



Reauthorizing the Office of National Drug Control Policy: Issues for Consideration

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Summary

The Office of National Drug Control Policy (ONDCP) is located in the Executive Office of the President and has the responsibility for creating policies, priorities, and objectives for the federal Drug Control Program. This national program is aimed at reducing the use, manufacturing, and trafficking of illicit drugs and the reduction of drug-related crime and violence and of drug-related health consequences. The director of ONDCP has primary responsibilities of developing a comprehensive National Drug Control Strategy (Strategy) to direct the nation's anti-drug efforts; developing a National Drug Control Budget (Budget) to implement the National Drug Control Strategy, including determining the adequacy of the drug control budgets submitted by contributing federal Drug Control Program agencies; and evaluating the effectiveness of the National Drug Control Strategy implementation by the various agencies contributing to the Drug Control Program. Authorization for ONDCP expired at the end of FY2010, but it has continued to receive appropriations. Congress, while continuously charged with ONDCP's oversight, is now faced with its possible reauthorization.

In May 2009, Director R. Gil Kerlikowske called for an end to use of the term "war on drugs." This is in part because while drug use was previously considered a law enforcement or criminal justice problem, it has transitioned to being viewed more as a public health problem. Indeed, the Obama Administration has indicated that a comprehensive strategy should include a range of prevention, treatment, and law enforcement elements. The 2012 National Drug Control Strategy outlines seven core areas—ranging from strengthening international partnerships to focusing on intervention and treatment efforts in health care—aimed at reducing both illicit drug use and its consequences. The overall goal is to achieve a 15% reduction in the rate of drug use and its consequences over a five-year period (2010-2015).

In creating the National Drug Control Strategy, ONDCP consults with the various federal Drug Control Program agencies. ONDCP then reviews their respective drug budgets and incorporates them into the National Drug Control Budget (Budget), which is submitted to Congress as part of the annual appropriations process. As requested by Congress in the ONDCP Reauthorization Act of 2006 (P.L. 109-469), the Budget was restructured in FY2012, incorporating the activities and budgets of 19 additional federal agencies/programs, to reflect a more complete range of federal drug control spending. The FY2013 Budget incorporates four additional federal agencies/programs. In the FY2013 Budget, there are five priorities for which resources are requested across agencies: substance abuse prevention and substance abuse treatment (both of which are considered demand-reduction areas), and drug interdiction, domestic law enforcement, and international partnerships (the three of which are considered supply-reduction areas). The FY2013 Budget proposes to use 59.3% of the funds (\$15.062 billion) for supply-side functions and 41.2% of the funds (\$10.538 billion) for demand-side functions. Federal drug control activities were funded at \$25.185 billion for FY2012 (P.L. 112-10).

In considering ONDCP's reauthorization, there are several issues on which policymakers may deliberate. Congress may consider whether to authorize specific supply-reduction or demand-reduction programs. Congress may also exercise oversight regarding ONDCP's implementation of evidenced-based activities. Another issue that might be debated is whether the revised Budget structure captures the full scope of the nation's anti-drug activities. Further, ONDCP has created a new Performance Reporting System (PRS) to evaluate annual progress toward each of the Drug Control Program's strategic goals. Congress may exercise oversight regarding the new PRS.

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Introduction

The Office of National Drug Control Policy (ONDCP) has the responsibility for creating policies, priorities, and objectives for the federal Drug Control Program. This national program is aimed at reducing the use, manufacturing, and trafficking of illicit drugs and the reduction of drug-related crime and violence and of drug-related health consequences.¹ ONDCP is located in the Executive Office of the President. It was initially created by the Anti-Drug Abuse Act of 1988² and most recently reauthorized in the Office of National Drug Control Policy Reauthorization Act of 2006.³ ONDCP was authorized to receive “such sums as may be necessary for each of fiscal years 2006 through 2010.”⁴ Authorization for ONDCP expired at the end of FY2010, but it has continued to receive appropriations. Congress, while continuously charged with ONDCP’s oversight, is now faced with its possible reauthorization.

The director of ONDCP, often referred to as the “Drug Czar,” has numerous responsibilities, of which the primary three are

- developing a comprehensive National Drug Control Strategy to direct the nation’s anti-drug efforts;
- developing a National Drug Control Budget to implement the National Drug Control Strategy, including determining the adequacy of the drug control budgets submitted by contributing Drug Control Program agencies (listed below); and
- evaluating the effectiveness of the National Drug Control Strategy implementation by the various agencies contributing to the Drug Control Program.⁵

In carrying out these responsibilities, Director R. Gil Kerlikowske has put an end to the use of the term “war on drugs”⁶ and has stated that the Obama Administration views a comprehensive drug control strategy as including a range of prevention, treatment, and law enforcement elements.⁷ The director has shifted more resources toward treatment as part of a public health approach to reducing drug abuse and its consequences.⁸ The American public concurs with the government’s view that these issues are a significant challenge facing the nation. According to a 2012 Gallup

¹ For more information on ONDCP and its mission, see <http://www.whitehousedrugpolicy.gov/index.html>.

² P.L. 100-690, Title I, Subtitle A, National Narcotics Leadership Act of 1988, November 18, 1988, 102 Stat. 4181.

³ P.L. 109-469. For detailed information on the 2006 reauthorization as well as background on ONDCP, see archived CRS Report RL32352, *War on Drugs: Reauthorization and Oversight of the Office of National Drug Control Policy*, by Mark Eddy.

⁴ P.L. 109-469, Title VI, Section 601.

⁵ Office of National Drug Control Policy, *Fiscal Year 2013 Congressional Budget Submission*, p. 3.

⁶ Gary Fields, “White House Czar Calls for End to ‘War on Drugs,’” *The Wall Street Journal*, May 14, 2009, <http://online.wsj.com/article/SB124225891527617397.html>.

⁷ Testimony by ONDCP Director Kerlikowske before the U.S. Congress, House Committee on Oversight and Government Reform, Subcommittee on Domestic Policy, *ONDCP’s Fiscal Year 2011 National Drug Control Budget: Are We Still Funding a War on Drugs?*, 111th Cong., 2nd sess., April 14, 2010.

⁸ Office of National Drug Policy, *Epidemic: Responding to America’s Prescription Drug Crisis*, http://www.whitehousedrugpolicy.gov/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan.pdf.

survey, 66% of respondents reported that they worry a “great deal” or “fair amount” about drug use as a problem in the United States.⁹

This report provides a discussion of the National Drug Control Strategy, the National Drug Control Budget, and ONDCP’s evaluation of the National Drug Control Strategy implementation. It then provides an analysis of selected legislative and oversight issues that Congress may consider when debating the reauthorization of ONDCP. Policymakers may question the status of the war on drugs, whether drug use should be seen as more of a law enforcement issue or a public health issue, and whether drug control resources are more effective when directed toward prevention and treatment or toward law enforcement. Another issue for consideration is whether the revised National Drug Control Budget represents a complete view of federal drug control activities in the United States. Further, Congress may exercise oversight over ONDCP’s means of evaluating the nation’s federal drug control programs.

National Drug Control Strategy

Congress has specified that the purpose of the National Drug Control Strategy (Strategy) is to outline a plan to reduce (1) illicit drug consumption in the United States and (2) the consequences of such use.¹⁰ In creating the Strategy, ONDCP consults with the contributing federal Drug Control Program agencies¹¹ as well as Congress; state, local, and tribal officials; foreign government representatives; and private sector representatives with expertise in both supply and demand reduction.

In the 2012 Strategy, ONDCP outlines seven specific objectives—to be accomplished by 2015—aimed at reducing both illicit drug use and its consequences.¹² These objectives include reducing the following:

- The prevalence of 12- to 17-year-olds who report having used any illicit drugs in the past 30 days (by 15%). According to the 2010 National Survey on Drug Use and Health (NSDUH),¹³ 10.1% of youth in this age range report being “current” (in the past month) users of illicit drugs.¹⁴
- The prevalence of 8th graders who report having used any alcohol, tobacco, or illicit drugs in their lifetimes (by 15%). According to the 2011 Monitoring the Future study,¹⁵ 33.1% of 8th graders report having had alcohol (2.7% decline

⁹ For more information, see Gallup at <http://www.gallup.com/poll/1657/Illegal-Drugs.aspx>.

¹⁰ 21 U.S.C. §1705(a)(1).

¹¹ A list of contributing agencies is provided in the section, “National Drug Control Budget.”

¹² Office of National Drug Control Policy, *2012 National Drug Control Strategy*, p. 3.

¹³ The NSDUH is an annual survey of approximately 68,500 people, including residents of households, non-institutionalized group quarters, and civilians living on military bases. The survey is administered by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services and is available at <http://www.oas.samhsa.gov/nsduhLatest.htm>.

¹⁴ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Results from the 2010 National Survey on Drug Use and Health: Volume I. Summary of National Findings*, September 2011, p. 1, <http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.pdf> (hereafter, *2010 NSDUH*).

¹⁵ Monitoring the Future is an annual survey of about 46,500 students in the 8th, 10th, and 12th grades. It is used to assess behaviors, attitudes, and values of these students, and conducts follow-up assessments after graduation. Research (continued...)

since 2010), 18.4% of 8th graders report having used cigarettes (1.7% decline since 2010), and 20.1% of 8th graders report having used some form of illicit drug in their lifetimes (1.3% decline since 2010).¹⁶

- The prevalence of 18- to 25-year-olds who report having used any illicit drugs in the past 30 days (by 10%). In 2010, 21.5% of adults in this age range reported being current illicit drug users.¹⁷
- The number of chronic drug users (by 15%). For instance, the 2010 NSDUH suggests that about 4.6 million individuals used marijuana on a daily or near-daily basis in the previous year.¹⁸
- The number of drug-induced deaths (by 15%). In 2009, there were a reported 38,147 drug-induced deaths in the United States.¹⁹
- Drug-related morbidity (by 15%). In 2010, there were nearly 4.9 million drug-related emergency department visits.²⁰
- The prevalence of drugged driving (by 10%). In 2010, an estimated 4.2% of the 12-and-older population drove under the influence of an illicit drug.²¹

In order to attain these goals, the Strategy proposes initiatives to bolster community-based drug prevention efforts; expand health care opportunities, both for early drug and substance abuse intervention as well as for treatment and recovery; end the cycle of drug use, crime, and incarceration; disrupt domestic drug production and trafficking; strengthen international law enforcement, intelligence, and civic partnerships; and enhance the use of science to inform program evaluation and policymaking.

In addition to revising the orientation of the Strategy, ONDCP identifies three policy priorities where the Administration believes there can be substantial progress over the short term. These priorities include reducing prescription drug abuse, addressing drugged driving, and preventing drug use before it begins. The Strategy also highlights certain populations that merit special attention, including women, members of the military, veterans, and college students.

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and data collection are conducted at the University of Michigan, Institute for Social Research. For more information, see <http://monitoringthefuture.org/>.

¹⁶ Lloyd D. Johnston, Patrick M. O'Malley, and Jerald G. Bachman, et al., The University of Michigan Institute for Social Research, *Monitoring the Future, National Results on Adolescent Drug Use: Overview of Key Findings 2011*, February 2012, pp. 50-53, <http://monitoringthefuture.org/pubs/monographs/mtf-overview2011.pdf>.

¹⁷ *2010 NSDUH*, p. 2.

¹⁸ *Ibid.*, p. 24.

¹⁹ Kenneth D. Kochanek, Jiaquan Xu, and Sherry L. Murphy, et al., *National Vital Statistics Reports, Deaths: Final Data for 2009*, U.S. Centers for Disease Control and Prevention, Volume 60, Number 3, December 29, 2011, p. 17, http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf. According to preliminary data for 2010, there were a reported 37,792 drug-induced deaths in the United States. For more information, see http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_04.pdf.

²⁰ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *The DAWN Report: Highlights of the 2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits*, July, 2012, p. 1, <http://www.samhsa.gov/data/2k12/DAWN096/SR096EDHighlights2010.pdf>.

²¹ *2010 NSDUH*, p. 24.

Prescription Drug Abuse Action Plan

The Obama Administration describes prescription drug abuse as the nation's fastest growing drug problem, and has developed a prescription drug abuse plan, *Epidemic: Responding to America's Prescription Drug Abuse Crisis*. The plan expands upon the Strategy's action items that will specifically address demand reduction. Some action items include additional training and education for physicians and pharmacists, improved drug disposal programs, enhanced prescription drug monitoring programs (PDMPs), and improved cooperation and information sharing among PDMPs.²²

Health statistics support the Administration's statements on the rising problem of prescription drug abuse. According to the Centers for Disease Control and Prevention, hospital visits for abuse of prescription drugs are now as common as hospital visits for abuse of illicit drugs. Of the 1.6 million hospital visits for all misused or abused drugs, 500,000 involved abuse of prescription drugs in 2004. In 2008, 1 million of the 2 million total visits involving drug abuse involved abuse of prescription drugs.²³

National Drug Control Budget

In creating the National Drug Control Strategy, ONDCP consults with the various federal Drug Control Program agencies; ONDCP then reviews their respective drug budgets and incorporates them into the National Drug Control Budget (Budget), which is submitted to Congress as part of the annual appropriations process. As part of a significant restructuring of the Budget for FY2012, ONDCP reviewed all federal programs that have a "drug control nexus."²⁴ The review included two measures to determine eligibility: whether the program has a drug control nexus and whether the program has an adequate budget estimation methodology. This review yielded an addition of 19 federal programs or agencies to the Budget. For FY2013, ONDCP added four federal programs or agencies to the Budget.²⁵

Federal departments, agencies, and programs receiving funding directly under the National Drug Control Budget currently include

- Department of Agriculture*²⁶
 - U.S. Forest Service*
- Court Services and Offender Supervision Agency for the District of Columbia*
- Department of Defense

²² Office of National Drug Control Policy, *Epidemic: Responding to America's Prescription Drug Abuse Crisis*, pp. 1-7.

²³ Centers for Disease Control and Prevention, "Emergency Department Visits Involving Nonmedical Use of Selected Prescription Drugs—United States, 2004-2008", *Morbidity and Mortality Weekly Report*, vol. 59, no. 23 (June 18, 2010), <http://www.cdc.gov/mmwr/pdf/wk/mm5923.pdf>.

²⁴ Office of National Drug Control Policy, *National Drug Control Strategy: Fiscal Year 2012 Budget and Performance Summary*, pp. 5-6.

²⁵ Ibid; Office of National Drug Control Policy, *National Drug Control Strategy: Fiscal Year 2013 Budget and Performance Summary*, p. 1.

²⁶ * Indicates an agency or program that is newly included in the FY2012 Budget. ** Indicates an agency or program that is newly included in the FY2013 Budget.

- Drug Interdiction and Counterdrug Activities/OPTEMPO (Operating Tempo)*
- Defense Health Program**
- Federal Judiciary*
- Department of Education
- Department of Health and Human Services
 - Administration for Children and Families**
 - Centers for Medicare and Medicaid Services*
 - Health Resources and Services Administration*
 - Indian Health Service
 - National Institutes of Health—National Institute on Alcohol Abuse and Alcoholism*
 - National Institutes of Health—National Institute on Drug Abuse
 - Substance Abuse and Mental Health Services Administration
- Department of Homeland Security
 - U.S. Customs and Border Protection
 - Federal Emergency Management Agency*
 - Federal Law Enforcement Training Center*
 - U.S. Immigration and Customs Enforcement
 - U.S. Coast Guard
 - Office of Counternarcotics Enforcement
- Department of Housing and Urban Development**
 - Community Planning and Development**
- Department of the Interior
 - Bureau of Indian Affairs
 - Bureau of Land Management*
 - National Park Service*
- Department of Justice
 - Assets Forfeiture Fund*
 - Federal Bureau of Prisons*
 - Criminal Division*
 - U.S. Drug Enforcement Administration
 - Organized Crime Drug Enforcement Task Force Program

- Office of Justice Programs
- National Drug Intelligence Center²⁷
- U.S. Attorneys*
- U.S. Marshals Service*
- U.S. Marshals Service—Federal Prisoner Detention
- Department of Labor**
 - Employment and Training Administration**
- Office of National Drug Control Policy
 - High Intensity Drug Trafficking Areas Program
 - Other Federal Drug Control Programs
 - Salaries and Expenses
- Small Business Administration
- Department of State
 - Bureau of International Narcotics and Law Enforcement Affairs
 - U.S. Agency for International Development
- Department of Transportation
 - Federal Aviation Administration*
 - National Highway Traffic Safety Administration
- Department of the Treasury
 - Internal Revenue Service
- Department of Veterans Affairs
 - Veterans Health Administration²⁸

In the FY2013 Budget, there are five priorities for which resources are requested across agencies: substance abuse prevention, substance abuse treatment, drug interdiction, domestic law enforcement, and international partnerships.²⁹ The FY2013 request includes \$25.6 billion for these priorities, an increase of approximately \$415 million over the FY2012 enacted amount of \$25.2 billion.³⁰

²⁷ On June 15, 2012, the National Drug Intelligence Center (NDIC) closed. In FY2012, the NDIC received \$20 million in appropriated funding for necessary expenses to close the office (H.Rept. 112-284).

²⁸ Office of National Drug Control Policy, National Drug Control Strategy: Fiscal Year 2013 Budget and Performance Summary, pp. 14-16.

²⁹ Ibid, p. 13.

³⁰ Ibid.

ONDCP manages two primary program accounts:³¹ the High Intensity Drug Trafficking Area (HIDTA) Program and the Other Federal Drug Control Programs.

High Intensity Drug Trafficking Area (HIDTA) Program

The HIDTA program, originally authorized by the Anti-Drug Abuse Act of 1988 (P.L. 100-690),³² provides assistance to federal, state, and local law enforcement operating in areas deemed as most-impacted by drug trafficking. The ONDCP director has the authority to designate areas within the United States that are centers of illegal drug production, manufacturing, importation, or distribution as HIDTAs—of which there are currently 28. Four main criteria are considered when designating an area as a HIDTA:

- (1) the extent to which the area is a significant center of illegal drug production, manufacturing, importation, or distribution;
- (2) the extent to which State, local, and tribal law enforcement agencies have committed resources to respond to the drug trafficking problem in the area, thereby indicating a determination to respond aggressively to the problem;
- (3) the extent to which drug-related activities in the area are having a significant harmful impact in the area, and in other areas of the country; and
- (4) the extent to which a significant increase in allocation of Federal resources is necessary to respond adequately to drug related activities in the area.³³

Other Federal Drug Control Programs

The Other Federal Drug Control Programs account is administered by ONDCP, and its funds support high-priority drug control programs. The FY2013 Budget request includes monies for the Youth Drug Prevention Media Program, the Drug-Free Communities Program, Anti-Doping Activities, and the U.S. Anti-Doping Agency.³⁴

Evaluation of the Strategy

The Office of National Drug Control Policy Reauthorization Act of 1998 (Title VII of P.L. 105-277) made it a requirement for ONDCP to submit to Congress—along with the National Drug Control Strategy—a report on a national drug control performance measurement system.³⁵ In essence, the report is aimed at evaluating the effectiveness of the Strategy. The performance measurement system report is to contain two- and five-year performance measures (along with descriptions of information and data that will be used for each measure) and targets for each of the Strategy's goals and objectives for reducing drug use, drug availability, and the consequences of drug use. It should also identify federal programs and activities that support the Strategy and evaluate the contribution of both demand- and supply-reduction activities. The evaluation should

³¹ The Counterdrug Technology Assessment Center (CTAC) Program has been discontinued. For additional information regarding this program, see the *National Drug Control Strategy: Fiscal Year 2012 Budget and Performance Summary*, p. 211.

³² 21 U.S.C. §1706.

³³ Office of National Drug Control Policy, *The High-Intensity Drug Trafficking Area Program: HIDTA Designation Process & Authorizing Language*, <http://whitehousedrugpolicy.gov/hidta-designation-process>.

³⁴ Office of National Drug Control Policy, *National Drug Control Strategy: Fiscal Year 2013 Budget and Performance Summary*, 2012, p. 221-222.

³⁵ 21 U.S.C. §1705(c).

also ensure that each contributing federal drug control agency's goals and budgets are consistent with the Strategy. In addition, it is to assess existing national instruments and techniques to measure drug use, supply- and demand-reduction activities, and the effectiveness of substance abuse treatment in reducing illicit drug use and criminal behavior—both during and after treatment.

ONDCP updated its Performance Reporting System, which enables the office to carry out its evaluation responsibilities. It relies on data from multiple sources in its evaluation of individual drug control agencies. It has used not only national research and indicators—such as the National Survey on Drug Use and Health and the Monitoring the Future study—but also each agency's detailed progress toward the Strategy's seven objectives.³⁶ The PRS incorporates new performance measures that monitor and evaluate each agency's contribution to the Strategy's goals. The new PRS is also described as adaptable to changing metrics as new drug control threats emerge.³⁷ At the end of each fiscal year, ONDCP reports each agency's contribution to the Strategy's two overarching goals: to reduce drug use and its consequences by 2015.

Selected Reauthorization Issues

Status of the War on Drugs

The term “war on drugs,” popularized by former President Richard Nixon, was commonly used for nearly 40 years. In May 2009, ONDCP Director Kerlikowske called for an end to use of the term.³⁸ He noted that using this term is misleading because the United States is not at war with the individuals consuming drugs, but rather with the illegal drugs and their effects. He also described a gradual shift in societal thoughts on drug use and abuse. The director notes that while drug use was previously considered a law enforcement or criminal justice problem, it transitioned to being viewed as a combination of criminal justice, social policy, and public health problems. He contends that recently, drug use has been seen more as a public health problem.³⁹ For instance, according to the National Survey on Drug Use and Health, about 22.6 million Americans aged 12 and older were current (in the past month) illegal drug users in 2010, representing 8.9% of this population.⁴⁰ This also represents the largest proportion in the past decade of people aged 12 and older being identified as current illegal drug users. Further, the abuse of alcohol and illicit drugs contributes to over 100,000 deaths in the United States annually.⁴¹

³⁶ Executive Office of the President, Office of National Drug Control Policy, *2012 National Drug Control Strategy: Performance Reporting System Report*, pp. 1-6.

³⁷ See the written statement of ONDCP Director Kerlikowske before the U.S. Congress, House Committee on Oversight and Government Reform, Subcommittee on Domestic Policy, *ONDCP's Fiscal Year 2011 National Drug Control Budget: Are We Still Funding a War on Drugs?*, 111th Cong., 2nd sess., April 14, 2010, pp. 14-15.

³⁸ Gary Fields, “White House Czar Calls for End to ‘War on Drugs’,” *The Wall Street Journal*, May 14, 2009, <http://online.wsj.com/article/SB124225891527617397.html>.

³⁹ *Ibid.* See the full interview with *The Wall Street Journal* at <http://online.wsj.com/article/SB124233331735120871.html>.

⁴⁰ *2010 NSDUH*, p. 1.

⁴¹ National Institutes of Health, National Institute on Drug Abuse, *Drugs, Brains, and Behavior—The Science of Addiction*, NIH Pub No. 10-5605, August 2010, <http://www.nida.nih.gov/scienceofaddiction/sciofaddiction.pdf>.

Budget Priorities

The FY2013 Budget request includes approximately \$25.600 billion across both supply- and demand-related programs.⁴² As shown in **Table 1**, this would be an increase of \$415 million over the FY2012 enacted amount of nearly \$25.185 billion.

Table 1. Federal Drug Control Budget by Function

FY2011–FY2013, amounts in billions of dollars

Function	FY2011 Final	FY2012 Enacted	FY2013 Request
Treatment	\$8.954	\$8.748	\$9.151
Prevention	1.478	1.401	1.388
Domestic Law Enforcement	9.143	9.358	9.419
Interdiction	3.977	3.592	3.681
International	2.028	2.088	1.962
Total	25.580	25.185	25.600
Demand Reduction ^a	10.431	10.148	10.538
Supply Reduction ^b	15.448	15.037	15.062
Total	25.580	25.185	25.600

Source: Amounts were taken from Office of National Drug Control Policy, *National Drug Control Strategy: Fiscal Year 2013 Budget and Performance Summary*, p. 13.

Notes: Amounts may not add to total due to rounding.

- a. Demand reduction includes treatment and prevention.
- b. Supply reduction includes domestic law enforcement, interdiction, and international.

In the FY2013 request, the Administration proposes to use approximately 59.3% of the funds (\$15.062 billion) for supply-side functions and 41.2% of the funds (\$10.538 billion) for demand-side functions. Supply reduction includes funding for domestic law enforcement (\$9.419 billion), interdiction (\$3.681 billion), and international support (\$1.962 billion), while demand reduction focuses on treatment (\$9.151 billion) and prevention (nearly \$1.388 billion). Several of the FY2013 Budget items reflect a decrease in funding from the FY2012 Budget, and some of these decreases include Substance Abuse & Mental Health Services Administration (SAMHSA) Programs of Regional and National Significance⁴³ (\$61.1 million decrease), Drug Free Communities (\$3.4 million decrease), HIDTA (\$38.5 million decrease), and international support to countries including Colombia and Mexico (\$125.6 million decrease). Increases in the FY2013 Budget as compared to the FY2012 Budget reflect new policy priorities as well as newly incorporated programs. Some of these increases include Bureau of Prisons Drug Treatment Efforts (\$15.8 million increase), Successful, Safe, and Healthy Students Grant Program (\$43.4 million increase), and Veterans Health Administration Treatment (\$19.4 million increase).⁴⁴

⁴² Office of National Drug Control Policy, *National Drug Control Strategy: Fiscal Year 2013 Budget and Performance Summary*, p. 13.

⁴³ These include a number of programs that are awarded directly to providers.

⁴⁴ Office of National Drug Control Policy, *National Drug Control Strategy: Fiscal Year 2013 Budget and Performance* (continued...)

Policymakers have questioned whether the National Drug Control Budget aims funding toward the most effective, evidence-based strategies to reduce illicit drug use and abuse. Currently, the Budget can be thought of as funding two broad categories of demand-reduction and supply-reduction activities. Further, the funding allocated for each contributing Drug Control Program agency is deemed as either supply-related or demand-related in its entirety. This approach cannot accurately measure the true breakdown of Drug Control Program funds dedicated to either supply or demand reduction because contributing agencies may have programs that target both supply and demand reduction. For instance, the Drug Enforcement Administration (DEA) uses funds for intelligence, investigations, state and local assistance, international support, and prevention⁴⁵—a mix of both supply- and demand-reduction activities—but for classification purposes, the funds that DEA receives are considered to be supply-reduction funds. As a result of this current classification structure, ONDCP has suggested a restructuring of the way funding is captured and presented in future Budgets and Strategies.⁴⁶

Critics of the current—and previous—Budget’s focus on supply-reduction activities may argue that research on prevention and treatment programs has suggested that such demand-reduction programs may be effective at reducing drug use. Research on supply-reduction enforcement programs has not yielded the same results.⁴⁷ In addition to considering outcome effectiveness, policymakers have questioned the cost effectiveness of supply- and demand-reduction activities. Director Kerlikowske has indicated that the most cost-effective elements of the Strategy and Budget are in prevention and treatment⁴⁸—the two components of demand reduction. Research has indicated, for instance, that drug treatment for high-risk populations, such as criminal offenders, can reduce societal costs.⁴⁹ Expert analysis of drug enforcement programs, on the other hand, indicates that while enforcement may produce short-term drug market disruption, the effects are not lasting.⁵⁰ In considering ONDCP’s reauthorization, policymakers may deliberate on whether to authorize specific supply-reduction or demand-reduction programs. Congress may also exercise oversight regarding ONDCP’s implementation of evidenced-based activities.

Scope of the National Drug Control Budget

The National Drug Control Budget for FY2012 was significantly restructured. ONDCP reviewed all federal programs that have a drug control nexus, and this review resulted in the addition of 18

(...continued)

Summary, pp. 2-10.

⁴⁵ *Ibid.*, p. 175.

⁴⁶ Executive Office of the President, Office of National Drug Control Policy, *2009 National Drug Control Strategy*, p. 99.

⁴⁷ Rosalie Liccardo Pacula, *An Assessment of the Scientific Support Underlying the FY2011 Budget Priorities of the Office of National Drug Control Policy*, RAND Corporation, CT-344, April 2010, http://www.rand.org/pubs/testimonies/2010/RAND_CT344.pdf.

⁴⁸ Testimony by ONDCP Director Kerlikowske before the U.S. Congress, House Committee on Oversight and Government Reform, Subcommittee on Domestic Policy, *ONDCP’s Fiscal Year 2011 National Drug Control Budget: Are We Still Funding a War on Drugs?*, 111th Cong., 2nd sess., April 14, 2010.

⁴⁹ Kathryn E. McCollister, Michael T. French, and Michael Prendergast, et al., “Is In-Prison Treatment Enough? A Cost-Effective Analysis of Prison-Based Treatment and Aftercare Services for Substance-Abusing Offenders,” *Law & Policy*, vol. 25, no. 1 (2003).

⁵⁰ Rosalie Liccardo Pacula, *An Assessment of the Scientific Support Underlying the FY2011 Budget Priorities of the Office of National Drug Control Policy*, RAND Corporation, CT-344, April 2010, http://www.rand.org/pubs/testimonies/2010/RAND_CT344.pdf.

federal programs or agencies to the National Drug Control Budget. Policymakers and industry experts alike have, prior to the restructuring of the National Drug Control Budget, questioned whether the Budget captures the full scope of the nation's anti-drug activities. For instance, the Budget did not formerly include costs for prosecuting and incarcerating drug offenders. The proportion of costs incurred by the U.S. Attorneys related to prosecuting drug-related crimes was not included in the previous Budget. The U.S. Attorneys prosecute the entire spectrum of federal crimes; while some cases may be entirely drug-related, others may only have a drug component, while still others may not be related to drugs at all. Under the revised Budget structure, some drug-related prosecution costs are included; the U.S. Attorneys' drug budget is determined by calculating the costs of attorneys and non-attorneys that are dedicated to non-Organized Crime Drug Enforcement Task Force drug prosecutions.⁵¹

A similar story holds true for the Federal Bureau of Prisons (BOP). BOP is responsible for housing federal inmates—not solely those incarcerated for drug crimes. While BOP was previously included in the unrevised Budget, the resources accounted for were only those for inmate treatment programs. Prior to FY2012, the Budget did not include funds for the housing of inmates incarcerated for drug-related crimes, but the revised Budget now includes these associated costs.

While experts have expressed concern about drug control policy elements *omitted* from the Budget, some have also questioned whether certain elements *included* in the current Budget may be overly broad and may not directly tackle the nation's drug problems. For instance, some have argued that policies such as those assisting the Afghan government in combating the drug trade and those funding Colombian rule of law programs do not directly reduce the supply of drugs to the United States.⁵² On the other hand, some may argue that these programs impacting drug source countries can, in turn, reduce the availability of illicit drugs at home. Thus, policymakers may also debate whether the current Budget elements, such as those under the international supply-reduction strategy, are directly related to the National Drug Control Strategy and should be maintained as part of the Budget. Of note, drug control funding to the Colombian government was substantially cut in the FY2012 and FY2013 Budgets while drug control funding to the Afghan government was substantially increased in FY2012 and FY2013.

Performance Measurement for Federal Drug Control Programs

When Congress reauthorized ONDCP in 1998 (Title VII of P.L. 105-277), policymakers made it a requirement for ONDCP to create and report on a national drug control performance measurement system, as discussed above.⁵³ Before the recent National Drug Control Budget restructure, ONDCP measured performance by using data from individual agencies—data collected as required by the Government Performance and Results Act (P.L. 103-62)—and from national research.⁵⁴ Critics of this measurement system argued that while it allowed ONDCP to

⁵¹ Office of National Drug Control Policy, *National Drug Control Strategy, Fiscal Year 2013 Budget and Performance Summary*, p. 198.

⁵² Rosalie Liccardo Pacula, *An Assessment of the Scientific Support Underlying the FY2011 Budget Priorities of the Office of National Drug Control Policy*, RAND Corporation, CT-344, April 2010, http://www.rand.org/pubs/testimonies/2010/RAND_CT344.pdf.

⁵³ 22 U.S.C. §1705(c).

⁵⁴ Executive Office of the President, Office of National Drug Control Policy, *2009 National Drug Control Strategy*, pp. 37-38.

evaluate individual programs and agencies, the performance measurement system did not allow ONDCP to holistically assess whether the Strategy's goals and objectives were truly being accomplished.⁵⁵ ONDCP addressed this concern by developing the Performance Reporting System (PRS).

When debating issues surrounding ONDCP's reauthorization, Congress may exercise oversight regarding the new PRS and whether this system allows for evaluation of individual programs and agencies as well as whether it allows for evaluation of each agency's contribution to the Strategy's goals.

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⁵⁵ See the written statement of John T. Carnevale, Ph.D., President, Carnevale Associates, LLC, before the U.S. Congress, House Committee on Oversight and Government Reform, Subcommittee on Domestic Policy, *ONDCP's Fiscal Year 2010 National Drug Control Budget and the Policy Priorities of the Office of National Drug Control Policy under the New Administration*, 111th Cong., 1st sess., May 19, 2009, p. 12.