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DRUG CONTROL

Reauthorization of the Office of National Drug Control Policy

Statement of
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DRUG CONTROL: REAUTHORIZATION OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

SUMMARY OF STATEMENT OF HENRY R. WRAY
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The Anti-Drug Abuse Act of 1988 created the Office of National Drug Control Policy (ONDCP) in order to better plan a nationwide drug control effort and assist Congress in overseeing that effort. The act required ONDCP to (1) develop and submit to Congress a national drug control strategy, (2) coordinate and oversee implementation of the strategy by federal drug control agencies, and (3) annually assess and reissue the strategy taking into account the previous year's experience.

The administration has proposed to extend ONDCP's authorization, which is scheduled to expire in November 1993. Given the persistent severity of the drug problem and the large number of federal, state, and local agencies working on the problem, GAO believes there is a continuing need for a central planning agency to provide leadership and coordination for the nation's drug control efforts. Therefore, GAO agrees that ONDCP should be reauthorized.

If ONDCP is reauthorized, it needs to develop improved program evaluation measures for assessing progress under the annual drug control strategies. In the past, ONDCP has relied primarily on "bottom line" goals and measures focusing on reducing actual drug use. While these measures are important, measuring actual drug use is extremely difficult. The National Household Survey, which has provided the basic measure does not effectively reach the most serious part of the problem--hard-core drug use. Also, actual drug use measures alone will not provide decision-makers with the information they need to assess and make choices among the complex array of drug control programs and activities. Therefore, GAO recommends that Congress include in any legislation reauthorizing ONDCP a direction that it, in consultation with the drug control agencies, (1) develop additional measures to assess progress in reducing drug use (particularly hard-core use), (2) develop performance measures to evaluate major drug control efforts, and (3) incorporate these measures into future drug control strategies.

GAO's work concerning ONDCP's past efforts suggests some additional "lessons learned" that may be useful for the future, particularly if the office is significantly downsized as proposed by the administration. ONDCP and the drug control agencies need to work more cooperatively to develop, assess, and coordinate national drug control policy. The need for better cooperation is most pronounced with respect to data collection efforts. Further, GAO believes that the law should be amended to afford ONDCP greater flexibility over the conduct of drug control budget reviews and certifications.

Mr. Chairman and Members of the Subcommittee:

I am pleased to appear today to discuss the Office of National Drug Control Policy (ONDCP) and the results of several recent GAO reviews of drug control efforts. My testimony focuses on (1) whether ONDCP, which is scheduled to expire in November of this year, should be reauthorized; and (2) what lessons have been learned from ONDCP's past operations that could enhance its performance if it is reauthorized. Our views on these questions are based on the parallel statements being presented today by my colleagues from our National Security and International Affairs Division and our Program Evaluation and Methodology Division, as well as our considerable body of other work on drug issues, which is summarized in our recent report.[1]

As the Subcommittee is aware, the administration has proposed to reauthorize ONDCP, although with a substantially reduced staff and operating budget. Specifically, the administration's April 1993 budget request proposes to reduce ONDCP's operating budget from $17.5 million for fiscal year 1993 to $5.8 million for fiscal year 1994. The budget request also proposes to decrease the number of full-time equivalent positions at ONDCP from 112 for fiscal year 1993 to 25 for fiscal year 1994. At the same time, the administration proposes to restructure ONDCP and enhance its stature, putting it on a par with the National Economic Council and the Domestic Policy Council.

BACKGROUND

For nearly a century the nation has attempted to discourage illicit drug use. Yet, by the mid-1980s the nation's drug problems were considered so severe that with enactment of the Anti-Drug Abuse Act of 1988, Congress created a new office, ONDCP, to better plan a nationwide drug control effort and assist Congress in overseeing that effort.

The act provides a management framework for ONDCP to use in planning a national drug control effort and keeping Congress informed so that appropriate drug control policy and funding decisions can be made. Under the act, ONDCP is to (1) develop, in consultation with those involved in drug control matters, and issue to Congress, as approved by the president, a national drug control strategy with long- and short-term objectives and federal budget estimates for reducing drug supply and demand; (2) coordinate and oversee implementation of the strategy by federal drug control agencies; and (3) annually assess and reissue the strategy to take into account what has been learned and accomplished during the previous year.

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[1] Drug Control: Reauthorization of the Office of National Drug Control Policy (GAO/GGD-93-144, Sept. 29, 1993).

ONDCP is charged with developing national rather than just federal drug control strategies. In addition to overseeing and coordinating drug control efforts of about 50 different federal agencies or programs, ONDCP is charged with reviewing the drug control activities of hundreds of state and local governments as well as private organizations in order to ensure that the United States pursues well-coordinated and effective drug control efforts at all levels.

As articulated in ONDCP's national drug control strategy, for fiscal year 1993 the "war on drugs" consists of two fronts. The first front is against intermittent, or "casual," drug use. This front is important to shutting down the pipeline to drug addiction and preventing the entry of new drug users. The second front is against chronic and addictive, or "hard-core," drug use. Today this is the front that ONDCP considers to be the most serious and difficult challenge. Thus, ONDCP observed in its 1992 national drug control strategy:

> "It has been estimated that 25 percent of drug users (those who are the most addicted users) consume 75 percent of all the illegal drugs consumed in the United States and are the most resistant to anti-drug use strategies. These heavy users are at the heart of the drug problem that we read about in our newspapers and see on television: open-air drug markets, crack houses, drug-exposed infants, abused and neglected children, gang violence, decaying neighborhoods, and drive-by shootings."

The 1988 act focuses on two broad objectives of the drug war: (1) supply reduction, essentially covering all law enforcement, intelligence, and international drug control activities; and (2) demand reduction, providing drug treatment and drug use prevention services. In developing its annual strategies, ONDCP called for and obtained substantial increases in federal drug control funding to support three major efforts within these objectives. Under ONDCP's annual strategies covering fiscal years 1990 through 1993, about $9.8 billion was directed to stopping drugs from entering the country; $19.7 billion for enforcing domestic laws against drug trafficking and possession; and $15.2 billion for reducing the demand for drugs through treatment and prevention services.

As indicated in appendix I, ONDCP's annual strategies have directed significantly more resources to the three major drug control efforts than ever before. They also continued a trend, started about 10 years earlier, that emphasized funding supply reduction activities, with about 66 percent of recent funding going to domestic law enforcement, interdiction, and international activities, and 34 percent going to treatment and prevention.

PROGRESS IN REDUCING CASUAL DRUG USE BUT NOT HARD-CORE DRUG USE

From its inception, ONDCP chose to measure the success of the national drug control strategy in terms of progress toward actual reduction in drug use, instead of such traditional indicators as the amount of drugs seized, the number of arrests made, or the number of addicts treated. According to ONDCP, the success of the strategy and national drug control effort should be judged on the basis of whether actual drug use is reduced. Therefore, five of ONDCP's original nine short-term and long-term goals relate directly to assessing progress in reducing drug use. The five short-term goals, covering the period 1988 to 1991, were as follows:

-- reduce "current"[2] overall drug use by 15 percent,

-- reduce current adolescent drug use by 15 percent,

-- reduce "occasional"[3] cocaine use by 15 percent,

-- reduce the rate of increase of "frequent"[4] cocaine use by 60 percent, and

-- reduce current adolescent cocaine use by 30 percent.

In the 1992 strategy ONDCP reported that overall current drug use had declined by 13 percent through 1991, missing the first short-term objective by only 2 percent, and that the four other short-term objectives for reducing drug use had been met or exceeded. Overall current adolescent drug use had been reduced by 27 percent, occasional cocaine use had been reduced by 22 percent, there was no increase in frequent cocaine use, and adolescent cocaine use had been reduced by 63 percent. (See apps. II and III for trend line data associated with these four objectives.) In addition, ONDCP concluded that progress was being made in reaching the longer term (10-year) objectives.

On the basis of the progress made in reaching the drug-use reduction goals, ONDCP believes that the strategy has been successful. Indeed, the ONDCP Director testified in April 1992

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[2]The strategy defines "current use" as use within a month preceding a federal survey.

[3]"Occasional use" is defined as less than once-a-month use during the preceding year.

[4]"Frequent use" is defined as use weekly or more often within the preceding year.

that "the drug war has not been won . . . [b]ut I believe we have turned the corner in this battle."

While the results reported by ONDCP are encouraging, they relate primarily to progress on the first front of the drug war, against casual drug use. The data source used by ONDCP to measure progress toward its five drug use reduction goals, HHS' National Household Survey on Drug Abuse, is not particularly reliable or sufficient in assessing hard-core drug use. The survey has traditionally excluded subgroups at particularly high risk for use (prisoners, treatment center clients, the homeless, and transients). There is general agreement that the Household Survey underestimates the number of heavy cocaine users, with some estimates running about three or more times higher than indicated by the Household Survey. Also, the Household Survey makes no estimates regarding frequency of heroin use because of the small number of users within its sample.

Moreover, what general indicators of hard-core use do exist suggest that this problem is largely unchecked. For example, for that part of the population covered by the Household Survey, there has been no statistically significant change among frequent cocaine users since 1985. Also, there is evidence of lower cocaine prices and higher quality, indicating ready availability. Violence, such as drug-related murder, remains at near record highs and the health consequences of drug use, as measured by drug-related emergency room visits, show little sign of abating. (See apps. IV and V.) Further exacerbating the situation is the concentration of drug problems among those who are least able to afford the consequences of drug involvement--poor inner city minority residents and especially juveniles. (See apps. VI and VII). As described by the current Director of ONDCP, the available data, supplemented by his own observations, indicate a continued increase in hard-core drug use, especially in the inner cities and among the disadvantaged.

In short, it seems that substantial progress is being made on one front of the drug war, but not on the other front. Casual drug

use appears to be down,[5] but not hard-core drug use. In fact, the 1992 strategy acknowledges that while "we are winning" the fight against casual drug use, "the problem of hard-core use will only improve slowly." Given the available data on hard-core drug use (i.e., little or no progress in reducing drug use among the group of users who consume most of the available drugs), we believe there is little basis for confidence that drug use--a measure for judging the strategy's success--has been significantly reduced in the aggregate.

ONDCP SHOULD BE REAUTHORIZED

The nation still faces a very serious drug problem. For example, according to preliminary estimates from the 1992 Household Survey data published in June 1993, an estimated 11.4 million Americans currently use illicit drugs. Drugs remain plentiful today. In proposing to reauthorize ONDCP, the administration observed that "[F]ive years after its creation . . . more people are victims of violent crime and drug addiction than ever before."

Given the severity of the drug problem and the large number of federal, state, and local agencies working on the problem, we believe there is a continuing need for a central planning agency to provide leadership and coordination for the nation's drug control efforts. Over the years we have found that one of the main reasons the government had not been more effective was the long-standing problem of fragmented drug control agency activities, and we had therefore advocated strong leadership and central direction. Thus, to prevent a reversion to a fragmented war against drugs, we agree that ONDCP should be reauthorized.

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[5]There are, however, some recent indications of regression here. In studies released in April and July 1993, the National Institute on Drug Abuse found that the long-term decline in overall drug use among some groups had not continued into 1992. Between 1991 and 1992, there were no significant changes in overall drug use among college students and high school graduates between the ages of 19 and 28. Among those college students, moreover, the Institute found that a statistically significant increase in the use of hallucinogens (including LSD) had occurred. Also, among secondary school students, the Institute found modest but significant statistically increases in the number of eighth graders who used marijuana, cocaine, LSD, and other substances. In announcing these later results, the Institute's Acting Director noted: "This recent cohort of students--whose average age is 13--may represent a reversal of previously improving conditions among teen-agers."

IMPROVED MEASURES NEEDED

The annual national drug control strategy is the cornerstone of the process ONDCP uses to plan and implement a national drug control effort. It also keeps Congress informed in the interest of making appropriate drug control policy and funding decisions. In our view, one key challenge facing ONDCP, if it is reauthorized, is to develop improved program evaluation measures for assessing the progress being made under the national drug control strategies.

We agree with ONDCP that goals and measurements focusing on reducing actual drug use are important in assessing progress in the war against drugs. However, we see two fundamental problems with relying so heavily on such "bottom line" goals and measures.

First, measuring actual drug use is extremely difficult. As discussed above, the Household Survey, which constitutes ONDCP's basic measure of actual drug use, does not effectively reach what ONDCP considers the nation's most serious and difficult short-term challenge--frequent or addictive cocaine use. The Survey, while useful, has other methodological limitations as well, such as relying exclusively on self-reporting. We believe that efforts to measure trends in actual drug use should be continued, but they should be refined, to the extent feasible, to get at hard-core drug use. For example, in a recent report we questioned the cost (currently $13 million) and utility of administering the Household Survey annually.[6] Rather, it might be preferable to administer this survey biennially and use the savings to study ways of better accessing hard to reach, high-risk groups and doing more in-depth analysis of heroin and cocaine use.

Second, measures of actual drug use, even if substantially enhanced, will not alone provide decision-makers with the information they need to assess and, as necessary, adjust or redirect drug control efforts. These drug control efforts have many different components and involve many different agencies. This complex array of programs, activities, and agencies obviously presents numerous alternatives and tradeoffs.

As noted previously, under ONDCP's first four annual strategies, about $9.8 billion was directed to international drug control programs and drug interdiction efforts, $19.7 billion to domestic law enforcement, and $15.2 billion to treatment and prevention services. What have these billions of dollars achieved with respect to changing the conditions which led to the decisions to fund these programs? It is difficult to tell.

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[6]Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement (GAO/PEMD-93-18, June 25, 1993).

We examined ONDCP's four national drug control strategies to determine the extent to which they provided an objective basis for measuring the success of the major drug control components they funded. We found that the four annual strategies contain few performance indicators and little information on which to judge the respective contributions made by these major components or their constituent activities. Therefore, it is hard to evaluate which components of the strategies are working, which are not, or how any particular component directly contributes to the overall goal of reducing drug use. We also found little information on which to assess the contributions made by individual drug control agencies.

The lack of good performance measures and information not only limits evaluation of current strategies, but also impedes consideration of new drug control initiatives. Given the persistent and changing nature of the nation's drug problem, priorities of past strategies will not necessarily continue to guide future drug control efforts. For example, with its 1992 strategy ONDCP has begun to address underlying social conditions, such as unemployment, poverty, and poor education, that many believe put inner city and disadvantaged individuals at increased risk of drug involvement. Recognition of the need to address social conditions led ONDCP and the federal law enforcement community to promote the establishment of the "Weed and Seed" program. This program attempts to consolidate resources by linking law enforcement efforts (the "weed" component) with social services and public and private resources (the "seed" component) to combat drug problems and restore neighborhoods ridden with drugs and crime. Programs such as this pose challenging evaluation issues.

Given the limitations of the information provided in ONDCP's strategies, the ability to objectively develop and redirect drug policy and resources toward successful drug supply and reduction efforts remains uncertain. Clearly, the better the measures of success established by the strategies, the better the decision-making can be on directing and redirecting drug policies, budgets, and operations. Therefore, we recommend that Congress include in any legislation reauthorizing ONDCP a direction that ONDCP, in consultation with drug control agencies, (1) develop additional measures to assess progress in reducing drug use (particularly among hard-core users), (2) develop performance measures to evaluate the contributions made by major components of current antidrug efforts and significant new initiatives, and (3) incorporate these measures into future drug control strategies.

We recognize that developing such measures will not be easy. This is attributable, in part, to such complications as the clandestine nature of drug production, trafficking, and use,

which limit the quantity and quality of data that can be accumulated. Also, the interrelated nature of antidrug efforts, such as law enforcement and treatment and prevention programs, makes it difficult to isolate the impact of any single component. However, given the budget constraints facing the federal government and impending budget cuts affecting on the drug control effort, we believe that enhanced and more focused performance measures must be developed to improve the ability of Congress, ONDCP, and the drug control agencies to make the most informed decisions about the future direction and funding of the national effort.

LESSONS LEARNED

In addition to indicating a fundamental need for enhanced and refined performance measures, our work concerning ONDCP's past efforts provides some "lessons learned" that might be useful if the agency is reauthorized.

Improved working relationships needed: ONDCP and the federal drug control agencies need to work more cooperatively to develop, assess, and coordinate national drug control policy. Frequent disagreements and conflict in our opinion have strained working relationships between ONDCP and at least three federal departments--the Departments of Education, Justice, and HHS. In particular, ONDCP and HHS had major disagreements over the collection and reporting of drug data. Also, in some instances ONDCP's past oversight efforts were viewed as "micromanagement" by the three departments.

For example, ONDCP tasked federal agencies with responsibility to develop implementation plans for about 400 objectives from its first 4 annual strategies. To monitor progress, ONDCP required written progress reports or meetings with respect to each plan. Officials from Justice, Education, and HHS told us that this process was burdensome and of little value. Justice officials said that ONDCP identified far too many objectives and that the objectives were frequently of a program and procedural nature rather than policy oriented. ONDCP also insisted on reviewing and "clearing" HHS announcements seeking applications and listing requirements for drug treatment and prevention grants. While viewed as micromanagement by federal agencies, ONDCP officials saw these requirements as functions of its responsibility to oversee and coordinate implementation of national drug control strategies.

Some disagreements and friction may be unavoidable in view of ONDCP's responsibilities to monitor and oversee drug control efforts by federal agencies. Nevertheless, given the volume and consistency of agency complaints, it is apparent that working relationships between ONDCP and federal drug control agencies can be improved. Better working relationships will be particularly

important to ONDCP's future success if it is downsized as proposed. With fewer resources, ONDCP will have to rely more on the cooperation of federal agencies to accomplish its responsibilities to oversee and coordinate drug policy. Therefore, we believe that ONDCP will need to (1) be selective in its methods for coordinating implementation of national drug control strategies and (2) gain the cooperation of federal drug control agencies. On a positive note, ONDCP and HHS have taken steps to improve working relationships, and Department of Education officials told us that they are planning to do the same.

Excessive ONDCP influence over data collection: Conflicts have developed between ONDCP and HHS over the collection and reporting of drug data. The 1988 act, as amended, vested HHS with responsibility for collecting data on the national incidence of various forms of substance abuse. The National Household Survey on Drug Abuse is one means by which HHS carries out this responsibility.

In the past, according to HHS officials, ONDCP has asserted the right to "clear"[7] the Household Survey and other data collection instruments developed by HHS. In two instances ONDCP insisted on changes to HHS surveys despite the warnings of HHS officials about the timing, benefits, and costs of such changes. One change according to HHS officials involved arbitrarily doubling the size of the Household Survey. By doubling the size, ONDCP hoped to obtain more reliable data on drug use among minorities, youths and urban groups. HHS officials warned that this change would cost several million dollars and would not meet ONDCP's needs for information on these groups. They believed that a better approach would be to develop other surveys specifically directed at these populations.

In another instance ONDCP and OMB jointly insisted upon changes to an HHS drug treatment survey that led to the collection of flawed data. As designed and administered in previous years, the National Drug and Alcoholism Treatment Unit Survey (NDATUS) for 1990 originally contained a single matrix reporting both drug abuse and alcoholism. A single matrix had been used because, according to treatment providers, most clients have both drug and alcohol addictions and it is virtually impossible to distinguish between the two as a primary diagnosis. Nevertheless, ONDCP and OMB insisted, over the strong objection of HHS officials, that

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[7]ONDCP developed a procedure for reviewing drug-related data instruments as part of OMB's review of such instruments under the Paperwork Reduction Act of 1980. Although ONDCP had no approval authority over HHS drug-related data collection instruments under the procedure, it makes comments and recommendations for OMB's consideration.

the 1990 NDATUS form also include two separate matrices for drug and alcohol use. According to an HHS official, ONDCP threatened to withhold clearance of other HHS data collection instruments if the change was not made. According to HHS, this change created a significant "backlash" on the part of treatment providers and resulted in a high level of data distortion in the survey results. Many providers, in trying to comply with the survey, either arbitrarily split their caseloads or tripled their reported caseloads.

Despite the problems with the 1990 data, ONDCP insisted and recommended to OMB that the 1991 NDATUS also include the separate matrices. While OMB initially agreed with ONDCP, HHS made a successful appeal to OMB and did not use separate matrices for 1991.

Both ONDCP and HHS agree that more needs to be done to ensure that accurate, objective, and timely data are available for measuring and assessing progress in the nation's antidrug efforts. We recognize that ONDCP, as the agency charged with coordinating and overseeing federal antidrug efforts, will at times have to take strong positions and provide leadership in areas such as drug data collection. We do not question ONDCP's right or, indeed its obligation, to consult with HHS and other agencies on the development of drug-related data; nor do we question its right to consult with and provide its views to OMB in conjunction with that agency's forms clearance process. However, we do not believe it is appropriate for ONDCP to assert approval authority over HHS' drug data collection efforts. The act creating ONDCP does not assign it this role.

We also believe there is potential for tension in having ONDCP control HHS's development and collection of drug-related data when ONDCP's success is judged in large part by the results of the HHS data. This potential for tension manifested itself several years ago when ONDCP reported a decline in frequent cocaine use based on a misleading treatment of data from the Household Survey. Data reported in the Household Survey indicated that the estimated number of frequent cocaine users had declined from 862,000 in 1988 to 662,000 in 1990. However, HHS's National Institute of Drug Abuse (NIDA) determined that the decrease was not statistically significant.[8] Therefore, NIDA stated in its analysis of the survey results: "While the number of past year and past month cocaine users [current users] has decreased significantly since the peak year of 1985, frequent or more intense use [use on a weekly basis] has not decreased."

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[8]At a minimum, NIDA determines whether its Household Survey results are statistically significant at the .05 level; the estimate of the decrease in frequent cocaine use was significant only at the .30 level.

By contrast, the Acting Director of ONDCP stated in his press release on the 1990 Survey results:

> "We also sought to break and halt the alarming increase in rates of frequent cocaine use, for obvious reasons. The 1990 Survey demonstrates that this goal, too, has been achieved and exceeded--much faster, in fact, than I believe anyone could reasonably have expected."

The Acting Director acknowledged the Survey's limitations in measuring hard-core drug use, but did not refer to the problem of lack of statistical significance of the Survey's findings or to NIDA's statement that frequent cocaine use had not decreased.

We recognize that if ONDCP in the future is charged with (1) developing additional measures to assess progress in reducing drug use (particularly among hard-core users) and (2) developing performance measures to evaluate the contribution made by major antidrug components, as we recommend, it will need to work closely with HHS and other drug control agencies to identify the best data available to make the assessments. However, we believe that ONDCP should not attempt to assert control over HHS and other agencies in the development and analysis of drug-related data.

Duplication of drug intelligence activities: As part of its responsibilities, ONDCP must oversee and coordinate federal agencies' implementation of national drug control strategy policies, objectives, and priorities. With approximately 50 federal agencies involved with antidrug programs, the task is formidable. While ONDCP has established numerous interagency working groups and committees as coordinating mechanisms, our work indicates that in the drug intelligence area duplication and coordination problems exist. For example, earlier this year, we issued a report to the full committee pointing out that federal organizations reported operating 19 counternarcotics intelligence centers. Specifically, our reviews[9] of law enforcement agency and DOD intelligence efforts showed duplication between several federal organizations with overlapping areas of responsibility. We believe that strong leadership by ONDCP is key to addressing such fragmentation and duplication.

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[9]Drug Control: Inadequate Guidance Results in Duplicate Intelligence Production Efforts (GAO/NSIAD-92-153, Apr. 14, 1992); Drug Control: Coordination of Intelligence Activities, (GAO/GGD-93-83BR, Apr. 2, 1993); and War on Drugs: Information Management Poses Formidable Challenges (GAO/IMTEC-91-40, May 31, 1991).

Number of political appointees: Because of concerns about the high number of political employees--Schedule C and noncareer Senior Executive Service (SES) employees--Congress, as part of ONDCP's appropriations for fiscal year 1993, directed ONDCP to reduce its political employees by no less than 20 percent. At that time, ONDCP had one of the highest ratios (about 42 percent, excluding presidential appointees) of political appointees to full-time employees in the government. Currently, according to ONDCP, in addition to 4 presidential appointees authorized by the 1988 act, ONDCP's complement of 25 employees will consist of 3 Schedule C employees and 1 noncareer SES employee. While ONDCP is a policy office and operates in a political environment, it must strive to maintain an appropriate balance between political and career employees.

More flexibility in budget reviews: As part of ONDCP's responsibility to develop consolidated drug control program budgets, the 1988 act required the ONDCP Director to review and certify in writing that annual drug budget submissions from each "program manager, agency head, and department head" with drug control responsibilities are adequate to implement the objectives of the national drug control strategy.

The three-tiered review and certification process envisioned by the 1988 act has proven to be impractical. ONDCP has limited its reviews primarily to agency and departmental budgets. Since its inception, ONDCP has only selectively reviewed program manager budgets at two agencies due in part to staff constraints which prohibit its reviewing hundreds of program manager budgets. At the agency level, ONDCP has had difficulty reviewing the Department of Defense (DOD) budgets at an early stage because, according to DOD, it does not develop "agency" budgets. Instead, DOD develops only a single budget for the entire Department.

If ONDCP is reauthorized, we recommend that Congress replace the current statutory language requiring reviews and certifications of budget submissions from each "program manager, agency head, and department head" with a simple mandate that ONDCP review and certify drug control budgets at such stages and times as it considers appropriate. Affording ONDCP flexibility in its budget reviews is, in our view, particularly important if the agency's staff is to be greatly reduced.

This completes my prepared statement. I will be happy to answer any questions.

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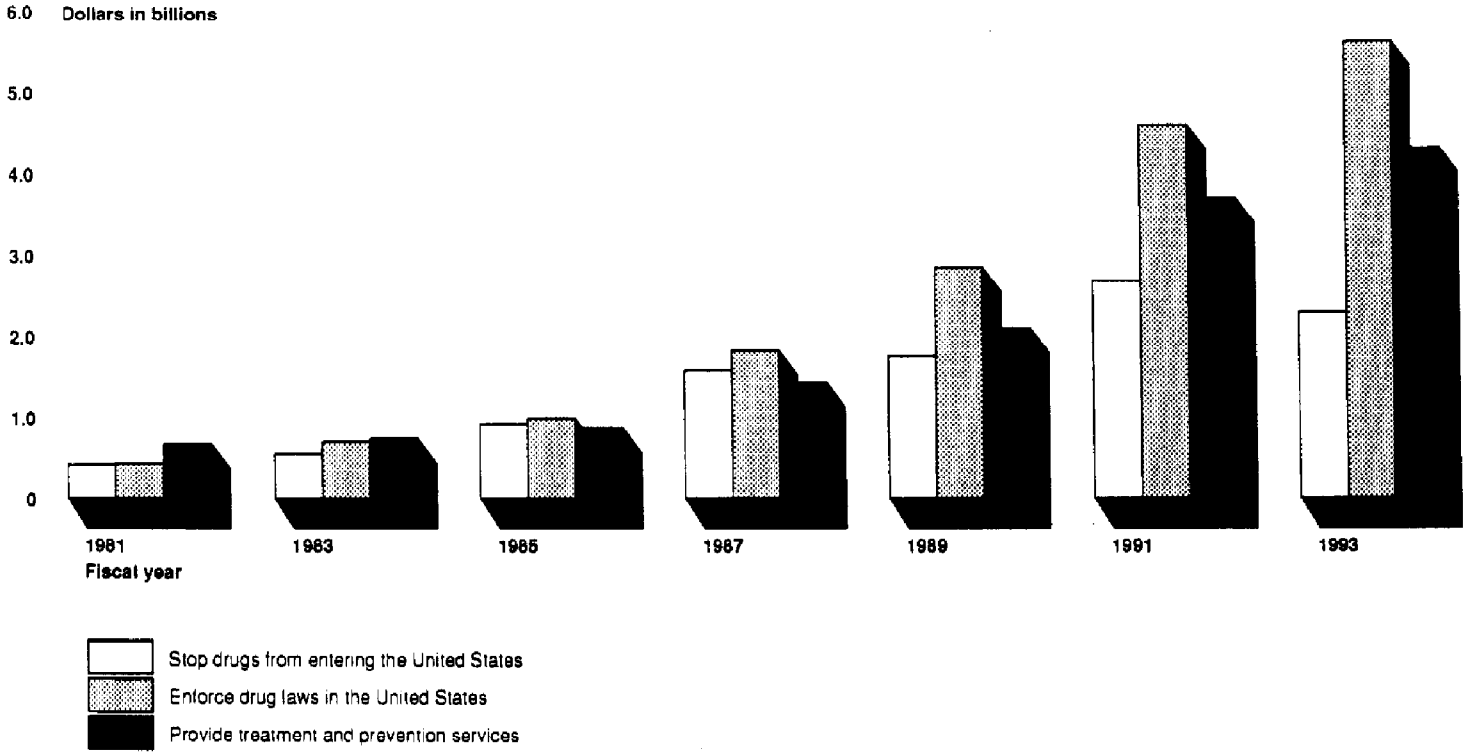
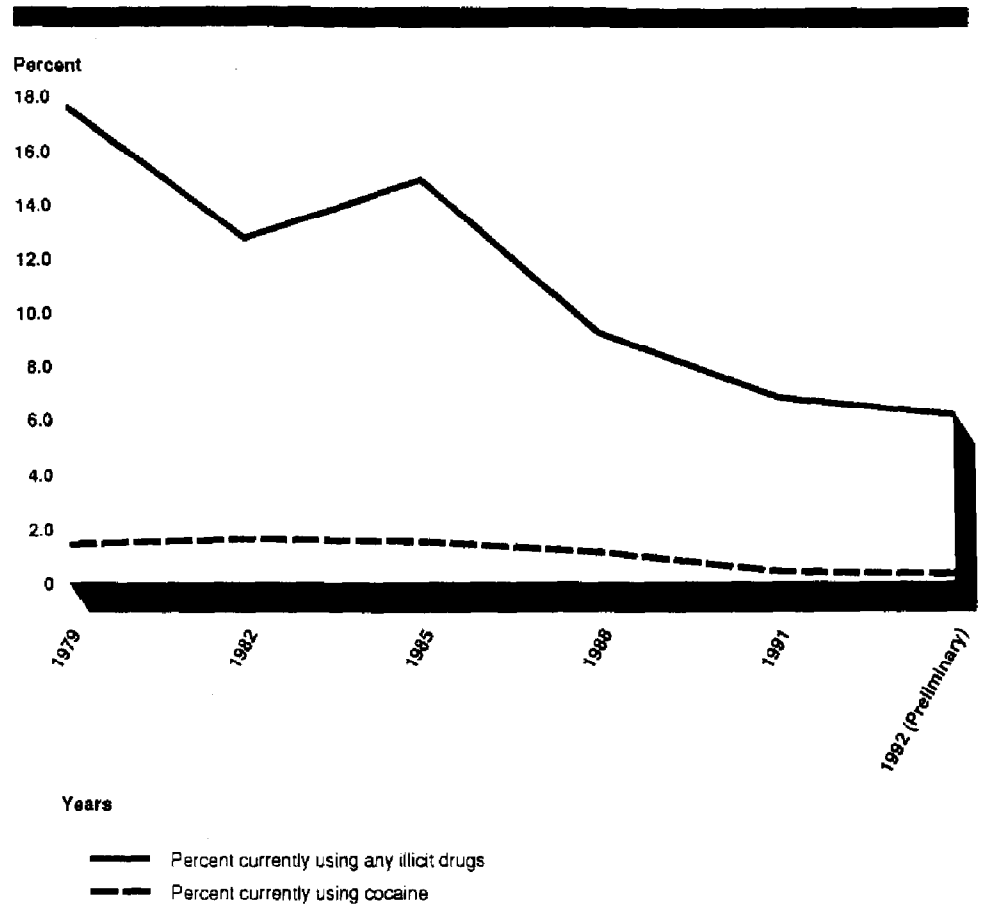
Figure 1: Federal Funding for Key Antidrug Program Components



Source: OMB.

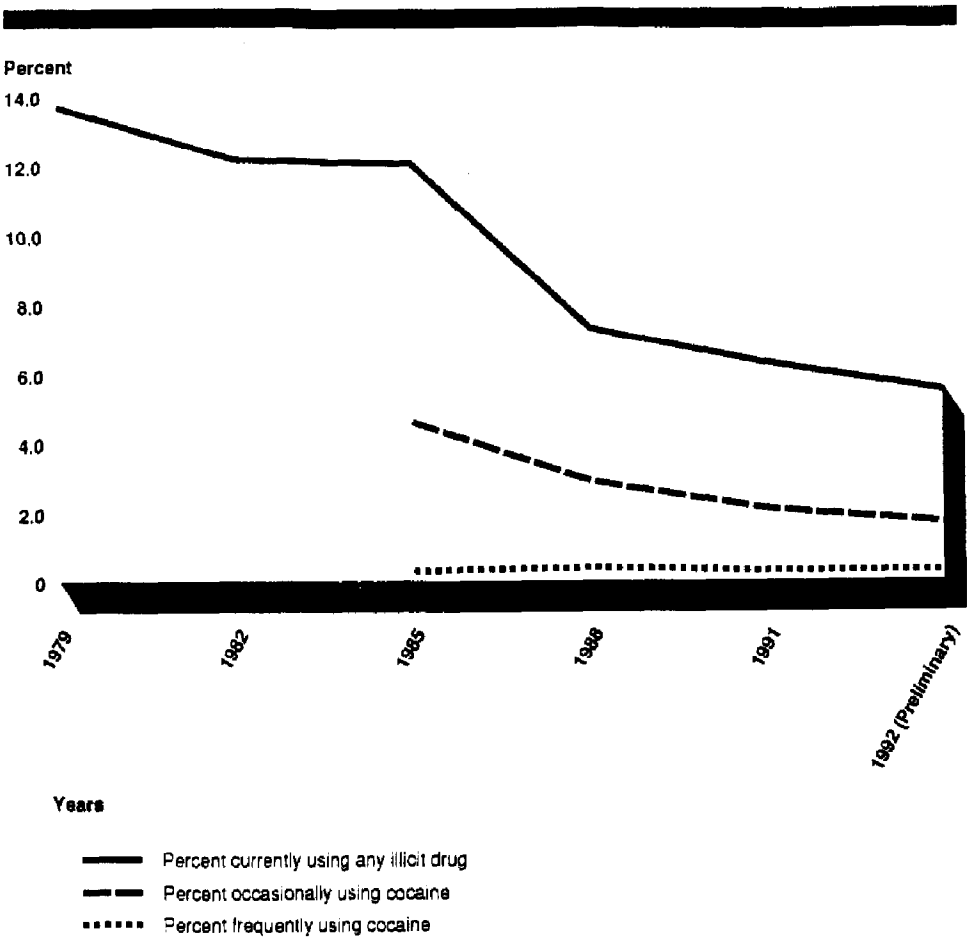
Figure 2: Adolescent Illicit Drug Use Trends



Source: National Household Survey.

Note: The term adolescent refers to individuals ages 12-17.

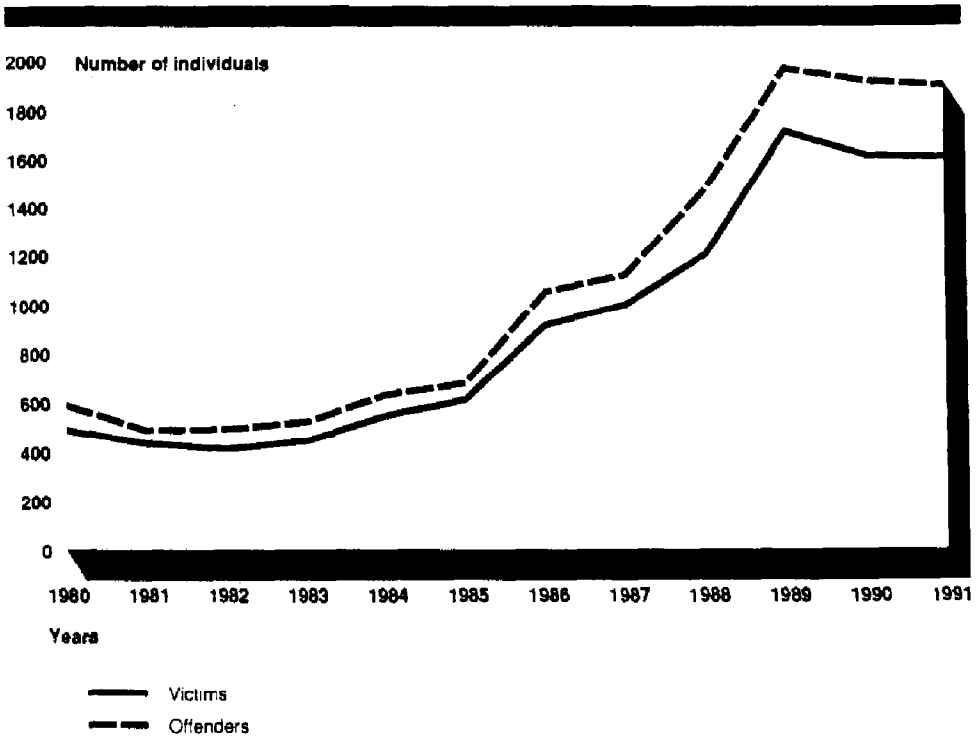
Figure 3: General Population Illicit Drug Use Trends



Note: Data on occasional and frequent cocaine use was not collected until 1985.

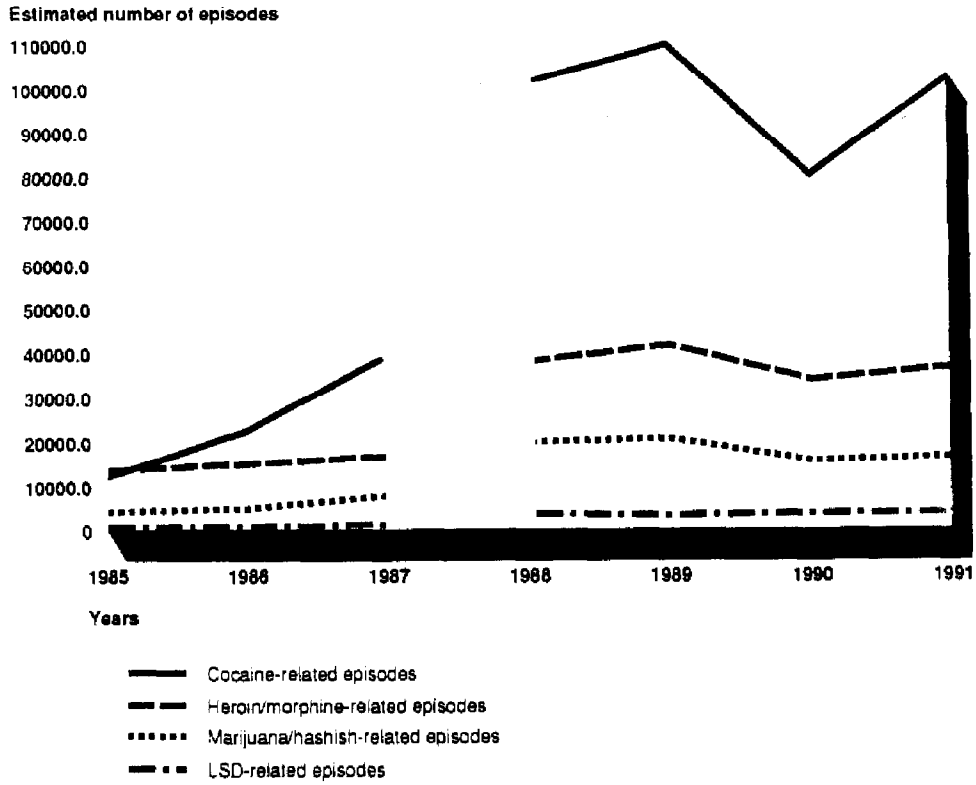
Source: National Household Survey.

Figure 4: Drug-Related Homicides



Source: FBI.

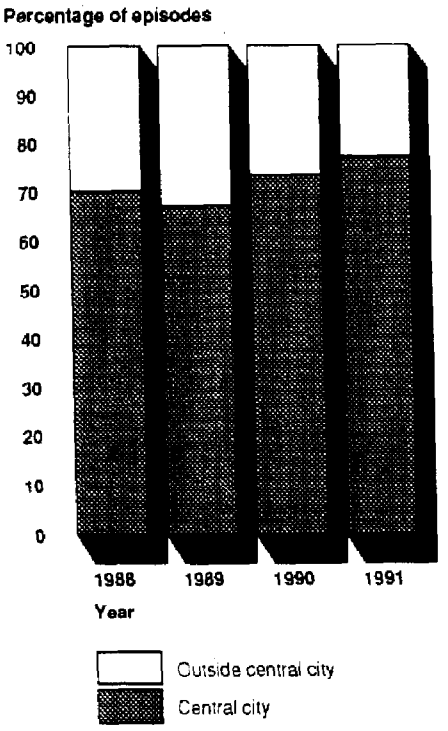
Figure 5: Drug-Related Hospital Emergency Room Episodes



Note: DAWN data for 1988 and later periods represent national estimates, while prior data represent about 700 consistently reporting hospitals.

Source: DAWN.

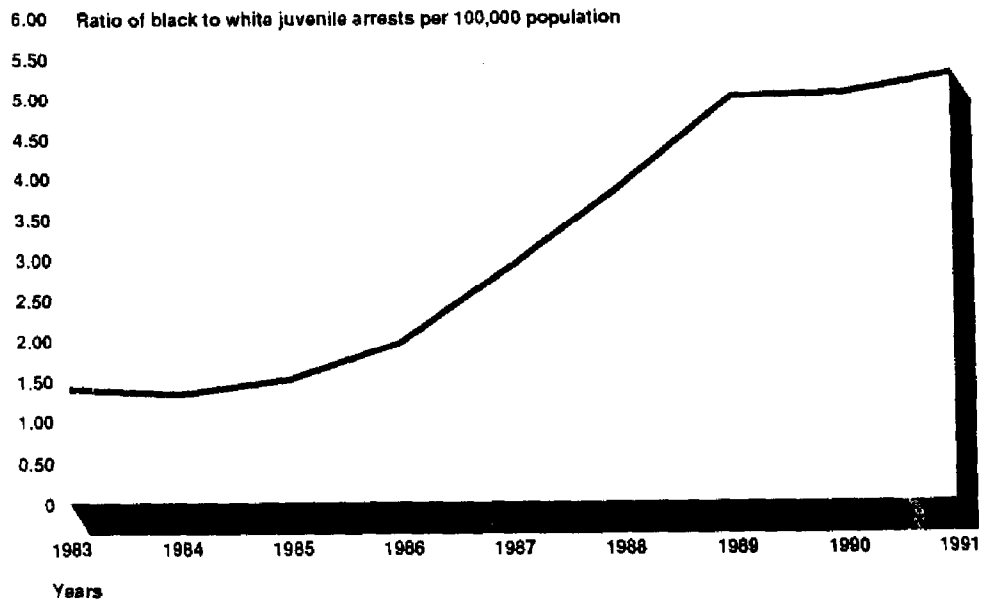
Figure 6: Cocaine Abuse Emergency Room Episodes, Central City vs. Outside Central City



Note: Data cover 21 metropolitan areas.

Source: DAWN.

Figure 7: Juvenile Drug Arrest Rates



Source: FBI Uniform Crime Reports and Statistical Abstract of the United States.

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