February 1993

DRUG CONTROL

Treatment Alternatives Program for Drug Offenders Needs Stronger Emphasis
Dear Mr. Chairman:

As part of the Committee's interest in identifying successful drug abuse control programs, you asked that we examine the Treatment Alternatives to Street Crime (TASC) program. Specifically, you asked that we

- determine whether TASC has program elements that can be attributed to successful drug abuse control,
- evaluate program results, and
- identify any barriers that may limit program potential.

You also asked that we discuss TASC's mission and philosophy; TASC model performance standards; criteria for program success; and cooperation among federal, state, and local agencies on issues concerning TASC.

TASC is an offender case management program designed to link drug-using offenders within the criminal justice system to community-based drug abuse treatment as an alternative or supplement to criminal penalties. Elements of the TASC case management model include (1) identifying drug abusers within the criminal justice system, (2) assessing their need for treatment; (3) matching them to the most appropriate treatment program; and (4) monitoring their performance during treatment, which includes drug testing. TASC programs that follow the model do not provide direct treatment services to offenders.

Results in Brief

TASC appears promising as a way to help reduce offender drug use according to drug abuse experts and data we obtained. However, several barriers impede program potential. TASC contains elements found to contribute to effective drug treatment, such as matching offenders to the most appropriate treatment and drug testing. Criminal justice officials told us that TASC enhanced their ability to assess the needs of drug-using offenders who could benefit from treatment, match offenders with appropriate treatment, and provide increased supervision of offenders. Research suggests that TASC may help reduce offender drug use, which could lead to reduced criminal behavior. However, because evaluation
data are limited, program results on TASC's effectiveness at reducing offender drug use and criminal behavior are not yet conclusive.

The federal government initiated TASC in 1972 and provided initial funding. By 1982, when direct federal funding ended, programs were located in 39 states. Ten years later in 1992, only 26 states and 2 territories had TASC programs.

The Office of National Drug Control Policy (ONDCP) is the federal agency responsible for developing and coordinating the implementation of the nation's drug strategy. In its 1992 National Drug Control Strategy, ONDCP recommended TASC be expanded. However, ONDCP has not targeted any specific sites for TASC. ONDCP is relying on state and local governments to expand TASC using current federal efforts that provide information and technical assistance regarding TASC. While ONDCP has encouraged states to use federal criminal justice block grant funds for TASC, these funds are generally not used for TASC.

Several barriers face TASC program implementation, including (1) inadequate funding and disagreement between federal officials on how TASC should be funded, (2) inconsistent implementation of the model's elements, and (3) lack of impact because TASC programs serve only a small proportion of the drug-abusing population and are not located in many areas that have major drug problems.

Consistent with its responsibility to coordinate implementation of the nation's drug strategy, we believe that ONDCP should take the lead on the national objective of expanding the TASC program. Federal efforts that are limited to providing only information and technical assistance on TASC, without addressing such fundamental issues as funding, make it difficult for ONDCP to carry out national drug control policy. Until such issues are resolved, we believe TASC's full potential will remain unrealized.

Background

In 1972, the White House Special Action Office for Drug Abuse Prevention established TASC in response to a recognized link between drug abuse and criminal behavior. The overall mission of TASC is to reduce the criminal behavior of drug-abusing offenders by using the threat of legal sanctions to motivate them to enter treatment. Appendix I shows how TASC links the criminal justice and treatment systems to manage drug-abusing offenders.
The former Law Enforcement Assistance Administration (LEAA) in the Department of Justice initially funded TASC programs. In 1976, citing dramatic declines in recidivism for TASC offenders, a federal drug abuse prevention strategy council recommended TASC be expanded as rapidly as possible and no existing programs should lapse. By September 1978, LEAA had funded 73 TASC projects at a cost of over $35 million. By 1982, when direct federal funding ended, there were 130 programs in 39 states. Although there are now 195 TASC programs, only 26 states and 2 territories have TASC programs, 11 fewer than in 1982. State and/or local governments provide most of the funding for TASC programs.

In 1979 we found that adjudicating officials liked the program's objectives and welcomed TASC as an alternative to incarceration. We said that with greater guidance from the Department of Justice and improved coordination between Justice and the National Institute on Drug Abuse (NIDA), TASC could become an even more useful tool of the judicial system. Several early studies showed that TASC offenders reduced criminal behavior while in the program. However, a problem cited by several of these studies was the lack of follow-up on offenders after they left TASC to determine whether TASC had any long-term impact on reducing drug abuse or criminal behavior.

The Bureau of Justice Assistance (BJA) in the Department of Justice has assumed responsibility for encouraging and assisting with the development of effective TASC projects. Through an agreement with the National Consortium of TASC Programs, a coalition of local TASC programs headed by a national director, BJA provides information and technical assistance to state and local agencies wishing to implement a TASC program.

In 1986, an advisory panel of practitioners and experts approved by BJA developed the TASC program model. The program model consists of 10 elements the panel deemed essential to program success. (See app. II.) According to the TASC implementation manual, TASC program failures can be traced to neglect of these essential program elements.

TASC programs vary considerably. For example, TASC programs are located within criminal justice agencies (e.g., probation department) or community health agencies; sometimes they operate as independent nonprofit entities. Some TASC programs target first-time offenders, while

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2Letter from GAO to Acting LEAA Administrator, January 30, 1970.
others target more hard-core addicts with serious criminal records. Some TASC programs target adult offenders, while others target juveniles.

Scope and Methodology

As discussed with your office, we did our field work at three TASC programs in New York and one each in Phoenix and Chicago. We selected these programs because (1) we were told by the TASC national director that they were among the better programs; (2) each had unique features, such as a program targeting first-time felons; and (3) they were geographically dispersed. To supplement our field work at these locations, we held teleconferences with officials with four other TASC programs in Seattle, Portland, Birmingham, and one in Pennsylvania. The national director said that these were among the better programs.

To meet our objectives we interviewed officials with TASC; federal, state, and local criminal justice agencies; health agencies; and treatment providers. To obtain an additional perspective, we interviewed eight drug experts familiar with TASC. (See app. III.) We also analyzed data from TASC programs and community-based treatment providers but did not verify this information. We used a National Institute of Justice literature search to identify TASC-related research. We also referred to previous GAO assignments dealing with drug control issues and reports by other legislative agencies, such as the Office of Technology Assessment (OTA). In addition, we spoke with nine offenders selected from those who were available at the TASC programs on the day of our visit. We did our field work between November 1991 and September 1992 in accordance with generally accepted government auditing standards.

TASC Model
Incorporates Elements Shown to Be Effective and May Help Meet National Drug Strategy Objective

Research shows that the TASC program model incorporates many elements that have been found to contribute to effective drug abuse treatment, including (1) coordinating criminal justice and treatment efforts, (2) providing incentives to enter treatment, (3) matching offenders with the most appropriate treatment, and (4) monitoring with drug testing. Drug abuse experts we spoke with were unaware of any other program that combined all of these necessary elements in one program.

Coordinates Criminal Justice and Treatment

A common theme among some of the research literature was the need for a more coordinated effort between the criminal justice and treatment...
systems. For example, a National Institute of Corrections report stated that linkages are needed to ensure effective communication and coordination among criminal justice agencies and between these agencies and treatment providers. The report concluded that to affect an offender's criminal behavior and drug abuse it is imperative that the two systems work together.

Several sources cited TASC as an effective mechanism to coordinate criminal justice and treatment efforts. For example, according to the Director of the Center for Substance Abuse Treatment (CSAT) within the Department of Health and Human Services, diversion to treatment requires TASC or a TASC-like mechanism to ensure coordinated case management. A study of three Wisconsin TASC programs concluded that a major program strength was its ability to increase communication among criminal justice agencies and between these agencies and treatment providers. In addition, the 1992 National Drug Control Strategy stated that TASC effectively links criminal justice and treatment and provides reliable offender management.

Research indicates that offenders may be more likely to enter and stay in treatment when faced with possible criminal sanctions. TASC uses the influence of legal sanctions to encourage drug-abusing offenders to enter and stay in treatment. According to offenders we spoke with, the potential prison time they faced was a major reason for accepting and remaining in treatment. For example, one offender said she faced 15 years to life if she did not successfully complete the year-long treatment program.

Matching offenders with the most appropriate drug treatment contributes to more effective treatment. According to an OTA report, matched patients had higher motivation and stayed in treatment longer than those mismatched. Matched patients also experienced less substance abuse 6 months after treatment.

Local criminal justice officials told us that TASC enhances the criminal justice system's ability to assess needs and match offenders with the appropriate treatment. For example, a New York city probation official said that her probation officers are not skilled at matching offenders with

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4The Effectiveness of Drug Abuse Treatment: Implications for Controlling AIDS/HIV Infection, Office of Technology Assessment, Background paper #6 (Sept. 1990), p. 90.
the most appropriate treatment. Consequently, she relies on TASC case managers to perform this function. She also told us that TASC can place offenders quickly. The New York area TASC programs have formal agreements with 300 community-based treatment providers.

Monitoring With Drug Testing Holds Offenders Accountable

One objective of the National Drug Control Strategy is to hold users accountable for their behavior. Monitoring offender behavior to ensure compliance with criminal justice requirements is one way of ensuring user accountability. Several studies have cited the inability of the criminal justice system to adequately supervise offenders in the community, such as those on probation, which decreases user accountability.

Drug testing may ensure that offenders are held accountable and has been shown to contribute to reducing offender drug use. For example, research indicates that drug testing combined with supervision was more effective at reducing drug use than supervision alone. TASC programs we visited monitored and reported on offender compliance to criminal justice officials. For example, programs reported the results from random drug tests and whether offenders attended counseling and treatment sessions and remained drug- and crime-free.

Criminal justice officials believe TASC monitoring and reporting functions increase the probability that offenders will be held accountable. For example, two judges told us that before TASC, they had no way of knowing if defendants complied with court orders to seek drug treatment. They now receive periodic reports on an offender’s progress. An assistant district attorney told us that TASC notifies his office if any changes occur in the offender’s case to enable appropriate action to be taken. Probation officials we spoke with welcomed TASC’S enhanced supervision because probation officers’ high caseloads prevent adequate supervision of all probationers.

ONDCP Believes TASC May Help Achieve National Drug Strategy Objective

The Office of National Drug Control Policy (ONDCP) is the federal agency responsible for developing and coordinating the implementation of the nation’s drug strategy. In its 1992 National Drug Control Strategy, ONDCP recommended that TASC be expanded and that programs should follow all model elements. The strategy stated that TASC provides reliable offender management. A strategy objective is to support programs such as TASC that increase the criminal justice system’s capability to identify, refer, and monitor offenders. ONDCP’s 1991 strategy identified several “challenges”
that must be overcome, including the lack of incentives to seek treatment and the inability to match offenders to the most appropriate treatment program. Incentives and matching are part of the TASC model.

To implement its recommendation to expand TASC, ONDCP is relying on BJA's efforts, which provide information and technical assistance to state and local governments. According to an ONDCP official, ONDCP is also relying on state and local initiative to expand TASC. Although its goal is to expand TASC to additional locations, ONDCP has not targeted any particular cities for TASC. Also, it has not discussed with relevant agencies the types and amount of community-based treatment that may be necessary should TASC be expanded. TASC officials told us that lack of adequate community-based drug treatment was a major problem that hindered them from placing offenders in the most appropriate treatment program. For example, the Chicago TASC estimated that 26,000 offenders a year in Illinois need immediate drug treatment, yet only about 25 percent receive needed services.

Program Results Are Encouraging but Not Yet Conclusive

Available research suggests that TASC may help reduce offender drug use and criminal behavior. According to experts we spoke with, TASC's effectiveness is supported by the results from the Treatment Outcome Prospective Study (TOPS). TOPS showed that TASC identified and referred more individuals to treatment than would be expected from less formal approaches. TOPS concluded that longer retention in treatment is associated with reduced criminal behavior and showed that TASC offenders stayed in treatment longer than non-TASC criminal justice offenders. The authors concluded that these findings support efforts to continue and expand programs such as TASC.

More recent data appears to support earlier findings that TASC offenders do better than non-TASC offenders. For example, preliminary results from a 1992 study of 271 parolees in Colorado found that only 29 percent of the TASC parolees returned to prison after 1 year, compared to 42 percent for a comparable non-TASC group. In addition, at our request the New York TASC program and a local treatment provider developed data on how long offenders stayed in treatment. This data showed that 58 percent of the TASC-managed offenders stayed in treatment 6 months or longer, compared

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6The Treatment Outcome Prospective Study (Hubbard et al., University of North Carolina Press, Chapel Hill, 1989) is the primary national study providing information on program effectiveness. TOPS interviewed 11,750 clients who entered 41 treatment programs during 1979, 1980, and 1981. Clients were followed up to 5 years after treatment. Some of the clients studied were referred and managed by TASC programs.
to only 27 percent for all clients. The treatment program's director attributed this longer retention to the TASC program.

While TASC results are encouraging, we are unable to conclude that TASC is effective at reducing offender drug use. The TASC programs we visited did not measure how effective they were at reducing offender drug use. Officials cited lack of funds and the difficulty of carrying out such evaluations as reasons for not doing so.

Programs generally lacked data that would allow for other measures of effectiveness. For example, programs we visited provided data on the percentage of offenders who successfully completed treatment. However, they lacked comparable data, such as the percentage of similar non-TASC offenders who completed treatment. The lack of data for measuring effectiveness has been a consistent problem for evaluating TASC programs.

The inability to provide evaluation data can prevent programs from obtaining funds. For example, an Arizona criminal justice official said his state's TASC program is unlikely to receive state funds until it proves its effectiveness at reducing drug abuse.

Steps are being taken to address this problem. BJA contracted with a consulting firm to develop a management information system to help TASC programs improve data collection and analysis. TASC officials are also discussing what data in the proposed information system can be used to uniformly measure TASC program effectiveness. In addition, BJA added a section on measuring and evaluating program effectiveness in its new program manual.

In September 1991, the NIDA contracted with the UCLA Drug Abuse Research Group to conduct an evaluation of TASC effectiveness. Results are due in late 1994.

**Barriers Limit TASC Program Potential**

Several barriers limit TASC program potential, including (1) inadequate funding, (2) inconsistent implementation of the TASC program model, and (3) lack of impact because TASC programs serve a small portion of the drug-using population and are not located in many areas that have major drug problems.
Inadequate Funding

TASC officials believe inadequate funding is the most significant obstacle to program expansion. For example, the director of the New York TASC program said his program operates in only three of the five New York boroughs. He does not have the funds to expand services to the other two boroughs even though criminal justice officials in those areas have requested TASC.

In addition, he does not have funds to expand existing programs to reach more offenders. To relieve jail overcrowding, TASC's funding agency requires that TASC accept only felons facing mandatory jail time unless they complete drug treatment. The program cannot accept other drug-abusing offenders, such as those arrested for the first time or juveniles, although both prosecutors and judges would like them accepted. Research shows that early intervention with such offenders could increase the probability of successful treatment.

On the other hand, the Phoenix TASC program, which focuses on first-time felons who are casual drug users, also has limitations. The Phoenix TASC director said she does not have the additional funds to expand services to offenders with multiple arrests or more serious addictions. Reductions in funds may result in the closure of some offices and limit the number of indigent offenders the program can accept.

Criminal Justice Block Grant Funds Generally Not Used for TASC

BJA encourages states to use federal criminal justice block grants for TASC programs. However, states have spent relatively little of the block grant funds on TASC programs. According to data supplied by RAND, between 1987 and 1991, 13 states and 1 territory used about $5 million for TASC, less than 1/2 of 1 percent of $1.2 billion funded during this 5-year period. Four states, Florida, Indiana, Iowa, and Missouri spent nearly two-thirds of the approximate $5 million.

Eleven states with TASC programs have not used federal criminal justice block grants for TASC for two primary reasons. First, state officials said that TASC programs were not a priority, and they use their funds for other programs, such as drug task forces. Second, block grants are designed to provide short-term seed money for new or innovative projects. TASC

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6The Anti-Drug Abuse Act of 1988 established the Edward Byrne Memorial State and Local Law Enforcement Assistance Program. Under this program, BJA provides block grants to states for programs that enhance drug control efforts and advance national drug control priorities. States decide which programs in their states receive such funds. TASC programs are eligible for such grants under several of the grant's 21 purposes.

7Part of a RAND study of how states have spent their criminal justice block grants.
programs in their states were not developing new or expanding existing services and were therefore ineligible.

In addition, there was a difference of opinion among officials on how to fund TASC. For example, while ONDCP and BJA have suggested that states use their criminal justice block grants for TASC, a NIDA report suggested federal involvement through either direct funding or a specific block grant for TASC programs. In addition, two state officials told us that TASC programs should be funded by health services grants instead of criminal justice grants. However, a CSAT official told us these grants are generally reserved for programs that provide treatment and that TASC programs are not a priority because they generally are not treatment providers.

A former BJA official summed up the dilemma by stating that TASC's greatest strength, to bridge criminal justice and treatment systems, is also its greatest weakness. She believes that since TASC is part of neither criminal justice nor treatment, neither system views TASC as its responsibility to fund.

However, ONDCP and BJA officials said the federal government is limited in what it can do under the criminal justice block grant program. It can only suggest that certain programs be funded. It is up to state criminal justice planning agencies to allocate funds. These officials suggested TASC directors lobby state and local criminal justice agencies for needed funds.

### Inconsistent Implementation of TASC Program Model

Currently, there is no process to ensure that all TASC programs contain the elements practitioners and experts deem essential to program success. According to a TASC official, as many as 30 percent of the programs may not follow the TASC model. For example, in order to maintain objectivity the TASC model requires programs to be independent of criminal justice or treatment agencies. According to data from TASC, many programs have become affiliated with either a criminal justice or treatment agency to obtain needed funding and therefore are not truly independent. The NIDA report concluded that TASC programs need more secure and consistent funding to maintain their independence.

To encourage compliance with the TASC model, BJA is sponsoring a certification process for TASC programs. According to a TASC official, certified programs will provide standard services, objectives, and strategies to enhance the status and acceptance of TASC within criminal

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justice and treatment communities. According to data from TASC, as many as 73 percent of the programs are interested in TASC certification.

**Limited Impact on Offender Population**

TASC programs we visited serve a small portion of the overall drug-abusing population. For example, according to a justice official in Chicago, of the 13,000 drug offenders processed yearly in 1 county narcotics court, TASC screened only 1,300 to determine if they were eligible for the program. The 3 New York City TASC programs we visited placed approximately 800 offenders in treatment in 1990. According to a Department of Justice report, the average daily population for New York city jails is about 17,000, many of whom are drug abusers. Department of Justice Drug Use Forecasting data from January to March 1991 shows that 75 percent of the males arrested in Manhattan tested positive for narcotics.9

Some areas with major drug problems, such as San Diego, Los Angeles, Philadelphia, and Washington, D.C., do not have TASC programs. All of these cities reported that from January to March 1991 more than 60 percent of their arrestees tested positive for narcotics. According to TASC officials, state and local officials were either not interested in starting TASC programs that would be independent of their criminal justice systems, or they believed the significant funding necessary to implement TASC would require diverting funds from ongoing drug control programs.

**Conclusions**

TASC appears to offer promise in helping reduce offender drug use because (1) elements of the TASC model have been found to be effective and may help meet drug strategy objectives, and (2) available research suggests TASC-managed offenders appear to do better than non-TASC offenders. While promising, program results on TASC’s effectiveness at reducing offender drug use and related criminal behavior are not yet conclusive because program data are limited.

Federal efforts limited to providing information and technical assistance about TASC may not be enough to achieve ONDCP’s goal of expanding TASC. No specific cities have been targeted and although federal officials have encouraged states to use criminal justice block grant funds for TASC, these funds are generally not used for TASC. Also, despite federal efforts to expand this 20-year-old program, TASC is located in fewer states today than 10 years ago.

9Drug Use Forecasting (DUF) data, provided by the National Institute of Justice, estimate through drug testing the percentage of drug use among male arrestees for 24 target cities.
Regardless of whether TASC is expanded, barriers, such as a lack of agreement on how to fund TASC, are limiting the program's potential and need to be addressed. While some federal officials believe states should use the current criminal justice block grant program for TASC, a NIDA report suggested more direct funding is necessary. Also, some state officials believe TASC should be supported by health grants and not criminal justice grants. Federal and state officials need to discuss the various funding options available and reach agreement on how to fund TASC.

We believe ONDCP needs to take a more active role to help address these issues. In its role as coordinator of national drug policy, ONDCP is well placed to act as a catalyst to expand promising programs like TASC and to help address program barriers. TASC is a cross-cutting program embracing elements of the criminal justice and drug treatment systems and involving federal, state, and local interaction. ONDCP is the federal agency that cuts across agency and functional lines to coordinate national drug policy.

### Recommendation to the Director, ONDCP

Consistent with ONDCP's recommendation to expand TASC and its overall responsibility to coordinate the implementation of the federal drug strategy, we recommend that the Director of ONDCP take several actions to more strongly emphasize TASC. Specifically, the Director, in concert with relevant federal and state officials, should (1) identify additional cities that may benefit from TASC programs, and (2) reach agreement on how TASC should be funded.

### Agency Views

We discussed our findings with ONDCP and Department of Justice officials who generally agreed with the information presented in our report and we incorporated their comments where appropriate. An ONDCP official told us that given ONDCP's recognition of TASC in two national drug strategies, it would be appropriate for ONDCP to more strongly emphasize TASC and try to help address barriers facing the program. On the basis of our recommendations, ONDCP envisions sponsoring a series of meetings with other relevant federal and state agencies to identify additional cities where TASC may be appropriate and to discuss how federal funds should be used to support TASC. According to an ONDCP official, once agreement is reached, ONDCP would communicate this to the states.

Copies of this report will be sent to the House and Senate Appropriation and Judiciary Committees; the Director, Office of National Drug Control
Policy; the Attorney General; and the Secretary of Health and Human Services. We will make copies available to other interested parties upon request.

Please contact me on (202) 566-0026 if you have any questions concerning this report. Other major contributors to this report are listed in appendix IV.

Sincerely yours,

[Signature]

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Abbreviations

BJA Bureau of Justice Assistance
CSAT Center for Substance Abuse Treatment
LEAA Law Enforcement Assistance Administration
NIDA National Institute on Drug Abuse
ONDCP Office of National Drug Control Policy
OTA Office of Technology Assessment
TASC Treatment Alternatives to Street Crime
TOPS Treatment Outcome Prospective Study
Appendix I

TASC Program Model

- Offender
- Criminal Justice System
- TASC
  - Identify Drug Abusing Offenders
  - Assess Treatment Needs
  - Match to Appropriate Treatment
- Eligible Offenders
- Community Based Drug Abuse Treatment

 Indicates Treatment Phase
TASC Model Elements

1. Support from and effective communication with criminal justice systems.
2. Support from and effective communication with treatment community.
3. Independent TASC unit.
4. Staff training.
5. Program management and evaluation.
6. Specific offender eligibility criteria.
7. Procedures for identifying offenders.
8. Procedures for assessment, matching, and referral to most appropriate treatment.
9. Drug testing.
10. Monitoring and reporting to the criminal justice system.
Appendix III

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