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OFFICE OF NATIONAL DRUG CONTROL POLICY

Progress toward Some National Drug Control Strategy Goals, but None Have Been Fully Achieved

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

GAO Highlights

Highlights of GAO-16-660T, a testimony before the Committee on Homeland Security and Governmental Affairs, U.S. Senate

May 17, 2016

OFFICE OF NATIONAL DRUG CONTROL POLICY

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Why GAO Did This Study

Policymakers, health care providers, and the public are concerned about the nation's current drug epidemic and its effects, as drug overdose deaths surpassed auto accidents as the leading cause of death or injury in recent years. To help address national drug control policy efforts, ONDCP coordinates and oversees implementation of a National Drug Control Strategy to reduce illicit drug use, among other things.

This statement addresses (1) what progress has been made toward achieving National Drug Control Strategy goals and how ONDCP monitors progress and (2) trends in federal drug control spending.

This statement is based upon findings GAO reported in March 2013 and December 2015, analysis of ONDCP's Budget and Performance Summaries and selected updates in 2016. For the updates, GAO analyzed publically available data sources that ONDCP uses to assess progress on Strategy goals, reviewed ONDCP Performance Reporting System reports, and interviewed ONDCP officials.

What GAO Recommends

GAO made a prior recommendation to ONDCP to assess overlap in drug prevention and treatment programs. ONDCP concurred and has implemented it. GAO is not making new recommendations in this testimony.

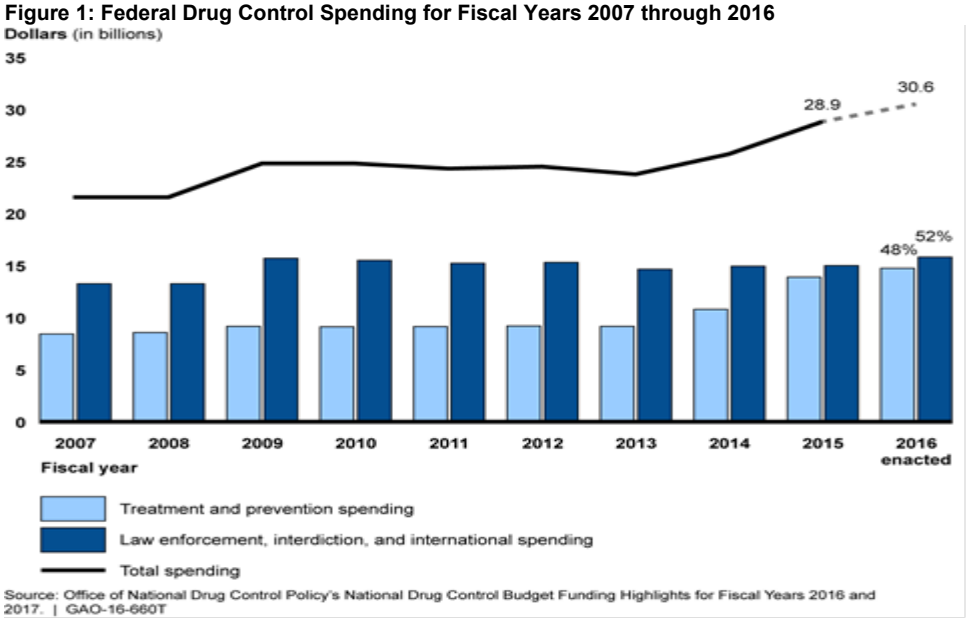
View GAO-16-660T. For more information, contact Diana Maurer at (202) 512-8777 or maurerd@gao.gov

What GAO Found

The Office of National Drug Control Policy (ONDCP) and federal agencies have made mixed progress toward achieving the goals articulated in the 2010 National Drug Control Strategy (Strategy) and ONDCP has established a mechanism to monitor and assess progress. In the Strategy, ONDCP established seven goals related to reducing illicit drug use and its consequences by 2015. As of May 2016, our analysis indicates that ONDCP and federal agencies have made moderate progress toward achieving one goal, limited progress on three goals, and no progress on the three other three goals. Overall, none of the goals in the Strategy have been fully achieved. In March 2013, GAO reported that ONDCP established the Performance Reporting System to monitor and assess progress toward meeting Strategy goals and objectives. GAO reported that the system's 26 new performance measures were generally consistent with attributes of effective performance management. A 2015 ONDCP report on progress towards these measures similarly identified some progress towards overall achievements—some of the measures had met or exceeded targets, some had significant progress underway, and some had limited or no progress.

Federal drug control spending increased from $21.7 billion in fiscal year (FY) 2007 to approximately $30.6 billion in allocated funding in FY 2016 as shown in figure 1. Although total federal drug control spending increased from FY 2007 through FY 2016, spending on supply reduction programs, such as domestic law enforcement, interdiction, and international programs remained relatively constant at $13.3 billion in FY 2007 and $15.8 billion allocated in FY 2016. However, federal spending for—treatment and prevention has steadily increased from FY 2007 through FY 2016 and spending in these two programs went from $8.4 billion in FY 2007 to $14.7 billion allocated in FY 2016.

Figure 1: Federal Drug Control Spending for Fiscal Years 2007 through 2016



Source: Office of National Drug Control Policy's National Drug Control Budget Funding Highlights for Fiscal Years 2016 and 2017. | GAO-16-660T

Chairman Johnson, Ranking Member Carper, and Members of the Committee:

I am pleased to be here today to discuss the Office of National Drug Control Policy's (ONDCP) efforts to implement the National Drug Control Strategy. In recent years, policy makers, health care providers, and the public at large are turning their attention to the current drug epidemic and its impact on our nation. Deaths from drug overdose rose steadily over the past two decades to become the leading cause of injury or death in the United States, surpassing the annual number of traffic crash fatalities in recent years. In 2013, approximately 120 people died every day from drug overdoses. ONDCP is responsible for, among other things, overseeing and coordinating the implementation of national drug control policy across the federal government to address illicit drug use.[1] In this role, the Director of ONDCP is required annually to develop a National Drug Control Strategy (the Strategy), which is to set forth a comprehensive plan to reduce illicit drug use through programs intended to prevent or treat drug use or reduce the availability of illegal drugs.[2] ONDCP is also responsible for developing a National Drug Control Program Budget proposal for implementing the Strategy.[3] In fiscal year 2017, a total of $31.1 billion was requested to support the Strategy. This represents an increase of more than $500 million over the enacted fiscal year 2016 level of $30.6 billion.

Today, I will discuss (1) what progress has been made toward achieving National Drug Control Strategy goals and how ONDCP monitors progress and (2) trends in federal drug control spending. My remarks today are based on findings from our March 2013 report on progress toward Strategy goals and ONDCP mechanisms to monitor progress, our

[1]Illicit drug use includes the use of marijuana (including hashish), cocaine (including crack), heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription drugs, such as pain relievers and sedatives.

[2]For the purposes of this statement we refer to the National Drug Control Strategy as 'the Strategy' mirroring the reference commonly used by ONDCP.

[3]21 U.S.C. §§ 1703(b)-(c), 1705(a). Under 21 U.S.C. § 1701(7), the term "National Drug Control Program agency" means any agency that is responsible for implementing any aspect of the National Drug Control Strategy, including any agency that receives federal funds to implement any aspect of the National Drug Control Strategy, subject to certain exceptions regarding intelligence agencies.

December 2015 testimony statement on these areas, updates to our analysis and findings in the report and testimony statement, and our analysis of ONDCP's Budget and Performance summaries.[4]

In performing the work for our March 2013 report, we analyzed the 2010 National Drug Control Strategy; available data on progress toward achieving Strategy goals, and documents about ONDCP's monitoring mechanisms. In March 2013 we made a recommendation to ONDCP to assess overlap in drug prevention and treatment programs. ONDCP concurred and has implemented it. For our December 2015 testimony statement, we analyzed ONDCP's reported progress on Strategy goals in its 2015 Strategy and performance report. More detail on our scope and methodologies can be found in our March 2013 report and December 2015 statement. For updates to these reports, we analyzed publically available data sources, ONDCP reports on progress toward the Strategy's goals and objectives, and reviewed ONDCP's Fiscal Year 2015 and Fiscal Year 2016 Budget and Performance reports, and interviewed ONDCP officials.[5] We previously reported on progress toward meeting Strategy goals in our December 2015 testimony based on results provided in ONDCP's 2015 Strategy and performance report, which were issued in November 2015. To assess progress on Strategy goals, we updated results for the goals using publically available data sources as of May 2016. The data sources for the goals were determined by ONDCP when developing the 2010 Strategy, based on their availability and quality. We used the same data sources that ONDCP uses to assess progress on Strategy goals to update results and did not independently assess the reliability of these data.

This statement is based on our prior work issued from July 2012 through December 2015, with select updates as of May 2016. The work upon which this testimony is based was conducted in accordance with generally accepted government auditing standards. Those standards

[4]See GAO, *Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination*, GAO-13-333 (Washington, D.C.: Mar. 26, 2013) and *Office of National Drug Control Policy: Lack of Progress on Achieving National Strategy Goals*, GAO-16-257T (Washington, D.C.: Dec. 2, 2015).

[5]Office of National Drug Control Policy *FY 2015 and FY 2016 Budget and Performance Summaries Companion to the National Drug Control Strategy,* July 2014 and November 2015; and *National Drug Control Budget FY 2017 Funding Highlights*, February 2016.

require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

ONDCP was established by the Anti-Drug Abuse Act of 1988 to, among other things, enhance national drug control planning and coordination and represent the drug policies of the executive branch before Congress.[6] In this role, the office is responsible for (1) developing a national drug control policy, (2) developing and applying specific goals and performance measurements to evaluate the effectiveness of national drug control policy and National Drug Control Program agencies' programs,[7] (3) overseeing and coordinating the implementation of the national drug control policy, and (4) assessing and certifying the adequacy of the budget for National Drug Control Programs.

The 2010 National Drug Control Strategy is the inaugural strategy guiding drug policy under President Obama's administration. According to ONDCP officials, it sought a comprehensive approach to drug policy, including an emphasis on drug abuse prevention and treatment efforts and the use of evidence-based practices—approaches to prevention or treatments that are based in theory and have undergone scientific evaluation. Drug abuse prevention includes activities focused on discouraging the first-time use of controlled substances and efforts to encourage those who have begun to use illicit drugs to cease their use. Treatment includes activities focused on assisting regular users of

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

[7]Department of Agriculture; Court Services and Offender Supervision Agency for the District of Columbia; Department of Defense; Department of Education; Federal Judiciary; Department of Health and Human Services; Department of Homeland Security; Department of Housing and Urban Development; Department of the Interior; Department of Justice; Department of Labor; Office of National Drug Control Policy; Department of State; Department of Transportation; Department of the Treasury; and Department of Veterans Affairs.

controlled substances to become drug free through such means as counseling services, inpatient and outpatient care, and the demonstration and provision of effective treatment methods.

ONDCP established two overarching policy goals in the 2010 Strategy for (1) curtailing illicit drug consumption and (2) improving public health by reducing the consequences of drug abuse, and seven subgoals under them that delineate specific quantitative outcomes to be achieved by 2015, such as reducing drug-induced deaths by 15 percent. To support the achievement of these two policy goals and seven subgoals (collectively referred to as goals), the Strategy included seven strategic objectives and multiple action items under each objective, with lead and participating agencies designated for each action item. Strategy objectives include, for example, Strengthen Efforts to Prevent Drug Use in Communities and Disrupt Domestic Drug Trafficking and Production. Subsequent annual Strategies provided updates on the implementation of action items, included new action items intended to help address emerging drug-related problems, and highlighted initiatives and efforts that support the Strategy's objectives.

ONDCP is required annually to develop the National Drug Control Strategy, which sets forth a plan to reduce illicit drug use through prevention, treatment, and law enforcement programs, and to develop a Drug Control Budget for implementing the strategy.[8] National Drug Control Program agencies follow a detailed process in developing their annual budget submissions for inclusion in the Drug Control Budget, which provides information on the funding that the executive branch requested for drug control to implement the strategy.[9] Agencies submit to ONDCP the portion of their annual budget requests dedicated to drug control, which they prepare as part of their overall budget submission to the Office of Management and Budget for inclusion in the President's

[8]In 2008, the National Academy of Public Administration's report entitled *Building the Capacity to Address the Nation's Drug Problem* recommended that ONDCP develop a comprehensive budget to ensure policymakers and the public have a full understanding of the federal drug control expenditures. In response to this recommendation, ONDCP undertook a review of the National Drug Control Budget to determine which agencies and programs should constitute the National Drug Control Budget. As a result, it decided to restructure the budget.

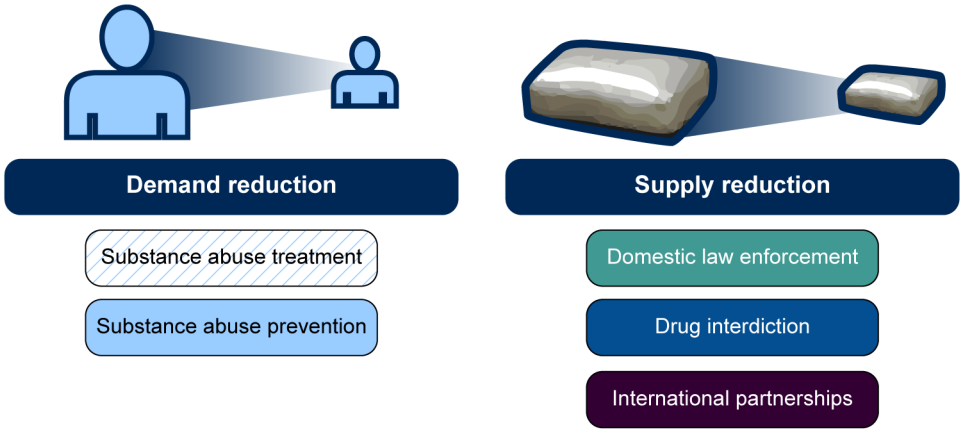
[9]*See* 21 U.S.C. § 1703(c).

annual budget request. ONDCP reviews the budget requests of the drug control agencies to determine if the agencies have acceptable methodologies for estimating their drug control budgets, and includes those that do in the Drug Control Budget.[10] In FY 2016, the budget contains 38 federal agencies or programs.

There are five priorities for which resources are requested across agencies: substance abuse prevention and substance abuse treatment (both of which are considered demand-reduction areas), and drug interdiction, domestic law enforcement, and international partnerships (the three of which are considered supply-reduction areas) as shown in figure 1. ONDCP manages and oversees two primary program accounts: the High Intensity Drug Trafficking Areas (HIDTA) Program and the Other Federal Drug Control Programs. ONDCP previously managed the National Youth Anti-Drug Media Campaign which last received appropriations in fiscal year 2011.

[10]An acceptable methodology relies on availability of empirical data at the agencies for estimating their drug control budgets. These data include determining which portion of an agency's funding is for drug control programs or activities versus non-drug control programs. See GAO, *Office of National Drug Control Policy: Agencies View the Budget Process as Useful for Identifying Priorities, but Challenges Exist*, GAO-11-261R (Washington, D.C.: May 2, 2011). Agencies may administer programs that include drug abuse prevention and treatment activities but do not meet ONDCP's standards for having an acceptable budget estimation methodology. Such programs are not represented in the Drug Control Budget.

Figure 1: Federal Drug Control Program Priority Areas



Source: GAO. | GAO-16-660T

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

Although Limited Progress Has Been Made for Some Goals, None of the National Drug Control Strategy Goals Have Been Fully Achieved

In the 2010 National Drug Control Strategy, ONDCP established seven goals related to reducing illicit drug use and its consequences to be achieved by 2015. As of May 2016, our analysis indicates that ONDCP and federal agencies have made moderate progress toward achieving one goal, limited progress on three goals, and no demonstrated progress on the remaining three goals.[11] ONDCP officials stated that they intend to report on updated progress toward meeting the strategic goals in summer 2016. As of May 2016, overall, none of the goals in the Strategy have been fully achieved. Table 1 shows the 2010 Strategy goals and progress toward meeting them.

[11]Three of the Strategy's goals have multiple sub-measures. Limited progress indicates that progress has been made toward goals on at least one of these measures but not all. We previously reported on progress toward meeting Strategy goals in our December 2016 testimony based on results provided in ONDCP's 2015 Strategy and performance system report, which were issued in November 2015. See GAO-16-257T. We updated results for five of the seven goals based on available data sources as of May 2016.

Table 1: 2010 National Drug Control Strategy Goals and Progress toward Meeting Them, as of May 2016

2010 Strategy goals	2009 (baseline)	Progress to date[a]	2015 (goal)
Curtail illicit drug consumption in America			
1. Decrease the 30-day prevalence of drug use among 12- to 17-year-olds by 15 percent[b]	10.1 percent	9.4 percent (2014)	8.6 percent
2. Decrease the lifetime prevalence of eighth graders who have used drugs, alcohol, or tobacco by 15 percent			
Illicit drugs[c]	19.9 percent	20.5 percent(2015)	16.9 percent
Alcohol	36.6 percent	26.1 percent (2015)	31.1 percent
Tobacco	20.1 percent	13.3 percent (2015)	17.1 percent
3. Decrease the 30-day prevalence of drug use among young adults aged 18-25 by 10 percent[d]	21.4 percent	22.0 percent (2014)	19.3 percent
4. Reduce the number of chronic drug users by 15 percent[e]			
Cocaine	2.7 million	2.5 million (2010)	2.3 million
Heroin	1.5 million	1.5 million (2010)	1.3 million
Marijuana	16.2 million	17.6 million (2010)	13.8 million
Methamphetamine	1.8 million	1.6 million (2010)	1.5 million
Improve the public health and public safety of the American people by reducing the consequences of drug abuse			
5. Reduce drug-induced deaths by 15 percent	39,147	49,714 (2014)	33,275
6. Reduce drug-related morbidity by 15 percent			
Emergency room visits for drug misuse and abuse[f]	2,070,452	2,462,948 (2011)	1,759,884
HIV infections attributable to drug use	5,799	3,852 (2014)	4,929
7. Reduce the prevalence of drugged driving by 10 percent[g]	16.3 percent (2007)	20.0 percent (2013)	14.7 percent

Source: GAO analysis of ONDCP's 2015 Performance Reporting System report and data from (1) Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH); (2) National Institute on Drug Abuse's Monitoring the Future; (3) What America's Users Spend on Illegal Drugs; (4) Centers for Disease Control and Prevention's (CDC) National Vital Statistics System; (5) SAMHSA's Drug Abuse Warning Network drug-related emergency room visits; (6) CDC's HIV Surveillance Report-Diagnoses of HIV Infection in the United States; and (7) National Highway Traffic Safety Administration's National Roadside Survey. | GAO-16-660T

[a]Year for which the most recent data were available is in parenthesis.

[b]According to the 2014 NSDUH, 7.4 percent of 12- to 17-year-olds reporting having used marijuana in the past month and 3.6 percent reported having used illicit drugs other than marijuana.

[c]According to the 2015 Monitoring the Future survey, 15.5 percent of eighth graders reported having used marijuana in their lifetimes and 10.3 percent reported having used any illicit drug other than marijuana.

[d]According to the 2014 NSDUH, 19.6 percent of 18- to 25-year-olds reported having used marijuana in the past month and 6.4 percent reported having used illicit drugs other than marijuana.

[e]The data source for this measure is a report entitled What America's Users Spend on Illegal Drugs, which is sponsored by ONDCP and prepared by RAND Corporation. As of May 2016, the most recent report had been released in February 2014 and provided data from 2000 through 2010.

[f]According to ONDCP's 2015 Performance Reporting System report, the data source for this measure—the Drug Abuse Warning System—was discontinued by SAMHSA in 2011, and SAMHSA and CDC are currently working to implement a replacement system to provide data on drug-related emergency department visits.

[9]The primary data source for this measure is the National Roadside Survey conducted by the National Highway Traffic Safety Administration. The baseline survey was conducted in 2007. The NSDUH, which also measures the prevalence of drugged driving, serves as a secondary data source to the National Roadside Survey. ONDCP reported that the drugged driving goal was met when 2013 data from the NSDUH source is used.

ONDCP and federal drug control agencies have made mixed progress but have not fully achieved any of the four Strategy goals associated with curtailing illicit drug consumption. For example, progress has been made on the goal to decrease the 30-day prevalence of drug use among 12- to 17-year-olds by 15 percent. The data source for this measure—SAMHSA's National Survey on Drug Use and Health (NSDUH)—indicates that in 2014, 9.4 percent of 12- to 17-year-olds reported having used illicit drugs in the past month. This represents a 7 percent decrease from the 2009 baseline for this measure. However, progress has not been made on the goal to decrease the 30-day prevalence of drug use among young adults aged 18 to 25 by 10 percent. Specifically, the rate of drug use for young adults increased from 21.4 percent in 2009 to 22 percent in 2014, moving in the opposite direction of the goal. This increase was primarily driven by marijuana use. According to the 2014 NSDUH, 19.6 percent of young adults reported having used marijuana in the past month and 6.4 percent reported having used illicit drugs other than marijuana.[12] The rates of reported marijuana use for this measure increased by 8 percent from 2009 to 2014 while the rates of reported use of illicit drugs other than marijuana decreased by 24 percent.

Progress has also been mixed on the remaining three Strategy goals associated with reducing the consequences of drug use. For example, the goal to reduce drug-related morbidity by 15 percent has two measures, and progress has been made on one but not the other. Specifically, HIV infections attributable to drug use decreased by 34 percent from 2009 to 2014, exceeding the established target. However, the number of emergency room visits for substance use disorders increased by 19 percent from 2009 to 2011. The data source for this measure—SAMHSA's Drug Abuse Warning Network—indicates that pharmaceuticals alone were involved in 34 percent of these visits and

[12]Marijuana includes marijuana and hashish. Illicit drugs other than marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

illicit drugs alone were involved in 27 percent of them.[13] According to the 2013 Drug Abuse Warning Network report, the increase in emergency room visits for drug misuse and abuse from 2009 to 2011 was largely driven by a 38 percent increase in visits involving illicit drugs only. In addition, progress has not been made on the goal to reduce drug-induced deaths by 15 percent. According to the CDC's National Vital Statistics System, 49,714 deaths were from drug-induced causes in 2014, an increase of 27 percent compared to 2009. This represents a significant departure from the 2015 goal. The CDC's January 2016 Morbidity and Mortality Weekly Report stated that 47,055 of these deaths were from drug overdoses, the majority of which (61 percent) involved opioids.

ONDCP Established a System to Monitor Progress toward Strategy Goals

In March 2013, we reported that ONDCP established the Performance Reporting System (PRS) to monitor and assess progress toward meeting Strategy goals and objectives and issued a report describing the system with its 2012 Strategy.[14] The PRS includes interagency performance measures and targets under each of the Strategy's seven objectives, which collectively support the overarching goals discussed above. For example, one of the six performance measures under the Strategy's first objective—Strengthen Efforts to Prevent Drug Use in Our Communities—is the average age of initiation for all illicit drug use, which has a 2009 baseline of 17.6 years of age and a 2015 target of 19.5 years of age. These PRS measures were established to help assess progress towards each objective. According to ONDCP, they are a tool to help indicate where the Strategy is on track, and when and where further attention, assessment, evaluation, and problem-solving are needed.

As part of our review for our March 2013 report, we assessed the PRS measures for the Strategy's seven objectives and found them to be generally consistent with attributes of effective performance management identified in our prior work as important for ensuring performance measures demonstrate results and are useful for decision making.[15] For

[13]These numbers do not include visits that involved a combination of illicit drugs, pharmaceuticals, and/or alcohol, which accounted for 35 percent of emergency room visits for substance use disorders.

[14]See GAO-13-333.

[15]See GAO, *Tax Administration: IRS Needs to Further Refine Its Tax Season Performance Measures*, GAO-03-143 (Washington, D.C.: Nov. 22, 2002).

example, we found that the PRS measures for the objectives were clearly stated, with descriptions included in the 2012 PRS report, and all 26 of them had or were to have measurable numerical targets. In addition, the measures were developed with input from stakeholders through an interagency working group process, which included participation by the Departments of Education, Justice, and Health and Human Services, among others. The groups assessed the validity of the measures and evaluated data sources, among other things. At the time of our review, the PRS was in its early stages and ONDCP had not issued its first report on the results of the system's performance measures.

ONDCP released its most recent annual PRS report in November 2015. The 2015 report assesses progress on the Strategy's goals and the 28 performance measures and submeasures related to each of the Strategy's seven objectives, which support the achievement of the goals.[16] For each objective, the report classifies results on performance measures into five categories and identifies areas of progress on and challenges with achieving objectives.[17] For example:

- Objective 1—Strengthen Efforts to Prevent Drug Use in Our Communities. The report indicates that sufficient progress has been made on reducing the average age of initiation for all illicit drugs to enable meeting the 2015 target. However, it notes that accelerated effort is needed to prevent youth marijuana use and counter youth perceptions that marijuana (including synthetic marijuana) use is not harmful. The report shows that the percent of respondents aged 12 to 17 who perceive a great risk in smoking marijuana once or twice a week decreased from 2009 to 2013, moving in the opposite direction of the 2015 target.
- Objective 3—Integrate Treatment for Substance Use Disorders into Health Care and Expand Support for Recovery. The report shows that

[16]ONDCP included new submeasures for one of the performance measures in the 2015 PRS report, which accounts for the difference in the number of measures between the 2012 and 2015 reports.

[17]The categories are (1) target met or exceeded, progress should be maintained through 2015; (2) progress sufficient to enable meeting 2015 target; (3) progressing, accelerated progress required to meet 2015 target; (4) no progress to date, accelerated progress required to meet 2015 target; and (5) significant (or considerable) progress required to meet 2015 target.

the percent of treatment facilities offering at least four specified recovery support services, such as child care, employment assistance, and housing assistance, increased from 2008 to 2013 and exceeded the 2015 target. However, the report states that challenges persist in the integration of substance abuse treatment services into mainstream health care. For instance, the percent of the Health Resources and Services Administration's Health Center Program grantees providing substance use counseling and treatment services decreased from 2009 to 2013. According to the report, implementation of the Affordable Care Act presents opportunities to provide greater access to treatment for substance use disorders by, for example, efficiently integrating such treatment into the health care system and providing non-discrimination for coverage for preexisting conditions.

- Objective 5—Disrupt Domestic Drug Trafficking and Production. According to the report, progress is being achieved in domestic law enforcement and efforts to disrupt or dismantle domestic drug trafficking organizations. The 2015 targets for both measures related to these efforts have been exceeded. The report also indicates that progress has been made on reducing the number of methamphetamine lab seizure incidents (a proxy for lab activity) from 2009 to 2013 but accelerated progress is needed to meet the 2015 target.
- Objective 6—Strengthen International Partnerships and Reduce the Availability of Foreign Produced Drugs in the United States. According to the report, key source and transit countries continue to demonstrate increased commitment to reducing drug trafficking and use through demand and supply reduction efforts. The targets for the two measures related to such commitments have both been met. However, the report states that accelerated progress is needed in working with partner countries to reduce the cultivation of drugs and their production potential in Afghanistan, Burma, Laos, Mexico, and Peru.

See attachment I for performance measures under each Strategy objective, progress toward 2015 targets, and ONDCP's assessment categorizations. ONDCP officials stated that actions taken in response to PRS results include Department of Education grants for school-based prevention activities to help educate students on the risks of using marijuana and increased funding to expand access to treatment to help address the rise in drug-induced deaths from opioid use, as discussed below.

Total Federal Spending for Drug Control Programs Has Increased since FY 2007

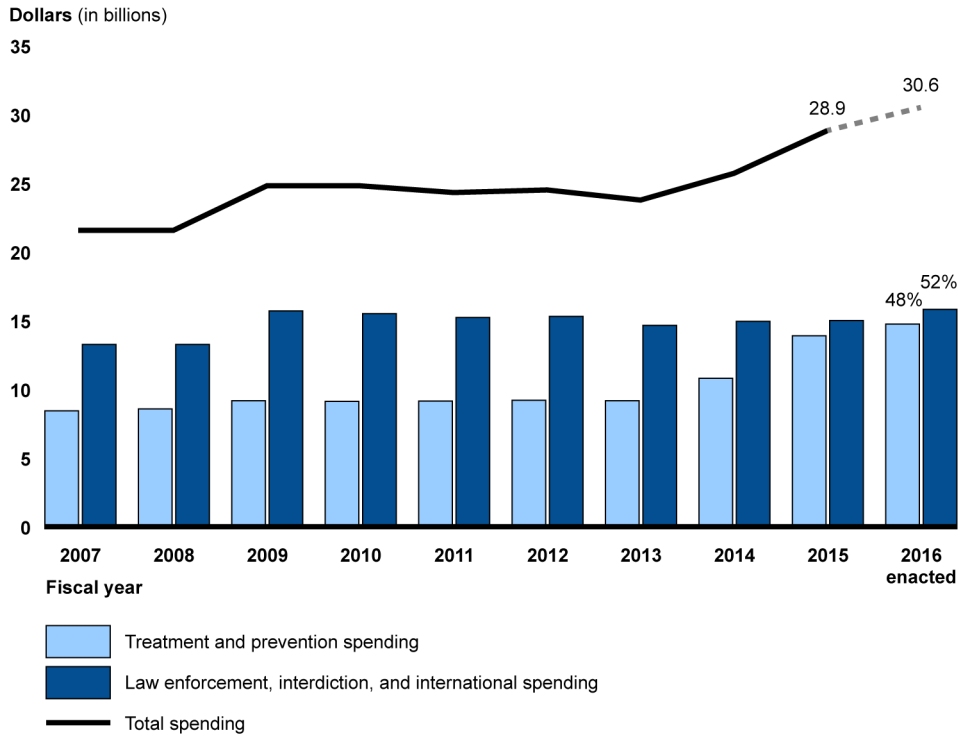
Federal Drug Control Spending on Treatment and Prevention Increased, While Law Enforcement and Interdiction Spending Remain Relatively Constant

According to ONDCP, federal drug control spending increased from $21.7 billion in FY 2007 to approximately $30.6 billion that was allocated for drug control programs in FY 2016 as shown in figure 2.[18] Though, total federal drug control spending increased from FY 2007 through FY 2016, spending on supply reduction programs, such as domestic law enforcement, interdiction, and international programs remained relatively constant at $13.3 billion in FY 2007 and $15.8 billion in FY 2016.[19] However, federal spending for demand programs—treatment and prevention steadily increased from FY 2007 through FY 2016 and spending in these two programs went from $8.4 billion in FY 2007 to $14.7 billion in FY 2016. As a result, the proportion of funds spent on demand programs increased from 39 percent of total spending in FY 2007 to 48 percent in FY 2016.

[18]We reviewed the fiscal year 2017 National Drug Control Budget Funding Highlights that describes fiscal year 2016 allocations. ONDCP refers to these funds as enacted in the National Drug Control Budget, while we use the term allocated funding. All FY 2016 funding is considered allocated funding for purposes of this statement. At the beginning of a fiscal year, agencies may allocate certain amounts from available appropriations for specific programs. However, to the extent that an appropriation has not identified a particular amount for a specific program, an agency may reallocate unobligated funds from that program to another during the course of a fiscal year. To the extent other statutory authority results in making mandatory funding for programs that may include drug abuse prevention and treatment, such as Medicare and Medicaid, we also include these as allocated funds.

[19]All FY 2016 funding is considered allocated funding for purposes of this statement.

Figure 2: Federal Drug Control Spending for Fiscal Years 2007 through 2016

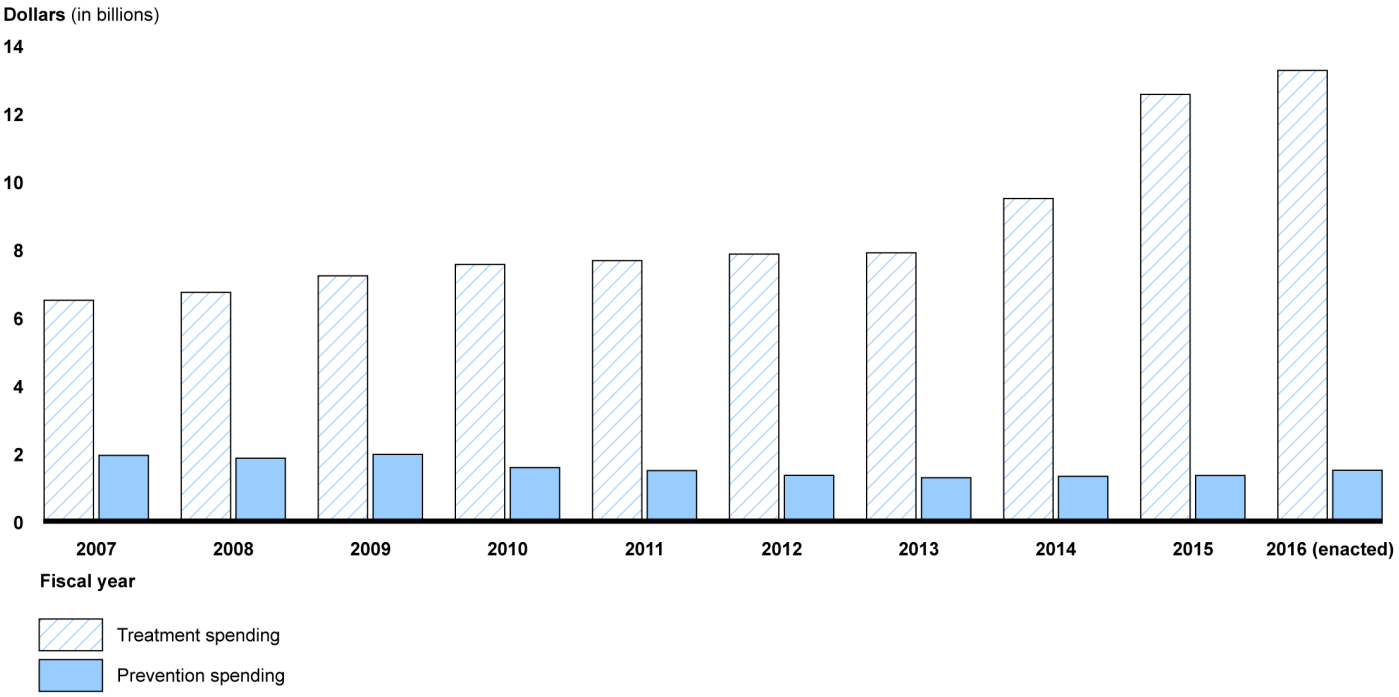


Source: Office of National Drug Control Policy's National Drug Control Budget Funding Highlights for Fiscal Years 2016 and 2017. | GAO-16-660T

According to ONDCP's Fiscal Year 2016 Budget and Performance Summary, ONDCP has prioritized treatment and recovery support services stating that they are essential elements of the Strategy's efforts to support long-term recovery among people with substance use disorders. Allocated funding for treatment increased in FY 2016 to approximately $13 billion, a 5 percent increase over FY 2015. These funds are used for early intervention programs, treatment programs, and recovery services. For example, according to ONDCP, approximately $8.8 billion was the amount estimated for benefit outlays by the Department of Health and Human Services' (HHS) Centers for Medicare and Medicaid Services for substance use disorder treatment in both inpatient and outpatient settings for FY 2016. ONDCP also stated that preventing drug use before it starts is a fundamental element of the Strategy. Funding for prevention increased in FY 2016 to about $1.5 billion, a 10 percent increase from FY 2015, as shown in figure 3. Funding for treatment also increased from $12.5 billion in FY 2015 to $13.2 billion

in FY 2016 in allocated funding. Figure 3 shows the increase in treatment and prevention spending for fiscal years 2007 through 2016.

Figure 3: Federal Spending for Drug Treatment and Prevention for Fiscal Years 2007 through 2016



Source: Office of National Drug Control Policy's National Drug Control Budget Funding Highlights for Fiscal Years 2016 and 2017. | GAO-16-660T

Additionally, in FY 2017, HHS' Substance Abuse and Mental Health Services Administration (SAMHSA) requested $460 million for a new program (State Targeted Response Cooperative Agreements) to help expand access to treatment for opioid use disorders, as well as $15 million for evaluating the effectiveness of medication-assisted treatment programs to improve service delivery and decrease the incident of opioid-related overdose and death (Cohort Monitoring and Evaluation of

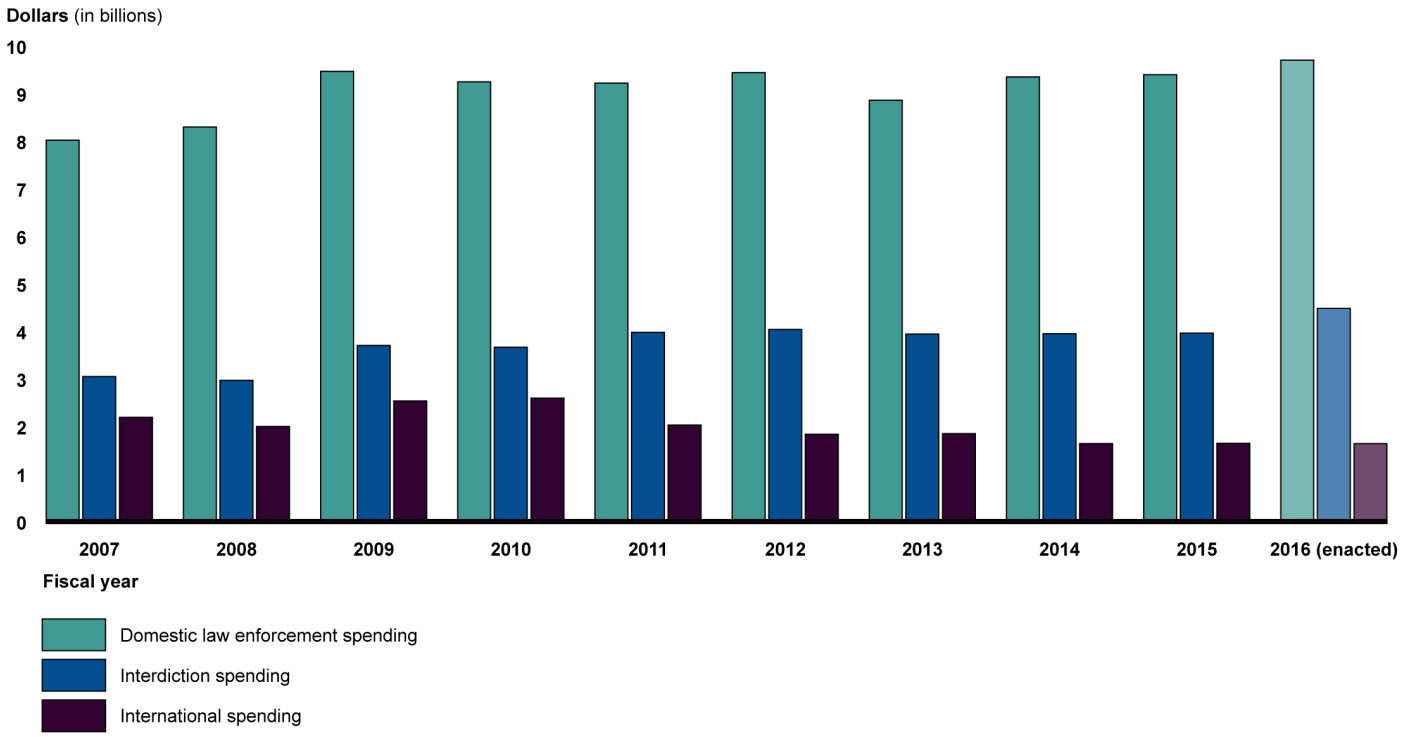
Medication Assisted Treatment Outcomes).[20] These programs could result in increasing SAMHSA's budget request for treatment programs to approximately $3 billion in FY 2017 from $2.5 billion enacted in FY 2016.

Addressing the drug supply is categorized by three main functions, which are Domestic Law Enforcement, Interdiction, and International. For Domestic Law Enforcement, ONDCP noted that federal, state, local, and tribal law enforcement agencies play a key role in the Administration's approach to reduce drug use and its associate consequences. ONDCP also stated that interagency drug task forces, such as the High Intensity Drug Trafficking Areas (HIDTA) program, are critical to leveraging limited resources among agencies. Allocated funding for domestic law enforcement in FY 2016 is approximately $9.7 billion, a 4 percent increase from FY 2015 funding. Regarding Interdiction, the United States continues to face a serious challenge from the large scale smuggling of drugs from abroad which are distributed to every region in the Nation. These funds support collaborative activities between federal law enforcement agencies, the military, the intelligence community, and international allies to interdict or disrupt shipments of illegal drugs, their precursors, and their illicit proceeds.

Allocated funding in support of Interdiction for FY 2016 is approximately $4.5 billion, an increase of 12 percent from FY 2015. International functions place focus on collaborative efforts between the U.S. Government and its international partners around the globe. According to ONDCP, illicit drug production and trafficking generate huge profits and are responsible for the establishment of criminal networks that are powerful, corrosive forces that destroy the lives of individuals, tear at the social fabric, and weaken the rule of law in affected countries. In FY 2016, approximately $1.6 billion was enacted, a 0.4 percent decrease from FY 2015. Figure 4 shows federal drug spending for Domestic Law Enforcement, Interdiction, and International activities.

[20]SAMHSA's FY 2017 request proposed a 2-year $920 million support cooperative agreements with states to expand access to treatment for opioid use disorders. In each of FY 2017 and 2018, SAMHSA would provide $460 million in new mandatory funding toward State Targeted Response Cooperative Agreements.

Figure 4: Federal Spending for Drug related Domestic Law enforcement, Interdiction, and International Activities for Fiscal Years 2007 through 2016

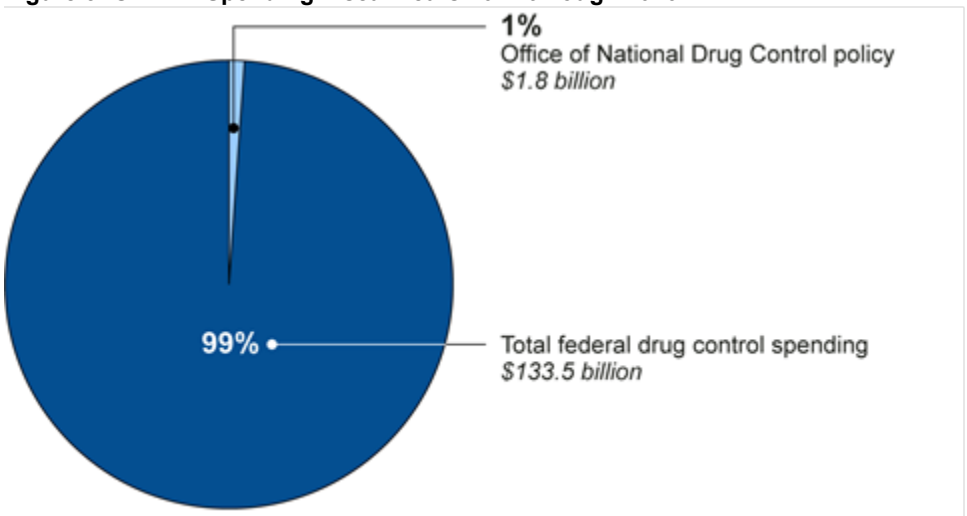


Source: Office of National Drug Control Policy's National Drug Control Budget Funding Highlights for Fiscal Years 2016 and 2017. | GAO-16-660T

ONDCP Spending Account For One Percent of Total Federal Drug Control Spending

In addition to advising the President on drug-control issues and coordinating drug-control activities and related funding across the Federal government, ONDCP also directly oversees two drug-related functions for which it receives federal drug control funding —HITDAs and other federal drug control programs, such as the Drug Free Community (DFC) coalition grant program. Based on ONDCP's spending in FY 2012 through its allocated funding in FY 2016 for these two functions, ONDCP's drug-related spending account for 1 percent of the total federal drug control spending in the federal government. ONDCP's requested funding for FY 2017 is 1 percent of the total federal drug control request. See figure 5 for allocated percentages.

Figure 5: ONDCP Spending Fiscal Years 2012 through 2016



Source: Office of National Drug Control Policy's National Drug Control Budget Funding Highlights for Fiscal Years 2016 and 2017. | GAO-16-660T

Chairman Johnson, Ranking Member Carper, and Committee members, this concludes my prepared statement. I would be happy to respond to any questions you may have.

GAO Contact and Staff Acknowledgements

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

Attachment I: ONDCP 2015 Performance Reporting System Report—Performance Measures for Strategy Objectives, Progress toward 2015 Targets, and Assessment Categorizations

Measure	Baseline	Progress to date	2015 Target	ONDCP assessment
Objective 1—Strengthen Efforts to Prevent Drug Use in Our Communities				
Measure 1.1: Percent of respondents, ages 12–17, who perceive a great risk in smoking marijuana once or twice a week.	49.0 percent (2009)	39.5 percent (2013)	51.2 percent	Significant progress required to meet 2015 target
Measure 1.2: Percent of respondents, ages 12–17, who perceive a great risk in consumption of one or more packs of cigarettes per day	65.5 percent (2009)	64.3 percent (2013)	68.0 percent	No progress to date, accelerated progress required to meet 2015 target
Measure 1.3: Percent of respondents ,ages 12–17, who perceive a great risk in consuming four or five drinks once or twice a week	39.6 percent (2009)	39.0 percent (2013)	41.4 percent	No progress to date, accelerated progress required to meet 2015 target
Measure 1.4: Average age of initiation for all illicit drugs	17.6 years (2009)	19.0 (2013)	19.5 years	Progress sufficient to enable meeting 2015 target
Measure 1.5: Average age of initiation for alcohol use	16.9 years (2009)	17.3 (2013)	21.0 years	Progressing, accelerated progress required to meet 2015 target
Measure 1.6: Average age of initiation for tobacco use				
Cigarettes	17.5 years (2009)	17.8 (2013)	18.0 years	Progressing, accelerated progress required to meet 2015 target
Cigars	20.7 years (2009)	21.6 (2013)	18.0 years	Target met or exceeded, progress should be maintained through 2015
Smokeless tobacco	18.9 years (2009)	18.4 (2013)	18.0 years	Target met or exceeded, progress should be maintained through 2015
Objective 2—Seek Early Intervention Opportunities in Health Care				
Measure 2.1: Percent of Health Center Program grantees providing SBIRT services	10.3 percent (2009)	16.9 percent (2013)	15.0 percent	Target met or exceeded, progress should be maintained through 2015
Measure 2.2: Percent of respondents in the past year using prescription-type drugs non-medically, age 12–17	7.7 percent (2009)	5.8 percent (2013)	6.5 percent	Target met or exceeded, progress should be maintained through 2015
Measure 2.3: Percent of respondents in the past year using prescription-type drugs non-medically, age 18–25	15 percent (2009)	12.2 percent (2013)	12.8 percent	Target met or exceeded, progress should be maintained through 2015
Measure 2.4: Percent of respondents in the past year using prescription-type drugs non-medically, age 26+	4.7 percent (2009)	4.8 percent (2013)	4.0 percent	No progress to date, accelerated progress required to meet 2015 target
Objective 3—Integrate Treatment for Substance Use Disorders into Health Care and Expand Support for Recovery				
Measure 3.1: Percent of treatment plans completed	45.1 percent (2007)	43.7 percent (2011)	50.0 percent	Significant progress required to meet 2015 target

Measure	Baseline	Progress to date	2015 Target	ONDCP assessment
Measure 3.2: Percent of Health Center Program grantees providing substance use counseling and treatment services	21.6 percent (2009)	20.0 percent (2013)	23.0 percent	Significant progress required to meet 2015 target
Measure 3.3: Percent of treatment facilities offering at least 4 of the standard spectrum of recovery services (child care, transportation assistance, employment assistance, housing assistance, discharge planning, and after-care counseling)	35.5 percent (2008)	41.0 percent (2013)	39.0 percent	Target met or exceeded, progress should be maintained through 2015
Objective 4—Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration				
Measure 4.1: Percent of residential facilities in the juvenile justice system offering substance abuse treatment	38.8 percent (2008)	45.3 percent (2012)	42.7 percent	Target met or exceeded, progress should be maintained
Measure 4.2: Percent of treatment plans completed by those referred by the criminal justice system	48.8 percent (2007)	47.5 percent (2011)	51.0 percent	Progressing, accelerated progress required to meet 2015 target
Objective 5—Disrupt Domestic Drug Trafficking and Production				
Measure 5.1: Number of domestic Consolidated Priority Organization Targets linked organizations disrupted or dismantled*	296 (2009)	473 (2013)	380	Target met or exceeded, progress should be maintained through 2015
Measure 5.2: Number of Regional Priority Organization Targets linked organizations disrupted or dismantled	119 (2009)	153 (2014)	120	Target met or exceeded, progress should be maintained through 2015
Measure 5.3: Methamphetamine lab activity (as measured by number of methamphetamine lab seizure incidents)	12,852 (2009)	11,329 (2013)	9,639	Progressing, accelerated progress required to meet 2015 target
Objective 6—Strengthen International Partnerships and Reduce the Availability of Foreign Produced Drugs in the United States				
Measure 6.1: Percent of selected countries that increased their commitment to supply reduction	2009 or earliest available [Baseline not provided in PRS report]	100 percent (progress to date)	100 percent	Target met or exceeded, progress should be maintained through 2015
Measure 6.2: Percent of selected countries that increased their commitment to demand reduction	2009 [Baseline not provided in PRS report]	100 percent (progress to date)	100 percent	Target met or exceeded, progress should be maintained through 2015
Measure 6.3: Percent of selected countries showing progress since 2009 in reducing either cultivation or drug production potential	2009 [Baseline not provided in PRS report]	29 percent (progress to date)	100 percent	No progress to date, accelerated progress required to meet 2015 target

Attachment I: ONDCP 2015 Performance Reporting System Report—Performance Measures for Strategy Objectives, Progress toward 2015 Targets, and Assessment Categorizations

Measure	Baseline	Progress to date	2015 Target	ONDCP assessment
Measure 6.4: Number of international Consolidated Priority Organization Targets linked organizations disrupted or dismantled	65 (2009)	72 (2014)	60	Target met or exceeded, progress should be maintained through 2015
Objective 7—Improve Information Systems for Analysis, Assessment, and Local Management				
Measure 7.1: Increase timeliness (year-end to date-of-release) of select Federal data sets above their baseline by 10percent—Treatment Episode Data Set(TEDS)	17.5 Months	23.5 (2011)	16 Months	Significant progress required to meet 2015 target
Measure 7.2: Increase the utilization (number of annual web hits, or number of documents referencing the source) of select Federal data sets by 10percent from the baseline				
Substance Abuse and Mental Health Data Archive (SAMHDA)	200,000 web hits/year	937,643 (2014)	220,000 web hits/ year	Target met or exceeded, progress should be maintained through 2015
National Survey of Drug Use and Health (NSDUH) (Journal articles referencing NSDUH)	37 per year	113 (2014)	41 per year	Target met or exceeded, progress should be maintained through 2015
Measure 7.3: Increase Federal data sets that establish feedback mechanisms to measure usefulness (surveys, focus groups, etc.)—SAMHSA Funded Data Sets	0	1 (progress to date)	1	Target met or exceeded, progress should be maintained through 2015

Source: ONDCP 2015 Performance Reporting System report. | GAO-16-660T

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