



# NATIONAL DRUG CONTROL STRATEGY

*A Report by the*  
Office of National Drug Control Policy

JANUARY 2019

# TABLE OF CONTENTS

Preface	
Introduction .....	1
Strategic Objective and Assumptions .....	2
Strategy Implementation .....	3
Prevention .....	4
Treatment and Recovery .....	8
Reducing the Availability of Illicit Drugs in the United States .....	13
Metrics .....	19



The negative consequences of the trafficking and use of illicit drugs, along with the toll that drug misuse and abuse is taking across America, have endangered too many communities, ruined too many families, and taken the lives of too many of our fellow Americans.

The Trump Administration's *National Drug Control Strategy* is focused on reversing these developments, saving American lives, and setting our Nation on a path to being stronger, healthier, and drug-free. This *Strategy* is intended to guide and focus Federal government efforts along three complementary lines of effort. First, we must reduce the size of the drug-using population by preventing initiates to illicit drug use through education and evidence-based prevention programs. Second, we must reduce barriers to treatment services so that access to long-term recovery is available for those suffering from substance use disorder. And finally, we must drastically reduce the availability of these drugs in the United States through law enforcement and cooperation with international partners to lessen the negative effects of drug trafficking that impact the safety of our communities and the well-being of our citizens.

While this *Strategy* reflects the President's top priority to address the current opioid crisis and reduce the number of Americans dying from these dangerous drugs, it also sets us on the path to develop further the capability, knowledge, and infrastructure to respond to the evolving nature of the drug threat as we move deeper into the twenty-first century.

This is a *Strategy* of action. It reflects our understanding of the complex interplay between the availability of drugs in the U.S. market and their use, anticipates changes in the drug environment in both the public health and law enforcement domains, and allows us to adapt our actions and make lasting progress against this historic national security, law enforcement, and public health challenge. Most importantly, it demands our full effort and a relentless focus on delivering results. The American People should expect nothing less.

A handwritten signature in black ink that reads "James Carroll". The signature is written in a cursive, flowing style.

James W. Carroll  
Director of National Drug Control Policy

*“We will work to strengthen vulnerable families and communities, and we will help to build and grow a stronger, healthier, and drug-free society.”*

—PRESIDENT DONALD J. TRUMP

## INTRODUCTION

The drug crisis our country faces today is unprecedented. It has evolved over the past several decades and has steadily worsened with time. Every state and county, and every socioeconomic group in our country, is directly affected by the negative consequences of illicit drug use. However, today we can see American ingenuity across the Nation, sparked by the commitment to save lives, at work to establish lasting solutions to this monumental problem. Law enforcement and public health innovators working side-by-side at the local level, assisted and inspired by families who have lost loved ones to the scourge of drug use, resourced by government agencies at every level working with private sector partners, are already making a difference. This *National Drug Control Strategy*, the Trump Administration’s first, establishes the President’s priorities for addressing the challenge of drug trafficking and use, now and in coming years. It also provides the strategic direction necessary for the Federal government to prevent initiates to drug use through education and evidence-based prevention, provide treatment for those suffering from the disease of addiction so they can reach long-term recovery, and reduce the availability of these dangerous drugs in every American community.

The President’s top priority is to address, head on, the current opioid crisis and reduce the number of Americans dying from these dangerous drugs. This crisis alone has resulted in more American deaths in just two years than in the course of the entire Vietnam War. In 2017, there were more than 70,200 drug overdose deaths in the United States according to the Centers for Disease Control and Prevention (CDC). More than 47,500 of these deaths involved an opioid, and more than half of these deaths involved a synthetic opioid such as illicit fentanyl or one of its analogues. From 2014 to 2017, the number of deaths attributed to synthetic opioids like fentanyl and its analogues increased 413 percent, and these synthetic opioids are now involved in more deaths than any other drug such as prescription opioids, heroin, or cocaine. Along with the current opioid crisis, overdose deaths involving heroin, cocaine, methamphetamine, and prescribed opioid painkillers have all increased since 2014 as well, and many of these deaths involved more than one drug.

The Trump Administration is matching the magnitude of today’s historic crisis with a historic level of focus and resources. In addition to providing an array of Federal grants across the spectrum of drug issues the President increased resources in his Fiscal Year (FY) 2019 Budget dedicated to the opioid crisis, held two opioid summits at the White House, established *The President’s Commission on Combating Drug Addiction and the Opioid Crisis* (herein referred to as the Commission) via Executive Order in March 2017, and announced his *Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand* in March 2018.

While confronting today's drug crisis to arrest its growth and reduce its effects, we must also further develop the capability, knowledge, and infrastructure to respond to the evolving nature of the drug threat as we move deeper into the twenty-first century. Drug traffickers will continue to attempt to secure ever-greater profits by expanding their customer base, reducing overhead, and mitigating risks to their supply chains. The exponential growth in the availability and use of synthetic drugs in the United States, especially synthetic opioids like fentanyl and its analogues, provides a window into the likely future of drug use and trafficking. Drug trafficking organizations can avoid the costly process of harvesting illicit crops and producing plant-based drugs by the much cheaper and faster process of chemical synthesis. Potent synthetic drugs can be smuggled across our borders in small quantities that can be more easily concealed than bulkier plant-based drugs. They can also be purchased cheaply on the dark web using cryptocurrencies that provide anonymity, and shipped into the United States through international mail or as express consignment shipments. The combination of low production cost, the anonymity of the darkweb and cryptocurrencies, and drugs with higher potency than plant-based drugs, creates a favorable risk-reward structure that drug traffickers will embrace to an even greater degree in the years to come.

Along with the emergence of the greater availability and trafficking of synthetic drugs, we must also confront an emerging crisis of cocaine availability and use in the United States. The increased cultivation of coca and production of cocaine in Colombia, the source of more than 90 percent of the cocaine in the U.S. market, has once again reached record levels. Moreover, the suspension of aerial eradication programs in Colombia during its peace process, from 2015 until today, has led to even greater yield from coca plants, resulting in increased production and purity levels. Cocaine use in the United States started rising again after many years of decline. From 2016 to 2017, overdose deaths in which cocaine was the primary contributing drug increased 34 percent according to the CDC, and the National Survey of Drug Use and Health (NSDUH) shows that in 2017 past-month users of cocaine aged 12 and above increased from 1.9 million Americans to 2.1 million and new initiates to cocaine use increased to 1 million, averaging approximately 2,800 per day.

Given the current drug crisis facing America, and the President's priorities, this *Strategy* adopts a strong bias toward *action*. It focuses on leveraging our understanding of the complex interplay between the availability of drugs in the U.S. market and their use, anticipating changes in the drug environment in both the public health and law enforcement domains, and adapting our actions to seize the initiative to make lasting progress against this historic challenge. The global drug trafficking enterprise is vast, dynamic, and adaptable, but it is not without vulnerabilities. It is only through a unified effort in which the Federal government works with, and in support of, creative and resourceful individuals and organizations across the country, that can we address this complex national security, law enforcement, and public health problem.

## **STRATEGIC OBJECTIVE AND ASSUMPTIONS**

This *Strategy* is focused on achieving one overarching strategic objective:

*Building a stronger, healthier, drug free society today and in the years to come by drastically reducing the number of Americans losing their lives to drug addiction in today's crisis, and preparing now to dominate the drug environment of the*

*future. This will be done by preventing initiates to drug use, providing treatment services leading to long-term recovery for those suffering from addiction, and aggressively reducing the availability of illicit drugs in America's communities.*

This *Strategy* consists of three interrelated elements designed to achieve the President's goal of building and fostering a stronger, healthier, and drug free society: prevention, treatment and recovery, and reducing the availability of drugs in America. The single and most important criterion of success is saving American lives, and achieving that objective requires the Federal government to work with partners at the state, local, and tribal levels; the healthcare sector; industry; foreign partners; and every concerned American citizen to advance our Nation's efforts to promote and maintain healthy lifestyles, and help build and grow safe communities free from the scourge of drug use and addiction.

This *Strategy* makes several key assumptions:

- Deliberate, sustained, and well-coordinated education and prevention efforts will, over time, reduce the number of Americans who initiate illicit drug use.
- Better prescribing practices and the expansion of alternatives to prescription drugs that hold a high potential for addiction and abuse will have a positive effect on reducing the number of initiates to illicit drug use.
- Increasing the availability of treatment services for substance use disorder will lead to a greater number of Americans achieving sustained recovery and reduce the size of the illicit drug market and demand in the United States.
- Reducing the availability of illicit drugs in the United States will enable public health efforts to take hold, increasing the potential for successful prevention and treatment efforts.
- Aggressive and versatile drug trafficking organizations will respond to sustained pressure placed upon them by disruption, dismantlement, interdiction efforts and judicial/prosecutorial efforts, and will adapt their production and trafficking methods to minimize risk and maximize profit.

## STRATEGY IMPLEMENTATION

The three fundamental elements that form the heart of this *Strategy*—prevention, treatment and recovery, and reducing availability—are complementary and mutually supporting. Reducing the size of the illicit drug using population involves **preventing** initiates to illicit drug use through education and evidence-based prevention programs. Providing **treatment services leading to long-term recovery** for those suffering from substance use disorder, often using medication-assisted treatment (MAT) combined with therapy, moves people out of the active user population and on the path to recovery. By reducing the number of individuals who use illicit drugs through prevention and treatment, we can diminish the market forces pulling illicit drugs across our borders and into our communities. Simultaneously, we must drastically reduce the **availability** of these drugs in the United States. Increased availability increases the opportunity for individuals to initiate drug use, and the path from first use to chronic use can be brutally short, particularly for potent and highly addictive drugs like opioids. By reducing availability we not only lessen the negative ancillary effects of drug trafficking that impact the safety of

our communities and the well-being of our citizens, we also relieve the pressure on the public health domain in its prevention and treatment efforts. Reducing the size of the illicit drug-using population through prevention and treatment, together with reducing the availability of drugs in the United States through law enforcement and cooperation with international partners, are complementary efforts that inform and support one other, and will set the Nation on the path to being strong, healthy, and drug-free.

This *Strategy* is not intended to enumerate every activity the Federal government and key stakeholders must execute in order to achieve the President's strategic objective. Rather, it articulates the President's drug control priorities and sets the strategic direction for the Administration to take measures to prevent Americans, especially our future generations, from falling into the cycle of drug use and addiction; to provide Americans who suffer from substance use disorders with world class treatment and recovery services; and to protect America's citizens from the negative effects of drug trafficking and use. It also provides Federal drug control departments and agencies the strategic guidance they need for developing their own drug control plans and strategies, and it ensures programming and resource decisions about Federal drug control budget dollars are allocated in a manner consistent with the Administration's priorities.

## PREVENTION

Preventing drug use before it starts is a fundamental tenet of a comprehensive approach to drug control. The science of prevention has evolved and significantly improved, and decades of research show that prevention works when implemented through evidence-based programs focused on specific audiences. Early intervention through informational media campaigns and community support mechanisms can alter the trajectory of young people in a positive direction and increase protective factors while reducing risk factors. Studies show that addiction is a disease that can be prevented and treated through sound public health interventions. Evidence-based prevention is most effective when it is carried out over the long-term with repeated interventions to reinforce original prevention goals.

Combining two or more evidence-based elements in a comprehensive prevention program is more effective than a single activity alone. Moreover, these early investments pay large dividends in substantially reduced treatment and criminal justice costs, saving taxpayer dollars while reducing the number of young people whose lives are tragically affected by early substance abuse.

As the Commission noted, "substance abuse prevention is a process which requires a shift in the behavior, culture, and community norms." The Commission emphasized the three categories of prevention intervention that target risk factors and increase protective measures: universal interventions that attempt to reduce specific health problems across all people in a particular population by reducing a variety of risk factors and promoting a broad range of protective measures; selective interventions delivered to particular communities, families, and children who, due to their exposure to certain environmental considerations, are at increased risk of substance misuse; and appropriate interventions directed to those already involved in a risky behavior such as substance misuse, or are beginning to demonstrate problems but have not yet developed a substance use disorder.

## Implementing a Nationwide Media Campaign

Mass media campaigns are most effective when developed with coherent, credible, evidence-based messages grounded in behavioral science research. The Administration is already addressing the unmet need of a compelling and universal information campaign to educate our Nation on the drug-related vulnerabilities of our youth and other at-risk populations. The Administration implemented the *RxAwareness* campaign as a first step to address this problem, and augmented that initiative by launching a national substance abuse prevention media campaign, *The Truth About Opioids*. This major effort will reach audiences not targeted by *RxAwareness* by addressing topics related to the speed at which chronic substance use can develop, the drastic measures those suffering from substance use disorder will take to feed their addiction, and the need to reduce the stigma associated with addiction and treatment for substance abuse.

The media campaign is principally focused on opioids that are killing so many of our citizens. Prevention messages targeting youth are being disseminated through social media and other popular platforms utilized by young people. As the campaign moves forward, its messaging will use data analytics to determine appropriate messaging based on target population and substance, and will employ communication and marketing methods such as market segmentation, demographic data on users, and multiple formats and languages for individuals with disabilities and individuals with limited English proficiency. The campaign will be augmented by science-based primary prevention across multiple sectors using approaches that effectively engage students, parents, schools, health care systems, faith communities, social service organizations, and other sectors, in the development and implementation of community and school-based prevention initiatives.

## Addressing Safe Prescribing Practices

There is a compelling need for additional research on, and the implementation of, evidence-based guidelines for the dosages and duration of prescription opioid treatment for injuries and post-surgical pain management. This is particularly important for patients with a history of substance abuse or at elevated risk for drug misuse. Additionally, information on viable alternatives for particular surgeries and pain-related conditions, along with an examination of health care coverage for alternative treatment, will advance efforts to reduce overall opioid prescribing in the United States. Government experts, the healthcare sector, the research community, and stakeholder organizations all play key roles in addressing these needs to build evidence on effective treatment and periodically updating prescriber guidelines. Moreover, clinical guidelines and best practices should be standardized in provider training programs and continuing medical education programs for those who prescribe and administer opioids such as surgeons, emergency medicine providers, and emergency medical technicians.

In 2016, CDC published the *CDC Guideline for Prescribing Opioids for Chronic Pain* for using opioids to treat chronic pain intended to improve communication between the primary care provider and the patient regarding the risk and benefits of these treatments and to improve the effectiveness of pain management treatment in general. The *Guideline* focus on three areas: determining when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow-up, and discontinua-



tion; and assessing the risk and harms of opioid use. The Administration will build on the CDC *Guideline* and safe prescribing practices by: working with key stakeholders to develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain; coordinating the development of a national curriculum and standard of care for opioid prescribers that supplements the CDC's *Guideline* and focuses on primary care physicians; and developing a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify at-risk patients. Mental illness often occurs together with substance use disorders. Underpinning these initiatives is the awareness that patients with chronic pain must receive the best medical care available to ameliorate their suffering and enable them to enjoy the best possible quality of life, while simultaneously reducing the likelihood that patients will become addicted to these treatment regimens.

## **Expanding the Use of Prescription Drug Monitoring Programs**

A Prescription Drug Monitoring Program (PDMP) is a proven means to increase accountability in opioid prescribing practices and prevent patients from receiving opioids and other controlled medications that may have adverse interactions with opioids from multiple providers. In some states where PDMP checking is optional, providers report difficulty using their PDMP due to lack of integration with electronic health records (EHR) which interrupts workflow and can result in decreased use. Providers also cite lack of interstate data-sharing and concerns about patient confidentiality as reasons not to use the PDMP. In those cases where states' integration services are made available, the service can be costly. Currently, at least two PDMP data sharing hubs exist and many states share data. However, two distinct but related issues make data sharing challenging. First, a patchwork of different state laws governing data sharing has thus far prevented the development and execution of a nationwide PDMP capability. The problem of being unable to share data includes Federal healthcare providers attempting to access PDMP data who encounter similar difficulties dealing with various state laws. Second, even in those cases where there are not legal impediments to sharing data, interoperability challenges to sharing these data exist resulting from the two different data sharing platforms. Improving interoperability within the clinical data workflow, and making PDMP data from neighboring states more accessible, can improve the likelihood that providers will consult the PDMPs. In the coming years, we will build on existing research regarding barriers to nation-wide PDMP implementation, and employ various strategies to support PDMP integration and data sharing, including efforts that address the legal and interoperability challenges, as well as measures to incentivize states to make checking of PDMPs mandatory for all providers.

## **Strengthening the Capacity of State, Local, and Tribal Communities to Identify and Prevent Substance Abuse**

Family, friends, and local communities are the first line of defense in preventing substance abuse, and positive adult involvement in children's lives reduces the likelihood of drug use. As the Commission concludes, "With tools for teachers and parents to enhance youth knowledge of the dangers of drug use, early intervention strategies can be implemented for children with environmental and individual risk factors." Parents and primary caregivers must understand that they can make the most significant difference in the child's attitudes and values regarding the use of drugs. Religious organizations are also an

integral part of the community response to substance abuse, and clergy and faith-based organizations have been successful at keeping youth away from drugs, as well as providing successful support when they have turned to drug use. This strategy will support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis at both the prevention as well as the treatment and recovery levels. Parents are historically under-represented in prevention programs despite the fact that parent-based programs play a vital role in delaying the onset and use of alcohol and other drugs. This is true for school outreach programs as well.

## **Enhancing Research and the Development of Evidence-Based Prevention Programs**

The National Academies of Sciences, Engineering, and Medicine outline three categories of prevention intervention: universal, selective, and indicated. These interventions have been studied based on targeted populations and risk factors, and, as the Commission observes, “When evidence-based programs are selected for specific populations and implemented with fidelity, they can be effective. Prevention programs need to be tested for scalability, fidelity, and sustainability after research champions are no longer present to drive the programs.”

Advancing our capability to prevent drug use before it starts will require, among other things, the more widespread adoption and use of evidence-based methods to identify at risk individuals using strategies that allow for screening, brief intervention, and referral to treatment. This is especially important for adolescents and young adults from middle school through college. In addition, we must increase opportunities to educate and inform child welfare professionals and healthcare providers about the early signs of substance abuse and identify resources to support pregnant and parenting women, children of parents with substance abuse disorders or addiction, and children born with neonatal abstinence syndrome (NAS). Where evidence about prevention interventions for a population or substance is lacking, we must work to build evidence on effective approaches.

## **Continuing to Strengthen ONDCP’s Drug Free Communities (DFC) Program**

ONDCP’s Drug-Free Communities (DFC) Support Program, created by the Drug-Free Communities Act of 1997, undergirds the Administration’s focus on preventing and reducing youth substance use at the community level. The DFC Program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. Since the DFC Program’s inception, findings from evaluations of the DFC program found that DFC-funded community coalitions have reduced youth substance use. According to the DFC’s 2018 National Cross-Site Evaluation Report, on average DFC-funded community participants cut alcohol use by 19 percent and prescription drug abuse by 18 percent among high school students in their communities. The DFC Program will conduct semiannual training to ensure coalitions have the resources and skillset they need to strengthen the prevention infrastructure within their communities and among their local partners to effectively prevent and reduce youth alcohol, tobacco, marijuana and (illicit) prescription drug use. This training will provide DFC-funded community coalitions with the resources and tools they need to develop local and sustainable prevention initiatives.

## **Expanding Drug Take-Back Across the Country**

The Drug Enforcement Administration’s (DEA’s) twice-yearly Take-Back Day serves as an opportunity for citizens to dispose of unused and unneeded prescription drugs and a chance to support community drug prevention efforts. Although year-round take-back programs are expanding, including some by retail drug stores, the DEA program remains an important element of public awareness aimed at reducing the amount of unused medications available for potential diversion and misuse. Expanding the number of registered collectors, including hospitals and law enforcement centers, would allow states and municipalities to reduce their reliance on the Federal government for collection, disposal, and transportation. The DEA and other Federal partners should work to engage state, local, and tribal governments to raise awareness of the importance of disposing unused medications, expand the number of permanent disposal sites across the country, and increase the opportunity for their citizens to do so safely and easily.

## **Conclusion**

Decades of research and data demonstrate addiction is a preventable disease. Today, we face a compelling need to invest in a comprehensive approach to preventing drug abuse, one which emphasizes concrete and lasting policy change at the Federal, state, tribal, and community levels. The Administration will focus its efforts and work across the government to empower communities, youth, parents, caregivers, and families to come together to create sustainable programs, policies, and practices to combat drug abuse. We know that every dollar we invest in research-based substance abuse prevention programs has the potential to save much more in treatment and criminal justice system costs and enhance the overall quality of life for communities and their citizens.

# **TREATMENT AND RECOVERY**

Addiction is a chronic medical condition that affects the brain by causing distinct cognitive, behavioral, and physiological changes. There is a need to improve the availability of treatment while concurrently enhancing the quality of that treatment. Research shows that treatment is most effective when it addresses addiction as a chronic condition requiring continuing services and support structures over an extended period of time. This can be accomplished with ongoing outpatient services provided through opioid treatment, or more intensive initial services such as detoxification and residential treatment, followed by continued care and recovery support in the community. Every individual needs an assessment and individualized treatment plan to address their needs as they relate to opioid and other substances use disorders.

Unfortunately, most people who need treatment do not seek it. According to the NSDUH, in 2017 an estimated 20.7 million Americans aged 12 or older needed treatment for a substance use disorder, but only 4 million received any kind of treatment and only 2.5 million received that treatment at a specialty facility—a disparity known as the “treatment gap.” In some cases treatment capacity is simply not available, and in others people do not fully acknowledge their need for treatment. Therefore, in addition to expanding treatment capacity, there is a need to engage with those people who need treatment but, for whatever reason, are not seeking it. As a Nation, we must encourage people who need treatment to seek it, create greater access to treatment, and ensure there is adequate capacity to accommodate the need.

The Administration prioritizes several distinct initiatives to achieve these goals. First, a proactive response to overdoses to ensure that the patient can enter into a treatment program designed to meet his or her individual needs. Second, consistently using evidence-based approaches to treatment and making Medication-Assisted Treatment (MAT) a standard of care for opioid addiction. This includes increasing the number of physicians providing high-quality, evidence-based treatment for opioid use disorders with MAT, and increasing the availability of MAT for incarcerated individuals. Expanding treatment infrastructure will enable us to increase the initial treatment for the vast majority of people who require treatment but are unable or unwilling to obtain it. Third, examining ways to expand and encouraging the expansion of treatment insurance while reducing reimbursement barriers to encourage those on the margins of accepting treatment to make the positive decision to begin a treatment regimen. Finally, the expanded use of Drug Courts and diversion programs will foster entrance into treatment programs and away from the cycle of destructive and self-defeating behaviors that is the hallmark of the disease of addiction. Addressing these and other challenges will require a comprehensive multi-year strategy to educate the public and policymakers, reduce stigma and misunderstanding of addiction, better integrate substance abuse screening and treatment into mainstream health care, build and stabilize the addiction treatment workforce, increase access to treatment, and foster more effective approaches to care for substance use disorders.

### **Improving the Response to Overdose**

Naloxone is an opioid antagonist medication that can rapidly reverse an opioid overdose. However, there are varying levels of access to naloxone throughout the country. Most states have protocols to expand access to naloxone, such as by allowing dispensing of naloxone under a standing physician's order. The Food and Drug Administration is working to facilitate the development of nonprescription naloxone, by creation and testing of appropriate consumer-friendly Drug Facts labeling. The Commission recommended that all law enforcement personnel in the United States be equipped with naloxone, model legislation be provided to states to allow naloxone dispensing via standing orders, and Good Samaritan laws be enacted to empower the public to provide help. However, even simple rescue breathing can keep a person alive until help arrives, and devices like pocket masks can protect a rescuer while saving someone's life using rescue breathing until naloxone can be administered. We will begin to increase public awareness of the importance of rescue breathing in the event of an opioid overdose in those cases when naloxone is not available as a critical live-saving measure. Moreover, we must do more to ensure that the reversal of a potentially fatal overdose is not just another event in a long and protracted struggle with an addiction to dangerous drugs, but rather the first important step toward effective treatment and the path to sustained recovery.

### **Enhancing Evidence-Based Addiction Treatment**

We must ensure that health care providers screen for substance use disorders and know how to appropriately counsel or refer patients they encounter with such a disorder. Treatment models that demonstrate the best outcomes incorporate behavioral, psychosocial, and pharmacological elements, and are tailored to the specific circumstance of the individual. The ability to provide a pathway to evidence-based treatment for those who need it depends on skilled and well-trained providers who are appropriately

credentialed and licensed. This must include a complete evaluation for opioid use disorder and other substance use disorders by a qualified medical professional; access to MAT as a deliberate choice made by a qualified professional in consultation with the patient; simultaneous access to relevant psychosocial treatments such as therapy and relapse prevention; the treatment of co-occurring mental disorders that many patients with substance use disorder suffer from such as Post-Traumatic Stress Disorder (PTSD), depression, and anxiety disorders; and the treatment of co-occurring medical conditions such as cardiac, infectious, and dermatologic issues often associated with prolonged drug use. Additionally, identifying and treating pediatric patients with early substance use disorder can prevent their transition to longer and more severe drug use, potentially saving their lives. Therefore, we must scale up adolescent addiction screening and treatment in pediatrician and family medicine settings.

### **Eliminating Barriers to Treatment Availability**

Individuals with substance use disorders, including opioid addiction, should have access to evidence-based treatment. Fewer than half of the privately funded substance use disorder treatment facilities offer MAT, and only a third of patients with opioid use disorders have access to those treatments. This is especially true in rural areas where the compelling need for access to treatment far exceeds its availability. The Administration will work across the Federal government to remove barriers to substance use disorder treatments, including those that limit access to any forms of FDA-approved MAT, counseling, certain inpatient/residential treatment, and other treatment modalities. All primary care providers employed or funded by the Federal government should screen for alcohol and drug use disorders and, if the patient requests it, provide substance use treatment or a referral for such treatment within 24-48 hours.

### **Increasing the Size of the Addiction Service Workforce, and Treatment and Recovery Infrastructure**

Critical shortages in trained and professional addiction service providers is one of the many factors contributing to the treatment gap. The addiction service workforce currently employs varying styles of service delivery. Promoting training, professional incentives for entering the workforce, and establishing a greater level of standardization for care will equip the addiction service workforce to provide support services across all settings, from prevention through treatment and recovery. Opioid and other addictions require intensive interventions through a team-based approach that includes recovery coaches and medical professionals in hospitals and primary care offices, and includes the full range of health professionals such as drug counselors, behavioral health technicians, health educators, physician assistants, and community health workers. Growing our addiction service workforce requires apprenticeship opportunities for a range of addiction treatment professions. This will enable the more rapid increase of available care professionals than reliance on standard training regimens alone, and enable them to provide addiction treatment services for screening, intervention, and recovery support across the continuum of care, to enhance team treatment for individuals with substance use disorders. Furthermore, increased standardization of care and its associated training will help professionalize the field through credentialing, and provide mentoring opportunities for those patients who successfully complete their treatment and want to assist in the recovery of others.

## **Leveraging Drug Courts and Diversion Programs**

Providing individuals arrested for non-violent drug-related offenses the opportunity to participate in a Drug Court program or outpatient treatment while under supervision is increasingly becoming the practice throughout the country. From 2009 to 2014 the number of Drug Courts in the United States increased by 24 percent, reaching 3,057, and by June 2015 the number of Drug Courts reached 3,142 per the Department of Justice. Recently, some pioneering police departments began diverting individuals addicted to drugs directly to treatment in lieu of arrest. Many communities are adopting pre-arrest diversion programs and other law enforcement diversion and deflection models, in which those struggling with addiction can walk into a participating police station 24 hours a day for police-assisted rapid treatment entry. The Administration supports these innovative programs and will scale up support for State, Tribal, and local drug courts in order to provide offenders struggling with addiction access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release.

## **Increasing Employment Opportunities for Those in Recovery**

Americans in stable recovery from addiction deserve fair consideration for any job for which they are qualified. Today, millions of Americans from all walks of life are in recovery. Many of these individuals have past misdemeanor or felony drug-related criminal convictions that can impede or prevent them from securing employment for which they are fully qualified, even after having paid their debt to society and having emerged from the shadow of addiction. In addition to the obstacles created by a past criminal conviction, those in recovery can face long-lasting barriers to employment due to laws that prohibit the hiring of individuals with a past drug conviction in certain settings. These legal restrictions can create additional difficulties for those seeking to fully rejoin the community and sustain a life in recovery. The Administration will work across the Federal government and the private sector to increase hiring opportunities for those in recovery. This will include providing the best information to employers on the overall benefits of bringing these individuals back into our workforce, developing best practices to increase their employment prospects, and increasing the availability of safe housing that enables those in recovery to hold a full-time job and take their place in the American workforce.

## **Expanding Access to Peer Recovery Support Services**

Peer recovery support services provide the bridge between formal systems and services and community-based support networks. When provided through a Recovery Community Organization (RCO), these services can be offered prior to, during, after, and sometimes in lieu of treatment. These RCOs and peer recovery support workers provide urgently needed services. The country needs to quickly increase the number of peer recovery support workers, including those who are in MAT and recovery programs. This workforce serves a dual function; it helps develop the national peer recovery support services infrastructure, and it provides employment opportunities for people in recovery who are well-suited to make this kind of contribution. Furthermore, while the number of Collegiate Recovery Programs (CRPs) on the campuses of large public universities, private higher education institutions, and community colleges has increased rapidly over the past decade, they are still the exception rather than the rule. Every higher

education campus in America could potentially benefit from some type of CRP. Adolescent recovery support services are especially scarce and of tremendous value to youth, given the importance of peer networks to their social development. Recovery high schools and alternative peer group models hold great promise for meeting the needs of youth, either in active recovery or in encouraging youth to seek it, and we must encourage their increased use across the Nation.

## **Expanding the Scientific Understanding of Peer Recovery Support Services**

While much is known about the process of addiction and about interventions to help address it, less is known about the recovery process and its various trajectories, components, and stages. A better understanding of this process will help in the design and targeting of both clinical and recovery support service interventions that are stage-and trajectory-specific. More research is needed to design and target clinical and recovery support interventions and strategies for long-term recovery. However, while the positive anecdotal evidence of the near-term effectiveness of recovery support service models is strong, rigorous, empirical research is required on their long-term effectiveness, the characteristics of those who benefit most from them, and peer recovery support services' role within and impact on broader systems and communities.

## **Reducing Stigma and Making Recovery Possible**

Americans in recovery are a vital part of every community in the United States, and they seek the same things other Americans want and need—a good job, a safe place to live, the fellowship of a faith community, and the companionship of neighbors and friends. The millions of Americans in long-term recovery from addiction demonstrate that recovery is possible, and they share the message that while addiction is a chronic disease, treating it is possible. In doing so, they help lift the stigma, misunderstanding, and shame that prevent too many Americans from seeking help for substance use disorders. By promoting, supporting, and celebrating recovery, we can reduce stigma and offer hope and encouragement to those struggling with this incredibly difficult disease. Many people in recovery have also dedicated their lives to helping others affected by substance abuse as recovery coaches and counselors, a critically important and growing component of the addiction service workforce. The Administration will continue in its efforts to better educate the public, healthcare professionals, and policymakers on the science of addiction and the promise of recovery, and how stigma and misunderstanding can undermine efforts to reduce drug use and its consequences.

## **Conclusion**

Untreated substance abuse can result in violence, crime, and risky behavior that jeopardizes the health and safety of individuals, families, and communities. The moment a person is ready and willing to enter treatment can be fleeting and infrequent. In addition to matching the individual with the most appropriate care model, efforts to expand treatment must include the capability to act quickly on the demand for treatment whenever and wherever the opportunity is presented. Anytime someone seeking help for addiction calls a treatment center, doctor's office, hospital, health clinic, or other medical facility,

that person should immediately be referred to some level of assistance. Even if a treatment slot is not immediately available, recovery coaches, peer counseling groups, and families who have learned about addiction can provide help until the right treatment opportunity becomes available. It is in everyone's best interest—affected individuals, their families, and the Nation—for high-quality, evidence-based drug treatment to become more easily accessible. The current opioid crisis highlights the urgent need to encourage those who need treatment to seek it, rapidly increase treatment admissions for opioid addiction, improve treatment retention, and increase the number of individuals who successfully achieve sustained recovery. It is also essential to eliminate the stigma, misunderstanding, and legal and regulatory barriers that delay or prevent treatment access and impede recovery. In addition to saving lives and helping people in recovery achieve their full potential, these changes will help ensure that the significant public investment in treatment pays off in terms of long-term recovery.

## **REDUCING THE AVAILABILITY OF ILLICIT DRUGS IN THE UNITED STATES**

Almost all of the illicit drugs causing American deaths are produced outside the United States and trafficked across the Nation's borders and, increasingly, through the international mail and express consignment carriers. Large and established Drug Trafficking Organizations (DTOs) and foreign producers shipping drugs into the United States threaten the health and safety of our communities by exposing our citizens to substances such as fentanyl, heroin, cocaine, and methamphetamine, which kill tens of thousands of Americans each year. The increased use of illicit drugs burdens the U.S. health care system and leads to lost productivity and civil engagement. Moreover, drug trafficking sustains a vast domestic and international criminal enterprise that enables corruption, undermines governance, has a destabilizing effect on our partner nations, and funds a range of illicit activities. Law enforcement agencies at all levels—Federal, state, local, and tribal—have achieved considerable success in combating drug trafficking and use, yet traffickers continue to refine their methods and adopt new techniques for delivering potent illicit drugs to our communities. Responding to the aggressive trafficking and distribution techniques of DTOs is an urgent national security and law enforcement priority.

The non-medical use of prescription drugs presents another dimension of the availability problem. Many active drug users report obtaining prescription drugs from friends, family members, and in some cases, healthcare providers. The overprescribing of prescription drugs, the diversion of prescription drugs for non-medical use, and the lack of accountability or oversight in prescribing practices increase the availability of prescription drugs in America's homes and workplaces, making it far too easy for them to fall into the wrong hands. Moreover, drug dealers exploit the demand for prescription medicines and traffic in counterfeit pills containing heroin, fentanyl, or one of its analogues. These drugs are difficult to distinguish from legitimate prescription medicines, and because they are most often milled and pressed in variable formulations in clandestine locations, increase the chance for accidental overdose.



## **Disrupting, Dismantling, and Defeating Drug Traffickers and Their Supply Chains**

While DTOs often are involved in poly-drug trafficking and other criminal activity, the unprecedented rise in deaths from the opioid crisis demands that we prioritize U.S. government efforts on the individuals and groups involved in the smuggling and sale of the most deadly drugs such as synthetic opioids and heroin. As these organizations continue to modify their techniques and operations in an attempt to reduce risk and maximize profit, we must anticipate and then respond to emerging changes in the drug trafficking environment, identify and exploit vulnerabilities in the illicit drug supply chain, and seize the initiative from drug traffickers in order to disrupt their activities and dismantle the infrastructure they use to sustain their illicit enterprise. Along with aggressive actions to prevent the further expansion of these criminal enterprises in our country, we must also work with foreign partners to attack criminal networks, principally those in the Western Hemisphere, whose drug trafficking and associated criminality directly impact migration and border security issues affecting the United States.

## **Working with International Partners**

The U.S. Government will focus its diplomatic efforts to encourage partner nations to produce results that match the growing threat from illicit drugs. Consistent with the *National Security Strategy*, we will prioritize assistance with partners who are aligned with U.S. interests, are showing results, and building the capacity to address these threats independent of U.S. assistance programs. This will require partners' renewed commitment to disrupt the illicit supply chain through the interdiction and seizure of the illicit drug supply, illicit funds, and weapons; eradicate poppy and coca plants; find and dismantle the labs used for all illicit drug processing; develop and sustain robust law enforcement and justice systems; maintain the rule of law and ferret out corruption; and arrest and prosecute drug traffickers operating within their own land borders, territorial waters, and airspace. These efforts are not only important in their own right but will complement, and be informed by, a strong domestic public health response to the crisis aimed at reducing the use of these drugs in the United States. We will continue to work bilaterally with the primary drug producing and trafficking countries most affecting the United States, emphasizing our shared responsibility for today's drug problems and the strong desire for tangible progress in the years to come. Regional relationships will be an important part of our international approach going forward, allowing us to share information and harmonize our drug policies in the face of a constantly changing threat. Moreover, we will take full advantage of the strong multilateral framework that exists to address the global drug problem, particularly in terms of supporting the three international drug control conventions and providing leadership in the processes for internationally scheduling, controlling, and monitoring illicit drugs and their precursor chemicals.

## **Combating Illicit Internet Drug Sales**

Over the past two years, illicit drug sales on both the clear and the dark web have further expanded the illicit drug market, allowing individuals to purchase dangerous drugs directly from their manufacturers instead of through established trafficking organizations, and have them shipped directly to their homes. We must disrupt the ability of drug traffickers to exploit the anonymity, distance, and financial trans-

action reliability provided through internet sales by degrading the implicit trust between buyer and seller required for illicit on-line transactions. We must use existing authorities to their maximum effect to successfully target drug traffickers and their enablers by employing both passive and active measures to disrupt and exploit illicit drug related activities operating on both clear and dark webs. Contesting drug marketplaces in the cyber domain and disrupting the use of cryptocurrencies for illicit drug sales will require a coordinated and well-resourced framework of relationships, laws and regulations, procedures, and capabilities. This will allow us to identify and target the network of actors involved, and prosecute those who use the open or dark webs to market, sell, and purchase illicit drugs. Developing a drug cyber defense capability, and exercising it to achieve sustained effort against the internet drug market, will erode this implicit trust and disrupt illicit operations on the clear and dark webs over time.

### **Focusing Federal Government Effort Against Illicit Drug Delivery Through the Mail and Express Consignment Networks**

We must complement our efforts against internet drug sales with a sustained effort to disrupt the flow of illicit drugs shipped through the international mail and express consignment environments. This requires developing the policy and regulations, international relationships, facility infrastructure upgrades, and technology required to aggressively target, detect, and intercept illicit drugs transported through the international mail and express consignment environments both internationally and domestically. We must work with our international partners to develop the ability to share Advance Electronic Data for all international shipments, in accordance with the *President's Opioid Initiative*, and continuously refine targeting algorithms to identify and interdict international shipments before they depart the source country and at U.S. Ports of Entry. We must help critical partner countries develop the ability to detect and intercept illicit drugs in their domestic mail and express consignment systems before those drugs depart for the United States and enter the U.S. mail or commercial carrier system. Finally, we must develop next generation technology and screening capabilities to increase our ability to detect illicit drugs once they enter the mail and express consignment systems within the country, and improve testing capability to determine the precise type and source of illicit drugs seized. This investment in science, technology, resources, and international relationships is necessary to determine the type, source region, production location, and route traveled for all illicit drugs seized by the United States and its international partners.

### **Interdicting the Flow of Drugs Across the Physical Borders and into the United States**

Along with the new challenge of drug trafficking via internet sales and mail and express consignment delivery, drugs continue to flow across our land borders and through the maritime and air routes. Stopping these flows must remain part of our comprehensive interdiction efforts. The historically high levels of cocaine production in Colombia, along with heroin and methamphetamine production in Mexico, combined with the vast number of routes and conveyances into the United States, make the challenge of combating drug trafficking across our physical borders no less daunting than it has been for the past several decades. Federal agencies should expand efforts in the detection and monitoring of the air and maritime approaches to the United States; the detection of illicit drugs and precursor chem-

icals being shipped in commercial containers; and interdiction of plant-based drugs such as heroin, cocaine, and marijuana, as well as synthetic drugs and their precursor chemicals, along the Nation's land borders. Moreover, this increased effort must be complemented by increased effort and cooperation from foreign partners who can contribute vital information on trafficking patterns and assets to seize drugs bound for the United States.

## **Disrupting and Dismantling the Illicit Drug Production Infrastructure**

The United States and Mexico have expanded cooperation to address the common threat of illicit opioids, and both governments agree that reducing the supply of heroin, methamphetamine, and fentanyl is a shared responsibility. Mexico is increasing its efforts to eradicate poppy fields more effectively, destroy clandestine laboratories, and interdict heroin and other drugs before they reach the U.S. border. The U.S. Government provides training to Mexican law enforcement officers, analysts, chemists, and military personnel to identify and safely dismantle clandestine drug laboratories that produce heroin, methamphetamine, and fentanyl, and how to address the dangers synthetic drugs present to law enforcement.

Expanding coca cultivation and cocaine production in Colombia and the broader Andean region must continue to be addressed in a comprehensive manner. Key elements of cooperation with proven partners such as Colombia and Peru include increasing all forms of eradication, alternative development and economic opportunities, interdiction, investigation and prosecution, judicial support, and public health cooperation, all of which must be long-term and sustainable. Since coca fields differ in their level of productivity, this approach will be most successful if collectively focused in areas of high-yield coca cultivation. Unfortunately, these areas generally have limited government services and lingering security concerns, and will require concerted effort over several years to keep partner nations focused on the issue and turn the rising tide of cocaine production.

Within the United States marijuana cultivation on public lands, and within National Forest System lands in particular, is a significant issue. Cultivation activities not only sustain the illicit marijuana trade but also produce large volumes of hazardous materials that pose a significant risk to the public and the environment. Wildlife, soil, and vegetation are often contaminated by the various hazardous substances involved in the cultivation process. Personnel conducting enforcement, cleanup, and regulatory activities, as well as the public, are at considerable health risk from exposure to these chemicals. Continued firm action is required against the exploitation of the Nation's public lands through increased detection, disruption, reclamation, and prosecutions.

The majority of illicit synthetic drugs available in the United States are manufactured abroad. New illicit synthetic drugs and the precursor chemicals used to make them originate predominantly in China, although most of the methamphetamine available in the United States is manufactured in Mexico. Increased collaboration with Mexico, China, and other partners on shared drug priorities can help disrupt drug trafficking networks, along with the corrupt or compromised systems that support them, and reduce the availability of dangerous synthetic drugs in the United States. The United States will continue bilateral exchanges with China, Mexico, Colombia, and other source and transit countries to reduce production and trafficking of synthetic drugs destined for markets in the United States and support collaboration with international partners impacted by drugs from the very same sources.

## **Leveraging the Full Capabilities of Multi-Jurisdictional Task Force Programs**

The High Intensity Drug Trafficking Areas (HIDTA) Program provides assistance to law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. HIDTAs provide an umbrella to coordinate Federal, state, local, and tribal drug law enforcement agencies' investigations, and act as neutral centers to manage, de-conflict, analyze, provide intelligence, and execute drug enforcement activities in their respective regions. With the recent inclusion of Alaska, the first new HIDTA in 17 years, the 29 regional HIDTAs now include designated areas in all 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The regional HIDTAs bring together more than 21,000 Federal, state, local, and tribal personnel from 500 agencies through 800 enforcement, intelligence, and training initiatives, all designed to disrupt illicit drug trafficking and dismantle criminal and drug trafficking organizations. The Administration will ensure strong support for counterdrug enforcement, including by supporting Federal participation in multi-jurisdictional task forces and enhancing support for information sharing at all levels. This will ensure that national data systems receive input from state, local, and tribal agencies, and that these agencies, in turn, have access to data compiled by Federal agencies that can prove vital to their own investigations.

## **Interrupting the Financial Activities of Drug Traffickers**

Illicit drugs enter the United States from global suppliers as the result of a long and complex process involving manufacture, concealment, movement, purchase, and delivery. The illicit drugs may change hands several times during the process, and this often necessitates the transfer of money, either as payment for services or for delivery of the final product. Traditionally, street-level sales of illegal drugs are conducted with cash, creating immediately liquid assets that are almost impossible to track. As technology and money laundering methods have adapted over the years to circumvent Anti-Money Laundering regulations, drug traffickers have initiated many new techniques to enable the traditional method of hard currency transactions. Although some of these methods create additional investigative evidence, emerging technologies continue to outpace banking regulations and consistently provide drug traffickers the means to launder large amounts of their illicit proceeds.

Most of the revenue generated from illegal drug sales in the United States is maintained at the retail level of drug distribution. However, illicit proceeds that flow back to international sources of drug supply are most often used to finance other illegal activities or the next cycle of illegal drugs to be directed into our communities, posing a continual threat to the country. These funds also corrupt and weaken the government infrastructure of source and transit countries, limiting those governments' ability to combat Transnational Criminal Organizations (TCOs), escalating violence, and threatening the stability of the governments we partner with to counter illicit activity. We will combat this threat and target the drug proceeds that motivate criminal activity by attacking TCOs' financial capital; preventing the circulation, transfer, and concealment of their illicit proceeds; and ultimately decreasing their wealth and their incentive to function.

## Enhancing Law Enforcement Capacity

Success in reducing the availability of illicit drugs in our country requires building the capacity and tools to fully understand, and relentlessly respond to, the increased drug threat we face. As stated in our *National Security Strategy*, this capacity building includes national-level strategic intelligence and planning capabilities to improve the ability of departments and agencies to work together to combat TCOs, particularly those who traffic drugs at home and abroad. We must improve our capability to dismantle TCOs as a whole through greater coordination and focus, directly benefiting our counterdrug efforts. Improved strategic planning must be informed by better strategic intelligence on transnational organized crime and global criminal networks, fusing law enforcement and Intelligence Community information and intelligence to create the most complete picture available of criminal networks. We must use that information to identify and exploit vulnerabilities in drug trafficking networks using the full range of law enforcement capabilities including criminal prosecutions, financial disruption tools such as asset forfeiture proceedings, and security operations to remove the profits from crime. Moreover, we must maintain pressure on these organizations over time and prevent them from regenerating their capabilities. We must also emphasize both actions that lead to prosecutions—to reduce networks’ ability to operate, through the investigation, arrest, and prosecution of critical personnel—and those that lead to the long-term disruption of network operations such as the seizures of illicit drugs, precursor chemicals, illicit funds, and weapons.

Our conventional focus on targeting high-level individuals within the hierarchy of well-organized and sophisticated DTOs must evolve toward identifying and targeting vulnerable critical components of more fluid and dynamic organizations such as financial facilitators, corrupt officials, and key transporters, to affect a significant disruption of DTO activities, targeting key nodes to attack the entire network through its enablers. Degrading and defeating criminal networks that have become more resilient because they are decentralized, redundant in capabilities and capacities, and compartmentalized, requires identifying the key nodes enabling DTO operations and simultaneously targeting them for maximum effectiveness over time. Agile interagency and international coordination will allow for better detection of changes in the trafficking supply chain, which will support intelligence-driven operations against identified vulnerabilities, from drug production to delivery to the end user.

## Conclusion

The increased availability and use of illicit drugs is taking far too many American lives. It burdens the U.S. health care system and leads to lost productivity and civil engagement here at home, and global drug trafficking sustains a vast domestic and international criminal enterprise that enables corruption and destabilizes partner nations abroad. America’s drug crisis has created a complex national security, law enforcement, and public health challenge for the Nation, and this challenge will remain with us for the foreseeable future. We must leverage the full capabilities of the U.S. intelligence and law enforcement communities, our military, domestic law enforcement and criminal justice capabilities, and sustained engagements with the governments of key partner nations and international organizations to stop the flow of these drugs across our borders and into our communities, and use that capability to posture ourselves for an ever-evolving drug trafficking environment. Our actions will include disrupting the evolving illicit supply chain, decreasing the volume of drugs being sold over the internet; decreasing

the cultivation of illicit crops like poppy and coca as well as the volume of illicit drugs being produced for export to the United States; increasing the amount of illicit drugs seized before entering the United States; increasing the amount of forfeited assets; increasing the number of convictions for drug-related crimes; and increasing the pace of emerging dangerous substances being reviewed and scheduled for domestic and international controls.

Achieving the President's objective of reducing the number of Americans losing their lives to drug addiction in today's crisis, and preparing now to dominate the drug environment of the future, requires deliberate actions focused on clear priorities and tangible outcomes to reduce the availability of drugs in our Nation. However, lasting success requires those actions to complement, and be informed by, a strong domestic public health response to reduce the use of these drugs in the United States which makes possible enormous profits for drug traffickers and fuels the illicit drug market. Bold and decisive national security, law enforcement, and public health efforts are needed to lift the Nation from the shadow of drug use and move toward the President's goal of a stronger, healthier, and drug free society today and in the years to come.

## METRICS

Because this *Strategy* focuses on outlining a high-level approach rather than enumerating all of the key tasks and activities that organizations at the Federal, State, local and Tribal levels must undertake in order to stem the tide of this crisis, it is important to employ some broad measures of performance and effectiveness to guide the *Strategy's* implementation. This not only ensures the necessary policies, priorities, and objectives of drug control agencies and interagency partners are adequately aligned and resourced to advance the President's drug control priorities, but also serves to identify those areas where a refinement of the *Strategy* may be necessary to close an identified gap, or areas where a shift in specific agency resources can attain greater effects in achieving the President's overarching strategic objective.

This requires that we focus on effects and not simply performance. While a performance measure represents the specific characteristic or aspect of the program or policy used to gauge successful performance of a specific task, effectiveness represents the aggregate progress, of multiple agencies contributing to achieving tangible improvement through their programs, initiatives, and policies. Doing so requires linking actions taken on the front end of the global supply chain to reduce the availability of illicit drugs in the United States with measurable effects on the health and safety of our communities.

### Measures of Performance

- Educate the public, especially adolescents, about drug use, specifically opioids increase, mandatory prescriber education and continuing training on best practices and current clinical guidelines; and increase PDMP interoperability and usage across the country
- Encourage expanded access to evidence-based addiction treatment in every state, particularly Medication-Assisted Treatment for opioid addiction; support legislative changes to allow

Medicaid to reimburse certain residential treatment at facilities with more than 16 beds; and encourage states to apply for state Medicaid demonstration projects that address barriers to inpatient treatment as a part of a comprehensive opioid/substance use disorder strategy

- Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States, disrupt their sale on the internet, and stop their flow into the country through the mail and express courier environments, and across our borders

## **Measures of Effectiveness**

- The number of Americans dying from a drug overdose is significantly reduced within five years
- Nationwide opioid prescription fills are reduced by one-third within three years, and within five years all healthcare providers have adopted best practices for opioid prescribing
- Evidence-based addiction treatment, particularly Medication-Assisted Treatment for opioid addiction, is more accessible Nationwide for those who need it
- The production of plant-based and synthetic drugs outside the United States has been significantly reduced, illicit drugs are less available in the United States as reflected in increased price and decreased purity, and drug seizures at all U.S. ports of entry increase each year over five years