the array of existing resources and services available to address local problems, the kinds of immediate needs or gaps in services, the availability of reliable data about drug use, and the degree of public awareness about drug problems. The DFC Program encourages local coalitions to develop their own priorities for local action, while taking advantage of the best available knowledge, information, and technology available from other successful programs and from scientific research on best prevention practices.

Coalition and Grant Award Criteria. The criteria for coalition eligibility is stated in the legislation, *The Drug-Free Communities Act of 1997, PL 105-20.* The program is specifically designed to provide matching grants of no more than $100,000 per year (up to a maximum of five years) to existing local community anti-drug coalitions. The coalitions must match the amount if their grant request with non-federal funds or in-kind contributions throughout the life of their grant. Eligible coalitions that receive funding under this program are expected to work locally to prevent substance abuse among youth; and, over time, among adults as well. In addition, they are expected and encouraged to serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of their community in developing and implementing comprehensive, long-term strategies to reduce substance abuse among youth on a sustained basis. Coalitions must demonstrate they have worked together on substance abuse reduction initiatives for at least six months prior to the grant application. Coalitions are also required to show that their membership includes representation from youth, parents, businesses, media, schools, organizations serving youth, law enforcement professionals, religious or fraternal organizations, civic and volunteer groups, health care professionals, government officials with expertise in the field of substance abuse, and if feasible, elected officials.

Drug Free Communities Program

Linkage to the National Drug Control Strategy

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

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

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

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

Linkage to the National Drug Control Strategy. The Drug-Free Communities (DFC) Program contributes to Goal One of the National Drug Control Strategy (*Strategy*). The desired outcomes are described in Objectives One, Three and Six, under Goal One. The Drug-Free Communities Program provides evidence supporting efforts to achieve the three objectives through specific semi-annual reporting requirements. In such reporting, grantees must indicate how they intend to reduce substance abuse among youth through their collaborative efforts, implementation activities and long-term strategic planning. The coalitions are required to have as their main mission the reduction of substance abuse among youth in a comprehensive and long-term manner.

DFC Structure and Resources. ONDCP administers the program through an interagency agreement with the Office of Juvenile Justice and Delinquency Prevention in the Department of Justice. The ONDCP Drug Free Communities staff is comprised of the Administrator and program analyst. Seven program managers from OJJDP provide day-to-day grants management, monitoring, and technical support to grantees. An eleven-member Presidentially appointed advisory commission provides recommendations on the program to the ONDCP Director.

As part of the grant administration, OJJDP requires coalitions to submit program data twice a year in the Categorical Assistance Progress Report (CAPR). The Center for Substance Abuse Prevention (CSAP) provides a modest amount of training and technical assistance through the Centers for the Application of Prevention Technologies. Assistance includes providing training and information on various topics such as, strengthening coalitions, program evaluation, fundraising, developing long term sustainability, and the adoption of prevention practices that have been scientifically evaluated and found effective.

2002 Performance Goals. The DFC goals and targets for 2002 relate to the coalition building indicators of increased citizen participation, increased interagency and intergovernmental collaboration, improved coalition capabilities and increased community participation in drug abuse prevention. These goals are new as of the FY 2001 review of performance goals and will better reflect the work that ONDCP and the coalitions are already putting forth in their efforts to develop and implement successful coalitions. The national evaluation being funded by ONDCP and selected case studies provide the information needed to measure progress toward the DFC program targets. Specific questions from the national evaluation are addressed in the following text to show how they are applied to reflect progress by the coalitions. The research design for the case studies is described in the following text and identifies some of the learning potential as well as the limitations of the case study aspect of the evaluation.

Drug Free Communities Program 2002 Goals, Targets, and Measures

Goal One Enhance citizen participation in prevention efforts.

Target: Increase by 50% the number of coalitions that report an increase from FY 2001 citizen involvement in the coalition's prevention efforts.

Goal Two. Enable community coalitions to strengthen collaboration among federal, state, regional, local and tribal governments and other sectors and organizations.

Target: Increase by 50% the number of coalitions (FY 2001 baseline) that report an increase from the previous year in the number and types of organizations involved in coalitions.

Goal Three. Improve coalition capabilities.

Target: All coalitions (FY 2001 baseline) report an increase in providing at least one additional activity to coalition members in one of the following areas: training, technical assistance, or skill building services.

Drug Free Communities Program 2002 Goals, Targets, and Measures continued

Goal Four. Improve prevention planning so that it is more collaborative.

Targets:
 Seventy-five percent of all coalitions report development or revision of their strategic plan to reduce youth substance abuse.

Seventy-five percent of new coalitions (operating between one and five years) existing as of FY 2001 report an increase in the number of key stakeholders in decisionmaking and priority setting processes.

Seventy-five percent of new coalitions (operating between one and five years) existing as of FY 2001 report an increase in the number of community sectors in prevention planning.

Goal 5. Ensure prevention efforts are more comprehensive/research-based and consistent with identified needs.

Targets:
Eighty-five percent of total coalitions existing as of FY 2001 report an increase in members' efforts to implement comprehensive activities/interventions.

 Seventy percent of total coalitions existing as of FY 2001 report the use of at least two strategies to implement activities/interventions.

Measures: Measure of progress toward meeting FY 2002 targets will be based on response to the national evaluation questions and selected case studies.

DFC performance goals FY 2000 included provision of grant funds in three months, increase in the number of funded coalitions, and increase in the number of applications from small towns and rural areas. After careful deliberation, these goals were eliminated for 2002. Goal One and Goal Three were determined to be administrative functions rather than goals, and Goal Two was simply a function of the amount of appropriations.   While these items are important, they do not reflect goals that may be measured through the efforts of ONDCP and the coalitions.

ONDCP DFC staff developed five goals with targets and measures based on research questions from the national evaluation plan. Goal One states: Enhance citizen participation in prevention efforts. This goal is based on the evaluation question, "Is there an increase in citizen participation in prevention efforts?" The associated target for FY 2002 is to increase by 50% the number of coalitions that report an increase from FY 2001 citizen involvement in the coalition's prevention efforts.

Goal Two, " Enable community coalitions to strengthen collaboration among federal,

state, regional, local and tribal governments and other sectors and organizations." is based on the evaluation question, "Is interagency and intergovernmental collaboration increased?" The DFC target is to increase by 50% the number of coalitions existing as of FY 2001 that report an increase in the number and types of organizations involved in coalitions. Additional information on collaboration may be used from the case studies of 21 grantees.

DFC Goal Three is to "Improve coalition capabilities." This goal is based on the evaluation question, "Are coalition capabilities improved?" The FY 2002 target is for all coalitions existing as of FY 2001 to report they have provided at least one additional activities to coalition members in one of the following areas: training, technical assistance, or skill building services. Additional information on coalition capabilities will be garnered from the case studies of 21 grantees.

Goal Four 4 is based on the evaluation question, "Is prevention planning more collaborative and data driven?" and is to "Improve prevention planning to ensure more collaboration." The three targets identified include:

1) Seventy-five percent of all coalitions report they have developed or revised their strategic plan to reduce youth substance abuse.

2) Seventy-five percent of new coalitions (operating between one and five years) existing as of FY 2001 report an increase in the number of key stakeholders involved in decisionmaking and priority setting processses.

3) Seventy-five percent of new coalitions existing as of FY 2001 report an increase in

the number of community sectors in prevention planning.

DFC Goal 5 is. "Ensure prevention efforts are more comprehensive and research-based and consistent with identified needs." This national evaluation question for measuring this goal is, "Are prevention efforts more comprehensive/research-based and consistent with identified needs?" The two targets include:

1) Eighty-five pecent of coalitions existing as of FY 2001 baseline report an increase in members' efforts to implement comprehensive activities/interventions.

2) Seventy percent of coalitions existing as of FY 2001 baseline report the use of at least two strategies to implement activities/interventions. Additional information from the case studies may provide information on prevention efforts.

National Evaluation. The general evaluation model for the DFC Program is keyed to enhancing and strengthening the coalitions through the increases in specific indicators:

1) Citizen participation

2) Stakeholder support

3) Coalition capabilities

4) Interagency and intergovernmental collaboration

Coalitions collect and report data on these four indicators in the CAPR, which they submit to OJJDP semiannually. The OJJDP evaluation contractor analyzes data submitted in the CAPR and prepares annual reports. Descriptive statistics are used to plot changes over reporting periods. The

general evaluation plan for the DFC program is based on eight evaluation questions directly related to the main program goals described above. For the purposes of this report, ONDCP uses five of these questions which are most relevant to the 2002 performance goals. This data are then processed and analyzed.

Case Studies. As part of an in-depth evaluation, a sample of 15 grantees from the first round (FY 98) and six from second round (FY 99) grantees were chosen for case studies. Specific data from the 21 coalitions were collected on community problems, community needs, prevention efforts, collaboration, coalition structure, membership, and operation. The evaluation contractor conducted 21 intensive two-day site visits to obtain data through program staff interviews. A second round of site visits is planned for May, June and July 2001 to the 21 grantees. The data instruments used in the site visits include questions on local political, social, and economic conditions that affect the implementation of interventions and efforts to improve prevention programming. These conditions are described in three categories: predisposing factors, enabling conditions, and obstacles to implementation. Data analyzed will provide measures on how well coalitions have implemented activities/interventions, evidence of success in carrying out goals and objectives and the extent of community support. Specifically, predisposing factors include availability of needed resources, facilities, technical expertise, staff, political support; enabling conditions include visibility of program importance to key stakeholders, early evidence of success, continued involvement of influential leaders support; obstacles to implementation include competing responsibilities, limited resources devoted to

prevention programs, and lack of monitoring.

In 1998, OJJDP and its evaluation contractor developed site visit protocols, which received Office of Management and Budget clearance, and are available for review. A report summarizing the data collected and analyzed from the site visits will be completed in October 2001.

Expanded Initiatives for FY 2002. If adequate financial and manpower resources are available, ONDCP intends to explore the possibility of a report card system that can be used to rate the performance of community coalitions on various dimensions. This is intended to supplement the existing evaluation design and provide a relatively simple yardstick by which ONDCP can report the grantee progress in meeting their own stated goals and objectives.

Limits of the DFC Program: The DFC Program has several design features and inherent limitations that challenge the ability to provide quantitative data to fully comply with government performance goals and targets. These are outlined below:

1) The individual grants are awarded for a maximum of $100,000 with no specified amount or percentage to be spent on evaluation activities. Grantee programs represent great variations in their capability and resources available to conduct program evaluation.

2) The range of activities/interventions and target populations varies greatly across programs so that comparisons among programs and aggregations of program impacts may be difficult.

3)   Data collected from coalitions is dependent on the accuracy and completeness of the program's record keeping and data systems.   Requirements for grantees to submit specific data differs dependent on the grant year.

4) The sheer number of grantees is quite large (307 grantees) and will increase by the end of FY 2001. Both the management and measurement challenges are significant.

**Section IV. F. 4   DRUG FREE COMMUNITIES PROGRAM
PERFORMANCE REPORT FOR FY 2000**

ONDCP developed the following goals and performance targets for FY 2000 for the DFC Program.

(1) Increase the number of funded coalitions.

(2) Provide grants funds within three months.

(3) Increase the proportion of applications from small towns and rural areas.

After careful review of these goals, DFC staff determined that they would not be continued as performance goals for future planning for FYs 2001 and 2002. The three goals are based on administrative functions of the grant process and therefore not relevant to the overall program goals for DFC Program. Furthermore, Goal Number Two is dependent on appropriations for the DFC program.

DFC Goals	FY 1999 Target Actual		FY 2000 Target Actual		FY 2001 Target Actual	
1. Provide grant funds within 3 months	3 mo.	3 mo.	3 mo.	3 mo	3 mo	
2. Increase the number of funded coalitions	101	124	87	94	144	
3. Increase the proportion of applications from small towns and rural areas	N/A		80	30%	40%	

Highlights of Goals. By statute the Drug-Free Communities program must award 100 percent of the grant funds allocated to it to grantees that satisfy the minimum coalition criteria in the year authorized. In FY 1998, ONDCP awarded funds to 93 grants within the three-month period. In FY 1999, 124 new grants were awarded. Ninety-one of the current 93 coalitions that received grants under the Drug Free Communities Program reapplied and received grants. All of these

grants will be funded within the requisite three-month period. In FY 2000 94 grants were awarded. In 2001 the program will award approximately 144 grants.

Revised Targets. Goal One for 2000 is an administrative function and the processing and distribution of grant funds will still be conducted in as expedient a manner as possible.

For Goal Two, increasing the number of funded coalitions, the assumption was that 100 percent of previously funded coalitions would continue to be funded in the DFC Program. The long-term goal is for a total of at least 500 coalitions to be funded in the DFC Program over the five-year period. The targets for this goal have been changed from the FY 2000 Performance Plan; the FY 1998 baseline number is reduced from 2800 to 93 coalitions. This revised baseline reflects the number of coalitions that ONDCP can directly impact via grant awards from the Drug-Free Communities (DFC) Program. The original number of 2800 reflected the total number of coalitions thought to exist in the United States based upon estimates provided by the Community Anti-Drug Coalitions of America (CADCA). The original figures were based on information from CADCA that used a broad definition for 'coalition' to estimate the number of coalitions. The broad definition differs from the DFC Program eligibility criteria for coalitions. ONDCP estimated total U.S. coalitions in the 2000 ONDCP *Strategy* at 1300 based on a study of coalitions. A more in-depth study on coalitions is under consideration.

Projected Growth of Funded Coalitions. In FY 1999, 124 new grants were awarded. In FY 2000, ONDCP funded 94 new grants. In FY 2000 the total number of new and existing grants is 307. The target for FY 2001 is to fund at least 144 new coalitions based on the amount of the award funding in the FY01 request. This goal was

considered an administrative function and not relevant to the performance goals, therefore is not continued as a goal in the FY 2002 Performance Plan.

Data to measure progress toward FY 2001 on goals and targets will be available from the national evaluation and case studies in fall 2001. The new DFC goals aim to enhance increase citizen participation in prevention efforts, enable community coalitions to strengthen collaboration among various community sectors, improve coalition capabilities and improve prevention planning.

Goal Three, increasing the proportion of applications from small towns and rural areas, was added in FY 2000. Recent research indicates that small towns and rural areas of the United States suffer from severe problems of substance abuse and have fewer resources to organize effective community response to drug problems. (See National Center on Addiction and Substance Abuse at Columbia University's Report entitled "No Place to Hide: Substance Abuse in Mid-Size Cities and Rural America," January 2000.) In FY 2000 one third of the grants were awarded to small towns and rural areas. This figure is based on self-reported data from the grant applicant. After careful consideration DFC staff eliminated this goal and target. This goal is dependent on appropriations and the grant review process. This goal has been replaced with the new goals and targets described in the Performance Plan for 2002.

APPENDIX A. STRATEGIC GOALS AND OBJECTIVES OF THE NATIONAL DRUG CONTROL STRATEGY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Objective 2:   Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.

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

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

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

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

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

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

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

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

Objective 6:   Support and highlight research and technology – including the development of scientific information and data – to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

APPENDIX B.　　HIGH INTENSITY DRUG TRAFFICKING AREAS (HIDTAs)

DESIGNATED HIGH INTENSITY DRUG TRAFFICKING AREAS

1990 Houston, Los Angeles; New York/New Jersey; South Florida; and the Southwest Border region (Southern California, Arizona, New Mexico, and West and South Texas)

1994 Baltimore/Washington and Puerto Rico/U.S. Virgin Islands

1995 Atlanta; Chicago, and Philadelphia/Camden

1996 Rocky Mountain (Colorado, Utah, and Wyoming); the Gulf Coast (Alabama, Louisiana, and Mississippi); Lake County (Indiana), Midwest (Iowa, Kansas, Missouri, Nebraska, North and South Dakota), and Northwest (Washington)

1997 Southeastern Michigan and Northern California

1998 Appalachian (Kentucky, Tennessee, and West Virginia); Central Florida; Milwaukee, and North Texas
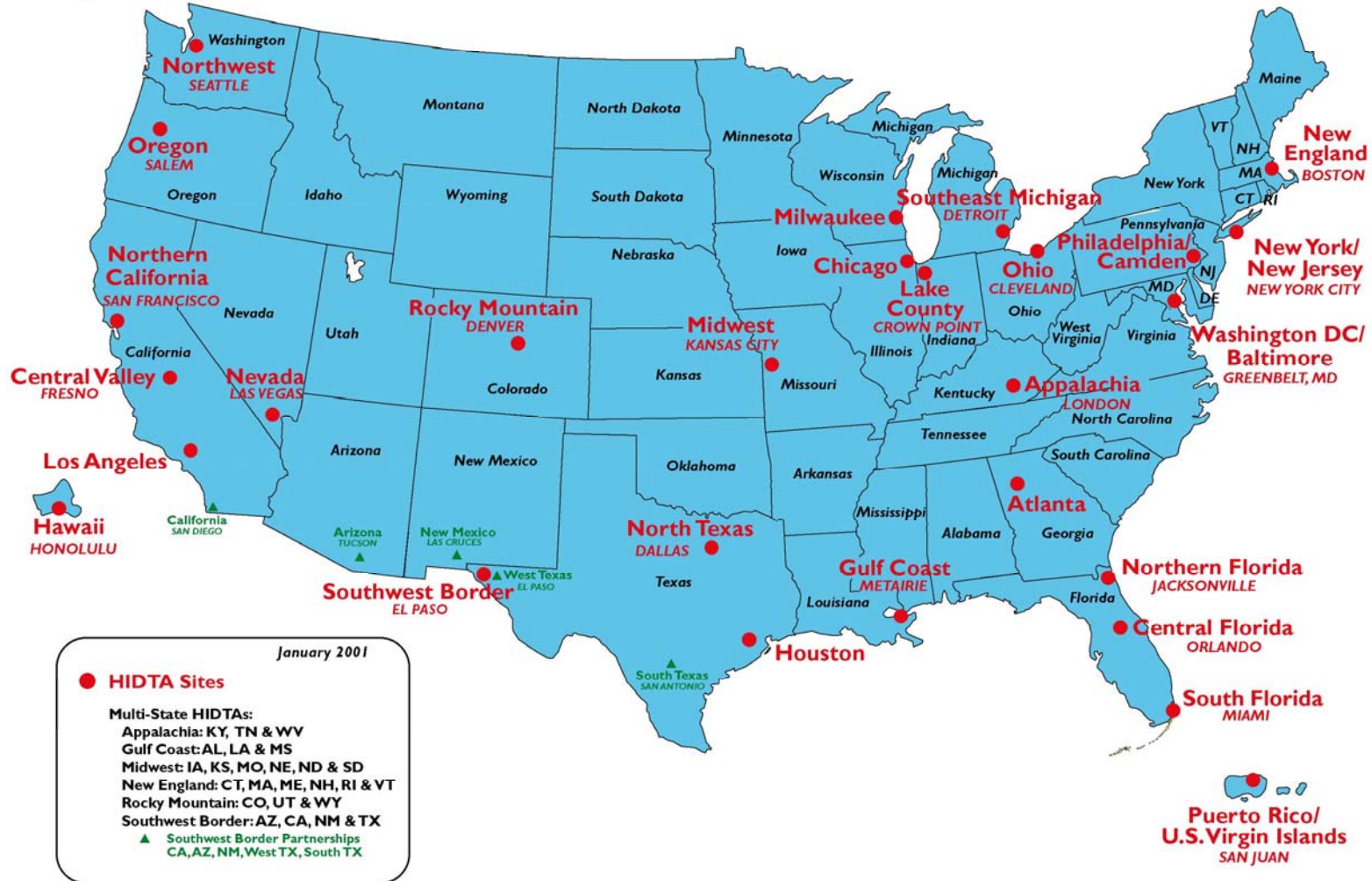
1999 Central Valley California; Hawaii; New England (Connecticut, New Hampshire, Maine, Massachusetts, Rhode Island, and Vermont); Ohio, and Oregon

2000 Northern Florida and Nevada

HIGH INTENSITY DRUG TRAFFICKING AREAS
Office of National Drug Control Policy

January 2001

● **HIDTA Sites**

Multi-State HIDTAs:
Appalachia: KY, TN & WV
Gulf Coast: AL, LA & MS
Midwest: IA, KS, MO, NE, ND & SD
New England: CT, MA, ME, NH, RI & VT
Rocky Mountain: CO, UT & WY
Southwest Border: AZ, CA, NM & TX

▲ **Southwest Border Partnerships**
CA, AZ, NM, West TX, South TX

HIDTA DEVELOPMENTAL STANDARDS

A. INTELLIGENCE AND INFORMATION SHARING

Basic	Intermediate	Optimal
1. Event Deconfliction Services		
A.1.1 ☐ service to all HIDTA task forces A.1.2 ☐ work week availability A.1.3 ☐ same day service	A.1.4 ☐ service to all drug control agencies within HIDTA	A.1.5 ☐ service to all law enforcement in HIDTA region A.1.6 ☐ 24 hours/7 day availability A.1.7 ☐ immediate service
2. Case/Subject Deconfliction		
A.2.1 ☐ criminal subject deconfliction to all HIDTA task forces	A.2.2 ☐ pointer index service to the HIDTA region A.2.3 ☐ connectivity of all HIDTA task forces to the Intelligence Center and each other	A.2.4 ☐ connectivity to national pointer index A.2.5 ☐ pointer index service to other HIDTAs and HIDTA agencies
3. Post Seizure Analysis		
A.3.1 ☐ ad hoc post seizure analysis	A.3.2 ☐ post seizure analysis and dissemination for HIDTA task forces and participating agencies	A.3.3 ☐ post seizure analysis and national dissemination
4. Analytical Case Support		
A.4.1 ☐ case support for most significant cases	A.4.2 ☐ specific analytical support to HIDTA task forces (e.g. toll, Title III, and document analysis)	A.4.3 ☐ full-service case support to all
5. Connectivity to Other Databases		
A.5.1 ☐ collocated access to major databases A.5.2 ☐ access to regional intelligence	A.5.3 ☐ access to unique databases A.5.4 ☐ access to domestic intelligence	A.5.5 ☐ access to global intelligence
6. Strategic Intelligence		
A.6.1 ☐ collection of trend and pattern analysis	A.6.2 ☐ full trend, pattern analysis, and special assessments produced	A.6.3 ☐ predictive analysis (strategic intelligence products)

B. TEAMWORK

Basic	Intermediate	Optimal
1. Task Force Operations		
B.1.1 ☐ multi-jurisdictional, collocated task forces	B.1.2 ☐ joint OCDETF-level investigations, HIDTA region multi-task force operations (information exchange, case coordination)	B.1.3 ☐ routine/institutional multi-task force OCDETF operations B.1.4 ☐ task force operations with other HIDTAs
2. Training		
B.2.1 ☐ joint training for HIDTA task forces	B.2.2 ☐ joint training for HIDTA region	B.2.3 ☐ export specialized training to requesting HIDTAs

C. STRATEGIC PLANNING AND EXECUTION

Basic	Intermediate	Optimal
1. Planning		
C.1.1 ☐ develop available HIDTA regional threat assessment, strategy, and annual report C.1.2 ☐ correlate strategy to threat C.1.3 ☐ identify measurable objectives	C.1.4 ☐ produce measurable outputs and outcomes	C.1.5 ☐ achieve targeted (articulated) outputs and outcomes C.1.6 ☐ establish evaluation capacity C.1.7 ☐ integrate planning with other HIDTAs
2. Initiative Execution		
C.2.1 ☐ implement initiatives which execute strategy	C.2.2 ☐ integrated systems approach among HIDTA task forces (investigation, intelligence, interdiction, prosecution)	C.2.3 ☐ integrated systems approach within HIDTA region (parole, courts, probation, corrections, testing, sanctions)
3. Resource Management		
C.3.1 ☐ correlate budget to strategy (initiatives)	C.3.2 ☐ periodically review and reallocate resources	C.3.3 ☐ continuous review and reallocation of resources

D. ACCOUNTABILITY

Basic	Intermediate	Optimal
1. Fiscal Controls		
D.1.1 ☐ establish sound fiscal/ programmatic management, including shared fiscal reports among EXCOM members	D.1.3 ☐ implement a scheduled, self-inspection program to monitor HIDTA resources	D.1.5 ☐ implement a self-review process to evaluate initiatives and recommend programming needs to EXCOM
D.1.2 ☐ identify and implement resource saving systems, eliminate duplication	D.1.4 ☐ share successes and failures with all HIDTAs (recommend best practices)	D.1.6 ☐ adapt efficiencies developed by other HIDTAs
2. Inventory Controls		
D.2.1 ☐ establish and maintain HIDTA equipment inventory and control system	D.2.2 ☐ share equipment between initiatives	D.2.3 ☐ share equipment with other HIDTAs
3. Information Management		
D.3.1 ☐ establish an information management system		

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