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

Assessing the Federal Response to Drug and Opioid Use

Homeland Security and Government Affairs Committee
United States Senate

Tuesday, May 17, 2016
2:30 p.m.

Statement of
Michael P. Botticelli
Director of National Drug Control Policy

Overview

Chairman Johnson, Ranking Member Carper, and members of the Committee, thank you for this opportunity to discuss the Office of National Drug Control Policy's authorities and efforts to collaboratively carry out President Obama's drug control priorities.

The Office of National Drug Control Policy (ONDCP) was established by Congress in 1988 with the principal purpose of reducing illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences. As a component of the Executive Office of the President, ONDCP establishes policies, priorities, and objectives for the Nation's drug control programs and ensures that adequate resources are provided to implement them. We also develop, evaluate, coordinate, and oversee the international and domestic anti-drug efforts of Executive Branch agencies and ensure such efforts sustain and complement state and local drug policy activities.

At ONDCP, we are charged with producing the *National Drug Control Strategy* (*Strategy*), the Administration's primary blueprint for drug policy, along with a national drug control budget. The *Strategy* is a 21st century plan that outlines a series of evidence-based reforms that treat our Nation's drug problem as a public health challenge, not just a criminal justice issue. It is guided by what science, experience, and compassion demonstrate about the true nature of drug use in America.

Status of Drug Use and Availability

The *Strategy* takes a thorough and comprehensive approach to addressing .drug use and availability. With its inaugural 2010 *Strategy,* the Administration stressed a public health and public safety approach that recognized substance use disorder is a disease of the brain that can be prevented, treated, and from which people can recover. It also recognized the continued importance of law enforcement efforts, including interdiction and cooperation with international partners to reduce the supply of illicit drugs.

The *Strategies* have produced results. In 2012, the Nation saw the first decline in the rate of deaths involving opioid medications. From 1999 to 2011, these death rates increased each year, rising from 2.4 deaths per 100,000 population to 6.2. In 2012, they dipped to 5.8 and remained there in 2013 before rising again to 6.5 in 2014.[1] This rise in 2014 may likely be attributed to fentanyl. The rate of overdose deaths involving synthetic opioids nearly doubled between 2013 and 2014; it includes prescription opioids and non-pharmaceutical fentanyl manufactured in illegal laboratories, and toxicology tests used by medical examiners and coroners are unable to distinguish between the two.[2] With the continued implementation of the various elements of the Administration's plan for addressing this crisis, including increasing access to treatment for opioid use disorders, improving prescription drug monitoring programs and their interoperability, expanding distribution of the opioid overdose antidote naloxone to all first responders, prescriber education, expanding local prescription medication disposal

[1] Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Case of Death, 1999-2014 on CDC WONDER Online Database, released 2015. Extracted by ONDCP from http://wonder.cdc.gov/mcd-icd10.html on December 9, 2015.
[2] Rose A. Rudd, MSPH; Noah Aleshire, JD; Jon E. Zibbell, PhD; R. Matthew Gladden, PhD Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report. Increases in Drug and Opioid Overdose Deaths – United States 2000-2014. Weekly. January 1, 2016. 64(50); 1378-82. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm.

programs, and continuing law enforcement actions against pill-mill operators and suppliers and traffickers of heroin and illicit fentanyl, we are hopeful that the Nation will see renewed declines in deaths involving all opioids.

Our hope is fueled by recent reductions in the non-medical use of these powerful drugs. Among youth age 12 to 17, current non-medical use of these drugs declined 29 percent from 2009 to 2014, and 39 percent among young adults age 18 to 29. Perhaps most importantly, initiation of nonmedical use of opioid medications is down 35 percent over this same period, from 2.2 million in 2009 to 1.4 million in 2014. These significant declines in the number of non-medical prescription opioid use by youth and young adults, and in the number of new initiates, demonstrate the effectiveness of this Administration's policies, including education and prevention efforts on the harms of prescription opioid misuse.

From 2009 to 2014, there have been reductions in the use of illicit drugs other than marijuana, dropping 21 percent among youth age 12 to 17, and 20 percent among young adults age 18 to 29. The declines have been driven by decreases in the non-medical use of prescription drugs, ecstasy, hallucinogens, and inhalants.[3] Substantial progress also has been achieved in reducing alcohol and tobacco use among youth, the two most frequently used substances at this age. Among 8th grade students, the rate of lifetime use of these substances declined 28 percent for alcohol (from 36.6 percent in 2009 to 26.1 percent in 2015) and 34 percent for cigarettes (from 20.1 percent to 13.3 percent in 2015).[4] These declines exceeded the targets established for them in the 2010 *Strategy*.

Substantial progress also has been achieved in reducing the number of HIV infections attributable to intravenous drug use. Such infections fell from 5,799 in 2009 to 4,366 in 2013, exceeding the 2015 Strategy target of 4,929.[5] Nonetheless, only certain parts of the country have benefitted from policies to reduce the risk of exposure to blood-borne infections. For example, in rural southeastern Indiana, intravenous use of prescription oxymorphone caused an HIV outbreak where 191 persons have tested positive since January 2015.[6] This outbreak reminds us that more work remains.

Despite these achievements, much remains to be done. The past five years have seen an alarming increase in deaths involving heroin, rising from 3,038 in 2010 to 10,574 in 2014.[7] This increase has been accompanied by a sharp rise in the availability of purer forms of heroin that allow for non-intravenous use,[8] and at a relatively lower price,[9] and an increase in the initiation of heroin use (from 116,000 people in 2008 to 212,000 in 2014).[10] Drugged driving continues to be of great concern. In 2007, the National Highway Traffic Safety Administration estimated that 16.3 percent of the Nation's weekend nighttime drivers tested positive for an illicit drug or

[3] Center for Behavioral Health Statistics and Quality (CBHSQ). 2015. *2014 National Survey on Drug Use and Health (NSDUH): Detailed Tables.* Substance Abuse and Mental Health Services Administration, Rockville, MD
[4] Johnston, L.D.; O'Malley, P.M.; Miech, R.A.; Bachman, J.G.; and Schulenberg, J.E. 2015.D.; 2015. *Monitoring the Future. National Survey Results on Drug Use. 2015 Overview: Key Findings on Adolescent Drug Use*. The University of Michigan, Institute for Social Research, Ann Arbor, MI
[5] Centers for Disease Control and Prevention. February 2015. HIV Surveillance Report-Diagnoses of HIV Infection in the United States, 2013. Vol. 25. Department of Health and human Services, Washington, DC
[6] Morbidity and Mortality Weekly Report (MMWR), Community Outbreak of HIV Infection Linked to Injection Drug Use of Oxymorphone — Indiana, 2015, 64 (16); p 443-444, May 1, 2015. Data from State of Indiana, available at https://secure.in.gov/isdh/26649.htm.
[7] Op cit., CDC WONDER 2015.
[8] Drug Enforcement Administration. Strategic Intelligence Section. 2015 National Heroin Threat Assessment. DEA-DCT-DIR-039-15.
[9] Drug Enforcement Administration. System to Retrieve Information from Drug Evidence (STRIDE), Price and Purity Data, 2015.
[10] Op cit., CBHSQ NSDUH 2015.

medication capable of impairing driving skills. Unfortunately, by 2013/2014 that estimate had risen to 20.0 percent.[11]

Drug Policy Priorities and *Strategy* Goals

ONDCP produces the *Strategy* each year in partnership with our fellow Federal agencies and with extensive feedback and input from stakeholders across the country and around the world. The *Strategy* establishes the framework for the Nation's drug control efforts, focusing on prevention, early intervention, treatment and recovery support, criminal justice reform, law enforcement efforts, and international partnerships. The *Strategy* also reviews the results of current data and research efforts that inform our policies, and identifies areas where more information is needed.

To assist in establishing policy and evaluating the success of our efforts, the *Strategy* includes two broad policy goals accompanied by performance measures and targets. The *Strategy* seeks to: (1) Curtail illicit drug consumption in America, and (2) Improve the public health and public safety of the American people by reducing the consequences of drug use. There are 15 data items that inform seven Strategy Measures in support of the two goals. In addition, for the past six years, each chapter of the *Strategy* has included action items assigned to Federal agencies. Each action item addresses an area of policy critical to improving the health and safety of our Nation. Completion of these action items supports the Administration's efforts to meet the goals of the *Strategy*.

Overview of 2015 *Strategy*

President Obama's inaugural *Strategy*, released in May 2010, labeled opioid overdose a "growing national crisis" and laid out specific actions and goals for reducing nonmedical prescription opioid and heroin use.[12]

Building on this, the Administration released a comprehensive *Prescription Drug Abuse Prevention Plan (Plan)*[13] in 2011, which created a national framework for reducing prescription drug diversion and misuse. The *Plan* focuses on: improving education for patients and healthcare providers; supporting the expansion of state-based prescription drug monitoring programs; developing more convenient and environmentally responsible disposal methods to remove unused and unneeded medications from the home; and reducing the prevalence of pill mills and diversion through targeted enforcement efforts.

Success in each of these efforts has been the result of concerted collaboration among Federal agencies and coordination by ONDCP. Since the release of this plan, our efforts have built upon this foundation and have expanded to respond more comprehensively to the growing crisis.

---

[11] National Highway Traffic Safety Administration. 2015. Traffic Safety Facts. Research Note. Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers. Department of Transportation (DOT HS 812 118).
[12] Office of National Drug Control Policy. *2010 National Drug Control Strategy*. Executive Office of the President. [2010]. Available: http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/ndcs2010.pdf#page=49
[13] Office of National Drug Control Policy. *Epidemic: Responding to America's Prescription Drug Abuse Crisis* [2011] Available: http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan.pdf

The Administration has increased access to treatment for substance use disorders, expanded efforts to prevent overdose, and coordinated a Government-wide response to address the consequences of opioid misuse. We have worked to educate prescribers and the public on the risks associated with misusing prescription opioids. We have worked with state and local governments to improve legislative and policy responses to opioid use in their communities. We have also continued to pursue actions against criminal organizations trafficking in opioid drugs and we continue our close cooperation with the Government of Mexico to disrupt criminal networks and reduce the flow of heroin from Mexico into the United State.

Mexico is currently the primary supplier of heroin to the United States, with Mexican drug traffickers producing heroin in Mexico and smuggling the finished product into the United States.[14] Opium poppy cultivation in Mexico has increased substantially in recent years, rising from 17,000 hectares in 2014, with an estimated potential pure heroin production of 42 metric tons, to 28,000 hectares in 2015 with potential production of 70 metric tons of pure heroin.[15] Additionally, we are working with several states to obtain better reporting on the use and abuse of fentanyl to help us better understand the increased availability of fentanyl in the United States. This not only includes reporting on fentanyl seizures by law enforcement agencies but also post-mortem detection of fentanyl in suspected overdose cases that may not be attributed to heroin alone.

At the same time, we have focused on addressing Neonatal Abstinence Syndrome and opioid use disorder among pregnant women; worked with Congress to revise the ban against federal funds for syringe service programs; expanded the availability of medication assisted treatment for opioid use disorder, including increasing the number of trained and waivered healthcare providers that can prescribe buprenorphine; and taken budget and policy actions that have expanded the availability and use of the opioid overdose reversal medication naloxone, including by law enforcement and other first responders. In each of these areas, multiple agencies have come together to leverage resources and policy expertise toward a common goal.

How the Drug Budget is Aligned with Policy Priorities

ONDCP's authorities allow it to engage in a policy and budget development process that is dynamic, nimble, and responsive to the needs of communities and which allow us to collaborate effectively with Congress, state and local governments, community organizations, individual citizens, and other stakeholders.

Nowhere is this more evident than in the Federal response to the prescription drug and heroin epidemic currently facing our Nation. ONDCP's oversight of the National Drug Control Budget ensures the Federal Government's drug control efforts are well coordinated and support the objectives of the *Strategy*. Since the Administration's inaugural 2010 *Strategy*, we have deployed a comprehensive and evidence-based strategy to address opioid use disorders and opioid induced overdose deaths. ONDCP's annual funding guidance to Drug Control Program agencies emphasized the need for increased access to treatment for substance use disorders, expanded efforts to prevent overdose, and a coordinated Government-wide response to address the public health and public safety consequences of substance use—particularly heroin use and

[14] Drug Enforcement Administration. Strategic Intelligence Section. 2015 National Heroin Threat Assessment. DEA-DCT-DIR-039-15.
[15] US Department of State, Bureau of International Narcotics and Law Enforcement Affairs. International Narcotics Control Strategy Report - 2015 [INCSR] (March 2015) for data from 2013 - 2014 and unpublished U.S. Government Estimates.

the non-medical use of opioid medications. The guidance also recognizes the need for continued interdiction and enforcement actions against criminal drug trafficking organizations.

The funding guidance provides Drug Control Program agencies notification of the budget priorities needed to support the objectives of the *Strategy*. ONDCP reviews and makes funding recommendations on the budget submissions of Drug Control Program agencies twice during each budget cycle. The budgets are first reviewed in the summer when bureaus submit budget data to their respective Departments for review. They are reviewed a second time in the fall when Departments submit their budgets to the Office of Management and Budget. ONDCP coordinates closely with policy and budget officials to ensure that ONDCP funding priorities are supported as much as possible in the President's Budget.

ONDCP's efforts have helped to secure necessary resources for the Administration's priorities, and align overall funding to reflect a balanced demand reduction and supply reduction approach to drug control efforts.

When the Administration took office, 37 percent of Federal drug control resources were devoted to demand reduction efforts such as preventing and treating substance use disorders. In FY 2017, 51 percent of Federal drug control resources are requested for demand reduction and 49 percent of Federal drug control resources are requested for supply reduction. This is the first time that more Federal funding has been requested to support drug treatment and prevention than for supply -reduction efforts.

The total national drug control policy budget request in FY 2017 is $31.1 billion. This is half-a-billion dollars more than the FY 2016 enacted level and represents an increase of $6.2 billion (+25 percent) in drug control funding since the beginning of the Administration. Since the Administration took office in 2009, the policy guidance and the drug control funding levels supporting those policies show that ONDCP's efforts have contributed to a change in how the Federal government approaches substance use and its consequences. The FY 2017 Administration's request of $15.8 billion for drug treatment and prevention includes an increase of $6.7 billion since the beginning of the Administration, increasing the amount of funding available for demand reduction programs by more than 70 percent. In FY 2017, the Administration requests more than $15.2 billion for supply reduction programs. Since 2009, the funding request for supply reduction efforts has provided increases for domestic law enforcement (+$63 million) and interdiction (+$439 million), but a reduction in funding for international drug control (-$952 million).

The FY 2017 drug control budget matches the seriousness of the situation we face as a nation. The President's FY 2017 Budget takes a two-pronged approach to address the opioid epidemic. First, it includes $1 billion in new mandatory funding over two years to expand access to treatment and recovery support services for those suffering from opioid use disorder. This funding will boost efforts to help individuals seek and complete treatment, and sustain recovery. This funding includes:

- $920 million to support cooperative agreements with States to expand access to treatment for opioid use disorders. States will receive funds based on the severity of the epidemic and on the strength of their strategy to respond to it. States can use these funds to expand treatment capacity and make services more affordable.

- $50 million to the National Health Service Corps to expand access to substance use disorder treatment providers. This funding will support approximately 700 substance use disorder treatment providers in areas most in need of these services.

- $30 million to evaluate the effectiveness of treatment programs employing medication-assisted treatment and to improve treatment for patients with opioid use disorder.

This investment, combined with efforts to reduce barriers to treatment for substance use disorders, is a critical step in helping every American who wants treatment access it and get the help they need.

In addition to the request for new mandatory funding, the President's FY 2017 Budget request includes an increase of more than $90 million for the Departments of Justice and Health and Human Services to continue expanding state-level prescription drug overdose prevention strategies, increase the availability of medication-assisted treatment programs, improve access to the overdose-reversal drug naloxone, and support targeted enforcement activities. A portion of this funding is directed to rural areas, where rates of opioid use and overdose are high and access to resources is limited.

Evaluating the Effectiveness of Drug Policy Programs.

As for so many of the issues facing our Nation, we must continue seeking new and effective solutions to reduce drug use and its consequences. As policy develops in response to the changes in drug trafficking and use, ONDCP has been able to work in partnership with the Federal Drug Control agencies to develop new programs and expand successful ones.

Measuring performance is a key tool for ONDCP in its oversight of National Drug Control Program agencies – it enables ONDCP to assess the extent to which the *Strategy* is achieving its goals, and accounts for the contributions of individual drug control agencies. ONDCP's approach to performance evaluation includes several elements.

The first element is implementation of the *Strategy*. The *Strategy* identifies Action Items that are essential to achieving the *Strategy's* Goals and Objectives. The implementation of these action items by interagency partners is monitored by ONDCP's Delivery Unit, which works with ONDCP components to coordinate and track progress. When progress is not being achieved, relevant agency partners are convened to assess challenges and implement corrective actions. Additionally, once funds are appropriated by Congress, Drug Control Program agencies submit financial plans to ONDCP with account-level detail that links the drug budget to the operating budget, and provides policy officials with the information to make resource allocation decisions. Occasionally, an agency may seek to reprogram funding to address an unanticipated need. Drug Control Program agencies that seek to reprogram or transfer appropriated Drug Control Program funds exceeding one million dollars must have the request approved by ONDCP.

The second element is the Performance Reporting System (PRS). As noted above, the *Strategy* has two overarching goals: (1) curtailing illicit drug consumption in the United States;

and (2) improving the public health and public safety of the American people by reducing the consequences of drug use. ONDCP and its Federal partners use the PRS to assess progress toward meeting specific quantitative targets of the *Strategy's* Goals and Objectives. The *Strategy's* overarching goals call for reductions in the rate of young adult drug use, chronic drug use, and drug-related consequences, such as drug-related morbidity and drugged driving. The PRS' seven objectives focus on prevention, early intervention, treatment & recovery support, breaking the cycle of drug use and crime, drug trafficking and production, international partnerships, and enhancing data sources to inform policies, programs, and practices.

Data from the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Drug Abuse (NIDA), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Department of Justice, Department of State, and ONDCP are used to track 32 measures. These data are used to track progress-to-date compared to the baseline for each measure. In reviewing these data, ONDCP and its Federal partners look at trends and shifts in trends that may be a sign of an emerging issue. An example would include monitoring trends of drug-induced deaths. In 2009, there were 39,147 drug-induced deaths; 37,004 of these were drug poisoning deaths and 20,848 of those were reported to involve prescription drugs. In 2013, there were 46,471 drug-induced deaths, an increase of 19 percent compared to 2009. These data, among other data and information, prompted a more extensive review that was used to inform ONDCP's response to shifts in prescription drug misuse and heroin use.

A third element of ONDCP's approach to performance is the Performance Summary Report (PSR). Individual agency performance summary reports are a component of ONDCP's assessment of agency performance. These reports provide the Administration and Congress with independent assessments of agency accountability systems – the measures, the process of developing targets, the quality of data systems, and the use of performance information.

Progress on *Strategy* Goals

A suite of seven measures, informed by 15 data items, was developed to assess the Nation's progress toward achieving the *Strategy's* goals. The 2015 PRS Report found good progress in a number of areas, including a decrease in 30-day prevalence of drug use among 12-17 year olds, a decrease in lifetime prevalence of 8th graders using alcohol and tobacco, a reduction in HIV infections attributable to drug use, and reduction in the number of chronic cocaine and methamphetamine users.

However, challenges remain. We have not achieved reduction targets for lifetime prevalence of 8th graders using illicit drugs and have not made progress on reducing drug use among 18-25 year olds. The primary reason for this lack of success is the continued and unchanging high prevalence of past month marijuana use among young adults—nearly 20 percent since 2009. However, when marijuana is excluded from the estimation of illicit drug use, the Nation has actually already doubled the targeted reduction—a 20 percent decline from 2009 to 2013. This decline has been driven by a 25 percent decline in past month non-medical use of prescription drugs overall, which in turn was driven by a 31 percent decline in past month non-medical use of prescription opioid medications.

The heroin crisis is being compounded by the emergence of illicit fentanyl, a powerful opioid more potent than morphine or heroin.[16] Fentanyl is sometimes added to heroin to increase potency, or mixed with adulterants and sold as heroin with or without the buyer's knowledge. Some states are being hit especially hard by fentanyl-related overdoses. For example, Ohio med ical authorities reported 514 fentanyl-related overdose deaths in Ohio in 2014 alone – up from 92 in the previous year.[17] And in New Hampshire, the Office of the Chief Medical Examiner reports that out of 433 drug deaths in 2015, 396 involved opioids. Of those deaths involving opioids, 281 involved fentanyl and 88 involved heroin.[18]

In response, and per the *Strategy*, ONDCP coordinates with Federal partners to identify, disrupt and dismantle criminal organizations trafficking in opioid drugs; works with the international community to reduce the cultivation of poppy; identifies labs creating dangerous synthetic opioids like fentanyl and acetyl-fentanyl; and enhances efforts along the Nation's borders to decrease the flow of these drugs into our country. Expanding on these efforts, in October, ONDCP created the National Heroin Coordination Group, a multi-disciplinary team of subject matter experts to lead Federal efforts to reduce the availability of heroin and fentanyl in the United States. This hub of interagency partners will leverage their home agency authorities and resources to disrupt the heroin and illicit fentanyl supply chain coming into the U.S. and will establish mechanisms for interagency collaboration and information-sharing focused on heroin and fentanyl.

With regard to drugged driving, the data are mixed. As noted above, data from the National Highway Traffic Safety Administration's National Roadside Survey show the Nation moving in the wrong direction on drug-involved driving. Results from the 2013/2014 survey indicated that driving after consuming drugs on weekend nights was 20 percent, up from 16.3 percent in 2009. ONDCP also is tracking the prevalence of drugged driving with self-report data from the National Survey on Drug Use and Health (NSDUH). According to data from the 2014 NSDUH, the United States is almost at its target of reducing drugged driving by 10 percent by 2015. The baseline rate of drugged driving for drivers 16 and older in 2009 was 4.4 percent; the target rate by 2015 is 4.0 percent; and in 2014 at the rate achieved was 4.1 percent.

Coordinating Drug Control Efforts to Eliminate Duplication

ONDCP coordinates drug control efforts and eliminates duplication through a variety of mechanisms. ONDCP works closely with all Federal drug control agencies to develop the President's *National Drug Control Strategy*, and the drug control budget. Additionally, ONDCP leads a broad range of interagency groups that support the *Strategy's* initiatives. Examples include interagency working groups on treatment, prevention, and data, the Interdiction Committee, the National Heroin Task Force, and the National Heroin Coordination Group.

[16] Zuurmond WW, Meert TF, and Noorduin H. (2002). Partial versus full agonists for opioid-mediated analgesia--focus on fentanyl and buprenorphine. Acta Anaesthesiol Belg, 53(3):193-201.

[17] 2014 Ohio Drug Overdose Preliminary Data: General Findings, Ohio Department of Health, Office of Vital Statistics; Analysis Conducted by Injury Prevention Program. Available at: http://www.healthy.ohio.gov/~/media/HealthyOhio/ASSETS/Files/injury%20prevention/2014%20Ohio%20Preliminary%20Overdose%20Report.pdf. Accessed 11-24-15.

[18] Personal E-mail Communication. April 28, 2016. New Hampshire Office of the Chief Medical Examiner. 2015 Current Drug Data as of April 14, 2016.

In 2013, the General Accountability Office (GAO) released a report indicating overlapping services in substance use prevention and treatment, which could increase the risk of duplication. As a follow up to this report, ONDCP undertook an assessment of the extent of overlap, duplication, and coordination. ONDCP found that nearly all of the identified programs serve distinct beneficiaries in distinct settings. In a few cases where overlap could occur, a review of the grantees found duplication did not occur. Further, ONDCP found that the agencies managing these programs have coordinated their programs to achieve the best results. In a few cases, ONDCP found a limited number of programs that would benefit from greater coordination and worked with the programs to enhance it.

ONDCP continues to coordinate with Federal agency partners and lead interagency working groups to prevent program overlap. We appreciate GAO's recognition that ONDCP's actions mean ONDCP "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."

Conclusion

Achieving the *Strategy's* goals takes extensive effort at the federal, state and local level. ONDCP will continue to lead the Federal Government in addressing drug use and its public health and public safety consequences, including the opioid epidemic. ONDCP's guidance and coordination with our Federal partners maintains focus on the President's policy and funding priorities, and helps states and communities address illicit substance use. Together, we are committed partners, working to reduce the prevalence of substance use disorders through prevention, increasing access to treatment, and helping individuals recover from the disease of addiction. These efforts are also accompanied by a focus on effective law enforcement and supply reduction strategies to interrupt drug trafficking networks. Thank you for the opportunity to testify and for your ongoing commitment to these issues. I look forward to continuing to work with you on these pressing matters.