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The Honorable Dianne Feinstein
Chairman
The Honorable Charles E. Grassley
Co-Chairman
Caucus on International Narcotics Control
United States Senate

Subject: *Drug Control: Initial Review of the National Strategy and Drug Abuse Prevention and Treatment Programs*

An estimated 22.6 million Americans aged 12 or older were illicit drug users in 2010, representing 8.9 percent of the population aged 12 or older, according to the National Survey on Drug Use and Health.¹ This represents the highest overall rate of illicit drug users among this population group since 2002, when the rate was 8.3 percent. Abuse of illicit drugs results in significant social, public health, and economic consequences for the United States. For example, the economic impact of illicit drug use, including the costs of crime, health care, and lost productivity, was estimated at more than \$193 billion in 2007, the most recent year for which data were available.²

The Office of National Drug Control Policy (ONDCP) was established by the Anti-Drug Abuse Act of 1988 to, among other things, enhance national drug control planning and coordination and represent the drug policies of the executive branch before Congress.³ In this role, ONDCP provides advice and governmentwide oversight of drug programs and is responsible for coordinating drug control activities,

¹Illicit drug use includes marijuana, hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. See Department of Health and Human Services Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings* (Rockville, Md.: September 2011).

²See Department of Justice National Drug Intelligence Center, *The Economic Impact of Illicit Drug Use on American Society* (Washington, D.C.: April 2011).

³Pub. L. No. 100-690, §§ 1002, 1003, 102 Stat. 4181, 4182. This law, as amended, was repealed on September 30, 1997, by Pub. L. No. 100-690, § 1009, 108 Stat. 1995 (1994). Congress again established ONDCP effective October 21, 1998. Office of National Drug Control Policy Reauthorization Act of 1998, Pub. L. No. 105-277, div. C, title VII, §§ 703, 704, 112 Stat. 2681, 2681-671, 2681-672 (codified as amended at 21 U.S.C. §§ 1701 to 1712) (provisions pertaining to referenced functions codified as amended at 21 U.S.C. §§ 1702 and 1703). Pursuant to § 715 of this law (codified as amended at 21 U.S.C. § 1712), provisions relating to ONDCP were “repealed” effective September 30, 2010. However, ONDCP has continued to operate pursuant to continued funding provided by Congress. Department of Defense and Full-Year Continuing Appropriations Act, 2011, Pub. L. No. 112-10, 125 Stat. 38 (2011), and the Consolidated Appropriations Act, 2012, Pub. L. No. 112-74, 125 Stat. 786 (2012).

including federal drug abuse prevention and treatment programs, and related funding across the federal government. ONDCP is required annually to develop the National Drug Control Strategy (Strategy), which sets forth a plan to reduce illicit drug use through prevention, treatment, and law enforcement programs, and to develop a Drug Control Budget for implementing the Strategy. ONDCP reported that for fiscal year 2012, about \$25.2 billion was provided for drug control programs across 17 federal departments and independent agencies. Further, according to ONDCP, from 2004 to 2012 this signified an increase of \$5.9 billion (about 31 percent) for drug control programs, including drug abuse prevention and treatment programs.

The 2010 Strategy is the inaugural strategy guiding drug policy under President Obama's administration and, according to ONDCP officials, sought a comprehensive approach to drug policy, including an emphasis on drug abuse prevention and treatment efforts and the use of evidence-based practices—approaches to prevention or treatment that are based in theory and have undergone scientific evaluation.⁴ Drug abuse prevention includes activities focused on discouraging the first-time use of controlled substances and efforts to encourage those who have begun to use illicit drugs to cease their use. Treatment includes activities focused on assisting regular users of controlled substances to become drug free through such means as counseling services, inpatient and outpatient care, and the demonstration and provision of effective treatment methods.

National Drug Control Program agencies (drug control agencies)⁵ follow a detailed process in developing their annual budget submissions for inclusion in the Drug Control Budget, which provides information on the funding that the executive branch requested for drug control to implement the Strategy.⁶ Agencies submit to ONDCP the portion of their annual budget requests dedicated to drug control, which they prepare as part of their overall budget submission to the Office of Management and Budget for inclusion in the President's annual budget request. ONDCP reviews the budget requests of the drug control agencies to determine if the agencies have acceptable methodologies for estimating their drug control budgets, and includes those that do in the Drug Control Budget.⁷ Agencies may administer programs that include drug abuse prevention and treatment activities but do not meet ONDCP's standards for having an acceptable budget estimation methodology. Such programs are not represented in the Drug Control Budget.

⁴For the 2010 Strategy, ONDCP changed its approach and moved from publishing a 1-year Strategy to publishing a 5-year Strategy, which is to be updated annually. The annual updates are to provide an implementation progress report as well as an opportunity to make adjustments to goals to reflect policy changes.

⁵A National Drug Control Program agency is any agency, defined at the department or independent agency level, that is responsible for implementing any aspect of the Strategy, including any agency that receives federal funds to implement any aspect of the Strategy, subject to certain exceptions for agencies engaged in intelligence activities or activities funded by the Department of Justice. See 21 U.S.C. § 1701(7).

⁶See 21 U.S.C. § 1703(c). ONDCP prepares a budget proposal it refers to as the National Drug Control Budget Summary. For the purpose of this report, we refer to this proposal as the Drug Control Budget.

⁷An acceptable methodology relies on availability of empirical data at the agencies for estimating their drug control budgets. These data include determining which portion of an agency's funding is for drug control programs or activities versus non-drug control programs. See GAO, *Office of National Drug Control Policy: Agencies View the Budget Process as Useful for Identifying Priorities, but Challenges Exist*, [GAO-11-261R](#) (Washington, D.C.: May 2, 2011).

Part of the 2010 Strategy is a long-term policy goal for increasing the emphasis on preventing and treating substance abuse. Multiple federal departments—and their component agencies, bureaus, divisions, and offices—and independent agencies (collectively referred to as agencies), administer drug abuse prevention and treatment programs, fund these programs, or both.⁸ The drug abuse prevention and treatment programs vary and may include grants to service providers, direct services, and education and outreach activities. For example, an agency's grant program may award block grants to grantees, such as states or local entities, to implement their own interventions through community-based drug abuse prevention or treatment programs, while direct service programs often entail interventions directly administered by an agency to a specific population. Drug abuse prevention and treatment programs target various populations and use a wide variety of interventions, which are strategies or approaches intended to prevent an undesirable outcome, such as abuse of an illicit drug; promote a desirable outcome, such as reducing the use of alcohol among youth; or alter the course of an existing condition, such as successful treatment of drug addiction. Some programs may be either jointly funded or administered by two or more agencies.

In light of the increase in the rate of illicit drug use among Americans, efforts to oversee and coordinate the implementation of the Strategy and ensure that ONDCP and federal agencies invest in the most effective drug abuse prevention and treatment programs become more important. You asked us to determine the extent to which the 2010 Strategy has been implemented, review the sources of funding for federal drug abuse prevention and treatment programs as well as federal agency efforts to coordinate their programs, and examine agencies' efforts to evaluate drug abuse prevention and treatment programs and ensure that they are effective. Specifically, in this report we (1) provide an initial review of the extent to which the 2010 Strategy has been implemented, the extent to which ONDCP coordinates its implementation across drug control agencies, and how ONDCP assesses the effectiveness of the Strategy in preventing and reducing drug use; (2) review what agencies fund drug abuse prevention and treatment programs and how agencies coordinate their programs; and (3) provide an initial review of the extent to which federal agencies evaluate their drug abuse prevention and treatment programs and the extent to which agencies assess their programs' effectiveness.

This is the first report in response to your request that we assess the implementation of the 2010 Strategy. This report describes the implementation approach, federal agencies' drug abuse prevention and treatment programs, and Department of Health and Human Services (HHS), Department of Justice (DOJ), and Department of Education (Education) efforts to assess the effectiveness of their drug abuse prevention and treatment programs. We will continue our work on these issues and plan to evaluate the extent to which the 2010 Strategy has been implemented and coordinated across agencies and how ONDCP assesses the effectiveness of the Strategy in preventing and reducing drug use.

⁸A program may be defined as an activity, project, function, or policy with an identifiable purpose or set of objectives. See GAO, *Designing Evaluations: 2012 Revision*, [GAO-12-208G](#) (Washington, D.C.: January 2012). We consider a program with an identifiable purpose or objective relating to drug abuse prevention or treatment as a drug abuse prevention or treatment program for the purpose of this report, regardless of whether the program has other identifiable purposes or objectives.

To outline the planned implementation approach and the different programs, we analyzed the 2010 Strategy and 2011 update, ONDCP documents on implementation progress, and implementation plans and reports from selected federal drug control agencies. We also interviewed officials from ONDCP and from HHS, DOJ, and the Department of Homeland Security (DHS) about strategy implementation efforts.⁹ To identify what federal agencies fund drug abuse prevention and treatment programs, we reviewed the fiscal year 2013 Drug Control Budget that describes fiscal year 2012 allocations and interviewed ONDCP officials to confirm their process for developing the Drug Control Budget and their criteria for including agencies' programs in the budget.¹⁰ We determined that the fiscal year 2013 Drug Control Budget data are reliable for our purposes. Additionally, we reviewed documents regarding the drug abuse prevention and treatment programs of three national drug control agencies with some of the largest drug control budgets for prevention and treatment—HHS, DOJ, and Education—and interviewed officials from these agencies about their programs and about coordination efforts between agencies funding drug abuse prevention and treatment programs. To provide an assessment of federal agencies' efforts to date to assess the effectiveness of their drug abuse prevention and treatment programs, we interviewed officials from our selected national drug control agencies as well as experts in the field of drug abuse prevention and treatment. Enclosure I provides additional information on our scope and methodology.

We conducted this performance audit from January 2012 through July 2012 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Results in Brief

To implement the 2010 National Drug Control Strategy, ONDCP obtained input from drug control stakeholders to help ensure that they shared responsibility for implementation, established a new process to determine progress made, and reported that most action items in the Strategy were on track or complete as of November 2011. ONDCP officials stated that they developed the 2010 Strategy's seven objectives—for example, Strengthen Efforts to Prevent Drug Use in Our Communities—and 106 action items under these objectives through a consultative process with federal, state, and local drug control agencies and other stakeholders.

⁹Specifically, as of April 2012, we interviewed officials from the following four agencies: HHS, DHS, the Office of Justice Programs, and the Drug Enforcement Administration. We selected the agencies to focus on in our review based on a range of factors, including the number of Strategy action items for which agencies are responsible and the size of their drug control budgets.

¹⁰ONDCP refers to these funds as enacted funding in the Drug Control Budget, while in this report we use the term allocated funding. At the beginning of a fiscal year, agencies may allocate certain amounts from available appropriations for specific programs. However, to the extent that an appropriation has not identified a particular amount for a specific program, an agency may reallocate unobligated funds from that program to another during the course of a fiscal year. To the extent other statutory authority results in makes mandatory funding for programs that may include drug abuse prevention and treatment, such as Medicare and Medicaid, we also include these as allocated funds.

Officials from the four agencies we spoke with as of April 2012 stated that ONDCP sought input from them to develop the Strategy and that as a result, existing agency priorities and activities are reflected in the Strategy. ONDCP officials stated that this alignment helps facilitate Strategy implementation. In August 2010, ONDCP initiated a process to track progress made on Strategy action items. As part of this process, ONDCP requested that each agency develop and submit (1) a plan for implementing each action item for which it has lead responsibility and (2) status updates on implementation progress when requested. ONDCP officials stated that they use this and other information to determine the implementation status of each of the action items and then share the results with lead agencies in order to motivate them to take steps to address items that are not on track, among other things. In November 2011, ONDCP reported that 84 percent of the 113 action items in the 2010 Strategy and 2011 update were on track or complete, while the remaining 16 percent were either delayed but progressing, facing budget issues, or at risk.¹¹ ONDCP officials stated that this process to track and report on implementation progress helps hold agencies accountable for implementing action items.

HHS, DOJ, and Education allocated nearly 85 percent of the funding for federal drug abuse prevention and treatment programs in the Drug Control Budget in fiscal year 2012. Of the approximately \$10.1 billion allocated by federal agencies for drug abuse prevention and treatment programs in fiscal year 2012, HHS allocated approximately \$8.3 billion and DOJ allocated approximately \$186.1 million for prevention and treatment programs, while Education allocated about \$64.9 million for prevention programs. These three agencies allocated funding to various drug abuse prevention and treatment programs, such as those that provide grants, education and outreach, and direct service, among others.¹² HHS, DOJ, and Education primarily allocated funding to grant programs in fiscal year 2012, through which they awarded funding to states, communities, tribes, and other organizations to implement drug abuse prevention and treatment interventions. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) awards funds through the Substance Abuse Prevention and Treatment Block Grant Program to grantees to plan, carry out, and evaluate drug abuse prevention, early intervention, treatment, and recovery support services. Not less than 20 percent of funds awarded under this program must be spent by SAMHSA's grantees for drug abuse education, counseling, and risk reduction activities.¹³ Officials from HHS, DOJ, and Education agencies also told us that they coordinate with each other, and other federal agencies, to deliver and fund drug abuse prevention and treatment programs through a variety of methods, including jointly administering programs, participating in working groups, and working together on an ad hoc basis. For example, officials from Education said they jointly administer and fund the Safe Schools/Healthy Students Initiative with HHS. DOJ is also a partner in this initiative, and collaboration among the three agencies is guided by an agreement that is signed annually by Education, HHS, and DOJ.

¹¹ONDCP developed 106 action items for the 2010 Strategy and combined 2 action items and added 8 action items in the 2011 Strategy.

¹²The allocation of an amount to a specific program does not indicate that funds in that amount were actually spent on the program.

¹³See 42 U.S.C. § 300x-22(a).

HHS, DOJ, and Education assess the effectiveness of some of their grant programs by either requiring grantees to demonstrate the effectiveness of interventions they plan to use in their drug abuse prevention and treatment programs or giving preference to grant applicants that include interventions for which there is evidence of effectiveness in their applications for grants. Determining whether a program is effective involves evaluating the extent to which a program is meeting its goals. Both HHS and Education officials said that their agencies have requirements that grantees for some programs demonstrate the effectiveness of their planned drug abuse prevention or treatment interventions. For example, SAMHSA officials said that as a condition of funding, the agency requires, as part of its grant application process, that most grantees show that they will use evidence-based interventions in their programs. DOJ officials told us that during the grant application process for some programs, they give preference to applicants that include features that have been determined to be effective. HHS, DOJ, and Education have registries that include interventions related to drug abuse and prevention and treatment (among other topics) that are determined to be effective through research or evaluation, which grantees may use to document the effectiveness of their drug abuse prevention and treatment programs. We found that HHS, DOJ, and Education agency officials and other experts we spoke with reported various challenges in identifying interventions that are proven effective, including (1) availability of data needed to assess effectiveness, (2) ability to determine the impact of prevention interventions, and (3) applicability of interventions to different population groups other than the population for which the intervention was originally intended. For example, officials said that determining the impact of a prevention intervention can be difficult because it is often difficult to quantify something that did not happen—such as a youth’s decision not to use an illicit drug—because of a preventive measure.

To Implement the 2010 Strategy, ONDCP Obtained Stakeholder Input, Established a Process to Determine Progress, and Reported That Most Action Items Were on Track

ONDCP used input from drug control stakeholders to develop the 2010 Strategy’s objectives and action items to help ensure shared responsibility. ONDCP also established a process to determine implementation status, including requesting that agencies submit updates on progress made. In November 2011, ONDCP reported that 84 percent of the 113 action items in the Strategy were on track or complete.

ONDCP Sought Stakeholder Input to Help Develop Strategy Priorities and Ensure Shared Responsibility for Implementation

ONDCP officials stated that to help ensure successful implementation, the agency developed the Strategy through a consultative process with federal, state, and local drug control agencies and other stakeholders, including state and local leaders, such as governors, mayors, and law enforcement officials. According to these officials, a cross-agency effort was required to develop the Strategy because the drug control agencies have primary responsibility for its implementation and needed to be involved to ensure that they understood their implementation responsibilities. An ONDCP senior official stated that through its outreach efforts, ONDCP sought to

instill a sense of shared ownership and buy-in from the drug policy community. Officials from ONDCP and the four agencies we spoke with as of April 2012 stated that ONDCP used input solicited through this consultative process to develop the seven objectives and 106 action items under these objectives in the Strategy.¹⁴ Further, to guide the implementation of federal drug policy activities in support of the Strategy, lead agencies and participating agencies were designated for each action item as a means to assign implementation responsibility.

To help develop and implement the Strategy, ONDCP established, among other things, the Interagency Working Group on Demand Reduction (IWG) to bring together the 40 federal agencies involved in drug control activities. According to officials from ONDCP and the 4 agencies with whom we spoke, the IWG meetings were the primary forum for consulting with stakeholders to develop the Strategy.¹⁵ The Director of ONDCP stated in 2010 testimony before a House subcommittee that working group meetings were used as the foundation for the 2010 Strategy and helped to formulate long-term policy goals for increasing the emphasis on preventing and treating substance abuse. The Director also noted that the IWG process highlighted programs that worked—specifically, drug court programs, community-based antidrug coalitions, and corrections programs aimed at helping steer drug offenders toward productive lives.¹⁶ ONDCP incorporated these programs into the 2010 Strategy and helped identify implementation responsibilities for relevant drug policy agencies, all of which were included in the Strategy development process. For example, ONDCP established several action items relating to drug court programs under its Strategy objective to Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration. The majority of lead implementation responsibilities were assigned to the Office of Justice Programs (OJP), whose officials agreed that these action items fell under OJP’s mission areas and were appropriately assigned. Also, ONDCP continues to utilize the IWG to help implement the Strategy. For example, HHS officials said that an IWG meeting was convened in early 2012 to discuss how to best address Strategy initiatives to help reduce synthetic drug production and use.¹⁷

¹⁴The objectives are (1) Strengthen Efforts to Prevent Drug Use in Our Communities; (2) Seek Early Intervention Opportunities in Health Care; (3) Integrate Treatment for Substance Use Disorders into Health Care, and Expand Support for Recovery; (4) Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration; (5) Disrupt Domestic Drug Trafficking and Production; (6) Strengthen International Partnerships; and (7) Improve Information Systems for Analysis, Assessment, and Local Management. In addition to the 106 action items in the 2010 Strategy, ONDCP combined 2 and added 8 action items in the 2011 Strategy.

¹⁵According to ONDCP, participation in the IWG meetings was open to any interested agency and included representation from the Drug Enforcement Administration and the DHS’s U.S. Customs and Border Protection. ONDCP also stated that all law enforcement agencies had opportunities to provide input on the development of the 2010 Strategy, such as providing comments on the outline and then drafts of the Strategy.

¹⁶*ONDCP’s Fiscal Year 2011 National Drug Control Budget: Are We Still Funding the War on Drugs, Before the Subcommittee on Domestic Policy of the H. Comm. on Oversight and Government Reform*, 111th Cong. 12 (2010) (statement of R. Gil Kerlikowske, Director, Office of the National Drug Control Policy).

¹⁷In the 2012 update to the Strategy, ONDCP highlighted the use of two synthetic drugs, synthetic marijuana (often known as K2 or Spice) and bath salt products. Synthetic marijuana consists of plant materials that have been laced with substances that users claim mimic the primary psychoactive ingredient in marijuana, and bath salts contain man-made chemicals related to amphetamines.

Officials from the four agencies we spoke with as of April 2012 stated that as a result of ONDCP's consultative Strategy development process, existing agency priorities and activities are reflected in the Strategy. For example, Drug Enforcement Administration (DEA) officials stated that DEA included curbing prescription drug abuse as a priority in its drug enforcement efforts, which ONDCP, in turn, highlighted in the Strategy. ONDCP officials stated that such consistent alignments to the Strategy help facilitate its implementation.

ONDCP Has Established New Mechanisms to Track Strategy Implementation and Reported That 84 Percent of Action Items Were on Track or Complete as of November 2011

ONDCP has established a unit and a new process to determine the implementation status of Strategy action items, as well as the Performance Reporting System that according to ONDCP officials, incorporates key performance measures to assess progress toward the objectives and goals of the Strategy. In November 2011, ONDCP reported that 84 percent of action items were on track or complete.

Mechanisms to Track Strategy Implementation and Report Performance

ONDCP established the Delivery Unit and implemented a new process to track progress made on each Strategy action item. ONDCP officials stated that in August 2010, following the issuance of the 2010 Strategy, ONDCP formed the Delivery Unit to help ensure the successful implementation of the action items in the Strategy. The unit reports to the Chief of Staff and consists of two staff members who support the unit as a collateral duty and perform responsibilities such as providing updates on implementation progress to ONDCP managers. Coinciding with the establishment of the Delivery Unit, the Director of ONDCP issued a letter to agency department heads to formally initiate the process for Strategy implementation. The letter requested that agencies develop and submit (1) a plan for implementing each action item for which they have lead responsibility and (2) status updates on implementation progress when requested, which are to address the objectives and milestones in the plan. The Delivery Unit established a template in the Office of Management and Budget's MAX Collect system to assist agencies in developing these submissions and to help ensure that the information provided is consistent across agencies.¹⁸ ONDCP officials stated that they use this information as part of their process to help hold agencies accountable for implementing Strategy action items.

ONDCP's process to track progress made on Strategy action items relies to a great extent on the cooperation and assistance of implementing agencies. Because agency implementation plans are to include measurable objectives for implementing action items and key milestones, lead agencies are responsible for specifying the scope of the action items, such as the types of programs on which to focus, and how they are implemented. For example, the National Institute of Justice, which funds research on criminal justice issues, is the lead agency for the action item to Promote

¹⁸The MAX Information System is used to support the Office of Management and Budget's federal management and budget processes. MAX Collect is a data collection and publishing tool within the system.

Best Practices as Alternatives to Incarceration, and has defined implementation through the objectives and milestones it established, as shown in figure 1.

Figure 1: Strategy Action Item to Promote Best Practices as Alternatives to Incarceration and National Institute of Justice Objective and Milestones to Address It



Source: GAO summary of Strategy action item description and National Institute of Justice implementation documents.

^aAccording to Office of Management and Budget guidance, randomized controlled trials—studies that randomly assign individuals or other units into experimental and control groups—are generally the highest-quality, unbiased evaluations for demonstrating the actual impact of a program.

^bVera Institute of Justice is studying the impact of recent changes to New York State drug laws that allow shorter sentences and alternatives to incarceration for certain felony drug charges. Research will, among other things, (1) compare recidivism outcomes for individuals charged with felony drug crimes before and after the reforms and (2) measure the reforms' impact by conducting a cost-benefit analysis of changes to sentencing. The National Institute of Justice awarded Vera Institute of Justice a grant for \$699,937 to conduct this research.

^cThe National Institute of Justice awarded the Center for Court Innovation a grant for \$389,093 to conduct this research.

ONDCP officials stated that they assigned a staff member with issue-area knowledge to each action item, who, among other things, reviews the agency's plan to ensure that it is sufficient to fulfill the action item and feasible given the resources and time available for implementation.

As part of its process to track progress made on Strategy action items, ONDCP also relies on lead agencies to provide reports on implementation progress—based on their plans—in response to periodic Delivery Unit data calls and to consult with participating agencies in submitting these reports. However, our review of reports submitted as of November 2011 by our selected DOJ agencies—OJP and DEA—for the 11 prevention and treatment action items for which they are responsible found that 2 of the reports for OJP-led action items did not provide any progress updates.¹⁹ While there is no formal mechanism to validate the information agencies provided through the system, Delivery Unit officials stated that ONDCP gains an understanding of the work agencies are doing through interagency working group meetings, agency budget submissions, and ongoing and informal communication

¹⁹As of April 3, 2012, ONDCP had provided all of the implementation status reports for prevention and treatment action items submitted by our selected DOJ agencies, OJP and DEA. We also had spoken with officials in both of these agencies to gain a better understanding of the information included in these reports. Agencies have since updated the information in their MAX Collect reports in response to a data call from ONDCP in April 2012.

with agency contacts. ONDCP officials stated that when an agency report lacks important information, the ONDCP staff person responsible for supporting the action item would, among other things, work with the lead agency to update the information in MAX Collect. Also, 2 of the 11 reports contained certifications that the lead agency consulted with colead and participating agencies and reached consensus on what was submitted, while the remaining 9 did not. According to ONDCP officials, this does not imply that participating agencies object to the plans or reports, but rather that some portions of the content may still be under discussion. They said that this may also be due to the timing of ONDCP's data solicitation in April 2012. Further, OJP and DEA officials stated that they coordinated with participating agencies, but that it can be challenging getting responses from them even if they do not object to the information submitted. These officials said that it would be helpful if each participating agency could certify that it was consulted in MAX Collect. ONDCP officials agreed that this could prove a useful addition.

ONDCP uses the information collected from lead agencies to classify action items into five categories—complete, on track, delayed but progressing, facing budget issues, and at risk.²⁰ Specifically, ONDCP officials stated that the Delivery Unit tentatively categorizes each action item and then forwards the categorization and relevant information to the staff member assigned to the action item to review, revise if necessary, and validate the unit's categorization. These officials said that this process draws heavily upon the expertise of the staff member, as well as the member's working relationships with lead agency contacts. ONDCP completed its first categorization of action items in November 2011 and, according to officials, shared the results with lead agency contacts, which gives agencies credit for progress made and helps to motivate them, if needed, to take steps to address action items that are not on track.

In addition to tracking the implementation status of action items, ONDCP recently established the Performance Reporting System that according to ONDCP officials, will provide strategic-level reporting on the performance of drug control programs across agencies. These officials said that the system has been in development since December 2009 and will be used to begin assessing progress toward the Strategy's goals and objectives later this year. The April 2012 Performance Reporting System report stated that the system will collect data from federal drug control agencies and from other sources in order to report on measurable outcomes that the Strategy seeks to achieve by 2015. In the Strategy, ONDCP established two main policy goals to be attained by 2015: (1) curtail illicit drug consumption in the United States and (2) improve the public health and public safety of the American people by reducing the consequences of drug abuse.²¹ ONDCP also established outcome

²⁰ONDCP provided the following definitions of its categories: (1) *Complete*. The work specifically directed by the Strategy has been fulfilled. It does not imply that the larger goals the item supports have been entirely achieved or that work in progress in support of those goals should be halted. (2) *On track*. Implementation is under way, and the work being done is consistent with the fulfillment of the action item within the time frame specified. (3) *Delayed but progressing*. Work has started but has slowed or stalled, or the work being done is not ambitious enough to fulfill the action item in the time frame specified. (4) *Facing budget issues*. Work has stopped or been significantly impeded by funding shortfalls. (5) *At risk*. Work has never begun or has ceased.

²¹The Strategy must contain a plan for reducing the consequences of illicit drug use, including national health care costs and drug-related crime and criminal activity. See 21 U.S.C. § 1705(a)(2)(A) (vii).

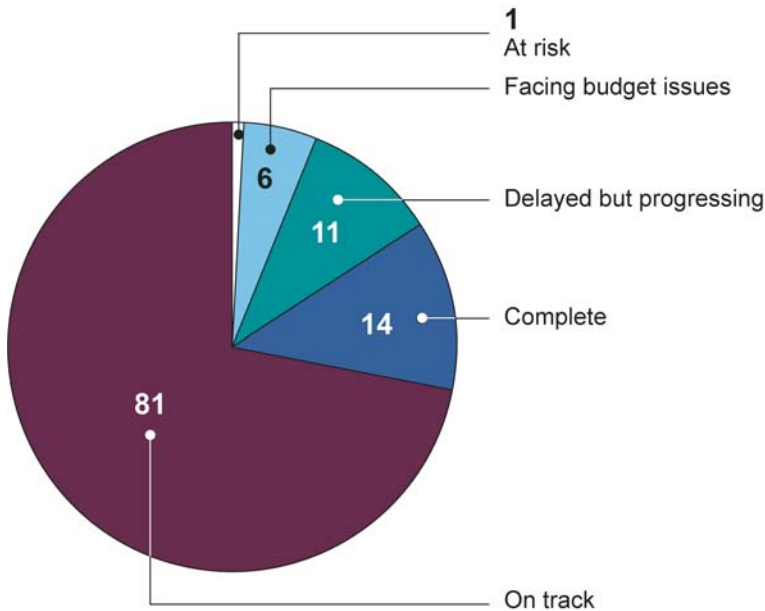
measures to assess the effectiveness of the Strategy in accomplishing these goals, such as 15 percent reductions in the number of chronic drug users, drug-induced deaths, and drug-related morbidity. ONDCP officials stated that the system was developed with input from some federal drug control agencies and incorporates new performance metrics that will be used to assess cross-agency progress toward the goals and seven objectives in the Strategy and provide feedback on how agencies' efforts are contributing to the Strategy. For example, under the Strategy objective to Strengthen Efforts to Prevent Drug Use in Our Communities, ONDCP established a new performance metric to increase the age of initiation for illicit drugs from an average of 17.6 years of age to 19.5 by 2015. According to the Performance Reporting System report, delaying the age of initiation is a sound indicator of the effectiveness of agency prevention initiatives that aim to reduce youth drug use.

ONDCP's Categories Denoting Progress in Implementing Strategy Action Items and Steps Taken to Address Delays

ONDCP reported in November 2011 that 84 percent of the 113 action items in the 2010 Strategy and 2011 update were on track or complete, and stated that it has taken actions to help address those action items that were delayed or not progressing.²² Figure 2 shows the number of action items in each of the ONDCP's five implementation status categories.

²²ONDCP reported on its action item categorizations at an interagency meeting in November 2011 with HHS, DOJ, DHS, and other agencies to discuss progress toward implementing the Strategy.

Figure 2: Number of Action Items in ONDCP's Five Implementation Status Categories, as of November 2011



Source: GAO analysis of ONDCP data on the implementation status of Strategy action items.

Notes: N=113. ONDCP defines the implementation status categories as follows: (1) *Complete*. The work specifically directed by the Strategy has been fulfilled. It does not imply that the larger goals the item supports have been entirely achieved or that work in progress in support of those goals should be halted. (2) *On track*. Implementation is under way, and the work being done is consistent with the fulfillment of the action item within the time frame specified. (3) *Delayed but progressing*. Work has started but has slowed or stalled, or the work being done is not ambitious enough to fulfill the action item in the time frame specified. (4) *Facing budget issues*. Work has stopped or been significantly impeded by funding shortfalls. (5) *At risk*. Work has never begun or has ceased.

An example of an action item that ONDCP has categorized as complete is the ONDCP-led action item to Mobilize Parents to Educate Youth to Reject Drug Use. According to the description of the action item in the 2010 Strategy, the White House Office of Faith-Based and Neighborhood Partnerships is fostering greater engagement of fathers in the lives of their children, including initiatives to help fathers and mothers protect their children from drugs.²³ It also states that SAMHSA continues to provide support for parents using evidence-based interventions. To complete this action item, the Office of Faith-Based and Neighborhood Partnerships, among other things, held regularly scheduled meetings with federal agencies to promote fatherhood-related activities, and ONDCP and HHS updated websites to help ensure that the most recent information on youth drug abuse was available to the parents. In contrast, in November 2011 ONDCP categorized the SAMHSA-led action item to Develop Prevention-Prepared Communities as facing budget issues. The description for this action item states that the new Prevention-Prepared Communities program will focus on youth to implement evidence-based prevention services through multiple venues and address common risk factors for substance abuse, among other things. It states that agencies will coordinate their grants and technical assistance such that communities and the youth in them are continuously surrounded by protective factors rather than protected only in a single setting or at a

²³The Office of Faith-Based and Neighborhood Partnerships works to form partnerships between the federal government and faith-based and neighborhood organizations to more effectively serve Americans in need.

single age. HHS officials stated that the action item was not implemented because of lack of funding to award cooperative grants at the community and state levels. According to ONDCP and SAMHSA officials, SAMHSA's Strategic Prevention Framework, which is implemented through a state incentive grant program, incorporates elements of the Develop Prevention-Prepared Communities action item, such as an emphasis on community-based and data-driven prevention.²⁴

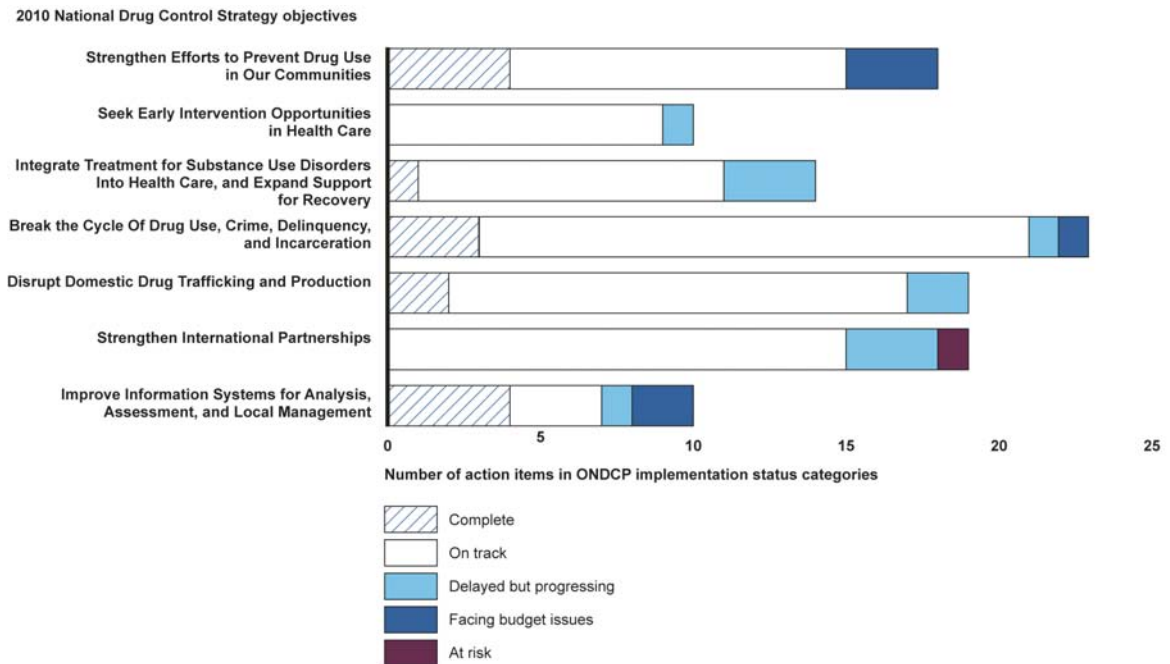
ONDCP also reported on the implementation status of action items within each of the Strategy's seven objectives. (See fig. 3.) As of November 2011, 4 of the 10 action items in ONDCP's Strategy objective to improve information systems were complete, but 2 were facing budget issues. For example, the action item to Strengthen Drug Information Systems Focused on Arrestees and Incarcerated Individuals was among those that were facing budget issues. National Institute of Justice officials stated that the development of a new Arrestee Drug Abuse Monitoring program to collect better information on the extent of drug use among male arrestees was not funded.²⁵ As a result, the National Institute of Justice and the Bureau of Justice Statistics have suspended planning efforts for this action item, such as developing a protocol for producing nationally representative estimates of drug use in the arrestee population. According to ONDCP officials, data on arrestees will still be collected, but efforts to improve the reliability of the data are on hold. ONDCP also reported that the majority of action items under its other six Strategy objectives were complete or on track. However, 3 of the 19 action items under the objective to Strengthen International Partnerships were delayed but progressing, and 1 of the action items—Promote Alternative Livelihoods for Coca and Opium Farmers—was at risk as of November 2011. This ONDCP-led action item calls for the U.S. Agency for International Development to continue supporting programs that provide, among other things, incentives to wean farmers away from illicit crop cultivation.²⁶ The January 2012 report on implementation progress indicated that rural and agricultural development programs have yielded results, such as the creation of new jobs, infrastructure projects, and alternative crop cultivation. ONDCP officials stated that while the implementation of this action item was occurring, it was classified as at risk in November 2011 primarily because of the lack of a central point of contact within the U.S. Agency for International Development who could consolidate the input from its various regional bureaus and report on implementation efforts to ONDCP. These officials said that ONDCP and the U.S. Agency for International Development have since agreed that the solution was to have ONDCP consolidate the information received from the U.S. Agency for International Development's regional bureaus.

²⁴In its report on HHS's fiscal year 2011 appropriation bill, the Senate Committee on Appropriations did not recommend funding for the Develop Prevention-Prepared Communities initiative because it believed the proposal would be redundant given the work of SAMHSA's Partnerships for Success program, which includes implementation of the Strategic Prevention Framework. S. Rep. No. 111-243, at 138 (2010) (the bill under consideration did not become law).

²⁵According to ONDCP's 2010 Arrestee Drug Abuse Monitoring II annual report, data from this program are essential to any comprehensive discussion of drug use because they represent a group of drug users not well represented in any other survey—males 18 years and older at the point of their involvement in the criminal justice system. The report shows that these drug users consume drugs at a substantially higher frequency than individuals traditionally surveyed.

²⁶The U.S. Agency for International Development provides economic, development, and humanitarian assistance around the world in support of the foreign policy goals of the United States.

Figure 3: Number of Action Items in ONDCP Implementation Status Categories by Strategy Objective, as of November 2011



Source: GAO analysis of ONDCP data on the implementation status of Strategy action items.

Note: ONDCP defines the implementation status categories as follows: (1) *Complete*. The work specifically directed by the Strategy has been fulfilled. It does not imply that the larger goals the item supports have been entirely achieved or that work in progress in support of those goals should be halted. (2) *On track*. Implementation is under way, and the work being done is consistent with the fulfillment of the action item within the time frame specified. (3) *Delayed but progressing*. Work has started but has slowed or stalled, or the work being done is not ambitious enough to fulfill the action item in the time frame specified. (4) *Facing budget issues*. Work has stopped or been significantly impeded by funding shortfalls. (5) *At risk*. Work has never begun or has ceased.

According to ONDCP officials, causes of delays or lack of progress in implementing action items include lack of coordination among participating agencies, termination of programs, reorganization of staff, departure of key personnel, and the need for sufficient funding. These officials stated that the actions they have taken to address these issues include coordinating at the interagency level by, for example, bringing together action item partners; helping to establish contacts within other agencies; and highlighting issues in ONDCP’s annual budget funding guidance that it provides to drug control agencies, which is intended to delineate Strategy priorities that agencies are expected to fund. They stated that ONDCP must rely on agencies to include its priorities in their budget submissions to ensure that the Strategy is adequately resourced. Each fiscal year, ONDCP assesses the adequacy of agency budget submissions to implement the Strategy and certifies or decertifies the submissions accordingly.²⁷

²⁷We reported on the Drug Control Budget process in [GAO-11-261R](#). If ONDCP determines that an agency’s fall budget submission is adequate to implement the Strategy, ONDCP issues a written notice stating that the agency’s drug budget is certified. If ONDCP determines that an agency’s fall budget submission is inadequate, ONDCP issues a written notice stating that the agency’s drug budget is decertified, and the agency is required to submit a revised budget, which is to include the funding levels and specific initiatives that would make the budget request adequate to implement the Strategy. ONDCP provides a copy of the decertification to the Senate and the House of Representatives and the appropriate congressional committees.

ONDCP officials stated that the data on which their review of action items was based were collected in October 2011, and it is highly probable that there has been some movement among the categories since then. These officials told us that they plan to update their categorizations biannually, with the next review planned for mid-2012. To assess the extent to which the Strategy has been implemented, we will continue to analyze ONDCP and agency reports on implementation progress, including ONDCP's biannual update to its 2011 review of action items, and validate the results of this review. We will also continue to interview agency officials about actions taken to implement and coordinate Strategy action items and assess the effect of efforts to address implementation delays or lack of progress. In addition, our ongoing work will assess how ONDCP uses the Performance Reporting System and associated metrics to assess progress toward Strategy goals and objectives relating to prevention and treatment, what the metrics indicate about progress made, and agency perspectives on the system.

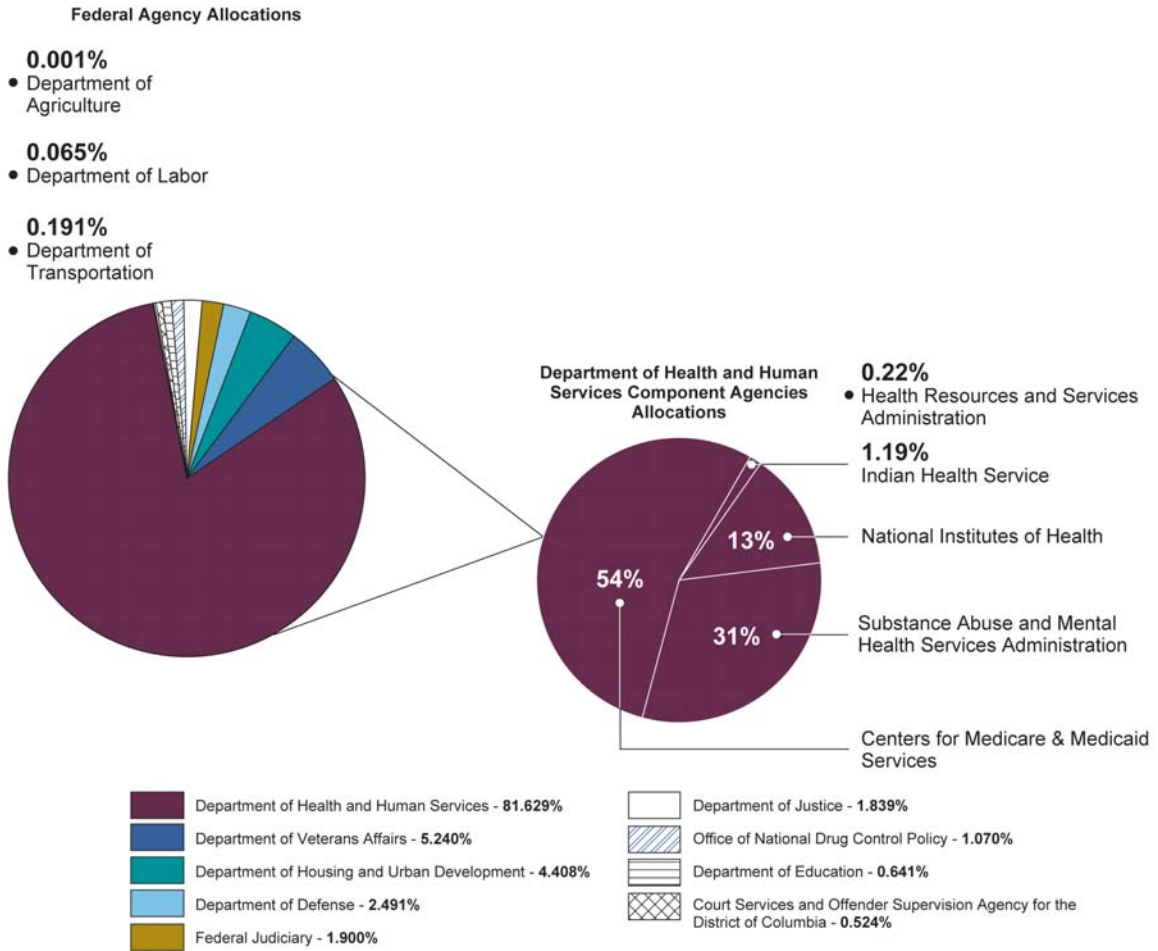
HHS, DOJ, and Education Fund Multiple Drug Abuse Prevention and Treatment Programs and Coordinate through a Variety of Methods

Three agencies in the Drug Control Budget allocated nearly 85 percent of the funding to federal drug abuse prevention and treatment programs included in the Drug Control Budget in fiscal year 2012. Officials from HHS, DOJ, and Education agencies reported that they coordinate to provide drug abuse prevention and treatment programs through a variety of methods.

Three Agencies in the Drug Control Budget Allocated Nearly 85 Percent of Funding to Several Types of Prevention and Treatment Programs in Fiscal Year 2012

HHS, DOJ, and Education allocated nearly 85 percent of the funding for federal drug abuse prevention and treatment programs in the Drug Control Budget in fiscal year 2012. Of the approximately \$10.1 billion allocated by federal agencies for drug abuse prevention and treatment programs in fiscal year 2012, HHS allocated approximately \$8.3 billion and DOJ allocated approximately \$186.1 million for prevention and treatment programs, while Education allocated almost \$64.9 million for prevention programs. Specifically, HHS allocated more than 80 percent of funding for the drug abuse prevention and treatment programs included in the Drug Control Budget. Of the HHS allocation, the Centers for Medicare & Medicaid Services allocated about 54 percent of the total funding in support of its drug abuse treatment services through the Medicare and Medicaid programs. (See fig. 4.) For additional information on drug abuse prevention and treatment funding allocated by agencies included in the Drug Control Budget in fiscal year 2012, see enclosure II.

Figure 4: Percentages of Drug Abuse Prevention and Treatment Funding Allocated by Agencies Included in the Drug Control Budget in Fiscal Year 2012, by Agency



Source: GAO analysis of fiscal year 2012 allocated funding reported in the fiscal year 2013 Drug Control Budget.

Note: Values may not add to 100 percent because of rounding.

HHS, DOJ, and Education allocated funding to various types of drug abuse prevention and treatment programs, such as those that provide grants, education and outreach, and direct service, among other things.²⁸ Table 1 identifies the number of drug abuse prevention and treatment programs that were allocated funding by each of these three agencies, by type of program.

²⁸The allocation of an amount to a specific program does not indicate that funds in that amount were actually spent on the program.

Table 1: Number of Drug Abuse Prevention and Treatment Programs Allocated Funding by the Departments of Health and Human Services, Justice, and Education That Are Included in the Drug Control Budget, by Type of Program, for Fiscal Year 2012

Agency ^a	Types of programs				Total
	Grant	Education and outreach	Direct service	Other ^b	
Department of Health and Human Services ^c	20 ^d	8	0	9	37
Department of Justice	5	1	4	-	10
Department of Education ^e	1	-	-	-	1
Total	26	9	4	9	48

Source: GAO analysis of information from the Departments of Health and Human Services, Justice, and Education.

Notes: For the purpose of our review, we define drug abuse prevention as activities focused on discouraging the first-time use of controlled substances and efforts to encourage those who have begun to use illicit drugs to cease their use. We define drug abuse treatment to include activities focused on assisting regular users of controlled substances to become drug free through such means as counseling services, inpatient and outpatient care, and demonstration and provision of effective treatment methods.

^aWe define agencies as federal departments and their component agencies, bureaus, divisions, and offices.

^bOther programs that include drug abuse prevention and treatment activities may involve, for example, certifying and maintaining quality assurance of laboratories that perform mandatory drug testing for federal and federally regulated employees.

^cWe did not include the Centers for Medicare & Medicaid Services in our more detailed review of programs because it allocates funding to drug treatment services solely as part of eligible participants' medical services and does not fund or administer drug abuse prevention or treatment interventions or research. We include the National Institutes of Health's (NIH) drug abuse prevention and treatment research and development activities that are included in the Drug Control Budget in our analysis; however, NIH officials told us that the agency does not refer to its research and development activities as programs.

^dNIH officials told us that four of its activities provide research funding through contracts and cooperative agreements, in addition to grants.

^eThe Department of Education is generally prohibited from using funds available under the Safe and Drug-Free Schools and Communities Act for drug treatment. See 20 U.S.C. § 7164.

We found that in fiscal year 2012, HHS, DOJ, and Education primarily allocated funding to grant programs through which they award funding to states, communities, tribes, and other organizations. These grantees then use the federal funds to implement program activities involving drug abuse prevention, drug abuse treatment, or both. For example:

- SAMHSA makes grant awards to 50 states, nine territories (including the District of Columbia), and one Indian tribe through the Substance Abuse Prevention and Treatment Block Grant Program for grantees to plan, carry out, and evaluate drug abuse prevention, early intervention, treatment, and recovery support services provided for individuals, families, and communities affected by substance use disorders. Not less than 20 percent of funds awarded under this program must be spent by SAMHSA's grantees for drug abuse education, counseling, and risk reduction activities.²⁹
- The Indian Health Service's (IHS) Urban Indian Health Program Title V 4-in-1 Grants program provides funding to urban Indian nonprofit organizations to serve urban American Indians and Alaska Natives affected by drug abuse through prevention and treatment programs.

²⁹See 42 U.S.C. § 300x-22(a).

- OJP provides grant funding under the Second Chance Act Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders program.³⁰ Under this program, funding is available to grantees to implement or expand treatment programs for offenders with co-occurring substance abuse and mental health disorders that improve the provision of treatment for these individuals.

Grant programs may also fund technical assistance and training activities for grantees. For example, Education awards grants for financial and technical assistance under its Safe and Supportive Schools program to state education authorities to support statewide measurement of, and targeted programmatic interventions to improve, conditions for learning in order to help schools improve student safety and reduce drug use. Grant programs may also fund drug abuse prevention and treatment research activities, such as the National Institutes of Health's (NIH) grants for basic and clinical neuroscience research, which are intended to expand the agency's understanding of the neurobiological, genetic, and behavioral factors that underlie drug abuse and addiction.

HHS and DOJ also allocate funding to public education and outreach programs that are implemented directly by the agencies, which may distribute information to the public on specific types of drug use or disorders, or provide technical assistance and training. For example, SAMHSA's Center for the Application of Prevention Technologies provides technical assistance and training activities, among other activities, to build the ability of SAMHSA's grantees to implement prevention interventions. DOJ also allocates funding to direct service programs—programs in which an agency directly administers drug abuse prevention and treatment interventions to a defined population. For example, the Bureau of Prisons (BOP) provides drug abuse prevention and treatment services to the federal inmate population.

Finally, HHS also allocates funding to several other programs that include drug abuse prevention and treatment activities. For example, SAMHSA allocates funding to the Mandatory Drug Testing program to certify and maintain quality assurance of laboratories that perform mandatory drug testing for federal and federally regulated employees.

We also found that HHS and Education allocate funding to programs or program components that include drug abuse prevention and treatment activities that are not included in these agencies' submissions to the Drug Control Budget. Specifically, these programs include the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS program and Health Center Program and Education's 21st Century Community Learning Centers program. Officials from HRSA told us that the Ryan White HIV/AIDS program is not included in the Drug Control Budget because the program does not directly award funding for drug abuse treatment, although drug abuse treatment may be one of the many services that eligible participants receive.

³⁰This program is authorized under the Second Chance Act of 2007, which authorizes grants to states, units of local government, territories, and Indian tribes to, among other things, improve the provision of drug treatment to adult offenders in prisons and jails and reduce the use of drugs by long-term substance abusers through the completion of parole or court supervision of long-term substance abusers. See Pub. L. No. 110-199, § 201(a), 122 Stat. 657, 678 (codified at 42 U.S.C. § 17521(a)).

HRSA officials also said that the agency does not identify the amount of funds spent on specific services until grantees report on how they expended grant funds.³¹

HRSA officials also identified a program in which its drug abuse prevention activities are not included in the Drug Control Budget, but its drug abuse treatment activities are included. Specifically, these officials said that funding for the HRSA Health Center Program's drug abuse treatment services is included in the Drug Control Budget because HRSA can determine the specific amount of funding that health center grantees spend on these services. However, HRSA officials said it is difficult to quantify the amount of funding used for prevention counseling services because they are provided as part of a clinician's standard medical services and not as a separate service identifiable by a grantee. As a result, the program's drug abuse prevention services are not included in the Drug Control Budget. Additionally, Education's 21st Century Community Learning Centers program is not included in the Drug Control Budget because officials told us that drug abuse prevention is only one of a large number of authorized uses for these funds. Officials also said that the agency does not have a viable, cost-effective methodology for compiling the data that would be used to estimate the amount of funds spent on drug abuse prevention in this program.

ONDCP officials told us that they annually review programs and agencies that are not included in the budget to determine if it would be appropriate to include these programs in the next year's budget. For example, the Centers for Medicare & Medicaid Services was added to the fiscal year 2012 Drug Control Budget as part of ONDCP's efforts to restructure the budget and the agencies it includes. An ONDCP official told us that the agency does not estimate the amount of federal drug control funding that is not included in the Drug Control Budget. However, the official said that the agency is confident that the Drug Control Budget includes all federal drug control funding for programs that are related to drug control and for which agencies have an appropriate methodology to determine funding for inclusion in the Drug Control Budget. For a list of drug abuse prevention and treatment programs funded by HHS, DOJ, and Education that are either included or not included in the Drug Control Budget and details about these programs, see enclosure III.

HHS, DOJ, and Education Officials Reported That They Coordinate to Provide Drug Abuse Prevention and Treatment Programs through a Variety of Methods

Officials from HHS, DOJ, and Education agencies told us they coordinate with each other and other federal agencies to deliver and fund drug abuse prevention and treatment programs through a variety of methods, including jointly administering programs, participating in working groups, and working together on an ad hoc basis—such as by building relationships with other agencies that support drug abuse prevention and treatment programs.³² Officials from HHS, DOJ, and Education

³¹HRSA officials also said that grantees assess service needs in their communities and, as a result, may allocate funding for substance abuse treatment based on the needs assessment. Grantees are required to report expenditures of program funding by type of service annually.

³²We did not examine coordination activities for all programs or federal agencies, nor did we review all coordination efforts by ONDCP. We will examine coordination activities more fully as part of our ongoing work.

agencies said that each agency coordinates with other federal agencies through the joint administration of programs. For example, SAMHSA provides all grant administration and management of services for the Drug Free Communities Program, which Congress authorizes and appropriates within the ONDCP budget, according to an interagency agreement guiding the relationship. ONDCP officials said that the agency has partnered with SAMHSA through an interagency agreement since 2005. Officials from OJP said that they issue a joint grant solicitation with SAMHSA—the Joint Adult Drug Court Solicitation—in which OJP provides primary funding for drug court management and operations, while SAMHSA officials reported that their agency provides funding for enhancement and expansion of substance abuse treatment services. Additionally, officials from Education said they jointly administer and fund the Safe Schools/Healthy Students Initiative with HHS. DOJ is also a partner in this initiative, and collaboration among the three agencies is guided by an agreement that is signed annually by Education, HHS, and DOJ. According to the agreement, the initiative is led, managed, and supported by the three agencies to support school and community partnerships with integrated systems that prevent drug abuse and violence. Other initiative activities include promoting the mental health of students, enhancing academic achievement, and creating safe and respectful school climates.

Officials from HHS, DOJ, and Education agencies told us that another way in which they coordinate their drug abuse prevention and treatment program efforts is through interagency working groups. HHS, DOJ, and Education agency officials told us that they participate in ONDCP’s IWG to collaborate on the development of the Strategy. HHS agency officials also told us they participate in sub-working groups within the IWG that meet to discuss specific drug abuse prevention and treatment topic areas. According to SAMHSA officials, participating in the IWG and its sub-working groups facilitates coordination between multiple federal agencies working on similar issues related to drug abuse prevention and treatment.

HHS, DOJ, and Education officials also told us they participate in a variety of other federal agency working groups that also address drug abuse prevention and treatment activities. For example, officials from Education said that they participate in the Interagency Coordinating Committee on the Prevention of Underage Drinking, which is chaired by the Administrator of SAMHSA. The committee was formally established pursuant to the Sober Truth on Preventing Underage Drinking Act and focuses on guiding policy and program development across the federal government with respect to underage drinking.³³ Education officials said that this group serves as a mechanism for coordinating federal efforts around the issue of underage drinking, and the group meets at least once a month to discuss activities across the federal government on the issue and how to better coordinate their efforts. In addition, officials from OJP and SAMHSA said that OJP initially convened an interagency working group—the Federal Consortium to Address the Substance Abusing Offender—which works to develop information for state and local officials to assist with effective drug abuse treatment protocols, communication and reporting strategies, data collection, and research on substance abusing offenders. SAMHSA now chairs this consortium, which includes representatives from agencies involved

³³Pub. L. No. 109-422, § 2, 120 Stat. 2890 (2006) (codified at 42 U.S.C. § 290bb-25b(c)).

in addressing issues related to drug abuse and crime, including several component agencies from HHS and the National Highway Traffic Safety Administration.

Finally, HHS, DOJ, and Education agency officials said they coordinate on an ad hoc basis with officials from other federal agencies to support drug abuse prevention and treatment activities. For example, NIH officials told us they meet regularly with officials from other federal agencies to share information on drug abuse prevention and treatment research, such as by participating in conferences held by ONDCP. Education officials told us that they worked with NIH's National Institute on Drug Abuse to promote National Drug Facts Week by publicizing the event to schools and school-based organizations. DOJ officials from BOP and OJP also said that they work with officials from the Department of Veterans Affairs to better understand how to serve veterans involved in the justice system who have drug abuse problems.

Some HHS, DOJ, and Education Grant Programs Require or Give Preference to Grantees That Demonstrate Effective Interventions

Some HHS, DOJ, and Education grant programs either require grantees to demonstrate the effectiveness of the interventions they plan to use in drug abuse prevention and treatment programs or give preference to grant applicants that include interventions for which there is evidence of effectiveness in their grant applications. Program effectiveness involves the application of an evaluation method to determine whether a program is meeting its goals. HHS's SAMHSA officials said that as a condition of funding, the agency requires, as part of its grant application process, that most grantees show that they will use evidence-based interventions in their programs. These officials said grantees can meet this requirement by documenting that their interventions have been reviewed in the agency's National Registry of Evidence-Based Programs and Practices (NREPP) or in other sources that determine effectiveness of interventions. Registries supported by HHS, DOJ, and Education include interventions related to drug abuse prevention and treatment (among other topics) that are determined to be effective through research or evaluation by agency officials or their selected reviewers.³⁴ NREPP, established by SAMHSA in 1997, reviews interventions to identify those that prevent or treat drug abuse, mental illness, or co-occurring disorders and promote mental health among individuals, communities, or populations. NREPP maintains a searchable online registry, which currently includes more than 230 drug abuse prevention and treatment and mental health promotion interventions that have been reviewed and rated by independent reviewers on their quality of research and readiness for dissemination to the public.³⁵

³⁴These registries are intended to provide the public, including grantees and policymakers, with a centralized repository of scientifically based information on interventions. The registries target different population groups and types of interventions and have varying requirements that interventions must meet in order to be included.

³⁵According to NREPP, the registry does not include an exhaustive list of interventions, and inclusion in the registry does not constitute an endorsement. Those who have developed an intervention may nominate their interventions for review and inclusion in NREPP. See <http://www.nrepp.samhsa.gov>.

Education officials also said that for the department's Safe Schools/Healthy Students grant program, applicants are required to include detailed information in their applications that demonstrates that their proposed interventions are effective. Applicants may use any registry of evidence-based practices and programs, including NREPP or Education's What Works Clearinghouse (WWC), according to Education officials. The agency's Institute of Education Sciences developed the WWC online registry in 2002. It includes education interventions that have been reviewed and assessed for their evidence of effectiveness, including those that have drug abuse prevention as an outcome.³⁶ This registry does not have a primary focus on drug abuse prevention interventions, and Education officials said that interventions in the WWC that focused solely on drug abuse prevention had not been updated since 2006, though they are still available in the WWC. According to Education officials, there are no plans to update the information on drug abuse in the WWC, as this is not one of Education's priority areas.

DOJ officials told us that during the grant application process for some programs, they give preference to applicants that adopt interventions for their programs that include features that have been determined to be effective. DOJ gives Drug Court Program grant applicants greater consideration during review of grant applications when they demonstrate that a program's design is consistent with seven evidence-based program design features, which OJP considers to be indicators of an effective program. For example, evidence-based program design features include screening and assessment as well as monitoring activities. More specifically, the screening and assessment feature requires that applicants demonstrate an ability to screen promptly and systematically for all offenders potentially eligible for the drug court, identify the agency that will conduct this screening, and detail the procedures that will be used for screening. Monitoring involves the inclusion of a comprehensive plan to monitor drug court participants using random drug testing and community supervision, disseminate results efficiently to the drug court team, and immediately respond to noncompliance according to established program requirements.

DOJ supports two registries that include interventions related to drug abuse prevention and treatment, which can be used as a resource for effective programs by grant applicants. OJP's CrimeSolutions.gov is an online registry established in 2011 that provides information on effective criminal justice programs, including interventions related to drug abuse, and had about 190 programs reviewed as of May 2012.³⁷ These interventions include drug abuse prevention and education interventions, as well as drug abuse treatment, along with interventions related to drug and alcohol crimes and offenses. A second registry—the Model Programs Guide established in 2000 by the Office of Juvenile Justice and Delinquency Prevention—is a database that identifies effective programs to prevent and reduce juvenile delinquency and related risk factors, such as drug abuse.³⁸

³⁶See <http://ies.ed.gov/ncee/wwc>.

³⁷OJP identifies programs for review and inclusion in CrimeSolutions.gov through literature searches of relevant databases, journals, and publications or nominations from experts, practitioners, or others. The registry rates programs as effective, promising, or having no effects. See <http://www.crimesolutions.gov>. CrimeSolutions.gov is not an exhaustive list of all justice-related programs, and a program's inclusion on the site does not constitute an endorsement by DOJ, according to information on the website.

³⁸See <http://www.ojjdp.gov/mpg/>.

While agencies make efforts to ensure that grantees implement interventions that have proven to be effective, we found that HHS, DOJ, and Education agency officials and the other experts we spoke with reported various challenges in identifying interventions that are proven effective, including (1) availability of data needed to assess effectiveness, (2) ability to determine the impact of prevention interventions, and (3) applicability of interventions to different population groups. Agency officials and experts told us that local-level data for assessing the effectiveness of interventions often are limited. For example, local data are often not available because of the high cost and intensive resources necessary for collection. If they are available, there are often gaps in the data—for example, data that are collected only every other year. Further, limited population-level information exists for smaller populations that may bear a disproportionate burden of drug abuse-related morbidity and mortality (i.e., American Indian and Alaska Native populations). In addition, officials said that determining the impact of a prevention intervention can be a challenge because it is often difficult to quantify something that did not happen—such as a youth’s decision not to use illicit drugs—because of a preventive measure.

Finally, effective interventions may not be applicable to all population groups. For example, officials from HHS’s IHS reported that not all interventions that have demonstrated effectiveness in the general population take into consideration the cultural practices or needs of specific population groups. As a result, they may not be effective for populations—such as the American Indian and Alaska Native populations—that were not included in the original intervention. IHS officials stated that only two programs included in NREPP are specific to the populations that they serve.³⁹ Moreover, IHS officials said that since so few evidence-based practices have been shown to be effective in the American Indian and Alaska Native population, and these practices may be cost prohibitive for small programs, community-based and culturally relevant practices are generally preferred. As part of our ongoing review, we plan to conduct additional work on agencies’ efforts to assess program effectiveness, and to continue our work examining how these federal agencies evaluate their drug abuse prevention and treatment programs. For example, during our preliminary work we learned that SAMHSA was finalizing draft guidance on program evaluations across the agency that will provide information on what types of evaluations should be conducted as well as when and how they should be conducted.

Agency Comments

We provided a draft of this report for comment to HHS, DOJ, Education, DHS, and ONDCP. ONDCP provided written comments, which are reprinted in enclosure IV. ONDCP generally concurred with the findings contained in the report, noting that as we reported, 84 percent of action items in its Strategy were on track or complete as of November 2011. Further, ONDCP said it is committed to expanding the number of programs impacting prevention and treatment that are included in the Drug Control Budget. For example, ONDCP recently added four programs to the Drug Control

³⁹IHS officials told us that the agency has created an inventory of evidence-based practices, promising practices, local efforts, resources, and policies for health services occurring in American Indian and Alaska Native communities, schools, work sites, health centers, and hospitals. See <http://www.ihs.gov/oscar/>.

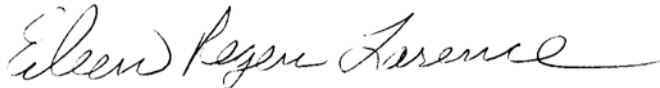
Budget for fiscal year 2013. HHS, DOJ, Education, and DHS did not provide formal written comments to be included in this report. Instead, these agencies—and ONDCP—provided technical comments that we incorporated as appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees; the Secretaries of Health and Human Services, Education, and Homeland Security; the Attorney General and the Director of the Office of National Drug Control Policy. In addition, this report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact Linda T. Kohn at (202) 512-7114 or kohnl@gao.gov or Eileen R. Larence at (202) 512-8777 or larencee@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Key contributors to this report are listed in enclosure V.



Linda T. Kohn
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Enclosures – 5

Scope and Methodology

To provide an initial review of the extent to which the 2010 National Drug Control Strategy (Strategy) has been implemented, we analyzed the 2010 Strategy and 2011 update, Office of National Drug Control Policy (ONDCP) documents on implementation progress, and implementation plans and reports from selected federal drug control agencies that we received as of April 3, 2012. We also interviewed officials from ONDCP and selected agencies to obtain information on how ONDCP worked with agencies to develop the Strategy and assess implementation progress, as well as the status of Strategy implementation. Based on such factors as the number of Strategy action items for which agencies are responsible, the size of drug control budgets, and a balance of drug prevention, treatment, and law enforcement missions, we selected the following seven agencies to focus on in our review:

- within the Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health (NIH), and Centers for Disease Control and Prevention;
- within the Department of Justice (DOJ), the Office of Justice Programs (OJP) and Drug Enforcement Administration (DEA);
- within the Department of Homeland Security (DHS), U.S. Customs and Border Protection; and
- the Department of Education (Education).

As of April 2012, we interviewed officials from the following four agencies: HHS, DHS, OJP, and DEA. Within OJP, we interviewed officials from the Office of Juvenile Justice and Delinquency Prevention, Bureau of Justice Assistance, Bureau of Justice Statistics, and National Institute of Justice. We are providing results of our initial review of the implementation of the Strategy, including how ONDCP worked with stakeholders to develop the Strategy and mechanisms ONDCP established to monitor implementation progress. As part of our ongoing review, we plan to conduct additional work on the extent to which the 2010 Strategy has been implemented and coordinated across agencies and how ONDCP assesses the effectiveness of the Strategy in preventing and reducing drug use.

To identify which federal agencies fund drug abuse prevention and treatment programs, we reviewed the fiscal year 2012 Drug Control Budget. In addition, to identify the amount of funding agencies allocated to these programs from available appropriations in fiscal year 2012, we reviewed the fiscal year 2013 Drug Control

Enclosure I

Budget because it included additional information about allocated funding for fiscal year 2012.¹ We also interviewed ONDCP officials to confirm their process for developing the Drug Control Budget and criteria for including programs in the budget. Additionally, we reviewed the drug abuse prevention and treatment programs of three national drug control agencies—HHS, DOJ, and Education—in more detail. We selected these agencies because they have some of the largest drug control budgets for drug abuse prevention and treatment activities, according to the fiscal year 2012 Drug Control Budget.² To obtain more detail about these agencies' programs, we identified component agencies within HHS, DOJ, and Education that fund drug abuse prevention and treatment programs included in the Drug Control Budget, collected program-specific information from these component agencies using a standard collection instrument, and interviewed agency officials responsible for these programs. The agencies we reviewed included.

- within HHS, the Health Resources and Services Administration, Indian Health Service, NIH,³ and SAMHSA;⁴
- within DOJ, the Bureau of Prisons, DEA, and OJP (including officials from OJP's Bureau of Justice Assistance and Office of Juvenile Justice and Delinquency Prevention); and
- within Education, the Office of Elementary and Secondary Education.

We also determined whether the agencies that we reviewed administered programs that included drug abuse prevention and treatment activities that do not meet ONDCP's standards for having an acceptable budget estimation methodology and therefore were not represented in the Drug Control Budget. We spoke with these officials to identify any limitations and resolve any discrepancies between the agencies' reported drug abuse prevention and treatment information and data and the fiscal year 2012 Drug Control Budget. We determined that the Drug Control Budget data are reliable for our purposes. Finally, to identify coordination efforts

¹ONDCP refers to these funds as enacted funding in the Drug Control Budget, while in this report we use the term allocated funding. At the beginning of a fiscal year, agencies may allocate certain amounts from available appropriations for specific programs. However, to the extent that an appropriation has not identified a particular amount for a specific program, an agency may reallocate unobligated funds from that program to another during the course of a fiscal year. To the extent other statutory authority results in mandatory funding for programs that may include drug abuse prevention and treatment, such as Medicare and Medicaid, we also include these as allocated funds.

²Education is generally prohibited from using funds available under the Safe and Drug-Free Schools and Communities Act for drug treatment. See 20 U.S.C. § 7164.

³In contrast to federal agencies that implement drug prevention and treatment programs, NIH supports the conduct of research to develop and test prevention and treatment interventions. The goal of this research is to establish an evidence base of effective interventions that can be implemented on a broader scale by other agencies.

⁴We included the Centers for Medicare & Medicaid Services in our review of HHS agencies' allocations for drug abuse prevention and treatment programs. However, we did not include the Centers for Medicare & Medicaid Services in our more detailed review of programs because it allocates funding to drug treatment services solely as part of eligible participants' medical services and does not fund or administer drug abuse prevention or treatment interventions or research.

Enclosure I

between agencies funding drug abuse prevention and treatment programs, we interviewed officials from HHS, DOJ, and Education agencies who oversee these programs and reviewed policies and related documents to identify these agencies' coordination efforts.

To provide an initial review of the extent to which federal agencies assess the effectiveness of their drug abuse prevention and treatment programs, we interviewed officials from our selected national drug control agencies as well as experts in the field of drug abuse prevention and treatment. These experts included staff from the Community Anti-Drug Coalitions of America, National Academies of Science, National Association of State Alcohol/Drug Abuse Directors, RAND Drug Policy Research Center, RAND Promising Practices Network, and University of Colorado Blueprints for Violence Prevention, and a university-based prevention expert.⁵ We are providing initial results from our ongoing review of agencies' efforts to assess their programs' effectiveness. As part of our ongoing review, we plan to conduct additional work on HHS's, DOJ's, and Education's efforts to assess program effectiveness, and to continue work examining how these agencies evaluate their drug abuse prevention and treatment programs.

We conducted this performance audit from January 2012 through July 2012 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁵We identified subject matter experts from our review of relevant literature and during interviews with identified experts.

Funding Allocated by Federal Agencies in the Drug Control Budget for Drug Abuse Prevention and Treatment Programs, Fiscal Year 2012

In fiscal year 2012, federal agencies included in the Drug Control Budget allocated approximately \$10.1 billion in funding to support or provide drug abuse prevention and treatment services. Approximately 14 percent of these funds, or almost \$1.4 billion, was allocated for drug abuse prevention services and over 86 percent of these funds, or over \$8.7 billion, for drug abuse treatment services.¹ Of the funding allocated for drug abuse prevention and treatment services, the Department of Health and Human Services allocated approximately \$8.3 billion and the Department of Justice allocated approximately \$186.1 million for prevention and treatment programs, while the Department of Education allocated almost \$64.9 million. (See table 2.)

¹Funding allocated for federal drug abuse prevention and treatment programs makes up approximately 40 percent of the funding allocated by agencies included in the Drug Control Budget in fiscal year 2012. This amount of allocated funding is approximately consistent with fiscal year 2011 levels. The other activities included in the remaining approximately 60 percent of the budget include domestic law enforcement, interdiction, and international drug control activities—also known as supply reduction activities.

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Table 2: Funding Allocated by Federal Agencies in the Drug Control Budget for Drug Abuse Prevention and Treatment Programs, Fiscal Year 2012

U.S. dollars in millions			
Department or independent agency	Allocated funding, prevention programs	Allocated funding, treatment programs	Total
Department of Agriculture ^a	\$0.1	-	\$0.1
Court Services and Offender Supervision Agency for the District of Columbia	18.8	\$34.2	\$53.1
Department of Defense	155.6	96.5	\$252.1
Drug Interdiction and Counterdrug Activities	155.6	-	\$155.6
Defense Health Program	-	96.5	\$96.5
Department of Education ^b	64.9	-	\$64.9
Federal Judiciary	-	192.2	\$192.2
Department of Health and Human Services	1,017.3	7,241.3	\$8,258.6
Centers for Medicare & Medicaid Services	-	4,467.4	\$4,467.4
Health Resources and Services Administration	-	18.1	\$18.1
Indian Health Service	18.7	79.4	\$98.1
National Institutes of Health	437.5	671.6	\$1,109.2
Substance Abuse and Mental Health Services Administration	561.0	2,004.8	\$2,565.8
Department of Housing and Urban Development	-	446.0	\$446.0
Department of Justice	7.1	179.0	\$186.1
Bureau of Prisons	-	93.5	\$93.5
Drug Enforcement Administration	2.1	-	\$2.1
Office of Justice Programs	5.0	85.5	\$90.5
Department of Labor	6.6	-	\$6.6
Office of National Drug Control Policy	98.6	9.6	\$108.2
Department of Transportation	19.3	-	\$19.3
Federal Aviation Administration	16.6	-	\$16.6
National Highway Traffic Safety Administration	2.7	-	\$2.7
Department of Veterans Affairs ^c	-	530.2	\$530.2
Total^d	\$1,388.3	\$8,729.0	\$10,117.3

Source: GAO analysis of fiscal year 2012 allocated funding reported in the fiscal year 2013 Drug Control Budget.

Notes: We used the fiscal year 2013 Drug Control Budget because it included additional information about the allocation of funding for fiscal year 2012. Although the Office of National Drug Control Policy refers to enacted funding in its Drug Control Budget, we use the term allocated funding. For the purpose of our review, we define drug abuse prevention as activities focused on discouraging the first-time use of controlled substances and efforts to encourage those who have begun to use illicit drugs to cease their use. We define drug abuse treatment to include activities focused on assisting regular users of controlled substances to become drug free through such means as counseling services, inpatient and outpatient care, and demonstration and provision of effective treatment methods.

^aThe Department of Agriculture allocates funding to drug abuse prevention programs through the U.S. Forest Service.

^bThe Department of Education is generally prohibited from using funds available under the Safe and Drug-Free Schools and Communities Act for drug treatment. See 20 U.S.C. § 7164.

^cThe Department of Veterans Affairs allocates funding to drug abuse treatment programs through the Veterans Health Administration.

^dThe total amount in each column represents the sum of department and independent agency activities. Columns may not add to corresponding totals because of rounding.

Overview of Drug Abuse Prevention and Treatment Programs Allocated Funding by Three Agencies, Fiscal Year 2012

The Department of Health and Human Services, Department of Justice, and Department of Education reported that the agencies allocated funding to a variety of drug abuse prevention and treatment programs in fiscal year 2012, including grants, education and outreach, and direct service programs. Tables 3 through 6 provide an overview of these programs.

Table 3: Department of Health and Human Services Drug Abuse Prevention and Treatment Programs Allocated Funding, Fiscal Year 2012

Program	Program activities	Program type	Targeted beneficiaries	Program description
Health Resources and Services Administration				
Health Center Program ^a	Prevention and treatment	Grant	Medically underserved areas and populations	Delivers comprehensive primary health care, including drug abuse prevention and treatment, to vulnerable populations. Grantees include public and nonprofit private entities, including tribal, faith-based, and community-based organizations.
Ryan White HIV/AIDS Program ^b	Treatment	Grant	Persons living with HIV/AIDS	Addresses the unmet care and treatment needs of persons living with HIV/AIDS who are uninsured or underinsured and have limited or no resources to pay for HIV/AIDS health care and vital health-related support services, such as drug abuse treatment. Grantees include states, territories, and community-based and nonprofit organizations.
Indian Health Service				
Alcohol and Substance Abuse Program	Prevention and treatment	Other	American Indian and Alaska Native youth and adults	Provides alcohol and drug abuse prevention, educational, and treatment services through federal, tribal, and urban Indian health facilities through an integrated behavioral health approach to prevent or reduce the incidence of alcoholism and drug abuse in American Indian/Alaska Native communities.
Methamphetamine and Suicide Prevention Initiative	Prevention and treatment	Other	American Indian and Alaska Native youth and adults	Supports community-based pilot projects that promote the expansion of existing and development of new methamphetamine and suicide prevention and treatment programs that use evidence-based and practice-based models created and managed by communities.
Urban Indian Health Program Title V 4-in-1 Grants	Prevention	Grant	American Indian and Alaska Native youth and adults	Provides funding to nonprofit urban Indian health programs to carry out alcohol and substance inpatient and outpatient treatment, counseling, and referrals for service.

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Program	Program activities	Program type	Targeted beneficiaries	Program description
Substance Abuse and Mental Health Services Administration (SAMHSA)				
Access to Recovery	Treatment	Grant	All populations requiring recovery support services	Provides funds for grantees, including states, tribes, and tribal organizations, to carry out voucher programs that expand drug abuse treatment capacity and promote choice among clinical treatment and recovery support providers in order to facilitate recovery from drug abuse.
Addiction Technology Transfer Centers (ATTC)	Treatment	Education and outreach	Drug addiction treatment workforce	Funds ATTCs, which disseminate evidence-based and promising practices information to drug addiction treatment and recovery professionals, among others, through technical assistance, training events, educational and training materials, and web-based resources.
Center for the Application of Prevention Technologies	Prevention	Education and outreach	SAMHSA grantees	Promotes behavioral health promotion technologies through training and technical assistance activities to develop the skills, knowledge, and expertise of grantees' prevention workforces.
Children and Family Programs	Treatment	Grant	Adolescents and their families/primary caregivers	Addresses gaps in drug abuse services by providing services to adolescents and their families/primary caregivers using previously proven effective practices that are family centered. Grantees include domestic and private nonprofit entities, such as state and local governments, tribal organizations, universities and colleges, and faith-based organizations.
Criminal Justice Activities	Treatment	Grant	Adolescents and adults with drug abuse disorders, co-occurring drug abuse and mental disorders, or both	Provides a coordinated and comprehensive continuum of programs and services to help program beneficiaries recover their lives and become productive, responsible, law-abiding citizens. Activities include grant programs that focus on diversion, alternatives to incarceration, and reentry from incarceration. Grant program applicants include entities such as misdemeanor or felony adult criminal courts, juvenile or adult courts, family/child dependency courts, and entities that are tribal, state, or local government proxies.
Fetal Alcohol Spectrum Disorders	Prevention	Education and outreach	Women of childbearing age	Identifies and disseminates information about innovative techniques and effective strategies for preventing fetal alcohol spectrum disorders and increasing functioning and quality of life for individuals and their families affected by these disorders.

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Program	Program activities	Program type	Targeted beneficiaries	Program description
Health Surveillance and Program Support	Prevention and treatment	Other	Not applicable	Provides funding for personnel costs, building and facilities, equipment, supplies, administrative costs, and associated overhead to support SAMHSA programmatic activities, such as drug abuse prevention and treatment programs, and funding for SAMHSA national data collection and survey systems.
Mandatory Drug Testing	Prevention	Other	Workplace institutions	Provides funding for the accreditation and ongoing quality assurance of laboratories that perform mandatory drug testing for federal and nonfederal employees. The program also provides the Workplace Helpline, a toll-free telephone service for business and industry that answers questions about drug abuse in the workplace.
Military Families	Prevention and treatment	Education and outreach	Servicemembers, veterans, and their families	Establishes policy academies that help states and territories strengthen their behavioral health care systems and services for military families, such as drug abuse prevention and treatment programs, through the development of interagency strategic plans and technical assistance to facilitate the implementation of those plans.
Minority AIDS	Treatment	Grant	Racial and ethnic minorities; women, including women with children; adolescents; injection drug users; and individuals who have been released from prison within the past 2 years.	Awards funds to community-based organizations for the delivery of drug abuse treatment and related HIV/AIDS services that target one or more high-risk, substance-abusing populations. Grantees include community-based organizations.
Minority Fellowship Program	Prevention and treatment	Education and outreach	Minority professionals available to serve populations of ethnic minorities with drug abuse and mental health disorders	Seeks to improve the quality of drug abuse and mental health prevention and treatment delivered to ethnic minorities by providing stipends to graduate students to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct drug abuse and mental health services to underserved minority populations.
Opioid Treatment Programs	Treatment	Other	Adults with substance abuse disorders	Provides pharmacotherapy and counseling as set forth under 42 C.F.R. Part 8 for the treatment of opioid dependency.

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Program	Program activities	Program type	Targeted beneficiaries	Program description
Performance and Quality Information Systems	Prevention and treatment	Other	Not applicable	Provides funding to support the agency's new initiative focusing on data, outcomes, and quality, including improving the collection of data for drug abuse and mental disorders.
Pregnant and Postpartum Women	Treatment	Grant	Pregnant and postpartum women	Expands the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children, including services for nonresidential family members of both the women and the children. Grantees include public and private nonprofit entities, including state and local governments and tribes and tribal organizations.
Public Awareness and Support	Prevention and treatment	Education and outreach	General public	Provides funding to support SAMHSA's public communications to increase awareness on drug abuse issues, behavioral health, and mental disorders.
Recovery Community Services Program	Treatment	Grant	People with a history of alcohol problems, drug abuse problems, or both who are seeking recovery	Responds to the need for community-based recovery support services that help prevent drug abuse relapse and promote long-term recovery by designing and delivering peer-to-peer recovery support services. Provides grants to domestic public and private nonprofit entities.
Science and Service Program Coordination	Prevention	Education and outreach	States, federally recognized tribes, communities, and grantees	Provides technical assistance and training to states, tribes, communities, and grantees around substance abuse prevention.
Screening, Brief Intervention, and Referral to Treatment	Treatment	Grant	Adults seeking care in a variety of settings	Provides grants, in the form of cooperative agreements, to general medical and primary health care organizations, including hospitals, trauma centers, and health clinics, to integrate drug abuse screening, brief intervention, referral, and treatment services within these settings.
Sober Truth on Preventing Underage Drinking Act	Prevention	Grant	Youth	Provides grants to organizations that are receiving or have received grant funds under the Drug-Free Communities Act of 1997 to supplement their current prevention efforts and strengthen collaboration and coordination among stakeholders in order to achieve a reduction in underage drinking in their communities.
Special Initiatives Outreach	Treatment	Education and outreach	Drug addiction treatment workforce	Funds special initiatives, including the Historically Black Colleges and Universities Center for Excellence, which promotes leadership development for African Americans in the drug abuse and mental health professions.

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Program	Program activities	Program type	Targeted beneficiaries	Program description
Strategic Prevention Framework	Prevention	Grant	State, tribal, territorial, and local communities	Provides resources to grantees, which include states, federally recognized tribes, and U.S. territories, to prevent the onset and reduce the progression of drug abuse, including childhood and underage drinking; reduce drug abuse-related problems; and build prevention capacity and infrastructure at the state, tribal, territorial, and community levels.
Strengthening Treatment Access and Retention	Treatment	Other	States	An infrastructure cooperative agreement program that promotes state-level implementation of process improvement methods by providing grants to states to improve access to and retention in outpatient drug abuse treatment.
Substance Abuse/Minority AIDS Initiative	Prevention	Grant	Youth and adult minority populations	Supports efforts to increase access to drug abuse and HIV prevention services for the highest-risk and hardest-to-serve racial and ethnic minority populations. Provides grants to community-level public and private nonprofit entities.
Targeted Capacity Expansion – General	Treatment	Grant	SAMHSA grantees	Provides funding to expand or enhance a community’s ability to provide rapid, strategic, comprehensive, integrated, community-based responses to a specific, well-documented drug abuse problem.
Treatment Systems for Homeless	Treatment	Grant	Homeless individuals	Enables communities to expand and strengthen their drug abuse treatment services for homeless individuals with drug abuse disorders. Grantees include domestic public and private nonprofit entities.

Source: GAO analysis of Department of Health and Human Services information.

Notes: For the purpose of our review, we define drug abuse prevention as activities focused on discouraging the first-time use of controlled substances and efforts to encourage those who have begun to use illicit drugs to cease their use. We define drug abuse treatment to include activities focused on assisting regular users of controlled substances to become drug free through such means as counseling services, inpatient and outpatient care, and demonstration and provision of effective treatment methods.

^aAccording to Health Resources and Services Administration officials, funding for prevention services in the Health Center Program is not included in the Drug Control Budget because it is difficult to quantify the amount of funding that is allocated specifically to prevention services.

^bAccording to Health Resources and Services Administration officials, funding for the Ryan White HIV/AIDS Program is not included in the Drug Control Budget because the program does not directly award funding for drug abuse treatment, although drug abuse treatment may be one of many services that eligible participants receive.

Table 4: Department of Health and Human Services Drug Abuse Prevention and Treatment Research and Development Efforts Allocated Funding, Fiscal Year 2012

Research and development efforts	Research activities	Research type	Research subjects	Research description
National Institutes of Health (NIH)				
Basic and Clinical Neuroscience Research	Prevention and treatment	Grant, contract, cooperative agreement	Animal/human adults and youth	At NIH's National Institute of Drug Abuse (NIDA), the basic and clinical neuroscience programs work together to expand our understanding of the neurobiological, genetic/epigenetic, and behavioral factors that underlie drug abuse and addiction. Specifically, they examine which variables influence risk of drug abuse, addiction, and drug-related disorders; how drug exposure and addiction alter the brain, including the effects of drugs on the expression or silencing of genes; and how resultant changes affect brain function and consequent behaviors.
Clinical Trials Network	Treatment	Grant, contract, cooperative agreement	Human adults and youth	Within NIH, NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) comprises 13 research nodes and more than 240 individual community treatment programs in 38 states, plus the District of Columbia and Puerto Rico. The CTN develops and tests treatment protocols for drug abuse and addiction and related conditions, such as comorbid mental health disorders and HIV, testing the real-world effectiveness of promising medication and behavioral approaches with diverse patient populations and community treatment providers. It also serves as a research training platform and helps NIDA respond to emerging public health threats.
Epidemiology, Services and Prevention Research	Prevention and treatment	Grant, contract, cooperative agreement	Human adults and youth	At NIH's NIDA, this program area supports integrated approaches to understand and address the interactions between individuals and environments that contribute to drug abuse and related problems. Large surveys and surveillance networks that monitor drug-related issues exemplify programs supported by this NIDA division. Program efforts help identify substance abuse trends locally, nationally, and internationally; guide development of responsive interventions for a variety of populations; and determine optimal service delivery in real-world settings.

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Research and development efforts	Research activities	Research type	Research subjects	Research description
Intramural Research Program	Prevention and treatment	Other	Animal/human adults and youth	The Intramural Research Program performs cutting-edge research within a coordinated multidisciplinary framework. The program attempts to (1) elucidate the nature of the addictive process; (2) determine the potential use of emerging new therapies for substance abuse, both pharmacological and psychosocial; and (3) establish the long-term consequences of drug abuse on systems and organs, with particular emphasis on the brain and its development, maturation, function, and structure. In addition, the program supports the HIV/AIDS Pathophysiology and Addiction Medications Discovery Program.
Pharmacotherapies and Medical Consequences	Treatment	Grant, contract, cooperative agreement	Animal/human adults and youth	At NIH's NIDA, this program area is responsible for medication development aimed at helping people recover from drug abuse and addiction and sustain abstinence, and includes development of nonaddictive pain medications. It capitalizes on research showing the involvement of different brain systems in drug abuse and addiction, beyond the reward circuit, to develop medications in response to a variety of newly defined targets. This program area also seeks means to address the medical consequences of drug abuse and addiction, including infectious diseases, such as HIV.
Research Management and Support	Prevention and treatment	Other	Not applicable	Activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Additionally, the functions of Research and Management Support encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other federal agencies, Congress, and the public.

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Research and development efforts	Research activities	Research type	Research subjects	Research description
Underage Drinking	Prevention and treatment	Grant	Generally individuals under the age of 21; however, some follow-up studies assessing consequences of child or adolescent alcohol use do go beyond age 21	Research activities include studies on the epidemiology of underage drinking and related consequences and the etiology of underage drinking, including genetic and environmental factors that either protect against or increase risk, and studies assessing the consequences of child and adolescent alcohol use, such as the effects on the developing brain, and on prevention interventions and treatment interventions.

Source: GAO analysis of Department of Health and Human Services information.

Notes: For the purpose of our review, we define drug abuse prevention as activities focused on discouraging the first-time use of controlled substances and efforts to encourage those who have begun to use illicit drugs to cease their use. We define drug abuse treatment to include activities focused on assisting regular users of controlled substances to become drug free through such means as counseling services, inpatient and outpatient care, and demonstration and provision of effective treatment methods. We present information on the Department of Health and Human Services' drug abuse prevention and treatment research and development activities separately from that agency's drug abuse prevention and treatment programs because NIH officials told us that the agency does not classify its research and development activities as programs.

Table 5: Department of Justice Drug Abuse Prevention and Treatment Programs Allocated Funding, Fiscal Year 2012

Program	Program activities	Program type	Targeted beneficiaries	Program description
Bureau of Prisons (BOP)				
Community Transition Treatment	Prevention and treatment	Direct service	Inmates transferred to a residential reentry center	Ensures continuation of drug abuse treatment that is to provide inmates support as they adjust to community living.
Drug Education	Prevention	Direct service	Inmates who meet criteria for drug abuse education	Encourages offenders with a history of drug use to review the choices they have made and the consequences of their choices, including their choice to use drugs. Drug abuse education takes the offender through the cycle of drug use and crime and offers compelling evidence of how continued drug use can lead to further criminality and related consequences.
Nonresidential Drug Abuse Treatment	Treatment	Direct service	Inmates with minor or low-level substance abuse impairment or with longer sentences who are in need of treatment and are awaiting placement in the residential program, among others	Provides nonresidential drug abuse treatment at every BOP institution, and is a flexible program designed to meet the specialized treatment needs of the inmate.
Residential Drug Abuse Treatment	Treatment	Direct service	Inmates who meet diagnostic criteria for substance use disorder	Provides intensive drug abuse treatment to inmates diagnosed with a drug use disorder.
Drug Enforcement Administration (DEA)				
Demand Reduction Program	Prevention	Education and outreach ^a	States, schools, and communities	Supports 23 special agents with demand reduction collateral duties. These agents serve as demand reduction coordinators supporting DEA's law enforcement efforts by developing strategic alliances with prevention, treatment, and community coalitions, as well as working in partnership with other federal, state, and local government agencies.

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Program	Program activities	Program type	Targeted beneficiaries	Program description
Office of Justice Programs				
Drug Court Program	Treatment	Grant	Offenders	Provides financial and technical assistance to states, state courts, local courts, units of local government, and Indian tribal governments to develop and implement drug courts that effectively integrate evidence-based drug abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over drug-abusing offenders.
Enforcing Underage Drinking Laws	Prevention	Grant	Community and youth	Supports and enhances efforts by states and local jurisdictions to reduce the availability of alcohol to minors. The program encourages close partnerships between law enforcement agencies and community groups involved in preventing and intervening in underage drinking.
Residential Substance Abuse Treatment	Treatment	Grant	Offenders	Assists states and units of local government in developing and implementing residential substance abuse treatment programs in state and local correctional and detention facilities.
Second Chance Act Adult Offenders with Co-occurring Substance Abuse and Mental Health Disorders	Treatment	Grant	Offenders	Provides funding to state, local, and federally recognized tribal entities to implement and expand offender treatment programs for offenders with co-occurring substance abuse and mental health disorders. These programs should improve the provision of treatment for adult individuals (18 years and over) being treated for co-occurring substance abuse and mental health disorders within prisons and jails, and include both pre- and postrelease programming for every program participant.
Second Chance Act Family-Based Adult Offender Substance Abuse Treatment Program, Planning and Demonstration Projects	Treatment	Grant	Offenders	Awards funds to state and local agencies and federally recognized tribal entities to develop and implement comprehensive and collaborative strategies that address the challenges posed by reentry to increase public safety and reduce recidivism.

Source: GAO analysis of Department of Justice information.

Notes: For the purpose of our review, we define drug abuse prevention as activities focused on discouraging the first-time use of controlled substances and efforts to encourage those who have begun to use illicit drugs to cease their use. We define drug abuse treatment to include activities focused on assisting regular users of controlled substances to become drug free through such means as counseling services, inpatient and outpatient care, and demonstration and provision of effective treatment methods.

^aDEA officials reported that the program does not currently engage in outreach activities because of reductions in program funding.

Table 6: Department of Education Drug Abuse Prevention Programs Allocated Funding, Fiscal Year 2012

Program	Program activities	Program type	Targeted beneficiaries	Program description
21st Century Community Learning Centers ^a	Prevention	Grant	Prekindergarten through 12th grade students	Enables communities to establish or expand centers that provide additional student learning opportunities to complement and reinforce the regular school-day program of participating students, such as drug and violence prevention activities.
Safe and Drug-Free Schools and Communities National Activities	Prevention	Grant ^b	Primarily kindergarten through 12th grade students; however, the program also serves some college students	Provides funding to local education agencies and a variety of public or private entities for activities designed to prevent the illegal use of drugs by and violence among, and promote safety and discipline for, students. Activities may include the development and dissemination of drug and violence prevention programs and activities, technical assistance to grantees to build capacity to develop effective drug and violence prevention programs, and the collection of data on the incidence and prevalence of drug use and violence in schools.

Source: GAO analysis of Department of Education information.

Notes: For the purpose of our review, we define drug abuse prevention as activities focused on discouraging the first-time use of controlled substances and efforts to encourage those who have begun to use illicit drugs to cease their use. We define drug abuse treatment to include activities focused on assisting regular users of controlled substances to become drug free through such means as counseling services, inpatient and outpatient care, and demonstration and provision of effective treatment methods.

^aAccording to Department of Education officials, this program is not included in the Drug Control Budget because of the lack of an appropriate budget methodology.

^bDepartment of Education officials said that this program also provides technical assistance that is targeted to institutions of higher education.

Comments from the Office of National Drug Control Policy



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

June 22, 2012

Linda T. Kohn
Director, Health Care
Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Kohn:

Thank you for your interim report entitled *Drug Control: Initial Review of the National Drug Control Strategy and Drug Abuse Prevention and Treatment Programs*. Please consider this letter as our response to be included in the report.

The interim report provides an insightful description of how this Administration involves both governmental and community stakeholders in developing the *National Drug Control Strategy*. The interim report also highlights the Delivery Unit, a new information tracking mechanism ONDCP devised to ensure *Strategy* goals are fulfilled and to facilitate the participation of interagency partners in the development of future *Strategies*.

In the report, GAO recognizes the great strides this Administration has made in obtaining input from a broad spectrum of prevention and treatment stakeholders in the process for setting the *Strategy's* drug control priorities. The interim report also notes that an entire chapter of the *Strategy* is devoted to improving information systems to facilitate implementation. ONDCP's extensive involvement of Federal drug control agencies in the development of the priorities has contributed to a strong degree of collaboration in their implementation. Eighty-four percent of the action items set forth in the *Strategy* were on track or complete as of November 2011.

I think it is also important for me to make you aware of our future efforts. I am pleased about the Administration's continued commitment to expand the programs impacting prevention and treatment that are included in the National Drug Control Budget. The Department of Housing and Urban Development's Continuum of Care, the Department of Labor's Employment and Training Administration, the Department of Defense's Defense Health Program, and the Department of Health and Human Services' Administration for Children and Families were added to the budget in FY 2013.

In the area of early intervention and treatment, we continue to expand Screening, Brief Intervention, and Referral to Treatment services to reach more Americans in the health care system, and we are providing more patients in health centers across the Nation with access to substance use disorder treatment services. ONDCP works with Federal agencies, state and local governments, tribes, and national organizations to foster the development of recovery-oriented systems and services and to remove legal and regulatory barriers to recovery.

Page Two - Linda T. Kohn
Director, Health Care
Government Accountability Office

Thank you again for the efforts you and your staff put forth in preparing this helpful description of the processes involved in the development and implementation of the *National Drug Control Strategy*. We look forward to working with GAO on the remainder of this important project.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. Gil Kerlikowske".

R. Gil Kerlikowske
Director

GAO Contacts and Staff Acknowledgments

GAO Contacts

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Staff Acknowledgments

In addition to the contacts named above, David Alexander, Assistant Director; Karen Doran, Assistant Director; Mary Catherine Hult, Assistant Director; George Bogart; Willie Commons III; Susan Czachor; Emily Goodman; Cathy Hamann; C. Jenna Sondhelm; and Johanna Wong made key contributions to this report.

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