

---

---

## Report of the Drug Control Research, Data, and Evaluation Committee

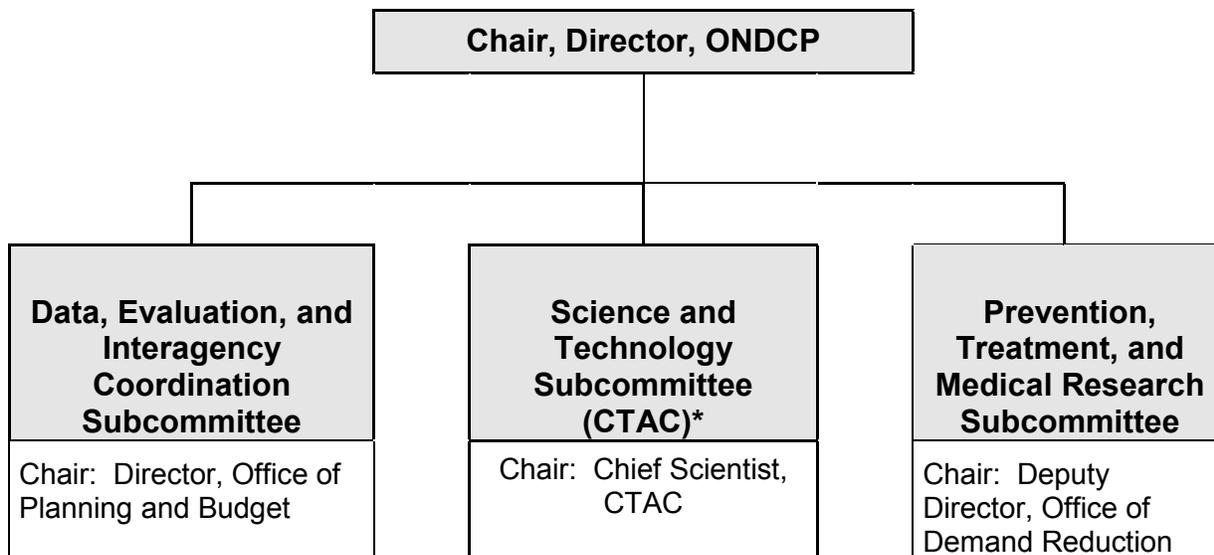
---

---

### Introduction

In 1995 the Office of Management and Budget and the General Services Administration authorized the Director of the Office of National Drug Control Policy (ONDCP) to establish the Drug Control Research, Data, and Evaluation (DCRDE) Committee. The DCRDEC was originally established under the legislative authority and mandate of the 1994 Violent Crime Control and Law Enforcement Act. The ONDCP Reauthorization Act of 1998, continued this authority. As chartered, the Committee's objective is to provide an avenue of communication by which a distinguished panel of sixteen experts representing scientific, engineering, law enforcement, treatment, and associated international scientific communities may advise ONDCP regarding its drug-control policy research agenda. The Committee advises ONDCP in the following areas as officially chartered:

- Address subjects approved by the Director, ONDCP that are related to supporting the President's National Drug Control Program in areas of substance abuse treatment and prevention; support for improved drug abuse rehabilitation techniques, counter-drug law enforcement technology, and drug-related data collection, analysis and evaluation;
- Review current and projected policies and procedures to provide advice on enhancing ONDCP's effectiveness in the execution of national drug control policy research for enforcement and demand reduction at the federal, state, and local levels; and
- Recommend to the ONDCP various alternative research policies and initiatives for fulfilling the President's National Drug Control Strategy in the face of evolving political, economic, technological, and organizational circumstances, such as identifying technical assessments to be performed, special studies to be conducted, and advisory groups to be formed.



\* Counter-Drug Technology Assessment Center

## **Drug Control Research, Data, and Evaluation Committee**

The organizational structure of ONDCP's DCRDE Advisory Committee consists of three subcommittees. These three subcommittees are led by specific ONDCP component offices: the Data, Evaluation and Interagency Coordination Subcommittee [Data Subcommittee] (Office of Planning and Budget), the Science and Technology Subcommittee (Counter-Drug Technology Assessment Center), and the Prevention, Treatment, and Medical Research Subcommittee (Office of Demand Reduction). Each of the Subcommittee has a panel of external advisors that provide a wide-range of recommendations to ONDCP on various counter-drug initiatives. ONDCP's Office of Planning and Budget (OPB) has primary responsibility for the Data Subcommittee, an interagency representation of drug demand reduction, law enforcement, and supply reduction agencies that convene to discuss relevant data policy issues that support the National Drug Control Strategy. This is the second edition of this Report; the first edition was

published in January 1999; both are published by the Data Subcommittee and under the auspices of the DCRDEC.

## **The DCRDE Committee and the National Drug Control Strategy**

This Report from the DCRDE Committee provides an overview of ONDCP's policy research agenda that supports the *Strategy*. In addition, it provides an updated inventory of all known federal drug-related data sources used to inform the drug control policy planning process. The *Strategy's* counter-drug control efforts over the next three years are on the following National Priorities: 1) Stopping Use Before It Starts: Education and Community Action; 2) Healing American's Drug Users: Getting Treatment Resources Where They Are Needed; and 3) Disrupting the Market: Attacking the Economic Basis of the Drug Trade.

The *Strategy's* three National Priorities are specifically designed to "push" against the nation's drug problem to the point that it recedes. Implementation of these National Priorities will be infused with strategies that have worked in the past and provide promising opportunities that with an engaged government leadership and citizenry, together with parents and clergy, media and community group, and state and local leaders, will work again.

As required by the law, the National Drug Control Strategy seeks to apply the principles of management by results. In order to support the *Strategy*, more accountability of drug control efforts is needed. Consequently, a concerted effort has been undertaken by ONDCP, in conjunction with the Office of Management and Budget and other federal agencies, designed to restructure the drug control budget. An ONDCP commissioned independent analysis indicated weaknesses in the budget methodologies agencies were using to measure drug spending. In early 2002, ONDCP issued a proposal that began the process for restructuring the budget starting with the President's FY 2003 Budget. The proposal was followed-up by new and revised ONDCP Circulars outlining guidance to agency heads of executive departments and establishments with responsibility for drug-control budgets.

## **ONDCP's Strategic Planning for Outcomes Management**

ONDCP's primary mission is to establish policies, priorities and initiatives that will support the President's National drug control program agenda for the country. In the President's 2003 National Drug Control Strategy, two goals provide the impetus for ONDCP to measure progress toward achieving the following *Strategy* objectives:

- ***Two - Year Goals:*** A 10 percent reduction in current use of illegal drugs by the 12-17 age group; a 10 percent reduction in current use of illegal drugs by adults age 18 and older
- ***Five - Year Goals:*** A 25 percent reduction in current use of illegal drugs by 12-17 age group; a 25 percent reduction in current use of illegal drugs by adults age 18 and older.

A system of accountability will include a core set of macro indicators as well as program-specific measures. The macro indicators will assess drug policies in prevention, treatment, and the disruption of drug markets (including supply reduction) reflecting the three main foci of the *Strategy*. Interagency groups will review and modify these macro indicators and set two and five-year goals (targets.) The program-specific measures will focus on outcome and output measures for each program, as identified from agency GPRA Performance Plans and Reports and key program staff.

ONDCP will utilize the existing agency databases for collecting indicator data from various agencies for exploring what works and what doesn't. Annual reports will document progress on the key targets, including a discussion of data limitations. The system will serve as an effective management tool to gauge progress and to focus the national drug control community on the President's targets.

## **The DCRDE Committee and ONDCP Legislative Mandates**

The DCRDEC and its Subcommittees were created in response to the 1994 Violent Crime Control and Law Enforcement Act, which dramatically extended the need for improved

drug control data. Earlier, the 1988 Anti-Drug Abuse Act established ONDCP and spurred the need for a national drug control program with enhanced data systems. In 1998, the ONDCP Reauthorization Act further expanded the agency's reporting requirements, making the need for drug-related data sources more critical than ever.

## **The Anti-Drug Abuse Act of 1988**

The Anti-Drug Abuse Act of 1988 established ONDCP to coordinate Federal efforts to reduce the use of illegal drugs in the United States. The Act requires ONDCP to develop an annual strategy for reducing illegal drug use and to incorporate goals and measurable objectives for monitoring its progress.

ONDCP's mandated activities include:

- Developing an annual National Drug Control Strategy;
- Developing a consolidated National Drug Control Budget for presentation to the President and the Congress (including budget certifications and quarterly reprogramming reports);
- Coordinating and overseeing Federal anti-drug policies and programs involving approximately 15 Federal agencies and 12 Cabinet departments and the programs they administer;
- Encouraging private sector and State and local initiatives for drug prevention and control;
- Recommending to the President changes in organization, management, and budgets of Federal departments and agencies engaged in the anti-drug effort;
- Representing the Administration's drug policies and proposals to Congress;
- Representing the Administration's drug policies and proposals to Congress;
- Participating in National Security Council deliberations that concern drugs;
- Establishing and overseeing numerous legislatively mandated national campaigns and commissions;
- Certifying the budgets of programs, bureaus, agencies and departments;

- Certifying drug policy changes by programs, bureaus, agencies and departments;
- Reviewing and approving reprogramming requests submitted by bureaus, agencies and departments;
- Designating areas as high-intensity drug trafficking areas and making grants to states and local law enforcement entities in these areas; and
- Establishing a counter-drug technology assessment center to serve as the central counter-drug enforcement research and development center for the Federal Government.

## **The Office of National Drug Control Policy Reauthorization Act of 1998**

The Reauthorization Act of 1998 expanded ONDCP mandate and authority. It set new reporting requirements and expectations, including:

- Development of a long-term 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 responsibilities given to the Counter-Drug Technology Assessment Center (CTAC)
- 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
- Improved coordination among national drug control program agencies
- Establishment of a Parent’s Advisory Council on Drug Abuse

The Reauthorization Act of 1998 amended and updated ONDCP’s reporting responsibilities, defining them to include “an assessment of current drug use (including inhalants) and availability, impact of drug use, and treatment availability.” Reporting responsibilities include the following:

- estimates of drug prevalence and frequency of use as measured by national, state, and local surveys of illicit drug use and by other special studies of:
  - casual and chronic drug use;
  - high-risk populations, including school dropouts, the homeless and transient, arrestees, parolees, probationers, and juvenile delinquents; and
  - drug use in the workplace and the productivity lost of such use;
  
- an assessment of the reduction of drug availability against an ascertained baseline, as measured by:
  - the quantities of cocaine, heroin, marijuana, methamphetamine, and other drugs available for consumption in the United States;
  - the amount of marijuana, cocaine, heroin, and precursor chemicals entering the United States;
  - the number of hectares of marijuana, poppy, and coca cultivated and destroyed domestically and in other countries;
  - the number of metric tons of marijuana, heroin, cocaine, and methamphetamine seized;
  - the number of cocaine and methamphetamine processing laboratories destroyed domestically and in other countries
  - changes in the price and purity of heroin and cocaine, changes in the price of methamphetamine, and changes in tetrahydrocannabinol level of marijuana;
  - the amount and type of controlled substances diverted from legitimate retail and wholesale sources; and
  - the effectiveness of Federal technology programs at improving drug detection capabilities in interdiction, and at United States ports of entry;
  
- an assessment of the reduction of the consequences of drug use and availability, which shall include estimation of:

- the burden drug users place on hospital emergency departments in the United States, such as the quantity of drug-related services provided;
  - the annual national health care costs of drug use, including costs associated with people becoming infected with the human immunodeficiency virus and other infectious diseases as a result of drug use;
  - the extent of drug-related crime and criminal activity; and
  - the contribution of drugs to the underground economy as measured by the retail value of drugs sold in the United States;
- a determination of the status of drug treatment in the United States, by assessing:
    - public and private treatment capacity within each State, including information on the treatment capacity available in relation to the capacity actually used;
    - the extent, within each State, to which treatment is available;
    - the number of drug users the Director estimates could benefit from treatment; and
    - the specific factors that restrict the availability of treatment services to those seeking it and proposed administrative or legislative remedies to make treatment available to those individuals; and
  - a review of the research agenda of the Counter-Drug Technology Assessment Center to reduce the availability and abuse of drugs.

Essential to ONDCP's mission and responsibility for counter-drug control effort, is the continuous need to maintain an updated core set of Federal data systems that will define the nature and national scope of the country's drug problem. Baseline data from the following leading drug indicators are used to measure progress of the *Strategy* as counter-drug initiatives are developed and implemented.

- *The National Household Survey on Drug Abuse (NHSDA)* - This survey measures the prevalence and incidence of drug use, including alcohol and tobacco, among the U.S. civilian, non-institutionalized population ages 12 years and older. All interviews are conducted face-to-face within the respondent's home or mutually agreed upon location. Beginning in 1999, screening data were obtained via computer-assisted

personal interview (CAP) methods through the use of hand held computers. To ensure consistency of reported data, the entire interview is conducted according to a specific protocol. The NHSDA has been conducted periodically since 1972 and annually since 1990. Between 1972 and 1991, the NHSDA was operated by the National Institute on Drug Abuse (NIDA); since 1992 the survey has been operated by the Substance Abuse and Mental Health Services Administration (SAMHSA).

- *Monitoring the Future (MTF)* - MTF is a school-based study, and is the leading indicator for information on prevalence, patterns and trends in substance abuse and related beliefs and attitudes among the nation's youth. The study has been conducted annually with high school seniors since 1975, and starting in 1991, samples of 8<sup>th</sup> and 10<sup>th</sup> grade students were included. MTF provides useful information for informing policymaking, assessing the impact of drug control programs, supporting rational public debate, and providing a basis for resource allocation. A limitation of the MTF is that it does not capture school dropouts or youth that may be absent on the day of the survey.
- *The Drug Abuse Warning Network (DAWN)* - DAWN data provides information on some of the medical consequences associated with the abuse of illicit drugs and the misuse of prescription, and over-the-counter substances. DAWN provides ongoing monitoring of emergency department visits that are drug-induced and/or related as reported by a representative sampling of hospital emergency departments that participate. DAWN also captures mortality data on drug-induced and drug-related deaths from a non-representative sample of medical examiners that report.
- *Arrestee Drug Use Monitoring (ADAM)* - ADAM provides information on the drug-related crime nexus as one of the consequences of drug abuse. ADAM is the only major program that monitors drug use through urinalysis, including the more reliable and valid drug detection system that detects recent drug use. At ADAM sites, within 48 hours of arrest, research teams in cooperation with local criminal justice officials and staff quarterly interview and urine-test individuals arrested and brought to local

lockups and booking centers. Enhancements made to ADAM in 2000 include data collection about the involvement of arrestees with drug treatment and drug markets. At the local level ADAM sites are able to provide estimates with known precision, and track trends in drug use within their community and in comparison to other communities. A limitation of ADAM is that it exists in only 35 communities and does not represent a national sample of arrestees.

- *Drug Price and Purity Indicators* - The DEA maintains an inventory of drugs analyzed by its Field Forensic Laboratories, called the System to Retrieve Information on Drug Evidence (STRIDE). STRIDE consists of six (6) subsystems providing information on:
  - 1) drug intelligence
  - 2) statistics on markings found on pills and capsules
  - 3) drug inventory
  - 4) tracking
  - 5) statistical information on drugs removed from the market place
  - 6) utilization of laboratory manpower and information on subsystems analyzed outside of the DEA laboratory system where DEA participated in the seizure(s).
  
- *Crime Statistics* - The U.S. Department of Justice (DOJ) conducts various surveys that provide information on the drug - crime nexus to assist in ONDCP's reporting requirement and to inform the drug-control policy planning process. The Reauthorization Act of 1998 requires ONDCP to include in its annual reporting to the Congress, an assessment of the prevalence and frequency of drug use among high-risk populations, including the incarcerated, parolees, probationers, and juvenile delinquents. Additionally, an assessment of the social consequences of drug use as it relates to drug-related crime and criminal activity is a reporting requirement. In addition to surveys of jails, state and federal correctional facilities, DOJ crime

statistics include the Uniform Crime Reports, a database that date back to the 1930's and include such information as drug arrests for possession, sale, and manufacturing.

- *The International Narcotics Control Strategy Report (INCSR)* - The INCSR is the Department of State's annual report providing information to the President on the steps taken by the world's major drug producing and transit nations to prevent drug production, trafficking, and related money laundering during the previous year. The INCSR has been released annually since 1987 and helps to determine how cooperative a country has been in meeting legislative requirements in various geographic areas. INCSR data are collected and compiled in the field by Department of State specialists, DEA agents, and personnel from the various embassies.

## **Principles for guiding ONDCP's National Priorities and Data Needs**

The following seven principles are of critical importance to ONDCP in addressing reporting requirements and in meeting the mission requirements of the agency. Policy relevant information is essential to the conduct of national counter drug-control planning and policy formulation. The President's 2003 National Drug Control Strategy is based on core principles that are linked to the following three national priorities: *Stopping Use Before It Starts: Education and Community Action*; *Healing America's Drug Users: Getting Treatment Resources Where They are Needed*; and *Disrupting the Market: Attacking the Economic Basis of the Drug Trade*. The following primary goals: 1) a reduction of 10 percent in current drug use over two years; and 2) a reduction of 25 percent in current drug use over five years, will measure the progress of the National Drug Control Strategy. The two strategy goals are designed to monitor progress of programs and policies that are implemented in response to the three national priorities.

- **Promote research-based initiatives that provide the basis for national drug control policies that *prevent drug abuse before it starts; provide treatment for those that are in need; and disrupt the economic base of drug markets.***

*Preventing drug use before it starts* is by definition the most cost-effective approach to addressing the issue of substance abuse and its impact on the individual and society over time.

Research has documented the fact that if young people refrain from use of alcohol and other drugs through age 18 years, the probability of drug use later as an adult is minimal. ONDCP and its federal partners must lead the national effort by supporting initiatives that have proven track records and are effective in providing factors of protection that prevent and curtail initiation, reduce, or delay illegal and illicit drug use.

Ensuring the country's treatment delivery system is adequate and robust and that there are minimal barriers to access for those that have become addicted to drugs is essential if we are responsive to our national priority of "*Healing America's drug users.*" The approach policymakers must use to address the substance abuse problem is a complex public policy phenomenon.

Research findings tell us that there is inadequate treatment capacity to serve those that have been diagnosed as drug dependent and in need of treatment due to their drug abuse. Consequently, there is a "gap" in the availability of treatment services for those that are in need of treatment verses those that actually receive the services. The treatment "gap" is defined as the difference between the number of individuals who could benefit from treatment, receive it, and those who could benefit from treatment and need it, but are unable to access it. Lastly, there are those that have been diagnosed as needing treatment, but do not seek treatment. *Healing American's drug users* must include reaching those addicted persons that have yet to recognize their need for treatment.

The third priority of the NDCS is to *disrupt the economic base of drug markets*. The mainstay of this priority proposes to develop a market model of the drug trade to enhance the targeting of federal resources that will disrupt the illegal activity, affecting the profit base of the drug trade. The objective of the market model is to develop a blueprint of the drug market, connecting each stage of the market production and distribution, from cultivation to the user in America.

- **Encourage the substance abuse prevention community to increase research efforts that focus the science on a broader array of strategies in order to evaluate**

**the effectiveness of different drug prevention efforts. Additional research is needed.**

The National Research Council (NRC) of the National Academy of Sciences conducted an ONDCP commissioned study entitled *"Informing America's Policy on Illegal Drugs: What We Don't Know Keeps Hurting Us."* In this Report, the case is made regarding what is known, what is not known and what data and research are needed to increase our knowledge about the effectiveness of a wide range of approaches in the substance abuse prevention field.

Substance abuse prevention research, while relatively "young" as a field in comparison to its counterpart, "treatment," have not focused on the effectiveness of specific modalities as much as it has on what the distinctions are among the various instructional programs. There is much that is unknown regarding the effectiveness of most of the approaches for reducing substance use because the research evidence is nonexistent or inconclusive. Several reasons are noted in the NRC Report for why this is the case with prevention research, one of which is "availability" bias in the published literature that makes it difficult for studies that cannot point to unlimited effectiveness or a preponderance of positive finding. Additionally, few of the effectiveness studies differentiate among programs that target at-risk populations as opposed to the general population.

- **Further opportunities to conduct research on the health risks, medical and social consequences associated with drug use for purposes of defining the scope and magnitude of the problem.**

ONDCP's mission and reporting requirements as set forth in the 1998 Reauthorization Act, in addition to reducing the availability and consumption of drugs, includes assessing the impact of drug control policies on the reduction of the health and social consequences of drug use. This assessment includes the burden that drug users place on hospital emergency departments in the United States. In addition to the health consequences associated with drug use, there is also the burden that is extracted on the criminal justice system due to drug use. Two major indicator data systems provide the Federal government with information on the health and

social consequences of drug use: the Drug Abuse Warning Network (DAWN) and the Arrestee Drug Abuse Monitoring (ADAM) provide these data.

DAWN continues to contribute very important information on some of the morbidity and mortality risks associated with drug abuse. In 1997, administrators of DAWN began a comprehensive upgrade and redesign to the hospital component in response to long-standing system limitations. The DAWN Emergency Department component is currently located in 21 cities, is being expanded to 27 additional cities. The redesign has included changes to the DAWN case definition; for example, for the first time, the new design will collect information on underage drinking. The medical examiner component, while it does not provide national estimates and is located in 137 jurisdictions in 43 metropolitan areas, is being expanded to include all jurisdictions in 48 metropolitan areas.

ADAM, administered by the National Institute of Justice (NIJ) continues to be an important source of information for understanding the nexus between drug use and other criminal behaviors. Under ADAM, timely information about the drug use of people who are arrested is provided with the urinalysis of fresh arrestees. In 1998, NIJ began the ADAM expanded data collection from 23 sites to 35, and has implemented other sampling design features that include information on arrestees with drug treatment and drug markets. While ADAM is not a national sample, it nevertheless provides useful information regarding the criminally active population in selected areas.

- **Establish surveillance systems to provide continuous feedback, and outcomes monitoring of the treatment system's service delivery and performance, including treatment program alternatives for the drug-involved criminal justice population.**

The 1998 Reauthorization Act requires ONDCP to report on an annual basis regarding the status of the country's treatment service delivery system, including state profiles of available treatment capacity in public and private facilities. ONDCP and SAMHSA's Center for Substance Abuse Treatment (CSAT) have collaborated on the National Treatment Outcomes

Monitoring System (NTOMS), a project that will provide periodic reporting on access to and effectiveness of drug abuse treatment. NTOMS is designed to be a nationally representative sample of patients receiving treatment for psychoactive substance dependence. Currently no existing data system can monitor all sectors of the drug abuse treatment system as needed in order for ONDCP to meet its reporting requirements. In the past, Federal and State surveillance systems such as the Client-Oriented Data Acquisition Process (CODAP) and the Treatment Episodes Data Set (TEDS), have only provided limited coverage of facilities because they are tied to a given funding source.

NTOMS will bring together two ONDCP developed projects, the Drug Evaluation Network System (DENS) and a methodology designed to estimate chronic, hardcore drug using population. When fully implemented, NTOMS will provide annual and continuous feedback reports on the nature and extent of substance related disorders and related problems in the population seeking treatment. Additionally, it will provide a scientifically sound means for measuring progress in the treatment of one of the most significant chronic disease problems facing this country.

- **Continuous support for a broad-based system of research-to-practice technology transfer of new information to maintain a refreshed substance abuse treatment infrastructure for use by field practitioners and the research community at large.**

ONDCP's Counter-Drug Technology Assessment Center (CTAC), is the primary support for ensuring that the newest technology is mainstreamed in support of the NDCS two and five year goals and the three national priorities. Several program initiatives are operational in areas that support both prevention and demand, as well as supply reduction. Initiatives that support the supply reduction side of the Strategy focus primarily on disrupting the market with additional capabilities for state and local law enforcement. The CTAC strategic plan includes outreach and training efforts such as regional workshops with state and local agencies to ensure the field is aware of the technology transfer program.

- **ONDCP should use its office to enhance information coordination and work with technical agencies that conduct data collections and research, in order to evaluate and assess the impact of potential changes on the nation's drug control programs and policies.**

Over the past several years, significant progress has been made programmatically between ONDCP and Federal drug control agencies. Progress can be attributed to several efforts, culminating in increased accountability and responsibility on the drug issue. The 1998 Reauthorization Act was perhaps the primary impetus, in that it: 1) increased ONDCP's annual reporting responsibilities, thus buffeting the coordination among ONDCP and our Federal partners and; 2) mandated a robust system for performance evaluation of the *Strategy*. In order to be responsive to the U.S. Congress on the drug issue, ONDCP forged a national research agenda and worked through an interagency process to assist Federal agencies in improving and expanding data systems capabilities to provide policy relevant information.

As current guidelines that define the new budget structure are implemented, it is anticipated that progress will continue; further underscoring ONDCP's coordination with Federal drug-control agencies and OMB's Office of Information and Regulatory Affairs (OIRA), regarding issues of national policy relevant information.

### **Future Directions for the Drug Control Research, Data and Evaluation Committee**

The National Drug Control Strategy's national priorities have restructured management of the drug problem into three policy areas: *preventing drug abuse before it starts; providing treatment for those that need it; and disrupting the economic base of drug markets*. The overarching conceptual framework that will guide the development and implementation of drug control policy and programs in these areas is what has been described in the *Strategy* as the Market Model approach to the supply and demand of illicit drugs. The goal of this approach is to model, measure, and assess the dynamics of these markets in efforts to identify sectors of them that are vulnerable to disruption and dismantling. ONDCP's policy research agenda will be led by these data requirements.

This second edition of the Report of the Drug Control Research, Data and Evaluation Committee, introduces an updated Inventory of Federal Drug-Related Data Sources, a compilation of all known information collected by the Federal drug-control agencies. This Inventory was produced by members of the Subcommittee on Data, Evaluation and Interagency Coordination, in partnership with ONDCP's Office of Planning and Budget, Programs and Research Branch.

