Testimony
Before the Subcommittee on
Government Operations, Committee on
Oversight and Government Reform, House of Representatives

OFFICE OF NATIONAL
DRUG CONTROL
POLICY

Lack of Progress on
Achieving National
Strategy Goals

Statement of David C. Maurer, Director,
Homeland Security and Justice

Accessible Version
Lack of Progress on Achieving National Strategy Goals

What GAO Found

GAO reported in March 2013 that the Office of National Drug Control Policy (ONDCP) and other agencies had not made progress toward achieving most of the goals in the 2010 National Drug Control Strategy (the Strategy) and ONDCP had established a new mechanism to monitor and assess progress. In the Strategy, ONDCP established seven goals related to reducing illicit drug use and its consequences to be achieved by 2015. As of March 2013, GAO’s analysis showed that of the five goals for which primary data on results were available, one showed progress and four showed no progress. GAO also reported that ONDCP established a new monitoring system intended to provide information on progress toward Strategy goals and help identify performance gaps and options for improvement. At that time, the system was still in its early stages, and GAO reported that it could help increase accountability for improving progress. In November 2015, ONDCP issued its annual Strategy and performance report, which assess progress toward all seven goals. The Strategy shows progress in achieving one goal, no progress on three goals, and mixed progress on the other three goals. Overall, none of the goals in the Strategy have been fully achieved.

ONDCP has assessed the extent of overlap and potential for duplication across federal drug abuse prevention and treatment programs and identified opportunities for increased coordination, as GAO recommended in March 2013. According to ONDCP’s July 2014 assessment, these programs generally serve distinct beneficiaries in distinct settings, which helps prevent overlap and duplication. However, ONDCP found that programs that provide drug abuse prevention and treatment services to address homelessness would benefit from greater coordination. ONDCP noted that it was taking steps to address this issue.

GAO reported in April 2013 that ONDCP-funded High Intensity Drug Trafficking Area (HIDTA) Investigative Support Centers and four other types of field-based information sharing entities had overlapping analytical and investigative support activities. However, ONDCP and the Departments of Homeland Security (DHS) and Justice (DOJ)—the federal agencies that oversee or provide support to the five types of field-based entities—were not holding entities accountable for coordination or assessing opportunities to implement practices that could enhance coordination, reduce unnecessary overlap, and leverage resources. ONDCP agreed with GAO’s recommendations to work with DHS and DOJ to develop measures and assess opportunities to enhance coordination of field-based entities. Since July 2015, the agencies have worked through an interagency committee to make plans for collecting data on field-based collaboration, but have not yet fully addressed GAO’s recommendations.

ONDCP has connected each of the systems that HIDTAs use to coordinate law enforcement activities, as GAO recommended in April 2013. Specifically, GAO reported in 2013 that HIDTAs and Regional Information Sharing System centers operated three systems that duplicate the same function—identifying when different law enforcement entities may be conducting a similar enforcement action, such as a raid at the same location—resulting in some inefficiencies. In May 2015, ONDCP completed connecting all three systems, which helps reduce risks to officer safety and potentially lessens the burden on law enforcement agencies that were using multiple systems.

Why GAO Did This Study

ONDCP is responsible for coordinating the implementation of drug control policy across the federal government and funds HIDTAs that aim to support the disruption and dismantlement of drug-trafficking and money-laundering organizations.

This statement addresses the extent to which ONDCP (1) has achieved Strategy goals and has mechanisms to monitor progress, (2) has assessed overlap and potential duplication across federal drug abuse prevention and treatment programs and identified coordination opportunities, (3) holds HIDTAs accountable for coordination with other field-based information sharing entities and has assessed opportunities for coordination, and (4) has connected existing systems to coordinate law enforcement activities.

This statement is based on a March 2013 report (GAO-13-333), an April 2013 report (GAO-13-471), and selected updates as of November 2015. For the updates, GAO analyzed ONDCP documents on progress toward Strategy goals and drug abuse prevention and treatment programs and contacted ONDCP and HIDTA officials.

What GAO Recommends

GAO has made prior recommendations to ONDCP to assess overlap in drug prevention and treatment programs; develop measures and assess opportunities to enhance coordination of field-based entities; and connect existing coordination systems. ONDCP concurred and reported actions taken or underway to address them. GAO is not making new recommendations in this testimony.

View GAO-16-257T. For more information, contact Dave Maurer at (202) 512-8777 or maurerd@gao.gov.
Chairman Meadows, Ranking Member Connolly, and Members of the Subcommittee:

I am pleased to be here today to discuss the Office of National Drug Control Policy’s (ONDCP) strategic planning efforts related to drug control and coordination of High Intensity Drug Trafficking Area (HIDTA) Investigative Support Centers with other field-based information sharing entities. ONDCP is responsible for, among other things, overseeing and coordinating implementation of national drug control policy across the federal government to address illicit drug use.¹ In this role, ONDCP is required annually to develop a National Drug Control Strategy (the Strategy), which is to set forth a comprehensive plan to reduce illicit drug use through programs intended to prevent or treat drug use or reduce the availability of illegal drugs, as well as to develop a National Drug Control Program Budget proposal for implementing the Strategy.² Additionally, ONDCP administers grants to support HIDTAs, which aim to support the disruption and dismantlement of drug-trafficking and money-laundering organizations through the prevention or mitigation of associated criminal activity.³ While HIDTAs have a distinct mission, the analytic and investigative services they provide can overlap with those of other field-based information sharing entities operated or supported by the Department of Homeland Security (DHS) and the Department of Justice (DOJ), making coordination paramount in leveraging resources and avoiding unnecessary duplication.⁴ HIDTAs also operate event deconfliction systems that identify when different law enforcement entities

¹Illicit drug use includes the use of marijuana (including hashish), cocaine (including crack), heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription drugs, such as pain relievers and sedatives.
²21 U.S.C. §§ 1703(b)-(c), 1705(a).
³HIDTA program resources may also be used to assist law enforcement agencies in investigations and activities related to terrorism and the prevention of terrorism.
⁴Other field-based information sharing entities include Joint Terrorism Task Forces, which are funded and supported by DOJ’s Federal Bureau of Investigation (FBI); Field Intelligence Groups, which are part of the FBI; Regional Information Sharing System (RISS) centers, which are funded through grants administered by DOJ; and state and major urban area fusion centers, which are state and locally-owned but funded and supported, in part, by DHS.
may be conducting similar enforcement actions, such as a raid at the same location, to help ensure officer safety.\(^5\)

ONDCP reported that about $26.3 billion was provided for drug control programs in fiscal year 2015, and coordination of these programs remains an important step in insuring the effectiveness of these funds. Today, I will discuss the extent to which (1) progress has been made toward achieving National Drug Control Strategy goals and ONDCP has mechanisms in place to monitor progress, (2) ONDCP has assessed the extent of overlap and potential duplication across federal drug abuse prevention and treatment programs and identified coordination opportunities, (3) ONDCP holds HIDTAs accountable for coordination with other field-based information sharing entities and has assessed opportunities for coordination to reduce overlap and duplication, and (4) ONDCP has achieved interoperability among existing deconfliction systems.\(^6\)

My remarks today are based on findings from our March 2013 report on ONDCP program coordination and our April 2013 report on field-based information sharing, and the status of ONDCP efforts to address related recommendations.\(^7\)

In performing the work for our March 2013 report, we analyzed the 2010 National Drug Control Strategy and its annual updates, available data on progress toward achieving Strategy goals, and documents about ONDCP’s monitoring mechanisms. We also analyzed data from questionnaires that we sent to 15 of the 19 federal agencies that administer drug abuse prevention and treatment programs.\(^8\) This survey collected information on services provided and coordination efforts. In

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\(^5\)Event deconfliction systems are used to determine when multiple federal, state, or local law enforcement agencies are conducting enforcement actions (e.g., raids, undercover operations, or surveillances) in proximity to one another during a specified time period.

\(^6\)In this context, interoperability refers to the capability of different deconfliction systems to readily connect with one another to enable timely communications.


\(^8\)We excluded 4 of the agencies included in the fiscal year 2013 National Drug Control Program Budget for varying reasons. For example, we excluded the Centers for Medicare and Medicaid Services because it administers federal health benefit programs that reimburse drug abuse prevention and treatment services but does not directly provide them.
addition, we interviewed officials from ONDCP and selected federal drug control agencies. In performing the work for our April 2013 report, we selected eight urban areas for review where one of each of five types of field-based information sharing entities—HIDTA Investigative Support Centers, Joint Terrorism Task Forces, Federal Bureau of Investigation Field Intelligence Groups, Regional information Sharing System (RISS) centers, and state and major urban area fusion centers—was either physically located or had jurisdiction and collected information from the entities in those areas on their analytic and investigative support services.\(^9\) We compared the entities’ descriptions of their activities and identified overlap among them. We also interviewed ONDCP officials to discuss oversight of the HIDTAs and efforts to achieve interoperability of deconfliction systems used to coordinate investigations. More detail on our scope and methodologies can be found in our March 2013 and April 2013 reports. For updates to these reports, we reviewed ONDCP’s summary of its assessment of drug abuse prevention and treatment programs, analyzed ONDCP’s reported progress on Strategy goals in its 2015 Strategy and performance report, and contacted ONDCP and HIDTA officials.

The work upon which this testimony is based was conducted 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 the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

\(^{9}\)We also selected the eight urban areas to reflect a range of factors, including variation in risk based on DOJ’s 25 Cities Project, colocation of the entities, and geographic dispersion. For DOJ’s High-Risk Metropolitan Area Interoperability Assistance Project, DOJ selected 25 cities based on criteria including the perceived risk of a terrorist attack and population size.
Background

ONDCP and Drug Abuse Prevention and Treatment Programs

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. In this role, the office is responsible for (1) developing a national drug control policy, (2) developing and applying specific goals and performance measurements to evaluate the effectiveness of national drug control policy and National Drug Control Program agencies’ programs, (3) overseeing and coordinating the implementation of the national drug control policy, and (4) assessing and certifying the adequacy of the budget for National Drug Control Programs.

The 2010 Strategy is the inaugural strategy guiding drug policy under President Obama’s administration. For the 2010 Strategy, ONDCP changed its approach from publishing a 1-year Strategy to publishing a 5-year Strategy, which ONDCP is to update annually. The annual updates are to provide an implementation progress report as well as an opportunity to make adjustments to reflect policy changes. ONDCP established two overarching policy goals in the 2010 Strategy for (1) curtailing illicit drug consumption and (2) improving public health by reducing the consequences of drug abuse, and seven subgoals under them that delineate specific quantitative outcomes to be achieved by 2015, such as reducing drug-induced deaths by 15 percent. To support the achievement of these two policy goals and seven subgoals (collectively referred to as goals), the Strategy and annual updates include seven strategic objectives and multiple action items under each objective, with lead and participating agencies designated for each action item.

10 See 21 U.S.C. § 1702. ONDCP was created and authorized through January 21, 1994, by the National Narcotics Leadership Act of 1988, which was enacted as title 1 of the Anti-Drug Abuse Act of 1988. Pub. L. No. 100-690, 102 Stat. 4181 (1988). ONDCP has continued to operate since the conclusion of its first authorization through multiple reauthorizations or as a result of legislation providing continued funding.

11 When developing the Strategy, ONDCP identified data sources for each of the seven subgoals, such as the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health.
ONDCP reported that about $25.2 billion was provided for drug control programs in fiscal year 2012. Of this, $10.1 billion, or 40 percent, was allocated to drug abuse prevention and treatment programs.\textsuperscript{12} The 15 federal departments, agencies, and components (collectively referred to as agencies) we selected for our review of drug abuse prevention and treatment programs collectively allocated about $4.5 billion in fiscal year 2012 to such programs.\textsuperscript{13} These agencies included the Substance Abuse and Mental Health Services Administration, Department of Education, Department of Housing and Urban Development, National Highway Traffic Safety Administration, Office of Justice Programs, and Bureau of Prisons, among others.

### HIDTA Investigative Support Centers

The HIDTA program was established in 1988 and is a federally funded program administered by ONDCP that brings together federal, state, and local law enforcement agencies into task forces that conduct investigations of drug-trafficking organizations in designated areas.\textsuperscript{14} The HIDTA program is focused on counternarcotics. However, HIDTA program resources may also be used for other purposes such as to assist law enforcement agencies in investigations and activities related to terrorism and the prevention of terrorism.\textsuperscript{15} There are 28 HIDTAs across the United States, and each has an Investigative Support Center that serves to support the HIDTA program by providing analytical case

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\textsuperscript{12}These programs are intended, in all or in part, to prevent the initiation of illicit drug use or treat the abuse, or problematic use, of illicit drugs and provide or fund such services as outreach efforts to discourage first-time drug use and assessment and intervention to assist regular users to become drug-free. The remaining $15.1 billion was allocated to domestic law enforcement, interdiction, and other programs intended to reduce the availability of illegal drugs.

\textsuperscript{13}As discussed earlier, we excluded Centers for Medicare and Medicaid Services, which accounted for almost $4.5 billion of the $10.1 billion allocated to prevention and treatment programs in fiscal year 2012.


\textsuperscript{15}See 21 U.S.C. § 1706(g).
support, promoting officer safety, preparing and issuing drug threat assessments, and developing and disseminating intelligence products.\(^{16}\)

The HIDTA and RISS programs operate three separate systems that have (1) event deconfliction functions to determine when multiple federal, state, or local law enforcement agencies are conducting enforcement actions—such as raids, undercover operations, or surveillances—in proximity to one another during a specified time period, or (2) target deconfliction functions, which determine if multiple law enforcement agencies are investigating, for example, the same person, vehicle, weapon, or business. Individual HIDTAs have used the Secure Automated Fast Event Tracking Network (SAFETNet) system, which has had event deconfliction functions, among other functions, since 2001 to help ensure officer safety. In 2009, the HIDTA program introduced deconfliction features into the Case Explorer system that differed from SAFETNet by providing a free service that is tied to its performance management process. In 2009, RISS developed RISSafe to provide event deconfliction to its members and those not being served by another system.

Pursuant to federal legislation enacted in 2010, we conduct routine investigations to identify programs, agencies, offices, and initiatives with duplicative goals and activities within departments and government-wide and report annually to Congress.\(^{17}\) In March 2011 and February 2012, we issued our first two annual reports to Congress in response to this requirement.\(^{18}\) On the basis of the framework established in these reports, we used the following definitions for assessing drug abuse prevention and treatment programs and field-based information sharing entities:

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\(^{16}\)In 2013, there were 32 HIDTA Investigative Support Centers—1 in 27 of the 28 HIDTAs, in addition to the Southwest Border HIDTA, which has a center for each of its five regions: Arizona, California, New Mexico, South Texas, and West Texas.


Fragmentation occurs when more than one federal agency (or more than one organization within an agency) is involved in the same broad area of national interest.

Overlap occurs when fragmented agencies or programs have similar goals, engage in similar activities or strategies to achieve them, or target similar beneficiaries.

Duplication occurs when two or more agencies or programs are engaged in the same activities or provide the same services to the same beneficiaries.

ONDCP and Other Federal Agencies Have Not Achieved 2010 Strategy Goals; ONDCP Has Established a Mechanism to Monitor Progress

Our 2013 Analysis Found Lack of Progress toward Achieving National Strategy Goals; ONDCP’s 2015 National Strategy Shows Progress Still Needed

In our March 2013 report, we found that ONDCP and other federal agencies had not made progress toward achieving most of the goals articulated in the 2010 National Drug Control Strategy. In the Strategy, ONDCP established seven goals related to reducing illicit drug use and its consequences by 2015. As we reported in March 2013, our analysis showed that of the five goals for which primary data on results were available, one showed progress and four showed either no change or movement away from the 2015 goals. For example, no progress had been made on the goal to reduce drug use among 12- to 17-year-olds by 15 percent. According to the data source for this measure—the National Survey on Drug Use and Health—this was primarily due to an increase in the rate of reported marijuana use, offset by decreases in the rates of reported use of other drugs. Table 1 shows 2010 Strategy goals and progress toward meeting them, as of March 2013.
<table>
<thead>
<tr>
<th>2010 Strategy goals</th>
<th>Specifics</th>
<th>2009 (baseline)</th>
<th>2010 (new Strategy)</th>
<th>2011</th>
<th>2012</th>
<th>2015 (goal)</th>
<th>Progress from baseline to goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtail illicit drug consumption in America</td>
<td>na</td>
<td>10.1%</td>
<td>10.1%</td>
<td>10.1%</td>
<td>8.6%</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>1. Decrease the 30-day prevalence of drug use among 12- to 17-year-olds by 15 percent</td>
<td>Illicit drugs</td>
<td>19.9%</td>
<td>21.4%</td>
<td>20.1%</td>
<td>18.5%</td>
<td>16.9%</td>
<td>Movement toward goal</td>
</tr>
<tr>
<td></td>
<td>Alcohol</td>
<td>36.6%</td>
<td>35.8%</td>
<td>33.1%</td>
<td>29.5%</td>
<td>31.1%</td>
<td>Met goal</td>
</tr>
<tr>
<td></td>
<td>Tobacco</td>
<td>20.1%</td>
<td>20.0%</td>
<td>18.4%</td>
<td>15.5%</td>
<td>17.1%</td>
<td>Met goal</td>
</tr>
<tr>
<td>2. Decrease the lifetime prevalence of eighth graders who have used drugs, alcohol, or tobacco by 15 percent</td>
<td>na</td>
<td>21.4%</td>
<td>21.6%</td>
<td>21.4%</td>
<td>19.3%</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>3. Decrease the 30-day prevalence of drug use among young adults aged 18-25 by 10 percent</td>
<td>na</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>No data available</td>
</tr>
<tr>
<td>4. Reduce the number of chronic drug users by 15 percent</td>
<td>na</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>No data available</td>
</tr>
<tr>
<td>Improve the public health and public safety of the American people by reducing the consequence of drug abuse</td>
<td>5. Reduce drug-induced deaths by 15 percent</td>
<td>na</td>
<td>39,147</td>
<td>40,393</td>
<td>NA</td>
<td>NA</td>
<td>33,275</td>
</tr>
<tr>
<td>6. Reduce drug-related morbidity by 15 percent</td>
<td>Emergency room visits for drug misuse and abuse</td>
<td>2,070,451</td>
<td>2,301,050</td>
<td>NA</td>
<td>NA</td>
<td>1,759,883</td>
<td>Movement away from goal</td>
</tr>
<tr>
<td></td>
<td>HIV infections attributable to drug use</td>
<td>5,300</td>
<td>5,500</td>
<td>NA</td>
<td>NA</td>
<td>4,505</td>
<td>Movement away from goal</td>
</tr>
<tr>
<td>7. Reduce the prevalence of drugged driving by 10 percent</td>
<td>16.3% (2007)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>14.7%</td>
<td>No data available</td>
<td></td>
</tr>
</tbody>
</table>


aGoals for 2015 were established by calculating 10 to 15 percent decreases, as applicable, from the 2009 baselines.
The data source for this measure is a report entitled *What America’s Users Spend on Illegal Drugs*, which is sponsored by the Office of National Drug Control Policy (ONDCP). As of March 2013, the most recent report had been released in June 2012 and provided data from 1998 through 2006. We reported that, according to ONDCP officials, the baseline for this measure will be established when updated results through 2010 are available in May 2013.

Strategy goals call for decreases in the prevalence or numbers of drug use, drug users, or consequences of drug use. Movement away from goals indicates that the results for these measures have increased from the 2009 baseline or are trending in the opposite direction of the 2015 goals.

In March 2013, we reported that according to ONDCP officials, the primary data source for this measure is the National Roadside Survey conducted by the National Highway Traffic Safety Administration. At that time, the most recent survey in 2007 was the first to include an estimate of the prevalence of drugged driving. It found that 16.3 percent of weekend, nighttime drivers tested positive for the presence of at least one illicit drug or medication (with the ability to impair). As of March 2013, results of the next survey were expected in 2014. Accordingly, ONDCP officials stated that 2007 is the baseline year for this measure. These officials said that SAMHSA’s National Survey on Drug Use and Health, which also measures the prevalence of drugged driving, serves as a secondary data source to the National Roadside Survey.

We reported in March 2013 that, according to ONDCP officials, a variety of factors could affect achievement of these goals, such as worsening economic conditions, changing demographics, or changing social or political environments; the passage of state laws that decriminalize marijuana use or allow its use for medical purposes; failure to obtain sufficient resources to address drug control problems; insufficient commitment from agency partners; and the need for new action items that include initiatives or activities beyond those that are under way or planned. We reported that ONDCP officials stated that the office’s new Performance Reporting System (PRS) is to provide more specific information about where the Strategy is on or off track and prompt diagnostic reviews to identify causal factors contributing to any problems identified, as discussed below.

ONDCP released the 2015 Strategy on November 17, 2015, and it is an annual update to the 2010 Strategy. Since our March 2013 report, ONDCP has begun reporting progress toward two goals where data were not initially available. According to data available to date, the Strategy shows progress toward achieving one goal, no progress on three goals, and mixed progress on the remaining three goals. Overall, none of the goals in the 2010 Strategy have been fully achieved. Table 2 shows the 2010 Strategy goals and ONDCP’s reported progress toward meeting them.

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### Table 2: 2010 National Drug Control Strategy Goals and the Office of National Drug Control Policy’s (ONDCP) Reported Progress toward Meeting Them, as of November 2015

<table>
<thead>
<tr>
<th>2010 Strategy goals</th>
<th>Specific Drug</th>
<th>2009 (baseline)</th>
<th>Progress to date&lt;sup&gt;a&lt;/sup&gt;</th>
<th>2015 (goal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtail illicit drug consumption in America</td>
<td>na</td>
<td>10.1%</td>
<td>8.8% (2013)</td>
<td>8.6%</td>
</tr>
<tr>
<td>1. Decrease the 30-day prevalence of drug use among 12- to 17-year-olds by 15 percent</td>
<td>Illicit drugs</td>
<td>19.9%</td>
<td>20.3% (2014)</td>
<td>16.9%</td>
</tr>
<tr>
<td></td>
<td>Alcohol</td>
<td>36.6%</td>
<td>26.8% (2014)</td>
<td>31.1%</td>
</tr>
<tr>
<td></td>
<td>Tobacco</td>
<td>20.1%</td>
<td>13.5% (2014)</td>
<td>17.1%</td>
</tr>
<tr>
<td>3. Decrease the 30-day prevalence of drug use among young adults aged 18-25 by 10 percent</td>
<td>na</td>
<td>21.4%</td>
<td>21.5% (2013)</td>
<td>19.3%</td>
</tr>
<tr>
<td>4. Reduce the number of chronic drug users by 15 percent&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Cocaine</td>
<td>2.7 million</td>
<td>2.5 million (2010)</td>
<td>2.3 million</td>
</tr>
<tr>
<td></td>
<td>Heroin</td>
<td>1.5 million</td>
<td>1.5 million (2010)</td>
<td>1.3 million</td>
</tr>
<tr>
<td></td>
<td>Marijuana</td>
<td>16.2 million</td>
<td>17.6 million (2010)</td>
<td>13.8 million</td>
</tr>
<tr>
<td></td>
<td>Methamphetamine</td>
<td>1.8 million</td>
<td>1.6 million (2010)</td>
<td>1.5 million</td>
</tr>
<tr>
<td>Improve the public health and public safety of the American people by reducing the consequences of drug abuse</td>
<td>5. Reduce drug-induced deaths by 15 percent</td>
<td>na</td>
<td>39,147</td>
<td>46,471 (2013)</td>
</tr>
<tr>
<td>6. Reduce drug-related morbidity by 15 percent</td>
<td>Emergency room visits for drug misuse and abuse</td>
<td>2,070,452</td>
<td>2,462,948 (2011)</td>
<td>1,759,884</td>
</tr>
<tr>
<td></td>
<td>HIV infections attributable to drug use&lt;sup&gt;b&lt;/sup&gt;</td>
<td>5,799</td>
<td>4,366 (2013)</td>
<td>4,929</td>
</tr>
<tr>
<td>7. Reduce the prevalence of drugged driving by 10 percent&lt;sup&gt;b&lt;/sup&gt;</td>
<td>na</td>
<td>16.3% (2007)</td>
<td>20.0% (2013)</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

Source: GAO analysis of ONDCP’s 2015 National Drug Control Strategy and Performance Reporting System. | GAO-16-257T

<sup>a</sup>Years for which the most recent data were available are in parentheses.

<sup>b</sup>According to the 2015 Performance Reporting System (PRS) report, the data source for this measure has been changed from cases of incidence of drug-related HIV to diagnoses of such cases, because the estimation of the incident cases is not expected to be produced in time to be useful in assessing progress toward achieving this measure.

<sup>c</sup>The primary data source for this measure is the National Roadside Survey, conducted by the National Highway Traffic Safety Administration. The baseline survey was conducted in 2007. The Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health, which also measures the prevalence of drugged driving, serves as a secondary data source.
ONDCP Established a System to Monitor Progress toward Goals

In March 2013, we reported that ONDCP established the PRS to monitor and assess progress toward meeting Strategy goals and objectives and issued a report (the PRS report) describing the system with the 2012 Strategy update. The PRS includes interagency performance measures and targets under each Strategy objective. For example, 1 of the 6 performance measures under the objective to strengthen efforts to prevent drug use in our communities is the average age of initiation for all illicit drug use, which has a 2009 baseline of 17.6 years of age and a 2015 target of 19.5 years of age. According to the PRS report, system information is to be used to inform budget formulation and resource allocation, Strategy implementation, and policy making, among other things.

As part of our review, we assessed PRS measures and found them to be generally consistent with attributes of effective performance management identified in our prior work as important for ensuring performance measures demonstrate results and are useful for decision making. For example, we found that the PRS measures are clearly stated, with descriptions included in the 2012 PRS report, and all 26 of them have or are to have measurable numerical targets. In addition, the measures were developed with input from stakeholders through an interagency working group process, which included participation by the Departments of Education, Justice, and Health and Human Services, among others. The groups assessed the validity of the measures and evaluated data sources, among other things.

We reported in March 2013 that, according to ONDCP officials, information collected through the PRS is to provide valuable insights to help identify where the Strategy is on track and when further problem solving and evaluation are needed. At that time, the system was still in its early stages and ONDCP had not issued its first report on the results of the system’s performance measures. Accordingly, operational information was not available to evaluate the system’s results. ONDCP officials stated that when results are determined to not be on track to meet 2015 targets,

the PRS is to serve as a trigger for an interagency review of potential causes of performance gaps and options for improvement. We reported that, according to these officials, ONDCP plans to assess the effectiveness of the PRS more comprehensively to determine how well it is working and whether any adjustments need to be made after the system has been operational for a longer period of time. We also reported that these plans should help increase accountability for improving results and enhance the system’s effectiveness as a mechanism to monitor progress toward Strategy goals and objectives and assess where further action is needed to improve progress.

ONDCP released its annual PRS report on November 17, 2015. The 2015 report assesses progress on the Strategy’s goals, as well as performance measures related to each of the Strategy’s objectives, and discusses future actions required to achieve these goals and measures.

ONDCP has assessed the extent of overlap and potential for duplication across federal drug abuse prevention and treatment programs and identified opportunities for increased coordination, as we recommended in March 2013. Specifically, we reported that drug abuse prevention and treatment programs were fragmented across 15 federal agencies that funded or administered 76 programs in fiscal year 2011, and identified overlap in 59 of these programs because they can provide or fund at least one drug abuse prevention or treatment service that at least 1 other program can provide or fund, either to similar population groups or to reach similar program goals. For example, 6 programs reported that they can provide or fund drug abuse prevention services for students and youth in order to support program goals of preventing drug use and abuse among young people. All 6 of these programs also reported that they can provide or fund services to conduct outreach and educate youth on drug use.

As part of our review, we also conducted a more in-depth analysis in two selected areas where we identified overlap—programs for youth and programs for offenders. We reported that agency officials who administer programs in these two areas took various efforts to coordinate overlapping programs or services, which can serve to minimize the risk of duplication. For example, using an interagency agreement, the Department of Education jointly administers the Safe Schools/Healthy Students program with the Departments of Justice and Health and Human Services to provide complementary educational, mental health, and law enforcement services to prevent youth violence and drug use.
We found in March 2013 that although the agencies’ coordination efforts in these two areas were consistent with practices that we had previously reported federal agencies use to implement collaborative efforts, not all of the programs surveyed were involved in coordination efforts with other federal agencies. Specifically, officials from 29 of the 76 (about 40 percent) programs surveyed reported no coordination with other federal agencies on drug abuse prevention or treatment activities in the year prior to our survey. Furthermore, we reported that although ONDCP coordinates efforts to develop and implement the Strategy and National Drug Control Program Budget, it had not systematically assessed drug abuse prevention and treatment programs to examine the extent of overlap and potential for duplication and identify opportunities for greater coordination. As a result, we recommended that ONDCP conduct such an assessment.

ONDCP concurred with our recommendation and has implemented it. In July 2014, ONDCP published an assessment of drug abuse prevention and treatment programs in its fiscal year 2015 Budget and Performance Summary, which was released with the annual Strategy. ONDCP reported that it conducted this assessment by (1) preparing an inventory of federal agency drug abuse prevention and treatment program activities, starting with those in our report; (2) mapping the beneficiaries and services provided by each program activity to determine the extent of overlap; and (3) reviewing overlapping programs to assess the level of coordination activities, among other steps. The assessment found that these programs generally serve distinct beneficiaries in distinct settings, which helps prevent overlap and duplication. In the cases where overlap could occur, ONDCP’s review of grant awards made under the programs determined that duplication did not occur over a 3-year period ending in 2013. Further, according to the assessment, the agencies managing overlapping programs have coordinated through interagency collaboration, coordinated grant applications, and other activities. However, ONDCP found that programs that provide drug abuse prevention and treatment services to support efforts to address homelessness would benefit from greater coordination. In August 2014, ONDCP stated that it is working to ensure additional coordination in this area by, for example, providing guidance to relevant agencies during the office’s budget and oversight review process on improving coordination of

grant programs that offer similar treatment and recovery support services to homeless clients.

ONDCP’s assessment states that the office will continue to monitor the programs that overlap, as well as any new federal programs that are added to prevent and treat substance use disorders. According to the assessment, this monitoring is to include requiring regular reporting from the agencies as a part of interagency drug abuse prevention and treatment working group meetings and working with the agencies to ensure greater coordination and opportunities to consolidate programs as a part of the annual budget process. As a result of ONDCP’s actions in response to our recommendation, the office will be better positioned to help ensure that federal agencies undertaking similar drug abuse prevention and treatment efforts better leverage and more efficiently use limited resources.

Our April 2013 report found that ONDCP, DHS, and DOJ did not hold HIDTAs or the four other types of field-based information sharing entities we reviewed—Joint Terrorism Task Forces, Federal Bureau of Investigation Field Intelligence Groups, RISS centers, and state and major urban area fusion centers—accountable for coordinating with one another or assessing opportunities for further enhancing coordination to help reduce the potential for overlap and achieve efficiencies. Specifically, we found that while the five types of field-based entities have distinct missions, roles, and responsibilities, their activities can overlap. For example, across the eight urban areas that we reviewed, we identified 91 instances of overlap in some analytical activities—such as producing intelligence reports—and 32 instances of overlap in investigative support activities, such as identifying links between criminal organizations. These entities conducted similar activities within the same mission area, such as counterterrorism, and for similar customers, such as federal or state agencies. Across the eight urban areas, 34 of the 37 field-based entities we reviewed conducted an analytical or investigative support activity that overlapped with that of another entity. We reported that this can lead to benefits, such as the corroboration of information, but may also burden customers with redundant information.

In general, HIDTA Investigative Support Centers focus on narcotics-related matters and support HIDTA drug task force initiatives in their respective areas in the identification, targeting, arrest, and prosecution of key members of criminal drug organizations.
In our April 2013 report, ONDCP, DHS, and DOJ officials acknowledged that field-based entities working together and sharing information are important, but they do not hold their entities accountable for such coordination. For example, HIDTA Investigative Support Centers have a performance measurement program that holds the centers accountable for referring leads to other HIDTAs and other agencies, but the program does not include measures about the HIDTA’s ability to coordinate with other field-based entities. Further, ONDCP, DHS, and DOJ officials stated that they ultimately rely on the leadership of their respective field-based entities to ensure that successful coordination is occurring because the leaders in these entities are most familiar with the other stakeholders and issues in their areas, and are best suited to develop working relationships with one another.

Officials at 22 of the 37 entities we reviewed agreed that successful coordination depends most on personal relationships, but they noted that coordination can be disrupted when new leadership takes over at an entity. Officials at 20 of the 37 entities also stated that measuring and monitoring coordination could alleviate the process of starting over when new personnel take over at a partner entity and ensure that maintaining coordinated efforts is a priority. We concluded that a mechanism—such as performance metrics—that holds entities accountable for coordination and enables agencies to monitor and evaluate the results of their efforts could help provide the agencies with information on the effectiveness of coordination among field-based entities and help reduce any unnecessary overlap in entities’ efforts. We recommended that the agencies collaborate to develop such a mechanism.

Similarly, our April 2013 report found that ONDCP, DHS, and DOJ had not assessed opportunities to implement practices that were identified as enhancing coordination. Officials at each of the 37 entities in the eight urban areas we reviewed described how practices such as serving on one another’s governance boards or, in some cases, colocating with other entities allowed or could allow them to achieve certain benefits. These include better understanding the missions and activities of the other entities, coordinating the production of analytical products, and sharing resources such as subject matter experts. In their view, this helped to increase coordination, leverage resources, and avoid or reduce the negative effects of unnecessary overlap and duplication in their analytical, tactical, and dissemination activities. We recommended that the agencies collaborate to perform a collective assessment of where these and other practices that can enhance coordination could be implemented.
ONDCP and DHS concurred with both of our recommendations and DOJ generally agreed with the intent of the recommendations. Since our April 2013 report, the agencies have taken steps to address them. Specifically, ONDCP, DHS, and DOJ have existing forums they can use to work together in developing metrics and conducting assessments to better ensure coordination, and collectively monitor and evaluate results achieved. These forums include, for example, the Fusion Center Subcommittee of the Information Sharing and Access Interagency Policy Committee. In July 2015, the subcommittee met and agreed to modify its 2015 work plan to address the collection, analysis, and reporting of data pertaining to field-based information sharing entities. According to DHS officials, these data are to focus on field-based collaboration, including governance, colocation, and other information sharing, analytic, and conflict-avoidance topics. Since the July 2015 meeting, DHS has assisted ONDCP and DOJ in developing an assessment template, based on common data elements it collects in its annual assessment of state and major urban area fusion centers.

Although ONDCP, DHS, and DOJ have taken actions to address our recommendations, the agencies do not yet have a collective mechanism that will hold field-based entities accountable for coordinating with one another and allow the agencies to monitor progress and evaluate results across entities. Such a mechanism could help entities maintain effective relationships when new leadership is assigned and avoid unnecessary overlap in activities, which can also help entities to leverage scarce resources. Further, the agencies have not conducted a collaborative assessment of where practices that enhance coordination can be applied to reduce overlap, collaborate, and leverage resources for their respective field-based information sharing entities. Such an assessment would allow the agencies to provide recommendations or guidance to the entities on implementing these practices.

23. The Information Sharing and Access Interagency Policy Committee is led out of the Executive Office of the President.
ONDCP has connected each of the systems that HIDTAs use to deconflict operations, an action that can reduce risks to officer safety and inefficiencies. Our April 2013 report found that the HIDTA and RISS programs operate three separate systems that have event or target deconfliction functions to determine when multiple federal, state, or local law enforcement agencies are conducting enforcement actions—such as raids, undercover operations, or surveillances—in proximity to one another during a specified time period. As we reported in 2013, HIDTAs have used the SAFETNet system, which has had event deconfliction functions, among other functions, since 2001 to help ensure officer safety. In 2009, the HIDTA program introduced deconfliction features into the Case Explorer system that differed from SAFETNet by providing a free service that is tied to its performance management process. In 2009, the RISS program developed RISSafe to provide event deconfliction to its members and those not being served by another system. Accordingly, HIDTAs and RISS centers were operating duplicative deconfliction systems—that is, systems that aim to ensure that law enforcement officers are not conducting enforcement actions at the same time in the same place or investigating the same target—which could pose risks to officer safety and lead to inefficiencies. Table 3 provides details about the features of these three systems.

24 Case Explorer is a web-based law enforcement software program that includes event deconfliction as well as case management and target deconfliction.
<table>
<thead>
<tr>
<th>Category</th>
<th>Function</th>
<th>RISS-operated</th>
<th>HIDTA-operated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of deconfliction</td>
<td>Event</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Target</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Features</td>
<td>Open to law enforcement and criminal justice agencies</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Manages information about people, places, and vehicles</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Operates a watch center to put law enforcement agents in contact with one another</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Direct entry/24-hour access</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Plots events geospatially, notifying the user of any conflicts within a defined radius</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Can enter only future events</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Source: GAO analysis of ONDCP and RISS information.

Note: While HIDTAs operate two of the systems, individual HIDTAs can use any or all of the three systems.

Law enforcement officers generally enter events into a deconfliction system electronically or by calling a watch center. Individuals operating a watch center plot the location of the event on a map and notify the officer for whom contact information is available in the systems of other officers who have entered conflicting events into the same system. When events are not deconflicted, officer safety can be at risk. For example, HIDTA and RISS officials described instances when officers did not deconflict drug busts, which led to undercover officers from different agencies drawing guns on one another thinking the other officers were drug dealers. The officials added that, had the events been deconflicted, the officers would have been aware of one another’s presence. As shown in figure 1, entities within a state can use one or more of the systems.
In our April 2013 report, we found that HIDTA and RISS officials had taken steps to connect target deconfliction systems—those that inform agencies when they are investigating the same individuals, weapons, vehicles, or businesses—and two of three event deconfliction systems. However, HIDTA officials had not finalized plans to make the remaining event deconfliction system, SAFETNet, interoperable with the other two systems. Accordingly, we recommended that the Director of ONDCP work with the appropriate HIDTA officials to develop milestones and time frames for actions needed to make SAFETNet interoperable in order to prevent unnecessary delays in reducing risks to officer safety and lessening the burden on law enforcement agencies that are currently using multiple systems to notify agencies when they are conducting.
conflicting enforcement actions. ONDCP concurred with the recommendation and, in May 2015, completed the steps to achieve interoperability among the three event deconfliction systems. According to an official at the HIDTA that operates the Case Explorer deconfliction system, as of October 2015, more than 1,500 agencies are participating in the three systems. The official added that more than 159,000 events have been entered, and more than 800 events have been matched among the three systems.

Chairman Meadows, Ranking Member Connolly, and members of the subcommittee, this concludes my prepared statement. I would be happy to respond to any questions you may have.

If you or your staff members have any questions about this testimony, please contact David Maurer at (202) 512-8777 or maurerd@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Other contributors included Eric Erdman, Assistant Director; Kevin Heinz; and Johanna Wong.
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