

**Testimony of John Carnevale, Ph.D.**

**Before The Domestic Policy Subcommittee  
Of the Oversight and Government Reform Committee**

***ONDCP's Progress in the War on Drugs and  
Its Ability to Serve the National Interest***

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Good afternoon Mr. Chairman and members of the Committee. I want to thank you for this opportunity to present my views on our nation's progress in achieving measurable outcomes in reducing drug use and its damaging consequences and on the efficacy of the Office of National Drug Control Policy (ONDCP).

**Background:** I have been involved in shaping federal national drug control policy as a federal employee since 1986 and have served under three administrations and four "Drug Czars" within the Executive Branch of the U.S. Government. At ONDCP, I was responsible for first assembling the required data and information on which to base the development of the Administration's National Drug Control Strategy and then managing the preparation process to formulate that Strategy. In addition, I was responsible for proposing priorities in the drug control arena and for formulation of the national drug control budget to implement both those priorities and the overall Strategy. Key to these tasks was the development of a policy and research agenda to inform national drug control policy as well as designing and implementing a performance management system to measure the impact and effectiveness of any given policy toward reducing drug use, drug availability, and the health and crime consequences of drug use.

I left ONDCP in 2000 and started a firm that offers guidance to all levels of government, organizations, and communities to help them confront the drug public policy and program challenges of the 21st century. My firm is organized into three practice groups to provide value and insight to our clients—Strategic Planning, Performance Measurement, and Policy Research and Data Analysis. My firm also produces information and policy bulletins on the topic of drug policy and the federal drug control budget that is distributed free to over 7,000 individuals with an interest in this policy issue. For example, our latest policy brief looks at the drug budget since FY 2002 and compares it to what 30 years of research says should otherwise constitute a sound, evidence-based and balanced federal drug policy. A copy of that bulletin is attached to this testimony and elements of it are incorporated into this statement.

My purpose here today is twofold: one is to quickly review ONDCP's claim that we are turning the tide in the drug war. In my opinion, supported by a substantial body of data and research, the tide has not yet turned. My second objective is to talk about ONDCP's future role. In less than a year a new Administration will assume office, which will give this nation the much-needed opportunity to breathe new life into our national drug control policy—that is to validate and refine approaches, redefine goals and objectives, and institute proper and much needed measures of performance outcome effectiveness. In my view, ONDCP can make a meaningful contribution to our nation's effort to reduce drug use and its damaging consequences, but some organizational restructuring must occur to better address the current and evolving drug situation, both domestically and internationally. This requires that ONDCP and the federal drug control agencies to be held accountable for achieving performance results.

**Ingredients of a National Drug Control Policy:** Let me begin by offering my understanding about what goes into a comprehensive national drug control policy. A federal national drug control policy must include at least five essential ingredients:

prevention, treatment, domestic law enforcement, international or source country programs, and interdiction (targeting drugs flowing to the United States). These ingredients tend to be clustered into two broad categories: demand reduction (treatment and prevention programs that seek to discourage individuals from trying illicit substances or to help existing drug users to stop) and supply reduction (programs that attempt to eliminate the cultivation or production of illicit drugs, stop the flow of drugs from entering the country, or disrupt domestic drug markets). In terms of these five main ingredients, the national policy debate has always been about how best to combine them to most effectively and efficiently reduce drug use and its damaging consequences. It is the case that some ingredients have been emphasized more than others over time as our knowledge of effective programs has evolved and as the drug threat has changed. For example: Dr. Jerome Jaffe, who served as our first drug czar from 1971 to 1973, released this nation's first formal comprehensive drug control strategy in 1972—it emphasized drug treatment to reduce illicit drug use among returning Vietnam veterans.

During the 1980's we focused on supply reduction, largely in response to a cocaine epidemic, and with the belief that source and transit zone interdiction was the most effective means of reducing drug use in the United States. By the 1990's we had learned that interdiction was a relatively ineffective way of reducing drug use—and expensive besides. So we focused our efforts on demand reduction. Now, at the beginning of the new millennium we have—inexplicably—come to believe again that source and transit zone interdiction is an effective way to reduce drug use in America. There is no evidence to support this belief. And it is all the more surprising that we have refocused our efforts in this way at a time when many of the major drugs of abuse – including marijuana, methamphetamine, and controlled pharmaceuticals, are produced or cultivated domestically.

In short, we seem to have reverted to fighting the 1980s drug war at a time when it is clear from the data and most recent scientific findings that demand reduction needs to be the first priority response.

**Have We Reached a Turning Point in the Drug War?** According to the 2008 National Drug Control Strategy, our nation has reached a turning point in the war on drugs. Figure 1 of that 2008 Strategy reports that youth drug use since 2001 has declined after a decade of increase. The problem with this figure is that it misleads the reader in a number of ways. First, as the figure clearly shows, youth drug use actually started its decline after the 1996-1997 period. This means that the origin of this good news has its roots not necessarily in our current drug policy, but instead in another time well before 2001. Moreover, the survey says that the percentage of youth reporting having tried an illicit drug by the time they graduate from high school has changed little since 1995. Regardless of when they first begin drug use, about 50 percent of youth report having tried an illegal substance by the time they complete high school. In other words, while initiation into drug use seems to be somehow delayed, our nation has achieved no progress in reducing illicit drug use by the time youth graduate from high school.

By way of background, these data on youth drug use are from the University of Michigan Study (MTF). It is worth noting that the MTF, with its focus on certain youth, measures essentially marijuana use and is not the best measure of the use of other drugs, such as cocaine, heroin, and methamphetamine. The prevalence of use of these drugs among youth has always been very low.

Second, the claim that we are turning the tide in the war on drugs overlooks the fact that the current drug control strategy also has a similar goal to reduce drug use among adults. The current 2008 drug strategy is silent on whether progress has occurred in achieving reduced drug use among this population. For the record, and as is highlighted below, a review of the federal government's National Survey on Drug Use and Health (NSDUH) shows that there has been no significant movement in achieving reductions in adult drug use since 2002.

A review of drug strategies since the first comprehensive one was issued in 1972 shows that measuring the success of any drug strategy requires performance measurement in three fundamental areas: drug use, both youth and adult drug use that includes regular drug use and addiction; drug access, which can get at the issue of drug availability, the robustness of the market, and/or supply; and drug use consequences, which tends to measure the serious health and drug-related crime consequences. Our current national drug control strategy is limited to measuring performance by setting performance goals that just reflect drug use, rather than all three performance areas.

Even though ONDCP should have measures in these three key areas that can be linked back to the key ingredients of a drug strategy (prevention, treatment, law enforcement; international, and interdiction), recent drug control strategies simply ignore these areas. ONDCP seems to pick progress or performance outcomes based on only one area where there is good news: reductions in youth drug use.

What about the other performance outcome areas that should be measured? Let's review the facts based on nationally recognized data that have been used for decades to monitor performance: Consider the following changes in drug use and consequences since FY 2002:

- The overall current rate of illicit drug use as measured by past month use among all users 12 years of age and older has not changed since 2002: this rate was 8.3 percent in both 2002 and 2006.
- The rate of current illicit drug use among youth aged 12 to 17 has declined, but much less than reported by ONDCP, based on findings from the University of Michigan's study of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders. According to the NSDUH, the rate has declined 15.5 percent, from 11.6 percent in 2002 to 9.8 percent in 2006—good news, but well below ONDCP's goal of reducing youth drug use by 25 percent in five years.

- Adult drug use for those over 18 years of age has not changed since 2002. Almost 20 percent of those 18-25 years of age and 6 percent of those over 25 continue to use illicit drugs on a regular basis.
- The most prevalent drugs of abuse among Americans 12 and older are marijuana, illicitly obtained prescription drugs, and cocaine.
- Cocaine is showing signs of a quiet comeback. An estimated 2.4 million Americans aged 12 and older used cocaine on a current basis in 2006. This level of use represents a 20 percent statistically significant increase since 2002.
- The number of persons classified with abuse or dependence who could benefit from treatment remains unchanged.
- While youth perceptions of the risk of drug abuse—specifically smoking marijuana once a month or once or twice a week—have improved since 2002, their perceptions of the risk of using cocaine, heroin, and LSD have worsened since 2002 and 2003. These negative trends are particularly disturbing since research indicates that weakened perceptions often precede increases in use.

The price of cocaine continues to decline when adjusted for purity. ONDCP claims that many cities are experiencing shortages of cocaine, but press interviews of chiefs of police in most of these cities have found that they are not seeing changes in supply, prices, or purities. And they are certainly not seeing any changes in the demand for treatment, which one would expect to see if drug access were truly being reduced or even limited. In fact, data now reported by ONDCP directly contradicts claims of widespread cocaine shortages in the United States. The 2008 National Drug Control Strategy noted that cocaine flow toward the United States increased from 912 metric tons in FY 2006 to 1,265 metric tons in FY 2007, an increase of almost 40 percent in just one year.

When one looks at these trends and then considers the drug budget proposed by ONDCP since 2002, it can be argued that exactly the wrong policy ingredients are being promoted to confront today's drug problem:

- The drug control budget since FY02 has emphasized supply reduction programs over demand reduction programs.
- Resources for supply reduction (interdiction of drugs, source country programs, and law enforcement), grew by almost 57 percent from the FY 02 baseline level to the FY 09 request now before Congress.
- By comparison, demand reduction resources (prevention and treatment, including resources for research for agencies like the National Institute on Drug Abuse) grew by only 2.7 percent—prevention has actually been reduced by 25 percent.

- The nation’s current drug strategy emphasizes reducing demand among youth and adults, but does so by mostly targeting source country and interdiction programs—focusing on the source and flow of drugs rather than this nation’s underlying demand for illicit drugs.
- The FY 02-09 budget trend runs counter to what research has found: that efforts to reduce demand are better addressed through treatment and prevention rather than supply reduction

I do not enjoy being a naysayer about this nation’s progress or lack thereof in addressing the drug problem. I am pleased to say that we have indeed made substantial progress in reducing the overall impact of the drug problem over the last few decades. Since 1979, the NSDUH shows that past month use of illicit drugs has fallen by about half. Most of this decline represents reductions in marijuana use, but abuse of other illicit drugs has declined as well. Almost 6 million individuals used cocaine in the mid-1980s, for example. Today, we are down to about 2 million users (but up from about 1 million users by the end of the last decade).

As for illicit drug availability, research has taught us that intelligence-cued supply reduction efforts can improve seizures of drugs, but we have also witnessed the fact that interruptions in supply are transitory. Smugglers can adapt faster than we can respond to their changing tactics. This has proven true again and again.

As for claims of success in the war against cocaine, while overall use is down, the evidence of the past two decades shows that any increases in drug prices (adjusted for drug purity) have been temporary and have not resulted in any reduction in consumption. Nor has the nation ever witnessed these temporary market shortages causing drug users to increase their demand for treatment. In short, what we now know is that as long as there is a demand for illicit drugs, supply will follow.

**Looking Forward:** The bigger issue facing this Committee and the next Administration is ONDCP’s role in defining this nation’s drug problem and establishing a national drug control strategy to more effectively address it. ONDCP’s original authorizing legislation—the Anti-Drug Abuse Act of 1988—established it within the Executive Office of the President for a five-year period, with the express purpose of formulating and implementing a National Drug Control Strategy. This legislation also recognized the importance of the Federal drug control budget. ONDCP was granted the authority to instruct what was then more than 50 federal drug control departments and agencies to prepare estimates of drug control spending that would allow the Federal Government to undertake better resource planning and more cost-effective implementation.

In addition, ONDCP was granted the authority to “certify” the individual agency budgets as to their adequacy in achieving the goals, priorities, and objectives of the President as stated in the National Drug Control Strategy. With the creation of ONDCP and its new budget certification powers, the federal drug control budget was to take front seat in the discussion about the nature and direction of the nation’s drug policy.

The Anti-Drug Abuse Act of 1988 further declared the overall mission of ONDCP to be the creation of a drug-free America. Congress no longer wanted a drug policy that was budget-driven, but instead one that was research driven and performance based. In other words, Congress intended ONDCP to be truly non-partisan and to formulate policy based on evidence and to measure the progress of that policy using a performance measurement system, one designed to both inform policy makers and clearly illuminate the attribution of the key policy ingredients discussed earlier to overall performance findings and outcomes. A performance system designed to achieve this result did once exist, but in this decade the current administration abandoned it after attempts to modify the methodology for estimating federal drug control spending.

Sadly, today ONDCP is not meeting all of its statutory obligations. Some of its most significant shortcomings include the following:

- Not providing the nation with a comprehensive accounting of federal drug control spending. This is an enormous failing of the Office with regard to meeting its statutory obligation to provide a comprehensive accounting of all federal drug control spending. A “drug budget” aims to provide exact and comprehensive estimates of drug control spending. It should support a strategic decision-making process that includes articulation of goals, specification of measurable outcomes to be attained, and identification of programs that help achieve those goals and outcomes. Policy should drive the budget process. ONDCP’s current drug budget grossly underestimates federal drug control spending, which means that policy makers are much less able to evaluate program decisions to support the Strategy’s strategic goals and objectives.
- Not implementing a performance measurement system that attributes the relative contributions of the ingredients of a balanced, comprehensive drug policy in addressing drug use and its damaging consequences. This is yet another major failing of the Office. ONDCP should measure the performance of its overall policy with regards to achieving success. Right now, we are unable to understand, for example, the reason for the reduction in youth drug use. Nor are we able to understand why we have not achieved success in reducing adult drug use, rates of addiction, drug use availability, and the health and crime consequences of drug use.
- Not coordinating federal drug control policy across the multitude of federal agencies that have a role in shaping national drug control policy. ONDCP once had coordinating bodies—a demand reduction group, a supply reduction group, and a science and technology group—that met regularly to discuss coordination efforts and both existing and emerging problems and to support ONDCP with its mission to coordinate policy on behalf of the administration. These committees no longer exist and their valuable functions are simply not being done by anyone.

- Not developing long term goals and measurable objectives in the areas of drug use, availability of drugs, and drug use (health and crime) consequences. The current strategy addresses just drug use, particularly youth drug use, and does not have measurable goals and objectives for reducing drug use availability or drug use consequences.
- Not promoting knowledge development and data systems to inform the nation about existing and emerging drug problems. Under this Administration, the Arrestee Drug Abuse Monitoring system (ADAM), which provided a leading indicator to identify emerging drug use trends, was cut back significantly to be rendered practically useless.

As a result of these failures, ONDCP is no longer seen as a serious player in the drug issue. It has become just another federal agency involved in some aspects of drug policy, but its vital leadership role has been misplaced. As evidence of this, we merely need to look at the actions of this and prior oversight Congressional Committees that have been forced to step in and direct ONDCP to take action in areas related, for example, to methamphetamine and prescription drug abuse, federal drug budget accounting, and performance measurement. Again and again questions are asked, but answers do not seem to be forthcoming.

In my view, ONDCP is not serving the nation's interest in addressing the drug problem. It has ignored many of its legal responsibilities to address the drug control problem and, most seriously, it is now misinforming the nation about its overall progress in reducing drug use.

So, this now leads to the future of ONDCP. Should ONDCP continue to exist? Can it have a meaningful role in shaping drug policy in the next Administration? The answer is yes, but only if certain changes occur:

- The statutorily mandated organizational structure that reflected the 1980's cocaine drug war must be reconsidered. Perhaps it should be updated in favor of one that addresses today's multifaceted and rapidly evolving drug threat. Having an organization with Offices of Supply Reduction and Demand Reduction made sense at a time when the nation sought to stop drugs from entering the United States while at the same time trying to curb demand. Today, this structure pits supply against demand—it's time we recognize that drug use occurs in drug markets and those drugs coming from outside our borders are not necessarily the most serious component of the overall drug situation. According to the NSDUH, the drugs that enter the United States illegally (mostly cocaine and heroin) are relatively less of a problem today than drugs that can be produced or cultivated in the United States, such as illicitly obtained and diverted prescription drugs, methamphetamine, and marijuana.
- ONDCP must rediscover its roots. By this statement, I mean that ONDCP should again focus on becoming a leader in policy formulation on behalf of the President

to allow the Administration to develop a drug policy that is evidence-based and includes performance measurement to hold it accountable for results.

- The office must jettison some of the programs that are distracting it from its core mission. I strongly support and would expand, for example, the Drug Free Communities program—after all, the national drug problem is essentially the culmination of local drug problems—but question why funds for it are appropriated to a policy-making organization in the Executive Office of the President: in this case, ONDCP. Because it is a prevention program, funds for it should be put in an agency responsible with knowledge of effectively administering prevention programs. And what about the media campaign? A recent scientific evaluation of that program found it to be ineffective, which strongly suggests that its funding should probably be ended. However, if Congress desires to continue to fund the program, then I recommend that it should be placed in an agency that programmatically understands demand reduction—SAMHSA would be a logical candidate.
- ONDCP must rebuild and promote data surveillance systems to track emerging drug use problems. ONDCP has let die such systems in the past few years to the detriment of informing the future of an effective national drug control policy. An informed drug policy is one that does not look backward at previous trends, but instead relies on leading drug use indicators to promote new policies, programs, and practices. For example, systems like the Department of Justice’s ADAM should be greatly expanded.
- ONDCP must become part of the movement towards electronic health records. The entire health care industry is currently being transformed by the introduction of electronic health records. Drug treatment providers must be part of this movement so that drug treatment is properly located in the mainstream with all of health care, with real time data available to inform policy and program development. But of course this must be done in a way that continues to protect the patient’s right to confidentiality and privacy as established by 42 CFR Part 2.
- ONDCP should promote more understanding about the drug problem as being one that is related to behavioral health. This would enable drug policy to better address co-occurring problems as well as to use the coercive powers of the criminal justice system to help those with serious drug problems achieve abstinence and move towards living productive lives.
- ONDCP must also re-establish its role in developing priorities, setting policy, and in developing and promoting a budget adequate to implement it. This will require that the next Administration commit to letting ONDCP fully exercise its authority to coordinate drug policy and work with the Office of Management and Budget to formulate a federal budget that reflects our nation’s need to address drug use and its damaging consequences.

- ONDCP must be held more accountable by Congress for reporting accurately and completely on performance. In addition to reinstating a transparent and open performance measurement system, the office must be taken to task whenever it fails to meet a congressional mandate to report on a particular topic in a particular time frame.
- ONDCP must take the lead in developing a policy research agenda to inform the national strategy about what does and what does not work.
- ONDCP must work more effectively with other nations to establish a stronger leadership role in coordinating international drug control policy. All nations, not just the United States, face problems with illicit drugs and consequences. This especially includes promoting demand reduction programs like those funded by the State Department and the United Nations, but it also should include efforts to learn what is working in other countries.

In summary, ONDCP must return to being a policy office, one that administers few programs that could interfere with its original policy mission. It must develop policies based on what research tells us is effective in reducing demand and its damaging consequences. It must coordinate and propose to Congress on behalf of the administration a budget that logically implements the evidence-based policy. Right now, we have a budget that undercounts federal resources and is directly at odds with what research tells us needs to be done. We must never let our own opinions about what works or what needs to be done overcome what competent research and supportable findings tell us must be done. The drug issue is one that many confront, but few really understand. Much of what we think about drug abuse comes not from research, but from our hearts and our personal experiences. We can clearly see the pain drug abuse brings, especially for our families and friends, and we want to believe that we, as a nation, can overcome it. We can, and we must. But the answer lies not in our hearts but rather in properly informed and focused policy supported by adequate and stable funding, with the required checks and balances provided by performance evaluation and strong, open-handed leadership and management. This nation deserves no less.