

July 20, 2021

Ms. Regina LaBelle
Acting Director
Office of National Drug Control Policy
Executive Office of the President
Washington, DC 20503

Dear Acting Director LaBelle,

As Chairman of the Senate Caucus on International Narcotics Control, I appreciate the opportunity to offer input for the *2022 National Drug Control Strategy (Strategy)*.

Substance use has had a devastating impact on the nation. Drug overdoses killed nearly 93,000 people, including nearly 400 Rhode Islanders, in 2020.¹

In order to combat the overdose epidemic, our national drug control strategy must be prepared respond to changes in the drug market. Drug traffickers are increasing their investments into synthetic drugs because they are cheaper to produce.² In several markets, synthetic drugs like fentanyl have supplanted heroin.³ Synthetic drugs are also increasingly mixed with other illicit substances, such as cocaine and psychostimulants. Such polysubstance use drives overdose deaths: for example, the Centers for Disease Control and Prevention (CDC) found that 32.6 percent of drug overdose deaths between January and June 2019 involved both opioids and stimulants.⁴

With this in mind, the *Strategy* must be forward thinking and account for multiple, simultaneous threats. It must reduce the U.S. demand for illicit drugs by expanding our prevention, treatment, education, and recovery infrastructure; build and strengthen our domestic and international partnerships to reduce supply; and attack the financial networks supporting the illicit drug trade.

As you prepare the *Strategy*, I urge you to:

- **Strengthen the domestic drug prevention, treatment, education, recovery, and enforcement infrastructure through accountability.** Pursuant to Public Law 115-271, ONDCP is responsible not only for developing the *National Drug Control Strategy*, but for ensuring that its goals are met. As part of this effort, ONDCP should utilize its budget

¹ FB Ahmad, LM Rossen, and P Sutton, "Provisional drug overdose death counts," Vital Statistics Rapid Release, National Center for Health Statistics. July 4, 2021, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#citation>

² U.S. Congress. Senate. Committee on the Judiciary. *Defeating Fentanyl: Addressing the Deadliest Drugs Fueling the Opioid Crisis*. 115th Cong. (2018) (testimony of Christina E. Nolan). Available: <https://www.judiciary.senate.gov/imo/media/doc/04-11-18%20Nolan%20Testimony.pdf>.

³Office of National Drug Control Policy, briefing to staff of Senate Caucus on International Narcotics Control, May 18, 2021.

⁴ Centers for Disease Control and Prevention. *Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants – 24 States and the District of Columbia, January–June 2019*. By Julie O'Donnell, Matt Gladden, Christine Mattson, Calli Hunter, and Nicole Davis. Morbidity and Mortality Weekly Report. Atlanta, GA: Centers for Disease Control and Prevention, 2020. Electronic, https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a1.htm?s_cid=mm6935a1_w#suggestedcitation

certification authorities to hold agencies accountable that consistently fail to meet those goals.

- **Attack the financial networks of drug trafficking organizations.** According to Global Financial Integrity, the value of the global illicit drug trade ranges between \$426 billion and \$652 billion per year.⁵ While reducing the supply of illicit substances was listed as a key priority in the *Biden-Harris Administration's Statement of Drug Policy Priorities for Year One*, the statement does not specify how ONDCP will work with its domestic and international partners to attack the financial networks of drug trafficking organizations. Given that drug trafficking organizations are motivated by money, it is critical that we understand, expose, and dismantle the financial structures they use to hide their ill-gotten gains. I urge you to explicitly prioritize these efforts in the forthcoming *Strategy*.
- **Prioritize anti-corruption efforts.** Drug trafficking and corruption are inextricably linked. This undermines the rule of law, erodes democratic institutions, and threatens our national security. It also compromises narcotics investigations in partner nations that the U.S. has invested resources in. As such, the *Strategy* should prioritize efforts to help its partner nations strengthen their governance structures to prevent corruption, including by expanding transnational anti-money laundering and beneficial ownership transparency programs targeting the illicit drug trade.
- **Strengthen international partnerships to stop the flow of precursor chemicals and illicit drugs.** The Drug Enforcement Administration identified Mexican transnational criminal organizations as “the greatest criminal drug threat to the United States” in its 2020 *National Drug Threat Assessment*. Chemical producers in China assist these organizations by sending precursor chemicals to Mexico that are used to make methamphetamine and other synthetic drugs, including synthetic opioids like fentanyl, which are ultimately trafficked into the United States.⁶ It is imperative that the *Strategy* focus on strengthening international partnerships to better control precursor chemicals used to produce illicit drugs; dismantle illicit drug labs; detect and interdict drug shipments across borders; improve training for customs and border personnel; and, encourage pooling of counternarcotics intelligence.
- **Expand and develop treatment for substance use disorders (SUDs).** I am pleased that the *Biden-Harris Administration's Statement of Drug Policy Priorities for Year One* includes a number of measures to expand access to SUD treatment, including making the emergency COVID-19 telehealth authorities for prescribing medications to treat opioid use disorder permanent. The priorities document, however, is short on details on filling the gap for treatments for the majority of SUDs. The *Strategy* should describe how ONDCP will coordinate with the National Institute of Drug Abuse (NIDA), the CDC, and the Food and Drug Administration to support research for promising SUD treatments, such as NIDA's

⁵ Channing May, *Transnational Crime and the Developing World*. Global Financial Integrity (Washington, D.C.: Global Financial Integrity, 2017). Available: https://secureservercdn.net/45.40.149.159/34n.8bd.myftpupload.com/wp-content/uploads/2017/03/Transnational_Crime-final.pdf?time=1626443484

⁶ Drug Enforcement Administration, *2020 National Drug Threat Assessment* (Washington, D.C.: U.S. Department of Justice, 2021). Available: https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment_WEB.pdf

ongoing study to treat moderate and severe methamphetamine use disorder through a combination of naltrexone and buprenorphine.

- **Encourage coordination and expansion of treatment courts.** Drug treatment courts, mental health courts, and veterans' treatment courts recognize that substance use often drives criminal behavior. These courts combine SUD treatment with judicial monitoring for individuals with SUDs. This approach has proven successful in reducing recidivism and substance use rates. Thirty-three states have adopted best practice standards for adult drug courts. It is my understanding that most of these states also apply these standards to their mental health and veterans' treatment courts. This is encouraging, given that research has shown that drug courts with high-fidelity program implementation are much more effective.⁷ The *Strategy* should identify ways the federal government can facilitate the expansion of treatment courts, identify opportunities for better coordination between these courts, and ensure that best practices are more widely adopted.
- **Expand the addiction workforce.** The Health Resources and Services Administration projects that the U.S. will have shortages of key behavioral health providers, including adult psychiatrists and addiction counselors, by 2030.⁸ The *Biden-Harris Administration's Statement of Drug Policy Priorities for Year One* includes a number of steps to recruit more clinicians, but it does not identify programs or mechanisms to retain these new and existing clinicians. The *Strategy* should prioritize the development of reimbursement systems and training programs, among other tools, to attract and retain practitioners in the addiction workforce.
- **Improve data collection systems.** CDC drug overdose data is nearly seven months behind, making it difficult to assess the impact of past interventions and design new interventions to address emerging drug threats. It also limits the response to the disparate impact of the drug epidemic on underserved and minority communities, as CDC drug overdose data does not include demographic information such as race and ethnicity. The *Strategy* should identify investments and tools that can be brought to bear to provide near real-time drug overdose data.

Thank you for allowing me to provide this input. I look forward to working with you to improve and strengthen our nation's drug policies.

Sincerely,



Chairman
Senate Caucus on International Narcotics Control

⁷ Brook W. Kearley, "Long term effects of drug court participation: Evidence from a 15 year follow up of a randomized controlled trial." PhD diss., (University of Maryland, 2017). Available: <https://www.ojp.gov/pdffiles1/nij/grants/251117.pdf>

⁸ National Center for Health Workforce Analysis. "Behavioral Health Workforce Projections." Health Resources and Services Administration, December 2020, <https://bhwhrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health>.